NHS Highland
Accessibility Guidance for Staff

Breaking Barriers and Building Confidence
for all our Communities and Staff

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Moira Paton, NHS Highland, Assynt House, Inverness, IV2 3BW.
Email address: moira.paton@nhs.net
Tel: 01463 704826
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إذا كنت ترغب في الحصول على جزء من هذه المعلومات بتنسيق آخر أو لغة أخرى، يرجى استخدام بيانات الاتصال المذكورة أعلاه

Bengali:

"আপনি যদি এই তথ্যটির কিছু কিছু অংশ অন্যান্য হরফে/আকারে বা ভাষায় পেতে চান, অনুগ্রহ করে ওপরে দেওয়া যোগাযোগের বিস্তারিত তথ্য ব্যবহার করুন"

Thank you to all the individuals, groups, services and agencies that have helped bring this guidance together by taking part in the consultations, providing information and giving feedback and comments on each of the drafts.

"It's more than just ramps and doors; it's about attitudes and aspirations."

A disabled person talking about her experience of health services. Disability Rights Commission (2003), Improving disabled people's access to health provision.

Contents

Why do we need accessibility guidance?

Preventing Discrimination

Although there are many examples of positive practice within NHS Highland, local and national research still shows that people from equality groups experience discrimination within the NHS across Scotland both as service users and as staff. We know that this is unacceptable and this guidance provides information that can help us recognise discrimination and prevent or break down the barriers that we have created. The benefits of accessible services are then there for all.

Increasing Confidence

By having information about best practice we should feel more confident about asking questions and proactively seeking to support the public and each other to get the best from our NHS. If we are more confident in how we provide services those using them are likely to feel more confident about their NHS.

Good Practice and Legal Requirements

By being inclusive, preventing barriers to access and positively supporting equality groups, we are not only meeting our legal obligations we are supporting best practice for all.

Equality

We recognise and welcome the growing diversity of our communities. To ensure equality we have to make sure that everyone has the best opportunities to get the services they need. If we treat everybody the same way we are not recognising individual differences. By understanding that

people are different and have different needs we can work better to meet that need. Sometimes we have to provide people with steps up for them to reach a level playing field.

We Are All Responsible

Every member of staff has a role to play in preventing discrimination by challenging stereotypes and positively promoting equality by actively seeking chances to support service users and colleagues.

Be t er Engagement Be t er Health

By improving accessibility of services throughout the journey we can potentially improve physical and mental health and prevent social isolation and stigma.

Accessibility Checklist

Using a service	Accessibility Issues
Seeking initial advice on the phone	Are text phones available?
	Are there any other options for getting in touch? For example online or SMS
	Do staff know how to get in touch with interpreters and other communication support?
	How do we share information with others about needs highlighted to prevent people having to repeat their stories?
	Do we have standard inclusive ways of addressing people?

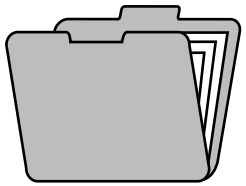
Using a service	Accessibility Issues
Making an appointment	Can we use alternative methods to confirm appointments?
	Are double appointments available to allow for interpreting?
	What choices do we give people about whom they can see and when they can see them?
	Do we ask people about their chosen or preferred names?
	Are facilities available to support carers?
	How do we know if people require communication support?

Using a service	Accessibility Issues
Attending a service	Do we ask people what they think of our service and how we treat them?
	Do we ask people what they prefer to be called?
	Do we ask people how we can best support them?
	Do we have information readily available in other formats?
	Do we treat people as we see them or as they see themselves?

Do you consider all these factors?

If no, then this guidance will be helpful. If yes it will still be useful!

Section 1: Background



This section explains the meaning of equality and diversity and accessibility.

1.1 Who the guidance is for?

This guidance provides information about improving accessibility for all NHS Highland patients, carers, staff and all Highland communities making contact with NHS Highland. It should be applied to all stages of a person's journey through NHS services.

It has been developed to ensure that NHS Highland staff have the knowledge and resources to provide sensitive services that recognise the needs of the individual. By working this way NHS Highland will be able to address inequalities and increase equality of access to services provided by NHS Highland to all members of our community.

Real examples shown in text boxes throughout the guidance show how the NHS can cause barriers for people, preventing them from receiving services that they have the right to.

All the quotes and stories given are genuine.

1.2 Defining Accessibility

When people say that access is a major issue when using health services, they are not just talking about getting into buildings, but also about the flexibility of services, communication and attitudes. When talking about access to services we include:

- Attitudes
  - Knowledge of equality issues
  - Treating people with respect
  - Terminology and language
  - Feedback and measuring user satisfaction

- Flexible Services
  - Appointment systems and waiting times
  - Opening hours
  - Announcement systems
  - Consultations
  - Support systems
- Communication
  - Communication support and alternative formats
  - Patient information
  - Development of clear policies, procedures and guidelines
  - Website design
- Estates and the built environment
  - Location of services
  - Getting into and moving around buildings
  - Transport
  - Emergency evacuation procedures

Historically much of the research and guidance about accessibility focuses on meeting the needs of people with disabilities. But in more recent years research and experience has shown that by recognising barriers to services and making reasonable adjustments according to the needs of other equality groups, we are likely to improve services not only for people from all equality groups but also the majority population as well.

Recognising any barriers to access is relevant to the Highland population as a whole. How we respond appropriately to such

barriers will require an understanding of the requirements of individuals.

1.3 Defining Equality and Diversity

Equality

Equality is about creating a fairer society that everyone can participate in and provides opportunity for everyone to fulfil their potential. It is mostly backed by legislation designed to address unfair discrimination based on membership of a particular group.

Diversity

Recognising and valuing differences between individuals and between groups of people.

Equality and Diversity

These two terms are not interchangeable

It will only be possible for everyone to achieve equality if we recognise and value the differences between everyone.

1.4 Equality of Opportunity

It is only by identifying barriers to inclusion, gathering information and evidence and implementing reasonable adjustments that we are able to ensure equality of opportunity. Different people have different needs. To make sure that everyone has the same chances to use our services we need to understand these differences and build them in to how we offer services.

1.5 Equality and Diversity Impact Assessment (EQIA)

EQIA is a way of evidencing that the work of NHSH has been checked to ensure that it does not discriminate and does promote equality. This is done by looking at any possible positive or negative impacts on groups and implementing changes to prevent any possible negative effects.

Direct Discrimination

Treating one person or group of people less favourably than another on the grounds of membership of an equality group.

Indirect Discrimination

When a rule is applied equally to everyone but cannot be met by everyone from an equality group or is to the disadvantage of that group.

1.6 Equality Strands

There are six key equality strands. Age, Disability, Faith, Gender, Ethnicity/Race and Sexual Orientation. The groups covered by these strands are described on the following pages. It is recognised that across Europe, including Scotland, other equality strands are coming to the fore but at this time the following groups are recognised as at increased risk of experiencing discrimination.

In Appendix 12 detailed definitions also give an idea of the wide range of people for whom improving the accessibility of NHSH can have a significant impact. A selection of websites are provided for each strand. This is not an exhaustive list and other information is available via the links pages on the websites listed.

1.7 Reasonable Adjustment

The Disability Discrimination Act (DDA) uses the term "Reasonable Adjustment" to describe changes that organisations are expected to make to accommodate the needs of people who use or want to use their services.

If a service provider does not make a reasonable adjustment and it is impossible or unreasonably difficult for a disabled person to use the service, then the DDA says that this is discrimination.

- Use of the term "reasonable" allows the law to be flexible, and gives consideration to:
  - Type of services provided
  - Nature of the service provider and its size and resources
  - Effect of the disability on the individual disabled person
- Some factors to consider when determining what is reasonable are:
  - Whether taking particular steps would be effective in overcoming the difficulty that disabled people face in getting access
  - The extent to which it is practicable for the service provider to take the steps
  - Financial and other costs of making the adjustment
  - The amount of disruption caused by taking the steps
  - Money already spent on making adjustments
  - The availability of financial or other assistance

The term reasonable adjustment is only used in law in terms of disability, but to meet other legislative requirements and

to provide the best possible services, it is good practice to consider reasonable adjustment across all equality groups.

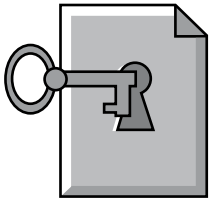
1.8 Accessible Estates and Environment

This is often the most frequently considered area when we think of accessibility, but we often focus on wheelchair accessibility as the major factor.

Although it is essential to consider wheelchair access, this is only one element and to give consideration to individual need we must consider the impact of the environment across a range of different groups and recognise that even within specific groups not all individuals have the same needs.

Further detail about good practice in accessible estates (car parking, approaches, and entrances) is available in appendix 1 to this document.

Section 2: Accessing Services



This section describes how different environmental factors can enhance a service user's experience when visiting services.

Of course all of the benefits we can offer are always further enhanced by finding out in advance if we can offer specific support to an individual.

2.1 Signs Good Practice

Further more detailed guidance about signage best practice can be found in Appendix 10

It is important to ensure that people know where they have to go when entering a building and how to get to and between specific points. This is particularly important when entering a building that is large or houses a range of services, as this can mean having to use signs before being able to find someone to ask. Signs can be grouped into four categories:

Information signs

For example floor plans and opening hours.

Directional signs

Arrows for example to find a particular place.

Identification/location signs

Signs that confirm what you have found, such as a sign stating the name of a service on the wall outside the service entrance.

Health and Safety signs

Mandatory signage in accordance with British Standards Institute standards.

- Sign content is simple, short and easily understood.
- Text and lettering is in a clear uncomplicated font.
- The style, wording and design of signs are consistent throughout the building.

- Signage combines raised text, pictorial symbols, arrows and Braille.
- Braille signs should have a small tactile arrow on the left side.
- Signage is clearly visible, non reflective and free of glare from lighting or windows.
- The colour of signs contrasts with the colour of the walls without causing glare.
- The colour of the characters on the sign contrasts with the colour of the wall or background.
- Signs located in similar positions throughout the building, so that people become familiar with positioning. This is particularly important for people with visual impairments.
- Signs placed at consistent heights.
- The use of suspended signs is avoided wherever possible. Where unavoidable, the text should be readable from a distance.
- Signs are placed at each point of entry in corridors. Longer corridors benefit from the use of additional signs at regular distances.
- Signs do not have any sharp edges but are clearly defined, for instance by making the sign slightly rounded.
- Signs which identify rooms are situated on the wall in case the door is open when someone sees the sign.

- Floor plans are placed at main entrances and at designated areas within buildings, such as outside lifts and close to stairways.

2.2 Reception Areas Good Practice

When arriving at reception, communication is essential for people to progress through services. In this instance, how we communicate does not just refer to what we say, but the layout of reception areas too.

- Where possible, counters and desks are not positioned too close to windows or glass or with bright back lighting. Bright lights can cause difficulties for people who lip read or use facial expressions to help understand what is being said.
- Glass screens and windows are kept free of stickers and notices as this may obscure the service user's view of staff. Small dots to highlight that a glass screen is present should be in place but should not obscure patient/staff communication.
- A lower section is built into reception counters with space underneath to allow a person to sit face on. A chair is readily available for people who need to sit when talking to staff.
- Counters and desks are kept free from clutter as this distracts people who lip read or use facial expressions for understanding.
- Areas should be kept free of visual and audio clutter as this can cause over stimulation, stress and confusion for people with conditions on the autistic spectrum.

- Loop systems are in place with a pictorial sign displayed indicating that they are available.
- Loop systems are checked and calibrated on a regular basis and staff are aware of their use and limitations.
- Radios do not play at reception desks as this may interfere with loop systems, as well as impeding communication.

"One of the big problems for us is the reception area in any kind of surgery where you can't speak to or see the receptionist over the counter. It's a bugbear for many disabled people we work with because they end up talking to a wall. And that's their first impression – lack of awareness. But staff are resistant to change, they are scared that if they are working at reception people will see what they are doing, they don't think about the benefits."

A delegate speaking at Improving disabled people's access to health provision (September 2003)

2.3 Waiting Areas Good Practice

If people are required to wait between arrival at a service and consultation, the waiting area should be accessible to all ensuring that people feel safe and comfortable and are able to move in and out of the area without risk to themselves or others.

- A variety of chairs should be available in waiting areas including:
  - Different height options.
  - Options with and without arm rests.
  - The colour of the chairs contrasting sufficiently with flooring.
- Furniture is arranged facing the reception counter so service users can see when staff are calling them for their appointment.
- There is plenty of space for people to manoeuvre in the waiting area, thereby not impeding the route of travel or seating areas for others.
- Hazards are removed, such as sharp edges on low coffee tables in the middle of the room.
- Display stands do not cause an obstruction. The recommended height for stands is 750mm-1,350mm.
- Where there is a television in this area it is not placed too high up on the wall.
- A hearing enhancement system and subtitles for people with hearing impairments are in place.
- Public phones incorporate a number of features including an appropriate height for a range of people to access, availability of seating, shelving and availability of textphones.
- Consideration should be given to the type of literature and displays used in waiting areas. All information that

can be taken away should be within reach and if possible a range of media available to promote any messages.

- Displaying information that positively represents and promotes equality groups is one way of showing others that we are striving towards being inclusive.
- Visual and audio systems should be used so that patients can see or hear clearly when they are being called to an appointment.

2.4 Consulting Rooms Good Practice

As with waiting and reception areas, a positive environment can help put people at ease and help with communication.

- Service users should be able to get to and from consulting rooms with ease.
- Service providers should ask service users if assistance would be helpful and not wait to be asked.
- Service users are assisted to and from reception areas and consultation rooms, if required.
- The room used for consultation is suited to the particular needs of the service user. For example, it has adjustable examination tables and chairs that are adjustable.
- There should be sufficient space within the consulting room to accommodate a wheelchair.

- Practitioners' desks should not be placed below windows, as this can obscure vision due to glare from windows.
- Portable loop systems should be available so that practitioners can assist with communication.
- Three way telephones, or if not available, cordless phones, should be available in consulting rooms to allow for telephone interpreting to take place.

"I use BSL – I speak with my hands. No-one told me that after the operation I would have a drip attached to my hand. When I came round, there was a needle in both my hands. I couldn't move them. I completely panicked."

Participant at 'How Was it for You?' Scottish Human Services Trust, 2003

2.5 Accessible Toilet Facilities Good Practice

Using toilet facilities is an everyday activity but if facilities are not accessible it can easily become an unnecessarily demeaning experience.

- The route to the toilet is accessible to a wheelchair user and free of steps and hazards.
- If a person requires communication support and has some limitation on mobility it is essential that this support is available whilst a patient is waiting for an appointment so that they can indicate if they need to use toilet facilities and receive any assistance that is required.

- Unisex toilets are in place as service users may be accompanied by a person of the opposite sex.
- Grab rails, paper towel holders and soap dispensers are in a contrasting colour to other fixtures and the surrounding area. For example a black or dark toilet seat is fitted to a white ceramic bowl to provide good colour contrast.
- The flooring is slip resistant even when wet and its colour contrasts with the surrounding area.
- Lighting in toilets is adjustable as this can impact on people with a range of visual impairments and is essential for people who are Deafblind because of the communication techniques used with sighted and hearing assistants
- Taps have lever controls.
- Mirrors are used sparingly as they can add to the confusion for people with perceptual problems.
- An emergency pull cord is installed which can be reached from the toilet, basin area and the floor. The cord has a pull grip and is easily distinguishable from any lighting cords, both in colour and diameter.
- There is also a facility to open the door from the outside in an emergency.
- Procedures are in place so staff know who is responsible for responding to calls from the emergency pull cord.
- Bins are easily operated and big enough to take large disposable items such as incontinence pads.

- The toilet is not used for storage of equipment, resources or staff belongings.
- Fire alarms are installed which have both aural and visual alerts.
- For transgender service users best practice suggests that the choice to use either a male or female toilet is an individual one. Transgender people should be allowed and indeed encouraged to use facilities that they see as appropriate.
- If a trans service user asks, staff should not automatically assume a unisex accessible toilet is a most appropriate choice and should seek advice from the individual about their needs.

2.6 Emergency Evacuation Procedures Good Practice

In emergencies we need to be able to act quickly and need to have clear procedures for all in place. This minimises risks for everyone.

- Pictorial symbols are included on all fire evacuation signs. This will help people with learning difficulties, people with dementia and people who have difficulty reading English.
- All fire exit signs indicate which exits are suitable for wheel chairs.
- All ground floor exits are level and are accessible to wheelchair users.
- Staff are aware of where the “evacuation” chairs are, and these are located in identifiable points. All staff are trained in using them.

- Refuge points are clearly signed and maps or plans of facilities indicate location of refuge point.
- Emergency exits are checked regularly to make sure they are not blocked by equipment or other obstacles.
- All fire strategies and risk assessments for a building must take account of the requirements of the Disability Discrimination Act (1995), for example visual as well as audible alarms.
- Make sure disability equality is built into mandatory fire evacuation training, so that all staff are aware of their responsibilities in meeting the needs of disabled people.
- If this is not available in your training, ask why.

2.7 The impact of Colour and Lighting

Colour and lighting can have a significant impact on how people access services, not just in terms of getting into and navigating a building, but on how a building or room is perceived.

Colour and lighting can enhance positive or negative factors in a service. It is essential that we engage with service users and members of relevant groups and organisations when making decisions about colour and lighting in order to ensure that what we provide can appropriately meet need.

2.7.1 Impact of different colours

Blue

Restful colour with a calming effect. Research suggests use of blue in the physical environment can actually lower blood

pressure. Blue rooms are perceived as cooler than rooms painted in warm shades. Increases apparent size of a space.

Green

Associated with growth and life, most restful of colours. Reduces central nervous activity and helps people feel calm.

Red

Increases brain activity. Increases apparent temperature of a room.

Violet

Does not appear to have consistent affects on either mood or the nervous system. This may be because it is a combination of colours at opposite ends of the light colour spectrum.

Yellow

Highly visible colour, often used to carry important messages. Makes rooms appear larger.

2.7.2 Impact of lighting

- The nature of lighting can significantly affect the way we perceive colour and contrast. If giving consideration to colour, it is important to consider light too.
- Incandescent lamps may emphasise colours containing red, produce point sources of light which can be distracting and cause glare.
- Fluorescent lamps may emphasise colours containing blue and can cause glare if tubes are exposed.

- Natural daylight can give a natural appearance to colours and produce area sources of light (as opposed to point sources which can be problematic), but can also cause glare depending on the texture and colour of a surface.
- Consideration should be given before installing energy saving light bulbs to ensure that lighting levels and contrast are still appropriate. There has been some suggestion that some bulbs give a more yellow light which may cause headaches for some visually impaired people and some people with autism.
- It is important to face the light so that deaf and hard of hearing people can lip read.

2.7.3 Impact of contrast

- Colour and lighting should only be used to draw attention to elements that need to be emphasised. The inappropriate use of tone and contrast can cause confusion.
- Colour and light should be used to assist in identifying the presence and position of features. For example, contrasting a doorway with the surrounding surfaces will accentuate its characteristic shape and size.
- Key rules to remember are:
  - Ceiling colour to be sufficiently different from wall colour.
  - Wall colour to be sufficiently different from ceiling colour and floor colour.
  - Door colour to be sufficiently different from wall colour.
  - Stair colour to be sufficiently different from adjoining wall colour.

