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ASLI statement on COVID-19 vaccination for interpreters and translators

The Association of Sign Language Interpreters (ASLI) urges relevant healthcare authorities such as CCGs, GPs, hospital trusts and corresponding government departments to include sign language interpreters and translators in the second wave of vaccinations, together with frontline healthcare staff, and to provide a system for interpreters and translators to register for this service as soon as possible. This is to ensure uninterrupted communication support for deaf and deafblind sign language users in settings such as education, employment and particularly healthcare.

With over 850 members, the Association of Sign Language Interpreters (ASLI) is the largest professional organisation for sign language interpreters and translators in the United Kingdom. We exist to raise professional standards, provide guidance and training for our members as well as engaging in external representation of the profession. During the pandemic, ASLI has responded to various private initiatives and governmental calls for evidence to highlight additional barriers deaf people face because of Covid-19 restrictions, and has provided guidance for organisations, interpreters and translators to ensure safe working in high-risk environments.

Our colleagues have worked tirelessly to adapt their practices to rapidly changing circumstances and to continue to deliver the best possible service to our hearing and deaf clients, working remotely, where feasible, and continuing to offer face to face interpreting where possible. Sadly, we have had reports of many instances all over the UK where BSL interpretation has not been provided because authorities were concerned about the risks of additional persons in the room, depriving deaf and deafblind people of their right to reasonable adjustments under the Equality Act 2010 as persons with protected characteristics. Particularly in medical/mental health settings, and for clients with additional requirements (such as deafblind individuals), remote alternatives have often proved unsuccessful and insufficient to establish meaningful communication. This has led to deprivation of access to communication on an unprecedented scale and is likely to lead to exponentially increased demand once restrictions are eased again. As a small profession of only roughly 1500 interpreters and translators for an estimated 87,000 deaf sign language users (source: BDA), demand has always outstripped supply, and delays in vaccination could exacerbate this issue.

Interpreters work in a variety of settings, which are likely to have a high risk of virus exposure, such as: schools and universities, workplaces, for public services such as court and police, and in all healthcare sectors. Translators, who are deaf themselves, work in much the same settings and often act as intermediaries, relays, and language experts, for example, in cases of severe language deprivation of the client, or where the client uses a communication method or sign language other than British Sign Language (BSL).

Most members of the profession are self-employed and/or work for interpreting and translation agencies, who in turn hold contracts for interpreting services with hospital trusts and other public services. Most professionals do not generally work directly for the organisations requesting interpretation so they will not automatically be captured by the respective human resource systems. However, they may work in a variety of settings on a daily basis, moving between locations regularly and therefore posing a higher risk of spreading the virus, and an equally high risk of exposure, potentially to the same level, or possibly even higher, than frontline healthcare staff, as they have to move between settings from one booking to another.

A delay in vaccination could result in disruption, and unacceptable, delay of services, organisations may continue to refuse interpreter/translator involvement to minimise risk, and ultimately additional risks for deaf BSL users resulting from lack of information and access to services



Therefore, it is vital to include interpreters and translators in the very early stages of the vaccination programme, and to provide an administrative way for our colleagues to register this priority with the relevant authorities in order to undertake assignments.

We welcome urgent discussion and consideration regarding this matter.

J. Henshaw

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On behalf of
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