DEAF WOMEN OF IRELAND (1922-1994)

ANNE COOGAN AND JOSEPHINE O'LEARY

SERIES EDITOR: LORRAINE LEESON

CDS/SLSCS MONOGRAPH NO. 4

DEAF WOMEN OF IRELAND (1922-1994)

Anne Coogan and Josephine O'Leary

CDS/SLSCS Monograph No. 4

ISSN: 2009-1680

Series Editor

LORRAINE LEESON

Published by the Centre for Deaf Studies,
Centre for Language and Communication Studies
School of Linguistic, Speech and Communication Sciences,
Trinity College Dublin
7-9 South Leinster Street,
Dublin 2,
Ireland

http://www.tcd.ie/slscs/cds/

Acknowledgements

We would like to thank all the participants who took part in this research project, and without whom this snapshot of the lives of Irish Deaf women would not have been possible.

The experience of undertaking this piece of work was very enjoyable, mainly due to the friendliness and willingness of the participants who contributed to the research. Thank you for placing your trust in us.

We would like to express particular thanks to the Catholic Institute for Deaf People, who provided a grant towards the travel costs associated with the project.

Thanks to the Sign Language Interpreting Service (SLIS) for their financial contribution towards the data analysis and to the South East Deaf Women's group for their financial sponsorship.

Thanks to our proof-readers, who read and re-read many drafts of this document; their suggestions were always very welcome.

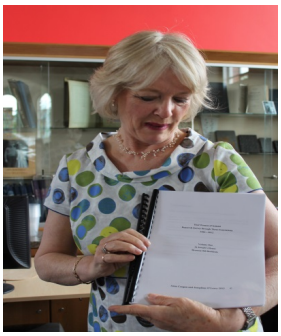
A big thank you to the National Deaf Women's Group, who gave us funding from their Deaf Channel swimming challenge to allow us to publish this report.

We are indebted to Professor Lorraine Lesson, who contributed to the final draft of this research. Thank you!

Anne Coogan and Josephine O'Leary

Lorraine Leeson would like to thank Rachel Moiselle and Haaris Sheikh for assistance. She would also like to thank the authors for their patience with the process of bringing their wonderful document to print.

Author Biographies



Anne Coogan holds an M.Phil in Women's Studies (2013) from Trinity College Dublin and a Diploma in Adult Learning (1998) from NUI Maynooth. Anne was one of the first Deaf newsreaders on RTE TV. She worked for over 35 years as an account manager with John Paul Construction. She currently sits on the board of CIDP and is the Chair of SLIS.

Josephine O'Leary was a Fulbright Scholar to Gallaudet University, Washington, D.C. (2000). She holds a Diploma in Adult Learning (1998) from NUI Maynooth and a Certificate in Social Sciences, Deaf Issues from the Open University (1993). Josephine was the first Presenter/Researcher with 'Sign of the Times', the RTE programme for the Deaf Community, from 1988 to1998. She also signed the News for the Deaf on RTE TV. Josephine worked in the civil service and took career breaks to work with 'Sign of the Times' and with DeafHear, and as a Development Officer for the Deaf Community. She currently sits on the board of the Deaf Heritage Centre and is chair of St. Mary's Deaf Heritage.

Table of Contents

Abstract

This monograph explores whether Irish Deaf women can take up their position as full Irish citizens by participating fully in society and in all aspects of community life. We set out to examine if Irish Deaf women feel that they are a full part of the economic, cultural and social fabric of society. We explored this by surveying 301 Irish Deaf women from across the island of Ireland aged 18 to 90 years, collecting data in 2013 and 2014.

The community reports radical changes to the education of Deaf children, technological advances, and legislative changes. We document the experience Deaf women at different stages of their lives, including their time in educational/ training settings, at work and their experience of motherhood. We also explored the social and cultural life of women within the Deaf community, and the experiences of Deaf/Blind women in the Deaf community. Participants report many improvements in educational standards achieved, across the generations, with increasingly better access to secondary and third level education. As a result, the nature of employment undertaken by Irish Deaf women has also changed.

Despite progress reported, some barriers remain. A key issue is the lack of access to sign language interpreters. Other key issues identified include:

- The lack of clarity around accessibility to an interpreter, especially in the area of healthcare, including access to GPs and hospital visits.
- The question of who pays for the interpreter in the areas of health and education.
- The lack of a national policy from the Department of Education and Science for provision of sign language interpreters for parent-teacher meetings for Deaf parents.
- Many participants expressed a strong desire for a forum to inform them on critical national issues that impact on women's lives in an accessible manner (i.e. via ISL). Instant access to news media is limited for our participants, who often have to rely on second hand information via family or colleagues.

INTRODUCTION

This monograph reports on wide-ranging themes affecting Irish Deaf women living on the Island of Ireland. It is co-authored by two Deaf women, both active members of the Irish Deaf community who are fluent Irish Sign Language (ISL) users.

The Irish Deaf community is dispersed across the 32 counties of Ireland; it is a community that shares ISL as its primary language (Matthews, 1996; O'Baoill & Matthews,2000; Leeson, 2012; Leeson et al. 2016). This is a community who share the bond of a common language, ISL, which informs and molds the culture of the Deaf community in Ireland. We also posit that the lack of legal recognition of ISL prior to the passing of the ISL Act (2017) has marked the life experiences of those in the Deaf community. Many Deaf community members spend most of their time in the hearing world; through their work, their home and general day-to-day living in the world. Managing their lives in the hearing world can be a difficult and isolating experience for Deaf people as the dominant language, spoken English, is not fully accessible for many. As a result, social gatherings within the Deaf community (a sporting event, a meeting or a celebration), bring together hundreds of Deaf people. These events are a place of sharing, a font of anecdotal stories - mostly undocumented - of Deaf people's lives.

As embedded researchers, we had unparalleled access to a cohort of women whose life experiences and opinions have heretofore gone unheard. The goal of our research was to gather empirical evidence that could be used as a tool for the design and creation of better services for Irish Deaf Women.

The survey was completed by 301 Irish Deaf women aged 18-90 years. As the project goals became known by Deaf women in the community, requests to participate in the survey exceeded our expectations. We were mindful of ethical considerations and the trust placed in us by the participants. We travelled to several venues where groups of women set up meeting points. Some of the venues are focal points of meetings for Deaf women; for example, the South East Deaf Women’s group meet in Waterford or Wexford regularly,

and we travelled to them to include them in our research. We also distributed surveys to individuals who wished to complete the data set privately.

Findings are presented with regard to the following age groups, facilitating a cross-generational picture of Irish Deaf women's lives:

- 18 to 29 years
- 30 to 39 years
- 40 to 49 years
- 50 to 59 years
- 60 + years

A specific aspect of this research is the inclusion of the women who are residents at St Joseph's House, in Stillorgan, Co Dublin. St Joseph's House is the only Deaf care home in Ireland, which accommodates both women and men in an Irish Sign Language (ISL) environment. The women in St Joseph's House were asked the same questions as the other cohorts, but with additional questions on their views about their home's proposed re-location to the Deaf Village Ireland in Cabra.

The aims and goals of this study were prompted by the lack of extensive insights into the societal and cultural lives of Irish Deaf women. As embedded researchers, we knew that there was a plethora of anecdotal evidence of the exclusion experienced by Deaf women who use ISL as their first language. We wanted to capture this.

There have been a number of research projects on the Deaf community, interviewing both female and male participants, these have provided insight into Deaf people's lives in Ireland but do not hone in on the particular experiences of Irish Deaf women's lives. There are, however, a number of studies that have made reference to Deaf women's access to maternity services in Ireland (Doyle et al., 1986; Steinberg, 2006; Leeson et al., 2014). These research papers span provision over three decades, noting that access to maternity services for deaf women showed little improvement over that timeframe. As embedded researchers, as Deaf women and as mothers, one section of our questionnaire returns to this

question as part of our aim to build a picture the many different aspects of Irish Deaf women's lives.

We noted the lack of empirical evidence focusing on Irish Deaf woman's own experiences - some of the papers focusing on Deaf women's lives were not widely available to Deaf women, not even to the women who's lives were reported on. For example, Doyle et al's (1986) report on pre-natal and maternity services is not widely available and therefore difficult to access even for researchers. This is a really important study that revealed a severe lack of services for Deaf women in maternity services in Ireland. As Murphy-Lawless, (1998) notes, there are significant systemic obstacles, devised by both Church and State, which Irish women must struggle with, particularly when they become mothers. We question why this important report has been so poorly distributed and propose it as emblematic of the oppression of Irish Deaf women.

Our survey also identifies a number of critical access needs that include access to General Practice (GP) medical services, access to qualified interpreting services in the areas of education, work training needs, legal settings, and in supporting access to the media via, for example, captioning.

Rationale

Our questionnaire based research explored a number of aspects of 301 Irish Deaf women's lives, gathering empirical evidence and presenting a snapshot on their current life situations. Data collection took place across 2013 and 2014. Our methodology of gathering direct information from the participants, our peers, gives us a unique perspective into the lives of Irish Deaf women. With this survey we hope to highlight the aspirations of these Irish Deaf women as leaders and decision makers within the Deaf community. We asked their opinions on societal changes experienced by them. We sought to ascertain if previous experiences in their education and social lives enhances or curtailed these women's live choices.

In recent years, there have been a small but growing number of research papers on and from the Deaf community (for example, Conama & Grehan, 2002; Matthews, 1996; O'Baoill & Matthews, 2000; Pollard, 2006; Conroy, 2006; McDonnell, 2001; Danielson & Leeson, 2017; Leeson et al., 2016; Leeson & Saeed, 2012; Leeson et al., 2014; Mathews, 2012).

These papers have clearly outlined the lack of inclusion for Deaf people and chronicle Deaf peoples' inadequate standard of education, the shortfall of access to public services because of (in many cases) a lack of adequate access to communication which is available to the hearing community, and impoverished access to the media. They describe Deaf people's lack of empowerment in decision making relating to their socio- cultural needs.

The establishment of Deaf Village Ireland (DVI) in 2012 was a significant development in the history of the Deaf community. DVI, based in Cabra, Dublin, encompasses on-site sports facilities and a Life-Long Learning Centre. The participants were asked directly about their views and future needs from this Village. This report lends an additional focus to the participants who are residents of St Joseph's House for Adult Deaf and Deafblind, on the Brewery Road in Stillorgan, Co Dublin. These women were also questioned about their views on the proposed re-location of the residence to the DVI campus.

As members of the community ourselves we come at this project from an activist perspective and hope that our survey may assist the National Deaf Women's Council to lobby for Deaf Women's rights and further we make clear recommendations for the improvement of State services for Irish Deaf women. Significantly, we hope this paper will also contribute to the current campaign for the legal recognition of Irish Sign Language.

Rationale for approach: Why embedded research matters

Both authors are fluent ISL users and members of the Deaf community. As Deaf women, as insiders in the community, we had unparalleled access to other female members of the Irish Deaf community. One of the notable attributes of our data gathering process was how the word spread through our cohort about the survey. We received great co-operation from the organisers of regional/local group meetings and further advice on where others group would be meeting for a social occasion. With this implicit support from the community, we met large numbers of women in a single setting. Furthermore, at some meetings we attended, we were given contact details for other non-present women who were interested in participating. Notably, at group or individual sessions participants expressed concern that the project would miss out on the input of some members of the community, and consequently, we were encouraged to contact additional participants. This "snowball" approach was particularly important in allowing this research to reach women who were not actively involved in community events and demonstrates participant support for this research.

We have experience participating in Deaf community surveys in the past ourselves, and as such, we were aware of participants' perspectives regarding surveys. Both of us are or were members of a number of boards of national organisations within the Deaf community. In this capacity we are aware of the importance of confidentiality. In addition we are involved in the Deaf community in areas that gives us access to some critical, sensitive and confidential information about members of the community and/or aspects of community life. Therefore, ethical considerations were carefully worked through as part of our preparation for the research project. For example, when meeting with participants in focus groups (or occasionally, with individuals), it was emphasised that the survey was

confidential, that only the researchers had access to the original data, that responses would be collated and summarized, and that no individuals' names would be used. If the participants wished to add more information to the questionnaire, we expanded that, where appropriate, we would quote their contribution without using their name. We also pointed out that if any identifying element (a place name, a particular phrase/name) was used it would be omitted to protect the identity of the individual. To ensure that participants were comfortable completing the surveys, there was a space at the end for the participant to sign to confirm their consent. As the researchers are fluent ISL users, they were able to re-affirm via the medium of ISL that their personal stories would remain confidential.

The Irish Deaf Community

In order to describe the Deaf community in the context of this volume, we note the use of capital D in the word Deaf. This capitalisation refers to people who see themselves as culturally Deaf, who use their country's indigenous sign language, and who share common beliefs and values. Big D Deaf people do not, for the most part, seek a 'cure' for deafness. Instead, Deaf people sign language is the accepted, normative language of engagement (e.g. Coogan, 2003; Conama & Grehan, 2002; Ladd, 2003; Napier & Leeson, 2016; Lane, 1996).

Irish Sign Language (ISL) is the preferred and first language of the Irish Deaf community in Ireland (Matthews, 1996). Sign language is a visual manual system of communication encompassing the hands, eyes, head and shoulder movements. An important aspect of Sign Language is the use of non-manual features (NMF): this is the use of facial expressions and includes head, eyebrow and cheek movements to convey meanings in a similar way to how spoken languages use lip patterns and tones of the voice to convey meaning (LeMaster, 1991; Matthews, 1996; Mathews, 2012; Fitzgerald, 2014; McDonnell, 1996; Leeson, 2001; Leeson & Saeed, 2012; Leeson, 2016; O'Baoill & Matthews, 2000).

We also make reference to British Sign Language (BSL) in this volume. Our survey was completed by women across the island of Ireland, north and south of the border. Some participants from Northern Ireland use both ISL and BSL. Both ISL and BSL are tacitly

recognised by the British Government under the Good Friday Agreement (Wheatley & Pabsch, 2012). While, at the time of compiling this research, neither language was currently recognised in the Republic of Ireland, today, the Irish Sign Language Act 2017 has been passed, but has yet to be legally commenced.

In Dublin, the Deaf Club is the centre of the community. Latterly situated in Drumcondra, and prior to that in Rathmines[1], where many events took place, it was regarded as the hub for Deaf community meetings as well as social events. A number of Deaf voluntary organisations used the club premises as their offices, including the Dublin Deaf Association, Deaf Sports Ireland, Deaf Scouts, Sign Language Association of Ireland, Irish Deaf Youth Association and the National Chaplaincy for Deaf People. There were other organisations that used the centre to operate their business on a nine-to-five basis, such as the Catholic Institute for Deaf people (CIDP). The CIDP owned the premises in Drumcondra and in 2009 the building was sold. CIDP also owns lands at St Joseph's School in Cabra, and given this, it was decided to re-locate their operations to Cabra and build a state-of-the- art campus which became known as Deaf Village Ireland (DVI).

The DVI campus includes a Centre for Life-Long Learning, a swimming pool, a sports hall and administrative facilities. The above mentioned clubs and organisations also relocated to the new campus. Various organisations agreed to avail of office space in the village, including the Irish Deaf Society, Deafhear and Sign Language Interpreting Service (SLIS). This campus has been operational since August 2012 and now houses thirteen different Deaf organisations.

Literature Review

This research project is informed by feminist and Deaf studies literature. In the context of this study we make particular reference to and build upon a number of papers written specifically on the Deaf community in Ireland (Doyle, 1986; LeMaster, 1991; Conama &

[1] There have been a number of Deaf clubs based in Dublin and these have moved premised a number of times.

