Company Name: Integrative Supported Living Care

Policy No: 03-1600	Authorised: Pellagia Margolis	Date: 15/01/2020
COMMUNICATIONS MANAGEMENT **ACCESSIBLE INFORMATION STANDARD**		

This Policy sets out the principles and requirements of the Accessible Information Standard, and how these are managed within the Organisation:

A: BACKGROUND INFORMATION:

1.   The development of a Care Plan for a prospective service user is based upon a preliminary Baseline Assessment of Needs. This will be conducted in accordance with *Policy No: 3015* and *Form No: 3-002*, with other Forms and Risk Assessments completed as required.

2.   For this process to be meaningful, there needs to be a full and complete understanding on the part of both the service user and the Care Staff as to what will be required, with both parties being in complete agreement. This will require identification of the information needed, and communication techniques used, to prepare the Care Plan and to identify any appropriate support needs that may be required to put the Care Plan into practice.

3.   It is the philosophy within the Organisation that the Care Service is accessible to all service user groups, including ethnic and cultural minority groups, and that this is handled through the principles of the **Accessible Information Standard** (see clause B of this Policy).

B: THE *ACCESSIBLE INFORMATION STANDARD* - OVERVIEW:

1.   The Accessible Information Standard (AIS) applies to service users who have specific information and communication support needs because of a disability, impairment or sensory loss. When appropriate, AIS also applies to their carers and parents.

2.   It directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting these information and communication support needs where those needs relate to a disability, impairment or sensory loss.

3.   It covers the needs of people who are d/Deaf, blind, or deafblind, or who have a learning disability. This includes interpretation or translation for people whose first language is British Sign Language. It does not cover these needs for other languages.

4.   It can also be used to support people who have aphasia, autism or a mental health condition which affects their ability to communicate and to be involved in autonomous decision-making about their health, care and wellbeing.

5.   *For example*, people using the service should:

•   be able to contact (and be contacted by) services in accessible ways, such as via e-mail or text message;

•   receive information and correspondence in formats they can read and understand. This could be in audio, braille, easy read or large print;

•   be supported by a communication professional at appointments if needed to support conversation. This could be a British Sign Language interpreter;

•   get support from health and care staff and organisations to communicate. This could include help to lip-read or use a hearing aid.

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C: THE *ACCESSIBLE INFORMATION STANDARD* **- The 5 Steps** :

There are 5 basic steps which make up the Accessible Information Standard. In data collection format for the service user these are as follows:

1.   Ask / Determine / Identify:

1.1   Find out if the service user has any special communication / information support needs relating to a disability, impairment, or sensory loss, and if so what they are.

1.2   State how the Organisation plans to meet these needs.

2.   Record:

2.1   Record these needs in a clear, unambiguous and standardised way as electronic and / or paper-based records.

2.2   Explain how these records are integrated into the care planning process.

3.   Alert / Flag / Highlight:

3.1   Ensure that recorded needs are flagged as "highly visible" whenever a service user's records are accessed, and that these needs are prompted for quick and responsive action.

3.2   Ensure that this process of "prompting" automatically generates information in an accessible format.

4.   Share:

4.1   Include service users' information / communication needs as part of existing *Baseline Assessment of Needs* and data sharing processes with other health and social care professionals.

4.2   Ensure that the sharing process is fully compliant with the requirements of existing information governance frameworks, in particular the *General Data Protection Regulations (GDPR)* – reference *Policy No: 1514.*

4.3   Ensure that the service user always gives documented consent for the sharing of any personal data.

5.   Act / Meet:

5.1   Ensure that service users receive information which they can easily access and understand.

5.2   If the service user requires communication support, explain how this is arranged.