



# **KIDS Accessible Information and Communication Policy and Procedures**

**Date: September 2022**

**Next Review Date: September 2024**

**Policy Reference Number: S-AIS-1**

**Version: 3**

**Policy Lead: Operational Leadership Team**

**This is a controlled document.** It should not be altered in any way without the express permission of the policy owner or their representative. On receipt of a new version, please destroy all previous versions. If you are reading a printed copy of this document, you should check KIDS Policy page on Yammer to ensure that you are using the most current version.

**This policy can be made available in alternative formats, such as easy read or large print and may be available in alternative languages upon request. Please email [enquiries@kids.org.uk](mailto:enquiries@kids.org.uk)**

## Contents

1. Purpose and Context .....	3
2. Scope .....	3
3. General Policy .....	4
4. Definitions .....	5
5. Roles and Responsibilities .....	6
5.1 Executive Leadership Team .....	6
5.2 All staff .....	6
5.3 Bi-lingual staff .....	7
5.4 Managers and budget holders .....	7
6. Procedures .....	8
6.1 Identifying information and communication needs .....	8
6.2 Recording and flagging information and communication needs .....	9
6.3 Meeting communication needs .....	9
6.4 Sharing information .....	10
6.5 Making documents and written information accessible .....	11
6.6 Communication support for children and young people .....	11
6.7 Communication support for parent carers .....	12
6.8 Interpreters and other communication professionals .....	13
6.9 Making on-line content and websites accessible .....	13
6.10 Funding of accessible information and communication support .....	13
6.11 Raising awareness of accessible information standards and practices .....	14
7. Staff Training and Development .....	14
8. Quality Assurance .....	15
9. References .....	15
9.1 Legislation, regulations and national guidance .....	15
9.2 Associated documents and guidance .....	16
10. Document Control Information .....	16
10.1 Impact assessment .....	16
10.2 Review cycle .....	16
10.3 Document history .....	16
11. Appendices .....	17
11.1 Appendix 1 Glossary of Terms .....	18
11.2 Appendix 2 Accessible Information Standard Audit Checklist .....	21

# KIDS Accessible Information and Communication Policy and Procedures

## 1. Purpose and Context

The purpose of this policy is to make sure KIDS has a clear, consistent and fair approach to the provision of accessible, inclusive information and communication support for people who need it. It aims to ensure people making contact with KIDS and / or using its services receive information in formats they can access and understand and that they receive appropriate support to help them communicate.

This policy also sets out a consistent approach to identifying, recording, flagging, sharing and meeting the information and communication needs of people using KIDS services as promoted by the **DCB1605 Accessible Information Standard**.

## 2. Scope

This policy relates to children, young people and parent carers who have information and / or communication support needs relating to or caused by a disability, impairment or sensory loss or because they have limited or no English. The following groups are anticipated to be affected most directly by the policy although it should be noted that these categories may not represent all groups with information or communication support needs relating to a disability, impairment or sensory loss.

- People who are blind or have visual loss
- People who are deaf or have a hearing impairment
- People who are deafblind
- People who have a learning disability
- People with aphasia
- People with autism
- People with a mental health condition which affects their ability to communicate
- People who have limited or no English

The policy does not relate to the needs or preferences of staff or contractors of the organisation (except where they are also service users or parent/carers of service users) or where an individual has a difficulty reading or understanding information due to a reason **other than** a disability, impairment, sensory loss or language need. However, the general guidance and procedures set out in this policy offer relevant support for these groups.

The policy should be implemented by staff involved in, or who have responsibility for the authoring, commissioning, publication and / or provision of information about KIDS and its activities. It is also

of particular relevance to staff who have any contact with people using or expressing interest in KIDS services. This will include operational and national teams.

The policy should also be applied by any external people / organisations commissioned to work on behalf of KIDS where their work involves producing information and / or making contact with service users.

