IRIS | IRISH REMOTE INTERPRETING SERVICE

Service Provision Through Irish Sign Language

Evaluation of the Irish Remote Interpreting Service (IRIS)

June 2016

What Is the Sign Language Interpreting Service (SLIS)?

SLIS is the national sign language interpreting service for Ireland, set up in 2007 following a review of sign language services in Ireland conducted for the Citizens Information Board.

The SLIS mission is to ensure Deaf people can participate as full and equal citizens by promoting, advocating and ensuring the availability of quality interpretation services to Deaf people in Ireland so they can access public and social services.

SLIS is funded and supported by the Citizens Information Board (CIB).

Address: Deaf Village Ireland, Ratoath Road, Cabra, Dublin 7.
Email: reception@slis.ie
Telephone: 0761 07 8440
Website: www.slis.ie

What is the Irish Remote Interpreting Service (IRIS)?

The Irish Remote Interpreting Service (IRIS) was developed to help reduce inequalities that Deaf people face in accessing information, services, entitlements and rights.

IRIS provides an online video link to an Irish Sign Language (ISL) / English interpreter using a programme such as Skype.

For more details on remote sign language interpreting, contact us on:

Email: remote@slis.ie
Telephone: 0761 07 8440
Text: 086 012 5900
Facebook: https://www.facebook.com/#!/ IRISinterpreting
Video Guide: https://www.youtube.com/ IRISvideo

Table of Contents

Foreword

The HSE identify 8% of the adult population (over 250,000 people)[1] as having a significant disabling hearing loss that impacts on their daily lives. Many of these became deaf later in life and do not use Irish Sign Language (ISL). This report has most relevance to the community of Deaf ISL users. While there is no definitive figure for the number of Deaf ISL users in Ireland, it is estimated to be around 5,000 adults.

What we do know, from experience and feedback, is that these Deaf people do not experience the same levels of equality and social inclusion as other citizens. Deaf citizens report difficulties in accessing their rights, entitlements, information and services. Public services have not always lived up to commitments, despite equality and disability legislation. Private services lag further behind.

What would facilitate equality for the Deaf community is greater awareness of Deaf issues among service providers and decision makers, and, crucially, access to good quality sign language interpreting.

Sign Language Interpreting Service, or SLIS, is the national sign language interpreting service, set up in 2007 following a review of sign language services in Ireland conducted for the Citizens Information Board.

The SLIS mission is to ensure Deaf people can participate as full and equal citizens by promoting, advocating and ensuring the availability of quality interpretation services to Deaf people in Ireland so they can access public and social services. To this end, SLIS is funded and supported by the Citizens Information Board (CIB).

The Irish Remote Interpreting Service (IRIS)

One of SLIS's five strategic priorities is to develop and expand the Irish Remote Interpreting Service (IRIS) in order to make it a primary access point for Deaf people, enabling them to engage with public service providers, State agencies and other essential services.

The Irish Remote Interpreting Service (IRIS) was developed to help reduce inequalities that Deaf people face in accessing information, services, entitlements and rights. IRIS provides an online video link to an Irish Sign Language (ISL) / English interpreter using a video-chat programme e.g. Skype. IRIS began with a pilot scheme in January 2011 as collaboration between three Deaf organisations – DeafHear.ie, Irish Deaf Society (IDS) and SLIS. The pilot proved successful and from 2011, SLIS took over the role of developing and managing IRIS, with funding from the CIB.

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1   Health Service Executive, Review of Audiology Services, 2011

The Deaf community of 5,000 ISL users is the core user and beneficiary of IRIS. They require sign language interpreting to facilitate access to information, to public services and to corporate services and products. IRIS helps address the limited availability of sign language interpreters, enhances access and equality issues, and the Deaf user is not charged for use of IRIS. Public entities, companies and service providers point to benefits of IRIS in terms of ease of use, customer care, communications and corporate reputation.

How IRIS works

The IRIS interpreter joins a meeting by video link and translates between ISL and spoken English for the participants. The Deaf person and the service provider need decent internet access, webcam and speakers to use IRIS. IRIS provides one interpreter from 10am to 4pm, Monday to Friday, providing 7 x 30 minute slots. The service is now operating at close to 100% capacity.

Evaluation of IRIS

This review of the Irish Remote Interpreting Service (IRIS) was commissioned by public tender and carried out in 2016 by Ann Clarke, an independent consultant researcher. The aim of the review was to learn from practice to date and international experience in order to guide the development of IRIS. In publishing this report, SLIS is grateful to Ann Clarke for the inclusive evaluation process she carried out and the challenging feedback provided.

The key messages are clear.

› IRIS is more than an information and access service, as it is fundamentally about improving the quality of life of Deaf users.
› Practice in IRIS compares well to international best practice.

› IRIS has made considerable progress in developing its service and is currently operating at full capacity on a daily basis.
› Demand for IRIS is high with a three-fold increase in the number of users since 2011 and a sixteen-fold increase in the number of times it is used. However, resourcing is limiting the ability to expand IRIS services.
› IRIS is a technology business and must continuously improve and develop the technology it uses to ensure a consistent quality and reliable service.
› Key services that Deaf people use IRIS to contact include public services, healthcare services, financial services and utility companies.
› IRIS's experience of slow uptake by service providers is not unique by international standards, but lack of availability in both public and private services limits Deaf access and equality.
› The evaluation recommends IRIS follows a social enterprise approach based on a mixed funding model in the medium term. In the short term, additional resources from the CIB are needed.

Finally, the evaluation notes that IRIS has a committed, flexible and dynamic team. I would like to acknowledge their contribution not just to IRIS but to reducing the inequalities Deaf people continue to face in Ireland today. Particular thanks are due to the SLIS chairperson, Anne Coogan, and all the Board, SLIS staff and interpreters, our partners, including CIB, DeafHear.ie, and the IDS, and the Deaf users of IRIS. We can now add Ann Clarke to this list and thank her for her comprehensive and robust work which we hope will help guide the growth of IRIS in the coming years.

John Stewart
Manager, Sign Language Interpreting Services
June 2016

1. Executive Summary

(i) Introduction

Sign Language Interpreting Service (SLIS) emerged out of a review of sign language services in Ireland conducted for the Citizens Information Board (CIB) in 2006 which identified a need for high quality interpreting services for Deaf people. SLIS is supported and funded by CIB.

In 2011, SLIS set up a collaborative project with the Irish Deaf Society and DeafHear. ie to pilot a remote interpreting service, the Irish Remote Interpreting Service known as IRIS, for Deaf people who use Irish Sign Language (ISL). The 6-month pilot proved successful and SLIS took over the role of developing and funding IRIS.

SLIS commissioned a review of IRIS by public tender and it was carried out by Ann Clarke, an independent consultant researcher, in 2016. The aim of the review was to focus on IRIS data and practice from 2011 to 2015. The study included

› a short literature scan on remote interpreting services,
› the policy context,
› a review of IRIS practice and data sets from 2011 to 2015 inclusive,
› focus groups and interviews with Deaf users, staff, private and public service providers and other stakeholders,
› a review of the web sites of a sample of private service providers,
› a qualitative assessment of effectiveness in engaging users and stakeholders, and
› conclusions and recommendations.

In publishing this report, SLIS is grateful to Ann Clarke for the comprehensive evaluation process and challenging feedback she provided.

(ii) Definition of Video Remote Interpreting

IRIS provides remote interpreting services to members of the Deaf community who communicate using Irish Sign Language (ISL). Remote interpreting refers to interpreting services provided via telephonic and / or video links, in which neither the interpreter nor the parties are in the same physical location[2]. IRIS provides a telephone relay service (TRS) and video remote interpreting (VRI) but its main focus is on VRI, which represents approximately 70% of its business.

(iii) Context

Various pieces of legislation advance and underpin the participation of people with disabilities in everyday life. The most important are the Disability Act 2005 and the Equal Status Acts 2000-2012. All public services are covered by the Disability Act, which requires public services to implement practical ways to reasonably accommodate the needs of people with disabilities.

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2   Heh, Y., Quean, H. (1997). "Over-the-Phone Interpretation: A New Way of Communication Between Speech Communities" in M. Jerome-O'Keefe (ed.) *Proceedings of the 38th Annual Conference of the American Translators Association*. Alexandria, VA: American Translators Association, 51-62.

The Equal Status Acts apply to all public and private services in respect of the sale, use and provision of services and the Acts also cover access and participation for people with disabilities in employment. Providers of goods and services must reasonably accommodate access to their goods and services by people with disabilities.

Codes of practice and guidelines on accessibility have been developed by organisations such as the National Disability Authority, the Health Service Executive and the Department of Social Protection. There may be opportunities for IRIS to engage with these organisations to ensure that video remote interpreting is included as an accessible option for the Deaf community.

The legislation is not human rights based and terms such as 'reasonable accommodation' mean there is no automatic right of access. Uptake of IRIS by both private and public services has generally been poor.

There is no definitive figure of the number of Deaf ISL users in Ireland. Figures vary, ranging from 1,077 (Census 2011) to 3,000 (Deafhear.ie website 18 May 2015), to 5,000 (Irish Deaf Society, IDS website 18 May 2015) and to 6,500 (Leeson and Saeed, 2012). This report uses the IDS figure of 5,000.

Some of those consulted for this review commented on the relatively small size of the ISL community as a potential impediment to uptake of IRIS by both public and private services. A cluster approach to the development of IRIS is proposed whereby it would focus on geographic areas and service sector clusters e.g. IRIS for healthcare.

