



Locked In or Locked Out

**d/Deaf and Disabled People's Experiences of
using Remote Technologies during COVID-19**

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Introduction

In June this year, Shaping Our Lives was awarded a grant by the National Lottery Community Fund to carry out and complete research into the impact of COVID-19, and of national and regional lockdowns, on d/Deaf and Disabled people, Deaf and Disabled People's Organisations (DDPOs) and Patient Participation Groups.

This report details findings from a survey about the use of remote technology by d/Deaf and Disabled people during, and beyond, the first national COVID-19 lockdown, which lasted from March 20 until early July. The study developed out of conversations with our members, who told us that they were concerned about the sudden adoption of remote technologies for a wide range of activities:

- social and leisure activities;
- peer groups and support activities;
- community services;
- education;
- work activities; and
- health and social care provision.

Our members were particularly concerned about people who could not access their usual activities and services, or did not know how to do so, through the use of these remote technologies.

The findings in this report have been collected through an electronic survey of 22 questions and a section of monitoring data collection that indicates the reach across age groups, urban or rural location, employment, impairment, long term health condition and shielding status. A Microsoft Word version of the survey was available on request. The survey was also available for completion over the telephone.



There were 90 survey respondents. Monitoring data is not reflected in the main body of this report, but can be found in Appendix One. All responses were anonymous and consent was received before each respondent submitted their completed survey. No questions were compulsory and more than one answer could be selected for multiple-answer questions.

This report is published as part of a series of reports exploring the impact of the COVID-19 pandemic on d/Deaf and Disabled people. The other three reports, published by Shaping Our Lives in December 2020, are:

Crisis, Challenge and Change: Reflections from Deaf and Disabled people's user-led organisations about the impact of COVID-19 on their work in 2020.

Engaged or Ignored? Reflections from patient participation groups about practice during COVID-19.

Behind Closed Doors: The longer-term impacts of COVID-19 on independent living for d/Deaf and Disabled people.



Summary of findings

It is apparent from the 90 responses that different remote technologies work differently for different people, for a wide range of reasons. These reasons can include:

- The nature of the person's impairments and long-term health conditions;
- The person's geographic location, and how that has impacted the quality of their internet and telephone reception;
- The person's employment status and social and economic determinants; and
- The opportunities available to the person to practise and receive training in remote technologies.

It should be noted that just over one tenth of the survey's respondents (approximately 12 people in total) said that all of the remote technologies in question – telephone calls, video calls and video meetings – were inaccessible for them. Another group of respondents, again around one tenth of all who responded, did not need further support to effectively make use of telephone and video calls and video meetings. The remaining respondents, around four fifths of all who responded, reported that they found some positives and some challenges in this new way of communicating and providing and accessing services.



Section One: Using the telephone

This research investigated d/Deaf and Disabled people's experiences of using telephone calls, video calls and video meetings during the first national COVID-19 lockdown and beyond. This section reports on the benefits and challenges of using the telephone for a range of different activities, including social and leisure activities, work activities, education, and health and social care interactions and appointments.

Have you used telephone calls instead of a social activity, meeting or appointment, during the COVID-19 lockdown or before?	
Answer Choices	Responses
Yes, during lockdown	36
Yes, before lockdown	1
Yes, both before and during lockdown	33
No, it was never suggested	8
No, it is not accessible for me	11
Total responses	89

Key takeaways include:

- For just over one tenth of respondents (11 people), using the telephone was not an accessible way of meeting or communicating.
- Just over one third of respondents (33 people) indicated that they were using telephone calls for social activities, meetings or appointments before the first lockdown.
- Two fifths of respondents (36 people) indicated that they used telephone calls for social activities, meetings or appointments for the first time during the first lockdown.



If yes, who were you having a telephone chat, meeting or appointment with?				
	Good Experience	Bad Experience	Neither good or bad	Total
Friends/family	11	3	11	53
Health or social care professional e.g. doctor or social worker	9	12	9	57

Key takeaways include:

- Just under two thirds of respondents (57 people) used the telephone to talk with a health or social care professional, slightly more than those who used the telephone to talk with friends or family (53 people).
- Just over one fifth of respondents (12 people) reported having had a bad experience using the telephone to talk with a health or social care professional, significantly more than those who had reported having a bad experience using the telephone to talk with their friends or family (three people total).



Themes

65 people left comments explaining why they had good or bad experiences when talking to people on the telephone. Most of their comments related to appointments with health and/or social care professionals. Those comments reflected a number of common themes which are highlighted below, starting with the most prevalent.

1. Access issues

Just under a third of respondents (20 people) specifically mentioned that they had encountered access issues when using the telephone for interactions, appointments and activities. A number of people responded that going out is tiring, so being able to do things from home via telephone has been helpful.

"I have a chronic, energy-limiting condition. Phone calls are less energy-draining than seeing people in person in my home or going out."

"It saves me the effort of having to travel to meetings, etc. As a wheelchair user, getting in and out of my car and dealing with access issues is time-consuming and physically tiring."

"As an autistic person, not having the pressure of face-to-face meetings (including the issues of travel to get there, etc.) was a benefit in general."

Some people found it difficult or impossible to use the telephone without assistance. Not everyone who answered had the necessary equipment or support, and others needed additional equipment or support to make using the telephone comfortable.

"I have the equipment to make it easy for me to have phone calls (handsfree headset)."

"I like to keep in touch with people but need an assistant to help make the call."



"Sometimes it's easier in terms of access and time, but I find it hard to say everything I need to say and to process what the other person is saying."

"Not able to understand fully the conversation. Had to end a call and requested a call back at another time when help is in the house."

Others found the telephone to be difficult to use, with or without support, because of a health condition or impairment. Some people experienced a lot of anxiety when using the telephone and found it difficult to express themselves; others found it difficult to hear altogether.

