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Social workers using sign language interpreters to ensure equitable services to the Deaf community

Peter Koeras^{1,1} and Ronel Davids^{1,2}

^{1,1} University of the Western Cape, Department of Social Work, Cape Town, South Africa

 <http://orcid.org/0009-0007-1913-7364>  3604969@myuwc.ac.za

^{1,2} University of the Western Cape, Department of Social Work, Cape Town, South Africa

 <http://orcid.org/0000-0001-7505-3017>  rsdavids@uwc.ac.za

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ABSTRACT

Despite the recognition of sign language in South Africa, individuals who are Deaf face significant barriers, leading to stigmatisation and marginalisation. Social workers must be critically conscious of this and provide the necessary services to address these inequalities. Not all social workers are proficient in South African Sign Language to provide equitable services to the Deaf community and require the assistance of South African Sign Language Interpreters during social work micro interventions. However, there is limited literature on the experiences of social workers using these interpreters during this intervention. Seven social workers were selected to participate in a qualitative study using explorative descriptive research designs to understand the experiences of social workers using South African Sign Language Interpreters during micro-interventions. Non-probability purposive sampling was used with semi-structured interviews for data collection. The thematic analysis revealed three key themes: social workers' feelings of helplessness, uncertainty, and emotional stress related to role clarity; challenges with inadequately trained SASL interpreters, interpretation accuracy, and rapport-building with clients; and enhancing services for individuals who are Deaf by incorporating culturally sensitive sign language training in higher education institutions to foster better relationships with SASL interpreters and clients.

Keywords: anti-oppressive theory; Deaf community; social work; social work intervention; South African Sign Language (SASL); South African Sign Language Interpreter (SASLI)

INTRODUCTION

The Constitution Eighteenth Amendment Bill (Republic of South Africa [RSA], 2023) acknowledged sign language as an official language during the amendment on the 19th of July 2023 of section 6 of the Constitution of the Republic of South Africa (RSA, 1996). The Portfolio Committee on Justice and Constitutional Development on the Eighteenth Amendment Bill (RSA, 2023, p.1) affirms in its Report that the goal of this Bill was to

advance the cultural acceptance of South African Sign Language (SASL), the Deaf culture; ensure the realisation of the rights of persons who are Deaf and hard of hearing to equal protection and benefit of the law and human dignity; and to promote inclusive and substantive equality and prevent or eliminate unfair discrimination on the ground of disability, as guaranteed by section 9 of the Constitution.

The implementation of this legislation is of utmost importance because the recent estimates on the prevalence of people who are Deaf indicate that approximately 70 million people globally are Deaf, of which 39.9 million reside in Africa and more than 4 million in South Africa (Chadha et al., 2019; World Health Organization [WHO], 2021). SASL is, in addition, the first language of approximately 500,000 people in the Deaf community (Napier et al., 2015). A substantial proportion of the South African population has significant hearing loss, which influences their ability to access, negotiate and secure the required health resources (London et al., 2020).

This legislation has significant implications for the social work profession with principles of social justice, human rights, collective responsibility, and respect for diversity as specified in the global definition of social work (International Federation of Social Workers [IFSW], 2014). Social workers must also acknowledge and develop a critical consciousness of the structural barriers in society and subsequent inequalities, discrimination, exploitation, and oppression (IFSW, 2014). Social workers must be critically conscious of the various social barriers, such as dissimilarities and inequalities in the environment, which prevent or hinder the adjustment of people, such as the Deaf community, to acceptable social norms in society (McCartney et al., 2019). These societal dissimilarities and inequalities arise from marginalisation and stigmatisation (Meyer et al., 2016). People who are Deaf have limited societal support, which exaggerates levels of stigmatisation and marginalisation (Asonye et al., 2018). Marginalisation isolates people who are Deaf from society (Von Jacobi et al., 2017), while stigmatisation discriminates against them (Monterrubio et al., 2020). People who are Deaf additionally experience attitudinal barriers because of society's ignorance, lack of understanding and awareness (Roberson & Shaw, 2015). These attitudes are stereotypical societal ideas contributing to prejudice or misconstrued beliefs (Jussim et al., 2015). Social workers must, however, not only acknowledge these barriers in society, but must be mindful of their own attitudes and types of discrimination which prevent rendering social work services to members of the Deaf community (Madungwe, 2019). Thompson (2021, p. 10) acknowledges the significance of oppression and discrimination in social work practice by stating that

social work practice that does not take into account oppression, and the discrimination that gives rise to it, cannot be seen as good practice, no matter how high its standards may be in other aspects.

Our study focused on the Western Cape, South Africa, because the limited services to people who are Deaf in this region are evidence of this discrimination. Only thirteen organisations, including schools and churches, in the Cape Metropole provide specialised services for the Deaf (Western Cape Government, 2018). Ramma and Sebothoma (2016) additionally indicate in their study that only 12.34% of the Deaf community in the Cape Metropole requested social work assistance to improve the quality of their lives.

The inability of social workers to communicate with people who are Deaf, their limited knowledge of sign language and the Deaf culture are other factors contributing to their marginalisation (Pollard & Barnett, 2009; Sheridan et al., 2010). Individuals with Deafness experience isolation and unnecessary burdens when social workers have limited knowledge of Deaf culture and sign language (Cabral et al., 2013). It is, therefore, imperative that social workers address these communication challenges to ensure that they do not marginalise, oppress or discriminate against people who are Deaf as specified by the IFSW (2014).

The limitations of communicating with people who are Deaf also affect social workers. A study by Berjame (2023) with social workers in the Philippines found that they perceived services to clients who are Deaf as complex and the communication barrier as a significant challenge. This impacted negatively on high-quality care and led to insufficient social work services for the Deaf community (Glickman & Harvey, 2008). A study by Alhuzail and Lvinger (2022) in Israel examined the challenges of social workers providing services to Deaf Bedouin service users. The research indicated that social workers' limited sign language skills caused feelings of inadequacy and impeded their assessment, intervention and interactions with clients.

