26 April 2020

Dear Sir or Madam,

The Association of Sign Language Interpreters (ASLI), is the largest membership organisation of sign language interpreters and translators in the UK. We aim to raise professional standards and to encourage good practice in the various fields of interpreting and translation that our members work in, such as in medical, educational and employment settings.

Our clients have varying degrees of hearing loss, may or may not use technical aids such as hearing aids or cochlear implants and use British Sign Language (BSL) as their first or preferred language. Approximately 87,000 Deaf people of all ages are BSL users, although no exact numbers can be established as there is no registration system for Deaf people in the UK. The World Health Organisation estimates that in general 0.2-0.5% of the world population are sign language users and many more suffer from a degree of hearing loss. Due to varying levels of access to education and communication support, language deprivation is prevalent in Deaf people, so that comprehension and production of written English is often compromised. Under the current circumstances of a global pandemic, Deaf people face even greater barriers to access information and services.

In response to your call for evidence, we have collated some of the issues our members and clients have reported to us:

**Public Health information**

A campaign is currently underway to ensure access to vital information in British Sign Language (BSL) for the government’s daily news briefings. Although in-vision interpreting is being provided by the BBC, this service has failed several times so far, including for the lockdown announcement on 23rd March 2020. The BBC has removed in-vision interpreting from one of their morning news slots to be able to cover the afternoon press conference without additional resources. In addition, this service is only accessible on BBC news channels and online, making it especially difficult to access for those less tech savvy and versatile in the use of online content. The campaign can be found on Twitter under #WhereIsTheInterpreter and is led by members of the Deaf community. Their aim is for provision of interpreting at the source, e.g. on stage with ministers, so that it would be included in the initial broadcast and therefore making it accessible on every channel. So far, the government has not offered a satisfactory response to this request and petition.
It is vital that Deaf people have access to the same information at the same time as hearing people so that they are able to follow the advice given by government officials to keep themselves and others safe. This includes appropriate live captioning for subtitles as well as BSL interpretation to ensure the varying linguistic needs of those with various grades of hearing loss and language preference and ability are met.

Medical settings

We have had various reports of access barriers for Deaf sign language users under the current restrictions in medical settings. Upon request, Capita Translation and Interpreting as the main contract holder for language services in the NHS has stated that “We’ve not been made aware of requirements for interpreters registered with Capita to be requested to attend infection centres, nor have we heard of any plans concerning deaf patients in particular.” It is surprising and concerning to find out that no guidance has been issued regarding Deaf people’s access to information in medical settings in their first language, British Sign Language (BSL), to procedures for supplying interpreters in this crisis, and that no requests have been made to Capita for interpreters to attend bookings. Looking at various news reports from the media, patients are able to request a religious leader to attend in hospital for spiritual guidance, but not an interpreter to gain access to vital information and to guide their decision-making process for treatment. It is unclear who is responsible for the policies on this or if the use of interpreting services is even considered in those instances.

The national GP access team states that ‘patients with suspected COVID-19 symptoms to contact NHS 111 via the BSL interpreter service’. However, high demand has caused long waiting times and intermittent service for Deaf patients, leaving some Deaf people in the UK without any access to medical advice! This is particularly worrying considering the most recent campaign by NHS UK to urge individuals to seek medical attention where needed. For Deaf people, this has become significantly more difficult and frightening. The GP access team further state that ‘patients should have their communication needs included in their patient records’ and ‘the move to total triage for non-Covid matters should not be a barrier to accessing appointments’. Unfortunately, not all patient records have the relevant alerts or information recorded. Total triage is a barrier for Deaf sign language users, as alternatives to phone contact are not automatically provided and there is no process in place in practices for Deaf people to make the initial phone call to establish alternative arrangements, if they are even available in practices. As far as we are aware, no recommendations have been made to GPs on how to communicate with Deaf people remotely and how to include interpreters. Another question to raise is with regard to Deaf people isolating or those without access or ability to use technology such as smartphones and how they are to contact relevant services.

