**ACCESSIBLE INFORMATION AND COMMUNICATION**

**Caretakers Southwest Ltd**

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**Policy Statement**

Up to 90% of people with learning disabilities have communication difficulties. The individual risk of having a communication difficulty means individuals are misunderstood, experience failure and exclusion from events, activities and relationships.

This policy is intended to address these issues by meeting the requirements of the NHS Accessible Information Standard (AIS) issued in 2016. This organisation recognises and accepts the Principles identified within the AIS.

*See Appendix 1 for Policy Statement*

**The Policy**

This policy is intended to ensure awareness, understanding and where required adherence to the standard. The NHS has issued helpful guidance on the AIS upon which this policy is based, on completion of the NHS review of the standard any amendments necessary will be introduced.

There are 5 basic steps which make up the Accessible Information Standard (AIS):

1. **Ask:** find out if the person has any communication or information needs relating to their disabilities or if they have any sensory loss; if so, what they are.
2. **Record:** record those needs in a clear, unambiguous and importantly, standardised way in electronic and or paper-based records or documentation.
3. **Flag:** highlight and ensure that recorded needs are “highly visible” whenever individual records are accessed and “prompt” for action.
4. **Share:** include information about individuals’ information or communication needs as part of existing data sharing processes in line with existing governance frameworks.
5. **Act:** take steps to ensure that individuals receive information that they can access and understand and receive communication support if and when required.

# Improving Accessibility of Information and Communication

Improving the accessibility of “standard” information documents is a good start, so removing jargon, keeping language simple, developing Easy Read etc. all assist staff by education and awareness-raising and is the foundation of a good implementation plan. The following “Top Tips” are intended to support the organisation and our staff to make their information and communication more accessible and inclusive

# Clear Face-To-Face Communication

* Make sure you have their attention before trying to communicate. If they do not hear you, try waving or tapping them lightly on the shoulder.
* Identify yourself clearly. Say who you are and what you do – it may be more relevant to explain your reason for seeing the person rather than your job title.
* Check that you are in the best position to communicate, usually this will be facing the person, but consider whether seated or standing is more appropriate. Communication at eye level is usually easiest so if you are speaking to a wheelchair user consider sitting down if possible.
* Find a suitable place to talk, with good lighting and away from noise and distractions.
* Speak clearly and a little slower than usual, but do not shout.
* Keep face and lips visible, don’t cover your mouth with your hand, hair, or clothing. If staff are concerned about religious expression they should talk to their manager.
* Use gestures and facial expressions to support communication.
* If necessary, repeat phrases, rephrase when helpful or use simpler sentences, words, or phrases.
* Use plain direct language and avoid figures of speech e.g.” It’s raining cats and dogs” or euphemisms e.g. “expecting the patter of tiny feet”.
* Check if the person has understood what has been said. Look for visual clues as well as asking if they have understood.
* Encourage them to ask questions or request further information.
* Ask if they would like anything in writing as a reminder or reference.
* Try different ways of getting your point across.

# Printed Communication

* Use a minimum font size of 12 point, preferable 14, which is readable by a greater number of people.
* Use a clear uncluttered and sans serif font such as Arial.
* Align text to the left margin and avoid “justifying” text.
* Ensure plenty of white space on documents, especially between sections, avoid “squashing” text onto a page, and, if possible, include a double space between paragraphs.
* Print on matt, not gloss paper.
* Use page or paragraph numbers.
* If printing double-sided, ensure paper is thick enough to avoid text showing through from the other side.
* Correctly format word documents and PDF’s using styles and accessibility functions/checks. Use a consistent heading and layout structure that lets the user move through all text.
* Use descriptions (alt, text) to explain diagrams or photographs.
* Consider making all “standard” documents “Easy Read” using plain English, highlighting important text, supporting with diagrams, images, or photographs.
* Keep track of electronic originals of documents so you can reprint in larger font or convert to an alternative format when required.

# Key Word Signing Systems

These are most commonly used to support people with a learning disability. The two most common are Makaton and Sign a long which use signs, symbols, and pictorial diagrams. Deaf blind manual interpretation involves a form of tactile finger spelling. Words are spelt using the person’s hand, letter by letter. British Sign Language (BSL) is used mainly by Deaf Associations and can also involve Visual Frame Signing and Hands on Signing, both adapted from BSL.

BSL interpreters may not have experience of the adapted systems so a check of their skill set is essential in order that the needs of the person is appropriately met.

The aim of the policy is to “improve the quality and safety of care received by individuals with information and communication needs relating to a disability impairment or sensory loss, aphasia or a mental health condition which affects their ability to communicate” as defined by the AIS.