Grehan, 2002; Matthews, 1996; Griffey, 1994; Coogan, 2003; Steinberg, 2006; Mathews, 2011; Leeson & Saeed, 2012; Leeson et al., 2014; Leeson, 2012; LeMaster, 1990).

We outline a summary overview of key work here with the goal of contextualizing our research within the contemporary experiences of Irish Deaf people, particularly as it relates to Irish Deaf women's position in the Deaf community, and in Irish society at large

In 1985, Doyle, Buckley and McCaul undertook a survey to document the experiences of pre-natal services for Irish Deaf mothers in the Dublin area. Doyle et al. found that medical staff did not keep their patients informed about their condition, and reported that mothers experienced patronizing attitudes from medical staff, and poor communication with medical staff before, during, and after delivery. They conclude with a list of recommendations, the majority of which are related to communication (Leeson et al. 2014). Steinberg (2006: 253) notes that while interpretation was not discussed by the respondents at the time, the survey team close with the recommendation that "*every pregnant deaf mother should have access to the services of a well qualified interpreter*" (Doyle et al 1986: 16, emphasis in original). Leeson et al. note that in the mid 1980s, this was an aspirational goal given that interpreter training was not available in Ireland until 1992. They also note that, sadly, the goal of ensuring appropriate provision of interpreters has still not been fully achieved in maternity settings or in healthcare settings more generally. Further, some of the observations, sentiments and experiences reported on by Doyle et al. are still echoed in our survey almost three decades later.

For her 1990 PhD thesis, the first on Irish Sign Language, Barbara Le Master completed an anthropological study of Deaf women who were at that time in their 60s, and noted distinct variations in signed vocabularies between male and female signers in Dublin. Le Master's research established that for over a hundred years, the Dublin Deaf community had maintained two sex-differentiated vocabularies, further noting that this phenomenon had emerged because of the segregation of the two Cabra schools for Deaf children.[2]

[2] The Department of Education and Science, and the board of Management of the girls and boys schools have subsequently amalgamated both schools, the Holy Family School.

Furthermore, Patrick Matthews' 1996 publication, "The Irish Deaf Community, Volume 1", explored the status of the Deaf community in Ireland. Matthews placed particular emphasis on language, culture and education. This rich data allows us to position the findings of our survey in the context of the unique language and culture that is continued by the Deaf community today.

Despite this cultural richness, Conama and Grehan (2002) found evidence of relative poverty in the Irish Deaf community, arising primarily due to the lack of information on health matters and very limited access to the media, which increased the risk of poverty due to misinformation. Conama and Grehan (2002: 42) report that "They [deaf respondents] depended on others, i.e. doctors or neighbours to provide auxiliary information and by doing that, they created a culture of dependency which leaves them vulnerable"

In 2003, one of the authors of this monograph (Coogan) completed an M. Phil. in Women's Studies, producing a research-led thesis on the topic, "Irish Deaf Women: The Appropriateness of their Education". This was a study of the educational experience of some Irish Deaf women and the oppression they experienced within both the hearing and Deaf communities. This study reflected on the Irish education system that was in place for Deaf students and on the profound changes that took place in the 1950s when St. Mary's School for Deaf Girls shifted from a manual system (i.e. one delivered through the medium of sign language) of education to an oral system of education (i.e. one predicated on speechreading and the production of oral language) were also examined. Again, it is interesting to note that some of the findings from that study continue to resonate.

Legislation that informed our study includes the Education Act (1988) and the Education for Persons with Special Education Needs Act (2004), which focus on the status of Deaf children's education and sought to facilitate Deaf and hard of hearing children's attendance at their local schools. In other words, the trend is towards mainstreaming Deaf children, which, in turn, has accelerated the demise of the specialist Deaf schools in Cabra, and impacted on use of ISL (Leeson & Saeed, 2012). This has particular relevance to the survival of the Deaf community because, as we have outlined, bonds have traditionally

been formed among Deaf people at specialist schools and it is the foundational site where sign language is transmitted from generation to generation.

In 2006, a study of inequality and Deaf people in Ireland was conducted by Pauline Conroy under the auspices of the Irish Deaf Society (IDS). This study of over 300 Deaf people recorded the educational and employment experiences of Deaf adults in Ireland. Conroy's findings demonstrated the lack of effective communication strategies, such as the limited sign language fluency of teachers in the schools, reporting that, *"many participants had difficulties in following the teacher clearly"* (Conroy 2006: 22). She also found that many Deaf people left school without undertaking any State examinations. This low rate of achievement is part of the reason why Deaf people are in low paid jobs with highly limited advancement or promotion prospects. Conroy states that the absence of formal qualifications effectively deprives the Deaf community of successful role models, mentors and teachers who would, in turn, critically evaluate Deaf education at all levels. (For a very recent review of literacy among mainstreamed deaf and hard of hearing pupils in Ireland, see Mathews and O'Donnell 2018).

In 2006, an American Fulbright student, Emily Steinberg, published a follow up to Doyle et al.'s (1985) study on access to maternity services for Irish Deaf women. Steinberg found that Deaf mothers' communication needs were (still) not adequately met by the medical profession. She goes on to say that the responsibility for securing access to maternity services should not lie with the Deaf community alone. Instead, she argues that agencies like The Equality Authority and hospitals must engage with the Deaf community to ensure any inequalities in accessing these services are addressed.

The issue of access as a precursor for equality in healthcare settings is taken up further by Leeson et al. (2014). They report on the Irish data from an award winning European Commission funded project on Deaf peoples' access to healthcare, Medisigns. One of the issues that they focus in on is the concept of 'informed consent'. They question whether informed consent can be secured by healthcare professionals from Deaf patients in the absence of effective communication.

Our study seeks to further document the lived experience of Irish Deaf women, adding to this body of knowledge, and going some way towards representing the rich tapestry of life that exists in the Irish Deaf community. One of our goals of this study is that other Deaf women will be inspired to continue to build on this base. We hope that given our embedded knowledge, understanding and empathy, we can empower and inspire other Deaf women to engage in community research.

Methodology

From the outset, we decided to use a questionnaire format to support the gathering of quantitative date from our participants. The survey was designed to produce a snapshot of Deaf women's lives, including evidence of their achievements, while also identifying the struggles in everyday living for Deaf women living in Ireland.

Our research occurred during a watershed moment for the Deaf community in Dublin particularly, but which also affected the national Deaf community. This watershed was the development of Deaf Village Ireland (DVI) in Cabra. This development saw part of the Christian Brothers' run school for Deaf boys, St Joseph's, demolished, and from that, a ground-breaking concept – the imagining and developing of a Deaf Village emerged.

Our research was made possible, in the first instance, by a small grant from the CIPD with particular reference to residents at St Joseph's Care Home, Stillorgan. CIPD was interested in regard to their proposed move to the Deaf Village campus in Cabra. This grant covered travel expenses – the authors volunteered their time to undertake the collection of data. As our data collection developed and as our community became aware of our research, we received additional small grants from Sign Language Interpreting Services (SLIS) and the South East Women's group. For us, this was indicative of the support on the ground in the community for our research work. Finally, we received a printing and publishing grant from National Deaf Women of Ireland to facilitate widespread dissemination of our report.

Framing the Approach – Piloting the Methodology

To help develop the survey questions and methodology, a pilot meeting was conducted with a group of women in the Midlands to 'road-test' our survey. After evaluating feedback from this group, some slight amendments were made to the questionnaire. One important outcome from this exercise was the utmost importance of face-to-face contact with all participants, for a number of reasons.

First, there was an issue around how well the participants could understand some the questions being asked. The pilot highlighted the fact that ISL was the preferred language for many of the participants and that English was their second language, which meant that the written survey posed challenges for some participants who struggled with English language literacy.

Second, having one of the researchers on site allowed for any clarifications, questions and concerns to be addressed immediately. These included things like who the survey was aimed at, questions around confidentiality of responses, and queries regarding what would happen to the information collected as well as questions about the final report.

Third, modern technology allowed for an online format of the questionnaire to be completed but this was not deemed to be the preferred method. This took the researchers by surprise. It was assumed that younger women (at the very least) who were used to using the internet for social interaction (such as Facebook and Twitter) would prefer to complete the questionnaire online. While we decided that we would still make an online survey available to potential participants, in the end only 3% (9 of the 301 participants) completed the questionnaire online.

Our quantitative survey was posed in written English. As this was a peer survey, we were keen to emphasise the confidentiality of the answers received in our questionnaire. Our written survey employed closed “yes/ no” questions wherever possible whilst allowing for any other comments as required. As the majority of participants claim Irish Sign Language as their first language, the optimum method of collecting the data would have been through the medium of ISL, recorded on video and later analysed. This would have entailed offering

the survey in ISL, recording the responses on video and analysing the recorded responses from video afterwards. This would have allowed the majority of our participants to use their preferred language, ISL. However, due to resource limitations, this was not possible. ISL has no written form, so we would have had to translate each interview into written English, further distancing us from the direct answers we were looking to collect. We were gratified to note that our predecessors, Conama and Grehan (also both Deaf researchers), had also carried out a written survey of the Deaf community in 2002.

With this in mind we built in some "insurance" plans to safeguard the data collection process and our participants' access to written English. As fluent ISL users, and as a methodology to safeguard our participants understanding of and access to the survey, we chose to be present while the surveys were being completed. We were there to explain the rationale behind the survey and to provide further explanations on any part of the survey if required in ISL. However, we gave no assistance to the participants in completing the survey unless specifically requested to do so.

There was the additional safeguard of having both researchers present in large group settings; this ensured that any questions posed were addressed to both researchers. This gave comfort to the participants around questions about confidentiality and what would happen to the completed questionnaires. In general, any queries arising related to clarification on some of the questions. Participants sometimes wished to expand their answers, drawing on their personal experience of a given situation: we found that participants were encouraged by the fact that their opinion was being sought. Our survey gathered substantially more information than our focus required, which is also a phenomenon described by Conama & Grehan (2002). They note that *"... information given by the respondents was extensive making it difficult to categorise and code... Thus, certain data had to be omitted for* the *purpose of this research. However, the data is safeguarded for future reference*." (ibid.: 15). This chimes with our experience and is indicative of the fact that the Deaf community are excited to share strong opinions and experiences when asked in a research context that they deem to be both accessible and safe.

In order to build a comprehensive picture of Deaf women's lives in Ireland, our survey was built to include ten sections. Each section contained between five and seven questions. Some sections offered space for additional comments, but we assured participants that they could add further comments to any of the sections or questions asked. We believed this was important in order to confirm that participant thoughts, ideas and experiences were being listened to, that they were worthwhile and important.

Survey Questions

Section 1 sought to document basic information which allowed us to categorise on the basis of age, and assess engagement with the Deaf community and Irish society in general. This section also included questions about marital status, onset of deafness, primary mode of communication, if they used hearing aids, whether or not they had a driving license and whether they were registered to vote.

Section 2 covered participants' education up to secondary school level. This provided factual data regarding participants' educational background, the communication methods they experienced in the classroom and formal examination levels completed. This section also asked if the participants were aware of the unique signs of Deaf women (following the data described by LeMaster (1990)). We further asked them if they thought women's variants of ISL should be taught in ISL classes. As we will discuss, the majority of participants attended St Mary's School for Deaf Girls in Cabra, and our results provide insights into opportunities and lack thereof reported by our respondents.

Section 3 looked at careers, jobs, promotional prospects and job satisfaction. Here, we posed questions about general income levels, job transferability and job satisfaction. This section built particularly on Conama & Grehan (2002), but focused specifically on the experience of Deaf women and, from this, ascertained how some of the respondents got their current jobs.

Sections 4, 5 and 6 looked at post-secondary school experience.

Section 4 asked about any training courses undertaken, including vocational training with FAS or Rehab, taking into consideration the policy remit of the Department of Education and Science, and the Department of Social and Family affairs, which collaborates with the Department of Trade and Employment in providing accredited vocational and professional courses as well as providing lifelong learning skills to support and encourage gainful employment for all Irish Citizens. Focusing on the educational experiences of our cohort, outside of formal education, this section seeks to explore the participants' access to any training courses or job skills courses. Particularly this section looks at the services provided by organisations like FÁS and Rehab, and how they were accessed by our Deaf sign language users. Our questions examined what resources were made available to them as they attended such courses.

Section 5 explored third level experiences, if any. Questions in this section were framed by the objective of discovering how many respondents had attended third level. We went on to explore if participants experienced any access-related barriers in their participation at third-level. This section allowed us to chart the significant improvement, over time, of access to third-level for Irish Deaf Women. This section makes particular reference to the provision of supports, or lack thereof, in third-level colleges and includes recommendations for further improvements.

Section 6 covered lifelong learning interests. This was intended to examine what life-long learning experience participants had. We also examined if there was an interest in future courses and, if so, what subjects were of interest. In this forward-looking section (and with reference to future educational opportunities), we asked participants what they thought of the proposed Life-Long learning Centre at Deaf Village Ireland. We asked if they were aware of existing classes run by the Deaf Adult Literacy Service (DALS), which are funded by the Department of Education and Science. We further enquired if any of the participants attended these classes and how beneficial attendance has been for them. This section has significant weight for the future development of a Deaf Life Long Learning Centre.

Section 7 examined evidence of technology in participants' lives. Technology is pervasive, and offers advantages to the Deaf community (See Leeson et al. 2015 for example). In this

section we enquired about how confident participants felt using technology. We started with simple questions, asking if, for example, they had a computer and what they used the computer for. We asked more specific questions relating to their use of the internet, chatting on line and email usage. We also asked what training, if any, participants had received with regard to using technology. Linking to Section 6, we asked participants if they would be interested in (further) classes to improve their computer skills.

Section 8 asked if participants took part in social activities within the Deaf community. There are various clubs and organisations within the Deaf Community, so we asked if participants were active either as spectators or if they served on committees. The Irish Deaf community has an active, rich and vibrant roster of events and togetherness, with the community bonding because of shared use of Irish Sign Language. In this section, we collated information about participants' social activities, and memberships of clubs and groups.

Section 9 asked about volunteering activities, as events organised by the Deaf community generally require a cohort of volunteers to ensure their smooth running. Within the Deaf Community there exists a myriad of organisations and clubs, at national and local level, that have been run by generations by volunteers. The spirit of volunteering and organising in the Deaf Community inspires feelings of Deaf empowerment for Deaf people. This section sought to measure this volunteer activity. Indeed we sought, in the first instance, to see whether or not participants did any unpaid voluntary work either within the Deaf community or outside of it. When considering the holistic experience of Deaf people within Irish society in general, experiencing oppression and marginalization in their daily life's in majority hearing communities (Ladd, 2003), volunteering in this way within the Deaf community can be seen as an emancipatory act, imbuing feelings of confidence and a 'can do' mentality for many Deaf community organisers and activists.

Indeed, as we shall see, most participants (n=280) reported that most of the volunteering and community activity they engage in happens within the Deaf Community. There are a number of Deaf women's groups throughout Ireland that organise social events across the

year. Our survey made particular reference to participation in Deaf women's social groups. Specifically, we explored the (then) proposal to set up a National Council for Deaf Women (NCDW). Since our data was collected, the National Deaf Women of Ireland, (NDWI) has been formally established.

Section 10 looked at life situations, including parenthood, access to maternity services, and the requirement for an interpreter in different situations. This section also covered access to the media, including access to TV and exploring use of reading materials. The media plays a powerful role in our lives by informing us of various opinions on topics both local and worldwide: for hearing people, the medium of the radio is easily accessible. We wanted to explore how Irish Deaf women accessed the media and how accessible it was to them.