Ratification by the Irish Government of the United Nations Convention on the Rights of People with Disabilities (anticipated to be later in 2016 when the National Disability Inclusion Strategy is finalised) would enshrine the right of Deaf people to access services using ISL.

(iv) International Practice

Key features of international best practice in remote interpreting include trained and qualified interpreters, practice guides for interpreters and service users, consent and confidentiality policies, reliable equipment and software, on-going monitoring of quality, cost and service usage. In Europe, responsibility for training of interpreters in video remote interpreting generally lies with interpreting services. In Ireland, IRIS also supports interpreters in continuous professional development, while Trinity College Dublin's Centre for Deaf Studies programme includes accredited training for interpreters in ISL and covers remote interpreting.

IRIS's experience of the slow pace of uptake of its services is not unique and there have been similar experiences in other countries. Video remote interpreting is used in different settings in other countries. These include healthcare (e.g. UK), legal (e.g. USA), social services (e.g. Finland), workplace (e.g. Denmark) and third level education (e.g. Germany).

In general, services in Europe operate limited business hours. However, in the USA and UK for example, services that operate 24 hours a day, 7 days a week, all year round have developed and these are leading the way. Other key developments are provision of immediate access services (i.e. no pre-booking is required), different types of payment plans (e.g. based on interpreting time, volume discounts, etc.), use of software applications (apps) and a broadening range of devices on which video remote interpreting is provided.

A variety of funding models for video remote interpreting services were also in evidence. These included State funding of services (e.g. Germany), commercial funding (e.g. USA), funding that follows the individual (e.g. Norway) and mixed funding models including social enterprises (e.g. UK).

(v) IRIS's Business Model

IRIS is a national service that enables Deaf Irish Sign Language (ISL) users to communicate with hearing people via a qualified ISL interpreter using desk top or lap top computers and tablets and video software such as Skype and ooVoo.

IRIS is funded mainly by the CIB. It is free to individual Deaf users, the Irish Deaf Society, DeafHear.ie and CIB partner organisations. A pricing structure is in place for other organisations and a very modest income is generated from these sources.

Currently, it operates from 10am to 4pm Monday to Friday. Five part-time interpreters are used, equivalent to one full-time person. The service provides 30 minute slots and must be pre-booked in advance. An online calendar shows what slots are available and service users book slots by text, email, telephone or Skype/ooVoo. An online booking system is currently being piloted.

(vi) Strengths of IRIS

Deaf ISL customers value and appreciate IRIS, but have noted some technical issues (see development needs below) and they would like to see the opening hours of the service extended and interpreting capacity increased.

Benefits of using IRIS named by Deaf service users included enabling effective communication between Deaf and hearing communities. It gives Deaf people access to a range of services and people they wish to engage with in an easy and responsive manner. It enables Deaf people to work from home, set up in business, to contact services, local representatives, family and friends and to facilitate job interviews, their work and access to supports.

From the perspective of service providers, IRIS is considered to be a cost effective option that enables effective communication between Deaf and hearing people. It enables service providers to enhance accessibility of their services for the Deaf community. It is a good use of scarce interpreting resources and it saves time.

Demand for IRIS has grown significantly since it was established in 2011. There has been a three-fold increase in Deaf service users from 53 in 2011 to 148 in 2015 and a sixteen fold increases in the number of times it is used from 73 in 2011 to 1,223 in 2015. The service is currently operating close to or at full capacity every day. Key services that Deaf people use IRIS to contact include public services, healthcare services, financial services and utility companies.

IRIS has a committed, flexible and dynamic team.

(vii) Development Needs of IRIS

A number of development needs for IRIS are evident. While IRIS has grown significantly since its inception, a long-term strategy is required to guide the direction of its future work. Promotion of the service and the benefits it can bring to Deaf service users and public and private service providers could be improved.

While in theory organisations being accessed through IRIS should pay for the service, the reality has been that progress in this regard has been slow. A marketing and promotion strategy combined with ensuring the best quality product should aid a campaign to sign up more service providers (public and private).

IRIS is currently operating close to full capacity every day and is perceived by service users to be 'booked out'. Waiting lists develop and interpreters try to ensure that these are dealt with every day. Managing this demand is challenging.

The technology used by the service needs to be addressed urgently to ensure development of a consistent quality and reliable service.

Continuous professional development for interpreters, along with practice guides, policies and procedures are also important contributors to a quality service that is capable of responding to the needs of different segments of the market.

These are all necessary components of a marketing strategy that would convince service providers (public and private) to pay for the IRIS service.

Adequate funding to address these development needs is a further requirement. IRIS is unlikely to be self-financing in the near future but it has the opportunity to increase the range of sources of income through contracts with government departments, public bodies and private companies.

The review concludes with 16 recommendations for the development of IRIS.

2. Background

What Is the Sign Language Interpreting Service (SLIS)?

SLIS is the national sign language interpreting service for Ireland. It was set up to promote, represent, advocate and ensure the availability of quality interpretation services to deaf people in Ireland. It is funded and supported by the Citizens Information Board. One of the five priorities in the SLIS strategic plan 2015-2020 is to develop and expand the Irish Remote Interpreting Service (IRIS) in order to make it a primary access point for Deaf people, enabling them to engage with public service providers, State agencies and other essential services.

What is the Irish Remote Interpreting Service (IRIS?)

The Irish Remote Interpreting Service (IRIS) was developed to help reduce inequalities that Deaf people face in accessing information, services, entitlelements and rights. IRIS provides an online video link to an ISL / English interpreter using programmes such as Skype, ooVoo, Microsoft Lyncs (also called Skype for Business), Adobe Connect or Webex. IRIS began with a pilot scheme in January 2011 as collaboration between three Deaf organisations – DeafHear.ie, Irish Deaf Society (IDS) and Sign Language Interpreting Service (SLIS).

How IRIS works

The IRIS interpreter joins a meeting by video link and translates between ISL and spoken English for the participants. The Deaf person and the service provider need decent internet access, webcam and speakers to use IRIS. IRIS opens from 10am to 4pm and operates on the basis of 7 x 30 minute slots provided Monday to Friday. Advance booking of the IRIS interpreter by email or text ensures availability and access.

A video in Irish Sign Language with subtitles and audio in English shows how IRIS works. https://www.youtube.com/IRISvideo

The service is now operating at close to 100% capacity.

In theory, the cost of IRIS is paid for by the organisation the Deaf person is communicating with. In practice, government departments, agencies, corporates and NGOs have been slow to sign up to IRIS's pricing options and in reality IRIS is bearing the majority of the cost of these calls. There are some notable exceptions of organisations that have signed up to IRIS, e.g. Intreo, Irish Cancer Society, Trinity College Dublin, Caranua, EmployAbility etc. The current pricing structure has three options:

›   Payment by 30 minute slot (€43)
›   Block booking (at reduced rates)
›   Six month subscription (e.g. €600 pre-paid unlimited use by public services.)

Technology

The technical requirements for using IRIS are at least 10MB internet access and a device with speakers and camera. IRIS is provided mainly through ooVoo, Skype and Microsoft Lyncs / Skype for Business. Webex and Adobe Connect have also been used. Service users are encouraged to set up a test call, which is free to all service users, before having the first IRIS appointment.

IRIS is mainly accessed on laptops, desktops and tablets.

Definitions

Jones (1996)[3] defined interpreting as follows: "(T)he interpreter has first to listen to the speaker, understand and analyze what is being said, and then resynthesize the speech in the appropriate form in a different language …"

Remote interpreting refers to interpreting services provided via telephonic and/or video links, in which neither the interpreter nor the parties are in the same physical location[4]. Two types of remote interpreting are highlighted: TRS (telephone relay service) and VRI (video remote interpreting).

What is Irish Sign Language?

Irish Sign Language (ISL) is the sign language of Ireland's deaf community. It is an indigenous language to this country, and developed over recent centuries, growing as a language where Deaf people assembled, particularly in Deaf schools and deaf community groups.

ISL is a distinct language in its own right, as complex as any other language, with its own linguistic structures, syntax and characteristics. Just as spoken languages differ from country to country, ISL is different to French, Spanish or British sign languages. There are some commonalities. Like other signed language of the world, ISL is a visual language and it involves so much more than hand gestures. It relies on facial expression, body movement and the use of space to convey meaning. It is a dynamic and beautiful language that is central to the Deaf culture and Deaf identity of this country. ISL is the first language of many of Ireland's Deaf community and it is their preferred means of communication. ISL should never be considered a lesser or compensatory language and the Deaf community look forward to Ireland's ratification of the UNCRPD, which will ultimately lead to state recognition of ISL (under Article 21).

It should be noted that the 'Irish' in Irish Sign Language refers to the language being native to Ireland and as the language of the Deaf (or signing deaf) community in Ireland. It does not have any association with Gaelic or spoken Irish.

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3   Jones, R. (1998). *Conference Interpreting Explained*. Manchester, UK: St. Jerome Publishing.

4   Heh, Y., Quean, H. (1997). "Over-the-Phone Interpretation: A New Way of Communication Between Speech Communities" in M. Jerome-O'Keefe (ed.) *Proceedings of the 38th Annual Conference of the American Translators Association*. Alexandria, VA: American Translators Association, 51-62.

Ireland's Deaf community

There are no official statistics on how many people use Irish Sign Language. Census (2011) incorporated for the first time an option of Irish Sign Language as a language used in the home, giving a figure of 1,077 Deaf ISL users. This should not be taken as an official population figure for the Deaf community. Numbers vary, ranging from 1,077 (Census 2011) to 3,000 (Deafhear.ie website 18 May 2015), to 5,000 (Irish Deaf Society website 18 May 2015) and to 6,500 (Leeson and Saeed, 2012). This report uses the Irish Deaf Society figure of 5,000. The client base for IRIS is estimated at 3,500.