Access to communication support in health settings generally has almost come to a complete halt, both for physical and mental health issues. Some hospitals seem to be using various remote interpreting services but intermittent Wi-Fi and other technological problems make this an impossible task. We have had individual reports of GPs being unable to provide video appointments and being unsure of the booking procedures for interpreters (which would be exactly the same as they were before). Staff and interpreting agencies are also not booking face to face interpreters due to the risks of spreading the virus via an additional person in the room, presumably based on blanket advice from decision-makers on booking interpreters in general. Many interpreting agencies are
reporting that only very few, if any, bookings are received for BSL interpretation at present, even remotely. Provision seems to be varying greatly by Trust and region, making access to health services a postcode lottery for this vulnerable and protected group. No provisions at all seem to be made for emergency situations. Imagining for example an emergency involving an ambulance and paramedics in full PPE and an accident and emergency department, it is easy to see how impossible communication would be for a Deaf person who cannot write or understand written English or is in no condition to use method.

Advice has been made available for NHS Trusts and community health providers on which treatments to continue or to stop and under which circumstances (Publications approval reference 001559). This, for example, states that audiology appointments for existing hearing aid wearers should be provided remotely. However, no advice is given on communication support or the use of BSL interpreters. Most of the advice given in this, and other, documents refers to telephone appointments but does not state how to accommodate Deaf patients who need provision of British Sign Language (BSL) to communicate. Moreover, new or repaired hearing aids/cochlear implants require programming and a hearing test that is only possible in face to face due to the equipment needed. Especially considering the lack of access to interpreting services, hearing aids are key technology to at least aid communication on basic levels and to help Deaf people manage everyday tasks. Functioning and well calibrated hearing aids are vital for many users, but with now limited access to communication support, this becomes absolutely critical for some Deaf users, even for basic activities such as crossing the road, hearing announcements or even being aware that someone is speaking while wearing a mask, as they cannot see the lip movements.

Unfortunately there is a severe lack of knowledge and awareness of the needs of Deaf people, and the use of sign language at a physical distance (which is possible in most cases and with the right protective measures), or the fact that interpreters can still be booked for face to face appointments and that they are able to receive instructions and advice on minimising the risks in such circumstances. Relevant interpreting agencies with medical and public service contracts are obliged to fulfil any requests for interpreter bookings both for routine and emergency bookings, and, failing that, interpreters can be contacted directly, for example via the NRCPD website. The situation for DeafBlind patients is even worse, as the method of interpreting is likely to involve physical touch, or at least close proximity, and remote interpreting is not feasible in those situations. In addition, the requirement for professionals to wear masks poses a major problem for Deaf people as they will not be able to lip read, therefore making any form of verbal communication impossible. This emphasises the need for an interpreter present. The case of an interpreter wearing a mask is likely to be an additional challenge, as part of the grammar of sign languages is conveyed via facial expressions and lip patterns, but if absolutely no alternative can be found, it would still increase the chances for the Deaf person to understand more of the information than without an interpreter. Moreover, due to the modality of sign languages being visual, it is usually possible to keep a safe distance between patient and interpreter, or even to sign through a window.

Despite clear advice from the WHO as well as various Deaf organisations, Trusts do not seem to have procedures in place. Where they do, they are not being adhered to, and available measures are not being utilised.

Frankly, the situation is dire for Deaf people all over the UK. There are serious questions to be asked around informed consent for treatment, decisions on DNR, any decisions linked to the Mental
Health Act and its recent amendments, the effects of the suspension of the Care Act and resulting lack of medical, social and communication support. Many initiatives have been established by interpreters and Deaf advocates - volunteers are providing some of the services without remuneration that should be provided by the health service. The Royal Association for Deaf people (RAD) is currently funding a national interpreting service for patients to call their GP. Most recently, the Deaf charity SignHealth has taken it upon themselves to also provide remote BSL access to NHS services on a national level. This is a great initiative on their part, but the service should be funded by the NHS/the government rather than a charity (and should in fact already be covered by existing contracts for interpreting and translation services). Further questions arise on clinical situations where remote interpreting is not possible or advisable, such as in mental health settings, for very young or elderly patients and those who have additional disabilities or who are severely ill and may not have the physical or mental strength to divert any resources and effort to understanding of language or using a screen. Action does need to be taken by stakeholders immediately in all public healthcare sectors and specifically in GP and hospital settings.