### **3. General Policy**

At KIDS we recognise children and young people do not all communicate in the same way. They may have their own preferred style of communication or have a particular communication need. We are committed to supporting every child's and young person's right to have his or her communication supported and understood.

The nature of our work means we must be able to communicate right across the age spectrum, with babies who are pre-verbal right through to young adults aged up to 25 years. Our work is also likely to involve children and young people who have disabilities that affect communication, as well as with children and young people whose first language is not English and who have a range of ethnic and cultural backgrounds. We work closely with parent carers to give children and young people all the support they need to realise their aspirations. We understand that this will include supporting parent carers with information and / or communications needs relating to a disability, impairment or sensory loss or because they have limited or no understanding of English.

Good communication goes beyond just talking and listening to children and young people. It involves using a range of methods and techniques like touch, play, signing, body language, writing, drawing, activities, using symbols and other specialist tools to engage and communicate with children and young people.

Effective communication is central to KIDS providing person centred services that involve children, young people and parent carers in the design and delivery of services and decisions that affect them. It is essential to giving people more choice and control in their life and the way they are supported to live it. It also helps build trust and rapport and encourages them to openly discuss needs and seek advice when they need it. It also enables parent carers to understand what is happening in their child or young person's day and how they are progressing with our services.

The different ages and stages of childhood, the specific needs and the particular circumstances of different children, young people and their parent carers, highlight how important it is that information is presented in an accessible way, and where appropriate in a range of languages and formats that are easily used and understood by the intended audience.

KIDS believes providing accessible information and communication support will help to improve access to our services, promote social inclusion and enable people to make more informed choices about their care and support.

For staff, the provision of accessible information will aid communication with service users, support effective engagement activity, and support choice and empowerment. It will lead to improved outcomes and experiences and the provision of safer and more personalised care and support.

Implementation of this policy will ensure all potential and existing service users will:

- be able to contact, and be contacted by KIDS in accessible ways, for example via email or text message;
- receive service information and correspondence in formats they can read and understand, for example in easy read, large print, electronic word/pdf document for users with assistive technology and where available Braille or audio;
- access general information on KIDS website in alternative formats and languages;
- be encouraged and supported to express their feelings, preferences and needs;
- be involved in decisions about their care and support and reviewing how well things are going;
- be able to comment and make a formal complaint in a format and style that is accessible to them;
- be supported by a communication professional at meetings if this is needed to support conversation, for example a British Sign Language interpreter or community language interpreter;
- have access to document translation e.g. alternative language, easy read;
- be supported by staff who are skilled in using a range of communication aids, tools and techniques used by children and young people to express their views, preferences and needs.

## 4. Definitions

The following section summaries key terms used throughout this policy document. **Appendix 1** contains a more detailed glossary of terms relating to accessible information and communication support practice.

**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.

**Communication aid or tool** - 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.

**Communication chart or plan** - a document that explains how a child or young person communicates using behaviours rather than words.

**Communication Support** - support which is needed to enable effective, accurate dialogue between a professional and a service user to take place.

**Sensory impairment** - a hearing and / or sight impairment. People may refer to their sensory impairment using a variety of different terms, which are defined later in Appendix 1. These include deaf, hard of hearing, deafblind and blind. Sensory impairments can be congenital (i.e. present at birth) or acquired (presenting after birth – at any age).

**Service User** - the direct recipient of products or services provided by the organisation e.g. children, young people, parents carers.

**Staff** - the term includes employees, sessional workers, volunteers, students and trustees of KIDS. This is also extended to independent contractors who are undertaking direct work with children or young people on behalf of the charity.

## **5. Roles and Responsibilities**

Whilst managers have specific roles and responsibilities, it is the responsibility of all staff to be able to support an individual with communication or information needs and to take steps to ensure that information produced or commissioned by them is accessible. In addition, any member of staff may receive a request for information to be made available in another language or format, and therefore will need to understand the process as outlined in this policy.