At the moment, rough estimates put the figure of all ISL users at about 40,000 users, which include about 5,000 Deaf people, but also their families, friends, those that work in the Deaf community and interpreters.

The Census provided other information about the Deaf community[5]. The Deaf community in Ireland has an unemployment rate of 25% but participation in the labour force, at 58%. 63% of Deaf people whose education ceased had attained primary or lower secondary education as the highest level achieved[6]. These figures relate to all deaf, and Deaf ISL users are likely to experience greater disadvantage. The Irish Deaf Society estimates 80% of the Deaf community who have ISL as their first language have significant literacy difficulties in English.

The Census also found that 51% of the Deaf community do not consider themselves to be disabled and this is reflected in prevailing Deaf culture where people see their deafness as part of their identity.

5   Census 2011, Profile 8, Our Bill of Health – Health, Disability and Carers in Ireland, http://www.cso.ie/en/census/census2011reports/census2011profile8ourbillofhealth-healthdisabilityandcarersinireland/

6   Census 2011, Central Statistics Office Dublin.

3. The Policy Context in Which IRIS Operates

The principal legislation which underpins equality for Deaf citizens includes:

› The Equal Status Acts 2000-2012
› The Equality Act 2004
› The Health Act 2004
› The Disability Act 2005

Other public regulation which requires public and other services to act on access and equality of service for Deaf people includes:

› The National Disability Authority code of practice on accessibility[7] (2005)
› The HSE National Consent Policy[8]
› The HSE National Guidelines on Accessible Health and Social Care Services[9].
› The Central Bank's Consumer Protection Code 2012[10]
› The Department of Social Protection's *Customer Charter and Action Plan 2013-2015*

Implementation of equality of access and outcomes for Deaf people will be advanced by the National Disability Inclusion Strategy (NDIS). The drafting of the next National Disability Inclusion Strategy (NDIS) is nearing completion. It is anticipated that the NDIS will specifically address the needs of the deaf community. The SLIS submission[11] to the draft

NDIS identified that insufficient progress on the previous commitments to sign language services had been made. SLIS called for these actions to be prioritised in the new strategy with the aim that public services are fully compliant by 2018. It also called for concrete plans arising from the UN Convention on the Rights of People with Disabilities (UNCRPD), including recognition of ISL.

Accessibility in Practice

In practice, the Deaf community indicated that the experience of the practical implementation of policy from the perspective of Deaf ISL users in terms of rights and entitlements to access and inclusion has been poor in both the public and private sectors.

A survey by the Comreg Forum on Electronic Communications Services for People with Disabilities in 2010 found a clear need for increasing awareness of access to and funding for special equipment and services for people with disabilities and a need for more information about various ICT services on offer.

As part of this review of IRIS, the researcher conducted a search of websites of seven major utilities and telecoms companies in Ireland on February 16th 2016 to determine how easy it is for a Deaf person to communicate with these companies and to see if they have accessibility policies. The overall conclusion is that companies are only paying lip service to disability access.

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7   National Disability Authority, 2005, 'Code of Practice on Accessibility of Public Services and Information provided by Public Bodies'.

8   HSE, (2014), *National Consent Policy*

9   HSE, 2014 (updated 2016), *National Guidelines on Accessible Health and Social Care Services*

10 Central Bank of Ireland, 2015, *Consumer Protection Code 2012,* revised 2015.

11 SLIS Submission to the National Disability Strategy Implementation Plan 2016-2018 3 December 2015 - International Day of People with Disabilities

4. International Best Practice

Quality Interpreting

A review of the literature on the qualities of a good interpreter by Mikkelson (1999)[12] found the common set of features as follows:

› Language skills - command of working language, accuracy, breadth and depth of linguistic proficiency.
› Analytical skills.
› Listening and recall skills - effective/ active/attentive listening, memory and recall.
› Interpersonal skills.
› Ethical behaviour and adherence to professional standards.
› Speaking skills and ability to express ideas well through choice of vocabulary, idiom, phrasing and tone.
› Cultural knowledge.
› Subject knowledge including content knowledge and technical terminology.

Guidance provided by RNID Northern Ireland and the Equality Commission[13] on good practice ISL/English and BSL/English interpreting included the following:

› The use of trained and accredited interpreters.
› Good preparation by the interpreter including appropriate briefing of the interpreter of the topic and any specific terminology or jargon they should be aware of.

› Provision of breaks in between interpreting sessions as interpreting is both physically and mentally demanding.
› Awareness by the interpreter of cultural and/or religious issues where relevant.
› Provision of gender-specific interpreters where appropriate.

IRIS has developed its own Code of Practice which reflects these principals.

Video Remote Interpreting or VRI

International best practice in remote interpreting is characterised by a number of features[14]. The first is trained, qualified, accredited and competent interpreters. In some countries, e.g. the USA, interpreters must be licenced. In general, the use of family and friends as interpreters is discouraged. Interpreters involved in VRI should have received training in VRI including relevant protocols, the use of appropriate technology and ability to trouble-shoot straightforward technical glitches. Interpreters should also undergo continuous professional development. Strategies to address interpreter fatigue are put in place, e.g. self-care, breaks, shorter interpreting sessions than face to face interpreting and alternating interpreters.

12   Mikkelson, H., 1999, 'Interpreting is interpreting or is it?', AIIC.

13   RNID, Equality Commission, 2003, *Guidance on providing British Sign Language/English and Irish Sign Language/English Interpreters under the Disability Discrimination Act 1995*

14   See for example, Department of Health Service, Office of Deaf and Hard of Hearing, State of Wisconsin, 'Best Practice in Working with Deaf, Hard of Hearing and DeafBlind Persons. Video Remote Interpreting (VRI) Services', 2014; Video Interpreting Task Force, 2010, 'Standard Practice Paper on Video Remote Interpreting', the Registry of Interpreters for the Deaf Inc.

The presence of a shared understanding of the benefits and limitations of VRI by the parties involved in the conversation is another feature. Practice guides, both for interpreters and for participants (Deaf and hearing), support the development of shared understanding and more effective communication.

Prior consent for the use of VRI is obtained from all parties and confidentiality issues are identified and addressed. This is particularly important in medical and legal settings. In addition, the Deaf person's communication/signing preferences/style should have been identified, e.g. through a brief period of 'chat' prior to the conversation proper, and there is shared knowledge of the VRI session content by participants and the interpreter. In certain situations, gender matching between the interpreter and the Deaf person may be necessary, e.g. where VRI is used for gender-specific medical exams.

The right equipment and software should be in place as well as effective environmental control, e.g. adequate lighting, placement of screens, seating arrangements relative to screens and cameras, awareness of impact of colours or patterns on screen clarity, minimising noise or background distractions, etc., and compatibility of technical set-up and adequate connectivity between participants and the interpreter. If smart phones are being used the Deaf person must have good close up vision to see the interpreter and there must be a good signal to prevent choppy video streaming.

Ensuring the interpreter is properly prepared and briefed in advance of the assignment is important, especially in legal, medical or educational settings. This preparation includes technical checks, getting to know the client and booking organisation and sharing content.

There is on-going monitoring and evaluation of quality, cost, usage, average time of interpreting sessions, and feedback from parties involved is solicited.

Benefits of Video Remote Interpreting

The literature notes a number of benefits for both the Deaf service user and the hearing service they are connecting to that VRI can bring.

Research by Huxley et al (2015)[15] on the use of digital communication technology within the UK's National Health Service found that its increasing use was being driven by the belief of policymakers that it will contribute to addressing capacity issues faced by general practitioners. The research found that for marginalised groups, the use of digital communication technology overcame barriers such as practical access, previous negative experiences of healthcare services/staff and stigmatisation through the provision of anonymity that the technology can provide. They also found that it improved access to interpreters and it impacted positively on the inability to communicate with healthcare professionals. They found that people using it were no less candid than in a face to face situation. Huxley et al found that digital communication technology worked best where there was a pre-existing doctor-patient relationship.

15   Huxley, C, et al, 2015, 'Digital communication between clinician and patient and the impact on marginalise groups: a realist review in general practice', *British Journal of General Practice, 65(64), p.813-821.*

The use of VRI can support organisations (public, private, community and voluntary) to meet their equality and diversity obligations. It enables easy, fast and effective communication between Deaf and hearing people, which is part of the delivery of quality and accessible services.

VRI provides access to and enable effective use of scarce resources, i.e. professional accredited interpreters. It also reduces the cost of interpreting services for organisations.

VRI provides convenience to people in regions or remote areas where on-site interpreting is not an option.

Limitations of VRI

VRI is not considered suitable for all situations or settings. The literature indicates that its primary use is for conversations that are relatively simple, of short duration, involving only two parties and where it is preferable not have another person in the room. In some situations VRI is also used for emergencies.

VRI is not deemed suitable for situations where acoustics for the interpreter to hear are poor or for highly visual classes (e.g. maths, art) using whiteboards, for complex issues, group discussion, multi-party conversations with no turn-taking protocols in place, where certain mental health issues are present (e.g. cognitive impairment), where the person is unable to remain in the 'space' required for effective VRI, where sensitive issues are being discussed (e.g. mental health, initial meeting with a health consultant), when a person is receiving bad news (e.g. diagnosis of a terminal illness), when a person is heavily medicated or intoxicated, where sight translation is necessary, where children are involved or where a secondary disability or injury is present that impairs a person's ability to use technology.

