Written evidence submitted by SignHealth (MRS0215)

Summary

The Deaf health charity SignHealth, set up in 1986, works to improve the health and wellbeing of Deaf people who use British Sign Language. We are led by deaf people and the deaf community. SignHealth provides psychological therapies, advocacy, social care, a crisis text line service and support to survivors of domestic abuse. We are submitting evidence at this time because we have seen, through our work, that our clients have been disproportionately affected by the COVID-19 pandemic because they are deaf.

SignHealth would like to thank you for setting up this call for evidence into the impact that COVID-19 is having on the lives of those people who have protected characteristics.

The first thing to note is that whilst we applaud the timeliness of this call for evidence, it was initially inaccessible to the thousands of deaf people who use British Sign Language as their first language – we are pleased to see that this has been remedied and there is now a British Sign Language translation of the requirements, but there is still no option to submit evidence in sign language, which instantly puts many deaf people at a substantial disadvantage. To apply context to this, it should be noted that many deaf people living in the UK are not fluent users of the English language. This is because of the historical requirement for schools to teach a curriculum that prioritises the use of speech and residual hearing as the main way to access the National Curriculum[1]. For many deaf children, this was not an accessible way to learn and many of those children grew to adulthood having experienced severe language deprivation[2]. The result is that many deaf adults are not able to express themselves in written English as fully as they would be able to if the option to submit evidence in British Sign Language was available.

Additionally, individuals may have wished to respond with valuable evidence. However, if English is a barrier to submitting evidence, they would have no option but to waive their right to anonymity and request help from another source. To do so would put them at a substantial disadvantage - it actively disempowers them, compromises their independence and their privacy.

Key points

Deaf women are twice as likely to go through domestic abuse than hearing women are. Lack of accessible information during lockdown means there will be an increased risk of experiencing abuse, especially when access to services are restricted.

Deaf people rely on accessible services to make informed decisions about their health. Lack of access to public services' means that what is already a frightening time for them, is exacerbated due to this additional barrier. The COVID-19 pandemic is further impacting services ability to be accessible, and in turn this means it is harder and more distressing for deaf people to make informed decisions

Government announcements about changes to public services are not being produced or provided in an accessible format, i.e. in British Sign Language. With services such as Family Courts being impacted by the pandemic, deaf victims of domestic violence are in some

situations having to rely on their abusers for access to information. This is pushing vulnerable people further away from safety.

Many of our service users are facing barriers when liaising with the police, there is a fundamental lack of deaf awareness which is embedded in the systems and procedures; this has been made worse due to COVID-19. The inability to adapt to the needs of deaf people is causing high levels of distress amongst our service users, during what is already an extremely stressful time.

The National Domestic Violence Helpline, NDVH is a service that is open 24/7, however this is completely inaccessible to our service users. They have to turn to us for support, but due to limited resources we need to be able to refer clients to a service that is accessible; this is currently not possible. One solution that is often cited is to use Relay UK, however, as an English based text service, this does not suit the needs of the majority of our service users.

Some of our service users are currently residing in women's refuges, they are facing a multitude of barriers during what would already be a very distressing time under normal circumstances. They are experiencing a lack of access to accessible information, and many of our clients report that their refuges lack basic deaf awareness. Many are forced to make difficult decisions when it comes to themselves and their children, as they have been given insufficient information, and are confused or uninformed when it comes to COVID-19.

Amendments to the Mental Health Act and Care Act were made to ease the burden on frontline staff. These amendments are having an unintentionally adverse effect on our service users. With many organisations no longer running a face to face service and switching to remote contact, the access for deaf people has become an afterthought. Many social workers are conducting assessments but not providing interpreters for these assessments. There have been occasions that interpreters booked for our staff members have been used. Access to interpreters needs to part and parcel of public services, especially social work.

The closure of schools has had an adverse effect on the work of our Young Person Violence Advisors. We are not able to access vulnerable young deaf people with the ease we had before. We have moved as much of our work into the online space; however, we are concerned that many young deaf people may not have access to this information. They also may not feel safe enough to disclose sensitive information nor have the outlet to do so.

SignHealth is a specialised service with experience in supporting deaf women who are experiencing domestic abuse. There has been an increase in demands for support from deaf people from all over the U.K. Commissioning a domestic abuse service across the U.K would ensure that they receive the support they need.

