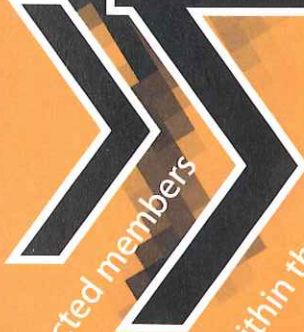
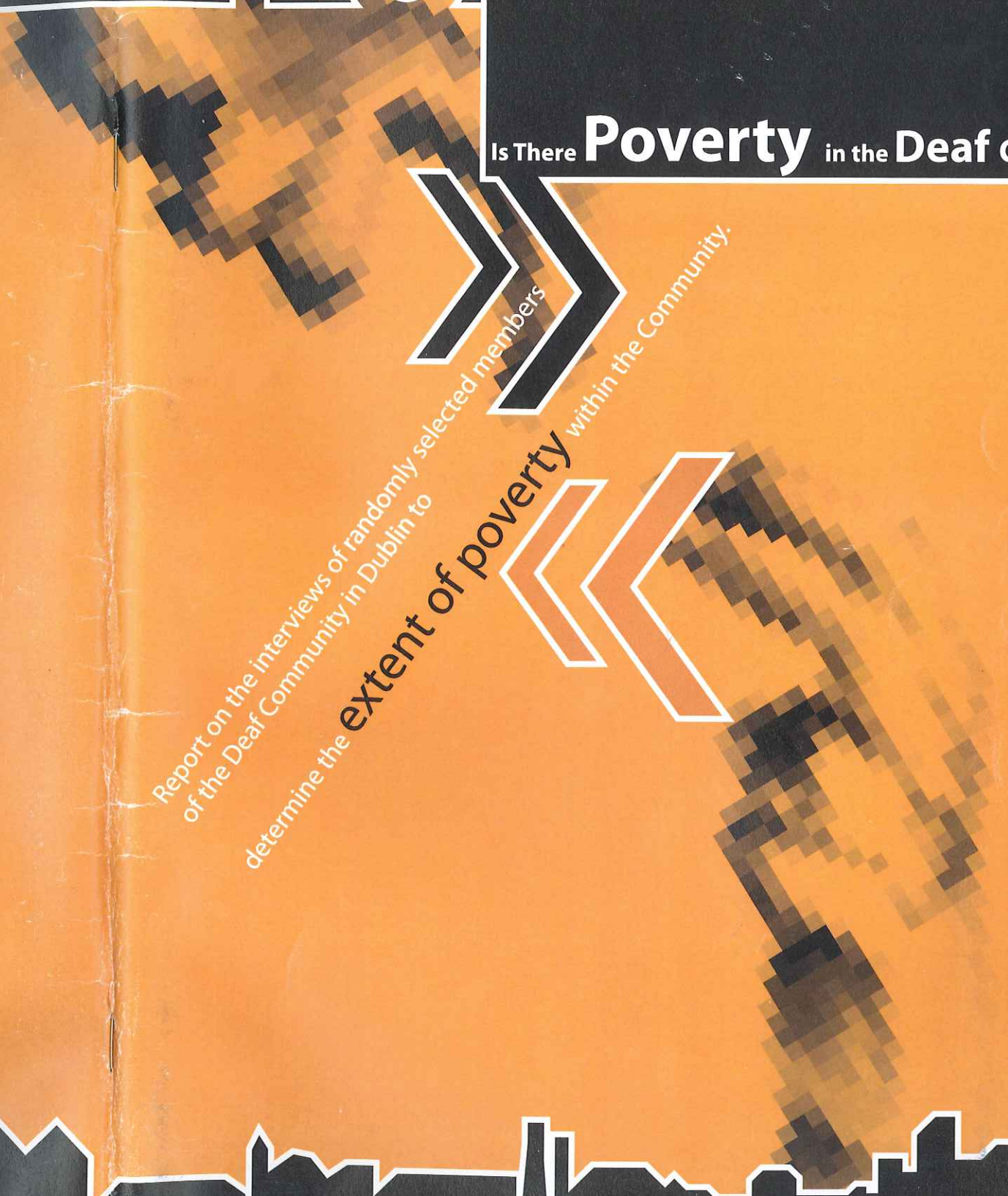


POVERTY TV

Is There **Poverty** in the Deaf Community

Report on the interviews of randomly selected members
of the Deaf Community in Dublin to
determine the **extent of poverty** within the Community.



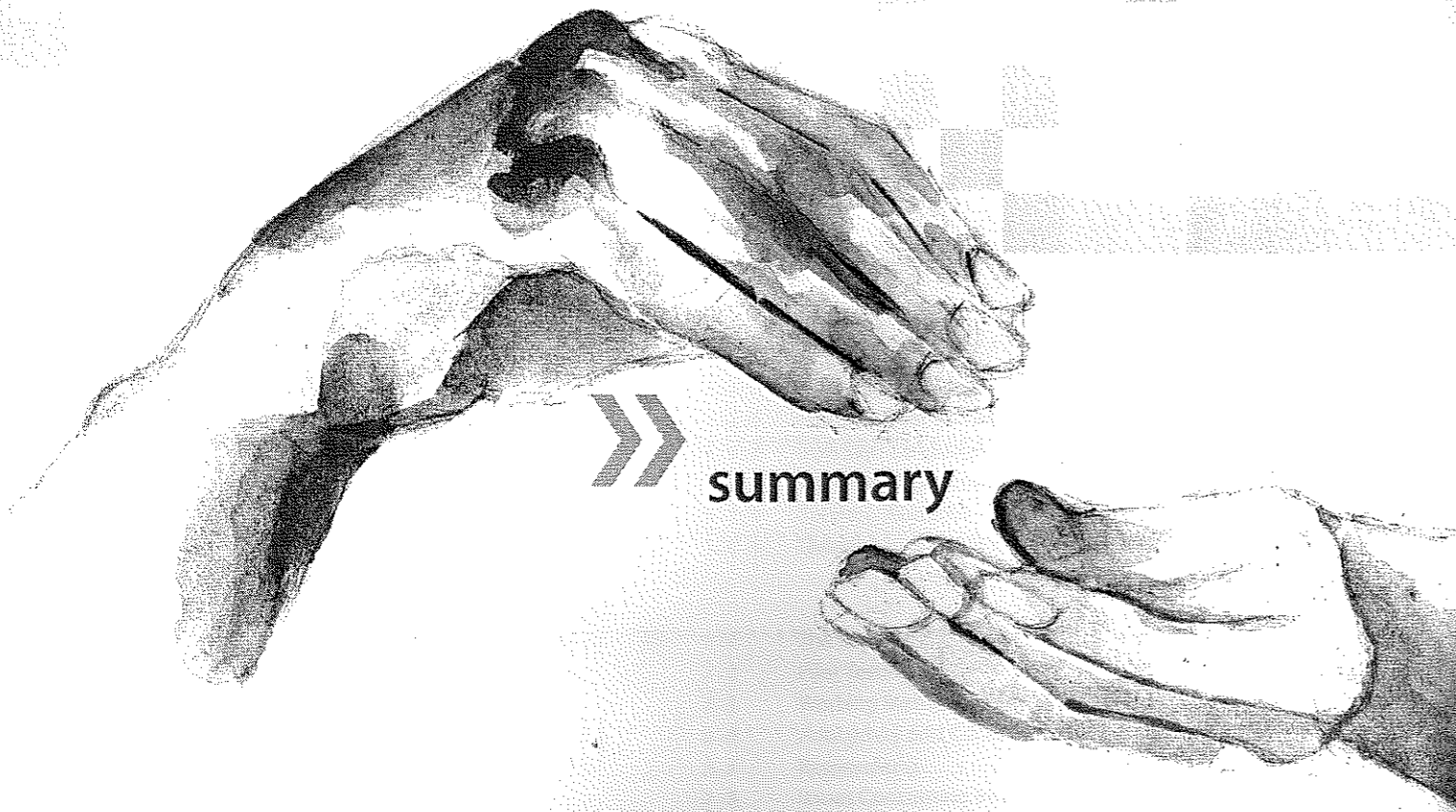
» acknowledgments

John Bosco Conama and Carmel Grehan wish to express their sincere appreciation for those who were involved in this survey;

- » interviewees who have participated.
- » Irish Deaf Society that funded the survey.
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- » Fiona Downes, Illustrator and Artist.

The views expressed in this report are the author's own and not necessarily those of the Combat Poverty Agency.

It has to be stated the contents of interviews given in videotapes have only been seen by the researcher herself (and it is not necessarily meant that others have seen them.)



summary

» executive summary

Aims and Objectives ↵

This small-scale survey aims to establish and ascertain the relative poverty levels of Deaf people. The concept of relative poverty as defined by the National Anti-Poverty Strategy (NAPS) is as follows,

People are living in poverty, if their income and resources (material, cultural and social) are so inadequate as to preclude them from having a standard of living which is regarded as acceptable by Irish society generally. As a result of inadequate income and resources people may be excluded and marginalised from participating in activities, which are considered the norm for other people in society.

To determine the level of relative poverty, the research will ;

- » Fill in basic personal details such as current socio-economic status, range of income level, occupation and the level of educational and training attainment.
- » Outline personal experience of Deaf people of being employed and unemployed and how their status is regarded by them.
- » Identify causes of poverty that bring upon respondents and their consequences.
- » Identify barriers to information experienced by these respondents.
- » Envisage possible solutions to their current situation.

Respondents ↵

Through a random sample, the participants of 11 female and 15 male were selected. The description and make up of respondents were as follows:

» Marital Status/Children

Six female and 11 male respondents were married. Two more respondents are separated while the remainder are single. 15 out of the 26 respondents have one or more children. There are four categories for children; a) none, b) one child, c) two children and d) more than two children.

11 respondents had ticked "More than 2 children" while two respondents have one child. The remaining four respondents have two children.

» Age

There are five range categories, a) 18-25 years, b) 26-35 years, c) 36-45 years, d) 46-55 years and e) 56+ years. Most respondents (18 out of 26) were between 36-45 years.

Access to Employment ↵

It is clear from the response from Deaf people in the survey that the extent of their employment prospects are quite poor and the response illustrated that Deaf respondents tend to cling to their jobs for the sole reason of job security. They were aware of their poor chances to obtain different jobs and were aware of their poor promotional prospects. While situations may differ from one respondent to another, there is no doubt that a number of common factors such as attitudes and misconceptions held by society in general play a considerable part in manufacturing such factors. As a result, the majority of the Deaf respondents experienced some kind of marginalisation. Employment is a key indicator of the socio-economic status in society and it is generally safe to say that the key area for better social progress for Deaf people is seriously neglected.

Access to Health Services ↵

Dealing with medical professionals on health issues can be a disastrous and traumatic experience for Deaf people. This is due to the barriers that the Deaf Community face when attempting to acquire information on health issues and the failure of doctors to understand Deaf people's needs due to the lack of training on Deaf awareness.

executive summary «

As the above accounts show, Deaf people have little or no access to information on health matters. Quite a number of Deaf people are also parents. Therefore, not only are their own lives being put at risk but also the lives of their children by this simple and unintentional inaction on the part of the Health Boards and the medical professionals by not providing qualified interpreters and not taking the time to get to know the needs of their patients/clients.

Suggested measures to improve access to health services can be centred on a simple strategy where medical professionals and health officials, particularly those who are in regular contact with Deaf people, can be given an extensive Deaf awareness course.

Access to Media →

Access to the media is severely limited for many people in the Deaf community and it does have serious repercussions for them. The limited access to the media is not the end itself as Deaf people are unwittingly put at risk by a simple fact of lack of access to information. They depend on others i.e. doctors or neighbours, to provide auxiliary information and by doing that, they unintentionally create a culture of passive dependency which leaves them vulnerable. This exemplifies how marginalised the Deaf community is in society.

However, access to information for this particular sector of society can be assisted by a number of measures. The best short-term measure is that governmental and health agencies should be proactively encouraged to produce video presentations where vital information can be transmitted in the most preferred language - the Irish Sign Language. Other measures are that these agencies have to demonstrate positively that ISL/English interpreters are provided for any personal consultation. Both measures would go a long way to alleviate the implications experienced by the Deaf respondents.

Conclusion →

On the basis of relative poverty outlined by the National Anti-Poverty Strategy, it is patently clear from statements given by the Deaf respondents that the Deaf community in Ireland is seriously marginalised. The extent of exclusion may vary from individual to individual. Collectively however, the exclusion experienced by Irish Deaf people can be reckoned along with other marginalised groups in our society. It has to be stated that Deaf peoples' experience of exclusion differs from that of other groups in that marginalisation is largely based on lack of awareness or appreciation for the linguistic and cultural nature of the Deaf community. This lack of awareness or appreciation may have resulted from lack of meaningful and direct consultation with the Deaf community. Measures assumed to benefit them in the past must have been based on wrongly perceived assumptions.

Having stated that, in recent years there has been a significant shift in the understanding of disability issues but unfortunately, it does not reflect similarly on the Deaf community. Therefore, before implementing general recommendations, there has to be a structured mechanism in place where the state agencies can consult and discuss directly and in-depth with the members of the Deaf community. The mechanism should therefore reduce the likelihood of paternalistic or assumed solutions for the Deaf community. The mechanism should allow for a society where the Deaf community, in its real sense, can feel ownership and real participation within Irish life.

» executive summary

Recommendations →

Although it is not the intention of this survey to discuss the appropriate approach of researching Deaf issues in depth, following the insight in conducting this survey however, it is clear that there are a number of simple ground rules to be essentially observed. Deaf respondents in any given research should be given the courtesy of anonymity and confidentiality. Deaf respondents should be given a chance to understand the aims and objectives of the research before they can participate which can be achieved by sending them a videotape containing information in ISL. It is necessary that the interviewer is fluent in ISL and has innate and intuitive experience of being part of Deaf people's world.