# The 5 Basic Steps Explained

# ASK

The description of an individual’s communication needs will include information on:

* Their ability to understand communication from others (such as hearing, concentration, memory, comprehension of words and sentences, understanding of contexts, routines and non‐verbal language)
* Their ability to express communication to others (words and sentences, clarity of speech, use of signs, symbols and other visual resources, objects, facial expression and body language)
* Whether it has been established that the individual’s communication and behaviour is intentional.
* Their ability or willingness to take part in communication with others (conversation skills, social skills, interactive skills) and understands other intentions
* The best times to communicate important information and who is the most appropriate person to deliver it.
* The most effective communication environment or context for the individual (noise, space, sensory information, access to areas)
* Any other factors that impact on communication for that individual.

# RECORD

Communication passports or similar documents will be readily available for each individual. Individuals and their families and friends will be involved and agree what is recorded, why it is recorded and for what purpose. Descriptions will be personalised, individual, current and up to date.

All records must be clearly written and the use of jargon, acronyms and abbreviations should be avoided.

# FLAG

The descriptions will be easy to understand and clearly identify how communication partners need to adapt their communication to support the individual. It will provide clear examples of communication methods and tools and support staff must be able to employ such methods to ensure peoples communication needs are met.

People who know the individual well will be able to recognise their family member or friends through the description.

# SHARE

Communication needs will be referenced across all care plans and in the day‐to‐day life and care of the individual.

# ACT

Each individual’s communication needs will be responded to positively and as detailed in his or her description.Staff will create opportunities for interaction and involvement and use a social style of interaction, which includes sharing, showing or commenting, not solely directing and questioning. Staff, professionals and visitors will interact equally with everyone, including individuals who are hard to reach or easy to ignore. Opinions will be sought, feedback acted on and changes made accordingly. Individuals will be regularly asked if they feel involved.

# Improving Accessibility of Information

Standard information documents will be free from jargon, include accessible language and Easy Read documents will be developed where needed.

People communication needs will be routinely reviewed to ensure that any change in the communication needs of the person are recorded and appropriate changes made to the communication methods employed.

“All About Me” books

All about me involves gathering information about a person’s life. It can include details of a person’s past, what’s happening now and look into the future. They can be in the form of a book, poster, USB stick or any other method that suits the person and their situation. They are useful for anybody who finds it difficult to share information about their own life with others and needs support to communicate important information clearly. It acts as a permanent record of important information and its particularly useful for new staff to get a good idea of the person they are supporting to improve interaction with them

# Multi-Media Profiling

Multi-media profiling is about engaging individuals in using a range of multi-media tools to enable them to be as self-determined in life as possible and meaningfully involve service users so that they are truly empowered to make decisions about their lives. (Cavet& groves 2005)

A Multi-media profile can contain film clips, photographs, presentations and text about important areas of a person’s life. Being presented in a highly visual way enables others to know and understand how to interact with the person more effectively. <https://www.tes.com/teaching-resource/multi-media-profiling-6002840>

# Sensory Communication

For many people who are seldom heard, a sensory basis to communication may be necessary. There are many different approaches and tools that may help according to the persons sensory preferences and abilities. A speech and language therapist should be able to advise on the appropriate approach to take with each individual.

<https://senmagazine.co.uk/articles/articles/senarticles/sensory-communication>

# Intensive Interaction

Intensive interaction is a powerful way of “being” with another person and reaching those that are hard to reach. It involves basic interaction and communication and sharing somebody else’s world through using their own language (whatever that might be). It helps the person with Learning Disabilities and their communication partner to relate better to each other and enjoy each-others company more. It uses body, voice and another person’s presence to develop communicative exchanges in way suited to each person.

<https://network.autism.org.uk/knowledge/insight-opinion/top-5-tips-autism-professionals-using-intensive-interaction>

# Communication Technology

There is now a multitude of equipment, devices and software applications that can be used by people with a learning disability to learn to interact with and ultimately control their environment. These can range from simple boards or books to very sophisticated voice activated computer equipment.

# Communication Cards

In accordance with The Accessible Information Standard (SCCI 1605 (Accessible Information)) people can be issued with a communication card that they can carry around and hand over as formal notification of their information and communication preferences.