**Educational settings**

The closure of schools has disproportionately affected Deaf children as well as Deaf parents. Although some specialist schools remain open and many of the children affected could be classed as vulnerable, providing suitable education for children with additional communication barriers and lack of interpreting services is a great challenge for everyone involved. Deaf parents are struggling to support their children’s learning as they may struggle more to understand materials and to work through them with their children (e.g. phonics would be entirely inaccessible). Deaf students at colleges and universities are struggling to receive the support they need as no clear guidance is available for them and communication with relevant stakeholders is a massive problem. Neither educational institutions nor funders (such as Student Finance England/DSA) have information available, and some relevant interpreting agencies are unsure of procedures or which technical aids/platforms to use. This has already led to a major shift in the interpreting landscape, a massive price decay and immense competition in a field where demand usually significantly outweighs supply, effectively reducing the quality of what little provision is being offered.

**Employment**

The main issues reported to us from members with regards to employment centre around the Access to Work (AtW) scheme: Many requests have been made to the DWP to accept digital signatures for AtW forms but so far without success. This leads to Deaf workers having to print forms at home, post them to their managers who in turn have to post them to the DWP. There are practical issues such as access to printers but also GDPR issues about revealing home addresses and health concerns for unnecessary journeys to the post office. This is particularly difficult for vulnerable individuals who are self-isolating and effectively violates government guidance on social distancing and non-essential journeys. It also causes delays in payments to interpreters, resulting in further strain on a profession already struggling to sustain employment, which in turn may lead to future shortages of interpreters as some are leaving the profession to source an income.

Further issues arise due to increased workload/limited staffing at the DWP and trying to make changes to AtW budgets or new claims due to changing working hours and interpreting demands.
Moreover, there are also many Deaf people who are key workers, both as frontline staff in the NHS and in various areas of retail. Their access to information and to interpreters has diminished due to perceived risks of infection. Those Deaf people who are self-employed are now struggling to receive information on access to government grants and loans as the information pages are not available in BSL.

Other public services

We have received several reports of Deaf people facing barriers to access public services, particularly those who are registered in the government’s shielded group. Many councils have set up hotlines for vulnerable people to access support such as food deliveries. These can only be reached by phone. No provisions are being made to communicate with Deaf people in their language. Similarly, the UK government National Shielding Service contacts individuals by phone only and there is no way to inform them that phone calls cannot be answered by a Deaf person. Repeated phone calls by unknown numbers can be extremely distressing for Deaf people as they cannot find out if there is an urgent message for them and have no way of getting back to the caller.

Similar barriers exist for job centres and any other service that solely relies on phone lines as their only method of contact. Alternatives such as email addresses should always be provided, ideally in addition to a method of contacting the service in BSL. Where usually drop-in services or even hearing friends and family would have been available to help with communication, these options have now disappeared entirely, moved online or have been restricted by emergency laws.

Summary and potential solutions

Although it is understandable that under the current circumstances not every service can be upheld and some may need to be adapted, the majority of the above issues seem to stem from lack of awareness and relevant institutions not knowing how to proceed. Public services have a duty to offer a way to communicate that does not require the ability to hear. In addition, institutions should be made aware that they can and should still book interpreters through the same channels that they did before, that many interpreters and agencies offer remote as well as face to face services, and that interpreters are qualified, trained professionals who are able to advise on best practice and minimising risks. The government has so far not explicitly included interpreters in their list of key workers. Rectifying this would be a first step to ensure relevant institutions are aware of the essential services that interpreters provide.

Furthermore, we would urge you to work with stakeholders (such as Capita Translation and Interpreting, hospital trusts, primary and social care providers, local councils, the Department of Education and the Department of Work and Pensions as well as and Deaf-led organisations such as SignHealth and RAD), to produce and disseminate standardised guidelines on the issue.

