

**THE EXPERIENCES OF SOCIAL WORKERS USING THE SERVICES OF SOUTH
AFRICAN SIGN LANGUAGE INTERPRETERS DURING MICRO INTERVENTION IN
THE CAPE METROPOLE**

Peter F.J. Koeras

Student number: 3604969

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Department of Social Work

Community and Health Sciences Faculty

University of the Western Cape.

**UNIVERSITY of the
WESTERN CAPE**

Supervisor: Dr Ronel Davids

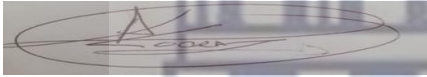
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DECLARATION

I declare that this research title: *The experiences of social workers using the services of South African Sign Language Interpreters during micro intervention in the Cape Metropole* is my own work, that it has not been submitted before for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged as complete references.

PETER F.J. KOERAS

Signature:



Date: 30/ 05/ 2024



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ABSTRACT

Research on services to Deaf clients, with the assistance of an interpreter, focuses in general on the experiences of the clients or the challenges because of an interpreter. There is however limited research on the experiences and challenges of social workers using South African Sign Language Interpreters (SASLIs) during micro social work intervention with clients who are Deaf. This qualitative study, with the aim to understand the experiences of social workers using South African Sign Language Interpreters during micro intervention in the Cape Metropole, endeavoured to address the gap in the research. The study used explorative and descriptive research designs. The study population was social workers, working at organisations for the Deaf, and using SASLIs with clients who are Deaf during micro social work intervention. Non-probability purposive sampling was used to select the sample of social workers using SASLIs with clients who are Deaf during micro social work intervention. Semi-structured interviews were used for data collection and the data was thematically analysed. Trustworthiness of the research was ensured by means of confirmability, transferability, credibility, and dependability. The identity and autonomy of the participants were ensured during the research with the application of ethical protocols such as informed consent, voluntary participation, confidentiality, and anonymity. The University of the Western Cape Humanities and Social Science Research Ethics Committee, as well as the managers of organisations for the Deaf which participated in the study, granted permission to conduct this research study. The findings of the research encompassed three main themes namely, 1) experiences of social workers when using SASLIs during social work micro intervention 2) challenges when using SASLIs during social work micro intervention and 3) recommendations to improve social work services to clients who are Deaf. These main themes and nine sub-themes, focused on the experiences and challenges of social workers using SASLIs during micro social work interventions as well as on recommendations to improve social work services for clients who are Deaf.

Keywords: Deaf, social work, social work micro intervention, sign language, sign language interpreter

LIST OF ABBREVIATIONS



COVID-19	:Corona Virus Disease -2019
dB	:Decibels
DEAFSA	:Deaf Federation of South Africa
Email	:Electronic Mail
FDT	:Feminist Disability Theory
Fig	:Figure
FT	:Feminist Theory
HEI	:Higher Education Institutions
HOH	:Hard of Hearing
NASW	:National Association of Social Workers
PWD	:People with Disability
SA	:South Africa
SACSSP	:South African Council for Social Service Profession
SASL	:South African Sign Language
SASLIs	:South African Sign Language Interpreters
SATI	:South African Translator Institution
UK	:United Kingdom
USA	:United States of America
VRI	:Video Remote Interpreting
WHO	:World Health Organisation
WIFI	:Wireless Fidelity
Zoom	:Zoom Conferencing Platform / Zoom Video Communications

DEFINITION OF KEYWORDS

Capital “D” vs small “d”:

The distinction between the capital "D" and lowercase "d" reflects the different attitudes and perspectives within the deaf community and it refers to deaf individuals who identify with the deaf community, which has its own language (Sign Language) and culture (Pudans-Smith, Cue, Wolsey & Clark, 2019).

Clients/people who are Deaf:

Client/people who are Deaf are individuals who experience hereditary Deafness and use sign language as their first language (Groce, 2017).

Cultural Sensitivity:

Cultural sensitivity acknowledge and value the communication preferences of people who are Deaf, use of sign language and acknowledge significant societal customs and principles of Deaf people (Levesque, Duncan & Snoddon, 2023).

Deaf community:

The Deaf community is a linguistic and cultural minority group that shares a common language, common experiences, and values (Morgan & Kaneko, 2017).

Deafness:

Deafness is the inability to perceive auditory stimuli and is a category of disability that refers to both hard of hearing and Deaf people (Castillo & Florez-Martelo, 2020).

Disability:

Disability is a social construct where the social participation of people with an impairment is limited by normative expectations and material conditions (Retief & Letšosa, 2018).

Impairment:

Impairment refers to the loss or abnormality of a structure or organ of the body (Barnes, 2016).

Micro Social Work Intervention:

Micro social work intervention refers to individual- or family-level intervention in social service settings. This intervention aspires to address the specific needs and challenges of individuals and families, while validating their strengths and optimizing their quality of life (McCoyd, Lee & Kerson, 2022).

Social work:

Social work is a discipline, within the human services, that studies social challenges and aims to restore and/or enhance the social functioning of individuals and families, while using a multidisciplinary approach (Monisha, 2017; Nejkar, 2017).

South African Sign Language (SASL):

South African Sign Language is the primary language used by Deaf people in South Africa and uses visual-manual modalities instead of spoken words to convey meaning (Ozyurek & Woll, 2019).

South African Sign Language Interpreters (SASLIs):

South African Sign Language Interpreters are professionals that facilitate communication between clients/people who are Deaf, and the hearing community. Their primary role is to bridge the communication gap by converting sign language into spoken language (Chakoma & Baron, 2023).



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CHAPTER ONE: INTRODUCTION AND OVERVIEW OF THE STUDY

1.1 BACKGROUND AND RATIONALE OF THE STUDY

Various formal and informal models and theories on disability exist and have been developed by governments, organisations as well as individuals. The goal of these models and theories is to provide a better understanding of disability. It is crucial to understand disability as a concept from the perspective of various literature sources. Oliver (2017) describes disability as a bodily restriction in a person that causes strain during certain activities as well as within the person and environment interaction. The all-inclusive definition of the World Health Organisation (WHO) on disability includes all the impairments which restrict the activities and participation of people in society (WHO, 2020). Another description of disability focuses on a problem in the bodily structure of a person, which consequently hampers optimal participation in society (Donnelly, Hillman, Castelli, Etnier, Lee, Tomporowski, Lambourne & Szabo-Reed, 2016). People with disability (PWD) have a long-term recurring impairment (Stough, Sharp, Resch, Decker & Wilker, 2016), which significantly limits their opportunities, for example, employment opportunities (Lindsay, McDougall, Menna-Dack, Sanford & Adams, 2015).

The nature of the phenomenon disability however varies. Certain disabilities for example physical mobility and physical sensory disability are more visible than others such as mental and neurological disability. Mental disabilities encompass psychiatric and intellectual disabilities (Robertson, Hatton, Emerson & Baines, 2015) while neurological disabilities refer to disorders in the nervous system of the body, and these include brain and spinal cord abnormalities (Rao & Gershon, 2016). A person with physical mobility disability is unable to perform activities for example, eating and dressing, while a person with physical sensory disability is unable to use bodily functions such as hearing, and this includes Deafness (Shen, Huang, Kung, Chiu & Tsai, 2017). Deafness encompasses a condition when a person has no hearing capabilities, as well as hard of

hearing (HOH), where the hearing capabilities fluctuate between the ability to hear and being completely Deaf (Valek, 2017).

The global prevalence of Deaf people is estimated at one million and 600 000 Deaf people reside in South Africa [SA] (Chadha, Kamenov & Cieza, 2019). It is evident from research that society provides limited support to Deaf people and contributes to high levels of stigma and marginalisation (Asonye, Emma-Asonye & Edward, 2018).

Social work interventions on micro, mezzo and macro levels are therefore crucial (Thompson, 2015). Social workers experience however limitations during these interventions because they are not proficient in South African Sign Language (SASL). They may therefore require the assistance of South African Sign Language Interpreters (SASLIs) with communication during social work interventions with clients who are Deaf (Adam, Aro, Druetta, Dunne & Klintberg, 2014). Social workers however experience various challenges when they use SASLIs, during social work interventions, which include micro intervention with clients who are Deaf. Role clarification is one of these challenges (Sawrikar, 2015; Tipton, 2016). It is important to note that communication can only be effective when all parties (Social Workers and SASLIs) are aware of their responsibilities and roles during intervention. An additional challenge is inaccurate translation, especially when the interpreter has no formal training, during communication with clients who are Deaf (Sawrikar, 2015; Tipton, 2016). There are currently limited numbers of accredited SASLIs, but more importantly limited numbers of SASLIs who are familiar with the requirements of the social work profession, that could assist social workers with communication during social work micro intervention with clients who are Deaf.

The Deaf Federation of South Africa (DEAFSA) confirms, in their policy statement on the provision and regulation of sign language interpreters in SA, that interpreters are an essential human resource for the Deaf. There are however not enough SASLIs available, with a current ratio of one interpreter to more than 99 000 people who are Deaf, to deal with the needs of the Deaf (Zulu, Heap

& Sinanovic, 2017). Family members or friends of the client who is Deaf often act, without accreditation, as SASLIs. The services of these interpreters are informal, and the translation is consequently inaccurate and with no objectivity (Kritzinger, Schneider, Swartz & Braathen, 2014; Orrie & Motsahi, 2018; Yet, Hapuhinne, Eu, Chong & Palanisamy, 2022). This practise also compromises confidentiality and the autonomy of the person who is Deaf. This study therefore endeavours to understand the experiences of social workers using SASLIs during micro social work intervention with clients who are Deaf in the Cape Metropole.

1.2 PRELIMINARY LITERATURE REVIEW

1.2.1 Deafness

This study uses a capitalised 'D' instead of a lowercase 'd' (for example, clients who are Deaf), to culturally distinguish clients/people who are Deaf from hearing people as proposed by O'Brien and Placier (2015). Deafness is a hearing inability, with a hearing loss of more than 90 decibels (dB) in one ear (Varshney, 2016). Deafness, in some literature, however, includes four hearing disabilities which are mild, moderate, severe, and profound hearing loss (Na, Kim, Hong, Chung, Kang & Yeo, 2014). People with a mild hearing loss can only hear between 25 and 40 dB (Timmer, Hickson & Launer, 2015), which implies that they cannot occasionally hear the ticking sound of a clock. People with a moderate hearing loss cannot hear sounds less than 40 and 70 dB (Souza, Hoover, Blackburn & Gallun, 2018) and those with severe and profound hearing loss must use a hearing aid due to their inability to hear sounds softer than 90 and 120 dB (Keppeler, 2019). It is thus evident that Deafness affects the daily functioning of people and creates environmental and institutional societal barriers and vulnerabilities (Madungwe, 2019).

People who are Deaf experience institutional barriers when services at health care facilities are inaccessible and marginalised when health care professionals ignore the importance of SASLIs during consultations (Souza, Araujo, Sandes, Freitas, Soares & Vianna, 2017). These barriers are evident when there is a lack of/or reluctance to plan, limited understanding to work/deal with people

who are Deaf, as well as limited knowledge about the Deaf culture (Souza et al., 2017). People who are Deaf may also experience discrimination with, for example, employment opportunities (McMahon, Grover, McMahon & Kim, 2020). Discrimination, as a global phenomenon, transpires either openly or subtly and affects the daily activities of people with Deafness (McMahon et al., 2020).

1.2.2 The Prevalence of Deafness

The global prevalence of Deafness is 446 million which represents five percent of the global population and the prevalence of Deafness in children is 34 million (WHO, 2020). The primary cause of disability, globally, is blindness and visual impairment and these conditions are prevalent in 1.3 billion people. Deafness is the second cause of disability (Birdsey, 2020). A study of The National Institution of Deafness and Other Communications Disorders (2016) found that 15% of the population in the United States of America (USA) experienced HOH and one million people were completely Deaf. One in six people in the United Kingdom (UK) experienced a type of Deafness, and approximately eleven million people were either partially or completely Deaf (Kim, Byrne & Parish, 2018). These numbers included 50,000 children which were either born with hearing loss or developed Deafness during childhood (Berry, 2017). Two-thirds of people who are Deaf reside in developing countries (Sheffield & Smith, 2019). War, poverty, violence, environmental or genetic factors contribute to Deafness in approximately 23.7% of the Nigerian population (Treat, 2016). Stigma and marginalisation toward people who are Deaf are consequently high in Nigeria and hearing family members and community leaders provide limited support to people with Deafness (Asonye et al., 2018). Certain community members in Nigeria on the contrary adopted sign language skills to learn about the Deaf culture and improve communication and interaction between the hearing and Deaf community members (Asonye et al., 2018).

1.2.3 The Situation of the Deaf community in South Africa

The South African National Deaf Association (2018) affirms that there is a well-established Deaf community, with more than four million people, in SA. Research by Ramma and Sebothoma (2016) found that 75% of the Deaf community in the South African context were uneducated and 70% remained unemployed. Approximately 12.34% of the Deaf community, requesting social service assistance to improve their quality of their lives, resided in the Cape Metropole (Ramma & Sebothoma, 2016) and merely thirteen organisations (including schools and churches) in the Cape Metropole specialise in services for the Deaf (Western Cape Government - Cultural Affairs and Sport, 2018). Only five of these organisations provide however social work interventions to people who are Deaf (Gallaudet University, 2020). There are unfortunately no supporting statistics on social workers using the services of SASLIs during social work micro intervention with people who are Deaf in the Cape Metropole. Registered social work organisations provide services to only two percent of the Deaf community in the Cape Metropole (Engelbrecht, 2017). The Western Cape Government - Cultural Affairs and Sport (2018) and The Gallaudet University (2020) however argue that organisations in the Cape Metropole provide services to the Deaf. There are no clear explanations in the literature to validate the reasons for these limited services, but the researcher assumes that social work services might not be accessible to people who are Deaf.

1.2.4 Social Work Services to People who are Deaf

Social workers provide services to all clients (individuals or families) with personal challenges (Wagaman, Geiger, Shockley & Segal, 2015). These services focus on macro, mezzo, and micro levels social work intervention and aspire to solve the clients' problems with appropriate solutions, services, and resources. These clients might experience problems with communication, grant applications, medical care as well as environmental barriers. Social work on a macro level focuses on large-scale intervention and advocacy, which include an entire community, state, or country (Berg-Weger, 2019). Mezzo interventions concentrate on small-scale institutional, social, and

cultural change and focus on family, occupational and social service challenges (Teixeira & Krings, 2015). Social workers interact directly with clients during one-on-one counselling sessions in micro interventions to address their personal challenges (Sherba, Linley, Coxe & Gersper, 2019). Social workers use these types of interventions to enhance the self-reliance, knowledge and skills of clients and create a supportive environment with accessible resources (Sherba et al., 2019). Social workers also use interconnected roles such as counsellor, educator, broker, advocator, mobiliser, facilitator, negotiator, and mediator to fulfil these micro, mezzo, and macro levels interventions (Schenk, Mbedzi, Qalinge, Schultz, Sekudu & Sesoko, 2015; Beckett & Horner, 2015). Social workers might however experience complex communication challenges during micro social work with clients who are Deaf (Ikegami, 2019). The services of SASLIs are a necessity in micro intervention when social workers are unable to use sign language during communication with clients who are Deaf.

SASLIs are accredited and registered individuals trained by the South African Sign Language Institution (Van der Heijden, Harries & Abrahams, 2019). Their roles are merely to translate amid spoken and sign languages during interactions with clients who are Deaf (Elkington & Talbot, 2016). Only seven accredited SASLIs and twelve freelance SASLIs provide however sign language services in the Western Cape, including the Cape Metropole (Western Cape Government - Culture Affairs and Sports, 2018). This could consequently be a potential challenge for social workers when they require competent SASLIs to translate during social work micro intervention with clients who are Deaf.

1.2.5 Experiences of Social Workers using the Services of SASLIs during Micro Intervention

A study by Pertz, Plegue, Diehl, Zazove and McKee (2018) found that medical social workers use the services of SASLIs to interpret medical information to their clients who are Deaf. There are however limited studies on the challenges when social workers use the services of SASLIs with clients who are Deaf (Sawrikar, 2015; Tipton, 2016; Apgar, 2017; Chatzidamianos, Fletcher, Wedlock & Lever, 2019). Social workers could experience challenges with role clarification,

interpreter neutrality, ethics, and possible inaccurate translation when they use the services of SASLIs with clients who are Deaf (Sawrikar, 2015; Tipton, 2016). There might be a perception that SASLIs are responsible for the quality of the micro intervention when role clarification and ethical boundaries are not determined from the onset during social work intervention (Apgar, 2017). Clients who are Deaf often perceive the sign language skills of SASLIs as more important than the role of the social worker (Chatzidamianos et al., 2019). This in turn could undermine the role of the social worker and contribute to ineffective social work micro intervention with clients who are Deaf (Westlake & Jones, 2018). SASLIs might also translate communication between the social worker and the client who is Deaf inaccurately (Drugan, 2017). The client may for example elaborate during his/her responses to a question by the social worker, while the interpreter translates these responses in a few words (Drugan, 2017). Limited understanding of social work terminology by SASLIs or the lack of adequate sign language training could contribute to this. The limited understanding of social work terminology by SASLIs cast doubt on the accuracy and authenticity of the interpreting and consequently contribute to ineffective social work micro intervention (Drugan, 2017). O'Connell and Lynch (2020) indicate that many sign language interpreters are not formally trained, quality assured and do not have the required skills for the specific contexts in which they interpret. Gcwabe (2023) argues that there are a limited number of trained sign language interpreters even though it is a requirement for people who are Deaf during therapy or counselling.

Ethical standards guide the behaviour of social workers (Berzin, Singer & Chan, 2015) but SASLIs do not have such professional ethical guidelines (Drugan, 2017). It is therefore imperative that social workers and SASLIs design guidelines to ensure ethical behaviour, consistent with SA's policies and legislation, for efficient micro social work intervention with clients who are Deaf. This study, which aims to get an in-depth understanding on the experiences of social workers using SASLIs during micro intervention with clients who are Deaf in the Cape Metropole, will contribute to such ethical behaviour and efficient micro social work intervention.

1.3 THEORETICAL FRAMEWORK

It was evident from the preliminary literature review that it was essential to explore the experiences of social workers, when using the services of SASLIs, during social work micro intervention with clients who are Deaf. The researcher used Feminist Disability Theory (FDT) as theoretical framework to understand the experiences of social workers, using the services of SASLIs, during social work micro intervention with clients who are Deaf. The researcher deemed FDT as the appropriate philosophical, epistemological, methodological, and analytical approach to answer the research question. A synopsis of the FDT is provided in the following section but a comprehensive discussion will follow in chapter two of this study.

1.3.1 Feminist Disability Theory (FDT)

FDT derives from both the feminist theory (FT) and disability studies (Slater & Liddiard, 2018). FT focuses on the understanding and prevention of stigma about women (Barnett, Sligar & Wang, 2018), while studies on disability examine the identity of PWD (Hall, 2015). FDT challenges the assumption that disability is something or someone who is 'broken' and consequently neutralise disability (Ahlvik-Harju, 2016). FDT disregards the notion disability as a medical phenomenon, according to the medical model, which oppress vulnerable groups amidst power relations. FDT is rather culturally inclusive according to the social model on disability (Hall, 2015). FDT resolves stereotypical ideas of society toward PWD (Hall, 2015; Garland-Thomson, 2020) and eliminates discriminatory attitudes and oppressive practices (Garland-Thomson, 2020) that hamper the optimal functioning of PWD, especially in SA communities. FDT, as empowering theory, relates to FT (Allen, 2018) and acknowledges the right of PWD to be heard and represent their own identity and experiences. PWD are consequently more aware of their human rights which will in turn promote a sense of self-belief and restore their dignity and self-worth. FDT will guide professionals (Social Workers and SASLIs) during this study and will ultimately contribute to effective services with clients who are Deaf. Micro social work interventions must advocate for the human rights of PWD

and eliminate discrimination and oppression toward clients who are Deaf. It is important that social workers and SASLIs collaborate and reflect on their assumptions and stereotypical ideologies regarding PWD prior to micro intervention sessions with people who are Deaf. They will then be cognisant of their judgmental beliefs and subjectivity towards clients who are Deaf. This will instil hope, which is central to empowerment, in clients who are Deaf (Chamodraka, Fitzpatrick & Janzen, 2017), and will motivate social workers and SASLIs to work toward change during micro intervention with clients who are Deaf in the Cape Metropole.

1.4 PROBLEM FORMULATION

Social workers are legally and ethically compelled to focus on the needs of diverse clients through mandatory standards and culturally competent practices (South African Council for Social Services Professions [SACSSP], 2023). These diverse needs include those of PWD, for example clients who are Deaf (National Association of Social Workers [NASW] cited in Mapp, McPherson, Androff & Gatenio Gabel, 2019). It was evident from the preliminary literature review that social workers experience challenges when using SASLIs during micro intervention with clients who are Deaf. This motivated the researcher to do this research study. The SACSSP (2023) additionally prescribes that social workers advocate for the provision of services, in an appropriate language, for all their clients. This will therefore, consonant with the client, include the services of trained SASLIs. There are no studies that focus on social workers using the services of SASLIs, during micro social work intervention to clients who are Deaf, in the SA context and especially in the Cape Metropole. There is thus limited knowledge on the experiences of social workers when using SASLIs during micro intervention. This resulted in the research question as discussed in the following section.

1.5 RESEARCH QUESTION

The research question is fundamental when the researcher studies a phenomenon during research (White, 2017). The research question for this study was: *What are the experiences of social*

workers using SASLIs during micro intervention with people who are Deaf in the Cape Metropole? The research question was focused, concise, arguable and could not be answered in a single 'Yes or No' and required detailed management and data analysis (Yates & Leggett, 2016). The researcher did not require additional explanations and had a clear rationale when he developed this research question.