"I feel extremely uncomfortable using a phone to communicate due to my Asperger syndrome."

"Good to talk to people but can't always hear them."

"Hard to understand because of hearing loss."

2. Keeping in contact

One fifth of respondents (13 people) were grateful to have the telephone as a way to keep in contact with others without having to leave the house and risk their health in the process. However, these people all acknowledged that the telephone was just a necessary alternative to meeting people in person, and that meeting in person was still their overall preference.

"I live alone & was shielding initially, so it was a great way to contact people & ask for/receive assistance & company."

"It was a way to connect if the travelling was too far and meant contact at home which was important as I live alone."



3. Convenience

For some respondents (nine people) the telephone offered an easy and convenient way to deal with routine appointments. They felt that it had saved them from taking unnecessary risks arising from travel and in-person meetings.

"Reduced the need to travel for routine 'check in' appointments."

4. Inappropriateness

The remaining people gave a number of reasons why they found telephone calls to be inappropriate for appointments or meetings. These reasons included:

- Not having a visual connection;
- Risks to safety;
- Interactions being rushed; and
- Poor telephone and/or internet connections.

"It was better than having no contact with my mental health team but it was impossible to go into in-depth issues the way we might face-to-face."

"It felt rushed, so I didn't open up and tell the professional everything that I usually would have. I felt less connected to them, like the trust wasn't there."

"One of the calls during the lockdown was with a consultant oncologist and in many ways it would have been preferable to meet face-to-face."



Using telephone calls in the future

We asked respondents whether they would use the telephone again for social chats, meetings or appointments, and what their ultimate preference was. We split these answers across different groups, listed below:

- Friends/family;
- Neighbours, community workers or people who provide free care support;
- Paid carers;
- Health or social care professionals e.g. doctors or social workers;
- Paid, unpaid or voluntary employers; and
- Education or training providers.

Key takeaways include:

- Respondents were most likely to use the telephone in the future to speak with family and friends, with over half (35 people) reporting that they would. Respondents were least likely to use the telephone in the future to speak with a paid carer. Health and social care professionals were the least-preferred choice for this method of communication after paid carers.
- When asked if they would prefer to see people in person, respondents indicated that they would most prefer to see family and friends in person, followed by (in descending order) paid carers and neighbours or community services. Health and social care professionals were the next group that people would most prefer to see in person, accounting for about just over a quarter of responses. Employers and educational providers ranked lowest overall.
- Just under two fifths of respondents (23 people) said that using the telephone to speak with a health or social care professional was okay for some things but not for



everything. Nearly half of respondents indicated that using the telephone to speak with family and friends was okay for some things but not for everything; those respondents felt similarly about using the telephone to speak with other groups. Educational establishments were the main exception in these responses, with few respondents choosing the option, 'using the telephone is okay for some things but not for everything'.

Finally, we asked respondents to tell us what would make telephone calls easier for them to use in the future. Answers included:

- a. **Being able to see the other person:** in particular, respondents told us that this would make telephone calls more accessible for people with hearing loss.
- b. **Access equipment:** respondents told us that holding the telephone can often be painful or impossible and that access equipment, such as a headset, can be very helpful.
- c. **Better planning:** this includes confirming the time of the call and its expected duration in advance, confirming the agenda for the meeting or appointment in advance, and confirming and/or giving the respondent the choice of who will be making the call. It also includes the other party making an effort to understand the barriers that people may experience when using the telephone.
- d. **Timeliness:** this means not waiting longer for a telephone appointment than you would if the appointment happened in person.
- e. **Telephone reception:** for some people, poor telephone reception is a barrier to access.



Section Two: Using video call technology

The second section of the online survey asked similar questions to the first, but relating instead to people's experiences with using video calls on applications such as WhatsApp and Facetime.

Have you used video calls on applications such as Facetime or WhatsApp for a social activity, meeting or appointment during the COVID-19 lockdown or before?	
Answer Choices	Responses
Yes, during lockdown	28
Yes, before lockdown	5
Yes, both before and during lockdown	29
No, it was never suggested	12
No, it is not accessible for me	11
Total responses	85

Key takeaways include:

- Two-fifths of respondents (34 people) had used a video call application before the first national lockdown.
- On top of that, just under a third of respondents (28 people) said that they started using video calls during lockdown.
- 11 people stated that video calls were not accessible to them at all.



The next question asked respondents about their experiences using video call applications: whether they found using video call applications to be a good experience, a bad experience, or an experience that was neither good nor bad.

If yes, who were you having a video call chat, meeting or appointment with? Please select all that apply and tell us if it was a good, bad or neither good nor bad experience.				
	Good Experience	Bad Experience	Neither good nor bad	Total
Friends/family	42	3	7	52
Neighbours, community workers or people who provide free care support	19	0	5	24
Paid carers	5	0	5	10
Health or social care professional e.g. doctor or social worker	9	4	8	21
Paid, unpaid or voluntary employer	18	1	9	28
Education or training provider	14	2	7	23
Total responses				62

Key takeaways include:

- Fewer people (21 people) used video calls to speak with a health or social care professional than used a telephone to do so (57 people).
- Respondents were more likely to have a bad experience using a video call to talk with a health or social care professional than they were when using a video call to talk with any of the other groups we asked about.



Themes

There were 55 comments to support the answers given to this question. Those answers reflected a number of common themes which are highlighted below, starting with the most prevalent.

1. Seeing people

Most people were positive about being able to see others on a call, with just over two fifths of respondents (23 people) offering positive comments about this particular benefit.

"Helpful to be able to see people's faces in a conversation so you can see that they're listening, engaged, understanding tone etc."

"More personable and easy to do... feels more connected than just telephone call."

"Good because you can see their faces and see their lips move which gives extra clues to meaning when you cannot always hear every word."

There was only one negative comment about being able to see people on a call. This related to video calls being less interactive than face-to-face meetings.

