Promoting Equality and Cohesion Fund 2017 – 2020

The British Sign Language (BSL) Partnership: report on how COVID-19 has exacerbated inequality for deaf people in Scotland

Introduction

The BSL Partnership consists of representatives from deaf sector organisations receiving funding through the Scottish Governments' Equality Budget Fund 2017-20. Members of the BSL Partnership work with a diverse range of deaf people and are ideally placed to observe and report on the effects of COVID-19 on deaf people in Scotland.

At their meeting held on the 17 June 2020 the Partnership discussed:

- How COVID-19, and the response to it, has exacerbated inequality for deaf people
- What can be done to mitigate its effects
- The challenges they face as organisations responding to Cov-19.

This report summarises that discussion.

Summary of Discussion

The key inequalities for deaf people made worse by COVID-19, as observed by members, are:

- Access to services
- Health
- Education

The two main factors leading to an increase in these inequalities are:

- · Communication issues, and
- Digital exclusion

Communication issues

Communication has always been a problem for deaf people but this has been made much worse by the pandemic. Key communication issues are:

- That constantly evolving information is not being communicated to the deaf community in a timely manner. The quantity and constantly changing nature of information that needs to be communicated quickly can overwhelm the limited resources available for translation or re-formatting of important information. For example, SAAS and Police Scotland are putting information on their website about coronavirus but not providing it in a BSL format which involves filming new BSL clips. Possible solution If organisations had a BSL officer they could ensure that new clips are recorded quickly and that BSL information is kept up to date allowing the deaf community to get access to information at the same time as the hearing community. However, reliance on a BSL officer can be limiting especially if they are off for any reason. Organisations and public bodies should ensure they have the mainstreamed capacity to automatically produce short BSL clips or braille when new information needs to be communicated. This capacity should be built into their communication departments.
 During lockdown it is has been difficult to get videos produced to professional standards whien they are being filmed from homes without access to the resources of film studios.
- Personal Protective Equipment involving face coverings, which impede lip reading and observing facial expressions, has
 made communication really difficult for deaf people in hospitals and other care settings. As the lockdown eases this will also
 be an issue for deaf employees and deaf people using retail services. Work will have to be done with employers and the
 retail sector to not disadvantage deaf people. The need is for face coverings such as full-face Perspex shields that do not
 hide the lips and mouth.
- Users of tactile BSL cannot maintain a 2m distance.
- Not using properly trained BSL interpreters. Partnership members have reported instances of NHS bodies not using properly trained BSL interpreters which can be dangerous especially in a healthcare setting where good communication is essential.
- That members of the deaf community, because of communication issues, may not be aware of new services such as food delivery or the meaning of new words like "shielding". This will leave them at a disadvantage and increase inequality.

Case study

A deafblind couple both severely disabled and housebound, but with support of Deafblind Scotland, had learned to communicate using an iPad. The husband was hospitalised due to COVID-19 which caused real distress to both as they had not been apart for most of their married life and the husband took the lead in communicating. It proved very difficult to get the hospital to

accommodate their communication needs. The lack of awareness and ability to adapt by healthcare staff was a real issue. Staff appeared unwilling to allow any of the normal communication supports, such as an iPad, ContactScotland or an interpreter to be used.

Over a number of days Deafblind Scotland had to lobby higher and higher up the hospital hierarchy to get them to understand:

- How important communication was to their patient's recovery, especially as he would be very worried about his wife being on her own.
- That the reasons given for not allowing these resources to be used were easily addressed so that healthcare was not compromised.

When this was finally accepted by the hospital and communication restored the patients' recovery was rapid. Deafblind Scotland found "it was really disappointing to experience the lack of awareness amongst healthcare staff of the importance of communication to the health and wellbeing and recovery of patients".

On a positive note the partnership and wider deaf community have really appreciated the support around communication from the Scottish Government. The interpreted daily briefings from the First Minster have been really well received. Making information available in a range of formats for deaf and deafblind people is a massive challenge and the support of the Scottish Government "has been fantastic". Two points made, however, were that it would be good to have subtitles on the daily briefings for people who are not BSL users and that the language used should not be too "high brow".

Digital exclusion

The move to providing information and services online as a result of the response to COVID-19 has exacerbated inequalities as deaf people may not have access to the appropriate technology or have the skills to make use of it. This is especially true for people on low incomes. This can lead to:

- An increase in social isolation with related impacts on health and wellbeing. Deaf people have always been at risk of social isolation but this has been made worse as deaf clubs are closed at the moment and they can't visit friends. They may not have access to technology for keeping in touch or even have the skills to use it. Possible solutions or mitigation are:
 - Schemes such as those run by Deaf Action and Deafblind Scotland where IT equipment and connections can be loaned to deaf people, along with training in how to use them, and support is given to apply for funding to purchase their own equipment.
 - o Connecting Scotland a fund to help people get online.
- A reduction in access to education for young deaf people with the move to online learning. Online learning resources are not always accessible to deaf young people leading to an increase inequality of attainment for young deaf people. NDCS found

that 75% of families responding to a survey were struggling with accessing leaning resources. The University of Edinburgh has also done work in this area and produced a paper on the concerns of parents around remote access to learning. Also, of concern, is that Local Authorities responses to providing learning resources are very different as they have had to react quickly, but there is an opportunity, before schools go back, to address this. With regard to colleges and universities Deaf Action reported that deaf students are feeling they are falling behind in their education. There is a Facebook page which has been a real positive support but deaf students need to be empowered to ask for the support they need from colleges and universities.

Health Inequality

NDCS reported that that new born screening has been disrupted in some areas. The concern is that this will lead to deaf children not being diagnosed early and support not being put in place. Once the current situation is over it is vitally important that these children are picked up and support provided quickly to avoid reduced life chances.

BSL Partnership Members











