NIEC

NATIONAL INTERPRETER EDUCATION CENTER

Report on the National Needs Assessment Initiative

NEW CHALLENGES – NEEDED CHANGES

Prepared for the Rehabilitation Services Administration by:

Trudy Schafer, MPA. MIP, Center Director
Dennis Cokely, Ph.D., Principal Investigator
National Interpreter Education Center at
Northeastern University

Boston, Massachusetts
March 2016

The National Consortium centers are funded from 2010 – 2016 by the U.S. Department of Education Rehabilitation Services Administration, CFDA 84.160A and 84.160B, Training of Interpreters for Individuals Who Are Deaf or Hard of Hearing and Individuals Who Are Deaf-Blind.

The contents of this report were developed under a grant from the Department of Education. However, those contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government.

Foreword

Through grants awarded by the U.S. Department of Education Rehabilitation Services Administration (RSA), the National Interpreter Education Center (NIEC) and five Regional Interpreter Education Centers (RIEC) work collaboratively to increase the number and availability of qualified interpreters nationwide. The collaborative is widely known in the field as the National Consortium of Interpreter Education Centers (NCIEC).

A funded requirement of the federal grant program is to conduct ongoing activities to assess the communication needs of d/Deaf individuals, and then use that information as the basis for developing interpreter education priorities and strategies. This report is based on the information and input that has been gathered through structured needs assessment activities that have been carried out over the course of the current grant and the previous grant cycle.

Acknowledgments

The National Interpreter Education Center gratefully acknowledges all who took the time for thoughtful engagement in the interviews, focus groups, and surveys conducted over the course of the needs assessment effort. Without their active participation, this report would not have been possible.

We are grateful, too, for the contributions of National Consortium of Interpreter Education Center colleagues: Pauline Annarino, Diana Doucette, Madeleine Eames, Beverly Hollrah, Richard Laurion, and Anna Witter-Merithew.

We also wish to thank our consultant, Karen Dahms, for her indispensable assistance.

Table of Contents

Executive Summary

The National Interpreter Education Center (NIEC) at Northeastern University is funded through the **Training of Interpreters for Individuals who are Deaf or Hard of Hearing and Individuals who are Deafblind** grant program of the U.S. Department of Education, Rehabilitation Services Administration (RSA). The National Center collaborates with five Regional Interpreter Education Centers to maximize expertise, leadership, and fiscal resources toward the shared goal of enhancing interpreter education and improving communication access for individuals who are d/Deaf[1]. A funded requirement of the federal grant program is to conduct ongoing activities to assess the communication needs of d/Deaf individuals, and then use that information as the basis for developing interpreter education priorities and strategies. This report is based on the information and input that has been gathered through structured needs assessment activities that have been carried out over the course of the current grant and the previous grant cycle. A listing and brief description of the NIEC needs assessments carried out to date is included as Appendix A. An electronic link to any reports or survey results developed from those efforts is available through that listing.

The national needs assessment initiative began in October 2006, early in the first year of the previous grant. The first two assessments launched were designed to collect input from d/Deaf individuals and interpreter practitioners respectively. Soon after, other national surveys and were developed and carried out to gather input from interpreter education programs (IEPs), interpreter educators, interpreter referral agencies, state vocational rehabilitation (VR) agencies, and service providers. Over time, the needs assessment effort became more focused. Survey instruments were refined and survey software capabilities became more advanced. Today, a decade of NIEC needs assessment data is available, beginning with the input collected from those first early efforts. Increasingly, this information is collected through survey software platforms that allow for easy and accurate analysis of the data to identify trends and calculate statistics.

This report is organized in four primary sections. Section I focuses on the d/Deaf community. Its purpose is to create a baseline of information describing the community today, and assess the changes and trends already underway within the population. Section II of the report addresses the current interpreting workforce and provides important insight regarding demographics, work patterns, education and pay. It provides a starting point for comparing d/Deaf individual needs and interpreter capabilities and characteristics. Section III assesses the array of settings in which interpreting services are delivered and takes into account perspectives of d/Deaf individuals, interpreters, interpreter referral agencies and other service providers. The final section, Section IV, broadly describes the challenges and priorities facing interpreters and interpreter education programs and providers. It points to changes that are needed to align interpreter education and training with the current and emerging communication needs of d/Deaf individuals.

This report is intended to establish a cross-cutting comparison and analysis of stakeholder input. However, it is important to note that the individual surveys and other data collection methods used throughout the nationals needs assessment effort were not specifically intended to elicit

[1] The lower case word 'deaf' generally refers to the condition of deafness. The term 'deaf' is generally used here to refer to 'deaf, hard of hearing, and DeafBlind' unless more specific terms are required. The upper case 'Deaf' refers to individuals who are ASL users and are culturally Deaf. The word 'd/Deaf' includes both 'deaf' and 'Deaf' people.

comparable results, although broad comparisons can be made. In each needs assessment effort, the unique characteristics of the particular target stakeholder group drove survey design. In addition, each individual needs assessment was in-depth and national in scope; it would be impossible to compare all aspects of the information collected through those individual efforts in a single report. Therefore, the reader is encouraged to explore the needs assessment surveys and reports from which this report draws its information. It should also be noted that the survey software used in the needs assessment effort allowed for cross-comparison and filtering of various data elements. Because of this feature, the NIEC was able to compare and analyze the data collected from those individual efforts to draw many of the broad conclusions and generalizations presented in this report. However, the individual reports and surveys identified in Appendix A are posted as PDF files, and the reader will not have the same ability to filter and compare information within and across studies.

Section I

The Deaf Community: A New Profile

Section I: The Deaf Community – A New Profile

The NIEC needs assessments offer a vivid snapshot of many changes occurring within the d/Deaf community. Information collected through those efforts point to new and complex communication challenges for interpreters, ranging from services to d/Deaf individuals with idiosyncratic and dysfluent language, to services to d/Deaf individuals that are proficient in ASL and English and require services in highly specialized academic and employment settings. The assessments also establish that interpreters are increasingly providing services to newly emerging segments of the d/Deaf population, including individuals from diverse ethnic backgrounds, individuals using cochlear implants, and individuals coming from a mainstream education experience. Understanding the changing characteristics of the population is a critical first step in developing predictions about the d/Deaf individuals interpreters will provide services to in the future. It also provides a framework for building an interpreting workforce that is reflective of the population it serves and equipped to meet a variety of diverse communication needs.

Cultural and Linguistic Diversity

As the multi-cultural aspect of the nation's general population has grown, so has diversity and ethnicity within the d/Deaf population. d/Deaf individuals from diverse minority and immigrant groups have multifaceted communication needs that can relate to culture, language, family structure, socio-economic background and refugee experience. They often have underdeveloped language, limited or no English or ASL, and may rely on foreign signed or spoken language. Increasingly, these individuals demonstrate idiosyncratic/dysfluent language use. They often do not have access to important information and resources related to their rights and available services, and typically have limited ability to self-advocate.

The 2008 Phase I and Phase II Deaf Consumer Surveys collected information regarding ethnicity, using U.S. Census demographic categories to query d/Deaf respondents regarding their ethnic background.

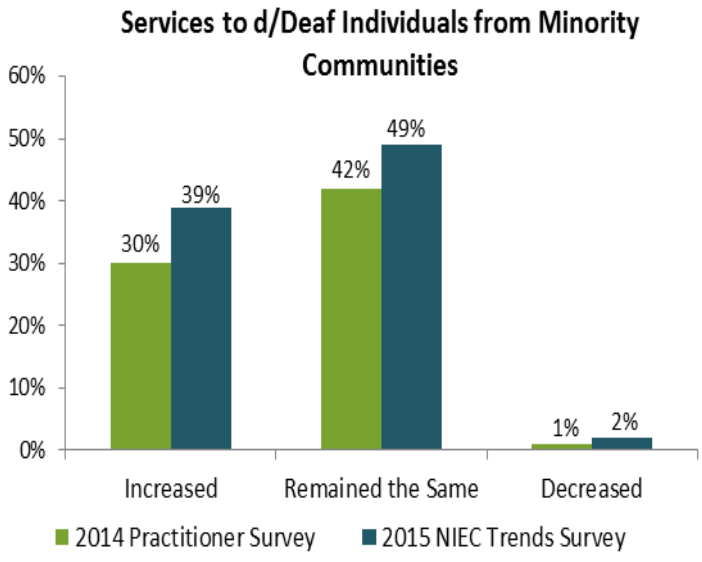
Deaf Consumer Survey Respondent Ethnic or Racial Background
Table 1

Race/Ethnicity	2008 Phase I Deaf Consumer Survey		2008 Phase II Deaf Consumer Survey	
	# Responses	% Respondents	# Responses	% Respondents
White/Caucasian	1,035	83%	28	46%
Latino/Hispanic	56	4%	11	18%
Native American/American Indian/Alaska Native	33	3%	0	0%
African-American/Black	30	2%	13	21%
Asian American	18	2%	3	5%
Pacific Islander	3	0%	0	0%
Prefer not to answer	51	4%	0	0%
Other, please specify	13	1%	6	10%
No response	11	1%	0	0%
Total	**1,250**	**100%**	**61**	**100%**

With regard to the reported data, it is important to note that the Phase I survey instrument was disseminated to NAD membership. That sample pool demonstrates very limited ethnic diversity; respondents were clearly more reflective of the NAD membership than of the overall d/Deaf population. The Phase II Deaf Consumer Survey was specifically designed to ensure participation by individuals that would not typically be a member of NAD, and to include input of individuals from diverse ethnic backgrounds. In that survey, 46% of respondents identified as "White/Caucasian." Another 21% of respondents identified as "African-American/Black," and 18% as "Latino/Hispanic." The difference in demographics between the two survey groups illustrates the importance of developing needs assessment strategies that reach **all** segments of the d/Deaf population.

The 2015 Deaf Community Survey, still in progress at the time of this report, is planned for dissemination to organizations of Black/African American, Latino, and Asian d/Deaf. However, in the preliminary data collected, 84% of respondents identified as "White/Caucasian." Interestingly, the second highest selection category was "Mixed Race/option not provided," which 7% of respondents selected. This raises the issue that traditional ethnic categories may no longer suffice in accurately capturing information related to diversity.

While increased ethnic diversity within the d/Deaf population was not evident in the Phase I Deaf Consumer Survey or preliminary findings of the 2014 Deaf Community Survey, it is apparent in other needs assessments. In the 2007 Practitioner Survey, 83% of respondents reported they work with d/Deaf individuals from diverse cultural backgrounds, and 68% reported a need for third language fluency. In the more recent 2014 Practitioner Survey, 30% of respondents reported they had observed an increase in the number of d/Deaf individuals from an ethnic minority group over the previous five years. While on the surface this percentage may not seem significant, it should be noted that growth trends among minority populations date back more than five years. With that in consideration, it is noteworthy that 42% of respondents reported growth of diverse populations has remained the same.



Increased ethnic diversity within the d/Deaf population is further substantiated in the 2015 NIEC Trends Survey findings. In that survey, 39% of service providers reported serving increased numbers of d/Deaf individuals from minority backgrounds, and 49% of respondents reported growth has remained the same. In addition, 66% of respondents reported an increase in the number of d/Deaf individuals from a household with a foreign spoken language, and 35% of respondents reported an increase in the number of d/Deaf individuals using a foreign signed language.

Growth of the Hispanic population over the past several decades in particular has been dramatic. U.S. Census data for 2010 revealed that one in six Americans was Hispanic, up from one in sixteen reported for 1980. In the 2014 Practitioner Survey, 47% of respondents reported that Spanish was the most common spoken language used by d/Deaf immigrants or refugees (or their families), in their area. Until fairly recently, Hispanic immigrants were the fastest growing segment of the nation's minority population. Today however, Asian immigration has surpassed Hispanic. According to a 2013 study by the Pew Research Center, in 2007 approximately 540,000 of new immigrants were Hispanic, compared to 390,000 who were Asian. In 2010, just three years later, a major shift was already underway: 430,000 new U.S. immigrants were Asian (36%), compared to 370,000 who were Hispanic (31%). The Asian population has many discrete segments: individuals can come from China, the Philippines, India, Vietnam, Korea, or Japan. Each segment carries with it unique cultural and linguistic challenges.

The number of d/Deaf individuals from immigrant/refugee communities is also increasing. In the 2014 Practitioner Survey, 33% of respondents reported an increase in the number of d/Deaf individuals from refugee/immigrant populations; 51% of respondents in the 2015 NIEC Trends Survey also reported an increase.

Deaf Plus

In a national profile of students in the Special Education Elementary Longitudinal Study (also known as SEELS), about half of parents of students with hearing loss indicated that their child had an additional disability (Blackorby & Knokey, 2006). The NIEC needs assessments also point to an increased number of 'Deaf Plus' individuals. The term is used to describe an individual who is d/Deaf or hard of hearing in addition to having other medical, physical, emotional, cognitive, educational, or social challenges. Whether temporary or chronic, such conditions can impact the individual's ability to communicate, expressively and receptively. Deaf Plus individuals often have idiosyncratic and dysfluent language, and may use alternative modes of expression and reception. Their communication needs are complex and unique and pose many challenges for interpreters who do not have superior proficiency in ASL, or a ready arsenal of communication strategies.

In the 2014 Practitioner Survey, 39% of respondents reported an increase in the number of Deaf Plus individuals served over the previous five years. In the 2015 NIEC Trends Survey, 63% of respondents also reported an increase in the number of individuals served that could be considered Deaf Plus. In that survey, cognitive disabilities, mental health disorders, and Autism Spectrum Disorders were the three most frequently reported conditions, although vision loss, mobility related issues, and substance abuse disorders were also reported.

Trained interpreters who are themselves Deaf have proven to be very adept at reaching and getting at meaning with individuals who are Deaf Plus through a wide variety of targeted communication strategies and interventions. However, there is shortage of these personnel in the current interpreting workforce. This shortage is discussed further in Section II.

Cochlear Implant Use

The current population of infants and children who are d/Deaf is the youngest to be implanted. While some may have success with the device, others will not, and they may not be offered sign language until they enter school, when it is often too late to develop full, native abilities in any language. These children may also use dysfluent or idiosyncratic language, and are yet another segment of the population that might benefit from the services of a Deaf interpreter. As the next ten years unfold and this generation reaches adulthood, it is probable they will present an array of unfamiliar communication challenges for interpreters. For d/Deaf and deaf-blind adults who elect to get a cochlear implant, new interpreting needs are also arising as those individuals try to integrate auditory cues provided by the device with signed interpretation.

In the 2008 Phase I and Phase II Deaf Consumer surveys, respondents were asked to identify themselves as either: Deaf, Hard of hearing, Deaf-blind, or having a Cochlear Implant.

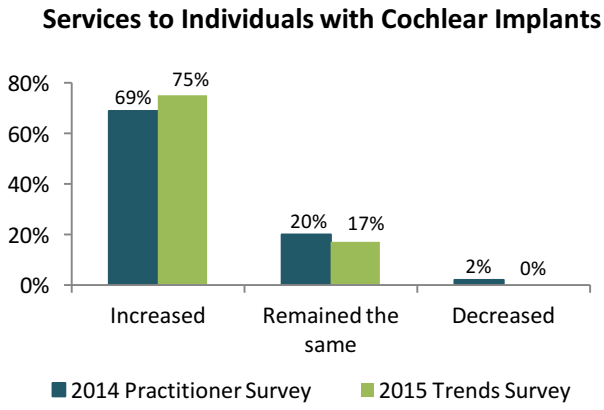
Deaf Consumer Survey Respondent Self-Identification
Table 2

Consumer Self-Identification	Phase I Deaf Consumer Survey		Phase II Deaf Consumer Survey	
	# of Responses	% of Respondents	# of Responses	% of Respondents
Deaf	1036	83%	56	91%
Hard of Hearing	121	10%	4	7%
Deaf-blind	20	2%	0	0%
Cochlear Implant	2	0%	0	0%
Other	3	0%	0	0%
No response	68	5%	1	2%
Total	**1,250**	**100%**	**61**	**100%**

Because the surveys were focused on obtaining input from d/Deaf individuals, it was expected that the majority of respondents would identify as "Deaf." However, it is surprising that only two Phase I survey respondents reported they used a cochlear implant; no respondents in the Phase II survey reported cochlear implant use. One factor contributing to the low number of individuals reporting using a cochlear implant may relate to the age of the survey respondents. Participation in all NIEC needs assessment surveys was restricted to individuals 18 years of age or older. Although d/Deaf adults may opt to be implanted, today cochlear implant use is most prevalent among the population of d/Deaf children, the current generation of which is not reflected in the survey results. Another factor may relate to the age of the data: cochlear implant use is increasing each year, and the 2008 survey data was seven years old at the time of this report.

