DO YOU SPEAK ENGLISH?

A study on Access to Interpreter Services in Public Social Welfare Offices in Ireland

Crosscare Information and Advocacy Service

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01. EXECUTIVE SUMMARY AND RECOMMENDATIONS

Diversity and integration are begining to feature more prominently in current discussions by the Irish Government, policymakers, and the general public. With a notable increase in the number of immigrants in the 2016 Census, there is a sense that the Irish community is becoming more diverse. Travel and tourism are growing, and more people from different countries are choosing to live in Ireland long term. With a strong inward migration pattern in Ireland since the Celtic Tiger, migrants from many diverse countries have been living and working in Ireland, and contributing to the overall Irish economy. Free EU movement and trade are strongly valued benefits of the European community and have allowed Ireland to compete in international markets, attracting significant foreign direct investment. The more recent humanitarian crisis in Southern Europe, following mass migration from conflict in Middle Eastern and African countries, has seen pledges from most EU countries to relocate and resettle migrants and refugees.

The challenge set before us is to embrace the diversity of languages and cultures that many people and migrants enjoy. How we embrace this diversity is apparent through our approach to policies affecting people with diverse needs.

The Office for the Promotion of Migrant Integration (OPMI) is responsible for the Irish Refugee Resettlement Programme and the development of integration policies across all government departments and services. In coordination with many stakeholders, the OPMI developed the Migrant Integration Strategy (2017-2020), which sets out plans for public services to develop policies and actions to achieve a high level of integration and support for migrants living in Ireland.

Public services are often the first point of contact for migrants when seeking employment in Ireland, and are essential to the transition and settlement of migrants into the community. Crosscare Information and Advocacy Services (CIAS) meets with many of these people as they arrive in Ireland, as well as those who have been residing here long term. The CIAS provides information and advocacy in the areas of social welfare, housing and immigration, including several weekly clinics that assist with queries by offering interpreters of different languages. In this work, the CIAS identifies the need for providing spoken language interpreters for people with language support needs and who wish to avail of public services and entitlements. This research has been conducted on the basis of this need and to assist the CIAS and other NGOs in their advocacy work with the Department of Employment Affairs and Social Protection (DEASP).

The report explores the extent to which the DEASP's Customer Charter & Customer Action Plan, 2016-2018 policy to provide interpreters for customers on request is implemented and accessed by customers. The research was conducted through a survey (questionnaire) of Crosscare clients with language support needs, and a series of interviews with volunteer interpreters, advocates and professionals both in Dublin and two other regions. Statistical data was extracted from Crosscare's language clinics and from the DEASP. Literature, including policies, legislation and relevant research, was examined in the context of interpreter service provision and the relationship to this research. The research identifies the contributing factors to the experience of DEASP customers and advocates in the evaluation of the DEASP's policy. These factors are

categorised into eight themes: awareness, need, promotion, access, quality and training, consequences of inaccessibility, benefits, and evaluation and recommendations.

The evidence shows a gap in the awareness of, and access to, interpreter services by customers with language support needs. There is strong evidence that non-governmental organisations (NGOs) are also unaware of the availability of interpreters in Intreo offices, and, where they are aware, they are generally unable to advocate for access to interpreters for their clients with any success. NGOs are providing alternative responses to the need for interpreters by recruiting volunteers or contractors, at the expense of their limited resources. Requests for interpreters coming directly from customers are not recorded by the DEASP. Records only include requests from specific divisions, such as medical assessment referral and the Social Welfare Appeals Office. Contractors are also comissioned from companies that are not required to ensure recruitment of appropriately qualified professional interpreters, as the interpreter industry is not regulated in Ireland. Therefore, the quality, privacy, confidentiality and professionalism of contracted interpreters cannot be assured for DEASP customers.

This research has provided clear evidence that the current DEASP policy to provide interpreter services for customers on request is failing. It outlines an identifiable need and demand from customers for interpreter provision, as outlined in Dublin and two other regions. Interpreter provision policy, if it is to succeed, must be founded on supporting guidelines, training, quality assurance, monitoring and evaluation. The learning from this study offers the following recommendations to support the effective implementation of interpreter provision policy in DEASP and across the broader public services that provide language support.

Recommendations

Key recommendation: The Government must ensure that interpreter service provision across all Departments is:

- Consistently provided with standard signposting and advertising of the service within all relevant public offices
- Professionalised to a high quality standard, with interpreters suitably trained in or familiar with the subject matter area. This would best be achieved through a system of accreditation such as the Diploma in Public Service Interpreting in the UK
- Adequately regulated, in particular around data protection, GDPR compliance and client confidentiality. This would be be acheived through an offical body that regulates a register of accredited interpreters.

Within the DEASP:

1. Drive forward committment to Action 18 in the Migrant Integration Strategy 2017-2020 for the development of an interpretation model and best practice guidelines in order to facilitate equality of access.
2. Establish the needs of customers for language support by conducting a customer satisfaction survey targeting these customers (Actions 18 and 24).
3. Train all frontline officers to promote the use of the interpreter service and in making customers aware of the service at all interactions (Actions 16 and 23).
4. Train all frontline officers on how to work effectively with interpreters, including training on cultural diversity and sensitivity (Actions 23, and 61).
5. Promote intepreter services with information leaflets in different languages made available and visible in Intreo offices, on the website in a user-friendly format, and for other organisations and services that refer customers to the DEASP (Actions 15, 19 and 24).
6. Monitor and evaluate access to interpreter services with customers, develop an adequate recording method to identify demand and needs to help ensure quality service provision and access.

02. CROSSCARE INFORMATION AND ADVOCACY SERVICES – LANGUAGE CLINICS

Crosscare Information and Advocacy Services (CIAS) works with people from over 120 countries and supports them with diverse needs. It provides information and advocacy for people seeking assistance with social welfare, housing- and immigration-related matters. Many are helped to access services and entitlements from the Department of Employment Affairs and Social Protection (DEASP). The service provides interpreter clinics for people with language support needs, with the assistance of volunteer interpreters.

The DEASP provides some of the most important services for migrants and includes a policy within its Customer Charter & Customer Action Plan to provide interpreter services for customers on request. In working extensively with people with language support needs on access to social protection, the CIAS noted limited access to interpreter services within local social welfare offices, despite this policy. The CIAS conducted research to identify and demonstrate the need for accessible and adequate interpreter service provision within the services of the DEASP.

The CIAS comprises of three unique services: Crosscare Housing and Welfare Information, Crosscare Migrant Project, and Crosscare Refugee Service. Combined, the three services provide 10 language clinics per week, which run for three hours each, providing information and advocacy, with the assistance of volunteer interpreters in four languages: Polish, Roma/Romanian, Chinese and Somali. Crosscare Housing and Welfare Information service operates the Polish and Roma clinics, the Refugee Service operates the Somali clinic once a week and the Migrant Project operates the Chinese clinic once a week. These combined clinics receive an average of 50 clients per week, with 20+ clients being turned away when the clinics are full.

Many of the migrant client queries relate to social welfare, which involves providing information on services and entitlements, and where necessary, advocacy for resolving issues with claims, reviews and appeals. The CIAS has identified, through casework, clients who are not accessing interpreter services that should be available at Intreo offices. This lack of awareness of the DEASP service is a concern.

03. RESEARCH OBJECTIVES

The concerns of the CIAS on the accessibility of the interpreter services in Intreo offices form the basis for the objectives of this research. The aim of the research is to answer the following question:

To what extent are migrant customers with language support needs appropriately accessing interpreter services in Intreo offices?

From a deductive theoretical approach, based on the experience of the Crosscare Information and Advocacy Services (CIAS), the research provides evidence of a lack of awareness and a denial of access to interpreter services.

Therefore, the deduction from the outset of the research is:

Many migrant clients with language support needs are both unaware of the availability of interpreter services in Intreo offices and are not accessing them.

It is important to establish the demand and need for migrant customers to access interpreter services, as this information is not publicly available from the DEASP, which suggests that it is not being collected from these customers. The Department of Employment Affairs and Social Protection (DEASP's) Customer Charter and Action Plan, 2016-2018 contains a policy to provide interpreter services for customers on request. This research aims to test the implementation of this policy on the promotion, the demand, the uptake, the quality and the evaluation of its interpreter services.

The collection of data from Crosscare's Information and Advocacy Services, and external sources, provides a detailed snapshot of migrant customers of DEASP that will inform the Department and its services of the efficacy and effectiveness of the provision of its interpreter services. The data analysis will form a tool to the Department in reviewing access to, and the quality of, its services, while simultaneously developing our knowledge of migrant customers' needs in wider public services.

04. AN OVERVIEW OF MIGRANTS AND INTERPRETER SERVICES IN IRELAND

Ireland's 2016 Census revealed that 13% of the resident population speaks a language other than English or Irish at home, with more than 18.4% of the population in the Dublin region reporting the same. Of this group, 83% reported that they spoke English well or very well, while 14.2% reported that they spoke English either not well or not at all (Gilmartin and Dagg, 2018).

The migrant population has a higher labour force participation rate at 73.9%, compared to the Irish population at 59.5%, mainly because the majority are of working age (Gilmartin and Dagg, 2018). Non-EU nationals are also reported to have higher rates of at-risk of poverty and consistent poverty (46% and 12% respectively), compared to 16% and 7.9% for Irish nationals respectively (Gilmartin and Dagg, 2018).

Department of Employment Affairs and Social Protection (DEASP) – Interpreter Provision Policy

The Department's Customer Charter & Customer Action Plan 2016-2018 sets out the policy on provision of interpretive and translation services.[1]

"The Department's Customer Charter and Action Plan 2016 – 2018 sets out the Department's commitments to providing a professional, efficient and courteous service to all customers.

Specific commitments are included relating to the provision of interpretive and translation services and the provision of information in alternative formats such as Braille or Audio.

The following services are provided to customers where required:

- A translation service for documents required in relation to a claim.
- A language interpretive service provided by 3-way phone conversation.
- A face to face service, where an accredited language interpreter attends in person, to facilitate customer/staff interaction.
- A Sign Language Interpreter to facilitate customer/staff interaction.
- Written information or application forms in Braille, Audio or Large Print.

If you require any of the services outlined above, please contact your nearest Intreo Centre, Local or Branch Office or the office dealing with your claim. Department staff will assist you in accessing the required service.

The Department welcomes feedback and suggestions from customers on ways in which we can improve service delivery."

1. http://www.welfare.ie/en/Pages/Intreo.aspx

The provision of "accredited" interpreters for non-English languages can be provided through 3-way phone conversation or by face-to-face service. Customers are advised to contact the office dealing with their claim, if they require the interpreter service. This information is not currently provided in Intreo offices in any format, such as leaflets or posters. According to the DEASP website, Intreo is a single point of contact for all employment and income supports, that is designed to provide a more streamlined approach, offering practical, tailored employment services and supports for jobseekers and employers alike.[2] The website's purpose is not met for customers with language support needs.

The following timeline tracks the development of interpreter provision policy from a sweep of DEASP annual reports.

