



# Sign Language Interpreting Service

PROMOTING ACCESS AND STANDARDS IN  
SIGN LANGUAGE INTERPRETING

## Summary Evaluation

Sign Language  
Interpreting Service /  
HSE National Office for  
Social Inclusion

Access to Sign  
Language Interpreters  
for GP and Primary  
Care appointments  
for Deaf Clients with  
Medical Cards.

Pilot Programme

November  
2016-March 2107

April 2017

## Methodology

Data for this evaluation was collected by qualitative interviews by two independent researchers. Alvean Jones interviewed 11 Deaf people and Holly Wescott interviewed 11 GP's. Their reports are augmented by analysis of the quantitative data and financial accounts from the pilot programme.

## Summary

The HSE agreed with SLIS to arrange for and administer a pilot programme for the provision of sign language interpreters for GP and primary care appointments for Deaf people with medical cards from November 2016 to March 2017.

The pilot programme provided for:

- › A streamlined process for Deaf people and GP's to arrange appointments
- › 82 appointments for 43 unique Deaf users were arranged from 87 requests
- › A panel of 35 sign language interpreters
- › Promotion to the Deaf community and to GP's and Primary Care centres.
- › Monthly reports to the HSE.

Feedback from the Deaf community is very positive, but concerns are raised about the availability of interpreters. Better promotion and use of technology and remote interpreting (e.g. IRIS) is recommended.

Feedback from GP's is overwhelmingly positive and using interpreters significantly improved communication and patient comfort. Better promotion and awareness is recommended.

The pilot programme was extended by agreement to December 31<sup>st</sup> 2017. It is recommended that the HSE provides for the service on a permanent basis, with a budget of €70,000 in 2018.

This report is edited by John Stewart, SLIS, and provided to the HSE National Office for Social Inclusion.

# about the authors...



**Alvean Jones** is an independent researcher and trainer. A graduate of Philosophy (UCD), with a Diploma in Adult and Continuing Education, (NUI Maynooth), she is very active in the Irish Deaf community, having served as Vice Chairperson of the Irish Deaf Society, Chairperson for Signlink, as well as being a tutor with the Deaf Adult Literacy Service.

Since returning from a three year stint as a VSO volunteer in Gambia, Alvean will also be recognised for her television work as a presenter and signer.

**John Stewart** National Manager SLIS, edited this report and provided background content.



**Holly Wescott** is an RID nationally certified American Sign Language interpreter with 16 years' experience. Her post-graduate studies include Clinical Mental Health Counseling Gallaudet University, Washington DC, and a Masters in Global Health from Trinity College Dublin. Her most recent research explores structural change and disability inclusion linked to the United Nations Partnership to Promote the Rights of Persons with Disabilities (UNPRPD), as well as research into the capacity of sign language interpreting in Ireland.

# Background

John Stewart

**‘Without an interpreter, the clinician cannot make an adequate clinical assessment or explain the diagnosis and treatment, and the patient is denied the opportunity to discuss his or her concerns’**

*Alexander, A., Ladd, P., & Powell, S. (2012), Deafness might damage your health, The Lancet, Vol. 379, No. 9820, March 2012*

While 8% of Irish adults (270,000) have a significant disabling hearing loss that impacts on their daily lives<sup>1</sup>, there is a small population of 5,000 Deaf who depend on Irish sign language (ISL) to communicate<sup>2</sup>. This Deaf ISL community experience multiple disadvantages with high unemployment<sup>3</sup>, low education levels<sup>4</sup> and high levels of literacy problems<sup>5</sup>. The inequality and exclusion experienced are compounded by communication difficulties, resulting in greater mental health issues<sup>6</sup> and poorer health outcomes<sup>7</sup>.

The HSE has long recognised that sign language interpreting is a key to better access, informed consent, enhanced treatment and health outcomes for the Deaf community.