South African social workers must legally and ethically meet the needs of clients, including individuals with disabilities and the Deaf, by adhering to mandatory standards and culturally competent practices. They must advocate for service provision in an appropriate language to their clients (South African Council for Social Services Professions [SACSSP], 2023). Standard 9 of the Standards and Indicators for Cultural Competence in Social Work Practice (National Association of Social Workers [NASW], 2008) asserts that social workers and organisations have the responsibility to provide services to clients in their preferred language or obtain the assistance of professional interpreters such as certified or registered sign language interpreters. The NASW (2008) further asserts that these interpreters are imperative to promote social justice and eliminate discrimination and oppression. Interpreters require orientation and training and are part of the service team for Deaf individuals. The following section will review the literature on social workers using South African Sign Language Interpreters (SASLIs) during service provision with clients who are Deaf.

LITERATURE REVIEW

The reliance of social workers on SASLIs can influence social work intervention significantly. A study by Drugan (2017) found that social workers experienced various challenges when they use SASLIs during social work intervention with clients who are Deaf. Glickman and Harvey (2008) caution that the assistance by SASLIs can be a barrier to effective therapy and advocate that therapists acquire skills to collaborate successfully with clients who are Deaf by learning sign language.

One of the main challenges to social workers in providing effective services to people who are Deaf is the limited number of SASLIs. Gcwabe (2023) underscores the limited number of trained sign language interpreters, even though it is a requirement for assisting people who are Deaf during therapy or counselling. There are only 9 accredited and 20 freelance SASLIs in South Africa, and there are no statistics on social workers using SASLIs in the Western Cape (Matende et al., 2023). There are only twelve freelance interpreters in the Western Cape (Western Cape Government, 2018). Another challenge is the availability of SASLIs because social workers must screen and select appropriately qualified SASLIs and evaluate their competency to translate before intervention sessions with the clients (Berthold & Fischman, 2014; United Kingdom, 2014). This is imperative, because certain sign language interpreters do not have formal training and consequently do not have the required skills for the specific contexts of interpretation (O'Connell & Lynch, 2020).

Social workers using SASLIs experience additional challenges with boundaries, role clarification, interpreter neutrality, ethics and responsibilities (Pöllabauer, 2012; Sawrikar, 2015; Tipton, 2016). Role clarification is a challenge because clients who are Deaf often consider the role of SASLIs more central than the role of the social worker (Chatzidamianos et al., 2019). Apgar (2017) suggests that social workers avoid such dilemmas by explaining the ethical boundaries and roles of the social workers and SASLIs to the client from the onset of the social work intervention. These explanations could enhance therapeutic relationships and improve communication when they are culturally appropriate (Berthold & Fischman, 2014; Westlake & Jones, 2018).

Social workers experience the accuracy of interpreting information for clients who are Deaf as a significant challenge (Pöllabauer, 2012; Sawrikar, 2015; Tipton, 2016). Social workers mistrust the accuracy of SASLI translations of information between the social worker and the client (Drugan, 2017). Research suggested that SASLIs might distort the interpreted information or fabricate the narrative during the intervention to affect the client's need for immediate assistance (Berthold & Fischman, 2014). Social workers must consequently be attentive to misrepresenting information during interventions that negatively impact on the social workers' and SASLIs' credibility or exacerbate the client's situation.

Limited understanding of social work terminology by SASLIs or the lack of adequate sign language training are other challenges which influence the accuracy and authenticity of the interpreted information and contribute to ineffective social work intervention (Drugan, 2017). This could affect the outcome of the social work intervention with clients who are Deaf (Westlake & Jones, 2018). Collaboration between social workers and professionally trained

SASLIs towards effective communication and services to clients who are Deaf is, therefore, imperative (Nyström et al., 2018). The absence of such collaborations can contribute to distorted and inaccurate client-social worker communication, resulting in ineffective, harmful or unethical social work services (Berthold & Fischman, 2014; Orrie & Motsahi, 2018).

Similar ethical codes for social workers and SASLIs strengthen their relationship during social work interventions (Berthold & Fischman, 2014). These ethical codes ensure professionalism, confidentiality, privacy and boundaries during services to clients who are Deaf (SACSSP, 2023). Defined roles and responsibilities are necessary for both social workers and SASLIs, and it is important to inform Deaf clients about them at the beginning of the intervention (SACSSP, 2023). The operational methods of both parties must focus on the clients' needs and ensure confidentiality (Nicholas et al., 2015).

THEORETICAL FRAMEWORK

We drew on anti-oppressive practice for this study on social work services to people who are Deaf using SASLIs. This theoretical framework focuses on the personal, structural, and cultural oppression of individuals, groups and communities (Mullaly & West, 2018) and endorses social justice, equity and inclusion (Dalrymple & Burke, 2019).

Anti-oppressive practice is based on practice principles relevant to this study. The first principle focuses on power and its influence on people. This power is evident in structural practices on micro and macro levels through prejudice, inequity and ableism (Mullaly & West, 2018). Social workers additionally provide services to people from an authoritative position with power (Dalrymple & Burke, 2019). Another anti-oppressive principle central to our study is the power of language (Mullaly & West, 2018). Slayter and Johnson (2023) acknowledge the power of language in the context of disability and mention that the use of language is dependent on the context. Practitioners should use 'person-first' language, as it respects disability as part of an individual's experience. Disability rights and justice advocates propose 'identity-first' language with disability as an integrated part of the identity of a disabled person (Slayter & Johnson, 2023). For example, we say "a person with a disability", where disability is part of their identity. Therefore, we preferred the 'person-first' language in the context of our study and referred to people who are Deaf rather than Deaf people as deafness is recognised as a significant part of the person's identity. We also use capital "D" rather than lowercase "d" to reflect the different attitudes and perspectives within the Deaf community and individuals who identify with the Deaf community, with a separate language (Sign Language) and culture (Pudans-Smith et al., 2019).

