



Accessible Information and Communication for Service Users and Carers

Policy no and category	C 32	Clinical
Version number and date	1	May 2018
Ratifying committee	Clinical Governance Committee	
Date ratified	1 May 2018	
Next review date	May 2019	
Executive director	Executive Director of Operations	
Policy lead	Associate Director of Operations for Specialties	
Policy author <i>(if different from above)</i>	Head of Communications and Marketing	
Formulated via	Accessible Information Policy Development Group	

Policy statement

Key policy issues

- Ensuring that all service users and carers have access to information about the Trust's services and their care, delivered in a way that meets their needs.
- Identifying information and communication needs of individual service users and carers.
- Recording and flagging the information and communication needs of individuals.
- Appropriately sharing these information and communication needs.
- Meeting the information and communication needs of service users and carers, including accessing interpreting services.
- Developing and managing accessible information resources for service users and carers.

Contents

1.	Introduction	3
1.1	Rationale	3
1.2	Scope	3
1.3	Principles	4
2.	Policy	5
3.	Procedures	5
3.1	How to identify individuals with information / communication needs	5
3.2	How to record individuals' information and communication needs	6
3.3	How to ensure that there is an alert, flag or other prompt to notify staff of an individual's information / communication needs	6
3.4	Sharing of information and communication needs	6
3.5	Meeting information and communication needs	6
3.6	Development of service user and carer information resources	7
4	Responsibilities	8
5	Development and consultation process	9
6	Reference documents	9
7	Bibliography	9
8	Audit and assurance	10
9	Appendices	10
	Appendix 1: Glossary of terms	11
	Appendix 2: Policy rational, relevant guidance and legislation	16
	Appendix 3: Advice about the needs of different groups	17
	Appendix 4: Tips for clear face-to-face communication	22
	Appendix 5: Principles and process for accessing interpreting services	23
	Appendix 6: Advice about how to obtain information in other languages and formats	33
	Appendix 7: Guidance on producing accessible documents	35
	Appendix 8: Process and checklist for developing service user and carer resources	40
	Appendix 9: Equality Impact Assessment	46

1. Introduction

This policy will ensure that Birmingham and Solihull Mental Health NHS Foundation Trust has a clear, consistent, transparent and fair approach to the provision of accessible, inclusive information and communication support for all service users and carers.

1.1 Rationale

Information is central to healthcare. A lack of information means that people cannot make real choices and can be damaging for service users, their carers, families and health professionals. Good accessible information means that both service users and carers are better equipped to:

- improve their health and quality of life
- take more responsibility
- act as equal partners in care
- be aware of treatments and risks.

We are committed to providing high quality care to our service users and their carers. An essential part of this is ensuring that they have access to information about the Trust, its services and their care, delivered in a way and format that meets their needs.

This commitment is further enshrined in the following:

- NHS Constitution
- Equality Act 2010
- Health and Social Care Act 2012
- Accessible Information Standard

This policy supports all of the above and in doing so helps in reducing inequalities for service users and carers by providing accessible information and support for communication needs.

Please see appendix 2 for more details of the above legislation and guidance.

1.2 Scope

The scope of this policy includes:

- Identification and support for communication needs which relate to an impairment, sensory loss, disability, learning difficulty and / or because an individual does not speak and / or read English.
- Methods available for people with the above needs to contact the Trust and support for participation in face-to-face meetings.

- Addressing communication needs, including arranging professional interpretation to support face-to-face discussion, use of communication aids and making reasonable adjustments to support effective communication.
- The accessibility of service user and carer information resources published in hard copy or electronically and the availability of information in alternative formats and languages.

The following are out of the scope of this policy:

- Needs or preferences of staff, employees or contractors.
- Recording of demographic data/protected characteristic strand affiliation.
- Recording of information or communication requirements for statistical analysis or central reporting.
- Expected standards of general communication/information and websites.
- Preferences which do not relate to disability, impairment, sensory loss, learning difficulty or language.
- Corporate communications which do not relate to direct care or services, and do not directly affect individuals' health or wellbeing, for example promotional materials, annual report, Trust Talk magazine.
- Implementation of the Equality Act or Health and Social Care Act more widely.
- Matters of consent and capacity, including support for decision-making, which are not related to information or communication support.
- Standards for and design of signage.
- Externally produced information which is circulated within the Trust.

1.3 Principles

- All staff have a responsibility to make information provided about Trust services and an individual's care accessible and inclusive.
- Staff should make sure all reasonable efforts are made to ensure that everyone can find out about and engage with the Trust, including identifying and removing barriers caused by inaccessible information and / or a need for communication support.
- Where appropriate, individuals who need access to an interpreter, advocate or other professional to support their communication needs, will be provided with such support, arranged and funded by the Trust.
- Where publications or information are targeted at, or particularly relevant to, people with specific communication needs, steps should be taken to ensure that information is accessible.
- Information will be provided in alternate formats and languages as quickly as possible following acceptance of a request and without unreasonable delay.

2. Policy

This policy applies to **all staff** working within all areas of the organisation including:

- all staff employed directly by the organisation
- all non-executive directors
- all governors

- all staff working under contract to the organisation, whether employed directly, or by a third party such as consultants
- all clinicians acting in a paid role on behalf of the organisation
- all staff seconded to the organisation
- all persons working for the Trust on a non-salaried basis, such as students and people on work experience placements
- all persons working as apprentices within the Trust
- all persons working as volunteers within the Trust.

This policy supersedes the previous Access to Interpreting Services (CG02) and Patient and Public Information (CG13) policies.

3. Procedures

3.1 How to identify individuals with information / communication needs

- Staff will ensure that they identify the information and communication needs of service users and carers at the point of first contact with the service, or in an emergency or urgent care scenario, as soon as is practical after the initial interaction with the service.
- Staff will proactively prompt individuals to identify whether they have any information and / or communication needs, and support them to describe the type of alternative format and / or support that they need at their first or next interaction with the service.
- Staff should avoid making any assumptions about individuals' communication needs and should support the individual to self-define their needs.
- In addition, staff will ensure that the information and / or communication needs of service users, and where appropriate their carers, are identified:
 - Upon receipt of a 'certificate of vision impairment' from an ophthalmologist
 - Upon receipt of notification that a person has a sensory loss or learning disability
 - When a diagnosis or symptoms indicate a new or revised communication or information support need, for example as part of a health check, or care or support planning
 - As part of a carer's assessment.
- Advice about the needs of different groups is available in appendix 3.

3.2 How to record individuals' information and communication needs

- Having identified a communication or information need, that need must be recorded in RiO in the Additional Personal Information section, along with how that need will be met.
- It is important that the information is regularly reviewed in order to identify any changes in need.
- The communication or information need identified within RiO will be reviewed at least once every 12 months.

- Where the need relates to a service user who has a care plan, the care plan must include the actions that address the meeting of the identified need.
- Once the information is recorded it must be verified by the service user as accurate.
- Staff should take care to record people's communication needs specifically and separately from any recording of disability or other protected characteristic status. This is both respectful and ensures that information recorded supports other staff in meeting the individual's needs. For example, recording that a person is 'deaf' does not explain whether they are able to read written English, if they use British Sign Language or are a lip reader.

3.3 How to ensure that there is an alert, flag or other prompt to notify staff of an individual's information / communication needs

- When accessing a service user's record on RiO, where there is a flag identifying an information and / or communication need, a check must be made to identify the need recorded and how that need is to be met.

3.4 Sharing of information and communication needs

- The sharing of service user information, including any information about communication and information needs, must be done as part of existing data sharing processes and in accordance with the Trust's Information Governance Policy.
- Where interpreters are used, only such information that is required in order for them to carry out their duty may be shared.

3.5 Meeting information and communication needs

- Depending on the identified needs of the individual service user and/or their carer, there are a number of ways in which information and communication needs can be met, including:
 - Alternative ways to for individuals with information or communication needs to contact the service, or for the service to contact them, for example email, text message, telephone.
 - Arranging a longer appointment for a service user with communication needs.
 - Obtaining and providing information in alternative formats.
 - Obtaining and providing information in other languages.
 - Arranging for a communication professional to provide support to a service user or their carer.
- A record should be made of any information given to the service user. This should be in the service user or carer's notes or in the CPA documentation.