Although the 2015 Deaf Consumer survey only offers preliminary results at this time, it does indicate that cochlear implant use is on the rise, including among individuals 18 or older that might participate in NIEC surveys. In the 2015 survey, of the 98 responses collected at the time this report was prepared, eight respondents reported using a cochlear implant. Of those individuals, seven were implanted after age 20.

Other NIEC needs assessments also provide evidence of increasing cochlear implant use among d/Deaf individuals. In the Practitioner Survey, 69% of practitioner respondents reported observing an increase in the number of individuals using a cochlear implant. In the 2015 Trends Survey, 75% of service provider respondents also reported an increase in cochlear implant use among the d/Deaf individuals they serve.



Communication Needs

In the 2008 Phase I and Phase II Deaf Consumer Surveys, respondents were asked to identify their primary means of communication.

Phase I and Phase II Deaf Consumer Survey - Primary Means of Communication
Table 3

Means of Communication	2008 Phase I Deaf Consumer Survey		2008 Phase II Deaf Consumer Survey	
	# of Responses	% of Respondents	# of Responses	% of Respondents
ASL	883	71%	54	89%
Signed English	84	7%	0	0%
Cued Speech	80	7%	0	0%
Oral	42	3%	0	0%
Contact signing (PSE/Pidgin)	27	2%	0	0%
Total Communications	9	0%	0	0%
Tactile ASL	2	0%	0	0%
Tactile Signed English	3	0%	0	0%
Finger spelling	3	0%	0	0%
Writing	2	0%	0	0%
Other	102	8%	6	11%
No response	13	1%	0	0%
Total	**1,250**	**100%**	**61**	**100%**

The majority of the Phase I respondents, or 71%, reported they used "ASL" as their primary means of communication. The next highest response options were "Signed English" and "Cued Speech," each selected by 7% of respondents. Of the Phase II respondents, 89% reported they used "ASL" as their primary means of communication.

The 2007 Practitioner Survey collected information about the primary interpreting languages and systems that practitioners use, which in turn, provides insight into communication preferences of the d/Deaf individuals they serve.

2007 Practitioner Survey Respondents – Primary Language/System Used Table 4						
% of Time Language Used	**0%**	**1-10%**	**11-25%**	**26-50%**	**51-75%**	**76-100%**
ASL/spoken English	4%	4%	6%	15%	14%	56%
Other signed language/English	63%	6%	8%	11%	7%	5%
ASL/other spoken language	92%	4%	2%	1%	1%	0%
Other language combinations	93%	3%	2%	1%	0%	1%
Signed/Spoken English Transliteration	8%	5%	6%	9%	9%	63%
Oral Transliteration	82%	11%	3%	2%	1%	0%
Cued Transliteration	99%	1%	0%	0%	0%	0%
Other Language Transliteration	94%	2%	1%	1%	0%	1%

In the 2007 survey, "ASL/Spoken English" was the most prevalent interpreting language in use, with 70% of respondents using that language more than 50% of the time. The second most used language was "Other signed language/English," with 37% of respondents using that language at least some percentage of time. It is interesting to assess the '0' column. In that regard, 92% of respondents reported they do not use "ASL/Other spoken language," and 93% of respondents reported they do not use "Other language combinations."

In the survey, "Signed/Spoken English Transliteration" was the interpreting system most used by respondents: 72% of respondents reported using that system more than 50% of the time. Once again it is interesting to assess the '0' column. With regard to "Oral transliteration," 82% of respondents do not use that system; 99% of respondents do not use "Cued Transliteration," and 94% of respondents do not use "Other Language Transliteration."

The 2015 Deaf Community Survey also collected input regarding the primary communication means of d/Deaf consumers.

2015 Deaf Community Survey - Primary Means of Communication Preliminary Results - Table 5		
Languages	**# of Respondents**	**% of Respondents**
ASL	63	63%
English-like signing	13	13%
Tactile signing	0	0%
Fingerspelling	0	0%
Cued speech	0	0%
Oral/Spoken language	12	12%
Writing/Smartphone	2	2%
Total	**100**	**100%**

Although these results are only preliminary, it is interesting to note that 13% of respondents selected "English-like signing," and 12% of respondents selected "Oral/Spoken language." These percentages only represent a limited sample of preliminary survey respondents, yet they

do appear to indicate an increase in the use of the two modes of communication over information reported in the 2007 survey.

Increased cochlear implant use has presented a number of new, unfamiliar communication challenges for interpreters. d/Deaf individuals that use cochlear implants can have a range of communication needs that are directly related to age at implant, the extent of hearing prior to being implanted, the presence of special needs, and services they received prior to being implanted. When an interpreter is provided, the target language form can range from ASL to English-based signing or, in small pockets, oral transliteration or cued speech. In the 2015 Trends Survey, respondents ranked the top five communication needs for cochlear implant users as: "Combination of Spoken English and English-like Signing," "ASL," "Spoken English," "English-like Signing," and "Listening and Speaking."

Increased ethnic diversity within the d/Deaf population has also generated an array of new communication requirements. d/Deaf individuals from diverse ethnic backgrounds often have limited language and, increasingly, demonstrate idiosyncratic/dysfluent language use. There are also communication challenges surfacing within the population of individuals that could be considered Deaf Plus. While some Deaf Plus individuals are able to learn sign language, many others depend on basic hand gestures or additional forms of communication. These individuals may also have idiosyncratic and dysfluent language, and often use alternative modes of expression and reception.

In the 2014 Practitioner Survey, respondents were asked if they had observed an increase in the number of d/Deaf individuals they served with idiosyncratic language.

2014 Practitioner Survey – Use of Idiosyncratic Sign Language Table 6		
Level of Services	**# of Responses**	**% of Respondents**
Substantially increased	53	2%
Increased	504	22%
Remained the same	858	38%
Decreased	52	2%
Substantially decreased	4	0%
Not sure/don't know	791	35%
Total	**2,262**	**100%**

Overall, 24% of respondents reported an increase in the number of individuals served with idiosyncratic language. In addition, 38% of respondents reported the numbers of individuals with idiosyncratic sign language have "remained the same." While on the surface this may not seem like a significant percentage, it should be noted that trends contributing to increased idiosyncratic sign language use, (e.g. limited English, presence of secondary disabilities and cochlear implant use), date back more than five years.

Early hearing detection and intervention programs are also impacting communication needs, particularly among the current generation of d/Deaf children. These programs play a crucial role in influencing meaningful exposure to signed *and* spoken language for d/Deaf newborns. Unfortunately, there is continuing disagreement as to the role of sign language in early

intervention, and a bimodal, bilingual perspective is often crowded out by entities promoting cochlear implant use and oral only approaches. As a result, there has been a major shift away from sign language. According to the American Speech-Language-Hearing Association, in 1995 approximately 40% of families chose spoken language options, compared to 60% who chose sign-language options. In 2005, just ten years later, 85% chose spoken language options compared to 15% who chose sign-language options (Brown, 2006). Today, many early identified and early implanted d/Deaf children are not exposed to ASL unless oral only approaches fail. At that point, it is usually too late for the child to acquire a full first language. Language deprivation is a core characteristic of d/Deaf individuals who have been labeled 'low functioning' and have a strong potential to be at risk.

Education

The 2008 Phase I and Phase II Deaf Consumer surveys asked respondents to indicate their highest level of completed education.

Phase I and II Deaf Consumer Survey - Highest Level of Completed Education
Table 7

Education Level	2008 Phase I Deaf Consumer Survey		2008 Phase II Deaf Consumer Survey	
	# of Responses	% of Respondents	# of Responses	% of Respondents
1st - 5th grade	2	0%	3	5%
6th - 8th grade	10	1%	4	6%
High school	262	21%	44	72%
Certificate	Not asked	Not asked	3	5%
AA/AS	225	18%	1	2%
BA/BS	359	29%	2	3%
MA/PhD	391	31%	1	2%
No response	1	0%	3	5%
Total	**1,250**	**100%**	**61**	**100%**

In the Phase I Deaf Consumer Survey, respondents reported high levels of academic achievement, with 78% of the respondents having achieved an undergraduate or graduate level degree. Of those, 29% reported they possessed a BA/BS degree, and 31% reported a graduate level degree. As discussed earlier, the Phase I pool of respondents is more representative of the NAD membership than the overall d/Deaf population. In the Phase II survey, the majority of respondents reported they had achieved a high school degree (72%) or below (11%). Only 7% of Phase II respondents reported holding an undergraduate degree or higher. The differences in the two survey groups illustrates again the importance of developing needs assessment strategies that ensure input gathered is representative of the larger d/Deaf population, and not limited to a particular segment, e.g. NAD members.

Although the two surveys did not ask respondents if they received their K-12 education in a residential, segregated setting, or mainstream setting, respondent age may provide some indication of whether or not they were affected by inclusion legislation and trends. In the Phase I Deaf Consumer survey, only 14% of respondents reported they were under the age of 30, and in the Phase II survey, only 16% of individuals reported they were under the age 30. Respondents I that age group were likely affected by inclusion trends and education in mainstream settings.

Other needs assessments more specifically focused on collecting information related to education in the mainstream. In the 2015 Trends Survey, 50% of service providers reported serving an increased number of d/Deaf individuals who had had, or were currently in, an isolated mainstream education experience. Although the 2015 Deaf Community survey was still in process at the time of this report, preliminary input was also collected regarding respondents' early education experience. Respondents were instructed to select all categories that applied.

2015 Deaf Consumer Survey Respondent Early Education Experience Table 8		
Educational Setting	**# of Responses**	**% of Respondents**
Residential school	41	42%
Mainstream with interpreters	19	20%
Mainstream without interpreters	41	42%
Oral school	16	16%
Other	17	18%

In the preliminary findings, overall, 62% of respondents reported a mainstream experience; 16% reported K-12 education in an "oral school." It is evident that for the foreseeable future, the majority of d/Deaf individuals interpreters will be working with will come from a mainstream education experience. The needs of this emerging generation of d/Deaf individuals are already proving to be different than the generation before them, many of whom received their early education in residential and segregated settings. This new generation increasingly includes d/Deaf children with cochlear implants, who may or may not use sign language, a growing number of d/Deaf children from diverse cultural or linguistic backgrounds, and an ever increasing number of Deaf Plus children - all of which have the potential to present unique and complex communication challenges to interpreters.

The 2015 Deaf Consumer Survey respondents also provided information regarding their academic achievement. Although only preliminary results were available at the time this report was prepared, they are presented below.

2015 Deaf Consumer Survey Respondent Academic Achievement Table 9		
Highest Academic Achievement	**# of Responses**	**% of Respondents**
Some High School	2	2%
High School Degree	11	11%
AA/AS Degree	10	10%
BA/BS Degree	25	25%
MA/MS Degree	33	33%
PhD	7	7%
Other	10	10%
Total	**99**	**100%**

The preliminary results of the 2015 Deaf Consumer Survey show educational outcomes consistent with the 2008 Phase I Deaf Consumer Survey, which is representative of NAD membership. However, the 2015 Deaf Community Survey is planned for wide dissemination, and final results may ultimately be more indicative of the larger d/Deaf population.

Employment Status

The Phase I and Phase II Deaf Consumer Surveys asked respondents to list their current job/career. The question was open-ended and responses varied widely. Six primary categories were established to better assess respondent input: academic professional, includes professor, teacher, school administrator or employee of an academic institution; business professional, includes lawyer, doctor, consultant, business owner; hourly workforce; student; retired, and not working.

Phase I and II Deaf Consumer Survey - Employment Status Table 10				
Type of Employment	2008 Phase I Deaf Consumer Survey		2008 Phase II Deaf Consumer Survey	
	# Responses	% Respondents	# Responses	% Respondents
Academic professional	337	27%	0	0%
Business professional	267	21%	5	7%
Hourly workforce	160	13%	8	13%
Not working	152	12%	37	61%
Retired	0	0%	3	5%
Student	62	5%	2	4%
Other	0	0%	6	10%
No response	272	22%	0	0%
Total	**1,250**	**100%**	**61**	**100%**

As the survey findings demonstrate, Phase I respondents were more likely to have achieved 'white collar' jobs than the Phase II respondents. This comparison is consistent with information gathered from the two survey groups regarding education accomplishment, in which higher levels of educational achievement were reported by the Phase I respondents than Phase II respondents (Table 9). The differences can once again be tied back to the composition of the two survey respondent groups; the first being comprised of NAD membership, and the second having been a more deliberately designed survey to solicit input from a more representative sample of the d/Deaf population.

What is particularly striking in the Phase II data is the high percentage of respondents that reported they did not have a job and were not currently working, or 61% of respondents. However, it must be taken into consideration that in a subsequent question in the Phase II survey, 47% of respondents reported they were currently a VR consumer. This would account for a significant portion of those respondents that reported they did not have a job at the time of the survey.

More recent needs assessment data, collected in the 2015 Trends Survey, indicates that federal legislation mandating communication access may have begun to pay off, creating more opportunities for d/Deaf individuals to pursue postsecondary and graduate level education and specialized training, and as a result, attain jobs in such areas as law, medicine, engineering, higher education, and high tech industries. In the Trends Survey, 47% of service providers reported that the number of d/Deaf individuals pursuing education or employment in specialized fields had increased.

Satisfaction with Interpreter Services

Both the 2008 Phase I and Phase II Deaf Consumer Surveys included a broad question that asked respondents to rank their level of overall satisfaction with the interpreting services they receive.

Phase I and II Deaf Consumer Survey - Satisfaction With Services Table 11				
Satisfaction Level	**Phase I Deaf Consumer Survey**		**Phase II Deaf Consumer Survey**	
	# of Responses	**% of Respondents**	**# of Responses**	**% of Respondents**
Always	143	11%	25	41%
Often	627	50%	26	42%
Sometimes	365	29%	9	15%
Seldom	65	5%	1	2%
Doesn't Matter	15	1%	0	0%
No response	35	3%	0	0%
Total	**1,250**	**100%**	**61**	**100%**

Responses in both surveys are concerning. Of the Phase I survey pool, only 11% of respondents reported they are "Always" satisfied with the services they receive. Another 50% of respondents reported they are "Often" satisfied, 29% reported they are only "Sometimes" satisfied with services. In the Phase II survey, 41% of respondents reported they are "Always" satisfied with interpreter services, which while a higher percentage than the Phase I response set, still indicates a significant portion of the Phase I survey pool that is not "Always" satisfied with services. In the Phase II survey, 42% of respondents reported they are "Often" satisfied, and 15% reported they are only "Sometimes" satisfied with the interpreting services they receive. In considering the higher overall percentage of the Phase II survey group that is "Always" satisfied with services (41% of respondents compared to 11% of the Phase I respondents), it may be that the potentially higher level of sophistication of the Phase I group and increased capacity to self-advocate contribute to create higher expectations regarding interpreter performance.

Both sets of survey respondents were asked to indicate the extent to which the interpreters providing service "Know what they are doing."

Phase I and II Deaf Consumer Survey – Extent Interpreters Know What They Are Doing Table 12				
Satisfaction Level	**Phase I Deaf Consumer Survey**		**Phase II Deaf Consumer Survey**	
	# of Responses	**% of Respondents**	**# of Responses**	**% of Respondents**
Always	426	36%	19	31%
Often	494	41%	24	39%
Sometimes	240	20%	17	28%
Seldom	34	3%	0	0%
Doesn't matter	6	1%	0	0%
No response	0	0%	1	2%
Total	**1250**	**100%**	**61**	**100%**

It is concerning to note such a low percentage of respondents in both surveys reporting that interpreters "Always" know what they are doing (36% of Phase I respondents and 31% of Phase II respondents). This leaves a high percentage of respondents in both surveys sharing the perception that the interpreters they work with do not always know what they are doing. This table in particular may be an indication that d/Deaf individuals do not always feel that interpreters are qualified or best prepared to assist them.