Critical consciousness is a central principle in anti-oppressive practice and refers to reflexivity, self-reflection and critical self-awareness (Pitner & Sakamoto, 2016). Practitioners, such as social workers and SASLIs, must reflect on any forms of power and oppression in rendering their services (Dalrymple & Burke, 2019). They must also act on their assumptions, values, biases and power (Pitner & Sakamoto, 2016). Social work professionals must collectively reflect on and act in response to oppression in organisations and interprofessional practices (Mullaly & West, 2018) and adapt their practice according to changing service provision conditions (Dalrymple & Burke, 2019), as proposed in our study.

Another principle of anti-oppressive practice is the partnership between service providers and users. Social workers must promote participation and acknowledge the service users' unique individual and collective context (Mullaly & West, 2018). We used this principle by using SASLIs for appropriate micro interventions to people who are Deaf and by including the service users in the selection of SASLIs.

Anti-oppressive practitioners must empower service users and providers to eliminate oppression by sharing power on institutional and personal levels and using empowering language (Mullaly & West, 2018). We recognise the importance of empowering Deaf individuals to express their identity and experiences, acknowledging their human rights to enhance self-belief and dignity.

PROBLEM FORMULATION

It is evident that SASLIs are a prerequisite for social work intervention with people who are Deaf when the global prevalence of people who are Deaf and hard of hearing (Chadha et al., 2019; WHO, 2021) and recent developments in the South African context (RSA, 2023) are taken into account. Social workers must rely on SASLIs because of the limited training and skills in sign language. There are, however, various challenges when using SASLIs in social work intervention, as indicated in the literature review. There is literature on the experiences of people who are Deaf and social work services, but the literature on using SASLIs during social work micro interventions with people who are Deaf is limited. In the absence of such literature, we asked the following research question: What are the experiences of social workers using SASLIs during micro interventions with people who are Deaf in the Cape Metropole? The aim of the study was thus to understand these experiences. The objectives of the study were to explore and describe the experiences and challenges faced by social workers when using SASLIs during micro interventions with clients who are Deaf, as well as to gather recommendations from social workers on improving practices in this context.

METHODOLOGY

This study used a qualitative research approach because it enables exploration of the meaning of a social problem for an individual and focuses on the experiences, perspectives and realities of participants (Leavy, 2017). This approach provides a broader and deeper picture of the participants' natural settings (Antwi & Hamza, 2015), which included the social workers using SASLIs during micro interventions with people who are Deaf in this research. The research used explorative and descriptive research designs. We used exploratory research because there is limited information on social workers using SALIs during micro interventions (Rubin & Babbie, 2017). The descriptive research design focuses on the "how" and "why" questions and provides a deeper understanding of the phenomenon (Fouché, 2021). We used a descriptive research design to identify the research problem and describe the experiences (Nassaji, 2015) of social workers using SASLIs during micro interventions for people who are Deaf.

The research population of this study consisted of social workers employed at five accredited organisations for the Deaf in the Cape Metropole. We selected seven social workers who were providing micro intervention services to clients who are Deaf using non-probability purposive

sampling. Qualitative research uses purposive sampling to select participants based on criteria relevant to the research question (Rubin & Babbie, 2017). The inclusion criteria for our sample were social workers registered with the SACSSP, employed for at least six months at a social service organisation for clients who are deaf, and who provided micro interventions with SASLIs as interpreters.

We used semi-structured interviews with an interview schedule to collect data from the participants because the interview schedule regulated the direction of the interview, allowed us to elicit in-depth information, provide relevant answers and focus on the aim and objectives of this study (Kallio et al., 2016). We conducted interviews via face-to-face and VoIP, such as Zoom, because of the COVID-19 health protocols.

The data analysis followed Creswell's (2013) data-analysis spiral. The first step in the process was to manage the data after the data-collection process. We had to listen to, transcribe and organise the interviews. The second step focused on reading and transcribing the interviews. We first read all the interviews to get a broad sense of the content. We read each transcript multiple times to understand the interviews before focusing on details. We identified and noted specific words or ideas in the margins of each interview. The third analysis phase focused on describing, classifying and interpreting the data with codes to describe our expected findings and note unusual information. The findings were evaluated by means of comparison or contrast (Belgrave & Seide, 2019). The findings of the research were compiled into themes and subthemes. The literature assisted with the interpretation of these themes and subthemes. Step four focused on visualising the findings in a table and the representation of the findings according to the main- and sub-themes with quotations from the participants and relevant literature to support our findings.

The trustworthiness of qualitative research findings is dependent on the rigour of the process, analysis, interpretation and methodology (Connelly, 2016). We applied credibility, dependability, conformability, and transferability during this research to ensure trustworthiness (Elo et al., 2014). We ensured credibility by ensuring member-checking after each interview session with participants to improve the data accuracy, credibility, validity and transferability of the research (Brit et al., 2016). The study sought to maintain an important level of dependability throughout its analysis, evaluation and interpretation (Korstjens & Moser, 2018). We used thorough descriptions of the research methodology and experiences from social workers using SASLIs during micro interventions with people who are Deaf in the Cape Metropole. Other researchers can thus use this study to replicate similar studies in various other settings under different circumstances (Jansen van Rensburg et al., 2016). Conformability ensures that the research findings reflect participants' experiences, not the researcher's bias (Singh et al., 2021). We achieved this through member checking, reflexivity, prior preparation and constant mindfulness of our emotional state during the research. We specifically used reflexivity to critically examine our assumptions, beliefs, judgments and the influence of these on the research process (Jamieson et al., 2023).

The research process included specific ethical guidelines. We initially received ethical approval for this study from the Humanities and Social Science Research Ethics Committee at the

University of the Western Cape (ethics number HS20/0/16). We also explained the research in an information sheet sent to the participants, and they could consequently provide informed consent. They had the freedom of choice to voluntarily participate or decline participation in the study as well as a choice between face-to-face and/or Zoom interviews at a convenient time. We informed the participants that they had the right to withdraw from the study at any time without negative consequences. We ensured the privacy and confidentiality – especially during interviews, data analysis and the dissemination of findings – of all the participants in this study by using pseudonyms, and we consequently did not indicate the geographical area of employment because we were mindful of the limited number of social workers using SASLIs at organisations for the Deaf. We stored the data securely on a password-protected computer, accessible only to the researcher. We ensured that we followed the Protection of Personal Information Act, 2013 (RSA, 2013) guidelines during the research process. We were aware of the emotional and social risks of the research and ensured from the onset of the study that the participants would experience no harm, but we arranged debriefing sessions with an appropriate counsellor when required.

