

# Lockdown unmasked

Restrictions are lifting and we hope this will last. We hear from sign language interpreters, trainees and a deaf BSL user on how they rose to the challenge of Covid-19 and living and working under lockdown



## 'A wave on the screen is not the same'

**Caron Wolfenden**

I wasn't expecting to have all these clients in my house (for 'house' include, shed, garage, attic!). I wasn't expecting to see them so closely – I'd never noticed their eye colour before or that little dimple they have. I'd never expected to see the inside of their house – 'that's a nice painting on the wall and isn't your dog cute?'. It's just all a bit closer isn't it?

We are all being forced to adapt to meet the challenges of Covid-19. We will be reacting in different ways. I suspect we are all sharing a range of emotions – fear, joy, grief, sorrow, pain, anxiety, worry, anger.

On any one day, I might go through any or all of these emotions, and so might those who I now meet remotely. Not only am I encountering clients in their new surround, I'm also witnessing their emotions, possibly experiencing them directly or indirectly, and maybe at risk of vicarious trauma.

My self-care norms are different – I would normally drive home across the moors or

## 'The ability to disconnect from my work is different'

stop by the sea to de-stress, have a drink with my co-worker and, most of all, that hug at the end of the day – the parting touch that signals 'end of', time to go back to my life outside of interpreting. Not that I hug all clients (that would just be weird!), but having the opportunity to in some way 'feel a goodbye' is very different – a wave on screen is not the same. The ability to disconnect from my work is different.

You would think that working remotely would mean that I feel more distant from my work; I turn off the computer and it all disappears. That's what I thought, but when I have been asked in the past if I want to do remote interpreting, I have always responded 'Yes, in a call centre, not in my space'.

Through a twist of fate, this is now exactly what I am doing. I am lucky to live in a house where I can create a space; many other interpreters are not so fortunate and even though I can walk round my garden, do online yoga, continue with supervision and do all those other things to look after myself, it is suddenly all a lot 'closer'.

In most of my work (I very occasionally work with deafblind people), there is a physical distance, across a room or table; I prep and enter a space ready to work, last-minute questions are asked, set up is

complete and the job begins. Now, I prep via remote discussions with my co-worker, tech checks, online pre-meets with clients until finally we enter the Celebrity Squares domain (younger SLIs will need to look this up).

## 'This is not just VRS'

In a room, most non-signers stop looking at us after the first moment of interest. Onscreen, who knows who has me pinned? Swapping with my co-worker may be more visible onscreen. Organising how we might feed each other may be more complex and may demand more than one piece of equipment; can I technologically cope and do I have the mental capacity to stay alert to all these feeds? I may need to request more than one sign-in to any meeting so again I am more visible. This is all new. This is not just VRS – this is a new skill.

I know that remote interpreting now forms part of higher education training and I wonder if these are just my reflections, that the new generation of interpreters will be more au fait with this technology, having been brought up with screens. Maybe we can all learn something from their training and these students can become our teachers. However, I suspect that the above training will have focused on 1:1 interactions and not the complex meetings, contact sessions, training courses and so on that I have now found myself interpreting online.

With this comes a new way of reflecting, noting and dealing with what stays with me after assignments. I have been interpreting as part of a team on a therapy course and, while support has always been offered, this is the first time I have taken it up. I seek feedback from clients, but emailing for feedback after a Zoom meeting takes more time and energy. My cognitive load is heavier

## 'This is not what we were trained to do'

while I come to terms with technology and working online.

## More 'alone'

I don't have space here to talk about the contrast in working face-to-face with a client in oncology whilst wearing a visor, and not being able to give that reassuring touch. And therein lies the rub – this is not normal! This is not what we were trained to do. How much role space am I taking up now? Where is my emotional support? Is that co-worker someone I can share with? I feel we are more 'alone' in these Covid times.

