



Irish Deaf Society Submission to the Special Committee on Covid-19 Response

02/07/2020

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1. Introduction

- 1.1. The Irish Deaf Society (IDS) is the only national Deaf-led representative organisation of the Deaf and hard of hearing, and it serves the interests and welfare of the Deaf community. It provides a number of education, personal and social services to Deaf and hard of hearing children, adults and their families.
- 1.2. The Irish Deaf Society is recognised as a Disabled Peoples Organisation (DPO) under the UN Convention on the Rights of Persons with Disabilities (CRPD). IDS are members of the World Federation of the Deaf and the European Union of the Deaf and have consulted with international Deaf representative bodies in relation to their experience during the pandemic.
- 1.3. In this document we make reference to other organisations in the Deaf community including DVI, SLIS, CIDP and Chime. The Deaf Village Ireland (DVI) is in Dublin 7 and is a campus for Deaf organisations. The Sign Language Interpreting Service (SLIS) is a CIB funded organisation located in the Deaf Village Ireland that provides remote interpreting services and is mandated under the ISL Act to establish a register of interpreters. The Catholic Institute for Deaf People (CIDP) manage the Deaf schools and boarding in the Deaf Village. Chime is part funded by the HSE and provides services to the Deaf community and the wider population that become deafened over time.
- 1.4. IDS has consulted with staff, board, the Deaf Village Ireland, Sign Language Interpreting Service and the Catholic Institute of Deaf People in Ireland in order to prepare this submission. We are grateful for the opportunity to make this submission and as a DPO welcome further opportunities to engage with the Oireachtas.
- 1.5. On the following pages we describe gaps in relation to access to information and services that are marginalising the Deaf community in Ireland and present particular challenges during the pandemic.

2. Covid-19 response – Access to information

- 2.1. For context, in 2016 the Houses of the Oireachtas Joint Committee on Justice and Equality Report on the Formal Recognition of Irish Sign Language, Government Publications (October 2016), unequivocally stated that the treatment by the State of the Deaf community in Ireland was of “systematic exclusion” and one of “extreme marginalisation” due to a lack of sign language recognition and provision.



- 2.2. In 2018 Minister for Employment Affairs and Social Protection, Regina Doherty T.D. launched a Citizens Information Board (CIB) research report on the experiences of the Deaf Community in accessing public and social services and related information on rights and entitlements in Ireland. The report shows how members of the Deaf Community have faced severe difficulties in accessing public information in their preferred language and the resulting impact on the realisation of their rights.
- 2.3. In 2020 the Government's initial response to Covid-19 focussed on the importance of clear messaging to ensure that the public were well informed, understood the pandemic, and knew how to act and how to engage with services.
- 2.4. At the outset no public briefings, online communications or Covid-19 resources were presented in Irish Sign Language (ISL). ISL is the first and preferred language of the Deaf community, many of which have low levels of English language literacy. Despite the Irish Sign Language Act 2017 identifying ISL as the third official language of the State, the initial emergency response actively excluded the Deaf community.
- 2.5. Following community concern, a negative reaction on social media and campaigning by the Irish Deaf Society and other Deaf organisations, the Department of Health and HSE engaged slowly but positively. In response to our concerns, after a time, live briefings were presented with interpreters in a consistent manner. However briefings from the Department of An Taoiseach and Department of Finance continued to broadcast briefings with inconsistent use of interpreters, rendering many of the bulletins incomprehensible to our community.
- 2.6. As a community organisation we, along with volunteers were left with no choice but to translate State documents and briefings. Subsequently the HSE engaged with the Irish Deaf Society and Chime to identify and address accessibility issues. Following that engagement the HSE funded the Irish Deaf Society to produce professionally filmed and edited ISL video translations of key information documents and announcements. These videos were presented on the IDS website and the HSE website. This work was very welcome but lagged far behind the presentation of continually changing English language information and at times was out of date by the time the translations were prepared.
- 2.7. Our recommendation is that all state bodies and Departments consider their responsibilities under the ISL Act 2017, to be commenced in December 2020, and ensure they have an ISL policy in place as a matter of priority.
- 2.8. Emergency briefings of all types must be accompanied by an interpreter on live broadcasts and an ISL video translation for written information.
- 2.9. Emergency planning must consider accessibility and Universal Design principles from the outset and not as a late addition. Changes to designed processes are likely to be implemented too late, or not at, all depending on the duration of a given emergency. Accessibility must be factored in the design process from the start.

