INPLASY

A scoping review of sign language interpreter-mediated encounters within health and social work contexts in South Africa

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ADMINISTRATIVE INFORMATION

INTRODUCTION

Review question / Objective What is the extent, type and quality of existing evidence available concerning sign language interpreter-mediated encounters within health and social work contexts in South Africa?

Background South Africa scores 0.871 (out of 1.0) on the world linguistic diversity index making it the 20th most linguistically diverse country in the world (https://worldpopulationreview.com/country-rankings/linguistic-diversity-index-by-country). Following the establishment of the first democratic government in 1994, 11 languages were given formal recognition (9 of which were African languages) and an estimated further 44 languages in use were recorded (Erasmus, 2000). English and Afrikaans speakers represent fewer than 25% of the population (Elkington and Talbot, 2016). In one study only 6% of medical interviews with patients were conducted in their first language (Levin, 2006) and it is generally accepted that the vast majority of consultations in the South African health care system are carried out in a patient's second or third language (Van den Berg, 2016). This everyday reality occurs, despite the Constitution of South Africa (Act 108 of 1996) protecting the rights of all citizens to access healthcare services (Section 27), and National Health Act (Act 61 of 2003), stating that '[t]he healthcare provider must, where possible, inform the user … in a language that the user understands and in a manner which takes into account the user's level of literacy'.

In 2023, this language profile became even more complex because, after two decades of significant investment and advocacy by the Deaf community, South African Sign Language (SASL) was formally approved by the South African Government as the 12th official language of South Africa (SA) https://www.parliament.gov.za/press-releases/na-approves-south-african-sign-language-12th-official-language This change in policy and legal status of SASL raises a range of issues, including potential implications for the provision, practice, governance and quality assurance of SASL interpreting. South African Sign Language now

falls within the orbit of The South African Language Practitioners' Council Act 8 of 2014 which established the South African Language Practitioners' Council (SALPC) as the statutory authority mandated to regulate the language profession within South Africa. The Act makes provision for the registration, accreditation, and regulation of the professional conduct of language practitioners, including translators, interpreters, and other language service providers. Its overarching objectives are to promote professional quality and accountability, to enhance the recognition of language services as a distinct and regulated field, and to safeguard the public interest by ensuring adherence to ethical standards. However, in practice there is no implemented minimal qualifying standards, regulation or formal registration requirements in order to work as an interpreter or indeed as a SASL interpreter, although it is possible for interpreters to seek accreditation through the South African Translators Institute (SATI). Additionally, there is no effective governance, oversight or monitoring of the extent to which health care providers meet their obligations to provide services in an understandable way given the language preferences of patients. There is no oversight either of how, and to what extent, statutory and non-statutory social work services might meet clients' preferred language needs and the impact this might have on outcomes for the people facing serious processes such as child/adult protection.

In the case of South African Sign Language, this situation is further compounded by the extreme shortage of qualified SASL interpreters. Also, unlike in less linguistically diverse countries, the majority of SASL SLIs will have fluency in several other spoken languages in addition to English or SASL, meaning that neither the dominant spoken language nor the signed language in which they are working are likely to be their first languages, thus increasing the complexities of sign language mediated encounters.

Rationale There is no existing review of research in the field of sign language-mediated encounters within health and social work contexts in South Africa, nor any appraisal of the strengths and gaps in the evidence base. The purpose is to determine whether the body of research available to date is sufficient to inform evidence-based guidelines for best practice in sign language interpreter-mediated engagements in health and social work contexts.

METHODS

Strategy of data synthesis The methods for this scoping review are informed by the 9-step Scoping Review Framework (Peters et al. 2020) and will be reported following the PRISMA Scoping Review (ScR) reporting guidelines (Tricco et al. 2018). Bibliographic databases and forward citation sources from reference lists of identified articles, grey literature (policy, practice and guidelines) as well as doctoral theses and other dissertations will be searched. Key words include: 'sign language interpreter', 'South Africa' 'deaf', 'social work' 'health' and their synonyms such as SLI, SA, hearing impaired. Techniques for searching the literature will include i) Free-text words, ii) truncation and iii) Boolean operators. The online systematic review management system rayyan.ai will be used to assist with the search and retrieval process.

Eligibility criteria This scoping review concerns health and social work contexts in which SLIs are required to mediate communication between deaf signers and hearing people who do not sign. For the purposes of the review, social work includes both children and adults and health includes mental as well as physical health. Context refers to both private and public health settings. Social work encompasses both statutory and non-statutory work and both qualified social workers and those working in social work in non-qualified and auxiliary roles. SLIs include community-based language mediators and interpreters, qualified and professional interpreters, deaf-relay interpreters, deaf interpreters and cultural mediators. Interpreted encounters refer to informal and formal communication.

All study designs are included utilizing qualitative, quantitative and/or mixed methods and which meet the inclusion criteria. Meta analyses and meta reviews are included if they refer to empirical research studies, as well as systematic, scoping and narrative reviews. Grey literature that includes relevant policy documents, legislation, clinical and professional guidelines and best practice documents.

