# Adult Social Care and Health OPPD & DCALDMH

# The Accessible Information Standard

# Policy and Guidance

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**References:**

| Legislation | |
|---|---|
| Accessible information Standard | https://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/ |
| Equality Act 2010 | http://www.legislation.gov.uk/ukpga/2010/15/contents |
| The Care Act 2014 | https://www.gov.uk/guidance/care-and-support-statutory-guidance |

**Version Control:**

| Version | Date | Summary of Changes | Reviewed By |
|---|---|---|---|
| V2 | 27/07/18 | Added the words 'understanding of' in the explanatory note about mental health service users, in line with the amended Accessible Information Standard.<br><br>Reminded practitioners of their responsibility to refer to the Mental Capacity Act 2005.<br><br>Added a new definition of impairment.<br><br>**EqIA Impact** – no change to original EqIA approved in 2016. | Yolaine Jacquelin |
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# Contents

# A. POLICY

## 1. Legislation

### 1.1    Status of an Information Standard

An Information Standard is a document containing standards in relation to the processing of information. It is a formal document issued by either the Secretary of State or the National Health Service Commissioning Board, under the Health and Social Care Act 2012, part 9, chapter1, section 250. Health and Social Care organisations must follow those documents by law.

### 1.2 Purpose of the 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 patients, service users, carers and parents, where those needs relate to a person being d/Deaf  or to a disability, impairment, sensory loss**. The standard applies to service providers across the NHS and adult social care system. This means that anyone who has any kind of direct contact with adult social care service users, their carers or parents must read and apply this guidance in their everyday practice.

### 1.3 Aim of the Standard

The aim of the standard is to ensure that d/Deaf and disabled people have access to information that they can understand and any communication support that they might need in relation to their health and social care needs.

### 1.4 The scope of the Standard

Individuals with any form or type of disability (or impairment) which affects their ability to read or receive information, to understand information, and / or to communicate, are within the scope of this standard.

The Standard is, therefore, of particular relevance to:

- Individuals who are d/Deaf
- Individuals who have a sensory loss
- People who have a learning disability
- People who have other "communication disabilities", such as aphasia **(**a condition which affects the brain and leads to problems using language correctly), autism or a mental health condition which affects their ability to communicate.

**Note about mental health service users :**

The Standard includes the provision of information in alternative formats and communication support to mental health service users to support their access to, understanding of, involvement in decisions about and receipt of NHS and Adult Social Care.

However, communication support which is needed by or provided to a service user as part of an agreed care plan or other pathway of care – and which may be termed 'therapeutic' in nature – is outside of the scope of this standard.

**Note about Mental Capacity Act 2005**

Practitioners should refer to the Mental Capacity Act and the related Code of Practice with regards to support for individuals who may lack capacity.

**1.5 Exclusions**

- Staff and employees of the organisation except where they are also service users or the carer/ parent of a service user.
- Individuals preferences for being communicated with in a particular way, which do not relate to disability, impairment, sensory loss and as such would not be considered a 'need' or 'requirement'.
- Individuals who may have difficulty in reading or understanding information for reasons other than disability, impairment, sensory loss or, for example due to low literacy or a learning difficulty (such as dyslexia) as distinct from a learning disability.
- Expected standards including the level of accessibility of Health and Social care websites.
- 'Corporate' communications which do not relate to direct service user care or services and do not directly affect individuals' health or wellbeing.
- Foreign language needs/ provision of information in foreign languages.

**2. Requirements as they apply to  Local Authorities**

There are 5 elements making up the Accessible Information Standard :

1. **Identification of needs**

We must identify/ find out if an individual has any communication / information needs relating to a disability, impairment or sensory loss and if so what these are.

2. **Recording of needs**

We must record those needs in a clear, unambiguous and standardised way (prescribed by the Standard) in electronic and / or paper based record/ administrative systems/ documents.

### 3. Flagging of needs

We must ensure that recorded needs are 'highly visible' whenever the individual's record is accessed, and prompt for action.

### 4. Sharing of needs

We must include information about individuals' information/ communication needs as part of existing data sharing processes (and in line with existing information governance frameworks).

### 5. Meeting of needs

We need to take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it.

**Important**

The guidance applies to all staff who have any contact with service users of the Adult Social Care and Health Directorate as part of their role in meeting the person's social care needs.

In practice, the service user's communication needs relating to d/Deafness or disability/impartment will be recorded upon our first interaction with them.

Staff are expected to check the details recorded on the Client Record Systems and meet the communication needs of the service users as specified in their records before communicating with them.

Records should be updated as part of on-going routine interaction with existing service users. (this includes when undertaking reviews).

# B. Guidance

**Social Care Practitioner's responsibilities to meet the 5 requirements**

## 1. Identifying

Social Care Practitioners must ask whether a service user has any information or communication support needs upon their first or next interaction with the service.