More information and guidance on meeting information and communication needs can be found in the appendices to this policy.

3.6 Development of service user and carer information resources

- It is important that all service user and carer information resources provided by the Trust are developed and produced using a consistent process that takes into account the target audience and any specific needs they may have, as well as general standards that will ensure that the Trust maximises the accessibility of all 'standard' information resources, for example the use of plain English, suitable font sizes, layout, images and paper quality.
- It is also essential that all content is appropriately sourced, evidence based and reviewed and that duplication of resources is avoided for quality and cost reasons.
- Service users and carers, as well as other stakeholders where appropriate, must be involved in and consulted on the development of information resources.
- The development of all service user and carer information resources must therefore follow the process set out in appendix 8.
- Guidance on developing accessible documents can be found in appendix 7.

4. Responsibilities

Post(s)	Responsibilities
Clinical Professionals	<ul style="list-style-type: none">• To ensure the accessible information and communication needs of service users and carers are identified, recorded and delivered upon
Service, Clinical and Corporate Directors	<ul style="list-style-type: none">• To ensure the contents of this policy are adhered to.
Policy Lead	<ul style="list-style-type: none">• To ensure the policy is reviewed every three years at least.• To report on compliance with the policy as prescribed in section 8.• To act as an expert for the Trust on the accessible information.

Authors of service user and carer information resources	<ul style="list-style-type: none"> To follow the procedure and checklist for the production of service user and carer information resources described in appendix 8 of this policy. To review information at regular intervals that are no longer than three years.
Service managers	<ul style="list-style-type: none"> To review, provide input to and approve draft service user and carer resources. To ensure core and other relevant service user and carer information resources are displayed in service areas. To review information at regular intervals that are no longer than three years.
Service User Experience Team/ Strategy Group	<ul style="list-style-type: none"> To review, provide input to and approve draft service user and carer resources. To ensure core service user and carer information is reviewed at agreed intervals that are no longer than three years.
See Me Team	<ul style="list-style-type: none"> To ensure core service user and carer information is displayed.
Communications and Marketing Team	<ul style="list-style-type: none"> To keep an archive of all approved service user and carer information resources. To contact authors/service managers no less than three months before the review date. To format/design resources. To arrange printing of hard copy information leaflets and other printed resources. To ensure that all service user and carer information resources are available on the Trust website.

5. Development and Consultation Process

Consultation summary	
Date policy issued for consultation	1 March 2018
Number of versions produced for consultation	1
Committees / meetings where policy formally discussed	Date(s)
Accessible Information Policy development group	10 th October 2017 13 th December 2017
Executive Team meeting	12 March 2018

Where received	Summary of feedback	Actions / Response
Associate Director Of Governance	Need to include reference to trust wide documents The need to identify where staff will locate supporting information	Draft Policy Amended
Accessible Information Policy development group	Discussion of overlaps with and references to interpretation services and draft patient information policy.	Combine into one policy to include interpreting services and development of service user and carer information. To include but not be limited to the specific requirements of the Accessible Information Standard.
Service User and Carer Governors	Second 'element to be monitored' in 'Audit and Assurance' section doesn't make sense	Re-wording of second box under Audit and Assurance.
Lead for Service User, Carer and Public Engagement	Remove references to Recovery Team approving information resources Include reference to needs of people with dementia and children. Link to Carers Assessment project.	References to Recovery Team amended. Appendix 3 amended to include support for people with dementia and children. Reference to carers assessment added into section 3.1 of policy. Carers Assessment project itself out of scope of this policy.

6. Reference Documents

- Accessible Information Standard
- Equality Act 2010
- Health and Social Care Act 2012
- NHS Constitution

7. Bibliography

None

8. Glossary

See appendix 1

9. Audit and Assurance

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
All service users are asked if they have an information or communication need	Policy Lead	ICR Report	Quarterly	Operational Management Team
The care record of service users identified as having an accessible information or communication need, should have a 'flag' to identify the need	Policy Lead	Random audit of RiO notes	Annually	Operational Management Team

10. Appendices

- Appendix 1 Glossary of terms
- Appendix 2 Policy rationale, relevant guidance and legislation
- Appendix 3 Advice about the needs of different groups
- Appendix 4 Tips for clear face-to-face communication
- Appendix 5 Principles and process for accessing interpreting services
- Appendix 6 Advice about how to obtain information in other languages and formats
- Appendix 7 Guidance on producing accessible documents
- Appendix 8 Process and checklist for developing service user and carer resources
- Appendix 9 Equality Impact Assessment

Appendix 1 – Glossary of terms

- Advocate: a person who supports someone who may otherwise find it difficult to communicate or to express their point of view. Advocates can support people to make choices, ask questions and to say what they think.
- Accessible information: information which is able to be read or received and understood by the individual or group for which it is intended.
- Alternative format: information provided in an alternative to standard printed or handwritten English, for example audio, braille or large print.
- Aphasia: a condition that affects the brain and leads to problems using language correctly. People with aphasia find it difficult to choose the correct words and can make mistakes in the words they use. Aphasia affects speaking, writing and reading.
- Audio: information recorded from speech or synthetic (computer-generated) speech onto cassette tape, CD (compact disc) or as an electronic file such as an MP3.
- Autism spectrum disorder (ASD): a condition that affects social interaction, communication, interests and behaviour.
- Braille: a tactile reading format used by some people who are blind, deafblind or who have visual loss. Readers use their fingers to 'read' or identify raised dots representing letters and numbers. Although originally intended (and still used) for the purpose of information being documented on paper, braille can now be used as a digital aid to conversation, with some smartphones offering braille displays.
- British Sign Language (BSL): BSL is a visual-gestural language that is the first or preferred language of many people who are d/Deaf and some people who are deafblind; it has its own grammar and principles, which differ from English.
- BSL interpreter: a person skilled in interpreting between BSL and English. A type of communication support which may be needed by a person who is d/Deaf or deafblind.
- BSL interpreter - hands-on signing: a BSL interpreter who is able to sign with the hands of the person they are interpreting for placed over their hands, so that they can feel the signs being used. A type of communication support which may be needed by a person who is deafblind.
- BSL interpreter - visual frame signing: a BSL interpreter who is able to use BSL within the visual field of the person with restricted vision. A type of communication support which may be needed by a person who is deafblind.

- BSL interpreter - Sign-Supported English (SSE): a BSL interpreter who is able to communicate using BSL signs but in the order that they would be used in spoken English. A type of communication support which may be needed by a person who is d/Deaf or deafblind.
- BSL translator: a person able to translate written or printed English into British Sign Language (BSL), to support face-to-face consideration of a document, or for recording for use in a BSL video for example for publication on a website.
- BSL video: a recording of a BSL interpreter signing information which may otherwise only be available in written or spoken English. A BSL video may be made available on DVD or via a website.
- BSL video remote interpreting (VRI) - also known as video interpreting, remote interpreting or virtual interpreting: an online service in which a BSL interpreter interprets via video software. It works using a computer and webcam, a smartphone or tablet. Provided through contract or on demand by a range of organisations, it enables a direct connection to an interpreter so that the person who is d/Deaf can sign to them what they want to say. The interpreter then speaks this to the person who is hearing (via video link) and signs back their (spoken) reply.
- Communication tool or aid: a tool, device or document used to support effective communication with a disabled person. They may be generic or specific / bespoke to an individual. They often use symbols and / or pictures. They range from a simple paper chart to complex computer-aided or electronic devices.
- d/Deaf: a person who identifies as being deaf with a lowercase d is indicating that they have a significant hearing impairment. Many people who are deaf have lost their hearing later in life and as such may be able to speak and / or read English to the same extent as a hearing person. A person who identifies as being Deaf with an uppercase D is indicating that they are culturally Deaf and belong to the Deaf community. Most Deaf people are sign language users who have been deaf all of their lives. For most Deaf people, English is a second language and as such they may have a limited ability to read, write or speak English.
- Deafblind: Deafblindness is a combined hearing and sight loss that causes problems with mobility, communication and access to information.
- Deafblind communicator-guide: a professional who acts as the eyes and ears of the person who is deafblind including ensuring that communication is clear. A person who is deafblind may have a communicator-guide provided by a charity, through a personal budget or by their local authority.
- Deafblind intervenor: a professional who provides one-to-one support to a child or adult who has been born with sight and hearing impairments (congenital deafblindness). The intervenor helps the individual to experience and join in the

world around them. A person who is deafblind may have an intervenor provided by a charity, through a personal budget or by their local authority.