Apart from the appropriateness of the research approach, a number of general recommendations on several issues arising from this survey are given here. However, each section deserves further investigation in its own right. It is clearly evident that access to information in the three main areas researched, employment, health, and the media has not been satisfactory to many Deaf respondents. This is due to their linguistic and cultural nature not been taken into account. Many experiences told of their dissatisfaction resulting from a lack of awareness or appreciation for their linguistic and cultural domains. Recognising the very different linguistic and cultural nature of the Deaf community in these kind of situations would alleviate the unhappy experiences expressed here. The first area to focus on is how research is conducted on Deaf people and other related issues. The three main areas of the survey are covered here.

Access to Employment

There is a great need for increased understanding and awareness amongst employers and colleagues where there are existing interactions with Deaf employees. The survey reveals the extent of unseen discrimination experienced by Deaf employees and the extent apparently results from lack of awareness.

» Employers are encouraged to avoid applying stereotypical solutions to what Deaf people have suggested in relation to their employment and promotion prospects. An explanatory leaflet or a short memorandum should be published and given to the employers on how to avoid applying stereotypical solutions. A day-long workshop series should be arranged along with the publication for their benefit.

» A programme of Deaf awareness sessions presented by native ISL users or Deaf professionals should be arranged for both employers and colleagues. The session can take place in a single day or two depending on the nature of employment.

» Equality issues within employment require a greater emphasis given the high incidence of Deaf employees experiencing many forms of discrimination. A series of workshops should be organised and aimed at Deaf employees and their employers.

» Employers and employees should take a proactive role in encouraging Deaf employees to take on further training opportunities and ensuring necessary access through provision of Sign Language interpreters.

Access to Health Services

It is quite clear from the survey that access to the health sector and health related information was not forthcoming to Deaf respondents, as may be experienced within other groups in society. Although this area of the survey requires further and more extensive and systematic investigation, the following general recommendations would go a significant way to removing anomalies.

executive summary «

» The medical profession should incorporate Deaf awareness training as part of their self-development as many of them fail to take account or show sensitivity to Deaf respondents as this survey has shown. The profession should be encouraged to prepare strategies that reflect the linguistic and cultural nature of the Deaf community.

» The lack of sensitivity or appreciation among the medical profession experienced by Deaf respondents is too apparent in the survey. The medical profession should take a serious view on this matter and enquire how ethical considerations can be applied here.

» The issue of who should meet the cost of interpreters needs to be addressed. The respondents strongly believe that the costs should be covered by the state since the price of equal access is seen as an unnecessary burden on them. This burden is a significant factor where respondents are unwilling to hire an interpreter for medical appointments. The Health Boards should take a favourable approach where costs can be met for the benefit of Deaf clients.

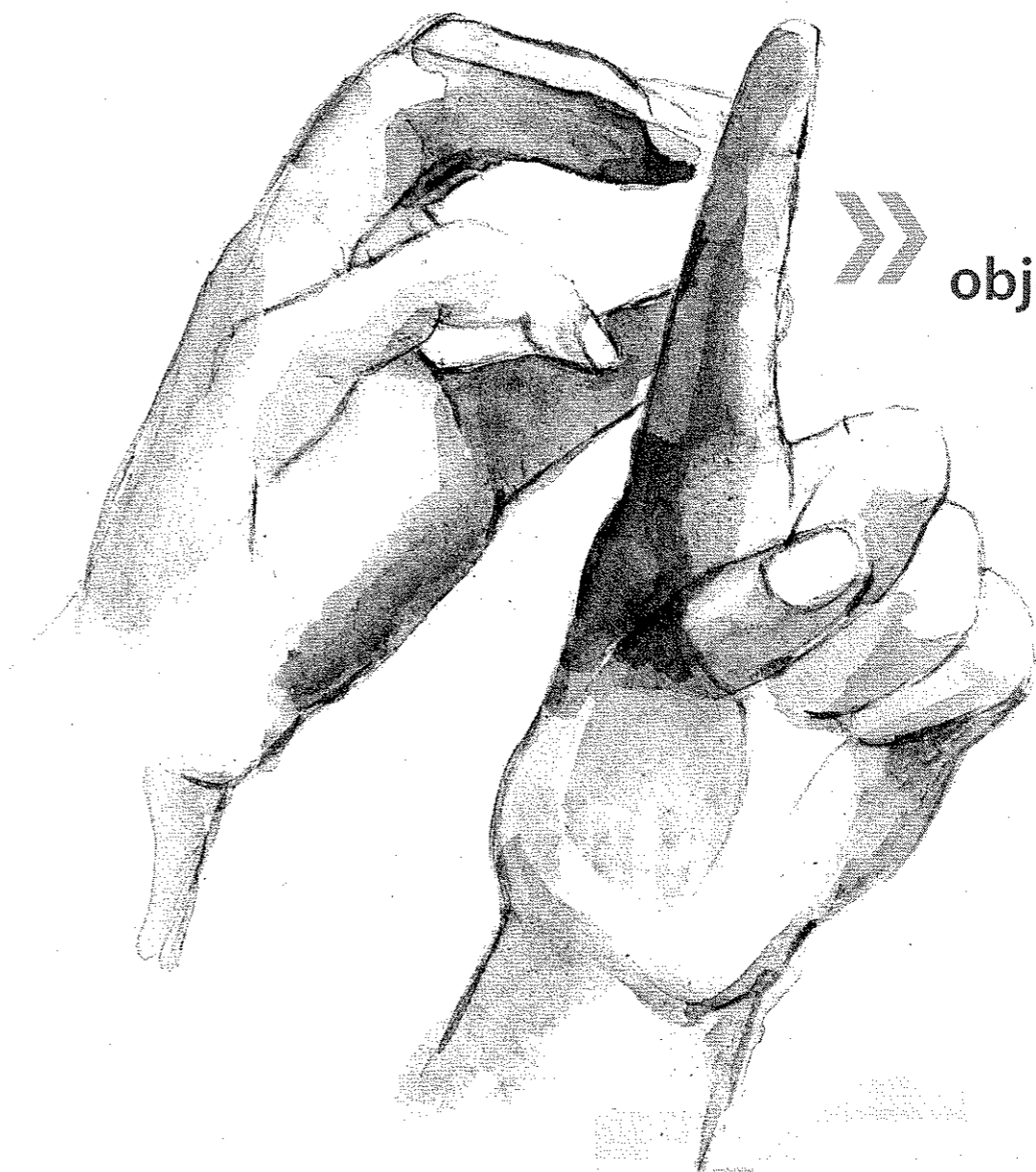
Access to Media

As with the previous two sections of this survey, further investigation of this area would bring interesting insight into how Deaf people put up with this apparent lack of access to the media as a whole.

Nevertheless, here are some general recommendations that should be immediately considered. The survey illustrates how serious misinformation and ensuing implications can arise due to poor access to the media. These implications can lead to greater ignorance and dependency amongst the Deaf Community if their linguistic and cultural nature is not taken into account. It is suggested that a plan of action be set in motion to improve access to the media for the Deaf community.

» There is a very strong consensus amongst the respondents that Irish television channels are lagging far behind their counterparts in the UK and Europe in terms of providing access for Deaf people. The Irish-based television stations should consider increasing the amount of subtitling and exposure of ISL on television, particularly in the areas of news and current affairs.

» There is clear evidence that functional literacy is not strong amongst the respondents and they felt the print media do not serve any useful purpose for them although they were aware of the importance of such media. To remove this anomaly in Ireland, a scheme should be organised similar to that in Finland where each member of the Deaf community is given a videotape every month free of charge. The monthly video presentation would contain up to date information on current affairs and related important events in ISL. The cost of the Finnish scheme is met by the state since it is viewed that the state is deemed responsible for ensuring awareness of one's civic responsibility amongst the Deaf Community in their country.



objectives

1.2 Aims and Objectives →

This small-scale survey aims to establish and ascertain the relative poverty level of Deaf people. The concept of relative poverty as defined by the National Anti-Poverty Strategy (NAPS) is as follows,

People are living in poverty, if their income and resources (material, cultural and social) are so inadequate as to preclude them from having a standard of living, which is regarded as acceptable by Irish society generally. As a result of inadequate income and resources people may be excluded and marginalised from participating in activities, which are considered the norm for other people in society.

To determine the level of relative poverty, the research will;

- » Fill in basic personal details such as current socio-economic status, range of income level, occupation and the level of educational and training attainment.
- » Outline personal experience of Deaf people of being employed and unemployed and how this status is regarded by them.
- » Identify causes that bring upon respondents and their consequences.
- » Identify barriers to information experienced by these respondents.
- » Envisage possible solutions to their current situation.

The researcher's own experience of being Deaf leads her to believe that relative poverty exists amongst Deaf people, possibly more so than amongst average society. A survey carried out by the National Rehabilitation Board (NRB) in 1991 (James and O'Neill, 1991) established that 80% of Irish Deaf children (358 participants in total) do not have necessary functional literacy. This is due to the oral educational system where sign language was forbidden and Deaf children were forced to learn to lip-read and use speech instead (Crean, 1997, Matthews, 1996). As a result, they miss out on acquiring a language that is the most accessible to them during the critical period for language acquisition, i.e. sign language.

Deaf people's poor literacy skills and lack of communication alternatives have disabled their access to information and employment. Most Deaf people are forced to take low-paying manual jobs. A significant percentage of Deaf people are long-term unemployed or shift in and out of employment. The most recent survey in this area (Swan, 1994) showed that more than one third of Deaf people were unemployed and the majority who were employed, held poorly paid manual positions.

introduction «

This situation has disempowered them and extends their dependency into adulthood on their families or friends to help access services. This in turn has also lowered their expectations of themselves and their confidence to fully participate in society.

Although both the NRB and the Swan report do not specifically link language deprivation and poverty, there are many indications that show there is a strong correlation between these conditions and relative poverty. This research sets out to determine the level of relative poverty amongst Deaf people in Ireland and identify its causes.

It is envisaged that the findings of this research will create an awareness of the needs of Deaf people at a governmental level, which in turn will influence public policy in relation to employment, health, media and how services and information are provided to Deaf people. This report concludes with a list of recommendations. It is hoped that these recommendations will be assessed and accepted by the statutory authorities who come into contact with Deaf people on a regular basis and in turn alter their work practices in order to implement these recommendations issued by the research. This research has been carried out in line with;

- » Framework III of the Programme for Prosperity and Fairness (3.1 Social Inclusion & 3.2 Income Adequacy)
- » The National Development Plan 2000-2006 (No. 10 Promoting Social Inclusion, 10.5, 10.6, 10.7)
- » The National Anti-Poverty Strategy 1998

» introduction

1.2 Background →

1.2.1

The Irish Deaf Community

It is necessary to briefly describe the Deaf community. The Deaf, note the capital D, refers to persons who see themselves as culturally Deaf and mainly use indigenous sign language. They base their identity on shared experiences, common linguistic characteristics and share a set of collective beliefs and values. Their perception of personal identity bears no or little connection to the hearing world. Members of a Deaf community may not all be necessarily deaf themselves. They can be hearing children of Deaf adults. This group of people is commonly known as the Deaf community (Higgins: 1980, Ladd, in Gregory and Hartley 1992, Padden and Humberies, 1982, Lane, Hoffmeister and Bahan 1996; Parasnis 1998).

Other deaf persons such as hard of hearing people or people deafened in late age are more orientated to the hearing world and are more likely to base their identity and status within this world. They have already acquired a spoken language. The majority of people, who are deafened in later life or become hard of hearing as teenagers or adults, have already established their standing in the hearing world. Being deprived of hearing is seen as a danger to their status and identity because a spoken language is the main requisite for participation in the hearing world i.e. talking and listening. Therefore, medical assistance is seen as necessary. (Higgins: 1980; Ladd, in Gregory and Hartley: 1992; Padden and Humberies: 1982; Lane, Hoffmeister and Bahan: 1996; Parasnis: 1998)

This research focuses on the former group because as a group, they see themselves as a linguistic minority. The size of the Deaf community is not easy to establish and numbers vary from source to source. In his study of the Irish Deaf community, Matthews (1996) uses a general international ratio of 1:1,000. Thus, in the whole island of Ireland there are approximately 5,300 Deaf people.

1.2.2

Irish Sign Language

The Deaf Community's perception of being a linguistic minority is based on Irish Sign Language (ISL) as it is the preferred and primary language of the Irish Deaf community (Matthews 1996, McDonnell 1996, Leeson 1997 and Burns 1998). ISL has recently been investigated in several studies. It has been deliberately suppressed over the years, especially in the educational sphere (Matthews 1996, McDonnell 1996; Crean 1997). As result, ISL had not been of much academic research interest to date. Due to American pioneering linguistic research dating from the 1960s, indigenous sign languages are now deemed to be authentic natural languages. Thus, ISL is now recognised as an independent language that does not derive from spoken languages and has its own grammatical and syntactical structures (LeMaster, 1990; Matthews 1996, McDonnell 1996, Leeson 1997 and Burns 1998). Not only Deaf people use ISL: hearing children of Deaf parents who sign at home and hearing professionals working alongside Deaf people, also use ISL. Several studies show that ISL is an important element of Deaf culture (Matthews: 1996; Lane, Hoffmeister and Bahan: 1996; Parasnis et al: 1998).