Suggested questions which may be used :

- Do you have any communication needs?
- Do you need a format other than standard print?
- Do you have any special communication requirements?
- How do you prefer to be contacted?
- What is your preferred method of communication?
- How would you like us to communicate with you?
- Can you explain what support would be helpful?
- What communication support should we provide for you?
- What is the best way to send you information?

## 2. Recording

Where individuals have information and/or communication needs related to or caused by a disability, impairment or sensory loss, such information must be recorded in the specified way required in the Standard.

All assessment forms:

- Face Background Information form
- Face Overview Assessment
- Face Sensory Assessment
- Occupational Therapy Assessment
- Prison Assessment Document
- Comprehensive Health and  Social Care Needs Portrayal
- Face Carer's assessment form

meet the required standard through the use of 4 key questions under the heading of "communication".  Practitioners are expected to enter the information supplied by the service users via the use of drop down boxes supplied.

If a service user meets 2 options in the drop down box i.e.  if a client does lip read, but also uses Sign Supported English* (SSE), staff will be able to enter multiple options on the system but will have to choose 1 option on the form and add other requirements in the free text box.

*see appendix 1 for an explanation of SSE

### 3. Flagging

A record of communication and /or information needs will be flagged when the service user has subsequent interaction to enable appropriate actions to be taken to meet those needs.

The Practitioner responsible for obtaining the information regarding an individual's communication needs is also responsible for recording this within client record systems as a questionnaire within Case Notes/Profile Notes. They will also record an 'alert' on someone who has communication needs in the form of a hazard.

All of these details are visible in both client record systems and will serve to alert any member of staff that they will need to respond to individuals' information and or communication support needs.

### 4. Sharing information

When social care practitioners share information under existing KCC data-sharing processes, including information governance protocols, both within and between organisations, they must include the information gathered at any point of contact regarding individuals' specific communication needs and how best to meet them.

### 5. Meeting the needs

We must provide one or more communication or contact methods which are accessible to and useable by service users and carers. The methods must enable the individual to contact the service, and staff must use this method to contact the individual.
Information, including correspondence and advice, must be provided in one or more accessible formats appropriate for the individual, in line with records made in this regard.

> ## Important
>
> It is KCC's responsibility, and not that of the disabled person, to cover the costs of meeting an individual's information and /or communication support needs.

Social care practitioners must meet needs under 4 separate categories:

#### 1. Specific contact method

This category relates to a need to send correspondence or provide information to an individual in an alternative format (non-standard print or non-print). For example:  A standard letter must not be sent to an individual who is unable to read or understand it. A social care practitioner will need to provide the information in the format requested by the individual.

See appendix  2 : How to arrange or provide information in a variety of formats.

## 2. Specific information format

When an individual's recorded need for information in an alternative format is flagged social care practitioners must ensure that they make alternative arrangements for that individual to receive the information in a format that is accessible to them. This could mean a range of options such as:

- a larger print than usual
- easy read letters or leaflets
- audio information.

See appendix 2 : How to arrange or provide information in a variety of formats

## 3. Communication professional required

Where a need for support from a communication professional is identified, services must ensure that such support is arranged/provided and that interpreters and other communication professionals are suitably skilled, experienced and qualified.

See appendix 2 for how to book a communication professional

### Note about use of family members, friends or carers as interpreters

British Sign Language (BSL) interpretation and other communication should be provided by an appropriately qualified and registered professional and not by an individual's family members, friends or carers.

## 4. Communication support

This category relates to the provision of support to enable effective communication/ conversation, for example by the provision or use of aids or equipment or by social care staff making adjustments to their behaviour.

See appendix 3 for tips for clear face-to-face communication and appendix 4 for tips for printed communication.

**Response time**

As stated in the Specification, "Organisations must take steps to ensure that communication support, professional communication support and information in alternative formats can be provided **promptly and without unreasonable delay**".

# C. Monitoring

## 11. Required outcomes

This policy seeks to ensure that:

- All staff who have direct contact with service users and their families or carers are fully aware of their roles and responsibilities regarding meeting service users 'communication needs. This includes partners and voluntary organisations who have delegated responsibilities for assessment.
- This in turn will ensure that the people of Kent who need our services can feel confident that staff supporting them have been given the relevant information and tools to do so.

## 12. Review of the policy

- A member of the policy team will review the policy 2 years from the last review.
- They will check that all contents are still relevant, engage with key stakeholders to look at practice issues, incorporate the audit recommendations and rewrite or amend contents as appropriate.
- The amended policy will be presented to DMT for approval if appropriate.