In these latter circumstances, face to face interpreting is deemed the most appropriate method.

VRI is seen in the literature as a complement and not a substitute to face to face interpreting. However, as technology improves, the practical reality is that increasingly it is being used as an alternative to on-site interpreting.

Challenges for VRI

A common set of challenges faced by remote interpreting services was noted in the literature. Obtaining buy in, especially from the corporate sector given that the Deaf community is a small part of the overall 'market' was noted. However, many large companies have equality and diversity policies and remote interpreting service providers have pitched their offerings in these terms as well as being a way to meet Corporate Social Responsibility (CSR) objectives or customer charters. In addition, some interpreting service providers (e.g. Clarion International), have employed marketing and accessibility staff to work with companies to help them to improve access for customers to interpreting services including remote interpreting,

The absence of clues from the environment as well as 2D image means that some information may be missing and this can affect the quality of interpretation.

The shortage of sign language interpreters appears to be a worldwide phenomenon (something that VRI can help with through more efficient use of scarce resources).

Good quality VRI communication requires technical requirements such as high speed broadband and at least 3G but preferably 4G mobile technology. Some remote interpreting service providers have developed web hyperlinks and software apps that can be easily downloaded and which provide instant access to an interpreter in order to make the experience more user-friendly and immediately accessible for customers.

Reassuring customers that their communication is confidential and secure is an important selling point used by many remote interpreting service providers. Companies also may have concerns about employees accessing VRI services for personal use while at work. All of these concerns can be overcome through the use of appropriate software platforms. IRIS's reliance on Skype may put it at a disadvantage. However, it has explored other options and can provide suitable alternatives for companies.

Video Remote Interpreting in Different Settings

The Registry of Interpreters for the Deaf (USA)[16] provides guidance on the use of VRI in different settings which is summarised in the figure below. Interestingly, social services are not mentioned but the guidance below is applicable to settings such as Intreo in Ireland.

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16 Video Interpreting Task Force, 2010, *Standard Practice Paper. Video Remote Interpreting,* Registry of Interpreters for the Deaf: USA.

Uses and Challenges for VRI in Different Settings

Setting	Useful for	Challenges/Issues
Healthcare	› Emergency Rooms While Waiting For A Face To Face Interpreter. › Routine Physical Exams. › Follow-Up Appointments (After The Initial Face To Face Consultation Has Taken Place). › Doctors' Rounds. › Admissions Paperwork. › Heath Education Programmes Using A Lecture Format That Requires Minimal Demonstration, E.g. Nutrition, Smoking Cessation.	› 'Dead zones' in hospitals. › Signal interference from hospital equipment. › Bandwidth issues associated with wireless technology. › Technology capable of switching between public and private settings. › Distortion/pixilation. › Acoustics that interfere with the interpreter's ability to hear. › Physical placement of participants that interfere with the interpreter's ability to see. › Addressing firewall issues and security concerns and network traffic patterns with the institution's IT department. › Setting up test calls with the faculty/department as well as the Deaf person. › Availability of laptops within the institution capable of supporting good quality video. › Clarity over role and function of interpreter in legal settings especially with regard to interpreting privileged communications.
Education	› Teenagers, young people and adults › Distance learning using a videoconferencing format, provided there is a multi-point configuration the interpreter can link into › Lecture halls/rooms, provided the interpreter has some means to view whiteboards or screens being used by the lecturer/teacher.	
Legal*	› Standard booking. › Administrative processing. › Scheduling of appointments with solicitors (after the initial face to face appointment has taken place). › Preparation of a deposition.	

Note: * It should be noted that in America video conferencing is allowed for initial court conferences, arraignments, status conferences, scheduling conferences, bond review hearings and other non-evidentiary hearings with the consent of the defendant.

The European Forum of Sign Language Interpreters (2013)[17] conducted a survey of 30 National Associations of Sign Language Interpreters (Ireland was not included in the survey). Seventeen responded to the survey about the use of VRI in their countries. Fourteen countries indicated that VRI was in use, with the most common usage being for telephone calls. VRI in its strictest sense whereby the service is provided by an offsite interpreter to a Deaf and hearing person located in the same place, was much less common. Half of the respondents indicated that VRI was relatively new having being introduced since 2010.

Six countries (Denmark, Finland, Germany, Spain, Sweden and Switzerland) provide specific training in VRI. In all of these countries, interpreting agencies are responsible for providing training courses. In Ireland, Trinity College Dublin's Deaf Studies programme for interpreters includes VRI.

The survey found that there was no evidence of the use of VRI in legal settings, although in Sweden it is used for incidents at a Deaf person's home, e.g. when the police call. This is in contrast to the USA where video conferencing and VRI is used in legal settings for certain situations. The EU Directive 2010/64/EU includes the right to interpretation and translation in criminal proceedings and this should enable use of VRI in legal settings.

Thirty-six percent of countries used VRI in healthcare settings, notably Belgium, Denmark, Sweden and Switzerland, but only in Denmark is it used regularly.

Belgium, Germany, Switzerland and Norway indicated that VRI was used in educational settings. In Norway, a pilot project tested its use in higher education for speech-to-text and sign language and concluded that Deaf students preferred to have the interpreter physically present. In Belgium and Switzerland, VRI is used occasionally for education appointments and meetings. In Germany, it is used exclusively in universities on a regular basis by those availing of VRI.

Other settings in which VRI is used include roadside assistance in Belgium, public institutions and offices in Poland (interestingly this is not a use that is mentioned by other countries) and tourist information in Slovenia.

The highest and most frequent use of VRI was for the workplace (Belgium, Czech Republic, Germany, Norway, Sweden and Switzerland). In Norway, the Deaf person is given the necessary equipment provided it is required for their work. This is the main use of VRI in Norway.

In Belgium, Czech Republic, Poland, Spain and Switzerland, VRI is used in commercial/business settings. Key users are banks. In Belgium and Switzerland however shops, travel agents and insurance companies occasionally use VRI.

The next section explores the use of VRI in healthcare settings as IRIS data indicates that contact with health professionals (e.g. doctors, dentists, screening centres, hospitals, therapists, etc.) is one of the key uses of IRIS by the Deaf community.

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17   Alberdi, C., 2013, 'Video Remote Interpreting Services in Europe', European Forum of Sign Language Interpreters.

Video Remote Interpreting in Healthcare Settings

In some countries, notably the UK and the USA, VRI is now being used in health settings including doctors' clinics and hospitals. However, research by Seers et al (2013)[18] found under-utilization of trained interpreters in healthcare settings in many countries even when the number of people with limited English language proficiency was increasing.

New Zealand

Barriers identified by Seers et al (2013) to the uptake of telephonic and face to face interpretation services in New Zealand included practicalities, expectations, knowledge (lack of) of services and inadequate systems to accommodate interpretation services in whatever form they took.

Canada

Research by Dowbar et al (2015)[19] into the use of telephonic interpretation in healthcare settings in Toronto using a 'before and after' methodology found that its use improved access, improved the quality of care service delivery, increased patient satisfaction and reduced the use of ad hoc non-professional interpretation, e.g. by family. They also found that it either had no impact on or reduced the workload of healthcare professionals.

Barriers identified to the use of telephonic interpretation identified by Dowbar et al included perceived cost, especially when reimbursement mechanisms were not in place, timeliness of access to professional interpreters, use of bilingual staff in some healthcare settings and healthcare providers' belief that patients prefer to use relatives for interpretation despite research to indicate that this raises ethical and practical issues.

USA

A review of the use of communication technologies to increase the availability of interpretation services in healthcare settings in the USA by Masland et al (2010)[20] highlighted a number of important considerations. The review found that poor patient-healthcare communication for patients with limited English language proficiency, including Deaf users who use American Sign Language as their first language, resulted in increased costs due to lower use of preventative services, increased use of testing, misdiagnosis, increased admissions and poor patient compliance. The scarcity of face to face interpreters also led to longer waiting times and often patients 'faking' understanding in a bid to get a consultation.

18   Seers, et al, 2013, 'Is it time to talk? Interpreter services use in general practice within Canterbury', *Primary Health Care, 5 (2), p.129-137*

19   Ibid

20   Masland, M., et al, 2010, 'Use of Communication Technologies to Cost-Effectively Increase the Availability of Interpretation Service in Healthcare Settings', *Telemedicine Journal and E-Health, 16 (6), p.739-745*

Good practice[21] in the use of VRI in hospital and healthcare settings included training of doctors and healthcare staff in how to engage with an interpreter, e.g. speaking clearly, in short sentences and with the minimum of medical jargon. Addressing ethical concerns about patient confidentiality through the use of hospital grade encryption processes, not recording calls, ensuring video stations were in private areas and training of interpreters in patient confidentiality. Finally, the use of external interpretation service providers is covered by a Service Level Agreement/Business Agreement, which also addresses confidentiality.

Telephonic interpretation where a doctor uses a mobile with good quality speakers or dual handset phones has been in use in doctors' clinics and hospitals for some time for simple cases in the USA. In California, a co-operative of nine public hospitals with their associated services, e.g. community clinics, was established to implement a video call centre interpretation service using a combination of trained in-house interpreters and freelance interpreters. The approach was found to improve interpreter productivity and to be more cost effective than face to face interpretation or telephonic interpretation[22]. It had the added benefit of visual and better quality communication over telephonic communication. Its use eased scheduling and waiting times. Pooling of resources amongst a number of hospitals counteracted the high initial set up costs and resulted in economies of scale and savings in ASL face to face interpretation that more than covered the cost of installing the technology. Technology also provided the ability to track usage to inform future service provision.

