South West Yorkshire Partnership Teaching NHS Foundation Trust

Document name:	**Accessible information policy (764)** Making information more accessible for people who use SWYPFT services
Document type:	Policy
What does this policy replace?	Review of previous version
Staff group to whom it applies:	All staff within the Trust
Distribution:	The whole of the Trust
How to access:	Intranet and internet
Issue date:	January 2026
Next review: *NB: The Accessible Information Standard must be reviewed whenever national guidance changes or new accessibility needs are identified through audits, feedback, or legislation.*	January 2029
Approved by:	The Executive Management Team on 22 January 2026
Developed by:	Equality, Diversity and Inclusion Team
Director leads:	Chief Nurse/Director of Quality and Professions
Contact for advice:	Equality, Diversity and Inclusion Team. Marketing, Communications and Engagement Team

With **all of us** in mind.

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1. Introduction

This policy sets out the Trust's standards for information provided to people who use Trust services, carers and other representatives to aid understanding about services and the choices available.

The aim of the policy is to ensure all people who need to use the Trust's services have equal access to information. This includes people with specific communication and information support needs as defined under the NHS England Accessible Information Standard (AIS).

In line with the Trust's values of respect, inclusivity, and partnership, it promotes equitable access to services by embedding the NHS England Accessible Information Standard (AIS) into everyday practice. It further aligns with the Trust's EDI objectives to reduce health inequalities, empower service users and carers, and foster environments where everyone feels heard, understood, and valued.

AIS was introduced to ensure that people who have a disability, impairment or sensory loss receive information in a way that they can access and understand, and any communication support that they need is identified and provided.

The policy refers to information produced in any format. This could include: written (leaflets or posters), electronic (web based, email and text), audio or DVD. Additional resources are provided in *Section 11 (page 14)* to support the effective tailoring of communications to meet the diverse accessibility needs of individuals.

This policy sets out good practice principles around producing information for people who use services including those people with specific communication and support needs.

What this policy does not cover:

- This policy does not cover information *about* service users: staff should refer to Information Governance and Confidentiality policies for guidance on information about service users.

- This policy does not cover information for service users and carers who require interpreting, translating or transcription: that is covered in a separate policy - the Interpreting, translation and transcription procedure. This procedure also provides guidance on appropriate use of services and booking instructions for staff.

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2. Purpose and scope of the policy

The purpose of providing appropriate, up to date, accurate and high-quality information to people who use Trust services is:

- To improve understanding about the services available
- To support people to make informed choices about their care and treatment
- To support the process of gaining informed consent. (Written information can *support* but not replace a dialogue with a person using services about their individual care)

- To ensure all people who need to use Trust services have equal access to information, including those with communication and information support needs as defined under the NHS England Accessible Information Standard.

The purpose of this policy is to:

- Provide a documented process for the identification and development of information for people who use services
- Support a consistent approach to the development of that information
- Raise the standard of information available
- Support equal access to information, including amending information into required formats and media specific to people's communication and information support needs.
- Support compliance with NHS England Accessible Information Standard.

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3. Definitions

3.1 NHS England Accessible Information Standard

The NHS England Accessible Information Standard (AIS) (DAPB1605) ensures that individuals with a disability, impairment, or sensory loss can access and understand information about NHS and adult social care services, and receive the communication support they need. All NHS and publicly funded adult social care organisations are required to comply with the AIS.

The standard applies to patients, service users, carers, and family members who have information or communication support needs related to a disability, impairment, or sensory loss. It aims to prevent these individuals from being placed at a substantial disadvantage when accessing services, in line with the Equality Act 2010.

Organisations must ensure that people receive information in formats that meet their needs, such as braille, large print, easy read, colour contrast, and through various methods including written, audio, images, or email. Additionally, communication support must be provided where needed, such as access to a British Sign Language (BSL) interpreter, deafblind manual interpreter, or advocate.

The AIS policy does not cover translation into community languages, which is addressed separately.

The Six Essential Steps of the AIS (2025 Update):

1. **Identify Needs**
   Establish a consistent approach to identifying individuals' information and communication support needs.
2. **Record Needs**
   Routinely and accurately record these needs in patient records and relevant systems.

3. **Flag Needs**
   Ensure that recorded needs are flagged clearly so that staff are alerted and can respond appropriately.
4. **Share Needs**
   Share information about individuals' needs with other relevant services and professionals, with consent, to ensure continuity of support.
5. **Meet Needs**
   Take appropriate steps to meet the identified needs, including providing accessible formats and communication support.
6. **Review Needs**
   Regularly review individuals' needs to ensure they remain accurate and relevant, and update records accordingly.

3.2 Producing accessible content and documents

As a public sector body and an employer, the Trust have a legal obligation to make reasonable adjustments under the Equality Act 2010 to ensure equitable access.

When we use the word 'accessible' in this context we are using it to describe whether a document, website, electronic survey (like smart survey or survey monkey) can be used by people of all abilities and disabilities.

The Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018 came into force on 23 September 2018. This says that public sector organisations must make their website or mobile app more accessible by making it 'perceivable, operable, understandable and robust'.

The Equality and Human Rights Commission (EHRC) enforces the requirement to make public sector websites and mobile apps accessible (making them perceivable, operable, understandable, and robust). The Minister for the Cabinet Office is responsible for the monitoring and reporting on compliance.

Organisations that do not meet the accessibility requirement or fail to provide a satisfactory response to a request to produce information in an accessible format, will be failing to make reasonable adjustments. This means they will be in breach of the Equality Act 2010.

Documents published on public sector websites must meet accessibility standards. This is so they can be used by as many people as possible, including those with disabilities. It is important to make sure any new content or features that you publish meet accessibility standards. If they do not meet those standards, you will have to go back and fix things.

In accordance with the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018, the Equality Act 2010, and the NHS England Accessible Information Standard (DAPB1605), all individuals responsible for editing or uploading content to the Trust's website or mobile applications must ensure that digital content and features are fully accessible.

This legal and policy framework requires that digital services be perceivable, operable, understandable, and robust, meeting the Web Content Accessibility Guidelines (WCAG) 2.2 AA standard. Compliance is not optional and applies to all NHS-funded organisations.gov

Responsibilities include:

- Creating accessible documents: All PDFs and other downloadable content must be accessible, including the use of alternative text (alt text) for images to support screen readers.
- Writing meaningful link text: Avoid vague phrases like “click here.” Use descriptive, context-aware link text that clearly indicates the destination or action.
- Structuring content for clarity: Use proper heading levels, clear page titles, and logical content flow to support navigation by assistive technologies.
- Publishing accessible multimedia: Ensure that all images and videos include subtitles, transcripts, and appropriate contrast for visibility.
- Ensuring compatibility with assistive technologies: All new features and updates must be tested to confirm functionality with tools such as screen readers, speech recognition software, and keyboard navigation.
- Presenting information in an accessible format.

Additional Requirements:

- An accessibility statement must be published and maintained for each website and app, outlining known issues and contact details for support.gov. An example for the Trust is available here: Accessibility Statement | South West Yorkshire Partnership Teaching NHS Foundation Trust
- Accessibility must be considered from the design stage through to deployment, with audits conducted during development phases
- NHS organisations must appoint a senior responsible officer to oversee implementation of the Accessible Information Standard.

This means that from 2018 we as an organisation had to ensure that all files and text content we share on our website, such as surveys, PDFs, PowerPoint presentations and Excel comply with these regulations. There are several things that we need to do when generating a PDF from Microsoft Word to make it accessible – this guide outlines the main steps that need to be taken so please try and follow it closely when producing your documents.

3.3 Easy read

Written information in an ‘easy read’ format in which straightforward words and phrases are used supported by pictures, diagrams, symbols and / or photographs to aid understanding and to illustrate the text. The Trust have an embedded approach to support the development of easy read publications which can be found here: Easy read - Home

3.4 AIS through an Inclusion lens

SWYPFT recognises that true accessibility goes beyond simple compliance; it requires a proactive, inclusive approach that acknowledges and addresses the systemic barriers faced by individuals such as those we are neurodivergent; from racialised communities; have a sensory impairment; and/or other characteristics.

It is important to view these characteristics through an intersectional lens and not as separate, isolated areas; the sections should be used as a reflective process to understand how overlapping identities can compound barriers to accessible information.

This section outlines key areas where AIS must be reflected to ensure equitable service provision and effective communication. Our goal is to move beyond a 'one-size-fits-all' model to one that is person-centred, culturally competent, and truly inclusive.

Examples of key Considerations for Inclusivity within AIS

- **Neurodivergence**

Information formats and communication methods must be adapted for individuals who are neurodivergent (e.g., those with Autism Spectrum Condition, ADHD, or Dyslexia). This includes providing materials that are clear, unambiguous, literal, and available in multiple formats (e.g., plain text, visual aids, concise summaries) to accommodate varying processing styles and sensory sensitivities.

Example: When sending an appointment letter, staff should offer the option to receive a "Simplified Summary" alongside the standard letter. This summary would use bullet points, short sentences, and be formatted with a clear, sans-serif font like Arial at size 12-14pt to reduce cognitive load for individuals with Dyslexia or Autism. You should avoid using bright white paper, off white or light yellow is recommended.

- **Anti-Racist Approaches and PCREF (Patient and Carer Race Equality Framework)**

AIS implementation must actively incorporate anti-racist approaches and align with the principles of the PCREF. This means assessing how racial and ethnic disparities may impact access to, or understanding of, information. It involves ensuring all materials are culturally competent, non-discriminatory, available in relevant languages, and that communication styles are respectful of diverse cultural backgrounds and lived experiences.

Example: During consultation, staff must ask, “Would you prefer information in another language?” and arrange a certified interpreter if needed, never rely on family or untrained staff. Staff must also avoid assumptions about cultural practices and explain information (e.g., medication) in a culturally respectful way, including potential interactions with traditional remedies. Avoid using gender or family role stereotypes, or one universal cultural imagery.

- **Deaf and Hard of Hearing Individuals**

For Deaf and hard of hearing individuals, the provision of information must be seamless. This includes offering British Sign Language (BSL) interpretation (or other relevant sign languages), providing clear, unedited captions for videos, using induction loops, and ensuring written information is provided in an easy-to-read, concise format to avoid reliance on complex language processing.

Example: Before scheduling a face-to-face meeting or video call with a patient who is Deaf, the administrator must proactively confirm the need for a British Sign Language (BSL) interpreter and ensure the interpreter is booked and present, rather than waiting for the patient to arrive and ask.

- **Blind and Partially Sighted Individuals**

Information provision for blind and partially sighted individuals must ensure parity of access. This mandates the consistent availability of materials in large print, Braille, audio formats, digital formats compatible with screen-reading software, and high-contrast visuals, ensuring staff are trained to describe visual content clearly and assist with documentation.

Example: Staff must ask, "Do you need this in an accessible format?" and be prepared to provide documents (e.g., consent forms) in large print (16pt+), screen-reader-compatible digital files, or audio recordings.

3.5 Recognising the importance of Carers within AIS

The Trust recognises carers as the tenth protected characteristic, acknowledging their vital role in supporting people who use our services. In line with the *Triangle of Care* approach, carers are seen as equal partners in care, and their communication needs must be identified, respected, and met. This includes ensuring carers receive timely, accessible, and relevant information in formats that support their understanding and involvement, aligned with the inclusivity principles above. By embedding carers' voices into care planning and service delivery, we promote equity, improve outcomes, and uphold our commitment to person-centred, inclusive care.