The limitations of the research methodology were a sample of only seven social workers because of the limited social work organisations for the Deaf community using SASLIs for service provision. The study focused only on the Cape Metropole. The research study is not generalisable because Deaf communities are diverse, and not all social work organisations use SASLIs in micro interventions. The transferability of the study is, however, a strength because other researchers could use this research for additional studies on social work with people who are Deaf and the inclusion of SASLIs during intervention. The COVID-19 pandemic additionally influenced the data collection process, and we had to rely on Zoom interviews with three participants who feared infection in direct interviews. The research findings, however, provided valuable information to practice and research on the experiences of social workers working with SASLIs during social work interventions with clients who are Deaf.

FINDINGS

We identified the following themes from the data analysis with social workers using SASLIs during micro interventions with people who are Deaf:

- i. Theme one represents the experiences of social workers when using SASLIs during social work micro interventions;
- ii. Theme two encompasses challenges when using SASLIs during social work micro interventions;
- iii. Theme three focuses on the recommendations to improve social work services for clients who are Deaf.

The following discussion will focus on the themes with sub-themes, the comments from the participants in the study and relevant literature to substantiate the findings.

Theme One: Experiences of social workers when using SASLIs during social work micro interventions

The training of social workers focuses on the wellbeing of people, which includes people who are Deaf (Berg-Weger, 2019). Social workers have, however, limited training, experience and knowledge of Deafness and SASLI, which consequently contributes to communication barriers during social work micro interventions (Chapple, 2019; Ulloa, 2014). The use of SASLIs during social work micro interventions influences social workers directly, according to a study by Bai and Bruno (2020). Our findings indicated that social workers experienced helplessness, uncertainty and discomfort, confusion with role clarification, and experiences of being unqualified and emotional stress when using SASLIs, as explained in the following sub-themes.

Subtheme 1.1: Helplessness, uncertainty and discomfort when using SASLIs

This subtheme indicated that the social workers in this study experienced discomfort, uncertainty and even helplessness when working with SASLIs during micro interventions with clients who are Deaf. Social worker training ensures effective listening, observing and communication (Lefevre, 2015). Services outside their scope of training, for example, using the services of SASLIs with clients who are Deaf, lead to experiences of helplessness, uncertainty and discomfort (Ikegami, 2019).

The following participants mentioned the discomfort using a SASLI during a micro intervention, and Participant 1 referred to the limited social work training in working with SASLIs:

It was a very difficult experience because we are trained in a certain way and I did not even know what I was getting myself into. So, it was very difficult because this is not the norm to use a SASLI. (Participant 1)

What was also a hindrance was the fact that I had no idea how it worked. It is quite uncomfortable (if I can put it that way) because before there was never anyone between myself and the client to interpret. (Participant 6)

Another participant also mentioned the unfamiliarity with SASLIs during services to the Deaf community:

I did not know this is how it goes in this new place. Honestly, the setting on its own was uncomfortable, especially if you never had contact with Deaf people or a SASLI. (Participant 3)

Another participant expressed uncertainty when working with SASLIs, especially when the client shares confidential information. The participant questions power relationships during the micro intervention as stated in the following quotation:

Working with a SASLI made me uncomfortable because of client confidentiality, and also who will run the intervention? (Participant 2)

It is the ethical responsibility of social workers to protect client confidentiality (SACSSP, 2023). The attendance of another person will affect the degree of confidentiality during social work micro interventions (Chapple, 2019). Shinde (2016) argues that clients will not be

confident enough to share sensitive information when there are discussions about confidentiality. A participant questioned the SASLI assistance during social work services, irrespective of their vital role in the Deaf community:

SASLIs are a key component in helping social workers assist clients who are Deaf, but I am not confident using them. (Participant 7)

It is, however, important to note that SASLI professionals have, much like social workers, a professional code of ethics (Lucas, 2020), but a discussion of confidentiality at the beginning of the intervention process is essential (Chatzidamianos et al., 2019).

Sub-theme 1.2: Confusion requiring role clarification

Social workers and SASLIs must discuss, ascertain and approve their respective roles at the beginning of the social work micro intervention (McCoyd et al., 2022). An ethical professional social worker is responsible for ascertaining these roles (Nicholas et al., 2015; SACSSP, 2023). There could be role confusion during social work interventions because the clients who are Deaf might give preference to the role of the SASLIs, on the basis of shared language, rather than the role of the social workers. Clients might also be more familiar or comfortable with SASLIs and consult directly with SASLIs outside and/or during social work micro interventions. All parties must know their responsibilities and roles before the onset of a micro intervention.

The following participants mentioned that social workers should have power, and the SASLIs must adhere to their specific roles during communication with the client:

SASLIs should only interpret and not provide counselling or advice to clients. This is the social worker's responsibility, and if social workers hand this power over to SASLIs, um, you could harm your client. (Participant 1)

The role of the SASLI is just a messenger who convey communications and social workers facilitate the process by asking all the questions and should such power be given to SASLIs who is not necessarily trained as a social worker, a lot of damage can be done which are unethical. (Participant 4)

Nicholas et al. (2015) emphasise that social workers have an ethical responsibility to clarify and maintain their professional roles and functions during social work services, and it will be unethical if the social worker does not accept responsibility and relinquishes their power during a micro intervention. It is, however, essential that social workers remain critically conscious of their power and their authoritative position (Dalrymple & Burke, 2019; Pitner & Sakamoto, 2016), use of language as well as of prejudice, inequity and ableism (Mullaly & West, 2018) when practising from an anti-oppressive perspective.