Ireland

The HSE developed guidelines[23] in 2009 on the use of interpretation services in hospitals. The guide covers assessing the language needs of patients, letting patients know they can have access to an interpreter, arranging face to face or telephone services (there is no reference to video interpreting, which was in its infancy at the time), working effectively with interpreters and good practice in interpreting.

The HSE guidelines were updated in the *National Guidelines on Accessible Health and Social Care Services* (2014 and revised 2016) to take account of developments in technology. The guidelines specifically reference IRIS and provide web links to SLIS. However, the guidance on the use of IRIS is limited to generic appointments such as booking an appointment, checking times or details. The guidelines will be reviewed and updated regularly so there may be an opportunity to provide more information on situations where IRIS has actually been used in the health services. The Irish College of General Practitioners also developed its own guidelines[24] in 2005, which have not been updated since to take account of technology and this may also provide an opportunity for IRIS to input into any updating of these guidelines.

Feedback on Potential of IRIS in Different Settings

Consultations with stakeholders regarding the use of IRIS in different settings highlighted a number of key messages.

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23 HSE Social Inclusion Office, 2009, 'On Speaking Terms: Good Practice Guidelines for HSE Staff in the Provision of Interpreting Services', HSE: Dublin

24 Irish College of General Practitioners, 2005, 'Guide to General Practice Care in a Multicultural Society: A Guide to Interpretation Services and Cultural Competency', ICGP: Dublin.

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21 Ibid

22 Ibid

While the size of the Irish Sign Language (ISL) community was highlighted as a potential impediment to uptake of IRIS by public services, at policy level it was recognised that something needed to be done to ensure accessibility for the Deaf community. The primary mechanism will be the NDIS which will include the establishment of a steering group that should provide a forum for blockages identified by IRIS.

Consultations for this research with the public sector indicate that while there is goodwill, particularly at senior management level, this has not always translated into practical application on the ground. It was felt that concerns raised about IT security, data protection and confidentiality can be readily overcome and that it should be possible for IRIS to negotiate with public services on the basis that IRIS can help them to deliver better services and to meet statutory or regulatory obligations. The best strategic approach was considered to be identifying geographic clusters of Deaf ISL users and working with public services in these areas to meet the needs of Deaf ISL users. This would also enable a body of case examples to be developed that could be used to encourage other areas to become involved in making IRIS available to clients.

Within health settings, it was felt that a cluster approach would also work best, with a particular focus on primary healthcare centres as these were the access point to secondary and tertiary health services as well as healthcare professionals outside of general practice and hospital settings such as Public Health Nurses, Speech and Language Therapists, Occupational Therapists, etc. Opportunities to create economies of scale are also attractive and the Californian hospital example (see above) was considered an interesting approach, a variant of which IRIS might consider developing for hospital groups in Ireland. Using a 'Risk and Safety' message as the key sales pitch was considered crucial, i.e. the risk of harm being done to a Deaf patient by not using an interpreter. Technology that makes it easy for the healthcare professional, e.g. smart phone apps, was also considered important. Finally, it was suggested that IRIS should target professional bodies and academic institutions to ensure that remote interpreting and working with interpreters was included in conferences, continuous professional development and training courses. Some 'myth busting' for frontline staff might also be necessary, e.g. in respect of the efficacy of lip reading.

Interpreting in legal settings is generally a specialised area, but there are situations in which access to a service like IRIS would be beneficial for the Gardaí and general public, e.g. if a Deaf person witnesses a crime or accident or has security concerns. An impediment to developing such services was perceived to be the reluctance of An Garda Síochána to use branded mobile technology, such as iPhones, and non-usage of smart phone technology.

5. Development of Video Remote Interpreting in Other Countries

International Developments

A scan of the literature and web sites of a range of VRI providers in different countries revealed a number of developments internationally. These include the following:

› Growth in 24/7 x 365 services.
› Growth in immediate access services.
› Development of payment based on minutes of interpreting used.
› Use of volume based discounts.
› Use of a broad range of devices, e.g. iPads, laptops, tablets, smart phones.
› Development of software apps for phones as part of access strategies.
› Extended use of VRI in a range of settings, e.g. legal, educational, workplace, business, healthcare, personal.

Funding Models

A range of funding models for remote interpreting exists in different countries. These include:

› State funding of the service, e.g. Germany.
› Funding that follows the individual, e.g. Norway uses this model for work related remote interpreting[25].
› Commercial funding based on charging all users for services, e.g. USA.
› Mixed funding models using private funding and public service contracts, e.g. UK.

Some examples of different approaches and strategies used by different countries are summarised below.

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25 A model of direct payment for disability services is already operating in Ireland through ATs whereby a group of five Leaders who are people with disabilities run their own personal assistance service (PA). The HSE pays money into the AT and people with disabilities draw down funds from the AT as needed to pay for PA support.

Some Examples

Australia

Auslan Connections is a not-for-profit joint venture between the Victorian Deaf Society (VicDeaf) and Deaf Services Queensland which provides interpreting services to the Deaf community. In Queensland it provides VRI free of charge to Deaf service users. Nationally, employees can access funding for VRI under Employment Assistance Funding. Deaf service users can access an interpreter within one hour of booking. If wireless technology is being used 4G is required. The service uses the ClearSea app or video conferencing platforms such as Tandberg, Polycom or Cisco. Compatibility with high quality video conferencing is a key sales point as well as the use of safe, secure internet connection. Responsibility for organising VRI rests with the organisation the Deaf person wishes to communicate with. The ClearSea app is free to install once a VRI booking has been confirmed by the language service provider. Good internet speeds or 4G are required. The service is available from 8am to 6pm on weekdays but not at weekends.

The Department of Human Services, as part of its Multilingual Language Service Programme, developed an Access and Equity Framework (2014) to ensure that services provided by it or funded by it are accessible to all citizens. A preferred supplier, a joint venture between Auslan and Victoria Interpreting & Translating Services (VITS), was contracted to deliver all interpreting (face to face, telephone, video relay and video conferencing) and translation services. A PIN system is used for staff and funded organisations to access the service which is available 24/7. Bookings can be made using an online booking system, automated telephone booking or immediate access to telephone interpreting if required. Cancellations are charged for on a sliding time scale. Payment for the service is mainly by way of allocated credit lines which Human Services provides to each division or funded organisation. Organisations wishing to use the service that are not funded by the Department have to contact Auslan Connections directly and they pay a fee.

VITS also provides an automated telephone system which give access for Deaf people to the first available telephone interpreter (known as video relay service or VRS). This service can also be pre-booked.

New Zealand

New Zealand has established a joint government initiative supported by Accident Compensation Corporation, the Ministry of Education, the Ministry of Health and the Ministry of Social Development to establish a VRI service to enable access for the Deaf community to government staff in key departments such as education, health and employment. The service is operated under a contract with the Ministry of Business Innovation & Employment by New Zealand Relay.

The service is free of charge and is used when clients wish to talk to government agency staff when a face to face interpreter is not available. It is available in small places or rural areas and in some cities where there is a shortage of qualified interpreters. It operates Monday to Friday from 9am to 5pm. The person needing to talk to a government agency must pre-book at least two days prior to their appointment and request VRI. VRI is available using Skype, Polycom or Cisco video conferencing systems.

Finland

In 2014, Kela (the equivalent of social protection in Ireland) was the first national government body to trial the use of access to customer services in its department by remote connection from home. The trial commenced with clients of the Centre for Interpreting Services for the Disabled in February 2014 and following positive feedback from this group the trial was extended to all English speakers who were clients of Kela for a six-week period commencing March 2014. This extended trial encountered technical difficulties and once these were addressed it was re-run in April 2014. Customers needed to have newer operating systems and at least 1,200 kbits/second of bandwidth to successfully operate the system. The service is free for customers.

United Kingdom

The UK government is currently going to tender for the provision of interpreting services.

The UK government provides funding for access to VRI by Deaf employees through the Access to Work scheme - the Exchequer, not the Deaf person, therefore pays the cost of VRI. For a Deaf person who is not working and at home, they can apply for VRI through the Direct Payment/Personal Budget Scheme, where again the Exchequer pays.

An example of a provider is SignVideo, a social enterprise established in 2005 by a Deaf entrepreneur to provide sign language interpreting services. The organisation is staffed primarily by people from the Deaf community. It is given as an example of how the sector is developing below.

SignVideo provides instant access (within 30 seconds) to a BSL interpreter by way of a live button on its web contact page that requires no additional software for the user and requires no pre-booking. It uses apps that can be downloaded onto any device to support outreach workers dealing with BSL customers and it uses web hyperlinks to link customers directly to service providers. It uses distributed cloud servers rather than hosted services to ensure business continuity and flexible SIP[26] trunking rather than traditional ISDN[27] lines for its video calls. It has also introduced a video answering machine service.

The service is available Monday to Friday 8am to 6pm except on bank holidays.

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26   Session Initiation Protocol

27   Integrated Services Digital Network

SignVideo has developed strategic alliances with Capita, the largest UK spoken language interpretation agency, and Sign Lingual UK, which is part of a network of BSL interpreting organisations that enables the SignVideo service to be more widely available. Technology partners include Cisco, Tandberg, Prodec, 9Dots and iVes.

SignVideo's strategy has been to sign a range of commercial organisations and it is now addressing government departments and local authorities. Islington Council became the first local authority to offer SignVideo on-line interpreting services to its residents. SSE is the first energy company to offer its customer service via BSL in partnership with SignVideo using secure video interpreting. Similar services are offered by Barclays Bank, Sky, O2, Vodafone, Sainsburys and BT. Recently Barclays launched its first in-branch VRI using iPads.