Respondents in both surveys were also asked to report whether interpreters had the specialized knowledge required to work in specific settings, and whether it mattered if they had that specialized knowledge.

Phase I and II Deaf Consumer Survey - Interpreters Have Specialized Knowledge
Table 13

Interpreting Setting	2008 Phase I Deaf Consumer Survey			2008 Phase II Deaf Consumer Survey		
	Yes	No	Doesn't Matter	Yes	No	Doesn't Matter
Health	70%	9%	9%	38%	3%	57%
My work/job	67%	9%	14%	9%	11%	80%
Legal	67%	9%	6%	33%	5%	62%
School	63%	8%	10%	12%	13%	75%
Conferences	59%	10%	15%	3%	13%	84%
Mental Health	55%	9%	12%	13%	10%	75%
Social services	49%	11%	20%	2%	16%	80%
Daily Business	45%	12%	22%	0%	13%	87%
Religious	45%	12%	23%	3%	13%	84%
Voc rehab	42%	10%	24%	2%	13%	83%
Entertainment	41%	13%	24%	2%	13%	85%

Overall, Phase I survey respondents generally had positive perceptions regarding whether interpreters have specialized knowledge of the particular interpreting settings. By comparison, across the board Phase II respondents had significantly lower perceptions of whether interpreters had specialized knowledge in any of the settings listed. It is interesting to compare Phase I and Phase II responses in the "Doesn't matter" selection column. Based on the data reported by both groups, it would appear that interpreter specialized knowledge of a particular setting is significantly more important to the Phase I survey pool than the Phase II survey pool. However, when considering this response set on the part of the Phase II composite group, anecdotal observation of the actual video-taped focus group and interview sessions used to collect survey input indicate that not all participants understood the concept of interpreter specialization.

The 2015 Deaf Community Survey also included questions related to consumer satisfaction with interpreter services. Respondents were asked, in general, how effective interpreters are in meeting their needs. In that survey, 16% of respondents reported "Always," and 55% reported "Often." Another 24% reported interpreters are only "Sometimes effective." Respondents were also asked an overall satisfaction question: 10% reported they are "Always" satisfied with the services they receive; 57% reported they are "Often" satisfied, and 27% reported they are "Sometimes" satisfied with services.

Section II

The Interpreting Workforce

Section II: The Interpreting Workforce

The NIEC needs assessments were also designed to establish a baseline of information related to the current interpreting workforce and its ability to meet new and emerging communication needs of d/Deaf individuals. The information that has been collected through those efforts points to issues associated with interpreter demographics, availability and qualifications, and can serve as a springboard for establishing goals and priorities for interpreter education and training in the future.

Hearing Status

As needs assessment findings presented in Section I demonstrated, the number of d/Deaf individuals from culturally and linguistically diverse communities is steadily increasing, as are the numbers of Deaf Plus individuals. Deaf interpreters who can provide a foreign signed language, gestural communication, or other strategies and interventions to achieve successful communication, have proven to be particularly effective in working with individuals from these communities.

The 2012 and 2014 Practitioner Surveys collected information regarding the hearing status of practitioner respondents.

Practitioner Survey Trend Data - Respondent Hearing Status
Table 14

Hearing Status	2012 Practitioner Survey		2014 Practitioner Survey	
	# of Respondents	% of Responses	# of Respondents	% of Responses
Deaf	54	2%	50	3%
Deaf-Blind	0	0%	Not asked	Not asked
Hard of Hearing	57	2%	43	2%
Hearing	2,708	96%	1,795	95%
Other	15	1%	Not asked	Not asked
Total	**2,834**	**100%**	**1,888**	**100%**

The majority of practitioners in both respondent groups reported they were hearing. Only 2% of 2012 practitioners and 3% of 2014 practitioners reported they were d/Deaf. These percentages indicate low numbers of Deaf interpreters, at least among the RID membership to whom the surveys were disseminated.

In the 2012 Interpreter Referral Agency Survey, respondents were asked how many full-time Deaf interpreters they employed, and how many part-time Deaf interpreters they hired or referred for services.

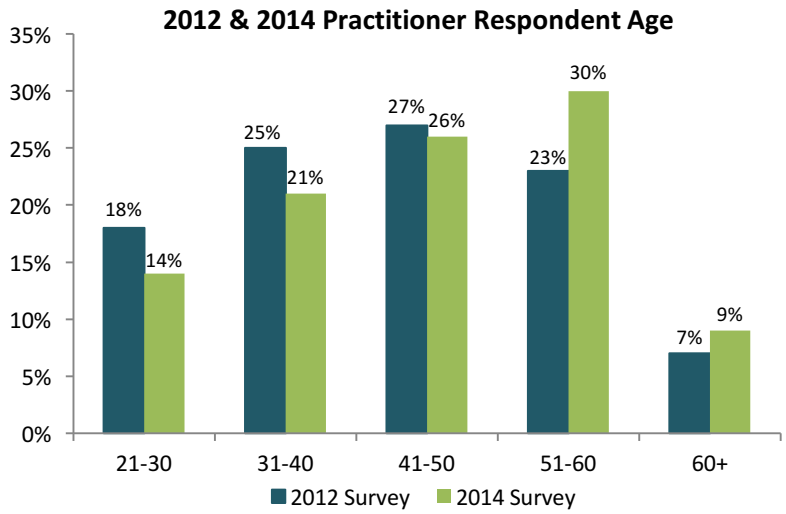
2012 Interpreter Referral Agency Survey – Use of Deaf Interpreters Table 15				
Number of Deaf Interpreters	Full-time Deaf Interpreters		Part-time Deaf Interpreters	
	# Responses	% Respondents	# Responses	% Respondents
0	80	87%	42	43%
1 - 4	12	13%	48	49%
5 - 9	0	0%	6	6%
10 - 15	0	0%	1	1%
over 15	0	0%	1	1%
Total	**92**	**100%**	**98**	**100%**

Only 12 referral agency respondents reported employing between 1-4 full-time Deaf interpreters. Deaf interpreters do appear to be hired and/or referred more often on a part-time basis. In the survey, 49% of respondent agencies reported employing or contracting between 1-4 Deaf interpreters.

In the 2015 Trends Survey, 61% of respondents reported an increased demand for the services of Deaf interpreters, and in the 2014 Practitioner survey, "working on deaf/hearing interpreting teams" was ranked as the second most important professional development need by interpreters. Issues related to Deaf interpreter demand and recruitment are explored in more detail in Section IV of the report.

Age

In the 2012 Practitioner Survey, only 18% of respondents reported they were under the age of 30; in the 2014 Practitioner Survey, only 14% of respondents were. These low percentages raise concerns related to the field's ability to attract young people to the profession. If age 40 can be considered generally the mid-point in the average individual's work life, these percentages also point to a relatively high number of practitioners that will approach retirement age in the next ten to fifteen years, and a potential shortage of new interpreters that will be available to fill behind. In a snapshot, in the 2014 Practitioner Survey, 35% of respondents were under age 40, and 65% over age 40.



Although the educational characteristics of the interpreter workforce are discussed in greater detail later in this section, it is interesting to look at the degrees held by the 2014 Practitioner Survey respondents in relation to their age.

2014 Practitioner Degree by Age Group
Table 16

Age range	High School	Some College	AA/AS Degree	BA/BS Degree	Some Graduate	MA/MS Degree	PhD	Total
21-30	1	3	32	166	28	33	11	274
31-40	4	22	85	158	42	73	15	399
41-50	1	32	120	143	52	124	24	496
51-60	6	65	109	151	58	160	6	555
60+	2	22	28	29	18	63	2	164
Total	**14**	**144**	**374**	**647**	**198**	**453**	**58**	**1,888**

This table offers some insight related to the gaps that may develop when older, more seasoned interpreters leave the field. A useful analysis of the information assesses degrees held by respondents on either side of age 40. While these percentages may not appear too concerning on their own, when the percentage of 2014 practitioner respondents under age 40 (35%), and over age 40 (65%), are factored in, it appears there could be significant gaps developing with regard to interpreter education and experience in the not too distant future. For example, only 132 (7%) of respondents under age 40 have a graduate level degree, compared to 379 (20%) of respondents over the age of 40 with a graduate degree. The lower shaded portion of the table highlights those survey respondents older than 50: or 719 interpreters that will likely consider retirement in the next 10-15 years. That group comprises 38% of the survey respondent pool. In comparison, only 274 practitioners fall into the 21-30 age group, which comprises 15% of total survey respondents.

Interpreter retirement information collected in the 2007, 2009, 2012 and 2014 Practitioner Surveys is compared below.

Practitioner Survey Trend Data - Respondent Retirement Plans
Table 17

Timeline for Retirement	2007 Survey		2009 Survey		2012 Survey		2014 Survey	
	#	%	#	%	#	%	#	%
1-5 years	216	6%	153	5%	220	8%	202	11%
6-10 years	637	16%	419	16%	351	12%	294	16%
11-15 years	NA*	NA	NA	NA	367	13%	253	14%
16-20 years	NA	NA	NA	NA	315	11%	202	11%
21-25 years	NA	NA	NA	NA	230	8%	105	6%
26-30 years	NA	NA	NA	NA	228	8%	114	6%
No plan to retire	3,015	77%	2,077	77%	1,144	40%	621	35%
Total responses	**3,868**	**100%**	**2,649**	**100%**	**2,855**	**100%**	**1,791**	**100%**

*NA indicates respondents were not provided that response category

For the purposes of identifying retirement trends, earlier data collected in the 2007 Practitioner Survey is compared with data collected in the most recent 2014 Practitioner Survey. The percentage of respondents reporting they will retire in the next five years rose from 6% in 2007

to 11% in 2014; 16% of respondents in both surveys reported they would retire over the next 6-10 years. Looking just at the 2014 survey, 496 interpreters reported they planned to retire within ten years. As a reminder, only 274 interpreters in that same survey fell into the 21-30 age range. Statistically, these numbers point to a lower number of interpreters entering the profession than are aging out and/or have plans to retire.

Gender

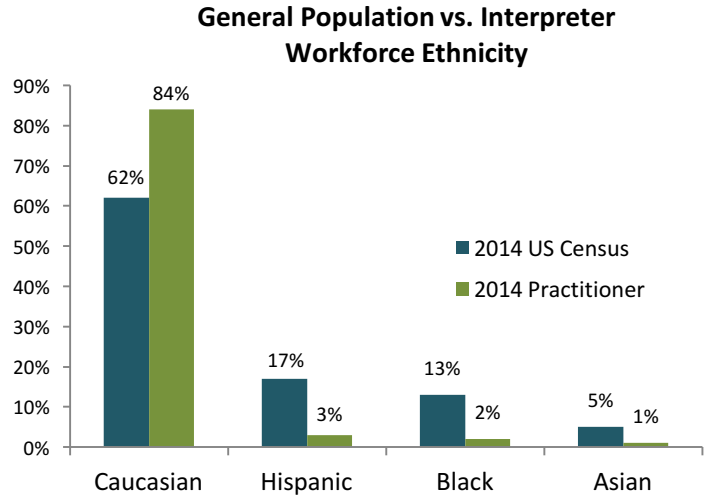
The 2009, 2012 and 2014 Practitioner Surveys each included a question related to respondent gender.

Practitioner Survey Trend Data - Respondent Gender Table 18						
Respondent Gender	2009 Practitioner Survey		2012 Practitioner Survey		2014 Practitioner Survey	
	# Responses	% Responses	# Responses	% Responses	# Responses	% Responses
Female	2,360	88%	2,462	87%	1,673	89%
Male	305	11%	357	13%	208	11%
Transgender	Not asked	Not asked	6	0%	3	0%
Other gender	Not asked	Not asked	3	0%	2	0%
Total	**2,673**	**100%**	**2,828**	**100%**	**1,886**	**100%**

Today the interpreting workforce continues to be dominated by women, with 89% of practitioner respondents in the 2014 Practitioner Survey reporting they were female.

Ethnicity

Despite dramatic multi-cultural growth in the general population, the demographics of the interpreting workforce have changed very little over the years. In the most recent 2014 Practitioner Survey, 84% of respondents identified as "White/Caucasian." Based on the demographics of the current interpreting workforce, there is a shortage of interpreters that are 'of' the communities they serve, and who would be best suited to communicate with d/Deaf individuals from a shared cultural background.



Interpreters with trilingual competencies, (for example, ASL, Spanish and English), have proven to be effective in communicating with d/Deaf individuals from diverse ethnic backgrounds with limited English. In addition, trilingual interpreting teams, which may include a spoken language interpreter and a Deaf interpreter, have also been successful in providing foreign signed language, gestural communication, or other strategies and interventions to communicate with d/Deaf individuals

with limited language from culturally diverse backgrounds. However, qualified interpreters that are fluent in the native language of d/Deaf individuals from minority and immigrant communities appear to be scarce, as do Deaf interpreters.

In the 2014 Practitioner Survey, 72% of respondents reported they never work in settings where trilingual services are used; 21% reported they work in trilingual settings less than 10% of their total interpreting time. This leaves only 7% of respondents that spend some portion of their time interpreting in trilingual settings. In the 2012 Interpreter Referral Agency survey, 74% of respondents reported they employed no full-time interpreters that can provide trilingual interpreting services. With regard to part-time interpreters, 46% of referral agency respondents do not employ any part-time interpreters that can provide trilingual interpreting, and 49% of referral agencies reported they only employed between 1-4 part-time trilingual interpreters. In that same survey, respondents were asked how many requests for trilingual interpreting they receive in a typical month: 66% of agencies reported they receive no requests, and 30% reported they receive between 1-4 requests per month. These findings raise concerns whether d/Deaf individuals from diverse ethnic groups are aware of, or have access to, trilingual interpreting services. It also questions the extent to which service providers recognize the value of trilingual interpreters and request interpreters with those skill sets for their clients with limited language.

Respondents of the 2008 Phase I and Phase II Deaf Consumer surveys were asked how important it is to them that the interpreter providing services is from their own ethnic group.

Phase I and II Deaf Consumer Survey - Importance of Interpreter Ethnicity
Table 19

Importance	2008 Phase I Deaf Consumer Survey		2008 Phase II Deaf Consumer Survey	
	#	%	#	%
Always	116	9%	1	2%
Often	110	9%	1	2%
Sometimes	154	12%	0	0%
Seldom	92	7%	0	0%
Doesn't Matter	746	60%	59	96%
No response	32	3%	0	0%
Total	**1,250**	**100%**	**61**	**100%**

A high percentage of responses in both surveys reported that interpreter ethnicity "Doesn't matter", (60% of Phase I respondents and 96% of Phase II respondents). With regard to the Phase I Deaf Consumer Survey, 83% of respondents identified as White/Caucasian. Considering that 84% of 2014 Practitioner Survey respondents also identified as White/Caucasian, is likely that the Phase I respondents typically receive services from an interpreter of the same cultural background: White/Caucasian. With regard to Phase II respondents, it is possible that respondent group has had less exposure to interpreters from ethnically diverse backgrounds, or may not understand or be able to express their rights regarding interpreting services, including requesting interpreters from ethnic backgrounds similar to their own.

Education

Only the 2012 and 2014 Practitioner Surveys asked respondents to report their highest level of completed education.

Practitioner Trend Data - Highest Level of Completed Education Table 20				
Highest Completed Education	**2012 Practitioner Survey**		**2014 Practitioner Survey**	
	# of Respondents	**% of Responses**	**# of Respondents**	**% of Responses**
Some high school	2	0%	1	0%
High school diploma/GED	51	2%	14	1%
Some college	246	9%	145	8%
AA/AS degree/Voc Certificate	671	24%	375	20%
BA/BS degree	902	32%	649	34%
Some graduate coursework	293	10%	201	11%
MA/MS degree	601	21%	456	24%
PhD/EdD degree	75	3%	59	3%
Total	**2,841**	**100%**	**1,900**	**100%**

In 2012, RID began requiring interpreters to possess a BA/BS degree as a prerequisite for national certification. It is concerning then, that 35% of 2012 survey respondents and 29% of 2014 respondents reported having earned less than a BA/BS Degree.

The table below was developed to assess whether there is a significant difference in academic achievement between staff and freelance/contract interpreter respondents.