Further information can be obtained from the University of Stirling **www.dementia.str.ac.uk**

and from ICI at **www.icipaint.co.uk/support/specifications/colour/accessibility/regulations.jsp**

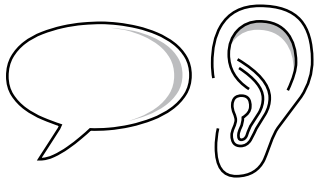
2.8 Wayfinding

The term 'wayfinding' describes the processes people go through to find their way round an environment. The wayfinding process is fundamentally problem solving, and is affected by many factors

People's perception of the environment, the wayfinding information available, their ability to orientate themselves spatially, and the cognitive and decision making processes they go through all affect how successfully they find their way.

This section has addressed some of the challenges that people are presented with on entering and getting through services. Health Facilities Scotland have produced detailed and comprehensive guidance on wayfinding including detailed guidance on producing and using signs. The guidance can be accessed at: **http://www.hfs.scot.nhs.uk/guest/**

Section 3: Talking and Listening



This section describes how our communication skills can make a significant positive difference to a service user's experience. It also looks at how by listening to and working with service users we can make improvements in the services we deliver.

3.1 Communicaton

" Information is not a luxury. It is an essential tool in all our lives and there should be no barriers preventing us from the getting information and advice that we need. It is vital that information is accessible, relevant and accurate. This is no less true for disabled people and carers than it is for anyone else."

SAIF (Scottish Accessible Information Forum) Local Strategies Working Group.

Communication is a two way process, involving both understanding and expressing information. It can be done in a number of different ways:

Spoken language

Sounds

Objects

Body language

Gesture

Signing

Through Guide Communicators

Pictures

Symbols

And/or written information

People who have communication support needs, literacy difficulties or who do not use English as their first language may use one or more of these methods. People who use communication support face barriers because services often don't have a variety of communication methods available.

People with communication support needs have difficulties associated with one or more aspects of communication.

Communication refers to all aspects of interpersonal communication. This includes verbal understanding, expressive language, speech and the capacity to understand someone's intended meaning rather than the words themselves. It also refers to literacy and other means by which individuals interact with one another. It refers to the way in which individuals function in the public domain and interact with people that are in a position to affect their everyday lives.

(Communication Support Needs A review of Literature Scottish Government 2007)

It is the legal responsibility of the public body e.g. Health Service, Local Authority, to provide and pay for communication support and to provide information in alternative formats for those service users who need it.

The most effective way to determine what communication support is required is to check with each individual what is best suited to them.

3.1.1 Augmentative and Alternative Communication (AAC)

(This information has been taken from communication matters.org, part of CALL Scotland) Copyright 2008

AAC is the term used to describe methods of communication which can be used to add to the more usual methods of speech and writing when these are impaired.

AAC includes unaided systems such as signing and gesture, as well as aided techniques ranging from picture charts to the most sophisticated computer technology currently available.

AAC can be a way to help someone understand, as well as a means of expression.

The idea behind AAC is to use the person's abilities, whatever they are, to compensate for their difficulties and to make communication as quick, simple and effective as possible when speech alone does not work.

Although we all use aspects of AAC from time to time (e.g. waving goodbye instead of saying it, pointing to a picture or gesturing to make yourself understood in a foreign country) some people rely on AAC all of the time.

AAC is a whole range of different activities - there is not just one type of AAC.

There are two main types of AAC system: unaided and aided. Most people who use AAC use a combination of unaided and aided methods.

Unaided Communication

This is how we describe methods of communication that do not involve a piece of additional equipment. Body

language, gestures, pointing, eye pointing, facial expressions, vocalisations, British Sign Language, and Makaton are examples of unaided methods of augmentative communication.

Aided Communication

This is how we describe methods of communication which involve additional equipment, such as a picture chart, a computer or a special communication aid. Aided methods of augmentative communication may be 'low-tech' or 'high-tech'. Both low and high-tech systems can be used by people who are unable to spell or read, as well as by people who are highly literate.

3.1.2 Supporting People with Communication Support Needs

- Communication Support Worker - When using this term in NHS Highland policy we are referring to provision using communication service professionals who adhere to professional standards and codes of conduct (unless otherwise stated).
- This is to ensure appropriate support of a high standard to service users and professional protection for NHSH staff in terms of appropriate information gathering treatment and diagnosis.
- It should also be recognised that we all have a responsibility to communicate effectively using a system that are appropriate to the service user. It may mean that we need support from others to achieve this.
- Communication Support is about more than just formal language systems. It is important to recognise that a huge

range of communication support is available including symbol based systems such as Picture Communication Symbols.

- With the patient's permission, encourage staff to identify if the service user has a communication need prior to the appointment.
- If you know before an appointment that a person uses communication support, ask them what they would find helpful, or, if appropriate ask their carer or advocate.
- Many people who have difficulty speaking or writing clearly can understand you perfectly well. Don't talk down to people or use condescending language – always use normal volume, intonation and grammar.
- Maintain natural eye contact and allow time for the person to express themselves without unnecessary interruptions.
- Think about the time and duration of appointments or meetings. People might find they can concentrate and communicate better at certain times of day. This can be influenced for example by medication that a person is using.
- A series of shorter meetings might work better than one long and exhausting meeting.

3.2 Communication Good Practice Tips

3.2.1 If you think someone is having difficulties understanding you

- Apologise if you can't get your message across, and try again. Don't give up or say it doesn't matter. Try rephrasing what you are saying.
- Use gesture, miming and / or demonstration to show the person what you mean.
- Simplify what you are saying. Use everyday vocabulary and break your message into one piece of information at a time. Keep to a logical/chronological order.
- With the person's permission, use any communication aids they might have to help them understand - such as a picture boards, picture cards, photographs or information cards.
- Ask the person if they would find it helpful to have a familiar supporter with them.
- Don't shout unless the person indicates that they would like you to speak up.
- Try writing, drawing, photographs and objects to show the person what you mean. Note: drawing, pictures, photographs etc. can be particularly helpful for talking about a sequence of past and future events.

3.2.2 If you think someone has difficulties using speech

- Listen and look out for all expressive behaviours the person might be using and try to interpret these in

context. That is facial expression, eye-pointing, watching the lips, body language, use of objects, demonstration, miming, gestures, sign language, simple sounds, drawing or writing (keep a pen and paper handy).

- Don't pretend you understand the person if you don't – apologise and say that you don't understand.
- Use closed questions so they can give you 'yes' or 'no' answers. It is sometimes worth checking that the service user understands the impact of the "yes" or "no", particularly for people with autism.
- It can be useful to start with the person's name before issuing any instruction to ensure that they know you are referring to them.

3.2.3 If you think someone is having difficulties understanding what is written

- Use plain language and follow the guidelines from organisations such as the Scottish Accessible Information Forum (SAIF), Plain English Campaign and the Royal National Institute for the Blind (RNIB). The Plain English Guide can be found in appendix 3.
- Incorporate meaningful symbols, pictures and cartoons into written information so anyone who can't read will at a minimum be able to understand broadly what the text is about. This way they can decide if they want someone to read it to them.

3.2.4 Before a Meeting or Appointment

- Always ask the service user in advance what their preferred method of communication is. With the user's permission, record this information where it will be easily identified by staff so that necessary arrangements can be made for future meetings or appointments.
- Think about the length of time support is required. The service user may need to have support on arrival as well as in the consulting room and after, if for example they need to collect medication.
- Provide communication support workers with as much information as possible in advance of the meeting, with the consent of the Service User where required.
- When booking support, be clear about the length of the meeting and number of people expected, as you may need more than one support worker.
- Don't allow the meeting or appointment to start late – the communication support worker may not have much flexibility in their timetable.
- Don't substitute a different type of support without first checking with the Service User.

3.2.5 During Meetings or Appointments

- Ask the communication support worker where they want to sit or stand – ideally, they will sit alongside the staff

member so the service user can see both people and watch for facial expressions and gestures at the same time.

- Speak to the person and not to the communication support worker. Don't include the communication support worker in the conversation.
- Make sure that only one person speaks at a time if there are several people present. It is good practice to remind everyone of this before discussion starts.
- Try to keep your head still, and not to look down at your papers or cover your face.
- Be aware that face and mouth masks may restrict communication. Using clear masks may help, but stop and remove the mask when talking.
- Ensure the person has understood what has been discussed, particularly around treatments, procedures, any medication prescribed and possible side-effects.
- Check if the person wants to bring items of specialist equipment into hospital with them, for example, talking mats or communication aids. Advise them to have equipment serviced beforehand.

3.2.6 Delivering Care on a Planned Basis

- Look for advance notice that the person needs any adjustments or requires support because of a disability.
- Check if the person has been to this unit or has seen a member of staff in the community before – if so, what support did they need then?

- If this is the first time the person has used the service, contact them and ask what support they may require.
- Beforehand talk through each stage of the visit and treatment – starting with how the person will get to the unit through to what happens on discharge.
- If it is a repeat visit, confirm that the previous arrangements will be provided again and ask if anything different is needed, or could be improved.
- If a consent from is required explain requirement verbally as well as providing any paperwork and ensure service user understands. In some case this may require pictoral input.

"I was diagnosed with cancer last year. At the appointment where I was told by the doctor, he thought that the interpreter that accompanied me was my friend. The doctor did not properly explain the nature of the cancer or the treatment programme that I would go on in any depth. He just handed me an information leaflet written in English and gave me a phone number to contact the specialist who would deal with my treatment. English is not my first language-BSL is.

I was diagnosed with cancer and all the doctor did to try to explain things was hand me a leaflet! I can read English fairly well but for most Deaf People, BSL is the language they use. The doctor simply had no understanding of how to communicate with Deaf People."

FMR Research (2006), Final report:

Fair for All – Disability: service user consultation for NHS Greater Glasgow.

3.2.7 Delivering Care During an Unplanned Visit

- Check if the person has been in contact with the service before, and what support was used then.
- Ask the person what support they would like, and make arrangements to provide that support as soon as possible. For example booking interpreting services or advocacy support.
- If there is a carer or relative present and the service user agrees, ask that person if they will help.
- Check if the person would like a friend or relative to stay with them to help explain their needs to staff, even if this is not a common occurrence in that unit.

3.2.8 When Referring Service Users

- Talk through with the person what will happen at the other setting, and ensure that the person has the information needed about access to the service and each stage of care.
- Help the person to identify what support he or she will need.
- Agree with the person what relevant information should be highlighted in the referral letter or form.
- If the person has very specific needs and will require support which is not commonly needed, ask them if they, or a relative, are willing to show staff what is needed.

- Suggest to staff in the service being referred to practical ways of recording information which will be helpful.

3.2.9 Learning from Experience

- Get together as a team and review what you have learned and how you can build that into your practice.
- Ask the person for suggestions on what would help make your services more accessible.
- Ask the person's GP, health visitor or other significant staff member if there are points they could suggest.

3.2.10 Ge t ng Feedback on Service Accessibility

- Working with equality groups and individuals when you are reviewing policy and service delivery is a key element in improving services.
- Ask a range of service users, including carers where appropriate, about their experiences of using services and what adjustments could be made to improve access.
- You should also involve people who are not currently using services for information on what prevents them from using services, and what could be done in future to meet their needs.
- Positive statements actively encourage patients to give feedback. Comments received should be published along with a report on what action has been taken, or not taken, and why.

- Comments and complaints that have been received are part of a formal process and directly input into adjustments and re-design.
- Complaints procedures do not stipulate the need for written comments, and can be made in the person's preferred format or method.
- There is a plan to enable effective engagement, underlining the importance of proper planning, allowing adequate time, staffing and budget allocation.
- The plan also takes account of the need to use a variety of engagement methods to maximise contributions. For example, there is awareness that not everyone can come along to a meeting, or have the confidence or ability to express their views, without support.
- Comments forms, surveys, questionnaires, complaints forms, newsletters and feedback reports are available in alternative formats. This includes tape, large print, British Sign Language (BSL), Braille, easy-read and accessible web forms.
- Expenses, such as travel, childcare, and carer-respite, for people who attend meetings and focus groups are publicised effectively in advance and reimbursed on the day.
- Patient groups and user panels have been established to review arrangements such as opening hours, appointments system, or to test patient information and signage to ensure it is clear and easily understood.

- People from equality groups are actively involved in all areas of service design and delivery, not just those services that focus on disability issues.

3.2.11 Communicating with Individuals from Specific Disability Groups – Tip Cards

Fair For All Disability have produced a series of tip cards that provide summarised information to assist increased accessibility to services for people from specific groups, e.g. people with mental health problems and people using guide or assistance dogs. The cards were developed in partnership with the Royal College of General Practitioners. As has been previously mentioned, individuals do not always share the same requirements as others with similar disabilities, but the guidance gives pointers to ask and check with individual patients/carers/colleagues.

Further copies of the tip cards can be found at **www.fairforalldisability.org.uk**

The Tip Cards are reproduced in full in Appendix 4. These cards can be attached to beds, medicine trolleys or reception desks for example as a quick guide for staff.

3.2.12 Appropriate Language

The use of language is referred to throughout this document, particularly in terms of understanding our own attitudes. It is essential that we understand how important our choice and style of words can be as some of the examples in the section "Barriers to Accessibility" show.

- Do not make assumptions about a patient's background based on your perceptions and their appearance.
- Keeping language neutral and allowing the service user to share information can prevent misinterpretation.
- Examples include assumptions about ethnicity based on people's accents or assuming that a person's partner is of the opposite and not the same sex.
- If you are unsure, the most effective way to get correct information is to ask the person concerned. For example do not assume that two women together can only be sisters or friends and ask if you are not sure "Are you partners?"
- It can be useful to explain why you are asking, for example this may be to ensure best care for the person or to ensure that any appropriate support is made available.
- A significant amount of research has been carried out in the UK with the general population and specifically with equality groups looking at people's views on being asked questions about their needs or identifying issues.
- The majority of people prefer to be asked rather than have assumptions made about them and their needs.
- It is far easier to offend by not asking.

Briony is part of the travelling people's community and has lived in Scotland all her life. She described her experience about when her second daughter was born.

She (Briony's daughter) was born nine weeks premature and was in hospital for quite a while. Because the pregnancy and child birth was hard on her as well, Briony stayed in hospital and was close to her daughter. She was expressing her breast milk one day when the midwife said to her "Your kind of people abandon babies." Briony said "What? What do you mean?" The midwife said, "You know what I mean," and walked away.

Briony said she heard her talking to someone else about the time a baby was abandoned years ago. "It happened in 1972! That was the year I was born, but here she was saying this to me now. I was so tired and weak, that I didn't realise until later that she had no right to say that. It had nothing to do with me. "I would just like for the NHS to consider us and our needs. We are just the same as anybody else, no different. We have the same needs as anyone".

Fair for All Equality and Diversity: Handbook for NHS Scotland Personal Stories 2007

3.3 Different Kinds of Communication Support

BSL

British Sign Language (BSL) is a language in its own right, with its own grammar and syntax. It is the main sign language used

in Scotland.

BSL/English Interpreters

Deaf people whose first or preferred language is BSL use BSL/English interpreters. They can make it easier for a Deaf sign language user and a hearing person to communicate with each other. An interpreter interprets from BSL to spoken or written English or vice versa.

Sign Supported English

This is not a language in its own right and is better described as English with signs.

Finger Spelling

Also known as the manual alphabet, finger spelling is a system where all the letters of the English alphabet can be spelled on your hands. Finger spelling is used by BSL users to aid understanding by spelling out the names of people and places which might be unfamiliar.

Deaf lind Interpreters and Communicator Guides

Deafblind people and hearing or sighted people use Deafblind interpreters or communicator guides to communicate with each other. Deafblind interpreters work in formal settings, communicator guides work more informally.

Lipspeakers

Lipspeakers repeat what is said without using their voice. They produce the shape of words clearly with the flow, rhythm

and phrasing of speech. They use natural gestures and facial expressions to help the person follow what is being said.

Speech to Text Reporting

A speech to text reporter provides a typed word for word account of what is being spoken. As the presenter speaks, the operator types the summary and the client can read it from the screen. This is sometimes also known as “Palantype” which refers to the method of machine shorthand used. The operator records how words sound rather than how they are spelt. The computer changes these coded word sounds back into English and this is what appears on the screen for the deaf or hard of hearing person to read. This system is most frequently used in meetings or other settings where a number of people are present.

Electronic and Manual Notetakers

Electronic notetakers work with Deaf people, or people who are heard of hearing, who are comfortable reading English. The electronic notetaker types a summary of what is being said on a laptop computer and this information appears on the Deaf person’s screen. With this method there are fewer words for the deaf person to read on the screen in comparison to speech-to-text reporting, but this means that the person does not get a full word for word report. Manual notetakers are specifically trained to take handwritten notes for Deaf people or people who are heard of hearing. These methods are usually used in meetings rather than in one to one settings.

Textphones

Similar to telephones, instead of speaking, messages are typed to another textphone and are displayed on a screen.

Typetalk

A telephone relay service operated by British Telecom that can be used on all telephones. The caller dials the Typetalk number and is connected to the person they want to communicate with via an operator. Because this service operates with an external operator this may not be suitable for sensitive messages and the preference might be for using a textphone.

Makaton

Makaton is used by people with a range of communication difficulties. It is designed to help hearing people with learning and communication difficulties. It is an aid to communication, not a language as such. In the UK, Makaton signing is based on BSL. It also uses speech alongside signing. Makaton symbols support the written word, in the same way that signs support speech. The symbols used have been specially designed and most of them are black and white pictures illustrating the important meaning of the words used.

Talking Mats

Talking Mats (literally mats with pictures attached), are an interactive resource for helping people express themselves and is, for example, sometimes used as an alternative to written questionnaires.

Dea f lind manual alphabet

For deafblind people who are fairly good at spelling (usually those who have become deafblind after they acquired language) the manual alphabet can be a quick way to communicate. Using the index finger as a ‘pen’ you point to different finger positions on the deafblind person’s hand, or draw letter shapes.