SignVideo has also been successful in getting the NHS and the Department of Work and Pensions to sign up to its services. A VRI pilot is underway that can be accessed via hyperlinks on the gov.uk website. This means that the link acts as a 'call' button for BSL users making VRI instantly available with no pre-booking required.

Other VRI service providers offer similar services based on no pre-booking and instant access to one to one VRI. They also use links on the 'contact us' part of their websites to allow calls with Deaf customers through a qualified BSL interpreter which means that companies only pay per minute of call rather than for interpreting sessions of a fixed duration.

Despite these developments, the corporate sector in the UK has been slow to take up remote interpreting services. A survey[28] of the web sites of the big 6 energy suppliers by Clarion International found that while all had text phone numbers and an accessibility page, only one offered remote interpreting (SSE) as an option and only half had useful information about accessibility for Deaf and hard of hearing customers.

United States

VRI is only commercially available. Different price packages are offered depending on the customer. Some service providers are based on the Deaf person having access to a computer with webcam, while some others install videophone technology as part of their service. Price plans tend to be based on per minute rates so that only the interpreting time used is paid for. Services are available 24/7 and are used for all aspects of daily living and in work, health, legal and educational settings.

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28 Accessed through Clarion International website on February 16th 2016.

6. Trend in Use of Iris

Demand for IRIS

Based on the IRIS database[29], demand for the IRIS service has increased sixteen fold since 2011 in terms of the number of times it is used per annum and three-fold in terms of unique Deaf service users, which grew from 53 in 2011 to 148 in 2015.

Trend in Usage of IRIS
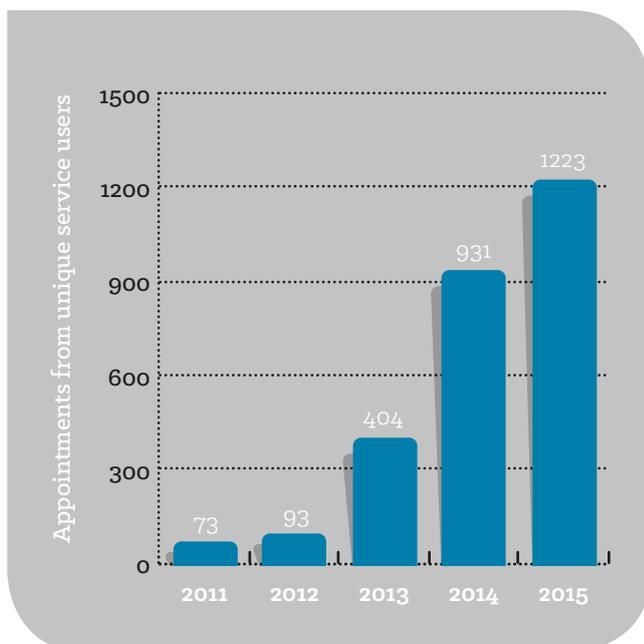
In 2015, IRIS had 1,223 appointments from 148 unique service users. This represents less than 5% of the estimated 3,500 Deaf ISL client base (Note the client base is a subset of the estimated 5,000 Deaf ISL users).

Who Uses IRIS?

The service is currently demand driven by members of the Deaf community. In 2015, 1,009 uses of IRIS were Deaf-led and hence non fee paying, 115 were from partner organisations (e.g. DeafHear.ie, Irish Deaf Society, CISs, MABS) who also do not pay a fee and 99 were paid for by a service provider (e.g. Intreo, EmployAbility, Irish Cancer Society). This means that in 2015, 92% of uses were non-fee paying (94% in 2014) and 8% were fee paying.

IRIS has had some success at local level engaging with key government services, notably Intreo in Cabra and EmployAbility, but at a national level progress has been slow. It has also had some local success with primary healthcare services, e.g. Drogheda Primary Health Care Centre, but again progress in the health sector has been slow due to its fragmented nature.

Nationally, there are 42 Citizen Information Centres (CICs) and 53 Money Advice & Budgeting Service (MABS) which are part of the CIB network. IRIS is currently set up in 12 CICs and 2 MABS.

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29 Statistics from the database must be viewed with caution due to inconsistencies in how data is recorded over time. While the precise data is not robust, the database does give a general perspective on trends that is useful.

Internationally, there has been a move to engage with helplines to get them to use remote interpreting so this is a welcome initiative. In 2015, the Irish Cancer Society agreed to providing access to its cancer nurse helpline for the Deaf community using IRIS. In general, engagement with the corporate sector has been demand led by the Deaf community and occurs on a needs basis.
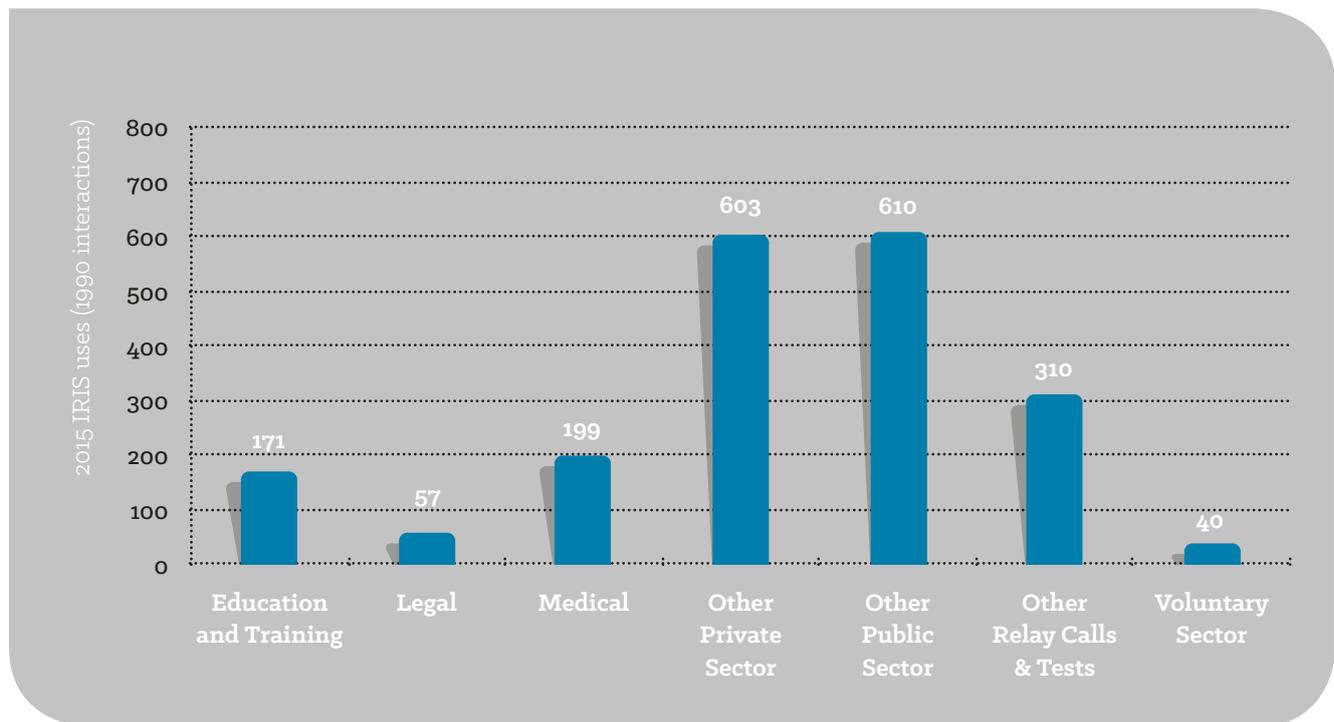
In 2015, there were 55 demonstrations or test runs with businesses and other organisations, indicating a level of interest in IRIS. However, to date no companies have signed up to IRIS on a subscription basis as yet.

What is IRIS Used for?

Seventy percent of uses of IRIS are VRI and 30% are relay phone calls.

The most frequently accessed services in 2015 were public services, healthcare services, financial services and utility companies.

Services Accessed in 2015

Bar chart — 2015 IRIS uses (1990 interactions):

Category	Value
Education and Training	171
Legal	57
Medical	199
Other Private Sector	603
Other Public Sector	610
Other Relay Calls & Tests	310
Voluntary Sector	40

7.4   Profile of Usage in 2015

Analysis of the IRIS database indicates the following profile of Deaf clients in 2015:

› In this period there were 148 unique Deaf service users clearly identifiable
› 57% were female and 43% were male.
› Approximately 87% were Irish and 13% were foreign-born nationals.
› 29 clients (20%) used IRIS ten times or more. These 29 clients accounted for 73% of the total number of uses by Deaf clients in 2015[30].
› 44 clients (30%) used IRIS only once.
› The average number of times IRIS was used was 8 times per client.
› Usage by female clients was proportionately higher than male clients and usage by foreign born nationals was proportionately higher than usage by Irish clients.

Where calls were made to reveals a number of things. Firstly, the importance of access to health related services. Secondly, the broad range of other services, including utilities, and people, most of them private, that callers wish to contact. Thirdly, no one public service dominates and the range includes local authorities, Intreo/Social Protection and educational establishments. It is also evident that at certain times key services/people will be contacted frequently, e.g. Caranua in 2015, local TDs in 2016.

Most people interviewed believe that IRIS is used for very short meetings, e.g. "10 minutes". The reality is somewhat different. The analysis shows that while calls under 15 minutes duration accounted for 29% and 17% for 2015 and 2016, respectively, calls of longer duration are also significant. For example, calls of between 15 and 29 minutes accounted for 57% and 55% for 2015 and 2016, respectively and calls of 30 minutes or more accounted for 13% and 27%, respectively.

