

# Sign language interpreting services

## A quick fix for inclusion?

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This article rethinks the impact of sign language interpreting services (SLIS) as a social institution. It starts from the observation that “access” for deaf people is tantamount to availability of sign language interpreters, and the often uncritically proposed and largely accepted solution at the institutional level to lack of access seems to be increasing the number of interpreters. Using documented examples from education and health care settings, we raise concerns that arise when SLIS become a prerequisite for public service provision. In doing so, we problematize SLIS as replacing or concealing the need for language-concordant education and public services. We argue that like any social institution, SLIS should be studied and analyzed critically. This includes more scrutiny about how different kinds of “accesses” can be implemented without SLIS, and more awareness of the contextual languaging choices deaf people make beyond the use of interpreters.

**Keywords:** sign language interpreting, public services, deaf, access, inclusion

### Introduction: Rethinking sign language interpreting services

Sign language interpreting services (SLIS), including video relay services, have been vital for deaf people's access to education, employment, health care, and the justice system, as well as for political participation. In many countries (mostly in Northern Europe, Australia, New Zealand, and North America) institutionalized SLIS have existed for more than four decades. In those countries, SLIS have evolved from volunteer charity work to well-established social institutions and professional services (Scott-Gibson 1991), and where they are being provided by a legal mandate (e.g., disability legislation), national or regional authorities cover most or all of the costs of those services. Sign language interpreting (SLI) has evolved towards a “practice profession” (Dean and Pollard 2005; Haualand 2018)

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with university-level qualification programs in some countries, more or less standardized certification procedures, and regional, national, and international organizations, conferences, and registries.

This article is first and foremost a call to critically assess the impact and role of SLIS in those countries where SLIS have been institutionalized. Deaf people in most other countries still seek to have their governments recognize the need for and take responsibility for SLIS (Haualand and Allen 2009). We thus do not want to question or delegitimize the need for and use of those services. They are a hard-won right, and in most countries with SLIS there is a shortage of qualified, professional interpreters (de Wit 2016), which means even meeting minimum needs for SLIS is problematic.

### **Sign language interpreting services as a social institution**

In this article we do not discuss singular interpreted events, or the work done by individual sign language interpreters. Instead, we aim to examine the ethics and ideologies of SLIS as a social institution that is also part of a professional complex: “a complex of occupational groups that perform certain rather specialized functions for others (‘laymen’) in the society on the basis of high-level and specialized competence” (Parsons 1978:40). SLIS are not just services in their own right; they also function (among others) as a means to make other services accessible, because most public servants and professionals do not know a sign language. Legal provisions such as access to public services and telecommunication are but two examples of services that are seen as impossible to implement without SLIS (De Meulder 2016b; Haualand 2012). Further, interpreters not only interpret between other professionals and their clients; they are themselves professionals providing services alongside teachers, social workers, doctors, and so forth, and they work with these professionals in a system of division of labor and specialization. The provision of SLIS is inherently political, because embedded in the systems that make an interpreter-mediated event possible is also a series of political decisions related to disability legislation, financial responsibilities, reasonable accommodations, and access policies (Blankmeyer Burke 2017; Brunson 2015; Haualand 2011, 2012, 2014; Ozolins 2010).

This article is written as a response to two observations, which are linked to how “access” is currently being provided for deaf people, with “access” in this context referring to access to society, public services (such as health care, education, and the police), justice, employment, etc. The first observation is that we see a dominant discourse developing that relies on the problematic assumption that “access” for deaf people is tantamount to the availability of sign language inter-

preters. In this discourse, the often uncritically proposed and largely accepted solution at the institutional level to lack of access seems to be increasing the number of interpreters. Our second observation is that both disability and specific sign language legislation seem to favor giving access to public services through SLIS instead of via language-concordant services, where the client and service provider speak the same language (De Meulder 2016b; Reagan 2010). For example, the “recognition” of British Sign Language (BSL) in 2003 yielded £1M for interpreting provision and training rather than language-concordant services in BSL without an intermediary (Turner 2003). In Finland, during negotiations for the Sign Language Act, the Ministry of Justice declared that “there have to be interpreters [as opposed to direct communication] so that persons using sign language can communicate with the authorities” (De Meulder 2016a: 14). In many situations SLIS have thus become synonymous with “access” (cf. Brunson 2015).