Tens of thousands of lives are at stake and not providing adequate communication support is not only a disproportionate disadvantage for Deaf people, but a violation of the UN Convention on Human Rights and the Equality Act 2010.
On the risk of infection and spread of Covid-19 via the presence of interpreters, it is important to mention that qualified BSL interpreters are registered with the National Register of Communication Professionals working with Deaf and DeafBlind people (NRCPD). They are trained to degree level and have a Code of Conduct to adhere to. Under the overarching principle of ‘Do no harm’, there are various aspects of this Code relevant to the situation. Section 1 states: ‘You must act in the best interest of the people and organisations that use your service’. This would undoubtedly include ensuring that an interpreter will only accept a booking in a high-risk environment if they deem it to be absolutely necessary and no other option to facilitate communication support is feasible. Section 3 mentions that ‘You must work within the limits of your training, skills and experience’.

Interpreters are trained to assess whether they are suitable for an appointment, and to weigh up the risks for themselves and others in an assignment, based on the information they receive about the booking beforehand. If all relevant information is passed on to the interpreter in advance, they are able to make an informed decision and advise the hearing professional as well as the Deaf person on the most appropriate way of conducting the assignment from a communicative point of view. In medical settings, the professional and the interpreter can use the expertise in their respective specialist areas to come to the best solution for everyone involved. Section 5.1 of the Code reads ‘You must limit your work or stop practising if your ability to practice could be negatively affected by your mental or physical health.’ This infers for example, that any interpreter with relevant symptoms of Covid-19 or any other infectious diseases would not work in high risk settings under any circumstances, but particularly not in the current pandemic.

Any breach of this Code of Conduct can lead to sanctions against interpreters or even the loss of their registration in similar ways that nurses and doctors can lose their license if in breach of their regulations. Moreover, theoretical and practical guidance for interpreters on behaviours during crisis, effective use of PPE and remote interpreting is available from national and international organisations, which is based on academic research and advice from experienced practitioners. Therefore, decisions to book or not book sign language interpreters, whether face to face or remotely, should be individual ones on a case by case basis rather than blanket decisions. If general guidance is issued, the aim should always be to accommodate the individual’s communication needs as much as possible and weighing the risks and benefits of such decisions should be made jointly by the professional and the interpreter.

We feel that the majority of these issues could be resolved within a short period of time, as the only change required would be one of policy as well as raising awareness for the issue on the front lines. We would be more than happy to work with you on this issue as well as signposting you to Deaf-led organisations who can give first-hand insight and advice on the matter. A copy of this letter will be sent to relevant Healthwatch organisations as well as professional bodies such as the Royal College of Physicians and the Royal College of Nursing to raise awareness of the matter for the public and in relevant professions. We have also included a list of resources, some of which are mentioned in our letter, where you can find further information and evidence on the topic. Please direct any responses to board@asli.org.uk.

We look forward to your response.

Yours faithfully
List of national and international resources for further information:

• Joint statement of the World Federation of the Deaf (WFD) and the World Association of Sign Language Interpreters (WASLI):

• National register of Communication Professionals working with Deaf and DeafBlind people (NRCPD)
  https://www.nrcpd.org.uk/

• ASLI position paper on the use of video interpreting services for public services

• The charity SignHealth who provides resources in BSL for medical and mental health settings:
  https://signhealth.org.uk/announcement/bslhealthaccess/

• One of the resources available on interpreting in medical settings under the current circumstances, including recommendations for PPE:
• WHO guidance on risk communication:

https://www.who.int/news-room/q-a-detail/who-emergency-risk-communication-guidance

• An interview with the initiator of the #WhereIsTheInterpreter campaign, explaining in more detail what the issues are on interpreting provision in any national televised address:

https://hearmeoutcc.com/hashtag-where-is-the-interpreter/

• The Limping Chicken, a deaf blog featuring case studies, personal accounts and journalist articles on a variety of topics, including the impact of the pandemic of Deaf people in the UK:


• A collection of resources available to sign language interpreters on best practice and various statements from relevant organisations globally:

https://www.mayadewit.nl/coronavirus-info-for-interpreters