ISL is a visual/spatial language, which uses the hands, body movement and facial expression (non-manual features) to convey thoughts and meaning just as spoken languages use the lips, tongue and throat. ISL is different to other sign languages such as BSL (British Sign Language) and LSF (French Sign Language) to name but a few. It is important to realise that ISL is not a gestural system but a complex grammatical structure with nouns, verbs, timelines, idiomatic expression, etc. Research has shown that 70% of information in sign language is conveyed by the signer's NMFs (non-manual features) and upper body movement. In ISL, a single sign articulated with a particular NMF can convey a piece of information compared to English where a number of words may be needed to show the same concept. ISL differs to Signed English (SE)¹. Sign language is now recognised as the official language of the Deaf in some countries (Crean 1997).

¹ Signed English (SE) SE is basically a visual form of English. This manual code follows English word order by borrowing vocabulary from ISL and adding signs to represent English grammatical features such as tense, plurals, etc.

1.2.3

The Celtic Tiger Economy

Since the most recent research on the Irish Deaf community was undertaken (Matthews 1996), the employment and demographic situation of Ireland has changed dramatically due to the Celtic tiger economy. Unemployment in general has been greatly reduced and there is continuous net migration to this country (CSO, 1999, 2000). Both of these changes would lead one to naturally assume that improvements have also been made in relation to the socio-economic status of Deaf people. There are indicators that show these assumptions are unrealistic.

Recent indicators such as the number of women in paid employment have only slightly improved since 1996 despite huge efforts to promote them. Members of the Travelling Community have not experienced improvements in their quality of life despite increased public awareness of their status. Evidence supports these interpretations, with Combat Poverty Agency having made reference to these areas on a number of occasions (Combat Poverty Agency Factsheet, 2000). Allen (1999) refers to increased poverty in Ireland throughout the economic boom as the pay gap between income groups widened considerably.

Given these facts, it is reasonable to doubt that dramatic improvements were made in the socio-economic status of Deaf people over the same period. This survey gives some indication as to how the Deaf community fares in our booming economy.

1.2.4

Previous Research

Historically, world wide research on deaf issues has been carried out by hearing people and reports and books published on the Deaf Community from a medical perspective, focusing on such issues as the oral system of education, audiological testing and cochlear implantation. These researchers may have been professional doctors or educators but their common philosophy was to make the Deaf child lead a "normal" life in the hearing world, to try and get the Deaf child to fit in. They did not share the perspective of the Deaf Community that Deaf adults, based on their own experiences, knew what was best for Deaf children. The Deaf Community contends that a Deaf child should be afforded with a language acquisition of ISL and acquire Deaf culture at earliest possible age. Meniere, a hearing doctor at a Deaf school in Paris, best portrays this medical view:-

"The deaf believe they are equal in all respects. We should be generous and not destroy that illusion. But whatever they believe, deafness is an infirmity and we should repair it whether the person who has it is disturbed by it or not." (Fischer and Lane cited in Matthews 1996:26).

It has only been since Stokoe in the 1960s that Deaf people have begun to research their own community focusing on the cultural view of being Deaf with particular emphasis on their own language and their educational experiences. In 1996, Deaf researcher Patrick A. Mathews in conjunction with Institiuid Teangeolaiochta Eireann (ITE - Linguistic Institute of Ireland) published the findings of the ISL National Survey & Research Project, The Irish Deaf Community Volume One.

1.2.5

Ownership of Research on a Cultural minority

In recent years there has been a growing number of hearing researchers who have published works on Deaf issues from the cultural perspective of the Deaf Community. These researchers may well understand the anger and frustration that Deaf people feel due to lack of access to aspects of life that other people take for granted. They may be part of the Deaf Community and use ISL on a regular basis. However inspiring such positive attitudes towards the Deaf Community, the hearing researcher can never truly empathise with the Deaf interviewee as researcher and interviewee do not share the same cultural life experience.

Should a hearing researcher have minimal or no ISL, an interpreter would need to be present to facilitate the communication between interviewer and interviewee. According to Napier (1998:18) "...every communicative interaction is influenced by the people involved". If this is the case, then the presence of an interpreter can affect the dynamics of what would normally be a one to one interview despite the interpreter maintaining a neutral role.

On the other hand, Deaf interviewee and Deaf researcher share a common identity, language, values, societal norms, similar school experience and a shared feeling of belonging to an oppressed cultural minority. With a hearing researcher, the interviewee may need to be more explicit in his/her responses. In comparison, again due to this shared experience, he/she may feel more relaxed and anecdotal with the Deaf interviewer with less need for providing background information.

It is however important to emphasise that Deaf people do not reject hearing researchers *per se* but having a Deaf researcher to conduct sensitive research may be more preferable. Once the researcher adopts a clear framework of what s/he sets out in the research and the framework should include the declaration of his/her ideological outlook. This would considerably assist the readers to understand where the researcher comes from and the nature of findings is manifested.



» chapter 2

2.

Methodology and Issues Concerning Research on Deaf Community

2.1

The Sample

A random selection of 55 prospective respondents was selected for interview from a total of 200 Dublin-based members of the Irish Deaf Society. Letters were sent out between end of January and mid-February 2001. 26 replied immediately and 16 of them accepted to take the part. Faxes were sent to the remainders to return the form. 24 replied and 13 of them accepted. Altogether 29 participants were interested to take part, three of them were not available to the conducted dates, due to a very tight schedule, and it was impossible to offer them a new date after the conducted dates. 21 were not interested and 5 did not reply.

2.2

Pilot Testing

Prior to the actual interviews, a pilot survey was conducted on three volunteers (two females and one male). The reasons for this were as follows - a) to confirm interview schedules, b) to assess and eliminate any potential problems that may interfere with the interview process and c) to test the design and detail of data recording instruments (transfer of data from video-camera to written records). Feedback from this testing was positive. The test respondents' comments were not included in the final report due to the large number of respondents that took part in the actual survey.

2.3

Working Methodology

Following the pilot testing, a working methodology was adopted. At the onset of the interview, a questionnaire was given to the respondent to tick the appropriate box and answer the relevant questions. The interview was also filmed. The questions asked for the respondents' basic personal details such as gender, category of age, educational background etc. No names were given in the questionnaire (See Appendix A).

It was decided for the purposes of this survey that the interviews would be carried out on a one to one basis using open-ended questions. The questions covered three areas;

1. *Employment* such as occupation, level of income, personal experience of working amongst hearing colleagues, opportunity of promotion, achievement of their career choice.
2. *Health* such as experience of GP/doctor visits, the level of information they had accessed from the GP in relation to their health, the attitudes of doctors towards them and their children and also their experience in staying at hospital.
3. *Media* such as the level of information accessed by them via television, newspapers etc.

The average interview lasted between 20-30 minutes but some took significantly longer. This was due to the Deaf respondents providing more information than requested. Understandably, they do not have this kind of opportunity of being seriously "listened to" or "heard" therefore they expressed their frustration about little or no access to information in relation to health, difficulties encountered in trying to fit into a non-deaf (hearing) work environment and feeling out of society at large. This concurs with Matthews (1996) in his research that,

"Their [Deaf respondents] content did not relate directly to the questions posed... The fact that so many people's answers contained far more information than what was really being requested reflects and highlights the situation that deaf people find themselves in."

As a result, the information given by the respondents was extensive making it difficult to categorise and code such a large volume of information. Thus, certain data had to be omitted for the purpose of this research. However, the data is safeguarded for future reference.

2.4

Anonymity and Confidentiality

Due to the size of the Deaf Community, the respondents' occupations and personal experiences would make them easily identifiable. In order to protect their identities, it was necessary to omit some detailed information. The issue of neutrality must always be at the forefront of the interviewer's mind particularly if both the interviewer and interviewee are Deaf. The interviewer may have a similar life experience. Perceived shared experiences with the interviewer by the respondents have meant they tended to use a more casual approach when responding to questions. Loosely translated, "You know yourself." This can lead to vagueness in responses that only later became apparent.

Also, all interviews were carried out in an informal style, possibly because of the small Deaf Community and the fact that all interviewees are well known to the interviewer.

All the randomly selected interviewees are from the greater Dublin area and the geographical clustering raises a number of issues here such as sensitivity for personal privacy and confidentiality. Due to the size of the community and the frequency of social activities where they regularly meet, the scope for personal privacy is largely reduced thus; it heightens their sensitivity for personal confidentiality. The interviewer had taken a number of measures to ensure confidentiality of responses. For example, sufficient time was left between interviews to ensure the respondents would not meet either arriving at or coming from the interviews. The interviews were carried out at places and times that suited the interviewees. The nature of responses given by the respondents has been camouflaged although the substance remains intact. Such measures alleviated individuals' concerns for personal confidentiality and the interviewer, being a member of the Deaf community, instantly recognised this need. The detail and number of responses reflected the success of the measures taken by the interviewer.

2.5

Respondents

Through a random sample, the participants of 11 female and 15 male were selected. The description and make up of respondents were as follows:

» *Marital Status/Children*

Six female and 11 male respondents are married. Two more respondents are separated while the remainder are single. 15 out of the 26 respondents have one or more children. There are four categories for children, a) none, b) one child, c) two children and d) more than two children. 11 respondents had ticked "More than 2 children" while two respondents have one child. The remaining four respondents have two children.

» *Age*

There are five age range categories, a) 18-25 years, b) 26-35 years, c) 36-45 years, d) 46-55 years and e) 56+ years. Most respondents (18 out of 26) were between 36-45 years.

» *Education*

All participants had attended one of the Deaf schools. One respondent had attended primary mainstream education, transferring to the Deaf school for secondary education. The highest number of respondents (13 out of 26) had left school before or at 18 years old.

Number of Respondents	Age of Leaving Formal School
13	Between 17 and 18
5	Before or at 16
2	Before or at 15

Table 1: Age of Leaving School.

Number of Respondents	Level of Educational Attainment at Leaving School
7	Leaving Certificate
8	Intermediate Certificate
6	Group Certificate

Table 2: Educational Attainment

» *3rd Level Education*

10 respondents have one or more qualifications. Four respondents have certificates while another eight have diplomas. Only one respondent has a degree from an overseas educational institution.

2.5

Issues Concerning Interviews with the Deaf

2.5.1

Language Used to Inform Respondents

It had come to the interviewer's attention that some respondents did not have a full understanding of what had been asked of them in this research. These respondents were taken aback that the interview would be recorded and asked about its relevance. This confusion arose despite an introductory letter inviting each of the 26 respondents participation, which stated quite clearly that a video camcorder would be necessary to record their views.

On reflection, there are two possible reasons for this confusion. Firstly, the letters sent to potential candidates were written in English, which may have been partially if not fully inaccessible to some of them as ISL being their first language. Secondly, the letter contained a highlighted paragraph emphasising the need for research and an enclosed application form so some respondents may have ignored the rest of the letter content.

The interviewer explained the letter contents again and other related matters at the beginning of the interviews. Candidates were informed of the need for video recording their responses for the purposes of transcription and translation later. The interviewer informed them that she was aware of their sensitivity about their personal privacy in the context of the Deaf community and that paramount respect would be given to their anonymity. This added more time to the schedule.

It became evident that information must be provided through ISL on video so as to avoid any misunderstandings. The written approach can cause confusion and misunderstanding on part of the candidates. However, financial constraints did not allow the use of "video letters" in this research. But in terms of collecting such valuable information from Deaf respondents, the value of information can generally outweigh the cost of administering the video approach.

2.5.2

Data Transcription and Translation into Written Language

The transcription of the ISL data into an English gloss (ISL has no written form) for the purposes of the report was time consuming (Bell 1999). Many researchers may concur that transcribing data from cassette/video to its written form is a lengthy process. However, in this survey there were a number of additional factors involved. Firstly, English is the Deaf researcher's second language and she is not a qualified interpreter. Secondly, the video data had to be carefully analysed before translating the form of meaning from ISL to written English.

Thus, a 30-minute interview took approximately two hours to translate. Therefore, to analyse 26 pieces of video data between 30 minutes to one-hour duration took over a month to complete. The length of time it took depended on the signer's style (accent), register (casual/formal), context, pace and whether the interviewee used ISL or Signed English (SE). Out of 26 interviewees, there were three SE users. SE was easier to transcribe, as it is not a language in itself but a manual code of English. It was therefore just a case of transcribing it exactly how it was with no processing required.

Overall, it took four months to transcribe the data of the whole survey.

To ensure complete and detailed accuracy of transcriptions, it would be prudent to request a qualified interpreter to translate the responses. However, the budget for this survey and the shortage of qualified interpreters has prohibited this measure in this instance. Instead, due to the lack of finances and time, the interviewer analysed and summarised the responses using the videotapes as notes. On the other hand, the advantage of using videotapes is that original signed statements do not get lost.

2.5.2

The Interpreting Process

The task of the interpreter is a difficult one and the internal processes required are complex. To date, there is still relatively little known about how these processes work. We do know however, that there are five main areas within the interpreting process; perception, attention, memory, meaning, knowledge and language.