Example: At the point of first contact, staff ask:

"Do you have a caring role, and how would you prefer to receive information about the person you support?"

If the individual identifies as a carer, they are offered a Carer Communication Passport to record:

- *Their preferred communication method (e.g. email, phone, Easy Read).*
- *Key information needs (e.g. medication updates, appointment changes).*
- *How and when they wish to be involved in care discussions.*

This approach ensures carers are recognised, informed, and included, reducing stress, improving care coordination, and aligning with the Accessible Information Standard and Triangle of Care principles.

4. Duties

All staff should be aware that information is an aid to good communication and supports the delivery of high-quality care and services. The duties for the Trust in relation to this policy are set out below:

All staff should be aware that information is an aid to good communication and supports the delivery of high-quality care and services. The duties for the Trust in relation to this policy are set out below:

- **The Trust Board** hold overall responsibility for ensuring an up-to-date policy is in place, which is fit for purpose and based on best practice. The Board is required to ensure that the Trust treats all people equally and inclusively.

  The Chief Nurse/Director of quality and professions will act as the named responsible role for this policy and will oversee that compliance with this policy and ensure the required standards are monitored and reported, and best practice achieved and shared.
- **The Chief People Officer** will oversee a review of information availability within services and the development and delivery of action plans to improve the range and standard of the information provided to people who use Trust services. This will support compliance with NHS resolution standards.

- **The Executive Director of Strategy, Inclusion & Change** will ensure that the Trust maintains its legal obligations in relations to equality and inclusion alongside other directors who will need to ensure that this policy is disseminated, embedded, and implemented in their own directorate.

- **Service and clinical directors** are responsible for ensuring there is local compliance with the policy and that staff members have the necessary knowledge and have accessed the relevant training.

- **Matrons and service managers** will:
  - Ensure the policy is implemented throughout local services
  - Ensure all staff are made aware of and have read the policy
  - Identify any additional training and support needs required to enable their teams to provide person-centred, compassionate, safe, and effective care
  - Be responsible for ensuring information is available to support service users make choices about their care and treatment and that information is used in support of dialogue to obtain informed consent

- **The Associate Director for Strategy Equality and Inclusion** will monitor compliance and progress against nationally mandated standards, identify core training, and offer advice and guidance. Trust wide actions related to ensuring we meet the requirements of the policy will also form part of the Trust wide equality, inclusion, and involvement annual action plans.

- **Marketing and communications team will:**
    - Ensure this policy is available on the Trust's website
    - Provide guidance notes on the process to be followed in producing information for service users and carers, accessible via the intranet or direct from the Communications Team
    - Support services, if required, to ensure information is suitable for the intended audience and in line with The Accessible Information Standard.
    - Support and assist services in ensuring information is made available in formats suitable for the intended audience (for example fact-sheets, leaflets, web-based)
    - Act as 'guardians' of the Trust's branding and ensure its correct application on information for people who use Trust services.
    - Support and advise care groups on best presentation of information, production (for example downloading from the Trust's website, photocopying, professionally printed documents).
    - Make information developed by care groups available on the Trust's website, when applicable

- **Responsibilities of the Equality Inclusion and Involvement Committee** will be to sign off the policy and monitor the implementation of any required Trust Wide actions or developments as part of the annual action plans for equality and inclusion.

- **Responsibilities of the Executive Management Team (EMT)** will be to comment on and approve this policy and be responsible for ensuring it has been developed according to the Trust's protocol.

- **General Managers will:**
    - Be responsible for ensuring that all front-line staff working directly with service users and carers enquire about any communication or information support needs, record this need, and ensure that the identified need is met.
    - Be responsible for identifying the core set of information needed for their service area. This should be done in collaboration with people who use Trust services and their families and carers.
    - Agree preferred format for accessing information, for example verbal, audio, printed/web based, and how information will be distributed.
    - Identify if the required information is available through established external sources for example national or local voluntary sector organisations.
    - Contribute to the delivery of any business delivery unit action plans in respect of service user information.

    - Ensure information remains up to date and accurate and is presented to standards in accordance with this policy.
    - Ensure material displayed in their area of responsibility complies with this policy and is timely and relevant.

- **All staff** will follow the good practice and guidelines set out within this policy and the associated resources identified.

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5. Principles

The principles for producing information for people who use our services are:

- To identify the target audience first using tools such as Equality Impact Assessments, Local public health data and profiling so information and communication requirements are considered at the front end of service delivery.
- Ask the individual at a point of contact what their preferred communication and information requirements are. Considering literacy levels, people with disabilities, people with learning difficulties and people with sensory loss or impairments.
- Ensure information is in a language, style, and format that makes it accessible to the intended audience. This includes the use of pictures, images, and symbols, where appropriate.
- A glossary should be included where clinical terms are used.
- Utilise the processes in place to allow for materials to be made available in different formats (such as electronic, large print, easy read, audio tape, CD, text, or email).
- Ensure the marketing and communications team have oversight of and approve design and formatting of materials in line with Trust branding.
- Ensure information is easily accessible and available; services should identify how any information will be made available to the intended audience before the information is produced.
- Information should be made available or produced in the most cost-effective way possible

5.1 Examples of information types that are covered by this policy:

- Leaflets on specific conditions (produced externally or internally)
- Leaflets on assessments/treatments/procedures (produced externally or internally)
- Leaflets on services (produced externally or internally)
- Leaflets on rights (produced externally or internally)
- Trust website and social media
- Videos
- Self-help information (produced externally or internally)
- Signage
- Clinic letters
- Care plans
- Any information needed by a service user that directly impacts on the care that they receive
- Notice board displays in clinical, waiting, and public areas
- Written and pictorial signs
- Posters

- Factsheets
- Any information needed by a service user that directly impacts on the care that they receive.

Please see the Trust Interpretation, Translation and Transcription procedure when considering the information provided by interpreters during face-to-face consultation.

5.2 Minimum requirements

The minimum requirements for information for people who use our services are:

- The principles outlined above should be followed in sourcing or developing all information. These principles are in line with the requirements of the NHS England Accessible Information Standard.
- Care groups should, as a minimum, ensure information is available about their services and on all common conditions, the treatments available and any self-help advice and support.
- Care groups should audit the information currently available, consult with people who use services to determine information requirements and preferred formats, and respond to unmet need.
- Care groups should support all staff to enquire about, record and respond to any communication and information support need identified by an individual service user or carer.
- Care groups should assess whether information might already be available in the preferred format from NHS approved external sources. For example, Royal Colleges, charities and voluntary sector produce information leaflets about specific conditions which can be downloaded. Information can also be taken from nhs.uk.

Information produced by the Trust should:

- Comply with Trust branding
- Give an accurate reflection of services and help people understand what to expect when they are in contact with different elements of the service.
- Help people make choices by giving facts about benefits, risks and side effects of any therapies, medication or treatments and any alternatives available
- Be produced in the appropriate medium for the intended audience
- Be tailored to any communication or information support need identified by the service user or carer and advise service user or carer that the information is available in other formats on request
- Contain accurate contact details (addresses and telephone numbers) for services and a directional map, including public transport routes, if appropriate.
- Signpost people to other sources of information if relevant – making sure that any information to which we signpost service users and carers meets their information or communication need.
- See Appendix D for general tips on formatting printed materials and see Appendix E for guidance on sending service users information via email or text message.

6. Equality Impact Assessment (EIA)

This policy promotes equality of access to information through the Trust's approach to EIA.

For detailed impacts and considerations specific to this policy, refer to Appendix A: Equality Impact Assessment.

7. Dissemination and implementation arrangements (including training)

This document will be accessible to staff via the document store on the Trust's intranet and website. Staff will be alerted to the approved policy via the weekly staff bulletin 'The Headlines'.

This policy is supported by guidance notes produced by the marketing and communications team and the involvement and equality team in relation to producing information for people who use services and the Trust style guide and branding. The marketing and communications team and the involvement and equality team will also support teams/services to produce information – providing text editing, plain English checks, branding, and best presentation options.

Implementation of the policy will be the responsibility of staff at all levels and supported by all managers and directors. Managers are required to monitor compliance with this policy and to ensure a systematic approach to identifying and responding to information requirements, through consultation with people who use Trust services.

Care groups are required by this policy to review the information currently available to support understanding of their services and to develop action plans to address any areas where improved/additional information will enhance service delivery. Delivery of action plans will be monitored through care group governance processes.

Directors are responsible for ensuring that staff within their area of responsibility are aware of new or amended policies and procedures related to their work and the change is communicated in The Headlines. If local teams download and keep a paper version of documents, the responsible manager must identify someone within the team who is responsible for updating the paper version.

8. Process for monitoring compliance and effectiveness

The process for monitoring compliance will be managed via the communications and marketing team. The team have a checklist in place to review requests for publications

which asks the service to identify in the EIA the intended audience to ensure accessible versions are developed.

Website publications are also monitored by the comms and marketing team to ensure AIS standards are maintained and are in line with legal obligations. The Trust also use EIAs as a tool to identify populations and are asked to identify specific impacts as part of this approach. Information and communication are addressed in these impacts to ensure the Trust are continuing to assess information requirements.

SystmOne now captures preferred information and communication methods for each individual contact. These preferences are supported by the Trust language and interpretation service and the communications and marketing team. The AIS also form part of:

- Review of Trust practice against national audit standards every two years
- CQC inspections
- Service improvement initiatives
- Learning from patient feedback through FFT, customer service, advocacy and agencies such as Healthwatch

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9. Review and revision arrangements (including archiving)

The policy requires approval by the Executive Management Team,and will be subject to review at least every three years.

Once approved, the policy will be added to the intranet by the Quality Governance Team. Previous versions will be archived and stored in the k:drive.

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10. References

- Data Protection Act 1998 (specifically Principle 7).
- Equality Act 2010 – Legal framework requiring reasonable adjustments and promoting equality of access.
- NHS England Accessible Information Standard (AIS)
    - Publications Gateway Reference: 05336 v1.01 (May 2016)
    - Standard Reference: DAPB1605
    - Accessible Information Standard – NHS England

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11. Associated documents/ resources

This policy has been developed in line with:

- The guidance and compliance of the NHS England Accessible Information Standard: NHS England » Accessible information standard
- The guidance and compliance of the NHS England Accessible Information Standard Easy Read Guidance: NHS England » Accessible Information Standard
- DAPB4019: Reasonable Adjustment Digital Flag: DAPB4019: Reasonable Adjustment Digital Flag - NHS England Digital
- Trust Branding guidelines which defines the style and format for presentation of Trust material: Guidance for representing our brand
- The Accessible Information Standard (AIS) | Mencap | Easy Read

This policy also links to the:

- Trust Interpretation, Translation and Transcription policy (2017), aimed at supporting service users with different language needs: 987.docx

- Deaf; Users of BSL; and Hard of Hearing Intranet Page specifically: Accessible Information Standard (AIS), a more in-depth guide for staff
- Blind and partially Sighted Intranet Page specifically: Accessible Information Standard, a more in-depth guide for staff
- SignHealth AIS Guidance: Review of the NHS Accessible Information Standard - SignHealth
- Template for producing accessible information about Trust locations with Easy Read and Neuro-affirming approach Accessibility-information-Pack---Final.docx
- Triangle of Care and our approach to Carers: Carers - Home
- SWYPFT Culture of Care Programme: Culture of Care - Home
- SWYPFT Health Inequalities Toolkit: Health inequalities toolkit - Home
- NHS England » Culturally competent inpatient care
- NHS England » Autism-informed inpatient care

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12. Appendices

12.1 Appendix a.	Equality Impact Assessment
12.2 Appendix b.	Checklist for the Review and Approval of Procedural Document
12.3 Appendix c.	Version control sheet

Appendix A - Equality Impact Assessment (EIA) Tool

POLICY AND STRATEGY
Equality Impact Assessment template

This EIA template is to be completed by staff when writing a new policy/strategy or when reviewing a policy/strategy. The EIA needs to demonstrate who would be impacted (local census data and workforce data) and what gaps there are.