Since SLIS have become a determining political and social factor for public service provision and access to education, they need to be investigated as social and political constructs that inform service provision. Despite the extensive and thorough body of research on SLI,<sup>1</sup> the analysis of SLIS as a social and political institution is something that remains largely undiscussed in the literature (with Brunson (2015) as a rare exception), which mostly focuses on the preparation for interpreted events, discuss them as they are happening or after they’ve taken place. Addressing the impact of SLIS as a social institution is crucial, especially now, since SLIS now appear to be self-sufficient, institutionalized services, which seem to be taken for granted by most actors involved, including deaf people. This

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1. So far, there have been publications focusing on interpreting strategies (Leeson and Foley-Cave 2007; Napier 2002), preparation strategies (Nicodemus, Swabey, and Taylor 2014), SLI ethics (Tate and Turner 2002), SLI in different settings such as broadcasting (Stone 2009; Wehrmeyer 2015), conferences (Stone and Russell 2014), healthcare (Nilsson, Turner, Sheikh, and Dean 2013; Leeson, Sheikh, Rozanes, Grehan, and Matthews 2014), education (Antia and Kreimeyer 2001; Kermit and Berge 2018; Marschark, Peterson, and Winston 2005; Ringsø and Agerup 2018; Thoutenhoofd 2005; Winston 2004), legal settings (Kermit, Mjøen, and Olsen 2011; Napier and Haug 2017; Russell 2012), video relay services (Haualand 2011, 2012, 2014; Napier, Skinner, and Turner 2017; Warnicke and Plejert 2012), and for political participation (Turner and Napier 2014). Most of the research mentioned above uses empirical data from specific interpreted events, or from interviews with individual interpreters, clients or professionals. There is also an emerging body of work on the role and agency of sign language interpreters (Boudreault and Gertz 2018), deaf people’s perception of SLI (de Wit and Sluis 2014; Holcomb and Smith 2018; Napier et al. 2017; Sandrud 2018), and the strategies deaf professionals and interpreters have for working together (Haualand and Ringsø 2015; Napier, Carmichael, and Wiltshire 2008; De Meulder, Napier, and Stone 2018). During the last 20 years, the advent of certified deaf interpreters (especially in United States and Canadian contexts) is changing and challenging the norms of the SLI profession (Russell 2018; Stone 2009; Tester 2018).

institutionalization of SLIS ultimately allows us to critically rethink these services and their impact.

## Deaf people, diversity, interpreters, and contextual language choices

Unlike the establishment of other professions (Abbott 1988), the professionalization of SLI was initially requested by the emerging profession's minority language clients: deaf associations and volunteer hearing allies who provided avant garde interpreting services and brokered for deaf people as part of their wider role (Cokely 2005; Napier and Leeson 2015; Stone 2012). This emergence is also different from that of public service interpreting (between two spoken languages), which was first requested by public service providers (often to satisfy institutional needs or obligations), not by immigrants speaking a minority language. From the 1960s onward, a transition period with state provision of social welfare in many countries led to social workers functioning and being trained as sign language interpreters. At the same time, deaf people and their national associations lobbied for SLI to be recognized as a distinct profession (Stone 2012; Woll 1999). This movement was part of a general shift from segregated services for disabled people toward societal inclusion, and establishing SLIS was seen as a key measure to provide access for deaf people. The establishment of SLIS in many countries has been important for the campaigns for legal recognition of sign languages, since engaging with governments to advocate for recognition primarily happened through interpreters. Legislation resulting from this advocacy often resulted in providing more SLIS, and thus access to other services (De Meulder, Murray, and McKee 2019). Another catalyst for the institutionalization of those services has been disability discrimination and human rights legislation that establishes a legal mandate to provide SLIS in the public sector.