The HSE National Guidelines on Accessible Health and Social Care Services identify that **not providing a qualified sign language interpreter (SLI)** when delivering care to a Deaf patient or service user **places the health or social care provider in a precarious situation** – as well as the Deaf person. The HSE National Consent Policy requires the use of interpreters to ensure consent for interventions that may have a significant impact on their health and well-being.

However, in 2016 and before, GP’s were required to write to HSE Area Managers for approval for funding for interpreters for appointments and this led to delays and barriers for Deaf people. The process was acknowledged as needing reform. In May 2016, the HSE and SLIS agreed a pilot programme to run from November 2016 to March 2017, and the HSE provided funding of €14,000 for SLIS to administer to interpreters on its behalf.

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1 Health Service Executive, National Audiology Review, 2011

2 As estimated by the Irish Deaf Society, reference IDS website – [www.deaf.ie](http://www.deaf.ie)

3 Unemployment rate of 25% - three times the national average, Census 2011,

4 Deaf are 3 times more likely to have primary level as their highest educational qualification, Census 2011,

5 80% of Deaf ISL users have significant literacy difficulties – 4 times that of the general population

6 Johannes Fellingner, Daniel Holzinger, Robert Pollard Mental health of deaf people *The Lancet*, Volume 379, Issue 9820, March 2012,

7 Alexander, A., Ladd, P., & Powell, S. (2012), Deafness might damage your health, *The Lancet*, Vol. 379, No. 9820, March 2012

The wider policy context recognises that the lack of availability of sign language interpreters is creating significant barriers to the provision of inclusive and equitable public services, despite national policies and current Equality and Disability legislation. This is reflected in four current policy developments.

The Oireachtas<sup>8</sup> identified “The experience of the Irish deaf community is one of **extreme marginalisation due to the lack of sign language recognition and provision**” and recommended legislative action to address this (October 2016).

The Recognition of Irish Sign Language (ISL) for the Deaf Community Bill 2016 currently before the Seanad proposes to recognise ISL and enhance entitlements to interpreting.

The National Disability Inclusion Strategy 2017-2020 has specific objectives to expand the Irish Remote Interpreting Service (IRIS), develop quality supports for interpreters through SLIS and legislate for entitlement of Deaf people to public services.

The United Nations Convention on the Rights of People with Disabilities is overdue for ratification. Five articles specifically relate to Sign Language and the Deaf community including Articles 2, 9, 21, 24 and 30.

The Citizens Information Board (CIB) has completed research highlighting the need for ISL interpreting in public settings, including medical, and recommends improvements in making interpreting available to the Deaf community in a range of every day contexts.

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<sup>8</sup> The Houses of the Oireachtas Joint Committee on Justice and Equality Report on the Formal Recognition of Irish Sign Language, Government Publications: October 2016.

# The Pilot Process

## The Process has 4 steps:

- › **Contact:** The GP or deaf person contacts SLIS (Email: [bookings@slis.ie](mailto:bookings@slis.ie) or Mobile: 087 980 6996) to arrange a Sign Language Interpreter for a medical appointment.
- › **Booking:** SLIS arranges and confirms appointment with the GP, interpreter and client.
- › **Attendance Sheet:** The GP signs the interpreter’s attendance sheet which includes the Deaf client’s medical card number, and submits an invoice and attendance sheet to SLIS.
- › **Invoice:** SLIS pays the interpreter/invoice on behalf of the HSE.
  - » *GP Information Helpline Lo-call: 0761 07 8442 Contact: Margaret O’Connor*
  - » *Emergency/Out-of-hours Mobile: 087 6725179*

# Quantitative Data

**82 of 87 requests (93%) were successfully arranged by SLIS with interpreters, deaf clients and GP's/Primary care health staff in 13 counties.**

5 requests, 3 in the first month of the pilot, were not filled due to a lack of interpreter availability and went ahead without interpreters. Arrangements for the other requests were finalised but did not go ahead.