Further information about communication support needs can be found at: RNIB (Royal National Institute for the Blind) at **www.rnib.org.uk**

RNID (Royal National Institute for the Deaf) at **www.rnid.org.uk**

Deaf Action at **www.deafac t on.org**

Developmental Adult Neuro-Diversity Association, for people with conditions such as Dyspraxia, ADHD, and Asperger’s syndrome at **www.danda.org.uk**

The Makaton Charity. Information and resources for Makaton users and carers **www.makaton.org**

Call Scotland. Specialist expertise in communication and assistive technology **www.callscotland.org.uk/Home/**

Sense Scotland. Information and links about non language based communication systems and a range of other disability related information **www.sensescotland.org.uk**

3.4 Using Interpretng Services

- It is the responsibility of NHS Highland to book interpreters when required. It is not the responsibility of the service user.
- In keeping with national good practice guidelines, NHS Highland advises that you use professional interpreters and translations rather than relying on friends and relatives of service users, although in an emergency it is recognised that these may be the only available sources of interpreting.
- Further NHS Highland guidance for the use of interpreting and translating services is also available on the NHSH intranet listed within the policies section.
- Give as much advance notice as possible to interpretation or communication support services, if their service are required, this will ensure that the service is available for the consultation.
- Telephone interpreting services are immediately available.
- Using interpreters in consultations will mean extra time is required, book double appointments where necessary.
- Address the patient and not the interpreter when talking.
- Do not ask the interpreter for their opinion on any medical or personal issues, the interpreter is present only to provide interpretation.
- Be prepared to explain issues that may require cultural interpretation.
- Wherever possible and with the patient's permission ensure that the requirement for interpretation

is recorded in patient's files so that we can proactively book interpreters as required.

3.4.1 Defnitons

Interpretaton

The conversion of speech from one language to another. Within NHS Highland interpreting services are currently provided over the telephone or face to face. Interpreters only provide a communication bridge between the client and the professional, at no stage are they able to give their personal views or opinions to either party involved.

Translaton

The conversion of written texts from one language to another.

3.4.2 When to use Telephone Interpreters for Spoken Languages

- If it is an emergency consultation, i.e. out of hours, requires an immediate response or if the consultation is unplanned.
- If you have had regular contact with the patient previously and there has been a clear understanding of an initial diagnosis (probably through the use of face to face interpreters).
- It is advised that Health Professionals always give initial consideration to using the Telephone Interpreting Service when looking for interpretation

and it is only when this is considered unsuitable that face to face provision should be considered.

3.4.3 How to use the Telephone Interpre t ng Service for Spoken Languages

- Dial **0800 028 0073** (or 0207655 4915 from Mobiles).
- You will be asked for your **ID Number** see list below.
- You will be asked to state the language required, or explain if you are unsure of the language required.

ID Number

NHS Highland, SE Highland CHP 282046

NHS Highland, Mid Highland CHP 282047

NHS Highland, North Highland CHP 282048

NHS Highland, Argyll & Bute CHP 282049

NHS Highland, SSU Medical 282050

NHS Highland, SSU Surgical 282051

NHS Highland, SSU Clinical 282052

NHS Highland, SSU Women & Children 282053

- You will be asked for your **personal code** this is your **full name and job t tle**.
- You will be asked to hold for an interpreter.
- The interpreter will then tell you that they are on the line and give you a name or an ID number.

- You must tell the interpreter if you are using a single handset phone or a hands free set.
- Introduce yourself to the interpreter.
- Explain the issues and what you want to achieve in the session.
- The interpreter's job is to interpret what you say and the patient says.

3.4.4 When to use Face to Face Interpreters for Spoken Languages

- Face to face spoken language interpreting services in Highland are currently provided by **Global Language Services**.
- Face to face interpretation is most useful for pre arranged appointments and meetings and when a lot of personal, medical or technical information is to be shared. Please note that this service may be available in emergencies, but this availability cannot be guaranteed.

3.4.5 How to book a Face to Face Interpreter for Spoken Languages

- If you would like to book a face to face interpreter please call one of the following numbers 01463 258839, 0141 429 3429 or 0141 429 3428
- You will be asked to confirm your details.

- You will also be asked to provide details of the following:-
  - The specific language and any specific dialect that the patient may require.
  - Any special requirements i.e. gender or faith of the interpreter as required by the patient.
  - Date and time of the appointment.
- Global will contact you within 24 hours to confirm the availability of an interpreter and your requirements.
- You will be issued with a Job Number which consists of the letter H followed by 6 digits.
- The first four digits of this number refer to the date of the appointment; the last two digits are allocated specifically to each individual interpreter request.
- This Job Number is specific to each individual appointment; any subsequent appointments even with the same patient will therefore have a different job number.
- If you need to book a further appointment with an interpreter this MUST be arranged with the service providing organisation and NOT with the individual interpreter.

3.4.6 When to use Services for Communica t ng with People who are Deaf, Dea f lind or Hard of Hearing

- These services should be used in all patient settings when a person requires such services in order to understand any information being communicated.
- NHS Staff should ask the patient if these services would be of benefit. It is up to the patient to determine

their need, if the service is requested by the patient it is our duty to provide communication support

3.4.7 How to use Services for Communica t ng with People who are Deaf, Dea f lind or Hard of Hearing

- Communication Services are currently provided by Deaf Action and are funded by NHSH.
- Contact details for Deaf Action:
  Deaf Action Highland Office
  Communication Support Unit Volunteering Highland
  The Gateway
  1A Millburn Road Inverness
  Telephone: 01463 250204 or 0800 014 1401
  SMS only: 07797 800064
  Fax: 0131 557 8283
  Email bookings@deafaction.org
- There is a shortage of BSL/English Interpreters across Scotland. It is essential that appointments for interpreters are booked as early as possible to ensure that an interpreter can be made available.
- Please record in a patient's file that communication support is required for appointments. This is one way of ensuring that services are booked as required.
- An interpreter should be booked as soon as any advanced appointments are made for a patient.
- When booking an interpreter with Deaf Action the following information will be required:

- Name designation and contact details of member of staff booking the interpreter
- Contact details of the department or member of staff who the appointment will be with
- Name and contact details of the patient
- Date and time of the appointment
- Approximate length of time of appointment
- Where appointment will be held
- Brief background to the reason for the appointment or contact details for further information.

Section 4: Written Information

This section provides helpful information about how we can make best use of the written word and alternative formats when communicating with each other and the public.

4.1 Making Written Information Accessible

PLEASE NOTE Information in sections 4.1-4.3 is taken directly from SAIF (Scottish Accessible Information Forum) good practice posters and guidance.

There are a range of techniques that can be employed to make written information more accessible without changing the format. This may not make the information accessible to all and the next section on alternative formats should also be considered when looking to produce information that needs to be accessible to a wide range of people.

We should not assume that because someone does not reply to written information that this is because they do not want to reply. We should ensure that we have ways of providing alternative formats and checking people's needs before we make assumptions about their intentions.

- Information should be produced in plain language and a minimum type size 12, preferably type size 14.
- Use a clear, easily recognisable, sans serif font, for example "Arial".
- Use a matt paper in a colour that contrasts with the colour of the text.
- Justify type on the left.
- Don't print sentences in block capitals.
- Use interpreters for people who need to communicate in a sign language or other community language.
- Provide publicity materials which tell disabled people and people from other equality groups what you can or cannot do for them.
- Get regular and organised feedback from people about the accessibility of your service. Further information about getting feedback can be found in section 3 communication good practice tips.
- A guide to writing in Plain English can be found in Appendix 3.

4.2 Making Email Accessible

- Use plain English in emails – avoid using jargon.
- Use plain text emails to ensure that information is displayed to the recipients in the way you intend and for maximum accessibility, especially for people using screenreaders.
- Use the Text Email Newsletter (TEN) Standard on producing accessible emails and newsletters. The full version of this document can be found at; **www.headstar.com/ten**

Below is a summary of the key points from the standard

- This standard is intended to be used as guidance by people who produce newsletters which are written entirely in plain text without any graphics or images and which are distributed by email. You may of course produce other versions of your newsletter which do include graphics or HTML, although it is recommended that a plain text version is offered as an alternative
- Avoid unusual characters such as mathematical symbols.
- Do not use bold, italics or underlining to convey tone or information, as they are graphical devices and are sometimes stripped by email software.
- Ensure that the first line of the email is the same as the subject header of the email.

- Minimise the use of introductory or background text at the top of each issue, so that readers arrive at the “contents” section as soon as possible.
- Divide information into clear sections.
- Do not use long lines of symbols.
- Minimise the use of capital letters in headings and headlines as these are harder to read than lower case letters by people with impaired vision or dyslexia. It is better to write headlines in “title case”.
- End all headlines and other headings and sentences with a full stop.
- Ensure there is at least one blank line between every paragraph.
- Try to list web links, email addresses or other internet addresses on a separate line.

4.3 Making Word Documents Accessible

- Avoid using small fonts and setting large blocks of text in italics.
- Use styles to add structure to your documents e.g. use the ‘heading’ style to create headings rather than just making text look like a heading by making it bold.
- Create clear uncluttered pages, with plenty of white space.
- Use bulleted lists when appropriate as they can be easier to understand than long paragraphs.

- Avoid animated or flashing /blinking text.
- Ensure there is a good contrast between elements on a page e.g. text and background colours.
- Use the built-in ‘table’ tools when creating columns of text. Don’t use tabs to create tables.
- Use ‘descriptive link’ texts when linking web pages within your documents.
- Add space around paragraphs using ‘style formatting’ options rather than using carriage returns. This is particularly important if you intend to convert your Word documents into PDF files.
- If you have embedded sound files, provide a text transcript of the sound file content.

4.4 Making Websites Accessible

- Comply with the Web Content Accessibility guidelines version 1.0 (WCAG). These guidelines can be found at: **www.w3.org**
- Create a web design that is flexible so that users can change colours, font and font size to meet their individual requirements.
- Give links a meaningful name describing where they link to.
- Add descriptive labels to all non text elements, like photographs and graphics.
- Do regular accessibility checks on your site, for example use on line accessibility checkers such as; **www.cynthiasays.com**.

- This portal is a web content accessibility validation solution. It is designed to identify errors in your content related to Section 508 standards and/or the WCAG guidelines.
- Involve equality groups in the planning of your site.
- Get regular and organised feedback from the public, including equality groups and their representatives, about the accessibility of your site.

4.5 Alternative Formats

Making Word documents more accessible as described previously (4.3) can often be done “in house”. Organisations that can assist with other formats can be found at the end of this section. In terms of alternative languages please refer to the NHS Highland Interpreting and Translation guidelines. Descriptions of the main types of alternative format are provided below.

4.5.1 Large print

- Use of a minimum font size of 16 point.
- If you are responding to a request always ask what font size is required, as this will vary from person to person.

4.5.2 Braille and Moon

- Braille is a system of reading and writing for blind people using tactile dots on paper to represent letters, numbers and punctuation.

- Moon is another method of reading by touch using some ordinary letters in simplified form with others consisting of straight and hooked lines, angles and half-circles.
- Some people prefer to use Moon rather than Braille if their visual impairment has developed later in life, as it is less complex.
- Pack Braille or Moon documents carefully to protect the dots and raised letters.

4.5.3 Audio tape, CD or MP3 Audio

- Use numbered sections to enable people to skip sections and find specific information more easily.
- Ensure that the end of sections are clearly announced. This can be achieved by a recognisable sound trigger. This is especially the case when individuals have to turn tapes over or replace CDs.
- Give a clear indication when the document has finished by stating that this is the end of the recording. Repeat your name and the date.
- Include contact details of someone who can assist if the document you are sending requires a response (for example: if you are sending out a consultation document), as some people may want to give a verbal response. Provide a blank cassette if appropriate.
- Seek advice from professional organisations such as RNIB Scotland or the Highland Society for Blind People about best practice on converting the written word to audio.

• 4.5.4 Electronic version

- Make sure that you know which format is most useful for that individual's computer.
- A lot of publications are now available on websites in (portable document file) PDF format, but many PDFs are not accessible. This is because the data required, such as 'tags', are not included when the PDFs are created. The Adobe website (www.adobe.com) has more information.
- Make sure you have Word versions and text files available as well.

4.5.5 Easy read

- Easy read uses:
  - clear style;
  - short sentences;
  - everyday language;
  - minimum jargon; and
  - meaningful pictures to support the text.

4.5.6 Symbols, photographs, drawings, other graphics, cartoons etc

Maximise the intuitiveness of information presented in picture form. Images should enhance written information and help understanding. They should be relevant to the information provided and not just decorative.

There are a range of two way communication tools that use specific types of symbol and pictures. Further information

about these systems can be found at: **www.callscotland.org.uk** and **www.sensescotland.org.uk**

Please also refer to section 3 for information about communication support.

4.5.7 British Sign Language (BSL) versions

- You can make information fully accessible to BSL users by producing DVDs which include BSL narration and English subtitles.

Further information about alternative formats, language and communication can be found at;

- Deaf Action. Provide communication support for Deaf and Hard of Hearing People in Highland.
  www.deafaction.org.uk
  Telephone/Textphone 01463 250204 or 0800 014 1401

  SMS only: 07797 800064
- Scottish Accessible Information Forum. Organisation working to improve access to information for disabled people.
  www.saifscotland.org.uk
  Telephone 0141 226 5261 **Textphone** 0141 226 8459
- Health Rights Information Scotland. Based at the Scottish Consumer Council, the project produces information for use by NHS boards throughout Scotland in relation to the rights and responsibilities of patients.
  www.hris.org.uk
  Telephone 0141 226 5261

- Royal National Institute for the Blind Scotland.
  www.RNIB.org.uk
  Telephone 0131 3118 500

- Royal National Institute for the Deaf.
  www.RNID.org.uk
  Telephone 0808 8080123 **Textphone** 0808 8089000

- Crystal Mark Campaign. For the use of plain English language in public documents.
  www.plainenglish.co.uk
  Telephone 01663 744 409

- Leonard Cheshire Disability. Provides information about attitudes and communicating with people with disability.
  www.lcdisability.org/
  Telephone 0131 346 9040

- LGBTHealth Scotland. Scottish Government funded project supporting NHS boards on embedding sexual orientation issues into policy and practice.
  www.lgbthealthscotland.org.uk
  Telephone 0141 552 4796

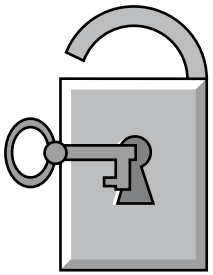
- DANDA Developmental Adult Neuro-Diversity Association
  www.danda.org.uk/
  46 Westbere Road. London. NW2 3RU
  Telephone 0207 435 7891

- Learning Disabilities Specialist Library. Provides access to key documents and evidence in relation to learning
  www.library.nhs.uk/learningdisabilities

Call Scotland. Specialist expertise in communication and assistive technology and useful information about structuring and tagging PDF files.
www.callscotland.org.uk/Home/

The NHS Highland Patient Information Policy, which gives details of good practice when producing information about health issues for patients, is available on the NHS Highland intranet in the “policies” section and can be found in the appendices.

Section 5: Flexibility



This section outlines how flexibility in systems, attitudes and practice can break down barriers to access.

5.1 Care Planning, Case Management and Data Gathering Systems

The delivery of a quality service can depend on good consistent case management. Equality legislation and good practice guidance on meeting legislation also requires NHSH to gather data about people who use our services to ensure that we are meeting need and increasing equality of opportunity.

- It is important to be clear about what information and data we are recording, why we are recording it and what we do with that information.

- Key to this is the question of how and why we ask for information from staff as well as service users. For example in developing systems how do we ensure that an individual's requirements such as communication support are assessed, recorded and delivered, and how this information is held and shared? This is further discussed in the following sections on supportive attitudes and service flexibility.

5.2 Supportive Attitudes

- As professionals working in a public sector organisation we have a responsibility to increase equality and reduce stigma and discrimination. We can do this by being proactive;
  - asking how and not if we can help,
  - asking questions directly about need related to for example ethnicity, sexual orientation and faith, and
  - being inclusive in how we communicate and what we offer.
- Supportive attitudes can encourage people to ask for what they need. This requires staff to focus on the needs of that individual and look at how the service will meet that need rather than how the individual will fit into a service.
- It is also about creating an environment that is both welcoming and inclusive of all people.
- Increasing awareness of the needs and potential barriers to access for all equality groups is seen as the first step towards increasing supportive attitudes. We can be part of this by, for example, attending Equality and Diversity training. This is one way of taking the opportunity to reflect

on our own attitudes and how we can use our existing professional skills to enhance the experience of service users.

- We can also develop supportive attitudes by discussing experiences and learning with colleagues and by challenging stereotypes, negative language and inappropriate practice as well as telling others that we support equality.

One trans man describes being admitted to a female ward for a hysterectomy:

"There was the nurse explaining to her colleague as they left my room, 'Oh, that's a woman who wants to be a man', clearly audible both by me and by other patients and visitors.

My door had two signs on it: one had my name, the other read 'gynaecology patient' – just in case anyone was in doubt that the man inside was a weirdo it was totally wrong and unnecessary to admit me to a female ward. I could have received the care I needed on any surgical ward.

On a mixed or male ward I would have been unremarkable – just another patient. As it is I was labelled, humiliated and isolated. I have lived as a man all my adult life; I have a high profile job … But this experience was deeply upsetting."

Transgender and Transexual's Experiences of Inequality and Discrimination 2007 (further information www.pfc.org.uk)

5.3 Acting Supportively - Good Practice

- Think about possible solutions before saying "no". There may be small ways in which a service can be made flexible and this can make a difference to a person's experience.

- Plan ahead. For example:
  - Ensuring clear recording of an individual's specific requirements and (with the person's permission) sharing this information.
  - Ensuring systems are in place for people to provide feedback about a service.
  - Ensuring systems are in place to take action on feedback as required and publicise any changes.
  - Giving consideration to reasonable adjustment as part of service development including the use of Equality and Diversity Impact Assessment (EQIA).
- Asking in a way that helps people identify what is possible; some people will refuse help if it sounds as if we are doing them a favour.
- Include images relating to equality groups. Using positive images of disabled people, for example, within marketing and publicity materials will help to promote disability equality and challenge stereotypes.

"On a basic level doctors need to be more mental health aware. I understand that with regard to physical health doctors generally need to retain a certain professional aloofness.

With mental health it is this distance that often prevents doctors from helping patients. They have to look at their bedside manner and ask themselves whether the aloof and distant demeanour that they are taught at medical school is the most effective way for them to initially diagnose and treat patients with mental health concerns."

FMR Research (2006), Final report: Fair for All – Disability: service user consultation for NHS Greater Glasgow

5.4 Flexibility of Services

Flexibility of services is about the duty to make reasonable adjustments. That is, being able to adapt and change the way services are provided to meet the needs of disabled people who use, or want to use, those services. Small changes to the way you arrange and provide services can have a big impact. There is more information on reasonable adjustments in the "Background" section.

- There are three areas in which good practice management of systems can improve accessibility to services;
  - Making appointments
  - Inpatient care
  - Referrals and information transfer

5.4.1 Good Practice Service Flexibility

Making and attending appointments

- Service users are given the choice to book double appointments. Having the extra time will allow both staff and service users to:
  - communicate clearly and effectively;
  - use communication and advocacy support if required; and
  - make written notes of the discussion.
- Appointments are arranged for times of the day that suit the particular circumstances of the individual person. When possible, appointment times are changed if they are not suitable.
- Individual preference is recorded so individuals are routinely offered these appointment times, when possible.
- Early morning appointment times may suit people who get anxious in noisy environments or when waiting long periods.
- Mid-to late-morning appointment times may suit people whose medication leaves them with low energy and less able to concentrate in the afternoons.
- Some people will have to make appointment times around the availability of carers and support workers, so may not be able to make very early appointment times.
- Carers may have to find replacement cover when attending services, so will need appointment times to be flexible to allow for this.