Customer Charter and Action Plan 2016-2018, Interpreter provision policy

2001-2004
2001 – the need for the provision of translation and interpretive services is examined; a telephone interpreter service is piloted in a number of offices from late 2001
2002-2004 – a telephone service starts to be installed in offices across the country
2004 – The Annual report notes that the service will be subject to ongoing quality review, to ensure that it addresses the needs of customers and staff.
2006
Dail Debate, 14 November – the minister is asked about information packages on welfare entitlements available in foreign languages for migrant communities living in Ireland
Response – "[I am] very conscious of the increasing number of social welfare customers requiring access to services for whom English is not their first language or where their English is not of a high standard. Every effort is made by my Department to facilitate these customers by providing relevant information in a number of languages on the Department's website and by arranging an interpretation service as necessary."
Also mentioned plans for interpreters to be present on certain days in social welfare offices, initially in two offices, with ongoing monitoring, and extended to other offices if deemed necessary
2007-2009
2007 – 30 offices across the country are provided with a telephone interpreting service
2008-2009 – 65 offices have a service available to them
2010
A telephone interpreter service available in all local and branch offices, with the exception of one

2. http://www.welfare.ie/en/Pages/Intreo.aspx

Over 450 language interpretations provided – 125 3-way phone interpretations, 15 sign language interpretations
2011-2013
2011 – 409 interpretations are provided
2012 – 547 customers are provided with an interpreter
2013 – 500 customers are provided with an interpreter
2014-2015
2014 – over 500 customers are provided with an interpreter
The development of a new translation and interpretation app allows staff to submit paperless requests for services online to the Information Section. This is developed to speed up processing times and streamline administrative procedures
2015 – almost 700 customers are provided with an interpreter
Report notes that the app had modernised and streamlined the process of requesting translation and interpreter services. Also improved effectiveness and efficiency of provision to their customers.
2015- Department publicised availability of interpreter service prominently on their website to raise customers' awareness.
2016
Almost 1,200 customers provided with interpreter service including language, audio and Braille.

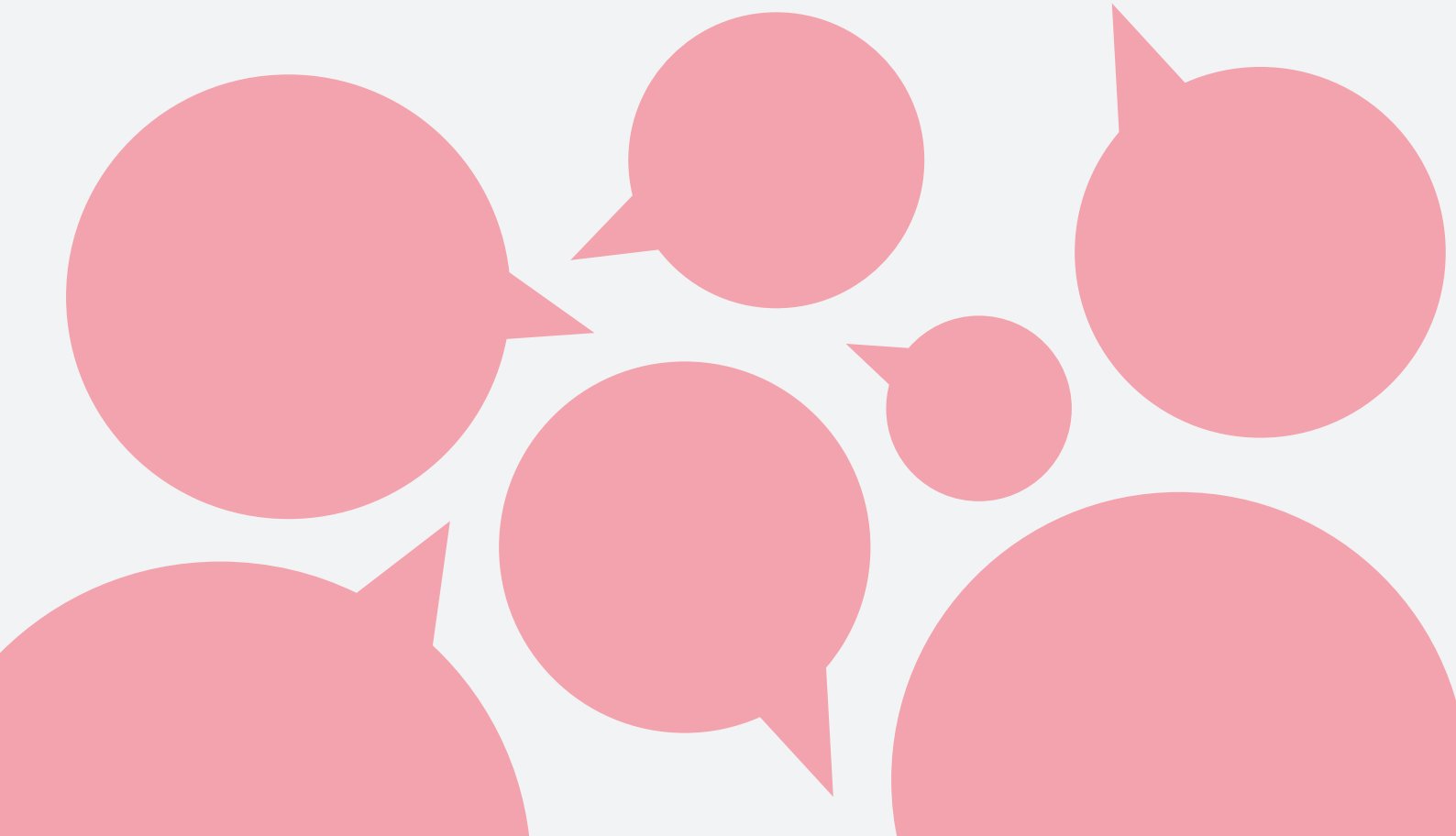
Notably, the development of interpreter provision policy spans 18 years to date. However, information is not available from the Department on customer-based language support needs through customer surveys or the collection of requests from customers for interpreters. Therefore, the policy does not appear to be evidence based, nor is there any reference to quality assurance of contractor procurement.

The DEASP has produced two customer charter and customer action plans, one from 2013-2015 and one from 2016-2018. Principle 2 – Equality/Diversity (from the first action plan) states that the Department will ensure the rights to equal treatment established by equality legislation, inclusive of ethnicity. It also states that the Department will identify and work to eliminate barriers of access to services for people experiencing poverty and social exclusion. Under this principle, the Department states that it will provide interpretive and translation services to meet customer needs.

The Customer Charter & Action Plan 2016-2018 expands on commitments to customers about the level of service they can expect when contacting or visiting the Department. It commits to treating customers equally, with courtesy and respect, to informing customers of their rights, entitlements and responsibil-

ities, to ensuring its services are fully accessible, and to providing translation and interpretive services, as required. This edition also adds a further principle: "Information and Privacy", in which the Department states it will take a proactive approach to providing information that is clear, timely and accurate, is available at all points of contact, and meets the requirements of people with specific needs. Within this principle, it states that requests for information in alternative formats or languages will be facilitated.

These developments within the Department are separate to the development in other public services. A review of these broader developments can enhance the overview of the intepreter service provision practices across public services and the development of best practice.



05. GOVERNMENT-WIDE POLICY AND PRACTICE IN INTERPRETER PROVISION

Health Services

The Health Service Executive (HSE's) National Intercultural Health Strategy 2007-2012 outlines the aims and priorities of the HSE to facilitate the inclusion of people from diverse backgrounds into all facets of the Irish health system. The strategy acknowledges the "need for the provision of a culturally competent health service that is respectful of, and responsive to, the cultural and ethnic diversity of service users". The strategy states that this is intrinsic to quality and effective service delivery and highlights the need for appropriate intercultural training and support for staff.

The HSE strategy states that urgent attention is required for the provision of accessible information to service users, alongside the availability of interpreter and translation services. It also notes that the provision of a standardised, high-quality interpreter service is an example of a targeted action, aimed at supporting equal access to health services. It recommends a thorough audit and evaluation of existing interpreting services, examining their effectiveness to take place, in order to inform the nature and design of a national interpreter service.

The strategy notes that a lack of accessible information has a direct impact on the ability of service users to understand entitlements, access health services appropriately, navigate their way through services, make complaints or requests, and enjoy optimal health outcomes. It also observes that service providers are unsure about the rights and entitlements of service users, which causes further barriers to their accessing services. It also mentions literacy levels, issues with form-filling, and comprehension as playing a significant role in deterring migrants from accessing services.

Consultations with service users prior to this strategy revealed much distress in relation to engaging with HSE staff, and a perception that service users felt that they were a source of frustration for staff. Service users also mentioned a sense that their complaints were not fully understood or accurately diagnosed and treated. Furthermore, staff noted similar feelings of frustration and helplessness in situations where communication was problematic due to a language barrier.

The HSE strategy notes that the the use of family members and friends as interpreters was commonly reported by service users during these consultations. It also states that this use of informal interpretation raises several serious issues surrounding privacy, confidentiality, informed consent, and empowerment. In line with international guidelines, it argues that informal interpretation should be discouraged, except in extreme and emergency situations. It states that there is a clear demand for a professional interpreter service to be made available to address these issues.

The strategy concludes that the provision of interpreter services at that time within the HSE was available on a patchy and fragmented basis across the country, with little knowledge around its quality, effectiveness, appropriateness or user/provider satisfaction.

It finds pressing reasons for action around the provision of an evidence-based, standardised interpreter service, which uses trained and accredited interpreters who are registered and regulated. It also notes that this must accompany appropriate staff training by service providers who will use this service, alongside information that is available and communicated to minority ethnic communities, so that they are aware of the supports available to them.

Following the strategy, a set of guidelines was produced for HSE professionals: On Speaking Terms, to support good practice in the provision of interpreting services. These guidelines provide clear, precise and straightforward advice for staff on accessing and working successfully with trained interpreters. It states the importance for both staff and patients to use professional interpreters, as they are neutral, independent, and accept the responsibility of keeping all information confidential.

The guidelines also state that the HSE has a duty under legislation, The Equal Status Act 2000, to ensure that information and services are accessible to all. This includes the duty to ensure that services accessible to the majority community are also available to members of minority ethnic communities, and that failure to provide interpreting facilities in relation to service provision, when it is known that there is a language barrier, could be construed as unlawful racial discrimination.

The guidelines advise that interpreting services should be monitored and evaluated, and the cost, usage, frequency, session duration, mode of session and feedback from staff who have used the service should be reviewed on an annual basis.

Nine years later, a new study emerged on implementing a national model of trained interpreters in the Irish healthcare system (MacFarlane, 2018). The conclusions focus on awareness-raising on the risks of non-professional interpreters, the implementation of policy levers supporting adequate interpreter service provision, and most significantly, to "[d]evelop[ing] a model for step-wise changes to the education, accreditation and employment conditions for trained interpreters to increase knowledge about how to improve the supply of trained interpreters in Ireland" (MacFarlane, 2018:19).