SLIS have been among the critical factors leading to a significant rise in the number of deaf professionals, increased social mobility, and more diversity among deaf people. Before we proceed, we want to clarify our own position. We are deaf, white, female, able-bodied academics, currently living and working in Europe, and hence, we share some characteristics with other SLI researchers, educators, and interpreters themselves, at least in the United States and Europe. We have worked closely with sign language interpreters throughout our personal lives and educational and professional careers. In doing so, we have accumulated substantial knowledge about the affordances *and* constraints of SLI. That said, we are aware that our position is a privileged one, allowing us to raise issues that are of concern to many deaf people. However, we recognize the growing diversity within deaf communities and do not claim that our perspectives are shared by all deaf

people. Being “deaf” entails an increasingly complex set of identities and language practices (Kusters, De Meulder, and O’Brien 2017).<sup>2</sup> This diversity and complexity has profound implications for how communication and “access” are experienced by different deaf people.

Deaf people’s use of interpreters has to be seen in the context of contextual language and modality choices. Deaf people have different sensorial access to languages, and limited sensory access to sound reduces the comfort of or possibility to use the spoken modality and the ability to understand if someone else speaks back. Although some deaf people know how to speak and/or write one or more spoken languages, and/or one or more signed languages, and communicate in different modalities, the use of the spoken modality is often not possible or desirable for many deaf people. Similarly, the use of the written modality is not possible or preferred for some deaf people, and, even if possible, often not seen as viable as an everyday communication modality (although cultural differences apply here). This is why deaf people prefer to use sign language interpreters in some contexts.

Although there are similarities between public service interpreting for deaf people and other groups who use interpreters for accessing public services, like immigrants, refugees, and other language groups (Stone 2010), there are also differences (see also Wilson, Turner, and Perez 2012). For immigrants and refugees, language repertoire may come in waves following migration, which means the request for interpreting in certain languages comes and goes (Giambruno 2014; Piller 2017; Skaaden and Wadensjö 2014). For immigrants, interpreting services are often seen – or wanted to be seen – as a temporary measure until they master the majority language. This perceived temporality is linked to discourses of who is a worthy recipient of interpreting, especially in the case of assimilatory linguistic institutional practices that enforce learning the majority language (Piller 2017). SLIS are provided from “cradle to grave” (Napier, McKee, and Goswell 2010) in a wide range of domains, not just the public sector, which is the case for most spoken language interpreting. Further, deaf people’s intersectional status as both persons with disabilities and language groups (De Meulder and Murray 2017) makes the expectations of them different than those of other language groups. Often, their right to use a signed language is understood as the right to access services *through a sign language interpreter* (De Meulder 2016b). As people with disabilities, deaf people are thus given a right to access to services in a spo-

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2. For this reason, we will refrain from using d/Deaf because this oversimplifies the complex set of identities and language practices that cannot be represented with a simplified binary (Kusters, De Meulder, and O’Brien 2017). Another reason we only use ‘deaf’ is that deaf people are entitled to SLIS by virtue of hearing status, not membership of a sign language-using community (Haualand 2012).

ken language (often the majority language) via an intermediary, not a right to language-concordant services.

SLIS also are often key to hearing people's access to deaf people's experiences and expertise. Indeed, for some deaf people in countries where SLIS are institutionalized, such as the United Kingdom, the lived experience of being known to hearing people through an "interpreted self" is a consistent feature (Young, Oram, and Napier 2019). Notwithstanding this, deaf people's use of interpreters is only one option in a range of linguistic and semiotic resources (using gestures, speaking, writing, mouthing, or any combination of these) deaf people use to engage in communication with non-signing hearing people, including public service providers. How deaf people engage in "linguaging", i.e. the flexible use of the repertoire, when there are *no* interpreters present, is something that has received much less research attention, although this is rapidly changing (e.g., Kusters 2017; Moriarty Harrelson 2019; Tapio 2019).

The different linguistic and semiotic resources deaf people use have also been seen and often still are seen as abnormalized languaging practices (Tapio 2014) and are rarely recognized as assets deaf people have. Acts to reduce the use of these resources have been seen as "flattening" practices (Robinson 2017), which in some cases has led to deaf people being denied services when they decided to not bring an interpreter (De Meulder and Kusters 2016).