I started by saying that we are all a little 'closer' and each experience will depend on how I am feeling that day, so it is important for me to notice how I am feeling before I 'arrive' at work. A positive routine is vital. You need to find what works for you – maybe it's an exercise regime, a shower and using scents for work, putting on your work watch, trousers, shoes etc, setting up the work station, getting coffee/water and creating a work space. Then, at the end, doing all or some of this in reverse allows you to arrive 'back home', noting anything you may need to take to supervision.

I suspect much of this will continue for a long time and we need to look after ourselves. Don't ignore that 'sticky' stuff – ensure you have good support mechanisms in place and use them. Identifying whose stuff it is will be an important part of our wellbeing and enable us to remain equally sound and healthy in our work. Enjoy a discussion about the painting and the dog – enjoy your human-ness and stay safe.



**‘Suddenly, video has become the interpreting method of necessity, and we are an awful lot busier’**

**Hannah Robinson**

My lockdown experience seems to have been quite different to that of most other SLIs! While others' workload has decreased, mine has increased. I was already working four days a week for a video relay service. Suddenly, video has become the interpreting method of necessity, and we are an awful lot busier! I was already used to providing both telephone interpreting and remote interpreting for various situations, including people in their workplaces, last-minute GP appointments and walk-ins at council offices. However, things have changed a little, as now everyone tends to be remote, and not just the interpreter.

One challenge has been the types of calls that we handle. The company I work for has always been careful about the kinds of calls we accept, as many situations are just not suitable for video interpreting and we are happy to advise customers that they need to book a face-to-face interpreter if that is most appropriate. However, now that face-to-face interpreting has been largely taken off the table, the interpreting we provide has had to change. What used to be a back-up option has become the only option. As a result, we've had to deal with many more situations that are difficult to manage remotely, such as interpreting for inpatients, for ambulance technicians or paramedics on-site in people's homes, as well as benefits assessments over the phone and an increased amount of workplace meetings.

It has been brilliant to see people who have never used an online interpreter now giving it a go, realising they can do it and, as

a result, having a whole host of services open to them that were inaccessible before. These people can now call their bank or their energy provider. It's always a privilege to walk someone through their first call to one of these companies, and see their confidence grow in managing their life, rather than having to rely on English-based systems, hearing family members or social workers.

It will be interesting to see what happens as face-to-face interpreting starts to return. I know we'll go back to advising which situations would now be much more appropriate with a face-to-face SLI, because we all know that makes for a better experience for the deaf person, interpreter and often the hearing person too. But one positive that I hope will emerge is that organisations that were previously inaccessible to deaf people, even in 'normal' times, will realise the benefits of having a VRS set up. By this I mean GP surgeries (for booking appointments by phone), more council phone services and charity helplines.

When the balance of face-to-face interpreting and video interpreting is right, I think it is absolutely the best of both worlds, with each offering different benefits, which means access for deaf people is greatly expanded. At the moment, the balance is all out of sync, but I am hoping that, as we start to adjust again, both remote and face-to-face interpreting will be valued and also further enhanced. For now, I'll keep taking the calls, and making the best of it!

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**‘It has been brilliant to see people who have never used an online interpreter now giving it a go’**



**‘While wearing a face mask, I convey just the pertinent points, parsing sentences down to the most basic of information’**

**Kirsten McCarthy**

A week before Boris Johnson told us all to stay home, my work bookings started being cancelled, and new bookings did not replace them. Apart from the odd Zoom touch-base meeting, and – since easing of restrictions – the very rare hospital appointment, I added nothing new to my diary for 10 weeks. However, I have been lucky throughout this period to have a regular, twice-weekly, booking with a deaf occupational therapist working in a rehab centre.

Initially I was extremely anxious about going in to work. The therapy offices are very small and the patients' bedrooms, where a lot of the work is carried out, are not big enough for 3 (and sometimes 4) of us to work at a safe 2 metres apart. However, after some detailed thought on how to make myself as safe as possible, I settled into a routine, and am grateful to have the structure to my week as well as the social interaction of teamwork.

I bought myself a 'uniform' of tunic and leggings so that I am not tempted to stay in the same clothes out of work, and as a reminder to me that it isn't business as usual.