Legal Services

The European Convention on Human Rights Act 2003 provides defendants with the right to an interpreter in Garda stations and in criminal court cases (ITIA, 2011). Directive 2010/64/EU of the European Parliament and of the Council on the right to interpreters and translation in criminal proceedings came into effect in 2013 (ITIA, 2014).

The Irish Human Rights and Equality Commission's (IHREC) Public Sector Equality and Human Rights Duty is a legal obligation for all public bodies in Ireland. It originated in Section 42 of IHREC's founding legislation, the Irish Human Rights and Equality Commission Act 2014. It places the responsibility on all public bodies to promote equality, prevent discrimination, and protect the human rights of their employees, customers, service users and everyone affected by their policies and plans.

DEASP's website hosts a presentation on Public Sector Equality and Human Rights Duty that was presented

by IHREC to the Social Inclusion Forum in May 2018.[3] It gives examples of tools for change in relation to commitments made in the Migrant Integration Strategy that relate to the Public Service Duty. Examples included delivering "Information to migrants in language appropriate formats" as well as providing "Ongoing intercultural awareness training for all front line staff".

Intreos, as public bodies, fall under this duty, and are therefore obligated to promote equality of opportunity and treatment to their customers. The provision of interpreter services to customers who are not native-English speakers and require assistance satisfies the DEASP's obligation under this duty.

Integration Services

The Department of Justice and Equality launched the Migrant Integration Strategy (2017-2020) as the Government's response to the challenge of promoting integration in a context of increased diversity. Its aim is to enable migrants or people of migrant origin to participate on an equal basis with those of Irish heritage, and to identify and address the barriers that are preventing this from happening.

The strategy sets out actions to be taken by all government departments, including the DEASP, and it attempts to communicate that successful integration is the responsibility of Irish society as a whole, and will require action by Government, public bodies, service providers, businesses, non-governmental organisations (NGOs) and local communities. It focuses on ensuring that mainstream services are responsive to the needs of the diversity of migrants and may need to adapt over time to ensure that the needs of migrants are treated equally with the needs of non-migrants.

Objectives relating specifically to interpreter service provision and access to DEASP services are set out as follows:

- No. 15 "Information to be provided in language-appropriate formats and in a manner easily accessible by migrants" (OPMI, 2017: 3).
- No. 18 "Mechanisms for providing adequate interpreting facilities will be explored in order to facilitate equality of access to services" (OPM!, 2017: 3).
- No. 19 "The availability of interpreting to be prominently displayed in a range of languages in relevant public offices" (OPMI, 2017: 3).
- No. 24 "To continue to provide translation/interpretive/sign language services as required and the provision of information in alternative formats where feasible on request" (OMPI, 2017: 4).

On public consultation on the strategy, they note the need for the provision of suitably qualified high-level interpreting facilities across all public services.

The contibution of policy development in the health, legal and integration services discussed provides an overview of public service-specific approaches to interpreter service provision. A wider overview of relative literature in the next section explores perspectives on current international policy and practice.

3. https://www.welfare.ie/en/downloads/Workshop1-Tools-for-Change-Jacqueline%20Healy%20Presentation.pdf

06. LANGUAGE AND INTERPRETER PROVISION POLICY IN REVIEW

Research and evaluation on interpreter provision policy and implementation in Ireland does not feature strongly in discourses in integration or public services. To analyse Ireland's development, researchers such as Ozolin (2000) have adopted older models and references to public service interpreter provision elsewhere. O'Rourke and Castillo (2009) evaluate the Republic of Ireland, Scotland and Spain's public service interpreter provisions principally in relation to legal, medical and educational settings. In the Irish context, the authors find that the strength of policy provisions on public service interpretation suggest that regulations, guidelines and provisions can be seen as either low or moderate. It fits, they argue, into the first-to-second response under Ozolin's model, the first being the worst response. In general, they find that public service interpreter provision in Ireland is sporadic, with issues being dealt with, as they arise without any very long-term planning or policy approach.

The authors explain that there is an obligation to provide public service interpretation stipulated by the European Commission of Human Rights in relation to legal issues, as previously mentioned, which is why, as they state, most public service interpretation provision in Ireland is located within the court system. With regard to the Health and Education sectors, they maintain that explicit policy statements relating to public service interpreter provision is more limited.

The National Intercultural Health Strategy 2007-2012 and On Speaking Terms (2009) demonstrate some progress on the critiques, introducing a plan for providing a health service for intercultural patients, which includes a strategy for interpreting services. The most recent development for a model of trained interpreters for health services (2018), nine years later, could potentially improve Ireland's placement in Ozolin's model, with regard to the health sector, however not on a Government-wide public services level.

On the provision of interpreting services within the court system, the Irish Translators' and Interpreters' Association (ITIA) has outlined gaps in the transposition of Directive 2010/64/EU of the European Parliament and of the Council on the right to interpreters and translation in criminal proceeding. It argues that the statutory instruments guiding intepreter provision in criminal proceedings does not account for opportunities to challenge translator and interpreter provision, and professional qualifications and standards are not appropriately outlined. The ITIA has made numerous submissions to various statutory bodies, including the health services, arguing for the professionalisation and regulation of the translating and interpreting provisions within these services. Between from 2002 and 2015, 17 submissions were made to committees, forums and strategies on qualified and professional interpreter provision for the courts services, health services, education services, and immigration services. All these submissions have repeatedly called for statutory services to ensure that those with language support and other urgent needs have access to appropriate and qualified interpreters.[4]

O'Rourke and Castillo's (2009) article does not mention or evaluate the DEASP's provision of interpreter services within Social Welfare Local Offices. However, a recent report, Language and Migration in Ireland

4. https://www.welfare.ie/en/downloads/Workshop1-Tools-for-Change-Jacqueline%20Healy%20Presentation.pdf

(O'Connor et al., 2017) does look at the Department's provision of interpreter services. This report includes consultation with migrants, 43.4% of whom expressed having difficulties in communicating with institutions in Ireland and with 44.68% of the respondents listing "Social Welfare" as an institution with which they experienced an issue.

The report states that, despite the DEASP's policy, it is clear from their findings that an interpreter service is not being provided to migrant customers. It also states that migrants are unaware of interpreter services and that the services are not made available to them. It reported that migrants themselves are acting as interpreters for other people with language support needs in place of the absence of the interpreter service. The report also notes that through their migrant testimonies, the shortcomings of the current interpreter services across the country are clear – especially the lack of quality control, poor access, and a lack of rigor, in terms of professionalism of the service. It recommends that interpreting services in Ireland need to be professionalised, with training, testing and quality controls put into place. Fresh supporting evidence is available from research on the resettlement of Somali families living in County Wicklow (2018), which reiterates the need for appropriate translated information and efficient interpreter services across public services, in order to protect families' rights and entitlements.

Both reports echo the findings of O'Rourke and Castillo (2009) and the basis for placing Ireland on the first-to-second response in Ozolin's (2000) model. This means that the Irish Government either does not provide solutions for public sector interpreter provision and denies the need for this provision, or, it recognises the need for the provision and attempts to resolve the communication issues through ad hoc solutions.

A report from the National Consultative Committee on Racism and Interculturalism in, Developing Quality, Cost Effective Interpreting and Translation Services for Government Service Providers in Ireland (2008) recommends the development of a national policy framework for the provision of interpreter and translation services. The report also recommends the creation of a register of accredited practitioners of which Government services can avail, and the creation of accreditation standards for the interpreters and translators on this register. Together with these recommendations, and those of Language and Migration in Ireland (2017), which essentially reiterate the same recommendations, nine years later, it is clear that the Irish Government has made little progress in the development of its language policy and interpreter provision sector-wide. This is inclusive of provision within the DEASP, making it extremely relevant to this research report.

From an integration led perspective, Gilmartin and Dagg (2018) have recently conducted a comparative analysis of integration outcome mesasurements. It outlines the importance of settlement services, including statutory services, in the provision of support and assistance to migrants, that helps them to fully participate in society and the economy of their new home. Language, being one of these services, "will be required in different ways at different stages of the immigrant life cycle" (Gilmartin and Dagg, 2019:13). They include in their recommendations "to ensure that key settlement services, such as language, housing or employment services, are made available and free of charge. They also identify the difficulties migrant-led organisatioins face in developing and sustaining settlement service provision, particularly in regional settlement services (Gilmartin and Dagg, 2019:57).

Further comparative analysis beyond Ireland can be taken from literature exploring the relationship between migration and integration policy.

National responses to changes in migration have been seen as one-dimensional, with health and social policy lagging behind in readjustment to immigration changes (Timonen and Doyle, 2008). Migrants themselves can have differing perspectives on the welfare state and social rights, such as migrant workers, who "tended to have limited experience or knowledge of the Irish welfare state and indeed were often resigned to limited involvement with social protection" (Timonen and Doyle, 2008:167). Others, in more precarious work such as within the Care sector could be "completely dissasociated with the welfare state in terms of rights and eligiblity" (Timonen and Doyle, 2008:172). These authors present the view that Ireland's liberal welfare state "is intended to foster independence of the welfare state, encourage the use of alternative (individual and family-based) sources of security and give rise to the kind of sceptical attitudes that many of our interviewees expressed towards reliance on (means-tested) benefits" (Timonen and Doyle, 2008:173).

Measurement of language proficiency as an integration outcome for refugees in the UK shows women faring worse than men and "some inequalities enduring or intensifying over time" (Cheung and Phillimore, 2016:211). Earlier findings suggest that women refugees experience additional barriers when seeking to access language classes and women with children are least likely to access employment (Cheung and Phillimore, 2016:215). "Unlike migrants, refugees cannot return home" and therefore there is a "need to ensure protection and support to ensure participation across all social policy arenas" (Cheung and Phillimore, 2016:228). These authors argue that collection and analysis of data that monitors refugee integration might provide good evidence of needs for improvement in access to services and to prioritise refugee integration.

A fresh perspective just published from Migration Policy Institute Europe, discusses the approach to investment in the take-up of services as a long-term saving that can be applied to integration services, for example, "encouraging newcomers to participate in language training programmes that they are entitled to but not required to complete" (Benton et al., 2018:22). Take-up of services can be improved with a "cognitive load stress test", which tests the barriers experienced by migrants in applying for and accessing services: "Migrants can experience a heavy cognitive load when faced with high impact decisions because of the stresses of adapting to a new society or of living hand-to-mouth. Choices about whether and how to access public benefits is one area affected by these decision-making hurdles' (Benton et al., 2018:21).

Summary

The need for interpreter services in public statutory services in Ireland has been identified across the health and legal governmental departments and in this research on the services of the DEASP.

DEASP customer service policy clearly points to the identification of the issue of interpreter provision from as far back as the 2001 Annual Report. Interpreter provision is a long-running, active service within

the DEASP, which raises questions as to why the Department has failed to address issues identified in the above-named reports.

Development in the Health sector on interpreter provision shows that knowledge and information on best practice is already available within the government departments. It reflects issues that were highlighted in the Language and Migration in Ireland report as occurring within the DEASP, questioning why the information that the HSE possesses on best practice is not being adopted by the DEASP.