The participants emphasised that social workers and SALIs must adhere to their specific roles and functions, with no confusion during the micro intervention with clients who are Deaf in the following excerpts:

Social workers and SASLIs should stick to their roles and functions. (Participant 7)

Social workers occupy a facilitator and counsellor role during microinterventions and SASLIs should only [be] sending and retrieving information from the social worker to the client and vice versa. There should not be a confusion ... (Participant 3)

One participant emphasised that there should be no confusion during interpreting, and SASLIs should ask the social workers to clarify or repeat the content and not act indiscriminately:

Should SASLIs not understand the social worker's communication. Please! They should ask the social worker to repeat, clarify or explain again. They should not take it on themselves to advise clients. (Participant 6)

Social workers have unique knowledge, skills and techniques which enable them to provide appropriate bio-psycho-social counselling and social relief to clients who are Deaf (Bruno & Iborra, 2022). The expertise of SASLIs is translation and not social work therapeutic micro intervention with people who are Deaf (Lim et al., 2022; Pollock, 2023; Skaaden, 2023). All parties must thus be cognisant of their responsibilities, functions and roles before the social work micro-intervention sessions to prevent role confusion and unethical services.

Social workers and SASLI can use debriefing sessions before and after the social work micro-interventions to improve the therapeutic session and demonstrate respect towards the client. They can communicate their standards of practice, ethical codes and expected roles and functions, and their contractual responsibilities to ensure the privacy (confidentiality) of the client (SACSSP, 2023). Social workers could provide a legal document with terms and conditions to ensure confidentiality, as well as the consequences of contravening these terms and conditions (Lillis et al., 2016). The social workers must explain and communicate the terms and conditions, and all parties must sign the contract when in agreement (Taua et al., 2014). The debriefing sessions must also include a discussion of role expectations; for example, social workers could emphasise that the roles of SASLIs focus only on translation and not on changing the storyline of the client or social worker. The translation of the SASLIs must be unequivocal, and SASLIs must not provide advice or counselling.

Subtheme 1.3: Experiences of being unqualified

Gibson (2014) argues that social workers may doubt their qualifications when they work in an unfamiliar practice field, for example, when they collaborate with clients who are Deaf using the services of SASLIs. Social workers could be embarrassed when they do not acknowledge their limited context-specific knowledge and skills (Gibson, 2014). Three participants shared their experiences of being unqualified when working with SASLIs in the following quotations:

Working with interpreters made me feel I don't add any value to interventions or as if I don't know what I am doing. (Participant 1)

I felt like the social work skills that I have is not needed here. (Participant 3)

I felt out of place because I didn't know whether to look at the interpreter or to look at the client in the intervention. (Participant 5)

The participants felt discouraged because of their lack of training in using SASLIs during social work micro-interventions with Deaf clients. This affected their self-confidence. A participant shared that this experience of being unqualified contributed to emotional stress and influenced the aspiration to collaborate with clients who are Deaf in the following statement:

I was emotionally stressed to the point that I question my ability. I even introspected to say, is it something that I want to do? (Participant 3)

Social workers begin to question their professional skills and abilities, experience emotional stress and develop low self-confidence (Clark, 2020). Social workers perceive themselves as competent from the onset of their careers, but working outside of their comfort zone often challenges them. Social workers must, therefore, be critically conscious of their practice as anti-oppressive practitioners (Pitner & Sakamoto, 2016) and become self-reflexive when they think they are unqualified for a task and experience emotional stress (Ruiz-Fernández et al., 2021). Competent social workers admit their practice limitations and identify areas for personal and professional development (Nicholas et al., 2015). Regular reflexivity will increase the proficiency of social workers providing services to clients who are Deaf, and they will be aware of their need for continuous education in working with SASLIs during micro interventions with clients who are Deaf. This will enhance their social work practice, knowledge, skills and competencies in the context of Deafness (Swinton et al., 2022) and improve self-confidence when using the services of SASLIs during social work micro interventions with clients who are Deaf.

Theme two: Challenges when using SASLIs during social work micro interventions

Social workers can experience significant challenges if they rely on SASLIs during social work micro interventions, and Taylor and Jones (2014) caution that SASLIs can become an obstacle during therapy. This theme underscored challenges such as the inability to establish rapport with clients, access to adequately trained SASLIs and accurate SASLIs interpreting.

Subtheme 2.1: Inability to establish client rapport when using SASLIs

Social workers use specific communication techniques to communicate with clients who are Deaf during social work interventions (James, 2016; Lishman, 2020), but communication is unsuccessful without good rapport. Social workers need specific communication skills to develop rapport, trust and respect with clients at the beginning phase of a social work intervention (Berg-Weger & Birkenmaier, 2017).

A participant mentioned that relationship building with a person who is Deaf is challenging for social workers:

To build relationship with the Deaf was difficult. (Participant 3)

Indirect communication with the client, such as using SASLIs, interfered with the social workers' ability to create a relaxed, welcoming and trusted environment conducive to building rapport:

My issue is not being able to speak directly to the client affects the rapport-building process.
(Participant 4)

Remember a core component of social work is to establish rapport, and if the clients don't know you, it is more difficult to build a relationship because there is a third person there.
(Participant 1)

It's difficult to build an ongoing welcome and trusted environment for the client when the SASLI was there. (Participant 6)

James (2016) suggests that social workers include their clients in selecting appropriate SASLIs to establish rapport with the client. Clason (2019) suggests, in addition, the following when social workers want to develop rapport with clients who are Deaf: acknowledge that the first attempt will feel awkward and uncomfortable; ensure enough time to communicate and connect because people who are deaf invest time and effort in communication; understand that the Deaf listen with their eyes and you only speak when you have eye contact with the client, because eye contact is a sign of respect; use the beginning and end of a conversation as an opportunity for physical and visual contact with the client by smiling, shaking hands and touching their arm (if appropriate). Building a rapport requires skills such as self-determination, cultural appreciation, respect for human dignity and a caring environment. Social workers, not SASLIs, are responsible for building rapport during therapy with a person who is Deaf and communication in the client's language empowers them (Garibay, 2019).