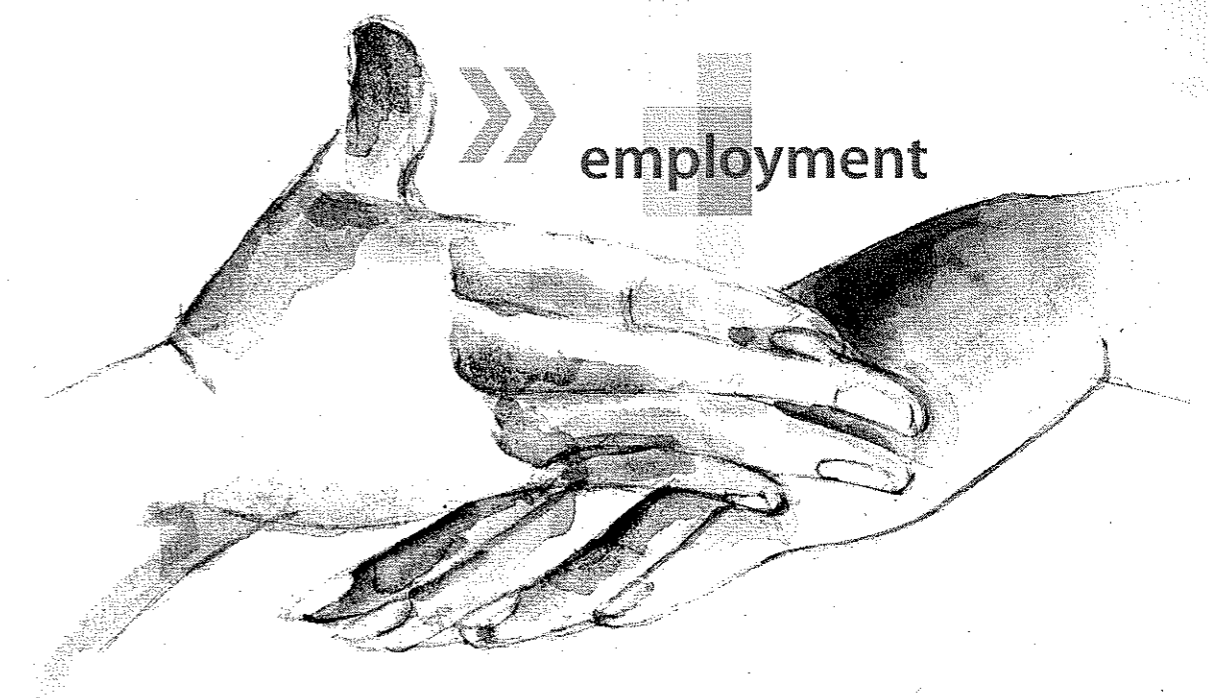
The process of interpreting be it spoken or signed involves the immediate translation of meaning from the original signed/spoken message (the source language SL) and repeating it in the interpreted message (the target language TL) in a cultural and linguistically appropriate manner. The speaker/signer's intention must be conveyed as well as the meaning of the SL. So, for example, if the SL speaker/signer is angry then this will be conveyed in the interpreted TL message. Interpreting can be either consecutive or simultaneous.

Simultaneous Interpretation

Interpreters most often use this type of interpreting. As the name 'simultaneous' suggests, the original message and the interpreted message happens at the same time. (However this is not entirely true.) You may have noticed that there is always a few seconds delay between the original speaker/signer and the interpreter. This time delay (lag time) is necessary so that the interpreter can understand the full meaning of the original message before interpreting it. If the interpreter cannot get to the meaning of what is being signed/said, then it cannot be interpreted. Compared to consecutive interpreting, simultaneous interpreting is more immediate.

Consecutive Interpretation

The term Consecutive Interpreting means the interpreter gives the interpreted message after the original signer/speaker has finished signing/speaking. In consecutive interpreting, the interpreter 'chunks' information. That is, they will ask the speaker/signer to pause when they have a significant amount of information to interpret. This type of interpreting is more often used in interviews and question and answer sessions. Interpreters may chose to alternate between consecutive and simultaneous interpreting depending on the situation and what is more appropriate.



chapter 3 «

3 .

Access to Employment

3.1

Occupation

Twenty-four of the 26 respondents who participated in this research are in employment - five in the private sector, 13 in the public sector and semi-state companies employ three respondents. One is self-employed and two respondents work in the family business.

The 24 respondents (including those three either self-employed or family business) were asked how they got their job/s. Responses were as follows,

Newspaper	6
Agency (NRB, FAS etc)	6
Family/Friends	11
School Principal	1

Table 3: Sources of obtaining employment

It is clear that most of the respondents relied on family or friends to obtain gainful employment as some of them had experienced some difficulties in searching for employment through ordinary channels such as newspapers and employment agencies. These channels would require higher levels of educational or training qualifications, which may be beyond most of the respondents.

3.2

Level of Income

The 21 respondents who are PAYE workers were asked in which of the below four income categories their salaries fall. Responses were as follows;

A	Below £8k	3
B	£8k-£12k	4
C	£12k - £16k	4
D	Over £16k	10

Table 4: Salary Level of Respondents

3.3

Labour Market Mobility

Despite the high flux of labour mobility in the present economic climate, there is still quite a low rate of labour mobility among Deaf respondents. Three respondents spent more than 20 years at their first employment at Clerical Grade level with an income that falls into category D. They had no opportunity of promotion within their employment. Although faced with very poor promotion prospects, and it being their very first employment, they were asked if they were satisfied with their salaries. Their responses reflect the common experience amongst the Deaf community.

» Like everyone else, I'd like to have more. I don't have enough money to support me to seek further qualifications. It's difficult enough as it is." Male Respondent 6

» I wish I had more money. I can't afford to go on holidays or move house because I am a single parent. I can't afford to have luxuries...I live on limited means. But I should have a better salary because there's a girl that works with me. She gets £3,000 more than me despite the fact we share same responsibilities except telephone work." Female Respondent 9

» The pay is ok but I'm still struggling. You really have to fight for yourself." Male Respondent 15

» chapter 3 Access to Employment

It was difficult to be clear on how of the remaining respondents were comfortable with their level of income because it could depend on their circumstances.

Male Respondent 11 (B category) says,

"I manage ok but if I was married with children, it wouldn't be enough. For now, my wages go straight into my pocket."

Female Respondent 4 (C category) stated that she is happy with her income since: 'Luckily I have no mortgage.' It shows that if she had a mortgage, she would not be satisfied with her pay. Also Male Respondent 1 (D category), stated that he has paid off his mortgage and is now comfortable with his standard of living. He now only has to support his wife and son. He went on to say that if they still had a mortgage, his wife would have to work.

Only two respondents said directly that they are comfortable with their income.

Female Respondent 9 (Category A), says,

"For 12 years, I relied on my partner's wages. Now it's nice to earn for myself."

Female Respondent 2 (Category D) stated that money was never her motivation, but she makes sure that she gets paid what she is entitled to,

"I'm not the type to demand more money. People tell me that I should be more aware and not be taken for granted. I now realise with the standard of living today and my experience and qualifications, I should be getting a rise. Maybe it's about time to look for one and not just stay on the same lower pay for ever."

Female Respondent 6 complained about the social welfare she was getting,

"They [the government] should know that food & bills are very expensive. We need more money ...it's very important that we have the money to buy the basic necessities."

Male Respondent 8 (Category B) has worked in the same occupation for 11 years and has had no chance of promotion. He also expressed strongly his feelings on social welfare entitlements,

"I feel I should get additional money from the government to compensate for my Deafness. It could top up my low wages because I have no chance of promotion and better pay. For example, I pay my T.V. licence and yet there is no full access to information on television for Deaf people. I strongly feel compensation should be given."

Male Respondent 10 (Category D) has held his current employment 5 months to date. He said that he read somewhere that an employee with the same job title as he earns an average of £30,000 while he earns much less.

Male Respondent 14 (Category D) concurs,

"My wages are not enough. If I was employed in the private sector I would be offered more money for the same job with the same title that I'm doing now. The problem is, is a privately owned company going to last say 25 years or will it go down? I have to work overtime in the evenings to meet my cost of living."

3.4**Promotional Opportunities**

The same 21 respondents were asked what were their opportunities for promotion within their current employment. Respondents were as follows,

Good	4
None	15
Received promotion	1
Not interested	1

Table 5: Promotion

Two of the respondents said they were awaiting the result of their promotional interview but felt they would be unsuccessful. Five respondents said they had availed of the internal promotion procedure but were unsuccessful due to a number of factors. Promotion examinations are conducted through English. This can put obstacles in the way of Deaf people who may not have fluency in written English as **Female Respondent 5** illustrates this in relation to an examination she undertook for promotion to Executive Officer:

"The most difficult part of the exam was the English comprehension test. I had to read it three times and sign it quietly to myself before I could understand what it said. That took up a lot of my exam time."

Male Respondent 4 also expressed how impossible it was for him to get promotion because he is Deaf and does not have English language fluency. As with the previous respondent, he too had sat the Executive Officer examinations and found it very difficult, stating

"There's no hope for me."

Male Respondent 14 said he failed his interview for promotion because the questions being asked of him were too difficult to explain to Deaf people. The prospects for internal promotion are regarded as something beyond the respondents' capability. One male respondent took an extreme view explaining this situation as he stated that the questions given even translated through the interpreter present at the interview, were beyond Deaf applicants. Although he did not give a specific reason for this, there may be a number of factors involved. The educational attainment of this respondent might not have matched the requirements for the job or the interpreter might not have been able to relay communication to his level of reception.

Male Respondent 15 said he was excluded from ever achieving promotion because of his Deafness. He is working in the same company for the past twenty years. He explains why he has never been promoted in all that time.

"I have seen staff come in after me then get promoted. I'm in the same job as the day I started. So I asked my boss why them and not me. He's aware of the problems that Deaf people face. He stressed that it's not discrimination but promotion would involve using the telephone. If I were to be promoted to a supervisory capacity I would need a full-time interpreter, which would mean paying an extra staff (interpreter) and more pressure for me. But my boss did agree that I should get fair pay just a little less than a supervisor's salary."

As this statement shows, it is very difficult for Deaf people to get promoted because of their Deafness and the communication difficulties that arise. It also appears that the employers are very reluctant to re-design the job to ensure fair promotion for this Deaf employee and they appear to be content with the situation of this Deaf person in the same employment situation. Although it may be true, however, employers have readjusted jobs for those who are partially literate as illustrated by the following example.

Male Respondent 2 stated that an employee at his workplace worked less than he did and cannot write but still got promoted because he was hearing.

Only four respondents said that their respective employers had looked upon their application for promotion favourably. **Female Respondent 8** stated,

"They [her employer] are open to promotion for Deaf employees. They have a positive approach to disability and equality but you still have to work hard and fight for yourself to make sure you get fair opportunity."

This respondent is aware that in her workplace people with disabilities have a chance of being promoted. However, **Male Respondent 2** whilst also recognising this, alludes that should a Deaf person and a hearing person with a disability apply for the same promotion, the successful candidate would be the hearing employee for ease of communication.

Male Respondent 9 concurs

"A chance for promotion has just come up at my workplace so I plan to apply. I have long term career objectives. But before I get anywhere I have to do my exams"

3.5**Fulfilment of Career Objectives**

When asked whether or not they felt they were in the job they had always wanted, 19 of the respondents answered as follows;

Yes	5
No	14

Table 6:
Career choice

As the above Table 6 shows, 14 respondents said their current employment was not on the career path they would have liked. They reported that their employment had been decided by their schools or by the vocational officers within the now dissolved National Rehabilitation Board (NRB) who felt that they knew best.

Female Respondent 3 stated,

"The [Deaf school] nuns refused to let me work in the bank and put me to work as a sewing machinist instead."

Female Respondent 10 wanted to be a teacher years ago and blamed the school for not giving her the encouragement to go on to third level education,

"I got no encouragement at school. If I wanted to achieve the job I wanted in the first place I would need to go to college. At my age I feel there's no point but if I had got the support back then I would have gone on to college to study."

Prejudice and perceived assumptions about Deaf people unable to carry out the certain jobs, have hindered the career progress of Deaf people, as the implications can be psychological and create false consciousness. The following quotes illustrate;

"I wanted to work with dogs but was refused because of my Deafness. They said I wouldn't be able to hear the dogs barking or crying. Now my job will do because at least it pays."

Female Respondent 7

Male Respondent 2 concurs;

"At the time, I resented myself for being Deaf. I wanted to be a prosperous farmer but Deaf people weren't allowed. Now I'd like to become a teacher but my qualifications aren't recognised by the Department of Education or the Department of Health. I'll have to make do with the job I have...it's better than nothing."

Two respondents were fortunate to fulfil their chosen career unexpectedly in later life.

"What I've achieved today...I've surprised myself that I've got where I am."

Female Respondent 2

"When I left school, I was forced to do a job that was not by choice, but thanks to my time at university, unexpectedly, I've now achieved the job I set out to do."

Male Respondent 10

Male Respondent 12 stated that he achieved his career of running his own business but regretted for not doing it 10 years ago.

3.6**Celtic Tiger Economy**

Ireland is still reaping the rewards of our booming Celtic economy. Jobs are no longer for keeps with people feeling freer to vary their employment throughout their lifetime. The 19 employed respondents were asked if they would leave their job for a new one and why. Responses were as follows,

Yes	4
No	15

Table 6:
Willingness to leave current employment

Of the 15 respondents who said they would not leave their current employment, nine said their reason was job security.

"I'm afraid to leave my job because it's safe. I know I'd never be let go. Plus, I'd find it difficult to get another job because I was not well educated. If I had more confidence in myself and had better opportunities in education I might have looked elsewhere."

Male Respondent 14

"I am better off staying with the Civil Service... it's more safe and secure than if say I was to do factory work, it could be easily closed down."

Male Respondent 6

Female Respondent 7 values the security in her job in the bank highly,

"This is not a job I wanted but there is money and security there. I feel that I am being looked after. I don't want to leave my job because of the risk and I have two children. My job provides loan mortgage with low interest and security. If I were to move to another company, what would they offer me? VHI would be gone... my job's very secure."