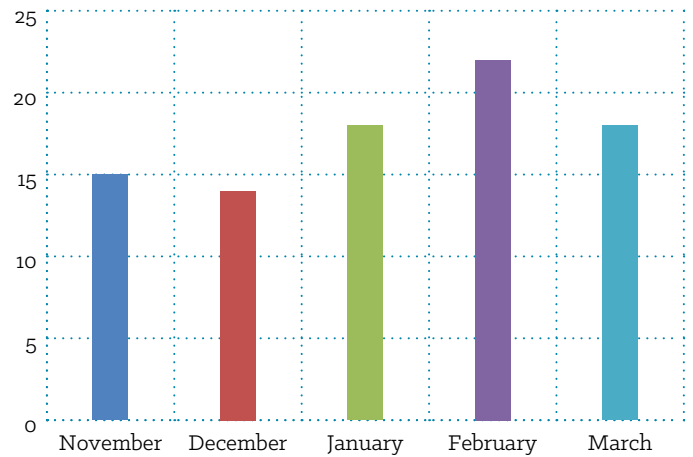
43 different Deaf users availed of the service. 30 people used it once, 5 twice, 4 three times while there were single persons using it on 4, 5, 10 and 11 times respectively. The latter uses were mainly for counselling services.

55 appointments were for GPs, 20 were for counselling, 3 were dentist appointments, 2 for midwifery appointments and 2 for primary care optical appointments.

Most appointments were located Dublin (35), Mayo (12), Cork (9) and Louth (9).

57 (70%) appointments were arranged with interpreters within 2 days. 16 (20%) were arranged within 5 days, with the remaining 9 appointments took over 5 working days.

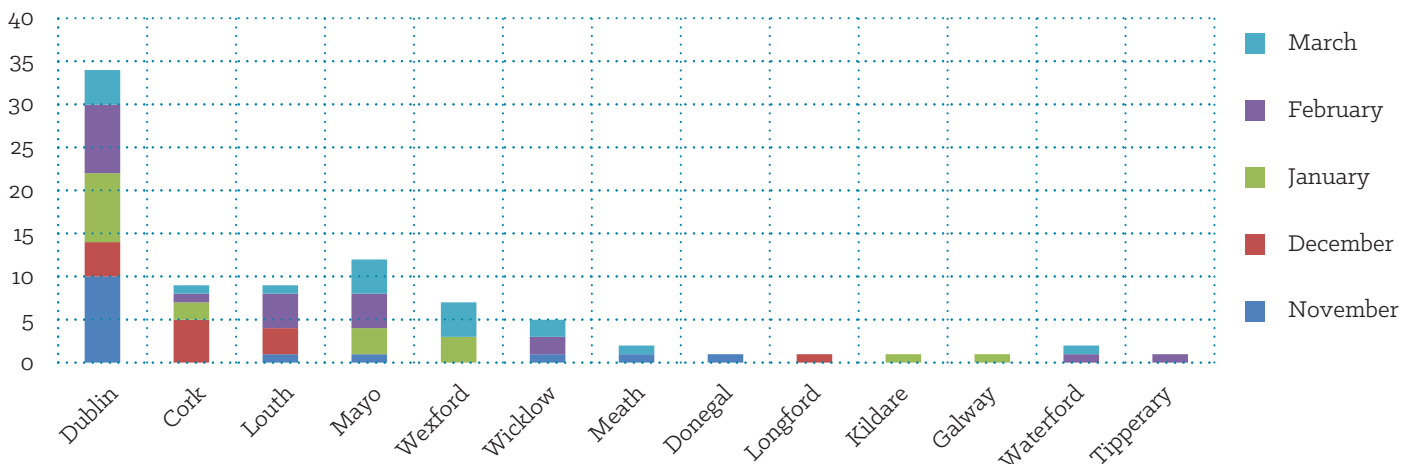
**Table 1 Requests for Interpreters at Health appointments Nov 16 - Mar 17**



There are 35 interpreters from 11 counties on the panel set up by SLIS, with most based in Dublin (20) and no more than 2 in any other county.