## Appendix 1: Glossary of terms used in the drop down boxes in the assessment forms

| Term/ Abbreviation | What it means/ stands for |
|---|---|
| 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 large print, braille or email. |
| 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. |
| Braille | A tactile reading format used by people who are blind, deafblind or who have some 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. Refreshable braille displays for computers also enable braille users to read emails and documents. |
| Braille (contracted-previously known as Grade 2) | Used by more experienced Braille users as it uses a contracted system or shorthand where group of letters may be combined into a single Braille cell. |
| Braille (uncontracted-previously known as Grade 1) | Uncontracted braille translates each print character into a braille character or cell. It is great for basic labelling of objects like CDs or canned food in the cupboard.<br><br>Due to its relatively simple design, uncontracted braille is easier to learn than contracted (grade 2) braille. |
| British Sign Language (BSL) | BSL is a visual-gestural language that is the first or preferred language of many d/Deaf people and some deafblind people; 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. |
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| 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 - 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 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 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 d/Deaf person can sign to them what they want to say. The interpreter then speaks this to the hearing person (via video link) and signs back their (spoken) reply. |
| Communication passport | Sometimes called a communication book or 'hospital passport'. A document containing important information (usually) 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 communication passports to people with learning disabilities. |
| Communication support | Support which is needed to enable effective, accurate dialogue between a professional and a service user to take place. |
| Communication tool / communication 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 / |

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| | or pictures. They range from a simple paper chart to complex computer-aided or electronic devices. |
| Cued speech | A visual communication system that uses 8 handshapes in 4 different placements near the face in combination with the mouth movement of speech to make the sounds of spoken language look different from each other. |
| d/Deaf | A person who identifies as being deaf with a lowercase 'd' is indicating that they have a significant hearing impairment. Many deaf people 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 | The Policy guidance <u>Care and Support for Deafblind Children and Adults (Department of Health, 2014)</u> states that, "The generally accepted definition of Deafblindness is that persons are regarded as Deafblind "if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss" (<u>Think Dual Sensory, Department of Health, 1995</u>)." |
| Deafblind communicator-guide | A professional who acts as the eyes and ears of the deafblind person including ensuring that communication is clear. A deafblind person 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 deafblind person may have an intervenor provided by a charity, through a personal budget or by their local authority. |
| Deafblind manual interpreter - deafblind manual alphabet | A person skilled in interpreting between the deafblind manual alphabet / block alphabet and English. The deafblind manual alphabet is a tactile form of communication in which words are spelled out onto a deafblind person's hand. Each letter is denoted by a particular sign or place on the hand. |
| Deafblind manual interpreter - block | A person skilled in interpreting between the deafblind block alphabet and English. The block alphabet is a tactile form of communication in which words are spelled out on to the palm of the deafblind person's hand. |

| Disability | The Equality Act 2010 describes disability as follows, "A person (P) has a disability if — (a) P has a physical or mental impairment, and (b) the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities." This term also has an existing Data Dictionary definition. |
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| Disabled people | Article 1 of the United Nations Convention on the Rights of Persons with Disabilities has the following description, "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. |
| Haptic Communication | Used by some deafblind people. Defined as the interaction of 2 or more people where messages are conveyed using the sense of touch. It consists of tactile signs describing the environment, emotional responses, descriptions of people etc. which would otherwise be provided by sight. |
| Hearing loop system | A hearing loop or 'audio frequency induction loop system', allows a hearing aid wearer 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. |
| Impairment | The disability charity Scope defines impairment as, "long term limitation of a person's physical, mental or sensory function." |
| 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 some 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 has an existing Data Dictionary definition and is also 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. |
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| 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 some hearing loss and by some deafblind people. |
| Lipspeaker | A person who has been professionally trained to be easy to lip read, to reproduce clearly the shapes of the words and natural rhythm and stress used by the speaker. A professional lipspeaker may be used to support someone who is d/Deaf to communicate. |
| 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. |
| 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 and able to read English. This enables a deaf or hard of hearing person to follow exactly what is being said and to participate fully. |
| Tadoma | Tadoma is a method of communication which may be used by people who are deafblind. It involves a person 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. |
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| 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: How to arrange or provide information in a variety of formats

| The Accessible Information Standard<br><br>What we need to do and how to do it | **Kent County Council** kent.gov.uk |
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| **Summary**<br><br>The Accessible Information Standard aims to make sure that disabled people have access to information that they can understand and any communication support they might need.<br><br>The standard tells organisations how to make information accessible to the following people:<br><br>• Patients<br>• Service users<br>• Their carers and parents. | **Quick links**<br><br>The Accessible Communication Standard Practice Guidance<br><br>The Standard<br><br>An 'easy read' guide<br><br>KCC Accessible Information Standards<br><br>KCC Accessible information page |
| **As an organisation we must:**<br><br>• Identify a client's communication needs<br>• Record these in a set way<br>• Flag these on our system<br>• Share this with partner organisations<br>• Meet the person's communication needs. | **Useful links**<br><br>Communication Passport<br><br>Tips for Microsoft Office |
| **Meeting people's needs**<br><br>**This could be:**<br><br>• In Braille<br>• In large print<br>• By email<br>• In audio<br>• In easy read. | **Quick links**<br><br>Request Braille<br><br>Create Large Print<br><br>Audio translations<br><br>Easy read resources<br><br>Request a care act or community advocate<br><br>Sensory services interpreter |