Previous empirical studies on the Deaf community have demonstrated a lack of Deaf awareness and poor provision of interpreters in medical situations with particular studies honing in on maternity services (Doyle et al., 1986;Steinberg, 2006; Leeson et al., 2014). We particularly looked at motherhood, and the use of interpreters during childbirth looking to update research relating to Deaf mothers in Ireland. In collecting the data, we asked participants to identify other areas of life where interpreter provision should be increased and/or improved, such as in the workplace, for GP visits, parent-teacher meetings, and other situations. We enquired about leisure and lifestyle activities, such as what reading materials the participants enjoyed and if they liked watching TV. We asked the participants to rate their satisfaction with current levels of subtitling provision.

Given the relatively small population of the Irish Deaf community, many of the respondents' life experiences and details of their personal lives were already known to the researchers. To further facilitate maintaining the anonymity of our participants, we therefore decided not to review completed surveys at the time they were completed to give distance from data collection processes, and to reduce the potential of us identifying particular participants directly. We should also note that in some instances, respondents did not answer all the questions, particularly those questions that required more than a yes/no response.

Engaging with Potentially Vulnerable Research Participants

As we undertook this work, we were particularly sensitive to the potential vulnerability of elderly and Deaf/Blind residents of St. Joseph's House. Prior to our data collection process at St. Joseph's House, we agreed that no potentially sensitive or personal information revealed by residents would be used as part of this research. Permission was sought from the manager of the home to meet the residents and a sample questionnaire was submitted for consideration. After receiving approval from the manager to conduct the research, a date was set and she then advised the residents of our visit.

On the first visit to St Joseph's we explained to residents (and staff members who were also members of the Deaf community) what the survey was about. In order to ensure full understanding and to secure informed consent, a Deaf advocate who is familiar to all of the staff and residents attended the first session. There, we explained the rationale behind the survey and responded to their queries. As some of the residents were Deaf/Blind, our advocate was able to interpret our talk for them and ensure that they were fully aware of the reasoning behind the research. Their immediate response was, "*Yes, I* want *to take part*".

Both researchers were well known to the residents and therefore experienced no difficulty in explaining the rationale behind the research, and we can say that this helped ensure that the study had 'face validity' in the community. We also explained that residents were free to participate or opt out, even after the survey was completed. To this end, the interviewers checked again to confirm that participants were happy to sign the consent form. All respondents were comfortable to sign the consent forms, appreciating that they may be more easily identified than other participants, given the small community size at St. Joseph's. Indeed, in some cases the participants wished to be identified (see also the following, who include discussion of Deaf community requests to be identifiable in some research domains - Leeson & Saeed, 2012; Napier & Leeson, 2016).

As noted earlier, participants were also invited to sign their completed surveys and provide contact details (mobile phone number or an email address). We emphasised that this was completely voluntary and that if they did choose to share their name/contact details with us, that we would not pass on their details to anyone else.

Initially some participants decided not to sign their names on the survey forms, but as they came close to completing the survey questions, some changed their mind and opted to add their contact details. Some simply signed the survey form, while others added comments like, "*That's ok I will sign and give you my details. I trust you both*", which reinforces the importance of the trust relationship that can emerge when community 'insiders' engage in community-led research.

Participants

Given the preference for face to face engagement in the community, we subsequently travelled the country, and at their request, met women both in social groups and individually. As more Deaf women became aware of this project, we received an increasing number of invitations to visit various locations. Due to the demand from across the country, we decided to do our utmost to include as many participants as possible.

The Deaf community in Ireland is small and close-knit; as we have noted earlier, most of the participants were known to the interviewers. We took advantage of this by inviting our peers to participate in the survey. As the word spread around the community, we were invited to attend social events in major towns and cities throughout Ireland to explain about our project goals. We visited Cork, Carlow, Wexford, Galway, Derry, Waterford, Limerick, Sligo, Kildare, Drogheda and Wicklow, as well as a number of events in Dublin. At the end of each of these events, we were given the opportunity to hand out questionnaires to women present who wished to participate.

In the next sections, we present an overview of results from our survey. We begin by providing some demographic data on the 301 women who participated in the survey.

Age Profile of Participants

In order to ensure that our survey would be cross-generational, we targeted five age ranges. Figure 1 illustrates the range secured.

Group A:	18 to 29 years of age	(39 participants (13%))
Group B:	30 to 39 years of age	(67 participants (22%))
Group C:	40 to 49 years of age	(78 participants (26%))
Group D:	50 to 59 years of age	(57 participants (19%))
Group E:	60 years of age and over	(60 participants (20%))

Figure 1: Age profile of participants

Survey Locations

We wanted to ensure a broad representation of geographical spread in our data. As members of the Deaf community with resulting insider knowledge of the locations of clubs and meeting places and the dates of social events, we visited over 90% of the Deaf Clubs on the island of Ireland. Visits were deliberately arranged to coincide with social events focusing on local Deaf women's group meetings as well as other information sessions facilitated by local Deaf groups. We were allowed time to address groups at the end of their meetings by attendees who opted in to the project. Our aim was to gather broad demographic data. In 1996, Matthews reported that many members of Irish Deaf community reside and work in the Dublin area: our survey confirms that this remains the case for our respondents, as can be seen in Figures 2 and 3. These show that 42% of the women who participated in our study live in Dublin.

Where possible, both authors were in attendance during data collection sessions. On the rare occasions where a social session was arranged by a rural Deaf club followed by survey data collection, at least one of us was in attendance. To protect the privacy of the participants, we also ensured that the completion of our surveys took place after the social event was over, or in a separate room. This approach was built in to all sessions both to

protect privacy and to allow Deaf women the space to ask for clarification whenever necessary.

Where do you live?

County	Percentage
Dublin	42%
Cork	8%
Derry	6%
Kildare	6%
Galway	4%
Kerry	4%
Louth	4%
Meath	3%
Kilkenny	2%
Limerick	2%
Tipperary	2%
Waterford	2%
Wexford	2%
Wicklow	2%
All other responses	11%

Figure 2: Geographic spread of Respondents

Eighty-five percent (n=225) of participants completed the survey while attending a social event. The women completed the questionnaires with the researchers nearby, ready to clarify any queries in ISL. These data collection evenings typically finished late with tea, a chat and information-sharing, a process that is a familiar part of the fabric of social interaction amongst Deaf people. Some 15% of the participants completed the survey on an individual basis (e.g. one of us met them individually at locations such as DVI), or with a group of their friends at a venue outside of the community.

COUNTY	Ages 18-29	Ages 30-39	Ages 40-49	Ages 50-59	Ages 60+	Total	Overall percentage
Antrim	0	2	1	0	0	3	1%
Armagh	0	0	0	0	0	0	0%
Carlow	0	0	0	1	2	3	1%
Cavan	0	0	0	0	0	0	0%
Clare	0	3	1	0	0	4	1%
Cork	1	7	8	0	9	25	8%
Derry	3	6	1	1	4	17	6%
Donegal	2	0	0	2	0	4	1%
Down	0	0	0	0	0	0	0%
Dublin	14	17	34	32	30	127	42%
Fermanagh	0	0	0	0	0	0	0%
Galway	0	1	6	1	3	11	4%
Kerry	4	2	2	1	3	12	4%
Kildare	0	4	9	0	5	18	6%
Kilkenny	2	2	1	0	1	6	2%
Laois	0	1	1	1	0	3	1%
Leitrim	0	0	0	1	0	1	0%
Limerick	4	2	1	0	0	7	2%
Longford	1	0	0	0	0	1	0%
Louth	2	7	1	2	0	12	4%
Mayo	0	0	0	1	0	1	0%
Meath	2	4	4	0	0	10	3%
Monaghan	0	0	0	0	0	0	0%
Offaly	1	1	0	0	0	2	1%
Roscommon	0	0	0	0	0	0	0%
Sligo	0	0	1	1	0	2	1%
Tipperary	2	1	1	1	0	5	2%
Tyrone	0	0	0	1	1	2	1%
Waterford	1	3	1	2	0	7	2%
Westmeath	0	0	0	1	0	1	0%
Wexford	0	2	1	1	1	5	2%
Wicklow	0	2	2	2	0	6	2%
Answered	39	66	76	57	58	296	98%
No Response	0	1	2	0	2	5	2%
Total	**39**	**67**	**78**	**57**	**60**	**301**	**100%**

Figure 3: Where do you live now?

As with previous embedded research conducted with members of the Deaf community, we elicited more significantly more information than was required for the survey. Our physical presence while groups completed the surveys proved beneficial to participants and, subsequently, for our data collection. This was illustrated often during the data collection process when many personal stories were told to us. Women reminisced about

their experiences and shared these with us with great comfort and ease, predicated on our shared identity, language and similar school experience (See also Conama & Grehan, 2002). Additionally, arising from shared feeling arising from the fact that both researchers and participants belong to the community, and emerging from the fact that both researchers are fluent ISL users and active community members, group sessions took longer than expected but allowed for clearer pictures to be formed from the data. The level of engagement in the research project also suggests ample scope for further research.

Four out of five of our participants were educated at St Mary's school for Deaf girls in Cabra. This experience was a bonding one for most of the women we surveyed and was the place where the seeds of the Deaf community's cohesion were formed. Many participants report that this is where they formed lifelong friendships. We were interested in the experiences of all Deaf women, regardless of whether they had been educated in Deaf or mainstream schools. However, the inclusion of women who were educated elsewhere and who socialised outside of the Deaf clubs proved to be the most challenging aspect of the survey. Over the 18 month period that we spent collecting data, we found that word spread through the Deaf community about our survey. Some of the smaller groups that met us were friends who had been at school together. Some participants also reached out to women who had attended mainstream schools, inviting them to contact us. Overall, 7% of the participants whom we collected data from attended mainstream education.

All of these surveys were completed through the medium of written English, but with researchers present to translate the questions into ISL. This illustrates that communication needs are important, as the participants who attended mainstream schools had a good knowledge of ISL. The scope of this project did not allow us to further analyse how, where and why these mainstream participants learnt ISL, but this is most surely a topic that deserves further attention.

In the next section, we dig deeper into our data, presenting information on each of the ten aspects that we outlined earlier. We begin with data on deafness.

SECTION 1: DEAF WOMEN IN IRELAND: LANGUAGE, COMMUNICATION, CULTURE

The term "deafness" has both medical and cultural meanings. Within Deaf academic and cultural circles, the terms "big D" Deaf or "little d" deaf; the smaller case d, as in 'deaf', denotes the medical model perspective and the upper-case D (Deaf) describes the social model of Deafness (e.g. Lane, 1996).

However, more recently, Colin Allen, President of the World Federation of the Deaf noted that:

> "I believe that we should recognise the diversity in the international Deaf Community and not label people as 'Deaf' as we cannot assume that a person is culturally Deaf. I think that by using 'deaf' this is more accepting of all deaf people, regardless of their sign language skills, whether they come from a deaf family, when they learned to sign, whether they choose to speak as well as sign, or whether they have a cochlear implant. There are so many people that come to the Deaf Community later in life that we should not exclude them. Using the term 'Deaf' could potentially exclude people. Using the term 'deaf' includes all individuals, but we can use the term 'Deaf' when referring to community and culture. We, a diverse group of deaf people, are all part of the Deaf Community and should enjoy the richness and variety of life". (Colin Allen, President, WFD, 29th August 2014; in Napier & Leeson, 2016: 99).

For many Deaf people, the definitions of deafness, the causes of deafness or the reasons why they are deaf have no significance to them. Some Deaf people have vague notions about how and at what age they became deaf, but this detail is not information that Deaf people use to locate themselves and others in their communities and friendships. What is more important is the class they were in, the school that they attended, and what teacher they had (Matthews, 1996). In contrast, State bodies such as the Department of Health and Children, the Department of Education and Skills, and more generally, those who make

policy decisions affecting the lives of Deaf people, definitions of deafness are seen as crucial to identifying the needs of Deaf individuals (Coogan, 2003).

In this document, we make use of both of the upper case D (Deaf) and the lower case d (deaf). The use of the upper-case D denotes people who regard their deafness from a linguistic cultural model rather than the medical model of deafness; these Deaf people are not seeking a cure for their deafness (Matthews, 1996). The majority of participants in our study align themselves to a linguistic, cultural model of being Deaf.

Deafness	
227	Respondents said they were born deaf
65	Respondents said they became deaf after birth
9	Did not reply
Preferred mode of communication	
157	Respondents prefer to use ISL and speech
126	Respondents prefer to use ISL only
6	Respondents prefer to use speech only
12	Did not reply

Figure 4: Preferred language and mode of communication

Taking use of 'big 'D' Deaf' as indicative of alignment with the cultural model of deafness an overwhelming 283 of our 301 respondents claim ISL as their preferred mode of communication, either with (n=157) or without use of speech (n=126). This has significant relevance for these women's access to the wider Irish society and public services.

Text Messaging

With the rapid advancement in technology during the past 20 or more years, our evidence demonstrates how respondents have embraced the technological era. Participants report how the emergence of this new technology has had a significant and positive, impact on the Deaf Community, offering them independence in using telecommunications. Take, for

example, the development of text messaging. One might notice teenagers' constant texting, but the amount of texting reportedly done by members of the Deaf community would probably beat that of the typical teenager! Only 15 of the 301 participants said that did not use text messaging media.

Text Messaging	
271	Respondents send text messages to Deaf people
253	Respondents send text messages to hearing people
15	Respondents do not use text messaging
10	Did not reply

Figure 5: Who do you text message?

It also seems that Irish Deaf women have embraced the use of social media tools like Skype, Face-time and ooVoo for remote face-to-face interaction with friends and colleagues. This gives Deaf people a greater degree of independence to make direct contact with friends and colleagues without the need to go through a third party. In today's technological world, the advent of PCs, smartphones, and mobile devices like iPads have technology built in to allow for instant and interactive face to face conversations. Respondents report that most of their online face-to-face interaction is between sign language users, deaf and hearing.

Vlogs are another way of keeping in touch with the Deaf community and are used to advertise meetings, socials or sporting events. A Vlog is a blog in which postings are made in video form. Vlogs can be in ISL, making them an accessible medium for those whose first language is ISL. Prior to the arrival of text messaging and social media technology, meetings and arrangements had to be made well in advance either by letter or by relatives or friends making calls on behalf of deaf people. In those days, cancellations or time changes were fraught with anxiety.

In short, although deafness can be defined in different contexts, for this research we embraced big" D" as the cultural model of being Deaf. However, we were also interested

in any assistive technology that participants may use, so we asked if participants used hearing aids or had a cochlear implant (CI). Despite advances made with regard to hearing aid technology which are becoming more powerful and smaller in the ear, fewer than half of our respondents (n=147) report that they use their hearing aids. Only 13 report that they have a cochlear implant. Given this, we conclude that adopting technological aids is not a good indicator of Deaf peoples' cultural allegiances: women who strongly identify as being members of the Deaf community are confident users of hearing aids or CIs.

Use of hearing aids	
147	Respondents use their hearing aids
143	Respondents do not use a hearing aid
2	Respondents do not use their hearing aids any more
9	Did not reply
Cochlear Implants	
278	Respondents did not have a cochlear implant
13	Respondents have a cochlear implant
10	Did not reply

Figure 6: Use of technological aids/ Cochlear Implants

Voting in National Elections

One of the background questions we asked was whether participants were registered to vote. Figure 7 shows that a high number of respondents (201) report voting in elections. It is worth noting that this survey was conducted shortly after the referendum on the thirtieth amendment to the Irish Constitution in May 2012. It might be interesting to see how voting patterns among Deaf people develop in the future, given that in recent years the Referendum Commission has introduced ISL in some of their advertisements. This is a direct result of lobbying from representatives of Deaf Hear (now Chime), the IDS and

SLIS. This level of political engagement on the part of Deaf women is not insignificant and we hope this will encourage the political establishment to engage more directly with the Deaf community.