### **5.1 Executive Leadership Team**

Have overall responsibility for ensuring that information and communication is accessible in line with legislation and national standards and for preparing budgets for the provision of accessible information and communication support.

### **5.2 All staff**

Staff are responsible for ensuring that they adhere to this policy and for raising any issues or concerns with regards to accessible information and communication with their line manager. Specifically, staff are required to:

- adapt their communication style and adopt techniques to enable them to communicate effectively with children, young people and parent carers who have specific information and communication needs;

- report any changes to the language, communication and information needs of children, young people and parent carers they support;
- use communication aids and tools as appropriate to support children, young people and where relevant parent carers;
- take appropriate steps to ensure that all information or documents they are responsible for authoring, publishing or commissioning are as accessible as possible, including guidance within this policy and internal communication guides;
- agree with an appropriate manager any identified need for interpretation, translation, transcription or reformatting of information that requires expenditure;
- ensure that information and / or communication needs are accurately recorded in relevant documentation or records held about children, young people and parent / carers. Share this information with other members of their team or other relevant services / providers, as appropriate, and with service users' consent;
- identify learning needs to their manager with regards to accessible information and communication and complete any agreed training or other actions to address identified learning needs.

### **5.3 Bi-lingual staff**

The role of bilingual staff members in supporting communication should be carefully considered on a case-by-case basis. Bilingual staff members should not be expected to interpret in place of professional interpreters without prior discussion and proper consideration of their qualification, experience, skill and confidence in acting in this role. Context or circumstance may also mean that a professional interpreter is more appropriate, for example to ensure impartiality, and certainly when interpretation is required for a formal meeting or event.

### **5.4 Managers and budget holders**

Managers with delegated budgetary authority are responsible for ensuring that there is appropriate funding available for providing accessible information and for authorising payment for interpreters and translation service providers.

When developing programme budgets, funding must be identified for the production of information in alternative languages and / or formats, and for interpretation / communication support where this is necessary to reach the intended audience and / or to ensure that the information or activity achieves its intended impact.

Managers should arrange for translation, transcription or reformatting of information as appropriate, including responding to individual requests. They should also make arrangements (including booking) for the provision of advocates, interpreters, translated or transcribed information and communication aids as needed by the individual and cancel services in a timely fashion when they are no longer required. Where appropriate managers should negotiate

additional funding with commissioning authorities to cover any information and communication support needs not identified or budgeted within contracts.

Where individual services have funded the production of information in alternative languages and / or formats this should be saved on the internal communication system, on the Marketing and Communication page, for other services to access and use.

**Important Note!** All staff and managers should have due regard to the fact that KIDS has limited resources and identify the most cost-effective way to meet their responsibilities in meeting service users' information and / or communication support needs.

Failure to comply with this policy may lead to disciplinary action which could include summary dismissal or as grounds to terminate your contract with KIDS.

## 6. Procedures

The Accessible Information Standard (AIS) is a formal guidance document which health and social care organisations **must** follow by law. Implementation of the AIS will be assessed by the Care Quality Commission during inspection visits.

The AIS defines a specific and consistent approach to supporting anyone with an information and communication need relating to a disability, impairment or sensory loss. As part of the AIS, organisations must do five things.

1. Ask people if they have any information or communication needs and find out how to meet their needs.
2. Record those needs clearly and in a set way.
3. Have a consistent flagging system so that if a member of staff opens the individual's record it is immediately brought to their attention if the person has a communication or information need and how to meet that need.
4. Share information about people's information and communication needs with other relevant providers / services when they have consent or permission to do so.
5. Take steps to ensure that people receive information which they can access and understand and receive communication support if they need it.

All KIDS staff and services will be required to adhere to and complete the five-stage approach in identifying and responding to service users' information, communication and / or language needs.