Action points

3 weeks:

1. The government must have a British Sign Language interpreter with them, in person, for every government briefing.
2. Immediate funding for 'BSL Health Access' from NHS England and Improvement before SignHealth's financial reserves are depleted.

3. Appoint a senior civil servant with overall responsibility for accessible communication to liaise efficiently and effectively between government and target communities on providing equal access to information.
4. Ensure that all essential government guidance is released in accessible formats.
5. Professionals who are currently registered with 'The National Registers of Communication Professionals working with Deaf and Deafblind people' (NRCPD) to be added to the list of those considered to be key workers, with immediate effect.
6. Provide women with sanctuary by allowing hotel accommodation to be turned into temporary accommodation.
7. Immediate suspension of No Recourse to Public Funds

6 months:

1. Centrally commission a specialist Deaf domestic abuse service from SignHealth which will be available across the country and able to support all deaf women in need.
2. British Sign Language access to the National Domestic Violence Helpline.
3. Fund a new national mental health programme for deaf young people

Full Report

How people have been affected by the illness or the response to it

Deaf people who cannot access public safety information about how to mitigate the risks of COVID-19, may not be aware of the requirements to stay home. For the women we work with at SignHealth, it should be recognised that they are now faced with the dire prospect of sharing intimate space with an abusive partner, in a way that offers no reprieve or escape. Many of those women also have children and are trying to manage an already tense situation, as well as home-schooling their children and trying to keep them safe because an abusive partner may become more volatile during this period. Many deaf women in this situation are now faced with the unenviable choice of either staying at home where it is unsafe, and risks of abuse may be compounded because of the current climate. Or, they can leave the house and potentially breach government guidance or COVID-19 specific laws in relation to being out and about. Women who choose the latter are at an increased risk of contracting COVID-19 and should they be stopped by the police; language barriers may prohibit them from explaining why they have chosen to be outside. Consequently, this may lead to a fine or criminal conviction. It would be prudent for us to not underestimate the significant toll that these situations have on women who are experiencing domestic abuse. SignHealth has a therapy service available to support deaf women, unfortunately face to face counselling sessions are no longer an option - the only availability is to conduct sessions remotely. For obvious reasons, this does not suit women who are living with a perpetrator. They may be unable to source a private space where they can talk freely and being found by the perpetrator could compromise their safety. The home set up may also be imperfect because many women are not only sharing space with an abusive partner, but also with their children. This means that even if they are able to talk without the partner being present, there is a strong likelihood that they will still be caring for their children and may not want to expose them to the conversation.

In terms of health; in the event that a deaf person contracted COVID-19, they may not be able to access equitable medical care. Like everyone, interpreters are prioritising their own

health and safety where possible, which means that many are not able to be present for face to face appointments in hospitals.

With reference to the above, please see the following case study:

'Due to the lack of accessible public health information in BSL, Deaf people may be unaware of some of the less common symptoms of COVID-19 such as loss of smell and taste. This happened to Pete*; he was extremely cold, and had lost his sense of smell and taste, but had no continuous cough or fever. Pete and his wife are Deaf British Sign Language (BSL) users, so they called NHS 111 with the help of video relay interpreting support, InterpreterNow. NHS 111 suspected sepsis and sent an ambulance over to the house. However, the ambulance crew tried to call back – and Pete and his wife missed the call. This was the first communication barrier.

An hour later the ambulance arrived, the paramedics were wearing facemasks which meant Pete and his wife were unable to read their lips and couldn't understand what they were saying. The couple had no choice but to ask their hearing child to act as a make-shift interpreter. They told Pete to go back to bed and call the doctor on Monday morning – which was in a couple of days.

Over the course of the weekend Pete's condition deteriorated. He woke his wife up at 2am covered in sweat and having difficulty breathing. This time, she had no option but to call 999 through Text Relay. The Ambulance crew arrived with PPE covering their mouths and the son was woken up to interpret. It was a really distressing moment as his father was so ill and was taken to A&E alone due to social distancing rules. He was unable to communicate with any of the medical staff who were all wearing PPE. The hospital explained that they were unable to provide an interpreter, and they did not have the facilities to support type talk or remote video interpreting.

Pete tested positive for Coronavirus and was put on oxygen. His only means of communicating with doctors and nurses was with a pen and paper. His condition continued to deteriorate, and the medical team explained he would need to go on a ventilator. Scared and unsure what was going to happen to him, he wrote down "Will I die?" Much to his dismay the doctor wrote back saying "I don't know".

