




## Accessible Information and Communication for Service Users and Carers Policy

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Version number and date	3	July 2025
Ratifying committee or executive director	Trust Clinical Governance Committee	
Date ratified	November 2025	
Next anticipated review	November 2028	
Executive director	Executive Director for Quality & Safety, Chief Nurse	
Policy lead	Chief Allied Health Professional Interim Deputy Director of Quality, Safety & Experience & Associate Director for Recovery, Spiritual Care, Physical Health & Social Work	
Policy author (if different from above)	Experts by Experience Lead, recovery, service user, carer and family experience	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

### Policy context

All service users and their families and carers (hereby known as the people we support) have the right to accurate information about their condition, care and treatment, rights and choices. This information must be made accessible according to individual communication needs. Everyone who has contact with the people we support are responsible for ensuring that they can access the information they need. There must be effective communication showing empathy and kindness at all times to the people we support in line with the Trust Values of commitment, compassion and inclusivity.

## **Policy requirement (see Section 2)**

All service users and their families and carers (hereby known as the people we support) have the right to accurate information about their condition, care and treatment, rights and choices. This information must be made accessible according to individual communication needs.

Everyone who has contact with the people we support are responsible for ensuring that they can access the information they need. There must be effective communication showing empathy and kindness at all times to the people we support in line with the Trust Values of compassion and inclusivity.

The information we provide must be clear and precise and tailored to the people we support's individual needs. We do not make assumptions about people: we ask what their information and communication needs are and record them. We recognise that 'one size doesn't fit all', and that information needs to be communicated in a variety of ways. This includes braille and QR codes to videos and animations. We take into account that families and carers might need different information in different formats to the people they care for.

We will not use language barriers to communication, such as jargon, unexplained acronyms, stigmatising language, and will provide information in different languages. We must also respond when information needs change, and will repeat information as often as required. We must involve families and carers in all aspects of care by providing information on conditions and treatments.

Everyone who comes into contact with the people we support must introduce themselves and explain what is going to happen.

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## 1:1 Rationale

Accessible information for and communication with the people we support means that the right care can be provided to the right people at the right time. It also means that the people we support can make Informed choices. The right to information is mandated in the NHS Constitution and the NHS Accessible Information Standard.

## 1.2 Scope

All staff who have contact with the people we support are responsible for executing this policy.

All staff who produce information for the people we support are responsible for executing this policy.

Every person we support is covered by this policy: service users, their families and carers.

## 1.3: Principles

This policy is to meet our responsibilities under the NHS Accessible Information Standard [NHS England » Accessible information standard](#)

Our experts by experience have written a **What We Want to Know Guide for Staff**. This guide should influence how we provide information and communicate with the people we support.

**Appendix 2: Experts by Experience: What We Want to Know Guide for Staff**

## 2: The policy

All service users and their families and carers (hereby known as the people we support) have right to accurate information about their condition, care and treatment, rights and choices. This information must be made accessible according to individual communication needs.

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We will not use language barriers to communication, such as jargon, unexplained acronyms, stigmatising language, and will provide information in different languages. We must also respond when information needs change, and will repeat information as often as required.

We must involve families and carers in all aspects of care by providing information on conditions and treatments.

Everyone who comes into contact with the people we support must introduce themselves and explain what is going to happen. T

We will ensure that relevant records include details of information and communication needs of the people we support. People should be asked to communicate their own needs and a record should be made of any and all requirements.

### **3 The procedure**

The procedure is in two sections: meeting the individual needs of the people we support, and the production of general information for the people we support.

#### **3.1 meeting the individual needs of the people we support**

All staff must communicate with the people we support in a kind, empathetic and compassionate manner. This applies to face-to face contact, telephone and email.

All staff delivering a service must introduce themselves and their job title and explain what is going to happen. They must actively support people in spoken conversations and ensure that communication support is available for all interactions where needed, actively check understanding with people, and allow more time for consultations where there are specific needs.

All staff when answering the telephone must give the name of the service and their first name: for example; Hello, Saffron Ward, Jamie speaking. How can I help?

All staff must explain what the next steps are for the people we support.

All assessments in every service must include asking and recording the accessible information and communication needs of both the service user and the family members/carers.

The assessment must include the following:

- alternative or specific contact method(s);
- professional interpretation or communication support;
- information in an alternative language or format;
- adjustments or aids to support effective communication.

The follow steps will happen (adapted from the NHS Accessible Information Standard) [NHS England » Accessible information standard](#):

#### **1. Identification of needs:**

Staff will ask at assessment and care review about people's accessible information and communication needs and that of their families/carers where they relate to a disability, impairment or sensory loss.