- When they are making an appointment, all service users are asked if they need any adjustments to help them access the service. For example, interpreters, guide communicators, advocates or other support to be booked.
- Effective care depends on the accurate exchange of information.
- Asking about adjustments and support when contact is first made prevents unnecessary delays in care and treatment.
- Service users can choose to see the same GP, dentist, health visitor or specific staff member whenever possible. This can help to build up a relationship of mutual trust and help people communicate more openly.
- The names of clinics in appointment information and health promotion material are the same as used in building signage. For example: if appointment information says podiatry clinic make sure this is used in signage rather than chiropody. Consistent signage will help prevent confusion and help people find their way to appointments on time.
- Tell service users that adjustments can be made when they first register. A sign in the waiting room will also advise service users that this is available. This ensures that staff are prepared to meet the particular needs of services users and prevents delays in providing care.
- Announcement systems are accessible to a wide range of people, and do not rely on only audio or visual display. Staff may also approach the person when it is time for their appointment if this is required.

- It is advisable that staff check the pronunciation of names and patient's preferred name whenever possible. This will help prevent potential delays to surgeries if service users are unaware that it is time for their appointment.
- Reminders are sent out in advance of appointments. (Some services already do this using SMS texting and email). This has been shown to reduce the number of missed appointments, particularly when appointments have been made weeks in advance.
- People are allowed to bring items of specialist equipment into hospital with them, for example: water level indicators, talking mats or communication aids. This allows service users to continue using personal aids and equipment which have been adapted for their specific requirements and which they are familiar and comfortable with.

5.4.2 Referrals and Inpatient Care

- Service users are asked whether they need to keep to specific routines, such as regular meal times.
- Any dietary requirements are recorded and followed. Regular meal times can be important for people with particular conditions, for example people with diabetes. This will also address religious and cultural preferences.
- The service user is asked if they need support in taking medication.
- People understand how arrangements in hospital differ from their normal routine. This will make sure that medication is taken correctly.

- Photographs of staff are available at the reception desk to help service users identify who they want to see or who their appointment is with. This can assist people with communication difficulties.
- Any written material - including menu cards – is available in alternative formats and where possible a member of staff is able to go through the information when required.
- Communication support is arranged for ward or treatment rounds. This will support patients to receive information and ask questions of staff.
- Staff are aware of the benefits in some circumstances of having a patient in a private room rather than a public ward. This is undertaken on an individual basis and within the constraints of the service. Some people may find it difficult to cope with being in a public ward, which may cause stress and anxiety.
- A textphone is available for public use, and staff know how to obtain one if requested. (One textphone may be shared between 2 or 3 wards.) This gives the service user greater independence to contact others, rather than this being done on their behalf.
- Staff must take into consideration the specific needs of patients who have carers or communication support workers and be prepared to be flexible around visiting hours if required and if reasonable.`
- Textphone and telephone can be used in privacy.

- With permission from the service user, information about their needs or disability is included in the referral form or letter.
- It is important to get consent before sharing personal information. This will help staff meet service users' needs from the first visit or appointment.

Simon, a Nurse working with older people, describes his experiences;

"No-one ever thinks that an older person might be gay. But though many have lived with a partner for much of their life, nobody knows that.

Identifying older gay people is very difficult – when you reach a certain age, you are regarded as asexual. At that point, people always say 'what does it matter?' But gay people have different lives, different family formations. Their own family may have disowned them, disappeared, or be dead. They have their own gay family. They will approach these family members the way they always have – the way other families greet each other.

I once saw an old man in a residential home, whose partner came to visit him. The man approached his friend, who was sitting in a chair in the sitting room. They simply embraced each other affectionately, as anyone would. But the nurse was horrified and scolded the resident. She told him that he couldn't behave like

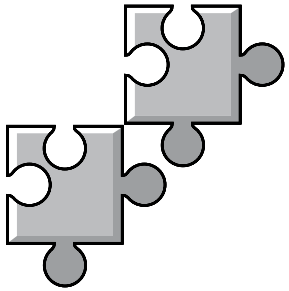
that in the home. People would be upset. The man retired to his room – and never came out again. He stayed in his room for two years, until he died."

Fair for All Equality and Diversity: Handbook for NHS Scotland Personal Stories 2007

5.4.3 Information Sharing and Joint Working

- The single shared assessment form or other agreed referral form is implemented for all services.
- Local methods of sharing information are maintained to;
  - supplement the information provided in the written referral,
  - speed up the referral process, when necessary.
  - ensure continuity between NHS, local authority and other services.
- Wherever possible avoid situations where service users have to be asked the same questions repeatedly, or asked to identify their needs to various staff members.
- During IT upgrades, IT systems are implemented which are compatible across all key agencies. This will support use of the Single Shared Assessment form across agencies and will allow for quick referrals.

Section 6: Involvement



This section gives good practice guidance on how we can most effectively support the public to be involved in how we provide services.

6.1 Involving for Accessibility

This section describes why we need to involve, engage and consult with service users and people from equality groups and offers good practice guidance on how we can effectively engage and use the information provided by engagement and consultation.

Service users and their carers are the best sources of information about the types of support they are likely to need from staff. In order to deliver effective and sensitive care NHSH needs to understand what these types of support are. Whether

that means talking and listening to an individual patient or setting up long term links with equality groups, all staff have a responsibility to proactively involve service users in decision making as appropriate. The NHS Highland Involvement and Engagement Template can be found in appendix 6.

6.2 Who Should We Engage With?

You should include wide community representation, including the following groups:

- Current service users, for their input on what is working now and what could be improved.
- People who are not using the services, to find out why and to find out what might be done to change this.
- People who might need to use services in the future to make sure services being developed now are able to respond to future need.
- Carers, who have a different experience of using services (than patients) and their role and responsibilities, may also change when services change for example when services move from a hospital to a community based provision.

6.3 Involving in Wider Service Change and Training Good Practice

All staff in daily contact with patients should have received training in communication techniques and basic access issues. Good practice guidance suggests that an awareness of key equality and diversity issues, awareness of the aims and values

of the agency, interviewing skills and customer care are key areas of expertise that staff should possess in order to deliver good quality services (Scottish Accessible Information Forum 2007).

- Ask service users, local equality groups and their representative organisations what they think the staff need to know.
- Be clear what types of training you think will be useful, and how the personal experiences of service users would enhance training.
- Ask a local users' group if they will contribute to the design and delivery of specific staff training modules.
- Work with the group to plan the training – what will the staff want to know, what level of knowledge are they likely to already have, what back up written information might be useful?
- Make sure that people contributing to training have advance information about the training, how many people will be there, what level of knowledge they already have, how this session fits in to the staff group's learning.
- Talk over with the people doing the training how they want to handle the session. For example, someone talking about their experience, an 'interview' where someone asks a planned set of questions that go through the main points and one or two service users reply, showing a DVD

of several people talking, or a service user and a member of staff from that service giving a joint presentation.

- Make sure that the staff taking part can relate what they have heard to their own situations. Examples might be having a discussion period as part of the session, or getting people to work in pairs to identify ways they could apply the learning to whatever setting they work in.
- Make sure the service users contributing to the learning know they can meet with the tutor or team manager afterwards to have a debrief – for example, if there were things either of you felt the staff group had not understood, or if the questions raised points which show follow-up information is needed.
- Make sure that staff who take part in these sessions know that they can talk over any questions or concerns. For example, someone may be upset at a description of the type of care they have given in good faith, or the service user's experience may be close to their own personal or family experiences.
- The service users who delivered the training should also have access to someone afterwards, to talk over any issues for them. This is usually done by a team of service users for each other. If the person giving the training is not a member of such a group, talk over beforehand where they are going to get this type of support.
- Make sure that all the practical aspects – such as travel expenses – are handled smoothly.

6.4 National Standards for Community Engagement

The 10 national standards for community engagement are those against which any engagement and involvement in NHSH should be conducted. A summary of ten standards is listed below. This summary is also a useful checklist when thinking about how to work effectively with groups.

The Involvement Standard

Identification and involvement of people and organisations who have an interest in the focus of the engagement.

The Support Standard

Identify and overcome any barriers to involvement.

The Planning Standard

Gather evidence of the needs and available resources and use this evidence to agree the purpose, scope and timescale of the engagement and the actions to be taken.

The Methods Standard

Agree and use methods of engagement that are fit for purpose.

The Working Together Standard

Agree and use clear procedures that enable the participants to work with one another effectively and efficiently.

The Sharing Information Standard

Ensure that necessary information is communicated between the participants.

The Working with Others Standard

Work effectively with others with an interest in engagement.

The Improvement Standard

Develop actively the skills, knowledge and confidence of all the participants.

The Feedback Standard

Feedback the results if the engagement to the wider community and agencies affected.

The Monitoring and Evaluation Standard

Monitor and evaluate whether the engagement achieves its purposes and meets the national standards for community engagement.

6.5 Good Practice Gathering Information and Evidencing Need

- We need to gather information about our population, specifically those groups of people who are known to experience particular disadvantage.
- Staff work with disability and other equality organisations to gather local and/or national statistics, and to get feedback on the experiences of service users.
- The needs of disabled people and people from other equality groups are considered in the design and implementation of all research programmes.

- Services are regularly monitored and evaluated to find out how people from different communities access services and to understand the different levels of use among certain groups.
- Staff and service users are a key source of information on the adjustments that need to be made.
- Ask service users for feedback on how appropriate and accessible services are and the extent to which the services meet their particular needs.

"I have a very rare genetic condition that few medical staff have even heard of, let alone have the level of in depth knowledge required to assist and treat me. My family and I have been living with my condition since I was born, meaning that we have 29 years of knowledge and experience.

We often find, however, that medical professionals display what could be called a 'professional arrogance' when trying to treat me. While my family and I may not be experts in medical terminology and the latest care techniques, we do know how I feel, we know what makes me comfortable and we know what I can and cannot do. Unfortunately this knowledge and experience often seems to be ignored or patronised by medical staff."

FMR Research (2006), Final report: Fair for All – Disability: service user consultation for NHS Greater Glasgow.

Appendix 1
Accessibility: good practice in estates and environment

It is recognised that not all staff are able to influence the buildings and surroundings they work in. The information below is included to provide hints and tips if any opportunities do arise for making changes.

Car Parking Good Practice

- Accessible car parking spaces
  - must be within 45 metres of the building entrance
  - must be clearly marked
  - must have room for a hoist at both sides and at the rear
  - must be situated on level ground with safe and easy access to the pavement
- Where parking areas are barrier controlled, the intercom systems must meet the needs of people with sensory impairments and communication difficulties.
- Accessible car parking bays have signs clearly stating monitoring procedures.
- There are "set down" and "pick up" points near the entrance to the building which can be used by disabled people who may not be able to walk to a car or use public transport.
- There is a sheltered seating area for people waiting to be picked up or escorted.

Approaching Buildings Good Practice

- All entrances are located and signposted clearly from the street, car park and around the building.
- Paths are kept clear of obstacles such as benches, bollards and bins.
- Good lighting highlights paved areas, door entrances, door entry systems and any obstacles.
- Lighting should be checked for suitability both during the day, evening and at night.
- Lighting should be evenly distributed ensuring it does not cause glare and shadows. This is particularly important for people with a visual impairment or with perceptual difficulties.
- Handrails and resting places are provided along pathways and there is turning space for wheelchair users or for people being escorted.
- Tactile surfaces are used to highlight any steps, stairways or changes in level.
- Entry phones are installed with the following features:
  - The colour of the entry phone contrasts with the surrounding walls.
  - They are positioned 900-1200mm above floor level.
  - Buttons or handsets can be operated by people with dexterity problems.
  - Systems are suitable for people with sensory impairments or communication difficulties.

Building Entrances Good Practice

- Entrance doors are clearly distinguishable and colour contrasted with the surrounding area.
- The colour of the handles should contrast with the door and handles should be easy to grip.
- Where appropriate automatic sliding doors are used in preference to those that swing or rotate, as they allow unobstructed access.
- Where swing doors are used they should have automatic release hold open devices.
- Doorways are wide enough to accommodate people in wheelchairs and a person accompanied by an escort or an assistance dog.
- Weather mats are textured and are flush with the floor so as not to cause a slip or trip hazard for people with mobility problems.
- Ramps are provided at entrances to those buildings which do not have a level approach.
- Lighting does not cause glare on doors or windows near to entrances.
- Awnings are installed where glare is a problem.

Appendix 2
Accessibility and Legal Requirements

Accessibility and Legal Requirements

- There are a range of legal requirements that also require all NHS Boards as public bodies to recognise and respond to people's needs in relation to equality.
- Part 3 of the Disability Discrimination Act 1995 (DDA) covers rights of access to goods, services, facilities and premises for disabled people.
- The Disability Equality Duty 2006 (DDA) builds on these legal requirements to make reasonable adjustments by requiring action to be taken at strategic level to address institutional discrimination.
- The Equality Act (Sexual Orientation) Regulations 2007 highlight the need to address barriers that prevent LGB people from accessing services.
- The Race Relations Amendment Act (2000) requires a proactive approach to addressing discrimination.
- The Single Equalities Act (2006) and the introduction of the single equality commission (Equality and Human Rights Commission) have sort to ensure that services and facilities are accessible for other equality groups.

Further information about equality and legislation can be found at the Equality and Human Rights Commission Website www.equalityhumanrights.com

The Role of Policy and Legislation in Involvement

The main policies and legislation which set out the requirement for the NHS to involve service users are:

- Disability Equality Duty, 2006
- Delivering for Health, Scottish Executive Health Department, 2005
- NHS Reform (Scotland) Act, 2004
- National Standards for Community Engagement, Communities Scotland 2004
- Patient Focus and Public Involvement, SEHD,2001
- Our National Health, SEHD, 2000

Appendix 3
Plain English Guide

How to write in plain English

Copyright

Contents

This guide begins with an introduction titled: So what's plain English? The guide then looks at the main ways to make writing clearer:

- Keep your sentences short
- Prefer active verbs
- Use 'you' and 'we'
- Choose words appropriate for the reader
- Don't be afraid to give instructions
- Avoid nominalisations
- Use positive language
- Use lists where appropriate

The guide then looks at the difficult subject of apologising, and then deals with some of the myths that can get in the way of clear communication.

The guide finishes with a summary and a list of words to avoid.

So what's plain English?

First let's say what plain English isn't and destroy some of the myths about it. It's not 'cat sat on the mat or 'Peter and Jane' writing. Almost anything – from leaflets and letters to legal documents – can be written in plain English without being patronising or over–simple.

It doesn't mean reducing the length or changing the meaning of your message. Most of the UK's biggest insurance companies produce policies that explain everything fully in plain English.

It's not about banning new words, killing off long words or promoting completely perfect grammar. Nor is it about letting grammar slip.

It is not an amateur's method of communication. Most forward–looking senior managers always write in plain English.

And finally, it is not as easy as we would like to think.

Sadly, thanks to the bureaucrats of public service industries, local councils, banks, building societies, insurance companies and government departments, we have learned to accept an official style of writing that is inefficient and often unfriendly. But in the last few years, many of these offenders have started to put things right, either rewriting their documents clearly or training their staff in the art of plain English or both.

The main advantages of plain English are:

- it is faster to write;
- it is faster to read; and
- you get your message across more often, more easily and in a friendlier way.

If you spend more than an hour a day writing, you are to an extent a professional writer. So it's vital that you get it right.

So what is plain English? It is a message, written with the reader in mind and with the right tone of voice that is clear and concise.

Keep your sentences short

Most experts would agree that clear writing should have an average sentence length of 15 to 20 words.

This does not mean making every sentence the same length. Be punchy. Vary your writing by mixing short sentences (like the last one) with longer ones (like this one), following the basic principle of sticking to one main idea in a sentence, plus perhaps one other related point. You should soon be able to keep to the average sentence length − used by top journalists and authors − quite easily.

However, at first you may still find yourself writing the odd long sentence, especially when trying to explain a complicated point. But most long sentences can be broken up in some way.

Prefer active verbs

Do you want your letters to sound active or passive − crisp and professional or stuffy and bureaucratic?

To explain the difference between active and passive verbs, we need to look briefly at how a sentence fits together. There are three main parts to almost every sentence:

- a **subject** (the person, group or thing doing the action);
- a **verb** (the action itself); and
- an **object** (the person, group or thing that the action is done to).

To give an example, in the sentence 'Peter watched the television':

- the **subject** is Peter (he is doing the watching);
- the **verb** is watched; and
- the **object** is the television (it is being watched).

Of course, there will usually be lots of other words as well. For example: 'Peter, the boy from number 13, watched the television every Friday night'. But the subject, verb and object are still there.

With an **active** verb, the three parts appear in a particular order: **subject** then **verb** then **object**. For example:

Peter (**subject**) watched (**verb**) the television (**object**).

'Watched' is an active verb here. The sentence says who is doing the watching before it says what is being watched.

With a passive verb, the order is reversed: **object** then **verb** then **subject**.

The television (**object**) was watched (**verb**) by Peter (**subject**).

'Watched' is a passive verb here. The sentence says what is being watched before it says who is doing the watching. You can see that by making the sentence passive, we have had to introduce the words 'was' and 'by', and the sentence becomes more clumsy. Remember that the subject is not always a person and the object is not always a thing! 'The tree crushed Peter' is active but 'Peter was crushed by the tree' is passive.

Here are some more examples of how to turn a passive verb into an active verb.

This matter will be considered by us shortly. (Passive)

We will consider this ma t er shortly. (Ac t ve)

The riot was stopped by the police. (Passive)

The police stopped the riot. (Ac t ve)

The mine had to be closed by the authority. (Passive)

The authority had to close the mine. (Ac t ve)

Passive verbs cause several problems:

- they can be confusing;
- they often make writing more long–winded; and
- they make writing less lively.

Good uses of passives

There are times of course when you should use a passive.

To make something less hostile – 'this bill has not been paid' (passive) is softer than

'you have not paid this bill' (active).

To avoid taking the blame – 'a mistake was made' (passive) rather than 'we made a mistake' (active).

When you don't know who or what the doer is – 'the England team has been picked'.

If it simply sounds better.

But aim to make about 80 to 90% of your verbs active.

This difference between active and passive verbs is not easy to grasp. Some people never really get it. So if you are any way confused, read this section again.

Use 'you' and 'we'

Try to call the reader 'you', even if the reader is only one of many people you are talking about generally. If this feels wrong at first, remember that you wouldn't use words like 'the applicant' and 'the supplier' if you were speaking to somebody sitting across a desk from you.

Here are some examples of this.

Applicants must send us...

You must send us...

We always tell customers before we...

We will tell you before we...

Advice is available from...

You can get advice from...

Similarly, always call your organisation 'we'. And there is nothing wrong with using 'we' and 'I' in the same letter.

Use words appropriate for the reader

When you are talking to your reader, say exactly what you mean, using the simplest words that fit. This does not necessarily mean only using simple words – just words that the reader will understand.

At the end of the course is a list of a few of the words that we suggest you avoid. But for most words you will have to decide yourself whether they are suitable.