- Deafblind manual interpreter: a person skilled in interpreting between the deafblind manual / block alphabet and English. The deafblind manual alphabet is a tactile form of communication in which words are spelled out onto the hand of a person who is deafblind. Each letter is denoted by a particular sign or place on the hand.
- Disability: the Equality Act 2010 defines disability as follows, “A person has a disability for the purposes of the Act if he or she has a physical or mental impairment and the impairment has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities.”
- Disabled people: Article 1 of the United Nations Convention on the Rights of Persons with Disabilities has the following definition, “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”
- Easy read: written information in an ‘easy read’ format in which straightforward words and phrases are used supported by pictures, diagrams, symbols and / or photographs to aid understanding and to illustrate the text.
- Hearing loop: a hearing loop or ‘audio frequency induction loop system,’ allows a hearing aid user to hear more clearly. It transmits sound in the form of a magnetic field that can be picked up directly by hearing aids switched to the loop (or T) setting. The magnetic field is provided by a cable that encloses, or is located close to, the intended listening position such as a reception desk. The loop system allows the sound of interest, for example a conversation with a receptionist, to be transmitted directly to the person using the hearing aid clearly and free of other background noise.
- Interpreter: a person able to transfer meaning from one spoken or signed language into another signed or spoken language.
- Large print: printed information enlarged or otherwise reformatted to be provided in a larger font size. A form of accessible information or alternative format which may be needed by a person who is blind or has visual loss. Different font sizes are needed by different people. Note it is the font or word size which needs to be larger and not the paper size.
- Learning disability: this term is defined by the Department of Health in Valuing People (2001). People with learning disabilities have life-long development needs and have difficulty with certain cognitive skills, although this varies greatly among different individuals. Societal barriers continue to hinder the full and effective participation of people with learning disabilities on an equal basis with others.

- Learning disability communication support worker: a professional who is able to interpret information on behalf of and express the views of a person with a learning disability based on understanding of them as an individual and / or of the type of communication they use, which may be non-traditional and / or non-verbal.
- Learning disability passport: sometimes called a communication book. A document containing important information about a person with learning disabilities, to support staff in meeting those needs. It will include a person's likes and dislikes, and outlines ways in which they communicate. Many hospital trusts provide learning disability passports.
- Lipreading: a way of understanding or supporting understanding of speech by visually interpreting the lip and facial movements of the speaker. Lipreading is used by some people who are d/Deaf or have hearing loss and by some people who are deafblind. A person can be supported to lipread by the speaker clearly addressing the person and facing them whilst speaking, avoiding touching or covering their mouth, and ensuring conversations are held in well-lit areas.
- Lipspeaker: a person who repeats the words said without using their voice, so others can read their lips easily. A professional lipspeaker may be used to support communication with someone who is d/Deaf.
- Makaton: a communication system using signs, symbols and speech. There are three levels of Makaton, used according to the individual's circumstances and abilities – functional, keyword and symbol reading. Makaton may be used by people with deafblindness or a learning disability.
- Moon: a tactile reading format made up of raised characters, based on the printed alphabet. Moon is similar to braille in that it is based on touch. Instead of raised dots, letters are represented by 14 raised characters at various angles.
- Non-verbal communication: communicating without using speech and instead using gestures, pointing or eye-pointing.
- Notetaker: in the context of accessible information, a notetaker produces a set of notes for people who are able to read English but need communication support, for example because they are d/Deaf. Manual notetakers take handwritten notes and electronic notetakers type a summary of what is being said onto a laptop computer, which can then be read on screen. Notetakers are commonly used in combination with other communication support, for example people who are watching a sign language interpreter are unable to take notes at the same time.
- Sign language: a visual-gestural language and way of communicating.

- **Speech-to-text reporter (STTR):** a STTR types a verbatim (word for word) account of what is being said and the information appears on screen in real time for users to read. A transcript may be available and typed text can also be presented in alternative formats. This is a type of communication support which may be needed by a person who is d/Deaf or has hearing loss and able to read English. A STTR may also be known as a Stenographer® or Palantypist®.
- **Tadoma:** Tadoma involves a person who is deafblind placing their thumb on a speaker's lips and spreading their remaining fingers along the speaker's face and neck. Communication is transmitted through jaw movement, vibration and facial expressions of the speaker.
- **Text Relay:** Text Relay enables people with hearing loss or speech impairment to access the telephone network. A relay assistant acts as an intermediary to convert speech to text and vice versa. British Telecom (BT)'s 'Next Generation Text' (NGT) service extends access to the Text Relay service from a wider range of devices including via smartphone, laptop, tablet or computer, as well as through the traditional textphone.
- **Translator:** a person able to translate the written word into a different signed, spoken or written language. For example a sign language translator is able to translate written documents into sign language.
- **Voice Output Communication Aid (VOCA):** also known as a speech-generating device (SGD). An electronic device used to supplement or replace speech or writing for individuals with severe speech impairments, enabling them to verbally communicate.

Appendix 2 – Policy rationale, relevant guidance and legislation

NHS Constitution

The first principle of the NHS Constitution states that, “The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status...”

The Constitution pledges that, “The NHS commits...to offer you easily accessible, reliable and relevant information in a form you can understand, and support to use it. This will enable you to participate fully in your own healthcare decisions and to support you in making choices.”

Equality Act 2010

The Equality Act became law in October 2010. The Equality Act (the Act) covers the same groups that were protected by previous equality legislation, with the following Protected Characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation.

The Act places a legal duty on all service providers to take steps or make “reasonable adjustments” in order to avoid putting a disabled person at a substantial disadvantage when compared to a person who is not disabled. It is explicit in including the provision of information in “an accessible format” as a ‘reasonable step’ to be taken.

Health and Social Care Act 2012

The NHS in England has legal duties to address health inequalities as outlined in the National Health Service Act 2006 (and as amended by the Health and Social Care Act 2012). This includes duties to:

- have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved (s.13G);
- exercise its functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services, where it considers that this would improve quality and reduce inequalities in access to those services or the outcomes achieved (s.13N).

Accessible Information Standard

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of service users and carers, where those needs relate to a disability, impairment or sensory loss.

Appendix 3 – Advice about the needs of different groups

Introduction

This section outlines groups who are anticipated to be most affected by the policy, provides advice as to likely and foreseen support which may be required and provides onwards signposting. A glossary of key words is provided in appendix 13.

Patient groups

The following groups are anticipated to be affected most directly by the policy:

- People who are blind or have visual loss
- People who are deaf or Deaf or have hearing loss
- People who are deafblind
- People who have a learning disability
- People who have limited or no English.

The following groups may also be affected by the policy:

- People with aphasia
- People with a mental health condition which affects their ability to communicate
- People with dyslexia
- People with autism.

Note that these categories do not represent all of the groups who may be affected.

Types of communication support and alternative formats

- **Support for people who are blind or have visual loss**

A person who is blind or has visual loss may need information which is usually written down or provided in standard print in an alternative format such as: audio (on CD or as an MP3 file), braille, email, large print (ranging from point 16 to point 28) or moon.

Note that people who are blind, deafblind or have visual loss may require information to be sent or shared with them electronically (via email) instead of in a written or printed format. This is because use of email enables the recipient to use (their own) assistive technology or software, for example a 'screen-reader' which converts text to speech. Depending on the software or assistive technology used, a person who is blind or has visual loss may require information sent to them electronically (emailed) in one or more specific formats such as plain text (with or without attachments), HTML, and with attachments in Word or PDF format.

