

Health Messaging for All

Insight workshop - deafPLUS
16th March

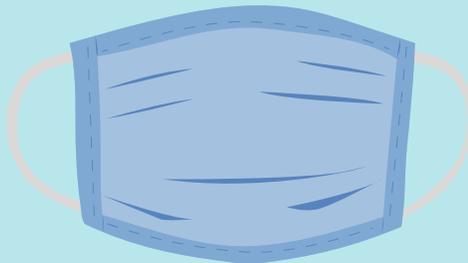


About the participants

Number of participants: **6**

The group are Deaf British Sign Language users. BSL is their primary language.

The group was made up of people from diverse ethnic groups and ages. Of the 6 participants two were men and four women, in ages ranging from 20 - 50. The group's ethnic backgrounds included British Black Caribbean, Arabic, British White and Black British with one person identifying as Mixed White and Black British.



The group were shown pictures/visual cues of the following words to ensure accessibility needs were met and asked what comes to mind...

Self-isolate

**Test and
Trace**

vaccine

Shielding

The group expressed concerns regarding the vaccine, saying they had little understanding of the vaccines and what was in them, the difference between the different names, how they worked, what the procedures were for a vaccine, when they could access the vaccine and any side effects. While they recognised the vaccine was important, they were frustrated with the lack of accessible information available to them.

Likewise with Shielding and self isolation they were unsure what these meant.

A few had the NHS Test and Trace App on their phones but didn't understand how to use this, and found it inaccessible due to the level of English used.

We asked participants to tell us what their main sources of Covid-19 health information are

Main sources of Covid-19 Info



Facebook

A lot of the group said they accessed information on Facebook as other sources were sharing information/videos there.



Television

The BBC broadcast the news with BSL interpreters, however BSL interpreters were only available at a fixed time and not on the main channel, subtitles were often difficult to follow with a lot of jargon words and usually a time delay occurred from the speaker and the subtitles.

Accessibility

0 people found information about covid-19 accessible

They all said they could not understand the written information as English is not their first language, and the information available usually contained jargon. They struggled to find accessible information in British Sign Language.

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**COVID-19 HEALTH
MESSAGING IS FAILING
TO COMPLY WITH THE
EQUALITY ACT 2020**

DEAFPLUS WORKSHOP PARTICIPANT

**COMP-D INSIGHTS WORKSHOP
16TH MARCH, 2021**

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Understanding Covid-19 health messages

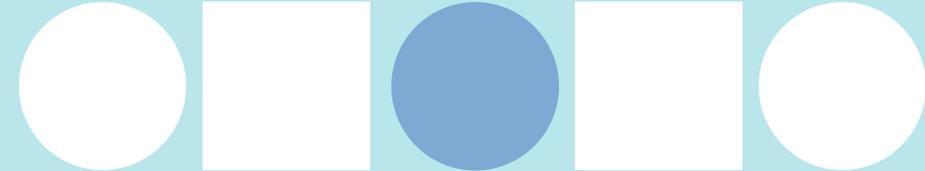
We asked participants to tell us what the barriers were to accessing messages

No BSL interpreters



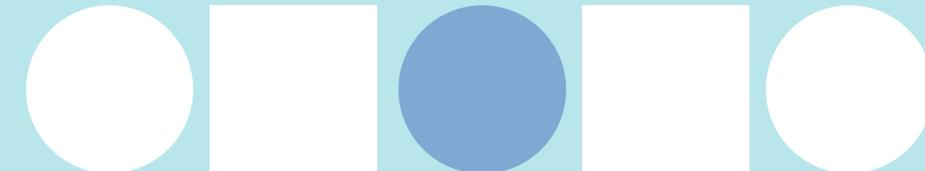
The BBC did provide BSL Interpreters for a new programme, as mentioned before, this was at a fixed time and on a separate channel. There was no recording made available to watch again or review. If the Deaf person missed the live broadcast, they had no access at all. Other news channels had information available 24/7 however for Deaf BSL users it was only at one fixed time and this limited the information available to access.

No subtitles



One person mentioned the problems with the subtitles, they contained a lot of jargon and had a delay. One participant (the mother of a deaf daughter) would pause the TV to explain a jargon word or discuss something that had been said however when resuming the programme they were 15mins behind and had missed information. They were also frustrated that the subtitles covered up the speakers' names, this meant they couldn't identify if the speaker was a reporter or scientist.

Leaflets



Leaflets that were given to the participants were not Deaf friendly, they contained too much jargon, heavy English and not enough visual information.

Understanding Covid-19 health messages

We asked participants to tell us what the barriers were to accessing messages

Websites

Websites had the same problem, a high level of literacy is assumed and no plain English versions were available. The websites did offer information in other languages however there was no BSL video translation made available.

Mask wearing

Another serious barrier was the use of masks. This created an immediate extra barrier for deaf people as they rely on lip pattern and facial expression as part of BSL. It also made it impossible to lipread others.

English not first language

When some participants had attended their vaccine appointment there was no sign language interpreter booked, so no opportunity to ask questions and address their concerns. Health professionals asked them to communicate via exchanging notes, however as English is not their first language they struggled to understand what was asked and were not confident they had been given access to all the information necessary.

Recommendations

Suggestions from the group about how to improve Health information regarding covid -19 primarily centred around more BSL interpretation being made available. For example the BBC news could provide more opportunities to watch BSL interpreted news.

Access to websites via a BSL translation, suggestions from the group included a BSL access button for translation of a page of information or perhaps a particular word.

The group also suggested another way of improving Health Information's access for the deaf is to install Plasma Screens in all waiting rooms at Healthcare premises, providing information with taped BSL's videos box in the corner of the screen and subtitles.

These information with BSL and subtitles can be repeated in proposed NHS Deaf Facebook group / NHS Website for Deaf.

Making
Information
more
accessible

Access to GP's with a BSL Interpreter for a covid-19 vaccination appointment to understand the process and have the opportunity to ask a medical professional any question or concerns they may have.

Another suggestion for subtitles was the use of different colours to identify different speakers, also the ability to slow the subtitles to read them at a suitable speed for the user.

The use of more visual information on leaflets providing health information.

Additional Comments

1 The group agreed they wanted equal access to all media sources and to be able to have access to the same sources as hearing people.

2 The group were still unclear about a lot of the information regarding covid-19. They felt they had a little understanding of some information but felt they had missed a lot of important information about health and covid-19.

3 More workshops would be welcomed by the deaf community as another way for them to access information, with speakers from health professionals providing an opportunity for the deaf community to ask questions and access information that is not currently accessible.

4 As the workshop was remote some people wanted to join but did not have the access to zoom so again people missed out on the opportunity to find out important information relating to Covid-19.

Principle takeaway

From the insights workshop, it became apparent that all participants had not received equal access to vital Covid-19 health messages to keep themselves safe during the pandemic and still felt unclear about what to do in certain situations.

Action: A series of webinars has been arranged with Tower Hamlets Council on specific Covid-19 topics