Jargon is a type of language that is only understood by a particular group of people, such as an industry or a club. You can use jargon when writing to people who will understand the terms and phrases; it can be a useful form of shorthand. But try to avoid using specialist jargon on the general public. So in general, keep to everyday English whenever possible. And again, imagine talking to your reader across a table.

Don't be afraid to give instructions

Sit!

Brush your teeth.

Please send it to me.

These are all commands – officially called imperatives. They are the fastest and most direct way of giving someone instructions.

However, if we asked a hardened bureaucrat to write these expressions, we would end up with something like this:

Dogs are advised that they should sit down.

Your teeth should be brushed.

I should be grateful if you would send it to me.

There always seems to be a fear of commands. The most common fault is putting 'customers should do this' or 'you should do this' instead of just 'do this'. Perhaps people worry that commands sound too harsh. But you can often solve this by putting the word 'please' in front.

Here are some examples of long–winded phrases and shorter versions that use commands.

You should just think of it as a complete statement.

Just think of it as a complete statement.

Writers should aim to be punchy.

Be punchy.

They should be split where suitable.

Split them where suitable.

The last example is probably the worst because it uses a passive verb – 'should be split'. Unfortunately this is very common in instructions. For example:

The packet should be removed from the box. The contents should then be placed in the oven.

- Remove the packet from the box. Then place the contents in the oven.

Avoid nominalisations

A nominalisation is a type of abstract noun. (Is that plain English?) In other words, it is the name of something that isn't a physical object but a process, technique or emotion. Nominalisations are formed from verbs.

For example:

Verb Nominalisation

complete completion

introduce introduction

provide provision

fail failure

arrange arrangement

investigate investigation

So what's wrong with them?

The problem is that often they are used instead of the verbs they come from. And because they are merely the names of things, they sound as if nothing is actually happening in the sentence. Like passive verbs, too many of them make writing very dull and heavy–going.

Here are some examples.

We had a discussion about the matter.

- **We discussed the matter.**

There will be a stoppage of trains by drivers.

- **Drivers will stop the trains.**

The implementation of the method has been done by a team.

- A team has implemented the method.

Use positive language

Always try to emphasise the positive side of things.

For example:

If you don't send your payment, we won't be able to renew your membership of the scheme. (Negative)

Please send your payment so that we can renew your membership of the scheme. (Positive)

Use lists where appropriate

Lists are excellent for splitting information up. There are two main types of list:

- You can have a continuous sentence with several listed points picked out at the beginning, middle or end.
- Or you can have a list of separate points with an introductory statement (like this list).

In the list above, each of the points is fairly long (in fact, they are both complete sentences) so they each start with a capital letter and end with a full stop.

For the same type of list with short points, it is better to set it out like this.

Kevin needed to take

a penknife

some string

a pad of paper

a pen.

With a list that is part of a continuous sentence, put semicolons (;) after each point and start each with a lower−case letter.

If you can prove that:

you were somewhere else at the time;

you were not related to Mary; and

you are over 21;

you should be all right.

As you can see, the next to last point has ‘and’ after the semicolon. If you only had to prove one of the three points instead of all of them, this word would be ‘or’.

Always make sure each point follows logically and grammatically from the introduction. For example, if you took out ‘you’ from the second and third points it would still flow as a normal sentence but not as a list. The third point would then read, ‘If you can prove that are over 21’, which obviously does not make sense.

We have also used bullet points for each listed point. These are better than numbers or letters as they draw your attention to each point without giving you extra information to take in.

Apologising

If you are replying to a tricky letter, with a complaint or a difficult problem, put yourself in the reader’s shoes. Be professional, not emotional. You may have to give a firm, unwelcome answer, but be as helpful and polite as possible. If you are going to apologise, do so early. If the problem is your fault, say so. Apologise completely but concisely,

sympathetically but sincerely. And whether it is your fault or not, try to emphasise what you can do for the other person.

Myths

We’re not trying to be trendy here by breaking some of the grammatical rules. We’re just going to destroy some of the grammatical myths.

You can start a sentence with **and, but, because, so** • or **however**.

You can split infinitives. So you can say **to boldly go**.

You can end a sentence with a preposition. In fact, it is something **we should standup for**.

And **you** can use the same **word** twice in a sentence **if you** can’t find a better **word**.

Of course, this does not mean you should break these so−called rules all the time − just when they make a sentence flow better.

Summary

Stop and think before you start writing. Make a note of the points you want to make in a logical order.

Prefer short words. Long words will not impress your customers or help your writing style.

Use everyday English whenever possible. Avoid jargon and legalistic words, and explain any technical terms you have to use.

Keep your sentence length down to an average of 15 to 20 words. Try to stick to one main idea in a sentence.

Use active verbs as much as possible. Say 'we will do it' rather than 'it will be done by us'.

Be concise.

Imagine you are talking to your reader. Write sincerely, personally, in a style that is suitable and with the right tone of voice.

And always check that your writing is clear, helpful, human and polite.

Words to avoid

Try to use the alternatives we suggest in brackets.

additional (extra)

advise (tell)

applicant (you)

commence (start)

complete (fill in)

comply with (keep to)

consequently (so)

ensure (make sure)

forward (send)

in accordance with (under, keeping to)

in excess of (more than)

in respect of (for)

in the event of (if)

on receipt (when we/you get)

on request (if you ask)

particulars (details)

per annum (a year)

persons (people)

prior to (before)

purchase (buy)

regarding (about)

should you wish (if you wish)

terminate (end)

whilst (while)

These are just a few suggestions. We have a much more comprehensive A–Z available on our website at:
www.plainenglish.co.uk

Training from Plain English Campaign

We offer training courses to teach you how to design and write your documents in plain English. We run two types of course: open courses, held at various hotels throughout the country, where anyone can attend; and in−house courses, where we come to an organisation and train your staff. This means we can tailor our training to your organisation's work.

You can also follow our Plain English Diploma Course. This is a 12−month course, leading to a qualification in plain English.

We now offer two courses teaching English grammar. Our Grammar Check Course is designed to teach delegates the fundamentals of grammar, punctuation, sentence construction and spelling which are so essential for clear communication. We also occasionally hold an Advanced Grammar Course, which goes into more detail on the grammar of standard English.

You may also be interested in The Plain English Course − our pack of materials to help you train your own staff.

If you have any specific questions about training courses, please call: our training manager **Helen Mayo** on **01663 744409** or e−mail us. **info@plainenglish.co.uk**

Appendix 4
Tip Cards

Fair for all – disability
Positive Action – Real Change

Tip cards

Language and communication support

People with a learning disability

People with a sensory impairment

Guiding people and assistance dogs

People with a mental health problem

Asking Service Users

NHS Health Scotland

Dear Reader

Whether you are responding to an emergency or routine day-to-day work you will encounter people with disabilities who may require assistance.

We have developed these tip-cards in partnership with the Royal College of General Practitioners (Scotland). They have been adapted from the Fair for All-Disability guidance 'Achieving Fair Access' as a quick, easy-to-use information resource.

They are not meant to be a comprehensive source of information on all disabilities but they will help you when you need some quick pointers in meeting the individual needs of patients. Using a combination of whose good practice tips will be helpful for people with a range of disabilities.

For more information visit our website at: www.fairforalldisability.org

For more information about the Royal College of General Practitioners visit their website at: www.rcgp-scotland.org.uk

The words we use

Discrimination can start with language. If you use outdated terminology, people are more likely to think you do not have an understanding of disability or of their specific needs.

Do say	Don't say
Disabled people, people with disabilities	The disabled, the deaf, the blind
Physical disability	Cripple, handicapped
Mr Smith has epilepsy	Mr Smith is an epileptic
Person with a learning disability	Mentally handicapped or mentally retarded
Deaf, profoundly deaf, deaf without speech	Deaf and Dumb
Wheelchair user	Wheelchair bound
Mental health problem	Mental condition or mental disorder

If you are in any doubt, ask "how would you like to be addressed?"

Communication support

There are a variety of reasons why someone may use communication support. It is important to ask the person for their preferred type of support (e.g.: sign language, talking mats, etc) and not assume what is best.

Points to consider:

- Use normal volume, intonation and grammar. Do not shout.
- Maintain natural eye contact and allow time for people to express themselves without interruption.
- Rephrase your message if you are not understood. Do not give up.
- Use closed questions so they can give yes and no answers.
- Listen and look out for expressive behaviours, such as facial expressions, body language, pointing.
- Don't pretend you understand the person if you don't.
- Try and make sure that you are facing the person you are speaking to.
- Don't assume someone fully understands simply because they say yes or no.

Meeting the needs of people who have a learning disability

The physical health needs of people with learning disabilities are often overlooked because of communication difficulties.

Points to consider:

- Talk directly to the service user rather than to a carer, personal assistant or advocate.
- Explain what is going to happen to help reassure and calm them.
- Avoid the use of jargon. Use plain language with familiar words and short sentences.
- Check that you have understood what the person is saying to you and that they understand you.
- Make sure any further information is available in an appropriate format, such as easy-read.
- Provide time and opportunities for questions.

Meeting the needs of people who are Deaf or hard of hearing

People who are hearing impaired vary in the extent of hearing loss they experience.

Points to consider:

- Find out the person's preferred method of communication in advance and book any support, such as British Sign Language (BSL) interpreter or lip-speaker
- Face the person when speaking. Make sure the area has good lighting and don't obscure your face.
- Use plain language and avoid slang words, expressions or jargon. Speak clearly but do not shout.
- Use appropriate facial expressions and hand gestures as visual clues, but do not exaggerate.
- Keep a pen and paper handy to write things down. Use diagrams if available.
- Check if you have been understood and repeat or rephrase if necessary.

Meeting the needs of people who are Deaf blind

Deadblind people have combined sight and hearing loss which leads to difficulties in communicating, mobility and accessing information. The tips given on other cards for hearing and visual loss may also assist.

Points to consider:

- Most Deafblind people will have some hearing and/or some vision. Deafblind people use guide communicators.
- Always ask in advance for their preferred method of communication and book guide communicator support if required.
- Agree with the patient that this information can be recorded in their notes for future visits
- Make sure communication support is available for the whole visit, not only for the examination. This will help the service user and all staff.
- Allow plenty of time for questions and check for understanding.

Meeting the needs of people who have a visual impairment

People with a visual impairment will vary in the extent of sight loss they experience.

Points to consider:

- DO not assume what the person can or cannot see.
- Speak naturally and directly. DO not shout.
- Always state your name and who you are, even if you have only been away for a short time.
- Explain what is going to happen and make sure they are kept informed of any procedures or treatments.
- Make sure any information is available in an appropriate format, such as large print or on tape.
- If medication is prescribed explain how, why and when it should be taken and any possible side effects.

Guiding People

A person who is blind, partially sighted or Deafblind may not need, or want, your help. Always ask if they need assistance, but do not assume.

Points to consider:

- Offer assistance but let the person explain what help is needed.
- Offer your arm and guide their hand to your elbow to allow them to grip it.
- State in which direction you are going.
- The person may walk slightly behind you to gauge obstacles.
- Advise people of obstacles such as stairs, doorways, ramps, other people etc.
- When you have reached your destination describe the lay-out of the room to the person and ask if any further assistance is needed.

Assistance dogs

An assistance dog will have formal identification and has been specifically trained and registered as a member of Assistance Dogs UK.

Points to consider:

- A service dog can be identified usually by their harness or their identification coat.
- Dogs should not be patted or otherwise distracted when working or when in harness.
- Be aware that 'hearing dogs' may jump up onto their companion if telephones or alarms sound.
- Arrangements should be put in place if the client is admitted to hospital.
- If you are required to take the dog whilst advising the client, hold the dog's leash and not the harness.

Meeting the needs of people with mental health problems

Some people with a mental health problem can experience multiple discrimination. This can be due to a lack of understanding of their mental health and how it relates to their physical and spiritual health needs.

Points to consider:

- Provide longer appointment times to give you both time to explain and understand what is needed.
- Try and be flexible with appointment times. There may be some times of the day when it is unsuitable because of medication.
- Encourage people with mental health problems to have a friend, relative or advocate with them if they would like to support.
- Some people with mental health problems may have had negative experiences of health services in the past. Listen and involve them in planning their care and treatment.

Asking Service Users

Disabled people and their carers are the best source of information about the types of support they are likely to need.

Points to consider:

- If it is a repeat visit, confirm that the previous arrangements will be provided and ask if anything could be improved.
- Ask the person if they would like a carer or relative to help them explain their needs to staff. It is important to get the person's consent before you involve other people.
- Welcome suggestions – encourage service users to give you feedback on their care and treatment.
- Agree with the person what relevant information should be included in any referral letters or patients records.
- Get together with your staff team and review what you have learned and how you can build that into your practice.

Appendix 5
Key Sections taken from NHS Highland Patient Information Policy

Information taken from the NHSH Patient Information Policy 2007

Definition of patient information

The term "patient information" includes all types of information about illness, therapy, treatment or surgery, as well as general information about services and support. It does not include personal or confidential information about individuals.

Why do people need information about health and healthcare interventions?

In NHS Scotland's **"Draft Guide to the Production and Provision of Information about Health and Healthcare Interventions", 2003** (10) the following are cited as reasons for people to need information about health and healthcare interventions:

- Understand what is wrong with them;
- Understand what particular tests and treatments involve and what their outcomes might be;
- Contribute in a more informed way to discussion or decisions about their care;
- Care appropriately for themselves and their families;
- Know when to seek professional help and be able to make the most of consultations;

- Be reassured and feel able to cope;
- Explain to others (for example, families, friends or employers) what is wrong with them and what treatments they might need;
- Identify further sources of information, self-help groups, or health and social care professionals who can offer appropriate services and support;
- Be aware of the services which are available;
- Understand what their rights are;
- Ask for a second opinion;
- Know what to do if something goes wrong, or if they want to comment on the service they have received;
- Enable people to give informed consent to healthcare procedures;
- Enable carers to understand how best to support people in their care.

Key principles for patient information

The following principles will apply to Patient Information.

We will ensure all our information:

- Clearly states its aims and defines who the information is targeted at
- Is accurate, clear and relevant to its target audience and reflects local circumstances

- Supports patient focused health care
- Is made available in different formats to inform people with different needs
- Is sensitive to the needs of all groups in society for example, ethnic minority groups
- Includes the principles of plain English
- Is well presented and incorporates the NHS Highland corporate identity
- Is based on current, evidence-based information, which identify treatment options, possible outcomes, risks and possible side-effects
- Involves patients and patient groups in its development and evaluation
- Is developed with the relevant members of the multidisciplinary team to ensure a diversity of knowledge, expertise and experience is utilized
- addresses questions and concerns that are important to patients
- Informs readers about further sources of information and support available
- Includes contact details so patients can ask for further information and feedback comments and suggestions
- Includes a production and review date of no more than 2 years to allow information to be updated regularly.

The Medical Illustrations Department,

who are based at Raigmore Hospital, can help with producing a patient information leaflet. Medical Illustrations can help design and put together a patient information leaflet ready for printing. The text of the leaflet needs to be supplied to them, wherever possible electronically.

Medical Illustration contact details:
Extension 4240
Phone 01463 704240

The Health Information and Resources Service

NHS Highland's Health Information and Resources Service can be a very useful resource to establish if a particular topic has been covered, or if information is available. The service is open Monday to Friday, 9.30am - 4pm and can be visited at the Health Information Point, Outpatients Department, Raigmore Hospital.

Contact details:
Phone 01463 704647
http://www.informatics-scitech.co.uk/healthyhighlanders/

Using other organisations' information

If an information product is already available in the public domain, you may wish to consider using it. The following procedure should be followed:

- Ensure that this information has been developed by a reputable source and is accurate, up to date and meets guidelines

- Ensure you have permission of the producers of this information to distribute it to the appropriate target group.

See external Information evaluation tool for further guidance. (Appendix 5)

Funding and Printing

Funding should be considered at the planning stage. NHS Highland recommends that in the majority of instances printed information can be produced locally via a PC inkjet or laser printer. The cost of paper, and ink cartridges needs to be considered.

Leaflets should be printed from a PC whenever possible. If leaflets are photocopied always ensure that copying is done from an original. Photocopies which consist of photocopies of photocopies should not be used. Photocopying information increases the risk of providing out of date/inaccurate information. Ensure the leaflet to be copied is an original and the latest issue. Photocopies should be carefully checked to ensure that they are all legible and clear and give a good impression of the NHS Highland leaflet.

If the information is to be distributed in large quantities over a short period of time, it may be more cost effective to have the printing undertaken by a printing company. As a rough rule if 1000 plus leaflets are being produced it is probably cheaper to get them printed.

Funding may be obtained from the department's stationery budget. Budget holder's approval must be gained prior to ordering. It may be appropriate to seek sponsorship.

Commercial information and sponsorship

A written contract between NHS Highland and the sponsor must be completed.

The following principles apply:

Integrity and openness: the involvement of the sponsor in producing the leaflet and the basis on which the support was obtained should be made available.

Equal relationship: NHS Highland and any sponsor must work together to ensure an equal relationship in the interest of the public and patients. Maintenance of independence: the sponsor will gain recognition for their support through a standard acknowledgement. For example, "This leaflet was supported by an educational grant from……" or, "NHS Highland is grateful to…… for their support in printing this leaflet."

NHS Highland will not endorse any sponsors or advertise **products** or services.

Commercial information may be supplied to a patient as part of user education if as part of their care plan, a patient has used a product. That product should be considered along with other similar products and the decision based on clinical assessment and cost

References

NHS Quality Improvement Scotland

NHS Quality Improvement Scotland incorporating the Clinical Standards Board for Scotland. Its role is to improve the quality of health care in Scotland by setting standards and monitoring performance, and by providing advice, guidance and support

to NHS Scotland on the effective clinical practice and service improvements. Patient Information and Patient/Staff communication are an integral part of CSBS generic standards. http://www.nhshealthQuality.org

Seeking Patients' Consent: Doctors & Patients making decisions together

http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance/index.asp

"The NHS and You"

Health Rights Information Scotland.
http://www.hris.org.uk/?o=1180

Guide to Communications and Engagement Planning

http://intranet.nhsh.scot.nhs.uk/Well%20Informed/Documents/MASTER%20Communications%20and%20Engagement%20guidance%20Nov%2008.doc

Draft Guide to the Production and Provision of Information about Health and Healthcare Interventions

http://www.scotland.gov.uk/Publications/2003/10/18378/28161

Before you write a leaflet, the following issues should be considered:

1. To what extent should patients' views be canvassed?
2. Is a leaflet on the same subject available from elsewhere?
3. Is new information needed?
4. Is a leaflet the best way of meeting that need?
5. How will the leaflet link with and support clinical advice?
6. What is the aim of the leaflet? Should it:
   - describe a condition?
   - allay anxiety?
   - provide instructions?
7. When is the most appropriate time for patients/ carers to receive this information?
8. How will the leaflet be distributed, and by whom?
9. What quantity will be required annually?
10. How much will production of the leaflet cost?