Do you vote in national elections?

Yes	201	67%
No	27	9%
No response	70	23%
Sometimes	3	1%

Figure 7: Voting in national elections

Driving Licenses

We asked participants if they hold a driving license. 55% report that they hold a full license. This is comparable with CSO (2011) statistics which show that 45.56% of Irish females hold a full driving license. The issue of holding a driving license is also interesting as, until the mid 1980s, insurance companies loaded premiums for Deaf drivers. Indeed, both authors of this study were involved in a lobbying campaign to end this direct discrimination which ended in the mid to late 1980s.

Driving License	
167	Respondents have a full driving license
82	Respondents do not have a full driving license
5	Respondents have a provisional driving license
48	Did not reply

Figure 8: Do you hold a driving license?

In sum, we can say that data from section 1 shows that the majority of respondents were born deaf. An overwhelming majority report Irish Sign Language is their preferred language. Furthermore, we noted that fewer than half the participants (n=147) use hearing

aids. We surmise that cultural allegiance to the Deaf community goes beyond levels of deafness and ability to hear. We found that a majority of respondents (n=201) women are registered to vote in national elections while 167 hold a drivers license, placing them above the national average for Irish women in general.

SECTION 2: DEAF WOMEN'S EDUCATION

In this section we present some background to the formation of the schools for the Deaf in Ireland, which is relevant to understanding the cultural make-up of the Irish Deaf community. Further, we also look at the knowledge our participants had about the unique women's sign vocabulary that developed within St. Mary's School for Deaf Girls until the 1950's. We posed questions about communication methods experienced while at school and state examinations completed. We also asked women to indicate how satisfied they were with their educational experience and their levels of happiness while at school.

First, we briefly outline the historical development of deaf education in Ireland.

In Ireland, the formal education of Deaf people began in the 19th Century when the country was under British Rule. In 1816, Dr. Charles Orpen opened the first school for the deaf in Ireland called the Irish National Institution for the Deaf and Dumb, in Smithfield, Dublin. The necessary funds to open this school were raised by a group of Protestant archbishops. In 1819, the school moved to Claremont in Glasnevin and changed its name to the Claremont School (Pollard, 2006). Although this was a Protestant school, they admitted Catholic deaf children, as there was no Catholic deaf school at this time in Dublin. The children were educated in the Protestant faith. O'Dowd (1955) tells us of the concerns raised by both the parents of Catholic pupils and the Catholic church about evidence of proselytism being carried out in the Claremont school.

In 1845, the Catholic Church became concerned that Catholic deaf pupils in Claremont were not getting appropriate Catholic religious instruction or adequately prepared for the sacraments (Crean, 1997; Griffey, 1994). The Catholic bishops of the time set about establishing a school for the deaf in Dublin. There was a Catholic school for boys and girls in Cork due to the benevolence of Dr. Patrick Kehoe of Cork who, in 1822, opened the first Catholic school for the deaf in Ireland (Matthews, 1996; Leeson et al., 2012), but in April 1846, at the height of the Irish Famine, it was closed due to lack of funds (ibid.).

During the 1840s, Fr. Thomas Mc Namara C.M. became interested in the education of the deaf while a member of the staff of St Vincent's College in Castleknock. In 1840, he went to Caen, France, on business. While there, he visited the deaf school, *Le Bon Sauveur*, and observed the pupils learning through French Sign Language (LSF)(O'Dowd, 1955). He realised that this kind of school was needed in Dublin. Fr. McNamara subsequently sought advice from the Very Reverend Dr. Yore of St Paul's Arran Quay, Dublin who advised him to form a committee. Fr. Mc Namara set about forming this committee which became known as the Catholic Institute for the Deaf (CID)[3]. The committee's aim was to raise funds to set up a school for Catholic deaf girls and boys. During the first meeting of the CID in 1846, the committee decided to ask the Dominican Sisters in Cabra to start a Dublin school for deaf girls. In order to develop methods for teaching deaf children, the CID arranged for two Dominican nuns and two deaf girls to travel to Caen for eight months to observe the teaching methods in the deaf schools there. When the nuns and the two girls returned, St Mary's school for deaf girls was opened (Coogan, 2003). The influence of LSF from this period is still evident in ISL today (Leeson & Saeed, 2012).

One aspect that is unique to the Irish Deaf community dates from the period when the girls were in France, where they acquired French Sign Language. When they came home, naturally their sign language use influenced the others in St Mary's school. This became what is still known today as "*women's signs*", a phenomenon that was first reported on by Le Master (1990), and later, Leeson & Grehan (2004) and Grehan (2008).

Le Master's investigation discovered that for over a hundred years, the Dublin Deaf community maintained two sex-differentiated vocabularies. She claims that the gender segregation policies of the schools (even though both were located in Cabra, about one mile apart) contributed to this and notes the significance of the variation between male and female signers, suggesting that the gender-distinctive vocabulary differences were the most startling ever recorded.

[3] CID is now the Catholic Institute for Deaf People (CIDP) and continues to be involved in the schools, as well as a residential home for the Deaf in Stillorgan.

Overall, some 80% of participants attended St Mary's School for Deaf Girls. Amongst younger women however, 18% attended mainstream schools. We surmise that this correlates with the introduction of the Education, which made it policy to mainstream children with disabilities.

Women's Signs

Our survey posed two questions with regard to women's signed vocabulary. This was to ascertain if respondents were aware of the historically documented gendered (and generational) sign vocabulary and whether they believed in continuing its usage, including the teaching of the female variant in Irish Sign Language classes.

Should Deaf women's signs be taught in ISL classes?	
222	Respondents said yes
46	Respondents said no
33	Respondents did not respond
Do you use Deaf women's Sign Language?	
153	Respondents replied yes
80	Respondents use it a little
42	Respondents replied no
26	Did not reply

Figure 9: Female Gendered Signs in ISL

What was particularly interesting to us was that amongst younger participants, the term 'Deaf women's signs' was not recognised. We had to give samples of well-known female variant signs to illustrate what we meant. We typically chose the female sign for FRIDAY,

or other days of the week, as the female variants for these words are very distinct from the male variants that exist.

The days of the week are just one example of gendered vocabulary signs. LeMaster (1990) reports that "*in male and female signs in the sense that they are produced on the four fingers, first finger Monday, second finger Tuesday, the third or ring finder Wednesday, and the fourth finger or pinkie as Thursday. (The female and male signs differ in that women produce their signs with a single hand, while the men use two hands to produce their signs" Friday uses a 'V' for the French word for Friday, Vendredi, by the women on the chin"* whereas men pass two fingers across their chin for Friday.

Colour terms also prompt gendered sign variation. If we take signs for GREEN as an example, we can say that females use a *"'g' handshape which occurs in front of the body, and uses an up and down movement. The male sign for 'green' uses a one handshape, occurs on the side of the face, and has a single downward movement*". (LeMaster, 1990)

Many participants did not recognize or understand our use of the English language term 'women's signs' on the survey. However, when an example of Deaf women's signs, was demonstrated by either of us the question was quickly understood. In some cases, younger participants (typically aged 18-40 years), and those who had attended mainstream schools) responded by signing, "Oh, St Mary's signs" (this comment came from some of from the younger participants age 18-40 years. The participants would then provide us with some other examples. It was an important bonding moment in the research process and one that demonstrated and confirmed to us both the necessity of our presence in the room while the survey was being completed. We were there to bridge the language gap between English to ISL – as a safety net for participants who were completing our written English survey. But this role also stretched further into cultural mediation, specifically with regard to mediation around Deaf women's cultural heritage.

Educational Standards

Participants ranged in age from 18-89 years. Formal education standards at St Mary's School for Deaf Girls have improved over the lifetime of our participants. Secondary school education commenced in 1953, and the first public examinations, known as the matriculation exams, took place in 1959. Over half of the participants (n=213) report that they have completed state examinations to Group or Junior Certificate examination level. At the same time, almost one third (n=94) say that they did not complete any state examination. Of these, 75% of participants aged 60 years and above, and almost 50% of those in the 50-59 years age group did not sit any state examinations.

In contrast, the younger participants in our survey typically undertook state examinations to Junior Certificate level (n=120) and some continued to Leaving Certificate (n=84). However, this figure demonstrates that fewer than one in three Irish Deaf women have completed the Leaving Certificate. Of the 84 women who have, 54 were aged 18-39 years, suggesting an increase in expectation and outcome at secondary school level.

In 1952, St Mary's formally came under the auspices of the Department of Education and Science. Initially, state examinations at the school began with the Group Certificate and the Intermediate Certificate (now known as the Junior Cert), while post-primary courses began in 1954 (Department of Education 1972). The first Leaving Certificate class in St. Mary's began in 1971. Career guidance in St Mary's school is a relatively recent addition, and is offered from the beginning of post-primary education.

State Examinations Taken

Group Certificate	96	23%
Junior Certificate	120	29%
Leaving Certificate	84	20%
Post Leaving Certificate	3	1%
None	94	22%
No reply	24	6%

Figure 10: State Examinations Completed

We asked participants about the language/s of instruction while they were at school. From Figure 11 below, we note that a small number of participants (n=28) used ISL while in school, and this maps to satisfaction ratings. This comes at a time when the Deaf community is fighting for legal recognition of ISL and advocating strongly for Deaf children to be educated through ISL.

Communication while in school	
178	Oral approach only
28	Sign language only
71	Sign language and Oral approach
24	Did not reply

Figure 11: Communication while at school

A significant number (n=110) of participants were not satisfied with their educational experience. This represents over a third of the women who participated and is a cross generational representation of participants. Some felt they were not challenged in school and that was the reason they did not sit State examinations. Parsing this, we suggest that these Deaf women feel they have more ability than their qualifications attest to, and believe that education through ISL, an accessible language for them, would have allowed them to achieve their true potential educationally. This is borne out by additional comments that several women included on their forms:

> *Sign language should have been used in school. Deaf history should have been taught also. I felt so much pressure to be in a hearing world. Also more deaf role models should be on the school staff.* (woman aged 30-39 years)

> *School could have been more challenging academically. I was not pushed enough to do more.* (woman aged 30-39 years).

In Mainstream school I had limited understanding. At Deaf school I learnt a lot using ISL and [the] oral method with a small group in my class. (woman aged 18-29 years).

Satisfaction with your education							
Age Group	***Total***	***Very satisfied***	***Satisfied***	***Fairly satisfied***	***Not satisfied***	***Very dissatisfied***	***No reply***
18-29	39	9	14	9	4	0	3
30-39	67	3	16	25	18	0	5
40-49	78	1	4	30	36	0	7
50-59	57	4	2	14	29	0	8
60 +	60	4	15	15	23	0	3
Totals	**301**	**21**	**51**	**93**	**110**	**0**	**26**

Satisfaction with your education	
21	Very satisfied
51	Satisfied
93	Fairly satisfied
110	Not satisfied
0	Very dissatisfied
26	No reply

Figure 12: Satisfaction with Education

The results outlined in Figure 13 are highly revealing. A majority of participants (n=191) were either very happy or fairly happy with their school experience and yet, when we asked participants if they were satisfied with their educational experience, 110 said they were not happy with the educational or academic standard achieved, or expected of them, in school.

A large percentage of the cohort attest to loving the social experience at school, which provided them with access to Deaf peers: "[School] *was good with the girls, I miss them*" (woman aged 50-59 years), but, at the same time, not being happy with the academic or learning part of school. As one woman noted, "*I had no qualifications really and felt that no one could help me, but knew I could study later. I just felt the school system was trapping me."* (woman aged 30-39 years).

How happy were you with your experience at school						
Age Group	***Total***	***Very happy***	***Unhappy***	***Fairly happy***	***Neither happy or unhappy***	***No reply***
18-29	39	15	0	20	3	1
30-39	67	15	17	33	0	2
40-49	78	13	28	34	2	1
50-59	57	6	19	22	4	6
60 +	60	9	16	24	10	1
Totals	**301**	**58**	**80**	**133**	**19**	**11**

Figure 13: Satisfaction Ratings regarding Educational Experience

Four out of five participants attended St. Mary's School for Deaf girls in Dublin and many of them were boarders, and as a result, report forming life-long friendships with their peers. As one participant aged 40-49 years told us, "[I was] *Unhappy with teachers but happy among friends.*"

We note that 90% of the younger women report being happy with their school experience. As one young woman aged 18-29 years said, *"I loved school, nice teachers.*"

We may conclude that this increased level of satisfaction stems from the relaxation of the school's previously strict oral rules (Griffey, 1994). In recent years, teachers at St. Mary's have been allowed to use ISL, while care staff are expected to attain a level of proficiency in ISL.

On the basis of this data, we recommend that schools, both the special school for deaf children and mainstream schools with deaf pupils, use Irish Sign Language during the school day. We also advise that pupils must be challenged academically in order for them to achieve their maximum potential in state examinations.

We also advise that a more robust career guidance curriculum be implemented in order to ensure that the experience reported by this Deaf woman are avoided for future cohorts: "*We were not given much choice. It was either an office or a factory or Rehab. We were not encouraged to go for college etc.*" (woman aged 50-59 years).

Furthermore we note clear evidence from our data regarding the importance of school in the development of the social person and we therefore recommend that schools take steps to ensure the future generation of Deaf women are confident both academically and socially. To this end, as part of the social studies curriculum, schools should include Deaf awareness training and information on Deaf history. Within the curriculum, space should be given to the inclusion of reference to gendered signs, women's signs. We say this because we strongly believe that history dies if it is not taught to the next generation.

SECTION 3: EMPLOYMENT

This section covers Irish Deaf women's employment and career opportunities, including data relating to how participants secured their first jobs. We also explored job satisfaction, current job status, and level of income.

Was your career guidance helpful?	
39	Respondents said yes
34	Respondents said no
224	Respondents did not respond
4	Respondents said a little

Did you have career guidance in school?	
86	Respondents said yes
174	Respondents said no
41	Respondents did not respond

Figure 14. Career Guidance

Initially, we asked participants about their experiences of career guidance. Over half of the participants (n=174), told us they did not receive any career guidance. Just 86 report receiving career guidance advice while in school, and of those, only 39 of them said it was helpful. Given the low number of respondents who received career guidance, we can only surmise that this was a relatively new subject at the school, given that second level education for deaf girls commenced only in the 1950s.

We went on to ask how the women got their first jobs, and the results are comparable to Conama and Grehan's (2002): 81 respondents were assisted by family member or friends

in entering the job market. Just 3% of participants (n=8) said they got their first job through Fás while 16% (n=45) got their first job through school or college.

Samples of the comments that participants added to their survey sheets include:

> *My Dad helped me.* (30-39 year old).
>
> *My Mam saw an advertisement in the newspaper and sent the application form for me. (40-49 year old).*
>
> *I got a job through where my sister worked*. (50-59 year old).
>
> *The school encouraged me to go to Roslyn Park after leaving school and offered no encouragement for third level. After Roslyn Park I was sent to St Vincent's Hospital on work placement and was offered a job there*. (30-39 year old).

We note that this particular section required written answers, while many of the questions in other sections were simply yes/no answers. It should be noted that over one-third of respondents did not answer this question, perhaps because it required an extended written response.