As soon as I arrive at the centre, I use the sink in the therapy office to wash my hands, and then use the supplied clinical wipes to clean the desk, the arms and back of my chair, the phone, my mobile phone and my laptop (it has never been so clean!). Rings and watches have to be removed before visiting patients' rooms, and of course it is procedure to wash hands before putting on PPE and as soon as we have finished a patient visit.

I have had to learn how to sign while wearing a face mask (I tried a visor but I just kept slamming my hand into it). When you can't rely on facial expressions, it takes way too much time to provide the detail and nuance that I'd like. Instead, I convey just the pertinent points, parsing sentences down to the most basic of information. I find I rely on using timelines and placement lots more, and don't even attempt role shift – falling back into the English habit of reported speech (he said, she said). I use the 'question mark' sign drawn in the air to reinforce when something is not a comment, and fingerspelling is far slower without the aid of lipreading! I find I'm adding more 'meta comments', sometimes offering a summary (he/she's talking about) especially if the patient is confused or disoriented – which happens a lot when the majority of the patients are very elderly.

May saw the centre's first admission for Covid rehab – a late-middle-aged man who had been in an induced coma and had spent many weeks in hospital recovering from the effects of the virus. As his mobility improved and he was finally discharged home, he was clapped out of the centre and greeted in the same way by friends, neighbours and work colleagues on the street outside his house.

After an emotional start, concerned about possibly bringing the virus home to my family, I now feel privileged to be working in a 'new normal' way of risk assessment and mitigation. My overall approach towards, and consideration of, the coronavirus has been moulded and shaped so that I am now more relaxed, knowing that it is possible to be out there working face-to-face and still stay safe.

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**‘Fingerspelling is far slower without the aid of lipreading’**



### **'I felt a duty of care towards my interpreters'**

**Janice Silo**

My consultant had arranged an urgent assessment at the hospital about some swallowing issues I'd been experiencing, probably linked to the successful treatment of my thyroid. It had also caused some breathing problems. I panicked a little about masks and availability of interpreters, but had been assured that an interpreter would be available on demand.

My interpreter and I missed each other at first. It was strange going into the assessment unit and being greeted by people wearing masks. As soon as they saw me, they presumably spoke to me but there was nothing to show they were trying to communicate – no facial expressions and minimal body language. After pointing to my ears with my hands and shaking my head, they realised I was deaf. One of the nurses lowered her mask to welcome me quickly, then popped a mask on me. I did think maybe I should go home! I was in an unknown unit, facing a new experience and everything seemed alien to me. Having pen and paper was of little comfort.

An unexpected feeling developed; I felt a duty of care towards my interpreter. I wanted them to know that it was ok with me that they kept their masks on. The awareness that these were dangerous times made me appreciate their work especially.

There were some amusing moments. One morning, after I had my blood tested, there was a masked nurse with her trolley looking at me and aiming for me. I smiled at her. She pointed to my right arm and showed me she was going to draw blood but I pointed to my left arm to show it had been done a few hours earlier. I protested unsuccessfully, but she

duly drew more blood. Was there something wrong with me? I saw two masked nurses chat to another patient in the ward and they all looked at me. One of them came over to me and asked for my name so I pointed to my name but she asked me if my name was Angela too? Apparently I had unknowingly confirmed my name was Angela by smiling!

The three days saw a lot of lifting up and down of masks and I worried about the interpreters. Between interpreters, I found myself often trying to do the impossible – lipreading the masked lips of the nurses! Paper and pen were in demand and I reduced my use of English to a clear structure of subject/verb/object format.

I was not allowed visitors, so the interpreters were windows not only to my ward but to the wider hospital environment. When I was given sedation, I learned a valuable lesson from the interpreter via the specialist and the nurse both in full PPE wear – how to breathe and to remember I was breathing. Something was put down my throat to explore any possible damage done by my thyroid therapy and normally I would struggle with breathing. I did not. Perhaps the sedation helped but, with the help of the interpreter standing between the specialist and the nurse, I could help myself too.

I really appreciated the interpreters' work and the fact that they worked on the frontline and had concerns like everyone else. I felt it was teamwork at its best.