2. Access issues

A quarter of respondents (14 people) commented on access issues. Comments were split between a majority who were positive about the benefits of using video calls, and a few who were concerned about barriers to access.

The most positive comments described how a video call could support someone's access requirements, for example by enabling lip reading. They also indicated that accessible meeting procedures were easier to implement in video calls, ultimately supporting equal involvement.



"I can't use voice phone but just about manage with video calls. It has been good to keep in touch with people I would not otherwise have been able to talk to during lockdown."

"For friends and family video call is better than the phone as I can use lip reading to help.... For work-related meetings the same applies re lip reading and it's easier to see who is talking than on a group conference telephone call."

"Professionally, it's been a good experience and allowed me to stay home and reduce anxiety of infection. It's also given more structure to meetings (enforced turn-taking, raising hands to speak, etc.), which is an autism-friendly way of conducting a meeting."

Others struggled with video calls because of physical or technological barriers to access.

"I find FaceTime and WhatsApp calls exhausting and anxiety-inducing and would always prefer just to talk on the phone."

"It was OK but it's harder for me to hold the phone up for the length of the call so they can see me than it is for me to use the laptop and have that on a stand, because of my disability."

"It was really bad. I was sent the link ten minutes before meeting started. Then call started, picture froze, the internet dropped, it took 30 minutes the appointment was only due to last 60 minutes. By the time all the technical issues was sorted out. I was so upset as during my appointment different people were on my video call talking to the doctor."

One person referred to poor video latency and desynchronised audio and video, both of which made it very difficult to lip read and follow whoever was talking. They indicated that subtitles would be a useful tool to implement as a way to enable understanding. This gestures to the importance of an individualised approach, one where the other people on the call involve the Disabled person in decision-making processes around the types of technology to be used for the meeting or appointment.



3. Practical issues

There were 12 comments about practical issues, most of which referred to cost savings and time savings.

"Good way of keeping in touch and a good way of keeping in touch with people who need medical information from you but not necessarily needing to see you."

"Excellent option, saves time and money."

However, others noted that in order to take proper advantage of video calls, callers needed to have strong data coverage or a strong internet connection.

"I had to upgrade my broadband to fibre to support using video for a counselling session. I am using video for counselling which I otherwise would not be able to access. The technology has been unreliable but it's still been successful therapy."

"For meetings with NHS workers I would much prefer video to phone but the technology never worked at their end."

Some respondents have had difficulty learning and using these new technologies, particularly older people and access technology users.

"It was good because it meant my parents were able to actually see me and other family members during a time we could not visit them. It was not easy though, difficulties with getting parents to work the technology and also my difficulty and my sister's with setting up skype as visually impaired technology users, using screen software and not having used it before."



Using video calls in the future

We asked our respondents whether they would use a video call again for social chats, meetings or appointments, and what their ultimate preference was. We split these answers across different groups, listed below:

- Friends/family;
- Neighbours, community workers or people who provide free care support;
- Paid carers;
- Health or social care professionals e.g. doctors or social workers;
- Paid, unpaid or voluntary employers; and
- Education or training providers.

Key takeaways include:

- A third of respondents (35 people) would use a video call again to meet with family and friends. Family and friends were the most popular group for this method of communication; however, respondents were similarly positive about using video calls for meetings and appointments with most of the other groups listed, with the exception of paid carers. Only four people thought that they would use a video call again to meet with a paid carer.
- Out of the 31 people who provided answers about health and social care professionals, just over three fifths (19 people) said that they would use a video call again to speak with a health and social care professional. Only three people said they would not use this method again for a meeting or appointment with a health or social care professional. A quarter of respondents said they would prefer to see a health or social care professional in person; just over a quarter (nine people) said video calls were okay for some things but not for everything.



- A similar proportion of respondents also answered that, when it came to family and friends (16 people) and paid, unpaid or voluntary employers (nine people), a video call was okay for some things but not for everything.

Finally, we asked respondents what would make it easier for them to make use of video calls. We received 44 responses; the themes that arose out of those responses, in order of prevalence, were as follows:

a. **Access issues:** just under half of respondents (20 people) indicated that they needed: accessible training in using remote technologies; up-to date equipment or additional support equipment, such as headsets and phone stands; and/or live captions and/or subtitles.

Subtitling is particularly important: it is a critical access requirement for d/Deaf people and a helpful tool for people with other impairments who benefit from receiving information in more than one format.

One person suggested that people who receive a personal budget should be allowed to spend some of this on access equipment.

"Being easier to understand and use with voice output software. And properly being shown how to do it before attempting myself. It would reduce the stress and tension and frustration."

"A campaign to provide paid for equipment and a rural learning strategy to involve and include those in small rural communities."

"Probably the single biggest impact would be an up-to-date laptop (my operating software is too old to support Skype, and Zoom kept rejecting different microphones)."

b. **Connection problems:** nine of the 44 respondents mentioned internet bandwidth, connection costs and connection problems as barriers to using video calls. These mainly related



to the respondent's own connection, but others' connections were also mentioned.

"Better NHS WIFI connection!"

"Being able to hear them without signal cutting out."

c. **Guidelines on accessible use:** there were five comments about the need for others on a call to be aware of good practice when using video call applications.

"Correspondents to know how to position their camera and have good lighting and avoid extraneous background noise."

d. **Choice:** respondents to this question, and to most other questions in this survey, indicated that they would prefer to have choice over the technology required for different interactions, appointments and meetings. Respondents felt particularly strongly about this principle when it came to situations where they were speaking with someone who was not their usual health and care professional; for example, when they were speaking with a different doctor to their usual doctor.

Respondents favoured using video calls to talk with family and friends. A number of people commented that they would prefer not to conduct video calls with health and social care professionals.