## Sign language interpreting in public services

The provision of professional SLIS in the public sector is a quite recent development. Before the establishment of those services, deaf people could seek assistance from designated services provided by religious and charity institutions (mainly the deaf schools and sometimes deaf churches). Although these services could be language-concordant, accounts by deaf people indicate they often perceived the services as paternalistic (Ladd 2003; Sander 1999). When there was a need to communicate with public services outside these institutions, or when the service providers did not know a signed language, hearing people at the institutions, often trusted individuals like priests, teachers of the deaf, or family members, could volunteer as interpreters. They had a dual role and often also participated as counselors. Dissatisfaction with this dual role was a key motivation for deaf associations to advocate for the establishment of professional SLIS in the late 1960s and early 1970s (Cokely 2005; Kermit 2005; Stone 2012).

Today, few of those designated services targeting deaf (or disabled) people still exist. The increased focus on independent living and inclusion of disabled people in society or in spaces such as workplaces and educational institutions has

led to a steady decrease in the number of deaf schools and the dismantling of designated (historically both segregated and paternalistic) social services for deaf people. SLIS are not the cause of these changes but have effectively expanded in light of the same inclusion ideologies and as such have become a premise for making public services “accessible” to deaf signers. Moreover, there is a lack of professionals or public servants who know a signed language, and few signing deaf professionals work in first-line services or primary health care.

In what follows, we use documented examples from educational settings and health care to raise some concerns that arise when SLIS become a prerequisite for public service provision. This research reveals considerable challenges and shortcomings related to the use of SLI, and manifests that interpreting per se is not unproblematic, an issue we believe has not been raised sufficiently in Interpreting Studies.

## Educational settings

While few spoken language interpreters work in educational settings, many SLIs work in primary and secondary schools. The decline of deaf schools in the global North parallels an increase in deaf learners receiving their primary education overwhelmingly in spoken language classrooms, with or without sign language interpreters (Winston 2004). The extent to which sign language interpreters are part of the education of deaf children in mainstream schools varies considerably across individual classrooms and schools and between nation states (Reuter 2017). The ideology of inclusion that has contributed to an increased focus on access to society in general and the expansion of SLIS, as well as an increase in the use of advanced hearing technologies, has also led to a decrease in the number of congregated educational settings for deaf children (“deaf schools”), since they were (and often still are) considered “segregated” settings (Murray, et al. 2018). While the quality of education those schools provide has varied greatly (and still does), these congregated settings with a critical mass of deaf children were the only settings where deaf children could experience spontaneous peer interaction and access to incidental learning. Deaf learners going to regular schools with the often sole support of SLI has now become normative practice, despite being in clear contradiction with the spirit of legislation on inclusion, primarily the UN Convention on the Rights of Persons with Disabilities (Murray, De Meulder, and le Maire 2018).

The presence of interpreters in classrooms is also an indirect consequence of the lack of opportunity for deaf people to become teachers, the problems with many hearing teachers’ sign language competence, and the failure to implement

bilingual education programs and programs for teaching sign language to parents and families of deaf children (Reuter 2017). Concerns regarding the interaction between educational interpreting and the scope and organization of the education of deaf children in general have been expressed for some time.<sup>3</sup> Thoutenhoofd (2005) writes about educational interpreting as a form of mediation that interacts at a system-level with the “practical form of public intentionality that is called ‘educational inclusion’ which seeks to create a dichotomous correlation between on the one hand, ‘segregation’ (i.e., being located in separate educational settings) and social exclusion, and, on the other, ‘educational inclusion’” (Thoutenhoofd 2005: 238–239). Some of the research mentioned above took place in the United Kingdom (Powers 2002; Thoutenhoofd 2005) and the United States (Marschark et al. 2005; Winston 2004). Below, we use current examples from Norway and Belgium to illustrate how SLIS have become a “perpetual emergency solution” in the education of deaf children.