A person who is blind or has visual loss may need visual information in the form of an audible alert. For example many people who are blind cannot read their

name on a screen or notice and so will need to be told or guided to the appropriate room and / or seat.

- **Support for people who are d/Deaf or have hearing loss**

A person who is d/Deaf or has hearing loss may require support from a communication professional, including a British Sign Language (BSL) interpreter, lipspeaker, notetaker or speech-to-text reporter (STTR). A person who is d/Deaf may also need information which is usually provided in standard print in BSL video format.

A person who is d/Deaf or has hearing loss may also need support to communicate because they:

Lipread – in which case the speaker should clearly address the person and face them whilst speaking, avoid touching or covering their mouth, and ensure conversations are held in well-lit areas.

Use a hearing aid – in which case a ‘loop system’ should be provided, and care should be taken to speak clearly.

It should be noted that the ability of people who are d/Deaf to read and understand written English varies considerably and it should not be assumed that having a conversation via written notes is an appropriate way of holding a dialogue. Similarly, it should not be assumed that because someone is using one or more hearing aids they no longer need any support to communicate, they may, for instance, be supporting their hearing via lipreading. The person’s communication needs must be established with them in the first instance.

A person who is d/Deaf may need verbal or audio information in the form of a visual alert. For example many people who are d/Deaf cannot hear their name called in a meeting room or hall.

- **Support for people who are deafblind**

Types of communication support which may be needed by a person who is deafblind are as follows. It should be noted that many people who are deafblind will use a combination of different methods to support communication.

A person who is deafblind may require support from a communication professional, including a British Sign Language (BSL) interpreter, speech-to-text-reporter or deafblind manual interpreter. People who are deafblind may use ‘hands on’ or ‘visual frame’ BSL, and therefore may require support from a BSL interpreter skilled in one of these techniques.

A person who is deafblind may receive individual support from an identified professional to support them in communicating, such as a deafblind communicator guide or deafblind intervenor. If so, it would be expected that this person would accompany the person who is deafblind.

A person who is deafblind may need written information in an alternative format, such as audio, braille, moon or via email.

A person who is deafblind may also need support to communicate using a communication tool or aid. They may also rely on the use of Tadoma to communicate or use a Voice Output Communication Aid (VOCA).

A person who is deafblind may also use non-verbal communication including gestures, pointing or eye-pointing.

- **Support for people with a learning disability**

A person who has a learning disability may need information which is usually provided in standard English provided in an alternative format such as 'easy read' or Makaton.

A person with a learning disability may require support from a communication professional, for example an advocate or learning disability communication support worker.

A person with a learning disability may also need support to communicate using a communication tool or aid. They may also have a learning disability passport.

A person with a learning disability may also use non-verbal communication including gestures, pointing or eye-pointing.

It should be noted that the level of a person's learning disability will have a significant impact on their ability to communicate and therefore level of support needed. People with a mild or moderate learning disability may be living independently and need information in 'easy read' format and verbal information explained more slowly and simply. A person with a more severe or profound learning disability is likely to be supported by one or more carers and will need additional support to communicate, including using a communication tool or aid and / or being supported by a communication support worker. People with a more severe learning disability may be more likely to communicate in non-verbal and non-traditional ways.

- **Support for people with aphasia**

Aphasia is a condition that affects the brain and leads to problems using language correctly. It is commonly caused by a stroke, but can also be the result of a head injury or brain tumour.

To support communication with someone who has aphasia:

- Keep messages short, clear and to the point.
- Write down key words and use pictures or diagrams to support understanding.
- Provide a pen and paper to enable the person to write or draw key points themselves.

- Use short, simple sentences and commonly-used, familiar words.
- In documents, ensure there is lots of 'white space' around text, use a larger font size and consider using images too.
- Try to keep communication and documents consistent, as repetition will support effective communication.
- Recap the key points at the end of the conversation.

The Stroke Association have produced an animated guide to communicating with people with aphasia, 'Aphasia Etiquette – Ask, Wait, Listen', and they have also published a guide to helping someone with communication problems after a stroke.

- **Support for people with dyslexia**

All documents should be written in line with the guidance on producing accessible documents outlined in appendix 7.

In addition to these, people with dyslexia may require information to be printed on matt paper and/or on yellow, cream or a soft pastel colour paper to avoid glare associated with some digitally printed documents and white backgrounds.

Some dyslexic people will have their own colour preference, and some may need information in a larger font. It is therefore important to capture the individual needs and preferences of service users with dyslexia in line with the procedures outlined in section 3 of this policy.

For more information about supporting people with dyslexia, the British Dyslexia Association have produced a Dyslexia Style Guide which can be found at www.bdadyslexia.org.uk/dyslexic/additional-resources

- **Support for people with autism spectrum disorder (ASD)**

As explained by the National Autistic Society (NAS), "Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them."

To support effective communication with someone with autism, thought should be given to the sensory environment (for example, reducing noise and avoiding bright lights) and the way information is communicated to reduce anxiety. Some people with autism find bright colours in documents difficult and some have difficulty with eye contact. It should also be noted that some people with autism - or who are on the autistic spectrum - also have a learning disability.

Many people with ASD will find meetings or events stressful, and can find waiting for their turn difficult, so consideration should be given to minimising waiting times or delays, and to engaging with people on a one-to-one basis if that is their preference.

- **Support for people with limited or no English**

People living in England, who have a right to use NHS services and also to be in contact with NHS England, may have a limited ability to understand written or spoken English. This may be for a number of reasons.

A person with a limited or no English may require support from a communication professional at their appointment or to enable their participation in a meeting or event, for example a qualified community language interpreter.

It should be noted that the level of a person's understanding of written and spoken English will have a significant impact on their ability to communicate and therefore level of interpretation support required.

- **Support for people with dementia**

Dementia can make it hard for people to communicate, and this can be upsetting and frustrating for them and those around them. However, there are many ways to help you support and communicate with each other. This factsheet gives tips and advice for communicating with someone with dementia, and supporting them to communicate in whichever way works best for them.

A person with dementia may have trouble finding the right word, they may repeat words and phrases, or may become 'stuck' on certain sounds. In addition, people with dementia are likely to have other sensory impairments (such as sight or hearing problems) which can also make it harder to communicate. If someone is not able to express themselves properly, they can lose confidence, or feel anxious, depressed or withdrawn. They may also behave in ways others find odd, because they are trying to communicate what they can no longer say with words.

It can help to:

- speak clearly and slowly, using short sentences
- make eye contact with the person when they're talking or asking questions
- give them time to respond, because they may feel pressured if you try to speed up their answers
- encourage them to join in conversations with others, where possible
- let them speak for themselves during discussions about their welfare or health issues
- try not to patronise them, or ridicule what they say
- acknowledge what they have said, even if they don't answer your question, or what they say seems out of context – show that you've heard them and encourage them to say more about their answer
- give them simple choices – avoid creating complicated choices or options for them

- use other ways to communicate – such as rephrasing questions because they can't answer in the way they used to.

The Alzheimer's Society has lots of information that can help, including details on the progression of dementia and communicating. Age UK also has dedicated information leaflets. Details of both of these can be found on the Partner Zone on Connect.

- **Support for children**

Easy read and Simple English are formats used for many groups, including children. You can follow the communication guidance in this policy on simple sentence structure and check the readability score (the readability option within the spelling and grammar check in Word can help you do this). You could also seek advice from staff in the Solar service or the See Me worker in Solihull if you need support in considering formats for children under 11. Consideration can be given for information and resources with symbols, picture and photos that can be shared with parents to help them inform children.

Appendix 4 – Tips for clear face-to-face communication

- Make sure you have the person's attention before trying to communicate with them. 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 you would do usually, but do not shout.
- Keep your face and lips visible – do not cover your mouth with clothing, a hand or your hair. If a member of staff is concerned about religious expression they should discuss this with their manager in advance.
- Use gestures and facial expressions to support what you are saying.
- If necessary, repeat phrases, re-phrase the sentence or use simpler words or phrases.
- Use plain, direct language and avoid using figures of speech such as 'it's raining cats and dogs' or euphemisms such as 'expecting the patter of tiny feet'.
- Check if the person has understood what you are saying. Look for visual clues as well as asking if they have understood.
- Encourage people 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. For example writing things down, drawing or using symbols or objects to support your point.