Subtheme 2.2: Challenges to access adequately trained SASLIs

Social workers must ensure that they find available and appropriately trained SASLIs when they plan a micro intervention with clients who are Deaf (Takayama, 2017). This can be a challenge during unexpected client appointments, especially with qualified SASLIs available or when a different SASLI, unfamiliar with the case, is available during a follow-up session (Hall et al., 2019). Social workers must then use informal interpreters, such as family members, for sign language during micro intervention, as illustrated in the following quotations:

The challenge is when you're planning for the microintervention, you include the interpreter and sometimes tomorrow you might not get the same interpreter, which is challenging.
(Participant 3)

Social workers often have insufficient time to locate and appoint appropriately trained SASLIs when clients request unplanned services at organisations for the Deaf (Kester et al., 2021). This interrupts services to these clients (Hsieh, 2015). It is, however, essential that social workers identify a designated SASLI during micro-intervention planning. This will decrease anxiety and the extra responsibility to acquire another trained SASLI, or to orient a new SASLI in the case. It is beneficial for the social worker to use the same SASLI, because both are familiar with the respective processes and expectations during social work micro interventions. Our findings indicated that it was not always possible to have the same SASLI for follow-up sessions and the social worker must sometimes rely on family members for translation because of different SASLIs being available for sessions and their limited skills in sign language, as illustrated by the following:

When clients just show up at the office, it is challenging to find trained interpreters immediately because they are not always available at that moment. Then we use hearing family members to interpret. (Participant 6)

Rimmer (2020) argues, however, that it is detrimental to use family members as interpreters. Their interpretation may lack accuracy because of incomplete or altered information, or limited knowledge and skills. The communication may be flawed, and they might not fully understand the need for confidentiality, potentially leading to inaccurate interpretation procedures.

Subtheme 2.3: Challenges with the accurate SASLI interpretations

It is of utmost importance to have a qualified SASLI facilitate communication during social work micro interventions with clients who are Deaf. This is a prerequisite when social workers do not understand and/or speak basic SASL. Social workers must promote a trusting relationship with SASLIs (Napier & Banna, 2016). Despite this, the SASLI interpretation is not always accurate (Lucas, 2020).

The participants questioned the reliability of the translations in the following comments:

Um, I don't know if I am getting the full information, and I am not sure if the interpreter is telling the client what I'm saying. (Participant 1)

As a social worker, you don't even know the interpreter is transferring the right information. (Participant 3)

Sometimes you are not sure whether the interpreter is saying the right words you are saying to the client, because we do not know sign language. (Participant 5)

The time-consuming process of interpretation influences the reliability of the information, as indicated by the following participant:

Vital information gets lost because the interpretation takes time. (Participant 1)

A participant distrusted the translations by SASLIs because she noted that clients provided short responses to longer questions:

Sometimes I ask a longer question and the interpreter only interprets that question in a few words. Even when the client is responding to the question, it is off the topic. (Participant 2)

Another participant additionally questioned the SASLI interpretation after the response of the client when telling a joke to make the client feel at ease:

When I make a joke to relax the client, I feel the interpreter interprets the joke incorrectly because the client will only look at me, then I know the client does not understand. (Participant 3)

It is, however, important that SASLIs are proficient in interpreting and have language skills and ethical integrity (Bontempo et al., 2014; Singleton et al., 2015), and a participant emphasised SASLIs' training and qualifications to ensure trustworthy translations during social work micro interventions:

A person can say, yes, I am an interpreter but what are you basing that on? You need to base it on the interpreter's qualifications and training, to trust the interpretation. (Participant 1)

This finding resonates with a point made by London et al. (2020), who argue that simply knowing sign language does not produce a qualified, trained and trusted SASLI in the Deaf community. SASLIs are not only responsible for meeting the clients' needs, but also for understanding their professional responsibilities (Kortesalo, 2015). These responsibilities focus on accurate, culturally sensitive interpreting skills (Abou-Abdallah & Lamyman, 2021). Social workers have an ethical responsibility towards clients who are Deaf. It is thus important that SASLIs adhere to an ethical code of conduct and social workers enquire about the training, qualifications and experience of SASLIs in social work contexts. This will ensure an ethical and reliable interpretation for clients who are Deaf.

The findings from the participants also allow recommendations to be made to improve social work services to clients who are Deaf, as illustrated in the following theme.

Theme three: Recommendations to improve social work services to clients who are Deaf

The participants of this study recommended that social workers must have continuous education and training to promote their knowledge, skills, values and standards for ethical generalist practice to support oppressed and marginalised populations, such as the Deaf community (Hoefer, 2019). Professionals working, or intending to work, in Deaf communities must have knowledge and be culturally sensitive to the Deaf culture and identity (Becker, 2016). Practitioners must be critically conscious during their practice (Pitner & Sakamoto, 2016) and acknowledge the influence of power and language as posited in anti-oppressive social work theory (Dalrymple & Burke, 2019; Mullaly & West, 2018). Professionals will then perceive Deafness as an element of the client's identity rather than a phenomenon from which the client 'suffers', and acknowledge that access to the 'hearing world' is a human right. Social workers are mindful of the Deaf when the person who is Deaf participates in decisions and implementation of ethical practice standards (Dunn & Andrews, 2015; Mullaly & West, 2018; Webster, 2017).

Subtheme 3.1: Inclusion of SASL in the social work curriculum

Language is an essential principle in anti-oppressive social work practice, and SASLI in social work curricula will assist with effective anti-oppressive practice for the Deaf community (Mullaly & West, 2018; Slayter & Johnson, 2023). Sign language education, advocacy and collaboration will ensure social justice and equal opportunities for people who are Deaf (Badwan, 2021). The participants recommended the integration of SASL at Higher Educational Institutions (HEI), especially in the academic and practice curricula of social work students for better preparation and independent functioning from SASLIs in Deaf communities:

They (educational institutions) need to include sign language as part of their social work practice modules. (Participant 3)

All social work educational institutions must make sure that all their students are learning sign language so that we have an idea how to speak and maintain the relationship. (Participant 4)

The International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW), cited in Ioakimidis and Sookraj (2021), recommend sign language training in social work curricula. Only two universities in South Africa provide SASL modules. The University of Witwatersrand Language School has short courses in sign language, and the University of Free State has a sign language qualification at the Faculty of the Humanities (Joubert, 2022).