1.6 RESEARCH AIM

The research aim is central in research because it underscores the intentions or aspirations of a particular research study (Makumane & Khoza, 2020). The research aim outlines, in one sentence, the outcome of the research study (White, 2017). It must therefore be specific and should be phrased in a manner which assists the researcher to answer the research question. The aim of the current study was therefore: *To understand the experiences of social workers using South African Sign Language Interpreters during micro intervention in the Cape Metropole.*

1.7 RESEARCH OBJECTIVES

Research objectives refer to the exact steps “within a certain timeframe” that a researcher adhere to, to attain the aim of the research study (De Vos, Strydom, Fouché & Delport, 2015:94). The objectives of the research study were to:

- i. Explore and describe the experiences of social workers using SASLIs, during micro intervention with clients who are Deaf.*
- ii. Explore and describe the challenges of social workers using SASLIs, during micro intervention with clients who are Deaf.*
- iii. Explore and describe the recommendations by social workers for social work practice using SASLIs during micro intervention with clients who are Deaf.*

1.8 OVERVIEW OF THE RESEARCH METHODOLOGY

Research methodology corresponds with the aims and objectives of a research study and uses systematic procedures to ensure valid and dependable research findings (Patil & Mankar, 2016). Researchers use generally qualitative and/or quantitative research approaches. The quantitative research approach quantifies the characteristics of phenomenon (Brannen, 2017; Choy, 2014). The qualitative research approach, in contrast to quantitative research, focuses on a smaller amount of data that represents numerous challenges (Brannen, 2017). Chapter three of this study will elaborate on the quantitative and qualitative research approaches.

1.8.1 Research Approach

This study used a qualitative research approach where the researcher actively participated in data collection and interpretation during the research process (Corbin & Strauss, 2014). A qualitative research approach explores a phenomenon to understand the meaning of an existing social problem (Leavy, 2022). The qualitative research approach was important for this research study because it allowed the researcher to follow up on the participant's answers through meaningful conversations on the research topic (Corbin & Strauss, 2014), and consequently produced data and findings on the experiences of social workers using SASLIs during micro intervention. The researcher additionally selected a qualitative approach due to the characteristics of this approach. These characteristics include a natural research setting, in-depth interviews, the researcher as the key instrument during research, multiple forms of data collection to provide a holistic picture, inductive reasoning, and reflexivity (Palaganas, Sanchez, Molintas & Caricativo, 2017). These characteristics are further discussed in chapter three of this study.

1.8.2 Research Designs

The researcher used explorative and descriptive research designs for the study. These designs explore and describe how people experience the phenomenon in their milieu (Neubauer, Witkop & Varpio, 2019).

a) Explorative research design

The researcher used an explorative design to gain an in-depth understanding of the research topic (Creswell & Creswell, 2017). This design explores topics with limited previous research and literature. Research participants could then contribute with their knowledge to develop the research topic (Hunter, McCallum & Howes, 2019).

b) Descriptive research design

A descriptive research design answers the ‘how’ and ‘why’ questions of the research (De Vos et al., 2015). This design produces a picture of the participant's perspectives, and therefore describes noteworthy events and/or details of a phenomenon (Hunter et al., 2019).

The rationale for the explorative and descriptive designs during this research was based on the following seven characteristics (Hunter et al., 2019):

- i. The literature review of this study demonstrated that there was limited research on the research topic.
- ii. The sample of this study was flexible and purposively selected, which indicated that the researcher was open to increase the sample size and consequently gain an in-depth understanding of the phenomenon.
- iii. These designs use multiple data collection strategies during this study such as semi-structured interviews, participation observation, journaling, and demographical details of the participants.
- iv. The interviews were planned at specific times and places when convenient for the participants during this research.
- v. All the interviews in this research were recorded after written consent and verbatim transcribed.
- vi. The study utilised thematic data analysis.

- vii. The rigour of the study was demonstrated by using trustworthiness and included credibility, dependability, transferability, conformability, and reflexivity.

The explorative and descriptive research designs were important for this study because the researcher could explore the 'what' and 'how' from the experiences of social workers when using SASLIs during social work micro intervention for clients who are Deaf and could consequently describe the meaning of these experiences.

1.8.3 Research Setting

The research settings consisted of organisations that provide services for the Deaf in the Cape Metropole. The participants of the study were social workers based at these organisations using the services of SASLIs during micro intervention. There was no specific study/research on the research topic in SA or in the Cape Metropole.

1.8.4 Population

The population of this study included social workers employed at organisations focusing on the needs of the Deaf community in the Cape Metropole. The researcher approached the Directors of five accredited organisations for the Deaf in the Cape Metropole to gain access to the research population as well as to request voluntary participation from their social workers in the study.

1.8.5 Research Sample

A research sample is a small number of participants that represent the total population of a research study (Nicholas, Rauthenbach & Maistry, 2015). The researcher used non-probability purposive sampling to select the participants for this study. Purposive sampling is a subjective qualitative sampling technique, where researchers select participants according to their own judgement (Etikan, Musa & Alkassim, 2016). The researcher purposively selected participants with similar characteristics related to the research topic during this subjective sampling technique (Etikan et al., 2016). The sample for this study consisted of only seven participants due to the limited number of organisations and social workers providing micro intervention services, with SASLIs, to clients who

are Deaf in the Cape Metropole. The inclusion criteria for the sample were social workers registered with the SACSSP, employed for at least six months at a social service organisation for clients who are Deaf, which provided micro intervention with SASLIs as interpreters.

1.8.6 Data Collection Method

The researcher used semi-structured interviews to collect data, after permission was granted by the Directors of the various organisations for the Deaf, and after the participants agreed to participate in the study. The participants provided informed consent and permission to audio-record the interviews before the researcher started the interviews.

Participants can answer questions in a 'relaxed' manner, without additional pressure, during semi-structured interviews (Kallio, Pietilä, Johnson & Kangasniemi, 2016). This study used Zoom online video sessions (Zoom) and face-to-face interviews to collect data. Zoom is a virtual video and audio interview platform, used by researchers, to interview participants who are geographically dispersed (Archibald, Ambagtsheer, Casey & Lawless, 2019). Face-to-face interviews are personal interviews with a substantiated interview schedule and standardised probing techniques to obtain responses from research participants (Schober, 2018). The researcher selected these two interviewing platforms due to the lockdown regulations in SA during COVID-19. The participants of the study could however select the most convenient platform for their interviews. The researcher used an interview schedule during the Zoom and face-to-face interviews to manage interaction and to ensure that the participants responded to complex research questions. An interview schedule is a prepared list with research questions to guide the interview and this process increases the accuracy of the research data on the research topic (Kallio et al., 2016). The researcher used the interview schedule (**Appendix E**) for this study to obtain in-depth information on the experiences of social workers using SASLIs during social work micro intervention for clients who are Deaf. This interview schedule consisted of five open-ended questions, accompanied by probing questions and questions on the demographic profiles of the participants. The interview schedule was significant for the study

because it regulated the direction of the interview, allowed the researcher to get in-depth information, provided relevant answers and focused on the aim and objectives of this study (Kallio et al., 2016). The researcher did a pilot study before the interviews as discussed in the following section.

1.8.7 Pilot Study

Pilot studies is a test before the data collection process (Roitman, Mechoulam, Cooper-Kazaz & Shalev, 2014; Richards & Hallberg, 2015; Lowe, 2019). Pilot studies are generally the foundation of the main study especially when there is limited research on a topic (In, 2017) and is significant because it determines the feasibility of the study (Kim, 2019). The purpose of the pilot study during this study was to test the questions in the interview schedule. The researcher interviewed a participant with the same characteristics as the research sample (Campbell, Taylor & McGlade, 2016), which was cognizant of the research topic. This participant was excluded from the research sample. The pilot study of this study confirmed that the questions were suitable, could generate rich data and answer the research question.

1.8.8 Data Analysis

Qualitative data analysis is an unstructured and subjective method that determines the meaning of social events and associated complexities (Cuesta & Kumar, 2016). It is a process that produces order, structure and meaning of the collected data (Graue, 2015). Qualitative data analysis utilises an inductive process, which allows researchers to go back and forth between themes (Creswell, 2014). This study applied thematic analysis according to the eight steps of data analysis and the researcher identified, scrutinized, and consequently reported on themes (De Vos et al., 2015). These eight steps of data analysis were significant to this study because they enabled the researcher to identify similarities, code the collected data and generate main and sub-themes.

The eight steps from De Vos et al. (2015) which the researcher followed were:

- i. Planning re-coding of data:** The researcher gathered raw data and captured it into a format on a spreadsheet and paper.
- ii. Data collection and preliminary analysis:** The researcher selected an individual interview read and interpreted it and followed the process with the other interviews to make sense of the data.
- iii. Managing the data:** The researcher generated topics and arranged them into categories which included the major, unique, and left-over topics.
- iv. Reading and writing memos:** The researcher wrote analytic memos by generating notes, short phrases, ideas, and key concepts while re-reading the data.
- v. Generating categories and coding the data:** The researcher used unique labelling strategies to identify and arrange themes, sub-themes, and categories.
- vi. Testing the emergent interpretations and searching for alternative explanations:** The researcher re-analysed and arranged the data to obtain a comprehensive understanding, while searching for alternative explanations of the main themes and sub-themes.
- vii. Interpret and develop typologies:** The researcher scrutinised the themes while ensuring that all the sub-themes correlate.
- viii. Presenting the data:** The researcher documented the data, themes, and sub-themes into presentable diagrams.

These eight steps of data analysis are discussed in more detail in Chapter three of the study.

1.9 QUALITATIVE DATA VERIFICATION AND TRUSTWORTHINESS

A researcher examines the accuracy and inconsistencies of the data collection process during data verification and trustworthiness of a research study (Kornbluh, 2015). Researchers use data verification during data collection to ensure the reliability and validity of the data and continuously examine, confirm, and ensure that the data is correct (FitzPatrick, 2019). The function of trustworthiness, in this study, was to ensure the quality of this research and the researcher applied

the following elements during this research. **Credibility** transpires when the findings of a research study are plausible due to accurate interpretation of the participant's own unique experience (Korstjens & Moser, 2018). The researcher applied this during member-checking, which occurred after each interview session with participants, to improve the accuracy, credibility, validity, and transferability of the research data (Brit, Scott, Campbell & Walter, 2016). **Dependability** was achieved when the researcher performed the analysis, evaluation, and interpretation procedures of the data in the research study (Korstjens & Moser, 2018). The researcher used eight steps (Creswell, 2014; De Vos et al., 2015) to analyse the data and this process assisted with the interpretation of the transcribed raw data into relevant categories (Cope, 2014). This was, however, enhanced by successful data interpretation. **Transferability** is achieved when a research study could be used under different circumstances in other settings and literature sources (Jansen van Rensburg, Strydom & Grobler, 2016). The researcher achieved this by means of a thick description of the experiences from social workers using the services of SASLIs, during social work micro intervention for clients who are Deaf in the Cape Metropole. **Conformability** validates that the findings of a research study are based on the own experiences of participants and are not influenced by the researcher's responses (Singh, Benmamoun, Meyr & Arikan, 2021). The researcher achieved this through member checking, reflexivity, prior preparation, and constant mindfulness of the researcher's emotional state. These processes ensured that the researcher's judgment, open-mindedness and/or objectivity did not influence the research negatively. The researcher also applied **reflexivity (Appendix G)**, and critically examined his own assumptions, beliefs, judgments and reflected on the influence of these on the research process (Jamieson, Govaart & Pownall, 2023). Reflexivity ensured the authenticity of the participants' voices and minimised personal bias. The researcher also used supervision as a form of reflexivity to receive frequent objective feedback from his supervisor. The researcher was therefore not only aware of personal bias and perceptions, but also comprehend the effect of these on the research process.

1.10 ETHICAL CONSIDERATIONS

Ethical considerations are based on the obligatory ethical standards before and during the data collection procedures of a research study (Iphofen, 2017). The ethical considerations of this current study are discussed in detail in Chapter three, but the following summary is provided in this chapter:

- The researcher obtained ethical approval for this study from the University of the Western Cape Humanities and Social Science Research Ethics Committee.
- This committee issued an ethics certificate (**Appendix C**) after the approval.
- The researcher sent letters via electronic mail (**Appendix D**) to the Directors of five organisations for the Deaf to obtain permission to do the research and interview participants employed at these organisations for the Deaf.
- All participants received an information letter (**Appendix A**), and the purpose of the study was explained to them.

The following ethical standards were explicated in this information letter:

- i. The research study was voluntary, and all interview sessions will be audio-recorded with the permission of the participants.
- ii. The researcher will ensure the privacy and confidentiality of all the collected data and the anonymity of the participants. The researcher also assured participants that their information will be kept in a locked computer, with a security PIN and only the researcher will have access to these records.
- iii. The researcher assured the research participants that the study would cause no harm.
- iv. The researcher arranged for debriefing with an experienced therapist if the participants want such a service.
- v. The researcher opted to minimise personal biases during the data collection procedure, by constantly updating his self-reflexivity report (**Appendix G**).

The researcher provided the participants with a consent form to sign (**Appendix B**) before the interviews which included a request to agree/disagree to an audio recording of the interview. The researcher also guaranteed the anonymity of the participants during the reporting of the study in the final research report, at conferences, seminars and in journal publications. The data of this research study will be archived for five years and then appropriately destroyed and discarded.

1.11 STRUCTURE OF THE THESIS

This research study comprises of five chapters which are:

Chapter one consisted of an overview of the current research study which included a preliminary literature review, theoretical framework, and introduction to the research methodology.

Chapter two focused on a detailed literature review and emphasised the concepts related to the topic. The chapter described and explained the rationale and application of the FDT theoretical framework.

Chapter three provided a detailed explanation of the applied research methodology during this study.

Chapter four presented the main findings of the study from the data analysis of the interviews with the participants of the study.

Chapter five provided relevant recommendations to improve the social work services to clients who are Deaf in the Cape Metropole area.

1.12 CHAPTER SUMMARY

Chapter one presented an overview of the study as well as a preliminary literature review and the rationale and application of the theoretical framework in the study. This chapter introduced the research question, aim and objectives of the study and the research methodology to realize these. The chapter also focused on the steps to ensure the trustworthiness and the ethical considerations relevant to the study. The next chapter will focus on a detailed discussion of the literature and the

theoretical framework relevant to the study to provide a holistic understanding on the experiences of social workers using the services of SASLIs, during micro intervention for clients who are Deaf.



CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 INTRODUCTION

Chapter one provided a general overview of the current research study as well as a preliminary literature review and theoretical framework. This chapter focuses on an in-depth literature review based on the experiences of social workers using SASLIs, during social work micro intervention with clients who are Deaf. This literature review provides a detailed synopsis of research opinions, ideas, and findings on the research question to contextualise and justifies the research study (Hart, 2018; Snyder, 2019). The literature review assisted the researcher to take note of the current positions on the phenomenon and to determine the knowledge gaps or unanswered questions from previous studies (Arshed & Danson, 2015). This chapter focuses on Deafness as a disability, the Deaf community and consequent societal barriers, social work micro intervention strategies during services to clients who are Deaf, sign language and SASLIs and on the experiences of social workers using SASLIs, during social work micro intervention to clients who are Deaf. The researcher will then conceptualise the research problem by a comprehensive discussion the FDT as theoretical framework.

2.2 LITERATURE REVIEW

2.2.1 Deafness

It is essential to acknowledge Deafness as much more than a hearing disability during an explanation of the concept Deafness. Individuals share a sense of identity due to the proud cultural history of being Deaf (Kemmerly & Compton, 2014). Nickels (2015) argues that Deafness is not merely a hearing inability, but the concept rather represents a cultural and linguistic minority. An upper-case 'D' instead of a lower case 'd' is used for the concept Deafness because it signifies the cultural and linguistic identification for being Deaf and recognises the unique culture (Sommer Lindsay, 2020; Secora & Smith, 2021). The belief that Deafness is a pathology turn out to be insignificant when the phenomenon is culturally acknowledged. Deafness therefore does not need

healing. A study by Michaud and Duchesne (2017) found that Deafness had far-reaching implications for the quality of life of people who are Deaf because it affected not only their ability to communicate but also their economic independence. Deafness influences people negatively and result in daily challenges which could contribute to feelings of anxiety, depression, low self-esteem, and loneliness (West, 2017). Chang (2015) argues that Deafness is the consequence of several contributing factors such as recessive genetics, which is inherent in family members or due to complications during pregnancy, domestic violence, bodily infections, drug abuse or malnourishment.

2.2.2 Prevalence of Deafness

A study of forty-two populations by the WHO found that Deafness have increased significantly from 278 million people in 2005 to a staggering 360 million people in 2012 (Mulwafu, Kuper & Ensink, 2016). The WHO released a statement in 2020 which indicated that 446 million people experienced some form of Deafness, globally, and the majority resided in countries such as South Asia, Asia Pacific, and sub-Saharan Africa. This prevalence accounted for 5% of the global population and 34 million children have Deafness (WHO, 2020). Global statistics further indicated that more than 1.5 billion people globally were affected by Deafness (WHO, 2021). The WHO (2020) also reported that approximately 430 million people globally received rehabilitation for hearing loss that resulted in disability. Various factors such as long-term exposure to environmental noise (such as living near freeways, poverty, or violence), genetic factors (for example, old age), diseases, which include AIDS or HIV, and the abuse of medication (for example, abusing sedative pain killers) contribute to these conditions (Adadey, Awandare, Amedofu & Wonkam, 2017). Approximately 30 million people are daily affected by Deafness in the USA (Kushalnagar, 2019). This constitutes 15% of the entire USA population, and most people were older than 65 years of age (National Institution of Deafness and Other Communications Disorders, 2016). Approximately 90.000 people of the Deaf population in the USA reside in the Michigan community because of age-

related illnesses (Martell, 2016; Wells, Newman & Williams, 2020). Maru, Stancel-Lewis, Easton and Leverton (2021) estimate that one in six people in the UK experience Deafness and eleven million people are either partially or completely Deaf. It is estimated that the prevalence of Deafness in the UK population will increase to 14.2 million people in 2035 due to exposure to the environmental and genetic factors, as well as acute medical conditions (Kim, Byrne & Parish, 2018). Approximately 50,000 children are born with hearing loss greater than 56 dB or develop Deafness during birth or childhood (Wright, Hargate, Garside, Carr, Wakefield, Swanwick, Noon & Simpson, 2021). Statistics further specify that two-thirds of people in developing countries are exposed to Deafness (Sheffield & Smith, 2019), and this phenomenon is widespread in sub-Saharan African countries such as Nigeria, Liberia, Mozambique, Namibia, and Rwanda (Mulwafu et al., 2016). It is estimated that 1.9% children under the age of 14-years in sub-Saharan Africa are Deaf in contrast to a mere 0.4% of children in developed countries (Ahmed, Abdullahi, Bello-Muhammad, Kolo, Kazeem & Mustapha, 2016; Mulwafu et al., 2016). This phenomenon is more prevalent in developing countries, such as sub-Saharan Africa, due to exposure to war, poverty, violence as well as environmental and genetic factors (Asonye et al., 2018). Approximately four million citizens in SA experience Deafness (Statistics SA, 2023). Ramma and Sebothoma (2016) projected that the Deaf population will represent 20% of the South African population in 2023 and 12.34% will reside in the Western Cape.

2.2.3 Deaf community and Communication

The Deaf community is a diverse group of people with voluntary affiliation, shared experiences, communication, and commitment (World Federation of the Deaf, 2018). The Deaf community consists of HOH and profoundly Deaf people which uses hand and facial signals to communicate and support everyone while safeguarding traditions, religions, and their culture (Pray & Jordan, 2014). Members of a Deaf community perceive them not as people who lost something, are impaired or sick (Retief & Letšosa, 2018). They celebrate and appreciate their culture which

provides unique privileges and has a shared universal history and identity (Moore & Mertens, 2015). A study by Stander and McIlroy (2017) illustrated notable dissimilarities between Deaf and hearing cultures. The latter represents the hearing community which uses spoken languages to communicate with one another (Zhao, Manchaiah, St. Claire, Danermark, Jones, Brandreth, Krishna & Goodwin, 2015). The Deaf culture represents the Deaf community with learned behaviours, perceptions, values, and norms (Standar & McIlroy, 2017; Zhao et al., 2015). Deaf communities subsequently have a strong sense of community and culture (Leigh, Andrews, Harris & Ávila, 2020). They depend on their eyes for visual communication cues and hand signal gestures, (as illustrated in Figure [Fig] 2.1 below, which assist the Deaf to understand what people are saying or feeling (Dahne & Piazza, 2020). Differences between the Deaf and hearing cultures are also evident in body language and the use of direct language (Mahfooth & Abushaira, 2014). Body language communicates attitudes and feelings and include conscious and unconscious bodily and facial actions (Mahfooth & Abushaira, 2014).



Figure 2.1: Hand Signals (Rosilina, Lita, Nur, Wahyu, Rusdianto & Yuyu, 2017)

Various members within Deaf communities use the hand signals, illustrated in Fig. 2.1, and specific hand movements convey a specific message (Kumar, 2017). The communication illustrated in Fig. 2.1 does not merely translate the alphabet, but these hand signals assist members of Deaf communities to create certain words (Kumar, 2017). These hand signals have their own sentence structures and syntax to visually communicate and develop the literacy levels of people who are Deaf (Kusters & Sahasrabudhe, 2018). Furthermore, hand signal gestures are not utilised in isolation but in combination with facial expressions while keeping eye contact (Kusters & Sahasrabudhe, 2018). Facial expressions and eye contact are paramount in Deaf communities during communication with one another (Glickman, 2019). A person who is Deaf using facial expressions to communicate the mood or topic of the conversation, and eye contact as the 'turn-taking technique' with both parties to direct the turn to speak (Glickman, 2019). Deaf communities use the same range of natural facial expressions as the hearing community to express emotions for example, sadness, happiness, and anger (Ambert-Dahan, Giraud, Mecheri, Sterkers, Mosnier & Samson, 2017). The difference is that people with hearing use their vocal channels (voice), while the Deaf person uses an extensive range of hand signals, and facial movements to communicate (Denmark, Ailinson, Campbell & Swettenham, 2019). People with hearing have many misconceptions due to this unique communication processes and often labels people who are Deaf as 'handicapped or broken' (Stander & McIlroy, 2017), which contribute to societal barriers.

2.2.4 Barriers to People who are Deaf

2.2.4.1 Societal barriers

Policy and technological changes have transformed the lives of people who are Deaf significantly during the past century (McMahon et al., 2020). These authors however argue that social barriers toward people who are Deaf remain in society, regardless of these changes, due to ignorance. Social barriers such as dissimilarities and inequalities in the environment, prevent the adjustment of individuals to new acceptable social norms in society (McCartney, Popham, McMaster & Cumbers,

2019). These differences and inequalities in society are mainly a consequence of marginalisation and stigmatisation (Meyer, Miggelbrink & Schwarzenberg, 2016). Marginalisation isolates people who are Deaf from society (Von Jacobi, Edmiston & Ziegler, 2017), while stigmatisation discriminates against people who are Deaf (Monterrubio, Madera & Pérez, 2020). A study by Ebrahimi, Mohammadi, Mohammadi, Pirzadeh, Mahmoudi and Ansari (2015) found that people, especially children who are Deaf, experience high levels of stigmatisation and marginalisation in their own families. This is due to the family members' indifference to embrace the Deaf culture or learn communication patterns to improve family interaction (Ebrahimi et al., 2015). People who are Deaf may also experience external social barriers such as environmental and attitudinal barriers in the broader society (Madungwe, 2019).