Appendix 5 – principles and process for accessing interpreting services

Principles

- Adequate interpreting arrangements are required to ensure equitable treatment to service users who may not understand or speak English, or service users who are d/Deaf or deafblind.
- Restrictions on interpreting cannot be made due to cost as the requirement is a basic right under the Equality Act 2010 and the NHS Constitution.
- Relatives, children and friends must not be used to interpret, except in an acute emergency.
- Each directorate must ensure there is one central point of contact through whom bookings for interpreters are made and invoices processed.
- The use of an Interpreter must always be recorded in a service user's notes.

Procedure

Booking interpreters

- The Trust has a number of preferred providers. The list of agreed providers provides interpreting services in accordance with the Code of Good Practice. Refer to the list on page 26 for further detail.
- Interpreter requests are co-ordinated via the chosen service provider. Refer to page 26 for further information on listed providers.
- Timely arrangements for requesting interpreter services will reduce cost improve efficiency of service provision and improve quality. Staff must ensure requests for interpreters are made a minimum of five working days prior to routine appointments, although it is recognised that in some instances there will be a need for an 'urgent' appointment.
- Interpreters must also be booked when a follow up appointment is made.
- There are a limited number of British Sign Language Interpreters available that are trained to an appropriate standard. It is therefore important that staff give as much notice as possible to help to secure a booking. Sign language interpreters will be booked for all deaf staff as a reasonable adjustment under the Equality Act. Some of the costs associated with this can be recouped from the department for work and pensions as access to work payments.
- When booking an interpreter it is important to agree the fee to be paid, recognising that fees may vary depending on the experience and qualifications of the individual interpreter. In some cases cancellation charges and minimum fees may apply. The cost must not be a factor in booking interpreters.

If funding needs to be arranged for service users from outside of the Birmingham area, the contracting department must be informed so that arrangements can be made with commissioners as appropriate.

- A record must also be made of when interpreters are not available either because the language is unfamiliar or capacity issues.
- Each department or ward must ensure that good administration arrangements are in place for managing interpreters. This is to ensure that interpreters are booked, remunerated and monitored in an efficient manner.
- It is the responsibility of the individual wards and departments to ensure that interpreters are booked for the initial meeting between a solicitor and an interpreter. This is to ensure that the service user is able to instruct a solicitor to represent them. Changes to the legal aid system has meant that solicitors are unable to claim for any costs for Interpreters and to deny this may put the service user within our services at a disadvantage.
- The ward or department is responsible for ensuring that interpreters are booked for Mental Health Act Managers meetings. For Mental Health tribunals it is the responsibility of the tribunal service to provide interpreters.
- An Eclipse form will be completed on any occasion when it has not been possible to obtain an interpreter or when an interpreter has been used from any source other than those listed in this policy.

Extended bookings

- Bookings are allocated one hour. There will sometimes be a need for two hour bookings and wards and departments must agree this with the chosen service provider in advance.
- If an extension of any booking becomes necessary, then at an appropriate time in the session either the practitioner or other delegated member of the team must call the interpreting service to ascertain whether or not the booking can be extended.
- Delaying interpreters beyond their allocated time could potentially make them late for their next booking. This must be avoided.

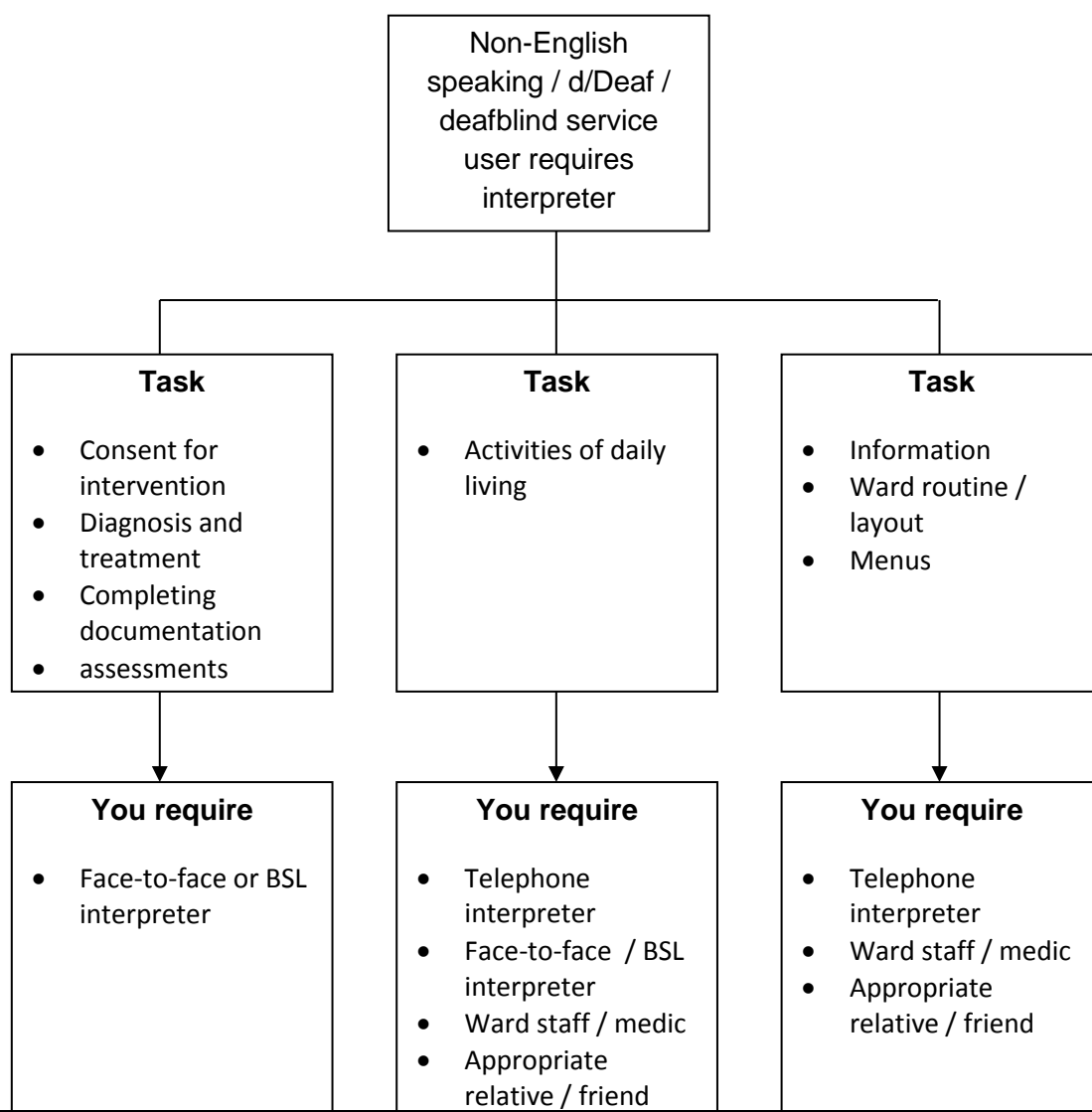
Use of family, friends and staff

- Family members or friends can only be used to assist in orientation to the ward and must not be used for any clinical assessments.
- Staff can be used as communication support, e.g. local orientation, explains process, offer drinks, etc. but must not be used for formal clinical meetings.

- If there is concern or knowledge that there is abuse going on. There needs to be mindfulness about this and coercive control and all service users, even those who aren't English speaking or deaf should be seen alone so specific enquiry can be made about any safeguarding/abuse issues – so therefore with an independent trained interpreter. (there is also a challenge here as some communities are relatively small and so there may be anxiety on the clients behalf about someone from their community interpreting – even if they are from our provider).
- It may in some circumstances be necessary to book, for instance, a female interpreter, particularly if discussing sensitive issues.

Guidance for staff when booking an interpreter

- Please note this is guidance only and should not override professional judgement.