Two respondents said that if they were ever to be let go, they at least had the chance of receiving a good redundancy package. **Male Respondent 2** has worked in the same place for over 13 years. **Male Respondent 15** has held his position of employment for over 20 years and he had this to say,

"I was offered another job so I could leave if I wanted too. But I've been many years in this job. If my boss let me go tomorrow, I'd get a good lump sum of redundancy pay. If I decided to leave for another job, I'd lose that redundancy and would have wasted my years there. If I was there for 2 years, it should be no problem but my long service presents a different situation."

He went on to say,

"Because of the work that I do [heavy manual labour] I will have to retire well before I reach 65...probably when I'm about 50 to 55 years old. Other men in my trade go on to become taxi drivers or security doormen when they retire. But for me that may not be possible. How will someone who's Deaf get a job at 55? The chances are we'd end up in the dole queue. I've seen Deaf people that I know who've worked in tailoring and cobbling. Their factories closed down when they were about 50-55 years. Now they're on the dole or on a FAS scheme. They are skilled workers but where is the full time job suitable for them? It's a real waste."

It is understandable that he should wish to stay in his current position, which offers security and a good redundancy package. He knows that the chances of getting another job at 55 are slim. There are limited opportunities for a 55-year-old Deaf man to gain employment.

Only four respondents stated that they would leave their present job to move up the employment ladder,

"I want to look for other jobs. I feel 11 years in my current position is more than enough. Hearing people change jobs on average 7 or 8 times throughout their working life. However, for Deaf people, it's quite common that they'd hold the same job for life."

Male Respondent 9**Male Respondent 10 concurs,**

"If I was offered more money and better working conditions than the job I'm in now then I'd take it. I don't feel at any risk of losing my job. I know other Deaf people are afraid to leave their job to move on"

The Deaf Community has experienced poor standards of education in the Deaf schools resulting in low English literacy skills and little or no access to further study at third level education or night classes. Lack of Deaf representation at this level is also due to low numbers of qualified interpreters.

Male Respondent 15 illustrates,

"Hearing people have a much easier existence. They have access...[they] go to night classes for further study, pass exams through having received full information thus can get promoted and better pay. For Deaf people it's the direct opposite...it's hard to get an interpreter so there's no access, because there's no access we miss out in information so we fail our exams. It's a struggle to achieve equality on a par with hearing people."

Male Respondent 9 agrees,

"I feel if I had the opportunity to study...to seize opportunities that are open to hearing people, I would have better pay and try out different jobs. Instead, I got myself a permanent job, which is secure, but the pay is bad. It's a risk to try and move up the employment ladder. If I were hearing, I would have moved on to a better paying job by now but for Deaf people...it's more difficult and worrying. I can't afford to leave because I have a family to support."

It is important to point out that **Male Respondent 9** says,

"I feel if I had the opportunity to study."

Not that he will study. He stated this as if it was an unattainable dream, similar to the way some people would say, "If I won the lottery I would buy a house, car, go on holidays, etc." As with the previous respondent, he also feels the same difficulty of access and knows that he will never get what he truly wants out of life because of this lack of access.

Job security is regarded as very important by the majority of respondents because of their lack of confidence in their ability to secure another gainful employment even during this economic boom. Lack of equal opportunities and prejudice are common obstacles experienced by the respondents as illustrated in their quotes.

3.7

Experiences of Working in a Hearing Environment

While researching the topic of Deaf people and Employment, a recurring theme was the respondents' collective experiences of discrimination in the workplace. The volume and depth of their responses deserves a separate section.

Most Deaf people at some point in their lives have experienced both direct and indirect oppression by society whether it was intentional or not. Hearing people may not even be aware that their actions (or inactions) can be hurtful and intimidating to their Deaf peers. Deaf people share similar upsetting experiences. The trauma of exclusion can remain with them throughout their lives. So, whilst some of the respondents current employment is quite positive, they still talked about their past frustration of working in a hearing environment.

A number of respondents recalled their bad experiences in their previous jobs saying that they will never forget the discrimination they encountered. Although **Female Respondent 10** is now unemployed having left her job 12 years ago, she was still angry at the oppression she felt in that workplace,

"I remember I worked so much harder than the other staff. They gave me a lot of their work to do while they gossiped and made phone calls. It was really frustrating for me 'cause they never told me what was going on and they never allowed me to fit in. It was the same for other Deaf."

While Male Respondent 2 reports,

"I worked in a factory and the attitude of my boss and supervisor towards Deaf people wasn't great. I missed out on a lot of what was happening at work. They often held meetings and I just sat there like a fool, feeling lost, not knowing what was going on. When the meetings were over, I asked a workmate what it was all about? He just said 'I've no time... my boss is watching me.' So I'd ask the others and they'd say the same thing. I was so frustrated."

Male Respondent 10 told the interviewer of his experience also working at a factory 10 years ago,

"At the factory, we had a lot of communication problems. My workmates would never tell me anything. They left me out and mocked me. I felt discriminated against and frustrated."

Now in 2001, several respondents experience problems similar to these years ago. Provision of services to Deaf people has not improved.

Male Respondent 8 illustrates,

"Work colleagues abuse me because of my Deafness. I know they talk about me... and laugh at me behind my back but I've got used to it now and ignore them. I'm a hard worker so my pay is equal to that of the hearing staff. I've often seen them [hearing staff] chatting to each other, ignoring their work. One time I was signing to a Deaf friend who works with me. My boss came over to us and told us to stop and get back to work. He never tells hearing people off. I've never got on well with the other staff because of the difficulties in communicating and the discrimination that exists."

"Discrimination is very bad at work. My boss is forever telling me 'You can't, you have problems communicating,' etc. This is still happening in spite of the law [Employment Equality Act 1998] being passed, which says that employers must provide equal opportunities. I've pointed out this equality legislation at work but they've chosen to ignore it and still say, 'you can't.'"

Male Respondent 2

Male Respondent 14 has encountered a similar experience,

"I'm a civil servant. For the past six years I've fought tooth and nail for a minicom [text phone]. I asked for the Civil Servants' Code of Practice from the Civil Service Commissioner. I showed my boss where it states that people with a hearing impairment should have the same access as others. This means that I have the right to ask for and get a minicom. That right has been ignored for a long time."

"In general, the Civil Service is an equal opportunity employer. But in my view, it's not equal and it never will be."

Male Respondent 8

Both **Male Respondents 8 and 14** have the same complaints in relation to their respective unions,

"I pay my union membership fees but it's of no benefit to me at all. There was a union meeting one time and they [the union] told me an interpreter would be provided so I went along to it. As it turns out, there was no interpreter. The union just wanted more members. They weren't interested in my well-being."

Male Respondent 14

"My union is never there for me. There should be a union rep in every department to make things easier. Where is the union when I need advice about work? I pay £2.40 every week for membership... looks like I pay for people to bully and discriminate against me."

Male Respondent 8

The respondents were asked when meetings are held at work, is an interpreter provided automatically or does the Deaf employee have to request it?

Female Respondent 3 stated that she has no problems with her workmates. They treat her well and share the same workload. Interpreters are provided at meetings by management but they do need to be reminded to book in advance.

Also Male Respondent 15 stated,

"They use overhead projectors at our monthly meetings. An OHP helps but I still lose out in about 40% of what is being discussed. The hearing staff get 100% information of course. I wish I had an interpreter present at those meetings. It would make the information much more accessible and comfortable. I know there's a short supply of interpreters. My boss did try and get an interpreter but they're always unavailable."

Female Respondent 7 is in the same job for over 20 years. She says she got on well with her long time colleagues but over time they were either transferred to another department or got promoted. New people joined the company but she feels they do not see her as their equal,

"I've no time to be bothered about them. I used to worry why the hearing staff didn't talk to me but not now. I am older now and take no notice of them now. The invention of the e-mail has helped me a lot. Before that, I never knew what is going on at work. I remember one time a girl at work got engaged, I found out three weeks later. The girl was surprised and said, 'Oh you didn't know!' Even now if something comes up, I'm still the last to hear."

The new advances in technology have improved the lives of Deaf people. As the above respondent mentioned she was able to keep in touch via e-mail. The mobile Short Message Service (SMS) in recent years has meant that Deaf people can send text messages to each other instantly.

Female Respondent 11 illustrates,

"Now I have a mobile phone I can text friends during lunchtime. It keeps me company. Before that, I was always bored. I'd read magazines or try to have a conversation with workmates but now I don't bother. I use my mobile to pass the time."

This may seem like a good idea but it is also costly. While hearing colleagues can chat freely to each other, this woman is literally paying to communicate freely.

A number of respondents said that they have some hearing friends at work that can communicate with them in gesture and basic signs. However, the information they get in this form is limited as **Male Respondent 15** shows,

"I have 3 or 4 close friends that have some sign language but I still feel left out. If something happened they would be in deep conversation. They said they would tell me about it later. They do tell me but it's always a summarised version and I'm always the last one to know what's going on."

Most Deaf respondents have suffered the experience of working in a hearing environment and to cope, they have had to learn to adapt. Some Deaf people feel that there has been no improvement in their lives as **Male Respondent 8** says,

"Discrimination is always there, it will never be fully resolved. It will go on for life."

Deaf people in general tend to look up to hearing professionals rather than Deaf professionals who are equally qualified in their own field. This is more of a habitual reverence rather than a realistic one. Deaf children are raised being told that hearing doctors, audiologists and speech therapists, etc know what is best for them. They take this acquired perception into their adult lives. This can pose difficulties for practicing Deaf professionals as **Female Respondent 2** explains,

"It still takes time for Deaf people to see me as a professional. In my profession there are ethical considerations. I need to think carefully if I can involve myself in their lives or not. I don't want them to feel uncomfortable. I find myself having to explain to my role and what it means to be a professional...that my work and my social life are separate...I try to separate these two. There are still Deaf people who do not realise the value of Deaf professionals. They still say 'I prefer hearing people.' That's their choice. It's a slow process. This has been my experience. I can't make their decisions for them".

3.8

Summary

It is clear from the response from Deaf people in the survey that the extent of their employment prospects are quite poor and the response illustrated that Deaf respondents tend to cling with their jobs for a sole reason of job security. They are aware of their poor chances to obtain different jobs and were aware of their poor promotion prospects. While situations may differ from one respondent to another respondent, there is no doubt that a number of common factors such as attitudes and misconceptions held by society in general, play a considerable part in manufacturing such factors. As result, the majority of the Deaf respondents experienced some kind of marginalisation. Employment is a key indicator of the socio-economic status in society and it is generally safe to say that the key area for better social progress for Deaf people is seriously neglected.

» chapter 4

4.

Access to Health Services

4.1

Communication with Medical Professionals

For many Irish people, visiting their doctor poses little problem in terms of communication. Both doctor and client/patient share the same language. Should either party require further clarification, this can be done with ease. For Deaf people, whose primary language is ISL this is far from true. Most Deaf people have experienced poor communication with their doctors. This is due to the language barrier. That is, the Deaf Community and doctors do not share the same language. Most people take linguistic access for granted whilst Deaf people are "crying out" for equality of access on par with the rest of Irish society. The 26 respondents were asked which method of communication they use with their doctors.

Responses were as follows,

Method of Communication with Doctor/GP

Writing	18
Speaking	3
Both	4
Family member as "communicator"	1

Table 8: Method of Communication

Only three respondents had sufficient hearing and speech to understand the doctor. Female Respondent 2 expressed that she has no problem communicating with her doctor and said she was lucky to have him as her GP.

Four respondents said they use both communication methods when visiting their GP. That is, they would speak directly to their respective doctors but as they did not understand the doctors' response, they would ask the doctor to write his side of the dialogue on paper.

Although, it is widely perceived that one who has the ability for speech and lip-reading, s/he is able to receive information through listening or lip-reading. This is not always the case for everyone who possesses this ability and tends to be overlooked or ignored by many unaccustomed people. As this point can be illustrated by **Male Respondent 12**:

"Sometimes I use my voice. My doctor said there's nothing wrong with me because I can speak. But when he speaks to me I don't understand what he's saying so I'd ask him to write it down for me. He has refused to do it. He won't believe that I don't understand what he says. He says I can understand him."

It is understandable that this respondent would prefer the doctor to write what is being said in order to avoid any misunderstanding. However, an additional problem with this method of communication is, in general doctors' tend to have illegible writing. For a Deaf person who may have low literacy skills this could have serious repercussions on their health.