2.2.4.2 Environmental barriers

Environmental barriers include physical or architectural barriers (Giraldo-Rodríguez, Mino-León, Murillo-González & Agudelo-Botero, 2019). Public transport such as trains which provides mobility and access to employment, education, health, and recreational facilities, as well as social welfare facilities are environmental barriers. These transportation systems communicate for example via loudspeakers to provide safety information and communicate changes or train delays to the public. These messages create various challenges to people who are Deaf because they are often not conveyed visually and are therefore environmental barriers for people who are Deaf.

2.2.4.3 Attitudinal barriers

Attitudinal barriers are based on the stereotypical ideas of society about people who are Deaf (Roberson & Shaw, 2015). Adverse perceptions and values, due to society's ignorance, lack of understanding and awareness about people who are Deaf, contribute to prejudice or misconstrued beliefs (Jussim, Crawford & Rubinstein, 2015). Attitudinal barriers are universal barriers where society promotes negative attitudes, and these stereotypical attitudes create unintentional visual barriers against members of the Deaf community (Madungwe, 2019). An example is when an

employee at a welfare organisation, without relevant communication resources, assume that the organisation is unable to provide services to people who are Deaf. The employee may not acknowledge their reluctance to assist and inform the person who is Deaf that the organisation does not have the required skills and expertise. This behaviour is a subtle form of discrimination and recognised as supportive discouragement. It demonstrates concern towards the person who is Deaf, but ultimately refuses the required assistance (Madungwe, 2019). Subtle discrimination occurs intentionally or unintentionally while supportive discouragement represents mixed messages (Ratelle & Duncan, 2017) about the employee's willingness to assist without the necessary tools. Social workers must therefore be mindful of their attitudes and types of discrimination which prevent social work services to members of the Deaf community (Madungwe, 2019).

2.2.5 The Social Versus Medical Model

Social work knowledge originates from prior fieldwork experiences and research-informed theories such as the medical and social model (Nicholas et al., 2015). Professionals which are employed in hospital settings, such as doctors and nurses amongst others, generally use medical models (Zaccagnini & Pechacek, 2019). These professionals are inclined to treat, for example Deafness, as a problem that requires healing rather than a phenomenon caused by the environment (Retief & Letšosa, 2018). The medical model thus focuses on what can be fixed or prevented by medicine (Haegele & Hodge, 2016). Deafness is a 'sickness or a tragedy' and bodily defect which contributes to inaccessibility to resources and participation in society according to the medical model (Haegele & Hodge, 2016). This limitation in the medical model does not acknowledge the differences between sickness and Deafness. The social model, however, does not interpret Deafness as a 'sickness' but rather as social barriers that do not categorise the health condition (Retief & Letšosa, 2018). The social model resolves the limitations of the medical model by describing 'sickness' as something that causes pain, fatigue, or interfere with the mental capacity of a person while Deafness results from society's inability to acknowledge people who are Deaf and their associated needs

(Goering, 2015). The focus of the social model is on the attitudes of society toward people who are Deaf, and these attitudes may represent environmental barriers. Social workers, using the social model, should therefore include these attitudes and barriers in social work micro intervention.

2.2.6 The Role of the Social Worker

Social work is a practice-based profession (Poggenpoel, 2018), and uses direct practice to assist and empower all clients, including those who are Deaf (Malon University Social Work Program, 2016). One can argue that social work services facilitate social change, social development, and social cohesion (Poggenpoel, 2018), by building the individual's strength, and empowering groups and communities to improve their livelihood (Malon University Social Work Program, 2016). Social workers are change agents that work in many contexts such as organisations for the Deaf, schools for the Deaf, domestic violence, shelters, adoption agencies, hospitals, and rehabilitation centres (Berg-Weger, 2019). These contexts provide training to social workers to ensure competency and minimum standards (Kuzdova & Georgiev, 2017). Social workers attend to the needs of their clients by implementing various interconnected roles such as counsellor, educator, broker, advocate, mobiliser, facilitator, negotiator, and mediator (Fraser, 2017; Dube, 2019). A social worker working with a client who is Deaf empowers the client to cope with societal barriers and take control over his/her own life (Nicholas et al., 2015). Social workers build a client-social worker relationship but also perceive clients who are Deaf as experts in their environment (Shahid & Jha, 2014) and consequently use solution focused strategies to assess, intervene and evaluate challenges (Schenk et al., 2015). The social worker, as educator, provides relevant information and knowledge to the client for better functioning in society (Schenk et al., 2015). The educator might for example educate family or community members on appropriate language when they speak to clients who are Deaf. Social workers must remember that the educator's role starts during the first meeting and continues beyond the professional client-social worker relationship (Nicholas et al., 2015). Social workers in educator's roles also educate family members or the community on accessible services,

opportunities for change and the consequences of specific behaviours towards the Deaf (Kolb, Kolb, Passarelli & Sharma, 2014). There are also broker and advocate roles. The broker connects the client to welfare programs and resources, while an advocate speaks on behalf of the client to acquire the required programmes and resources for the client's personal development (Browne, 2019). A broker will identify an appropriate organisation to address the needs of clients who are Deaf while the advocate will ensure that the organisation for the Deaf has available resources, such as interpreters to translate during communication between social workers and clients who are Deaf. The broker and advocate roles are interchangeable (Nicholas et al., 2015). Brokers connect the Deaf to social work organisations that prevent their membership with specific entry requirements. They then adopt the advocate role when they ask the organisation to change the entry requirements and consequently ensure the required resources to improve the quality of life for clients who are Deaf. The social worker as mobiliser and facilitator provides awareness programs to groups or community members (Schenk et al., 2017). These programs focus for example on environmental and attitudinal barriers towards clients who are Deaf. Social workers act as the negotiator and mediator when they negotiate between different client systems such as the client who is Deaf and their family members. There might be a disagreement between a client who is Deaf and a family member who is reluctant to learn sign language and social workers will consequently intervene, via a mediator role, to resolve arguments and disagreements. Social workers might also use educator and advocate roles to educate the family members on the importance of sign language skills for effective communication or to identify organisations that provide sign language training for the family members. These roles focus on specific goals and are therefore not randomly applied.

2.2.7 Social Work Micro Intervention and the Client who is Deaf

Social work on micro level, with people who are Deaf, encompasses one-on-one intervention and include case management (Dustin, 2016; Supranovich & Newmyer, 2020). Social workers facilitate behavioural change and the person who is Deaf participates directly and extensively during micro

social work (Levenson, 2017). Micro intervention also focuses on the person in his/her environment (Parker, 2020). This illustrates that challenges, which prevent self-realisation of people who are Deaf, are not self-imposed but rather caused by interaction with the social environment. Table 2.1 illustrates these functions of micro social work intervention.

Table 2.1: Micro Intervention (Teater, 2019)

INTERVENTION LEVEL	FUNCTIONS
MICRO INTERVENTION	<ul style="list-style-type: none"> • One-on-one case management • Facilitate change. • Focus on the client and his environment

2.2.7.1 Challenges during social work micro intervention to clients who are Deaf

i Communication barriers

The primary goal of social workers during micro intervention is to meet the service user’s needs (Bai & Bruno, 2020). Communication barriers have however a detrimental effect during micro intervention by social workers to clients who are Deaf. Complex communication barriers could transpire when a hearing social worker, without prior knowledge on communication with clients who are Deaf, provides for example mental health services (Ikegami, 2019). Clients who are Deaf focus on eye contact (Shuler, Mistler, Torrey & Depukat, 2014), during communication while social workers might focus more on the validation of content (Otis-Green, Thomas, Duncan, Walling, Lieto, Kung, Pietras & Wenger, 2019). The social worker has thus limited understanding of the Deaf culture which consequently influences the social work service to the client who is Deaf (Ikegami, 2019). A study by Ikegami (2019) found that the majority social workers did not have the required communication skills to provide efficient services to clients who are Deaf. Social workers also experienced feelings of helplessness and hopelessness due to limited understanding or communication challenges during micro intervention with clients who are Deaf (Ulloa, 2014;

Ikegami, 2019). The current social work education and training models, with limited disability specific content, contribute to limited social work communication skills with clients who are Deaf (Ogden, Mcallister & Neely-Barnes. 2017).

ii Social work education and training on Deafness

Deafness is included in social work education and training modules on disability and no specialised modules exist to prepare future social workers for effective services to clients who are Deaf. Hall and Valdiviezo (2020) argue that the current social work education and training models are monolingual and education on Deafness for undergraduate social workers at the university level is in English. Social workers must therefore learn appropriate communication skills with clients who are Deaf elsewhere. It is imperative that social workers equip themselves with sign language communication skills because approximately 500 000 people in SA's Deaf communities use sign language as a mode of communication (Napier, Major, Ferrara & Johnston, 2015). Social workers are predominantly hearing individuals and SA has only one Deaf social worker, Dr. Wilma Newhoudt-Druchen, who was also the first Deaf female member in SA Parliament. She has qualified at Gallaudet University in USA because an appropriate SA social work program has not been accessible to her during the 1980s. It is therefore evident that most clients who are Deaf will receive services from a hearing social worker.

iii Accessible and culturally sensitive social work services

Clients who are Deaf require accessible and culturally competent social workers. One of the main reasons for inaccessible and culturally insensitive services to the Deaf is limited knowledge from hearing professionals on Deafness as a culture (Garibay, 2019). This could result in inappropriate interaction with Deaf customers (Garibay, 2019). There are however limited studies on social workers and their services to the Deaf. A survey by Polakoff (1980) in Washington D.C. amongst Deaf and HOH residents have found that the Deaf community have experienced negative perceptions from social and community services agencies at that time. Respondents in that study

have reported frustration and feelings of inadequacy due to the ineffective services from social workers because of communication barriers (Polokoff, 1980). It is thus evident that the health and social services are problematic for the Deaf community but there is limited research on accessible and culturally sensitive services to the Deaf and HOH (Garibay, 2019). Previous studies indicated that medical professionals, including doctors, nurses and medical students had limited knowledge on the Deaf culture and best practices to the Deaf and HOH communities (Kung, Lozano, Covas, Rivera-González, Hernández-Blanco, Diaz-Algorri & Chinapen, 2021). Limited knowledge in conjunction with negative attitudes are common among these groups (Kung et al., 2021). It is thus evident, with limited trained social workers in sign language, that sign language interpreters are essential during micro intervention with clients who are Deaf.

2.2.8 Sign Language as a Mode of Communication

Sign language is globally essential for effective communication of people who are Deaf (Kritzinger et al., 2014). Sign language as language medium, using visual-manual and non-verbal modalities, provides a sense of belonging to the Deaf community. Manual articulations, combined with visual facial expressions and non-verbal elements, present meaning to the narratives of people who are Deaf (Viroja, 2019). Sign language is diverse, unique and core in the identity of people who are Deaf (Stander & McIlroy, 2017). The Deaf identity creates higher self-esteem and life satisfaction for members of the global Deaf community (Mousavi, Movallali & Nare, 2017). This consequently result in a sense of pride amongst people who are Deaf, which acknowledge their differences and constantly improve their communication methods such as sign language (Mousavi et al., 2017). A study by Kiprop (2019) found that forty-one countries, globally, recognise sign language as an official language. Twenty-six of these countries are in Europe, six are in South America, and four in Africa (Kenya, SA, Uganda, and Zimbabwe), while two are in Oceania (Papua New Guinea and New Zealand), two in Asia (South Korea and Japan) and one in North America (Kiprop, 2019). There are however more countries recognising but not using sign language extensively. Australia

uses the Australian Sign Language but exclude it from certain services and the USA uses the American Sign Language only as medium of instruction at academic institutions (Wolbers, Bowers, Dostal and Graham, 2014). The Deaf community in SA uses primarily SASL for communication (Blake, Tucker & Glaser, 2014). SA ensured however significant changes on the 3rd of May 2023 when the National Assembly approved the Report of the Portfolio Committee on Justice and Constitutional Development on the Constitution Eighteenth Amendment Bill, to amend section six of the Constitution of the Republic of South Africa (1996) and included SASL as the 12th official language in SA (sited Du Plessis, 2023). This amendment, guaranteed by section nine of the SA Constitution, boosts the cultural acceptance of SASL and the Deaf culture, promotes inclusive and substantive equality and prevents or eliminates unfair discrimination due to disability, (Du Plessis, 2023). The Pan South African Language Board Act (RSA, 1995) applauded this amendment, which will benefit all SA people, because it accepts SASL as a principal, native language on all communication and interaction levels. This amendment will inspire more people to learn the required skills and cues for effective communication with people who are Deaf. The official recognition of sign language will hopefully ensure financial resources for sign language interventions because people who are Deaf cannot afford these services.

2.2.9 South African Sign Language Interpreters (SASLIs)

SASLIs interpret between spoken and sign language (Elkington & Talbot, 2016). SASLIs are expected to register and train for interpreting services at reputable organisations such as the South African Translator Institute (SATI) and the Deaf Federation of South Africa (DEAFSA) (Van der Heijden, et al., 2019). Several contexts such as courts, schools, organisations for the Deaf and social welfare services can employ SASLIs after registration and training (Olsen & Kermit, 2015), and their main role is to interpret between spoken and sign language (Elkington & Talbot, 2016). SASLIs must have excellent memory, listening and communication skills, especially with complex terminology such as social work terminology (Bontempo, Napier, Hayes & Brashear, 2014). They

must make ethical decisions, participate in ongoing professional development to improve their skills, and prepare for sessions to ensure effective communication during social work micro intervention with clients who are Deaf (Bontempo et al., 2014). DEAFSA (2011) specified that eighty-four SASLIs have registered on their interpreter register and forty-three interpreters have had no formal training, thirty-one have completed 240 hours of interpreter training and ten have worked as sign language interpreters for approximately three years. Only seven of these interpreters have been accredited by SATI and DEAFSA in SA. The number of SASLIs providing interpreting services however increased recently to nine accredited SASLIs and twenty freelance SASLIs (Matende, Mugari & Gotosa, 2023). The limited number of SASLIs remain however a major challenge and the Western Cape has only twelve freelance interpreters (Western Cape Government - Culture Affairs and Sports, 2018). SASLIs are limited or inaccessible at welfare organisations and subsequently only 2% of Deaf individuals request social work services (Engelbrecht, 2017).

2.2.10 The use of SASLIs during Social Work Micro Intervention

Deaf clients, like hearing clients, are referred to social work organisations but communication barriers often disadvantage the Deaf (Bai & Bruno, 2020). Social workers, providing services to the Deaf, often realise that they must first conquer communication barriers before they can provide rehabilitation or therapeutic services (Berthold & Fischman, 2014). Communication barriers, where the clients who are Deaf experience problems to understand the social worker, signifies language deprivation (Bai & Bruno, 2020). It is therefore imperative that social workers and professional trained SASLIs work collaboratively towards effective communication and effective services to clients who are Deaf (Nyström, Karlton, Keller & Gäre, 2018). The absence of such collaborations can contribute to distorted and inaccurate client-social worker communication which ultimately result in ineffective, harmful, or unethical social work services (Berthold & Fischman, 2014; Orrie & Motsohi, 2018). It is important to clarify the roles of the social worker and SASLI before the SASLI provides any assistance during micro intervention. The social workers must screen and

select appropriate qualified SASLIs and evaluate their translation competence before micro intervention sessions with the clients (Berthold & Fischman, 2014; Department of Education, 2014). The social worker uses this screening process to evaluate whether the SASLI is the appropriate person to interpret during the micro intervention session with the client who is Deaf (Department of Education, 2014). The social workers identify the level of experience, training, empathy, and professionalism of SASLIs, with clients who are Deaf, during this process. This is however not always possible due to the shortage of SASLIs. SASLIs are frequently familiar with the clients who are Deaf, reside in the same community and experience similar societal challenges. Social workers must be aware of the circumstances and challenges of SASLIs and schedule debriefing sessions before the social work micro intervention with clients who are Deaf. Social workers and SASLIs build professional relationships and enhance their professional judgement during these debriefing sessions and consequently provide effective social work micro intervention to clients who are Deaf (Nicholas et al., 2015). Debriefing sessions with SASLIs before micro social work interventions additionally ensure competent SASLIs standards and accuracy during sessions with clients who are Deaf (Browning & Cruz, 2018). SASLIs must be neutral (Bontempo et al., 2014), and focused while interpreting all content and contextual information relevant to the intervention. SASLIs must understand the intent of communication during the intervention and increase the conditions for productive communication between social workers and clients who are Deaf (Macdonald, 2015). They must respect the role of the social worker and therefore refrain from counselling or advising during and outside the social work micro intervention session (Dean, 2015). It is the role of social workers to counsel and facilitate during the intervention process and ultimately eliminate any signs of culturally oppressive or discriminatory practice (Windsor, Shorkey & Battle, 2015).

There are similarities between the ethical codes of social workers and SASLIs (Berthold & Fischman, 2014). Both ethical codes safeguard professionalism, confidentiality, privacy, boundaries

and avoid dual relationships during service provision to clients who are Deaf (SACSSP, 2023). Professionalism denotes clear roles and obligations between the social workers and SASLIs and this must be communicated to the client who is Deaf at the beginning of the social work micro intervention (SACSSP, 2023). The operational methods of both parties must focus on the needs of the client and ensure confidentiality (Nicholas et al., 2015). The SACSSP (2023) argues that there is a fine line between confidentiality and privacy. Confidentiality protects the shared information of the client who is Deaf, while privacy protects the identity of the client (SACSSP, 2023). The social worker and SASLIs should therefore remember that clients who are Deaf have the right to be anonymous and control the information which they share during the intervention. Social workers and SASLIs should explain these ethical codes at the beginning of the session. They must also inform the client that they must share information when the court subpoena both professionals (SACSSP, (2023). Boundaries must be high on the list of priorities for the social workers and SASLIs during social work micro intervention with clients who are Deaf. Social worker and the SASLI's set boundaries to endorse guidelines, expectations, and rules as ethical standards of the social work profession (Reamer, 2018). The distinctive roles of the social workers and SASLIs must be clear when clients who are Deaf, for example, approach SASLIs outside the social work micro intervention session for assistance (Darroch & Dempsey, 2016).

2.2.11 Experiences of Social Workers using SASLIs during Micro Interventions

A study by Drugan (2017) found that social workers experienced various challenges when they use SASLIs, during social work micro intervention with clients who are Deaf. Tipton (2016) also found that social workers experience challenges with as role clarification, interpreter neutrality and the inaccurate interpreting when they use the services of SASLIs during micro intervention with clients who are Deaf. Role clarification is a challenge because clients who are Deaf often consider the role of SASLIs as more important than the role of the social worker (Chatzidamianos et al., 2019). Clients who are Deaf are sometimes more familiar with SASLIs than social workers and liaise then

directly with the SASLIs outside or during the social work micro intervention session. Apgar (2017) suggests that social workers could avoid such dilemmas by explaining the ethical boundaries and role of the social worker and SASLIs to the client from the onset of the social work micro intervention. These explanations could enhance therapeutic relationships when they are culturally appropriate and eye contact is maintained with the client who is Deaf (Berthold & Fischman, 2014). Social workers may doubt the accurate SASLIs translation of information to the client who is Deaf during social work micro interventions (Drugan, 2017). Literature indicated that SASLIs might infrequently distort the interpreted information or fabricate the narrative during the intervention, to influence the client's need for immediate assistance (Berthold & Fischman, 2014). Social workers must consequently be attentive to misrepresentation of information during social work micro interventions because it could have a negative influence on the credibility of the social worker and SASLIs or exacerbate the client's situation. This could ultimately influence the outcome of the social work micro intervention with clients who are Deaf (Westlake & Jones, 2018).

2.3 CONCLUSION OF LITERATURE REVIEW

Social workers and SASLIs must consider various aspects during micro intervention with clients who are Deaf as illustrated in the literature. The literature review focused on the experiences and challenges of social workers and the complexities when working with SASLIs. It emphasised the need for role clarification and ethics as essential components for effective social work micro intervention to clients who are Deaf. It was clear from the literature that social workers and SASLIs must collaborate to create an environment with trustworthy interpretations. The literature also emphasised the importance of basic communication skills such as hand signal techniques, especially when social workers have no knowledge of sign language. Social workers and SASLIs must maintain ethical boundaries by safeguarding guidelines, expectations, and rules during social work micro intervention with clients who are Deaf. The social work micro intervention will be effective if

social workers ensure these ethical guidelines, and each person must adhere to their specific roles and expectations during the process.

2.4 THEORETICAL FRAMEWORK: THE FEMINIST DISABILITY THEORY (FDT)

2.4.1 Background of the Theory

The current study is grounded in the FDT, which originated from the FT and disability theories. This theory contributed to a better understanding of social workers' experiences using SASLIs, during social work micro intervention with clients who are Deaf. A theoretical framework justifies the research problem and is a 'blueprint' for qualitative research studies (Grant & Osanloo, 2014; Osanloo & Grant, 2016). It shapes and validates a study and describes the philosophically, epistemologically, methodologically, and analytically approaches of the researcher (Osanloo & Grant, 2016). Theoretical frameworks link existing literature, provide assumptions, generate appropriate questions, demonstrate the relevance of the research question and research design, and specify the most appropriate data collection methods to improve the quality of the research (Grant & Osanloo, 2014). The researcher can then hypothesize the research outcome, as well as interpret and evaluate the current literature to answer the research question. The aspiration of FT is to understand and de-stigmatise women's identity and empower them to represent their own identities and experiences in society (Favaro & Gill, 2018). FT also focuses on gender politics, power relations and sexuality to illustrate gender inequality (Walsh, 2016). The development of FT has focused on three phases during the nineteenth century and revolved around the needs of women (Aune & Holyoak, 2018). Phase one of FT have focused on the active role and voting rights of women in society (Evans & Chamberlain, 2015). The frustration of women due to marginalisation and stigmatisation in society have ultimately resulted in the second phase. The focus has shifted also in the second phase from equal voting rights for women to patriarchal structures, exhibited by gender domination and subordination (Evans & Chamberlain, 2015). Women have been empowered to rebel against powerlessness, dominance, and political issues in a patriarchal society such as

unequal access to resources and power imbalances (Evans & Chamberlain, 2015). Empowerment is a level of consciousness, where people are mindful and control their own lives (Williamson & Boughton, 2021). It is a process that instils hope, self-belief and restores human dignity and self-worth (Turner & Maschi, 2014). Jemal (2017) argues that empowered women accomplish a decisive level of consciousness, as described by Paulo Freire, because they are more aware of the unjust acts by society towards them (Jemal, 2017). Women have then questioned and confronted the patriarchal system where men perceived women as objects for their sexual needs. The third phase, which focused on role expectations, subordination, and powerlessness in patriarchal societies, have developed subsequently (Arat, 2015). FT is critiqued because it focuses only on the equality of women and does not include other identities and cultural categories such as class, ethnicity, and physical abilities (disability). There is therefore a need for another theory on gender which does not exclude other social identities and include discrimination in the fight for equality. FT ultimately recognised that need, merged with disability studies and include PWD, which include people who are Deaf, to give them a ‘voice’ against inequality in society.

