EXPERIENCES OF TELEPHONE COMMUNICATION WITH DIFFICULT TO UNDERSTAND SPEECH

1. THE ISSUE

There is a trend towards replacing in-person services with telephone or online services and replacing humans with automatic speech recognition software.



2. THE QUESTION

How does this affect people who have difficulties with speech who want to call services?



3. WHO PARTICIPATED

14 people from the UK, aged 29-78, who reported: Parkinson's disease, different types of Ataxia, Multiple System Atrophy, Dystonia



4. WHAT WE DID

Two researchers met with one participant at a time for a half-hour online video conversation between March 2023 and May 2023.



5. RESULTS: CHALLENGES

- Additional stress for people with speech difficulties because calling services highlights their condition.
- Fear of negative assumptions (e.g., that the caller is drunk).
- · Lack of accessible communication options.
- Automatic speech recognition is less effective for people with speech difficulties.
- Phone operators are constrained by scripts.

Successful communication depends on many things: the speaker and listener experience, their attitude, accents, and how they deal with breakdowns in communication.

6. RESULTS: SUPPORT

- Some phone operators have better communication skills e.g., check their understanding.
- · Some phone operators offer empathy.
- People with speech difficulties often rely on their family when making calls.
- Some people develop their own strategies, like being persistent and self-advocating.

7. TIPS FOR SERVICE PROVIDERS

- What is accessible for one person might not be for another.
- Accessibility means offering *multiple* accessible communication channels (phone, email, mail, chat).
- Make using Automatic Speech Recognition optional.
- Train operators that a person might have additional communication needs and offer strategies e.g., checking understanding.
- Allow users to express communication needs, and store their preferences (with consent).
- Use that to offer extra time and allow operators to deviate from scripts.

8. WHO WE ARE

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