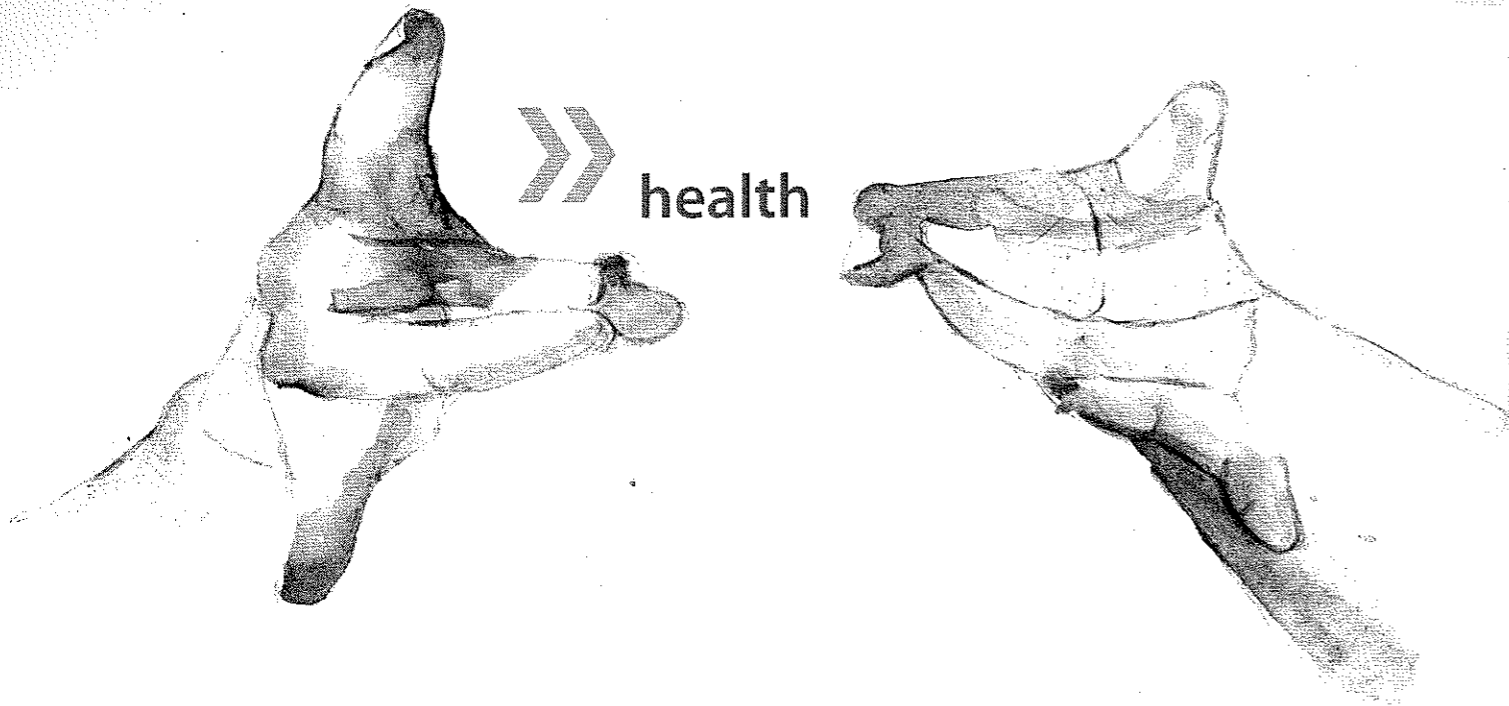
In Ireland, there are only 22 Registered ISL/English interpreters (Irish Sign Link, 2001) for a population of approximately 5,300 Deaf people. A number of interpreters may have Deaf parents, siblings and/or Deaf friends. Therefore, they sometimes mix socially with Deaf people. These were issues of concern for respondents as the scope for privacy and confidentiality have been reduced. When asked if they ever had an interpreter present to facilitate communication with their doctor, the responses were as follows,

Once	1
Never	25

Table 9: Registered Interpreter present in medical setting

The only respondent (**Female 1**) who said she had an interpreter present when attending her doctor stated had this to say:

"Once I brought an interpreter with me to the doctor's but I found it uncomfortable."



When asked if they would be willing to have an interpreter present, the responses were as follows,

Yes	12
No	6
Don't Know	1
No need for interpreter	4

Table 10:
Do you wish to have interpreter present in medical setting

As the above table shows, 12 of the respondents said the reason an interpreter was not booked to date was due to the cost factor as the following statements show;

"Who pays for them [interpreters]? I can't afford the interpreting fee, it's very expensive."

Male Respondent 14.

Male Respondent 6 was adamant that the Health Boards should take responsibility for the provision and payment of registered interpreters. Through signed interpretation, Deaf people would have access to information in relation to their own health.

Female 5 Respondent concurs:

"There are only a handful of interpreters in Ireland. They sometimes socialise with Deaf Community so it can be difficult to avoid them. Interpreters are also very expensive; they take my week's wages. I can't afford to use interpreters. The Health Boards should cover the costs."

Six of the respondents said they would not use the services of an interpreter as they felt that having a medical consultation was too personal and private to have an interpreter present. **As Female Respondent 3 illustrates;**

"No thanks, I wouldn't have an interpreter there - it's so private. Could I trust them? I don't mind any public meeting but for something as personal as that - no way. I see interpreters so often it's too private for them to know my personal 'health.'"

Instead of bringing the interpreter, **Male Respondent 7** said he prefers to bring a family member to act as a communicator;

"Sometimes I get my sister to interpret for me. The family know me rather than get a stranger [interpreter]. I trust my family. I feel for the interpreter to know what's wrong with me is too private."

Female 7 Respondent concurs:

"I would bring my sister because she herself is a nurse and I would be comfortable with her rather than an interpreter. It never happened yet."

Some Deaf people may feel more comfortable with a family member being present to help with communication. However, there is a risk that the person acting as 'communicator' may not give full and accurate information to both doctor and Deaf patient. Equally, the hearing 'communicator' may take control of the visit thus dis-empowering the Deaf person. In comparison, the ISL interpreter is a professional person who is present solely to facilitate smooth and accurate communication between both doctor and Deaf client. The interpreter remains impartial, confidential and abides the interpreters' Code of Ethics. Whilst Deaf people may be aware of this Code of Ethics there still maybe underlying concerns regarding the presence of an interpreter in such sensitive circumstances. One of these concerns appears to be the social interaction of interpreters amongst the Deaf Community.

Only four respondents said they had no need for interpreters,

"I never bring an interpreter because I am able to write."

Male Respondent 1

"I am happy with my doctor. I don't need an interpreter because I have no problem communicating with him."

Female Respondent 10

Only one female respondent stated that she do not know how she felt about having an interpreter on a doctor's visit because she always attended the doctor without using the service of an interpreter. She said it had never occurred to her that an interpreter could be booked to interpret such situations. She went on to say that the interpreter would need to have medical experience and knowledge of medical terminology in ISL.

4.2

Attitude Towards Deaf Patients

When the respondents were asked how they viewed their relationship with their doctor and how much information they receive, these were the responses,

Positive/Good	7
Negative	16

Table 11:
Doctor/client relations and information received

Seven respondents were fortunate to have a good relationship with their respective doctors. **Male Respondent 11** said he has had the same doctor for years, since he married. He feels he has no problem communicating with his doctor through writing,

"My doctor fully understands me. He's a good attitude towards me and my family."

However, he did feel at times he would like to ask his doctor more detailed questions which was not possible through the written word. He would like to have an interpreter present so that he could have access to more detailed information. Whilst three more of the respondents said they were happy with their doctors they felt the same as the previous Respondent. That is, should they have to change doctors, it would be difficult. **As Male Respondent 8 illustrates:**

"I've had problems in the past with doctors. Then, a Deaf friend registered me with a doctor who is really positive towards Deaf people. If I was to move I would definitely keep him as my doctor."

It is interestingly that he knew that if he moved to another area, finding a doctor who had respect for Deaf people might be difficult. This concurs with the other two respondents who had stated that they had kept the same doctors when moving into new area.

As Table 11 shows, a high number of respondents expressed their frustration due to poor communication and lack of information received from the doctors. They felt that their GP does not know how to behave with them **as Male Respondent 15 illustrates,**

"I never receive 100% information from him [the doctor]. Most of the time he never explains why I am unwell or says things like "it looks bad" and all that. He just looked at it quickly then he gave me the prescription."

"I feel my doctor says a lot more than he writes for me. I can't help feeling I'm getting a condensed version. Maybe it's because we're Deaf. He then gives me a pat on the head...as if I was a child."

Male Respondent 6

12 of the respondents also mentioned how quickly they received prescriptions without being given an explanation as to what their condition was and what the prescription was for. **Female Respondent 3** was angry as she told of how her GP had ignored her as she tried to explain to him the pain she was experiencing,

"He never had time for me. He always squashes what should be like a half-hour into ten minutes. Afterwards, I went home and got upset because I had no idea what it was all about. He gave me the wrong tablets because of the difficulty we had in communicating. He didn't really take much notice of me properly until my sister came with me. Later I found out that I had ulcer, which in the meantime had got worse. I tried to tell him but he just ignored me saying "you're alright...it's just stress, etc." Now it's too late"

This situation just described could be potentially dangerous and life threatening for a Deaf patient. The respondent had tried to explain in writing but due to poor English literacy skills, her doctor failed to understand her ailment.

Male Respondent 11 avoids visiting his doctor due to communication barriers. Instead, he tries to diagnose himself by looking up his symptoms in a medical book. He stated

"If the problem persists I will then go to the doctor. I would say 75% of the time I would depend on self-diagnosis and 25% of the time I'd see the doctor. All he [the doctor] does is look me over quickly then give me a prescription without telling me what's wrong or giving me advice."

Again due to lack of communication, this respondent avoids attending the doctor and could seriously be putting his own life at risk. **Female Respondent 6** explains what happens when she is in the doctor's waiting room,

"I can't hear when my name is called out. I only find out when I become conscious of people staring at me...it makes me feel really uneasy."

Ten respondents felt that the person before them in the queue was with the doctor for quite a long time in comparison with the amount of time they spent with the same doctor. **Female Respondent 3** said that when her husband accompanies her to act as communicator, the visit lasts approximately 30-45 minutes but whilst on her own the same visit takes just 5-10 minutes.

Female Respondent 8 felt frustrated with her doctor's attitude towards her,

"The visit is always so short. I get the impression he wants to get rid of me quickly...trying to hurry me up. I always hope that he will take the time to communicate with me through writing but he never does."

Three respondents said they were conscious not to impinge on the doctor's time. They seemed more concerned about respecting the doctor's schedule. If there were no other people waiting to see the doctor then they would stay longer to ask more questions otherwise they would take their leave.

When asked if the respondents ever stayed in hospital during their adult life, the responses were as follows:

Yes	11
Never	15

Table 12:
Time spent in hospital as an adult

The 11 respondents who had spent time in hospital at some period were asked what their experience of access to information during that time was:

Good	1
Poor	10

Table 13:
Level of access to information while in hospital

Only one respondent (**Male 1**) had reported positive access whilst staying in hospital as the following statement shows,

"When I was in hospital, one of the nurses was brilliant. She would write down for me what the doctor said. She was very patient. I was lucky that time but next time I might not be so lucky. It's all down to the nurse's attitude."

The fact that this respondent said '...next time...' shows that he is well aware that other nurses may not have such a positive attitude towards Deaf people. It is important to point out that he also said that this particular nurse was 'very patient.' In general, Deaf people experience unwillingness and lack of patience on the part of medical staff to take the time to communicate with them through pen and paper. Deaf people experience this intolerance and impatience on many occasions throughout their lives.

To meet a hearing person who is willing to take the time and effort to communicate with them is obviously important. They would often use the characteristic patience (or lack of) with their friends to describe the attitude of someone towards them.

Ten respondents said their time in hospital had been a bad experience, particularly the lack of communication as the following statements show respondent expressed

"I was in hospital for nearly 2 months for a major operation. Everything went wrong because of poor communication."

Female Respondent 3

While **Female Respondent 6** anger was directed towards the nursing staff,

"The nurse came in to give me a check-up. She took my temperature and said nothing. I had to ask her whether it was bad or good. I had to keep asking them [nurses] because they never bothered to tell me. Was it because I'm Deaf? They were just too lazy to try and communicate with me. It's not fair. If I was hearing they'd tell me straightaway. I don't mind being Deaf but I sometimes wish I was hearing so I'd be given the full picture."

Female Respondent 11 had a similar experience, when in her thirties she spent some time in the hospital, following a car accident. Her arm was badly broken. A screw was inserted in her injured limb without her knowledge. She never knew about it until she was released when her sister told her. She complained that she was not told stating;

"They [hospital] never told me. The doctor informed my sister over the phone. She knew more about my condition than me"

Three out of the ten respondents encountered major difficulties while attending the maternity hospitals. Very little information was provided particularly in relation to the birth. **Female 9 Respondent** said that due to the barriers in communicating she misunderstood everything.

Female 7 Respondent was annoyed at the nurse's attitude towards her newborn baby,

"When my daughter was born, the first thing they tested was to see if she was hearing or deaf. When the nurse drew back the curtain sharply, my baby jumped. She then told everyone in the ward with delight that my baby could hear. If my baby was deaf, the nurse would have taken pity on her. I was disgusted."

She felt it was unnecessary for the nurse to behave in such a manner. She also wondered had the parents been hearing, would hospital staff have carried out the test?

4.3

Attitude to Deaf Parents

Seventeen out of the 26 respondents have children. They were asked, when they bring their hearing children to their GP, does the doctor address their children instead of the Deaf parent directly for ease of communication.

Responses were as follows:-

Address directly to Respondents	3
Address directly to children	6
Leave to spouse	7

Table 14:
Address directly to whom?

Three of the respondents said their doctor addresses them and not their children.

Female Respondent 1 has two Deaf daughters, one of whom has good speech. She tells of her experience whilst visiting the doctor with her two daughters:

"My GP spoke to my daughter instead of me. He expected her to translate into ISL for us what he said. Can you believe that! After all, I am the parent. I reminded him to address me instead of my daughter but he couldn't be bothered to write. Instead he continued to address her."

This respondent was annoyed that this happened because she does not want her daughter to have to be responsible for interpreting.

Male Respondent 10 stated that he does not blame doctors per se for addressing his children because they are not aware that they should not do it. He blames society as a whole for not providing the medical profession with Deaf awareness. Another **Male Respondent 1** concurs:

"People go to university and study for approximately 7 years to become doctors. Is there a module on Deaf Awareness and how to communicate with their Deaf patients/clients as part of their medical training? I doubt it! Or are they taught basic ISL? Most doctors don't even have basic signs. I know a few doctors attended ISL classes for a brief period and then dropped out. Deaf people are crying out for doctors and nurses to learn ISL so they can have direct communication with each without having to book interpreters."

He went on to say:

"I feel angry at society and the health boards for not encouraging doctors to learn about Deaf Culture as part of their medical training."