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| **The standard includes people who:**<br><br>• Are d/Deaf<br>• Are blind<br>• Are deafblind<br>• Have a learning disability<br>• Have autism<br>• Have dementia<br>• Have hearing and or visual loss<br>• Have communication difficulties following a stroke or brain injury.<br><br>**It does not include people with foreign language needs.** | Who is excluded – see section 1.6 of the Accessible Information Standard Practice Guidance |
| **Information for people with a learning disability**<br><br>Most people with a learning disability will need support with information and communication. It may be they need easy read information or communication in a more visual way.<br><br>You can use our resources to create easy read information and guidance. Read more here. There is also a range of public information in easy read on the Kent County Council website.<br><br>Easy read requests:<br><br>1. Find out if the booklet already exists on the KCC website<br>2. If it doesn't, offer to explain the leaflet either by phone or face to face followed by a letter to confirm what has been said<br>3. If it is imperative that a document is translated into easy read and you cannot do it yourself, email: socialservicesleaflets@kent.gov.uk<br><br>Easy read is often used as a tool for communication with people who have dementia or have English as a second language. | **Quick links**<br><br>Easy Read Knet Page |

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| **Creating a large print document**<br><br>RNIB guidance states large print is 16 – 18pt in size<br><br>Giant print is anything larger than this.<br><br>Microsoft has created an online tutorial on increasing the font size in Word documents.<br><br>Word documents can be read by screen readers. Check the accessibility of your document in our guide.<br><br>Our guide to adult social care and charging booklets are available in large print, please email social.servicesleaflets@kent.gov.uk | |
| **For sensory loss**<br><br>The Sensory and Autism Team can arrange an Interpreter/ professional communicator for BSL/ Deaf blind.<br><br>Read about what the team offer here.<br><br>**Out of hours**:<br><br>1. Call the 24- hour emergency service (voice/ SMS) on 07974 325553 if you need an interpreter out of hours.<br><br>2. Email BSLinterpreting@kent.gov.uk  as soon as you can with the details of the out-of-hours booking you made | **Useful links**<br><br>Text relay services |
| **For people with autism**<br><br>Contact the Sensory and Autism Team.<br>Email them at: AutisticSpectrumConditions@kent.gov.uk | |
| **For Braille**<br><br>Contact the alternative formats team who will arrange a translation for you. **Your team will have to pay for the transcription.**<br><br>They can be emailed at: alternativeformats@kent.gov.uk | |

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| **For an audio translation**<br><br>If you would like a document translated into an audio file email the alternative formats team who will complete this for you. **There is no charge for this service.**<br><br>They can be emailed at: alternativeformats@kent.gov.uk | |
| **Makaton – finding someone who uses it to help a client**<br><br>   1. If you don't know Makaton yourself, use the client's support network or another colleague to help you<br>   2. Learn some of key signs the particular individual uses. | **Useful links**<br><br>What is Makaton? |
| **Moon Alphabet**<br><br>Email Sensory Services: sensoryservices@kent.gov.uk | **Useful links**<br><br>What is Moon? |

## Appendix 3: **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 a hand, your hair or clothing. If a member of staff is concerned about religious expression they should discuss this with their manager.

- 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.

From Accessible Information: Implementation Guidance section 6.4.2 pages 15-16

## Appendix 4: Tips for printed communication

- Use a minimum font size of 12 point, preferably 14 (which is readable by a significantly greater number of people).

- Use a clear, uncluttered and sans serif font such as Arial.

- Align text to the left margin and avoid 'justifying' text.

- Ensure plenty of 'white space' on documents, especially between sections. Avoid 'squashing' text onto a page and, if possible, include a double-space between paragraphs.

- Print on matt and not gloss paper.

- Use page numbers.

- If printing double-sided ensure that the paper is of sufficient thickness to avoid text showing through from the other side.

- Correctly format Word documents and PDFs using styles and accessibility functions / checks. Ensure a correct and consistent heading structure, and that the cursor can move throughout all text.

- Use descriptions ('alt. text') to explain diagrams or photographs.

- Consider making all 'standard' printed letters / documents 'easier to read' – using plain English, highlighting important information, and supporting text with diagrams, images or photographs.

- Keep track of the electronic originals of documents you print out so you can re-print in larger font or convert to an alternative format when required.

From Accessible Information: Implementation Guidance section 6.4.3 pages 16-17