Looking more closely at the 106 participants who gave no response, we found that 19 were at retirement age and beyond, while 53 were aged 30-49 years, and it is possible that this last group were currently outside of the workforce. Of the remainder, 20 were in the 18-29 years age bracket, and many of them therefore had not yet accessed the workforce as they were still students.

Career progression was not a focus of this survey, but when the salaries of participants were analysed, fewer than 10% (n=31) of the participants earned over €50,000 p.a. For the majority of those who responded, income was between €5,000 and €30,000 P.A.

The figures below outline the various job descriptions of the respondents. We note that fewer than half of respondents hold 'professional class' occupations. This resonates with Conama and Grehan's (2002) findings. Deaf peoples' career opportunities after achieving third level academic qualifications is an area of research that warrants further investigation but is beyond the scope of this volume. We note that a European Commission funded project, DESIGNS[4], is currently looking at this particular topic (2016-19).

Our findings, however, do not tally with Conroy's (2006) study, which found that Deaf people tended to stay in their workplace for the long-term, rather than change jobs like their hearing peers. Our survey results indicated that only five participants remained in the same job for over twenty years. Instead, we found that a number of Deaf women occupied lower paid jobs in the service or manufacturing industries.

Our research shows some improvement in the kind of jobs Deaf women have been securing in more recent times. Although this research did not analyse the grades or levels attained in any particular sector, the position of teachers in this survey (n=5) would be on par with their hearing counterparts in relation to salary and promotion opportunities. For other positions in the Civil Service, in NGOs (Non-Governmental Organisations) or in offices, our survey did not further explore grades attained, but we can say that 16 women report working within the Civil Service, work in an office, while 23 work in the banking, semi-state agencies and the NGO sector.

Eleven of the participants (3.6%) were currently working in CE schemes; these participants were based in the larger cities such as Dublin and Cork. Employment on CE schemes generally lasts up to 24 months, but this survey did not further analyse whether participating in this scheme led to permanent employment. Participants were not necessarily satisfied with their working life. For example, one woman, aged 30-39 years says: "*I would have liked office work or other good job- not cleaning*" (woman aged 30-39 years old). Communication is also a concern: *"No communication with hearing workers/people*" (woman aged 30-39 years old).

[4] www.designsproject.eu

	Responses		
Job Domain	**1st Job**	**2nd Job**	**Current Job**
Chef	7	5	0
Office	50	20	6
Civil Service	20	11	16
Health Board	2	3	1
Accountant	0	1	1
No Response	27	125	174
Same Job	0	6	5
Various Jobs	0	7	0
Gardening	1	2	0
Sales Assistant	19	5	5
Catering	12	12	1
Factory	91	33	7
Youth Worker	0	1	0
Homemaker	0	1	0
Community Worker	2	4	2
Hairdressing/Beauty	2	0	0
Tutor	0	9	14
Not working – ill health	1	2	0
SNA	2	7	21
NGO	8	12	11
Carer	7	3	4
Domestic/Cleaning	22	12	11
Fás	1	3	0
Lab Work	1	0	2
Bus Escort	0	1	1
Local Authority	2	3	3
Teacher	3	4	5
CE Scheme	11	0	0
Self Employed	1	1	3
Dress Designing	1	0	0
Bank	8	3	4
Rehab Group	0	0	1
Totals	**301**	**301**	**301**

Figure 15: Employment Background of Participants

Given our embedded position within the Deaf community, we were provided with more information than we asked for via our survey and we felt it was important to draw attention to what some participants told us about their long hours in the service industry earning minimum pay (See also Conama and Grehan 2002, who raise this as an issue too).

> *… I was doing a heavy job and working a lot of overtime especially at weekends.* (woman aged 40-49 years).

> [I have a] lack of work skills and was forced to accept this job. (woman aged 50-59 years).

We also asked participants if their first job was what they wanted; 127 said it was while 116 said it was not. A further 19 indicated they had no choice in the matter.

When asked if this was the job they wanted	
127	Respondents indicated yes
116	Respondents indicated no
19	Respondents indicated they had no choice
116	Did not reply

Figure 16: Was this the job you wanted?

In response to a follow up question for those who said that they were not happy with their first job, respondents replied:

> *We were not given much choice. It was either an office or a factory or Rehab. We were not encouraged to go to college for accounting, etc*. (woman aged 50-59 years).

I wanted to go on a training course in office work. I was not given a place at Roslyn Park. I had no help, no idea where to start. I felt lost, alone - wished school had prepared me for it. (woman aged 40-49 years).

It was not my dream job, but no interpreters were available when I was young. (woman aged 40-49 years).

I was told I cannot answer the phones and was sent down to work in the storeroom. (woman aged 18-29 years).

Fewer than half of respondents are currently employed (n=135). If we factor out those who are students (n=17), retired (n=48) and homemakers (n=23), we find that 44.8% (n=135) are employed, while only 45 respondents are unemployed. This compares favourably with statistics from the 2013 CSO report, "*Woman and Men in Ireland",* which shows that 44.9% of the broader Irish female population are employed. (33 participants did not respond to this question).

Of the participants, 171 reported that they did not stay in their first job, but moved on to another, while five report that they had remained in the same job. (125 participants did not respond to this question).

Within the wider Deaf community, there are a number of agencies that serve Deaf people and their families on a nationwide basis. Within the DVI campus, there are a number of clubs that are part of the CE scheme, and therefore can employ people on this scheme for a maximum of two years, and a number of Deaf women are employed on these schemes working for Deaf agencies or clubs. While the scheme is to be commended for creating work experience, there is a growing unease within the Deaf community that well-paying jobs within the Deaf community go to hearing people, leaving the lower paid and lower status jobs to Deaf people. A number of participants remarked on this.

I feel hearing people get better jobs, we get the CE scheme. (woman aged 30-39 years)

Have to put up with it because of [our] bad English and we can't get a better job. (woman aged 30-39 years).

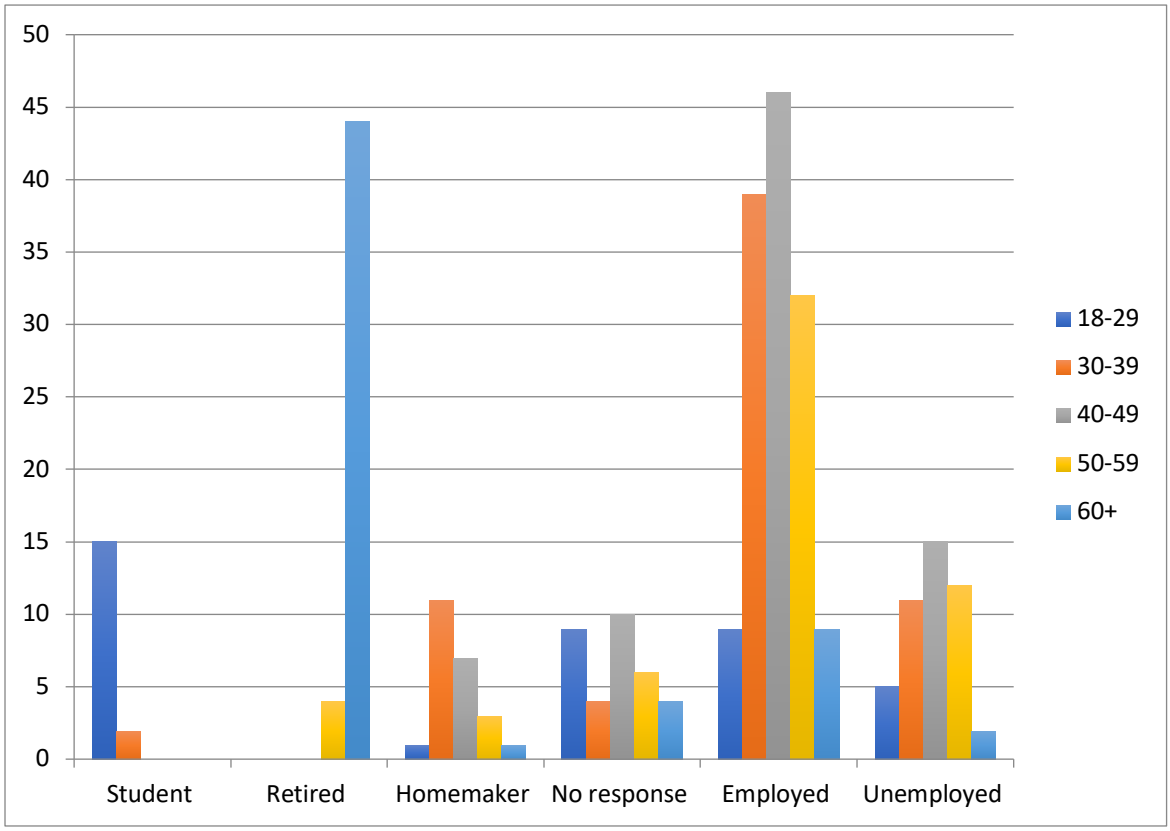


Figure 17: Deaf Women in Ireland

We noted that some of the participants had changed jobs. The questions on employment generated discussion beyond the average time allocated for the completion of the survey, as some participants in the group had more to say than others. These longer discussions can be attributed to the fact that Deaf people are rarely given this opportunity to be "heard" and to express their frustrations in the workplace because of the lack of a common accessible language, and subsequently, camaraderie, with their hearing peers.

These results resonate with findings from Conama & Grehan (2002) who reported that Deaf respondents often did not respond directly to questions asked of them. They went on to note that responses received in such circumstances typically provided much more

information that was asked for. This, they suggest, highlights the linguistically isolated position that deaf people so often find themselves in.

We asked respondents about their level of income by having them identify their income with respect to one of six categories. A large number of participants (n=130) report earning under €10,000 per annum, which places them at risk of poverty (Central Statistics Office, 2011), and which is in line with Conama and Grehan's (2002) findings. One-third of respondents (n=103) did not reply to this question. We can only surmise this is down to the desire to maintain their privacy.

Salary Range	Number of Participants	Percentage
€5,000-10,000	77	26%
€11,000-20,000	53	18%
€21,000-30,000	29	10%
€31,000-40,000	29	10%
€41,000-50,000	6	2%
€51,000-60,000	3	1%
€60,000+	1	1%
No Response	103	34%

Figure 18: Irish Deaf Women's Income

This section outlined how respondents got their first job, and reported on their satisfaction with their career trajectories. We note a small improvement in the types of posts that Deaf women are securing. From the reported income levels presented, we can say that many Deaf women are in low paying jobs. We would like to see future research look at Deaf women's career choices and promotional opportunities in the work place. It is highly recommended that targeted supports are provided to allow for Deaf women's participation in the work force.

SECTION 4: TRAINING COURSES

In Ireland, continuing education is actively promoted and encouraged at policy level by the Department of Education and Science and the Department of Social and Family Affairs. The Department of Education and Science supports other Government agencies in supporting and promoting further education, higher education and accredited training schemes in the vocational sector. This has been embraced in the Deaf community where a number of Life Long Learning initiatives are running successfully, offering Deaf people training courses through Irish Sign Language. Most notably, there is the Deaf Adult Literacy Service (DALS) which runs through the Irish Deaf Society. Conroy (2006) notes that such policy development in the areas of adult education, adult literacy, community education and life-long learning illustrate the need for building up learning experiences across one's life cycle.

Furthermore, DVI sees itself as a hub for life-long learning opportunities for the national Deaf community. Given this, we developed one section of the survey to explore interest and participation in life-long learning opportunities. Figure 19 below shows the training bodies that participants have engaged with, with data categorized on the basis of age group. The kinds of courses completed ranged from preparatory courses prior to entry to third level colleges to short duration (ranging from a few days to a few months) and focused on preparation for work or skills training for work.

Over half of all participants (n=170) participants have never undertaken any vocational training. It is worth reiterating that post-primary education did not begin in St Mary's until 1954, and it was not until 1971 that the first Deaf students could take the Leaving Certificate examinations. This has legacy implications for the women aged 50 years and above in this study. This section of our survey generated much discussion and led to the sharing of experiences between participants and ourselves. We quote here some particularly noteworthy comments from participants that present a flavor of Irish Deaf women's experience in mainstream training settings:

I went for [a] PLC [Post Leaving Certificate course] but [had] no access to interpreters so [I] dropped out after two weeks. I was completely lost in class and could not lip read the teachers. (woman aged 30-39 years).

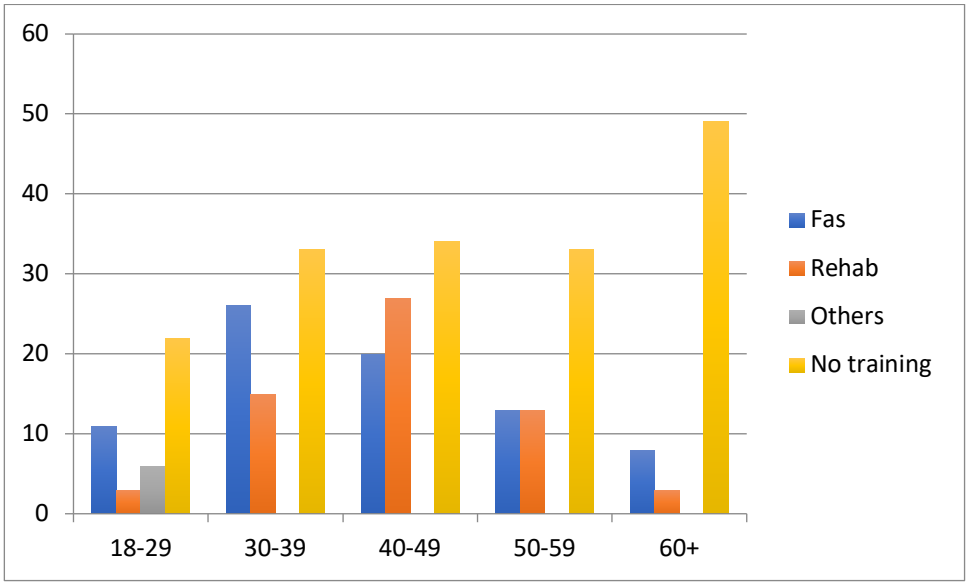


Figure 19: Irish Deaf Women's Access to Training

Further, one young woman aged 18-29 years, noted that the lack of provision of interpreters was a problem. She states that her Post Leaving Cert course *"would have been better if we had an interpreter, as I missed out on a lot.*" Another woman in the same age-range reported that *"[She] would like to have interpreters for the courses we are doing in preparation for college.*"

Both missed out because they could not access the classroom content or participate in the social side of their college experience.

An overwhelming number of participant comments focused on access to course content via sign language interpreting services. One participant, aged 50-59 years starkly describes the experience of working witha sign language interpreter, noting, *"I had an interpreter for*

the first year and was very happy there but in the second year [I had] no interpreter and I felt very very isolated".

This feeling of isolation in a hearing envoirnment is one that both researchers know deeply and suggest that every person with compromised hearing will experience it as the defining experience for a Deaf person living in a hearing environment. We would go so far as to suggest that it is such isolation that leads Deaf women to drop out of courses.

PLC and Fás courses come in for particular criticism for the lack of provision of interpreters. One participant aged 50-59 years reports that *"No interpreting service [was] available up to now –[the] situation [is] still the same - a complete disgrace to Fás."* At the same time, we note that another participant wrote, *"I found [a] computer course with Fás more beneficial than [a] secretarial course with Rehab*" (woman aged 40-49 years).