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**'Between interpreters, I found myself often trying to do the impossible – lipreading the masked lips of the nurses!'**



### **'I'm fascinated by the differences between 2D interpreting and face-to-face'** Clara Wood, TSLI

Until March, remote interpreting was indeed a remote world for me – a place where a highly-skilled, hand-picked few went into special, acoustically-sealed rooms to sit in front of backdrops sporting the names of the few agencies who offered such services.

In March I had two clips left to film for my NVQ portfolio and two fantastic bookings coming up where it was agreed I could film. As lockdown started, all my face-to-face interpreting was cancelled for the duration.

The deadline for my portfolio submission passed and I could only submit two completed units instead of all five. I felt so discouraged that for several weeks I couldn't face re-starting my portfolio.

I'm now hoping to film one piece of evidence by recording myself interpreting a three-way conversation online, but this isn't something I've really been trained for. Interpreting going online has made achieving my qualification so much harder.

I'm very lucky to have a part-time post as an educational interpreter at a further education college, so those wages are being paid – though I wonder what will happen if the college cannot recruit enough deaf students for September. My college income is fairly modest and not enough to live on and I also do freelance interpreting, although I've not freelanced enough in the past year to qualify for the government's self-employed grant. Although I've lost all my freelance work and a chunk of my annual income, I am supposed to just absorb the financial hit.

My actual interpreting work since lockdown began has been less about interpreting as such and more about learning

to set myself up so I can start to interpret remotely. I've been on some great VRI training webinars, have grappled with tech (not my first love), and learned different video conferencing platforms. I've set up lighting that won't reflect in my glasses, discovered that varifocals are rubbish when your webcam is at eye level and have dug out a long-abandoned reflector and a decent headset from the back of drawer.

I am now proud to say I have managed to set myself up and do some remote interpreting for the college I work at and for the Facebook Deaf Translators/BSL Interpreters Volunteer Responders. It is a new way of working that I am very much still learning and I'm fascinated by the differences between 2D interpreting and face-to-face. So now I am an interpreter sitting in front of a screen. I'm doing my regular sort of educational interpreting, but online. I have no illusions that I'll be joining the ranks of the elite anytime soon.

The West Midlands Region has been fantastic, with weekly Zoom meetings and tips and advice from some experienced VRI interpreters. Nationally, an ASLI webinar aimed at interpreters still in training was really helpful in addressing our particular concerns. One issue is the challenge of maintaining and developing our own skills in relative isolation. An ongoing Student Peer Support within the ASLI Going Pro forum aims to meet this need. And I have to say that I am more grateful than ever for the resources, advice and information-sharing on the forums. I never had time to explore these much before, but since lockdown I have realised what a lifeline they are.

Now it even looks like my written account of my VRI learning curve may get accepted as part of my portfolio. Every cloud...!



### **'The full head-covering spacesuit made it impossible to interpret'**

**Sarah Webb**

Soon after lockdown started, the cancellations started rolling in. I then started enjoying my early semi-retirement, still doing the occasional essential face-to-face appointment and working in a garden adjoined to where I live, so not flouting lockdown rules.

I was asked to interpret for a BSL-using patient who had been admitted to hospital. This involved working nearly every day for about three weeks while the patient was in and out of hospital. I used a variety of levels of PPE, from just a face mask that was taken on and off in order for the patient to see any necessary lip pattern, to a full head-covering space suit that actually made it impossible to interpret from English to BSL, as I couldn't hear the hearing person's utterances over the motor keeping the air circulated within the headspace suit.

The patient was discharged, but the next week they were in the emergency department, very unwell, and tested positive for Covid. I was provided with PPE, but there may have been times when this was not sufficient as, two days after, I started to experience symptoms, tested positive for Covid-19 and self-isolated.

Would I do anything differently? I don't think so. I took all the available precautions and it was essential that communication access was provided.

I don't have enough words to process everything that has gone through my head since. My thoughts go to the family and friends of the patient who sadly passed away the night my symptoms started. I have been far more fortunate and am slowly recovering.