2014 Practitioner Survey - Staff Vs. Freelance Table 21				
Highest Education Level	**2014 Practitioner Staff Interpreters**		**2014 Freelance Interpreters**	
	# of Respondents	**% of Responses**	**# of Respondents**	**% of Responses**
Some high school	0	0%	1	0%
High school diploma/GED	8	1%	6	1%
Some college	74	8%	69	7%
AA/AS degree/Voc certificate	230	24%	145	15%
BA/BS degree	349	37%	299	32%
Some graduate coursework	106	11%	93	10%
MA/MS degree	171	18%	280	30%
PhD/EdD degree	10	1%	48	5%
Total	**948**	**100%**	**941**	**100%**

There are some differences across the two groups. For example, 24% of staff interpreters have an AA/AS Degree, compared to only 15% of freelance respondents. And although there are a higher percentage of staff interpreters holding a BA/BS Degree (37%) than freelance interpreters (32%), that may be offset by higher percentages of freelance interpreters that hold a MA/MS Degree or PhD. Although the two sample pools are somewhat similar, overall freelance interpreters report higher levels of academic achievement.

It is interesting to assess information related to degree offerings of IEPs. The 2007 and 2013 IEP Surveys both captured information related to the types of degrees they offer.

IEP Trend Data – Type of Degree Offerings Table 22				
Type of Degree	2007 IEP Survey		2013 IEP Survey	
	# of Responses	% of Respondents	# of Responses	% of Respondents
AA/AS	71	78%	47	65%
BA/BS	27	30%	23	32%
MA/MS/ME	4	4%	3	4%
PhD/EdD	Not Asked	Not Asked	1	1%
Certificate	39	43%	25	35%

It appears that today the majority of IEPs offer an AA/AS degree or a Certificate. Despite the RID 2012 prerequisite for a BA/BS degree for national certification, there has not been much change with regard to the number of IEPs that offer a BA/BS degree. In the 2013 IEP Survey, for those 47 programs that reported they offered an AA/AS degree, only 54% reported having a formal articulation agreement in place with a four-year institution.

There is some correlation between the degrees IEP respondents offer and degrees practitioner respondents hold – particularly in the categories of AA/AS and BA/BS degrees. It should be noted that although a small number of 2013 IEP Survey respondents reported offering a MA/MS degree or PhD, a much higher percentage of 2014 Practitioner Survey respondents reported holding a graduate level degree. However, what it was not reported in what area of study those respondents had acquired their degree.

Credentials

The 2014 Practitioner Survey asked respondents to report on the professional credentials they hold.

2014 Practitioner Survey - Professional Credentials Table 23				
Type of Credential	Staff interpreters		Freelance Interpreters	
National credentials (RID, EIPA, etc.)	796	85%	778	83%
State/local credentials	318	34%	286	31%
No credentials held	53	6%	85	9%

Credentials held by survey respondents are similar across the two groups, with high percentages of both groups reporting national credentials. However, it should be noted that the survey was disseminated to the RID membership – the majority of which would have national certification as a prerequisite for membership.

Respondents of the 2013 Interpreter Referral Agency Survey also collected information related to interpreter credentials. Respondents were asked to report the minimum credentials they required of their full and/or part-time interpreters.

2013 Interpreter Referral Agency Survey – Minimum Credentials for Interpreters Table 24		
Required Credential	**# of Responses**	**% of Responses**
National level credentials	43	49%
State level credentials	24	27%
Internal agency screening	15	17%

It is concerning that only 49% of referral agency respondents require the interpreters they hire to have national level credentials, and 27% state level credentials. Perhaps most troubling are the 17% of referral agencies that only require interpreters to pass an internal agency screening process.

In the 2013 IEP Survey, respondents were asked how long it took their graduates to attain credentials and employment. On average, program respondents reported it took their graduates 7-12 months to attain local/state level credentials, and 19-24 months to attain national level credentials. In the same survey, IEP respondents reported, on average, it only took their graduates 1-6 months to find work as an interpreter. This information indicates that a significant number of recent IEP graduates are providing interpreting services well in advance of attaining local/state or national level credentials.

Membership in National Organizations

All four practitioner surveys asked respondents to identify the professional organizations they belong to. However, respondents were not provided an identical list of organizations to select from, so comparison is somewhat limited.

Practitioner Trend Data - Membership in Professional Organizations Table 25				
Organization	**2007 Survey**	**2009 Survey**	**2012 Survey**	**2014 Survey**
RID	80%	92%	100%	98%
RID State	Not captured	71%	74%	76%
NAD	20%	20%	23%	27%
NAD State	Not captured	8%	10%	11%
CIT	4%	12%	Not asked	10%
ASLTA	3%	6%	Not asked	Not asked
NAOBI	Not captured	Not asked	4%	4%
Mano a Mano	Not captured	Not asked	2%	2%

For the purposes of looking at change over time, the 2007 and 2014 Practitioner Survey data is compared. Although the 2007 survey was disseminated by RID to its membership, it is interesting to note that only 80% of respondents reported they were RID members. It is positive to note that both NAD and CIT membership appear to be on the rise.

Staff Position versus Freelance Interpreting

The 2012 and 2014 Practitioner Surveys were designed to permit distinctions in information reported by staff interpreters versus freelance interpreters, or those respondents that fell into both categories: staff interpreters that also do freelance interpreting.

Practitioner Trend Data – Type of Position Held by Survey Respondents Table 26						
Type of position held by respondent	Staff Position		Staff &Freelance		Freelance Only	
	#	%	#	%	#	%
2012 Practitioner Survey	1,386	48%	845	61%	1,606	52%
2014 Practitioner Survey	1,002	50%	610	61%	993	50%

Although the surveys were of different size and did not have identical respondent pools, the breakout of respondents across the staff versus freelance categories was very consistent. In both surveys, about half of overall respondents held a staff position, and half a freelance position. In addition, 61% of the respondents in both surveys that reported they held a staff position also reported they did some freelance interpreting work. However, in both surveys, that 61% of respondents that hold a staff position but also do freelance interpreting on average reported they only interpret on a freelance basis between 1-5 hours per week.

In the 2012 Practitioner Survey, respondents that reported they held a staff position were asked to identify the type of organization in which they held that position.

2012 Practitioner Survey – Where Staff Interpreters Hold their Position Table 27		
	2012 Staff Interpreters	
Primary Setting	# of Responses	% of Respondents
K-12	468	33%
Postsecondary	278	20%
VRS/VRI	227	16%
Interpreter referral agency	150	11%
Other	135	10%
Medical	62	4%
Commission on Deafness	26	2%
Vocational/Technical	24	2%
Vocational Rehabilitation	22	2%
Legal	16	1%
Total	**1,408**	**100%**

The settings are ordered based on those where most staff respondents are employed. Of the respondents, 33% reported holding their position in "K-12," and 20% in "Postsecondary." Combined, these two groups comprise more half of the staff interpreter respondents.

In the 2012 Practitioner Survey, the mean range of average hours staff interpreters actually spend interpreting was between 16-20 hours per week.

The 2014 Practitioner Survey also asked respondents to report where they work. For staff interpreters, the question was related to the organization where they held their position; for freelance interpreters, the question related to the primary setting in which they provide services. Although the questions were slightly different in nature, a listing of the primary settings in which the two groups interpret is presented below, along with the number of interpreters working in the setting. For each group, the settings are listed in order of those with the most interpreters working in them.

2014 Practitioner Survey – Primary Setting for Interpreting Table 28					
	Staff Interpreters		Freelance Interpreters		
Primary Setting	#	%	Primary Setting	#	%
K-12	364	37%	Mix of Settings	262	29%
Postsecondary	189	19%	Medical	174	19%
VRS/VRI	133	13%	Postsecondary	155	3%
Interpreter referral agency	79	8%	VRS/VRI	71	8%
Other	60	6%	K-12	58	6%
Business	37	4%	Legal	50	5%
Medical	26	3%	Business	39	4%
State agency	26	3%	Other	32	17%
Vocational Rehabilitation	23	2%	Religious	24	3%
Vocational/technical	16	2%	Social Services	22	2%
Mental health	14	1%	Mental Health	18	2%
Federal agency	12	1%	Voc Tech	6	1%
Commission on Deafness	8	1%	High Tech	5	1%
Legal	4	0%	Performing Arts	0	0%
Total	**991**	**100%**	**Total**	**916**	**100%**

As in the 2012 survey, in the 2014 Practitioner Survey the mean range of average hours that staff interpreters overall actually spend interpreting fell between 16-20 hours per week. In addition, the settings in which staff interpreters reported holding their position was very similar across the two surveys, indicating they are perhaps representative of where RID members tend to work. However, there are significant differences with regard to where the 2014 staff interpreters and freelance interpreters work.

In a snapshot, the majority of staff interpreters hold their position in either "K-12," (37%), or "Postsecondary," (19%). The next highest category is "VRS/VRI," (13%). In comparison, freelance interpreters are more likely to work across a variety of settings: 29% of respondents selected a "Mix of settings," and 19% selected "Other," which upon closer analysis, indicated those respondents also work across an array of settings. The single setting that the highest number of freelance interpreters reported they work in was "Medical," with 19% of respondents selecting that option at their primary setting. Overall, the mean range of average hours that 2014 freelance interpreters work was between 6-10 hours per week.

A more in-depth analysis of information related to the settings interpreters work in is presented in Section III.

Interpreter Pay and Benefits

In the 2012 Practitioner Survey, respondents that hold a staff position reported both the type of organization where they held their position and an annual survey range. That information was also broken out by staff interpreters that work full-time and receive full benefits – which comprised 60% of the staff interpreter composite.

On the table below, a mean annual salary was calculated for each employment setting based on the salary information provided by respondents that reported they held a position in that setting.

2012 Practitioner Survey - Staff Interpreter Mean Annual Salary Table 29				
Where Position Held	**All Staff Interpreters**		**Those Full-time w/Full Benefits**	
	# of Respondents	**Mean Salary**	**# of Respondents**	**Mean Salary**
K-12	465	$29,000	388	$31,000
Post-secondary	272	$29,000	129	$41,000
Video Relay Services (VRS)	225	$42,000	102	$57,000
Private Interpreter Referral Agency	90	$46,000	48	$55,000
Medical	62	$38,000	23	$52,000
Public Referral Agency	56	$35,000	36	$40,000
Commission on Deafness	26	$32,000	15	$37,000
Vocational/Tech Education	24	$35,000	12	$39,000
Vocational Rehabilitation	22	$35,000	10	$44,000
Legal	16	$55,000	13	$64,000
Total	**1,386**	**100%**	**848**	**100%**

This table assists in understanding more about the settings in which most interpreters work, and the mean annual salary earnings in those settings. The data on the table is ordered based on the type of organization where most respondents reported holding a position. Not surprisingly, full-time interpreters with full benefits command a higher annual salary overall when separated out from those staff interpreters that do not hold full-time positions. The annual mean salary for all staff interpreters was $35,000, compared to an annual mean salary of $41,000 for those respondents that work full-time and receive full benefits. Those estimates are calculated based on the total number of respondents in all setting categories. Both respondent mean annual salary estimates are lower than the national mean annual salary reported by the Bureau of Labor Statistics for 2011, which was $45,230.

It is concerning that although the highest number of respondents reported a position in K-12, by far that group commands the lowest mean annual salary: only $29,000 for all staff interpreter respondents in aggregate, and $31,000 for those staff interpreters that work full-time and receive full benefits. This information is particularly troubling considering mainstreamed K-12 education is inherently a high-risk area of interpreting and should be undertaken only by the most fluent and experienced practitioners. Unfortunately, as a result of low pay and lax hiring requirements, many interpreters working in K-12 mainstream education are recent graduates with little or no experience interpreting and limited fluency in ASL.

In the 2015 Trends Survey, 75% of service provider respondents reported that the services of interpreters working in mainstream education settings are "somewhat" to "very" ineffective. Many professionals attribute an increase in idiosyncratic sign language use among transition age and young adult d/Deaf individuals to poor language modeling by interpreters in K-12 settings. Challenges and priorities related to K-12 mainstream settings are further addressed in Section IV of this report.

Salary and wage information was also collected from 2014 Practitioner Survey respondents.

2014 Practitioner Survey – Annual Mean Salary of Staff Interpreters
Table 30

Where Staff Position Held	All Staff Interpreters		Full-time/Full Benefit Staff Interpreters	
	# Respondents	Mean Salary	# Respondents	Mean Salary
K-12	364	$27,500	293	$28,000
Postsecondary	189	$34,000	91	$46,000
VRS/VRI	133	$39,000	47	$54,000
Referral Agency	79	$40,000	41	$49,000
Business	37	$39,000	17	$55,000
Medical	24	$50,000	13	$62,000
Vocational Rehabilitation	22	$36,000	15	$41,000
Voc/tech	22	$36,000	5	$42,000
Mental Health	14	$39,000	9	$40,000
Commission on Deafness	8	$36,000	5	$46,000
Legal	4	$77,000	4	$68,000
Other	106	NA	75	NA
Total	**1,002**	**100%**	**615**	**100%**

In the 2014 survey, the annual mean salary for all staff interpreters was $34,000, compared to a mean annual salary of $39,000 for those staff interpreters that work full-time and receive full benefits. According to the Bureau of Labor and Statistics, the mean annual salary for 2014 was $47,230. The mean annual salary estimates calculated for the 2014 Practitioner Survey data are lower than those calculated for the 2012 Practitioner Survey data. However, it should be noted that in the 2014 Survey, a higher percentage of respondents reported working in lower paying settings, for example K-12, than in the 2012 Survey, and fewer respondents reported working in some of the higher paying settings, for example business. Combined, these numbers lower the overall mean annual salary.

The following table was developed to determine if there were any other points of comparison in the 2012 and 2014 practitioner surveys.

Practitioner Trend Data – Annual Mean Salary of Staff Interpreters Table 31				
Where Staff Position Held	**2012 Staff Interpreters**		**2014 Staff Interpreters**	
	# Respondents	**Mean Salary**	**# Respondents**	**Mean Salary**
K-12	465	$29,000	364	$27,500
Postsecondary	272	$29,000	189	$34,000
VRS/VRI	225	$42,000	133	$39,000
Referral Agency	146	$40,000	79	$40,000
Business	Not asked	Not asked	37	$39,000
Medical	62	$38,000	24	$50,000
Vocational Rehabilitation	22	$35,000	22	$36,000
Voc/tech	24	$35,000	22	$36,000
Mental Health	Not asked	Not asked	14	$39,000
Commission on Deafness	16	$55,000	8	$36,000
Legal	16	$55,000	4	$77,000
Total	**1,386**	**100%**	**615**	**100%**

Although the two surveys were comprised of different sample sizes and had unique respondent pools, both drew upon RID membership for participation, thereby supporting broad comparison of the data collected. Although the mean annual salary is only an estimate derived from the number of responses collected and the settings in which respondents reported working, it is worth noting that in "K-12" and "VRS/VRI" settings, the mean salary actually decreased in the 2014 survey. In all other settings the mean annual salary stayed the same or increased.

Staff interpreter respondents in the 2014 Practitioner Survey also provided information regarding benefits they receive.

2014 Practitioner Survey – Staff Interpreter Benefits Table 32		
Position Description	**# of Responses**	**% of Respondents**
Full-time with full benefits	615	62%
Full-time with partial benefits	39	4%
Half-time with full benefits	23	2%
Half-time with partial benefits	17	2%
Part-time with full benefits	40	4%
Part-time with partial benefits	95	10%
Other	169	17%
Total	**998**	**100%**

The majority of staff interpreters in the 2014 Practitioner Survey reported they worked full-time and receive full benefits (62%).

The 2012 and 2014 Practitioner Surveys also collected pay information from freelance interpreter respondents.