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30   The total excludes demonstrations and tests. The total number of calls was 1,125 of which 89 related to tests, demonstrations, etc.

7. Stakeholder Feedback

Benefits of Using IRIS

Feedback from Deaf service users and services providing IRIS to their customers indicated that it was a valuable resource that provided positive benefits to those using IRIS.

From the perspective of service providers, IRIS is considered to be a cost effective option that enables effective communication between Deaf and hearing people. It enables service providers to enhance accessibility of their services for the Deaf community. It is a good use of scarce interpreting resources and it saves time.

In healthcare settings, IRIS can contribute to the achievement of better outcomes for Deaf patients by providing access to health services and by providing accurate two-way communication, thus minimising safety risks to the patient due to miscommunication or abbreviated conversations.

From the perspective of Deaf clients, IRIS is a free service that enables communication between Deaf and hearing communities and gives Deaf people access to a range of services and people they wish to engage with in an easy and quick manner. It makes the Deaf person's life easier and overcomes anxiety on the part of the Deaf person being able to access services when they need to, thus reducing stress. It means that a Deaf person can have ready access to services and not have to wait.

It enables Deaf people to work from home, to contact services, local representatives, family and friends. It supports Deaf people to set up in business, e.g. by facilitating them to make grant applications, to have business meetings, etc. It supports employment prospects by facilitating job interviews and helps students in college to access college supports. It enables the Deaf person to take the initiative to request meetings – this means they are being proactive rather than reactive. In other words, it enables Deaf people to conduct their daily lives with fewer barriers.

IRIS is considered to facilitate personal and clear communication because the Deaf person is using their first language (i.e. ISL) and does not have to worry about their English proficiency and what they say through English – the Deaf person can be themselves and express themselves as they normally do. This gives the Deaf person confidence and increases their self-esteem. The Deaf person can get clarification if required and gets the full information from the conversation using IRIS rather than relying on lip reading or pen and paper and as a result a normal conversation is held rather than an edited one.

IRIS gives Deaf people independence and autonomy – the Deaf person can make calls themselves without relying on others such as children, colleagues, social workers, etc. In certain situations relying on others is not appropriate, e.g. children interpreting for parents in teacher parent meetings or in health settings.

Barriers and Inhibitors to Uptake of IRIS

A number of themes emerged in the discussion with stakeholders about possible barriers or inhibitors to greater uptake of IRIS by both the Deaf and hearing communities.

Theme 1: Awareness

Stakeholders interviewed for the review who were from the hearing community perceive that there is a general lack of awareness about the legal obligations for face to face interactions with the public by public and private service providers and as a result, provision of Deaf interpreting is not on their agenda. Representatives of the Deaf community indicated that lack of commitment to the practical implementation of rights and entitlements granted under legislation, rather than lack of awareness, is the key issue.

The view was also expressed that there is a general lack of awareness about IRIS amongst public and private organisations and amongst the Deaf community. The Deaf community may also not be fully aware of their rights, e.g. to access an interpreter in hospital settings. The onus is also on the Deaf person to request an interpreter, which can be daunting for face to face interpreting and for some, even more so requesting use of IRIS.

Getting access to relevant decision-makers within organisations to approve the use of IRIS was seen as a challenge. For example, a local bank branch might be willing to use IRIS but has to get central approval which is then refused on security or data protection grounds. IRIS has been working to overcome these concerns through the use of consent forms and seeking advice from the Data Protection Commissioner.

Awareness within health settings of IRIS was considered to be low. At primary care level, local doctors are reluctant to use interpreters, although IRIS has had some success in working with primary healthcare centres which have practice managers who can organise IRIS for doctors.

Theme 2: Technology

The requirement to have or get technology (e.g. software, cameras, etc.) to use IRIS can also be a deterrent for both the Deaf client and the service provider. Organisations have a real or perceived fear that the technology used by IRIS might enable software viruses or security breaches.

Effective operation of IRIS is dependent on effective national communications and broadband technology, areas that are outside its control.

Theme 3: Quality

A quality service was considered to be an important factor in the future success of IRIS. Technical quality, limited availability of time slots, and some perceptions about variable interpreting quality were named as potential inhibitors to uptake of IRIS.

Theme 4: Attitudes and Perceptions

The Deaf ISL community is considered to be a relatively small community and this raises practical and financial issues about meeting its needs across a range of public and private services[31].

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31 The Deaf community is similar in size as a proportion of the population in other countries and public service providers in Ireland already publish information in a range of minority languages.

Myths that abound about the Deaf community's English language proficiency were highlighted, i.e. it is the same as everyone else and pen and paper will suffice as a method of communication or that Deaf people can lip read.

There is also misunderstanding about the role of interpreters with some service providers, e.g. in healthcare settings, viewing the interpreter as an advocate or helper.

There is a perception that IRIS is always booked out and this may be acting as a deterrent to new users.

Cultural attitudes by the hearing community towards Deaf people can also place barriers before them in accessing services such as IRIS. For example, one stakeholder described how Deaf staff had to obtain permission to attend meetings at which an interpreter would be required.

Theme 5: Demand for IRIS

Demand for IRIS is currently being led by the Deaf community – there is no pull coming from the service providers. This places the onus for requesting use of IRIS by service providers on the Deaf person. The number of unique Deaf users of IRIS is also relatively small representing less than 5% of the estimated client base of 3,500 (Note: this is less than the estimated total population of 5,000 Deaf ISL users in Ireland).

Theme 6: Recognition of ISL

Interpreting is provided for other languages in different settings, e.g. courts, healthcare. However, many service providers do not equate deafness with the need for interpreting. Because ISL is not an officially recognised language it can be more challenging to gain access to ISL/English interpreters.

Theme 7: Legislation

Equality legislation is considered to be poorly drafted and not human rights based. The term 'reasonable accommodation' is considered to provide an out for the private sector. While all public services have a legal obligation to ensure that information and services are accessible to all, uptake of IRIS has been very slow.

Theme 8: Funding

Another potential barrier to uptake of IRIS is the absence of statutory funding for the use of interpreters in work or education settings[32]. For some organisations, the cost of IRIS was an issue, especially where they have was no budget allocation for translation and interpreting services.

Support and funding from relevant government departments and their agencies, e.g. Justice and Equality, Education and Skills, Social Protection and Health, was considered essential to the future development of IRIS. Having government departments publicly committing to being Deaf-friendly organisations and signing up to IRIS as part of their access policy would enhance uptake of IRIS.

32 Jobseekers who are deaf or hard of hearing or have a speech impediment and who are attending for a job interview with private sector employers can apply for funds to have a sign language interpreter or other interpreter attend the interview with them.

Strengths of IRIS

Aspects of IRIS that those consulted felt were its strengths and which worked well included the following quotes:

Access

› 'Provides good access for the Deaf community'
› 'Free for Deaf community'
› 'Gives independence and empowers'
› 'Fast'
› 'Working to make access to doctors easier, e.g. not having to reapply each time under medical card scheme for use of IRIS'

Responsiveness

› 'Responds quickly to Deaf user'
› 'Tries its best for Deaf users'
› 'Seamless service – can get an interpreter easily'

Booking[33]

› 'Sends out text reminders re: pre-booked IRIS time slots'
› 'Google calendar to see what time slots are free'
› 'Can book longer slots if needed (i.e. 2 back to back)'

Communication Process[34]

› 'Easy to use'
› 'The actual communication – can communicate with a Deaf person much easier'
› 'Better than email – not misinterpreting things (e.g. as you can with email), not worrying about English proficiency'
› 'Other people don't know your business'
› 'It's more accurate and faster than written options'
› 'Effectively the client [Deaf person] is face to face'
› 'Much less frustrating for everyone'

Interpreting Team

› 'Have option of male or female interpreter for sensitive situations'
› 'Very good at follow-up – you are not left waiting'
› 'Excellent interpreters – positive feedback (from Deaf users).

Development Needs

A number of the concerns as to the development needs for IRIS were identified by other stakeholders. These development needs centred on the themes of quality, communication, clustering and funding as follows:

Funding for IRIS is a particular development need, especially if it is to address the needs identified above and to grow the service. Suggestions made included:

› Diversifying the sources of funding that IRIS draws from.
› Increasing the amount of funding so that the service can be expanded.
› Clarifying the self-funding model and potential to be self-funding.

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33 Note that a number of issues were also raised in respect of the operation of the booking system that require improvement

34 Note that a number of issues were raised in respect of the technical aspects of communication that require further development.

8. Conclusions and Recommendations

Internationally, VRI is well developed in many countries and still at the early stages of development in others. IRIS's experience of the slow pace of developing the service and gaining acceptance of it is not unique. However, technological developments are changing the pace at which VRI is becoming integrated and it is important that IRIS does not get left behind. Practice in IRIS compares well to international best practice, it has made considerable progress in developing its service and demand for it is high but resourcing is limiting its ability to expand its services.

In many ways IRIS is an ICT business that uses technology to enable communication between Deaf and hearing communities. It provides access to a professional ISL interpreter. It can be argued, however, that is it more than an information and access service as it is fundamentally about improving the quality of life of Deaf users.

There are three core internal success determinants for IRIS's business: skilled interpreters, quality communication and appropriate technology.

External success determinants include buy-in and sign-up to IRIS by public and private organisations, continuing demand for the service from the Deaf community and technology at both service level and national level that supports a service like IRIS.

Feedback from service users about IRIS was generally very positive, although failings in technology were noted. IRIS supports the Deaf user, not only to communicate with the hearing community, but also to access services, to facilitate them at work or in business, to increase their confidence and to reduce stress.