"I would prefer not to use video calls with health professionals. They are OK for use with my friends, especially those in other countries. I want to see health professionals face-to-face."

Significantly, one fifth of respondents (nine people) said that there was no need for further action to make video calls easier, implying that they found the technology accessible and easy to use.



Section Three: Using video meeting technology

The third section of the survey asked about peoples' experiences with using video meeting solutions such as Zoom and Microsoft Teams. This section had an additional question about some of the extra functions and means of communication available in this type of interaction, such as text chat and document-sharing.

Have you used video meeting technology, such as Zoom or Microsoft Teams, for a social activity, meeting or appointment during the COVID-19 lockdown or before?	
Answer Choices	Responses
Yes, during lockdown	42
Yes, before lockdown	2
Yes, both before and during lockdown	14
No, it was never suggested	8
No, it is not accessible for me	12
Total responses	78

Key takeaways include:

- Only 16 people, just over one fifth of respondents, answered that they had used video meeting technology before the first national COVID-19 lockdown.
- A much larger proportion of respondents – 42 people, just over half - reported that they first started using video meeting technology during the first lockdown.
- 12 people said that this type of communication was not accessible for them.

The next question asked respondents about their experiences using video meeting solutions; whether they had a good experience using those technologies, a bad experience, or an experience that was neither good nor bad.



If yes, who were you having a social chat, meeting or appointment with using video meeting technology? Please select all that apply and tell us if it was a good, bad or neither good or bad experience.

	Good Experience	Bad Experience	Neither good or bad	Total
Friends/family	36	3	6	45
Neighbours, community workers or people who provide free care support	16	2	4	22
Paid carers	2	0	6	8
Health or social care professional e.g. doctor or social worker	12	2	5	19
Paid, unpaid or voluntary employer	22	4	8	34
Education or training provider	12	3	4	19
Total responses				60

Key takeaways include:

- Fewer respondents (19 people) reported that they had used a video meeting for an appointment or meeting with a health and social care professional than had reported using a video call (21 people). Many more respondents (57 people) reported using the telephone for such an appointment or meeting.
- More respondents reported positive experiences of using video meetings to meet with health or social care professionals than reported negative experiences. We received similar responses from people who had used video meetings to speak with employers or education providers.



We asked respondents to comment on why they had found using a video meeting to be a good or bad experience. 49 people responded; of those respondents, just over half (26 people) reported feeling positive about using video meeting technology. However, only one of those comments appeared to be about using video meeting technology to speak with a health or social care professional. Most comments were about social activities, support activities, work activities or education.

Respondents were also asked about the additional functions of video meetings: whether they had used text chat functions, breakout rooms or on-screen document-sharing during a video meeting, and whether these functions had been accessible to them.

Of the 50 people who answered this question, two thirds of them (33 people total) had used some or all of these functions and found them accessible. However, of the remaining people, some had experienced difficulties and some only found these functions accessible once they had learned to use them.

Comments included:

"I found these facilities accessible but I was aware that they were not accessible to everyone participating in the online workshop I facilitated and I know that other people I have worked alongside regularly have been unable to participate in meetings because support around accessibility has not been available to them."

"It was difficult to read shared presentations at a focus group I attended on Zoom. They were small and apparently screen readers don't read them either as they see them as images."

"Chat is very difficult / impossible for me to access as the size of font is too small for me to read on a computer screen!"

"It takes me too long to type out in chat box."



Themes

The common themes in positive responses were as follows:

a. **It is good to see people in person:** on top of that, there are options available if you prefer not to be on camera.

"Ability to see faces, interact on a more personal level, and include more than one other person. If an in-person appointment is not feasible, I find this the next best option for meetings and consultations."

"It's nice to see people and you can be engaged and when you are not you can turn your camera off for a meeting."

b. **A video meeting is a better way to communicate:** with friends, family, work colleagues and education providers.

"With a speech impairment it is much easier than phone calls."

"It helps to see people when they talk."

c. **Callers do not have to leave home:** the ability to use video meeting technologies made possible meetings that would have otherwise been impossible during the first lockdown.

"So good to be able to go to so much without worrying about transport!"

"A very useful tool for us as an organisation to hold board meetings with other trustees... However, it took us a while to get everybody on board with the technology."

d. **Access to support and peer groups.**

"It gives access to more people in support groups."



There were, however, nearly as many negative responses about these technologies as there were positive responses. The common themes in those responses were as follows:

a. **Video meetings aren't accessible for everyone:** some people, including d/Deaf and visually impaired people, experienced barriers to using this type of technology. Furthermore, video meetings could be tiring and confusing for some people.

"Unable to lipread all."

"Subtitles slow and often incorrect."

"It's new to me and as a visually impaired person found it difficult to use (even when getting in to a meeting set up by someone else)."

"... Also the use of chat is problematic. Fortunately I have worked out how to switch off my speech output software reading it, because that meant two voices at once, in the meeting and from the chat, but I do miss out on things without realising, until someone tells me afterwards. Although this has been raised as an access issue it is not taken on board with some organisations."

"I find video calls extremely difficult - exhausting, anxiety-inducing, confusing, and not very useful as I am rarely able to say what I need to say and I rarely fully grasp what is going on during the meeting or remember afterwards what has been said."

b. **Issues with connections and technology:** these include disconnections, video latency problems (such as freezing video) and sound issues (such as the loss of sound).

"It was great providing the connection was stable - I pay extra for fibre optic - but even then there were issues with the screen freezing or the connection dropping - it meant that conversations had to be repeated & that was tiring."

"...Being able to continue with involvement in unpaid work has been good, but the tension and stress caused by the worry about whether I will manage the connection this time is significant."



Using video meeting technologies in the future

We asked our respondents whether they would use video meeting solutions again for social chats, meetings or appointments, and what their ultimate preference was. As with previous questions, we split these answers across different groups.