A sample of the card can be found here:

<https://www.sense.org.uk/get-support/information-and-advice/accessible-information-standard/>

# Personal Communication Passports

Personal Communication Passports are a practical and person-centred way of supporting children, young people and adults who cannot easily speak for themselves. Passports are a way of pulling complex information together and presenting it in an easy-to-follow format. Passports aim to:

* Present the person positively as an individual, not as a set of 'problems' or disabilities;
* Provide a place for the person's own views and preferences to be recorded and drawn to the attention of others;
* Reflect the person's unique character, sense of humour etc.;
* Describe the person's most effective means of communication and how others can best communicate with, and support the person;
* Draw together information from past and present, and from different contexts, to help staff and conversation partners understand the person and have successful interactions;
* Place equal value on the views of all who know the person well, as well as the views of the specialist professionals.

The advantage of Passports is that they are easy to read, informative, useful and fun. They are highly personal, so guidelines to good practice are outlined in this book to protect the children and vulnerable people who use Passports.

For more information about communication passports please click the link below:

[**https://www.communicationpassports.org.uk/Home/**](https://www.communicationpassports.org.uk/Home/)

# Accessible Resources

A range of accessible resources will be available that provide individualised information about a range of decisions – from daily menu choices through to information about specific interventions. There will be visual communication supports in the environment that are clearly tailor‐made to the people living there or using the facilities, for example, personalised visual timetables, staff photo rotas, individual mealtime mats, ‘my life’ books and the use of signing systems. There will be a place for carers and people with a learning disability to discuss how they feel. A range of communication tools will be provided to support this.

The use of personalised accessible resources will be evident and not a “one size fits all” approach. Staff will use visual approaches as part of Inclusive Communication (for example, using signs, pictures, symbols, photos, Makaton, Signalong, assistive technology) to support decision-making and involvement. Staff will be able to explain how they use accessible resources and the steps taken to enable individuals to understand them.

The aim of this policy is to “improve the quality and safety of care received by individuals with information and communication needs relating to a disability, impairment or sensory loss, aphasia and/or a mental health condition which affects their ability to communicate” as defined by the Accessible Information Standard (aIS).

This organisation is committed to the implementation of the AIS and is confident that our person-centred approach to service delivery encompasses much of the standard. As part of our ongoing Quality Management processes we will review and where necessary amend our processes in order to meet the requirements of the AIS on a regular basis.

# Related Policies

Assistive Technology

Assessment of Need and Eligibility

Care and Support Planning

Data Protection Legislative Framework (GDPR)

Dignity and Respect

Equality and Diversity

Person Centred Planning

Sensory Impairment

# Related Guidance

* Accessible Information Standard <https://www.england.nhs.uk/ourwork/accessibleinfo/>
* CQC Meeting the Accessible Information Standard <https://www.cqc.org.uk/guidance-providers/meeting-accessible-information-standard>

**Training Statement**

All staff will be made aware of this policy. It will be included and embedded in the Induction training for new staff and form part of person-centred refresher updates.

At induction and with regular updates staff will be made aware of the importance of people with learning disabilities being able to access information, communicate and the need for them to consistently apply the Accessible Information Standard.

There will be access to a variety of communication learning and development opportunities for all staff and specialist training provided around individual needs evidenced through individual records and staff training records.

All staff, during induction are made aware of the organisations policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary and staff are made aware of any changes. Spot Check observations are undertaken to check skills and competencies. Various methods of training are used including one to one, on-line, workbook, group meetings, individual supervisions and external courses are sourced as required.

# Appendix 1 - Accessible Information and Communication Statement

**INSERT AT THE FRONT OF YOUR POLICY FILE**

**[Organisation Name]**

This statement applies to all policies held by the organisation.

The Equality Act 2010 introduced Protected Characteristics and placed a legal duty on all service provides to take steps to avoid putting anyone at a disadvantage.

This includes the provision of Information and Advice, which must be “accessible to, and proportionate to the needs of those to whom it is provided.”

The Accessible Information Standard (AIS) 2016 defines a consistent approach to 5 key areas that need to be considered in order to comply with the standard. These are: -

1. Identify – Ask if people have any information or communication needs and find out how to meet them.

2. Record – Record those needs in a set way that is highly visible, using specific definitions.

3. Flag – Use alerts or flags to make it clear on the adult’s record or file what their needs are and prompt action to meet those needs.

4. Share – Share information about the adult’s need with other NHS and adult social care providers.

5. Act – Make sure that people get their information in an accessible way and have the communication support they need.

The AIS specifically relates to adults with a Learning Disability, Visual Impairment, Hearing Impairment, and those identified as Deaf Blind.

Whilst some of these groups may, or may not, be included in our service provision, we need to meet the requirements of the AIS, where required.

The first step is in the addition of an Accessible Information and Communication Policy.

The new policy will be incorporated into Induction and updating of staff training, where relevant.

**Return to Policy Heading (Ctrl+Click) –** [**Policy Heading**](#AccessInformationAndCommunication)