### 6.1 Identifying information and communication needs

Information and / or communication needs must be identified at registration, upon first contact with KIDS services or as soon as is practicable thereafter. Individuals should be asked to self-define

KIDS | Accessible Information and Communication Policy | Owner: NOD | Originally Created: September 2018 | Last Reviewed: September 2022 | Next Review Date: September 2024 | Version 3



their information and / or communication support needs. The initial question can be asked over the telephone, as part of referral or registration form or in a face to face meeting.

KIDS' services should ensure that the communications needs of children, young people and their parent carers is part of the standard referral information provided by health, education and care services.

KIDS will ensure service registration forms are designed to collect children, young people's and parent carer information and / or communication support needs.

Children, young people and their parent carer information and / or communication needs should be reviewed on-going as part of a regular service review process (e.g. at least annually) and updated in line with any reported changes.

Teams / services responsible for managing customer mailing lists should also ensure subscribers information needs are identified and updated on a regularly basis.

## **6.2 Recording and flagging information and communication needs**

Children, young people and parent carer information and communication needs must be recorded in a clear, unambiguous and standardised way in electronic and / or paper-based record / administrative systems and documents. This will include:

- Referral and Registration forms
- All About Me profiles describing children and young people
- Care and Support Plans
- Communication Charts

Recorded needs must be highly visible so that if a member of staff opens the individual's record it is immediately brought to their attention if the person has a communication or information need and how to meet that need.

Information must be recorded onto electronic database systems such as the Direct Short Breaks Booking System, Charity Log and filed on the child / young person or parent carer file.

## **6.3 Meeting communication needs**

KIDS' services should ensure there are a range of ways in which children, young people and parent carers can make contact with the service including where they want to comment or make a complaint about the service. As a minimum, children, young people and parent carers should be able to contact the team working directly with them in writing (via post), telephone, email, text message or telephone text relay.

Staff **must** use the method of contact identified for individuals with information and communication needs at all times.

Information, including correspondence and advice, must be provided in one or more accessible formats appropriate for children, young people and parent carers. Systems must prevent correspondence from being sent to service users in a standard format where this is not suitable/not in line with their recorded needs.

Where needed, appropriate professional communication support (e.g. BSL Interpreter or community language interpreter) must be arranged or provided to enable children, young people and their parent carers to take part in meetings and make decisions about their care and support. Section 9.4 contains general guidance on the use of interpreters and communication professionals including family members and friends.

Appropriate action must be taken by staff to adapt their style or tone of communication and / or support the use of aids or tools to meet individual information and / or communication needs. Staff should refer to and support the on-going development of a communication plan for children and young people who do not use words to communicate.

Staff are advised to make use of the communication devices and tools usually used by children and young people and to work with parent carers, schools and other professionals who know them well to identify and use communication approaches which maximize the involvement and inclusion of children and young people in the planning and delivery of services. Where appropriate staff must complete relevant training in specific communication aids, tools or techniques used by children and young people.

Parent carers with limited or no English may need information translating into an alternative community language. Staff should always provide a word-processed summary of meetings in plain English, avoiding the use of abbreviations or technical words or language.

## 6.4 Sharing information

Services **must** ensure that information about children, young people and their parent carers information and / or communication support needs is included as part of existing data-sharing processes and processes for obtaining and recording of service user consent.

**Consent** must be obtained where possible from parent carers and children and young people to share information about their needs. This should be explained and recorded as part of the Consent Form and also included in Care Plans where relevant. All services and staff must take care to ensure that they follow existing legal duties and KIDS policy regarding the General Data Protection Regulations 2018 and Mental Capacity Act 2005 around the handling and processing of data.

## 6.5 Making documents and written information accessible

All written information including reports, emails, letters, leaflets, service agreements etc should be written in plain English and using a minimum font size 12.