In Norway, deaf children are entitled to a full-time interpreter from kindergarten up to any level of education, and the ministry of education states that SLI should only be hired exceptionally in the education of deaf children (Opplæringslova 1997; Utdanningsdirektoratet 2014). However, a lack of teachers and other educational professionals fluent in sign language forces schools to hire interpreters in classrooms with deaf students (Haualand and Holmström 2019; Språkrådet 2017). Ringsø and Agerup (2018) reveal that there is a mutual uncertainty about the professional responsibility of interpreters and teachers working in the same classroom, and a lack of cooperation and dialogue. This means that interpreters may take on some tasks that usually belong to the teacher (e.g., explaining concepts to the deaf student), without the student’s or teacher’s knowledge or consent (Wolbers, et al. 2012) and without any pedagogical training. A classroom study from a secondary school with a relatively large group of deaf students and a “pool” of interpreters revealed that the interaction in classrooms by and large remained visually inaccessible to the deaf students (Kermit and Berge 2018). There were few if any attempts by teachers to pause their talk so the deaf students could have enough time to look at the visual presentation before looking at the interpreter again, and the deaf students were physically positioned in a different area of the classroom than the other hearing students. This arrangement was perhaps made in order to see the interpreters better, but it effectively cut them out of informal interaction with their hearing classmates (Berge and

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3. Examples of studies that have expressed concerns about interpreting in the education of deaf children are Kermit and Berge (2018), Marschark et al. (2005), Oliva (2004), Powers (2002), Ramsey (1997), Ringsø and Agerup (2018), Russell and McLeod (2009), Thoutenhoofd (2005), and Winston (2004).



Thomassen 2016; Kermit and Berge 2018). Hence, the presence of interpreters required the sacrifice of other aspects of participation, and it is the deaf students who ultimately pay the price for lack of educational access, despite the presence of an interpreter (Holmström 2013; Kermit et al. 2014).

Another approach to interpreters in education is from Belgium. In 2013, two deaf parents sued the Flemish government's Department of Education because their deaf children did not have the right to a SLI in kindergarten and primary school. At that time, the Flemish government still adhered to the agreement with the Flemish deaf association that interpreters in kindergarten and primary education (and thus mainstreaming) were not to be preferred, just like the Norwegian recommendation. The association emphasized the importance of a peer group of signing deaf children, and the risks of early mainstreaming for deaf children's emotional and social development (Heyerick and Vermeerbergen 2012). Instead of demanding interpreters in kindergarten and primary education, the association thought it more important to strive for inclusive bilingual education within regular education. However, the deaf parents in the case demanded immediate accommodations. They also did not want their children to go to a deaf school because of the lower level of education at those schools in Flanders (obtaining a high school diploma is not possible) and the absence of a critical mass of deaf peers. In the end, the case was solved through negotiations, and in 2013 a new law was adopted that guaranteed the right to 70 percent of interpreting hours from kindergarten to higher and adult education (*Decreet Betreffende het Onderwijs XXIII* 2013; Wheatley 2017). This means that in Belgium deaf children as young as two and a half can access education with a sign language interpreter, despite the absence of any real opportunities for hearing parents and deaf children to acquire sign language and use it at home before they begin school and despite the continued absence of any specific training for SLI to work with deaf children.

There is reason to ask if a so-called inclusive or interpreter-mediated education (meaning, a deaf child receiving education in a classroom with almost all if not only hearing classmates and an interpreter) should be preferred over a bilingual learning environment where the instruction and communication is in a sign language, and teaching is undertaken by those trained to teach. SLI can give deaf students partial access to classroom interaction, but when teachers, policymakers, parents, and even some interpreters confuse the presence of an interpreter with inclusive education, as Thoutenhoofd (2005) and Murray et al. (2018) indicate, SLIS are becoming a quick, less than ideal substitute for the kind of inclusive, congregated education settings that deaf schools, or other congregated settings, can provide. As we witness the steady closure of deaf schools around the world and the growing presence of sign language interpreters in classrooms with deaf students, we should be prepared to call into question the SLIS institution's complicity in the

dismantling of congregated education systems, all the more because schools are common workplaces for novice interpreters (Russell 2007).

## Health care settings

Just as research has shown that deaf children's access to education is compromised, it has long been known that deaf people experience poorer mental health than the general population (Alexander, Ladd, and Powell 2012; Fellingner, Holzinger, and Pollard 2012) and have poorer physical health (SignHealth 2014). Research has documented that access to health services and health information for deaf people is problematic and that the lack of interpreters and established methods to call (and pay) for SLIS remains a major accessibility barrier (Kuenburg, Fellingner, and Fellingner 2016; Kyle et al. 2013; Kushalnagar et al. 2014; Løkken 2014; Swabey and Nicodemus 2011).

