

Accessible Formats Policy For the provision of information

Consultation Report

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Regional Accessible Formats Steering Group**

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Introduction

This is a report of the consultation feedback that we - the Accessible Formats Steering Group - received in relation to our draft Accessible Formats Policy for the Provision of Information and Practical Guidance for Staff working in health, social care and public safety.

The purpose of this policy is to make sure that our approach to the provision of written accessible information is clear, balanced, fair, transparent and accurate. The policy is aimed at managers and staff involved in the provision of information.

We consulted on these documents between October 2012 and January 2013.

Thank you to those who responded.

We would like to take this opportunity to say thank you to consultees who took the time to respond to this consultation exercise.

Organisations who responded

Table 1 below outlines the organisations who responded. We hope that the responses provided in Table 2 reflect the views and comments raised and that our responses provide the necessary detail to better understand how we have considered any issues raised.

Table 1: Organisations who responded

Name of organisation	Type of response
British Deaf Association	Face to face meeting
Northern Ireland Practice and Education Council for Nursing and Midwifery	Written comments
Women's Support Network	Written comments
Jeff Featherstone	Written comments
Disability Action	Written comments
Walter Stafford, DHSSPS	Written comments
British Medical Association	Written comments

Table 2: Consultation on draft Accessible Formats Policy and Practical Advice on Making Information Accessible

Consultee Comment	Response
British Deaf Association	
<p>Information is commonly presented in formats that are not accessible to the sign language community; thus they cannot access information; health and social care information is usually full of jargon, dense and hard to read; sign language users are easily put off if they see that information is not available in signed format</p>	<p>This underlines the importance of having policy and guidance in place. Section 3 and Section 4 of the policy make reference to these issues.</p>
<p>having signed content on websites would make a big difference (for example via You Tube)</p>	<p>Guidance has been amended to further emphasise that staff need to consider including signed information.</p>
<p>amongst Sign language users there are varying degrees of literacy in English, as within population as a whole</p>	<p>The importance of this issue is noted in the guidance for staff.</p>
<p>need for more information to be written in easy read format and in plain English</p>	<p>Guidance has been amended to further emphasise this need.</p>
<p>need for organisations to be aware of diversity within sign language community as to British Sign Language and Irish Sign Language (especially in the Northwest)</p>	<p>Guidance has been strengthened to prompt staff to consider the different needs.</p>

Disseminate information through deaf networks, such as signed information via Facebook, Yahoo Group uk.groups.yahoo.com/group/Deaf_Northern_Ireland_events/ and via the British Deaf Association and Action on Hearing Loss	The policy now makes reference to dissemination.
Northern Ireland Practice and Education Council for Nursing and Midwifery	
overall the documents are clear, concise and easy to follow from a reader's point of view	Comment noted
some of the examples and types of areas that the policy could apply to i.e. section 4, page 8 would need to be tailored to suit an Non-Departmental Public Body perspective rather than a HSC Trust	The nature of the consultation document as a policy template will allow individual tailoring by organisations to reflect their functions.
Section 6, Page 10 – Formats and Languages Within the policy there is no reference to the use of symbols or pictures but these are referred to in the 'Accessible Information Policy Easy Read' document.	Easy Read format as referenced in the policy includes the use of symbols and pictures. The guidance document has been amended to underline the importance of considering the use of these.
Section 7, Page 11 – Practical advice on making information accessible Within the first paragraph, the second sentence the wording around the bearing of the costs may need to be amended slightly to reflect a more proactive stance as well as a safe guard to ensure that costs are fair and reasonable in the circumstances i.e. <i>"The costs for doing this will be borne by our organisation provided they are reasonable and within the level of budget available to the organisation"</i> .	The policy has been amended accordingly.
Section 8, Page 12 – Who Funds Accessible Information Typo In the last sentence of the last paragraph in the e-mail address for the HSC Northern Trust	This has been amended.

Women's Support Network	
overall we found the information to be very clear, accessible and jargon-free	Comment noted.
<p>Document title: - 'Easy Read accessible information policy'</p> <p>Suggested changes:</p> <p>Page 7 – What some words mean – It may be clearer if the words in question were highlighted (embolden).</p> <p>Page 18 – Tick graphic appears upside down</p>	Amendments have been made in Easy Read version
<p>General point:</p> <p>The policy noted – 'One of the key barriers identified by this audit was the difficulties experienced by a number of people in accessing information and services. The audit action plan included the need for the production of an Accessible Information Policy to redress this so as to ensure provision of information in a range of suitable formats.'</p> <p>One thought might be to widen the points of access for information, for example the women's centres could hold generic information and services information, they are ideally placed within their local communities and have a wide range of users including most of the section 75 groupings.</p>	The policy now refers to dissemination.