No GP set up IRIS, the remote interpreting service during the pilot period. Deaf patients consistently preferred face-to-face interpreting, but are interested in remote interpreting particularly for routine repeat appointments or when an interpreter is not available to travel.

**Table 2: Location of Deaf Requests for GP/ Primary care appointments**



# Finance

## The total cost of Interpreter Fees, Travel Expense and Administration.

	Travel Expense	Interpreter Fees	Administration	TOTAL
<b>Total Paid (75)</b>	<b>€1,360.48</b>	<b>€10,170.00</b>	<b>€2,520.00</b>	<b>€14,050.48</b>
<b>Adjustment</b>			-€50.48	
<b>Final Account</b>	<b>€1,360.48</b>	<b>€10,170.00</b>	<b>€2,469.52</b>	<b>€14,000</b>

**Based on the 75 jobs paid to date.** Note: Administration charge of €2,520 (18% of total as agreed) is adjusted downwards by €50.48 to provide a balanced account for the pilot programme. Administration covers operation of the booking system, a GP helpline, an out of hours emergency service, promotion to Deaf community, presentations to Deaf clubs and groups, signed video messages, promotion to GP's and health practitioners.

## Average cost of Assignments

	Travel Expense	Interpreter Fees	Administration	TOTAL
<b>Average cost</b>	<b>€18.14</b>	<b>€135.60</b>	<b>€32.93</b>	<b>€186.67</b>

## Recommendation for 2018

The HSE agreements provide for a total of €47,500 in 2017 for this service (to cover an estimated 267 assignments). Demand is expected to increase as awareness of the programme grows, while the travel costs are also expected to increase due to the shortage of interpreters in some areas. SLIS projects that 372 appointments will be required for the full calendar year of 2018. The projected cost of service provision for 2018 is:

	Interpreter fees	Travel	Administration	Total for 2018
372 Appointments	€50,443.20	€7,440	€11,160	€69,043.20
Basis	€135.60 x 372	€20 x 372	€30 X 372	

**This evaluation recommends that the HSE budgets €70,000 for the continuation of this service in 2018.**

# Qualitative Data from GP's and Primary Care staff

Holly Wescott

Saw my client in a totally different way. No comparison! Happy to be contacted again to promote the programme. I can't say enough about it! It is so easy! I love it!

Efficient, interpreter was fantastic!

## GP Feedback

Especially helpful for low literacy patients. Reduces the risk of misinterpretation or an error in lip-reading regarding the patient's health.

## GP Feedback

No suggestions, just as long as the extra layer does not delay the flow of appointments. So far, no disruptions, but there is potential for it, also potential for huge help if the appointment is complicated.

## GP Feedback

I thought the patient was more comfortable, and could say more about her medical needs in that appointment.

## GP Feedback

An independent research process interviewed 10 GP's and Primary Care health practitioners who had met Deaf patients with interpreters arranged under the pilot programme.

All GP's interviewed (10) had prior experience with Deaf patients without an interpreter as well as meeting the same Deaf patients with an interpreter during the pilot programme, allowing a 'before and after' comparison of communication (See Tables 3A and 3B).

**Before:** Over half of the providers reported the communication level without an interpreter to be 'difficult.' The remaining responses showed variation across levels of communication.