2.4.2 Feminist Disability Theory (FDT)

FT addresses the plight of marginalised persons, and in this case, the focus is on persons who are Deaf and marginalised. Disability studies accept PWD as a component of society. Disability activists question the tenets of FT and recommend the inclusion of a social model, such as the feminist disability theory (FDT), to promote social justice and address the needs of PWD via quality professional education, advocacy, and community collaboration. Disability studies exist within a learning environment and raise awareness on socially constructed theories and their application. These studies ensure ethical services to oppressed and marginalised individuals in society by focusing on continuous development of knowledge, values, and skills. The focus of these studies on diversity, equity, accessibility, and anti-oppressive practice inspires social workers to participate in social justice and human rights towards PWD. Social workers are consequently committed to

advocacy, social change, and empowerment. FDT, based on FT and disability studies, strives to eliminate societal barriers by focusing on the negative perceptions and barriers in society towards disability (Hamraie, 2017). PWD are disadvantaged or subordinate because of the cultural expectations, perceived attitudes, and behaviours in social institutions for disability according to FDT (Hamraie, 2017). This theoretical notion is therefore significant for this study because it informs social work practice and promotes culturally sensitive, anti-discriminatory, and anti-oppressive micro intervention via SASLIs with clients who are Deaf.

2.4.3 Application of FDT

The application of FDT, in this study, influences future and/or current social workers to promote human rights and provide anti-discriminatory and anti-oppressive social work micro intervention to clients who are Deaf. Social workers, with clients who are Deaf, must lessen the social burden (Turner & Maschi, 2014) and maintain human dignity through their core values, such as empathy, generosity, and commitment, regardless of the cultural group or disability of clients (Nicholas et al., 2015). Social workers and SASLIs must jointly translate communication into the preferred language of the client who is Deaf to support human dignity. Social workers must also be mindful of prerequisites for competent SASLIs before they select them for social work micro intervention. They must ask permission from the client who is Deaf to use SASLIs during the intervention process. The social worker therefore uses self-determination which Nicholas et al. (2015) explicate as the appreciation of the client's human right. FDT thus empowers clients, through self-determination, to have a voice during the selection of SASLIs. It also empowers the social worker to select competent SASLIs and consequently provides accessible communication and effective services. Clients must provide informed consent, which is a legal process between the client and social worker, when SASLIs are used during social work micro intervention (Purcaru, Preda, Popa, Moga & Rogoza, 2014). Social workers must develop printed guidelines, that stipulate the rules and roles of social workers, SASLIs and clients who are Deaf, during social work micro

intervention (Mattison, 2018). These guidelines must be explained, accepted, and signed by all the parties prior to the social work micro intervention. This process not only contributes to self-determination, empowerment, transparency, and informed consent but also allows the client who is Deaf to improve his situation. The social worker thus respects the worth and dignity of the client and enhances culturally sensitive rapport (SACSSP, 2023; Nicholas et al., 2015). FDT also advocate for an anti-oppressive or anti-discriminatory social service, by means of debriefing sessions with SASLIs prior and after the social work micro intervention with clients who are Deaf. These debriefing sessions guide and/or discuss social worker/SASLIs standards of practice, ethical codes, complex terminology, SASLIs education, emotions, and experiences. Galehdar, Kamran, Toulabi and Heydari (2020) argue that SASLIs receive limited guidance with emotional distress. The onus is therefore on the social worker to educate SASLIs on managing extreme distress triggered by clients and their circumstances (Berthold & Fischman, 2014). Social workers must also identify barriers and eliminate countertransference (a phenomenon where a person in therapy redirects his/her feelings and emotions onto the counsellor) during social work micro intervention (Hansbury, 2017). The social worker and SASLI must both sign a contract that stipulates the ethical requirements and provides structure to the micro intervention during these sessions. These ethical requirements encompass upholding professionalism, confidentiality, maintaining boundaries and self-awareness. Such contracts protect the rights, dignity and worth of clients who are Deaf. Social workers must constantly remind SASLIs to maintain accuracy and not distort the translated narrative between the social worker/client during social work micro intervention. Berthold and Fischman (2014) mention that clients who are Deaf use sometimes inappropriate words to describe their needs, which the SASLI may consider as 'rude'. SASLIs could be embarrassed when they translate such narratives that are against their belief system. The social worker must encourage SASLIs, consistent with the FDT, to interpret the precise narrative of the client, for a better understanding of the client and his/her circumstances. FDT challenges 'normal' sentiments and therefore deal with the

misconceptions of SASLI's about the client's story (Garland-Thomson, 2014). This can eliminate any oppressive or discriminatory behaviour towards clients who are Deaf during social work intervention.

Most social workers do not have sign language skills nor resources to appoint qualified SASLIs, and therefore use informal interpreters, for example family members of a client, to interpret during the social work micro intervention sessions. Kritzinger et al. (2014) argue that this is unethical because informal sign language interpreters without any formal training, could influence the objectivity of the social work micro intervention session and ultimately result in ineffective social services. The FDT proposes that social workers, in the absence of qualified SASLIs, learn SASL and use various communication techniques with the client, such as fingerspelling, to clarify incomprehensible words by spelling the word letter-by-letter using the hand-alphabet (Shi, Del Rio, Keane, Michaux, Brentari, Shakhnarovich & Livescu, 2018). The social worker could also use a pen and paper to visually communicate questions and answers by writing down short and simple sentences (Gugenheimer, Plaumann, Schaub, Di Campli San Vito, Duck, Rabus & Rukzio, 2017). Both these communication techniques are acceptable in SA's Deaf communities (Ngcobo, 2023) and clients who are Deaf would be appreciative if social workers adjust their communication skills to eliminate any hearing barriers. This process consequently empowers the social worker. This process is described as social worker adaptability by Carlucci (2022), where social workers are flexible, think creative and are proactive to have plans B and C during social work micro intervention. Social workers could thus use alternatives to interpret in the absence of adequately trained SASLIs. Social workers could use Video Remote Interpreting (VRI) sessions in the presence of trained SASLIs. VRI sessions promote accessibility and allow clients who are Deaf to communicate with remote SASLIs, when social workers have difficulty speaking and/or understanding the client's sign language dialect (Rui, Xia Ang, Liu, McDonnell & Coppola, 2022). Social work micro intervention thus take place during real-time audio and video conversations

(Bragg, Koller, Bellard, Berke, Boudreault, Braffort, Caselli, Huenerfauth, Kacorri, Verhoef & Vogler, 2019). These communication modes, in turn, display visual and verbal cues on a screen and include clients who are Deaf in the conversation (Yabe, 2021). It is however uncertain whether this service is available in SA. It is important to note that social workers advocate for change and promote social justice and equality when they incorporate these actions in their intervention (Hoefler, 2019). These processes, in the presence of SASLIs, will ultimately improve the quality of social work intervention and improve social work practices to the Deaf community.

2.5 CHAPTER SUMMARY

It is clear from the literature that the global and SA prevalence of Deafness is high. The Deaf population has a strong sense of community and culture, with sign language as first language. People who are Deaf however experience social, attitudinal, and environmental barriers. These barriers are mainly the result of inequalities in society, which consequently contribute to marginalisation and stigmatisation. The social model of disability is therefore proposed during social work with people who are Deaf. This chapter discussed the important role of social workers, with SASLIs, during micro intervention with clients who are Deaf. The literature in this chapter illustrated the challenges of social workers using SASLIs during social work micro intervention with clients who are Deaf. These challenges encompass role clarification, maintaining ethical standards, safeguarding accurate interpreting, and a professional SASLI demeanour. This chapter also focused on the FDT as theoretical framework of the study. The next chapter will describe the application of the research methodology during the study.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 INTRODUCTION

The researcher wanted to understand the experiences of social workers when they use SASLIs, during micro intervention with clients who are Deaf in the Cape Metropole area with this study. This chapter focuses on the researchers' application of the research methodology and ethical considerations during the study. The researcher initially discusses the philosophical research assumptions as foundation for the research study. The researcher then continues with a discussion on the research methodology which includes the research approach, research design, population and sampling, data collection and analysis and trustworthiness of the research. The researcher finally presents the ethical considerations, delimitations and limitations of the study and concludes Chapter three by providing a summary of the chapter.

3.2 RESEARCH AIM AND OBJECTIVES

The aim of this research study was: *To understand the experiences of social workers using the services of South African Sign Language Interpreters during micro intervention in the Cape Metropole.*

The objectives of the research study were to:

- i. Explore and describe the experiences of social workers using SASLIs, during micro intervention with clients who are Deaf.*
- ii. Explore and describe the challenges of these social workers using SASLIs, during micro intervention with clients who are Deaf.*
- iii. Explore and describe the recommendations for social work practice by social workers using SASLIs during micro intervention with clients who are Deaf.*

3.3 THE RESEARCH QUESTION

The research question of the study was: *What are the experiences of social workers using SASLIs during micro intervention with people who are Deaf in the Cape Metropole?*

3.4 RESEARCH AND PHILOSOPHICAL ASSUMPTIONS AND PARADIGM

3.4.1 Research

Researchers actively, logically, and systematically search for knowledge about phenomena (Mohajan, 2018). Research also finds solutions to, example social challenges, through objective and systematically analysis of data (Bist, 2014). Research utilises various approaches, for example, qualitative or quantitative, to answer a research question (Creswell, 2014). The purpose of this research was to understand the experiences of social workers using the services of SASLIs during intervention with people who are Deaf. The findings of this research will ultimately contribute to more efficient services to the Deaf community.

3.4.2 Philosophical Assumptions and Paradigms

Researchers must understand the philosophical assumptions of their research study. Philosophical assumptions are abstract ideas and beliefs that inform research studies (Theiss, 2019). Philosophical assumptions are decisive for theoretical thinking (Moon & Blackman, 2014) and use the reasoning and self-awareness of the researcher to design, analyse, and interpret a research study (Theiss, 2019). Bleiker, Morgan-Trimmer, Knapp and Hopkins (2019), as well as Rieger (2019), argue that the philosophical assumptions of research are important to understand because a) they provide direction during the problem formulation of the research question, as well as during data collection to answer the research question; b) they are rooted in the training and experiences of the researcher and reinforced by his/her context. For example, social work researchers are trained in the social work context but select and borrow research literature from other disciplines. Researchers in other disciplines however follow a “narrow approach that merely focuses on studying specific research

problems by utilising certain methodologies to obtain research information” (Theiss, 2019:19); and c) they are rooted in evaluation criterion to formulate research-related decisions. An example is when a researcher submits a Master research dissertation for evaluation and the dissertation might be rejected due to differences in the research assumptions of the researcher and the evaluator. Theiss (2019) explains this by arguing that ambiguous interpretations and validation of philosophical assumptions could result in a conclusion that the dissertation did not contribute to research and literature. Researchers must therefore understand the importance of clear research philosophical assumptions and resolve any vague dissimilarities. The four general research paradigms (advocacy, pragmatism, positivism, interpretive) have different philosophical assumptions (Rahi, 2017).

A paradigm is the researcher’s shared belief and/or agreement about the best methods to understand and address a phenomenon (Kaushik & Walsh, 2019). This study was rooted in the interpretive paradigm which focuses on the understanding of participants’ social contexts and experiences (Creswell & Poth, 2017) and this suggests that the participants constructed their realities (Iofrida, De Luca, Strano & Gulisano, 2014). The interpretive paradigm allowed the researcher during this study to explore the subjective experiences of social workers which was then interpreted as the findings of the study. Rahi (2017) mentions that there are seven philosophical assumptions for research studies. The researcher however decided to use only three philosophical assumptions such as ontology, epistemology, and methodology in this study as discussed in the following section.

Ontology is a philosophical idea that focuses on research questions such as: ‘How are realities shaped’ and ‘What is?’ The ontological assumption asks questions such as: “What are the form and the nature of participants’ social realities and what are there that can be learnt?” (Leavy, 2017:12). Researchers use such an ontological assumption to observe the social world of a participant and to locate:

'How things are, how things work, what can be learnt, and how to improve participants' realities' (Leavy, 2017). Qualitative researchers often explore multiple realities, and the researcher used this study to explore the various realities of social workers (Creswell & Poth, 2017).

The **Epistemology** of a paradigm is the philosophical belief about the research procedure and how knowledge is created, acquired, and communicated (Leavy, 2017; Turyahikayo, 2021). This research study used interpretivism where participants interpreted their realities (Grinnell & Unrah, 2018). Knowledge, in this study, focused on the subjective experiences of the social workers (participants) using the services of SASLIs during social work micro intervention with clients who are Deaf.

The **methodological** assumptions focus on how researchers obtain knowledge, by asking questions such as "...how do you go about gathering the data and knowledge of research?" (Kivunja & Kuyini, 2017:28). The researcher decided that the qualitative research approach and interpretive methods were the best methodological strategies for this research study to explore and describe the realities of social workers using the services of SASLIs. These methods, used during this study, included semi-structured interviews, recordings, journaling, and observation of participants in their natural setting (Bristowe, Selman & Murtagh, 2015; Roulston & Choi, 2018; Mavhandu-Mudzusi, 2018; Lauterbach, 2018). These methods assisted the researcher in uncovering the unknown social forces and structures during the exploration of participant's realities and then describing them. The researcher could therefore understand the phenomenon (using the services of SASLI) from the participants (social workers) own perspectives.

3.5 RESEARCH METHODOLOGY

The research methodology regulates the logic and systematic flow of a research study and includes the research design, methods, approaches, and procedures of a study (Kivunja & Kuyini, 2017). Research methodology systematically addresses a research problem, by using specific research methods and techniques to answer the research question (Almalki, 2016). The research

methodology focuses on the aim and objectives of a research study and assists researchers to design a systematic study and acquire accurate and trustful scientific findings (Mohajan, 2017). The researcher used this methodology during this research to determine what data to collect, how to collect the data, who is eligible to collect data from, and how to analyse the data (Igwenagu, 2016) as explained in the following section.

3.5.1 Research Approach

A qualitative research approach was used in this study. A research approach consists of two important groups: the reasoning strategies (deductive and inductive reasoning) and the approach of data collection (Antwi & Hamza, 2015). The difference between deductive reasoning and inductive reasoning is that deductive reasoning is based on logic and testing of a hypothesis through observation and reflection (Poggenpoel, 2018), while inductive reasoning develops new theories and processes to produce information relating to the research question of the study (Grinnell & Unrah, 2018). The researcher decided to use inductive reasoning which assisted with the findings of main themes and sub-themes.

The two recognised data collection approaches in research are qualitative and quantitative (De Vos et al., 2015). A qualitative research approach explores the individual's meaning of a social problem, whereas quantitative approaches test objective theories by examining the relationship between variables (Leavy, 2017). Quantitative and qualitative approaches have different characteristics. A quantitative approach has a hypothesis and tests the hypothesis with empirical data to identify similarities (Antwi & Hamza, 2015). The researcher, using the quantitative research approach, explains relationships between variables, is objective and consequently detached from the participants. The conclusions are consequently unbiased (De Vos et al., 2015). Quantitative researchers use randomly selected, large samples and generalise their findings to the whole population (Rahi, 2017). Quantitative researchers also use experimental designs to measure effects by means of questionnaires, surveys, and experimental data collection methods that provide

numerical data which are ultimately statistically presented (Antwi & Hamza, 2015). The quantitative approach also uses deductive reasoning to develop theories that generate a hypothesis to tests the participants' realities (Grinnell & Unrah, 2018).

Qualitative approaches use constructivist ontology and interpretive epistemology (Antwi & Hamza, 2015). Qualitative research therefore focuses more on the experiences, perspectives, and realities of participants. The qualitative approach primarily uses the exploratory research design (Shakespear, 2019) to describe these subjective experiences and opinions of participants. Qualitative approaches examine human behaviours, interactions, and choices holistically through a broader and deeper picture of the participants' natural settings (Antwi & Hamza, 2015). A qualitative research approach also describes the phenomenon in the own words of a participant (Taylor, Bogdan & De Vault, 2016) and uses observations, instead of controlled measurements, to observe, rather than predict and explain, the behaviour of participants (Merriam & Grenier, 2019). This study therefore used a qualitative research approach. The researcher used general questions rather than specific hypotheses and inductive reasoning (Rahi, 2017). The qualitative approach was more appropriate for this study which intended to explore and describe the experiences of social workers using the services of SASLIs, during social work micro intervention with clients who are Deaf in the Cape Metropole. The researcher selected the qualitative approach based on the following: The researcher collected the data in the participant's *natural setting*, where they experienced the phenomenon and the data collection included *in-depth face-to-face interviews* with participants rather than measuring and testing variables in a laboratory. The researcher used *multiple data collection methods*, such as semi-structured interviews, observations, and journaling, rather than one data collection method. The researcher wanted to get a holistic picture of the research problem and therefore used specific research designs, data collection methods and analysis which resulted in reviewing, coding, and categorising of the collected data into main and sub-themes to make sense of the data. The research *analysis was inductive*, where the researcher used the specifics from data collections and applied

those to general literature conclusions (Kyngäs, 2020). The researcher used inductive analysis by reading, arranging, interpreting, and testing the data to ultimately identify the main and sub-themes from the interviews with participants (which will be discussed in detail in this chapter). The research process therefore *focused on the participant's realities* and not the literature. The researcher also used *reflexivity*, where he evaluated his own beliefs and practices during data collection, and the interviewing process. Reflexivity was thus used as a procedure to evaluate the researcher's belief system, judgements, and practices and how these influenced the research process (Palaganas et al., 2017). The researcher questioned his assumptions about the research topic, was transparent and accepted that he was part of the research process (Palaganas et al., 2017). The researcher was mindful of his interpretations on the topic and data and acknowledged that his background and history could influence the interpretation of the data.

3.5.2 Research Design

This study uses explorative and descriptive research designs. Explorative research explores phenomena with little or no information (Swedberg, 2018). Researchers engage in explorative studies to discover new ideas and enhance their knowledge and understanding of a particular phenomenon (De Vos et al., 2015; Swedberg, 2018). This study indicated in chapter one (1.2.3) that only thirteen organisations in the Cape Metropole provided services to the Deaf, and only five of these provided social work micro interventions (Western Cape Government - Cultural Affairs and Sport, 2018; Gallaudet University, 2020). There are also no statistics on social workers using the services of SASLIs, during social work micro intervention with clients who are Deaf in the Cape Metropole. The explorative research design was thus appropriate for the research topic.

The descriptive research design is non-experimental, and researchers observe the phenomenon without any prior knowledge or background (Siedlecki, 2020). Descriptive research designs focus on multiple situations, for example, the various challenges of participants, to identify the research problem and describe the individuals or practices (Nassaji, 2015). The descriptive research design

illustrates the specific details about a phenomenon, by asking questions such as 'How and Why' (De Vos et al., 2015). The researcher applied the descriptive design during this research and the findings of the research which resulted from the data collection where social workers described their experiences and challenges when using the services of SASLIs, during social work micro intervention for clients who are Deaf. The descriptions from the participants were accurate and authentic and ultimately contributed to thick descriptions of the phenomenon.

The explorative and descriptive research designs were the 'glue' of this study, as they supported all the research elements (Dannels, 2018). These elements presented a logical study and included the research plan, structure, and approach in preparation for data collection, analysis, and processing (Creswell & Poth, 2016). Dannels (2018) argues that research designs are the master plan of a research study, where the researcher is mindful of the objectives, participant selection, time, and costs when he/she determines the data collection methods and data analysis techniques. Akhtar (2016) concurs but adds that a research design should be grounded in theory (to develop theoretical opportunities), situational (incorporated into the research setting), feasible (including the research study's timing and measurements), and redundant (flexible).

3.5.3 Population and Sampling

The research population of this study comprised social workers who are employed at organisations for the Deaf and used the services of SASLIs during social work micro intervention with clients who are Deaf. The population of a research study refers to individuals with similar characteristics and they are consequently appropriate for the research study (Thacker, 2020). Research populations include any collection of people or entities with similar organisations, geographical areas, events, or institutions as the research problem (De Vos et al., 2015). The population of this study were recruited due to their similar characteristics (social workers working with SASLIs during micro intervention) and they consequently answered the research question (Creswell, 2014).

Researchers select a sample from the population because they do not have the time and resources to include the whole population (Nicholas et al., 2015). A research sample is a target group of individuals which provides a better understanding of a particular phenomenon (Rosenthal, 2016). Sampling ensures that a study is viable and appropriate for the study (Campbell, Taylor & McGlade, 2017). This study used non-probability purposive sampling. The researcher ensured prompt data collection and accurate research results with sampling during this study (Rahi, 2017).

Probability and non-probability sampling are used depending on the research approach (Campbell et al., 2017). The quantitative research approach uses probability sampling which uses random sampling and mathematical techniques, to collect data from larger numbers of respondents, representative of the population (Campbell et al., 2017). Everyone in a population has an equal probability for selection in probability sampling (Sharma, 2017). Non-probability sampling is, in contrast, used in qualitative research studies, and focuses on smaller samples to research real-life phenomena and this sampling is inexpensive and less time-consuming (Alvi, 2016; Taherdoost, 2016). Non-probability sampling in qualitative studies "does not claim representativeness of a population" (Campbell et al., 2017:43), nor does it require complex calculations to determine sample sizes (Taherdoost, 2016). All the members of the population do not have an equal chance to be selected in a non-probability sample (Vehovar, Toepoel & Steinmetz, 2016). Researchers used purposive sampling to consciously select participants because they could provide important information on a phenomenon (Taherdoost, 2016). The researcher used non-probability purposive sampling for this study. The researcher selected social workers purposively during this study because they could provide rich information on the challenges and experiences when using the services of SASLIs, during social work micro intervention with clients who are Deaf. The researcher contacted ten social workers but only seven agreed to participate in the study. The **inclusion criteria** for the sample of the research study were social workers, male or female, registered at the SACSSP, employed, and practising for the past six months at an organisation

providing social services for clients who are Deaf. These participants also used the services of SASLIs, during social work micro intervention. The **exclusion criteria** for the sample during the study were social workers not employed at organisations for the Deaf, as well as social work students, auxiliary, and intern social workers employed at organisations for the Deaf. Social workers who did not use the services of SASLIs, during their social work micro intervention with clients who are Deaf and social workers not registered at the SACSSP were also excluded from the sample.