Any gaps identified need to be included in section 6 where actions are listed to address and progress to ensure inclusivity and diversity in the policy/strategy.

	QUESTIONS	ANSWERS AND ACTIONS
1	**Name of policy/strategy?** *Prompt: is it new or revised?*	Accessible Information Policy Making Information more accessible for people who use SWYPFT services **Revised – previous versions 2016; 2021; 2024.**
2	**Description of the document:** *Prompt: what is the aim of the document?*	This policy sets out the Trust's commitment to ensuring equitable access to information and communication for all individuals who use its services. It specifically addresses the needs of people with communication and information support requirements, as defined by the NHS England Accessible Information Standard (AIS). The policy underpins the Trust's broader equality, inclusion, and person-centred care agenda, ensuring that service users, carers, and families receive health information in formats that are accessible, understandable, and responsive to individual needs. This includes formats such as Easy Read, large print, audio, Braille, and translated materials, as well as the provision of appropriate communication support. This policy is designed to actively promote equality of opportunity by ensuring that all individuals who use the Trust's services—regardless of their background or personal characteristics—can access information and communication in ways that are meaningful and appropriate to them. It recognises that equitable access is not achieved through a one-size-fits-all approach, but through tailored, inclusive practices that respond to the diverse needs of service users, carers, and families. The policy has a particularly strong focus on supporting individuals who may face barriers to accessing information, including: • People with disabilities, such as sensory impairments, learning disabilities, and neurodivergence, by ensuring formats like Easy Read, Braille, audio, and large print are available. • People who do not speak English as a first language, through the provision of translated materials and access to interpretation services. • People with low literacy or cognitive processing needs, by promoting the use of plain language, visual aids, and simplified formats.

		By embedding the NHS England Accessible Information Standard (AIS) into service delivery, the Trust ensures that communication is not only accessible but also person-centred. This includes identifying individual communication needs at the point of contact, recording preferences, and ensuring that these are consistently met throughout the care journey. The policy also supports equality of opportunity by: • Encouraging co-production of materials with service users and carers to ensure relevance and clarity. • Promoting inclusive design principles in all published content, including digital formats. • Ensuring staff are trained and supported to recognise and respond to communication needs. • Aligning with broader strategic initiatives such as the Culture of Care programme, which embeds equity principles into service environments and communication practices. Ultimately, this policy helps to remove systemic barriers to information access, enabling individuals to make informed decisions about their care, participate fully in service planning, and experience equitable treatment across all Trust services. By ensuring that all individuals receive timely, consistent, and appropriately formatted information that reflects their personal communication needs, the Trust promotes genuine equality of access. This approach helps eliminate disparities in understanding, engagement, and decision-making across different population groups. It also fosters inclusive environments where service users, carers, and families, regardless of disability, language proficiency, neurodivergence, or other protected characteristics, can participate fully and confidently in their care journey. In doing so, the Trust not only meets its legal obligations under the Equality Act 2010 and the NHS England Accessible Information Standard but also strengthens relationships between diverse communities by demonstrating respect, responsiveness, and cultural competence in all communications.
3	**Lead contact person for the Equality Impact Assessment**	**Name: Chris Lawton** **Job title: Inequalities Change Manager**
4	**Who else is involved in undertaking this Equality Impact Assessment**	**It has been sent to** • The EDI team in full • EDI lead in Peoples Services. • People who use services and carers • Health and Wellbeing Champions • Staff and staff side • Staff networks including Carer Champions • EMT • EII sub-committee members – including clinical, corporate and BDU leads • Culture of Care and other relevant project groups addressed within this EIA
5	**Sources of information used to identify gaps and barriers**	Population statistics for our localities in respect of race equality, disability, gender, age and sexual orientation, religion and belief, marriage and civil partnership from 2021 census data. We also have access to JNA and public health profiles for our localities.

	Prompt: local, regional, national research/reports/journals & profession updates. Complaints and compliments data.	**The communities we serve:** Across all communities in England, the 2021 Census shows that the population is almost evenly split by sex, with females making up 51.0% and males 49.0% of the population. [ons.gov.uk] In terms of age distribution: • Calderdale had 19.6% of its population aged 0–15, the highest proportion in that age group among the Trust's footprint. [dataworks....ale.gov.uk] • Barnsley had a working-age population (30–44) of approximately 26% and an older population (aged 60+) of 23.8%, reflecting a significant ageing demographic. [varbes.com] Regarding religion and belief: • Christianity remains the most commonly reported religion in England, with 46.2% of the population identifying as Christian. • Islam is the second most reported religion, with 6.5% of the population identifying as Muslim. [ons.gov.uk] According to the 2021 Census, White British people make up approximately 74.4% of the population in England and Wales, a decrease from 80.5% in 2011. However, in the South and West Yorkshire region, including Barnsley, Calderdale, Kirklees, and Wakefield, the proportion of White British residents is significantly higher: [ons.gov.uk] • Barnsley: 97% White [varbes.com] • Calderdale: 86.1% White [postcodeinfo.uk] • Kirklees: 73.6% White [postcodeinfo.uk] • Wakefield: 93% White [postcodeinfo.uk] This regional average is indeed higher than the national average. Among minority ethnic groups: • Asian or Asian British people make up 9.6% of England's population. • Black or Black British people comprise 4.2%. • Mixed ethnic groups account for 3.0%. • Other ethnic groups make up 2.2%. [diversityuk.org] Locally: • Kirklees has the highest proportion of Asian residents at 19.4%, followed by Calderdale at 10.5%. [postcodeinfo.uk] Looking ahead, a Policy Exchange report from 2014 projected that Black and Minority Ethnic (BME) groups could account for nearly one-third of the UK population by 2050, with BME communities contributing to 80% of the UK's population growth. According to the 2021 Census, 17.7% of people in England were identified as disabled under the Equality Act 2010 definition—meaning their day-to-day activities were limited by a long-term physical or mental health condition or illness. [ons.gov.uk] In the South and West Yorkshire region, the proportion of people reporting that their activities were "limited a lot" by disability is consistently higher than the national average from the 2011 Census, which was just over 4%. In several local authorities covered by the Trust, this figure ranges from 8% to over 13%, indicating a greater prevalence of significant disability-related limitations in these communities.

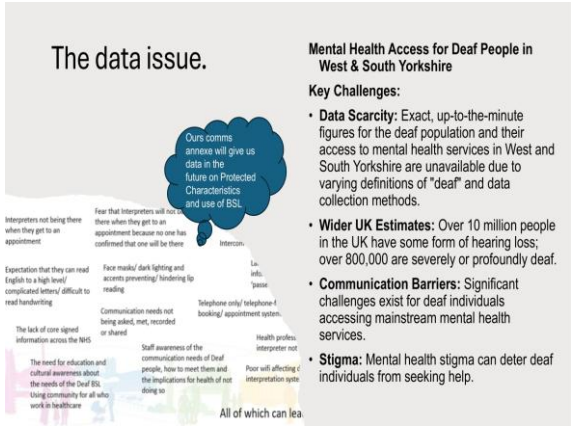
Data Limitations and sources

It is important to acknowledge that data gaps persist in relation to individuals with communication and information support needs—particularly those who are Deaf, neurodivergent, or have other sensory or cognitive access requirements. This was highlighted in internal Trust discussions, including a presentation to EMT on 7th September 2025, which underscored the limited assurance available through existing datasets and audits.

These gaps are not isolated to the Deaf community but extend to neurodivergent individuals, including those with autism, ADHD, and learning disabilities, as well as people from ethnically diverse backgrounds, non-English speaking communities, and those with low literacy levels. The intersectionality of these characteristics often compounds barriers to accessing timely and appropriate information.
To address this, the Trust has initiated targeted actions under the #AllOfYou approach and the development of the Comms Annexe, which aim to:

- Improve the recording and recognition of individual communication preferences.
- Embed culturally competent Easy Read formats.
- Ensure co-designed materials reflect the lived experiences of diverse communities.
- Strengthen inclusive practices across all protected characteristics as defined by the Equality Act 2010.

These initiatives are part of a broader commitment to equity, person-centred care, and compliance with the NHS England Accessible Information Standard, ensuring that no group is left behind due to inaccessible communication pathways.



Source on the Intranet for fuller information: What do we know?

The availability of detailed demographic data for individuals who are blind, deaf, neurodivergent, or disabled within Calderdale, Kirklees, Wakefield, and Barnsley is limited. While national and regional datasets provide useful context, granular local-level data—particularly where characteristics intersect (e.g., disability combined with race, gender, sexuality, and caring status)—is often unavailable or incomplete. This is due to:

- Underreporting and aggregation: Sexual orientation and caring responsibilities are frequently underreported in surveys and may only appear in broad categories.
- Intersectionality gaps: Data rarely captures multiple protected characteristics together (e.g., ethnicity and neurodivergence).

		• Local granularity: Most comprehensive datasets are national or regional; local authority-level figures are typically drawn from census data or bespoke surveys.
		To address these limitations, this EIA draws on the following sources:
		• Office for National Statistics (ONS) Census 2021: Provides disability prevalence by age, sex, and ethnicity at local authority level.
		• Local Joint Strategic Needs Assessments (JSNAs) for Calderdale, Kirklees, Wakefield, and Barnsley: Offer insights into health inequalities and disability prevalence.
		• NHS Digital: Supplies data on health and disability indicators.
		• Carers UK and Carers Trust reports: Inform caring status trends regionally.
		• West Yorkshire Police Equality Information Report (2023/24): Summarizes protected characteristic data across West Yorkshire districts.
		• Public Sector Equality Duty Guidance (Gov.uk): Outlines statutory requirements for considering protected characteristics in decision-making.
		
		Where precise figures are unavailable, this EIA acknowledges the gap and commits to ongoing engagement with local partners and community groups to supplement quantitative data with qualitative insights.
		