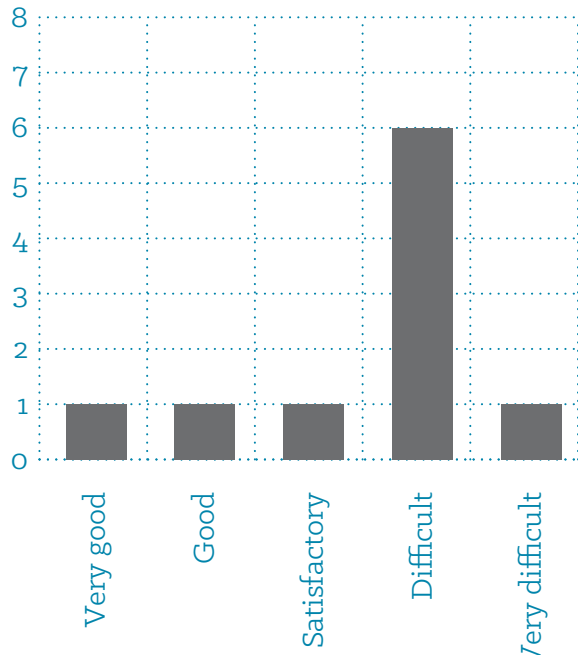
**After:** Communication during appointments with a sign language interpreter was reported as 'very good (80%) or 'satisfactory' (20%).

Comparison: Communication at GP appointments improved significantly when compared to previous experience without an interpreter. The mean (average) from the before responses was less than 'satisfactory', while the mode (most common response) was 'difficult'. Afterwards, the mean was between 'good' and 'very good' and the mode was 'very good'.

Holly Wescott concludes her report with the following comments. "Physicians report overall low satisfaction with communication between Deaf patients without an interpreter, and recognize improvements and higher satisfaction when an ISL interpreter is present in appointments. Removing the logistical and cost barriers to physicians in scheduling interpreters for their Deaf patients' works well. Overall, the program found many positive outcomes, and is seen as beneficial to the patient-doctor relationship."

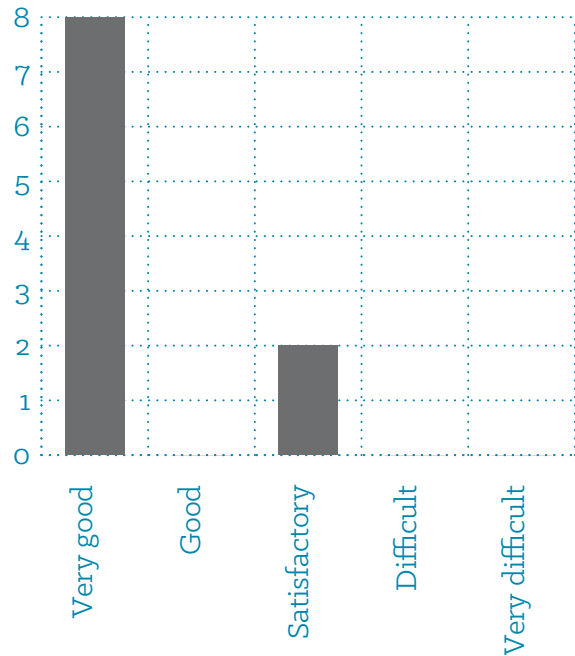
**Table 3A and 3B:**  
**Communication comparison at appointments**  
**with and without interpreters**

Before... without an interpreter



How was communication when there was no interpreter present?

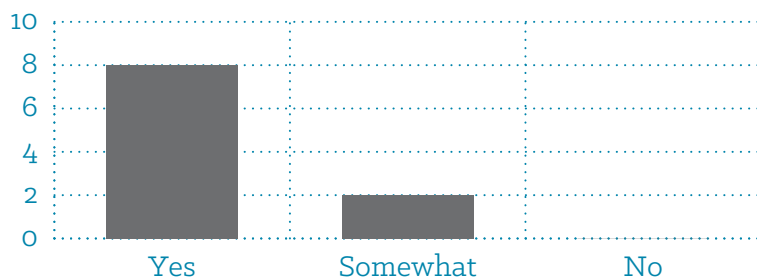
After... with an interpreter



How was communication when there was no interpreter present?

Table 4 evidences the streamlined provision of Irish sign language interpreters through the pilot programme provided by SLIS **worked well for GP's and Health staff, with an average satisfaction rating of 2.8 out of 3**. Cutting down the processing time, additional work for physicians and cost were referenced as indicators of success.