Inclusion criteria

1. Item refers to sign language interpreter mediation (whether live, remote or recorded)

2. Item focusses on sign language interpreting in a health or social work context

3. Item concerns deaf people who use SASL as their primary or preferred language

4. Item published in or about South Africa

5. All population groups in SA are included

6. Date range for items of publication: Open date range until 2025 inclusive.

7. Primary research items include peer reviewed journal articles, book chapters, books, accredited conference proceedings and similar.

8. Grey literature items including policies, reports, professional practice and guidance documents and legal instruments

9. Item is in an international registry of theses and dissertations (Masters and PhDs)

10. Languages of publication to include English, Afrikaans, South African Sign Language (SASL), British Sign Language (BSL), American Sign Language (ASL), Spanish, French

Exclusion Criteria

1.Items not meeting the inclusion criteria

2.Items concerning deaf people in SA who do not use SASL as their first, preferred or one of their languages

3.Items concerning spoken language interpreting in relation to deaf people in SA.

4.Publications/research on health and social work contexts relating to deaf people without the mediation of sign language interpreting

5. Items concerning sign language interpreting in educational contexts unless health or social work is the primary focus

6.Items concerning sign language interpreted mediation outside of the SA context

7.Items concerning deafblind people who do not use a signed language within their communication repertoire

8.Items concerning deaf children and adults with severe learning disabilities.

Source of evidence screening and selection

Research databases: ASSIA, PsycInfo, Web of Science (Clarivate), CINHAL, Sabinet, EThOS. Online indices of specific journals where publications on this topic are likely to be published, for example: Sabinet African Journal, South African Journal of Communication Disorders, Social Work/Maatskaplike Werk, Health SA Gesondheid, African Journal on Disability, South African Journal of Psychology, South African Journal of Sociology, Southern African Journal in Social Work and Social Development, Journal of Deaf Studies and Deaf Education, Deafness and Education International, Sign Language Studies, American Annals of the Deaf, Journal of Interpretation, Translation and Interpreting Studies, Interpreting: Research & Practice in Interpreting; Interpreting and Society; Meta (érudit); The Interpreter and Translator Trainer, Translation and Interpreting, Communication & Medicine. Grey literature sources including national and local government and non-governmental organisations: Department of Sport, Art and Culture, PanSALB, SALPC, DeafSA (The Deaf Federation of South

Africa), SANDA (South African National Deaf Association), NID (National Institute of the Deaf) & SASMHD (South African Society for Mental Health and Deafness). Pre-existing professional and research knowledge from the authorship team, as well as cross disciplinary academic knowledge.

Data management Search selection follows a two-stage process: (i) title and abstract screening will be carried out by two people, one from either a social work or health background, and one from an interpreting background and a yes/no/maybe conclusion applied to each item. A third reviewer will consider items designated 'maybe', or where there is a conflict of opinion between the two reviewers to reach a decision on inclusion or not in the next stage. (ii) full text screening will be carried out by two reviewers - one from either a social work or health background and one from an interpreting background. Conflicts will be resolved by a third reviewer. At both stages in the screening process the inclusion/exclusion criteria will be applied. Reasons for exclusion at either stage of study selection will be recorded. All included items following stage two screening will be held in full text version within Rayyan. Relevant data from each selected publication at stage (ii) screening will be extracted and charted using a bespoke data charting tool. For studies generating primary or empirical data and literature reviews, year of publication, research design including methodology, methods, analytical approach, participant characteristics, setting, interventions (if any), comparison group (if any) and outcomes/results/findings will be recorded. For grey literature items, subject, date, category of relevance will be recorded. Results of the identification and selection process will be presented in a PRISMA diagram.

Reporting results / Analysis of the evidence

Scoping reviews do not typically include quality assessments. For primary research items and literature reviews, analysis will be confined to observations on aspects of research design and execution and limitations of scope, sample, method and results informed by categories of interest from the CASP suite of appraisal tools. No formal quality assessment will be used to appraise grey literature.

A narrative synthesis will be presented following a thematic structure generated by the evidence in the items reviewed. Close attention will also be paid to gaps in the available literature in order to present a balanced view of presence/absence of evidence in line with the purpose of the scoping review.

Presentation of the results Results will be reported in a peer-reviewed journal article and summary findings available in SASL.

Language restriction The scoping review will include items in any of the languages of the multilingual investigator team: English, Afrikaans, SASL, BSL, ASL, Spanish, French.

Country(ies) involved South Africa.

Other relevant information The South Africa/UK study team encompasses academics and practitioners in deaf studies, interpreting, and social work. This work grew out of the UK-based INForMHAA study. INPLASY protocol 202220086. doi:10.37766/inplasy2022.2.0086

Keywords Sign language; sign language interpreters; South Africa; interpreter-mediation; deaf studies.

Dissemination plans In addition to the peer review journal article, this work will be disseminated widely to health and social work professionals and interpreter organisations in South Africa through seminars and workshops as well as directly to the deaf community in South Africa through the project's networks, alongside more traditional academic presentations at conferences and professional organisation gatherings.

Contributions of each author
Author 1 - Claudine Storbeck - Led the scoping review (its conceptualization and focus), resolved conflicts at stage 2 and managed Rayyan. Co-PI of the grant that has funded this work.
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