		Other sources of data:
		• Data Protection Act 1998 – Specifically Principle 7, which relates to the security of personal data.
		• Equality Act 2010 – Legal framework requiring reasonable adjustments and promoting equality of access.
		• NHS England Accessible Information Standard (AIS)
		• Accessible Information Standard – NHS England
		• Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018 – Sets requirements for digital accessibility in public sector organisations.
		• Web Content Accessibility Guidelines (WCAG) 2.2 AA – International standard for digital accessibility.
		• Patient and Carer Race Equality Framework (PCREF) – Framework for addressing racial disparities in mental health services.
		• NHS Resolution Standards – Referenced in relation to service improvement and compliance.
		• Equality Delivery System (EDS2022) – NHS tool for assessing equality performance and compliance.
		• Joint Strategic Needs Assessments (JSNA) – Local authority data sources used for population profiling:
		  ○ Barnsley JSNA
		  ○ Calderdale JSNA
		  ○ Kirklees JSNA
		  ○ Wakefield JSNA
		• RNIB #MyInfoMyWay Campaign (May 2023) – Advocacy for accessible health and social care information.
		• Healthwatch Reports – Local and national insight into accessible information needs.
		• NHS Self-Assessment Framework for AIS (2024) – Internal review tool for AIS compliance.
		• Culture of Care Programme – Strategic initiative embedding equity principles into service delivery.
		• NHS Race and Health Observatory Reports (2023) – Analysis of digital health inequalities.
		• Centre for Ageing Better Reports (2023) – Evidence on age-related inequalities and ageism.
		• King's Fund LGBTQ+ Inclusion Briefing (2023) – Recommendations for inclusive NHS practices.
		• Maternal Mental Health Alliance Reports (2023) – Ethnic health inequalities in maternity care.

For section 5a-5j, use the following data links to populate the EIA with narrative about your service and workforce.

Workforce data link: An Introduction to Equality Impact Assessment (EIA) (sharepoint.com)

Service data links:

EqualitiesMonitoringOpenTeamReferralsWards - Power BI Report Server

EqualitiesMonitoring - Power BI Report Server

EIA narrative: ***What does the information you have sourced tell you about the impact it will have on the following equality groups in terms of service provision, access and delivery?***

5a **Disability Groups:**

Prompt: consider people who have Learning Disabilities or Difficulties, Physical, Visual, Hearing disabilities and people with long term conditions such as diabetes, cancer, stroke, heart disease. Also consider how you meet their needs in line with the Accessible information standard.

Area	Non-disabled	Disabled
England	45,715,455 82.7%	9,774,620 17.3%
Barnsley	19,0655 78%	53,920 22%
Calderdale	168,780 81.7%	37,855 18.3%
Kirklees	357,620 82.6%	75,590 17.4%
Wakefield	282,165 79.9%	71,195 20.1%

Source: Census 2021 data

Across all communities, the Trust must ensure compliance by keeping services fully accessible, particularly given the higher-than-national-average proportion of people whose day-to-day activities are limited “a lot” by disability. Information and communication for people with sensory impairments and learning disabilities are among those most impacted by accessibility challenges.
Service-level Equality Impact Assessments (EIAs) will provide assurance that we understand the nature of disabilities and can adjust and adapt information and communication accordingly, maintaining a person-centred approach throughout. A review of EIA use across the Trust is currently underway to support operational colleagues in aligning these processes.

According to the 2021 Census, 17.7% of people in England are disabled under the Equality Act 2010 definition. Within the Trust’s footprint, the proportion of people whose day-to-day activities are “limited a lot” by disability is consistently higher than the national average (just over 4% in 2011), ranging from 8% to over 13% across Barnsley, Calderdale, Kirklees, and Wakefield.
This includes individuals with:

- Sensory impairments (e.g., Deaf, blind, hard of hearing)
- Learning disabilities

		• Neurodivergence (e.g., autism, ADHD) • Long-term physical or mental health conditions The **Accessible Information Policy** supports these groups by ensuring: • Availability of formats such as Easy Read, Braille, audio, and large print • Identification and recording of individual communication needs • Co-designed materials reflecting lived experience • Alignment with the Culture of Care programme, including an Autistic Approach **Mitigation:** Service-level EIAs will provide assurance that individual needs are understood and met, ensuring equitable access to information and communication for disabled service users, in line with the NHS England Accessible Information Standard. The policy has been reviewed by our staff Disability Network. It is also important to note that the Culture of Care project intrinsically embeds the Equity Principle of adopting an Autistic Approach. **Reasonable adjustments** requiring alternative hardware/software will be securely managed and provided via the IT Service Desk. **EIA narrative:** Alternative hardware or software can be made available if specific adjustments are required, although this is considered highly unlikely in terms of network security.
	QUESTIONS	**ANSWERS AND ACTIONS**
5 b	**Gender:** *Prompt: Female & Male issues should be considered*	

Area	Male	Female
England	27,656,336 49%	28,833,712 51%
Barnsley	120,279 49.2%	124,293 50.8%
Calderdale	100,790 48.7%	105,901 51.3%
Kirklees	212,346 49%	220,870 51%
Wakefield	173,831 49.2%	179,539 50.8%

Source: Census 2021 data

Services must continue to ensure that images, language, and information in our environments and workplaces remain gender-sensitive and appropriate.

No adverse impact has been identified. The policy has a neutral to positive impact by promoting gender-sensitive communication and environments. Gender equality is continually monitored through the Trust's workforce approach and Integrated Performance Reports (IPR) for service users.

		EIA narrative: Gender equality is reported as part of our workforce monitoring. Digitally enabled services and physical environments are reviewed to ensure they remain inclusive and appropriate for all genders.
5 c	**Age:** *Prompt: Older people & Young People issues should be considered*	

Area	Under 18	18-39	40-59	60-79	Over 80
England	11,774,609 20.8%	16,161,002 28.6%	14,897,132 26.4%	10,858,911 19.2%	2,798,379 5%
Barnsley	50,068 20.5%	65,448 26.8%	65,850 26.9%	51,606 21.1%	11,595 4.7%
Calderdale	45,122 21.8%	51,990 25.2%	57,280 27.7%	42,548 20.6%	9,694 4.7%
Kirklees	98,029 22.6%	11,9116 27.5%	114,735 26.5%	81,845 18.9%	19,484 4.5%
Wakefield	73,625 20.8%	96,756 27.4%	94,822 26.8%	71,717 20.3%	16,440 4.7%

Source: Census 2021 data

The Trust provides services to children and young people through to older adults. When developing written materials, the average reading age should always be considered, and images should reflect the diversity of age groups.

Population data shows that Barnsley, Calderdale, and Wakefield have a higher-than-average proportion of people aged 60–79, while Calderdale and Kirklees have a higher-than-average proportion of under-18s. The Trust will ensure that information and communication are appropriate to the reader's age and ability, recognising that sensory impairments can be age-related.

Key Evidence:

- *Ageism: What's the harm?* Centre for Ageing Better February 2023. Ageism is discrimination against someone because of their age. Ageism is often dismissed as being harmless, but evidence shows that it causes significant damage to individuals, the economy and society. This paper gives an overview of the harm that ageism causes to both individuals and society. Ageism-harms.pdf (ageing-better.org.uk)
- *State of Ageing 2023* – This report aims to shine a light on the diversity and inequality among the country's older populations, including the growing financial pressures felt by many. It looks at housing, financial security, access to digital means of communication, employment, and health and wellbeing. State-of-Ageing-2023-summary.pdf (ageing-better.org.uk)
- *Chief Medical Officer's Annual Report 2023: Health in an Ageing Society* – health in an ageing society This report recommends actions to improve quality of life for older adults and prioritise areas with the fastest growth in the numbers of older people. Chief Medical Officer's Annual Report 2023 – Health in an Ageing Society (publishing.service.gov.uk)
- *Addressing Education and Health Inequity: Perspectives from the North of England* – As well as looking at the funding of schools, this report also highlights that children born into the poorest fifth of families in the UK are almost 13 times more likely to experience poor health and educational outcomes by the age of 17. It concludes that this poses a risk for public services in future years, as the long-term

consequences of poor education can not only impact physical and mental health, but can also place great pressure on the NHS, social care and the criminal justice system in the future. APPG-REPORT-SEPT-23.pdf (thenhsa.co.uk)

Positive Impact / Mitigation:
The policy is vital because age directly affects accessible information needs (e.g., reading age, age-related sensory impairment). Implementation will ensure that information and communication are appropriate to the reader's age and ability.

Gaps / Barriers:
The policy mitigates barriers for people of all ages who may be less "tech-savvy" by ensuring offline and non-digital support is available. It also addresses the need for plain language and inclusive imagery to combat ageism in communication.

Workforce Data: Refer to the Trust Strategy (Our Strategy) EIA.

Service Data: Refer to the Trust Strategy (Our Strategy) EIA.

EIA Narrative: No adverse impact anticipated. Support mechanisms are available for people of any age who might be considered less tech-savvy via the Service Desk.

5 d **Sexual Orientation:**

Prompt: Heterosexual, Bisexual, Gay, Lesbian groups should be considered

Area	Straight or heterosexual	Gay or lesbian	Bisexual	Other sexual orientation	Not answered
England	43,403,110 89.37%	747,805 1.54%	623,504 1.29%	165,305 0.34%	3,626,649 7.46%
Barnsley	182,948 91.57%	2,990 1.5%	1,817 0.91%	396 0.2%	11,638 5.83%
Calderdale	149,815 89.91%	2,811 1.69%	1,968 1.18%	550 0.33%	11,488 6.89%
Kirklees	311,501 89.96%	4,340 1.25%	3,697 1.07%	998 0.29%	25,742 7.43%
Wakefield	261,615 90.98%	4,321 1.50%	2,968 1.03%	689 0.24%	17,945 6.24%

Source: Census 2021 data

Sexual Orientation - so the Trust can ensure that services adequately support access to information and timely communication that is appropriate, reflective, and representative including images and content, developing material which is specific to meet the needs of LGBTQ+ groups where needs are specific such as family and sexual health services for example.

•LGBTQ+ staff and patients deserve better from the NHS King's Fund February 2023 Kelly Ameneshoa, Emergency Medicine Doctor at Ashford and St Peter's Hospital and Population Health Fellow at The King's Fund, looks at recent data on the experience of LGBTQ+ staff and patients, and outlines how the NHS can make steps towards becoming more inclusive. LGBTQ+ staff and patients deserve better from the NHS | The King's Fund (kingsfund.org.uk)

		No Adverse Impact. The policy supports access to information and timely communication that is appropriate, reflective, and representative, including images and content. It provides a framework for developing specific material for LGBTQ+ groups where needs are specific (e.g., sexual health). The policy has been our staff LGBTQ+ Network for comments. This engagement aligns with the Trust's commitment to co-production and inclusive design, ensuring that the Accessible Information Policy promotes equity and dignity for all service users, regardless of sexual orientation or gender identity. **EIA narrative:** No impact.
5 e	**Religion or Belief:** *Prompt: Main faith groups and people with no belief or philosophical belief issues should be considered*	

Area	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other	No religion	Not answered
England	26,167,899 46.3%	262,433 0.5%	1,050,533 0.5%	269,283 0.5%	3,801,186 6.7%	420,383 0%	322,410 0.6%	20,715,664 36.7%	3,400,548 6.0%
Barnsley	125,502 51.3%	435 0.2%	416 0.2%	62 0%	1,404 0.6%	256 0.1%	862 0.4%	102,906 42.1%	1,2728 5.2%
Calderdale	85,677 41.5%	630 0.3%	1,173 0.6%	153 0.1%	19,650 9.5%	387 0.2%	1,045 0.5%	86,787 42%	11,129 5.4%
Kirklees	170,577 39.4%	996 0.2%	1,723 0.4%	187 0%	80,046 18.5%	3,476 0.8%	1663 0.4%	150,599 34.8%	23,949 5.5%
Wakefield	173,070 49%	797 0.2%	1,270 0.4%	127 0%	11,279 3.2%	501 0.1%	1,405 0.4%	145,950 41.3%	18,972 5.4%

Source: Census 2021 data

The 2021 Census data shows that religion and belief remain significant factors in shaping the needs of communities served by the Trust. Christianity is the most commonly reported religion across all local authorities, with Barnsley (51.3%) and Wakefield (49%) showing the highest proportions. However, there is notable religious diversity, particularly in Kirklees, where 18.5% of the population identify as Muslim, and Calderdale, where 9.5% identify as Muslim. These figures are significantly higher than the national average of 6.7% for Islam, indicating a need for culturally sensitive and faith-aware communication and service delivery in these areas.