Luckily, Pete started to show signs of recovery and was diverted from being put on a ventilator. He was then discharged sooner than normal due to the hospital being a high-risk environment. However, his condition was still serious, and the doctor from the Coronavirus Hub sent him back to A&E. Not wanting to go through the same ordeal again, Pete and his wife paid for a remote video interpreter out of their own pockets. His experience in hospital the second time was much less frightening, as having someone there to keep him updated alleviated the communication barriers he was facing.

This case study highlights how important it is that Deaf people hospitalised with COVID-19 have fair access to communication support. In response to this pressing need SignHealth have partnered with video relay interpreting service InterpreterNow to launch www.BSLHealthAccess.co.uk

BSL Health Access, provides free 24/7 access to BSL interpreters for communication with Deaf people in any health setting, including contact with their GP, visits to health clinics,

pharmacies, calls for test results or to reschedule appointment, even to communicate when in hospital.'

If the hospital staff cannot communicate in British Sign Language, then a deaf person is unable to make informed choices about their health care. As mentioned above, many deaf people are not fluent users of English, so writing information in English would not be considered a reasonable adjustment and the Accessible Information Standard requires NHS funded services to communicate with a patient in the way they choose[3]. Deaf people who rely on lip-reading will be unable to do so because of the masks that medical staff are wearing. SignHealth fully supports the use of appropriate Personal Protective Equipment for all medical staff, to ensure that they are kept safe from infection. However, we would like to highlight how a lack of sign language provision often pushes deaf people into situations where they must rely on lip-reading alone - which is only accurate 30% of the time[4]. When this measure is removed, it can add to a patient's anxiety and frustration during a time when they are likely already very fearful.

On Thursday 16 April 2020, SignHealth launched a new remote interpreting service which allows deaf sign language users to access their health care providers via 'BSL Health Access'. SignHealth's Board of Trustees has agreed to fund the service from the charity's reserves in the short term, because we recognise that there is a very real need for the deaf community to have equity with hearing people during this crisis - this is strongly evidenced by the above case study. Since launching this initiative, we have been inundated with positive feedback from NHS staff as well as people in the deaf community, telling us how valuable and liberating it has been to be able to use the service to make those calls which empower and inform them to make decisions about the health of themselves, and their families. We received hundreds of calls in the first week alone, and thousands of visits to the website for the new service.

We have begun to discuss the ongoing funding of this service with NHS England and Improvement.

If there have been specific impacts on people due to them having a protected characteristic

One of the main barriers for deaf people has been the lack accessibility to the daily government briefings. The government has been overly reliant on the BBC to supply in-vision interpreting for those briefings. Yet, every other national government, including Scotland, Wales and Northern Ireland, includes an in-person sign language interpreter at their government briefings[5].

It is a requirement of the government to ensure that all publicly relevant information, especially information related to public health and safety, is made available in an accessible format under guidance from the UNRCPD[6]. Compared to hearing people, deaf people are put at substantial disadvantage because if they do not own a TV licence or they miss the BBC news briefing, they may not be able to watch a catch-up version later. This means that when the briefings are re-broadcast on other channels, or on social media, there is no British Sign Language interpreter included. There is a campaign to ensure that deaf people have access[7] and several deaf organisations have joined together to reiterate the importance of making all information from Government accessible, including with live national addresses[8].

This is particularly relevant when working with women who are experiencing domestic abuse. If a deaf woman is unable to access this very important public safety information, she may become reliant on her partner for that information.

SignHealth is paying for a short summary of every daily government briefing to be professionally filmed in British Sign Language, subtitled and then shared on social media.

The government has released information to the public with regards to family court, but it is not available in British Sign Language, which makes it largely inaccessible to many members of the deaf community. SignHealth has endeavoured to provide translation summaries of relevant COVID-19 health advice where possible - acknowledging that whilst it is not our job to do so, we are keen to ensure that the deaf community are able to access information essential to their health and safety. NHS England and Improvement has paid us to provide the translation of one document – the shielding letter that went to more than 1 million people. The BSL film we created is on our website, alongside all the other British Sign Language resources on coronavirus that we have funded ourselves. Unfortunately, we do not have the capacity to translate all of the information relevant to the public and are unable to absorb the costs of translation for the family court guidance. We would expect that this is something which would be provided by the government, in accordance with their statutory duty to ensure that information is accessible.