#### **2. Recording of needs:**

Staff undertaking people's assessments and care reviews will record their needs on RIO in the assessment summary.

### 3. **Sharing of needs:**

Inclusion of recorded data about peoples' information and / or communication support needs as part of existing data-sharing processes, and as a routine part of referral, discharge and handover processes.

### 4. **Meeting of needs:**

Staff delivering are will take steps to ensure that people receive information in an accessible format and with any communication support which they need.

#### **3.1.1. If an interpreter is required: we have a contract with Word360**

For telephone interpreting:

[How to use Word360 Telephone Interpreting- BSMHT](#)

For face-to-face interpreting:

[How to request a face to face interpreter - BSMHT](#)

Interpreters must be independent, professionally trained and impartial.

Family members, including children must not be used as interpreters due to risks of coercion, confidentiality breeches and emotional harm.

#### **3.1.2. If translation is required:**

The Trust has endorsed the free translation tools as the technology has improved and can now provide accurate translations. They do not compromise the quality of care or communication.

It is important to note these tools are under the Microsoft licence purchased by the Trust; confidentiality and data security compliance with the Trust's governance to ensure that any translation service used complies with data protection regulations, including using free online tools like Google Translate. Staff must not include any personal information within Google Translate as these are web based forms and the security of these cannot be guaranteed.

For translation services, please be aware that we can use MS Word, Outlook and other MS packages/Google translate for free to translate documents, letters, words and discussions in real time – instead of booking and paying for interpreters from contracted providers such as Word360.

All care and treatment reviews must include asking if we are meeting the information and communication needs of the people we support and b recorded on the patient record .

### **3.2. Production of general information for the people we support**

Staff must signpost the people we support to the following page or print off the information as required. **This link includes information in different languages.**

[Self-Help Resources & Leaflets](#)

The information that can be found here is:

## Birmingham Healthy Minds: Translated self-help booklets

### Translated Health Information

[NHS: Health information in various languages \(www.nhs.uk\)](http://www.nhs.uk)

[Health Information Translations: Information on a range of health topics](#)

[Doctors of the World: Translated health information about NHS Services](#)

[MedlinePlus: Health information in multiple languages \(Physical Health\)](#)

### Translated Medication Leaflets

[Choice and Medication website: Translated leaflets](#)

### Translated Information - Mental Health

[Royal College of Psychiatrists: Translated mental health information](#)

[Mental Health Act Leaflets | East London NHS Foundation Trust](#)

Trust-wide information and individual service information can be found in the [Services A to Z - Birmingham and Solihull Mental Health NHS Foundation Trust](#). All pages can be translated by choosing a language at the top of the page. The pages can also be printed using the 'Print this page function' that is on each page.

General information leaflets can be found here:

[Service user information leaflets - Birmingham and Solihull Mental Health NHS Foundation Trust](#)

For the development of new information resources, including leaflets, information packs and videos, contact the participation and experience team for advice and support on the co-production of resources with the people we support. Please email [bsmhft.participation@nhs.net](mailto:bsmhft.participation@nhs.net)

All information resources must be created by the NHS England endorsed [Plain English Campaign](#).

Templates for the creation of individual service leaflets can be found on Connect at [Trust templates](#)  
When created these can be sent to the Trust communications team at [Bsmhft.commsteam@nhs.net](mailto:Bsmhft.commsteam@nhs.net), for final editing and uploading to the Trust website.

## 4: Responsibilities

Post(s)	Responsibilities	Ref
All Staff	Communicate to the people we support with empathy in line with the Trust Values	
Service, Clinical and Corporate Directors	Ensure that staff are trained and have the resources to meet the information and communication needs of the people we support  Ensure that general information regarding services is available and up to date	
Policy Lead	Ensure arrangements for the audit and review of the policy	

<b>Executive Director</b>	Report assurance and alerts to gaps to Trust Board	
<b>Communications team</b>	Advise and support on the provision of public information	
<b>Estates team</b>	Ensure that there is adequate signage	
<b>Participation and experience team</b>	Support the co-production of information materials	
<b>Local team managers</b>	Ensure notice boards are kept up to date	

## 5: Development and Consultation Process

The policy was written by experts by experience as part of the HOPE strategy action group and supported by the participation and experience team.