Additionally, the data reveals that 42% or more of the population in each locality report having no religion, which highlights the importance of ensuring that information and communication are inclusive of both faith-based and secular perspectives.

A particularly important insight is that individuals who reported "Other religion" were almost twice as likely (13.9%) to say their day-to-day activities were "limited a lot" by disability compared to the general population (7.5%). This intersection of faith and disability suggests that accessible information must also be culturally and spiritually competent, especially for smaller or less represented faith groups.
The Trust's Spirit in Mind service plays a vital role in engaging faith leaders and producing literature that supports spiritual wellbeing. The policy's commitment to observing faith calendars, respecting religious practices, and using faith-based networks to disseminate information ensures that communication is both timely and respectful.

Mitigation and Positive Impact:

- The policy supports person-centred care by recognising and responding to religious and spiritual needs.

<table>
<tr><td></td><td></td><td>

- It enables inclusive communication through co-designed materials and engagement with faith leaders and observance of religious calendars and practices.
- It ensures equitable access by considering religious observances and using appropriate formats and environments for information sharing.
- The Spirit in Mind service is as a key enabler, producing literature that supports spiritual wellbeing.
- The policy aligns with the Culture of Care Programme's focus on Anti-Racism and the NHSE guidance.
- The inclusion of services like Al Isharah for the Deaf Muslim community demonstrates targeted support for intersectional needs.

No Adverse Impact. The policy fosters person-centred care by acknowledging and representing a range of faith and spiritual beliefs.
</td></tr>
<tr><td>5f</td><td>Marriage and Civil Partnerships

Prompt: Single, Married, Co-habiting, Widowed, Civil Partnership status should be considered</td><td>

<table>
<tr><th>Area</th><th>Married or in a registered civil partnership</th><th>Single – never married and never registered in a civil partnership</th><th>Divorced</th><th>Widowed</th><th>Separated</th></tr>
<tr><td>England</td><td>20,561,642
44.7%</td><td>17,450,122
37.9%</td><td>4,171,639
9.1%</td><td>2,790,036
6.1%</td><td>1,033,518
2.2%</td></tr>
<tr><td>Barnsley</td><td>87,177
43.6%</td><td>73,099
36.6%</td><td>21,183
10.6%</td><td>13,531
6.8%</td><td>4,799
2.4%</td></tr>
<tr><td>Calderdale</td><td>73,651
44.2%</td><td>60,324
36.2%</td><td>17,611
10.6%</td><td>10,794
6.5%</td><td>4,254
2.6%</td></tr>
<tr><td>Kirklees</td><td>159,426
46%</td><td>125,290
36.2%</td><td>32,022
9.2%</td><td>21,509
6.2%</td><td>8,027
2.3%</td></tr>
<tr><td>Wakefield</td><td>127,965
44.5%</td><td>103,484
36%</td><td>30,105
10.5%</td><td>19,017
6.6%</td><td>6,966
2.4%</td></tr>
</table>

Source: Census 2021 data

Marriage & Civil partnerships - Marriage and civil partnerships will be recorded and as part of person-centred care and planning the consideration of marital status and access to the relevant and appropriate level of information and communication will be considered in line with appropriate consent and Information Governance protocols and policies.

No Adverse Impact. Marital status is considered as part of person-centred care and planning, particularly regarding access to relevant information and communication in line with appropriate consent and Information Governance protocols.

Workforce data: Please refer to the Trust Strategy (Our Strategy) EIA

Service data: Please refer to the Trust Strategy (Our Strategy) EIA

EIA narrative: No impact.
</td></tr>
<tr><td>5 g</td><td>Pregnancy and Maternity</td><td>

<table>
<tr><th>Area</th><th>Number of live births 2021</th><th>Percentage of Total fertility rate (TFR)</th></tr>
</table>
</td></tr>
</table>

England	595,948	1.55%
Barnsley	2,521	1.63%
Calderdale	2,143	1.71%
Kirklees	4,826	1.72%
Wakefield	3,857	1.68%

Source: Births in England and Wales: summary tables - Office for National Statistics

NB: The TFR is the average number of live children that a group of women would bear if they experienced the age-specific fertility rates of the calendar year in question throughout their childbearing lifespan. The national TFRs have been calculated using mid-year population estimates by single year of age. The sub-national TFRs have been calculated using mid-year population estimates by 5 year age group

Prompt: Currently pregnant or have been pregnant in the last 12 months should be considered

Maternity and pregnancy – services specifically aimed at maternity and pregnancy will be co-designed with people who represent this group, including those with lived experience and ensure that information is available in a range of formats with translation available on request.

MMHA-Specialist-PMH-community-team-maps-2023.pdf (maternalmentalhealthalliance.org). Mapping existing policy interventions to tackle ethnic heath inequalities in maternal and neonatal health in England: a systematic scoping review with stakeholder engagement. There is a plethora of evidence showing that health outcomes are worse for Black and ethnic minority women, pregnant people and their babies in maternity and neonatal care.

In addition to co-designing services with individuals who have lived experience, the Trust recognises that health literacy plays a critical role in maternity and pregnancy outcomes. Many individuals, particularly those from ethnically diverse backgrounds, neurodivergent communities, or with low literacy levels, may face compounded barriers to understanding and engaging with maternity services. To address this, the policy commits to ensuring that all information is presented in plain, jargon-free language, supported by culturally competent Easy Read formats, visual aids, and translated materials. Offline and non-digital options will be maintained to support those who are digitally excluded. Furthermore, the Trust will embed trauma-informed communication principles to ensure that individuals who have experienced previous trauma or adverse maternity experiences feel safe, respected, and empowered. These approaches are essential to mitigating disparities in access, experience, and outcomes, particularly for Black and ethnic minority women, Deaf individuals, and those with complex communication needs.

Positive Impact. Services aimed at maternity and pregnancy will be co-designed with people who represent this group. The policy ensures information is available in a range of accessible formats with translation available on request, directly mitigating evidence of poorer health outcomes for Black and ethnic minority women.

5h **Gender Re-assignment**

Prompt: Transgender issues should be considered

Area	Gender identity the same as sex registered at birth	Gender identity different from sex registered at birth	Not answered
England	43,002,331 93.47%	251,844 0.55%	2,752,783 5.98%
Barnsley	189,640 94.92%	803 0.74%	9,389 4.70%

Calderdale	156,893 94.16%	829 0.89%	8,966 5.38%
Kirklees	323,432 93.40%	1,725 0.9%	21,214 6.13%
Wakefield	271,795 94.52%	1,280 0.81%	14,539 5.06%

Source: Census 2021 data

*NB: P*ercentages are calculated from the total usual resident population aged 16 years and over

Transgender – The Trust trans equality policy should be referred to and used in conjunction with this policy to ensure appropriate consideration of transgender people who use services. The policy and agenda for transgender people will ensure this remains a key focus for access.

No Adverse Impact. The policy ensures appropriate consideration by referring to and working in conjunction with the Trust's Trans Equality Policy. It ensures that the agenda for transgender people remains a key focus for access.

The policy has been reviewed by the LGBTQ+ Staff network this engagement aligns with the Trust's commitment to co-production and inclusive design, ensuring that the Accessible Information Policy promotes equity and dignity for all service users, regardless of gender identity.

EIA narrative: No impact.

5l **Carers**

Prompt: Caring responsibilities paid or unpaid should be considered

Area	Yes – provide unpaid care	No – do not provide unpaid care
England	4,678,265 8.3%	48,734,833 86.3%
Barnsley	24,732 10.1%	206,377 84.4%
Calderdale	17,977 8.7%	206,631 85.8%
Kirklees	37,034 8.5%	371,038 85.6%
Wakefield	31,731 6.1%	301,565 85.3%

Source: Census 2021 data

NB: Missing values account for 'N/A' or 'not answered'

It's likely that every one of us will have caring responsibilities at some time in our lives with the challenges faced by carers taking many forms. Many carers juggle their caring responsibilities with work, study and other family commitments. Some, younger carers, are not known to be carers and this means that the sort of roles and responsibilities that carers must provide varies widely.

In 2021, the highest percentage of unpaid carers was among people who reported "Other religion" (14.5%), compared with 8.8% of the overall population.

		This policy is aligned with the Trust's commitment to the Triangle of Care framework and recognises carers as the tenth protected characteristic, placing them at the centre of our inclusive support approach. Challenges most frequently highlighted by unpaid carers were: managing stress and responsibility (71%); negative impacts on their physical and mental health (70%); Carers require access to timely accessible information to support them in their caring role. This includes ensuring that carers are identified. The Trust will continue to identify and record carers as part of equality monitoring and continue to promote the carers passport and information that can signpost carers to relevant support. As carers are made up of all protected groups the same consideration to age, gender, religion and belief, disability, race, sexual orientation, marital status, and transgender should ensure that information and communication is provided in the preferred format. In the Kirklees Learning Disability Carers: Research Project (2022), 61% of participants did not agree that they have been supported with understanding the diagnosis for the person they cared for, managing symptoms and behaviours and providing personal care. This suggests that carers feel that they are not receiving basic information on the condition about the person that they care and how to manage it effectively. Accessible information for Carers could help to bring this number down. The 2021 Census data shows that Wakefield (10.9%), Barnsley (10–11%), and Calderdale (9–10%) all have a higher proportion of unpaid carers compared to the England average (8.8%). This indicates a significant local need for accessible information tailored to carers, who often face complex challenges balancing care with work, education, and other responsibilities. These figures highlight: • A disproportionate impact on carers in these areas, requiring proactive measures to ensure equity. • The need to address intersectionality, as carers span all protected characteristics and may experience compounded disadvantage. For the AIS policy, this means: • Accessible formats (Easy Read, audio, Braille) and timely communication are critical for carers managing multiple roles. • Identification and recording of carers at the point of contact must be embedded in systems. • Co-designed materials and culturally competent communication approaches should be prioritised to meet diverse needs. • Digital exclusion risks must be mitigated by providing offline and non-digital options, as older carers and those with limited digital skills are more prevalent in these communities. In short, the higher-than-average proportion of unpaid carers in Wakefield, Barnsley, and Calderdale reinforces the importance of implementing AIS standards rigorously and ensuring carers are recognised as a priority group within the Trust's inclusive approach. Throughout all the projects associated with the AIS review carers have been identified as a key group for support and reference an example being within the Culture of Care Programme: Carer involvement & support and specific reference on the Interpreters tab for the Deaf Inclusivity project around understanding the needs of carers. Significant Positive Impact. This policy is crucial for Carers, who are recognised by the Trust as a priority group, aligned with the Triangle of Care framework. It is recognised that carers who experience intersectionality, such as supporting individuals who are Deaf, from ethnically diverse backgrounds, or who require communication in multiple formats, face significant barriers to equitable access. For example, where a service user communicates via British Sign Language (BSL), a carer speaks a different community language, and the staff member uses English, the complexity of

communication can delay care, require extended appointment times, and increase the risk of misunderstanding. This policy mitigates these impacts by ensuring that communication preferences are identified and recorded at the point of contact, and that appropriate interpretation and translation services are commissioned and available.