Practitioner Trend Data - Hourly Wage for Freelance Interpreters Table 33				
Hourly Wage	2012 Practitioner Survey		2014 Practitioner Survey	
	# of Responses	% of Responses	# of Responses	% of Responses
$10-15	7	1%	8	1%
$16-20	9	1%	8	1%
$21-25	63	5%	37	4%
$26-30	105	8%	57	6%
$31-35	194	14%	98	11%
$36-40	269	19%	130	14%
$41-45	236	17%	153	17%
$46-50	191	14%	159	18%
$51-55	135	10%	81	9%
$56-60	74	5%	77	8%
$61-65	58	4%	44	5%
$66-70	25	2%	22	2%
$71-75	10	1%	17	2%
$76+	10	1%	15	2%
Total	**1,386**	**100%**	**906**	**100%**

The mean hourly wage of 2012 freelance interpreter respondents was approximately $40.00 per hour. According to the U.S. Bureau of Labor Statistics, the national hourly mean wage in 2011 was just $21.74. In the 2014 Practitioner Survey, the mean hourly wage of freelance interpreter respondents was approximately $42.00 per hour, a slight increase from the $40.00 per hour mean hourly wage information reported by the 2012 respondents, and almost double the national mean hourly wage of $22.71 reported by the Bureau of Labor Statistics for 2014.

In the 2013 Interpreter Referral Agency Survey, respondents were asked to report salary and wage information. In that survey, the calculated mean **annual salary** respondents pay **full-time** interpreters was $42,000. Referral agency respondents also reported on benefits they provide full-time interpreters. Respondents were permitted to select as many options as applied.

2013 Interpreter Referral Agency Survey – Benefits Offered Full-time Interpreters Table 34		
Type of Benefit	# of Responses	% of Respondents
Health insurance	29	94%
Dental insurance	20	65%
Paid family leave	11	35%
Professional development opportunities offered "in house"	20	65%
Professional development reimbursement	23	74%
Tuition reimbursement for college/university coursework	6	19%
Other	9	29%

The majority of referral agencies provide both health and dental insurance. It is also positive to note that 74% of the respondents also provide professional development reimbursement.

However, it is concerning that only 19% of referral agencies offer their full-time interpreters reimbursement for college/university coursework.

In the 2013 Interpreter Referral Agency Survey, of 135 total survey participants, 98 reported they hired and/or referred part-time interpreters. The mean number of part-time interpreters employed by those respondent agencies per month was 24. In that survey, respondents also reported the average hourly rate they pay their part-time interpreters, or suggest that they be paid. The mean hourly rate reported was $51.00 per hour. Respondents were also asked to report what average hourly rate their agency bills clients for providing part-time/contract sign language interpreting services; the mean hourly charge to clients was $67.00 per hour.

With regard to benefits, 91% of referral agency respondents reported they do not provide benefits to their part-time interpreters.

The table below provides a recap and comparison of the mean annual salary and mean hourly wage information collected through the 2012 and 2014 Practitioner Surveys, and the 2013 Interpreter Referral Agency Survey.

Trend Data - Annual And Hourly Pay Comparison
Table 35

Mean Salary & Wage Estimates	All Staff Interpreters	Staff Interpreters Full-time/full benefits	National Mean Annual Salary	Freelance Interpreters	National Mean Hourly Wage
2012 Practitioner	$35,000	$41,000	$45,230 (2011)	$40.00	$21.74 (2011)
2014 Practitioner	$34,000	$39,000	$47,230 (2014)	$42.00	$22.71 (2014)
2013 Referral Agency	NA	$42,000	$45,230 (2011)	$51.00	$21.74 (2011)

As a reminder, the number of staff respondents that reported in each setting and the salary category they selected served as the basis for calculating the mean annual salary and hourly wage estimates. In other words, the findings are reflective of the two survey respondent groups – not the entire interpreting workforce. However, at least with regard to RID membership, to whom the two practitioner surveys were disseminated, it appears that staff interpreter annual salary estimates fall below the national average, and freelance hourly wages exceed the national average.

In addition, salary and wage information reported by the 2013 Interpreter Referral Agency respondents is higher than the reported earnings of respondents participating in the two practitioner surveys, even though the 2014 Practitioner Survey provides a more current snapshot of earnings.

Section III

Service Delivery Settings

Section III: Service Delivery Settings

Today interpreters are called upon to provide services across an array of settings for d/Deaf individuals with increasingly complex communication needs. NIEC needs assessments provide important information that can assist the field in understanding more about those settings and the types of challenges they present to interpreters.

Deaf Community Perspectives

Respondents of the 2008 Phase I and Phase II Deaf Consumer Surveys were asked to identify the single setting in which it was most important for them to have interpreter services.

2008 Deaf Consumer Survey – Setting Most Important for Services
Table 36

Type of Setting	2008 Phase I Deaf Consumer Survey		2008 Phase II Deaf Consumer Survey	
	# Respondents	% Respondents	# Respondents	% Respondents
My work/job	438	35%	6	10%
Health	256	20%	48	78%
School	141	11%	2	3%
Conferences	76	6%	0	0%
Daily business	55	4%	0	0%
Religious services	48	4%	0	0%
Legal	34	3%	0	0%
Social services	20	2%	0	0%
Mental health	15	1%	2	3%
Entertainment	7	1%	0	0%
Vocational Rehabilitation	6	0%	1	2%
Other	117	9%	1	2%
No response	37	3%	1	2%
Total	**1,250**	**100%**	**61**	**100%**

There were significant differences in Phase I and Phase II responses. For the Phase I respondents, the most important settings selected were "Work/job" (35%); "Health" (20%), and "School" (11%). Responses in the "Work/job" category would be higher if "Conferences" are included, which are likely work-related. It is also important to remember that the Phase I survey sample was comprised of NAD membership, and as discussed in Section I, respondents were largely highly educated and employed. In the Phase II survey, the majority of respondents (78%) selected "Health" as the most important setting for interpreting services. It is not surprising that only 10% of Phase II respondents selected "Work/job" as the most important setting: in another question, 47% of Phase II respondents reported they were a VR consumer at the time of the survey.

Overall, although the number of responses varied in the two surveys, "Health" and "Work/job" were both identified as the two most important settings for each respondent group.

The Phase I and Phase II Deaf Consumer Survey respondents were also asked to identify the settings that are the most difficult to obtain interpreter services in. Respondents were permitted to select all settings in which they have experienced difficulty obtaining services.

2008 Deaf Consumer Survey – Settings Most Difficult for Securing Services Table 37				
Interpreting Setting	**Phase I Deaf Consumer Survey**		**Phase II Deaf Consumer Survey**	
	# Responses	**% Responses**	**# Responses**	**% Responses**
Health	594	48%	32	52%
My work/job	527	42%	16	26%
Conferences	349	28%	0	0%
Entertainment	309	25%	2	3%
Religious services	262	21%	0	0%
Legal	248	20%	10	16%
School	244	20%	7	11%
Daily business	220	18%	1	2%
Social services	216	17%	4	7%
Mental health	113	9%	2	3%
Voc rehab	73	6%	3	5%
Other	135	11%	18	30%
Total	**1,250**	**100%**	**61**	**100%**

It is concerning that such high percentages of respondents reported it was most difficult to attain interpreting services in "Health" settings: 48% of Phase I respondents and 52% of Phase II respondents. It is also troubling to view the high percentage of Phase I respondents that reported it is most difficult to attain interpreting services at their job (42%), and at conferences (28%), which are likely work-related.

The 2015 Deaf Community Survey asked respondents to identify their two most important settings for interpreter services. Although the survey was still underway at the time this report was prepared, preliminary findings are presented below.

2015 Deaf Community Survey - Settings Most Important Table 38					
Most Important Setting			**Second Most Important Setting**		
Setting	**#**	**%**	**Setting**	**#**	**%**
Work/job	36	40%	Health	26	29%
Health	24	26%	Other settings	18	20%
Other settings	11	12%	Work/job	15	16%
Education	9	10%	Legal	12	13%
Legal	6	7%	Education	11	12%
Social Services	3	3%	Social Services	8	9%
Mental Health	2	2%	Mental Health	1	1%
Total	**91**	**100%**	**Total**	**91**	**100%**

Responses in the "Other settings" category included public events and forums, church, and other types of ad hoc events and activities. That option aside, "Health" and "Work/job" were ranked as the two most important settings for interpreter services. Although these findings are only

preliminary, they are consistent with the input provided by 2008 Phase I and II Deaf Consumer Survey respondents.

The 2015 Deaf Community Survey respondents were also asked to identify the setting in which it is most difficult to obtain interpreter services. Those responses are compared to the information presented on the table above, pulling those settings identified as most important and comparing them with settings identified as most difficult.

2015 Deaf Community Survey - Settings Services Most Needed Vs. Most Difficult Table 39					
Most Important			**Most Difficult**		
Setting	**# R**	**%**	**Setting**	**#**	**%**
Work/job	36	40%	Health	27	33%
Health	24	26%	Other	16	19%
Other	11	12%	Work/job	13	16%
Education	9	10%	Social Services	12	14%
Legal	6	7%	Legal	6	7%
Social Services	3	3%	Education	6	7%
Mental Health	2	2%	Mental Health	3	4%
Total	**91**	**100%**	**Total**	**83**	**100%**

The 2015 Deaf Community Survey responses were again consistent with information reported in the 2008 Deaf Consumer surveys, particularly with regard to the Phase I Survey responses.

It appears that "Work/job" and "Health" settings continue to be the most important settings for services, and also those same settings that d/Deaf individuals have the most difficulty obtaining interpreter services in.

Interpreter Referral Agency Perspectives

The 2013 Interpreter Referral Agency Survey also collected information related to settings respondents receive requests for services in.

A question in the survey asked respondents to report, regardless of fill rates, of all the requests their agency receives in a typical month, where most requests come from. Only those settings selected by at least one referral agency respondent are listed on the following table.

2013 Interpreter Referral Agency Survey – Where Requests Come From Table 40		
Type of setting	**# of Responses**	**% of Respondents**
Doctor's appointments	39	44%
College/University classes	15	17%
Mental health out-patient services	5	6%
Vocational/Technical activities	5	6%
K-12 classes	4	4%
Staff meetings	4	4%
Client meetings	3	3%
Social services appointments (e.g. VR, social security)	3	3%
Training/professional development	2	2%
Other medical settings	2	2%
Hospitalization/surgery	1	1%
Emergency rooms	1	1%
Mental health in-patient services	1	1%
Other college/university activities	1	1%
Legal settings	1	1%
Performing arts/entertainment	1	1%
Other (please specify	1	1%
Total	**89**	**100%**

For 44% of referral agency respondents, most requests for interpreter services are for "Doctor's appointments." This input is consistent with information collected in the 2008 Phase I and Phase II Deaf Consumer Surveys and the 2015 Deaf Community Survey in which d/Deaf individuals also identified "Health" settings as most important for services. However, information reported by the referral agencies also raises concern considering in all three d/Deaf community surveys, "Health" settings was also identified as the most difficult setting for obtaining services.

With regard to health-related settings, referral agency respondents were asked how often they received requests in four health-related categories: doctor's appointments; hospitalization/surgery; emergency, and other medical settings.

2013 Interpreter Referral Agency Survey – Frequency of Requests Table 41				
Health Setting	**Never**	**Occasionally**	**Frequently**	**Regularly**
Doctor's appointments	2%	18%	17%	63%
Hospitalization/surgery	10%	33%	27%	30%
Emergency	12%	37%	26%	26%
Other medical settings	7%	27%	23%	43%

Of the four setting options provided, requests for interpreter services for doctor's appointments was the category respondents reported receiving the most requests in: 63% of respondents reported they "regularly" receive requests for doctor's appointments, and 17% reported they "frequently" receive such requests. With regard to the other three health-related settings, overall, more than 50% of respondents reported "frequently" or "regularly" receiving requests in each setting category.

As a follow-up question, respondents were asked how often they are able to fill requests in those settings.

2013 Interpreter Referral Agency Survey – Ability to Fill Requests Table 42				
Health Setting	**Rarely**	**Sometimes**	**Usually**	**Always**
Doctor's appointments	0%	2%	34%	64%
Hospitalization/surgery	3%	8%	41%	49%
Emergency	7%	12%	48%	38%
Other medical settings	0%	3%	49%	48%

It is concerning to consider responses in the categories of hospitalization/surgery and emergency settings, both of which are high risk and critical with regard to ensuring d/Deaf individuals can communicate effectively with medical providers. However, 19% of respondents report they can "rarely" or only "sometimes" fill requests in emergency settings. Another 48% of respondents reported they can "usually" fill such requests. Responses in the hospitalization/surgery category are also concerning. In that regard, 11% of respondents reported they can "rarely" or only "sometimes" fill such requests, and 41% of respondents reported they "usually" are able to fill these requests.

Respondents of the 2013 Interpreter Referral Agency Survey were also asked how difficult it is to fill requests for services in these settings.

2013 Interpreter Referral Agency Survey –Difficulty Filling Requests Table 43				
Health Setting	**Impossible**	**Difficult**	**Easy**	**Very Easy**
Doctor's appointments	0%	10%	56%	34%
Hospitalization/surgery	1%	16%	59%	24%
Emergency	3%	47%	40%	11%
Other medical settings	1%	10%	64%	26%

Responses related to difficulty filling requests for interpreter services in Emergency settings are alarming: 50% of respondents reported it is "impossible" or "difficult" to fill requests in that setting.

In a follow-up question, respondents who reported it was either "impossible" or "difficult" to fill requests in health-related settings were asked to report the most frequent reason they had such difficulty. Responses are provided on the following table.

2013 Interpreter Referral Agency Survey – Reason For Difficulty Table 44	
Reason for Difficulty Filling Health-related Requests	**% of Responses**
Insufficient lead time	43%
Lack of qualified interpreters for the assignment	27%
Other	14%
Time of the assignment	12%
Client not willing to meet minimum terms and conditions	4%
Length of the assignment	0%

It is perhaps not surprising that "insufficient lead time" was identified as primary factor making it difficult for referral agencies to fill requests in emergency settings, which by their very nature are sudden, and even in hospitalization/surgery settings, in which needs may also arise unexpectedly. It is concerning however that "lack of qualified interpreters" was identified by 27% of those respondents that reported they had difficulty filling requests in the health-related settings. Under the "other" category, the majority of responses also related to unavailability of qualified interpreters and insufficient lead time.

Because the 2008 Deaf Consumer Surveys and the 2015 Deaf Community Survey also identified business-related settings as the most important and most difficult settings to secure interpreter services in, information collected from referral agencies related to business settings is examined.

2013 Interpreter Referral Agency Survey – Frequency of Requests Table 45				
Business Setting	**Never**	**Occasionally**	**Frequently**	**Regularly**
Job interviews	1%	52%	30%	16%
Client meetings	1%	31%	33%	35%
Staff meetings	2%	24%	29%	44%
Training/Professional Development	1%	31%	40%	28%
Other	9%	32%	32%	28%

Survey responses indicate that the three areas where most business-related requests arise from are: client meetings, staff meetings and training/professional development events and activities.

As a follow-up question, respondents were asked how often they are able to fill requests in the five business-related settings.

2013 Interpreter Referral Agency Survey – Ability to Fill Requests Table 46				
Business Setting	**Rarely**	**Sometimes**	**Usually**	**Always**
Job interviews	0%	7%	33%	60%
Client meetings	0%	0%	37%	63%
Staff meetings	1%	1%	37%	61%
Training/Professional Development	1%	1%	36%	62%
Other	2%	2%	33%	64%

An additional question asked referral agency respondents how difficult it is to fill requests that come from the five business-related settings.

2013 Referral Interpreter Agency Survey –Difficulty Filling Requests Table 47				
Business Setting	**Impossible**	**Difficult**	**Easy**	**Very Easy**
Job interviews	22%	13%	56%	29%
Client meetings	0%	9%	57%	35%
Staff meetings	1%	9%	55%	35%
Training/Professional Development	1%	9%	56%	34%

Although respondents of the 2008 Phase I and Phase II Deaf Consumer Surveys and the 2015 Deaf Community Survey reported it is difficult to secure interpreting services in "Work/job" settings, it appears that interpreter referral agencies are largely successful in filling business-related requests for interpreter services.

Those respondents that did report difficulty filling requests in the five business-related settings were asked to identify reasons contributing to that difficulty. Responses are presented below.

2013 Interpreter Referral Agency – Reason For Difficulty Table 48	
Reason for Difficulty	**% of Responses**
Insufficient lead time	38%
Time of the assignment	28%
Length of the assignment	21%
Client not willing to meet minimum terms and conditions	7%
Lack of qualified interpreters for the assignment	3%

The primary reason interpreter referral agencies reported difficulty filling requests related to "insufficient lead time." The subsequent ranked reasons related to "time of assignment," and "length of assignment." It does not appear that those respondent agencies that have difficulty filling business-related requests have a problem finding qualified interpreters: only 3% identified this as a factor contributing to difficulty.