Legislation and integration policy show that the provision of interpreter services fall under these Government-wide commitments on integration, equality and human rights within Irish society. This demonstrates the relevance and importance of interpreter provision within public services and again, the awareness of the State that it is a required service in order to provide equality of access to services for customers who have language support needs.

However, current interpreter provision receives criticism in terms of quality assurance, with the absence of the appropriate level of qualifications from interpreters and the regulation of the interpreter contractor market. Critics recommend the ideal of a standardised qualification level, regulation and provision across services.

Broader insights on migration and integration policy demonstrate awareness on best practice and approach in providing interpreting services in public services. Combined with statutory reports and legislation, there is some awareness of the need for quality interpreter provision from the DEASP and the variety of approaches and steps that can be taken to improve access for migrants. This report seeks to solidify this awareness, with evidence of clear need and immediacy in required action to improve access for migrant customers of DEASP.

07. METHODOLOGY

The research design was based on a "descriptive" research question that aimed to establish and describe the current state or situation of one group of interest, namely, migrant customers of the Department of Employment Affairs and Social Protection (DEASP) with language support needs.

In order to allow the collection of broader relevant data to answer the research question, this research combined a mixed-method approach in a triangulation format that combined qualitative and quantitative methods concurrently. This approach was used to achieve more valid results and detail on the experiences by analysing the perspectives both of the subjects (DEASP migrant customers) and the advocates who engage with the DEASP on their behalf (Crosscare Information and Advocacy Services (CIAS) staff and three other NGOs). This method allowed the compilation of data collection within the same period and was combined with the secondary data on client records and statistics from the CIAS service. This approach enabled broader, in-depth interpretation of the experiences of the subjects and advocates working on their behalf.

By gathering statistical data, the quantitative method allowed a deductive analysis of the overall findings on the experiences of migrant DEASP customers – i.e. low rates of access to interpreter services. The quantitative research comprised a survey that was conducted in person, with clients attending the drop-in language clinics over a period of four to eight weeks over July and August 2018. The qualitative research consisted of a series of interviews with CIAS Information and Advocacy Officers, external organisations and professionals, also during the same period.

The research combined both primary and secondary research that recorded the experiences of DEASP migrant customers with language support needs in relation to their engagement with the DEASP, with or without access to interpreter services.

The primary research included:

1. A questionnaire survey of 80 clients attending the CIAS language clinic service over a snapshot period of eight weeks
2. Interviews with six CIAS staff members who work as advocates on behalf of these clients
3. Interviews with three external organisations (NGOs) that offer support to migrants accessing social welfare supports. NGO 1 is based in a region outside Dublin and provides information and advocacy for migrants on various welfare and immigration supports. NGO 2 is also based in a region outside Dublin and operates a domestic violence refuge for women, as well as supports to move on. These two NGOs were selected for interview to provide a broader overview of experiences of migrants over a cross-section of the country. NGO 3 is based in Dublin and provides an information and advocacy service for migrants, specialising in employment and other welfare and immigration supports.

4. Interviews with two medical social work departments in Dublin maternity hospitals
5. One interview with an expert in translation and interpreter services to provide an insight on quality and professionalism of interpreter service provision.

The secondary research consisted of data collection from CIAS client records database and casework files. Data was also obtained from DEASP sources.

08. FINDINGS AND ANALYSIS

This chapter presents and discusses the findings from all the data collected: statistical data, client questionnaire, interviews and client records.

The primary data collected from the client questionnaire and interviews have been grouped into eight common themes of significance throughout the study. Results of the questionnaire completed by Crosscare clients are referred to as "Clients". Crosscare Information and Advocacy Officers are referred to as "Crosscare", and volunteer interpreters in the Crosscare language clinics are referred to as "volunteers". Comments from the two organisations outside Dublin and one in Dublin are referred to as "NGO 1", "NGO 2" and "NGO 3" respectively. Comments from interviews with both medical social work departments are referred to as "Hospital 1" and "Hospital 2". "Advocates" refers to all of these workers collectively, unless qualified in particular statements. The last professional is referred to as the "expert on interpretation policy". Finally, information obtained directly from the The Department of Employment Affairs and Social Protection (DEASP) on request is labelled "DEASP".

Awareness

A key objective of the research was to establish the level of awareness of the DEASP intepreter service policy among its customers, advocates who assist customers in accessing DEASP services, and professionals who have some experience with interpreter services. The data collected, as described in the methodology section, attempted to establish the extent to which clients, volunteers, advocates and professionals with experience of accessing interpreter services, and one interpretation policy expert, were aware of the DEASP's interpreter service. The following are the findings.

Overall, clients, advocates (other than Crosscare) are not aware of the DEASP policy to provide interpreters for customers on request.

The client questionnaires showed that 100% had not been offered access to an interpreter; 90% were unaware of the availability of interpreter services; 81% had asked someone they knew to interpret for them at social welfare offices, and 94% of these confirmed that their volunteer interpreter was not trained as an interpreter. One respondent specified that her 13-year-old child was accepted by the DEASP to interpret for her case. Clients are relying on other people, informally, to interpret for them, which presents risks in terms of privacy, confidentiality, reliability, accuracy, informed consent, influence, empowerment and self-advocacy.

The practice of children interpreting on behalf of parents is accepted by DEASP, as indicated by Crosscare and the two non-governmental organisations (NGOs) outside Dublin. This practice is identified by the Interpretation policy expert as child abuse (as it is in Health Service Executive (HSE) interpreter provision guidelines).

All advocates reported that their clients were unaware that they could access an intepreter in social welfare offices. Crosscare reported that clients are using informal interpreter services through contacts in their communities whom they sometimes paid to accompany them to social welfare offices. Generally, friends are known to be accompanying clients to the offices,

> ***but this puts the burden of the service on the customer who are very under-resourced, the DEASP is very well resourced. (Crosscare interviewee)***

Some clients cannot attend the offices at all if they have no one to interpret for them and will rely on Crosscare to do all the communication with the offices. Often, clients are getting "second-hand" information, which can be incorrect, and which can lead to "multiple difficulties". Crosscare is not aware of any other service providing intepreter clinics on access to social welfare. The DEASP interpreter service policy was not very apparent until recently and Crosscare staff have, in recent months, started formally asking for intepreters on behalf of customers:

> ***the Department does not seem to have managed to ensure that staff understands that this is a service and that it should be provided. (Crosscare interviewee)***

The medical social workers and two NGOs have recourse to contractor interpreter services and, in most cases, will arrange an interpreter for all clients who have a language support need. On learning of the DEASP interpreter service policy, the advocates agreed that this should be made more apparent for both customers and people working with them.

NGO 1 operates a face-to-face interpreter service through volunteers who receive a small reimbursement for their help. These interpreters are not trained but some work as interpreters elsewhere, too. Where an interpreter is unavailable, the organisation has recourse to a contracter intepreter service by telephone, which is paid for by the organisation's own funds. It was also revealed that DEASP customers are often referred to NGO 1 for language support needs, as DEASP staff are aware of interpreters available within the organisation's clinics. They discussed the dependency of clients:

> ***Our service users rely on us for all of their dealings with DEASP, and often come when it's too late as they have missed letters. (NGO 1)***

NGO 2 pays a contractor interpreter service to provide face-to-face intepreters for their clients, when needed. The cost is high and is funded through their own resources. The contractor is presumed to have a code of practice and training for interpreters.

NGO 3, based in Dublin, provides hands-on case workers to assist clients with social welfare matters, including accompanying vulnerable clients to social welfare offices or writing letters for others, who are capable of articulating reasonably well in English. Many other clients bring friends with them to interpret at social welfare offices. Other were noted to have been assisted by a school principal or home school liaison officer, or an employer, in order to register for a PPS number.

Hospital 1 referred specifically to the impact on family members who:

> ***help those who have come in through family reunification. It can be very difficult particularly with homelessness and being dependent on one family member who speaks English. It creates dependence, people cannot manage their own situation. (Hospital 1)***

Both hospitals regularly use interpreters for their clients with language needs, but state that there is not much choice for some languages, and that they would be limited to their availability. They note that there may be less availability outside Dublin. One hospital has a policy that requires the first meeting to be held with an interpreter, to enable the patient to establish their needs independently and to avoid any influences from other family or friends. The other hospital operates a strict policy that an interpreter will be arranged for every appointment for patients with established language support needs.

The expert on interpretation policy had noticed that DEASP's current customer charter on its welfare.ie website states that "accredited" interpreters are available, but that this statement is made only in English and that it is unclear what accreditations are implied. She also outlined that there is a confidentiality issue with people bringing a friend or family member to discuss their personal business and could be in conflict with the General Data Protection Regulation (GDPR).

Many interviewees referred to the "norm" being that customers in Intreo offices are asked to bring someone with them to interpret. Therefore, there is an apparent gap in knowledge of DEASP policy among staff and the obligation to provide an interpreter on request. Alternatively, there is a suggestion of reluctance by DEASP personnel to use the interpreter service, which may not be recognised by senior management as yet.

Summary

Awareness of the DEASP intepreter service policy is evidentially very low to non-existent among customers and advocacy servces.

Need

Establishing the need for interpreter services is inherently difficult, as it is dependent on the customer's competence in English language skills. This can be a subjective assessment and cannot be established from any available data from the DEASP. The following outlines the findings on the theme of need for intepreter services.

A very significant need is established among clients and advocates for access to interpreters, to enable access to services and entitlements. From the questionnaires, 68% confirmed that they need help with interpretation every time they are in contact with the DEASP; 27% had asked previously for an interpreter but were not provided access to one; and 91% confirmed they believed they would have had a better interaction with the DEASP if they had been provided with an interpreter. Finally, 100% would have accepted an interpreter if they one had been offered by the DEASP office. As stated, 100% were unaware of the DEASP service.

Figure 1 shows the numbers of clients attending Crosscare language clinics on social welfare-specific queries, with a total average of 1,220 sessions, with 489 individuals per year. An average of 276 individuals overall are turned away due to limited provision in the service (Figure 2).