The Trust's newly mobilised contract with Word360 Ltd, which includes BSL and Braille provision, alongside the development of Deaf Champion roles and intranet-based Deaf Inclusivity resources, provides frontline staff with practical tools and guidance to support these scenarios all of which are referenced as links within this policy.

Additionally, the Accessible Information Policy promotes co-designed materials, culturally competent Easy Read formats, and trauma-informed communication approaches to ensure carers are respected, supported, and empowered in their role. These measures help reduce compounded disadvantage and ensure that carers—regardless of their own or the service user's communication needs—can access timely, person-centred information and support.

Mitigation: The policy addresses the clear gap in Carers feeling unsupported with information on diagnosis and care management. Actions include ensuring Carers are identified and recorded, promoting the Carers Passport, and providing information in preferred formats, as Carers come from all protected groups.

The policy has been reviewed by our carer champions and carers staff network including our carers lead for the Trust. Noting comments on page 8 specific to Carers and their importance within this policy and staff approach and implementation. This engagement aligns with the Trust's commitment to co-production and inclusive design, ensuring that the Accessible Information Policy promotes equity and dignity for all carers as part of our commitment to this being a tenth protected characteristic.

5j **Race**

How has your service aligned race with the PCREF?
https://swyt.sharepoint.com/sites/Equalityandinvolvement/SitePages/Patient-and-carer-race-equality-framework-(PCREF).aspx

Prompt: Indigenous population and BME Groups such as black African and Caribbean, mixed heritage, South Asian, Chinese, Irish, new migrant, asylum & refugee, gypsy & travelling communities)

Area	White	Asian	Black	Mixed	Chinese & other
England	45,783,401 81%	5,426,392 9.6%	2,381,724 4.2%	1,669,378 3%	1,229,153 2.1%
Barnsley	236,964 (96.6%)	2,297 (0.9%)	1,715 (0.7%)	2,293 (0.9%)	1,333 (0.5%)
Calderdale	177,836 (86.1%)	21,726 (10.5%)	1,439 (0.7%)	4,027 (1.9%)	1,603 (0.8%)
Kirklees	318,969 (73.6%)	84,202 (19.4%)	9,948 (2.3%)	13,588 (3.1%)	6,506 (1.5%)
Wakefield	328,742 (93%)	12,633 (3.6%)	4,516 (1.3%)	4,938 (1.4%)	2,541 (0.7%)

Source: Census 2021 data

Race equality - The Trust need to ensure that services meet the needs of our diverse population. Specific targeted work to ensure the diverse population of Kirklees are served well and the emerging growth of a diverse population in Wakefield needs to be considered in all service development and delivery ensuring access to relevant information, with images that are representative and in formats that are inclusive and accessible. In addition, an emergent population of Eastern European, migrant population and those seeking refuge and asylum requires careful monitoring specifically in services dedicated to serving this population.

		Reducing health inequalities NHS Race and Health Observatory January 2023. Analysis of NHS data has found a lack of co-ordination is limiting insight into how online healthcare services and apps are used by ethnicity and to tackle health inequalities. A new report published today by the NHS Race and Health Observatory, which is hosted by the NHS Confederation, reviews how information gleaned from users of online health tools is used by health providers to analyse and improve patient health. A series of recommendations are outlined for national NHS leaders and providers. Racism is the root cause of ethnic inequalities in health Race Equality Foundation February 2023. According to this briefing, racism is the cause of health inequity, from birth through to adulthood and into later life. The Trust recognises that literacy levels across the population, particularly in areas like Barnsley, where the average reading age is around 13 years, can significantly impact equitable access to health information. This is especially relevant for ethnically diverse communities, where language barriers and cultural nuances further compound communication challenges. To mitigate this, the Accessible Information Policy promotes the use of Easy Read formats that are not only simplified but also culturally competent, ensuring that imagery, language, and examples reflect the lived experiences of diverse groups. This approach helps address health inequalities by making information more understandable and relatable. The Trust's intranet-based Deaf Inclusivity resources also support this by offering guidance on visual communication, BSL interpretation, and co-designed materials that reflect intersectional needs. These resources, alongside the newly commissioned Word360 Ltd contract, ensure that staff have access to tools that support inclusive communication across race, language, and literacy barriers. By embedding these practices, the Trust strengthens its commitment to anti-racist service delivery and ensures that all individuals, regardless of ethnicity or literacy level, can access timely, person-centred information. Positive Impact/Mitigation. The policy is a key mechanism to ensure services meet the needs of the diverse population and address the growing diversity in Kirklees and Wakefield. Mitigation: It ensures access to relevant, culturally appropriate information with representative images and translated materials. The policy aligns with the Culture of Care Programme's focus on adopting an anti-racist approach and links directly to the Patient and Carer Race Equality Framework (PCREF). It mitigates the risk of online and digital services limiting insight into ethnic disparities in healthcare access The policy aligns with specific focused work in the Culture of Care Programme within the Trust around adopting an anti-racist approach. This policy has been reviewed by the Trusts REACH Network.:

Involvement & Insight: Please list in the box below any involvement activity, reports or insight you have gathered by working with your staff team or service users/carers by involving them to gain their views on your service.

- *Have you reviewed existing insight i.e. patient experience, complaints, previous surveys to support EIA completion?*
- *Have you gathered the views of people to support EIA completion?*
- *Have you run a focus group, conducted a survey, had an open day where you gained feedback?*
- *Have you gathered views from your staff team on this new policy/strategy, or if reviewing what works well and what could be improved?*

Policy applies equally to all staff and any breaches would be monitored and investigated/reported to the Director of HR.
While this policy primarily focuses on equitable access to information for individuals who use Trust services, it is important to acknowledge that staff with disabilities also require accessible communication and reasonable adjustments to perform their roles effectively. The Accessible Information Policy aligns with the Trust's broader commitment to inclusion, and although Access to Work and specialist equipment fall under workforce policies, there is a clear interface with this policy in terms of digital accessibility, communication formats, and inclusive design. The Disability Staff Network has raised valid concerns previously regarding the consistency and timeliness of adjustments, and these have been escalated to the People Directorate and EII Committee previously. The Trust's intranet-based Deaf Inclusivity resources and the Word360 Ltd contract (covering BSL and Braille) are available to support both service users and staff. It is recommended that future iterations of this policy consider clearer cross-referencing with workforce policies to ensure alignment and avoid gaps in support for disabled staff. The Peoples services have been part of reviewing both the policy and the EIA through their Equality lead.

In December 2020, the Trust launched a joint strategy to advance equality and inclusive communication across its services. As part of this initiative, the views of over 720 individuals—comprising service users, carers, staff, and community representatives—were captured from across the Trust's geographical footprint. These insights formed the foundation for a system-wide approach to Equality, Diversity and Inclusion (EDI), which continues to evolve in 2025 to address both protected characteristics and the wider determinants of health equity.

In 2023 the RNIB, Led a campaign called #MyInfoMyWay May 2023. For patients to receive their health and social care information in their required format to protect their health and their dignity.
NHS England's relaunch of the NHS Accessible Information Standard in July 2023 Creating accessible information and communication resources for health and social care In addition, the broader requirements of the NHS England Accessible Information Standard have also fed into this policy.

Further national engagement took place in late 2021, when a coalition of charities conducted a comprehensive survey involving NHS and social care professionals, as well as disabled individuals with accessible information and communication needs. Over 900 responses were received, providing valuable feedback on the implementation of the NHS Accessible Information Standard (AIS). Building on this, the Trust actively participated in the completion of the NHS Self-Assessment Framework for AIS in 2024, alongside several 360-degree reviews. These activities have directly informed the development of this policy and its associated appendices, ensuring alignment with national standards and continuous improvement in inclusive communication practices.

The Trust used EDS2022 to further assess compliance of AIS standards. This approach was used in the absence of a national evaluation tool and to ensure that our Trust meet the requirements of AIS. The EDS is specifically designed to encourage the collection of better evidence or insight across the range of people with protected characteristics described in the Equality Act 2010, and so to help NHS organisations meet the Public Sector Equality Duty (PSED) and set equality objectives.

The EDS is the foundation of equality improvement within the NHS. It is an accountable improvement tool which supports NHS organisations in England - in active conversations with patients, public, staff, staff networks and trade unions - to review and develop their services, workforces, and leadership. It is driven by evidence and insight. CQC do use the EDS 2022 summary report as part of the well led review.

There has been specific engagement with the Deaf Community and organisations working with Deaf and Blind individuals. Extensive insight gathering and engagement with specialist workers and the Deaf community was conducted. Views were gathered through: Engagement with the South Yorkshire ICB community of practice: Involvement of external organisations like the BID Organisation, Cygnet specialist Deaf Hospital, and John Denmark Society: Consultation with specialist interest or specialist posts (e.g., South Yorkshire Deaf Inclusion Lead, and several SWYPFT staff members and a medic working with Deaf individuals: Direct and indirect feedback from a small number of Deaf individuals, on eof whom is being filmed to support ongoing awareness raising in regards impact of the actions being taken (Dec 2025):

Reviewing existing Trust insight, including Friends and Family Test Feedback, complaints/concerns, incidents and ICB Insight reports.

The Culture of Care programme is addressing access for Autistic people by trailing person-centred environmental and communication adjustments, such as giving people time to process information in conversations, creating quiet moments, and reviewing safe food options. It aligns into National Networks also focused on adopting an autistic approach.

Deaf Inclusivity: A comprehensive review identified that Deaf individuals face significant negative impact and health inequities due to inconsistent and unclear support. This work highlighted that the Trust had been in a hiatus in compliance efforts with the AIS, leading to limited assurance in external audits. The feedback has led to the mobilisation of a new contract with Word360 Ltd (including BSL/Braille) to improve interpreter provision and the development of Deaf Champion Roles.

Autistic Approach: Benchmarking showed the Trust's approach to becoming an Autism-Informed Organisation needed focus. Through a Culture of Care Away Day, staff and service users co-designed specific change ideas to improve the service environment and communication, such as: providing quiet moments in conversations to allow processing time, and adjusting environments with dimmable lighting and individual temperature control. National network and regional network events have also aligned into the work being undertaken within the Culture of Care Programme.

There are various project groups associated with the implementation and review of the workstreams including but not exhaustively; Deaf Inclusivity Project Group; Culture of Care Project and Oversight Group; Improving Access to care Steering Group. The care groups have also been actively involved with all aspects of all the projects through discussions at Equality and Inclusion Forums and through other priority programme feedback mechanisms.

System Improvements: Insight showed that while tools like the #allofus Dashboard and the 'reasonable adjustment' template in SystmOne have potential, their effective utilisation is key. This has led to an ongoing action to ensure effective use of the 'About Me' visualisation in care planning. The data confirms the need to ensure information and communication meet the diverse needs of the population, specifically by:

- Communicating in plain, jargon-free language.
- Using images and pictures with clear, short text.

The Trust also used insight from several existing sources including the Integrated Care Systems and Health watch findings, staff survey and members survey. A full report and presentations of findings are available to support this work. Conversations also took place during the Summer with Governing Body members, staff networks, partners and equality, communication, engagement professionals across the Trust footprint. The feedback from these conversations captured views on our approach to involvement, communication and information and our consideration for protected groups specifically those with Neurodivergence; Deaf or Hard of Hearing and those who are Blind or partially sighted.