Education in SASL will contribute to better relationships with clients who are Deaf (Morgan et al., 2016). Training in SASL aims to improve the self-confidence of social workers during microinterventions, reducing the likelihood of experiencing negative situations or challenges, as discussed in themes one and two. The feedback from the participants supported this:

... learning sign language and thus becoming confident to work with SASLIs... (Participant 5)

Social work educational institutions need to start preparing future social workers to be competent in sign language so that they can learn sign language while still on university, to learn the basic and to become confident to work with the Deaf and SASLI. (Participant 5)

James (2016) and Gugenheimer et al. (2017) suggest basic sign language skills. Teaching sign language in social work modules will facilitate communication between social workers and Deaf clients, eliminating the need for SASLIs during interventions (Daphne & Piazza, 2020). Sign Solution (2023) concurs with these recommendations, but cautions social workers not to disregard the expertise of SALSIs. Social work training in SASL can be an additional resource to improve relationships with SALSIs and clients who are Deaf.

Social workers must not only focus on language during their practice but also on personal, structural and cultural oppression (Mullaly & West, 2018). Their services to the Deaf community must, therefore, be culturally sensitive, as indicated in our findings.

Subtheme 3.2: Culturally sensitive social work to clients who are Deaf

Professionals will experience uncertainty and be hesitant to communicate with people who are Deaf during the first meeting without sufficient cultural knowledge about the Deaf community (Musau, 2021). Professionals can only provide effective services to clients who are Deaf when they are culturally sensitive and conscious about Deafness (Emond et al., 2015), as mentioned by the following participants:

It is important to conduct cultural sensitive services to clients who are Deaf. (Participant 2)

Social workers should have cultural knowledge before working with the Deaf... (Participant 3)

Both workers and SASLIs need to understand the distinct language and social norms of Deaf culture, which differ from those of hearing cultures (Leigh et al., 2020), as mentioned by the following participants:

Both social worker and interpreter must be aware of the culture of the Deaf clients before working with them. (Participant 2)

Social workers and interpreters must have access to Deaf culture and understand Deaf identity because if you render service that does not meet Deaf clients' context, they will leave. (Participant 3)

Social workers must have prior knowledge of Deafness to eliminate practical, linguistic, cultural and relationship barriers, which will result in early termination by clients who are Deaf during social work microinterventions (Barsky, 2021) as indicated by the following participant:

Social workers must update their knowledge on Deafness to be culturally ready to work with Deaf clients. (Participant 6)

Social workers and SASLIs will provide culturally sensitive services to the person who is Deaf, if they are critically conscious of Deafness as a valued component of the client's identity (Ahmadi et al., 2017; Baldrige & Kulkarni, 2017; Glickman, 2019). Culturally sensitive practice additionally embraces ethical standards and contributes to better experiences for clients who are Deaf (Dunn & Andrews, 2015), as discussed in the following sub-theme.

Subtheme 3.3: Ethical standards of social workers and SASLIs during translation to improve clients' experiences

Social workers practice ethically if they maintain standards and ensure efficient translation services to clients who are Deaf (Beckett et al., 2017). Clients who are Deaf have clear expectations (Devlieghere & Gillingham, 2021), and Granger and Baker (2014) recommend role clarification and ethical transparency, which are essential for disclosure of information, as well as affirmation of the goals, expectations, responsibilities and rights during micro interventions.

Participation of the person who is Deaf in the selection of a SASLI is crucial to ensure an inclusive and trustworthy environment during the a micro intervention, as indicated by the following participant:

Make sure the client feels inclusive by allowing the client to choose a male or female interpreter, to ensure the environment is appropriate for the social work situation. (Participant 7)

Chesterman and Wagner (2014) argue that clients who are Deaf must participate in the selection of female or male SASLIs. Social workers can empower clients who are Deaf during such a process; for example, women with experiences of sexual violence or gender-based violence can select a female rather than a male SASLI (Mengesha et al., 2018). Ethical standards are crucial for a tranquil, inclusive and trustworthy environment where social

workers can develop good rapport with clients who are Deaf (Ward et al., 2018). The following participants alluded to the micro-intervention environment:

Make sure the client is comfortable with the presence of an interpreter in the session when social work services are rendered. (Participant 2)

Introduce all present to create a relax environment and then explain what is going to happen during the intervention and the role of the social worker and SASLI. (Participant 4)

Social workers and SASLIs must be critically conscious about the power of language and the context in which they use language, as proposed in anti-oppressive practice (Mullaly & West, 2018; Slayter & Johnson, 2023). The following participant alluded to the use of the person's home language:

Allow the client to use their home language to communicate without any barriers. (Participant 7)

Social workers must ensure that sign language represents the emotions, memories and dignity of the client who is Deaf (Costa, 2020) and that the SASLIs interpret this correctly. SASLIs must maintain the original meaning of words/sentences, but rephrase idioms, colloquialisms and other culturally specific references according to the conventional language of the clients who are Deaf (Raanes & Berge, 2017). Ferguson (2018) suggests that social workers need to be patient and provide ample time for SASLIs to hear, comprehend and dissect challenging social work terminology to circumvent impulsive decision making and frustration, resulting in costly mistakes and poor intervention outcomes. SASLIs require three to five seconds to dissect challenging social work terminology before content interpretation (Englund Dimitrova & Tiselius, 2014). The following participant indicated the importance of allowing sufficient time and the need for explanation of social work terminology to SASLIs:

Give plenty time for the interpreter to break down difficult social work terminologies into simple terms for the client to understand. (Participant 7)

Most social workers serving the Deaf community do not have training in SASL and rely on SASLIs. Social workers are unfamiliar with the assistance of SASLIs during services to people who are Deaf. Our study with social workers providing micro interventions found they experienced feelings of helplessness, uncertainty and discomfort, confusion with role clarification, and a sense of being unqualified. The social workers experienced challenges when using SASLIs, such as the inability to establish rapport with clients who are Deaf, access to adequately trained SASLIs and accurate SASLI interpretations. These social workers recommended SASLI inclusion in the social work curriculum, culturally sensitive social work with people who are Deaf and appropriate ethical standards during interpretation for social workers and SASLIs.