FIGURE 1. NUMBER OF CLIENTS ATTENDING CROSSCARE LANGUAGE CLINICS

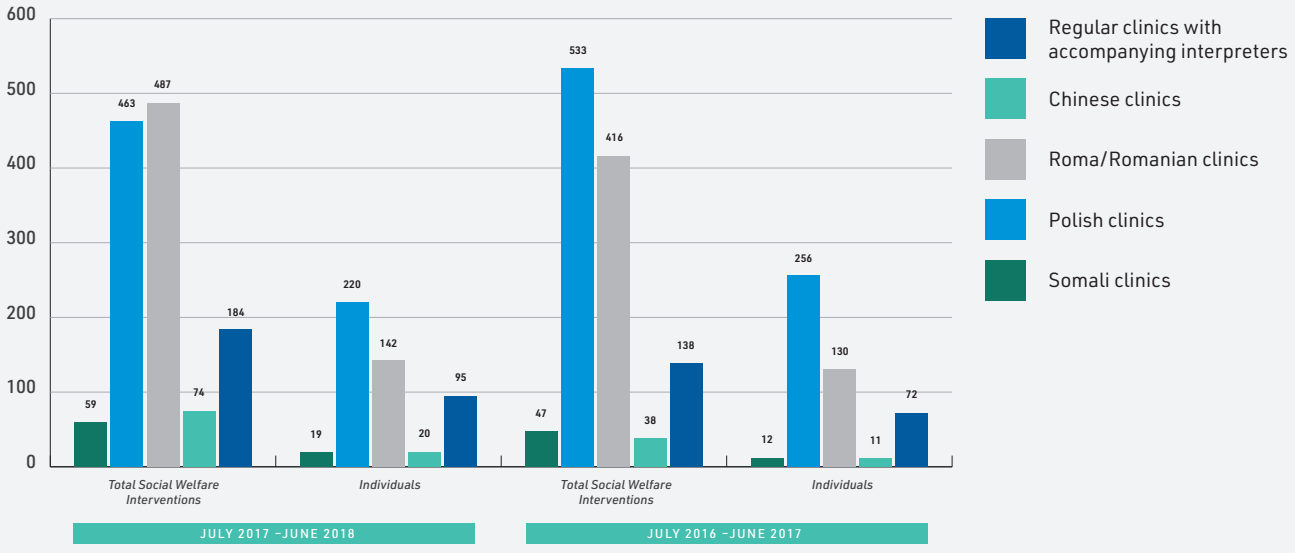


FIGURE 2. NUMBER OF CLIENTS TURNED AWAY FROM CROSSCARE LANGUAGE CLINICS

	Turned away		Clients seen	
	2017/2018	2016/2017	2017/2018	2016/2017
Roma clinic	124	76	142	130
Polish clinic	86	139	220	256
Chinese clinic	44	35	20	11
Somali clinic	19	28	19	12
Total	273	278	401	409

Crosscare is assisted by volunteer interpreters:

> ***to help maximise the empowerment as much as possible with regards to barriers faced. (Crosscare interviewee)***

Barriers are cited as literacy, cultural awareness and knowledge of employment processes and rights. Many of the clients attending the language clinics have very limited English or literacy. Many have high supports needs and are assisted to communicate, often in writing, with the DEASP, particularly in the case of schemes that do not have a frontline service, such as the Disability Allowance, Illness Benefit, and Central Rents Units. Clients who attend the language clinics will present regularly and rely heavily on the service, particularly at the initial stage, when they are unsure of their English and feel more comfortable expressing themselves in their own langugage.

Unlike NGO 3, Crosscare does not accompany clients to offices and therefore:

> ***there is a gap in face-to-face interaction.(Crosscare interviewee)***

The three NGOs and Crosscare clients are assisted with various stages of interaction, including booking appointments online for PPS numbers and public service cards, completing forms, understanding scheme criteria, entitlements, gathering requested documents, and responding in writing. Both language and literacy are barriers for clients and it is argued that:

> ***the system (DEASP) is not set up to support this therefore it is not possible to offer a service on an equal basis (Crosscare interviewee)***

and that the interpreter service should be an on-demand service, such as with the HSE, which is similiarly dealing with vulnerable groups of people who need support on a timely basis. Clients are:

> ***having disproportionately difficult experiences. (Crosscare interviewee)***

Crosscare noticed that there are some sensitive issues, such as domestic violence, where a client would be

facilitated with a female interpreter, and this is also a trait of clients of the other NGOs' experience. On occasion with mental health needs, there may be psychological issues with accepting an interpreter, as there may be an issue with trust. Advocates have developed a strategy for interpreter access to allow them to do their job correctly and efficiently, with two NGOs paying for this service from their own resources. The need is particularly strong for clients with high support needs.

Comparatively, every three to five clients presenting to NGO 1 have language support needs, with half of these presenting with someone to help intrerpret for them. It estimates that about 50% of clients need access to social welfare services. Staff from all three NGOs are in regular contact with DEASP services on behalf of clients by phone and in formal correspondence, often clarifying misinformation, proof of jobseeking, and in appealing adverse decisions. Larger families are noted as being in need of more regular assistance, and possibly having limited English and literacy skills.

NGO 2 estimates that its migrant clients account for approximately 20% of its clients and all of them require assistance with social welfare matters. These clients can often be isolated, following abusive relationships, and will continue to need assistance once they have moved out of the refuge.

NGO 3 provides its service in several languages, as most of the staff and intern case workers speak different languages, including Spanish, Portugese, Filipino, Russian, French and Lithuanian. They have volunteer interpreters – mainly previous clients, interns and caseworkers – who they can call ad hoc for assistance. They do not have resources to train these volunteer interpreters. Most clients have language support needs.

Both hospitals said that there is a significant representation of migrant patients, with one estimating that migrants account for 40% of their client proportion, many of whom may be new to the country and have immigration difficulties. This is particularly the case in domestic violence cases, where the woman is dependent on a partner for her immigration permission, income and housing. Social welfare matters that are most common for patients are registering newborn babies and access to entitlements, especially where they are homeless and need access to housing supports, child benefit, maternity benefit, and domiciliary care allowance:

> ***They often have layers of issues and we end up helping people to try to sort out practical issues around entitlements. We often refer them on to other organisations like Crosscare. (NGO 3)***

Both hospitals refer patients to Crosscare for advocacy support in relation to social welfare and immigration matters, or to a Citizen Information Service that may also provide some language support:

> ***The Intreo service is not user friendly. (Hospital 2)***

Commenting on the need for interpreters, the interpretation policy expert stated:

> ***If Crosscare staff need interpreters then surely staff in social welfare need them too, this is a fundamental problem. (NGO 2)***

This shared need and practice by all advocates suggests that a similar need should be reflected in the interactions of the DEASP with its customers with language support needs.

All advocates noted that some clients can be vulnerable due to their immigration status, such as difficulties in renewing their immigration status, and restricted rights in access or entitlements to social protection. Another vulnerability discussed was domestic violence, where clients can be even more marginalised and intimidated at the prospect of accessing social protection,

> ***The woman needs to explain a sensitive situation and provide proof but can't speak English and is expected to go and make a case for herself. It can be subjective to the person who is at the counter on the day. (NGO 2)***

Most of the advocates expressed shock that there was an interpreter service policy operated by the DEASP and how underused it was, based on the fact that their own clients are not accessing the service, especially among the NGOs that provide interpreters for clients in their advocacy work on social protection or with the DEASP:

> ***NGOs should refuse to be expected to provide volunteer interpreters from their own resources. It is right across the board in government ... what are the others [departments] doing about their policies? (NGO 2)***

Several commented on why the service is not being accessed:

> ***it can look like the service wasn't required if it wasn't accessed ... why wasn't it accessed considering the number of customers DEASP have when it's known that English is not their first language? Then you should be able to extrapolate from the lack of people accessing the service. (NGO 2)***

This responds to the argument that can be used by the DEASP to defend its record in intepreter service provision.

The volunteer interpreters identified that one of the difficulties for clients is when they say "Yes", when asked if they understand, but they don't fully understand everything and are trying to be polite, or they are scared because it is the Government, and in their country of origin, Governments are feared. Clients come to the language clinics to understand what they are being asked to do and what is being said. They need help with application forms, and in some cases:

> ***things were actually getting worse because they didn't understand... issues and confusions were mounting for them. (Volunteer interpreter)***

The Polish interpreter stated that information was previously available in the Polish language on the Citizen's Information website, but that this has not been updated, and:

> ***now they are struggling. (Volunteer interpreter)***

Polish clients are known to be getting information from online Polish groups and looking for recommended intepreters to help accompany them to the social welfare office. The volunteer interpreters regard interpreting as very important for those who cannot access services on their own, who do not know their entitlements, and who are not literate. It is estimated that 85% of Somali clients need assistance with interpreting

and most of their queries are in relation to social welfare. Polish clients require a lot of assistance with social welfare, even though the Crosscare clinic is mainly for both housing and welfare issues. Social welfare is not the main purpose of the Crosscare Chinese language clinic, but it receives a lot of social welfare queries.

Equality of access is a major issue when need is considered as a right and customers' rights to services and entitlements: equal access means ensuring that all customers have equal opportunity to access its services. Two considerations here are provision of information online, and administration sections that do not have a public office, and all communication is operated by written correspondence or telephone. Crosscare interviewees also identified a need for interpreters in languages not provided by the language clinic, including Arabic-speaking ethnicities, Russian, Latvian, Lithuanian and Chinese (for social welfare specific cases).

Summary

- The need for DEASP intepreter services is evidentially higher than reported and demand is not captured through customer satisfaction surveys
- Customers with language support needs are relying on informal networks to interpret for them on the basis of this need and advocacy services are resorting to provision of volunteer-based or costly contractor-based interpreter services for these customers

Promotion

This theme extracts insights into DEASP's promotion of the interpreter services. Clients were asked only about their own awareness of the service and if they had been offered an interpreter. All interviewees, apart from the volunteer interpreters, were asked their opinion on the performance of the DEASP in the light of its interpreter provision policy.

A total of 90% of clients surveyed were unaware of the interpreter service and 100% were not offered an interpreter, which suggests that the service is not being actively promoted; 27% were refused an interpreter on request, which strongly suggests that DEASP customers who need language support are being actively discouraged from using the service, and are thereby being denied equality of access to the services.

Overwhelmingly, the opinion of Crosscare was that the Department is failing in its policy to provide interpreters for customers. They identified the use of interpreters, where an inspector was conducting an investigation but overall:

> ***the fact that we don't know any clients who have accessed the interpreter service says it all. (Crosscare interviewee)***

They stated that services are not well advertised and DEASP staff do not inform customers. Migrant customers fear asking for an interpreter, because they think they may be judged as less entitled to a payment if they cannot speak English, and are therefore reluctant to ask questions to clarify details. It is common for clients to be asked to bring someone with them to interpret at the office. Some clients, who have been supported to formally request in writing for an interpreter, have been refused. One commented that committments are stated on a strategic level, but:

> ***there is a disconnect to what is actually happening on the ground. (Crosscare interviewee)***

Another suggested:

> ***it seems that staff don't know about the service or are reluctant for some reason. (Crosscare interviewee)***

Several officers referred to the fact that the DEASP has a responsibility to inform customers and target communities who need to know about it:

> ***it is a question of people taking it seriously ... as part of their job and a requirement. (Crosscare interviewee)***

The NGOs concurred on these statements, with one maintaining that the interpreter service should be offered automatically at the first point of contact, and another suggesting:

> ***If they had one or two liaison people who we can go to who is dedicated to [our] kind of services and who understands the client's needs, everything would work out much better. (NGO 2)***

Based on the experience of staff and interns in NGO 3 who accompany clients to social welfare offices, DEASP personnel have a poor attitude and treatment when dealing with EU and non-EU customers.