A lack of accessible information leaves deaf people unable to make informed decisions and this can prove particularly problematic if their partner is hearing; it creates an uneven power dynamic where coercive control through the dissemination or withholding of information becomes a weapon. In this position, a deaf woman can lose her autonomy. We can envision this being particularly pertinent around the shared custody of children, where a woman who is unable to access government guidelines and advice will not have the requisite information required if an ex-partner tries to take advantage of her lack of accessible information by manipulating the rules for their benefit. For example, trying to increase their contact time with their children, or stopping the children from returning to their main residence because the government response restricting movement happened while they were visiting his home.

There are also limitations for those women who are looking for organisational or professional support to help manage their situation.

We have had several cases recently where COVID-19 has affected how we work with our clients. In our domestic abuse service, we are unable to fully transition to remote working, and often we are required to undertake face to face work with our clients and other professionals. We also rely on other professionals to support the work that we do. One such example involved a police visit to the house of one of our clients. The police officer knew some sign language and was able to communicate directly with the client. Upon entering the property, the client reported to us that she felt uneasy because the police officer was perspiring heavily and wiping it away with his hands. The officer was then required to check the client's phone for evidence, but the officer was not wearing any Personal Protective Equipment. For obvious reasons, this not only puts the officer at risk, but in this instance also our client. Whilst there, the officer requested to use the bathroom and the client felt uncomfortable because of the risks associated with infection and spread of the disease. Lack of access to briefings meant that they did not feel they had sufficient knowledge to object and did not feel that they were in a position where they could refuse.

There was a separate incident involving the police and a client of ours who was attempting to flee her family home. The police arrived and despite our member of staff requesting that the police contact her remotely, using a video call because she was deaf, the police instead tried to contact her using audio calls - which she was unable to answer. This resulted in a delay in the police arriving. Once there, the police said that they were unable to help because the client fleeing did not have an alternate address to move to. In the current climate, refuges are not accepting new residents, and the client had no other available option. Fortunately, we were able to source a hotel on a temporary basis and the police were able to escort her there safely. We feel that our clients are being disproportionately affected by COVID-19; police officers are not receiving the requisite training needed to effectively understand deaf needs. In times of crisis, this puts deaf people at a substantial disadvantage.

With the widespread transition to online and remote services, women who are unable to access English fluently may struggle to find the support that they are looking for. If they are able to source appropriate support, they are often prevented from making initial contact by the simple fact that most of those services are now being run via phone. Relay UK is a telephone relay service for deaf people, but it's based on English and with the current situation, it seems as though there has been a reduction in operator availability, which means that making contact with a service via that method may be limited. We also understand that many women who are living within an abusive relationship may not have access to a safe and private mobile phone. Additionally, we note that the National Domestic Violence Helpline is also inaccessible to sign language users. As a charity, our staff each carry a caseload of clients, but we are not a 24/7 service. Often our clients need emotional or out of hours support that we are unable to provide. In those instances, we would like to be able to refer them on to the national helpline, but we are prevented from doing so because it does not provide an accessible service.

The nature of our work means that we are working with women who are at high risk. Women who have fled abusive relationships often move into refuges; when a deaf woman moves into a refuge, she is more often than not the only deaf person there and it is unlikely that anyone she encounters will know sign language. That deficit of accessible information often compounds risk because she has an exponentially higher chance of contracting COVID-19 and she may not be aware of the rules around the necessity of self-isolating. Due to us being unable to meet with many of our clients face to face, we can only make contact with them remotely. We cannot always be sure that the client will have the technology needed to be able to make video calls. We also cannot be assured that the staff working in the refuge, or the people that she is living with, will make regular checks to ensure that she remains healthy and does not have any of the coronavirus symptoms. She may not have anyone available to support her if she does become sick. This is not through lack of care on the part of refuge staff, but simply a lack of shared communication.

A deaf woman in this scenario may experience disproportionate effects on her mental health as she becomes not only physically, but socially isolated; without access to other people who share her language. This applies to women who are currently residing within a refuge. For those women who are looking to flee their home because of abuse, they will likely find that most refuges are no longer admitting new people. This leaves women with limited options. They may be able to stay with friends and family, but a deaf woman may not be able to source appropriate accommodation if she has a small network or if communication is an issue.