3.5.4 Research Setting

Meiselman (2019) describes research settings as the physical, social, or experimental contexts of the research. The research setting for this study was organisations providing services which concentrate on the social needs of clients who are Deaf in the Cape Metropole as illustrated in **Fig 3.1** below:

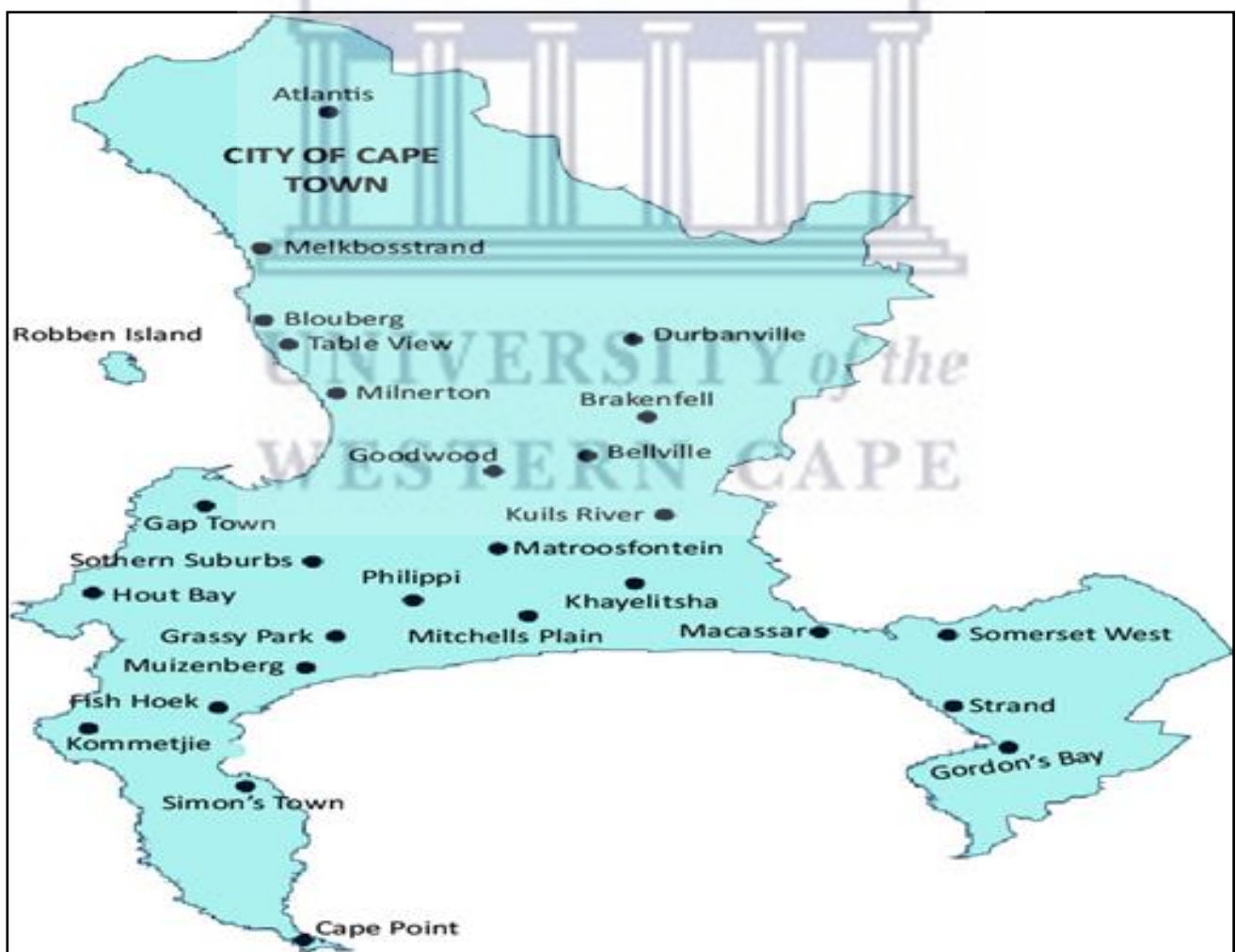


Fig 3.1: Map of the Cape Metropole (Nhamo & Agyepong, 2019).

The researcher used face-to-face as well as online interviews via the Zoom platforms due to the COVID-19 pandemic in the Cape Metropole region.

3.5.5 Pilot Study

Pilot studies assist the researcher to identify and modify problems with research questions which could negatively influence the data collection process (De Vos et al., 2015). Pilot studies also improve the validity of the data collection instrument and assist to estimate the interview timeframe (De Vos et al., 2015). The research participant in a pilot study is either excluded or included in the main study (In, 2017). The researcher used the pilot study in this research to test the interview guide and interviewed one participant, with the same characteristics as the research sample, but this participant was excluded from the study. The pilot study enabled the researcher to identify any trends/adjustments during future interviews, as suggested by (Lowe, 2019). The pilot study also ensured that the interview questions could provide rich data. The researcher applied the following steps during the pilot study: 1) The researcher requested permission from the organisation where the participant was employed to do a pilot study; 2) This was done via a formal email and the participant responded via email to provide permission for the interview; 3) The researcher did the pilot interview in the participant's office while adhering to all the COVID-19 protocols as stated above; 4) This was done after the researcher explained the purpose of the study and interview according to the information sheet. The participant signed the informed consent which indicated that the participant understood the process and was willing to participate in the pilot study (Majid, Othman, Mohamad, Lim & Yusof, 2017). The researcher recorded the pilot study, with the participants' permission, which was approximately 45-50 minutes long. The participant understood and promptly answered all the questions during the interview, but the researcher decided to change his probing techniques for the data collection interviews to improve the responses from the participants and ultimately meet the objectives and research question of the study. This pilot study was therefore important for the data collection in the study (Majid et al., 2017). The researcher

consequently changed the research questions to five open-ended and nine amended probing questions to improve the effectiveness of the interview guide. The research supervisor of the researcher also added the following suggestions to ensure effective interviews during data collection.

- The researcher must focus on the research questions of the study and not allow the participants to talk about other topics not related to the research aim and question.
- The researcher must provide time for the participants to elaborate on the questions and participants must talk more than the researcher during qualitative interviews. This resonates with a statement by De Vos et al. (2015) that 90% of the talking must be done by participants during research interviews.

3.5.6 Entering the Research Field

Researchers must ensure that they are accepted and trusted before they enter the research field for data collection (Bryman & Bell, 2014). The researcher ensured this by e-mailing requests for the research to the Directors of five organisations for the Deaf and receiving approval to do the research study with the social workers at the specific organisation. A research information sheet, ethics and consent letters supplemented the request. The researcher applied the following steps with each participant after this approval from the Directors:

- The researcher e-mailed all participants, individually, to introduce himself. He then explained the purpose of the communication and included the information sheet to provide more detail about the study. The researcher then requested informed consent from the social workers to participate in the study.
- Seven of the ten social workers replied and provided consent for either face-to-face or Zoom interviews.
- These participants then decided on a date, time, and place for the interview according to their preferred method of interviewing.

- Participants who preferred the Zoom platform received a personal Zoom meeting identity number, which enabled them to access the Zoom platform. A Zoom meeting identity number consists of nine digital numbers and each participant has a different number which expires when the meeting ends (Linden & Gonzalez, 2021).
- The researcher started with a preliminary meeting to establish rapport with the participants and rapport was maintained during the research process (Curry et al., 2019). This process improved the participants' cooperation and trust and ultimately provided better information (Abbe & Brandon, 2014).
- The researcher explained the reason for the study and emphasised the importance of participation from the participants during the process.
- The researcher explained the information sheet, which was provided before the meeting for the participants to read at an appropriate time, and the participants could ask questions if there were any uncertainties.
- The researcher informed the participants that they could withdraw at any time from the research but stressed that their contribution to the study was significant to improve social work practices for the Deaf.
- The researcher also explained that the participants might experience psychological or other discomfort during the research process. The researcher will then refer them to an appropriate professional for support or intervention.
- The researcher clarified voluntary participation and confidentiality and explained that the duration of the interview would be approximately 45-60 minutes.
- The researcher and participants agreed upon a suitable time and date to conduct the research interviews.
- The researcher assured suitable laptops and/or smartphone devices, stable WIFI signals, and efficient knowledge during interviews via the Zoom platform. The researcher also assured that he

had a notepad and that interviews could be audio-recorded, with permission from participants, during the data collection purposes.

3.5.7 Data Collection

The researcher used semi-structured interviews to explore the experiences of the social workers using SASLIs during micro intervention with people who are Deaf. The researcher also ensured that all the COVID-19, health and safety protocols from the SA Government and the University of the Western Cape policy on COVID-19 were followed during the data collection process.

A researcher uses semi-structured interviews to determine the subjective meanings and experiences of participants on a specific phenomenon (McIntosh & Morse, 2015). Semi-structured interviews assist researchers in collecting and exploring data, triangulating data sources, and validating the research findings through member checking (DeJonckheere & Vaughn, 2019). Semi-structured interviews can be performed via telephone, email, Zoom video call, or face-to-face interviews (Kallio, Pietilä, Johnson & Kangasniemi, 2016). The researcher used both Zoom and face-to-face semi-structured interviews as explained in the previous section. The researcher used both these interviewing methods (Zoom and face-to-face) because they were structured and flexible to provide the desired information to answer the research question (Napier, 2017). Standardised protocols, such as questions and probing, were used during these face-to-face interviews to regulate the verbal interactions between participants and the researcher (Duncan & Fiske, 2015). The researcher used either video and/or audio-recorded Zoom interviews depending on the privacy preferences of the participants (Archibald et al., 2019; Gray, Wong-Wylie, Rempel & Cook, 2020). The researcher did the face-to-face interviews with the participants in their offices at their specific organisations for the Deaf. These offices were safe, quiet, and free from disturbances. Participants displayed a tag on the door, with the message: Do not disturb - interview in progress, to avoid any interruptions. The researcher and participant used masks, and sanitised their hands before, during and after the interview process according to COVID-19 protocols. The participants who selected the Zoom

platform used the comfort and privacy of their offices, depending on SA's load-shedding schedule which could affect the participant's Wireless Fidelity (WIFI) and internet access. Load-shedding is a method used by the SA government to reduce the stress on primary energy sources when electricity demand is higher than the supply (Malik, Memon, Ali, Mallah, Bux & Haq, 2022). The advantages of the Zoom platform are accessibility for both the researcher and participants, privacy and security options, secure interview recording and assurance that the data was stored on a password-protected computer. The researcher explained the information sheet again before the interview and the participants were reminded that they could withdraw at any time from the process without being penalised.

Table 3.1: Organisations and Participants

Organisation	No. of Participants interviewed
1	One participant
2	Two Participants
3	Three Participants
4	One Participant
Total	Seven Participants were Interviewed

3.5.7.1 Data collection tool: interview schedule

The interview schedule consisted of open-ended questions which cannot be answered with a mere "yes" or "no" (Henriksen, Englander & Nordgaard, 2022). All questions in the interview guide were neutral and clear, and the researcher avoided leading questions. The interview schedule was constructed in both English and Afrikaans (DeJonckheere & Vaughn, 2019). The interview schedule consisted of the main research question and probing questions. The interview schedule was also piloted, as mentioned in 3.5.5, to ensure that the research questions were appropriate and free of

bias or ambiguous questions (De Vos et al., 2015). The interview schedule is included in *Appendix E* of the study.

3.5.7.2 Interviewing skills

The researcher applied active listening and probing skills during the semi-structured interviews. Active listening is a non-verbal communication skill, which focuses on the researcher's listening and understanding during the interview (Dennis, 2016). The researcher also observed non-verbal cues such as body language, tone of voice, and gestures during active listening (Schenk et al., 2015), and recorded these in a memo for further analysis and reflection. The researcher also implemented probing, with 'why and how' questions, for further exploration and to inspire participants to elaborate and explain their answers in detail (DeJonckheere & Vaughn, 2019). The researcher applied the following probing skills by DeJonckheere and Vaughn (2019) during the semi-structured interviews with participants: **Waiting time:** The researcher applied silence as an interviewing technique to allow the participants to think or elaborate during their responses. **Echo:** The researcher permitted the participants to elaborate on their answers by summarising and reiterating the content. **Verbal agreement:** The researcher used affirmative expressions such as 'yes, okay, I see', as reassurance for the participants to elaborate on their responses, clarify comments and explain their reasoning. The researcher applied these probing skills in anticipation of data saturation and to ensure rich data (De Vos et al., 2015).

The researcher reached data saturation when no new information transpired during the semi-structured interviews (Bearman, 2019). An example of reaching data saturation would be when the researcher receives similar responses repeatedly while interviewing participants. Data saturation is a common concept used in non-probability sampling (Hennink & Kaiser, 2020), which is a qualitative research concept that generally indicates the quality of data validity in research studies (Saunders, Sim, Kingstone, Baker, Waterfield, Bartlam, Burroughs & Jinks, 2018). Data saturation was observed after the seventh interview as it was evident that enough data was collected to draw the

necessary conclusions. The researcher expressed appreciation to the participants at the end of the interviews and stated that he would send the transcribed interviews to the participants for validation and member checking. The researcher reminded the participants to complete a member check form (**Appendix F**), to endorse or negate/contradict the content of the raw transcriptions and he requested them to return the completed form. Member checking focuses on data validation and credibility (Birt, Scott, Cavers, Campbell & Walter, 2016).

The researcher concluded all the semi-structured interviews by asking if the participants had any additional questions about the research study. The researcher concluded the interview process by memoing and reflection. The researcher reflected on the semi-structured interview process and content during memoing, and this process consequently enhanced the trustworthiness of the study (DeJonckheere & Vaughn, 2019). The researcher reflected on all the notes from the interviews, generated new ideas, compared, and connected the data during this process. The researcher documented these reflections to include during the data analysis process. The researcher analysed the data after the interviewing process to get an in-depth understanding of the experiences of social workers using SASLIs during social work micro intervention.

3.6 DATA ANALYSIS

The researcher applied the eight steps of thematic data analysis as described in De Vos et al. (2015), to understand participants' experiences, thoughts, and behaviour (Nowell, Norris, White & Moules, 2017; Kiger & Varpio, 2020). The data analysis contributed to the research findings and assisted the researcher in describing the findings of the research question. A qualitative researcher starts with the data analysis process when he/she listens to the participant during the interview, transcribes the data and then re-read the verbatim responses to ascertain meaning (Gibbs, 2018). Researchers de-contextualise and re-contextualise the data and are consequently the data analysis instruments when they collect data, make judgments, and generate codes and themes (Nowell et al., 2017).

Table 3 2: The Eight Steps of Data Analysis

STEPS	DATA ANALYSIS STEPS
1	Planning for the recording of data
2	Data collection and preliminary analysis
3	Managing the data
4	Reading and writing memos
5	Generating categories and coding the data
6	Testing the emergent understanding and searching for alternative explanations
7	Interpret and develop typologies
8	Presenting the data

Source: (De Vos et al., 2015)

3.6.1 Application of the Data Analysis Steps

The researcher applied the following data analysis steps in Table 3.2 during this research: **Step one: Planning for the recording of data:** The researcher planned the most appropriate data collection procedures before the interviews with the participants. Researchers must record data systematically and appropriately according to the research setting and participants to ensure effective data analysis (De Vos et al., 2015). The researcher used two digital recording devices and a notepad to record the verbal and non-verbal data from the participants during the face-to-face interviews of this study. The researcher used two functional battery-operated recording devices and he ensured that he had an extra battery as backup to eliminate any unforeseen problems that could hinder the data collection procedure. There were also two reliable devices (personal laptop and phone) and a stable WIFI internet signal during the Zoom interviews. The researcher adhered to the ethical considerations regarding recording devices during face-to-face and Zoom interviews and therefore acquired permission from the participant to record the interviews (De Vos et al., 2015).

Step two: Data collection and preliminary analysis: Qualitative researchers' sort, retrieve, index, and control qualitative research data in an external location rather than the research site (De Vos et al., 2015). The researcher did a preliminary analysis after each interview when he sorted, indexed, and retrieved all the data from the audio and Zoom recordings, reflection notes, and observational notes. The preliminary analysis ensured that the researcher did not postpone the analysis procedures and consequently overlooked important observations from the interview sessions.

Step three: Managing the data is regarded as the first step of intensive data analysis (Creswell, 2014), where the researcher manually transcribes and organise data into folders or indexes (De Vos et al., 2015). The researcher applied this step by reading all transcripts carefully, to obtain a sense of the data. The researcher read the content, highlighted all repetitions, and noted his thoughts/interpretation of the data.

Step four: Reading and writing memos: Researchers must read each transcript several times to understand the data and the interviews before analysing them (Nowell et al., 2017). The researcher wrote and journaled memos on important ideas in the margins of the transcript. These memos consisted of short phrases, key concepts, and ideas, which linked the data to abstract thinking (De Vos et al., 2015).

Step five: Generating categories and coding data: The researcher reduced the data into smaller, manageable themes (De Vos et al., 2015) and identified units by assigning meaningful codes which consequently result in categories during this process (Nowell et al., 2017). Coding is an interpretive procedure where the researcher organises individual portions of data (Chansa-Kabali, 2018). The researcher used open coding during this research where he created codes to label and categorise the data. These categories and labels assisted the researcher in continuously comparing and/or contrasting comparable events from the data (Belgrave & Seide, 2019). This open-coding method assisted the researcher in "breaking down, examining, comparing, and conceptualising" the data of the participants (De Vos et al., 2015:412). The researcher scrutinised the underlying meaning of the

data during open coding when he selected and examined the meaning of each unit. The researcher created and colour-coded a list of three main themes as indicated in table 3.3.

Table 3 3: Colour-Coding the Main Themes

Main themes	Colour
Social worker’s experiences when using SASLIs during social work micro-interventions.	Red
Challenges when using SASLIs during social work micro-interventions.	Yellow
Participant’s recommendation to improve social work services for clients who are Deaf.	Blue

The researcher colour-coded the different codes and clustered them in main themes. The researcher also used the same colours to signify the associated sub-themes of the main theme. Coding resulted in rich data during this research (Bryman & Bell, 2014; Theron, 2015). Coding assisted the researcher to organise individual portions of data (Chansa-Kabali, 2018), and he developed three main themes and nine sub-themes.

Step Six: Testing the emergent understanding and searching for alternative explanations: The researcher evaluated the significance and value of the data during this process (De Vos et al., 2015). The researcher thus searches for "negative patterns while integrating data into larger constructs" (De Vos et al., 2015:415). The researcher considered the following four 'negative patterns' proposed by De Vos et al. (2015) to identify and explain alternative explanations during the data analysis during this study.

- i. ***Events of which the participants were unaware:*** The researcher ensured that he attended to all the concealed opinions and how they influenced the research topic, even when the participants were unaware of them.
- ii. ***An event that the participants wanted to hide:*** The researcher was mindful that participants might misrepresent events to protect themselves or others. The researcher therefore

scrutinized the data to recognise the undisclosed data and constantly examined the meaning of these data against the research question of the study.

- iii. ***Unconscious non-reporting***: The researcher tested all the documented data for underlying meaning because data that was initially of no value could be significant to the study.
- iv. ***Conscious non-reporting***: The researcher ensured that all data was tested, scrutinized, and valued to answer the research question.

Step seven: Interpret and develop typologies: The researcher constructed new ideas and interpretations to make sense of the data (De Vos et al., 2015). Researchers must acknowledge the first order and second-order interpretations to develop typologies (De Vos et al., 2015). First-order interpretation is based on the meaning from the participants and the second order on the acknowledgement and reconstruction of meaning by the qualitative researcher (Kornbluh, 2015). The researcher therefore analysed how participants viewed their world, what it meant to them and how they described their experiences. The researcher acquired a sense of the underlying meanings from the data by extracting and documenting the participants' experiences one by one.

Step Eight: Presenting the data: The researcher used concept mapping during this final step of data analysis (Waltz, Powell, Matthieu, Damschroder, Chinman, Smith, Proctor & Kirchner, 2015). The researcher uses concept mapping to present the data, visually in a table format, from data analysis (De Vos et al., 2015). The researcher displayed the findings with a two-by-one table for each main theme and sub-themes, as indicated in chapter four (Table 4.2). The main themes were illustrated in the left-hand column and the sub-themes in the right-hand column of the table. The researcher discussed each main and sub-theme with verbatim quotations from each participant and substantiated the findings with literature and the FDT theoretical framework, as illustrated in chapter four of the study. The researcher used pseudonyms such as Participant One, to comply with the ethical requirements of the study. The original data from the participants' interviews were used verbatim during this process. This will contribute to the trustworthiness of the study by using

credibility and dependability during the audit trail when other researchers could ensure the accuracy of the data (Lemon & Hayes, 2020).