Both hospitals questioned the lack of promotion of the interpreter services and surmised that it may be based on the lack of staff awareness of the service, or budgetary reasons, or:

> ***it's a case of the person coming to them is seeking a service so they should develop their English skills, or it's the person's responsibility ... it's not promoted at all. (Hospital 2)***

In their experience,

> ***Most patients would not describe Intreo as friendly or helpful or giving advice, it's more the feedback that they're not helpful and don't suggest appropriate payments, so it wouldn't suprise me that they're not proactively hearing about the interpreter service. (Hospital 2)***

Patients are seen to be muddling through with a family member or friend, rather than waiting for an interpreter to attend with them, but:

> ***it would make more sense for them to use it to get a better outcome right away, in terms of stopping the back and forth that probably happens when the language barrier exists and no interpreter is present. (Hospital 2)***

The interpretation policy expert questioned whether staff have been trained at all about how to access an interpreter and asked:

> ***do they have this information at their finger tips, or do they genuinely not have a clue? To me it's a staff issue. It is so clearly stated in the customer charter – so it seems like there's something missing in the chain of command, and the information has not been fed through to staff. (Policy expert)***

There was also a suggestion of possible issues of prejudice:

> ***if there are then they [DEASP staff] need some diversity training. (Policy expert)***

Summary

There is a consensus among advocates that promotion of the DEASP's interpreter services policy is failing. There is a perception that there is a culture within the DEASP that defers responsibility of access to interpreters onto the customer. However, there is no reasoning why this is happening beyond speculation of knowledge and training gaps or certain disincentives.

Access

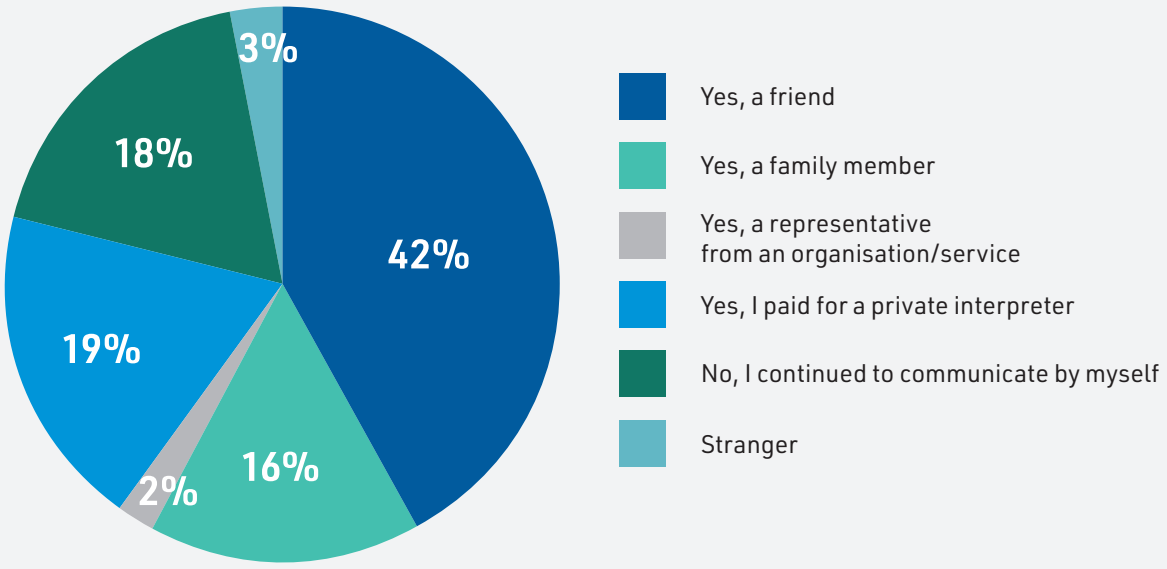
This section discusses the findings on the theme of access to, and uptake of, interpreter services. It specifies the experience of all subjects of the study, apart from the volunteer interpreters, on the experiences of access to interpreters in their own situation or for their clients. Access, as a theme, follows on from the series of themes discussed (awareness, need and promotion), noting that all three have presented the absence of access to interpreter services in the DEASP. Under DEASP's Customer Charter and Action Plan 2016-2018, the policy is to provide interpreters "on request". Actual measurement of access to interpreters for all customers who need it is unavailable and unlikely to be achieved as customer requests for interpreters are not actively recorded. Therefore, these findings outline a snapshot of the experiences of 80 customers, and 15 advocates of customers.

A total of 100% of clients who completed the survey had not been offered access to an interpreter, all being clients of Crosscare language clinics and with an established language support need. Furthermore, 27% of these respondents had asked for an interpreter and were not granted access to one.

Figure 3 shows responses to the question, asking who they ask to help interpret for them when they had not been offered an interpreter in the social welfare office.

FIGURE 3. NUMBER OF CROSSCARE CLIENTS WHO ASKED OTHER PEOPLE FOR ASSISTANCE WITH INTERPRETATION

Did you ask someone to interpret for you?



A total of 42% of clients are relying most heavily on friends in their communities, or who speak their first language, to interpret for them at social welfare offices. Alarmingly, 19% had paid for a private, and generally untrained intepreter to accompany them for appointments at the local social welfare office. This largely speaks to the suggestion that customers are unaware of the interpreter service policy or are being denied access to interpreters.

A lower-than-expected rate of 16% is relying on a family member, given the high volumes of clients who present to the general (non-interpreter) Crosscare clinics with family members interpreting for them. More surprisingly, only 2% had asked an organisation, such as Crosscare, to communicate with the DEASP, with the help of volunteer interpreters, considering that all 80 clients were presenting to Crosscare at the time of completing the questionnaire. Two people asked strangers to interpret for them, completely waiving their right to confidentiality, and risking poor quality communication, which indicates that other people may have no other option but to also ask strangers.

Those who did not ask someone to interpret for them continued to manage communication with the DEASP on their own (18%). Two respondents asked strangers who spoke English to interpret for them; 97% of those who asked someone to help interpret for them were accompanied at the social welfare office in person; and 3% communicated by phone or text message.

Other than Crosscare identifying the use of an interpreter by an inspector conducting an investigation, the advocates interviewed confirmed the same findings, adding that the only access to interpreters in DEASP they were aware of were for medical review assessments for illness-related payments, or for oral hearings for an appeal:

> ***but obviously to get that far you have to have been facilitated in the first place – which means that during all the issues with filling forms out, or interacting with the officials, there has probably been an accumulated deficit, which has caused complications, and potentially led to the need for the appeal. (Crosscare interviewee)***

Staff in NGO 1 requesting interpreters for client appointments have been advised by the DEASP of a six-week delay for interpreters in the local area, which can be read as active discouragement and a tactic to encourage customers to arrange their own interpreter. They also refered to one case, where a client asked for an appointment with a Romanian interpreter to be present and was denied, at the reception.

Reliance on friends or family is criticised:

> ***it is not clear where the information is going or if people are accessing the help they need.. there is often miscommunication. (NGO 1)***

The claim that customers are paying informal interpreters to accompany them to Intreo offices strongly suggests that these customers are unable to get access to the DEASP interpreter service. They also claim that some clients who have asked for an interpreter at an Intreo office have been refused, told to bring somone else with them, or told they should have better English. It is even the experience of one advocate that a client, at an Intreo appointment, was told to ask the person they brought with them to intepret to leave the

office. Some clients are known to ask strangers to help interpret, such as someone standing in the queue, or someone they met outside. Some clients:

> ***are not wiling to admit that they don't understand something so they come to our service because we can give the information in an impartial way and will be assisted and given positve direction. (NGO 3)***

In the medical social work departments, policy and guidelines are followed for the automatic booking of interpreters based on need and appropriate, and professional quality interpretation is expected. Access, according to the interpretation policy expert, is key, otherwise, customers are being excluded and discriminated against by unequal access to DEASP's services:

> ***you are discriminating against a whole cohort of the population because you are not allowing them to communicate with you and you're not doing anything to help with that. (Policy expert)***

Figures 4 and 5 present DEASP data on interpreter requests by DEASP staff. They indicate a lower rate than would be expected, relative to the proportion of customers who may have language support needs. However, this need is yet to be established or actively recorded by the DEASP. The figures outline the mode of interaction: in person, by phone, sign language, audio and Braile. It can be assumed that only the first two modes (in person and by phone) are referring to interpretation in spoken languages and therefore the total access to interpreters was 1,701, in 2017 and 808 up to the end of Quarter 2, in 2018.

FIGURE 4. NUMBER OF INTERPRETER REQUESTS FROM DEASP OFFICERS TO THE TRANSLATION AND INTERPRETIVE SERVICES SECTION 2013- END QUARTER 2 2018

	Interpretations 2013 to end Q2 2018					
	2013	2014	2015	2016	2017	End Q2, 2018
In person	288	302	460	545	892	513
By phone	204	246	212	560	809	327
Sign language	16	18	30	36	38	24
Audio	17	22	28	34	32	17
Braille	2	1	3	3	1	4
Total	527	589	733	1178	1772	885

FIGURE 5. NUMBER OF INTERPRETER REQUESTS BY DEASP OFFICERS BY SECTION IN QUARTER 1 AND 2 2018

Requesting section to to end Q2 2018	In person	By phone
Medical referral assessments	266	4
Social Welfare Appeals Office	141	2
Social welfare inspectorate	66	187
Various others	30	128
PPS number applications		6
Cancelled	10	0
Total	513	327

The figures show a steady increase of interpreter requests by DEASP staff from 2013. Of these requests, 190 were within the Dublin region and 313 in regions outside Dublin. The top languages requested were Polish, Romanian, Lithuanian, Latvian and Russian. Notably, over half of all in-person requests came from the medical referral assessment division that conducts detailed medical assessments by medical professionals for illness/injury-based claims. Over a quarter of the in-person requests came from the Social Welfare Appeals Office, which can be indicative of the need for customers to access interpreters who may have been denied access to an interpreter during their initial claim. These appeals are possibly the result of decisions made by the DEASP, without the full assessment of details that would be made available if an interpreter was accessed from the outset of a person's claim.

Only 30 other in-person requests came from "various others", highlighting the prevalence of under-usage of the interpreter service by DEASP personnel across schemes and Intreo offices for at least the first half of 2018. Comparabley, "various others" requests were higher for by-phone interpreter requests (128), which could be attributed to requests from Intreo offices. However, the majority of the by-phone requests came from the social welfare inspectorate section, again indicating a very low rate of requests overall.

More significantly to customers themselves, requesting interpreters, figures are not collected by the DEASP, as requests are recorded only from DEASP personnel.

The only other posiible indication that customer requests may be recorded is from HRC1 and a secondary form for Jobseeker's Allowance claims that specifically ask if the claimant requires an interpreter.

Without figures and breakdown of interpreter requests by customers, it is not possible to determine any estimation of language support need of customers. Based on these requests by DEASP divisions, interpreter provision appears to fall short of the needs of customers, when compared with Crosscare language clinics in Dublin alone, where there was a total of 1,221 interventions and 279 turned away in 2017-2018.