List of approved interpreting services

Absolute Interpreting	Enquiries@absolute-interpreting.co.uk	0121 270 6801
BID Services with Deaf People. N.B Deaf and BSL requirements only	info@bid.org.uk	0121 456 8865
Global Translation Multilingual translation service with local representation.	info@globaltranslationservices.co.uk	0121 250 2255
Prestige Network Limited	sales@prestigenetwork.com	0203 700 0536
Word 360 Multilingual translation, interpreting service with local representation.	getintouch@word360.co.uk	0121 554 1981
Deaf Relay Interpreters	Provided through BID Services	0207 253 7700
Languageline Swift access to telephone interpreting via a three way conversation	enquiries@languageline.co.uk	0800 169 2879
<p>Trust wide call-off orders will be raised for each of these suppliers, which must be quoted when arranging an interpreter booking.</p> <p>Current order details can be found on the intranet (Service information/corporate/finance/procurement/non-pay expenditure information).</p>		

Guidelines for staff using an interpreter

- Responsibility for ensuring effective communication between the interpreter and the service user rests with the practitioner.
- The responsibility of the interpreter is to interpret as accurately as possible what has been said by the practitioner to the service user and vice versa.

The decision to use an interpreter

When deciding whether an interpreter is required the following should be considered.

- **The service user's wishes:** The service user has the right to request an interpreter. If a patient decides that they would be able to communicate more effectively through an interpreter, this should be arranged. Alternatively, if a service user feels he/she does not need an interpreter, then this should be respected.

Where the service user/patient does not ask for an interpreter, but the practitioner is not confident that effective communication will take place without one being present, it is for the practitioner to decide whether to involve one or not. This decision must take into account criteria such as statutory duties, assessment of risk and equality of service.

- **Statutory duties:** if a practitioner has a duty to obtain or convey specific information and there is any doubt about the service user/patient's ability to communicate effectively in English, then, in these circumstances, the practitioner has a duty to provide an interpreter.
- **Equality of service and delivery:** if there is question of a service user /patient receiving a substandard service, in terms of quality or effectiveness than that which would have been offered if the service user/patient's first language had been the same as the staff member's then an interpreter must be provided.

NOTE: The practitioner must not use the service user's relatives, friends, children or others as interpreters. They are unlikely to have any training in interpreting and their involvement may undermine objectivity and confidentiality. It can also create communication problems, confusion and frustration and often lead to conflict of interest, hence should be avoided. If in doubt, this should be discussed with a senior person responsible for the department / ward/ clinic.

In extreme conditions, where a service user's health is such that it requires immediate treatment / intervention, it may be appropriate to use a service user's family if a professional interpreter cannot be available within a reasonable time and the service user's health would deteriorate in any period of delay, whilst waiting for a professional interpreter.

Family, friends and staff can be utilised, however, to pass on routine 'day to day' information to service users who do not speak English, e.g. dietary needs, ward routine.

Before the interpreting session – briefing session

- It may be necessary to have a few minutes briefing before the session starts to agree the basis on which the practitioner and interpreter will work together.
- You may need to decide on a style of interpreting:
 - Simultaneous – the interpreter speaks at the same time as the person speaking.
 - Whispered simultaneous – the interpreter sits close to the service user/patient and does not pause but has to listen and interpret at the same time.
 - Consecutive – where a whole segment of speech or a statement is spoken and then put into the target language by the interpreter. This is a slower process but it is clear and less likely to be disputed.
 - Verbatim – word for word interpretation
 - Summary – to give an overview of what was said
- Agree with the practitioner whether the interpretations are to be the first person or third person. The first person is generally the accepted method of interpreting.
- Ensure that the room is prepared in such a way that everyone can see each other.

During the interpreting session

- The practitioner / clinician must speak directly to the service user.
- The practitioner must pace the dialogue to ensure that the interpreter can do their job effectively.
- The practitioner must be prepared to clarify terms for difficult concepts in order to help the interpreter be as accurate as possible.
- Avoid the use of jargon – use straightforward language.
- You may need to explain body parts or procedures in a way that the service user can understand as there may not be a word for it in some languages.

- The practitioner should try to anticipate any future needs that the patient may have, e.g. the taking of x-rays, bloods etc and take the opportunity to explain.
- Do not talk louder – this will not help.
- Try not to use idioms, e.g. under the weather, over the moon.
- If the practitioner gives the service user/patient any written information then they must check with the interpreter that it is the correct language which can be understood by the service user/patient. The practitioner should also seek to clarify, using the interpreter, whether the patient can read written information in the service user's own language.
- The interpreter cannot be asked to advocate for a service user.
- Ensure that the involvement of the interpreter is captured in the clinical record.
- The practitioner must not ask the interpreter to accompany service user in the service user's own car.
- The practitioner must not ask the interpreter to visit the service user in their own home or at any Trust property on their own.
- The interpreter must not be asked to assess the needs of a service user.
- The interpreter must not be asked to provide a befriending service.
- An interpreter must always be accompanied by clinician / practitioner and not left alone.
- Interpreters must not be asked to escort service users.
- Check that you have covered everything before bringing the session to an end.
- Do not let the interpreter leave with the service user as they may carry on a conversation that you will not be present for.

After the session – debriefing

- Try to have a few minutes with the interpreter at the end of the session to debrief, as some interpreting sessions can be emotionally taxing.
- Sign the interpreter's form, ensuring that details are accurate.

British sign language – BSL

- As with any other language which is interpreted, there is not a ‘word-for-sign’ correspondence for BSL and English and each language has its own grammatical structure. This means:
 - only one message can be interpreted at a time, therefore it is important to ensure that only one person speaks or signs at a time. If this does not happen the interpreter may have to stop and ask that people speak one at a time
 - at top speed interpreters may be processing up to 20,000 words in an hour. The optimum period of interpreting is 20 minutes
 - sometimes an interpreter may need to interrupt the person speaking or signing to ask for repetition or clarification to enable them to interpret what is being said.

Position of the BSL Interpreter

- BSL Interpreters always have to consider seating arrangements in terms of lighting and background.
- There should be plenty of light on the interpreter. Interpreters should not be placed in front of a window with light coming from behind as this darkens the face.
- The background behind the interpreter should be visually clear and calm. A vividly patterned background can be distracting or straining on the eyes.
- When a hearing person is speaking the service user will need to watch the interpreter. It is important that when this is happening the speaker remembers:
 - to look directly at the service user even though he / she will not always be able to look back
 - not to ask the interpreter questions or make comments directly to the interpreter.

Code of Practice – Interpreters

- The objective for the Code of Practice is to make sure that communication across language and culture is carried out consistently, competently and impartially and

that all those involved in the process are clear about what may be expected from it.

- All interpreters must have a spoken and/or written command of both languages, including any terminology, current idioms and dialects. Interpreters must possess the ability to interpret and translate accurately, fluently and appropriately between both languages using the correct interpreting techniques.
- Interpreters must understand the relative procedures of the particular context in which they are working and:
 - maintain and develop their written and spoken command of English and the other language maintaining high standards of professional competence and integrity
 - be fully aware of the need to maintain confidentiality.

Interpreters and translators will:

- Interpret truly and faithfully what is said without anything being added, omitted or changed, in exceptional circumstances a summary may be given if requested and consented to by both parties.
- Disclose any difficulties encountered with dialects or technical terms and if these cannot be satisfactorily remedied, withdraw from the assignment.
- Maintain impartiality and not enter into the discussion, give advice or express opinions or reactions to any parties.
- Not act as an advocate for a service user.
- Be aware of the cultural differences that may exist and are required to be sensitive and respectful to individual(s).
- Intervene only to ask for clarification, to point out that a party may not have understood something, to alert the parties to possible missed cultural reference.
- Not discriminate against parties, either directly or indirectly on the grounds of age, gender, ethnicity, disability, sexual orientation.
- Disclose immediately if the service user/patient is known or related to them.
- Accept only work from Birmingham and Solihull Mental Health Foundation Trust Interpreting Service.

- Be punctual – arriving for the scheduled appointment 5-10 minutes before the appointment time especially for British Sign Language.
- Confirm that there is a correct match between the service user's language and the interpreter's working language.
- Switch off all mobile phones during bookings.
- Always wear an identification badge and have photo badge available.
- Dress appropriately and in line with Trust policy.