Interpreter Practitioner Perspectives

The 2007 Practitioner Survey also collected information regarding interpreting settings. Respondents were asked to categorize their interpreting work into 11 primary interpreting setting categories and to indicate the percentage of time they work within each of those settings.

2007 Practitioner Survey - Distribution of Work Across Interpreting Settings Table 49						
Interpreting Settings	**0%**	**1-10%**	**11-25%**	**26-50%**	**51-75%**	**76-100%**
Medical	43%	31%	15%	7%	4%	1%
Post-secondary Education	43%	20%	12%	9%	8%	8%
Business	52%	28%	11%	5%	2%	2%
K-12	56%	13%	4%	3%	8%	15%
Social Services	58%	29%	9%	2%	1%	1%
Mental Health	66%	24%	7%	2%	1%	1%
Technical/Vocational	67%	23%	6%	3%	1%	1%
Religious	67%	23%	6%	2%	1%	1%
VRS/VRI	68%	7%	7%	6%	6%	6%
Vocational Rehabilitation	72%	21%	4%	2%	1%	1%
Legal	76%	15%	5%	2%	1%	1%

One way to assess the information on the table is to look at the "0" column, which indicates the percentage of interpreters that do not work in that setting. For example, 43% of respondents do no work in "Medical" settings, leaving 57% that do. The amount of time those 57% of respondents work in the setting is distributed across the % categories: 31% reported they only spend 1-10% of their time interpreting in the setting. Based on the table above, it appears that while more than half of the 2007 Practitioner Survey respondent pool do interpret in medical settings, in actuality, most spend very little time in the setting. This finding supports information gathered through the 2008 Deaf Consumer Surveys and the 2015 Deaf Community Survey in which d/Deaf individuals reported "Health" settings were the most difficult to obtain interpreting services in. With the exception of "K-12," in which approximately 25% of respondents spend more than 50% of their time, data on the table above seems to indicate that the majority of respondents spend their time working across a number of interpreting settings

The 2014 Practitioner Survey provides a more recent view of the settings in which interpreters work. In that survey, respondents were asked to identify the primary setting in which they interpret.

2014 Practitioner Survey – Primary Setting for Interpreting Table 50		
Primary Setting	**# of Responses**	**% of Respondents**
Mix of settings	390	25%
Postsecondary Education	277	18%
Healthcare	244	16%
K-12	206	13%
Video Relay Service	138	9%
Legal	65	4%
Business	57	4%
Other	49	3%
Public/Social Services	40	3%
Vocational Technical Education	12	1%
Religious	32	2%
Mental Health	27	2%
High Tech	6	0%
Performing Arts	3	0%
Total	**1,546**	**100%**

The highest percentage of respondents reported they worked across a "Mix of settings." That selection category aside, the next three primary settings were: "Postsecondary education," (18%); "Healthcare," (16%), and "K-12," (13%). It is interesting to note the relatively low number of interpreters that reported they worked primarily in "Business" or "High tech" settings.

To understand more about where interpreters work, information reported by the 2014 Practitioner Survey respondents was broken out by staff interpreter versus freelance interpreter. In that survey, 1,002 respondents reported they held a full or part-time staff position and 993 respondents reported they worked solely as a freelance interpreter. Both sets of respondents specified the primary setting in which they provided services.

2014 Practitioner Survey – Primary Setting Interpreters Work In Table 51					
Primary Setting Respondent Works in	**2014 Staff Interpreters**		**2014 Freelance Interpreters**		
	#	**%**	**Primary Setting**	**#**	**%**
K-12	**147**	**24%**	**Mix of settings**	**262**	**29%**
Mix of settings	**125**	**20%**	**Healthcare**	**174**	**19%**
Postsecondary	**120**	**19%**	**Postsecondary**	**155**	**17%**
Healthcare	**67**	**11%**	**Video Relay Service**	**71**	**8%**
Video Relay Service	**67**	**11%**	**K-12**	**58**	**6%**
Business	18	3%	Legal	50	5%
Public/Social Services	18	3%	Business	39	4%
Other settings	17	3%	Other settings	32	3%
Legal	15	2%	Religious	24	3%
Mental Health	9	1%	Public/Social Services	22	2%
Religious	8	1%	Mental Health	18	2%
Voc Tech Ed	6	1%	Voc Tech Ed	6	1%
Performing Arts	3	0%	High Tech	5	1%
High Tech	1	0%	Performing Arts	0	0%
Total	**621**	**100%**	**Total**	**916**	**100**

Although 1,002 survey respondents reported they held a staff position, only 621 responded to the question regarding the primary setting they work in. It is impossible to discern exactly why so many staff respondents did not answer the question about primary setting, but it is still interesting to compare the responses that were provided with the input collected from freelance interpreters.

On the table above, settings are ranked based on highest number of respondents selecting the setting. It is interesting that although the order is different, both groups selected the same top five setting options: "K-12," a "Mix of settings," "Postsecondary," "Healthcare" and "Video Relay Services." While "Mix of settings" doesn't define an actual setting, it does indicate that many interpreters work across multiple settings. Looking at the other four settings, 65% of staff interpreters work primarily in either "K-12," "Postsecondary Education," "Healthcare" or "VRS" settings. For freelance interpreters, 50% of the respondents also spend the majority of their interpreting in one of those four settings. Once again, it is interesting to note the relatively low number of interpreters in either group reporting they work primarily in "Business" or "High tech" settings.

Respondents in both 2007 and 2009 Practitioner Surveys were asked to select the one setting in which they would most like to specialize in the future.

Practitioner Trend Data - Preferred Area of Future Specialization Table 52		
Interpreting Settings	**2007 Practitioner Survey**	**2009 Practitioner Survey**
Medical	18%	22%
Postsecondary Education	20%	19%
K-12	16%	14%
Legal	12%	11%
VRS/VRI	8%	9%
Business	7%	6%
Mental Health	6%	5%
Religious	4%	3%
Social Services	3%	3%
Deaf-blind Interpreting	2%	2%
Vocational Rehabilitation	1%	2%
Technical/Vocational	1%	2%

There are very few differences in the data reported by the two respondent groups, with "Postsecondary education," Medical," "K-12," and "Legal" ranked as the top four settings for future specialization by both respondent groups, though in different order. It is troubling to note the very low percentages in the remaining settings. There appears to be little interest or incentive in the field to specialize in settings including "VR," "Mental health," "Social services" or "Deaf-blind" settings. These are settings of particular importance for d/Deaf individuals that are most at risk, including those emerging segments of the population that have already been discussed in this report: d/deaf individuals from diverse backgrounds with limited language; Deaf Plus individuals; d/Deaf children coming from a mainstream experience, and d/Deaf individuals with cochlear implants.

Additional discussion related to a number of challenges and priorities related to various interpreting settings follows in Section IV.

Section IV

Challenges and Priorities for the Future

Section IV: Challenges and Priorities for the Future

The previous three sections of this report lay the groundwork for identifying challenges and establishing priorities for the future. While the first section points to a changing population of d/Deaf individuals with increasingly complex communication needs, the second assesses the interpreting workforce and its capacity to respond to those needs. The third section examines the settings in which interpreting services are requested and delivered. This final section of the report pulls the pieces together: it points to an increased demand for services, creates a framework for better aligning interpreter services with consumer needs, and provides a foundation for establishing education and training priorities for the future. However, as a reminder, this report is based on an evaluation of various cross-cutting issues that have emerged through the national needs assessment process. It is not intended to identify the full scope of challenges and issues confronting the field, but instead highlight those of particular significance that have been identified through the needs assessment effort to date.

Increased Demand for Services

Despite growing use of cochlear implants and advances in technology that offer new avenues of communication access, it is clear that demand for interpreting services is continuing to increase.

In the 2012 and 2014 Practitioner Surveys, interpreter respondents were asked whether they had experienced more or less demand for their services over the previous three years.

Practitioner Trend Data - Demand For Services Over Past 3 Years Table 53				
Demand for Services	**2012 Practitioner Survey**		**2014 Practitioner Survey**	
	# Responses	**% Responses**	**# Responses**	**% Responses**
More demand	1,526	53%	1,191	63%
Less demand	432	15%	206	11%
No change in demand	615	22%	386	20%
Don't know	285	10%	115	6%
Total	**2,858**	**100%**	**1,898**	**100%**

The majority of respondents in both surveys report increased demand for their services. In the 2014 survey, 63% of respondents reported experiencing increased demand for their services, up from 53% of respondents in the 2012 survey.

To determine whether the demand for services is impacting staff interpreters more or less than freelance interpreters, a filter was run on the survey data to assess differences in the two respondent groups. That information is provided on the following table.

Practitioner Trend Data - Demand For Services Staff Vs. Freelance Interpreters Table 54								
Level of Demand	**2012 Practitioner Survey**				**2014 Practitioner Survey**			
	Staff		**Freelance**		**Staff**		**Freelance**	
More demand	751	57%	766	51%	567	60%	617	66%
Less demand	163	12%	268	18%	104	11%	102	11%
No change	295	22%	316	21%	222	23%	162	17%
Don't know	118	9%	166	11%	55	6%	59	6%
Total	**1,327**	**100%**	**1,516**	**100%**	**948**	**100%**	**940**	**100%**

In the 2012 survey, a higher percentage of staff interpreters reported increased demand for services than did freelance interpreters. In the 2014 survey, not only are the percentages higher overall, in that survey, freelance interpreters reported experiencing a higher level of demand for their services than did staff interpreters.

A follow-up question asked only those respondents that reported "less demand" for their services to identify possible contributing factors. Respondents were permitted to select multiple factors.

Practitioner Trend Data - Less Demand Services Table 55				
Factors contributing to less demand for services	**2012 Survey**		**2014 Survey**	
	#	**%**	**#**	**%**
Work is going to less experienced/expensive interpreters	242	56%	110	54%
Demand for interpreting in general decreased in my area	202	47%	79	39%
Funding for hiring interpreters not as available as before	197	46%	70	35%
Work is going to other interpreters	161	38%	65	32%
VRI has become more widely used in my area	95	22%	48	24%
Deaf individuals using other means to obtain access	74	17%	41	20%

The potential factors contributing to a decreased demand for services were consistent in the two surveys, with "Work going to less experienced/expensive interpreters" the primary reason in both.

The 2013 Interpreter Referral Agency Survey also asked the 135 respondent agencies if they had seen any change in demand for interpreter services over the previous three years. In response, 66% of referral agency respondents reported an increase in the number of requests their agency received. Only 17% of agencies reported a decrease in the number of requests received; 16% reported that the level of requests they received had remained the same.

As a follow-up question, referral agencies that reported an increase in requests were asked to select the primary reason for the increase.

2012 Interpreter Referral Agency Survey – Increased Requests for Services Table 56		
Contributing Factors	**# of Responses**	**% of Respondents**
New contracts	19	35%
Increased awareness on the part of institutions and agencies	18	33%
Local Deaf community activism	6	11%
Improved marketing efforts	3	5%
Other reasons	9	16%

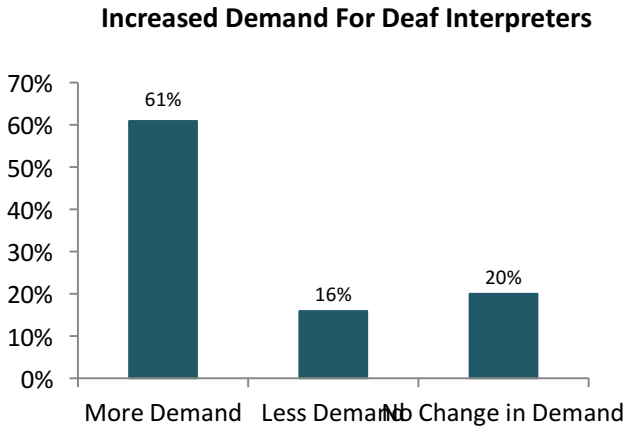
It is particularly positive to note that "Increased awareness on the part of institutions and agencies" was identified by 33% of referral agencies as a factor contributing to the increased demand for services.

An additional question in the survey was asked of those referral agencies that reported a decrease in the number of requests their agency received. Respondents were permitted to select as many factors as applied that may have contributed to a decrease in requests.

2012 Interpreter Referral Agency Survey – Decreased Requests for Services Table 57		
Contributing Factors	**#**	**%**
Increased competition from spoken language interpreter agencies	9	64%
Institutions/ agencies not providing interpreting services at rate they were	6	43%
Deaf people using VRS more frequently	5	36%
Increase in institutions and agencies creating staff interpreter positions	5	36%
Deaf people using VRI more frequently	3	21%
Increased use of CART	3	21%

Although the number of agencies that reported a decreased demand for services were few, the reasons cited by those that have experienced fewer requests do provide insight to changes occurring in the field.

While demand for interpreting services is increasing overall, there are several particular areas that warrant particular attention. One area relates to a growing demand for Deaf interpreters. In the 2015 Trends Survey, 61% of respondents reported increased demand for the services of Deaf interpreters, and 87% of respondents reported it is difficult to find qualified Deaf interpreters. In that same survey, 69% of respondents also reported an increase in the number of individuals served



who were considered Deaf Plus. Trained interpreters who are themselves d/Deaf have proven to be very adept at reaching and getting at meaning with individuals who are Deaf Plus through a wide variety of targeted communication strategies and interventions. Despite the apparent increased demand for Deaf interpreters, their services appear to be undervalued and scarce. As discussed earlier in this report, very few 2012 Interpreter Referral Agencies Survey respondents reported employing full- or even part-time Deaf interpreters. In the Trends Survey, 86% of service providers reported it is difficult to find interpreters whose capabilities match the needs of Deaf Plus individuals. In addition, only a handful of 2014 Practitioner Survey respondents reported they were themselves d/Deaf. However, in that same survey, "working on deaf/hearing interpreting teams" was ranked as the second most important professional development need by respondents.

Demand for trilingual interpreting services is also growing. However, as discussed previously in Section II, very few practitioners reported working in trilingual settings, and based on the current demographics of the interpreter workforce, there is a shortage of interpreters that are 'of' the communities they serve, and therefore best suited for work of this nature. In addition, in the 2013 Interpreter Referral Agency Survey, very few agencies reported employing interpreters with trilingual competencies. In the 2015 Trends Survey, 69% of respondents reported it was difficult to find interpreters whose capabilities match the communication needs of d/Deaf individuals who are immigrants/refugees. In the 2014 Practitioner Survey, the highest ranked professional development need was "working with individuals with idiosyncratic language," and the second highest ranked need was "working on deaf/hearing interpreting teams." It is likely that the increased number of d/Deaf minority and immigrant individuals interpreters are encountering contributes to these emerging professional development needs. In addition, in that survey, "working with d/Deaf immigrants/refugees" was ranked as the fourth highest professional development need by practitioners.

NIEC needs assessment data also point to increased demand for interpreters with the skills and competencies to interpret effectively in health settings. d/Deaf individuals participating in the 2008 Phase I and II Deaf Consumer Surveys and the 2015 Deaf Community Survey consistently reported that health-related settings were not only the most important setting for services, but also the settings in which it is most difficult to obtain interpreter services. In addition, respondents of the 2012 Interpreter Referral Agency Survey indicated that most of their requests for services come from health-related settings, and that they often experience difficulty filling those requests, particularly in emergency and hospitalization/surgical settings.

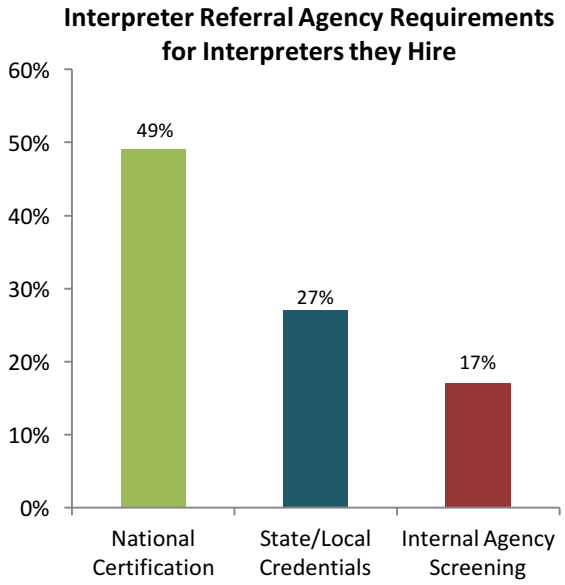
The 2008 Deaf Consumer Surveys and the 2015 Deaf Community Survey also identified business-related settings as one of the most important, and most difficult, settings to secure interpreter services in. Yet, as discussed previously in Section III, information reported by respondents of the 2014 Practitioner Survey indicates very few interpreters work primarily in business settings.