Key takeaways include:

- 22 people – nearly nine tenths of respondents – would use video meetings again to meet with education or training providers. This was the highest number of positive responses to any of the groups we listed.
- As was the case with video calls, respondents were unlikely to choose to use video meetings again for meetings with paid carers. They received the least number of positive responses of all groups in this section.
- Out of 29 people who answered about health and social care professionals, 17 people, just over half of respondents, said they would use a video meeting again to meet with a health and social care professional. Only two people said they would not use this method again for a meeting or appointment with a health or social care professional. This was fewer negative responses than reported for video calls.
- A fifth of respondents said they would prefer to see a health or social care professional in person. Nine people, just under a third of respondents, said video meetings were okay for some things but not for everything.
- After health and social care professionals, family and friends were the next group to which people responded that a video meeting would be okay for some things but



not for everything. Just over a quarter of respondents (13 people) responded positively to that prompt.

Finally, we asked respondents what would make it easier for them to make use of video meetings. We received 47 responses. The common themes across these responses were as follows, in order of prevalence:

a. **Guidelines on accessible use:** there were 14 comments relating to accessible and considerate practice when hosting video meetings. This was nearly three times the number of comments we received relating to best practice for video calls, indicating that video meetings need to be used and managed in a more thoughtful way.

Setting up a video meeting:

"Correspondents to know how to position their camera and arrange good lighting and avoid extraneous background noise."

"Meetings need to be shorter because I have trouble focusing. And I find meetings are longer than they would be in person."

"Definitely think awareness-raising about access for others would be useful for some people, and meeting organisers could apply the same good practice as face-to-face meetings, such as document sharing in advance by email."

Behaviour during a video meeting:

"People doing one thing at a time, not chat box and talking at the same time."

"Going a bit slower."

Inclusive practice and reasonable adjustments:

"If the meetings were kept short and strictly to the allotted time. If I was allowed to keep my camera off. If I knew what was going to be discussed, in what order, and when I would be expected to speak in advance. If I was allowed to not participate but just listen if I wasn't feeling well enough to participate."



"In my work there's social pressure to show your video. I find this hard on 'bad' days as I don't really want people to see me in dark glasses in a dark room looking terrible. But if I try to 'hide' how bad I am, by not wearing my dark glasses and not being in a dark room, then I have worse symptoms."

b. Technology and accessibility: just under a third of respondents (14 people) made comments about not having the right equipment, or sufficiently modern equipment, to access video meetings; to access features such as subtitling; or to access alternative video meeting solutions to those offered by Microsoft and Zoom.

"They should always provide a free dial-in number for people with no digital access."

"Sometimes not everyone has a webcam so there is just the audio. This is worse for me than using the phone as the sound quality is not as good on my computer and is not directly next to my hearing aid like my phone is."

"Hand up or question mark icon on all apps."

"Chat that has variable font size & is easier to access."

"If there was an easy to use, feature rich, open source alternative."

c. Training and practise: nine people, just under one fifth of respondents, said that training in the various video meeting applications, and the opportunity to practise before meetings, would be very helpful.

"A practice meeting so you can test the functions out and feel more ready."

"Easy guides to setting up Teams Meetings, etc. Due to the pandemic, we had to learn very quickly to manage, rather than having the time to learn properly."

"A bit of basic training - what's on the screen, a little about how it works if you're setting up a meeting for instance."



Similarly to video calls, nine people responded that they felt there was no need for further action to make video meetings easier, implying they found the technology easy and accessible to use.

There were also additional comments that raised other important issues:

"They're a bit stressful due to access difficulties."

"Video calls are an extremely mixed blessing for someone with my health conditions. On the one hand, video calls are making it possible for me to do an MA this coming academic year (I couldn't attend university in person due to being semi housebound). But on the other hand, I find them extremely difficult, tiring and anxiety-inducing. I wonder if there are ways the format can be improved to make it more manageable."

"... they require a facilitator to ensure all parties have the opportunity to fully participate."



Section Four: Support and challenges

Respondents were asked if they need a support worker, personal assistant (PA) or other kind of supporter to help them use a telephone or access a video call or video meeting. 24 people, just under a third of respondents, responded to the questions in this section.

Of the 24 people who responded, 19 highlighted more than one technology with which they need support. Therefore, it cannot be assumed that if one type of technology is inaccessible, an alternative will be better. For example, if someone cannot use video meeting technology it cannot then be assumed that they are able to use a telephone instead.

The following table shows the number of people who answered 'Yes' when asked: Do you need a support worker, personal assistant (PA) or another kind of supporter to help you use:

Answer Choices	Responses
Telephone calls	13
Video calls (such as Facetime or What's App)	11
Video meetings (such as Zoom or Microsoft Teams)	19
Total responses	24

Finally, we asked respondents if there was anything else they wanted to tell us about their experiences with these remote technologies.

Across the responses to this question, a handful of common themes emerged: that remote technology cannot be a replacement for face-to-face contact; that inaccessibility is a significant issue for some people; and that these new methods of meeting and communicating have created opportunities to meet new people and take part in more groups and activities.



"In general, Zoom has been a good thing for me but I am also suffering from lack of face-to-face contact."

"Find them inaccessible about 50% of the time. Have missed the start of meetings quite often as having difficulty getting in to them and like most people I don't like being late."

"I understand and appreciate that they make meetings more accessible for some disabled people, but they are totally or partially disempowering for other disabled people."

"Sometimes helpful to get in touch with a wider group of people that I could not have met in usual circumstances."

"I feel they are excellent and open up numerous opportunities for communication and participation that would not otherwise be available to me and to others."



Conclusions

This study has shown that, for d/Deaf and Disabled people, there are many positives to using new remote technologies. They save time and energy, help people avoid the stress of travel, and have been much safer for people looking to meet and communicate during the COVID-19 outbreak. For some people, it has provided access to more activities and opportunities, especially activities and opportunities which were previously inaccessible because of timing, location, and a number of other factors. It has helped people stay in touch with each other, and has also helped people hold meetings and retain appointments that the first national lockdown would have otherwise prevented from happening.