**Table 4:**  
**Do you think the pilot programme, is working well for you?**





# Suggestions from GP feedback

A deeper exploration of the SLIS pilot programme shows an overall positive response. Physicians report their patients were able to share more in appointments, especially those with low English literacy who had previously relied on reading and writing notes. Several providers highlighted the programme's value from the patient perspective, recognizing the importance of patient trust and comfort in their medical appointments, and the role an interpreter plays in securing that relationship. The increased value of an interpreter in high-risk appointments was also acknowledged, and all physicians were willing to have an interpreter during appointments with Deaf patients in the future.

A very important result of the new interpreter provision programme was an improvement in how the Deaf person was seen. The provider was able to see the Deaf person in a different and more accurate way, which is especially beneficial in a communication-based appointment, such as counseling.

Interestingly, other providers did not realize the improvements in communication with an interpreter could increase their ability to care effectively for their patient. The benefits of understanding the patient without miscommunication can inform treatment plans and reduce risk, though interpreters were perceived as only beneficial to the Deaf patient. One participant responded: "... I communicate fine either way with written, lip-reading, email, etc. I don't notice much difference, but the patient should have one if they want one." Other physicians recognize their perception of communication is incomplete, saying: "It is very difficult to know how communication was without an interpreter, because appointments appeared to go fine. It all depends if the patient benefitted." Some respondents assumed the Deaf patient paid for their own interpreter when they wanted one.

Clarifying what the programme does to facilitate the provision of interpreters, and advertising to the physicians may be an entry point for raising awareness and promoting the use of ISL interpreters.

# Qualitative Data from the Deaf community

Alvean Jones

Writing things down in my second language and not understanding what is being written by the doctor in response, it is dangerous. To be honest, I understood nothing of what the doctor wrote.

## Deaf Feedback on appointment without an interpreter

When I'm with an interpreter, I feel satisfied, 100%, from the beginning to the end, and things are explained, so I feel better.

## Deaf feedback on GP appointment with interpreter

The GP didn't have an interpreter until recently. The doctor adamantly refused to book one until last week. It was only then he realised the advantage the interpreter offered during consultations with me. I was very happy too, as before, my son used to interpret for me. No more, I don't want my son to know what's wrong with me.

## Deaf Feedback on GP appointment with interpreter

Alvean Jones interviewed eleven Deaf people, seven women and four men. Eight of the respondents had medical cards and three people without medical cards - and therefore not eligible for the scheme - were interviewed for comparison purposes. Ages ranged from early twenties to pensioners in their seventies, and they were resident all over Ireland.

**Waiting time a perceived problem:** Even though the eight respondents had medical cards and were aware of the pilot programme, some did not avail of interpreters due to a perception that there would be a long waiting time. Previous experience and health habits indicated an expectation that no interpreters would be available. This could be partly explained by the shortage of interpreters in Ireland. The pilot process can redress this if put on a permanent basis, although further promotion is needed.

## Reliance on written English common but questioned:

The most common form of communication without interpreters is written communication in English, followed by lip-reading and gestures. "I prefer to write than gesture, even though I'm not comfortable with English, because I don't want to be misdiagnosed."

"Our health is at risk. It's a nightmare visiting my GP. It's the worst nightmare, writing back and forth."

## Children and Family members often used as

**interpreters:** In many cases children or siblings interpreted. Some respondents objected to having their children or family interpret, but some GPs assumed that they would relay the message. However concerns were raised about inaccurate relaying of what the doctor had to say, lack of privacy and children being thrust into positions of responsibility.

**In all cases appointments with interpreters were preferred** and the pilot scheme was seen as an improvement on previous practice.

# Suggestions from Deaf feedback

## **Ensure a permanent process for provision of interpreters for GP and Primary care clinics:**

The necessity of interpreters for GP consultations cannot be stressed enough. As people's health and lives are at stake here, especially when it comes to diagnosis and following treatment plans, a coherent policy should be in place for GPs dealing with Deaf clients. The following report is illustrative of care in mental health setting.