3.7 TRUSTWORTHINESS

Trustworthiness ensures rigour in qualitative research findings, analysis, interpretation, and methodology (Connelly, 2016). The researcher applied credibility, dependability, conformability, and transferability during this research to ensure trustworthiness (Elo, Kääriäinen, Kanste, Pölkki, Utriainen & Kyngäs, 2014). **Credibility** established the legitimacy of the research findings by ensuring the accurate interpretation of the original sentiments from the participants during this study (Connelly, 2016). The researcher ensured credibility by applying the following measures. The researcher used the research *What are the experiences of social workers using SASLIs during micro intervention with people who are Deaf in the Cape Metropole?* This was done with each participant. Triangulation used multiple methods to reduce bias and ensure the integrity of the responses by the participants (Anney, 2014; Creswell & Poth, 2017). The researcher could therefore provide credible evidence to answer the research question. The semi-structured interviews were audio-recorded, and the researcher used the preliminary transcribed interviews for member-checking by sending them to participants and consequently ascertaining the accuracy of the content. The research supervisor provided peer debriefing to the researcher. The background information of the study, data collection methods and procedure, data management, transcripts, data analysis process, as well as the research study's findings were included during these sessions. **Dependability** refers to the consistency of the research findings (Kyngäs, Kääriäinen & Elo, 2020). The researcher must continuously evaluate and compare the findings, interpretation, and recommendations of the study with the data of the participants (Korstjens & Moser, 2018). The researcher used an audit trail during this study (Anney, 2014). The researcher validated the raw data during the audit trial, by reading and re-reading the transcribed data and observation notes while listening to the interview recordings. The data were then organised into main themes and sub-themes. The research supervisor

accessed all the interview materials, transcriptions, interpretations, findings, and recommendations to perform an audit trail, which enhanced the conformability of this current research study, by. A researcher uses **transferability** when research findings can be used in other contexts, with other participants to describe a different phenomenon (Anney, 2014). The researcher applied transferability by using literature control to validate the findings of this study. The researcher also applied transferability by providing comprehensive descriptions of the research methodology, purposive sampling, data collection, data analysis, as well as participant's background information. Anney (2014) argues that researchers enhance transferability by providing a detailed description of the methodology and when they use purposive sampling.

Confirmability refers to the objectivity or neutrality of the data when other researchers confirm the results of a study (Connelly, 2016). Audit trails, triangulation and reflexivity journals contribute to confirmability (Anney, 2014). A qualitative researcher uses a reflective journal for reflexivity and to reflect on the data collection and interpretation procedures during a study (Mortari, 2015; Rubin & Babbie, 2017). A researcher also uses reflexivity in qualitative research by documenting the effect of his history, background, and perceptions of the phenomenon in a reflective journal (Vicary, Young & Hicks, 2017). The researcher therefore used a reflexivity journal, (*Appendix G*), to document his personal experiences during the study. The researcher used reflexivity to ensure that the research outcome was not influenced by his reasoning, personal bias, emotional position, and perceptions.

3.8 ETHICAL CONSIDERATIONS

Ethics are fundamental moral principles in the social work profession and research studies (Nicholas et al., 2015). The researcher received ethical approval for this study from the Humanities and Social Science Research Ethics Committee at the University of the Western Cape (*Appendix C*). Ethics ensures the human dignity, rights, and safety of the participants and a responsible and ethically accountable research process (Beckmann, 2017). The researcher used an information sheet

(*Appendix A*) which provided the essential information about the research study and explicated the ethical elements to maintain the human dignity of the participants during the research (Kotz, Viechtbauer, Spigt & Crutzen, 2020). These ethical elements encompass voluntary participation, informed consent, privacy, confidentiality, no harm, and debriefing. **Voluntary participation and informed consent** denoted that all participants had the right to self-determination. Self-determination demonstrated that the participants, in this study, had the right to their own opinion, and could therefore agree to participate in this study (Nicholas et al., 2015). The participants had adequate information to understand the research process and freedom of choice to voluntarily participate or decline participation in the study (Arifin, 2018). The participants had a choice between face-to-face and Zoom interviews at a convenient time. The researcher also used the information sheet to explain the objectives of the study. The researcher informed the participants that they had the **right to withdraw** from the study, at any time, even after signing the research consent form. A consent form is an ethical document, that protects the **right to autonomy** (self-determination) of research participants and this form must be signed and submitted to the researcher before participation in the study (Xu, Baysari, Stocker, Leow, Day & Carland, 2020). The participants in this study signed the consent form after the researcher explained that all the interviews would be voice-recorded. These forms were submitted to the researcher before the research process started. The information sheets and the consent forms were available in English and Afrikaans. The researcher also ensured the **privacy and confidentiality** of the participants during the research. Nicholas et al. (2015) argue that privacy is a form of anonymity because the identity, gender, age, employment, or address of the participants are anonymous during research. Confidentiality is ensured when researchers keep all the data in a safe place with limited access (Arifin, 2018). The researcher ensured privacy and confidentiality, especially during interviews, data analysis, and the dissemination of findings, of all the participants in this study. The researcher ensured privacy by using the offices of the participants, with no access to clients and

employees/staff, during interviews. The researcher transcribed the data in a private room using earphones to prevent unauthorised people from accessing the information. The researcher also used pseudonyms and removed the identification details of the participants from the data and verbatim quotations. The researcher also removed the geographical area of employment from the demographic profile, in table 4.1 of chapter four, after the research supervisor mentioned that the researcher must be mindful of privacy and confidentiality due to the limited numbers of social workers using the services of SASLIs at organisations for the Deaf. The researcher also ensured that all participant's data was stored on a password-protected laptop and external hard drive. The researcher stored all the hardcopies or any written material, linked to the identity and data of the participants, in a secure cabinet drawer which only the researcher could access. These written materials included the demographic details of the participants and comprised consent forms, information sheets and interview schedules. The researcher assured all participants of their anonymity when reporting the study in the final research report, at conferences, seminars, and in journal publications. All the collected data of this research study will be archived for five years, and then appropriately destroyed. The researcher also ensured the participants that the study adhered to the requirements of the Protection of Personal Information Act, 2013 (Republic of South Africa, 2013). Researchers must **prevent harm** and provide **debriefing** as measures of non-maleficence during a research study (Akaranga & Makau, 2016). These risks could be physiological, emotional, and social (Bryman & Bell, 2014; Akaranga & Makau, 2016). The researcher ensured from the onset of the study that the participants would not experience any harm. The researcher ensured this by validating the research questions in the pilot study. He consequently confirmed that the questions would not cause any anxiety to the participants. It was however the responsibility of the researcher to arrange debriefing sessions for participants who experienced harm (Akaranga & Makau, 2016). The researcher regarded debriefing as an ethical consideration to deal with the possible problems of the participants due to the data collection process (Ramjan, Peters, Villarosa, Villarosa, Curmi &

Salamonson, 2016). The researcher arranged with an appropriate counsellor to be available if it was necessary to refer a participant.

3.9 DELIMITATIONS AND LIMITATIONS OF THE STUDY

A limitation was that only seven participants, employed at an organisation for the Deaf, could be included in the study. The limited number of organisations that focused on services for the Deaf community was another limitation of the study. The research study cannot be generalised because the contexts of Deaf communities, even in other SA provinces and contexts, are different. Generalisations are however not a characteristic of qualitative studies (Smith, 2018; Guenther & Falk, 2019). Other researchers can however develop similar research studies in other geographical areas in the Western Cape or SA. The SA National COVID-19 regulations were another limitation because the study was completed during this period and three participants did not want to participate due to fear of infection. The researcher therefore interviewed seven of the original ten participants. The findings of the research however provided valuable information to practice and research on the experiences of social workers working with SASLIs during social work intervention to clients who are Deaf.

3.10 CHAPTER SUMMARY

This chapter focused on the research methodology and ethical considerations during the research process. The researcher used interpretivism, as well as the three philosophical assumptions ontology, epistemology, and methodology, to answer the research question and realise the aim of the research. The researcher also used the qualitative approach with explorative and descriptive research designs to explore and describe the experiences of social workers using the services of SASLIs, during social work micro intervention with clients who are Deaf. The research approach and designs shaped the data collection from the participants. The participants could express themselves effortlessly without any coercion. The researcher had to adapt to face-to-face as well as

Zoom interviews due to the SA National COVID-19 regulations, and the University of the Western Cape Covid-19 policy for the semi-structured interviews. The researcher also adhered to the ethical principles such as maintaining the right to self-determination, anonymity, privacy/confidentiality, and non-maleficence of the participant. Ethical guidelines were followed during data storage and management and the researcher ensured the authenticity of the data and findings of the research. The next chapter represents the findings of the study.



CHAPTER FOUR: THE RESEARCH FINDINGS AND DISCUSSION

4.1 INTRODUCTION

The researcher presents and discusses the findings of this research study, which are interrelated with the research aim and objectives, in this chapter. The aim of the study, as discussed in chapter one (1.6) and chapter three (3.2) was: *To understand the experiences of social workers using the services of South African Sign Language Interpreters during micro intervention in the Cape Metropole.*

The objectives of the study to attain the goal, which are also explicated in chapter one (1.7) and chapter three (3.3) were to:

- i. *Explore and describe the experiences of social workers using SASLIs during micro intervention with clients who are Deaf.*
- ii. *Explore and describe the challenges of these social workers using SASLIs during micro intervention with clients who are Deaf.*
- iii. *Explore and describe the recommendations by social workers for social work practice when using SASLIs during micro intervention with clients who are Deaf.*

The findings originated from the verbatim narratives of the participants in the study. The researcher followed a process of “segmenting and reducing data, by rearranging it into patterns” (Poggenpoel, 2018:78) to analyse the data. The researcher listened to recorded data, compiled notes, and re-read the verbatim responses to understand the descriptions (Gibbs, 2018) as described in chapter three (3.6). De Vos et al. (2015) describe data analysis as an analytic procedure to examine and interpret all the rough data and then discover the underlying meaning of participant’s narratives. The researcher used the eight steps of De Vos et al. (2015) to analyse the data thematically. The researcher identified, analysed, interpreted, and reported recurrent patterns, to develop codes and construct themes (Kiger & Varpio, 2020). The findings of this thematic data analysis are presented

in main themes and sub-themes and substantiated with literature to support and/or contrast the main themes and sub-themes.

4.2 DEMOGRAPHICAL PROFILE OF THE PARTICIPANTS

This section of the chapter presents the demographical profile of the research participants. A demographical profile of a study illustrates the information of the study participants and represents the sample of the target population for a research study (Cohn & Zubizarreta, 2022). All the participants were employed at organisations specialising in services for the Deaf and they used the services of SASLIs during micro intervention with clients who are Deaf. The demographical profile for this study includes gender, age, employment, race, and the professional experience of participants as social workers as indicated in Table 4.1.

4.1: Demographic Profile of the Research Participants

Pseudonyms	Gender	Age	Employment	Race	Professional experience as a social worker
Participant 1	Female	40	Permanent Employed	Coloured	14 years
Participant 2	Female	54	Permanent Employed	African	18 years
Participant 3	Male	32	Permanent Employed	African	4 years
Participant 4	Female	49	Permanent Employed	African	2 years
Participant 5	Female	39	Permanent Employed	African	17 years
Participant 6	Female	29	Permanent Employed	Coloured	5 years
Participant 7	Female	28	Permanent Employed	Coloured	2 years

The researcher discusses each of these biographical elements to provide contextual information regarding the social workers doing micro intervention, with the services of SASLIs, to people who are Deaf. **Gender:** The research participants included six females and one male social worker. It is

generally accepted women are the majority in the social work profession (Zimunya & Alpaslan, 2022), because more women than men opt for a career in social work (Galley, 2020). This was evident in the SA context because the SACSSP comprised of 60 000 registered social workers with 85% women and 15% men (Skhosana, 2020). It was however recently evident that more men entered the female-dominated social work profession, and this had a significant influence on gender expectations about male and female roles in society (Thobela, 2020). **Age:** The ages of the participants ranged from 28-54 years of age. The SACSSP indicated that most social workers registered in SA were older than 50 years and 33.4% in the 40–50-year age group, 41% of social workers were between 30-40 years old and only 7.6% were in the 20-30-year age group (Molapo, 2022). **Employment:** All the participants were permanently employed at organisations providing services to the Deaf community during the interviews. **Years of employment as a social worker** varied between two to eighteen years. It is thus clear that the social workers had various levels of experience. **Race:** Three participants in this study identified themselves as Coloured (mixed race) females, three as African females and one participant identified him as an African male. All participants were registered with the SACSSP. The SACSSP indicated in 2022 that 76.6% of registered social workers were Africans, 11.7% were Coloured (mixed race) and 8.3% were White, with 4.0% classified as unknown (Molapo, 2022).

4.3 FINDINGS OF THE STUDY

The main themes and sub-themes are discussed in this chapter as a response to the aim and objectives of the study. Researchers describe, explain, analyse, and interpret the findings of a study (O'Brien, Harris, Beckman, Reed & Cook, 2014). This section of the study presents the findings within the context of the whole study (Bavdekar, 2015). The researcher applied the principles of confirmability (as discussed in chapter three: 3.7) when he analysed the data and created the main themes and sub-themes of the study. The researcher was mindful of his emotions, judgment, and personal biases on the findings of the study to ensure confirmability. The researcher also focused on

the experiences of social workers using the services of SASLIs, during social work micro intervention with clients who are Deaf, which enhanced the trustworthiness of the findings in the study (Chapter three: 3.6). The data analysis resulted in the following three themes and nine sub-themes as illustrated in table 4.2.

Table 4 .2: Main Themes and Sub-Themes

THEMES	SUB-THEMES
<p><i>THEME ONE: EXPERIENCES OF SOCIAL WORKERS WHEN USING SASLIs DURING SOCIAL WORK MICRO INTERVENTION</i></p>	<p>1.1 Helplessness, uncertainty and discomfort when using SASLIs 1.2 Confusion with role clarification 1.3 Feelings of incompetence and emotional stress</p>
<p><i>THEME TWO: CHALLENGES WHEN USING SASLIs DURING SOCIAL WORK MICRO INTERVENTION</i></p>	<p>2.1 Inability to establish client rapport when using SASLIs 2.2 Challenges to access adequately trained SASLIs 2.3 Challenges with accurate SASLI interpretations</p>
<p><i>THEME THREE: RECOMMENDATIONS TO IMPROVE SOCIAL WORK SERVICES TO CLIENTS WHO ARE DEAF</i></p>	<p>3.1 Inclusion of SA sign language in the social work curriculum 3.2 Culturally sensitive social work to clients who are Deaf 3.3 Ethical standards of social workers and SASLI's to improve client's experiences</p>

The researcher identified the following themes from the data analysis with social workers using SASLIs during micro intervention with people who are Deaf: Theme one represents the experiences of social workers when using SASLIs during social work micro intervention; theme two encompasses challenges when using SASLIs during social work micro intervention, and theme three focuses on the recommendations to improve social work services for clients who are Deaf.

The researcher discusses these themes and sub-themes with the relevant narratives from the participants and literature to accentuate these in the following section of the chapter.

4.3.1 Main Theme One: Experiences of social workers when using SASLIs during social work micro intervention

This theme represents objective one of this study which focused on the experiences of social workers using SASLIs during micro intervention with clients who are Deaf. Research indicates that social workers do not receive adequate information or training to work with SASLIs (Ulloa, 2014). Social workers are trained to enhance the well-being of people and to support their clients with basic and complex needs (Berg-Weger, 2019). They have however limited training, experience, and knowledge on Deafness and SASLI (Chapple, 2019). Communication barriers and the use of SASLIs in social work micro-intervention contribute to additional problems (Chapple, 2019). A study by Bai and Bruno (2020) found that the inclusion of SASLIs in social work micro intervention with people who are Deaf, directly influence social workers. It is evident from this study that social workers experienced helplessness, uncertainty and discomfort when using SASLIs, confusion with role clarification as well as feelings of incompetence and emotional stress as explained in the following sub-themes:

4.3.1.1 Sub-theme 1.1: Helplessness, uncertainty and discomfort when using SASLIs

This sub-theme depicted the social workers, in this study, experienced discomfort, uncertainty and even helplessness when working with SASLIs during micro intervention with clients who are Deaf. Lefevre (2015) comments that social workers are trained to listen, observe, and communicate effectively. They therefore experience helplessness, uncertainty, and discomfort if they must provide services outside their scope of training for example using the services of SASLIs with clients who are Deaf (Ikegami, 2019). This is consistent with the experiences of strain, anxiety, and discomfort from the three quotations by the following participants:

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

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

(Participant 3)

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

It is evident from the responses of the participants that they experienced distress and uncertainty when they used the services of SASLIs. The participants indicated that they had no training to work with SASLIs. One participant mentioned that she was not familiar with another person, such as an interpreter, when communicating during intervention with the client. The social work micro intervention was consequently uncomfortable and challenging. Another participant explained that she experienced uncertainty about her professional social work role when working with SASLIs. A participant also mentioned that she was uncomfortable when the client shared confidential information and questioned the power dynamics during the micro intervention as explicated in the following quotation:

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

Social workers have an ethical responsibility to protect the confidentiality of a client (SACSSP, 2023) and a third person during intervention might compromise this. A participant acknowledged that “SASLIs are a key component in helping social workers assist clients who are Deaf, but I am not confident using them.” Chapple (2019) concurs and mentions that there are additional challenges when using SASLIs such as the negative effect on confidentiality during social work intervention. The SASLI profession has, like social work, a professional code of ethics (Lucas, 2020). The researcher agrees with Chatzidamianos et al. (2019) that the social worker and SASLIs must take care of confidentiality early during the intervention process. This will ensure accurate

assessments and appropriate interventions because clients have confidence to share sensitive information (Shinde, 2016). It is also important to note that SASLIs are professionals without decision-making authority and are obligated to adhere to the confidentiality policy of the agency.

4.3.1.2 Sub-theme 1.2: Confusion with role clarification

Social workers and SASLIs must discuss, ascertain, and approve their role during the beginning of the social work micro intervention (McCoyd, Lee & Kerson, 2022). It is the responsibility of an ethical professional social worker to ascertain these roles (Nicholas et al., 2015; SACSSP, 2023). Clients who are Deaf might perceive the role of the SASLIs as more important than the role of the social worker and it is therefore imperative to clarify roles. Role confusion can cause difficulties as indicated in chapter two (2.2.6) of this study. Clients might be more familiar or comfortable with SASLIs and consequently liaise directly with SASLIs outside and/or during the social work micro intervention session as indicated in Chapter two (2.2.6). It is thus important that all the parties are aware of their responsibilities and roles before the onset of the micro social work intervention. The participants expressed that they did not want to bestow their power or social work responsibilities to SASLIs, and they should be in control during the social work micro intervention session as indicated in the following quotations:

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

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

“The role of the SASLI is just a messenger who convey communications and social workers facilitate the process by asking all the questions and should such power be

given to SASLIs who is not necessarily trained as a social worker, a lot of damage can be done which are unethical.” (Participant 4)

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

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

It is evident from these quotations that SASLIs and social workers adhered to their respective roles and functions during social work micro intervention with clients who are Deaf. The participants expressed that role confusion could be ethically detrimental to the social work process. The participants specified that social workers must not relinquish their therapeutic “power” to SASLIs who are not trained counsellors. SASLIs must keep to the messenger role, where they merely translate the information between the social worker and client according to the participants. One participant emphasised that there should not be any confusion during interpreting and SASLIs should ask the social worker to clarify or repeat the content and not act indiscriminately. It will be unethical if the social worker does not accept responsibility for the therapeutic process. Nicholas et al. (2015) emphasise that social workers have an ethical responsibility to clarify and maintain their professional roles and functions during social work services. The participants indicated that it will be unethical to the social work profession if social workers relinquish their power during the micro intervention. Social workers have a deep understanding of ethical values, principles, and micro intervention theories (Pollock, 2023). Unique knowledge, skills, and techniques enable social workers to provide appropriate bio-psycho-social counselling and social relief to distress with clients who are Deaf (Bruno & Iborra, 2022). The expertise of SASLIs is translation and not social work therapeutic micro intervention with people who are Deaf (Lim, Olen, Carballido, LiaBraaten, Sinnen, Balistreri, Tager, Rothschild, Scanlon, Davies & Nordness, 2022; Skaaden, 2023; Pollock,

2023). All parties must thus be cognisant of their responsibilities, functions, and roles, before the social work micro intervention, to prevent role confusion and unethical services.

Social workers must be empowered to advocate for compulsory social work and SASLI debriefing sessions before and after the social work micro interventions according to the FDT perspective. This will consequently improve the therapeutic session and demonstrate respect towards the client. Social workers and SASLIs could communicate their standards of practice, ethical codes, and expected roles and functions during these debriefing sessions. These debriefing sessions could also include contractual responsibilities to protect the privacy (confidentiality) of the client (SACSSP, 2023). Lillis, Leedham, Twiner, Moore and Whitehead (2016) suggest that social workers draft a legal written document with the terms and conditions of confidentiality and include the conditions to service providers which are legally obliged to contravene confidentiality. These terms and conditions must be explained and communicated, and all parties must sign the contract when in agreement (Taua, Neville & Hepworth, 2014). The debriefing sessions must also include role expectations for example social workers could emphasise that the roles of SASLIs only focus on translation and not to change the storyline of the client or social worker. The translation of the SASLIs must be unequivocal and they must not provide advice or counselling. Debriefing also focuses on reflection which will enhance the social work micro intervention (Sabei & Lasater, 2016). Role clarification can decrease the social workers' uncertainty, helplessness and discomfort which could result in incompetence as discussed in the next sub-theme.

4.3.1.3 Sub-theme 1.3: Feelings of incompetence and emotional stress

Gibson (2014) argues that social workers may experience incompetence when they work in an unfamiliar field of practice, for example when they work with clients who are Deaf and using the services of SASLIs. The limited knowledge and skills of social workers in specific contexts could result in embarrassment and consequently inadequate acknowledgement of their limitations (Gibson, 2014). This phenomenon may be present when social workers work with SASLIs to

provide services to clients who are Deaf. Three participants shared their experiences of worthlessness and incompetence when working with SASLIs as indicated in the following quotations:

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

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

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

It is evident from these quotations that the participants experienced depreciation and discouragement because they were not trained to use SASLIs during social work micro interventions with a client who is Deaf. This affected their self-confidence which resulted in feelings of incompetence. A participant shared that this experience of incompetence due to inadequate skills ultimately contributed to emotional stress and influenced the aspiration to work with clients who are Deaf in the following statement:

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

Clark (2020) emphasises that social workers experience emotional stress which contributes to low self-confidence, and they consequently question their skills and abilities as professionals. Social workers frequently think that they must be competent from the onset during their careers, but they are often challenged to work outside their comfort zone. Ruiz-Fernández, Ortiz-Amo, Andina-Díaz, Fernández-Medina, Hernández-Padilla, Fernández-Sola and Ortega-Galán (2021) suggest introspection when social workers experience incompetence and emotional stress. Respectful judgments require knowledge and skills but also insight into the limitations during practice (Rekman, Gofton, Dudek, Gofton & Hamstra, 2016). Efficient social workers use introspection and recognise their practice limitations. Introspection is imperative for self-development, to identify

areas for personal and professional development and enhance competence (Nicholas et al., 2015). Social workers, from a FDT perspective, must be empowered, through regular introspection and reflection, to increase their proficiency in working with clients who are Deaf. Continuous education on working with SASLIs during intervention with clients who are Deaf can contribute to this. This will increase the practice knowledge, skills, and competencies of social workers in the context of Deafness (Swinton, Fields, Frazier, Sauls & Capobianco, 2022). This will consequently improve self-confidence and alleviate feelings of incompetence when using the services of SASLIs, during social work micro intervention with clients who are Deaf.