However, these technologies are not an alternative to face-to-face contact. There are barriers to using remote technologies, including the telephone, for some people. In particular, most of these technologies require people to have access to appropriate equipment and a reliable internet service, which may be cost-prohibitive for many Disabled people who have fewer employment opportunities and who have been disproportionately negatively impacted by cuts to welfare benefits.

Telephone calls are not accessible to everyone. In this study, just over one tenth of respondents told us that they did not find telephone calls to be an accessible form of communication. They gave a variety of reasons, including hearing difficulties, cognitive difficulties, physical barriers, mental distress and poor telephone reception.

Video calls allow people to see who they are talking to; this feels more interactive and helps with the misunderstandings and difficulties that people might otherwise experience on a telephone call, where they cannot see other people. A video



call can provide additional access, such as reading body language, lip reading, understanding through facial expressions and providing people who have speech impairments with more time to speak uninterrupted.

People seem to find video calls easier than learning and using video meeting technology. It cannot be assumed, however, that everyone is self-taught, or that they have had the training or experience necessary to use video calls.

Fewer respondents have had experience of using **video meeting solutions**; and fewer people have used video meetings, compared to telephone calls and video calls, when speaking with a health or social care professional. Some of the additional functions in video meeting solutions, such as the ability to use different backgrounds and the ability to turn off your video, can provide support to people who may not feel comfortable showing their home space or their appearance on video.

However, there are also barriers to using video meeting technologies, and people living with hearing or sight loss may be particularly affected. Some of the additional functionality of a video meeting is also difficult to use or inaccessible for some Disabled people – take, for example, chat boxes.

Others find the experience of a telephone call, video call or video meeting very tiring. They may experience considerable anxiety, mental distress or confusion before, during or after a call or meeting. Considerate behaviour, skilled facilitators and inclusive practice can mitigate some of these problems.

However, there will always be those who are unable to access these new remote technologies, and this must be taken into account if health and social care exclusion are to be avoided.



More training needs to be made available for d/Deaf and Disabled people who are required to use these new remote technologies. Guidelines for inclusive practices should be implemented for all types of remote technologies, and standards for using remote technologies should be applied to all interactions, in the same way that certain behaviours are adopted for face-to-face meetings.

People should always be consulted in advance about the remote technology that is being proposed as a means of communication. Professionals, practitioners and service providers should be prepared to change the technology to something more accessible for the other party.

Finally, remote technologies cannot wholly replace face-to-face interactions. As our survey respondents have repeatedly told us, these technologies are good for some things but not for others. It is important to think carefully and consult with Disabled people before replacing a face-to-face activity or service with one that uses remote technology.



Recommendations for accessible and inclusive practice

- Be prepared to provide a choice of different communication options: telephone calls, video calls or video meetings.
- Establish the preferred method of communication in advance. This may be different for different activities: for example, people may be happy to do a video call for a family event but not for a hospital appointment.
- If you are holding a video meeting, always ensure that there is a free or standard-cost dial-in number (that is, a number included in standard landline and mobile packages).
- Ask if participants have the necessary and appropriate equipment and accessories in advance: for example, up-to-date handsets, stands to hold iPads, tablets or telephones, and a good internet connection. Find out what equipment and support is available in your local area through community and voluntary sector services and other COVID-19 response services.
- Provide accessible training information for the remote technology that you are proposing to use, and offer separate practice sessions. If someone has not used a video call or video meeting technology before, they may need a telephone call to explain how this method works, or they may need a supporter to assist them.
- Start remote meetings earlier, to allow time for support people to get connected and to allow participants to trial



features that are going to be used in the meeting or interaction.

- Always check with participants in advance about their access requirements and ensure that reasonable adjustments are made for the remote meeting or activity.
- Ensure that you have a skilled and experienced facilitator for remote activities with more than two people, to ensure equal involvement and considerate behaviour.
- In the same way that face-to-face meetings should be organised so that everyone can take part equally, so too should remote meetings. Apply and/or adapt your accessible meeting policy to include remote meetings. If you do not have a policy or guidelines, [please visit our website](#).



Appendices

Appendix One - Monitoring data summary

1.1 Gender	
Answer Choices	Responses
Male	30
Female	44
Neither	3
Other	1
No. answered	78
No. not answered	12

1.2 Age	
Answer Choices	Responses
Under 18	0
18-30	4
31-50	26
51-64	29
65-80	18
Over 80	2
No. answered	79
No. not answered	11

1.3 I live in a:	
Answer Choices	Responses
rural location	3
semi-rural location (e.g. village)	13
a town	32
a city	31
No. answered	79
No. not answered	11



1.4 Did you have a voluntary job before lockdown?	
Answer Choices	Responses
Yes	34
No	45
No. answered	79
No. not answered	11

1.5 Do you still have that voluntary job?	
Answer Choices	Responses
Yes	28
No	43
No. answered	71
No. not answered	19

1.6 Did you have a paid job before lockdown?	
Answer Choices	Responses
Yes	39
No	39
No. answered	78
No. not answered	12

1.7 Do you still have that paid job?	
Answer Choices	Responses
Yes	34
No	31
No. answered	65
No. not answered	25



1.8 Did you get paid or voluntary work relating to COVID-19?	
Answer Choices	Responses
Yes	18
No	59
No. answered	77
No. not answered	13

1.9 What are the reasons you no longer have that job (paid or voluntary)?	
Answers	Responses
Retired	1
Job reached natural end	1
Chose to leave	1
Job suspended or no longer possible due to COVID-19	8
No. of Answers	11