Appendix 6 – advice about how to obtain information in other languages and formats

Translated mental health information

- The Trust's Customer Relations team can provide information that has been translated into various languages.
- Much of the information provided is from various websites.
- If a service user or carer doesn't have access to the internet, they should be sent information in the post.
- The team can also provide information in large print if required.
- If a specific piece of information relating to someone's care needs to be translated into another format, for example Braille or easy read, please contact the Customer Relations team.
- If there is specific written information relating to someone's care that needs to be translated into another language, many of the approved interpreter suppliers can provide written translations. There will be a cost associated with this.

Websites that provide translated mental health information include:

- Choice and Medication website - offers information about medications and side effects in a range of formats including easy-read, symbol-led and community languages.

www.choiceandmedication.org.uk/bsmhft

- NHS health information – provides some information in other languages and easy read format. You can use the search engine to find your preferred format.

www.nhs.uk

- Northumberland, Tyne and Wear NHS Foundation Trust – the Trust's health and wellbeing information site offers a range of mental health information materials, including British Sign Language videos and information in a range of languages.

www.ntw.nhs.uk

- Royal College of Psychiatrists – provide information translated into various languages as well as video clips in British Sign Language.

www.rcpsych.ac.uk/mentalhealthinformation.aspx

- Stanford Health Library – this American site contains lots of information in different languages. Simply visit the site and use the index.

<http://healthlibrary.stanford.edu/resources/foreign/>

- The Mental Health Act Code of Practice – easy read factsheets and glossary about the act and code of practice. Visit the site and enter ‘easy read mental health act’ into the search engine.

www.nhs.uk

- Turn2us – debt, financial, grant and benefits advice through a free, confidential helpline offering access through Language Line or Next Generation Text.

Call 0808 802 2000

Easy read information

- Easyhealth – this website contains lots of helpful health information. The messages are clear and simple. The information is also available in audio and video formats. There are also leaflets to print in easy read format with pictures and symbols.

www.easyhealth.org.uk

- A picture of health – information on mental health conditions and treatment in easy read, picture, symbol, audio and video formats.

www.apictureofhealth.southwest.nhs.uk

Other agencies with helpful resources

- Action on Hearing Loss (formerly RNID)
www.actiononhearingloss.org.uk
- British Dyslexia Association
www.bdadyslexia.org.uk
- Mencap – the voice of learning disability
www.mencap.org.uk
- Remploy – putting ability first
www.remploy.co.uk
- RNIB – supporting people with sight loss
www.rnib.org.uk
- Sense – charity connecting sight, sound and life
www.sense.org.uk
- Most major organisations will have an accessibility tab on their website where further information can be found about accessible ways to make contact, find

information or receive communications. This includes links to computer software like Voice Aloud.

Appendix 7 - Guidance on producing accessible documents

1. Principles of good communication

- **Clear** – so it can be understood
- **Straightforward** – using fewer words and keeping to the necessary information.
- **Modern** – using everyday language and current images.
- **Accessible** – available to as many people as possible, avoiding jargon, up to date and given to the service user or carer and the appropriate time.
- **Honest** – information should be based on current evidence.
- **Respectful** – sensitive to cultural needs of all people, avoiding stereotypes.

2. Three core principles

Know your audience

Thinking about your intended audience and its abilities and needs is the key to producing accessible information.

Relevant information

Ask what information is relevant to your intended audience, cut out any confusing or unnecessary detail whilst making sure the essential information is very clear.

Be prepared to 'do whatever it takes'

This might mean using a variety of formats to get across your message. For example, the same information can be written, placed on audio recording, DVD and online.

Take time to find the words, sounds and images that best support and explain your message.

Most importantly, involve the intended audience and the people who know them well and support them.

3. Accessible text

Below are some points to consider when producing information.

Type size

- 12 point type should be the minimum used in the production of information.
- 14 point type is even easier to read.
- 18 point will reach most people with a visual impairment.
- **24 point print is easier to read than any of the other sizes.**

Bold print is more accessible than normal text.

Italics should be avoided as italicised text is difficult to read for many people.

Sans serif fonts such as Arial should always be used. This is because the characters are easier to distinguish for people with reading difficulties or a visual impairment.

The clearest form of print is black on white or black on yellow. Sometimes a white background can cause a glare, a yellow background reduces glare.

Contrast which is reversed is a good way of emphasising headings.

Leave the right margin unjustified, paragraph clearly so that separate pieces of information can be identified from each other.

Don't stretch words to fit the length of the line as this can create uneven spacing and make the line difficult to read.

Columns should be avoided where possible and if you have to use them always use a clear space of line between as many people mistakenly read straight across from one column to the other.

Use good quality plain paper so that the print cannot be seen from the reverse side.

Capital letters are more difficult to read than lower case letters. Avoid using capital letters in headings or emphasising SUCH AS THIS. It is much better to use **bold text** or boxing in order to highlight something.

Do not underline text as it prevents people reading the shapes of words.

Spell numbers one to ten as some single digit numbers can be confused for letters. However, if you are writing for people with a disability always use the number and not the word.

4. Accessible layout

Layout should be kept simple, so that it is easy to access – A5 and A4 are the best formats.

- For long documents, always have a contents page.
- Clearly number each page.
- Keep titles and headings clear.
- Keep information in a logical order.
- The start of new sections should be made clear.
- Do not cram lots of information on one page, as this can deter people from starting to read the text.
- Include the date of the publication.

5. Plain English

- Use short sentences.
- Cut out unnecessary detail.
- Use full stops rather than semi-colons.
- Be concise.
- Use everyday language, avoiding jargon and technical terms.
- Concentrate on one subject at a time.
- Use service user friendly text and talk to the reader directly using 'you', 'we' and 'us' rather than the third person.
- Use active rather than passive verbs, eg 'Information is available at' rather than 'Information can be obtained from'.
- Avoid using 'he' or 'she' and use 'they' instead.
- Keep terminology clear without being patronising.

6. General guidance

- Try to write from the service user and / or carer's point of view and put yourself in the place of someone who may have little knowledge of what you are talking about.
- Take time to plan the structure of your document and flow of information.
- Pictures, symbols, images and diagrams are helpful to aid understanding of content and are particularly helpful for children and people with a learning disability, however any images should be in line with NHS and Trust brand guidelines (details on the Connect) rather than cartoons or clip art.
- Information should be in context with and reinforce information that the service user and / or carer has already been given, using the same words and phrases consistently.
- If you are telling the reader to do or not do something, explain why.
- Help people make decisions by giving facts about the risks, side effects and benefits.
- Don't confuse people by covering several different services, treatments or conditions in one leaflet.
- Tell people what other information, resources and support is available.

- Give the most recent practice, local contact and latest phone numbers and refer to a professional contact's position rather than a name as they may move on.
- Let people know if the information is available in other formats.
- Most importantly, obtain feedback from service users and / or carers before finalising your publication.