4.3.2 Main theme two: Challenges when using SASLIs during social work micro intervention

This main theme focuses on objective two which explored and described the challenges of social workers using SASLIs during micro intervention with clients who are Deaf. This theme underscored challenges such as the inability to establish rapport with clients who are Deaf when using SASLIs, to access adequately trained SASLIs (Lucas, 2020) during micro intervention with clients who are Deaf and accurate SASLIs interpreting. These challenges are discussed in the following sub-themes.

4.3.2.1 Sub-theme 2.1: Inability to establish client rapport when using SASLIs

Social workers use specific communication skills to assess and evaluate the cognitive, affective, and behavioural functioning of clients and to make important decisions about their client's future (Toe, Mood, Most, Walker & Tucci, 2020). Social workers ensure that clients participate during social work micro intervention. SASLIs may influence the ability of the social worker to build sound relationships with the client (Koprowska, 2020) as illustrated by the quotations of the following participants:

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

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

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

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

It is evident from the quotations that the participants had difficulty to create a professional relationship, with clients who are Deaf, in the presence of the SASLIs. The participants expressed that the indirect communication, via the SASLIs, with the clients interfered with their ability to create a relaxed, welcoming, and trusted environment. The findings illustrated that the participants experienced challenges in building relationships with their clients in the presence of SASLIs during social work micro intervention. It was clear that the participants were dependent on the SASLIs and did not have the communication skills to establish rapport with their clients during the intervention session. Members of the Deaf community consequently did not receive effective social work services (Bai & Bruno, 2020; London, Zweigenthal & Heap, 2020). Social workers use specific practical communication skills to communicate with clients who are Deaf during social work intervention (James, 2016; Lishman, 2020), and this communication is unsuccessful without good rapport. Social workers use communication skills to increase trust and respect to establish rapport in the early phase of the social work intervention (Berg-Weger & Birkenmaier, 2017). Nicholas et al. (2015:105) argue that rapport is a “feeling of sympathetic understanding or having a mutual understanding of the social work-client working relationship.” Social workers must use different communication skills to acquire their clients’ trust and to establish rapport according to the FDT. James (2016) argues that the social worker establishes rapport when the client is included in the

selection of appropriate SASLIs and when the social worker ensures that SASLIs and clients understand the questions. Clason (2019) suggests the following to social workers when establishing rapport with clients who are Deaf: 1) Acknowledge that the first attempt will feel awkward and uncomfortable; 2) make time to communicate and connect because people who are Deaf invest time and effort in communication; 3) understand the Deaf listen with their eyes and you only speak when you have eye contact with the client because eye contact is a sign of respect; and 4) use the beginning and end of a conversation as an opportunity for physical and visual contact with the client by smiling, shaking hands and touching their arm (if appropriate). Rapport requires skills such as self-determination, cultural appreciation, respect for human dignity, and a caring environment. Clients are empowered when social workers communicate in their language. It is the responsibility of the social worker, and not SASLIs, to build rapport in a therapeutic environment with the Deaf (Garibay, 2019).

4.3.2.2 Sub-theme 2.2: Challenges to access adequately trained SASLIs

Social workers must ensure that they find available and appropriately trained SASLIs when they plan for micro intervention with the Deaf (Takayama, 2017). This can be a challenge during unexpected client appointments, especially when there are limited qualified SASLIs available or when a different SASLI, unfamiliar with the case, is available during a follow-up session. This often transpires when SASLIs have appointments with other sign language services or organisations for the Deaf or when there are limited financial resources for appropriately trained SASLIs (Hall, Elliott & Cullen, 2019). Social workers must consequently rely on informal interpreters, such as family members, to interpret with sign language during micro intervention as illustrated in the following quotations:

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

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

The participants commented they had no assurance that the same SASLI will be available for follow-up sessions, although they initially planned for that. The search for another SASLI prolonged the intervention process. Participants mentioned that they had to use family members for translation especially when the clients who are Deaf needed services without prior notice. Kester, Palafox, Langdon and Cheng (2021) concur that social workers have insufficient time to locate and appoint appropriately trained SASLIs when clients request unplanned services at organisations for the Deaf. This interrupts services to clients who are Deaf (Hsieh, 2015). It is thus essential during planning that social workers assured that they will have the same SASLI for all the micro intervention sessions. This will decrease anxiety and the extra responsibility to ensure an appropriately trained SASLI or to inform a new SASLI about the case. It is beneficial for the social worker to have the same SASLI because both are familiar with the respective processes and expectations during the social work micro intervention. It was however evident from the findings of this study that it was not always possible to have the same SASLI for follow-up sessions.

Social workers can experience significant challenges if they rely on SASLIs during micro social work intervention. Taylor & Jones (2014) caution that SASLIs can be a stumbling block during therapy. The authors thus encourage therapists to ensure effective services for clients who are Deaf by learning sign language and acquiring skills. The participants in this study mentioned that they had to rely on family members for translation due to different SASLIs during sessions and their limited skills in sign language. Juckett and Unger (2014) comment that family members interpret customarily in hospital settings. Rimmer (2020) argues however that it is detrimental to use family members as interpreters because: 1) Interpreting may be inaccurate; 2) family members could withhold or distort information due to family relationships; 3) lack of knowledge on interpreting

techniques can result in inadequate communication; and 4) they may not understand confidentiality, which could result in inaccurate interpreting procedures.

4.3.2.3 Sub-theme 2.3: Challenges with the accurate SASLI interpretations

Chapter two (2.2.8) emphasises the importance of qualified SASLIs, especially when social workers do not understand and/or speak basic SASL, to facilitate communication during social work micro intervention with clients who are Deaf. Social workers must promote a trusting relationship with SASLIs in the professional environment (Napier & Banna, 2016). There are however concerns regarding the accuracy of SASLI interpreting during social work micro intervention with clients who are Deaf (Lucas, 2020). These concerns were evident from the following six quotations:

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

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

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

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

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

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

It is clear from these quotations that the participants questioned the reliability of the translations by SASLIs during communication between clients and social workers. Participants noted that clients provided short responses to longer questions, and they consequently questioned the accuracy of the

translation by SASLIs during social work micro intervention. The participants expressed uncertainty about the accuracy of translation during communication between the social workers, SASLIs and clients. One participant emphasised the importance of SASLIs qualifications and training to ensure trustworthy translations during social work micro interventions as follows:

“A person can say, yes, I am an interpreter but what are you basing that on? You need to base it on the interpreter’s qualifications and training, to trust the interpretation ...”

(Participant 1)

This finding resonates with a statement made by London, Zweigenthal & Heap (2020), who argue that simply knowing sign language does not produce a qualified, trained, and trusted SASLI in the Deaf community. SASLIs must be proficient in interpreting, language skills and ethical integrity, as discussed in chapter two (2.2.9), to ensure reliable interpreting (Bontempo et al., 2014; Singleton, Martin & Morgan, 2015). The participant however mistrusted the translations by the SASLIs as illustrated in the findings. The participants in the study had reservations about the accuracy of the narratives between them and the clients who are Deaf as discussed in the previous section. The qualifications and training of the SASLIs ensure accurate translation and a trusting professional relationship during social work micro intervention (chapter two, 2.2.9). SASLIs are not only responsible to meet the needs of the clients but they must also understand their professional duty (Kortesalo, 2015). Abou-Abdallah and Lamyman (2021) argue that SASLIs have the responsibility to ensure that they have appropriate skills for accurate and culturally sensitive translation.

Social workers have the professional duty, according to the FDT, to select SASLIs that adhere to an ethical code of conduct. Social workers must enquire about the SASLI's training, qualifications, and previous experience in social work contexts. Social workers and SASLIs have an ethical responsibility towards clients who are disabled, and in this context, Deaf. Social workers will be empowered when they ensure ethical and authentic interpreting to clients who are Deaf.

4.3.3 Main theme three: Recommendations to improve social work services to clients who are Deaf

This theme describes objective three which focused on the recommendations by social workers for social work practice when using SASLIs during micro intervention with clients who are Deaf. Social work curriculums include theoretical and fieldwork modules, underpinned by standards, to provide efficient social work micro intervention for clients (Van der Westhuizen, Gawulayo & Lukelelo, 2021). These standards focus on ongoing social work education and training to promote knowledge, skills, and social justice. This continuing development increases knowledge, values, and standards, and contributes to ethical generalist practice to support oppressed and marginalised populations (Hoefler, 2019). Professionals who are working, or intending to work, in Deaf communities must be informed about the Deaf and this will ultimately contribute to a culturally sensitive appreciation of the Deaf culture and identity (Becker, 2016). Deafness is then perceived by professionals as an element of the client's identity rather than a phenomenon from which the client 'suffers' and access to the 'hearing world' is then a human right. Social workers are mindful of the Deaf when they implement ethical practice standards and include the person who are Deaf in decisions about their needs (Webster, 2017; Dunn & Andrews, 2015). The recommendations from the participants to ensure such micro intervention practice between social workers, SASLI and clients who are Deaf included three sub-themes which are: Inclusion of SA sign language in the social work curriculum, culturally sensitive social work to clients who are Deaf, as well as ethical standards of social worker and SASLIs to enhance client's experiences. These sub-themes are discussed in the following content of the chapter.

4.3.3.1 Sub-theme 3.1: Inclusion of SA sign language in the social work curriculum

The participants recommended that Higher Educational Institutions (HEI) integrate sign language in the social work academic and practice curriculums. Social workers will then be prepared to work in Deaf communities and will function independently without SASLIs. The International Federation of

Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW) cited in Ioakimidis and Sookraj (2021) recommend sign language training in SA social work curriculums. Only two universities in SA include sign language as an education module. The University of Witwatersrand Language School has short courses in sign language and the University of Free State has a sign language qualification at the Faculty of the Humanities (Joubert, 2021). Sign language training is imperative for social workers to build relationships with clients who are Deaf (Morgan, Glaser & Magongwa, 2016). The following participants recommended the inclusion of SASLIs in social work modules.

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

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

“... learning sign language and this becoming confident to work with SASLIs...” (Participant 5)

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

The participants in the previous quotations emphasised not only the inclusion of sign language in social work curriculums but also accentuated the contribution of sign language for better communication and relationships with SASLIs, as well as clients who are Deaf. Social workers will not be subjected to the negative experiences, as discussed in theme one, or the challenges, as discussed in theme two, when they have sign language in the social work curriculums. The participants recommended the inclusion of sign language in the practice education modules to

provide basic sign language skills to future social workers. Basic sign language education is suggested by James (2016) and Gugenheimer et al. (2017). Sign language in social work modules will ensure efficient communication between social workers and clients who are Deaf, and SASLIs will therefore not be a prerequisite during social work intervention with clients who are Deaf (Dahne & Piazza, 2020).

The participants in this study also mentioned that sign language skills will enhance the self-confidence of social workers during micro intervention with SASLIs and clients who are Deaf. Sign Solution (2023) concurs with these recommendations but cautions social workers not to disregard the expertise of SASLIs. Social workers must rather apply their sign language skills to enhance their self-confidence and improve their relationships with SASLIs and clients who are Deaf.

The FDT also suggests that the social work profession advocates for the inclusion of sign language in their curriculums. This sign language education, advocacy, and collaboration will ensure social justice and equal opportunities for people who are Deaf (Badwan, 2021). Sign language must not only empower social work students to communicate with people who are Deaf but also motivate them to work in Deaf communities.

4.3.3.2 Sub-theme 3.2: Culturally sensitive social work to clients who are Deaf

Professionals who are not familiar with people who are Deaf will experience uncertainty when they communicate with them during their first meeting. Limited cultural knowledge about the Deaf community contributes to this uncertainty (Musau, 2021). Professionals can only work with clients who are Deaf when they are culturally sensitive and conscious about Deafness (Emond, Ridd, Sutherland, Allsop, Alexander & Kyle, 2015). Cultural sensitivity improves relationships and eliminates barriers during social work micro intervention. The following participants illustrated the importance of culturally sensitive social work micro intervention:

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

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

Social workers and SASLIs will understand the needs of clients who are Deaf when they know the Deaf culture. The Deaf culture has a unique language and social norms which is far removed from hearing cultures (Leigh, Andrews, Harris & Ávila, 2020). The participants argued that knowledge of the Deaf culture is a prerequisite for effective social work services to clients who are Deaf as illustrated in the following quotations:

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

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

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

Prior knowledge of Deafness eliminates practical, linguistic, cultural and relationship barriers which will result in early termination by clients who are Deaf during social work micro intervention (Barsky, 2021). Social workers and SASLIs must therefore empower themselves with the cultural knowledge about the population they serve. Social workers and SASLIs will be culturally sensitive if they acknowledge Deafness as a valued component of the client’s identity (Ahmadi, Daramadi, Asadi-Samani & Sani, 2017; Baldrige & Kulkarni, 2017; Glickman, 2019). Cultural sensitivity embraces ethical standards and contribute to better experiences by clients who are Deaf (Dunn & Andrews, 2015). These standards will ultimately contribute to better professional relationships between social workers, SASLIs and clients during social work micro intervention as discussed in the following sub-theme.

4.3.3.3 Sub-theme 3.3: Ethical standards of social workers and SASLIs to improve client's experiences

Social workers practice ethically if they maintain standards and ensure efficient services to clients who are Deaf (Beckett, Maynard & Jordan, 2017). Ethical standards are crucial for a tranquil, inclusive, and trustworthy environment with clients who are Deaf. Social workers can develop good rapport with their clients if they function in such a tranquil environment (Ward, De Brún, Beirne, Conway, Cunningham, English, Fitzsimons, Furlong, Kane, Kelly & McDonnell, 2018). The participants recommended the following ethical standards during social work micro interventions when using SASLIs:

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

(Participant 7)

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

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

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

(Participant 4)

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

The participants emphasised the participation of clients during the selection of SASLIs. Chesterman and Wagner (2014) also emphasise the participation of clients who are Deaf in the selection of male or female SASLIs. Social workers can therefore empower clients who are Deaf and, for example, women with experiences of sexual violence or gender-based violence can select female rather than

male SASLIs (Mengesha, Perz, Dune & Ussher, 2018). Social workers thus apply the clients' right to self-determination.

Social workers, consistent with the FDT, must ensure that the sign language represents the emotions, memories and dignity of the client who is Deaf (Costa, 2020). Granger and Baker (2014) also recommend role clarification and ethical transparency which are essential for disclosure of information, as well as affirmation of the goals, expectations, responsibilities, and rights during micro intervention. Clients who are Deaf have therefore clear expectations (Devlieghere & Gillingham, 2021).

The participants also recommended perseverance and uncomplicated terminology to facilitate better understanding from the client who is Deaf. Ferguson (2018) also suggests that social workers are patient and provide ample time for SASLIs to hear, comprehend, and dissect difficult social work terminology. This will avoid impulsive decisions and frustrations which will consequently result in costly mistakes and poor intervention outcomes. SASLIs require patience and the ability to dissect difficult social work terminology, for approximately three to five seconds, before they interpret the content (Englund, Dimitrova & Tiselius, 2014). SASLIs must maintain the original meaning of words/sentences but rephrase idioms, colloquialisms, and other culturally specific references according to the conventional language of the clients who are Deaf (Raanes & Berge, 2017). The clients who are Deaf will therefore comprehend the content of the social work intervention.

4.4 CHAPTER SUMMARY

The researcher presented the research findings in this chapter with the initial focus on the demographics of the participants and then the findings from the data analysis. The findings included three main themes. Theme one represents the experiences of social workers when using SASLIs during social work micro intervention; theme two focuses on the challenges when using SASLIs during social work micro intervention, and theme three encompasses the recommendations to improve social work services for clients who are Deaf. These main themes comprised nine sub-

themes which validated the research question and objectives. The researcher discussed the themes and sub-themes with the responses from the participants and accentuated the findings with relevant literature and the FDT.

The following chapter will focus on the conclusions and recommendations of this current study.



CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS OF THE STUDY

5.1 INTRODUCTION

The conclusions and recommendations chapter of the study focuses on the realisation of the research approach, the expected outcomes, and the consistency between the findings and the research goal (Zaid & Tsagem, 2022). The final chapter presents the conclusions of the findings and recommendations to practitioners in the social work profession, organisations for the Deaf, HEI, and future research. Limited studies in the SA context on social workers using the services of SASLIs during social work micro intervention with clients who are Deaf in the Cape Metropole inspired the researcher to do the study.

The aim of the current study was: *To understand the experiences of social workers using the services of South African Sign Language Interpreters during micro intervention in the Cape Metropole.*

The objectives of the research study were to:

- i. Explore and describe the experiences of social workers using SASLIs during micro intervention with clients who are Deaf.*
- ii. Explore and describe the challenges of social workers using SASLIs during micro intervention with clients who are Deaf.*
- iii. Explore and describe the recommendations by social workers for social work practice when using SASLIs during micro intervention with clients who are Deaf.*

The researcher used a qualitative research approach with explorative and descriptive research designs during the study. The data collection comprised semi-structured interviews. The researcher used the eight steps of thematic data analysis to transcribe, analyse and colour-code the data. Those resulted in the findings which encompassed three main themes and nine sub-themes. These main themes and sub-themes were substantiated and/or negated with relevant literature. The following section represents the conclusions and implications of the findings.

5.2 CONCLUSIONS ON THE FINDINGS

The researcher validated the findings of the study with existing literature. There was however limited literature and research, especially in the SA context, on social workers using the services of SASLIs, during intervention with clients who are Deaf. The researcher had to depend on literature and research from international contexts. This study was thus not only vital for social work intervention using SASLIs with clients who are Deaf but also for appropriate social work services to the Deaf community.

5.2.1 Conclusions on the Demographic Profile of the Research

The research sample included seven social workers, who were permanently employed at organisations for people who are Deaf. The work experience of the participants ranged between two to eighteen years and the sample consisted of six female and one male participants. All the participants shared their experiences when using SASLIs during social work micro intervention with clients who are Deaf. These contributions provided rich findings which could ultimately result in efficient social work micro intervention for clients who are Deaf.

5.2.2 Conclusions on the Main Themes and Sub-Themes

The researcher ascertained the following conclusions on the three main themes and nine sub-themes:

5.2.2.1 Theme one: Experiences of social workers when using SASLIs during social work micro intervention

Theme one focused on objective one which explored and described the experiences of social workers when using SASLIs, during micro intervention with clients who are Deaf. This theme resulted in the following sub-themes:

- Sub-Theme 1.1: Helplessness, uncertainty and discomfort when using SASLIs.
- Sub-Theme 1.2: Confusion with role clarification.
- Sub-Theme 1.3: Feelings of incompetence and emotional stress

It was evident from the findings that the participants experienced uncertainty and discomfort when using SASLI's during social work micro intervention. The participants experienced this discomfort because the presence of SASLIs was detrimental to confidentiality with the clients who are Deaf. The participants also experienced feelings of incompetence because their skills were unappreciated due to their inappropriate training in communicating with clients who are Deaf. They consequently questioned their ability to provide effective social work micro intervention to the Deaf community. Social workers acknowledged their limitations and mentioned that they were intimidated when they worked in this unfamiliar context, especially for the first time, with clients who are Deaf and SASLIs. It was therefore reasonable for social workers to experience feelings of helplessness, uncertainty and incompetence as illustrated in theme one.

The participants thus endorsed mandatory debriefing sessions for social workers/SASLIs. They suggested reflective practice to identify constraints and education to improve their skills and self-confidence to work with SASLIs and the Deaf community. Supervision was not included in this study, but the researcher suggests appropriate supervision by a senior social worker with appropriate experience. This will enable social workers to provide effective services to the Deaf community.

5.2.2.2 Theme two: Challenges when using SASLIs during social work micro intervention

Theme two focused on objective two of the study and described the challenges when the participants worked with SASLIs during micro social work with clients who are Deaf. This theme represented three sub-themes:

- Sub-Theme 2.1: Inability to establish client rapport when using SASLIs.
- Sub-Theme 2.2: Challenges to access adequately trained SASLIs.
- Sub-Theme 2.3: Challenges with accurate SASLI's interpretations.

The participants mentioned that it was difficult to build rapport with clients who are Deaf when they used the services of SASLIs during social work micro intervention. The duration of the interviews was also a challenge because interpreting was time-consuming, the clients only answered questions

and were eventually no longer interested in the process. Planning was a challenge especially when trained SASLIs were not accessible, and clients needed social work services without prior notice. Family members consequently interpreted, but the participants did not endorse this practice. The accuracy of interpretations by SASLIs was a notable challenge mentioned by the participants.

The participants suggested that social workers learn sign language which will enable them to work independently from SASLIs. Social workers will thus obtain a new skill, attain better rapport, and provide effective services to people who are Deaf. The researcher encourages SASLIs education on social work terminology although this was not discussed in the findings.

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

Theme three realised objective three and focused on the participants' recommendations to improve social work micro intervention when using SASLIs with clients who are Deaf. Theme three comprised of three sub-themes:

- Sub-Theme 3.1: Inclusion of SA sign language in the social work curriculum.
- Sub-Theme 3.2: Culturally sensitive social work to clients who are Deaf.
- Sub-Theme 3.3: Ethical standards of social workers and SASLI's to improve client experiences.

The participants perceived sign language training at HEI as essential for better working relationships with SASLIs and rapport with clients who are Deaf. This training must include culturally sensitive practice with clients who are Deaf. Social workers and SASLIs must apply appropriate ethical standards during social work micro intervention with the Deaf.

Theme three also emphasised sign language, cultural sensitivity, and ethical practice standards in the curriculums of social work students. Social workers are currently dependent on external educational resources or self-development to improve their skills and provide effective micro social work interventions to clients who are Deaf. Social work curriculums and HEI must recognise sign language training as a prerequisite for appropriate services to the Deaf and SASL especially, because sign language is accepted as an official SA language. The researcher also recommends that SASLIs be trained to work with social workers.

5.3 CONCLUSIONS ON THE RESEARCH QUESTION, AIM AND OBJECTIVES

The research had three objectives to attain the research goal. The researcher will discuss the conclusions and accomplishment of these objectives in the following text.

Objective one: Explore and describe the experiences of social workers using SASLIs during micro intervention with clients who are Deaf.