There were other positive experiences reported by participants too, exemplified by this woman's comment. She said that the experience was very positive simply because *"My tutor was Deaf so [there was] no need for an interpreter" (*woman aged 30-39).

In terms of improving the situation, participants had several suggestions. One woman aged 30-39 years proposes that "*hearing people on the course should have had Deaf awareness training*".

It should also be noted here that some respondents ticked both Fás and Rehab as their training course provider. Many comments relating to former student experiences with both bodies referred to the lack of Deaf awareness and the lack of provision of sign language interpreters in both Fás and Rehab.

It would appear from the comments made by deaf women polled that there is a general lack of Deaf awareness amongst training colleges and higher education institutions, which would assist their understanding of how to make their courses more user-friendly to Deaf students. One of the major issues reported is the failure to provide ISL/English Interpreters, which leads to lack of access to the content of course material. We recommend that more

support should be available to allow for easier access to communication in training courses. Those supports should include the suggestions from our participants of sign language interpretation and Deaf awareness training.

SECTION 5 – THIRD LEVEL AND FURTHER EDUCATION EXPERIENCES

This section examines the third-level and further education experiences of participants.

One hundred and seventy-seven respondents did not attend any higher education. Of 301 respondents, only 27 Deaf women report completing a primary degree at a third level institution. It should be noted though that some participants hold both a diploma and a primary degree, and therefore indicated both achievements in their responses. Furthermore, only 4 hold a master's degree, and this represents the pinnacle of educational achievement in the respondent group. Thus, 10% of the women who participated in this study attained a primary degree or above. This is in line with Leeson's (2012) estimation regarding level of participation in third level education by deaf people in Ireland, which rates far below the general Irish population's educational achievement, which shows that 41% of women hold a primary degree (Central Statistics Office, 2011). This educational gap demonstrates an alarming gap that points to issues around adequate preparedness for tertiary education (achieving the standard required to access third level education, and access and support in place when deaf students do secure places). This requires urgent immediate remedial action.

Standing	Number of Participants	Percentage
Master's Degree	4	3%
Bachelor's Degree	27	17%
Diploma	34	22%
Certificate	20	13%
FETAC Level 5	11	7%
Still a student	13	8%
Left College	2	1%
Did not indicate qualification	10	6%
Mature Student	37	23%
PhD	0	0%

Figure 20: Deaf Women's Educational Attainment

A more detailed view of the responses is indicated, categorized on the basis of age-groups.

Third Level College Courses	Participants	18-29	30-39	40-49	50-59	60+
Did not attend 3rd level	177	11	27	57	38	44
DIT	20	3	12	4	1	0
Centre for Deaf Studies, Trinity College Dublin	16	0	5	4	4	2
No reply	13	3	5	3	1	1
Still at college	13	13	0	0	0	0
Other	6	2	3	1	0	0
Maynooth University	5	1	0	1	1	2
University of Ulster	4	0	1	0	1	2
Special Needs Course	4	0	2	0	2	0
Other Trinity College Dublin course	4	3	0	0	0	1
Queens University Belfast	4	1	1	0	0	2
Bristol University	3	0	0	2	0	1
University College Dublin	3	2	0	0	0	1
IPA UK	2	0	1	0	1	0
VEC	2	0	2	0	0	0
USA	2	0	2	0	0	0
University of Galway	2	0	0	0	0	2
RNID Course	1	0	0	0	1	0
Fás	1	0	0	0	1	0
Mater Dei	1	0	0	0	1	0
National Learning Network	1	0	0	0	1	0
St. Martha's College, Navan	1	0	0	0	1	0
Bolton College, UK	1	0	0	0	1	0
Education Centre, Cork	1	0	0	0	1	0
All Hallows	1	0	0	0	1	0
Institute of Public Administration	1	0	0	1	0	0
Liberties College Dublin	1	0	1	0	0	0
NCAD	1	0	1	0	0	0
New York Buffalo	1	0	0	0	0	1
University of Limerick	1	0	0	1	0	0
Cork College of Fashion	1	0	0	1	0	0
Total	301	39	67	78	57	60

Figure 21: Deaf Women's Participation in Tertiary Education

Such an appallingly low level of third level experience is not news to the Deaf community. In 2006, Conroy reported similar low levels of third level qualifications and surmises that the low percentage of deaf people who secure third level qualifications helps to explain, to

some degree, the substantial limitations that seem to arise in employment settings for Deaf people.

One key question arising was why 177 of the participants in our study did not attend any form of further or higher education, and what (if anything) prevented them attending. Their responses highlighted the difficulties they experienced in accessing education. One woman aged 40-49 years framed the context of her Deaf educational experience thus; *"Lack of educational qualifications [which is] due to no interpreter service [in mainstream settings]and the oral method [employed in specialized deaf educational settings]*."

Unfortunately for our cohort, the lack of access to third level reported was cross generational. One 18-29 year old woman told us that she would have loved to go, but had not had a good education to prepare her for this. A 30-39 year old participant remarked, "*I can't go [to] higher [education] because no access and no one encouraged me to go on".*

A woman schooled in St Mary's in the 1960's told us she "*Did not go as [I] did not do the Leaving Cert – it was not taught during my time at school"* and a woman from the 60+ years cohort put her aspiration to access to third level simply as impossible because *"*[third level was] *Not accessible for Deaf people at that time - also no educational qualifications".* This lack of third level qualifications in any group of citizens has serious consequences for the quality of employment they can and have experienced, with obvious repercussions for their standard of living.

Furthermore this leads us to query the impact that educational experience has had on women's self-confidence and their willingness to take on decision-making roles both at work and within the Deaf Community. Although there are strong female leaders in the Irish Deaf Women's community, there is still an under-representation of Deaf women in leadership positions in clubs and organisations within the broader Deaf community (Coogan, 2003).

We passionately believe that future generations of Deaf women need inspirational role models to look up to and to inspire them. We recommend urgent attention to Deaf women's access to third level education.

SECTION 6 – LIFE-LONG LEARNING

Within the Deaf community there exist some opportunities to attend life-long learning classes and it is possible that there will be enhanced developments under the auspices of Deaf Village Ireland (DVI). The Irish Deaf Society (IDS) receives funding from the Department of Education and Science to run a variety of classes for Deaf adults within the Deaf community, under the auspices of the Deaf Adult Literacy Service (DALS). These classes are run from a number of centres country-wide but the majority of classes take place at the DVI campus in Cabra (Dublin), and they report growing demand. DALS classes are taught by trained Deaf adults using ISL as the primary language of the classroom.

Our questionnaire included a number of specific questions around this topic to ascertain the interest amongst our participant group and to further gather information on the type of courses these women would be interested in attending. We asked respondents if they would be interested in attending classes and workshops in the proposed Life Long Learning Centre at DVI. Just under half (n=148) said they would, while a further third (n=91) expressed an interested in the area. Some respondents (n=37) said they would not be interested in undertaking further classes while 25 did not respond to this question. Overall, we suggest that the responses to this question indicates a strong interest in advancing adult education in an accessible ISL environment.

When asked what type of classes and workshop they would like to see offered, responses were varied. We list below the classes and workshops proposed, arranged in order of popularity. Some of the classes listed are already run by DALS. We went further to ask respondents about their engagement with DALS as a service.

74 respondents said they would not attend classes run by DALS, while 78 did not respond. Almost the same number, 140, said they would attend classes run by DALS, and would attend life-long learning classes. From their comments, it appears that some Deaf women thought DALS was a purely a literacy service focused on teaching English and were not aware that DALS provides a whole range of other classes too. All classes have some elements of literacy built in, but DALS has expanded the range of courses provided and

most courses are now accredited by FETAC. Some of the comments made in response to our question "If not, why not?" suggest misunderstanding of DALS mission; *"I don't know what it stands for, I think it is for those who cannot read or write"* (woman aged 30-39 years). Other comments reflect the belief that DALS focuses on literacy training only: *"[I do] not have literacy problems"* (woman aged 40-49 years) and "*I feel I don't need to gain any more knowledge in literacy"* (woman aged 18-29 years).

Subject	Number of Participants Interested
Computers	58
Cookery	33
Arts and Crafts	31
English and Maths	26
ISL and Deaf Awareness	15
Photography	14
Sports	11
Confidence Building	9
Sewing and Knitting	8
Job Preparation	8
Life Skills	6
Childcare	6
First Aid	5
DIY	4

Figure 22: Interest in Lifelong Learning Courses

However, it also appears that once Deaf women engaged with DALS, there was a better understanding of what it had to offer. One 30-39 year old told us; *"I attended ISL classes; it was fantastic. Love more of it*". Members of the younger cohort told us; "[It was] *Something useful to gain experience for future jobs".* Within the younger cohort, we see evidence of the desire to access third level and a suggestion that life-long learning in general, and DALS, in particular, might be a route to achieving this. One woman aged 18-29 years reported: "*I would like to do a course that can prepare me to go further on to*

college and university to achieve my aims". Thus, the evidence suggests that Deaf women would like to progress their education as adults in an ISL environment.

Given the responses received, we recommend that the proposed Life-long Learning Centre at DVI works in collaboration with DALS to provide classes and workshops.

SECTION 7 - TECHNOLOGY

This section examines Deaf women's use of Information Technology (IT). Given the rapid advance of technology today, the inventors of new technology have unknowingly revolutionised the freedom of communication for the Deaf community by creating technologies such as mobile phones, Internet, Facebook, email and text messaging. These technological advances have allowed Deaf people to interact directly with each other and helps keep them in touch with friends and family independently. They no longer have to ask neighbours or hearing family members to make appointments or normal everyday calls such as dealing with utility companies, medical appointments or to contact employers.

The majority (n=254) - 84% of participants - use a computer, with 165 participants reporting that they use the internet. 228 use email while 159 chat online. 113 report that they use video chat options. Only 37 said that they did not use computer. This compares favourably with hearing people: in 2013, 79% of females use the internet according to the CSO (Central Statistics Office, 2011).

Prior to the advancement of computers and the internet, a device called a Minicom was in the main item of assistive technology available to Deaf people. This device arrived in Ireland in the early 1990s, and it allowed Deaf people to connect with friends who had a similar device installed in their home or workplace by placing the phone receiver onto the machine, typing in a message to the Minicom, which was relayed down the analogue phone line and the person on the other end could read your message and then reply.

Figure 23: Minicom

The Minicom was also used to contact a central number where a hearing person would read your typed message and then phone the person you wished to speak to and then type their reply back to the Deaf person. This was called a relay service. For Deaf people, this was the start of a revolution in independence, offering them privacy. This was followed by the arrival of the fax machine, which made contacting people directly even easier. Then came the advent of the internet. Mobile phone technology and online video applications has opened-up more access to colleagues and reduces further the need for third-party involvement, be that family, friends, or interpreters.

SECTION 8 – SPORTS AND SOCIAL ACTIVITIES

This section covers aspects of the vibrant social life of the Deaf community, which has a variety of clubs and activities, including sports clubs. There are a number of social clubs throughout the country with the largest in Dublin, based at Deaf Village Ireland while the second largest club is based in Tallaght, County Dublin. These clubs run regular social and information events.

Almost 80% (n= 239) of participants report that they are members of Deaf community clubs, while 46 respondents say they are not. (A further 16 did not respond to this question). These clubs are central to the fabric of the Irish Deaf community. Thus, we surmise that a significant percentage of participants are active members.

Deaf women spend the majority of their lives in the hearing world, whether in work, in their daily living situations, in their engagement with the local community or when accessing public and private services. As embedded researchers we know and experience life as Deaf women; we live in the hearing world where communication can be difficult. We have to negotiate most of our lives and daily activities through verbal and written English.

Language is linked to culture (Matthews, 1996). Irish Sign Language is Deaf peoples' preferred language (Matthews, 1996; O'Baoill & Matthews, 2000; Leeson & Saeed, 2012; Leeson et al., 2016). Two hundred and eighty three participants in our study stated that ISL was their preferred language. A third (n=126) stated that ISL is their first language and their preferred mode of communication, while over half (n=157) said that they prefer to use ISL with speech. Many people go to the Deaf club regularly take part in events and meet in the pub without realising that choosing to attend these clubs and mix with like-minded people who share their language and common experiences is part of Deaf culture (Matthews, 1996).

One participant explained why she engages in the Deaf community like this:

> *…to break down their [sic our] isolation. [We] meet to get updates on issues [like] mental health and to give empowerment to Deaf women*. (woman aged 40-49 years).

As community members ourselves, we can report that there are high rates of attendance at Deaf social events, and Deaf people travel from all over Ireland to attend such events. Participants in our study reported the same:

> *It is important to meet regularly to share information and other issues in ISL. Hearing people have the advantage of the radio and media in English but for Deaf women need information in ISL.* (woman aged 40-49 years).

In addition, there are a number of Deaf women's groups around the country aligned to the Deaf clubs. Most of the local women's clubs naturally have their own local Deaf women involved in the running of events, and many events are open to women from outside the county.

Involvement in Sporting Activities

DVI is home to a purpose-built sports facility, Inspire, that consists of a swimming pool, outdoor pitches and a multipurpose hall and a state of the art gym. Inspire is open to all members of the public but with special rates available to Deaf members. Deaf Sports Ireland (DSI) a sports organisation that is over 40 years old, which has been run by a Deaf committee since its inception. DSI organises sporting events throughout the year and it also prepares elite Deaf athletes for the Deaf Olympics, held every four years. The most popular sports the survey respondents were involved in were table tennis, swimming, athlethics, football, swimming, athlethics, football, basketball, badminton, bowling, golf, and pitch and putt. Participants also report attending the gym, walking, and playing futsal.

DSI frequently organises sports events such as Par Three Golf, walking and swimming events to encourage members to participate. Tallaght Deaf Club has regular hill-walking events and also actively encourages participation.

National Women's Council

There are a number of local Deaf women's groups throughout Ireland, providing support on local issues, hosting talks and having regular social meetings. With the number of local groups, this research project took the opportunity to explore with participants if there was a need for a National Deaf Women's Council: we asked if they wanted a National Deaf Women's Council that would include Deaf women from all over Ireland as a way of providing a platform for learning and arranging and hosting seminars of importance to all Deaf women.

National Council for Deaf Women	18-29	30-39	40-49	50-59	60+
Very interested	17	34	32	31	28
Would like to be involved	5	8	12	4	3
Not sure	16	18	21	14	16
No reply	1	7	13	8	13

Figure 24: National Council for Deaf women

Of the 301 participants, 174 expressed a desire for what would be a political women's group that would give them information - the kind of information that is easily available to the hearing population via radio or TV - of issues that concern Irish women. They would like this information available in ISL, which would give them confidence to ask questions and seek further clarification on topics discussed. Of the 174 women who expressed interest in a national Deaf women's council, 58% (n=101) of the participants requested regular information sessions as part of the remit of that council.

A high number of respondents (85) said that they had not previously been aware of the idea of establishing a national Deaf women's council, as this was a topic raised by the researchers. For some participants it was the first time they had heard of this concept. It is interesting that this prompted a lot questions around the idea of a National Deaf women's council, and what it might entail. We suggest leadership and confidence-building exercises would be a helpful mechanism in ensuring that all Deaf women have the confidence to be

"heard" if they so wish. Indeed, this is something that the participants called for too in order to ensure that Irish Deaf women can make informed policies on issues affecting the Deaf community.

> *Networking, give all information to all, information sharing, two representatives from each regional group to work and share etc*. (woman aged 40-49 years).