Jeff Featherstone	
It should be highlighted that it is the individual person's preferred communication format that should be followed.	This reflects a rights based approach covered in the policy and the comment has now been reflected in Section 3.
In the 'Practical Advice' document (p.14/15), it was noticeable that the list of how to make information accessible for people who are blind or partially sighted are all steps that could be helpful for people who have some sight but none would be of benefit if you have no useful sight for reading print. Although there is a section below on arrangements for producing material in alternative formats, this deals with the importance of using correct procurement processes rather than stressing the importance of responding to an individual's preferred communication format, which could therefore be interpreted as it being an optional extra.	The guidance has been amended to reflect this suggestion.
It is important for organisations to consider the setting where the disabled person will need to use the information. Service users have reported situations where, even though they had requested material in Braille, audio has been used instead with no practical benefit. For example, if a person has been sent the papers for a meeting in an audio format rather than Braille, it is unhelpful because, like anyone else, the person is likely to need to make use of the papers during the meeting itself and it is very difficult in the middle of a meeting to be constantly rewinding the recording to find the right point in the document.	The policy has been amended to reflect the importance of following preferences and taking account of settings.

<p>Some information is more time-sensitive than others and it is important that organisations have the flexibility to respond more quickly where this is the case. The meetings situation above is one example, where the information by definition needs to be available in good time before the meeting date.</p>	<p>Section 4 of the policy has been amended to reflect this point.</p>
<p>There needs to be the right mechanisms for people to be able to identify at the start of the process that they need information in a particular format. On p8 of the policy one of the examples is of having appointment letters in preferred formats which is right but how would a Trust know at the point before sending the letter out that a particular format was needed? One role the Board could play in this regard is for the Integrated Care Directorate to work with primary care to encourage GPs and others to check with patients if a need for a particular format should be mentioned in the referral (and to check that, as electronic referral mechanisms are developed, these have the necessary fields to be able to flag up such a request).</p>	<p>An additional paragraph has been added to Section 4 of the policy.</p>

Disability Action	
<p>This document does not reflect an accessible communications policy, it is essentially about information in relation to the provision of alternative formats. Whilst alternative formats are a key component of accessible communications they are not the only component.</p> <p>There are four key elements to an accessible communications policy and these are:</p> <ul style="list-style-type: none"> ▪ Public Communication ▪ One-to-one communication ▪ ICT Systems ▪ Information Management Systems <p>All four of these elements should be included in the policy, as if they are all inter-related. For example, does your information management system allow for information to be held on persons accessible communications requirements so that information is only sent to them in their preferred format? Do ICT systems allow for documents to only be produced in accessible formats, for example, letters only to be sent in 14pt text?</p> <p>The policy only seems to relate to written information if this is the scope of the policy then this should be stated in the title.</p>	<p>The policy is now entitled: Accessible formats policy</p> <p>Sub heading: for the production of information</p> <p>This policy is not intended to be an accessible communications policy. Its scope is more tightly defined in the document as relating to the provision of information. In doing so it is based on the same definition as employed in the publication “We have rights too” (Disability Action 2007): “Accessible information is information presented in a format that can be easily used and understood by its intended audience.”</p> <p>The policy therefore relates to information in printed and electronic formats, and their alternatives. The wording has been amended in various places to clarify this further.</p>
<p>The accessibility statement (Page 2) is not in plain English for example the term ‘reasonably practicable’ is not plain English. This statement should be re-written in plain English.</p>	<p>The accessibility statement has been revamped to make it more accessible.</p>

<p>(Page 4, Paragraph 3) states that “the policy is aimed at managers and staff involved in, or who have responsibility for, the provision of information”. This should be changed to all staff as essentially all staff at every level will communicate with people, for example, if ward specific information notices are put up then staff will need to ensure that this information is accessible.</p>	<p>We recognise that it is all staff’s responsibility which will be covered in any associated training but feel that managers need to take charge to ensure that policy is implemented.</p>
<p>Disability Action welcomes the statement on the rights based approach to providing accessible information. (Page 5, No 3.</p>	<p>Noted</p>
<p>The Equality Statement states that “we will respond to requests for information in an alternative formats, in a timely manner, usually within 20 working days...” (Page 7, paragraph 2) The statement takes no account of how to try and make adjustments to ensure the information has been provided to the person when it is required immediately for example, if someone is being discharged from hospital and has been given written instructions about what to do after discharge. What would happen if a person requires this information in large print or Braille? How can the individual with responsibility for the discharge ensure that the person has understood and can retain the information when at home?</p>	<p>A paragraph has been added to Section 4 of the policy to underline this.</p>
<p>The section on what is accessible information (Page 7, point 4) should be re-named ‘what are alternative formats’ as this is all it deals with. It does not take into account of providing accessible information. If the intention is to be broader than just providing alternative formats, which it should, then more information needs to be provided.</p>	<p>Section has been renamed accordingly.</p>