Authors of leaflets which contain clinical information should:

1. Agree the content with relevant professional colleagues
2. Use simple words and avoid the use of medical jargon
3. Write in a way that engages people's interest - address them personally (i.e. as "you" rather than "the patient")

4. Use illustrations where possible, but avoid clip art
5. Avoid using a patronising tone
6. Make sure the information is accurate, complete and up to date
7. Outline uncertainties and gaps in scientific knowledge
8. Provide comprehensive and unbiased information about outcomes (both risks and benefits) based on research evidence and guidelines
9. Include all appropriate options, including non-intervention, where providing information about treatment

Writing clearly - 10 principles to guide you

1. Use mainly short sentences. Some longer sentences, but not too many, will help your text to flow well. Whenever possible keep sentences to less than 20 words. We are advised that the average reading age of people in Scotland is 9 years and language should be kept as simple as possible.
2. When using sentences that have 2 clauses linked by "because" or "if", put the "because" or "if" clause first. For example: "If your wound starts to bleed , contact your doctor".
3. Whenever possible use ordinary words instead of specialised medical terms. However, at times, it may be better to use a specialised term, for instance if you would lose the correct medical meaning by using an ordinary word.

4. When you need to use a specialised word, explain what it means when you first use it. For example: “Your breast X-ray, often called a mammogram, will only take a few minutes”. Or, you could put a list of definitions at the front of the leaflet where your patients can find it easily.

5. Avoid using shortened forms of names such as acronyms and abbreviations. If you think it is necessary to use a shortened term, explain what it stands for when you first use it. For example: “The Special Care Baby Unit, or SCBU for short, is .....”

6. Use personal pronouns (I, we, us, you) rather than impersonal ones (they, she, he, one).

7. Avoid using passive verbs. For example if you write “The tablets should be taken twice a day” you are using a passive verb. If you write “Take the tablets twice a day” you are using an active verb. Active verbs make information easier to understand.

8. Always describe what you want people to do, not what you don’t want them to do. “Give only when the patient wheezes” is clearer than “Do not give unless the patient is wheezing”.

9. If numbers need to be used in your text it is better to use the figure rather than the full word. For example; “Take 2 tablets 3 times a day” rather than “Take two tablets three times a day”.

10. Finally check your leaflet for spelling or typing mistakes. If possible use a spell checker to help with

this. It is also a good idea to ask someone else to read through the leaflet and check for mistakes.

Style of printed written information

Style is important to ensure the message is clearly communicated. A corporate look provides credibility to the information, ensures accountability, and promotes confidence. All written information materials should contain the following:

Front cover

- NHS Highland logo in top right hand corner of leaflet.
- The NHS Highland strap line “Working with you to make Highland the healthy place to be” should be put at the bottom of the front cover.
- Black ink on matt white paper for high contrast (recommended by the RNIB)
- Font type, Arial
- Font size should be no less than 12
- Title, font size, 20-24
- Main body
- Narrative, Arial 12. Use larger fonts for people likely to have a visual impairment
- Align text to left, do not justify
- Use bold for headings or emphasising a point

- Use colour only if it will enhance your message significantly, colour cost more

Back cover

- Production and review date
- Version number
- Name of staff member or group who developed the leaflet
- This should be done by using a grid as shown below at the bottom of the back cover

Issue No.	Date of Issue	Review Date:
Devised by S…… and D……		

- Staff contact details identified by designation and direct dial (phone number or extension
- Details of further information sources and support available
- Concluding statement about source of information
- Copyright note if applicable
- There should be a statement to the effect that the leaflet is available in different formats. Suggested wording is "This leaflet is also available in different formats. These include large print, audiotape and different languages. To get the leaflet in another format please contact……"

- **Format**

Layouts of leaflets can be in different formats as shown below:

- A4 letter style
- A4 folded into two - booklet style (becomes A5 size)
- A4 triple folded into three columns
- A5 leaflet/booklet

Illustrations

If presented well, illustrations can minimise text and may help to explain complex information. The use of hand drawn illustrations is not recommended unless the quality is of exceptional standard. Illustrations should not be used simply to fill in spaces, as some illustrations can be distracting. Avoid clipart, as it does not add to the reputation of a professional organisation. If you include illustrations please ensure they are necessary.

Patients whose first language is not English Health Rights Information Scotland (HRIS)

HRIS have produced a range of patient information leaflets for the NHS in Scotland. These include:

- The NHS and You.
- Making a complaint about the NHS.
- Confidentiality - it's your right
- Consent - it's your decision

- How to see your health records

The leaflets are available in a range of languages; easy read versions; a CD-Rom version, which includes subtitles, voiceovers, graphics, and British Sign Language (BSL); and in audio versions.

Clear Print Hints and Tips

Type size

The size of the type (known as point size) significantly affects its legibility and is one of the most important features to bear in mind.

Font size 10 point is too small for most readers

12 point is recommended for general readers

14 point is commonly used in large print books, also needed for Children and older people.

16 point is used, by the RNIB, for partially sighted people.

- In order to convey emphasis there are many tools, e.g. block capitals, underlining, bold print and italics. Generally only two of the options are required to emphasise.

SO AVOID THE TEMPTATION TO USE ALL OF THEM AT ONCE!

- A note about BLOCK CAPITALS - There is a body of evidence that shows that upper and lower case is easier to read than upper case only. The shape of the word is an aid to the reading of it, e.g. Dingwall, Brora, Lochgilphead, Portree, and Kingussie as opposed to DINGWALL, BRORA, LOCHGILPHEAD, PORTREE, and KINGUSSIE.

- Darker colour papers generally provide more difficult backgrounds for reading, blue and purple are worse than others. For people with a sight impairment it is better to contrast the text colour with an appropriate paper colour e.g. black text on a lemon background.

Contrast

The contrast between the background and the type is also extremely important. The better the contrast, the more legible it is. Contrast will be affected by the size and weight of the type.

Typeface

The choice of typeface is less important than size and contrast. As a general rule, stick to typefaces that people are familiar with and will recognise easily, such as Arial. Avoid italic, simulated handwriting and ornate typeface, as these can be difficult to read.

Type style

Avoid capital letters, as they are generally harder to read. A word or two in capitals is fine but avoid the use of capitals for continuous text.

Spacing

The spacing between one line of type and the next is important. As a general rule, the space should be 1.5 to 2 times the space between words on a line.

Type weight

People with sight problems often prefer bold or semi-bold weights to normal ones. Avoid light type weights.

Numbers

If you print documents with numbers in them, chose a typeface in which the numbers are clear.

Readers with sight problems can easily misread 3,5,8,0.

Line length

Ideally, line length should be between 60- 70 letters per line. Lines that are too long or too short tire the eyes. The same applies to sentences and paragraph lengths, which should also be neither too long nor too short.

Word spacing and alignment

Keep to the same amount of space between each word. Do not condense or stretch lines of type. The RNIB recommends aligning text to the left margin, as it is easy to find the start and finish of each line and keep the spaces even between words (this document has been produced using this format). It is best to avoid justified text as people can mistake gaps between words for the end of the line.

Columns

Make sure the margin between columns clearly separates them. If space is limited, use a vertical rule.

Se t ng text

Avoid fitting text around images if this means that lines of text start in a different place, and are therefore difficult to find. Set text horizontally, as text set vertically is extremely difficult for a partially sighted reader to follow. Avoid setting text over images, for example photographs. This will affect the contrast and if a partially sighted person is avoiding images, they will miss the text.

Forms

Partially sighted people tend to have handwriting that is larger than average, so allow extra space on forms which are part of a leaflet. This will also benefit people with conditions that affect the use of their hands, such as arthritis.

Naviga t onal aids

It is helpful if recurring features, such as headings and page numbers, are always in the same place. A content list and rules to separate different sections are also useful. Leave a space between paragraphs as dividing the text up gives the eye a break and makes reading easier.

Paper

Avoid glossy paper as glare makes it difficult to read. Choose uncoated paper that weighs over 90gsm. As a general rule, if the text is showing through from the reverse side, then the paper is too thin. Readability of the printed material will also be improved if black ink is used on cream or pastel paper. If coloured print and paper are used, two shades of the same

colour should be avoided, and a light colour should be used for the background.

Format

When folding paper, avoid creases that obscure the text. People who use screen magnifiers need to place the document flat under the magnifier, so try not to use a binding method that may make it difficult to flatten the document.

Patent Information Checklist

Further information is included in Italics.

1. Does the front cover contain a full title, the NHS Highland logo and the NHS Highland strap line?	Yes ☐ No ☐
2. Is the leaflet easy to follow? *(Is it clear where page 1, 2, 3. is? Sometimes leaflets are folded the wrong way).*	Yes ☐ No ☐
3. Is NHS Highland logo included on the top right hand corner of the front cover?	Yes ☐ No ☐
4. Has a single style of design and layout been maintained throughout the leaflet?	Yes ☐ No ☐
5. Has the target audience been clearly defined?	Yes ☐ No ☐
6. Are the aims of the leaflet stated?	Yes ☐ No ☐
7. Is the font type clear and easy to read? *(Variations in font type are not recommended. One type only is appropriate. Arial is recommended.)*	Yes ☐ No ☐
8. Is the font size appropriate for the recipients (size 10 is quite small Size 12 is recommended for general readers, size 14 is recommended for children and older people, size 16- 20 is used for partially sighted people).	Yes ☐ No ☐
9. Is the paper mail white or pastel coloured?	Yes ☐ No ☐
1O. ls the print colour black?	Yes ☐ No ☐

11. Have the headings or tools to convey emphasis been used according to recommendations? *(The RNIB **recommends the use of bold only,** as the use of CAPITALS and underlining are difficult for the visually impaired to read).*	Yes ☐ No ☐
12. Has the information been organised in sections with headings and sub-headings?	Yes ☐ No ☐
13. Is the line spacing sufficient for easy reading?	Yes ☐ No ☐
14. Are there any illustrations?	Yes ☐ No ☐
15. Do the illustrations enhance the written information? *(check: do the illustrations get the message across?)*	Yes ☐ No ☐
16. Is the leaflet of acceptable quality? *(Is it of similar quality to the original; photocopies often end up as photocopies of photocopies. This leads to the production of illegible leaflets).*	Yes ☐ No ☐
17. Has plain English been used? *(check: does the text contain language used in everyday conversation?)*	Yes ☐ No ☐
18. Has a patient friendly tone been used?	Yes ☐ No ☐
19. Have personal pronouns been used? *(I, we, us rather than impersonal they, she, one)*	Yes ☐ No ☐
20. Have any technical/medical terms been explained?	Yes ☐ No ☐
21. Is the average sentence length under 20 words?	Yes ☐ No ☐

22. Has the leaflet been checked for any spelling or typographical errors?	Yes ☐ No ☐
23. Is the information available in other formats? (e.g. on audio-tape)	Yes ☐ No ☐
24. Are sources for additional information included? *(For example, telephone number, staff member, ward /department or other useful resources and support).*	Yes ☐ No ☐
25. Are sources specified and referenced?	Yes ☐ No ☐
26. Has any sponsorship been declared?	Yes ☐ No ☐
27. Is clinical information based on best available evidence?	Yes ☐ No ☐
28. Are any risks, uncertainties and alternatives discussed?	Yes ☐ No ☐
29. Have the names of staff members or group who developed the leaflet been included?	Yes ☐ No ☐
30. Is the date of the production included?	Yes ☐ No ☐
31. Is the review date included?	Yes ☐ No ☐
32. Was there patient involvement in the development of the leaflet?	Yes ☐ No ☐
33. Has the leaflet been piloted with target audience and/or patients/ patient representatives?	Yes ☐ No ☐

Appendix 6
Accessible Venues Checklist

NHS Highland Event Accessibility Checklist April 2008

This is an event checklist for NHS Highland staff to check whether or not a venue and event are accessible and how we can make them more accessible. You are advised to visit a venue and use this checklist whenever possible before booking.

In the Building

ENTRANCES	✓
Can people enter, exit and move around the building with ease? ① Will the venue still be accessible when delegates and attendees are moving around?	
Is the reception desk at a height suitable for people in wheelchairs? ②	
Can the event/meeting take place on one floor only? (This will prevent the need to use lifts or expect any persons with mobility or sensory impairment issues negotiating stairways).	
Does the venue have accessible toilets? ③	
Has the venue been made aware of its obligation to admit assistance dogs?	
TRAINING	
Have staff employed by the venue received training about the potential implications of the Disability Discrimination Act?	

	✓
Does the venue regularly use staff or casual staff – will they have had disability awareness training? (This needs to be addressed – if staff have not received training to date, what measures could be put in place before the event?)	
EVACUATION PROCEDURES	
Do the evacuation procedures take account of disabled people including wheelchair users and people with a hearing impairment?	
Is information about evacuation and emergency procedures accessible in different formats such as Braille or large print? (If not, this info must be provided verbally at the start of the event.)	
FACILITIES	
Are there loop systems available throughout the venue and in all rooms to be used at the event?	
Are there staff within the venue trained to operate the loop system and with access to further assistance should the system fail?	
If the event includes breakout areas for workshops etc will these be in separate rooms to ensure that people with hearing aids etc do not overhear conversations amongst other groups?	

	✓
If the seating in the venue is tiered, is there enough space at the front for wheelchair users or assistance dogs?	
Are the chairs comfortable for sitting for extended periods and do at least some of the chairs have arms?	
Is the level of lighting in the meeting room adequate and adjustable?	
Are there large clear signs to all entrances, rooms, lifts, toilets, catering areas and other facilities, including temporary signs giving directions and identifying event areas, where appropriate?	
LIFTS	
Are lift doors (including lifts from car parks) wide enough for a wheelchair?	
Is the lift big enough for a large wheelchair and at least one other person?	
Are there controls at a height suitable for wheelchair users?	
Are there Braille or tactile buttons?	
Is there an audio floor indication?	
CATERING	
Can the venue cater for people on specific diets?	

	✓
Can all food be labelled including meeting the needs of people with allergies?	
Are all catering stations fully accessible?	
Are delegates given the opportunity to sit down to eat?	
Is the room large enough for people using wheelchairs or others with mobility issues to move around?	

The Meetng or Event

PROMOTING THE EVENT	✓
Is information including background papers available in alternative formats?	
If the event is being promoted on a website – is it accessible and compatible with a range of specialist hardware and software which disabled people use to access computers?	
Has a main point of contact been identified for the event? Have participants been given a telephone number, email address, fax number and postal address for this contact?	
Can the main point of contact answer access questions?	
Is the registration form available in alternative formats?	

	✓
Can the participants register specific requirements (access, dietary)?	
Have participants been informed about the availability of communication support and that costs for this support will be met by NHSH?	
REGISTRATION	
Are the name badges printed in a large readable font?	
Do any event packs take account of guidelines on accessible documents?	
Have speakers and workshop presenters been briefed on inclusive presentation issues? ④	
PROGRAMME STRUCTURE	
Does the programme include access breaks for people attending?	
Are breaks a minimum of 15 minutes to allow disabled people enough time to locate and use accessible toilets?	
Have Communication Support Professionals (e.g. BSL/English Interpreters, notetakers etc) been booked enough in advance for the event and provided in advance with any presentation material available?	
Are presentations big enough to be seen from the back of a room?	

	✓
Have you checked with speakers whether they wish to use a lectern?	
Have you ensured that all speakers know they must use a microphone?	

Transport

CAR PARKING	✓
If there is a car park, is it clearly signed and disabled car parking bays clearly identified?	
Are car parking bays close to the entrance?	
Are disabled car parking bays on level ground?	
Is there a dropped kerb if a pavement or walkway needs to be accessed between the car park and the venue?	
If there is no car parking at the venue what are the local onstreet and car park facilities and do they meet requirements?	
Have participants been informed about the availability of car parking and any distances between car parking and the venue?	
Are there any drop off areas?	
Is there a safe place with seating either inside or near the exit of the venue for people to wait to be collected?	

GENERAL/PUBLIC TRANSPORT	✓
If transport is being provided by NHSH or on behalf of NHSH can it accommodate disabled people's transport needs?	
Have transport providers been asked about accessibility of local bus and train stations? ⑤	
Have people attending the event been provided with information about local travel and accessibility (including local taxi firms)?	
Have people attending the event been informed of procedures for reimbursing travel costs and associated support costs?	

Additional Notes

① This includes for example wheelchair ramps, appropriate signage for entrances, handrails at ramps and steps, self opening doors, appropriately wide door ways. Steps should be clearly marked to prevent tripping.

② If the reception desk is too high, an alternative table of appropriate height should be made available.

③ Using toilet facilities is an everyday activity but if facilities are not accessible it can easily become an unnecessarily demeaning experience.

- The route to the toilet is accessible to a wheelchair user and free of steps and hazards.
- If a person requires communication support and has some limitation on mobility it is essential that this support is available whilst a patient is waiting for an appointment so that they can indicate if they need to use toilet facilities and receive any assistance that is required.
- Unisex toilets are in place as service users may be accompanied by a person of the opposite sex.
- Grab rails, paper towel holders and soap dispensers are in a contrasting colour to other fixtures and the surrounding area. For example a black or dark toilet seat is fitted to a white ceramic bowl to provide good colour contrast.
- The flooring is slip resistant even when wet and its colour contrasts with the surrounding area.

- Lighting in toilets is adjustable as this can impact on people with a range of visual impairments and is essential for people who are Deafblind because of the communication techniques used with sighted and hearing assistants
- Taps have lever controls.
- Mirrors are used sparingly as they can add to the confusion for people with perceptual problems.
- An emergency pull cord is installed which can be reached from the toilet, basin area and the floor. The cord has a pull grip and is easily distinguishable from any lighting cords, both in colour and diameter.
- There is also a facility to open the door from the outside in an emergency.
- Procedures are in place so staff know who is responsible for responding to calls from the emergency pull cord.
- Bins are easily operated and big enough to take large disposable items such as incontinence pads.
- The toilet is not used for storage of equipment, resources or staff belongings.
- Fire alarms are installed which have both aural and visual alerts.
- For transgender service users best practice suggests that the choice to use either a male or female toilet is an individual one. Transgender people should be allowed and indeed encouraged to use facilities that they see as appropriate.

- If a Trans service user asks, staff should not automatically assume a unisex accessible toilet is a most appropriate choice and should seek advice from the individual about their needs.

④ This may include providing speakers with a sheet of information points like the example below

Please remind workshop participants at the beginning to share responsibility for making the workshop accessible.

To ensure fair access to the workshop for all participants, please ensure:

People speak one at a time

- Remember some people may be using induction loops and each person will need to use a microphone. Speakers should also repeat questions from the audience.
- Ensuring language is accessible, jargon not used excessively and without explanation (e.g. if abbreviations used, explain what they stand for)
- Check that everyone can hear what is being said and encourage participants to let you know if they cannot hear what is happening
- Agree how to indicate if someone wishes to speak
- Read out anything that is written up on a flipchart or PowerPoint including explaining nature of diagrams and pictures
- Ensure that copies of presentations are available in larger fonts (14+)

⑤ This should include

Availability of “low rise” buses

Awareness of requirements to permit assistance dogs on board transport

Staffing at local stations to provide assistance to disabled people if required

Accessibility of travel information for example audio information at stops.