1.10 I have the following impairments and/or long term health conditions:	
Answers	Responses
Mental health condition	28
Physical impairment (including wheelchair users)	25
Hearing impairment	21
Long term pain	10
Arthritis	10
Sight impairment	11
Skin condition	2
Cerebral palsy	5
Diabetes	6
ME/Chronic Fatigue Syndrome	11
Gut condition	4
Postural tachycardia syndrome (PoTS)	2



Epilepsy	3
Lupus	1
Neurological condition	4
Cancer	1
Autism or Asperger syndrome	4
Learning difficulties	3
Reduced immune system	1
Breathing condition	6
Eating disorder	1
Thyroid condition	2
Dwarfism	1
Heart condition	2

1.11 Have you been shielding?

Answer Choices	Responses
Yes	39
No	36
No. answered	75
No. not answered	15



Appendix Two – Questionnaire



Shaping Our Lives survey about using technology during the COVID-19 pandemic

Introduction

You are taking part in a research project by Shaping Our Lives about using technology during the COVID-19 pandemic. During the COVID-19 pandemic many services and meetings have taken place remotely. We want to find out if remote meetings are a good way for you to take part or receive a service. Or, if remote ways of communicating are difficult or impossible for you to use.

This survey is only for d/Deaf and Disabled people. Disabled people are people with sensory, cognitive, neurodevelopmental conditions, learning disabilities or physical impairments, mental health issues and people with long term health conditions.

We encourage anyone who takes part to read the Research Information sheet on page 10 of this document. If you have any questions please contact Becki Meakin, General Manager at Shaping Our Lives:
Mobile phone - 07956 424511
Email - becki@shapingourlives.org.uk

There is no involvement payment offered for completing this survey. Taking part is voluntary, and you can drop out at any time. You can skip any question.



There are 6 small sections in this survey with a few questions in each. Many of the questions have a choice of answers and just a few ask you to add some of your own answers. It should take no longer than 15 minutes.

Your answers will be kept anonymous. What you and other people tell us will then be used to tell people in national and local government about how d/Deaf and Disabled people find using technology for remote meetings.

We do not ask for your name or address, but we would be grateful if you would answer some optional monitoring questions at the end. This will help us to make recommendations.



Telephone Calls

1. Have you used telephone calls instead of a social activity, meeting or appointment during the COVID-19 lockdown or before? Please place an x in the box for all that apply:

(Options shown in a table with column 1 providing the options and column 2 blank for you to put an x to indicate your answer)

Yes during lockdown	
Yes before lockdown	
Yes both before and during lockdown	
No, it was never suggested	
No, it is not accessible for me	

(If you have answered no to the above please go to the next section, Video Calls, starting with question 7)

2. If yes, who were you having a telephone chat, meeting or appointment with? Please place an x in the box for all that apply and tell us if it was a good, bad or neither good or bad experience.

(Options shown in a table containing 7 rows and 4 columns. Each row is for the type of person or organisation you spoke to, with the answer options in the column headings).

People you spoke to on the telephone	Good experience	Bad experience	Neither good or bad
Friends/family			
Neighbours, community workers or people who provide free support			
Paid carers			
Health or social care professional e.g. doctor or social worker			
Paid, unpaid or voluntary employer			
Education or training provider			



3. If possible, please tell us why having a telephone call was good, bad or neither.

4. Would you use it again? Please place an x in the box for all that apply. (Options shown in a table containing 7 rows and 6 columns. Each row is for the type of person or organisation you spoke to, with the answer options in the column headings.)

People you spoke to on the telephone	Yes I would use the telephone again	No I would not use the telephone again	I would prefer to see them in person	The telephone is ok for some things but not everything	I have no choice as the people/service I am contacting now only operate this service via telephone
Friends/ Family					
Neighbours, community workers or people who provide free support					
Paid carers					
Health or social care professional e.g. doctor or social worker					
Paid, unpaid or voluntary employer					
Education or training provider					



5. What would make using telephone calls easier for you to use in the future (if relevant)?

6. Is there anything else you want to tell us about using the telephone?



Video Calls

This section refers to video calls such as Facetime and WhatsApp. We will ask about video meetings such as Zoom and Microsoft Teams in the next section.

7. Have you used video calls such as Facetime or What's App for a social activity, meeting or appointment during the COVID-19 lockdown or before? Please place an x in the box for all that apply.

(Options shown in a table with column 1 providing the options and column 2 blank for you to put an x to indicate your answer)

Yes during lockdown	
Yes before lockdown	
Yes both before and during lockdown	
No, it was never suggested	
No, it is not accessible for me	

(If you have answered no to the above please go to the next section (Video Meetings), starting with question 13.)

8. If yes, who were you having a video call chat, meeting or appointment with? Please place an x in the box for all that apply and tell us if it was a good, bad or neither good or bad experience.

(Options shown in a table containing 7 rows and 4 columns. Each row is for the type of person or organisation you spoke to, with the answer options in the column headings).

People you spoke to on a video call	Good experience	Bad experience	Neither good or bad
Friends/family			
Neighbours, community workers or people who provide free support			
Paid carers			
Health or social care professional e.g. doctor or social worker			
Paid, unpaid or voluntary employer			
Education or training provider			



9. If possible, please tell us why having a video call was good, bad or neither.

10. Would you use it again? Please place an x in the box for all that apply. (Options shown in a table containing 7 rows and 6 columns. Each row is for the type of person or organisation you spoke to, with the answer options in the column headings.)