Summary

- There is no evidence of customers accessing interpreter supports by request in Intreo offices
- There is no evidence that DEASP personnel are making requests for customers with language support needs across schemes and Intreo offices in the three cities investigated
- Crosscare and the three NGOs interviewed are experiencing high demand for the interpreter support services they offer (including paid contractors)
- A black market of informal interpreters is developing from the gap in interpreter provision in Intreo offices, therefore risking confidentiality, quality, customers rights and GDPR compliance

Quality & Training

The quality of interpreter services and training provided to interpreters and advocates or DEASP officers working with interpreters presents as an important theme in the findings and analysis. While discussion is limited with clients, due to the fact that all of them were not offered interpreter services, it was possible with the Crosscare Information and Advocacy Officers and volunteer interpreters, based on their experience in providing interpreter clinics. The three NGOs and two medical social work departments, could give their perspective on accessing contractor interpreter services for their work (or volunteer interpreters for NGO 1). The ITIA representative has had extensive experience on this theme and discussed professional qualifications and training in translation and interpreter services.

A total of 90% of clients surveyed were aware that the interpreter that helped them was not trained, 6% of clients were aware that their interpreters worked as interpreters, and 3% of clients did not know if their interpreters were trained. This indicates that training was not a factor in their decision to ask for their help, but rather out of necessity and urgency. In working with volunteer intepreters Crosscare staff hold training for the interpreters and staff, which is believed to prepare volunteers for a more professional and high-quality service for clients. Interactions, they report, can take longer with an interpreter. However, this can provide a higher quality of interpretation than might be achieveable with a friend or family member. Staff themselves feel less confident with untrained and unknown interpreters. They are also cautious of the relationship with the client and if the guest interpreter is being paid to interpret. With trained independent interpreters, there is no ambiguity in accuracy:

> ***it is a win-win situation. (Crosscare interviewee)***

Ideally, they would like to have acccess to professional competent interpreters on demand, which would improve efficiency in the service.

The volunteer interpreters received training on confidentiality, how to be professional, best practice when interpreting, and how to listen and understand someone's situation. They learned about the importance of grammar and accuracy, sharing knowledge and other approaches from other interpreters, and how not to lose the meaning,

> ***I learned a lot about social interpreting that I had no idea about before. (Volunteer interpreter)***

Contractors employed by other NGOs and the HSE are generally assumed to have been approved, based on some quality assurance. Evidence of this quality assurance, however, is not apparent, and on occasions, for professionals working with contractor interpreters, the quality of professionalism is questionable:

> ***inconsistency in the quality of interpreters is a big issue, (Hospital 1)***

citing issues with professionalism. They refer to a casualness that some interpreters can bring into the conversation, which is unprofessional and the social worker does not know what they are saying or how much accurate information they are getting direct from the patient:

> ***sometimes whole conversations are going on, they're not translating what I'm saying ... they're laughing, chatting, it's very informal, you've no idea what's being said and you're constantly trying to pull it back ... it can be in the tone of voice, they might sound angry and they're not meant to, or they might have own views or give advice or give them contacts. (Hospital 2)***

There is a shared concern that some are engaging inappropriately, such as offering someone to stay at their home (if they are homeless), exchanging numbers, informalising serious matter, and getting upset during the delivery of serious news:

> ***the patient might want to identfy with the interpreter but the interpreter has to be professional. (Hospital 2)***

Those working with these interpreters are placed, therefore, in a difficult position of verifying the accuracy and reliability of the interactions between them and their patients, risking accurate understanding of vitally important information relating to their rights, entitlements, health and welfare. They believe that the private contractor should provide the training for interpreters, and refer to good training guidelines, such as those produced by the Rape Crisis Centre on interpreter provision. Internally, both medical social workers have some training and good practice guidelines on working with intepreters.

It is understood by the interpretation policy expert that this quality assurance does not exist, because there is no recognised qualification process or regulation of the interpreter services market. Therefore, not all employed interpreters for public services are officially trained or accredited. Their employment is based purely on the fact that they speak English and another language:

> ***which does not make them competent. (Policy expert)***

Therefore, the policy and procedure that exists for all users of interpreter contractors is not based on a high-quality and regulated market that can adequately meet the needs of agencies and their service users. Furthermore, the DEASP, while providing information and promoting the use of interpreter services with staff, does not provide training on working with an interpreter to support customers.

The interpretation policy expert argues that interpreters may have signed a code of ethics with these contractors, but they have not undergone training, which:

> ***can mean interpreters are acting as advocates rather than the neutral role of interpreter. (Policy expert)***

There is a risk with less widely spoken languages that there is less confidentiality within that community. She states that she is concerned about how staff are doing their job properly without interpreters:

> ***which leads me to believe people who should be entitled to payments are not getting them or are struggling to do so. (Policy expert)***

Therefore, quality of service and access to interpreters are directly linked to whether or not a customer is excluded from their rights.

The interpretation policy expert provides training on a voluntary basis to volunteer interpreters in Crosscare, which is also attended by Crosscare officers to understand when they need an interpreter, the role of the interpreter, and how to work with them. She gave the example of the Chartered Institute of Linguists in London as an accrediting body providing recognised qualifications for interpreters and that an equivalent body does not exist in Ireland. As chair of the ITIA, she has written submissions to the Gardaí, the Courts Service, the HSE, the Department of Education and Skills, and the Department of Justice and Equality on interpreter regulation and provision but no further action has been taken that is known to the ITIA:

> ***the Gardaí and the Courts System think they're solving the problem problem because they do get interpreters a lot of the time, but they don't get that there is a problem with calling someone with no qualifications and are untrained and who probably are not doing a good job. (Policy expert)***

She outlines two levels of quality assurance: training people to do a high-quality job, and checking that they are doing it.

The DEASP confirmed that staff are provided with information on availability of the Department's "Translation and Interpretive services", and the services are periodically promoted on the internal online platform, at seminars and at briefings. However, staff are not provided with specific training on how to assess the need for an interpreter, or how to engage with an interpreter.

Summary

- Quality and training are not prioritised or a pre-requisite for interpreter service contractors procured by the DEASP and across public services
- Customers of DEASP with language support needs are accessing interpreters only for specific appointments on the request of DEASP personnel whilst for the majority of interactions, they are relying on informal interpreters and NGOs to provide interpreters as a matter of practice.'

Consequences of Inaccessibility

The research sought to understand the consequences of customers being unable to access interpreter services when needed. This can be best understood from customers directly, though access to these customers is limited, based on their need for language support and the fact that the questionnaire was focused on establishing awareness and access to interpreter services. Some of Crosscare's casework that has involved issues relating to language barriers can provide some insight into the consequences of this inaccessibility. NGOs and medical social workers who have access to interpreter contractors can independently resolve inaccessibility, so may have limited insight into the consequences of access denied at Intreo offices for clients, though they can provide insight into the issues that present for their clients.

As one would assume, having a language barrier can restrict and perhaps prevent effective communication for customers with any service. However, the issues are more complex and multi-layered for customers of DEASP, which can have a two-fold effect on accessing other essential services and entitlements.

Clients understand that trained interpreters are more appropriate and beneficial to their communication with the DEASP. From the figures already discussed, 91% confirmed they believe they would have had a better interaction with the office if they had been provided with an interpreter and 100% would have accepted an interpreter, if one had been offered by the office. The main consequence of note is the 18% of respondents who continued to communicate with the DEASP without anyone interpreting for them, because they had not been offered an interpreter and they had no one else to ask for help.

Crosscare and the three NGOs again refer to the risk of bias and inaccuracy when clients are reliant on a family member or friend to interpret. Access to all the services of the DEASP are blocked, when access to interpreters is not available, and therefore rights and entitlements are also blocked. Their clients often experience longer delays in accessing their payments, incorrect decisions on claims, and misunderstanding of schemes and what details or documents are being asked of them, often being seen to be "withholding information", when it is an honest mistake. Clients can miss important post and appointments, which can result in their claims consequently being closed. Some discussed how clients can experience unpleasant exchanges at the office. One advocate referred to jobseekers being linked in with employment supports, regardless of the fact that they may not have a level of English that will allow them to fully particpate in these supports. In a lot of cases, clients are at risk of homelessness and poverty, and more broadly, inaccessibility makes clients' lives more complicated and stressful, because they are not getting an appropriate service on a timely basis, often being left without an income.

> ***There is no positive outcome to people not understanding what's going on. (Crosscare interviewee)***

Further consequences noted included:

- Clients having to make appeals on disallowed claims where there have been miscommunications, and reliance on NGOs to provide interpreters
- Clients with serious medical issues like cancer or HIV struggling to access PPS numbers and being unable to access vital medical treatment

- Clients needing to access a PPSN and birth certificates for children who have been born in Ireland in order to access Child Benefit; and medical social workers in hospitals possibly being unaware of potential entitlements, or how to help with accessing them
- Access to childcare and education being difficult without a PPSN or passport for people who are undocumented. Clients who came on a work visa and later became ill and were unable to work, can become undocumented and excluded from access to entitlements or medical assistance.

Other groups affected are people who have been trafficked or exploited in forced labour, or people who are here as students and have become exploited by their employer

Volunteers also discussed the affects in terms of: stress, worry, feeling vulnerable, helpless, defenceless, and anger. They stated that clients rely on payments, so it is very important to them, and if their payment is suspended they can be very distressed without access to an interpreter, and can end up homeless. They know that at this point it can be difficult to get issues resolved. They are aware that clients may give up and not go back to the office if it is too difficult to communicate, and that there are lots of complaints on social media describing negative experiences of DEASP.

The medical social workers identified complexities with people facing homelessness, particularly where they are dependent on one family member who speaks English, such as the case of reunified refugee families. They too referred to complexities with immigration-related issues, or where patients have no record of PRSI contributions. An example is where someone is working as unregistered and now has a baby and cannot access services without exposing their undocumented status. In these cases, an individual may be issued with a one-off Exceptional Needs Payment, but cannot be set up on a long-term payment, so will have no income at all:

> ***when you add language barrier to this, it adds a whole other complexity … If you can't get a payment it puts up so many road blocks in terms of addressing any other issues like access to the housing register, access to homeless accommodation – multilevel issues. (Hospital 2)***

They describe the DEASP service itself as not "user friendly", with multiple and complicated application forms for various schemes; and there is no assistance with completing these forms, so customers are reliant on other services, such as the Citizens' Information Service or Crosscare (with volunteer interpreters).

The expert on interpretation policy, as discussed earlier, claims that the refusal of access or failure to promote interpreter services in DEASP is, in effect, discrimination against customers with language support needs.

Summary

- Advocacy services and people with language support needs who avail of DEASP services stress the

importance of access to interpreters as vital to meeting their needs and the welfare of their family and as a primary need that determines access to other primary needs i.e. housing, health, education and training

- At best, the consequences of inaccessibility can be offset by advocacy supports, at worst, customers with language support needs become isolated and at risk of entrenched homelessness and deprivation

Benefits

The benefits of an accessible, efficient and high-quality interpretation service within the DEASP is yet another theme that is difficult to outline, but is addressed here, based on the comments of respondents on the "ideal". Clients indicated their need and interest, and advocates outlined the importance in alleviating the issues that the gap in provision is causing.

Most clients (91%) believe they would have a better interaction with the DEASP if they were offered an interpreter, the benefit being that communication and efficiency would be improved for dealing with their claim. A repeat of this study with all DEASP customers with language support needs is likely to show the same demand, given the similar finding that 90% of respondents were unaware of the intepreter service policy.