In Irish society, women have been defined by the Irish Constitution (Government of Ireland, 1937) which also has within it embedded the ideology of the family (though this is in a process of change given several referenda in recent years). Nevertheless, major changes have taken place in contemporary Ireland over the past few decades. We still lag behind other European countries in terms of female participation in politics and business. We have a low number of female TDs in our national parliament, Dáil Éireann, and when women's voices go unheard, decisions are unbalanced. On policies affecting Irish women's lives, Deaf women across all age cohorts said that that they want to be equal to hearing women and have access to the same information as their hearing counterparts in ISL.

Deaf people have almost no access to the spoken media, where opinions on current topics are aired every day on radio and debates with political spokespersons takes place. While the print media reports on topical information, this does not cover issues in as much detail or with the variety of opinions and perspectives that are expressed on air, particularly on radio.

Deaf women also told us that they require more information on health issues. For many Deaf women their primary language is ISL, whereas the primary working language of the health service is English. Visiting hospital can be highly stressful. Deaf women can feel disadvantaged linguistically from the time one enters the hospital, deals with reception, and then anxiously waits in a waiting area until your name is called out, which is highly stressful for many Deaf people (Leeson et al., 2014). Some hospitals have made improvements in this area by providing clients with a numbered ticket, and subsequently, ticket holders are called via a display screen in the waiting room. However, there is still a

long way to go to ensure that Deaf women feel that they are equal partners in their healthcare. As one participant (aged 30-39 years) noted, there is a need for:

> *Access for hospitals during births. ISL recognition. Lobby for relay service to improve. Hospital waiting rooms need caption texts not verbally calling Deaf clients. doctors, Interpreters should be provided on the spot.*

Much of this research about helping the different generations to learn from each other, form decisions, we need to listen to older generations, hear their stories and struggles, recognise their unique insights, and look to them as role models for the next generation. But it is also important to acknowledge and support the views of young Deaf voices who are calling for broader awareness in the hearing community about the Deaf experience, and for the potential for excellence to be met:

> *I would like to see that all women from all over Ireland are given the opportunity to be involved and to strive together to succeed for future Deaf women and to leave a legacy*. (woman aged 30-39 years).

> *…to create awareness of Deaf community to Hearing world and promote education etc to Deaf women.* (woman aged 18-29 years).

> *Be the voice for Deaf women and receive equal opportunities.* (woman aged 50-59 years).

We suggest that the National Deaf women of Ireland will provide a suitable forum to explore the proposals named by our participants. We would recommend that the NDWI host workshops on how to lobby for more accessible health services, and join forces with other organisations within the Deaf community who are actively pursuing equal access. We also recommend that the NDWI provide information via vlogs in ISL on current affairs issues that arise particularly with respect to health issues, political engagement and learning to lobby effectively. The NDWI should also value and support the voice of younger Deaf women and give them space to be heard on issues that concern them.

SECTION 9 - VOLUNTEERING ACTIVITIES

This section asked participants what organisations they were members of and if they carried out any voluntary work for their organisation. Almost 50% of respondents reported that they volunteer in some capacity (see Figure 25 below), contributing to the smooth running of the Deaf community's voluntary organisations, as outlined in Figure 25 below.

Voluntary Work by Age Group	
18-29	29
30-39	35
40-49	39
50-59	29
60+	24
Total	156

Figure 25: Overview of Deaf Women's Voluntary Work in Deaf Community Organisations

The question asked was: "Have you ever done unpaid volunteer work?". If they answered yes, the questionnaire then asks: "What volunteer work are you doing now?"

As Matthews notes, "*Most of the associations are based in Dublin as the larger population of Deaf people reside in the capital"* (2006:188). He also remarks that large portions of the Deaf community have varying degrees of involvement with different organisations depending on their current nee. The Deaf community then, like other communities, has both passive users and active promoters of services.

	Total	18-29	30-39	40-49	50-59	60+
No voluntary activities	99	10	18	27	20	24
No response	97	4	14	40	27	12
Other	21	5	5	3	6	2
Dublin Deaf Association	19	4	0	3	9	3
Deaf Women's Group	14	0	2	8	3	1
Summer Camp	13	0	7	4	2	0
IDYA	12	6	4	1	1	0
Irish Deaf Society	12	2	5	3	1	1
St. Joseph's House	12	2	5	3	1	1
Befriender	12	0	0	3	5	4
Deaf Drama Group	9	2	4	3	0	0
Sport	7	1	1	4	1	0
Tallaght Deaf Club	7	0	1	5	0	1
Mothers & Toddlers	5	0	5	0	0	0
Art, Culture	5	0	0	3	2	0
Wexford, Kerry, Galway	4	0	0	4	0	0
DALs Tutor	3	2	0	0	0	1
Pastoral Care	3	0	0	0	2	1
Fundraising	2	2	0	0	0	0
ISL Academy	2	2	0	0	0	0
Charity Shop	1	0	1	0	0	0

Figure 26: Deaf Women's Voluntary Work in Deaf Community Organisations

SECTION 10 – LIVING SITUATIONS

This section covers the living situations of our participants, including motherhood and the accessibility of maternity care. To mothers, we posed questions on parent-teacher meetings and also about situations where the respondents require sign language interpreters.

This section also looks at the media, namely print and the medium of television. With many TV channels available in Ireland we asked the participants to compare the level of subtitling provision on the various TV channels available in Ireland.

Motherhood

One hundred and sixty one of the respondents in our survey were mothers.

Age	Are mothers	Are not mothers	Did not respond
18-29 years	5	32	2
30-39 years	29	35	3
40-49 years	53	22	3
50-59 years	38	17	2
60+	36	18	6
Totals	**161**	**124**	**16**

Figure 27: Motherhood

We asked participants who were mothers about their experience of accessing maternity care. A total of 135 participants responded. 55 felt that their access to services had been good while 49 felt access should have been better. 31 women reported that access to maternity care was poor. Interestingly, proportionally, younger mothers experienced the highest levels of dissatisfaction.

Age	Should have been better	Good	Poor	No Response
18-29 years	4	0	0	35
30-39 years	12	9	5	41
40-49 years	10	21	10	37
50-59 years	10	14	8	25
60+	13	11	8	28
Totals	**49**	**55**	**31**	**166**

Figure 28: Accessibility of Maternity Services

We noted there were a high number of participants who did not respond to the question about how they found the accessibility of the maternity services. However when we posed the question about how to improve the maternity services, we received responses by 88 of the participants from this same group. We include here a quote that sums up the views of many of the mothers:

> *Would be good to have ante natal classes with interpreter present. The local hospital didn't encourage me to attend as I was deaf. They told me to keep reading in preparation for the day.* (woman aged 30-39 years).

A number of the participants added that there was a greater need for the staff in the maternity wards to have some degree of Deaf awareness and to understand the need for an interpreter to be present.

> *[We] need Interpreters, I need to learn about parenting, I am a first-time mother.* (woman aged 30-39 years).

> *Communication supports. I only had an interpreter at the birth. I had no support during my pregnancy or after the birth. I had to research info myself.* (woman aged 30-39 years).

Participants also advocated having interpreters present at births. One woman (aged 30-39 years) noted that she had an interpreter when she was having her second child and that

made a significant difference for her. Another woman, now aged 40-49 years, told how she had an interpreter when having her first two children, and felt that she was a recipient of really good services. However, she noted that when having her third child, the services she received were poor.

Some participants did not wish to have an interpreter present at the birth:

> *[I've] never like[d] the idea of an interpreter at labour, I think doctors, nurses should be able to communicate clearly and do basic signs for deaf women*. (woman aged 40-49 years).

There are over 100 trained interpreters in Ireland (Leeson, 2012; Leeson & Venturi, 2017). The small number of interpreters working with the already small community of ISL users makes privacy an issue for some mothers, an issue also raised by Conama (2008).

There have been two previous surveys on the experiences of Irish Deaf mothers and maternity care, (Doyle et al., 1986; Steingberg, 2006). Our findings indicate that the situation for expectant Irish Deaf mothers has not changed much since those previous reports.

The main concern amongst participants was the communication barrier, which they experience from their first visit to their healthcare provider, through to the birth and after-care. Steinberg (2006) remarks that issues arose from differences in accessing health care information provided in written English and the Deaf mother's first language of ISL, which sometimes led to miscommunication plus considerable frustration on the part of the expectant mother.

In line with this, we found that some of the participants in our study did not attend all antenatal classes as recommended by their hospital. The women report difficulty in ensuring that they can access information via their preferred language, Irish Sign Language. The primary language of maternity providers is English and the use of medical terminology, created distinct barriers in this life-forming experience for our Deaf mothers.

This leads to deaf women calling for appropriately qualified interpreters in healthcare settings "*to avoid misunderstanding and more Deaf awareness from medical professionals*" (woman aged 18-29 years).

Parent-teacher meetings

Parent-teacher meetings are a critical part of parent's participation in the education of their children while they are in primary and post-primary education, allowing teachers to report on the progress and development of a child's education and social interaction within the school. Parent-teacher meetings also give time for parents to enquire on their child's progress and raise any queries or concerns about them. For these meetings to be successful, there needs to be clear communication between both parties, and, for the most part this in English or Irish spoken language.

We asked the 161 respondents who had children if they attended parent-teacher meetings and if so, how they found them. The majority (n=101) said that they always attended parent-teacher meetings. 35 report that they sometimes attend these meetings while 15 said that they do not attend them at all. While 52 women said that that they experienced no problem in engaging at these meetings, 41 said that they were not satisfied with how the meetings went and a further 41 said they found the meetings frustrating. This leads to parents not fully understanding what the teacher(s) were reporting about their child.

Only 1 respondent reported ever having a professional interpreter present at their parent-teacher meeting while a further 3 brought a family member to function as an interpreter (See Figure 30). In contrast, participants strongly felt that interpreters should be provided for parent-teacher meetings (n=108).

We believe both from an equal rights perspective and for inclusion in society that Deaf mothers should receive the same level of access to parent-teacher meetings about their children's education as their hearing peers.

Many participants said that funding the provision of an interpreter was a barrier to their access. For example:

> *Schools will not pay for an interpreter, they say they have no money*. (woman aged 30-39 years).

> *Parent teacher meeting? Who will pay for an interpreter, I cannot afford to pa*y. (woman aged 40-49 years).

Always attend	101
Sometimes attend	35
Do not attend	15
No response	10

Figure 29: Attendance at Parent-Teacher Meetings

Good. No problems	52
Not satisfied	41
Frustrating	41
Had a qualified interpreter	1
Had a family member act as interpreter	3
No response	23

Figure 30: How do you get on at Parent-Teacher Meetings?

Yes. Definitely.	108
Sometimes	27
No	3
No response	13

Figure 31: Do you feel the need for an ISL Interpreter at Parent-Teacher Meetings?

There need to be guidelines in schools that have children of Deaf parents attending that provide a mechanism to bridge the communication barrier between the schools and the parents. We recommend that the Department of Education and Skills should explore methods for bridging the access needs of Deaf parents attending school meetings and develop clear guidelines on how schools can fund the cost of hiring an ISL interpreter. We note that this is an issue that should be resolvable given the content of the ISL Act 2017 (Government of Ireland, 2017).

Interpreters

With over 100 trained Irish Sign Language Interpreters in Ireland (Leeson & Venturi, 2017), there is a growing awareness of and demand for ISL/English interpreters at various points in a Deaf person's life, particularly in the domains of health and education. The use of sign language interpreters is significant for participants. Throughout the survey, the need for interpreters was repeatedly brought up. They saw a need for interpreters in educational settings, in parent-teacher meetings, at training courses, in third level education, in healthcare settings (specifically, including maternity care and access to GPs), in legal domains (meetings with solicitors, in court, with particular reference made to family law cases), for job interviews, in accessing government services, and in cultural life (e.g. the theatre).

The setting that ranked the highest in terms of demand for interpreters was in health care settings, such as hospital visits and accessing GPs. This strong demand tallies with information from a national interpreter booking agency, which said that the highest number of booking requests through their agency was for medical interpreting.

Deaf people live amongst hearing people. As such, in their daily lives, they are surrounded by an English-speaking world, which is, for most of our survey respondents, inaccessible. Deaf people rely on many methods to communicate with hearing peers. The foremost method reported by participants was sign language interpreting. In order to negotiate with

any public body, the Deaf community relies on the services of an interpreter: the interpreter becomes the bridge between the hearing and the Deaf communities.

Age	Medical	Theatre	College	Government Services	Job Interviews	Legal	Work Meetings	Family/Social Events	No Response
18-29 years	40	0	29	22	26	21	17	0	9
30-39 years	78	0	0	0	50	37	24	14	12
40-49 years	98	0	0	50	49	44	42	10	17
50-59 years	31	6	0	27	0	6	4	16	15
60+	72	0	0	25	0	20	12	10	14
Totals	319	6	29	124	125	128	99	50	67

Figure 32: Where ISL/English Interpreters are Needed

Interpreting is a developing profession in Ireland and one which the Irish Deaf community has been advocating for and supporting the development of for more than twenty years. We need the development of a body of high-quality sign language interpreters, who may become interpreters through a number of pathways.

Hearing people attend ISL classes for a variety of reasons, because they might have family members who are Deaf, or to communicate with their Deaf work colleagues or neighbours. Those who attend ISL classes can go further in their studies at the Centre for Deaf Studies (CDS) in Trinity College. The CDS trains students to become sign language interpreters as part of a four-year Deaf studies degree programme and over 100 interpreters have completed either a Diploma in ISL/English Interpreting (2 years, now defunct) or the four year Bachelor degree.

Although interpreters are trained to Level 8 (honours degree level, National Framework of Qualifications) at Trinity, there is a need for further ongoing professional development and

training, as well as monitoring and mentoring for newly qualified graduates. This is something that the Centre also advocates (Leeson et al., 2014; Leeson & Venturi, 2017). Currently there is little provision for this kind of ongoing mentoring, or for continuous professional development, but we note with interest that the Irish Research Council and Bridge Interpreting have co-funded research in this domain (Venturi, in preparation).

The ongoing absence of a registration process for Irish Sign Language interpreters and the absence of a national register of interpreters has been the source of debate amongst interpreters and within the Deaf community. In May 2009, the Irish Deaf Society passed a resolution stating that all ISL/English interpreters should be accredited. To date, four processes of assessment (which, in the deaf community, have been known as "Accreditation") have taken place, the last one in 2009 under the aegis of the Sign Language Interpreting Service (SLIS). This is a voluntary assessment process set up in the absence of a national system that would oversee continuous professional development for interpreters.

In the Centre for Deaf Studies (CDS), trainee interpreters are assessed annually during their four-year degree programme and a process of external examination is in place as part of quality processes at the university.

Currently there are no procedures in place in Ireland for interpreters to specialise in domain specific work, e.g. healthcare or legal interpreting, both of which are critically important. However, we note that several European Commission funded projects have contributed to the development and delivery of continuous professional training for Irish Sign Language interpreters in these domains (e.g. Medisigns[5]; Justisigns[6]).

There is an absence of awareness as to whether a complaints process exists should a problem arise with an interpreter. In addition, many deaf people lack the confidence to bring forth legitimate complaints given the closeness of the community and the small number of ISL interpreters. One respondent in our survey said: *"I would be afraid to*

[5] http://www.medisignsproject.eu
[6] http://www.justisigns.com

complain about any interpreter as I might have to see them again". This reflects a wider concern, expressed also by some Deaf leaders internationally (Haug et al. 2017).

This issue of the limited number of interpreters available for healthcare or private settings leads to occasions where an interpreter may not be requested by the Deaf person because of concerns over privacy (personal communication) (See also Conama, 2008; Leeson et al., 2014).