People you spoke to on a video call	Yes I would use video call again	No I would not use video call again	I would prefer to see them in person	Video calling is ok for some things but not everything	I have no choice as the people/ service I am contacting now only operate this service via video call
Friends/family					
Neighbours, community workers or people who provide free support					
Paid carers					
Health or social care professional e.g. doctor or social worker					
Paid, unpaid or voluntary employer					
Education or training provider					



11. What would make using video calls easier for you in the future?

12. Is there anything else you want to tell us about using video calls?



Video Meetings

13. Have you used video meeting technology such as Zoom or Microsoft Teams for a social activity, meeting or appointment during the COVID-19 lockdown or before? Please place an x in the box for all that apply: (Options shown in a table with column 1 providing the options and column 2 blank for you to put an x to indicate your answer)

Yes during lockdown	
Yes before lockdown	
Yes both before and during lockdown	
No, it was never suggested	
No, it is not accessible for me	

(If you have answered no to the above, please go to question 21)

14. If yes, who were you having a social chat, meeting or appointment with using video meeting technology? Please place an x in the box for all that apply and tell us if it was a good, bad or neither good or bad experience.

(Options shown in a table containing 7 rows and 4 columns. Each row is for the type of person or organisation you spoke to, with the answer options in the column headings).

People you spoke to via video meeting	Good experience	Bad experience	Neither good or bad
Friends/family			
Neighbours, community workers or people who provide free support			
Paid carers			
Health or social care professional e.g. doctor or social worker			
Paid, unpaid or voluntary employer			
Education or training provider			



15. If possible, please tell us why having a video meeting was good, bad or neither.

16. Would you use it again? Please place an x in the box for all that apply. (Options shown in a table containing 7 rows and 6 columns. Each row is for the type of person or organisation you spoke to, with the answer options in the column headings.)

People you spoke to via a video meeting	Yes I would use a video meeting again	No I would not use a video meeting again	I would prefer to see them in person	A video meeting is ok for some things but not everything	I have no choice as the people/ service I am contacting now only operate this service via video meeting
Friends/family					
Neighbours, community workers or people who provide free support					
Paid carers					
Health or social care professional e.g. doctor or social worker					
Paid, unpaid or voluntary employer					
Education or training provider					



17. Did you use: (Please place an x in the box for all that apply)
 (Options shown in a table with column 1 providing the options and column 2 blank for you to indicate your answers)

Chat Box to type a question or comment	
Break-out Rooms	
Document Sharing on screen	
Other (please state)	

18. If you did use any of these (chat box, break out rooms or document sharing on screen) were these accessible to you? If they were not accessible, please provide details.

19. What would make using video meeting technology easier for you in the future? (if relevant)?

20. Is there anything else you want to tell us about using video meetings?

Support and Additional Information

21. Do you need a support worker, personal assistant (PA) or another kind of supporter to help you use: (Please place an x in the box for all that apply)
 (Options shown in a table with column 1 providing the options and column 2 blank for you to put your answers)

Telephone calls	
Video calls (such as Facetime or WhatsApp)	
Video meetings (such as Zoom or Microsoft Teams)	

22. Is there anything else about these remote ways to meet and communicate you would like to tell us?

Monitoring Information

Please provide some monitoring information to help us to make recommendations in our report.

(For the following questions, options are shown in a table with column 1 providing the options and column 2 blank for you to put your answers)



23. I am:

Male	
Female	
Neither	
Other	

24. I am aged:

under 18	
18-30	
31-50	
51-65	
66-80	
over 80	

25. I live in a:

rural location	
semi-rural location (e.g. village)	
a town	
a city	

(For the following questions, please select Yes or No)

26. Did you have a voluntary job before lockdown? Yes/No

27. Do you still have that voluntary job? Yes/No

28. Did you have a paid job before lockdown? Yes/No

29. Do you still have that paid job? Yes/No

30. Did you get paid or voluntary work relating to COVID-19? Yes/No

31. If you no longer have your voluntary or paid job, please tell us why ...

32. I have the following impairments and/or long term health conditions...

33. I have been shielding Yes/No



34. All reports will be published on our website in December. However, if you would like us to send you a copy of the reports when they are completed please provide your email address:

Thank you for taking the time to complete our survey. If you have not already, please sign up to receive our regular ebulletins at www.shapingourlives.org.uk

By returning this survey to us, you are consenting to participate in this research, as explained in the Research information sheet, which can be read below.



Shaping Our Lives COVID-19 Research Information Sheet

Name of project: The Longer Term Impacts of COVID-19 for Disabled people.

Where it will take place: All research is being completed remotely.

Overview: Shaping Our Lives has been awarded a grant by the National Lottery Community Fund to complete some research about the longer term impacts of COVID-19 and lockdown on Disabled people, d/Deaf and Disabled People's Organisations and Patient Participation Groups.

Our network members have told us that they are concerned about getting back to their usual independence and confidence after lockdown. Some of the concerns are:

- Loss of confidence and anxiety about leaving home.
- Loss of independent living and mobility skills.
- Cancellation of operations and treatments.
- Needing help to use new remote meeting technology.
- Patient and service groups are not informing practice.
- Capacity pressures for local user-led groups.

Aims of the research: We want to be able to tell policy makers in health and social care services what longer term support and other considerations they need to make for Disabled people including:

- What support Disabled people may need to regain their confidence and independence.
- Understand how remote meeting technology can help (or not) Disabled people to take part and get their voice heard.
- Hear from d/Deaf and Disabled People's Organisations about their success or failure to get funding and the services people have needed because of COVID-19.

Participant involvement: There are two short surveys, some longer interviews and some group discussions with d/Deaf and Disabled People's Organisations. There is no involvement payment for completing a short survey; the short surveys should take about 15 minutes. For people who take part in a longer interview there is an involvement payment of £30 offered; longer interviews will take about one hour. For representatives of



d/Deaf and Disabled People's Organisations who take part in a round table discussion there is an involvement payment of £30 offered.

How we will use the information: the information we collect will be written about in three reports and shared with health and social care providers. We will not use anyone's names or the name of organisations and services in the final reports. All personal information provided is confidential.

If you have any questions, please contact
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Mobile phone - 07956 424511
Email - becki@shapingourlives.org.uk



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