

Remote Sign Language Interpreting Service

April 2020 – March 2021

Key Learning and Next Steps

MARCH 2021

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1 Background

The Health & Social Care Remote Sign Language Interpreting Service

In April 2020, the Health and Social Care Board (HSCB) established a temporary free remote interpreting service for British Sign Language (BSL) and Irish Sign Language (ISL) users. This service was introduced as an urgent measure to improve access for the Deaf community to health and social care services during the COVID-19 pandemic. It enables people who use sign language to independently access telephone-based services. The service can also be used to facilitate in-person/face-to-face communication between Deaf service users and Health and Social Care (HSC) staff in certain situations.

The service is currently provided by a company called Interpreter Now and is funded by the Department of Health with support from the Department for Communities.

The service includes two elements:

1. *A Video Relay System (VRS)*: This enables Deaf people to telephone a HSC service provider via a remote BSL or ISL interpreter.

How it works: The Deaf person, the interpreter, and the HSC service provider can all be in different locations. The Deaf person contacts the interpreter via the app, using their smartphone or tablet, or via the secure video link using a computer. Once they are connected, the interpreter and Deaf person can see and sign to one another, and the interpreter telephones the HSC service provider on the Deaf person's behalf. The HSC staff member answers the phone as normal and speaks to the interpreter.

Using VRS, a HSC professional can also telephone a Deaf service user who is registered with the service: the HSC professional makes a phone call to a dedicated number as normal, and speaks to the remote interpreter. The remote interpreter then contacts the Deaf person via video connection.

2. *Video Remote Interpreting (VRI)*: This enables Deaf people to communicate with a HSC professional in person, via an online BSL or ISL video interpreter.

How it works: The Deaf person and the HSC professional are together in the same location, while the interpreter is contacted online via secure video link on a screen (e.g. a tablet, smart phone, or computer). The interpreter and Deaf person can see and sign to one another, and the interpreter and HSC professional can hear and speak to one another.

VRS was introduced immediately. Since April 2020, the HSCB has been working with colleagues in IT Security teams and various departments across the HSC family of

organisations to set up VRI. Everyone involved acknowledges that there are challenges that we need to work together to overcome before VRI can be fully implemented and deliver maximum benefits. These challenges include compliance with the strong HSC IT security protocols, internet access in HSC settings, and the provision of video and audio enabled devices in key locations. Tackling these issues remains a work in progress.

In the meantime, the current VRS enables access to the NHS111 Northern Ireland COVID-19 advice line and all other telephone-based health and social care services. Information about the temporary service was shared widely across the HSC system in April 2020. This included links to explanations and videos in English, BSL, and ISL about how it works.

Recognising that Northern Ireland BSL is distinct in certain aspects from BSL used across the rest of the UK, the current service ensures access to Northern Ireland BSL interpreters during office hours. It also provides access to BSL interpreters from the rest of the UK 24/7, and to ISL interpreters 24/7 on an on-call basis.

Communication and Engagement Group

In May 2020 the HSCB established a Communication and Engagement Group to support the implementation of the new service. The Group includes representatives of the HSCB Social Care, Integrated Care, and Communications teams; the Department for Communities; Interpreter Now (the current service provider); and the British Deaf Association (BDA), who the HSCB commissions separately to provide an Advocacy Service for Deaf Adults across the five HSC Trusts. The Group is Chaired by the Northern HSC Trust Equality Lead.

Learning Opportunity: engaging with the Patient Client Council

The Group recognised that the temporary remote sign language interpreting service is an important learning opportunity. It is a unique project that can help us understand the extent to which remote sign language interpreting works for Deaf people and improves their access to health and social care. On that basis, we can consider how to either ensure continuity of the current provision or adapt and include its beneficial aspects into a new model for the longer term.

To use this learning opportunity, it was agreed that it would be important to consider as much *quantitative* and *qualitative* information as possible. The HSCB monitors statistics in relation to the current temporary service. This includes for example the number of people registered to use it, the number of calls made per day, and the services that Deaf people contact via remote interpreters. To complement that information, the Group agreed it would need the support of an independent body to explore *what difference it makes* for Deaf people. On behalf of the Communication and Engagement Group, in October 2020 the HSCB commissioned the Patient Client Council (PCC) to engage with service users, HSC staff, and others to ask questions about the benefits and limitations of remote interpreting.

2 The Patient Client Council Research Project

Scope

The Communication and Engagement Group asked the Patient Client Council (PCC) to:

- Assess the experiences in relation to remote sign language interpreting of:
 - *Service users* (minimum 15 regionally, sampling the geographical spread and diversity of service users [notably age and gender], and including at least 4 ISL users);
 - *'Front line' Health and Social Care professionals*, i.e. those with direct service user contact, including both those who have used the service and those who have not (minimum 5 regionally); and
 - *Key stakeholders in the Northern Ireland Deaf community* (minimum 5 regionally, including the British Deaf Association (BDA) and the Sign Language Campaign Group; and the current local providers/co-ordinators of face to face sign language interpreting services: Hands that Talk, Action on Hearing Loss, and the Northern HSC Trust Equality Unit).
- Use research and communication techniques appropriate to the needs of Deaf people.
- Ask: *Do you believe this service would make a positive difference 'in normal times', i.e. even when social distancing guidelines do not apply? How?*
- Suggest recommendations for the way forward.