Staff should refer to and ensure their documents and correspondence with service users are compliant with the internally published '*KIDS Accessible Media and Communication Guide*' and '*KIDS House Style Guide*'. These are available in the Marketing and Communications Community and Accessible Information Community files on Yammer and contain resources and tips on how to communicate in the most accessible way using different media and presentation formats and styles. Staff should familiarize themselves with these guides and share them with external agencies that have been commissioned to create or publish information on behalf of KIDS.

**Care / individual support plans and service review documents** should be word processed, written in plain language and avoid using jargon and abbreviations. Staff should consider using children / young people's own words and phrases where possible to help make plans feel familiar and about them. Pictures and / or symbols can also be used to communicate key information in care plans.

**Health, safety and safeguarding instruction and information** should be clearly on display in centres and made available in age appropriate and alternative formats including easy read, pictures / symbols or audio to aid understanding.

**Domiciliary care routines and procedures** should be produced in alternative formats such as easy read, picture cards or widget symbols to help children and young people understand what is happening to and around them, make decisions, show how they feel and ask for things.

KIDS Youth Services Team are producing policy and information in participation with young people. These resources will be made available on Yammer. Staff are advised to keep up to date with and use accessible resources shared on Yammer.

## 6.6 Communication support for children and young people

General tips on making information and communication accessible to children and young people:

- Some children and young people need longer processing time to be able to follow an instruction or answer a question. Use the 10 second rule. Wait until it starts to feel uncomfortable, then wait just a little bit longer. Not waiting for their answer tells the young person that you do not value their opinion and can impact on confidence and self-esteem.
- Do not change the way you ask a question or the words you use. Jumping in too quickly to re-ask the question will confuse the child or young person and may lead them to withdraw from interactions.

- If one member of staff has asked the question/given the instruction allow that member of staff to repeat it – it doesn't help children and young people if more than one person tries to communicate at the same time.
- Keep instructions/questions simple, short and clear. Confusing children and young people with too much or too quick communication can lead to behaviours which may be challenging.
- Use visual cues (photos, pictures, symbols) to help aid understanding and encourage children and young people to express their views and preferences and what they dislike or want to stop.

## **6.7 Communication support for parent carers**

Some basic tips for communicating with parent carers:

- Requests to be seen or supported by particular staff should be accommodated where possible where it has been identified that their style of communication (accent, tone, manner, etc) or fluency in a community language assists effective communication with the parent carer.
- Staff should plan for longer appointment times to ensure effective communications and the provision of information. Any appointments, meetings or home visits requiring support from a communication professional or advocate will almost invariably take longer because of the three way nature of the conversation.
- Check that you are in the best position to communicate, usually this will be facing the person. Communicating at eye level is usually easiest so if you are speaking to a wheel chair user consider sitting down if possible.
- Find a suitable, private place to talk with good lighting and away from noise and distractions.
- Use plain, direct language and avoid using figures of speech such as 'it's raining cats and dogs' or euphemisms such as 'expecting the patten of tiny feet'.
- Check if the parent carer has understood what you are saying. Look for visual cues as well as asking questions that enable you to check their understanding.
- Encourage parent carers to ask questions or request further information. Provide word processed notes and any agreed actions of meetings.
- Try different ways of presenting information e.g. writing things down, drawing or using symbols or objects.
- Use gestures and facial expressions to support what you are saying.
- If safe to so do, keep your face and lips visible, do not cover your mouth with your hand, hair or clothing.
- If you are concerned about or need any guidance relating to ethnic or religious expressions and protocols please discuss this with your line manager.

## 6.8 Interpreters and other communication professionals

Services must use professional interpretation services unless the service user has expressed a preference for the use of a family member, friend or carer. The parameters in which the family member, friend or carer is to be used must be agreed with the service user and recorded as part of their record or notes. This preference must be regularly reviewed and whenever there are to be significant changes to a service or decision or choice to be made.

British Sign Language (BSL) interpreters, deafblind manual interpreters, speech-to-text-reporters and lip speakers who are used to support communication should be registered with the National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD) <https://www.nrcpd.org.uk>. Use of professionals who are registered with the NRCPD ensures that they have signed up to its code of conduct which includes assurances around confidentiality, competence, integrity, impartiality and professional development.