We recently supported a client who was living in temporary accommodation with her four daughters. A requirement of her tenancy was that she signed in every day, which she did right up until the point that the government implemented lockdown. The briefing regarding lockdown was released to the public without a British Sign Language interpretation, which caused our client to become anxious and fearful because she was unsure about what was happening. As a consequence, she was unable to make a fully informed choice regarding her circumstances. Out of fear, she made the decision to temporarily move in with her mother, so that someone was available to help and support her with communication. During this time, she was not able to sign in at her temporary accommodation and was immediately evicted, without notice. The council contacted the client's mother and asked her to inform her daughter that the eviction was to happen with immediate effect. The member of SignHealth staff supporting made contact with Shelter and was informed that an eviction that was made without sufficient notice breached the Housing Act. The council have since reversed their decision and placed the client into private accommodation. It is worth noting that if the information had been provided in an accessible format to begin with, this scenario may have evolved very differently. Our client would have made a decision based on the same information that her hearing peers would have had. Additionally, staying in temporary accommodation would have put our client at disproportionate risk because of the increased chance of contracting COVID-19; if that were to happen then not only would our client have had no way to communicate and ask for medical help or support, but she would have had no one available to assist with childcare. This is compounded by the school closures, leaving many single parents' little option but to attempt grocery shopping with their children - increasing the risk of contagion. There are schemes available via the National Shielding Service, which enables vulnerable people to register for priority home deliveries, however registration for this service is set up via phone. Not only can deaf people not make this initial phone call, they are also then unable to receive or respond to calls or messages left for them.

Whether there may be unforeseen consequences to measures brought in to ease the burden on frontline staff, for example, relaxing the measures under the Mental Health Act and Care Act

Social Workers and other professionals are unable to visit their clients in their own properties under the new government guidelines, which means that welfare checks are now mostly conducted over the phone.

It has been our recent experience that many social workers are not complying with their duty to ensure that all reviews and assessments are conducted with a qualified interpreter present. What is happening in our case, is that social workers are conducting assessments and reviews over the phone and requesting that deaf members of SignHealth staff use their own designated work interpreter to interpret for them, because no one else has been booked. Without an interpreter, the booking cannot go ahead. In this domain, the interpreter would be expected to retain impartiality and to re-deploy a designated interpreter is not only a conflict of interest, but it potentially puts the interpreter at risk from a perpetrator if they are identified and approached outside of that meeting. Abdicating their responsibilities and relying on our staff for interpreter provision is not only an inappropriate use of our Access to Work budgets, but it also means that the interpreters are not appropriately briefed in advance about the requirements of the job, and the risk of misinterpretation increases because of this.

There are also the contributing factors of the professionals' health and safety; many of whom are required to socially isolate themselves because of specific medical reasons. This disproportionately affects deaf women will need to be able to communicate face to face. It furthers their isolation and limits their capacity to receive information.

There are additional risks if a woman is pregnant whilst trying to keep herself safe. Professionals who are unable to access the property are unable to conduct the appropriate safeguarding checks to get the assurance needed. Cumulatively, this means that deaf women are not receiving the professional interventions and support that they so desperately need.

SignHealth would also like to raise the potential on-going risks specific to other vulnerable groups that we work with. Our Young People's Violence Advisors regularly attend schools to work with vulnerable children who are at risk of abuse. They teach across multiple subjects so that those young people are aware of the risks and signs of abuse. Our staff are often on the front line when disclosures are received, and they work closely with safeguarding officers to ensure that appropriate interventions are implemented. Current school closures mean that they are unable to provide that service, which not only increases a child's risk of harm, but it also means that those children may not have access to a safe space.

What needs to change or improve, which could be acted on in three weeks' time

The government must have a British Sign Language interpreter with them, in person, for every government briefing.

We would like to agree funding for 'BSL Health Access' with NHS England and Improvement as soon as possible, before SignHealth's financial reserves are depleted.

The government must appoint a senior civil servant with overall responsibility for accessible communication, so that charities like SignHealth and the other co-signatories to our recent letter to the Prime Minister, can liaise efficiently and effectively with government on providing equal access to information.