Demand for the service is currently being driven by the Deaf community and IRIS is near full capacity with its current resources. For example, in 2015 it achieved 89% capacity[35]. Demand has recently been so high that the service has had to introduce a daily limit of one booking per person. This has been achieved with limited promotion to public and private services in recent years to get them to sign-up to providing IRIS to their customers.

This indicates that the service is under-resourced in terms of servicing current demand. Achieving expansion of the service to facilitate access and meet growing demand will require additional funding.

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35   1,250 calls out of a potential 1,400 calls.

Summary of Recommendations

Recommendation 1: Strategy

The IRIS objectives need to be revisited in the context of developing a strategy for IRIS in order to ensure they remain relevant and fit for purpose. A three year strategic plan is recommended.

Recommendation 2: Marketing Strategy

A marketing strategy incorporating the unique selling point of IRIS, key messages and promotion channels, including an IRIS web site, needs to be developed.

Recommendation 3: Meeting Demand

It is recommended that IRIS costs the provision of an extended service (e.g. 8am to 8pm).

Recommendation 4: General Approach to Developing IRIS

A 'cluster' approach where IRIS focuses on developing its service in areas where ISL users are located rather than a broad national roll-out is recommended as the most appropriate strategy at this time. Within this, healthcare is a key area that impacts on the lives of all citizens and, in particular, people with a disability. A specific plan of action should be developed to roll-out IRIS within the healthcare sector more broadly. Targeting utilities, telecoms and banks operating in Ireland that have international experience of using remote interpreting services in other countries should also be considered, e.g. SSE, O2.

Recommendation 5: CIB

It is recommended that IRIS works with the CIB to roll-out IRIS to every Citizens Information Service and Money Advice and Budgeting Service over a two year period.

Recommendation 6: Making it Easy to Use IRIS

Providing public services with a turn-key service under contract at national level that would enable more ready uptake of IRIS at local level should be considered as part of the IRIS strategy. Provision of web cams as part of the IRIS package for Deaf users and service providers is recommended.

Recommendation 7: Technology

It is recommended that IRIS consider developing technology partnerships (e.g. through corporate social responsibility) as a way forward. Technology needs to provide for clarity of sound and vision and reliability.

Recommendation 8: Quality

Highlighting that interpreters are fully qualified and accredited is an important sales point. Interpreters should continue to abide by confidentiality and boundary policies. Interpreters should also be required to attend a certain minimum number of continuous professional development sessions per annum. Recognition by way of rewards for results achieved by IRIS staff should also be considered.

Recommendation 9:
Efficient Use of Interpreting Time

Interpreters currently perform a number of roles: remote interpreting, managing bookings, managing the waiting list, managing cancellations, internal face to face interpreting, and promotion. Using interpreters to do live demonstrations to potential clients makes some sense, but more efficient mechanisms should be explored such as web-based demonstration video links.

Recommendation 10: Booking System

An online booking system is recommended. The current slot times (30 minutes) and break times (10 minutes) also needs to be reviewed in the context of any new booking, waiting and cancellation management systems and protocols.

Recommendation 11:
Policies and Procedures

Policies and protocols that support the work of the organisation, particularly if it expands the number of staff and grows to meet demand, need to be reviewed and upgraded. Key ones include boundaries, confidentiality, lone working, hand-over, handling emergency calls, waiting list management, cancellation policy and data recording.

Recommendation 12:
External Engagement

There are a number of bodies at national level that develop guidelines for their organisations on access and national bodies that provide professional training to sectors of interest to IRIS. IRIS should engage with these organisations to ensure that IRIS is included in these guidelines or training courses as they are developed or updated.

Recommendation 13: Funding

A social enterprise based on a mixed funding model is recommended as the medium term objective for IRIS. In the short term, seeking an additional allocation from the CIB should be considered.

Recommendation 14: Governance

Consideration should be given to expanding the expertise available to IRIS on its sub-group by the inclusion of Deaf service users and private sector expertise, e.g. legal, technological. Key performance indicators for IRIS should be agreed with the sub-group and reported on a quarterly basis.

Recommendation 15: Data Recording

The guidance manual for recording data on the database should be reviewed.

Recommendation 16:
Inclusion of Deaf Service Users

A Deaf service users' forum should be set up to provide feedback and input to the operation of IRIS.

9. Glossary of Terms

Application (app) is a computer programme designed to run on mobile devices such as smartphones and tablets.

Bandwidth in computing is information capacity expressed typically in multiples of 'bits' per second. In signal processing, bandwidth is a measure of the width of a range of frequencies.

Bit is the smallest measure of information that can be stored or manipulated on a computer.

Citizens Information Board (CIB) provides independent information, advice and advocacy on public and social services.

Citizens Information Service (CIS) provides information and advocacy services for citizens. There are 42 CIS offices around Ireland. CISs are funded by the Citizens Information Board.

Deaf with a capital 'D' refers to Deaf ISL users while deaf with a small 'd' refers to the wider population of those who experience deafness or who are hard of hearing.

Irish Remote Interpreting Service (IRIS) is a service provided by SLIS. It enables Deaf ISL users to communicate with hearing people via an ISL interpreter. It uses video technology to enable this communication.

Irish Sign Language (ISL) is a language in its own right and bears no relation to spoken/written languages e.g. English or Irish. ISL has its own complex linguistic structures, rules and features. It gradually developed through centuries. ISL is widely regarded by its users as their natural or first language because it is based on visual interaction and is fully accessible. ISL is used daily by thousands of Deaf, Hard-of-Hearing and hearing people. ISL is the preferred language of members of the Deaf community in Ireland. Other countries have their own sign languages, for example **British Sign Language (BSL**) in Great Britain and Northern Ireland, **American Sign Language (ASL)** in the USA.

ISDN is shorthand for Integrated Services Digital Network, a set of communication standards for simultaneous digital transmission of voice, video and data.

IT is shorthand for information technology.

Kbits is shorthand for Kilobits, a measurement of the rate of data transfer. A Kbit is a thousand 'bits' of information.

Money Advice and Budgeting Service (MABS) provides advice to citizens about money, debt and other financial matters. There are 51 MABS around Ireland. MABS is funded by the Citizens Information Board.

National Disability Inclusion Strategy (NDIS) is the draft strategy on disability that is currently being developed by the Department of Justice, Equality and Law Reform.

SIP is shorthand for Session Initiation Protocol, a communications protocol for signalling and controlling multi-media (voice, video, data) communication sessions

Sign Language Interpreting Service (SLIS) is the national sign language interpreting service. It promotes, represents, advocates and ensures the availability of quality interpretation services to Deaf people in Ireland. SLIS is funded by the Citizens Information Board.

TDs are elected members of the Irish Parliament.

Telephone relay service (TRS) involves a Deaf ISL user sitting beside an interpreter while the interpreter communicates for them by telephone with a hearing person.

Video relay service (VRS) is where the Deaf ISL user, the interpreter and the hearing person are each in different locations. The Deaf ISL user communicates with the interpreter by video who in turn translates ISL into English and then communicates by video with the hearing person and vice versa.

Video remote interpreting (VRI), in its strictest sense, takes place when the Deaf ISL user and person they wish to communicate with are together in the same location and the ISL interpreter is in another location and they communicate with each via a video link. Video relay and video remote are often referred to together under the title VRI.

2D is shorthand for two-dimensional

3D is shorthand for three dimensional

3G is third generation mobile phone technology

4G is fourth generation mobile technology

24/7 refers to a service that is provided 24 hours a day, 7 days a week.

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What is SLIS?

Sign Language Interpreting Service (SLIS) is the national Sign Language Interpreting Service for Ireland, established through the Citizens Information Board (CIB) following the 2006 Prospectus Report on *Sign Language Interpreting Services and Provision in Ireland*.

CIB is the main funder of SLIS, with other income generated mainly from the use of the Irish Remote Interpreting Service (IRIS).

SLIS has a board of directors which includes perspectives from key stakeholders such as the CIB, the Deaf community, Trinity College Dublin and DeafHear.ie.

SLIS employs a full time manager and administrator, a part time finance officer and a part time administrator, as well as five part time Sign Language Interpreters.

SLIS Mission Statement

SLIS will promote, represent, advocate and ensure the availability of quality interpretation services to Deaf people in Ireland. SLIS is a key interface between organisations, services and the Deaf community.

The goal of SLIS is to ensure that Deaf people can live as full and equal citizens with easy access to relevant public, educational and social services, and exercise their rights and entitlements, including under the Equal Status and Disability Acts.

SLIS strategic goals

The SLIS Statement of Strategy 2015-2020 identified the following strategic goals:

Priority 1: **Development and expansion of the remote interpreting service (IRIS)**

Priority 2: **Supporting and Promoting Service Quality in Interpreting**

Priority 3: **Development of the Sign Language Interpreting Service**

Priority 4: **Advocacy: Promoting and advocating for the rights to interpretation of Deaf people for better and easier access to all state services.**

Priority 5: **Maintain and Develop SLIS's Role in the Deaf Community**.

Sign Language Interpreting Service
Deaf Village Ireland, Ratoath Road, Cabra, Dublin 7.
Email: reception@slis.ie
Telephone: 0761 07 8440
Website: www.slis.ie

Irish Remote Interpreting Service (IRIS)
Email: remote@slis.ie
Telephone: 0761 07 8440
Text: 087 980 6996
Facebook: https://www.facebook.com/#!/IRISinterpreting
Video Guide: https://www.youtube.com/IRISvideo