Consultation summary		
Date policy issued for consultation		July 2025
Number of versions produced for consultation		1
Committees / meetings where policy formally discussed		Date(s)
None		
None		
Where received	Summary of feedback	Actions / Response
Information governance team	Staff must not include any personal information within Google Translate as these are web-based forms and the security of these cannot be guaranteed.	Added to policy.
Informatics team/information governance steering group	<p>Language used in info leaflets – should it comply with any plain language standards, if so which ones and how will we ensure all leaflets do?</p> <p>How confident are we in the quality of online translations and do we need to get some checked and/or add in disclaimers/warnings to readers?</p> <p>Specific guidance about needs of people with autism, learning disabilities, ADHD, others? Is that covered in other policies? To me, relative to other aspects of the policy, there isn't much detail about how to actively support people in spoken conversations and while a lot of this will be obvious to many people I still wonder whether more should be stated explicitly</p>	<p>Comments added to the consultation document have been addressed by a rewording of section 3.</p> <p>Added plain English standard.</p> <p>This will be followed up with the communications team who wrote the original endorsement for advice. A minor amendment may be added later.</p> <p>The head of learning disabilities and autism has been contacted</p>



	in the policy, say about ensuring communication support is available for all interactions where needed, actively checking understanding with people, allowing more time for consultations where there are specific needs, that kind of thing ...?	and this will be added as a minor amendment.  Added to section 3:  <i>They must actively support people in spoken conversations and ensure that communication support is available for all interactions where needed, actively check understanding with people, and allow more time for consultations where there are specific needs.</i>
Communications Team	<b>3.2.4:</b> Templates for the creation of individual service leaflets can be found on Connect at <a href="#">Trust templates</a> When created these can be sent to the Trust communications team at <a href="mailto:Bsmhft.commsteam@nhs.net">Bsmhft.commsteam@nhs.net</a> , for final editing and uploading to the Trust website.	Added to policy.
Chief information officer	Details of where to record accessible information needs on RIO	Added to policy
Safeguarding team	Interpreters must be independent, professionally trained and impartial. *Family members, including children must not be used as interpreters due to risks of coercion, confidentiality breaches and emotional harm.	Added

## 6: Reference documents

[NHS England » Accessible information standard](#)

[Plain English Campaign](#)

## 9: Audit and assurance

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
Meeting accessible information and communication needs	Informatics team	NHS Accessible Information Standard self-assessment framework	Yearly	CGC QPES PEAR
Complaints	Policy lead	Complaints annual report	Yearly	QPES
Incident data	Policy lead	Eclipse	Yearly	QPES

## 7: Bibliography

None

## 8: Glossary

None

## Appendix 1 Equality Analysis Screening Form

### Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect

<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

<b>Title of Policy</b>	Accessible Information and Communication for Service Users and Carers		
<b>Person Completing this policy</b>	Katherine Allen	<b>Role or title</b>	Lead for recovery, service user, family and carer experience.
<b>Division</b>	All	<b>Service Area</b>	All
<b>Date Started</b>	September 2024	<b>Date completed</b>	July 2025
<b>Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation.</b>			
<p>To ensure that service users, families and carers get the information they need that meets their individual accessibility and communication requirements.</p> <p>This is an essential component of clinical delivery, quality and experience.</p>			
<b>Who will benefit from the proposal?</b>			
Service users, families and carers – the people we support.			
<b>Does the policy affect service users, employees or the wider community?</b>			
<i>Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward</i>			
The policy is to ensure that people from all protected characteristics get information in a format appropriate to their individual needs.			
<b>Does the policy significantly affect service delivery, business processes or policy?</b>			
<i>How will these reduce inequality?</i>			
By ensuring that people from all protected characteristics get information in a format appropriate to their individual needs.			
<b>Does it involve a significant commitment of resources?</b>			

<b>How will these reduce inequality?</b>				
By ensuring that people from all protected characteristics get information in a format appropriate to their individual needs.				
<b>Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment &amp; progression)</b>				
Yes. The policy relates to health inequalities, where there are barriers to accessible information and communication due to protected characteristics.				
<b>Impacts on different Personal Protected Characteristics – Helpful Questions:</b>				
<i>Does this policy promote equality of opportunity?</i> <i>Eliminate discrimination?</i> <i>Eliminate harassment?</i> <i>Eliminate victimisation?</i>			<i>Promote good community relations?</i> <i>Promote positive attitudes towards disabled people?</i> <i>Consider more favourable treatment of disabled people?</i> <i>Promote involvement and consultation?</i> <i>Protect and promote human rights?</i>	
<b>Please click in the relevant impact box and include relevant data</b>				
<b>Personal Protected Characteristic</b>	<b>No/Minimum Impact</b>	<b>Negative Impact</b>	<b>Positive Impact</b>	<b>Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.</b>
<b>Age</b>			X	By ensuring that people from all protected characteristics get information in a format appropriate to their individual needs.
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your policy? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
<b>Disability</b>			X	By ensuring that people from all protected characteristics get information in a format appropriate to their individual needs.
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
<b>Gender</b>			X	By ensuring that people from all protected characteristics get information in a format appropriate to their individual needs.