In addition, in 2022 local Healthwatch organisations captured feedback for people who require accessible information and communication to capture thoughts and views on local provision. The findings from this information has been used to populate the EIA and document. More recently a report and video elements about Accessible Information Standards and the impact on individuals has been sourced through North Yorkshire Health watch.

The various project groups within this review also have feedback to community panels associated with Healthwatch in Wakefield, and members from this panel have also been involved with the Neurodiversity support workstreams – co-designing and running sessions with staff across our ward system (Report is available on request).

In addition, the broader requirements of the NHS England Accessible Information Standard have also fed into this policy.

In January 2024 the AIS self assessment was completed with the Trust identified as 'achieving' AIS. The findings of the assessment have been used to populate the EIA and document

EIAs, ensure we give due regard to all protected groups by understanding who is using services and action place to mitigate against any impacts. JNA and local census data provides the Trust with broader considerations using population data.

- Census JSNA: Barnsley Joint Strategic Needs Assessment (JSNA) (barnsley.gov.uk)
- Calderdale Joint Strategic Needs Assessment (JSNA) | Calderdale Council
- Kirklees Joint Strategic Assessment (KJSA) | Kirklees Council
- Wakefield www.wakefieldjsna.co.uk
- Workforce data: https://swyt.sharepoint.com/sites/Equalityandinvolvement/SiteAssets/Forms/AllItems.aspx?id=%2Fsites%2FEqualityandinvolvement%2FSiteAssets%2FSitePages%2FCompleting-a-service-EIA%2FWorkforce-data-for-EIAs%2Epdf&parent=%2Fsites%2FEqualityandinvolvement%2FSiteAssets%2FSitePages%2FCompleting-a-service-EIA
- Service – team profile of people accessing services Equalities Monitoring v2 - Power BI Report Server
- Workforce Equality report: Workforce equality information - South West Yorkshire Partnership NHS Foundation Trust
- Sources of insight: Trust wide mental health EIA updated August 2023. EIA-Research-Bank-27.07.22-V2.xlsx (sharepoint.com)

A health inequalities toolkit has been developed and is under review for wider distribution (Nov 2025) in line with a full review of the EDI Intranet resource. Staff across the organisation have been involved in supporting development and feeding back on this resource and the content aligns into all aspects of this work such as Easy Read; Neurodiversity; Carers; Race; and Disability specific focuses amongst many other related Health Inequalities.

People told us the areas we needed to deliver on to ensure that communication and information could meet the needs of the of our local population and told us that we should:

- Communicate in plain jargon free language appropriate to the target audience
- Use images and pictures with accompanying clear, short and to the point text
- To use our assets and networks to involve and include people in developing literature and publications
- Ensure people who do not have English as a first language feel equally treated
- Have support and access to conversations to ensure they can contribute

- Make sure the use of internet, social media and computers are part of but not the main source of information
- Use large print and different languages in posters and produce information in audio
- Employ bilingual speaking staff
- Posters and leaflets need to also be in Urdu and other community languages
- Use community images to reflect the audience in printed material
- Use symbols and images more than the written word
- Develop Intranet resources for staff basic awareness and linkage to good practice and National Guidance
- Develop champion roles
- Show compassion and compassionate curiosity so that people feel listened to; heard and respected.

The summary is that Individuals with communication and information support needs often experience longer waits and poorer outcomes due to inaccessible pathways. Key challenges include:

- Interpreting Services: Limited availability, lack of specialist knowledge, and poor access in urgent situations.
- Communication Barriers: Use of complex language, unclear written materials, and reliance on auditory methods that may not suit all individuals.
- Cultural Competence: Staff may lack confidence and training in understanding diverse communication needs, increasing the risk of miscommunication or misdiagnosis.
- Accessible Information Standard (AIS) Implementation: Inconsistent adherence to legal obligations, low staff awareness, and inaccurate recording of communication preferences.
- Healthcare Access: Barriers in appointment systems, environmental factors that hinder communication, and challenges in accessing mainstream services.

The Trust acknowledges that the Public Sector Equality Duty (PSED) under the Equality Act 2010 comprises three distinct general duties: to eliminate discrimination; to advance equality of opportunity; and to foster good relations between different groups. Historically, the Trust has used Equality Impact Assessments (EIAs) as a mechanism to demonstrate “due regard” to these duties. However, it is recognised that EIAs must go beyond being a minimal compliance tool. They should be embedded as part of a wider strategic approach to equality, inclusion, and service improvement. The current review of the EIA process, aligned with the EDI Strategy 2025–2030, aims to strengthen this alignment by ensuring EIAs are systematically applied across all relevant policies, procedures, and service developments. This includes improving the quality of data used, enhancing staff understanding of the PSED, and ensuring that actions arising from EIAs are monitored and evaluated for impact. By integrating EIA findings with broader initiatives such as the Accessible Information Standard, the Culture of Care programme, and the Trust’s governance structures, the organisation reinforces its commitment to meaningful compliance with the PSED and to delivering equitable, person-centred care.

Population-level insights are drawn from Joint Needs Assessments (JNA), local census data, and public health profiles, providing a robust evidence base to inform inclusive service design and delivery. These data sources help the Trust to anticipate demographic shifts and tailor communication and information strategies to meet the needs of diverse communities. This aligns to work reviewing Core20plu5 and how IMD can be used to address systematic identification of Health Inequalities.

The Trust’s compliance with the NHS England Accessible Information Standard (AIS) is further assured through the completion of the AIS Self-Assessment Framework. This review identified areas for improvement, particularly in relation to Deaf inclusivity, leading to the mobilisation of a new contract with Word360 Ltd for BSL and Braille services, and the introduction of Deaf Champion roles to strengthen frontline support. This also has involved development of Intranet resources to strengthen workers basic awareness and ability to work with identified individuals effectively.

In parallel, the Culture of Care programme has embedded equity principles into service environments and communication practices. This includes co-designed adjustments for autistic individuals, such as quiet moments in conversations, sensory-friendly spaces, and personalised communication approaches. We continue to align this work within the wider Inpatient Improvement Programme and with national networks promoting autism-informed care.

While EDS2022 is not a national evaluation tool for the Accessible Information Standard (AIS) per se, the Trust has used it as a structured framework to assess and benchmark our performance in relation to equality, inclusion, and accessibility. This includes how well we are meeting the Public Sector Equality Duty (PSED) and embedding inclusive practices across service delivery.

Our approach recognises that EDS2022 is designed to support NHS organisations in reviewing and improving services, workforce, and leadership through active engagement with patients, staff, and communities. In the absence of a dedicated national AIS evaluation tool, EDS2022 has provided a useful mechanism to:

- Identify gaps in inclusive communication practices.
- Ensure that actions arising from EIAs are monitored and evaluated.
- Align AIS compliance with broader strategic initiatives such as the Culture of Care programme and the Improving Access to Care Steering Group.

By integrating AIS compliance, Culture of Care principles, and EIA findings into strategic planning and governance, the Trust ensures that equality, inclusion, and accessibility are central to its mission. This approach supports the delivery of person-centred care and reinforces the Trust's accountability in meeting its statutory duties under the Equality Act 2010.

The disability network through the chair has been involved in reviewing the Deaf Inclusivity Intranet resource and we have members of the disability network providing feedback on this policy review, and the Deaf Inclusivity project. All staff networks have been sent this policy and EIA review.

Action Plan

Impact:
Based on the Equality Impact Assessment (EIA) for the **Accessible Information Policy**, the Trust is making a meaningful difference to a wide range of individuals and communities—particularly those who face barriers to accessing health information and communication.

Here's a breakdown of **who is benefiting** from this work:

1. People with Disabilities
Including those with:

- Sensory impairments (Deaf, blind, hard of hearing)
- Learning disabilities
- Neurodivergence (e.g., autism, ADHD)
- Long-term physical or mental health conditions
- The policy ensures formats like Easy Read, Braille, audio, and large print are available, and that communication needs are identified and met consistently.

2. People Who Do Not Speak English as a First Language
Access to translated materials and interpretation services is embedded in the policy.
Culturally competent communication is promoted to ensure inclusivity.

3. People with Low Literacy or Cognitive Processing Needs
Use of plain language, visual aids, and simplified formats helps ensure understanding and engagement.

4. Carers
Recognised as the Trusts tenth protected characteristic.
The policy supports carers with timely, accessible information and promotes tools and processes such as the Carers Passport.
Addresses intersectional challenges (e.g., Deaf service user, carer with different language).

5. LGBTQ+ Communities
Inclusive design and co-produced materials ensure representation and dignity.
Reviewed by the LGBTQ+ Staff Network to ensure relevance.

6. People of Different Faiths and Beliefs
Faith-aware communication is supported through services like Spirit in Mind.
Materials are co-designed with faith leaders and respect religious calendars and practices.

7. Ethnically Diverse Communities
The policy aligns with the Patient and Carer Race Equality Framework (PCREF).
Promotes anti-racist service delivery and culturally competent Easy Read formats.
Addresses literacy and language barriers.

8. People of All Ages
Recognises age-related sensory impairments and reading ability.
Ensures communication is appropriate for both younger and older populations.

9. People Undergoing Gender Reassignment
Works in conjunction with the Trust's Trans Equality Policy.
Ensures inclusive access and representation.

10. Staff with Disabilities
Although primarily focused on service users, the policy also supports staff through digital accessibility and reasonable adjustments.
Interfaces with workforce policies and resources like the Word360 Ltd contract for BSL and Braille.

11. Wider Community and System Partners
The policy is shaped by engagement with:

- Deaf and Blind organisations
- Healthwatch
- Integrated Care Boards
- Staff networks

- Community panels
- National campaigns like RNIB's #MyInfoMyWay

Summary:
The Accessible Information Policy is addressing disparity for individuals across all protected characteristics, with a strong emphasis on intersectionality, co-production, and person-centred care. It's not just about compliance, it's about equity, dignity, and empowerment.

EIAs are now reviewed using a grading approach which is in line with our Equality Delivery System (EDS). This rates the quality of the EIA. This means that the team can review the EIA and make recommendations only. The rating and suggested standards are set out below:

- **Under-developed** – red – **No data**. **No strands** of equality
- **Developing** – amber – **Some census data plus workforce**. **Two strands** of equality addressed
- **Achieving** – green – **Some census data plus workforce. Five strands** of equality addressed
- **Excelling** – purple – **All the data and all the strands** addressed

Potential themes for actions: Geographical location, built environment, timing, costs of the service, make up of your workforce, stereotypes and assumptions, equality monitoring, community relations/cohesion, same sex wards and care, specific issues/barriers.

Previous actions update: please explain what progress you have made against the previous actions identified

Please refer to this recent report to the Audit Committee:

AIS update report to Audit Committee Sep

Audit committee AIS paperFS v0.1.docx

The accessible information standard and delivery of action plans form part of the Equality, Involvement, Communication and Membership Strategy annual action plans which are signed off by the Equality, Inclusion and Involvement Committee, with quarterly progress updates at each meeting.

There are also aligned actions within Priority Programmes within the Trust such as Improving Access to Care focusing on AIS audits within SPA and the review of the Comms Annexe, and Inpatient Improvement Programmes which lead on the Culture of Care Programme.