<p>The priorities for producing information (Section 5, page 9) does not align with what has been said in Section 3 about a rights based approach.</p> <p>Accessible communications are a right, whilst Disability Action understands what BSO is trying to do here by putting in qualifying criteria it can become restrictive. If this is about priorities for producing information in alternative formats for general information then it should say this.</p> <p>However, if someone has requested that all information sent to them by the Trust is in X format then this should be delivered. For example, care plans should be available to the individual in the format of their choice regardless of any criteria, this is a rights based approach.</p> <p>A reasonable alternative is this example would not be that the information is provided in a one off face-to-face meeting. The information in a care plan can be extensive and it would not be reasonable to expect a person to retain this information in the long term from one face-to-face meeting.</p>	<p>Section 4 makes reference to the need for flexibility by organisations and Section 5 now includes a reference to the fact that decisions need to be reasonable and balanced taking into account rights and resources available.</p> <p>A paragraph has been added to reflect this in Section 1 and 4.</p> <p>We consider this example to be covered by the criterion 'service related'.</p>
<p>All the statements outlined (Section 6, Page 10-11) are not in plain English. These need to be re-written.</p> <p>Further consideration should be given to including a section on dissemination. It is not good enough just to put a statement on written information as the person that might find an alternative format useful cannot access this information.</p> <p>It should include information on how and where to disseminate alternative formats to ensure they reach those who need them.</p>	<p>The accessibility statements have been revamped accordingly.</p> <p>The policy and guidance now include reference to dissemination.</p>

<p>The section on funding (Section 7, p 11) should include practical examples of producing alternative formats. It should also include a section on procuring written information. For example, if an organisation is procuring a piece of written information, for example, a leaflet, then the costing of producing other formats should be included in the budget. The procurement should also ensure that the written version of the document is accessible electronically ie by PDF. If a document is set up correctly from the outset then it is easier to convert into other formats or be accessible electronically.</p>	<p>Section 7 now reflects this.</p>
<p>In relation to organisational commitment (Page 15), Disability Action recommends that any guidelines in relation to accessible communications become part of corporate housestyles and not a stand alone document.</p>	<p>This useful comment has been added as a recommendation.</p>
<p>In relation to Appendix 1 Disability Action would recommend that a two page summary is available that can be used to communicate core areas to staff. This should include information on where to get further information. Disability Action would also recommend that you include the contact details and references to local organisations also.</p>	<p>As part of post-approval training and awareness raising this will be addressed. To avoid duplication and keep the guidance document as short as possible, it refers at the relevant points to a resource produced on 'Signpost to support networks in the community'. This document includes information on local organisations and contact details.</p>
<p>Disability Action would ask what provision is going to be made to implement this policy effectively for example, how will the policy and the rights based approach be marketed to staff and how will BSO measure the success of the policy? Will staff receive the appropriate training to deliver the policy at all levels.</p>	<p>Each organisation will consider this as part of their roll out of the policy and guidance.</p>

<p>Generally, is there perhaps a need to distinguish between: information which is requested (Page 7 - Equality Scheme wording); information which is more about raising public awareness / publicity orientated; and information which is more about engagement e.g. appointment letters, medication instructions?</p>	<p>The 2nd paragraph in Section 1 attempts to acknowledge the wide range of different types of information covered by the policy. The list in Section 4 is merely for illustrative purposes.</p>
<p>Page 7 para 3 refers to “<i>mobility disabilities</i>” – is this in the context of physical access or something else?</p>	<p>This refers to people who are physically disabled and for whom many forms of written information prove inaccessible, such as a person with dexterity difficulties.</p>
<p>Appendix</p>	
<p>Page 8 refers to the use of video and audio materials stating that this can be a good way of getting information about health to “<i>women</i>” from BME communities. Perhaps “<i>people</i>”?</p>	<p>The guidance has been amended.</p>
<p>Page 9 para 1 refers the use of pictures to show what community a person belongs to. There is a need for caution here in that there is a risk of stereotyping and thereby alienating those who do not identify or wish to be identified with the image being portrayed. Some black people like colourful clothes but not all.</p>	<p>This comment has now been added to the guidance.</p>
<p>Page 12 refers to the use of the display of LGB&T information as a means of creating a welcoming atmosphere. While this is true it is also true in a wide range of contexts, BME, disability etc.? Perhaps if there was a general section covering the display of information and creating more inclusive welcoming environment for all especially who face access barriers?</p>	<p>This comment has now been added to the opening section of the guidance, to apply to a range of equality groupings.</p>

<p>Page 12 also addresses the use of images of LGB&T people. Consider concerns about stereotyping LGB&T people; all images used (whether they be LGB&T or anything else), should be in context and not in any way risk detracting from the message Include in general terms about all images used being in context.</p>	<p>Further comments have been added to the guidance.</p>
<p>British Medical Association</p>	
<p>Welcomes the release of draft guidance and policy documents and this consultation; agree with main thrust and purpose of the policy; improving accessibility of health and social care services is vital to ensure health service is inclusive and responsive to the needs of all patients as well as HSC staff</p>	<p>Comments noted</p>
<p>Essential component of improving accessibility is monitoring; it is important that Trusts take ownership of monitoring process to maximise desired impact.</p>	<p>We agree with the emphasis on the need for monitoring; hence the importance of Section 11 on monitoring and explicit reference in Section 9 on organisational commitments.</p>

Conclusion

The Policy and Practical Guidance documents were drafted as templates. This means that they will now be handed over for adaptation and adoption by individual health, social care and public safety organisations.