Two respondents were embarrassed and humiliated to discover that some doctors and nurses kept their written notes for communication purposes in file. **Male Respondent 3** had the following to say,

"One night I was in terrible pain, the nurse came in and we communicated by writing notes to each other. The following day, the doctor came in, and went around to every patient in the ward with a group of medical students when the doctor asked about me, the nurse showed them the notes we had been communicating the day before. She didn't have to do that."

He went on to say,

"I asked her [nurse] do they tape-record hearing people's conversations and keep those tapes on file. She said no so I asked why then would they keep our notes. She didn't know what to say."

Female Respondent 3 reported that when transferring to a new doctor, she asked her present GP for her medical file,

"He gave me my medical file to pass on to my new GP. I wasn't supposed to open it but I did anyway. The doctor had written things like "she is Deaf... a lovely girl," and other things about my personal background. He also kept the notes that we had used to communicate. I always tear mine up. I feel there was no need for my new GP to know all that personal stuff about me. I felt I was being patronised."

Male Respondent 2 expressed how undermined and embarrassed he felt as he recalled a visit to the doctor at his workplace a few years ago. He was applying for car insurance and needed the doctor to sign a form to prove he was fit to drive although he had a licence to drive. As he sat in the waiting room the doctor appeared with his form, apparently with no concern for patient privacy. Using exaggerated gesture and speech the doctor began,

"He said 'NO', with hands waving from side to side... 'NO DRIVE' using the sign for CAR in front of everyone. The queue looked at me and laughed. He kept saying 'YOU NO DRIVE YOU DEAF MUTE' gesturing and speaking. I was embarrassed and left the surgery."

4.4

Summary

Dealing with medical professionals on health issues can be a disastrous and traumatic experience for Deaf people. This is due to the barriers that the Deaf Community face when attempting to acquire information on health issues and the failure of doctors to understand Deaf people's needs due to the lack of training on Deaf awareness.

As the above accounts show, Deaf people have little or no access to information on health matters. Quite a number of Deaf people are also parents. Therefore, not only are their own lives being put at risk but also the lives of their children. By this simple and unintentional inaction on the part of the Health Boards and the medical professionals by not providing qualified interpreters and not taking the time to get to know the needs of their patients/clients.

Suggested measures to improve access to health services can be centred on a simple strategy where medical professionals and health officials, particularly those who are in regular contact with Deaf people, can be given an extensive Deaf awareness course.

» chapter 5

5.

Access to Media

5.1

Introduction

For the general population in Ireland, access to all kinds of news via television, radio or the print media is very much part of daily life. The media also forms the important part of informing the public and research shows that the media plays a large part of shaping the public's opinions and perceptions on society's issues. Hearing people can do things simultaneously such as listen to radio whilst driving or cooking. Deaf people however, do not have this luxury. They must cease one activity in order to take up another such as stop cooking for few minutes whilst they watch television.

Therefore, limited access to the media has implications for Deaf people. The research showed a number of startling findings that illustrated the extent of some implications. Respondents were asked a number of questions starting with the access to home-based news channels on TV. Then, they were asked subsequently to explain the pressing issues during the conduct of the research. The issues concerned are the Measles, Mumps and Rubella (MMR) and Crutzfeldt Jakob Disease (CJD) as both issues received widespread media attention. The response by Deaf respondents can be used as a yardstick to appraise how informed the Deaf community are in terms of receiving information through the media.

5.2

Subtitled and Signed News

When asked questions related to the media, a large number of respondents made references to the poor subtitling facilities in RTE television. As a result, a high number of respondents said they prefer to watch the news on the British channels such as BBC and UTV because the programmes are subtitled and the Irish news programmes are not. Few respondents are happy with RTE's News for the Deaf, a summarised version of the main evening news in sign language, saying it is "rubbish," "no good," and "RTE - there is no access for Deaf people."

Female Respondent 2 stated;

"I watch BBC/UTV rather than RTE. News for the Deaf is crap, just 90 seconds for one hour's news."

Male Respondent 15 concurs;

"The Irish News is my local news but shamefully it's not subtitled. I watch BBC1 instead but then that's British news."

It is interesting that Deaf people have more access to the British television than the Irish television news. Fortunately, at least Deaf people have some access to television when compared to radio. This is a medium Deaf people will never equally access as hearing people do. For example, most people can fully tune in to radio discussions while driving. This is not so if you are Deaf as **Male Respondent 1** illustrates;

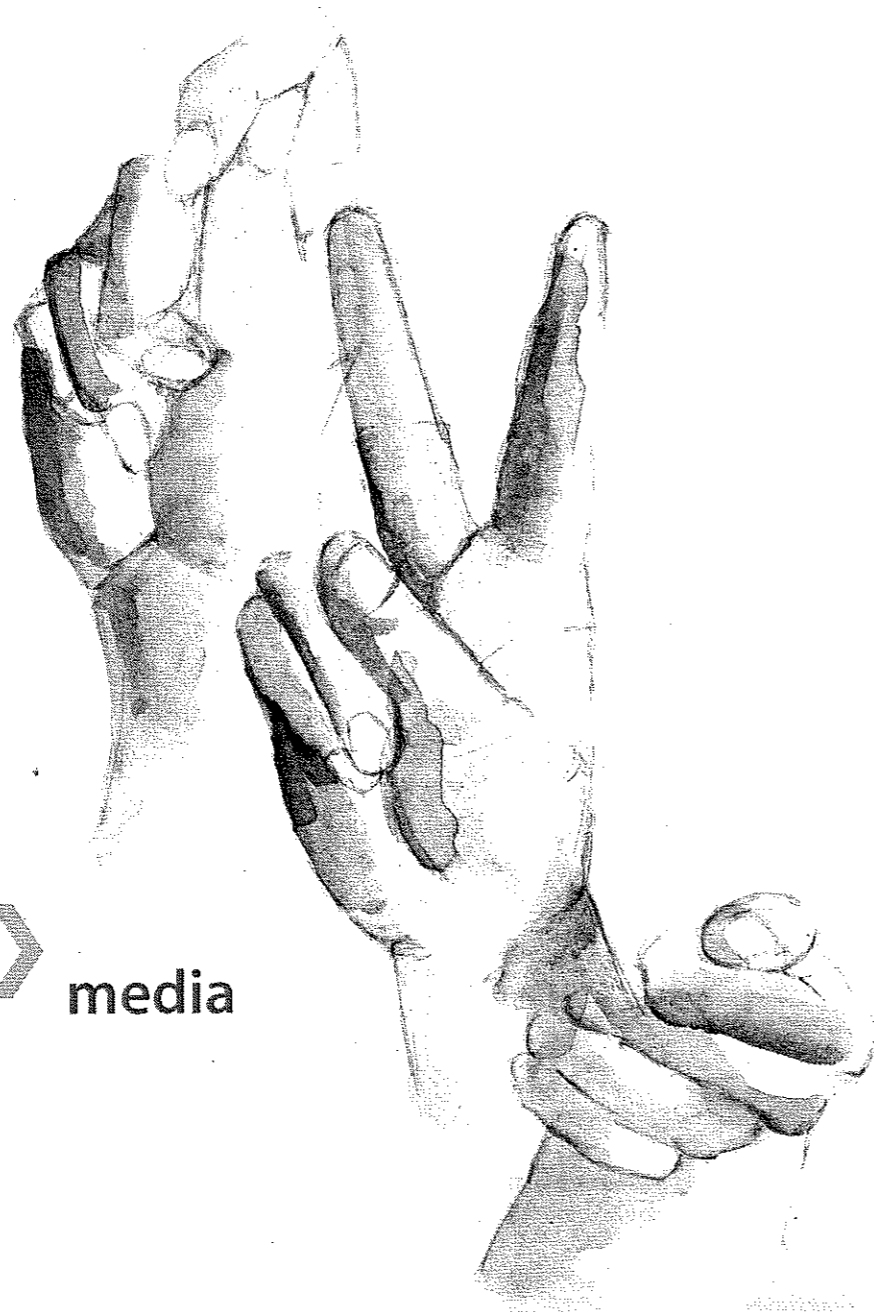
"A big problem for Deaf people is if we want to have access while we drive we can't have a television in the car. We need visual information."

Male Respondent 6 felt that the general population listens to the radio more than they watch Television, quoting from him below;

"I strongly feel that people listen in more to the radio because on radio they are encouraged to participate. If a doctor is being interviewed people can ring in and ask him for advice. Hearing people can get information this way which we can't and that means they have more access than us."



» media



Female Respondent 2 explained about not having the same access, as other hearing people and that Deaf are always the last to hear about the news.

"When any news came up, I passed it to hearing friends. They said it was on the news a few days earlier. I felt stupid. Deaf people are always the last to hear."

As previously mentioned, Deaf people have low English literacy skills compared to the rest of the population (See Conrad Report 1979, NRB 1991). This means acquiring information from newspapers proves very difficult for Deaf People. The Deaf Community prefers to receive information in their own language. Through ISL, there is a greater ease of understanding and less opportunity for misunderstandings to occur. Male Respondent 10 felt that;

"Newspapers are not in Deaf friendly English."

This concurs with **Male Respondent 15**

"I get information through friends. I often read the Irish Independent, which is so complicated. But when I receive information in ISL, I understand much better."

The response illustrates the extent of their ability to be informed of important society's issues of the day. They do not enjoy instant access to the media and with their low functioning literacy they tend to depend on others to relay the information. This dependency removes their ability to lead their own independent lives. It is important for those who provide information to realise that it is necessary to provide information through Irish Sign Language (ISL) in order to restore Deaf people's own dignity and reduce the extent of personal dependence.

The following parts were to determine how informed the respondents were of the issues of the day during the survey.

5.3
Example 1: MMR Vaccine
In January 2001, the questionable safety of the MMR vaccine hit the news headlines. There were fears that it can cause autism and other side effects. The respondents were asked if they were aware of it and stated how informed they were of this issue.

Responses were as follows:-

Reasonably Informed	2
Basically Informed	7
Not aware/never heard	17

Table 15:
Awareness of MMR Vaccine

A high number of Deaf respondents are not aware of it. This may be due to the wide coverage it received on radio, which as already stated, is not an information option for Deaf people. Equally, due to English being the Deaf Community's second language, any mention of it in the print media would have gone unnoticed.

"I saw the newspaper headline on the MMR controversy but couldn't understand the article. Deaf people do not have full information on it."

Male Respondent 1.

Only two respondents aware of it;

"I know about MMR, the doctors have rejected MMR because of autism and brain damage MMR can cause."

Male Respondent 6.

A small number of Deaf people stated that they knew a little about this issue, but did not have the full story.

"Yes, I heard about the MMR vaccine and its side effects but not the full information."

Female Respondent 3

"Vaccine, yes in England, a child would get side effects from MMR. I saw it on the BBC 1 news."

Male Respondent 11

During the interviewing session, it was discovered that thirteen of the respondents who are parents, received letters from their local doctor/hospital advising them to have their children inoculated with the MMR vaccine. They had no idea what it was for but did as was advised without seeking further information. They went along with whatever the other parents did.

"I had no idea what it [MMR vaccine] meant."

Male Respondent 8.

"Should I decide yes or no? The only choice I had was to say yes because the doctor knows best."

Male Respondent 15

It is important to point out that he pondered if he has the right to ask and decided that the doctor always right. As mentioned previously, Deaf children grow up looking up to hearing professionals and this can continue throughout their adult lives.

In hindsight, **Male Respondent 10** realised that he could have asked more questions -

"... but now I realise I should've asked questions but I never did."

Recently Female Respondent 9 received a consent form from her child's school in relation to Meningitis C. Although there was a leaflet provided she could not fully understand the content. If any parent had concerns a help line number was provided on the leaflet but no fax number was given. She said she had to sign the form anyway "because my children had been on my back to sign it before the closing date." It could be a risk for a Deaf parent to take - signing a consent form without being given the full facts.

5.4
Example 2: Creutzfeldt Jakob Disease
First described in the 1920s, CJD is a disease causing a rapidly progressing dementia, which ends in death, usually within eight months of the onset of symptoms. It is also a very rare disease, affecting only about one in every million members of the population worldwide. Before 1995, Creutzfeldt-Jakob disease was little known outside of the medical profession but with the discovery of a "new variant" form, the possibility that those with it became infected simply by eating beef, CJD has become one of the most talked-about diseases in the world, and has taken on a significance far beyond the small number of deaths it currently causes each year (Source: VHI website - www.vhi.ie). As result, CJD becomes a news topic in the media. The question about it was asked to the Deaf respondents if they were aware of it and how informed they were of this issue.

Responses were as follows:-

Reasonably Informed	3
Basically Informed	12
Not aware/never heard	11

Table 16:
Awareness of CJD

Only three male respondents said they were aware of it;

"It's to do with blood poisoning in humans. I know just the facts."

Male Respondent 12

"We are careful about getting good quality meat from the butcher's. Yes I am aware of CJD."

Male Respondent 3

"I have read a lot of information about it and understand fully. My wife's family has a farm in the country and they had cows destroyed because of it last year."

Male Respondent 4

Several Respondents were aware of BSE in cattle but not the risk to human lives. They had similar responses as shown by **Female Respondent 6**;

"I know about its link to meat but no more than that."

Again **Male Respondent 1** complained about the poor access for Deaf people to the media;

"I know BSE is linked to meat but I have no more information than that. Deaf people have poor access to the media. The Health Boards and the Department of Health don't provide information in a suitable format for Deaf people."

Respondent Female 2 stated that she had

".. heard about it (CJD) long after it had been announced."

Interestingly, quite a large number of respondents had no knowledge of CJD as **Male Respondent 6** shows;

"I don't know anything about CJD. I am sure that Deaf people aren't interested in farming."