Community language interpreters should hold a 'Community Interpreting' qualification at level 3, and have had enhanced Disclosure and Barring Service clearance. Preference should be given to interpreters registered with the National Register of Public Service Interpreters (NRPSI), and consideration given to stipulation of more advanced qualification for discussions of a contentious or sensitive nature. <http://www.nrpsi.org.uk/>.

## 6.9 Making on-line content and websites accessible

KIDS will make sure our website is accessible to the widest possible audience and continues to meet the standards set by the World Wide Web Consortium. (See Web Content Accessibility Guidelines 2.1 <https://www.w3.org/TR/WCAG21/> )

Our website will include Accessibility guidance and instruction on how to change the format and language of online content and making it accessible for users with assistive technology, for example screen readers.

As an organisation we are aware WCAG have three levels of success criteria: A, AA, or AAA, where A is lowest. KIDS will commit to AA as this is the level required by the government's accessibility regulations for apps and websites. (<https://www.gov.uk/guidance/accessibility-requirements-for-p...>)

## 6.10 Funding of accessible information and communication support

It is the responsibility of teams or departments leading on activities and / or service to arrange and pay for communication support, interpretation, translation or transcription needed by individuals to enable them to access information about or be able to use and benefit from the planned activity / service.

This includes booking of interpreters and advocates for meetings or events, and arrangement of translation, transcription and reformatting of information, documents or online content. Consideration should be given to ensuring value for money and assessment of costs versus benefits, as with all KIDS expenditure.

### 6.11 Raising awareness of accessible information standards and practices

All KIDS policy documents and publications should include the '*accessibility communication statement*' in a prominent position and large font (16point), at the front of the document or both front and back for longer documents.

**This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact [insert contact details of relevant team / person].**

Managers and staff should promote KIDS commitment to accessible information and communication standards in meetings and events with commissioners, other providers and referral agents in order for them to advise people on our different contact methods and language support on our website.

Arrangements for sharing the information and communication needs of children, young people and their parent carers between organisations should be agreed and developed during programme design and on-going through contract management processes.

## 7. Staff Training and Development

All new staff will be required to complete the Common Core Skills e-learning module which includes general training about different forms of communication, both verbal and non-verbal to enable staff to communicate with children and young people using their chosen method of communication.

Training and other opportunities to support individual development and maintenance of language and communication competences is to be arranged between managers and their members of staff. Funding will need to be identified by individual managers.

Local inductions should reference this policy and include details about staff using relevant communication aids and tools to support communication.

All managers and co-ordinators will have a one-off training on the Accessible Information Standard via the resources available on NHS Education England and SENSE. A short video will be posted

on Yammer for all staff to access and view. This should be completed within the first twelve months of employment.

Where required, staff will receive specialist training in the use of assistive technology and in specific communication techniques such as MAKATON to meet the individual care needs of children and young people.

KIDS will review staff communication skills needs every three years to ensure training and practice is current and meeting expected standards.

## 8. Quality Assurance

Staff communication skills will be assessed as part of the annual staff observation / spot check process.

Service-user operating systems will be audited to ensure children, young people and their parent carers communication and information needs are being recorded, flagged and reviewed.

Feedback will be captured from children, young people and parent carers with information and / or communication needs in different formats such as picture menus, symbols and / or face to face meetings.

Services should complete an Incident Report to record unmet needs. Communication incidents will be monitored and analysed to inform how KIDS can make adjustments (with commissioning authorities where relevant) to its information and communications to better meet the needs of its service users. The record will also capture data with regards to accessible information supply and demand. Analysis of this data will be reported to the Leadership and Executive Management Teams for business planning purposes.