Since 2009 there has been no evaluation or monitoring of interpreters once they have graduated. Indeed, there has been no monitoring or assessment of interpreters who have been in long-term practice due to the lack of clearly defined pathways for continuous professional development.[7] As one of the participants said, there is a *"'"need for qualified (R1) [8]interpreters for legal situations"* (woman aged 30-39 years).

In 2009, the panelists who carried out the Sign Language Interpreting Service (SLIS) interpreter assessment process[9] made a number of recommendations on standards for working interpreters in Ireland. To date, the recommendations listed below are still outstanding:

- That an accreditation evaluation process should continue.
- That the methodology and approach should be reviewed alongside meaningful consultation with stakeholders.
- They identified future training needs for interpreters in:
    1. Fingerspelling and numbers workshops
    2. Language processing
    3. Language variation
    4. Translating skills
    5. Ethical awareness
    6. Establishing a mentoring system

[7] Accreditation report 2009 SLIS
[8] This was a designation previously used in the SLIS accreditation process. See also Leeson and Venturi (2017).
[9] The panellist consists of five members four from Ireland and one person from Scotland.

In the light of the overwhelming needs reported from the 301 Deaf women who participated in this survey, we recommend that action is taken on this outstanding issue -the development of Irish Sign Language interpreting standards, which will underpin the recently passed Irish Sign Language Act 2017 (Government of Ireland, 2017). (See also Leeson & Venturi (2017) for discussion of how SLIS might handle establishment of a national register.)

There is evidence from our survey that some members of the Deaf community use family members to interpret for them and, indeed, there is even evidence that public bodies call on members of staff who have basic sign language skills to interpret. This can be a risky practice. These 'interpreters' often do not have even the basic skills or training that professional interpreters have. Professional interpreters are also held to a strict code of ethics, understand that all information is confidential and understand they must interpret what information is being relayed without any influence. Family members or lay interpreters are not obliged to follow the same code of ethics, indeed, may not be conscious of the existence of these principles, and therefore may be influenced by the professional or the Deaf client. As a result, situations could arise where the lay interpreter may not relay some information because they were told by the professionals "*not to bother interpreting a given situation, in effect ordering them to step down."* (Steinberg 2006: 265). For example, some of the participants in our survey said:

> I *needed an interpreter for the birth - my sister in law came to help out*. (woman aged 40-49 years).

> [My] *Family help me out all the time.* (woman aged 30-39 years).

Awareness of the need for Interpreters

Over the course of this study, it became very clear to us that there is a lack of awareness about how important it is to have a professional interpreter when engaging with the legal or healthcare sector, and other government services.

Some participants were happy to use family members as perhaps this lessened the burden of having to pay an interpreter and gave them a level of comfort by using family signs. Steinberg also cites the shortage of interpreters in Ireland as well as the issues that arise over who pays for the service. In some cases it can take months or weeks to book an interpreter by having to go through the dynamics of who pays - despite the fact that public bodies are obliged to pay the cost of an interpreter under the terms of 'reasonable accommodation′ in the 2005 Disability Act.

To summarise, our survey participants gave many different replies about the areas that they felt required interpreters:

Medical interpreting, which includes GP and hospital visits, tops the list across all age groups. This emphasises their need to have an understanding of their own health care, as this information is critical to proper health care.

> *Hospitals should have interpreters organised at each Doctor visit and videos that they give us should be in ISL*. (woman aged 30-39 years)

> *I would have liked to have had an interpreter present, I almost died with [specifies illness].* (woman aged 60+ years)

The Equal Status Act 2000, the Equality Act 2004, and the Disability Act 2005 all make provisions for equal access; yet Deaf women are largely unaware of the existence of these Acts, how to make a request to ensure they get the access they are entitled to, or what to do if they are denied access.

Reading, Watching Television and subtitling on TV

For most people, access to the news - be it Irish or world news - is part of our daily lives. For most of the population this access can be gleaned via radio, as hearing people can listen to the radio while carrying out other functions such as eating or driving their car. Media

information can also be accessed via the print medium. However, being able to hear and understand the radio means being able to detect the nuances and tone of voice of journalist and various public figures when they are giving their views and opinions on a wide range of topics on radio shows.

We asked participants if they liked to read and if so, what kinds of material they liked to read. Figure 33 presents an overview of responses.

Reading Material	Total	18-29	30-39	40-49	50-59	60+
No Response	**119**	16	31	31	18	23
Magazines	**104**	9	21	29	22	23
Newspapers	**92**	5	15	28	22	22
Fiction	**62**	9	11	23	16	3
Biographies	**47**	0	12	18	12	5
Crime	**30**	3	8	10	6	3
Health	**22**	1	3	11	6	1
Food/Cookery	**11**	1	2	4	4	0
Nature	**7**	0	2	2	3	0
Non-Fiction	**5**	5	0	0	0	0
Sports	**5**	0	0	0	5	0
Comedy	**1**	1	0	0	0	0

Figure 33: Reading Material Preferred by Irish Deaf Women

Less than one third (n=92) of participants report that they read newspapers, but this survey did not examine the reasons for this. Technology and innovation, coupled with the explosion of social media usage, have radically improved the quality of life for most people but exponentially so for people who are Deaf. The advancement of communication tools such as mobile phones, emails, video calls and captioned TV programmes have enhanced the lives of Deaf people and contributed to reducing their sense of social isolation.

In recent years, the introduction of captioning on some TV programmes has allowed them to become accessible to the Irish Deaf community. Ireland's national television station, RTE, has made great advances in providing captioned programmes although they still fall short of the projected targets.

Participants reported varying degrees of satisfaction with the provision of subtitled programming; 119 said they were happy with subtitling services but 136 said that they were not always happy with services provided. 16 said they were not happy with current service provision and 30 did not respond to this question.

However, there is a sense of frustration with the lack of subtitles on Ireland's commercial station, TV3, with more than 50% of respondents commenting on the lack of subtitles on that station. One interesting point was made about accessing the media on equal terms as the rest of the population who watch TV.

> *It would be great if more programmes were subtitled, but I have to acknowledge that things are really improving and I look forward to them improving further*. (woman aged 30-39 years).

> *TV3 subtitles needs to be more regular like RTE, if they can afford to buy all these American shows they can use the subtitles already [provided] by the Americans by using specific technology*. (woman aged 18-29 years).

The most popular shows are soaps, followed by captioned movies. The majority of respondents prefer to watch British channels, where the subtitles follow the storylines and the quality of live subtitles on news programmes is generally excellent. For example, a Deaf woman aged 50-59 years said, *"I would like RTE subtitles to match the style of BBC/UTV*", a sentiment echoed by a Deaf woman aged 18-29 years who noted that she would like to see all Irish TV programmes subtitled, ensuring that the standard was to that presented on the BBC and ITV.

In summary. our respondents commented about:

- The lack of subtitling on TV3
- That subtitling on RTÉ does not keep up with live debate
- Repeat shows not subtitled
- Subtitling breaks down
- More improvement needed
- BBC and ITV are good

We commend the improvement in accessibility provided by RTÉ in recent years but recommend there should be some exploration of the simple methods to make TV3's content accessible. This demonstrates that access to the media remains limited for the Deaf community.

CONCLUSION AND RECOMMENDATIONS

This survey represents the first all-Ireland survey conducted by two members of the Deaf community which sought to gather evidence and paint a picture about various aspects of Irish Deaf women's lives. Much of the data collected during the course of this research fell beyond the scope of this paper, and so it was decided to create two volumes of work to highlight certain sections of the community rather than have some important data being 'lost' in a more generalised report.

It is important that this data is disseminated and distributed as widely as possible, as improvements cannot be brought about if the results of various studies are not made available to be used as tools within the general community (Steinberg, 2006).

It is our hope that a future in-depth analysis of the same data will be undertaken to continue to bring about improvements in Deaf women's lives.

Due to the limited resources available to us, one essential outcome from this research should be to have the survey - as well as background information about the survey – made available in ISL for participants.

REFERENCES

Central Statistics Office. (2011). *Census 2011 Reports*. http://www.cso.ie/en/census/census2011reports/

Conama, J. B. (2008). *Evaluation Of Signing Information Mid-West*. Limerick: Paul Partnership.

Conama, J. B., & Grehan, C. (2002). *Is there Poverty in the Deaf Community?* Dublin: Combat Poverty & the Irish Deaf Society.

Conroy, P. (2006). *Signing In and Signing Out: The Education and Employment Experiences of Deaf People in Ireland. A Study of Inequality and Deaf People in Ireland.* Dublin: Irish Deaf Society.

Coogan, A. (2003). *Irish Deaf Women: The Appropriateness of their Education?* Unpublished M. Phil. Dissertation. Trinity College Dublin (University of Dublin). Dublin.

Crean, E. J. (1997). *Breaking the Silence: The Education of the Deaf in Ireland 1816-1996*. Dublin: Irish Deaf Society.

Danielson, L., & Leeson, L. (2017). Accessing Teacher Training and Higher Education. In K. Reuter (Ed.), *UNCRPD Implementation in Europe - A Deaf Perspective. Article 24: Education*. Brussels: European Union of the Deaf.

Doyle, R. G., Buckley, M., & McCaul, E. (1986). *A Report on Prenatal and Maternity Services as Experienced by a Group of Deaf Mothers*. Dublin: Irish Deaf Society.

Fitzgerald, A. (2014). *A Cognitive Account of Mouthings and Mouth Gestures in Irish Sign Language.* (PhD), Trinity College Dublin, Dublin.

Government of Ireland. (1937). *Bunreacht na hÉireann. (Constitution of Ireland)*. Dublin,: Printed under the authority of the Stationery Office by Cahill & Co.

Government of Ireland (2000). *Equal Status Act*. Dublin: Government of Ireland.

Government of Ireland (2004) *Education for Persons with Special Education Needs Act.* Dublin: Government Pubications.

Government of Ireland (2005). *Disability Act*. Dublin: Government Pubications.

Government of Ireland (2017). *Irish Sign Language Act*. Dublin: Government Pubications.

Government of Ireland (1988). *Education Act.* Dublin: Government Pubications.

Grehan, C. (2008). *Communication Islands: The Impact of Segregation on Attitudes to ISL among a Sample of Graduates of St. Mary's School for Deaf Girls.* (M.Phil in Applied Linguistics), Trinity College Dublin, Dublin.

Griffey, N. (1994). *From silence to speech: fifty years with the deaf*. Dublin: Dominican.

Haug, T., Bontempo, K., Leeson, L., Napier, J., Nicodemus, B., van den Bogaerde, B., & Vermeerbergen, M. Deaf Leaders' Strategies for Working with Signed Language Interpreters: An Examination Across Seven Countries. *Across Languages and Cultures*. 18(1), 107-131.

Ladd, P. (2003). *Understanding deaf culture:in search of deafhood*. Clevedon: Multilingual Matters.

Lane, H., Hoffmeister, R., & Bahan, B. (1996). *A Journey into the Deaf-World*. San Diego, CA: Dawn Sign Press.

Leeson, L. (2001). *Aspects of Verbal Valency in Irish Sign Language.* Unpublished PhD Doctoral Thesis, Trinity College Dublin, Dublin.

Leeson, L. (2012). Interpreters in Tertiary Education. In L. Leeson & M. Vermeerbergen (Eds.), *Working with the Deaf Community: Mental Health, Education and Interpreting*. Dublin: Interesource Group Publishing.

Leeson, L., & Grehan, C. (2004, 9-11 September 2004). *Gender Variation in Contemporary ISL.* Paper presented at the Encouraging Signs: Developing Deaf Studies in Ireland, Trinity College Dublin, Ireland.

Leeson, L., & Saeed, J. (2012). *Irish Sign Language*. Edinburgh: Edinburgh University Press.

Leeson, L., Saeed, J., & Grehan, C. (2016). Irish Sign Language. In J. Bakken Jepsen, G. De Clerk, S. Lutalo-Kiingi, & B. McGregor (Eds.), *World Sign Languages*. Berlin: Mouton de Gruyter and Ishara Press.

Leeson, L., Sheikh, A. A., Rozanes, I., Grehan, C., & Matthews, P. A. (2014). Critical Care Required: Access to interpreted healthcare in Ireland. In M. Metzger & B. Nicodemus (Eds.), *Investigations in Healthcare Interpreting* (pp. 185-233). Washington DC: Gallaudet University Press.

Leeson, L., Sheikh, H., & Vermeerbergen, M. (2015). The super highway or the slow lane? Evaluating challenges in creating new learning spaces for interpreters. . In S. Ehlrich & J. Napier (Eds.), *Digital Education in Interpreter Education: Fostering Innovation, Change & Community Engagement.* (pp. 153-206.). Washington DC: Gallaudet University Press. .

Leeson, L., & Venturi, L. (2017). *A Review of Literature and International Practice on National and Voluntary Registers for Sign Language Interpreters*. Dublin: Sign Language Interpreting Service (SLIS).

LeMaster, B. (1990). *The Maintenance and Loss of Female and Male Signs in the Dublin Deaf Community.* Unpublished PhD Dissertation, University of California, California.

LeMaster, B., & O'Dwyer, J. P. (1991). Knowing and using female and male signs in Dublin. *Sign Language Studies, 73*, 361-396.

Mathews, E. (2011). *Mainstreaming of Deaf Education in the Republic of Ireland: Language, Power, and Resistance.* (Unpublished PhD Dissertation), National University of Ireland, Maynooth., Maynooth.

Mathews, E. (2012). "We Got Nothing…A Big Fat Zero": Levels of Awareness Theory and the Lived Experiences of Irish Mothers of Deaf Children. In L. Leeson & M. Vermeerbergen (Eds.), *Working with the Deaf Community: Mental Health, Education and Interpreting*. Dublin: Interesource Group Publishing.

Mathews, E. & O'Donnell, M. (2018). *Reading and Deaf and Hard of Hearing Students in Mainstream Education.* Dublin: Catholic Institute for Deaf People, Chime, and the Irish Deaf Society.

Matthews, P. A. (1996). *The Irish deaf community*. Baile Átha Cliath: Institiúid Teangeolaíochta Éireann.

McDonnell, P. (1996). *Verb Categories in Irish Sign Language.* (PhD), Trinity College Dublin, Dublin.

McDonnell, P. (2001). Deep Structures' in Deaf Education: Implications for policy. In L. Leeson (Ed.), *Looking forward: the EUD in the 3rd Millennium – the Deaf Citizen in the 21st Century* Coleford, UK: Douglas McLean.

Murphy-Lawless, J. (1998). *Reading Birth and Death: A History of Obstetric Thinking*. Cork: Cork University Press.

Napier, J., & Leeson, L. (2016). *Sign Language in Action*. London: Palgrave Macmillan.

O'Baoill , D., & Matthews, P. A. (2000). *The Irish Deaf Community Volume 2: The Structure of Irish Sign Language*. Dublin: ITE.

O'Dowd, M. (1955). *The history of the Catholic schools for the deaf, Cabra.*, University College Dublin, Dublin.

Pollard, R. (2006). *The Avenue*. Dublin: Denzille Press.

Steinberg, E. J. (2006). Pushing for Equality: Deaf Irish Mothers and Maternity Care. In *Deaf Studies Today: Simply Complex*. Orem, Utah: Utah Valley State College.

Venturi, L. (in preparation). *Mentoring for Irish Sign Language Interpreters: A Grounded Theory Approach.* (M.Litt.), Trinity College Dublin (University of Dublin), Dublin.

Wheatley, M., & Pabsch, A. (2012). *Sign Language Legislation in the European Union, Edition II*. Brussels: European Union of the Deaf.