<http://steinhardt.nyu.edu/appsych/opus/issues/2011/fall/misdiagnosis>

It is recommended that the HSE and SLIS adopt the pilot process as a permanent solution for medical card holders and extend the service to all Deaf people.

**Use Technology:** IRIS should be set up in GP and Primary care centres.

<http://slis.ie/iris/#remote-interpreting-iris>  
The potential of new technologies and

mobile phones should be utilised for ISL users and people they communicate with. There is an app for BSL in the UK (<http://interpreternow.co.uk/>). It would be worth exploring an app, something similar to how Hailo works for taxi drivers.

## **Promote the service more to the Deaf community:**

SLIS need to promote the use of qualified interpreters in GP settings. This would help increase awareness among Deaf people, and dissuade them from using their family and friends to interpret for them.

## **Promote the service more to GPs and Primary care centres:**

Likewise, SLIS should reach out to GPs and help increase awareness of why written communication can be dangerous.

## **GP policy and practice needed.**

SLIS should prepare and disseminate guidelines for GP's.

# What is The Irish Remote Interpreting Service (IRIS)?

**The Irish Remote Interpreting Service (IRIS)** is a user friendly video link service, which GP's and Primary Care centres can use to facilitate communication with Deaf clients. IRIS provides a direct online link to an ISL / English interpreter using video chat programmes such as Skype, Google Hangouts, Microsoft Lyncs /Skype for Business or Adobe Connect. The IRIS interpreter is based in SLIS whilst the clients can be located anywhere in Ireland.

The Irish Remote Interpreting Service was developed to help reduce inequalities that Deaf people face in accessing services. IRIS provides immediate access to a remote interpreter and is particularly helpful for health services in remote or rural areas.

IRIS has the potential to reduce costs of interpreting provision as demand and provision grows. SLIS will promote the use of remote interpreting and evaluate its use in 2018.

# Recommendations

This evaluation finds that the pilot service improved access of Deaf people to quality healthcare. It also enhanced provision of interpreters for both Deaf people and health staff. Health staff and Deaf patients reported that communication at health appointments improved significantly when compared to previous experiences without an interpreter.

Changes in the health behaviours of Deaf people and improved practice of GP's and Primary Health Care staff are likely as awareness and demand grows. The following seven recommendations should be implemented.

- 1. The HSE should put this programme on a permanent and mainstream basis.**
- 2. It is recommended the HSE budgets €70,000 for continuation of this service in 2018.**
- 3. SLIS and the HSE should cooperate to ensure all primary health care centres set up remote interpreting over a two year period.**
- 4. Use of IRIS should be tested in GP and Primary care centres in 2017.**
- 5. SLIS should promote the use of qualified interpreters in GP settings to the Deaf community, including by signed video messages.**
- 6. SLIS and the HSE should promote the service more intensively to GPs and health staff in primary care centres.**
- 7. SLIS should prepare and disseminate guidelines for GP's and health staff on**
  - (a) the service,**
  - (b) good practice in using an interpreter, and**
  - (c) how to use the Irish Remote Interpreting Service.**

GP Information Helpline Lo-call: 0761 07 8442  
Contact: Margaret O'Connor

**To book a sign language interpreter, contact SLIS at:**

Mobile: 087 980 6996 or Email: [bookings@slis.ie](mailto:bookings@slis.ie)  
Emergency/Out-of-hours Mobile: 087 672 5179  
Landline (Lo-call): 0761 07 8440

Where interpreters are not available, in some cases an interpreter can be 'Skyped in' using the Irish Remote Interpreting Service (IRIS). SLIS will arrange this with GP/staff in advance as appropriate.  
<http://slis.ie/iris/#book-an-appointment>

# SLIS Mission Statement

Sign Language Interpreting Service (SLIS) is a national service supported by the Citizens Information Board (CIB).

**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

Sign Language Interpreting Service (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.**



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