The projects focused on Deaf Inclusivity; Blind Inclusivity and Neurodiversity also have specific actionable insights that are being dealt with through task and finish groups set up to govern the implementation of the projects through to completion of an agreed set of actions.

The evidence of these projects and outcomes are available on these resources;

- Health inequalities toolkit - Home
- Culture of Care - Home
- Deaf; Users of BSL and Hard of Hearing - Home
- Working with Blind Individuals - Home
- All of you - Home
- Easy read - Home
- Triangle of Care Oversight Group
- Culture of Care Oversight Group
- Improving Access to Care Steering Group
- Inpatient and Acute Pathways Programme Group

An overarching action plan can be seen below.

Who will benefit from this action? (tick all that apply)		Action 1: This is what we are going to do	Lead/s	By when	Update -outcome	RAG
Age	/	The accessible information standard and delivery of action plans form part of the Equality, Diversity and Inclusion Strategy annual action plans and Quality Strategy which are signed off by the Equality, Inclusion, and Involvement Committee, and the Audit Committee with regular progress updates to these committees and annual reporting.	Equality Inclusion and Involvement Team	ongoing	The Trust has recently used EDS2022 to further assess compliance of AIS standards. This approach was used in the absence of a national evaluation tool and to ensure that our Trust meet the requirements of AIS The Audit committee papers attached in Sect 10. show the compliance with AIS and the ongoing review through various workstreams.	
Disability	/					
Gender reassignment	/					
Marriage and civil partnership	/					
Race	/					
Religion or belief	/					
Sex	/					
Sexual Orientation	/					
Pregnancy maternity	/					
Carers	/					

Who will benefit from this action? (tick all that apply)		Action 2: This is what we are going to do	Lead/s	By when	Update -outcome	RAG
Age	/	The Trust is required to ensure that reasonable adjustments are made to provide equitable access to everyone who uses a Trust service. The Trust will ensure that as part of care planning and data collection that communication and information requirements and preferences are recorded and adhered to support any form of contact. By recording preferences and requirements the Trust can ensure that everyone receives timely information and communication in a format they can access, eliminating discrimination. **Expand equality monitoring forms** to include more granular categories (e.g., neurodivergence, sensory impairments, preferred communication formats). **Ensure staff consistently record communication preferences** in systems like SystmOne or IPR, using fields like “About Me” and “reasonable adjustment” templates. **Audit existing records** to identify missing or inconsistent data entries and follow up with services to improve completeness.	Improving Access to Care Steering Group – Amanda Miller	Ongoing	The development and implementation of the Comms Annexe has been identified as a key priority within the Improving Access to Care STG, and aligns with work being undertaken on #allofyou. The IPR has a set of data fields that identify performance in regards to Protected characteristics which are reviewed by EMT and EIIC. Embed the new contract with Word360 Ltd (BSL/Braille services) into all clinical pathways and train all relevant staff on the new booking and interpretation process to ensure timely access.	
Disability	/					
Gender reassignment	/					
Marriage and civil partnership	/					
Race	/					
Religion or belief	/					
Sex	/					
Sexual Orientation	/					
Pregnancy maternity	/					
Carers	/					

Who will benefit from this action?	Action 3: This is what we are going to do	Lead/s	By when	Update -outcome	RAG

(tick all that apply)						
Age	/	• Inclusive Co-Design: ○ A Readers Panel will be established to support the development of accessible information, ensuring materials are understandable and appropriate for diverse audiences. ○ Co-produce an Easy Read and accessible version of the Carers Passport information and key information on common mental health conditions/diagnoses to directly address the acknowledged gap in Carer support and understanding.	Chris Lawton Gillian Cowell	November 2025 November 2025		
Disability	/					
Gender reassignment	/					
Marriage and civil partnership	/					
Race	/					
Religion or belief	/					
Sex	/					
Sexual Orientation	/					
Pregnancy maternity	/					
Carers	/					

Who will benefit from this action? (tick all that apply)		Action 4: This is what we are going to do	Lead/s	By when	Update -outcome	RAG
Age	/	• Specialist Training would be recommended for front line staff on the Accessible Information standards for timely implementation at the First point of Contact i.e. Care Certificate . •	Chris Lawton/ Aboobaker Bhana	October 2026		
Disability	/					
Gender reassignment	/					
Marriage and civil partnership	/					
Race	/					

Religion or belief	/					
Sex	/					
Sexual Orientation	/					
Pregnancy maternity	/					
Carers	/					

Who will benefit from this action? (tick all that apply)		**Action 5: This is what we are going to do**	**Lead/s**	**By when**	**Update -outcome**	**RAG**
Age	/	• IT/Network Security to formally agree a process for providing and securely supporting specialist hardware or software when required as a reasonable adjustment, ensuring no barrier to access	IT Directorate	TBA 2026		
Disability	/					
Gender reassignment	/					
Marriage and civil partnership	/					
Race	/					
Religion or belief	/					
Sex	/					
Sexual Orientation	/					
Pregnancy maternity	/					
Carers	/					

7 Please state what methods of monitoring you are using to progress actions

The purpose of the policy is to ensure that the Trust ensure equitable access to information and requested support for communication to ensure person centred care and equitable and inclusive access to services.

The greatest impact for non-compliance of this policy would be on populations currently underserved and those with specific communication and/or information support needs relating to ethnicity, physical and sensory disability, learning disability, ASD and Autism. Therefore this is why tailored projects sit under the AIS policy review to safeguard impact to a minimum.

The Trust has already worked with local communities to ensure information is co-designed and our approach has been to adopt an approach of easy and easier read. In addition, the Trust have a translation and interpretation service which is in place to ensure that individuals receive timely access to services, this has recently been re-commissioned and also is part of the feedback review within the Deaf Inclusivity Project.

To monitor and progress actions effectively under the Accessible Information Policy, the Trust will use a combination of data sources, governance structures, and engagement mechanisms:

- Data Monitoring:
    - Joint Needs Assessment (JNA) data and local census insights will be used to identify population-level needs and trends.
    - Service-level Equality Impact Assessments (EIAs) will be reviewed regularly to assess how well services are meeting communication and information needs.
    - Service monitoring data will track uptake, access, and satisfaction across different population groups.
    - IPR reporting and Governance through EMT
- Specialist Review:
    - As a Trust with expertise in supporting individuals with learning disabilities, ASD, and autism, we will monitor the use of co-produced materials in easy and easier read formats.
    - We will ensure that information is consistently available in appropriate formats, layouts, and colours, and that these are reviewed for accessibility.
- Feedback and Insight:
    - Translation and interpretation services will be monitored for timeliness and effectiveness, with feedback loops built into the Deaf Inclusivity Project.
    - Customer service feedback, including the Friends and Family Test (FFT), will be analysed to identify barriers and areas for improvement.
- Governance and Oversight:

- Progress will be tracked through BDU internal mechanisms such as the Integrated Performance Report (IPR), which now includes indicators related to protected characteristics.
- External audits including CQC reviews and 360-degree evaluations will provide independent assurance.
- Governance forums such as the Improving Access to Care Steering Group and the Culture of Care Oversight Group will oversee delivery, with accountability to the EIIC and Audit Committee.

8 Will you publish the Equality Impact Assessment? Please state where the EIA will be shared or published.

The EIA can be published once signed off by the Service Manager and the Equality & Engagement Manager.

9 EIA assessment by equality and involvement team

Name: Zahida Mallard

Date: 22nd October 2025 and 18th November 2025

Rating: Developing

Recommendations: Good wider research undertaken. Equality data required under each strand for those whom this directly affects or has done to really grade the EIA. Data also shows who it should be impacting and isn't thereby identifying inequality of access. As you have broaden scope of AIS as I have understood it hence highlighting literacy levels and use of culturally appropriate Easy Read usage. Due to limited requests made or recording of need currently identified still unable to input equality data under each strand therefore unable to show impact both positive or negative under each strand or any trends emerging that need to to be addressed currently.

When you have fully completed all sections of the EIA
and it has been signed off in service,
you must email a copy to: InvolvingPeople@swyt.nhs.uk for grading

Please note that the EIA is a public document and may be published.

Failing to complete an EIA every year could expose the Trust to future legal challenge, as it is a legal requirement to write, review and implement in every service as part of meeting the Equality Act.

Appendix B - Checklist for the review and approval of procedural document

To be completed and attached to any policy document when submitted to EMT for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	**Title**		
	Is the title clear and unambiguous?	YES	
	Is it clear whether the document is a guideline, policy, protocol or standard?	YES	
	Is it clear in the introduction whether this document replaces or supersedes a previous document?	YES	
2.	**Rationale**		
	Are reasons for development of the document stated?	YES	
3.	**Development Process**		
	Is the method described in brief?	YES	
	Are people involved in the development identified?	YES	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	YES	
	Is there evidence of consultation with stakeholders and users?	YES	
4.	**Content**		
	Is the objective of the document clear?	YES	
	Is the target population clear and unambiguous?	YES	
	Are the intended outcomes described?	YES	
	Are the statements clear and unambiguous?	YES	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	YES	
	Are key references cited?	YES	
	Are the references cited in full?	YES	
	Are supporting documents referenced?	YES	
6.	**Approval**		
	Does the document identify which committee/group will approve it?	YES	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A	However colleagues have been asked to feedback on the policy
7.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	YES	
	Does the plan include the necessary training/support to ensure compliance?	YES	
8.	**Document Control**		
	Does the document identify where it will be held?	YES	
	Have archiving arrangements for superseded documents been addressed?	YES	
9.	**Process to Monitor Compliance and Effectiveness**		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	YES	
	Is there a plan to review or audit compliance with the document?	YES	
10.	**Review Date**		
	Is the review date identified?	YES	
	Is the frequency of review identified? If so is it acceptable?	YES	
11.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible implementation and review of the document?	YES	

Appendix C - Version Control Sheet

This sheet should provide a history of previous versions of the policy and changes made.

Version	Date	Author	Status	Comment / changes
1	July 2016	Head of Partnerships Team	Final	Final Version approved by EMT
2	Dec 2018	Integrated Change Team	Draft	Sent for comments
3 (draft 1)	Mar 2019	Integrated Change Team	Draft	Changes made following submission to Policies group
4 (draft 1)	April 2022	Marketing and communications team	Draft	Reviewed for renewal
4 (draft 2)	May 2022	OMG EII Sub-Committee	Draft	Comments on content
4 (final draft)	June 2022	EII Committee Identified VCS networks EMT	Draft	Comments on content
5	August 2024		Final	Introduction updated to include reference to Interpreting, translation and transcription procedure (previously policy). Approved at EMT 08 August 2024.
6	April 2025	Equality Inclusion and Involvement Team	Draft	Updated including revised EIA to reflect census data 2021 and recent extensive stakeholder engagement.
7	October 2025	Inequalities Change Manager	Draft	Sent for consultation to staff networks; EDI Team; Deaf Inclusivity Project Group; Neurodiversity Project Group
8	December 2025	Inequalities Change Manager	Final	• The policy has been updated to align with the latest NHSE Accessible Information Guidance and the Trust's values and EDI Strategy. • A new section on inclusion, with examples of best practice, has been added to help staff understand practical steps for implementation. • The policy now includes guidance on our responsibility with information for carers • An extensive review of Section 11 (Additional Resources), has been undertaken which provides numerous guidance documents for specific service user groups again to aid staff understanding and implementation. • The Equality Impact Assessment has also been reviewed.