Good information provision checklist

Type size 12 point at least	
Arial font	
Avoid using capital letters	
Size of document – A5 or A4	
Seek guidance on images from the Communications and Marketing team	
Use plain paper – white or yellow	
Contents page (for longer documents)	
Number pages	
Use clear English	
Paragraph clearly	
Keep titles, headings and paragraphs clear	
Keep message short	
Information in a logical and clear order	
Consult with the audience about the content	
Adhere to the Trust's branding style guide and use the templates available on Connect	

Appendix 8 – Process and checklist for developing service user and carer resources

- Any Trust team, groups or member of staff may identify the potential need for a new information leaflet for service users and / or carers.
- Service user and carer resources can fall into a number of categories, including:

Category	Examples
Essential information (numbered 1-10)	These are numbered 1-10 and are produced by the service user and carer experience team.
Service information for service users and carers	Birmingham Healthy Minds Psychiatric Decisions Unit Integrated Community Services
General information	Becoming a member / governor Guide to the Mental Health Act
Diagnosis	Stress and anxiety Schizophrenia Phobias and fears
Medication and side effects	Minor tranquilisers Major tranquilisers Anti-psychotics
Treatments and therapies	Psychology CBT Counselling Tips on stress
Carers	Carers assessment Carers support Carers checklist Information for younger/older carers
Information about voluntary, user and community organisations	Buzz guide Our communities
Practical help	Benefits advice

	Housing associations
--	----------------------

- The leaflet author must advise the Service User Experience Strategy Group, by completing and submitting the checklist at the end of this appendix.
- The Service User Experience Strategy Group will review the request and confirm the need for the leaflet, and offer any comments.
- The author will then liaise with the Communications and Marketing Team, who will proof read submitted copy and produce a draft of the resource in the most appropriate format, giving it unique reference number and version number and clearly marking it as 'DRAFT'.
- The relevant service manager will review the final draft and raise any discrepancies with the author.
- The final version will be reviewed by the service manager, Service User Experience Strategy Group, who will confirm in writing that the resource is ratified or not. If not ratified they will provide reasons for this and the author will amend the resource and repeat the above steps.
- Once the Communications and Marketing Team has received written sign off, the 'DRAFT' labelling will be removed, a review date added, and the resource will be made available. Any printing or other costs will be paid for by the relevant service area and the service area will be responsible for appropriate distribution of the resource.
- All service user and carer information resources will be available on the Trust website.
- A copy will be held by the Communications and Marketing Team, who will keep a register and archive of all approved resources, with an agreed review date which will be no longer than three years from the last version.
- A current list of all approved resources will be available on the Trust intranet.
- The Communications and Marketing Team will be responsible for ensuring that new versions are uploaded to the Trust website and previous versions removed.
- The Communications and Marketing Team will notify the author and/or relevant service manager three months before the review date that the resource needs to be reviewed, updated and re-approved.
- Any resources that pass their review date without being reviewed will be removed from the Trust website and no re-prints will be authorised.

- The See Me/Recovery Teams will:
 - Arrange for core resources and leaflets 1-10 to be regularly reviewed in line with the agreed review dates.
 - Assist in maintaining supplies and display of up to date essential resources at Trust sites.
- Each team manager will ensure that essential resources are displayed, maintained and replenished in their area and that these are up to date versions.
- To ensure quality, consistency and cost effectiveness, printing of resources should be arranged through the Communications and Marketing team. Large quantities of leaflets should not be printed or photocopied locally as this can compromise quality and accessibility and also costs more than having them externally printed. Staff may, however, decide to print single copies for individual service users or carers based on their communication needs, for example on colour paper for a service user who is dyslexic.
- All service user and carer information resources produced within the Trust are the copyright of Birmingham and Solihull Mental Health NHS Foundation Trust. This includes the text and any graphics or images. Any request to use the all or part of the resources or information within them by an individual or organisation outside the Trust should be directed to the Communications and Marketing Team.

Checklist for the review and approval of service user and carer resources

To be completed by the service / team and submitted to the Service User Experience Strategy Group with the draft content for the resource.

Title of resource being developed/reviewed:				
Title:				
Type of resource (tick or cross relevant box):				
Essential information (leaflets 1-10)		Diagnosis		
Service information		Medication and side effects		
General information		Treatments and therapies		
Carers information		Information about voluntary, user and community organisations		
Practical help				
Service area (circle or highlight):				
Acute and Urgent Care	Integrated Community Care and Recovery	Specialties	Secure Care and Offender Health	Corporate (Trustwide) Information applies to service users / carers in all areas
1	Target audience			
	Who is your target audience? (circle or highlight)	Service user	Carer	Other
	What is the aim and purpose of the resource?			
	What is the preferred format of your target audience? (circle or highlight)	Leaflet	Audio	Other format Please state
	Does the target audience as a whole have any particular information and communication needs? (*please specify)	Large print		
		Easy read		
		Paper colour*		
		Braille		
		Other languages*		
	Other*			
2	Development process			
	What checks have been done to find out whether an existing and appropriate resource is already available, either within or outside the Trust?			
	Is the Trust the most appropriate body to produce the resource? Please give reasons.			

	<p>What relevant expertise has been used? For example, clinicians (include names and titles), evaluated websites, research, literature search</p> <p>NB: Trust Library Services can support with carrying out literature searches. Contact bsmhft.uffculmelibrary@nhs.net</p>				
	<p>Are all references and statistics used based on current evidence? Please list these and the sources.</p> <p>NB: All resources about conditions, therapies, treatments and medication must contain evidence based information.</p>				
	Who has peer reviewed the information within the resource?	Name:			
		Job title:			
		Date of review:			
	Please attach evidence of consultation with service users and carers. The See Me Team can help with this.				
	Please attach evidence of consultation with stakeholders where appropriate.				
3	Content	Yes	No	N/A	Comments
	Is the title and objective of the document clear?				
	Is the content clear and unambiguous?				
	Does it help people make decisions by giving them all the facts, including where appropriate risks, side effects and benefits?				
	Does it contain the author's personal opinions				If yes please give reasons:
	Does it avoid jargon and acronyms?				
	Is evidence based research referenced at the end of the resource?				
	Where applicable, are sources of alternative care / treatment options clearly stated?				

	Does it tell people what other information, resources and support are available?				
	Is there any conflict of interest, and if so has this been disclosed, eg sponsorship?				If yes please give details:
	Has written consent been gained for any direct quotes used?				
4	Review date				
	What is the suggested review date for this publication? This should be no later than three years from publication but can be sooner.				
5	Overall responsibility				
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the resource?	Name:			
		Job Title:			
6	Accessible information and communication policy				
	I have read and comply with the Trust's Accessible Information and Communication for Service Users and Carers Policy (available on Connect), particularly the sections on developing accessible resources.	Yes	No		
7	Named leads				
	Author (please print):		Date:		
	Service Manager (please print):		Date:		
8	Requirement / draft content approval				
	Service User Experience Strategy Group	Checklist received	Draft content received	Evidence of consultation received	
	Name:	Yes / No	Yes / No	Yes / No	
	Job title:				
<p>Once the draft content is approved by the Service User Experience Strategy Group, a copy of this form and the draft content should be sent to the Communications and Marketing Team, bsmhft.commsteam@nhs.net, who will discuss format(s) and timescales with the author. The final draft of the resource must be approved by the Service Manager, Service User Experience Strategy Group, Recovery Team and using the section below.</p>					
8	Final draft approval – authorised by:				
	Service Manager	Name:			
		Job title:			
	Service User Experience Strategy Group	Name:			
		Job title:			

Appendix 9 - Equality Analysis Screening Form

Title of Policy	Accessible Information			
Person responsible for this policy	Derek Tobin	Role or title	Associate Director of Operations	
Division		Service Area		
Date Started	February 2018	Date completed	February 2018	
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.				
The policy aims to support service users and carers who have information and communication needs due to a disability, impairment, sensory loss or who speak or read little or no English with a process for accessing information about the Trust, its services, diagnosis and treatment.				
Who will benefit from the proposal?				
<ul style="list-style-type: none"> Service users and carers with a disability, impairment or sensory loss who have information and communication needs. Service users and carers who speak or read little or no English. 				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
Does this proposal promote equality of opportunity? Eliminate discrimination? Eliminate harassment? Eliminate victimisation?		Promote good community relations? Promote positive attitudes towards disabled people? Consider more favourable treatment of disabled people? Promote involvement and consultation? Protect and promote human rights?		
Please click in the relevant impact box or leave blank if you feel there is no particular impact.				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age	None			
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				

Disability			Yes	Those with a physical or learning disability that makes it difficult to accessing information, will have their needs identified, flagged, appropriately shared and met.
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	None			
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	none			
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	None			
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity			Yes	The policy includes the procedures for providing interpreting services and guidance for obtaining information in other languages.
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	none			
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				

Sexual Orientation	None			
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	None			
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights			Yes	Services users, where necessary, will be provided information about their rights in a format they are able to access
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act				
No Negative impact identified	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required. If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding. If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the Equality and Diversity Lead .				

Action Planning:
How could you minimise or remove any negative impact identified even if this is of low significance?
How will any impact or planned actions be monitored and reviewed?
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.