<p>This can include male and female or someone who has completed the gender reassignment process from one sex to another</p> <p>Do you have flexible working arrangements for either sex?</p> <p>Is it easier for either men or women to access your policy?</p>				
<b>Marriage or Civil Partnerships</b>			X	By ensuring that people from all protected characteristics get information in a format appropriate to their individual needs.
<p>People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters</p> <p>Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?</p>				
<b>Pregnancy or Maternity</b>			X	By ensuring that people from all protected characteristics get information in a format appropriate to their individual needs.
<p>This includes women having a baby and women just after they have had a baby</p> <p>Does your service accommodate the needs of expectant and post natal mothers both as staff and service users?</p> <p>Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?</p>				
<b>Race or Ethnicity</b>			X	By ensuring that people from all protected characteristics get information in a format appropriate to their individual needs.
<p>Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees</p> <p>What training does staff have to respond to the cultural needs of different ethnic groups?</p> <p>What arrangements are in place to communicate with people who do not have English as a first language?</p>				
<b>Religion or Belief</b>			X	By ensuring that people from all protected characteristics get information in a format appropriate to their individual needs.
<p>Including humanists and non-believers</p> <p>Is there easy access to a prayer or quiet room to your service delivery area?</p> <p>When organising events – Do you take necessary steps to make sure that spiritual requirements are met?</p>				
<b>Sexual Orientation</b>			X	By ensuring that people from all protected characteristics get information in a format appropriate to their individual needs.
<p>Including gay men, lesbians and bisexual people</p> <p>Does your service use visual images that could be people from any background or are the images mainly heterosexual couples?</p> <p>Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?</p>				

<b>Transgender or Gender Reassignment</b>			X	By ensuring that people from all protected characteristics get information in a format appropriate to their individual needs.	
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your policy or service?					
<b>Human Rights</b>			X	By ensuring that people from all protected characteristics get information in a format appropriate to their individual needs.	
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?					
<b>If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)</b>					
		<b>No</b>			
<b>What do you consider the level of negative impact to be?</b>	<b>High Impact</b>	<b>Medium Impact</b>	<b>Low Impact</b>	<b>No Impact</b>	
				X	
If the impact could be discriminatory in law, please contact the <b>Equality and Diversity Lead</b> immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.  If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the <b>Equality and Diversity Lead</b> before proceeding. If the policy does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the <b>Equality and Diversity Lead</b> .					
<b>Action Planning:</b>					
How could you minimise or remove any negative impact identified even if this is of low significance?					
N/A					

How will any impact or planned actions be monitored and reviewed?
N/A
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.
N/A
Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis

## Appendix 2: Experts by Experience: What We Want to Know Guide for Staff

As service users, families and carers – the people you support, we need to know from BSMHFT:

- The severity of the situation we are in
- That we are safe
- Why we are taking medication, side effects, how long for, and its benefits. How to take our medication, and what can be changed
- What Mental Health Act section we are on
- What are our rights
- The reason why we are in the service
- What is going to happen to us and why
- Who we are going to see, why we are seeing them, what is going to happen, for how long, who is there for us
- What to do if we don't agree with what is said
- What carers need to do to access information on service users' behalf – eg; Power of Attorney, advance statements.
- Who we should contact if we see an error (eg; medication)
- That carers will get a copy of what is sent to the GP, when this has been requested by the service user
- That we have a right to see our medical notes and how to request them
- clear explanation of my illness, symptoms life expectations, eg. Chance of relapse or worsening symptoms/prevention
- The services available to us
- Who can we turn to in crisis/out of hours
- What are the support plans in the meantime when our CPN goes on leave
- That there is communication between all parties in our care – CPN, GP, social services, accommodation,
- What to do if we can't make an appointment, and not be sent back to the GP
- How to use the right language of the parent and carer to help with someone they care for with a learning disability or autism.
- How to get around BSMHFT sites with good signage.
- Information and signposting to services, and directions
- How long we will have to wait to see someone
- That hearing voices will be taken into account – aural communication
- That there is continuity of how things are offered – different wards/services
- Clear explanations of what to expect – what will happen next, when will I get a call