However, Napier et al. (2017: 2–3) state, to just “conceptualise the issue as one of linguistic access and equal rights is to miss the possibility of the secondary effects on well-being of leading, to a large extent, a translated life in relationship with the social actors and social encounters that most people would regard as linguistically unproblematic.” Research has further indicated not only that the cultural and linguistic knowledge health care professionals need about the communicative skills and needs of deaf patients go beyond mere translating or interpreting but also that health professionals are generally unaware of communication barriers deaf people confront when accessing health services and are even ignorant about their own lack of knowledge and insights into how to serve deaf and hard of hearing clients (van den Bogaerde and de Lange 2014). This is consistent with research in spoken language settings, e.g., health care providers in the United States not being aware of Latinos' cultural practices (Showstack et al. 2019).

While lack of qualified interpreters and methods is one major obstacle to accessing health services for deaf people, research shows that there are still communication challenges, even with an interpreter present. Interpreting challenges in medical settings have been well documented (see Napier, Major, and Ferrara 2011; Nicodemus and Metzger 2014; Schofield and Mapson 2014). Some studies have looked at strategies that interpreters use to ensure effective communication and offset challenges. Major (2012) and Major and Napier (2019), for example, discuss how experienced interpreters enable doctors and patients to build rapport by sometimes *not* interpreting so the doctor and patient can communicate directly through, for example, gestures. A large-scale study of deaf BSL users' access to health care services (Kyle et al. 2013) found that while lack of provision of SLI was one of the problems, another was that deaf patients may not under-

stand interpreters well enough to actually benefit from the access provision. Napier and Sabolcec (2014), after interviews with 72 deaf Australians, found that even when interpreters are provided, deaf signers find it difficult to access preventative and on-going health care information and recommend providing information directly in a signed language or through materials translated into sign language. This situation leads to the pertinent question of whether the continuous demand and pursuit of *more* SLIs in the health care sector is sustainable or desirable as the only option for providing accessible health care. Further, it is not just deaf people who report challenges with communicating through interpreters; mental health therapists have reported that providing therapy through interpreters is like “wearing mittens while eating dinner” (Peterson 2009: 1056, our translation). Recent research has begun to document how deaf medical practitioners using American Sign Language consult with their deaf patients (Nicodemus, Swabey, and Moreland 2014).

The research on access to health services for deaf people and health care interpreting indicates that a lack of interpreters or having no interpreter at all is apparently identified as a more acute problem than the lack of language-concordant health professionals (e.g., Höcker, Letzel, and Münster 2012; Henning et al. 2011; Smeijers and Pfau 2009). However, the research also indicates that, although interpreters are an essential solution to the problem of language barriers in health care, they are also an imperfect one, and that there is a need for language-concordant health services (Feldman and Gum 2007; Middleton et al. 2010; Pollard et al. 2014; Steinberg, et al. 2006). This is consistent with research from spoken language settings (primarily Latinos and Asian Americans in the United States), which shows an association between language-concordant services and better health care outcomes, even in the context of access to qualified interpreters (Fernandez et al. 2010; Ngo-Metzger et al. 2007; Schenker et al. 2010) and the challenges physicians report when working with interpreters (Karliner, Perez-Stable, and Gildengorin 2004; Rivadeneyra et al. 2000). The Deaf Wellness Center in Rochester, NY, is an example of a unit that provides language-concordant services, with deaf and hearing mental health and other health care professionals fluent in American Sign Language. Dedicated ambulatory services for deaf people in France are another example (Amoros, et al. 2014) as well as Health Centers for the Deaf, in Austria, which are attached to general hospitals and where the staff is familiar with deaf people and is able to communicate in sign language (Fellinger and Holzinger 2014). Naturally this raises questions about the degree of language competence needed to conduct business in certain settings. Evidence from the United States with Spanish-speaking patients suggests that even when interpreters are available, they may be underutilized, with physicians opting to use their own limited language skills (Diamond and Reuland 2009; Diamond

et al. 2009; Ferguson 2008; Schenker et al. 2007). But provided there is sufficient training for staff and their sign language proficiency is satisfactory, such units could reduce the pressure and unsustainable requests for even more SLI, at least in regions with larger deaf populations.