References

Centre for Accessible environments checklist
www.cae.org.uk/

Events Accessibility Checklist NHS Health Scotland

Fair for All Disability Improving Outcomes for Disabled People
http://www.healthscotland.com/about/FairForAll/index

Organising Accessible Events Disability Rights Commission 2004

Appendix 7
Guidance on Giving Effective Presentations with PowerPoint: April 2008

This guidance has been produced to support staff using PowerPoint as part of a presentation. The information is relevant for any audience and will help ensure that a presentation has taken account of key accessibility issues.

Before the presentation

On the subject of presentations, advice from some "experts";

"Say what you mean, mean what you say, listen respectfully, encourage people". *Tony Benn*

"Don't go on for too long". *Ranulph Fiennes*

- It is important to reflect on the key messages of a presentation and the most effective way of communicating that message.
- It is useful to run through a presentation with a "stand in" audience wherever possible and ask for constructive feedback. At the very least ensure that you have had discussion about content with your manager or peers
- Make sure you know how much time you have for a presentation and whether or not this includes time for questions.
- Ensure that your presentation can be delivered well in the time given.

- If you need to be reminded of your timing make sure you have access to a watch or clock or have asked the chair person to remind you as you approach your time limit.
- Prepare your presentation in advance so that you have time to familiarise yourself with the content.
- It is important to explain all acronyms and be aware of your audience in terms of the use of jargon.
- When you are delivering a presentation, the text on the slide should be a guide for you and the audience. The presenter should expand on the information contained within the slides in more detail.
- Be aware of using humorous slides or comments in a presentation unless you are sure that it is relevant to your message, is not in any way potentially or actually offensive and is the most effective way to assist your audience's understanding.
- Consider how long your presentation needs to be. If your presentation is longer than 20-25 minutes, it may prove difficult to keep your audience engaged. If you really need to impart a lot of information, think about ways of presenting information to keep your audience involved e.g., use of flipcharts, white boards, and activities.

During the presentation

- Be aware of your speed and audibility at all times, if necessary check with the audience at appropriate intervals.
- Face forward at all times when speaking. If notes are being made on a flip chart or whiteboard ensure that any comments are spoken while facing the audience. This is important as there may be a number of lip readers in an audience who need to see the lips move to hear the words.
- One of the most important things to ensure is that all content on a slide is vocalised to the audience. It may be that in a large room the slide information is not readable from the back or a visually impaired participant cannot access the material. Stating 'this slide explains the concept' or 'the graph here is self explanatory' is not acceptable.
- If a microphone or audio system is available within a room use it. The microphone may be connected to an induction loop for Hard of Hearing participants. Even in a small room, your voice may not carry as much as you think it does. Check with event organisers whether an audio system is available.
- If audio is being used within a presentation, ensure speakers are available to carry the sound, linking them into the Audio-Visual system if necessary. Do not speak over any audio or visual content as the participants may not be able to engage with both aspects equally. Either pause the video or mute the sound.
- If animations have been used within a presentation ensure they have finished before you begin speaking.

If a complicated slide animation is occurring the participants will be concentrating on this as opposed to anything being said by the presenter.

- If the presentation requires audience participation, ensure any questions or comments from the audience are repeated by the presenter. This will enable all participants, including those using an induction loop, to engage with the responses.

Composition of a PowerPoint Presentation

Considerations when using PowerPoint

PowerPoint has been described as a tool for marketing that encourages a "pitch" culture of bullet points instead of sentences,

"A seductive technology that encourages style over content"

Edward R Tufte

It is important to ensure that you use PowerPoint to support the audience's understanding and not simply as a support to get you through a presentation!

- Make sure that any slides you use are relevant to your talk and not simply decoration.
- Think about how each slide will assist your audience in understanding the information (i.e. board paper, project outline etc..) and remember; less is more.
- It is often useful to provide users with copies of any visual aids used during the presentation before and after the event. Users can prepare themselves more thoroughly if the presentation if they have access to materials

before hand. This is particularly useful for users who need assistance from translators who need to familiarise themselves with technical language or jargon.

- Unfortunately PowerPoint files are not accessible as HTML. If required you should be prepared to convert any visual aids into formats that can be interpreted by specialist IT readers for people requiring this kind of communication support
- The following table provides a list of “dos and don’ts” as a rule of thumb to get the best out of using PowerPoint in presentations

	Don’t	Do	
Don’t	Use too many slides having 20 slides for a 20 minute talk can mean that your presentation is reduced to reading out a list of bullet points, you can talk too long about the earlier slides and run out of time or, go over time.	As a guideline: you should use 1 slide for every two minutes of your presentation (plus title and end slide).	Do
	Use bad slide design or at the other extreme plain text only.	Use strong images or photographs that are relevant to the presentation and not just decoration. Make sure that you describe the picture for those who cannot see it.	
	Use unreadable text.	Use Arial font for text in PowerPoint presentations. Recommended point sizes are no smaller than size 36 for slide titles and 24 for body point text.	

Don't	Don't	Do	Do
	Use colours that merge with each other and have little contrast. Use red as a background or font colour Colour blind people confuse red and green.	Use high contrast colours such as black on white for example but be aware of any glare when using with data projectors White or yellow text on a blue background can be a good compromise if required	
	Use capitals and underline are hard to read.	use colour or bold or italic for emphasis	
	Give lots of written information on each slide.	As a guide use six points per slide and six words per point	
	Use distracting and varying effects.	Be consistent re Backgrounds Fonts Colours Transitions	
	Use PowerPoint as a presenter's crutch.	Use it as a scaffold for building up audience understanding.	

Appendix 8
Accessibility Good Practice Checklists

Accessibility Good Practice Checklists Introduction

This series of checklists give information about what should be in place to make sure that services are delivered in a fair minded way.

The checklists will help services break down barriers to access by helping highlight how things can be made better.

The checklists can be used by individuals but it is recommended that a group of people from a service, including service users, are also able to comment on the checklists.

It may be necessary to provide the checklists in alternative formats for staff, service users or members of the public. It is the responsibility of the practitioner to make sure this happens.

Accessibility definition

When people say that access is a major issue when using public services, they are not just talking about getting into buildings, but also about the flexibility of services, communication and attitudes. When talking about access to services we include:

- Attitudes
- Flexible Services
- Communication
- Estates and the built environment

Equality

Equality is about creating a fairer society that everyone can participate in and provides opportunity for everyone to fulfil their potential. It is mostly backed by legislation designed to address unfair discrimination based on membership of a particular group.

Equality groups

There are six key equality strands. Age, Disability, Faith, Gender, Ethnicity/Race and Sexual Orientation. Within these strands are specific groups who are more likely than the majority of the population to experience discrimination. We are all members of at least one equality group. The document refers to equality groups and equality communities, both terms are used interchangeably as a way of showing the great diversity in and between groups of people and also that different people may understand different things when they talk about groups and communities.

Note

This document does not replace the access audit survey toolkit or the equality and diversity impact assessment. Both of these processes may also need to be carried out depending upon the nature of a service and the reason for reviewing accessibility.

Good practice checklist Page

Developed by NHS Highland 2008. For further information contact 01463 704826 email marie.gilbert@nhs.net

Key for Completing Checklists

Each Checklist has three columns, “Being developed”, “In place”, and “Needs to be reviewed”. Below is a description of each heading

Being developed

This is not yet in place but we have already recognised that this needs to happen and working towards making it happen.

In place

This is already in place, all staff know about it and how to do it. New staff find out about it through induction. We have systems in place for checking that we are doing this right. This includes asking people who use the service what they think.

Needs to be reviewed

This may be happening but it is not very clear and we want to look at the possibility of making changes. And/or

This is not happening and we need to look at what, if anything, we can do about it

Action Tables

The tables at the end of this document allow us to bring together all the information that has been gathered in the checklists. The tables allow us to show what areas of practice are in place and what needs to be further developed. Examples are given to help complete the tables. The tables are just one approach to gathering information together, and when planning developments organisations should use whatever approach suits best.

Good practice checklist: implementing equality in strategic policy

	Practice	Being developed	In place	Needs to be reviewed
1	Statement identifying organisation’s current position in relation to equality and equality groups. This statement demonstrates and incorporates understanding and awareness of the social model of disability and ensures equality will be integrated into every aspect of its work.			
2	The issues and concerns of disabled people, people from BME communities, people from different faith groups and people from the LGBT communities form a core part of the organisation’s involvement strategy.			

	Practice	Being developed	In place	Needs to be reviewed
3	Everybody working at strategic level is aware of the organisation's approach to achieving disability, gender and race equality.			
4	There is a system for collecting data on the local population, including equality monitoring, and this is used to influence the planning and design of services and policies.			
5	Images used by the organisation within publicity material and on websites are monitored to ensure that they convey a positive image of disabled people and represent the full diversity of the Scottish population.			

Good practice checklist: implementing equality in operational practice

	Practice	Being developed	In place	Needs to be reviewed
6	Every member of staff is aware of their own responsibilities and the responsibilities of NHS Scotland under the various equalities legislation.			
7	Equality and accessibility is part of all mandatory staff training. This should highlight the potential barriers affecting for example disabled people , whether as staff or as service users.			
8	Information about the various equality duties is regularly distributed to staff and incorporated into staff communications.			

Good practice checklist: gathering information and evidencing need

	Practice	Being developed	In place	Needs to be reviewed
9	The organisation gathers information on its population, specifically those groups of people who are known to experience particular disadvantage.			
10	Staff work with local equality organisations to gather local and/or national statistics, and to get feedback on the experiences of service users.			
11	The needs of equality groups are considered in the design and implementation of all research programmes.			
12	Services are regularly monitored and evaluated to find out how people from different equality communities access then and to understand the different levels of use among certain groups.			

Good practice checklist: getting feedback from service users

	Practice	Being developed	In place	Needs to be reviewed
13	Positive statements actively encourage patients to give feedback. Comments received are published along with a report on what action has been taken, or not taken, and why.			
14	Comments and complaints that have been received are part of a formal process and directly input into adjustments and re-design.			
15	Complaints procedures do not stipulate the need for written comments, and can be made in the person's preferred format or method.			
16	There is a strategy to enable effective engagement, underlining the importance of proper planning, allowing adequate time, staffing and budget allocation.			
17	Comments forms, surveys, questionnaires, complaints forms, newsletters and feedback reports are available in alternative formats.			
18	Patient groups and user panels have been established to review arrangements such as opening hours, appointments systems, or to test patient information and signage to ensure it is clear and easily understood.			

	Practice	Being developed	In place	Needs to be reviewed
19	People from equality groups are actively involved in all areas of service design and delivery, not just those services that focus on equality issues.			

Good practice checklist: complaints procedures

	Practice	Being developed	In place	Needs to be reviewed
20	Information about the complaints procedure is available in alternative formats.			
21	Support and advice is provided for those who need it.			
22	People from equality groups and organisations and representatives are involved in evaluation of current and developing systems.			
23	A help-desk or other visible point-of-contact is available where service users can offer their comments or concerns.			

	Practice	Being developed	In place	Needs to be reviewed
24	Comments cards are available in a variety of formats including various languages, Easyread and pictorial, and include an identifiable contact name.			
25	A free-phone telephone or textphone number is provided where messages and comments can be left.			

Good practice checklist: making appointments

	Practice	Being developed	In place	Needs to be reviewed
	Appointment systems allow for flexibility eg.			
26	• Service users are given the choice to book double appointments.			
27	• Appointments are arranged for times of the day that suit the particular circumstances of that person.			
28	• When possible, appointment times are changed if they are not suitable.			
29	• Individual preference is recorded so individuals are routinely offered these appointment times, when possible.			

	Practice	Being developed	In place	Needs to be reviewed
30	• Service users can choose to see the same GP, dentist, health visitor or specific staff member whenever possible.			
31	When they are making an appointment, all service users are asked if they need any adjustments to help them access the service: for example, interpreters, guide communicators, advocates or other support to be booked.			

	Practice	Being developed	In place	Needs to be reviewed
32	Professionals should be aware of the sensitivity of personal information and not make assumptions about the gender, marital status, ethnicity or capacity of a service user. All this information should be checked with the service user and must be verified by that person before it is included in any records/registration or other documents.			

Good practice checklist: managing and delivering services

	Practice	Being developed	In place	Needs to be reviewed
33	Names of places, services, conditions etc are the same on appointment information, health promotion material and building signage.			
34	Rooms used for consultation meet the requirements of service users.			
35	Service users are told that adjustments can be made when they first register. A sign in the waiting room will also advise service users that this is available.			

	Practice	Being developed	In place	Needs to be reviewed
36	Announcement systems are accessible to a wide range of people, and do not rely on only audio or visual display. Staff approach the person when it is time for their appointment if this required.			
37	Staff will check with service users what their preferred name and title are and how that is pronounced.			
38	Reminders are sent out in advance of appointments. (Some services already do this using SMS texting and email.)			
39	Photographs of staff are available at the reception desk to help service users identify who they want to see or who their appointment is with.			

Good practice checklist:- referrals and transfer of information

	Practice	Being developed	In place	Needs to be reviewed
40	With permission from the service user, information about their needs or preferred name etc is included in the referral form or letter.			
41	During IT upgrades, IT systems are implemented which are compatible across all key agencies.			

Good practice checklist: car parking and transport

Practice	Being developed	In place	Needs to be reviewed
Accessible car parking spaces have the following features. • Are within 45 metres of the building entrance. • Are clearly marked, using signage that follows accessible signage guidelines. • Have room for a hoist at both sides and at the rear. • Are situated on level ground with safe and easy access to the pavement.			
Where the parking area is barrier controlled, the intercom systems meet the needs of people with sensory impairments and communication difficulties.			

Practice	Being developed	In place	Needs to be reviewed
Accessible car parking bays have signs clearly stating monitoring procedures and penalties for misuse. The reporting of misuse is encouraged by, for example, including contact details for relevant staff.			
There are 'set down' and 'pick up' points near the entrance to the building which can be used by disabled people who may not be able to walk to a car park or use public transport.			
There is a sheltered seating area for people waiting to be picked up or escorted.			

Practice	Being developed	In place	Needs to be reviewed
Where there are dropped kerbs they must have the following features. • Be provided at locations where people leave the pavement to cross the road; and on the opposite side of the road. • Be located at points where there is an unobstructed view of traffic from both directions. • Be situated away from locations where NHS vehicles drop off goods.			

Good practice checklist: approaching buildings

Practice	Being developed	In place	Needs to be reviewed
All entrances are located and signposted clearly from the street, car park and around the building.			
Paths are kept clear of obstacles such as benches, bollards and bins.			
Good lighting highlights paved areas, door entrances, door entry systems, and any obstacles.			
Handrails and resting places are provided along pathways and there is adequate turning space for wheelchair users or for people being escorted.			
Tactile surfaces are used to highlight any steps, stairways or changes in level.			
If entry phones are installed the following features are required;			
• Colour of the entry phone contrasts with surrounding walls. • They are positioned 900-1200mm above floor level. • Buttons or hand-sets can be operated by people with manual dexterity problems. • Systems are suitable for people with sensory impairments or communication difficulties.			

Good practice checklist: entering buildings

Practice	Being developed	In place	Needs to be reviewed
Entrance doors are clearly distinguishable and colour-contrasted with the surrounding area.			
The colour of handles should contrast with the door and handles should be easy to grip.			
Where appropriate, automatic sliding doors are used in preference to those that swing or rotate, as they allow unobstructed access.			
Where swing doors are used they should have automatic release hold-open devices.			
Doorways are wide enough to accommodate people in wheelchairs and a person accompanied by an escort or an assistance dog.			
Weather mats are textured and are flush with the floor so as not to cause a slip or trip hazard for people with mobility problems.			

Practice	Being developed	In place	Needs to be reviewed
Ramps are provided at entrances to those buildings which do not have a level approach.			
Lighting does not cause glare on doors or windows near to entrances.			

Good practice checklist: signage

Practice	Being developed	In place	Needs to be reviewed
Sign content is simple, short and easily understood.			
Text and lettering is in a clear uncomplicated font. (Sans serif fonts such as Arial, as used in this document, are recommended.)			
The style, wording and design of signs are consistent throughout the building. This will help people easily recognise signs as they move around the building.			
Signage combines raised text, pictorial symbols, arrows and Braille.			
Braille signs should have a small tactile arrow on the left side.			
Signage is clearly visible, non-reflective and free of glare from lighting or windows.			
The colour of signs contrasts with the colour of the walls.			
Signage is located in similar positions throughout the building, so that people become familiar with positioning. This is particularly important for people with visual impairments.			
Signage is placed at consistent heights			

Practice	Being developed	In place	Needs to be reviewed
Signs are placed at each point of entry in corridors. Longer corridors benefit from the use of additional signs at regular distances.			
Signs do not have any sharp edges but are clearly defined, for instance by making the sign slightly rounded.			
Signs which identify rooms are situated on the wall in case the door is open when someone needs to see the sign.			
Floor plans are placed at main entrances and at designated areas within buildings, such as outside lifts and close to stairways.			

Practice	Being developed	In place	Needs to be reviewed
Floor plans have easily distinguishable symbols to locate areas, and include instructions for visually impaired people to enable them to locate lifts, staircases and other points of interest.			

Good practice checklist: reception areas

Practice	Being developed	In place	Needs to be reviewed
Where possible counters and desks are not positioned too close to windows and glass or with bright back lighting.			
(Bright lights can cause difficulties for people who lip-read or use facial expressions to help understand what is being said)			
Glass screens and windows are kept free of stickers and notices as this may obscure the service user's view of staff.			
A lower section is built into reception counters with space underneath to allow a person to sit front on.			
A chair is readily available for people who need to sit when talking to staff.			
Counters and desks are kept free from clutter as this distracts people who lip read or use facial expressions for understanding.			
A loop system is in place with a pictorial sign displayed indicating that it is available to use.			
All loop systems are checked and calibrated on a regular basis and staff are aware of the use and limitations of the systems			
Radios do not play at the reception desk as this may interfere with loop systems, as well as impede communication.			

Good practice checklist: Rooms for face to face meetings

Practice	Being developed	In place	Needs to be reviewed
Service users should be able to get to and from rooms with ease.			
Service users are assisted to and from reception areas and rooms, if required.			
The room used for consultation or meeting is suited to the particular needs of the service user. For example: it has adjustable examination tables and chairs if needed.			
There should be sufficient space within the room to accommodate a wheelchair.			
Practitioner's desks should not be placed below windows, as this can obscure vision due to glare from windows.			
Portable loop systems should be available for practitioners to assist with communication.			

Good practice checklist: waiting areas

Practice	Being developed	In place	Needs to be reviewed
A variety of chairs are available in waiting areas. • There are different height options. • There are options with and without armrests. • The colour of the chairs contrasts sufficiently with flooring.			
Furniture is arranged so that it faces the reception counter so people can see when staff are calling them for their appointment.			
There is plenty of space for people to manoeuvre in the waiting area, without impeding the route of travel or seating areas for others.			
Hazards are removed, such as sharp edges on low coffee tables in the middle of the room.			

