


ACCESSIBLE INFORMATION AND COMMUNICATION




VERSION No	2	
REVIEWED BY	Mariana Philipova	
NUMBER OF PAGES	2	

1. Policy Statement.

This policy is intended to meet the requirements of NHS and other publicly funded adult social care service users. Accessible Information Standard (AIS) issued in 2016. This organisation recognises and accepts the Principles identified within the AIS and makes reasonable adjustments under the Equality Act 2010

2. The Policy.

AIS applies to people who use a service and have information or communication needs because of a:

-  disability
-  impairment
-  sensory loss

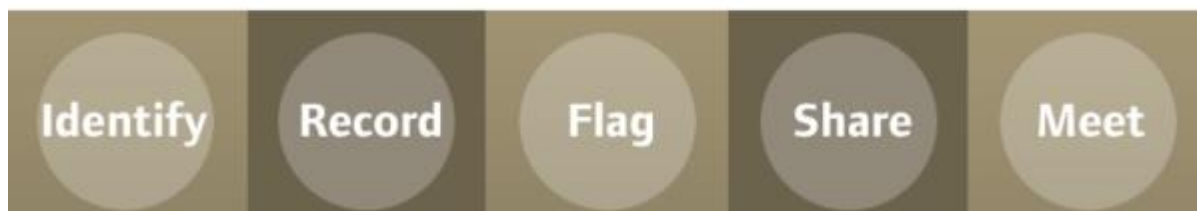
It covers the needs of people who are deaf, blind, or deafblind in relation to services provided in this home.

This policy is intended to ensure awareness, understanding and where required adherence to the standard. The NHS and CQC 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) (CQC guidance):

- a) **IDENTIFY:** identify and find out if the person has any communicational information needs relating to a disability or sensory loss and if what they are.
- b) **RECORD:** record those needs in a clear, unambiguous and importantly, standardised way in electronic and or paper based records or documentation.
- c) **FLAG:** highlight and ensure that recorded needs are “highly visible” whenever individual records are accessed and “prompt” for action.
- d) **SHARE:** *include information about individuals’ information or communication needs as part of existing data sharing processes in line with existing governance frameworks.*
- e) **MEET:** take steps to ensure that individuals receive information which they can access and understand and receive communication support if required.

Accessible Information Standard: 5 steps



3. Improving accessibility of information and communication.

Improving the accessibility of “standard” information documents is a good start to 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 home and our staff to make their information and communication more accessible and inclusive.

4. Clear face-to-face communication.

- ✓ Make sure you have the person's 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, do not 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" (rains really heavily), or euphemisms e.g. "expecting the patter of tiny feet" (expecting a baby, pregnant).
- ✓ 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.

5. 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.

6. 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.

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.

7. Training Statement.

All staff are 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

Assistive Technology

Assessment of Need and Eligibility

General Data Protection Regulations (GDPR)

Dignity and Respect

Equality and Diversity

Information Sharing Protocol

Meeting Needs

Person Centred Planning

Responsive Services

Sensory Impairment