RECOMMENDATIONS

Recommendations for social workers communicating with people who are Deaf

We recommend social work training in sign language, finger spelling and lip-reading skills before providing services to the Deaf community. This will ensure effective communication and appropriate social work services. Social workers must ensure that the client is attentive by tapping appropriately on their shoulder or waving their hands in the client's visual field. The social worker must thus be in the visual field, ensure eye contact, use short sentences, and rephrase misinterpreted ethical and important points during communication. It is also crucial to ensure silence and a well-lit working environment when providing services to clients who are Deaf. Social workers must be cognisant of the fact that clients who are Deaf will not be able to see their facial expressions and lip movements when they stand in front of a bright light. Clients with hearing aids, lip-readers or sign language must see and hear the conversation, and all the parties must ensure appropriate distances and rotation during talking.

Recommendations for social work organisations providing services to the Deaf community

Social workers must be critically conscious to ensure social justice, equity and inclusion without any oppression during their practice with people who are Deaf, as proposed by anti-oppressive social work theory. They must acknowledge their areas for personal and professional development and training, specifically about people who are Deaf, working with SASLIs and sign language. This will empower them, enhance their self-confidence and competence, and inspire them to undertake continuous development. We recommend supervision sessions to evaluate their practice and ensure they are ethically transparent.

Recommendations for participation from the Deaf community in social work services

We recommend participation from the client who is Deaf in the selection of SASLIs for social work sessions, as proposed by anti-oppressive practice. Social workers could consult with the Deaf community for recommendations if there is any ambiguity about accredited SASLIs.

Recommendations for effective social work and SASLI microintervention for people who are Deaf

The social worker, SASLI and client must have an official, agreed-upon and signed contract stipulating roles, responsibilities and confidentiality. We recommend micro social work sessions lasting 40-60 minutes, depending on the client's level of understanding, to prevent exhaustion and distractions of SASLIs and clients. Social workers and SASLIs should prepare for micro-intervention sessions with clients who are Deaf by clarifying their roles, functions and ethical boundaries in advance. Additionally, social workers and SASLIs must maintain critical consciousness and hold specific sessions to reflect on service quality, including power relations, appropriate language, client participation and ethical guidelines.

Recommendations for social work organisations providing services to the Deaf community

We recommend sign language training at organisations providing services to the Deaf community. Organisations could develop a policy for continuous professional development training and include the recent developments in sign language cues and dialect in the training.

The organisations must also ensure that accredited SASLIs assist social workers with social work services to the Deaf community. These SASLIs need training in social work principles, techniques and concepts to provide efficient services to people who are Deaf. Social workers and SASLIs must adhere to standardised codes of ethics during their micro-intervention and other services.

We recommend that social work organisations follow the anti-oppressive practice principles and be critically conscious of power and their use of language during their practice with people who are Deaf to ensure social justice and equity.

Recommendations for social work higher education institutions (HEIs)

The findings of our research suggested social work training in sign language for culturally sensitive social work services to clients who are Deaf. We recommend that the social work curricula include sign language training in their theory and practice modules.

We recommend that HEIs familiarise students with Deaf culture and provide opportunities for practice education at organisations for the Deaf, where they can develop skills in providing services to the Deaf community and working with SASLIs. We also recommend the inclusion of critical social work theories such as anti-oppressive and anti-discriminatory theory in social work education at HEIs to ensure social justice, equity and inclusion of marginalised individuals and communities.

Recommendations for future research

It was evident in our study that there is limited research and literature on social work using the services of SASLIs when providing services to people who are Deaf. We, therefore, recommend research on the experiences of SASLIs when interpreting for social workers during social work interventions. This will provide information to improve the interpreting services to clients who are Deaf. We also recommend research on the experiences of clients who are Deaf on the participation of SASLIs during social work services to improve social work services for this population when using SASLIs.

We recommend additional research on social workers using SASLIs in providing services to the Deaf community. This research could be context-specific, for example, when providing statutory services or when social workers use SASLIs when the clients' situation requires sensitivity and prescribed confidentiality, for example, in certain medical conditions such as HIV/Aids.

We recommend research with social workers on their practice with the Deaf community to provide information on best practices and/or limitations in social work services. We also think that research with the Deaf community on their perceptions, experiences and expectations of social work services could be valuable and contribute to culturally sensitive social work services to people who are Deaf

CONCLUSION

The acceptance of SASL as an official language in the South African context necessitates changes in social work services to people who are Deaf. People who are Deaf experience marginalisation and stigmatisation on various levels in society. The social work profession aspires to eliminate the societal structural barriers contributing to inequalities, discrimination, exploitation and oppression (IFSW, 2014). Anti-oppressive social work practice must ensure social justice, equity and inclusion (Dalrymple & Burke, 2019) without personal, structural and cultural oppression (Mullaly & West, 2018). It is, therefore, of the utmost importance that social workers do not contribute to the oppression and stigmatisation of people who are Deaf during their practice. Social workers must ensure that they remain critical conscious during their practice to reflect on the degree of power (Dalrymple & Burke, 2019; Mullaly & West, 2018), use of language (Slayter & Johnson, 2023), and ensure the participation and empowerment of people who are Deaf (Mullaly & West, 2018). Training in SASL or relying on SASLIs can ensure this. Our study focuses on the experiences and challenges facing social workers using SASLIs during micro interventions to people who are Deaf, and makes recommendations accordingly. It provided valuable information for effective, culturally sensitive and equitable social work services to the Deaf community.

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AUTHOR BIOGRAPHY

Peter Koeras was a Master's student when he completed the study in 2024. He conceptualised the study and collected the data, and he interpreted the findings in collaboration with his supervisor. He is currently practising as a social worker.

Ronel Davids is a Senior Lecturer at the University of the Western Cape, South Africa. Her fields of specialisation are in the field of Deafness and sign language in social work and social work education. She supervised the student from 2020 to 2024 and assisted with the final writing and editing of the article.