Practice	Being developed	In place	Needs to be reviewed
Display stands do not cause an obstruction and are reachable.			
Where there is a television in this area, it is not placed too high up on the wall and a hearing enhancement system and subtitles for people with hearing impairments is in place.			
Public phones incorporate a number of features. Including • Appropriate height coin slots and controls • A seat is available • Shelf for personal equipment is fitted • Textphones are also available where possible.			

Checklist: accessible toilet facilities

Practice	Being developed	In place	Needs to be reviewed
The route to the toilet is accessible to a wheelchair user and free of steps and hazards.			
Unisex accessible toilets are in place, as service users may be accompanied by a person of the opposite sex.			
Grab rails, paper towel holders and soap dispensers are within reach.			
Grab rails, paper towel holders and soap dispensers are in a contrasting colour to other fixtures and the surrounding area. For example: a black or dark toilet seat is fitted to a white ceramic bowl to provide good colour contrast. (When re-furbishing toilet facilities, placing darker tiles about fixtures is one way of achieving colour contrast.)			

Practice	Being developed	In place	Needs to be reviewed
The flooring is slip resistant even when wet and its colour contrasts with the surrounding area.			
Lighting in toilets is adjustable as this is essential for people who are deafblind.			
Taps have lever controls.			
Mirrors are used sparingly as they can add to the confusion of perceptual problems.			
There is a facility to open the toilet door from the outside in an emergency.			
Procedures are in place so staff know who is responsible for responding to calls from emergency pull cord			
Bins are easily operated and big enough to take large disposable items such as incontinence pads.			

Practice	Being developed	In place	Needs to be reviewed
The toilet is not used for storage of equipment, resources or staff belongings.			
Fire alarms are installed which have both aural and visual alerts.			
An emergency pull-cord is installed which can be reached from the toilet, basin area and the floor. The cord has a pull grip and is easily distinguishable from any lighting cords, both in colour and diameter.			

Checklist: emergency evacuation procedures

Practice	Being developed	In place	Needs to be reviewed
All fire strategies and risk assessments for the facility take account of the requirements of the Disability Discrimination Act (1995).			
Pictorial symbols are included on all fire evacuation signs. This will help people with learning difficulties, people with dementia and people who have difficulty reading English.			
All fire exit signs indicate which exits are suitable for wheelchair users.			
All ground floor exits are level, and are accessible to wheelchair users.			
Staff are aware of where the 'evacuation' chairs are, and these are located in identifiable points. All staff are trained in using them.			
Refuge points are clearly signed and maps or plans of facilities indicate refuge point's location.			
Emergency exits are checked regularly to make sure they are not blocked by equipment or other obstacles.			

Action Table - Good Practice Being Developed

Practice	Actions/ expected outcomes (with dates)	Lead person or group	Review date
"Cut and paste" practice from checklist that is being developed in your organisation here	Describe the actions that are or are being put in place to meet the practice here	Name the different people or groups responsible for different actions	Include the date when the organisation will look again at this practice to check it is still working effectively

Action Table - Good Practice in Place

Practice	Update	Lead person or group	Review date
"Cut and paste" practice from checklist that is being developed in your organisation here	Describe any key learning or any remaining challenges for the organisation from putting this practice in place	Name the different people or groups responsible ensuring that this practice is working	Include the date when the organisation will look again at this practice to check it is still working effectively

Action Table - Needs to be Reviewed

Practice	Details of any further investigation	Responsible person or group
"Cut and paste" practice from checklist that is being developed in your organisation here	Describe any plan the organisation has to find out if it is reasonable to develop this practice, or any alternative to this practice. Include when investigation will be completed	Name the different people or groups responsible for the investigation

Appendix 9
Signage Best Practice

Accessible Signage Best Practice Minimum Standard

References

Wayfinding Guidance NHS HFS 2007

Sign Design Guide JMU 2000

Accessibility Guidance Draft NHSH 2008

BS 5499 (5)

BS 8501

BS 5378

Introduction

Signs should be immediately understandable to any first time visitor to a building.

People want to spend as little time as possible finding the destination they want on a sign so they tend to scan information.

Key parts/services in a building may be more frequently used than others; some may be less easy to find because of building layout, some areas may be for staff only. Such factors should be considered when deciding what information to emphasise on signs and where to place signs.

It is essential that pre visit information wherever possible includes reference to specific access needs so that we can be prepared to offer appropriate support.

All signs should be consistently positioned in a building so people know where to look for information.

This brief guidance provides basic information about making signage most broadly accessible but it does not cover all specific accessible signage. Signage for people who are blind or have severe visual impairments must be built into systems. This may be Braille signage or talking systems that can guide people around buildings in real time Further information is available from RNIB.

Guidance on font type

- Font used should be sans serif (without curves or tips at the end of letters i.e. Arial).
- Each letter should have a consistent thickness from top to bottom.

Guidance on font size and style

- There is no specific guidance about set font sizes in relation to set distance. We must consider the distance from which people will be looking for the sign (i.e. giving appropriate distance for people to make turns etc).
- The visibility of font size and style should be tested before signs are completed.
- Words should start with upper case letter with the rest in lowercase type.
- Lowercase letters should not be less than 70% of the height of upper case letters.

- Bold should only be used for primary information, other secondary information below/beside should be in regular.
- Italics should be avoided.
- Text should be left aligned for ease of scanning/reading.
- Don't leave too much space between text and arrows/floor level etc.

Guidance for depth of actual signs

- Internal pedestrian signs 80-100mm height.
- Internal directional signs for longer messages 150-200mm height.
- External directional signs for vehicles 150-200mm height.
- Internal door sign identifying a particular room 75-100 mm height.
- Internal location sign for pedestrians 75-120mm height.
- External locational sign for pedestrians and drivers 200-250mm height.
- External locational fascia signs for main entrances etc. 500mm height.

Lighting considerations

- Lighting is also important around signs ensure that there is appropriate amount of natural or artificial light.
- Too little light means signs are not as clear and too much light can cause glare and make signs unreadable.

Colour and contrast considerations

- Black and white give excellent contrast for a wide range of people and this should be used where possible.
- Yellow and black give high contrast and can be used for "way out" signage to the advantage of visually impaired people.

Other considerations

- The average eye level height for adults is 1500mm.
- Names used on signage should match terms used in any pre visit information sent to service users. Pre visit information can also be used to provide clear details about location and wayfinding.
- By understanding how the building is to be used by different services users we can better understand how and where signs should be located.
- Staff should reflect the terminology used on signs and use position of landmarks when giving directions to the public.
- Where specialist services are provided to groups with specific access needs, these groups and individuals must be involved in the development of appropriate signage across a site.
- It is important to engage with the local community and specifically groups with experience of access related issues in developing signage and other wayfinding approaches.
- It is important that groups who may find traditional buildings and systems difficult to negotiate e.g. people with learning disabilities, people with autism, are

supported to access services through the development of additional support and programmes of engagement.

Directional signs; good practice

- Direction and location signs should have no more than 5 destinations and terms on one list.
- Information should be grouped in ways that make it easier to read and locate different elements. Grouping can be
  - Alphabetical
  - Functional
  - Directional
- Position arrows consistently (in relation to distance, frequency etc) on directional signs.
- Don't leave too much space between text and arrows.
- Directional signs should be consistently positioned so people know where to look for information.
- The use of symbols on signs is most helpful when unfamiliar medical terms are used for example Ophthalmology may have an eye symbol beside it (BS 8501).

Locational signs should be distinguishable from directional signs so that people can tell easily that they have reached their destination.

Locational signs good practice

- External locational signs should be positioned so that they are visible from all directions of approach.

- Internal locational signs need to be clearly linked to the location they refer to.
- Internal locational signs relating to specific rooms should be placed on the left hand side of doorway and not on the door itself.

Directory signs good practice

- Directories are usually placed outside lifts, or inside main entrances to buildings.
- Directories should also be placed inside lifts to act as a reminder for people about the location of their destination
- Unlike other types of sign, directories are not usually read on the move so a wider range of information can be displayed.
- It is important that directories indicate which floor they are located on and if possible give any other relevant information about current location.
- If a directory is not near a lift or stairs it should clearly indicate the nearest lift and stairs.
- Directory information is often grouped by floor, but as people are usually looking for a certain department or function, it can be more helpful to group information in directories alphabetically.
- Directories must be located in places where people can stand and read them without causing obstructions.

- **Site maps good practice**
- A map must not be oversimplified nor too complex.
- Colour should be used to ensure good contrast and illustrate key information.
- Maps should be reproduced to a high standard to prevent blurring and lack of clarity.
- Landmarks and prominent features should be included.
- Maps should be located at key decision points along routes of travel.
- Maps should be oriented so that they relate to the actual environment.
- Site maps should create a simple mental model of the site layout, including main routes through and around the main buildings.
- Architects' or surveyors' plans are not appropriate for public site maps.
- The use of advertising on site maps is not recommended as it takes away from the clarity and prominence of the map itself making it harder to decipher.

Safety signs good practice

- Safety signs should only be used after appropriate assessment has been conducted.
- There are standards for using safety colours and sign shapes with specific meanings as listed below

Colours	Meaning	Examples of use	Sign Shape
Red *with white*	Stop, prohibited	Prohibition signs, stop signs, fire-fighting equipment and emergency shutdown devices	
Yellow *with black*	Caution, risk of danger	Warning signs, indication of hazards, danger identification	
Blue *with white*	Mandatory action	Mandatory sign, obligation to wear personal safety equipment	
Green *with white*	Safe conditions	Emergency exit signs, safe condition signs, first-aid posts, rescue points	

Appendix 10
Information about Language and Autism

SCOTTISH AUTISM SERVICE NETWORK

Use of terminology in written information and presentations

After discussion with the Scottish Autism Service Network Development Group and consultation with individuals on the autism spectrum, we are providing the following advice and guidance regarding terminology.

The following terminology should be used within all written and presented information by SASN staff and volunteers. This is to ensure consistency and clarity and that the views of those we work with are taken into account.

Please note that all terms mentioned below can be perceived as labels. These are used for convenience in discussion, in services, and in referring to people collectively. However, everybody who is labelled in this way is also an individual and will have many other aspects to who they are such as a mother, father, sister, brother, secretary, mechanic, runner, piano player, football fan etc. Please note that these terms are merely a simple way to describe one aspect of an individual/s but do not mean that is the only aspect to the person.

The main consideration is to refer to people with autism not as 'autistic' or autistics' but as **'a person/people/individual on the autism spectrum', 'a person/people/individual with autism', 'person/people/individual with Asperger's syndrome', 'child/children with autism'**, or obviously, by the person's name if it is known. This is to consider that they are a person/child first. Some people with autism, however, will refer to themselves as

an 'autistic' as they feel that is a major characteristic of who/what they are or that it makes them who they are. This is their choice and you should respect this in individual situations.

'Autistic spectrum disorders (ASD)' or **'autism spectrum disorders (ASD)'** have been commonly used recently to refer generally to individuals diagnosed as being upon the autistic spectrum. However, there is recent shift to use of **'autism spectrum *conditions*'** as many individuals on the spectrum feel the term 'disorder' has negative connotations. Therefore, SASN decided to use the term **'autism spectrum condition/s (ASC)'** to acknowledge the wishes of those on the autism spectrum. It is ok to abbreviate this term to 'ASC' but in the first instance of writing this in any text you should write it in full and bracket the abbreviation e.g. **'autism spectrum conditions (ASCs)'** - this is the same for any abbreviation.

Avoid referring to people as 'service user', 'patient', or 'client' and use **'individual with autism', 'person with Asperger's syndrome', 'individuals on the autism spectrum'** etc where possible. Again, this is due to valuing them as a person and not just someone who receives 'treatments' and services. Some professionals may use this terminology and that is their choice; however, in SASN information please use the aforementioned terms where possible. However, in questionnaires for professionals it may be more appropriate/reader friendly to use their terminology. If this is the case, please use the term **'service user'** as opposed to 'client'.

People are often referred to as **'a sufferer'** or **'suffering'** from a condition. However, many verbal individuals on the autism spectrum do not believe they are a 'sufferer' or 'suffering' as

this implies being subject to something bad or unpleasant. Although there can often be unpleasant affects of having an autism spectrum condition, there are aspects that some individuals prefer or would not want to change. As one individual with Asperger's syndrome stated to us "people often describe us as suffering from Asperger's - I don't suffer from Asperger's (I actually quite like it) but I do suffer from the fools who treat me differently". Therefore the terms 'suffering from' or 'sufferer' are best avoided.

When referring to generic learning disabilities the most commonly used term is **'learning disability'**. However, People First report that many people who have the label prefer the term **'people with learning difficulties'**. Please note that people with ASCs do not necessarily have a learning disability.

When referring to people who do not have autism/Asperger's, please do not under any circumstances call them **'normal'**. Who is 'normal'??? The general terminology used in the field is **'neurotypical'** (e.g. that the brain functions in a 'typical' way), or we can use **'people without autism/ASC'**.

Some helpful info:

- In written information autism does not have a capital letter unless it is in a heading.
- In written form, Asperger's syndrome has a capital letter for **A**sperger's and lower case for syndrome. Also, it should be written 'Asperger**'s** rather than Asperger. Again, if this is in a title, both words can have capital letter.

- **Asperger's syndrome** is correctly pronounced like **'asp'** and **'burger'**. Not 'ass' 'berjer'.

The Disability Rights Commission suggest that generic written information should be presented in minimum **size 12 font in Arial or similar**. This is to aid people with vision impairments and visual differences. Where possible, please follow this as many people with ASCs may have visual impairments/ difficulties too. However, I am aware that this is not always feasible for layout and format of documents.

There are always going to be difficulties with certain individuals being offered, or in disagreement regarding terms used to describe people. Also, we do not want to jump on the politically correct bandwagon just for the sake of it - the main thing is about respect for people. The problem is that in referring to people in certain classifications (such as a specific condition) they are being labelled and may not agree with or have a choice about this. We can try to consider their feelings/thoughts, but may not always get it right, as thinking on this is always changing. The main thing is to **respect** and consider the person/people you are referring to and ask their opinion where possible.

Thank you

Dawn Larman - SASN Manager (updated September 2007)

For more information contact the Scottish Autism Network on **0141 950 3072** or
email: scotautismservicenetwork@strath.ac.uk

Appendix 11
Equality Strands

Age

- This refers mainly to older people and younger people as the groups most likely to experience discrimination, but may apply to others in specific situations.
- Age Concern refers to people aged 60 years+ as "Older People".
- The Children Act (Scotland) defines children as aged less than 18 years and the European Union defines young people as those aged 25 and under.

Older People www.ageconcernscotland.org.uk

Young People www.fas t orward.org.uk

Disability

- The Disability Discrimination Act (DDA) says that a person is disabled if:
  - they have a mental or physical impairment.
  - this has an effect on their ability to carry out day-to-day activities.
  - the adverse effect is substantial and long-term (meaning it has lasted for 12 months, or is likely to last for more than 12 months or for the rest of their life).
- There are many different types of disability. A disability can be physical including a person's ability to see or hear.

- Disability can also mean that a person's mind works differently in terms of their speech, reading or writing.
- Learning disabilities can impact on the way in which a person takes in, remembers, understands and expresses information.
- Neurodiversity refers to the spectrum of neurological profiles describing how effective an individual is in processing information. The concept of neurodiversity is embraced by some autistic individuals and people with related conditions such as Aspergers'.
- Mental health problems can have an impact on people at any time of life and in different ways. Anxiety, depression, schizophrenia, self-harm and dementia are all examples of mental health problems.

The DDA gives a definition of the "Medical Model" of disability where any impairment is seen as part of the person, a medical diagnosis.

The "Social Model" describes the barriers put in place by services and ultimately society as causing problems.

The Social Model therefore establishes that everyone is equal and demonstrates that it is society which puts up barriers that prevent disabled people participating and restricts their opportunities.

Skye and Localsh Access Panel
www.access-panel.org.uk/index.htm

Ross and Cromarty Disability Access Group
www.rc-access.org.uk

Inverness Access Panel
email: Inverness.access @yahoo.com

Sutherland Access Panel
www.hccf.org.uk/forums/esccf/website/index.htm

Equality and Human Rights Commission
www.equalityhumanrights.com

British Institute of Learning Disabilities
www.bild.org.uk

National Association for Mental Health
www.mind.org.uk

DANDA Developmental Adult Neuro-Diversity Association
www.danda.org.uk/

Ethnicity/Race

- The term 'Race' refers to how we define ourselves using our ethnic background and our nationality.
- The categories that we use for describing this are those used in the National Census.
- The term Minority Ethnic People sometimes referred to as BME (Black and Minority Ethnic People) is used specifically in reference to smaller groups represented within a larger population. For example Bangladeshi or Polish people

are minority ethnic groups in Highland whereas White Scottish people are the majority ethnic group in Highland.

- The definition of BME also includes Asylum Seekers, Refugees and Gypsy/Travellers.

Equality and Human Rights Commission
www.equalityhumanrights.com

National Resource Centre for Ethnic Minority Health
www.nrcemh.nhsscotland.com

Faith and Belief

- When talking about Faith groups we are referring to people who follow particular spiritual principles. People use these principles as a way of determining the best ways to live their lives.
- These spiritual principles can mean for example that people have a specific diet, may sometimes require treatment by a same sex practitioner, or require certain approaches to treatment of people who have died.
- This equality strand also includes people who have no faith or religious belief and can experience discrimination specifically because of that.

Interfaith Network for the UK
www.interfaith.org.uk/

The Humanist Society Scotland
www.humanism-scotland.org.uk

Gender

- Gender does not refer to biological differences between women and men which are described as sex differences.
- The focus is on the different roles, behaviour, attitudes and values society places on women and men.
- When we talk about Gender we also include Transgender People. A wide variety of terms can be used to describe a person whose gender identity is different from their birth gender label. In Scotland, it is currently common to use the term 'Transgender' as an "umbrella term" to cover these many diverse labels. However it is important not to end up overlooking the huge diversity in identity, experiences and concerns between the various groups of people who describe themselves as Transgender.

Gender identity issues
www.gendertrust.org.uk

Transgender issues
www.sco t shtrans.org

Women's issues
www.womenandequalityunit.gov.uk

Men's issues
www.mensproject.org

Sexual Orienta t on

- When we talk about 'lesbian', 'gay', 'bisexual' and 'heterosexual' we are referring to 'sexual orientation', rather than 'sexual attraction' to other people. In other words sexual orientation reflects the fact that people build committed, stable relationships and is not just purely a focus on sexual activity.
- Lesbian, gay and bisexual is often shortened to "lgb".
- Bisexual: refers to someone who is emotionally and sexually attracted to women and men.
- Gay: refers to someone who is emotionally and sexually attracted to people of the same sex, this term most often refers to men.
- Some women prefer to refer to themselves as gay women, but lesbian is the word more often preferred by women. Lesbian: refers to a woman who is emotionally and sexually attracted to other women.

Sexual Orientation and Health
www.lgbthealthscotland.org.uk

Stonewall LGB Campaigning Organisation
www.stonewall.org.uk

Further research and links to other equality groups can be found at the"Equality in Care" e library available online at :
www.elib.scot.nhs.uk/equality

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