3. Covid-19 response – Access to Interpreters (GP assessments)

- 3.1. Under the GP access scheme Deaf people are entitled to provision of an ISL/English interpreter for a GP visit if they have a medical card or a GP visit card. This results in many Deaf people without those cards not reporting to GPs with symptoms due to the cost of interpreters. This leads to undiagnosed health issues and a lower standard of health in the Deaf community.
- 3.2. At the outset of the pandemic the Irish Deaf Society worked with the Sign Language Interpreting Service (SLIS) to recommend a number of changes relating to SLIS's services and the GP Access Scheme. Firstly that all Deaf people would have access to interpreters for GP visits. Secondly that appointments could be conducted via video link allowing for remote interpretation. Thirdly that Coronavirus testing would be seen as an equivalent to primary care under the scheme. These measures were accepted and implemented quickly ensuring barrier free access to assessment and testing.
- 3.3. The Irish Deaf Society recommends that the GP access scheme remains open to all Deaf patients for all GP visits following the pandemic, noting that poverty and low incomes is a reality for many in the community due to lower outcomes in education and restricted employment opportunities; hence finance can be a barrier to effective health treatment.
- 3.4. We also recommend that SLIS be formally sanctioned to hire remote interpreters by CIB. With a small investment in work laptops for remote working SLIS staff all GDPR issues could be addressed. This simple step would not only address a capacity issue but facilitate the physical locating of interpreters throughout the country as opposed to focussing on the Dublin area.
- 3.5. A key provision of the ISL Act is that SLIS would establish a register of interpreters. IDS have written to CIB seeking feedback on why there is a delay with this project but have not had a reply. This is a key component in providing interpreting services to public bodies following commencement of the Act in December.

4. Covid-19 response – Access to testing and contact tracing

- 4.1. During our initial engagement with the HSE we examined the pathways for testing and contact tracing and worked with the HSE team to identify accessibility gaps. These gaps were many and a lack of consideration in virtually all parts of the process for those with communication needs was apparent.
- 4.2. These gaps included how appointments would be made without the ability to use voice calls, how the accessibility needs of the person that is being tested could be passed from one stage of the process to the next, how to communicate with a Deaf person at the test centre, particularly when lip reading is obscured by PPE and confusion as to whether interpreters and devices for remote interpreting were allowed into healthcare settings.



- 4.3. Through a series of weekly engagements in April IDS, Chime and HSE National Disability Operations Team worked through a series of guidelines for HSE staff and the Deaf community on how to engage to ensure mutual understanding of communication challenges and what accommodations the HSE had agreed to provide.
- 4.4. Our agreed recommendations included a fully illustrated pathway to ensure that the testing process was accessible. To date recommendations relating to testing and contact tracing have not been implemented and the testing process in July has changed to GP appointments with test centres closed. We would like to see our recommendations accepted in order to be adequately prepared in the case of further waves of Covid-19 and the possible re-introduction of test centres.
- 4.5. Although we do not have access to accurate reporting it seems that there were a very low number of Deaf people tested. The low number of Deaf people requesting interpreters for testing defies normal ratios in the population and is a cause for alarm. This could indicate that the barriers related to accessible testing and information could have resulted in a lack of diagnosis and treatment.
- 4.6. IDS recommend that all state bodies provide a Deaf accessible means of contact to be presented in the same location as other contact information. The provision of a text number is widely recommended across Government research to support many groups of people with varying communication challenges for whom voice calls are not possible.
- 4.7. In addition we recommend that all testing and contact tracing processes are reviewed for accessibility and all new processes include this consideration from the outset.