The researcher accomplished this objective by exploring the experiences of social workers using the services of SASLIs, during social work micro intervention with clients who are Deaf during the research process. The researcher used the research methodology in chapter three during the process. The research population consisted of social workers employed at organisations providing services to the Deaf community in the Cape Metropole. The researcher selected the sample of seven social workers and collected qualitative data during interviews to explore these experiences. The researcher consequently obtained new insights into the unknown phenomenon of social workers using SASLIs, during social work micro intervention with clients who are Deaf in the Cape Metropole. The findings of the study described these new insights in chapter four to realise objective one. It was evident that the participants had a range of experiences as described in the conclusions (5.2.2.1) and chapter four of the study.

Objective two: Explore and describe the challenges of social workers using SASLIs during micro intervention with clients who are Deaf.

The researcher realised this objective by exploring the challenges of the research participants during the research process as indicated in chapter three of this study. The researcher described these challenges in theme two which focused on social workers' challenges when using SASLIs during social work micro intervention. It was evident from the sub-themes that social workers experienced challenges to establish client rapport when using SASLIs, to access adequately trained SASLIs and with accurate SASLI's interpreting as discussed in 5.2.2.2 and chapter four of the study.

Objective three: Explore and describe recommendations by social workers for social work practice when using SASLIs during micro intervention with clients who are Deaf.

The researcher realised this objective by exploring these recommendations during the research process described in chapter three of the study. These recommendations were then described in main theme three and the subsequent sub-themes in chapter four and 5.2.2.3 of this study.

It is evident from the previous discussion that the researcher answered the research question which was: *What are the experiences of social workers using the services of SASLIs, during micro intervention in the Cape Metropole?* The researcher therefore also realised the research aim which was: *To understand the experiences of social workers using the services of South African Sign Language Interpreters during micro intervention in the Cape Metropole.*

5.4 RECOMMENDATIONS

The recommendations originated from chapter four as well as objective three of the study. The researcher recommends the following for social work practice, education, HEI, organisations providing services to people who are Deaf and future research:

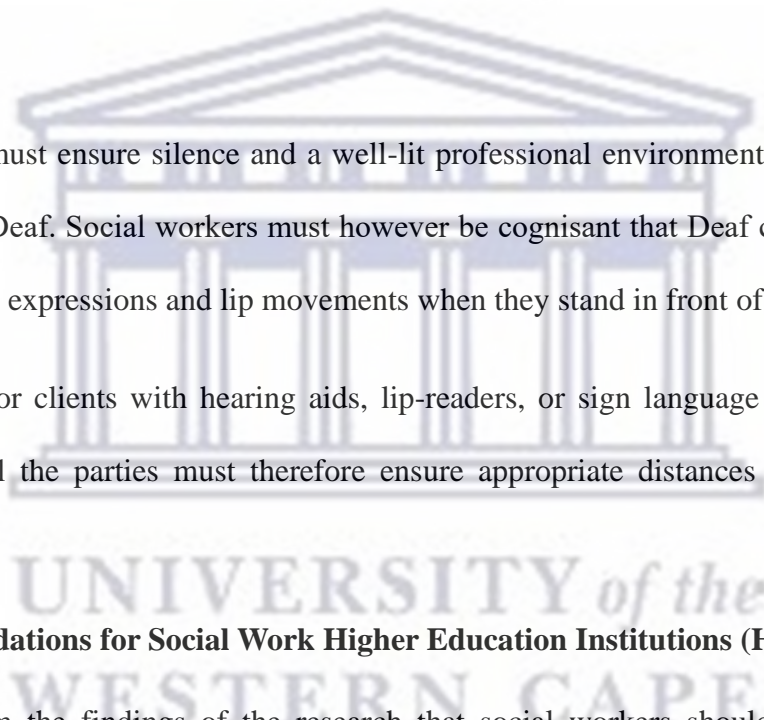
5.4.1 Recommendations for Social Work Practice and Education

- Social workers and SASLIs must develop an official contract pertaining to all relevant parties. This contract must stipulate roles, responsibilities, and confidentiality. All the relevant parties must understand and agree on the terms and conditions and then sign the contract.
- Social workers and SASLIs must prepare before the social work micro intervention sessions and clarify their roles, functions, and ethical boundaries.
- Social workers and SASLIs must have sessions to reflect on the quality of social work services provided to clients who are Deaf. They must also have debriefing sessions focusing on standards of practice, ethical or other pertinent issues that may affect the quality of social work services and/or clients who are Deaf.

- Social workers must reflect continuously and acknowledge areas for personal and professional development and training, specifically with regards to people who are Deaf, working with SASLIs and sign language. This will empower them, enhance their self-confidence, competence, and inspire them for continuous development through training, reading, research.
- Social workers must ensure that social work micro intervention sessions with SASLIs are not longer than 40-60 minutes because interpreting is time consuming. This will depend on the client's level of understanding and prevent exhaustion and distractions of SASLIs and clients.
- Clients must participate in the selection of appropriate SASLIs prior to social work micro intervention sessions.
- Social workers must study SASL to ensure that they can communicate with their clients if SASLIs are not available.
- Social workers could use Video Remote Interpreting (VRI) sessions with sufficiently trained SASLIs when appropriate for the specific clients. The social worker and client could therefore communicate via real-time audio and video conversations. This will be dependent on the client's socio-economic situation.
- Social workers must consult with the Deaf community for recommendations if there is any ambiguity about accredited SASLIs.
- Social workers must attend appropriate supervision sessions to evaluate the micro intervention sessions. These supervision sessions must focus on the standards, the client's right to self-determination, and ethical transparency.
- The social worker must also ensure that the clients are comfortable and that their practice is inclusive by using appropriate social work terminology with clients who are Deaf.

The researcher also recommends the following for social workers based on practice experience and literature reviews not contained within the study:

- Social workers must be trained in sign language, finger spelling and lip-reading skills before working at organisations for the Deaf. This will ensure they are prepared and competent to communicate and provide appropriate social work services to clients who are Deaf.
- Social workers must ensure attentiveness from the client by tapping appropriately on their shoulder or waving their hands in the client's visual field.
- Social workers must be in the person's visual field, ensure eye contact, use short sentences, and rephrase misinterpreted ethical and important facts during communication in the Deaf community.
- Social workers must ensure silence and a well-lit professional environment when working with clients who are Deaf. Social workers must however be cognisant that Deaf clients won't be able to see their facial expressions and lip movements when they stand in front of a bright light.
- It is important for clients with hearing aids, lip-readers, or sign language to see and hear the conversation. All the parties must therefore ensure appropriate distances and rotation during talking.



5.4.2 Recommendations for Social Work Higher Education Institutions (HEI)

It was evident from the findings of the research that social workers should be trained in sign language. This will contribute to culturally sensitive practice and appropriate ethical practice standards to improve social work services to clients who are Deaf. The following recommendations are suggested:

- The Bachelor of Social Work curriculums should include sign language training in their theory and practice modules. An anti-oppressive and anti-discriminatory theoretical focus is essential in the training of social workers. The training should also include the role and use of SASLIs as well as ethical considerations during social work intervention with the Deaf culture.

- Communication modules must include SASL during practice and lectures by a person who is Deaf is recommended especially because sign language is currently acknowledged as an additional SA language.
- Social Work HEI should ensure that students are familiar with the Deaf culture and thus provide opportunities for practice education at organisations for the Deaf. Students will subsequently develop skills to work with the Deaf and SASLIs, understand Deaf contexts and develop ethical professional relationships in such contexts.

5.4.3 Recommendations for Organisations Providing Services to Clients who are Deaf

- Organisations for the Deaf can provide accredited SASL teaching in social work terminology to various stakeholders, including social workers. This training opportunities could contribute to continues development points (CPD) for social workers and other professionals.
- Organisations for the Deaf should ensure accreditation, and ethical prerequisites, for all SASLIs. This will contribute to honourable services for people who are Deaf.
- Social work contexts must design standardised ethical codes for social work when they use SASLIs during micro and other interventions.
- Organisations for the Deaf should implement a policy for continuous development training on sign language. This will ensure annual training for all the social workers which include all the most recent developments in signing cues and dialects.
- Sign language training for CPD could contribute to effective development and reflective practice of social workers providing services for people who are Deaf.

5.4.4 Recommendations for Future Research

It was evident from this study that there are limited research and literature on social work using the services of SASLIs when providing services to people who are Deaf. The researcher therefore recommends the following:

- Research on the experiences of SASLIs when interpreting for social workers during social work interventions. This can be done by social workers.
- Research on the experiences of clients who are Deaf regarding social work services. This can include the accessibility of social work services.
- Research by social workers on the experiences of clients who are Deaf when using SASLIs during social work intervention.
- Research on the culturally and linguistic competency of social workers working with SASL and the Deaf community.
- Research on best practice and/or limitations in social work services to people who are Deaf. This will consequently contribute to more appropriate and effective services to the Deaf community.

5.5 LIMITATIONS OF THE STUDY

The researcher evaluated the research process and findings and identifies the following limitations of the study:

- This research study used a qualitative research approach and focused on organisations for the Deaf in the Cape Metropole. The findings, therefore, cannot be generalised to other contexts for the Deaf in SA.
- The sample size and population of the study was small due to the limited social workers and only four organisations providing services for the Deaf in the Cape Metropole.

- The researcher had to adjust planning and data collection because the research was done during the COVID-19 pandemic. The researcher had to rely on Zoom for online interviews due to COVID-19 regulations and availability of the participants in the study.

5.6 CHAPTER SUMMARY

The researcher focused in this chapter on the realisation of the research aim and objectives of the study.

The chapter provided conclusions regarding the research objectives and findings. This consequently represented the experiences of social workers when using SASLIs during micro intervention with clients who are Deaf. The researcher also provided recommendations for social work practice and education, for social work training at HEI, organisations providing services to clients who are Deaf and for future research.

5.7 FINAL CONCLUSION OF THE STUDY

The researcher completed the aim and objectives of the study by using a qualitative research approach with explorative and descriptive research designs. It was evident from the findings of the research that social workers have experienced various challenges which could be detrimental for effective and appropriate social work micro intervention with clients who are Deaf. It is imperative to address these challenges to provide effective and appropriate services to the Deaf community. Social workers and SASLIs, which are directly involved in these services, should not take sole responsibility for this but social work training institutions, organisations that provide services to the Deaf and future research must also contribute to changes for effective and appropriate services to people who are Deaf.

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APPENDICES

APPENDIX A: INFORMATION SHEET

Appendix A



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2821

INFORMATION SHEET

Project Title: The experience of Social Workers using the services of a Sign Language Interpreter, during micro-interventions in the Cape Metropole.

What is this study about?

This is a research project being conducted by Mr. Peter Koeras at the University of the Western Cape. We are inviting you to participate in this research project because you have experience in working with sign language interpreters during micro-interventions for the deaf. The purpose of this research is to obtain the experiences of social workers using the services of sign language interpreters, during micro-interventions for the deaf.

What will I be asked to do if I agree to participate?

You will be asked to share your experience/s, challenges as well as your understanding about the research topic. The session will take approximately 45-60 minutes.

Would my participation in this study be kept confidential?

The researcher undertakes to protect your identity and the nature of your contribution at all times. To ensure your anonymity during the research process, you will get a number and will be at all times referred to as the number provided to you. Your name or surname will not be used during the research. All data collected during the research process will be locked in a cabinet where only the researcher has access to. The data stored on a computer will only be used by the researcher self, and only the researcher will have the password to access the data. Your identity will be protected at all times. In accordance with legal requirements and/or professional standards, information will be disclosed to the appropriate individuals and/or authorities if information comes to our attention that are of concern and might be harmful to you or others. In an event like this, you will be informed that we have to break confidentiality in order to fulfil our legal responsibility to report to the designated authorities.

What are the risks of this research?

There may be some risks from participating in this research study. You will give information which might contribute to you being emotional or which might influence the way you perceive these things. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in

Appendix A

this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention. Service delivery to you, I will not be influenced by the participation in the research.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about your experiences and challenge faced when using the services of sign language interpreters during micro-interventions to the deaf. We hope that, in the future, other people might benefit from this study through improved understanding of the experiences of social workers when using the services of sign language interpreters, during micro-interventions to the deaf.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time with no questions asked. Terminating your participation at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by Mr. Peter Koeras from the Social Work Department at the University of the Western Cape. If you have any questions about the research study itself, please contact Mr. Koeras cellphone 0749319555 or at 3604969@myuwc.ac.za. Should there be any questions regarding this study and your rights as a research participant or wishes to report any problems you experienced related to this study, please contact:

Head of Department:

Dr. M. Londt
Social Work Department
Tel: (021) 959 2277
mlondt@uwc.ac.za

Dean of the Faculty of Community and Health Sciences:

Prof Anthea Rhoda
University of the Western Cape
Private Bag X17
Bellville 7535
chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

APPENDIX B: CONSENT FORM

Appendix B



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Tel: +27 21-959 2821

Consent Form

Title of research project: The experience of Social Workers using the services of a Sign Language Interpreter, during micro-interventions in the Cape Metropole.

The study has been described to me in a language that I understand and I volunteer to participate in this study. I fully understand the information sheet and my questions about the study has been answered. I understand that my identity will not be disclosed to anyone. I understand that I might withdraw from the study at any time without providing a reason and without fear or negative consequences or loss of benefits.

For this research project an audio recording will be made during the course of the interview. Audio recordings will be kept in a safe area at all times. After the transcription of data, the audio recordings will be deleted.

I agree to be audio-taped during my participation in this study.

I do not agree to be audio-taped during my participation in this study

Participant's name:

Participants signature:

Date:

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APPENDIX C: ETHICAL CERTIFICATE



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20 October 2020

Mr PFJ Koeras
Social Work
Faculty of Community and Health Sciences

Ethics Reference Number: HS20/8/16

Project Title: The experiences of social worker when using the services of a South African sign language interpreter, during micro-interventions in the Cape metropole.

Approval Period: 20 October 2020 – 20 October 2023

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report by 30 November each year for the duration of the project.

The permission to conduct the study must be submitted to HSSREC for record keeping purposes.

The Committee must be informed of any serious adverse event and/or termination of the study.

*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

NHREC Registration Number: HSSREC-130416-049

Director: Research Development
University of the Western Cape
Private Bag X 17
Bellville 7535
Republic of South Africa
Tel: +27 21 959 4111
Email: research-ethics@uwc.ac.za

FROM HOPE TO ACTION THROUGH KNOWLEDGE.

APPENDIX D: PERMISSION REQUEST LETTER

Appendix D



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Private Bag X 17, Bellville 7535, South Africa

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Permission Request

Date: 8 March 2022

Title of Research Project: THE EXPERIENCES OF SOCIAL WORKERS
WHEN USING THE SERVICES OF A SOUTH AFRICAN SIGN
LANGUAGE INTERPRETER DURING MICRO-INTERVENTIONS IN THE
CAPE METROPOLE.

To: Provincial Director/Directors

My name is Peter Koeras, (student number: 3604969), and I am a registered Masters student in the Department of Social Work at the University of the Western Cape. I have been granted permission from the Humanities and Social Sciences Research Ethics Committee to conduct my research study.

I hereby request permission to be allowed to interview the social workers, who has experience in working with sign language interpreters, during micro-interventions with deaf clients at the organisation. The purpose of the research will be shared with the respective social workers, as well as what their voluntary participation will entail.

I trust that you will grant my request your favourable consideration, and I look forward to a positive response.

Kind regards,

Mr. Peter Koeras (B. Social Work)

Masters (Social Work) Candidate
Faculty of Community Health Sciences
Department of Social Work
University of the Western Cape
Cell: 074 9319 555
Email: 3604969@myuwc.ac.za

Ms. R.S. Davids (Supervisor)
Faculty of Community Health Sciences
Department of Social Work
University of the Western Cape
Tell: 021 9592012/
Email: rsdavids@uwc.ac.za

APPENDIX E: INTERVIEW SCHEDULE

Appendix E



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INTERVIEW SCHEDULE

All information will be treated confidentially. The following information obtains statistical data about the characteristics of a population, such as age, gender, area of employment and ethnicity.

Section A: Demographic information

- Participant's age:
- Participant's area of employment:
- Participant's ethnicity:
- Participant's employment status:
- Participant's years of employment:

Section B:

Research Questions

1. Can you describe your experiences when using a sign language interpreter during Social Work micro-intervention with your clients who are Deaf?
2. What procedures do you follow when choosing an appropriate SASLI for your micro-interventions with clients who are deaf?

Prompt: In your understanding, what is the role of a social worker and the SASLI during deafness micro-interventions?

3. What do you think are the challenges social workers experience, while working with sign language interpreters during micro-interventions?

Prompt: Do you think these challenges have an impact on the deaf client's intervention processes / development? Please explain

4. Describe how you tried to deal with the mentioned challenges (how did you cope)?

Prompt: What is the ethical procedure should sign language interpreter follow during micro intervention to clients who are deaf?

5. What recommendations can be made for social work practice concerning the use of SASLI, during micro-intervention in organisations for the deaf?

Prompt: What recommendations would be appropriate to minimise these challenges.

‘Thank you for your time and willingness to answer the questions’.



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APPENDIX F: MEMBER CHECKING FORM

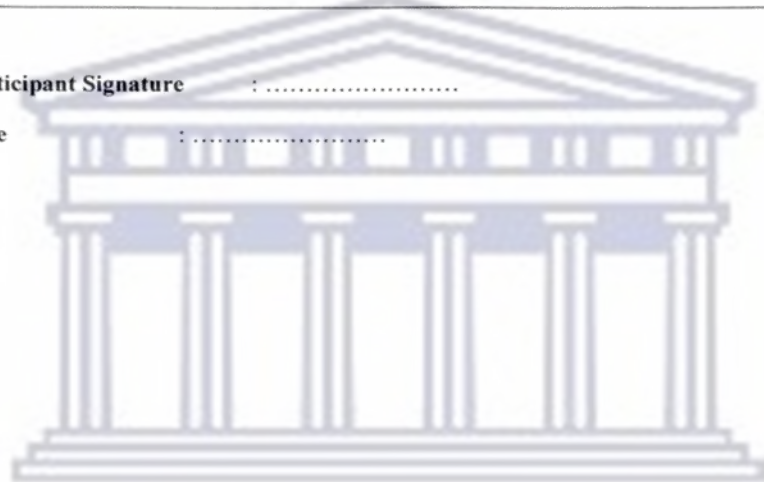
PLEASE COMPLETE THE FOLLOWING AND EMAIL THIS PAGE BACK TO ME.

[Tick the relevant box.]

Research Participant	
I hereby CONFIRM and ENDORSE (that is I confirm / agree that the themes, sub-themes and categories are largely characteristic of the narratives I have provided to the researcher)	
I hereby NEGATE OR CONTRADICT (there is little or no similarity or correlation with the narratives I have provided to the researcher)	

Participant Signature :

Date :



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APPENDIX G: REFLEXIVITY

Albeit social work is a female dominated profession, I was the first member of my family who graduated as a social worker at a university and amongst a minority of male graduates. I have been a registered social worker since January 2020, and I have invested myself in the field of substance abuse, mainly due to experiences gained in the community I grew up in. I learnt the importance of incorporating ethics, linking theory with practice, and working toward the best interest of clients, by using different intervention levels. Somehow, I felt a void in my practice skills and knowledge base and due to having family members who experience disability, I always felt a sense of inadequacy and often wondered how effectively I can contribute to social work services directed to the Deaf. As such, after a few conversations with my then fieldwork lecturer (who became my research supervisor), I was inspired to further my studies in the field of Deafness.

Experiences that emerged whilst conducting this research study:

The origin of this study lies in high ambition, motivation, and the desire to be the change I wanted to see in social work service delivery to the Deaf. This ambition, motivation and desire was further fuelled when I realised my limitation in skills and understanding to work with the Deaf, which led to me constantly asking myself what I would do if a client who is Deaf enters my office. However, I soon became aware that my ambitions, motivations, and desire solely were not enough. Thus, this study was proposed which was based on the experiences of social workers using the services of SASLIs, during social work micro interventions to clients who are Deaf. During the study I was challenged with writing this thesis, especially finding resources which was scarce, due to limited studies conducted on the topic. Somehow, I found myself regretting ever committing to this process. This feeling further increased due to the SA National COVID-19 pandemic regulations which was a hinderance because I could not enter the research field, and I had to apply for ethics again for online data collection methods, which ultimately fuelled a sense of frustration. This in turn, alongside my demotivated feeling toward my writing ability and various personal situations, limited me to do

what I expected of myself, and often brought me to a complete halt, often for months on end. Fortunately, I was always surrounded by people who believed in my abilities, and who have undertaken the process of post graduate research which assisted me to get out of my slump. At the inception of my data collection, I was not fully aware of the importance of social work /SASLIs collaborative services to clients who are Deaf. I had this preconception that social workers only need to learn SASL to assist the Deaf, and therefore should eradicate the services of SASLIs due to social work ethics. This predetermine idea was challenged by my supervisor where she constantly reminded me of the importance of taking a subjective approach, to eliminate objectivity in order not to be biased, toward the human right of clients who are Deaf. Therefore, the importance of having SASLIs present in social work micro interventions and SASLIs services was evident. In hindsight, there are a lot that I would change if I were to embark on another research journey like this. Besides learning about time management and research writing structure, I have also learnt the importance of building emotional resilience, which taught me the ability to manage challenging research situations in a way that prevents it from negatively affecting my wellbeing and progression. Most importantly, I have learnt to be prepared and constantly mindful of my emotional state, in order not to interject my judgment abilities, open-mindedness, or objectivity toward my research data. As such, prospectively I would incorporate evaluation questions at the end of each research interview, to regulate my subjective research approach and to identify areas for improvement. This will give me the strength, guidance, and confidence not to allow the research and/or personal adversities to affect the way I would approach a research setting going forward. Finally, after the completion of this study, my desire to improve social work micro intervention strategies with clients who are Deaf has been renewed. This was due to my improved understanding of the importance of non-discriminative and/or non-oppressive and collaborative social work/SASLIs micro intervention services rendered to clients who are Deaf. Therefore, I trust that this study will have a positive contribution to the selected field in the social work profession.

APPENDIX H: EDITING CONFIRMATION

DR. A. BEYTELL

THESIS EDITING

I hereby declare that I have edited the thesis of: Mr. Peter F.J. Koeras (Student Nr: 3604969) from the Social Work Department, University of the Western Cape for the MSW (master's in social work) degree.

Title: *The experiences of social workers using the services of South African sign language interpreters during micro intervention in the Cape Metropole.*

A Beytell

Dr. A. Beytell

Date: 30th May 2024

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APPENDIX I: TURN-IT-IN REPORT

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