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**ACCESSIBLE COMMUNICATION POLICY**

Document Details

Version 2

F,{35bcd1e1-335b-41b8-abd0-7193fe08fc61}{216},3.6875,1.4375Date Issued October 2018

SIGNED Date 01/04/2021

Scheduled Review April 2022

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**Policy Statement.**

This policy is intended to meet the requirements of the NHS and the Accessible Information Standard (AIS) issued in 2016. This charity recognises and accepts the Principles identified within the AIS.

**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:** identify/find out if the person has any communicational information needs relating to a disability or sensory loss and if 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 date sharing processes in line with existing governance frameworks.
5. **Act:** take steps to ensure that individuals receive information which they can access and understand and receive communication support if 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 charity and our staff to make their information and communication more accessible and inclusive.

We support people with profound intellectual and multiple disabilities who are among the most disabled individuals in our community. They have a profound intellectual disability, which means that their intelligence quotient is estimated to be under 20 and therefore that they have severely limited understanding. They often show limited evidence of intention. Our members communication is compromised, though this does not compromise our initial approach to communication. We strive to find methods of communication that can meet members needs.

**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, preferably 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 Signalong 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.

This charity is committed to the implementation of the AIS and is confident that our person-centred approach to service delivery encompasses much of the standard.

**Training Statement.**

All staff are to 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.

**Related Policies**

Access to Records and Files

Assessment of Need and Eligibility

Assistive Technology

Data Protection Legislative Framework (GDPR)

Dignity and Respect

Equality and Diversity

Meeting Needs

Person Centred Planning

Responsive Services

Sensory Impairment

Accessible Information Standard Statement.

This statement applies to all policies held by the charity.

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 whom it is provided.”

The Accessible Information Standard (A15) 2016 defines a consistent approach to 5 key areas that need to be considered 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 these groups may, or may not, represent huge numbers of 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 Standard Policy.

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