Updated information was released regarding the 'Coronavirus Crisis: Guidance on Compliance with Family Court Child Arrangement Orders' and there was no translation available in British Sign Language. This means that deaf people may be breaching the rules without realising, because this essential information has not been made available in an accessible format. One way that the government can improve the likelihood of compliance would be to ensure that all essential government guidance is released in an accessible format.

We would also expect to see professionals registered with 'The National Registers of Communication Professionals working with Deaf and Deafblind people' (NRCPD) added to the list of those considered to be key workers, with immediate effect. Many people are now adapting to the changing landscape, and they are able to conduct their professional roles remotely. For many of the language service professionals working with deaf and deafblind people, the nature of their role means that there is often a requirement for them to be physically present whilst working.

We fully acknowledge and respect the government's decision to close down hotel accommodation to everyone, with the exception of key workers needing emergency

accommodation. We would request that the government consider that hotels could also provide sanctuary to those who are fleeing their homes because of domestic abuse and require a safe space. Refuges are at capacity and many are unable to accept new residents during this time, which leaves many vulnerable women experiencing continued abuse and living through lockdown in homes with their perpetrators. Being able to access temporary accommodation of this type would afford those who need it peace of mind and an element of safety, until they are able to access an appropriate support service.

At a time when women are particularly vulnerable to domestic abuse, we would request that the government give special consideration to those who have no recourse to public funds.

What needs to change or improve, which could be acted on in 6 months' time

We ask that the government centrally commission a specialist Deaf domestic abuse service from SignHealth, that is available across the country and able to support all deaf women in need; including British Sign Language access to the national domestic violence helpline.

We ask that government funds a new national mental health programme for Deaf young people – we have already developed a proposal for such a programme, in partnership with the National Deaf Children's Society, Sense and NHS Deaf CAMHS. This will form an important part of how young deaf people come to terms with what has happened and maintain good mental health.

April 2020

References

1. Monaghan, L. (2016). Deaf Education History: Milan 1880. In G. Gertz & P. Boudreault (Eds.), The Sage Deaf Studies Encyclopedia (pp. 174-178). Thousand Oaks, CA: SAGE Publications
2. Humphries, T, (2012) Language acquisition for deaf children: Reducing the harms of zero tolerance to the use of alternative approaches (online) Available at: https://harmreductionjournal.biomedcentral.com/articles/10.1186/1477-7517-9-16
3. NHS,(2016) 'Accessible Information Standard comes in force, (online) Availe at: https://www.england.nhs.uk/2016/08/accessible-information-standard/
4. Bernstein, L (2000) Speech perception without hearing, Perception and Psychophysics, 62 (2), 233-252
5. Channel 4, The British government is not providing an interpreter for people with hearing loss at their daily briefings (online) Available at: https://www.facebook.com/watch/?v=1115643372122920
6. UNCRPD, Article 21- Freedom of expression and opinion and access to information (online) Available at: https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-21-freedom-of-expression-and-opinion-and-access-to-information.html
7. Simmonds, S (2020) Require British Sign Language Interpreters for emergency announcements on TV (online) Available at: https://petition.parliament.uk/petitions/301461
8. Fry, C, (2020) Inclusion of Deaf People in Live National Addresses on Coronavirus – provision of British Sign Language Interpreting at Live National Addresses 9online) available at: https://www.frylaw.co.uk/wp-content/uploads/2020/03/Inclusion-of-

Deaf-People-in-Live-National-Addresses-on-Coronavirus-%E2%80%93-provision-of-British-Sign-Language-Interpreting-at-Live-National-Addresses.pdf

[1] Gertz, G, Boudreault, 2016, The SAGE Deaf Studies Encyclopedia, 'Deaf Education History: Milan 1880'

[2] Humphries et al, 2012, Language acquisition for deaf children: Reducing the harms of zero tolerance to the use of alternative approaches

[3] NHS England, 2016 'Accessible Information Standard comes into force', 2016

[4] Bernstein et al, 2000, 'Speech perception without hearing'

[5] Channel 4, 2020 'Where is the Interpreter?'

[6] UNCRPD, Article 21 – Freedom of expression and opinion and access to information

[7] Simmonds, S, 2020, Government petition, 'Require British Sign Language Interpreters for emergency announcements on TV'

[8] Fry, C, Inclusion of Deaf People in Live National Addresses on Coronavirus – provision of British Sign Language Interpreting at Live National Addresses.