Services are encouraged to review practice annually using **KIDS Accessible Information Standard Audit Checklist** (see Appendix 2). A downloadable version will be made available on the Accessible Information yammer community. This will help ensure compliance with the standard and KIDS policy.

## 9. References

### 9.1 Legislation, regulations and national guidance

- United Nations Convention on the Rights of the Child (UNCRC)
- DCB1605 Accessible Information Standard
- SENSE Accessible Information – Glossary of information formats and communication types

KIDS | Accessible Information and Communication Policy | Owner: NOD | Originally Created: September 2018 | Last Reviewed: September 2022 | Next Review Date: September 2024 | Version 3

- Children’s Workforce Development Standards
- The Equality Act (2010)
- The Care Act (2014)
- Mental Capacity Act (2005)
- General Data Protection Regulations (2018)

## 9.2 Associated documents and guidance

- KIDS Accessible Media and Communication Guide
- KIDS House Style Guide
- KIDS Confidentiality and Data Protection Policy
- KIDS Equality and Human Rights Policy

## 10. Document Control Information

### 10.1 Impact assessment

In the design or review of this policy, consideration has been given to any negative impact upon practice relating to General Data Protection Regulations (GDPR), Equal Opportunities and Safeguarding. This policy has not been found to cause a negative impact in these areas. A copy of the impact assessment is retained for this review cycle.

### 10.2 Review cycle

This policy will be reviewed every two years in accordance with relevant legislation, regulations, national guidance, good practice and stakeholder feedback. Material changes in legislation, regulations or national guidance will lead to an earlier review and update.

### 10.3 Document history

Version	Date	Amendments	Page
3	September 2020	Review. Uploaded 30.09.22 Section 6.2 – removed reference to the Universal Referral Form (URF) Section 6.5 – Links to relevant KIDS guides added Section 6.9 – Reference to WCAG standards updated from version 2.0 to 2.1 Section 6.9 – new content. KIDS will commit to AA success criteria Section 8 – para 4 added re: annual review Appendix 1 – ASD changed to AS; Inclusion of neurodiversity Appendix 2 – New appendix AIS Audit Checklist	9 11 13 13 15 18 21
2	October 2020	Use of new template Amendments to reflect changes to service structure and roles	Throughout Throughout

KIDS | Accessible Information and Communication Policy | Owner: NOD | Originally Created: September 2018 | Last Reviewed: September 2022 | Next Review Date: September 2024 | Version 3



		Removal of note re IT system update	7
		Updated content re: service registration forms (5.1)	8
		Removal of reference to OneKIDS (5.2)	8
		Clarification of points 6 and 10 (5.7)	11-12
		Timeframe added (6)	14
		Content amended re: incidents (7)	14

## 11. Appendices

### 11.1 Appendix 1 Glossary of Terms

### 11.2 Appendix 2 Accessible Information Standard Audit Checklist

**Note:** Appendices are included to provide further information and / or show examples of forms to be used in connection with a given policy and procedure. KIDS Forms may be subject to change before the next planned policy review cycle. Staff will be notified of revisions to KIDS forms via Yammer or team briefings. Staff should download forms from Yammer and regularly check they are using the most current version by checking the footer to see if the version number has changed. Please note all KIDS forms should contain a footer with: the name of the form, version number of the form, policy form is connected to and page numbers.

Appendices will be made available in Word and stored in the Yammer 'Policies' or 'Forms for Service Delivery' groups unless otherwise stated.

© 2022

KIDS is happy for other organisations to copy all or part of our policies, provided there is an acknowledgement on the other organisation's policy that this has been done, together with the KIDS web address so the reader can locate the original policy.

For further information on the issues raised in this document, email [enquiries@kids.org.uk](mailto:enquiries@kids.org.uk)

KIDS is a registered charity in England and Wales, no. 275936, and a company limited by guarantee no. 1346252

Registered Office: 7-9 Elliott's Place, London N1 8HX

[www.kids.org.uk](http://www.kids.org.uk)

## 11.1 Appendix 1 Glossary of Terms

**Accessible Information** - information which is able to be read or received and understood by the individual or group for which it is intended.