While his view may be correct in relation to BSE and farming he was unaware that CJD was a fatal risk to people. He was stunned when the interviewer explained it to him.

Female Respondent 11 had a similar response;

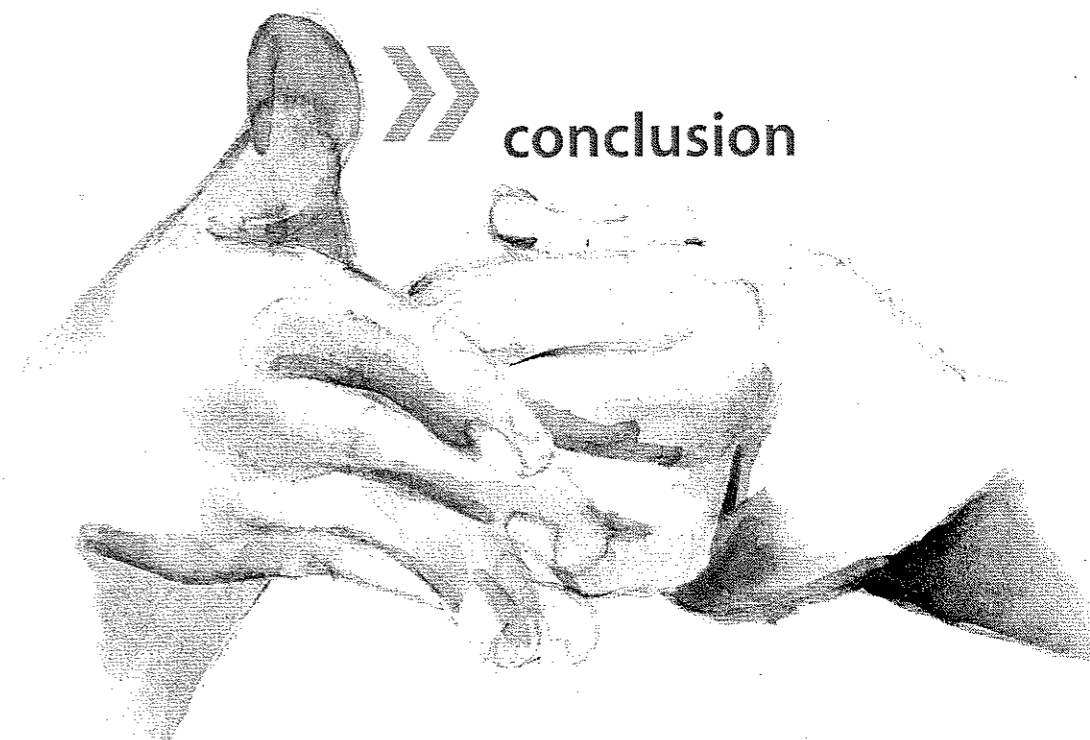
"Never heard of it. I know about BSE but CJD... No."

5.5

Summary

Access to the media is severely limited for many people in the Deaf community and it does have serious repercussions for them. The limited access to the media is not the end itself as Deaf people are unwittingly put at risk by a simple fact of lack of access to information. They have to depend on others i.e. doctors, neighbours to provide auxiliary information and by doing that, they unintentionally create a culture of passive dependency which leaves them vulnerable. This exemplifies how marginalised the Deaf community is in society.

However, access to information for this particular sector of the society can be assisted by a number of measures. The best short-term measure is that governmental and health agencies should be proactively encouraged to produce video presentations where vital information can be transmitted in the most preferred language - the Irish Sign Language. Other measures are that these agencies have to demonstrate positively that ISL/English interpreters are provided for any personal consultation. Both measures would go a long way to alleviate the implications experienced by the Deaf respondents.



conclusion & recommendations «

Conclusion →

On the basis of relative poverty outlined by the National Anti-Poverty Strategy, it is patently clear from statements given by Deaf respondents that the Deaf community in Ireland is seriously excluded and marginalised. The extent of this exclusion may vary from individual to individual. Collectively however, the exclusion experienced by Irish Deaf people can be reckoned along with other marginalised groups in our society.

It has to be stated that Deaf peoples' experience of exclusion differs from that of other groups in that marginalisation is largely based on lack of awareness or appreciation for the linguistic and cultural nature of the Deaf community. This lack of awareness or appreciation may have resulted from lack of meaningful and direct consultation with the Deaf community. Measures in the past assumed to benefit them have been based on wrongly perceived assumptions.

Having stated that, in recent years, there has been a significant shift in understanding on disability issues but unfortunately, it does not reflect similarly on the Deaf community. Therefore, before implementing general recommendations, there has to be a structured mechanism in place where the state agencies can consult and discuss directly and in-depth with the members of the Deaf community. The mechanism should therefore reduce the likelihood of paternalistic or assumed solutions for the Deaf community. The mechanism should allow for a society where the Deaf community in its real sense, can feel ownership and real participation within Irish life.

Recommendations →

Although it is not the intention of this survey to discuss the appropriate approach of researching Deaf issues in depth however, following the insight in conducting this survey, it is clear that there are a number of simple ground rules to be essentially observed. Deaf respondents in any given research should be given a chance for courtesy of anonymity and confidentiality. Deaf respondents should be given a chance to understand the aims and objectives of the research before they can participate and it can be achieved by sending them a videotape containing information in ISL. It is necessary that the interviewer is fluent in ISL or the appropriate sign language and has innate and intuitive experience of being part of Deaf people's world.

Apart from the appropriateness of research approach, a number of general recommendations on several issues arising from this survey are given here. However, each section deserves further investigation in its own right. It is clearly evident that access to information in the three main areas researched, employment, health, and the media has not been satisfactory to many Deaf respondents. This is due to their linguistic and cultural nature not being taken into account. Many experiences told of dissatisfaction resulting from a lack of awareness or appreciation for linguistic and cultural elements. Recognising the very different linguistic and cultural nature of the Deaf community in these kind of situations would alleviate the unhappy experiences expressed here. The first area to focus on is how research is conducted on Deaf people and other related issues. The three main areas of the survey are covered here.

Access to Employment

There is a great need for increased understanding and awareness amongst employers and colleagues where there are existing interactions with Deaf employees. The survey reveals the extent of unseen discrimination experienced by Deaf employees. The extent of this apparently results from lack of awareness.



Employers are encouraged to avoid applying stereotypical solutions to what Deaf people have suggested in relation to their employment and promotion prospects. An explanatory leaflet or a short memorandum should be published and given to the employers on how to avoid applying stereotypical solutions. A day-long workshop series should be arranged along the publication for their benefit.

» conclusion & recommendations

Access to Health Services

It is quite clear from the survey that the access to the health sector and health related information was not forthcoming to Deaf respondents, as may be experienced with other groups in society. Although this area of the survey requires a further and more extensive and systematic investigation, the following general recommendations would go a significant way to removing anomalies.



The medical profession should incorporate Deaf awareness training as part of their self-development as many of them fail to take account or show sensitivity to Deaf respondents as this survey has shown. The profession should be encouraged to prepare strategies that reflect the linguistic and cultural nature of the Deaf community.



The lack of sensitivity or appreciation among the medical profession experienced by Deaf respondents is too apparent in the survey. The medical profession should take a serious view on this matter and enquire how ethical considerations can be applied here.



A programme of Deaf awareness sessions presented by native ISL users or Deaf professionals should be arranged for both employers and colleagues. The session can take place in a single day or two depending on the nature of employment.



Equality issues within employment require a greater emphasis given the high incidence of Deaf employees experiencing many forms of discrimination. A series of workshops should be organised and aimed at Deaf employees and their employers.



Employers and employees should take a proactive role in encouraging Deaf employees to take on further training opportunities and ensuring necessary access through provision of Sign Language interpreters.



The issue of who should meet the cost of interpreters needs to be addressed. The respondents strongly believe that the costs should be covered by the state since the price of equal access is seen as an unnecessary burden on them. This burden is a significant factor where respondents are unwilling to hire an interpreter for medical appointments. The Health Boards should take a favourable approach where costs can be met for the benefit of Deaf clients.

conclusion & recommendations «

Access to Media

As with the previous two sections of this survey, further investigation of this area would bring interesting insight into how Deaf people put up with this apparent lack of access to the media as a whole. Nevertheless, here are some general recommendations that should be immediately considered. The survey illustrates how serious misinformation and ensuing implications can arise due to poor access to the media. These implications can lead to greater ignorance and dependency amongst the Deaf Community if their linguistic and cultural nature is not taken into account. It is suggested that a plan of action be set in motion to improve access to the media for the Deaf community.



There is a very strong consensus amongst the respondents that Irish television channels are lagging far behind their counterparts in the UK and Europe in terms of providing access for Deaf people. The Irish-based television stations should consider increasing the amount of subtitling and exposure of ISL on television, particularly in the areas of news and current affairs.



There is clear evidence that functional literacy is not strong amongst the respondents and they felt the print media do not serve any useful purpose for them although they were aware of the importance of such media. To remove this anomaly in Ireland, a scheme should be organised similar to that in Finland where each member of the Deaf community is given a videotape every month free of charge. The monthly video presentation would contain up to date information on current affairs and related important events in ISL. The cost of the Finnish scheme is met by the state since it is viewed that the state is deemed responsible for ensuring awareness of one's civic responsibility amongst the Deaf Community in their country.

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» appendices

30th January 2001

Dear

As you may be aware Deaf people in Ireland do not have equal status as hearing people in society. The Irish Deaf Society try to achieve equality in society for Deaf people. When the IDS lobby the government or their respective bodies, we are often asked to produce evidence of inequality. The Society decided to take a survey aiming to collect evidence and information.

Therefore, IDS has asked me to conduct a survey to find out the poverty level of Deaf people. The survey is partly supported by the Combat Poverty Agency.

What is poverty?

People are living in poverty if their income & resources are so inadequate as to prevent them from enjoying a standard of living, which will be regarded as acceptable by society generally. This understanding of poverty recognises that people have social, cultural and emotional needs, as well as physical and economic needs.

Living in poverty is not just about lack of money, it can also mean feeling excluded, isolated, powerless and discriminated against. (Website Jan'01)

The survey will cover 20-25 Deaf individuals and each will be interviewed for an hour in the presence of a video camcorder. Each interviewee will be asked a number of questions about their work, their experience of receiving services and their level of access to information. The answers will be collected and analysed to find out the level of poverty.

I would be extremely grateful if you would agree to volunteer to take part in this research. Please be assured that the details given in the interviews are strictly confidential. Your name and address will remain anonymous. The videotapes are only seen by me and may be shown to the Combat Poverty Agency with your permission.

I hope you will agree to take part in the survey. Please fill in the attached form. Please do not hesitate to contact me for further information about the survey. I enclose a stamped addressed envelope for you to return your form to me on or before 6th February 2001.

I thank you for your time and I look forward to your early reply.

Yours sincerely,

Carmel Grehan

appendices «

Please fill in the form and return this sheet to the address above before or by 6th February 2001.

1. If you would like to take part in the research project, please fill below:-

YES [] NO []

If no, fill Question 1 only and return to me.

Name: _____
 Address: _____

 Minicom/fax no: _____
 Signature: _____

2. Please tick your first and second preferred dates which you will be interviewed.

	1st choice	2nd choice
Saturday 10th February	[]	[]
Sunday 11th February	[]	[]
Monday 12th February	[]	[]
Tuesday 13th February	[]	[]
Wednesday 14th February	[]	[]
Friday 15th February	[]	[]
Saturday 16th February	[]	[]
Sunday 17th February	[]	[]

3. Please tick one chosen place that you prefer:-

Venue: At your home [] At IDS []
 Anytime you choose Weekdays after 6pm
 Sat/Sun 10-4pm

Thank you. I will be in contact again to confirm the dates for the interview.

» appendices

Background Information ⇐

1. SEX: Female [] Male []

2. AGE RANGE: 18-25 [] 26-35 []
 36-45 [] 46-55 []
 56 or older []

3. MARITAL STATUS: Single [] Married []
 Separated [] Other..... []

4. CHILDREN: None [] One []
 Two [] More than two []

5. EDUCATION Deaf School [] Mainstream []
 State where.....

appendices «

6. At what age did you left school?

7. What examinations did you take?
- Leaving Certificate []
 - Junior Certificate []
 - Intermediate Certificate []
 - Group Certificate []
 - None []

8. Any qualifications?

9. Are you:
- Employed []
 - Unemployed []
 - Other..... Such as Housewife, student

» appendices

Semi-Structured Interview

(The interviews with the participants were done in Irish Sign Language and the following questions are not necessarily in grammatical order. These questions are more like notes (reminder to the researcher.)

1. Employment - related/income
- Pay level
 - Promotion prospects
 - Change/inspiration

What job description
How did you get job?
Income pay

Average into 4 categories

- (a) Below 8,000
- (b) 8,000-10,000
- (c) 12,000-16,000
- (d) above 16,000

How long employed, same job since first job or different
Your present job - your dream or no?
How friendly your work mates and atmosphere
Promotion chance

2. Service Provision - Health/Social Problems
- Visiting dentist, doctor or stay in hospital, easy access?
 - How communicate, dependent or independent
 - How you understand problem going with you
 - With children, if you are a parent, explain your experience

3. Information - Media
- Big News Headlines - for example, MMR
 - How much information you have, where, TV, news, aertel, through friends, others.....
 - Do you understand full information

54 /

appendices «

Feedback from the end of the interview

1. Was I clear, explaining the instructions?
 2. Were any of the questions unclear or ambiguous? If so, which, and why?
 3. Did you object to answering any of questions?
 4. Do you feel any major issues have been omitted?
 5. Any comments
- 1