



Feedback from ASLI for the Inquiry by The All Party Parliamentary Group on Coronavirus

What is ASLI?

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, legal and employment settings.

Who do we work with?

Our clients have varying degrees of deafness, 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 have 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.

Impact of Coronavirus Outbreak

Financial impact of Covid-19 on Interpreters/Translators

The vast majority of our members are self-employed. Our colleagues work with 87.000 deaf people who use British Sign Language (BSL) as their first or preferred language, to provide access to information in public and private sectors. This includes education, employment, healthcare settings as well as police and court work. There are 1518 interpreters and translators registered with our national registration body, the NRCPD, and approximately an additional 70 in the total workforce, the majority of whom are sole traders,

submit tax returns and pay tax annually. An experienced, qualified interpreter who has spent approximately eight to ten years training, at substantial financial cost to themselves to gain postgraduate qualifications, earns roughly £35000 to £42000 per year. There is also an additional category of sign language interpreters and translators - the trainees who are working as self-employed sole-traders, but have under 4 years' experience and are currently paying for their training courses.

Not only do interpreters and translators pay tax but they have to pay registration fees, professional fees, pay for continuous professional development throughout the year to maintain their registration status and pay for insurance – all before they factor in their general outgoings to live and travel to work to enable other people to go to work or attend appointments. The majority of BSL interpreters are women, so childcare often is an additional factor impacting budgets.

If online interpreting is provided through a Video Relay Service (VRS), the interpreters also have to factor in costs of technical equipment and maintaining a suitable broadband connection, a quiet and confidential environment to work in and appropriate platforms to provide interpreting – this is not suited to everyone and we also recommend a minimum of three years' post-qualification experience before interpreters can start to provide such a service. Other requirements related to working such as owning a car, which is vital, mobile phones, appropriate clothing for the different environments and so on, all incur costs to the interpreters and translators.

As you will appreciate, becoming an interpreter or translator, and sustaining professional practice, is expensive in terms of training and ongoing requirements. This means that our members rely on regular work and plan time off carefully. Under normal circumstances, the demand for interpreters greatly outweighs supply. The emergence of Covid19 has meant that the work currently available is incredibly limited - the most experienced interpreters may be able to work for on demand Video Relay Services but many are struggling to find any work at all. Some work may be conducted online directly with deaf people rather than through interpreting agencies, but there is minimal work available and it is dependent on the individual's circumstances and their financial and employment situation. Consequently, experienced interpreters

have lost most of their work, while trainee and less-experienced interpreters have lost all work, and therefore income.

The self-employed income support scheme grant (SEISS) has benefited a large proportion of freelance interpreters and translators. We congratulate the Treasury on the efficiency of the scheme as it has, on the whole, been a straightforward process and claims have been paid very quickly. We are pleased to note a second SEISS grant will be made available from August.

Unfortunately, the newer interpreters have been disproportionately affected; as they build a business they have low income due to less/lower paid work and high outgoings, due to set up costs and training, for the first few years. Approximately 12% of our members have not yet submitted tax returns as they are very recently registered as freelance Interpreters/translators and therefore not eligible. There is also a large proportion of newer interpreters who have not moved into full time freelance work until they could sustain themselves, meaning they have only recently become full-time freelancers and have been disadvantaged by this through the criteria stating one 'must earn more than 50% of income through self-employment. This feels like they are being penalised for taking a sensible approach to managing financial independence.

Another group of members (around 12%) disadvantaged by this scheme are those who own Limited Companies. These are unable to furlough themselves as they still have a small amount of work coming in and this would cause problems both for the business and their clients.

We have a small proportion of members (1%) who earn just over the £50,000 cut off and this is a point in which a taper could be useful. Again, these members have lost a large proportion of their income.

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 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 often 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 appointments due to the equipment needed. 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 to be 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. Additionally, 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 regarding 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.

ASLI has worked with other specialist organisations to produce guidance for communication professionals and those who make bookings to enable people to cover the issues raised (<https://asli.org.uk/asli-best-practice-documents/>).

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 regard 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. 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.

Conclusion and recommendations

We would recommend more consideration is given to those who are self-employed and need financial support during such a crisis. Whilst the support organised by the Government was well coordinated it missed key groups of our members and the wider community.

However, many of our members may not have needed the support should their work still be needed. Our experiences have shown us that moving to work online is not a long term solution but can be utilised during a crisis effectively should bookings still take place. We also have interpreters taking on face to face bookings if the environment is as safe as possible.

Deaf people are telling us they still need interpreters in medical appointments and other situations but they are not being booked. We have produced comprehensive guidance for people working face to face in medical settings and this has been distributed via our own networks. This shows it is possible for us to work and Deaf people to have access.

Deaf people have also advised that they need access to the government briefings. This needs to be available in person for all briefings and accompanying press conferences. It is not adequate to rely on the BBC as this does not give full access. This should be standard for all announcements long



term and priority during a pandemic or national emergency. There is also a need for interpreted access to all media published by the government. For Northern Ireland, this needs to be in Irish Sign Language and British Sign Language.

We look forward to seeing your final report.

Association of Sign Language (ASLI) Board of Directors

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