**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.

**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.

**Autism spectrum (AS)** - 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

**Communication aid or tool** - 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.

**Communication Support** - support which is needed to enable effective, accurate dialogue between a professional and a service user to take place.

**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.

**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.

**Impairment** - the Equality and Humans Rights Commission defines impairment as, 'A functional limitation which may lead to a person being defined as disabled...'

**Interpreter** - a person able to transfer meaning from one spoken or signed language into another signed or spoken language.

**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.

**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.

**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.

**Neurodiversity**, Neurodivergence, or Neurovariance, refers to variations in the human brain and cognition, for instance in sociability, learning, attention, mood and other mental functions.

**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.

**Sensory impairment** - a hearing and / or sight impairment. People may refer to their sensory impairment using a variety of different terms, which are defined later in this document. These include deaf, hard of hearing, deafblind and blind. Sensory impairments can be congenital (i.e. present at birth) or acquired (presenting after birth – at any age).

**Service User** - the direct recipient of products or services provided by the organisation e.g. children, young people, parents carers.

**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®.

**Staff** - people working for or on behalf of KIDS including managers, employees, workers, volunteers, contractors, trustees and students.

**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.

## 11.2 Appendix 2 Accessible Information Standard Audit Checklist

Key: CYP (children and young people); ESOL (English as a second language); PC (Parents and Carers)

Audit Criteria	Fully embedded; innovative practice	Achieving this	Developing this	Not doing this	Evidence to support practice, including specific examples of innovative practice.	Opportunities for development / improvement
	3	2	1	0		
1a. There is an agreed approach to identifying CYP information and communication needs relating to a disability, impairment, sensory loss or ESOL						
1b. There is an agreed approach to identifying PC information and communication needs relating to a disability, impairment, sensory loss or ESOL						
2a. There is a clear process for recording CYP information / communication needs						
2b. There is a consistent flagging system so that if staff open CYP record it is immediately brought to their attention if they have an information and communication need and how to meet that need.						
3a. There is a consistent flagging system so that if staff open CYP or PC record it is immediately brought to their attention if PC have an information and communication need and how to meet that need.						
4a. There are a range of ways CYP information and communication needs are met						
4b. There are a range of ways PC information and communication needs are met						
4c. Service records are provided in alternative formats where needed e.g. widget symbols.						

5. There are a range of ways service users can contact the service and for the service to contact them.						
<b>Audit Criteria</b>	Fully embedded; innovative practice	Achieving this	Developing this	Not doing this	<b>Evidence to support practice, including specific examples of innovative practice.</b>	<b>Opportunities for development / improvement</b>
	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>		
6. There are clear processes for sending out correspondence in alternative formats when requested						
7. There is a clear process for arranging / booking professional communication support						
8. There are clear processes for producing / obtaining information in alternative formats (easy read, large print, audio, braille, etc)						
9. There are clear processes to booking / arranging longer meetings with service users communication needs						
10. Staff have received training / briefing to explain the Accessible Communication Standard						
11. Staff receive training in communication skills and techniques						
12. There is a range of guidance to help staff support service users information and communication needs						
13. Staff are confident about supporting service users communication support needs						
14. The service has a good record of meeting service user information and communication needs						
15. Consideration given to accessibility of KIDS website and availability of relevant information online.						
<b>Scoring / Stage of development</b>	<b>Total number of 3</b>	<b>Total number of 2</b>	<b>Total number of 1</b>	<b>Total number of 0</b>	<b>Stage of development</b> Mostly 3's – Fully embedded/innovative practices taking place Mostly 2's – Achieving/development needed Mostly 1's – Developing/priority action needed Mostly 0's – Inadequate/urgent action needed	

Action Plan

Action	Who	Deadline	Outcome	Sign off