To do this, the PCC focused on the remote sign language interpreting service provided by the current service provider. Given this is the first time HSC has ever had a remote service in place, most of the research participants referred to remote interpreting and the current service provider almost as one and the same thing. However, from the point of view of the HSCB, the primary purpose of this project was to identify key learning points in relation to the strengths and limitations of remote sign language interpreting as a general concept, to help inform decisions about whether or not remote interpreting is needed and should be resourced in the future.

Constraints

The Communication and Engagement Group was aware that the research project would face a number of limitations or 'constraints.' These included:

- *Timescale:* The project was commissioned in October 2020 to review the experiences arising from the first 6 months of the temporary service, and to report back in January 2021. At the time, the contract was due to expire in January 2021. In December 2020, the HSCB obtained approval to extend the service to the end of

March 2021, meaning there was more time available to write up and finalise the report. It was agreed, however, that the PCC review would remain focused on the period April – October 2020.

- *Limited resources and time to engage with research participants, including service users and HSC staff.* The time constraints outlined above meant that unfortunately it was not possible to include all voices. The Group acknowledged this significant limitation in the research commissioning brief. It noted that the project would be carried out as “a foundation piece of work to inform ongoing service development and improvements and stakeholder engagement in this area.”

Process

The PCC team responded quickly to ensure that the research got underway without delay. They worked hard over the period November 2020 – January 2021 to engage with service users, HSC staff, and other stakeholders to discuss their feedback. The team took care to develop research and communication techniques appropriate to the needs of Deaf people. They also worked in partnership with the BDA to convene focus groups of Deaf service users to ensure that their perspectives and feedback were not only included but also shaped the research process.

Findings

Despite the constraints facing the project, the PCC successfully delivered a detailed assessment of the experiences and feedback of service users, HSC staff, and others. The team provided a comprehensive overview of their research findings to the Communication and Engagement Group on 25 February 2021.

The PCC research concluded that, overall, remote sign language interpreting has a positive impact on the accessibility of HSC services for the Deaf community. It also noted that remote interpreting will continue to be required even after the COVID-19 pandemic is over. The research team highlighted strengths and limitations of the temporary service commissioned by HSCB in the period April – October 2020, and made recommendations for changes and improvements in that regard. The Group welcomed this outcome and acknowledged both the work of the team and the input of all of the research participants.

As part of the discussion, it was noted that over the whole period October 2020 – March 2021, the HSCB and the Communication and Engagement Group had stayed in contact with the PCC. It was also noted that the current remote interpreting service provider had responded flexibly to make changes and improvements based on the feedback gathered through the research. The ‘key learning points’ and ‘next steps’ sections in this paper therefore make reference to some of the important new steps that were informed by and delivered during the lifetime of the research project.

3 Key Learning Points

This section provides a summary of the key learning points that have emerged both through the PCC research project and the wider process of monitoring and managing the remote sign language interpreting service over the whole period April 2020 – March 2021.

Benefits and strengths

The PCC research identified the following key benefits and strengths of remote sign language interpreting:

- Deaf service users and HSC staff report that remote sign language interpreting improves access for the Deaf community to HSC services.
- It empowers Deaf service users: it supports their autonomy, independence, and privacy in terms of making health and social care appointments, receiving phone calls, and having discussions with professionals.
- The current temporary remote sign language interpreting service provides access to skilled, professional interpreters.

The statistical information monitored by the HSCB supports these findings. From April 2020 to March 2021, more than 480 people registered to use the service, or approximately 1 in 10 of the total estimated NI Deaf population who use sign language. This has occurred despite the social interaction barriers of COVID-19, which limit opportunities for people whose first language is BSL or ISL to gather together and learn how to use the technology.

Between April 2020 and March 2021 more than 8,000 phone calls and remote interactions supported by VRS and VRI have occurred between HSC staff and Deaf people. By way of comparison, over 12 months in 2018/19 sign language interpreters provided 3,573 face to face interpreting assignments in HSC settings across Northern Ireland. The significant level of activity via remote access during the pandemic is impressive and reveals the extent to which the remote service empowers Deaf people to take action independently in relation to their health and social care needs. These 8,000 contacts comprise independent telephone calls and brief interactions that were simply not possible prior to April 2020. Around half of these were with GP surgeries; the rest relate to contact made with hospitals, social work teams, dentists, pharmacies, and other parts of the HSC system.

The PCC research also noted that all of the research participants indicated they believe provision of remote sign language interpreting services should be supported into the future.