In addition, in the 2015 Trends Survey, 47% of respondents reported that the number of d/Deaf individuals pursuing education or employment in specialized fields had increased or substantially increased. In the 2014 Practitioner Survey, overall, respondents ranked interpreting in "high

tech" settings fourth in importance with regard to professional development needs. In such settings, it is critical for the interpreter to be proficient in academic and professional ASL and English, and to have facility with the highly specialized terminology and discourse associated with, for example, a d/Deaf PhD candidate's oral exam, a d/Deaf professional's job interview, or a d/Deaf attorney's interactions with a client. Currently, it is very difficult to find interpreters who have the linguistic range to serve effectively in such situations. Even among native users of ASL and English, the language sophistication and experience in post-baccalaureate and professional settings is often lacking.

Need for Licensure, Standards and Minimum Qualifications

Increasingly, states are considering licensure for interpreters. In the 2014 Practitioner Survey, 59% of respondents reported licensure was required in the state in which they did the majority of their interpreting. Of those respondents that work in states that do not require licensure, 69% of respondents reported they would support licensure if it was proposed within their state. However, there is concern in the field and among interpreters that entities with little knowledge about interpretation and d/Deaf people will create licensure requirements that are inadequate or restrictive, and in the long run, generate new hurdles for interpreters entering the workforce.



Respondents of the 2013 Interpreter Referral Agency Survey reported information related to interpreter credentials. Respondents were asked to report the minimum credentials they required of their full and/or part-time interpreters. Only 49% of referral agency respondents reported they required the interpreters they hire to have national level credentials, and 27% of agencies require state level credentials. The remaining 17% of respondents only require interpreters to pass internal agency screening processes. The 2014 IEP Survey also captured information related to credentials. In that survey, respondents reported that it took their graduates on average 7-12 months to attain local/state level credentials, and 19-24 months to attain national level credentials. Respondents also reported that, on average, their graduates were working as interpreters within six months. This data indicates that recent IEP graduates are able to find work and start interpreting well in advance of attaining local/state or national level credentials.

Although standards are important to ensure interpreters are qualified to work in all settings, the lack of standards governing interpreters working in mainstream K-12 settings is of particular concern. Low pay and a lack of standards governing hiring requirements have resulted in many

interpreters working in mainstream that are recent IEP graduates with little or no experience interpreting and limited fluency in ASL. According to the U.S. Department of Education (2006), approximately 87% of d/Deaf children are enrolled in mainstream settings. Under-qualified interpreters in mainstream education can undermine language development and contribute to low literacy rates and poor academic and social outcomes for d/Deaf students. Many professionals in the field attribute an increase in idiosyncratic sign language use among transition age and young adult d/Deaf individuals to poor language modeling by interpreters in K-12 settings. Minimum qualification standards are urgently needed for educational interpreters working in K-12 mainstream settings.

As evidenced throughout this report, interpreting in health-related settings is another high consequence setting, both for d/Deaf individuals that require interpreting services in these settings, and for the interpreters that work in them. There is a RID task force currently working to develop a medical settings certificate, along with required testing that would be a prerequisite for obtaining that certification. While independent verification of competency in a specialized area is appropriate and a sign of the development of the field of interpreting, specialty certification is not without its consequences. Assuming the RID establishes a medical setting certificate, and certification becomes a requirement to work in medical facilities, there may be a period of time during which experienced, qualified, but not yet certified interpreters are precluded from work in medical settings. In short, although certifications and standards will serve to introduce new levels of quality over the long-term, over the short-term they may actually serve to exacerbate the current shortage of qualified interpreters working in health-related settings.

VRI is another setting in which standards governing the qualifications and use of interpreters are lacking. VRI has become the default option for providing ADA-required interpreting services in public settings, particularly in hospitals, other medical settings and legal settings. Today VRI vendors and the entities that contract with them define the level and quality of services that are provided, with little or no input from the Deaf community or the field of sign language professionals. Interpreters providing VRI services need excellent signing skills to compensate for the two-dimensional screen, and strong interactional management skills to help them gather information that is not readily visible or audible from their vantage point. The VRI interpreter also needs to have the discernment to know when the process is not working, the assertiveness to say so, and the resources to recommend timely and appropriate alternatives. Unfortunately, many interpreters currently working in VRI are not up to the task, particularly in complex medical and legal situations of high consequence involving specialized terminology.

In the 2015 Deaf Community Survey, respondents were asked several questions related to VRI use. In the survey, 54 respondents reported they had experience with VRI. Of those 54 respondents, 60% have experience with VRI in medical settings. Those respondents were asked whether they found VRI to be effective.

2015 Deaf Community Survey – Effectiveness of VRI Table 58		
Level of Effectiveness	**# Responses**	**% Respondents**
Always effective	5	9%
Often effective	11	20%
Sometimes effective	14	26%
Rarely effective	15	28%
Never effective	9	17%
Total	**54**	**100%**

Although the sample size is very limited, it is concerning that 45% of the respondents that have experience with VRI found it "rarely" or "never effective." Another 26% reported VRI is only "sometimes effective."

Respondents with experience using VRI were asked if they ever switch interpreters. Of the 54 respondents that have used VRI, 16 respondents reported they do ask to switch interpreters. When further queried about why they switched interpreters, all 16 respondents reported it was because the "interpreter does not understand me."

Whether consumer dissatisfaction with VRI relates to the qualifications and competencies of the interpreter, or limitations with the technology, one thing is evident: VRI does not provide effective communication access for many individuals. There is clearly an urgent need for standards and minimum qualification requirements for use of VRI in such high risk settings.

Training and Professional Development Priorities

As discussed throughout this report, many new and unfamiliar communication needs are emerging as the characteristics and demographics of the d/Deaf population continue to change and shift. These changes bring with them an array of unfamiliar communication challenges for interpreters, and are potentially driving the need for new training and development priorities.

In the 2007 Practitioner Survey, 42% of respondents reported there were adequate interpreter education opportunities in their geographic area. In the 2012 Practitioner Survey, 67% of respondents reported sufficient education and training in their geographic area. Based on responses to the two surveys, it appeared the field had expanded and improved upon its capacity to meet the training and education needs of interpreters. However, in the 2014 Practitioner Survey, when respondents were asked if there was sufficient training in their area to help develop their professional skills and knowledge, 51% of respondents answered "No."

In the 2014 Practitioner Survey, respondents were asked to identify their most important professional development need. They were permitted to select up to five areas of greatest importance. There are several ways in which to assess reported information. The first is to list all professional development categories and the total number of respondents that selected each category, either as first, second, third, fourth or fifth in importance.

2014 Practitioner Survey – Most Important Professional Development Need Table 59						
Professional Development Need	**First**	**Second**	**Third**	**Fourth**	**Fifth**	**Total**
Working with individuals with dysfluent or idiosyncratic language	594	427	305	231	122	1,679
Working with individuals who are Deaf plus	368	390	376	250	199	1,583
Working in Deaf/Hearing interpreter teams	406	292	281	202	201	1,382
Working with immigrants/refugees	207	262	246	295	258	1,268
Working with Deaf-Blind individuals	234	206	225	221	335	1,211
Working with children	279	234	191	214	227	1,145
Working with the elderly	112	164	166	241	266	949
Working with individuals with cochlear implants	169	185	219	161	209	943
Working in trilingual settings	90	141	172	191	235	829

Responses are ordered by those areas that were selected the most times across the five levels of importance. Based on this analysis of the information, the most important professional development need of respondents is: “Working with individuals with dysfluent or idiosyncratic language,” followed closely by: “Working with individuals who are Deaf Plus,” “Working in Deaf/hearing interpreter teams,” “Working with immigrants/refugees,” and “Working with Deaf-Blind individuals.” Interestingly, all five areas interrelate to one another and address many of the emerging communication needs identified in this report. For example, individuals who are Deaf Plus, Deaf-Blind, or come from an immigrant/refugee background, often have dysfluent or idiosyncratic language, and all three sets of individuals would likely benefit from the services of a Deaf/hearing interpreter team.

Another way of assessing the same data is to look at just those professional development needs that were identified as either first, second or third in level of importance. The following table provides that information.

2014 Practitioner Survey - Most Important Professional Development Needs Table 60		
Most Important	**Second Most Important**	**Third Most Important**
Working with individuals whose language is dysfluent or idiosyncratic	Working with individuals whose language is dysfluent or idiosyncratic	Working with individuals who are Deaf Plus
Working in Deaf/hearing interpreter teams	Working with individuals who are Deaf Plus	Working with individuals whose language is dysfluent or idiosyncratic
Working with individuals who are Deaf Plus	Working in Deaf/hearing interpreter teams	Working in Deaf/hearing interpreter teams
Working with children	Working with immigrants/refugees	Working with immigrants/refugees
Working with deafblind individuals	Working with children	Working with deaf/blind individuals
Working with immigrants/refugees	Working with deaf/blind individuals	Working with individuals with cochlear implants
Working with individuals with cochlear implants	Working with individuals with cochlear implants	Working with children
Working with the elderly	Working with the elderly	Working in trilingual settings
Working in trilingual settings	Working in trilingual settings	Working with the elderly

This table illustrates the importance of assessing the data from a different angle. While "Working with children" was ranked fourth in terms of the most important area for professional development, it actually was sixth in terms of how many times it was selected by respondents overall across the five levels of importance on Table 59. On this table, "Working with immigrants/refugees" is ranked sixth in the category of most importance, yet it ranked fourth in terms of the total number of responses across the five categories on the previous table. Those differences aside, it is clear that "Working with individuals whose language is dysfluent or idiosyncratic," "Working in Deaf/hearing interpreter teams," and "Working with individuals who are Deaf Plus" are high priority needs of respondents.

In the 2012 Practitioner Survey, respondents were asked to select the single setting in which training and education was most urgent for them.

2012 Practitioner Survey - Setting for Most Urgent for Training Table 61		
Setting	**# of Responses**	**% of Respondents**
Legal	594	23%
Medical	495	19%
Other	458	18%
Mental Health	376	15%
Post-Secondary	178	7%
K-12	161	6%
Job-related	157	6%
Social Services/VR	49	1%
Adult Education	12	0%
Total responses	**2,480**	**100%**

It is interesting that the highest ranked setting was "Legal," with 23% of respondents selecting that setting at the most urgent area for training. In comparison, very few d/Deaf individuals in the 2008 Phase I and Phase II Surveys or the 2015 Deaf Community Survey reported that interpreting services in legal settings were of most importance to them (Tables 36 and 38).

Respondents of the 2014 Practitioner Survey were also asked to identify settings in which they most needed professional development. Respondents were permitted to select up to five areas of greatest importance. Once again there are several ways to assess respondent input. The first is to list all setting categories and the total number of respondents that selected that setting, either as first, second, third, fourth or fifth in importance.

2014 Practitioner Survey – Most Needed Area For Professional Development
Table 62

Area	First	Second	Third	Fourth	Fifth	Total
Healthcare	473	311	315	216	158	**1,473**
Mental Health	412	469	253	153	114	**1,401**
Legal	454	231	186	129	123	**1,123**
High Tech	248	245	223	196	166	**1,078**
Social Services	124	173	243	226	212	**978**
Business	106	149	160	196	254	**865**
Postsecondary	193	213	162	139	149	**856**
Video Interpreting	160	143	122	148	175	**748**
K-12	326	96	93	75	108	**698**
Voc/Tech	84	135	138	139	167	**663**
Performing Arts	70	92	120	107	172	**561**
Religious	77	82	94	94	165	**512**

Responses are ordered by those areas that were selected the most times across the five levels of importance. In just looking at those areas of professional development that most respondents selected across all five categories of importance, "Healthcare" was selected most often, followed closely by "Mental Health," "Legal," and "High Tech."

Another way of assessing the same data is to look at just those professional development needs that were identified as either first or second in importance.

2014 Practitioner Survey – Settings Most Important for Professional Development
Table 63

First in Importance		Second in Importance	
Healthcare	473	Mental Health	469
Legal	454	Healthcare	311
Mental health	412	High Tech	245
K-12	326	Legal	231
High tech	248	Postsecondary	213
Postsecondary	193	Social Services	173
Video Interpreting	160	Business	149
Social Services	124	Video Interpreting	143

Business	106	Voc/Tech	143
Voc/Tech	84	K-12	96
Religious	77	Performing Arts	92
Performing Arts	70	Religious	82

With regard to first in importance, "Healthcare" was selected by most respondents, followed by "Legal," "Mental Health," and "K-12." This again illustrates the importance of assessing the data from a different angle. While "K-12" was ranked fourth in terms of the most important area for professional development, it actually was ninth in terms of how many times it was selected by respondents overall across the five categories of importance on Table 62.

As a follow up question in the 2014 Practitioner Survey, respondents were asked to identify the type of training or support they needed for the setting they had identified as most important for professional development. Below, responses are provided for the top four settings respondents selected as most important: "Health," "Legal," "Mental health," and "High tech."

2014 Practitioner Survey – Type of Training and Support Needed Table 64			
Health as Most Important		**Legal as Most Important**	
Context/content knowledge	156	Context/content knowledge	147
Lexical/vocabulary level	153	Lexical/vocabulary level	129
Ethical decision-making	90	Discourse level	89
Discourse level	90	Ethical decision-making	75
Interpreting practice	67	Interpreting practice	65
Interfacing with technology	55	Managing interactional/physical logistics	46
Interpreting knowledge	53	Interfacing with technology	45
Managing interactional/physical logistics	52	Interpreting knowledge	40
Interpersonal skills	34	Interpersonal skills	38
Mental Health as Most Important		**High Tech as Most Important**	
Context/content knowledge	141	Context/content knowledge	107
Lexical/vocabulary level	101	Lexical/vocabulary level	99
Ethical decision-making	94	Discourse level	53
Discourse level	90	Interfacing with technology	50
Interpreting practice	60	Interpreting practice	32
Managing interactional/physical logistics	53	Interpreting knowledge	32
Interpreting knowledge	48	Ethical decision-making	29
Interfacing with technology	44	Managing interactional/physical logistics	25
Interpersonal skills	43	Interpersonal skills	21

Overall, "Context/content knowledge," "Lexical/vocabulary," "Ethical decision-making," and "Discourse level" were most often identified as the top training and support need, followed closely by "Interpreting practice" and "Interfacing with technology."

In the 2013 Interpreter Referral Agency Survey, respondents were asked to identify the single most important training need for their full- and part-time interpreters.

2013 Interpreter Referral Agency Survey – Most Important Training Needs Table 65					
	Full-time Interpreters			Part-time Interpreters	
Setting	**#**	**%**	**Setting**	**#**	**%**
Mental Health	16	22%	Health	18	22%
Legal	15	21%	Business-related	15	18%
Business-related	12	16%	Mental Health	14	18%
Health	11	15%	Legal	11	14%
K-12	3	4%	Postsecondary	3	4%
Postsecondary	2	3%	K-12	2	3%
Social services	1	1%	Social Services	2	3%
Voc/Tech	0	0%	Voc/Tech	0	0%
Other	12	17%	Other	13	16%
Total	**72**	**100%**	**Total**	**79**	**100%**

Responses in both full- and part-time categories are ordered based on those settings selected by the highest number of agencies. Information reported by referral agencies is very consistent with the input collected in the 2014 Practitioner Survey. In both sets of survey data, "Health," "Legal," "Business" and "Mental health" settings were identified as the four most important settings for training and professional development, although in different rank order.

In the 2014 Practitioner Survey, respondents were asked how they access continuing education.

2014 Practitioner Survey – How Respondents Access Continuing Education Table 66		
How accessed	**# of Responses**	**% of Respondents**
Short term workshops	1,428	71%
Webinars	250	12%
Long term academic coursework	127	6%
Long term mentoring	56	3%
Short-term mentoring	38	2%
Other	110	5%
Total	**2,009**	**100**

It is important to note that the majority of practitioners reported they access continuing education opportunities through short-term workshops (71%), and webinars (12%).