Information and advocacy officers and the professionals expand on the benefits of efficiency and the cost savings for the DEASP in processing appeals, administration costs and the overall engagement with the customer. Stress and financial costs to the customer can also be radically reduced, along with risk to confidentiality. In turn, customers are made to feel valued with intepreter provision, as put by one volunteer interpreter:

> ***which is what social welfare and social services is mostly about – taking care of vulnerable people. (Volunteer interpreter)***

Importance is weighed in trust in an interpreter for all parties, favouring face-to-face interpretation over phone contact, particularly in the case of women in domestic violence situations. It is important to establish if the interpreter is known to the client in advance of the appointment.

Both hospitals discuss the benefit of interpreter provision in their services:

> ***on the first contact in assisting people with where to go, who to contact, the interpreter is so important..the homeless issue seems to have caused a lot of changes ... if an interpreter was provided, it would make the time spent communicating with the Department more efficient and get all the bits done in one go if clients knew what was expected of them. (Hospital 1)***

The interpretation policy expert identified phone interpreting as well organised in some countries, such as Spain and America, where call centres are set up with interpreters who are usually qualified. Interpreters in the UK are usually working from home. In Ireland, most interpreters are working on their mobile phones and may not be working in quiet spaces. There is no guarantee that conditions are appropriate, confidential, or that there is good quality reception on phones; and it is agreed that an organised structure such as the models abroad would be more beneficial to all concerned.

Summary

- The benefits of making the interpreter service easily accessible, efficient and high quality can significantly outweigh the long-term costs on the DEASP, its customers and NGOs
- A more efficient service and experience for customers would prevent delayed or restricted supports, NGOs would have lower demand on their services, DEASP personnel would feel more equipped to efficiently work with these customers and there would be a potential reduction in appeals to the Social Welfare Appeals Office

Evaluation and Recommendations

An evaluation of the overall intepreter service policy and provision was necessary to establish from the perspectives of all the subjects of the study based on their experiences. Given the language and time constraints of clients who completed the questionnaire, a deduction of the findings can provide an indication of the overall evaluation and recommendations. All interviewees gave responses for improvements that can be made. These recommendations provide the basis for the conclusive recommendations in this report.

A total of 100% of clients would have accepted an interpreter if one had been offered by the DEASP. This is the stongest figure to argue for the consistent implementation of the intepreter provision policy. The consistent average of 1,220 interventions with 489 individual Crosscare clients with language support needs consecutively over the past two years, and an estimated rate of 276 clients turned away last year, underlines a significant need for DEASP customers for access to interpreters. This indicates a need, based on Crosscare clients alone, of 25 interventions per week, where a customer requires access to an interpreter. The predominant languages identified by Crosscare, and which are provided for, are: Polish, Roma/Romanian, Chinese and Somali.

Advocates recommended promotion of interpreter services, including in Intreo offices, in a variety of languages, online, and in print media to increase general awareness. Research on uptake, to determine different language needs and reasons why DEASP staff are not using the service, thus saving resources and time, was also supported. Training was seen as needed for staff to establish language needs on a person's first contact with DEASP, on upskilling on how to work with an interpreter, and cultural diversity training:

> ***think about backgrounds and the context of where people are coming from, eg. Limited schooling, intimidation by authorities, etc;***
>
> ***Don't insult the customer – offer the service;***
>
> ***sensitivity & context needs to be considered here. (NGO 3)***

Investment in a positive campaign on the right to access interpreter services was suggested, including leaflets, posters and mail-outs to relevant support organisations and groups that can circulate the service. Another suggestion was to make efforts to reduce the waiting time to meet an officer with an interpreter present. Quality assurance of contractors with trained and high-quality independent interpreters and monitoring were recommended to ensure transparency and confidentiality;

> ***it is a win-win situation";***
>
> ***there is no evidence of quality assurance with interpretation in Ireland. It is impossible that any intepreting is great due to lack of training or accreditation ... we are paying a lot of money across statutory services for a very shoddy interpreter service which is unacceptable. (Policy expert)***

Temporary access to Supplementary Welfare Allowance for any delays in access to intepreters was also proposed:

> ***Who's carrying the can? If you can't give me an interpreter today, they should give you the payment until there is an interpreter to assist. (NGO 2)***

One suggestion was to develop a succinct resource on the rights of migrants and how to engage with the Department, for example, what to do with post and answering calls. Improvement in overall communication was recommended:

> ***The DEASP needs to be stringent on some things – communication is key and if they could clearly tell the client what they needed in the first place, then we could direct people better and make it a better use of everybody's time the first time around. (Hospital 1)***

The interpretation policy expert in particular highlighted the need for a "whole of Government approach" to improving interpreter services:

> ***they need to support training and upskilling interpreters, starting with the languages most in demand ... There needs to be a considerable government investment. (Policy expert)***

For lesser-spoken languages, Irish public services could access phoneline interpreters from the UK, who are qualified. However, she warns there needs to be more attractive wages and security for interpreters:

> ***they are getting paid very poor rates and working on freelance basis. (Policy expert)***

She strongly recommends the development of accreditation and regulation of interpreter services in Ireland.

Summary

1. Need-based provision – these findings have established a greater need and demand for intepreter services than is actually being accessed. Customers with language support needs must be identified proactively, informed of the availability of interpreters as a matter of course on first contact with the DEASP, and supported to access them efficiently, regardless of whichever party makes the request.
2. Promotion – ensure that all staff are adequately informed and trained in accessing interpreters and informing customers. Develop materials for promotion online and in offices. Develop communication with relevant support organisations and information providers.
3. Training – ensure that interpreter contractors are procured with quality assurance and accredited interpreters on a cross-departmental basis. Ensure that DEASP staff are trained in working with interpreters, and in cultural diversity and sensitivity.
4. Quality assurance and monitoring – implement a mechanism, based on widely available standard methodologies, to quality assure and monitor the operation of the interpreter service.
5. Research and Development – monitor access to interpreter services with customers, develop adequate recording method to identify needs, and to address the low usage by staff.

Applying the Literature

Critiques on migrants' experiences in accessing interpreter services in the Department of Employment Affairs and Social Protection (DEASP) are generally absent from discussions on integration and immigration policy, with the exception of specific reference in the Language and Migration in Ireland report (O'Connor et al., 2017) and the submissions made by the Irish Translators' and Interpreters' Association (ITIA). Learning and policy developments in other public services, such as the Health Service Executive (HSE's) Intercultural Health Strategy and staff guidelines on provision of interpreter services can provide further insight and direction for best practice and implementation for services such as the DEASP providing support to migrants.

Language proficiency among migrant customers of DEASP is a challenge to establish. Not all migrant customers require intepreter access and intepreter request figures are available in relation to DEASP staff, rather than customers. However, with 489 individuals attending language clinics in Crosscare's Dublin centre per year (and an estimated 276 being turned-away), regular interpreter access within the three other non-governmental organisations (NGOs) interviewed and 14.2% of the population reporting their ability to speak English as not well, or not at all (Gilmartin and Dagg, 2018), provides strong evidence for the claim that the need and demand for interpreter services is higher than reported.

Reference to interpreter provision began in the DEASP in 2001, telling us that 17 years later, with the findings of this research, little progress has been made to offer adequate provision to migrant customers with language support needs. This is indicated by the absence of training provision to personnel, effective communication to customers on the availability of interpreter services and, monitoring and evaluation records.

Learning from the Health sector has been available from as early as 2007, with a strategy, guidelines and recommendations that could be adapted by other public services. The learning is strongly evidenced in research that was undertaken, much of which is mirrored in the findings of this research. Crosscare clients indicate similar experiences in terms of inappropriate dependency on informal interpreting by friends and family, difficulties with access to and comprehension of entitlements, and miscommunication or reluctance to engage when interpreters are not offered or accessed. Advocates share the frustration in communicating effectively with clients without access to intepreters, resulting in investment in additional resources to provide alternative provision (by volunteer or contractor interpreters), in the absence of statutory provision. They express issues with poor-quality interpretation, the need for the training of the service providers, and the need for monitoring and evaluation of interpreter provision in statutory services.

Legislation is also a key driver of provision and progress in the implementation and achievement of intepreter provision policy within public serivices. Ireland's placement on the lower stages of response on the intepreter provision model (O'Rourke and Castillo, 2009) does not appear to have moved forward over the past decade. Despite more recent warnings evident on poor access to interpreter services in DEASP specifically, i.e. 45% experiencing difficulties (O'Connor et al., 2017), the findings of this research offer evidence that access has not improved. Advocates' opinions in this research corroborate earlier recom-

mendations that reliance on informal interpreters should be avoided and contractor interpreter services should be professionalised and be made available free of charge (Gilmartin and Dagg, 2018; ITIA 2002-2015; NCCRI, 2008; O'Connor et al., 2017; OPMI 2008).

If Ireland's liberal welfare state is still to blame for encouraging society's independence from the welfare state, and promoting reliance on family or alternative resources for interpreter services, then the current access to intepreter services continues to serve this agenda (Timonen and Doyle, 2008).

However, the progress of integration policy in Ireland is making new strides in breaking down the barriers to migrants' needs, and encouraging the full support and participation of migrants in Irish society. Investment now in full participation and self-reliance of migrants will result in a long-term cost saving to the State (Cheung and Phillimore, 2016; Department of Justice and Equality, 2017; MPI, 2018).

CONCLUSION

Interpreter service provision is demonstrated to be important and beneficial for public services in delivering services and ensuring access to rights and entitlements to the public. Some progress has been achieved in the Health and Legal sectors in terms of formalised training and access models, but there is a missed opportunity for the standardisation of quality interpreter service provision across all public services. The continued reliance on Department of Employment Affairs and Social Protection (DEASP) customers to source interpreting support through informal networks, non-governmental organisations (NGOs) or private profit-making networks, allows the Government to shirk from the responsibility and obligations under the Public Sector Duty and the Equal Status Act to provide equality of access to services and rights to all residents of Ireland.

While the short-term cost might be a budgetary concern, the long-term cost and impact can be significant and disempowering for people with language support needs, and extensive to the DEASP itself. Restriction to interpreter provision access has proved to have adverse impact on people accessing the services of organisations like Crosscare and the NGOs in this study. Many of these people with language support needs seeking assistance from the DEASP have complex needs and are often dealing with difficult circumstances, such as homelessness, poverty, isolation, international protection resettlement, exclusion from the labour market, and overall integration. The denial of access to language supports can amplify these needs.

Earlier calls for change to the regulation and provision of intepreter servives have yielded very little evidence of change to policy or implementation across public services. The Migrant Integration Strategy 2017-2020 presents a renewed effort and opportunity to address this key need for migrants and people with language support needs, as a key component in their integration in Ireland. As a country that values its citizens abroad, and offers protection and support to many migrants living in Ireland, the research now challenges the Government to follow through on its commitments and obligations, not least of all for the promotion of integration and harmony across all communities in Ireland. Expectations are high for the successful outcomes of the strategy, which will be important for our growing diverse community and the generations to come.

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