5. Covid-19 response – PPE and Facemasks

- 5.1. The Catholic Institute for Deaf People (CIDP) struggled to get adequate PPE at the early stages of the pandemic for the residential facilities resorting to ordering supplies of sanitisers & hand gels from gin distilleries and online. Later it was difficult to source masks, gowns, thermometers again sourcing these from online sources with lengthy lead in times for delivery.
- 5.2. Chime have engaged with NPHE to communicate our concerns about facemask mandates which have been issued with no nuanced consideration of how this will further isolate the Deaf community.
- 5.3. We have asked NPHE to communicate to the broader public that facemasks can be lowered at a safe social distance for lip-reading and that face visors should be used if possible.

6. Impact of Covid-19 on daily life – a marginalised community

- 6.1. The Deaf community has been extremely isolated during Covid-19, not afforded equal access to information and supports including ISL school resources.



- 6.2. The Deaf Village Ireland has begun to re-open and has canvassed some individuals asking for comments on their experience during lockdown which include:

“They felt they were socially deprived of communication, even though they have hearing families it is not the same, there's no real connection.”

“They lost their identity not seeing anyone from the Deaf community, not being able to communicate to their own community.”

“DVI is a second home for them, they felt they had a sense of freedom coming into DVI today to be able to communicate to people who really understood them and enjoyed them.”

“There has been no events on in DVI for months because of the coronavirus this also has a big effect on them not being able to socially enjoy doing things with people in their community.”

“Even though everyone has a phone, it's not the same as meeting people in person there is a strong feeling of "emptiness" they don't feel fulfilled when they are not with the people within their community. “

“DVI is important to them and it made them realise what values they have in their community and appreciate the uniqueness of DVI socially. Communicating with others helps them to feel part of the Deaf Community.”

“It's been a tough 11 weeks with a lot experiencing loneliness.”

- 6.3. Sadly one Deaf man died by suicide in the Deaf community during this time. He had been feeling isolated and had commented on how he was finding lockdown difficult.
- 6.4. After campaigning by IDS, RTE agreed to provide “School Hub” children’s educational programmes with ISL interpretation on live RTE. This was a small amount of programming but received a tremendously positive reaction. It should be noted that this initiative followed many in the community, including the Catholic Institute for Deaf people having no choice but to create their own translation of ISL resources for Deaf staff, school children and residents. This included news and education updates, activities to do at home, mental health supports, homework/school support and all with ISL links.
- 6.5. IDS recommend a review of educational resources available in ISL followed by a funded action plan to create more resources for primary and post primary.
- 6.6. The HSE has assumed operation of mental health services for the Deaf community which was managed by Chime at one point. To the best of our knowledge this service is not fully



staffed and operational. The Chime service was limited and the HSE service is now inactive. It is unacceptable that mental health for a marginalised community is not being seriously addressed. It is not an exaggeration to say that this lack of proactive service is leading to hardship and death. IDS are concerned that the economic difficulties and potential for waves of Covid-19 in the near future will result in a spike of mental health issues in the general population and marginalised communities like ours. We anticipate the need yet again to campaign for equal access to information and services.

7. Summary of Recommendations

- 7.1. All State bodies develop an ISL policy to meet their obligations under the ISL Act (2.7)
- 7.2. Emergency briefings of all types must be accompanied by an interpreter on live broadcasts and an ISL video translation for written information. (2.8)
- 7.3. Emergency planning must consider accessibility and Universal Design principles from the outset and not as a late addition. (2.9)
- 7.4. The GP access scheme remains open to all Deaf patients for all GP visits (3.3)
- 7.5. SLIS be formally sanctioned to hire remote interpreters by CIB. (3.4)
- 7.6. CIB work with SLIS to fast track the development of a register of interpreters. (3.5)
- 7.7. All state bodies provide a Deaf accessible means of contact including a text number. (4.6)
- 7.8. All testing and contact tracing processes are reviewed for accessibility (4.7)
- 7.9. NPHET communicate with the broader public that facemasks can be lowered at a safe social distance for lip-reading and that face visors should be used if possible. (5.3)
- 7.10. A review of educational resources in ISL must be carried out followed by a funded action plan to create more resources for primary and post primary. (6.5)
- 7.11. Government must take action to provide the Deaf community access to the full range of mental health services and supports (Section 6.6).

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