As a follow-up question, respondents were asked what type of instruction they most commonly participate in.

2014 Practitioner Survey – Type of Instruction Table 67		
How accessed	**# of Responses**	**% of Respondents**
In person instruction	1,347	67%
Online instruction	298	15%
Mentorship	124	6%
Hybrid instruction	104	5%
Self-paced online modules	93	5%
Other	37	2%
Total	**2,003**	**100**

The majority of respondents reported they most commonly participate in "in person instruction" (67%), followed by "online instruction" (15%).

Challenges and Priorities Facing IEPs

A wide array of information was also collected from IEPs throughout the NIEC needs assessment effort to assist in understanding current program offerings, enrollment and graduation trends, and information related to IEP training and education needs.

In the 2008, 2013 and 2014 IEP Surveys, respondents were asked to classify their program by the type of degree and/or coursework their institution offered.

IEP Trend Data – Type of Degree/Coursework Offered Table 68						
Type of Degree/Coursework	**2008 IEP Survey**		**2013 IEP Survey**		**2014 IEP Survey**	
Non-degree certificate/in-service	39	43%	25	35%	14	26%
AA/AS program offerings	71	78%	47	65%	27	51%
BA/BS program offerings	27	30%	23	32%	25	47%
MA/MS program offerings	4	4%	3	4%	3	6%
PHD	Not asked	Not asked	1	2%	0	0%

A number of respondents in all three surveys reported they offered more than one type of degree or coursework. Therefore, a particular institution might be counted in more than one degree category if in fact they offer multiple degrees. Another factor to remember is that the three surveys represent only a limited sample of IEPs. However, while the data reported does not reflect the full range of IEP offerings available nationally, in each survey the sample size was significant enough to provide a meaningful indication of the status of offerings in the field at the point in time during which the surveys took place.

It is difficult to conclude too much with regard to the differences between the three surveys in any of the categories listed because of differences among the IEPs that participated in each of the

surveys. However, there does appear to be a continuing positive trend toward a decrease in AA/AS degree offerings and increase in BA/BS degree offerings from 2008 to 2014. There also appears to be a decrease in non-degree certificate/in-service offerings. However, non-degree certification/in-service program coursework is typically made available by providing student access to discrete components of a program's degree level classes. Therefore, it is surprising to discover that so many respondents do not make non-degree certification/in-service coursework available as part of their offerings. This type of course offering is especially important to that segment of the interpreter practitioner population that already holds a degree, but is seeking to hone or acquire a particular skill.

Respondents of the 2013 and 2014 IEP Surveys were asked to describe their program. They were provided a range of descriptors to choose from.

IEP Trend Data – Program Delivery
Table 69

Program Delivery Description	2013 IEP Survey		2014 IEP Survey	
	# Responses	% Respondents	# Responses	% Respondents
Fully on-ground, face-to-face	34	50%	25	46%
On-ground with on-line components	25	37%	24	44%
On-line with an on-site requirement	0	0%	1	2%
Fully on-line	2	3%	0	0%
Other	7	10%	4	7%
Total respondents	**68**	**100%**	**54**	**100%**

The highest percentage of responses fell into the more traditional program delivery modes: "fully on-ground, face-to-face delivery," and "on-ground with on-line components."

In both surveys, program respondents were asked whether they had experienced an increase or decrease in student enrollment over the previous three years.

IEP Trend Data – Program Enrollment
Table 70

Rate of Enrollment	2013 IEP Survey		2014 IEP Survey	
	# Responses	% Respondents	# Responses	% Respondents
Increased	26	39%	24	45%
Decreased	13	19%	9	17%
Remained about the same	28	42%	20	38%
Total	**67**	**100%**	**53**	**100%**

It is positive to note that 39% of 2013 respondents and 45% of 2014 respondents reported an increase in enrollment. However, if the information presented earlier in this report regarding interpreter age and retirement is any indication, there still may be more interpreters aging out or planning to leave the field than are currently entering it.

Respondents of the 2014 IEP Survey were asked how common is it for students entering their program to be native users of ASL.

2014 IEP Survey – Frequency of Native ASL Users Table 71		
Frequency	**# of Responses**	**% of Respondents**
Always	0	0%
Very often	2	4%
Sometimes	18	34%
Rarely	31	58%
Never	2	4%
Total	**53**	**100%**

In that survey, the majority of programs reported that students entering their programs are "rarely" native users of ASL (58%). Another 34% of respondents reported that entering students "sometimes" are native users of ASL.

Respondents of the 2013 and 2014 IEP Surveys were also asked if the number of graduates from their program had increased or decreased over the previous three years.

IEP Trend Data – Number of Graduates Table 72				
Number of Graduates	**2013 IEP Survey**		**2014 IEP Survey**	
	# Responses	**% Respondents**	**# Responses**	**% Respondents**
Increased	16	24%	16	31%
Decreased	12	18%	7	13%
Remained about the same	38	58%	29	56%
Total	**66**	**100%**	**52**	**100%**

Overall, the majority of programs in both surveys reported that graduation rates have "remained about the same."

Respondents in both surveys were asked if their program was experiencing pressure from its administration; a list of potential examples was provided.

IEP Trend Data – Pressures Coming from Program Administration Table 73				
	2013 IEP Survey		**2014 IEP Survey**	
Type of Pressure	**Yes**	**No**	**Yes**	**No**
Increase class size	57%	43%	67%	33%
Cancel classes with low enrollments	65%	35%	79%	21%
Increase use of part-time faculty	42%	58%	33%	67%
Close positions as faculty leave	29%	71%	24%	76%
Do away with prerequisite course work	23%	77%	12%	88%
Do away with entrance screening	20%	80%	16%	84%

It is concerning that 65% of 2013 program respondents and 79% of 2014 program respondents reported they were under pressure to "cancel classes with low enrollments." It is also troubling that 29% of 2013 survey respondents and 24% of 2014 survey respondents feel pressure to "close positions as faculty leave."

Throughout this report, the benefits of Deaf interpreter services have been discussed, as well as increased demand for their services. In the 2014 IEP Survey, program respondents were asked whether their program provided preparation for Deaf interpreters.

2014 IEP Survey – Preparation for Deaf Interpreters Table 74		
	# of Responses	**% of Respondents**
Yes	13	25%
No	39	75%
Total	**52**	**100%**

It is troubling that 75% of program respondents reported their program does not provide preparation for Deaf interpreters.

In a follow up question, those programs that indicated they do provide preparation for Deaf interpreters were asked to report how many d/Deaf students were currently enrolled in their program.

2014 IEP Survey – Enrollment of d/Deaf Students Table 75		
d/Deaf students	**# of Responses**	**% of Respondents**
1-3 students	12	100%
4-6 students	0	0%
7-9 students	0	0%
10 or more students	0	0%

Not only do very few programs offer preparation for Deaf interpreters, those that do have very few d/Deaf students enrolled in those programs.

In the 2014 IEP Survey, respondents were also asked to report how many full- and part-time d/Deaf faculty were employed by their program.

Number of Deaf Faculty Table 76											
2014 IEP Survey											
Number of Faculty	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**>8**	**total**
FT Deaf ASL Faculty	12	19	9	3	3	1	0	0	0	1	48
PT Deaf ASL Faculty	12	11	8	2	2	6	1	3	0	2	47
FT Deaf Interpreting Faculty	37	4	1	0	1	0	0	0	0	0	43
PT Deaf Interpreting Faculty	34	9	0	0	0	0	0	0	0	0	43

It appears respondent programs utilize more d/Deaf ASL faculty than they do d/Deaf interpreting faculty. In addition, d/Deaf ASL faculty are utilized more often on a part-time rather than full-time basis.

To understand more about the training and education supports needed by IEPs, in the 2014 survey, respondents were asked if their program would benefit from informational modules in four key areas, designed for infusion into their curriculum.

2014 IEP Survey – Training and Education Supports Needed Table 77		
Type of informational module	**Yes**	**No**
Interpreting with d/Deaf individuals from a racial or ethnic minority group	84%	16%
Interpreting with d/Deaf immigrants/refugees	73%	27%
Interpreting with Deaf Plus individuals	92%	8%
Interpreting with d/Deaf individuals with cochlear implants	76%	24%

It is apparent that IEPs are seeking support in many of the same training and professional development areas as have been identified by interpreter practitioners and interpreter referral agencies throughout the NIEC needs assessment process.

Recruitment and Building the Interpreter Workforce

Overall, information collected through the needs assessment, particularly from practitioner respondents, indicates that strategies are urgently needed to attract young people to the profession. In the 2014 Practitioner Survey, only 14% of respondents reported they were under the age of 30. In that same survey, 39% of the respondent pool reported they are over age 50. In combination, the two sets of percentages point to a relatively high number of practitioners that will approach retirement age over the next ten to fifteen years, and a potential shortage of new interpreters that will be available to fill behind.

Another clear recruitment priority should focus on bringing more d/Deaf individuals into the profession. Many of the challenges brought about by current and projected demographic shifts, increased numbers of individuals who are Deaf Plus, and increased idiosyncratic use of ASL call for more and better trained Deaf interpreters who will generally work in teams with interpreters who are not d/Deaf. More work needs to be done to establish effective practices for use of Deaf interpreter services in specific situations, and to promote and disseminate information to the d/Deaf community, as well as external service providers, regarding the benefits of Deaf interpreter services. At the same time, there is a current shortage of these professionals, so a balance must be struck between advocating for their use and ensuring the interpreting workforce is positioned to meet any new demands for Deaf interpreters that may arise from that heightened awareness.

Increased diversity in the d/Deaf population is also driving the need for more interpreters with trilingual competencies, and for the services of trilingual interpreting teams (which often include a Deaf interpreter). However, today very few practitioners reported working in trilingual settings, and based on the demographics of the current interpreting workforce, there is surely a shortage of interpreters that are ‘of’ the communities they serve. Efforts should be taken to build diversity within the interpreting workforce, and to recruit individuals from minority and immigrant communities into the profession, including d/Deaf individuals. At the same time, it

will be critical to ensure that IEPs are equipped and prepared to provide training and education, in accessible formats and delivery modes, to these individuals.

Children of d/Deaf adults, or CODAs, can bring significant experience and skill to the profession of interpreting. These individuals are typically native ASL users, and have the advantage of having familiarity with d/Deaf individuals and Deaf culture. However, in the 2014 Practitioner Survey, 89% of respondents reported "neither parent" was d/Deaf; 9% of respondents reported "both parents" were d/Deaf, and 2% of respondents reported "one of their parents" was d/Deaf. This important resource appears to be largely unrepresented within the current interpreting workforce.

Future Needs Assessments

Needs assessments have proven to be a valuable tool in providing information and insight related to changing needs and priorities, both within the d/Deaf population and across the field of sign language interpreting. However, there are many challenges associated with effectively carrying out the needs assessment process. For one, it has proven to be difficult to collect information from d/Deaf individuals that are truly representative of the population consumer overall. These individuals may not be members of professional organizations, and obtaining their participation in a national survey has proven to be problematic and costly. Yet input from the d/Deaf consumer is critical and should be the starting point for developing strategies and priorities for the field. Over insight contributing to understanding the needs of d/Deaf individuals can come from service providers that work with those individuals. The 2014 Trends Survey collected rich data from service providers, but was limited in scope. Future needs assessments should expand upon input from service providers as an important resource related to understanding d/Deaf consumer needs.

Future needs assessments should also include goals for gathering interpreter input from non-RID members. The interpreter referral agency input gathered through the current process has been an excellent source of comparison with information collected directly from practitioners. But more needs to be done to gather input from non-RID members regarding the interpreting challenges they face and the training and education needs they may have.

The needs assessments that have been carried out through the NIEC initiative have largely focused on information about d/Deaf adults. However, the current population of d/Deaf children and youth represent the first generation of its kind, and their needs are both diverse and complex. Many were served in early detection and intervention programs and received a cochlear implant at a very young age. An increasing number will come from a minority or immigrant background where English may not be the spoken language in the home. These children will be educated in mainstream settings, and run the risk of secondary disabling conditions. It is difficult to predict what the communication needs of this generation will be over the long-term. However, it is clear that determining how to meet their needs today will help to inform the types of services and supports they will require to succeed and achieve independence as adults.

Conclusion

The last twenty years have been a period of unprecedented change. The NIEC needs assessments offer a vivid snapshot of the impact those changes are having on d/Deaf individuals and the interpreters who provide services to them. The assessments establish that interpreters are increasingly providing services to new segments of the d/Deaf population, including individuals from diverse ethnic backgrounds, individuals using cochlear implants, individuals with secondary disabilities and individuals coming from a mainstream education experience. These individuals present complex and unfamiliar communication challenges for interpreters, ranging from services to d/Deaf individuals with idiosyncratic and dysfluent language, to services to d/Deaf individuals that are proficient in ASL and English and require services in highly specialized academic and employment settings. Today, interpreting situations may call not only for spoken and signed languages other than English and ASL, but increasingly, for alternative communication strategies and sensitivity to special needs. The confluence of this diverse array of linguistic, cultural, and situational needs will challenge the interpreting workforce – and interpreter education – for many years to come.

In addition, the ongoing shortage of interpreting personnel continues to increase the interpreter supply and consumer demand gap. This shortage is further compounded by the need for interpreters with increasingly complex and specialized skills and knowledge. Unfortunately, the current lack of standard outcomes for ASL prior to studying interpreting and at graduation, diminished program involvement with the Deaf community, lack of standard outcomes for interpreter education, lack of formal, supervised pathways for new graduates, and the absence of a robust nationwide promotional effort to recruit new prospective interpreters to the field all impede the flow of new practitioners into the workforce.

The NIEC needs assessments provide a valuable framework for informing predictions about the populations interpreters will work with in the future; building an interpreting workforce that is equipped to meet a variety of diverse communication needs, and establishing goals to align the field of interpreter education with that future direction. Traditional service delivery roles and responsibilities are being tested in light of changing needs and new technologies that have only recently been put into practice. Many of the changes taking place today are relatively new, and there is insufficient research or statistics on which to base assumptions and predict needs for the long term. Hopefully, this report and the other needs assessment reports produced by NIEC will inform the direction of future RSA funding cycles and promote enhancements in interpreter education and professional development over the next 5-10 years.

APPENDIX

NIEC Needs Assessments

NIEC NEEDS ASSESSMENTS

A list of needs assessment activities and reports are available on-line at the NIEC website: http://www.interpretereducation.org/resources/need-assessments/

Interpreter Education Programs
Report: Interpreter Education Needs Assessment (2007)
Report: Interpreter Education Needs Assessment: Trends Analysis (2010)
Audio: Interpreter Education Program Trends Analysis Page (4/22/2010)

Interpreting Practitioners
Report: Practitioner Needs Assessment (2007)
Report: Interpreter Practitioner Needs Assessment: Trends Analysis (2010)
Webinar: Trends Analysis & Highlights: 2007-2010 Interpreting Practitioner (5/17/2010)*
Report: Regional Practitioner Needs Assessment Results: CATIE
Report: Regional Practitioner Needs Assessment Results: GURIEC
Report: Regional Practitioner Needs Assessment Results: MARIE
Report: Regional Practitioner Needs Assessment Results: NURIEC
Report: Regional Practitioner Needs Assessment Results: WRIEC
Report: Interpreting Practitioner Needs Assessment of 2012 Final Report

Deaf Consumers
Report: Deaf Consumer Phase 1 Needs Assessment (2008)
Report: Deaf Consumer Phase 2 Needs Assessment (2009)
Report: Comparison Report: Deaf Consumer Phases 1 & 2 (2009)

Interpreter Referral Agencies
Report: Interpreter Referral Agency Needs Assessment (2008)
Report: Interpreter Referral Agency Needs Assessment (2013)

Vocational Rehabilitation Services
Report: VR Needs Assessment Report (2009)
Report: Vocational Rehabilitation Interpreter Practitioner Interview Findings (2010)
Webinar: Recent Findings: Interpreting Needs in Vocational Rehabilitation Settings (2/11/2010)*
Webinar: Vocational Rehabilitation Needs Assessment and Implications (6/06/2011)*