## The illusion of inclusion?

A few factors seem to be common to education and health care settings: lack of professional knowledge and awareness about interpreters and interpreting (its capabilities *and* constraints), lack of knowledge about deaf pupils and deaf clients, a naïve belief in what SLI can achieve, and the continuous challenge related to the quality of SLI(S). There is no doubt that interpreter qualifications influence the process and outcome of the service provision and the quality of provision is a problem almost everywhere (de Wit 2016). At the same time, however, the overall mixed quality of SLI (McKee 2008; Nicodemus and Emmorey 2015) may not be as recognized as it should be among policy and decisionmakers who may, without explicit knowledge about the constraints of interpreting, believe that SLI has become a quick fix to solve complex language issues.<sup>4</sup> In reality, there is often just an “illusion of inclusion,” not just in education settings (for which Russell originally used the term, see Russell 2007; Russell and Winston 2014) but also in other settings. In some situations, rather than serving “inclusion” or “access,” SLI may become a smokescreen or veil, concealing language barriers, unequal language status, and service providers’ lack of awareness. Obviously, the issue of linguistic diversity and inequality is broader than just sign language interpreting.

The presence of an interpreter should not imply that communication in bilingual settings is “taken care of,” and should be considered a signal to professionals that they need to be cautious about the linguistic and communicative challenges and loopholes in that specific situation. Robinson (2017) has argued that elements often defined as “access” are actually often advancing perceptions of what deaf people need from a hearing-centered perspective. When indirect interpreter-mediated communication becomes the normative solution for making language-discordant public services accessible for deaf people, we see a trend toward institutional flattening (cf. Robinson 2017) of deaf people’s languaging practices and SLIS in some cases possibly acting as a hegemonic tool to exert those “flattening” practices. We argue for more awareness of the contextual languaging choices deaf people make, emphasizing that this goes *beyond* the use of interpreters.

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4. Although this might not be specific to SLI.

Research from health and education settings also reveals that it is deaf people who face the ultimate consequences of this lack of access and must cope with the burden of always communicating via often insufficiently trained interpreters. While in some countries there are high levels of training, one of the key issues is perhaps that even with decent training, newly graduated interpreters often work in health and education settings because they are generally regarded as “safe” and “easier” community work as opposed to, for example, conference interpreting, which is generally perceived as more complex and prestigious. This creates inequality between deaf people, because the sense is that deaf people who can make more contextual languaging choices, often work with interpreters, and are able to choose the “best” interpreters (as a result of professional experience, cooperation with interpreters, and network) seem to get more out of interpreted-mediated interactions than deaf people who do not have this privilege. For us, as privileged deaf women who can deploy multilingual and multimodal resources in order to communicate and experience shortcomings even when working with the “best” interpreters, this is cause for concern about interpreted interactions where both the SLI or their clients lack the same resources. Since interpreter-mediated interactions are currently the institutionally normative solution to provide “access,” this means that the right to access is not equally distributed between deaf people and is more often guaranteed for those with certain “interpreter-related privileges.” This is the exact opposite of what SLIS, often based in legislation or ideologies concerning “equal opportunities,” aim to achieve.

## Conclusion

This article has made the case for seeing SLI for what it actually is: a social institution – with funding, research, power, and legal mandates – which interacts on a systemic level with other social institutions like education and health care services. The provision of SLIS has become the institutionally normative, often unquestioned, solution to grant deaf people access to education and public services. In this article we have problematized SLIS as replacing or concealing the need for language-concordant education and public services.

We are aware of the potential policy impact of this article. SLIS are and should stay a crucial part of creating an inclusive society. This article is not a call for authorities to cut funding for SLIS. However, like any social institution, SLIS should be studied and analyzed critically. This includes scrutiny about how different kinds of “accesses” can be implemented, both with and without SLIS, and more awareness of the contextual languaging choices deaf people make beyond the use of interpreters.

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## Biographical notes

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