### **'My inbox is now quieter than I have ever seen it in my 15 years of freelance work'**

**Wendy Ledoux**

I'm well aware that I've got off lightly during these uncertain times and I count my blessings daily.

I've been really fortunate that all of my regular clients have moved to online platforms. I've also worked in video relay interpreting for 14 years so have been doing more of that. My inbox is now quieter than I have ever seen it in my 15 years of freelance work and this trend is having a massive impact on my colleagues.

I've enjoyed the positive aspects of lockdown – no commuting, saving me time on my working week, time to learn new things and just to enjoy a slower pace of life without a sense of guilt that I should be doing more.

While my life can feel like one long series of Zoom meetings, I'm grateful for the technology which means that, as well as work, I can keep up with friends, family and my worship. It's been fabulous to see so many in their 70s and 80s in our church congregation get to grips with the technology and attend our meetings.

It's been great to touch base with colleagues as part of my work with Linguistpd training. I'd like to briefly relate some advice which I shared with them recently. When it's time to get back to work, diversify so all your eggs aren't in one basket, whether that be clients or domains or even careers – turn that hobby into a job and look at becoming a portfolio worker. Upskill and try to stay ahead of the curve or, at the very least, keep up with it (one example is video relay interpreting). I think we'll see a lot more of that in the future, pandemic or not. Don't be afraid of it. Just get lots of practice with your colleagues as your confidence builds. Above all, keep positive, be grateful and be hopeful.



### **'Being restricted to working remotely has torn down access barriers to a field I really enjoy'**

**Max Marchewicz**

I am only able to work part-time and the fact that I am a wheelchair user limits the types of assignments I can take. Prior to lockdown (or shielding for my own safety), I was interpreting in the workplace, for training courses, for meetings, for higher education and in medical settings. Once I started shielding, all my work was gone.

One month of zero bookings later, I began doing performance interpreting remotely. It's a field I am very interested in, but is usually closed to me as stages are rarely accessible for wheelchair users and outdoor events present other barriers. The shift to online events for the arts has made performances and workshops far more accessible for a lot of disabled people, but it has created access barriers for others; with funding limited, providing BSL interpretation, captions or audio description is rare. I'm fortunate to have found a regular booking interpreting for a club night with performers. The organisers are committed to making their event as accessible as possible. Being restricted to working remotely has unexpectedly torn down access barriers to a field I really enjoy.

There is also a huge secondary benefit to this. As a transgender person, I often feel concerned about negative reactions. As the club night I am interpreting for is a queer event, I feel totally comfortable presenting the way I want to and the experience has been really liberating. I hadn't previously worked in an explicitly queer environment, so workplace acceptance is a new experience. I might be working less under lockdown, but I'm much happier doing it!



### **'I threw myself into every webinar, discussion group, supervision session and Zoom meeting I could'**

**Julie Cresswell**

When the pandemic struck, I was very busy – often too busy – and working freelance in a variety of domains. But then everything stopped and was replaced by uncertainty.

I threw myself into every webinar, discussion group, supervision session and Zoom meeting I could, gathering the tools to get myself somewhere up that remote interpreting learning curve. There were chat groups and forums, and the generosity of those more experienced in remote working has been humbling. Thank you. There were many challenges, but I have definitely made progress and have even had some repeat bookings. I have even more respect for those interpreters who regularly do VRI work – it really is a challenging domain.

I did three bookings in the whole of April – all of them remote and with varying success – and slightly more in May. I qualified for the government's support payment, which has taken off the financial pressure.

In June, I did my first face-to-face booking since March. It was exhilarating to be back. In spite of the 2 metre distancing and masks, it left me on a high that I hadn't felt for a long time. I felt competent, professional, valued, useful. I guess the future will include a mix of remote and face-to-face, especially as some professional deaf clients and their hearing colleagues choose to work from home. I hope that our collective concerns about remote working being viewed as a 'cheaper' option will not become reality, and I am grateful to ASLI in promoting the message that face-to-face is often more appropriate. It really is. And it's great to be back.