Limitations

The PCC research demonstrated that there are limitations to remote sign language interpreting. To overcome them, we need to think and act collaboratively. They include the following points:

- While remote sign language interpreting works well for those who are comfortable using technology, have suitable digital devices, and ready access to the internet, not all Deaf people have these resources available to them.
- Groups of people who are at particular risk of not accessing the service and its benefits include: older people, those living in remote rural areas with poor internet infrastructure, people who are not competent or confident in the use of technology, and those in low income households with limited access to suitable digital devices.
- Remote sign language interpreting is not the right solution for all people who are d/Deaf. For example, people with acquired deafness who do not use sign language and people who are deafblind cannot use the service to same extent if at all.
- There is limited awareness of the current remote interpreting service among HSC staff. There is also a wider problem of limited awareness and understanding of the culture and communication support needs of people who are d/Deaf and hard of hearing.
- Accessing a Northern Ireland BSL or ISL interpreter can involve a wait time at peak periods. This can cause frustration and distress. The ISL research participants reported that they found this particularly challenging, and that it reinforced their sense of being a minority group in the region.

The challenges associated with rural broadband infrastructure are outside of the remit of both the HSCB and the current remote interpreting service provider. These are, however, important considerations for HSCNI to include in any future long-term service development.

The other limitations identified by the PCC have been acknowledged by the Communication and Engagement Sub Group. Together with the current service provider, a number of important steps have been taken over the period November 2020 – March 2021 to address these issues within the lifetime of the current temporary service. For example:

- The current service provider has appointed two Northern Ireland-based Deaf Community Liaison Officers who are reaching out to the local Deaf communities to support their access to the service. This is working well.
- The current service provider, with the support of the Communication and Engagement Group, offers regular webinars for HSC staff that are promoted via HSC Trust communications and intranet channels.
- The Communication and Engagement Group have also developed posters, leaflets, wallet cards, and in November 2020 the Group produced BSL and ISL videos that

have been shared widely across social media and promoted by the BDA Advocacy team, to raise awareness and understanding of the service.

- To improve access for the ISL community, in January 2021 the current service provider introduced a new button on the mobile app that enables direct contact without having to ask a BSL interpreter to call the ISL interpreter.

The PCC also highlighted a number of persistent technical and resource issues that still need to be tackled within the HSC system. These include:

- Wifi and/or 4G availability in HSC settings, including in particular GP surgeries and hospital sites, is variable and limited.
- There is a lack of video and audio enabled devices in HSC settings.
- HSC staff report ongoing challenges accessing the service on HSC devices, due to IT security firewalls.

The HSCB is working with colleagues in IT Security teams and various department leads across the HSC system to address these issues.

Remote interpreting: part of a system

Importantly, both the PCC research and all of the members of the Communication and Engagement Sub Group underline that remote sign language interpreting should always be considered as one resource in the toolbox of communication support options that should be made available by HSC for people who are Deaf and use sign language. While remote sign language interpreting is an excellent tool for short phone calls and brief non-complex appointments and conversations, it is not an appropriate substitute for face to face interpreting in more complex interactions and situations. It must always be used in conjunction with the provision of a safe, effective, high quality face to face sign language interpreting service.

4 Next Steps

The COVID-19 pandemic has had many negative impacts across society, and created terrible pain and hardship. It is also true, however, that the crisis has created opportunities to try new ways of working, to do things differently, and make life better. In terms of Deaf people's access to services, COVID-19 restrictions have provided an opportunity to explore the benefits of remote sign language interpreting in HSC settings.

The temporary service established in April 2020 was initially planned to last for 9 months. Based on positive initial reactions from Deaf service users and HSC staff, it has now been extended to cover a full 12 month period, and a business case has been submitted to support its delivery for another year. This process has had to move quickly in order to keep pace with the changing environment. Nonetheless, important learning has been obtained from both the PCC research project and the HSCB's ongoing monitoring of the current service. This learning is informing the way forward. Specifically, the HSCB is committed to fulfilling the PCC research recommendations, as follows:

1. Service user involvement and feedback should continue to inform the development, implementation, and continuous improvement of all aspects of HSC remote sign language interpreting services.
2. Community Liaison Officers should continue to be supported as a core part of the strategy to reach out to the local Deaf community and empower people to access HSC remote sign language interpreting services.
3. The HSCB should ensure that regular, high quality training and awareness raising sessions and resources for HSC staff are provided and promoted in a range of formats, to improve understanding and use of HSC remote sign language interpreting services. This should include guidance on where and when remote sign language interpreting is an appropriate communication support, and when HSC staff should ensure that a face to face sign language interpreter is present.
4. The HSCB should continue to work with partners across the HSC system to overcome the IT Security Firewalls in HSC settings, which limit access to VRI.
5. The HSCB should work with partners across the HSC system to scope funding and practical requirements to deliver better internet access in HSC settings (including but not limited to GP surgeries and hospitals) and more video and audio enabled devices.
6. Future research and evaluation of HSC remote sign language interpreting services should be carefully co-designed with service users and HSC staff, and take steps to involve potentially 'hard to reach' groups.

Acknowledgements

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Thank you to the Patient Client Council for delivering a significant piece of work under time pressure, and for ensuring the views and priorities of service users remained at the centre of this work.

Thank you to the current supplier of the temporary remote interpreting service, Interpreter Now, for providing a high quality and responsive service in unique circumstances.

Thank you to the Communication and Engagement Group for supporting the implementation of the HSC remote sign language interpreting service, and for continuing to work with us to learn more and improve access to HSC services for the Deaf community.