States of Guernsey disability review: Meeting the needs of disabled islanders

Committee *for* Health and Social Care

June 2017

Business Disability Forum

Building disability-smart organisations

Contents

Executive summary

The States of Guernsey's Disability and Inclusion Strategy contains an action for the States of Guernsey to commission an audit of the States' employment practices, buildings and services to ensure they meet the requirement of new legislation, new policies and plans. The States has commissioned Business Disability Forum (BDF) to assess its current state of preparation for future disability discrimination legislation as both an employer and service provider.

This report for the Committee for Health and Social Care forms part of a series of reports which focus on the extent to which the needs of disabled islanders are currently considered and actively met in relation to the States many and varied services.

To this end we:

- Surveyed service area leads
- Held a workshop with service area leads
- Held a focus group with disabled islanders
- Reviewed publicly available online information about the Committee for Health and Social Care's services

In many ways, meeting the needs of islanders with disabilities or long-term conditions represents core business for many of the Committee for Health and Social Care's services.

This review does not seek to assess the quality of health and social care services in the way that an organisation such as the Care Quality Commission would do in the UK. Our review is assessing whether services, including those that are not specifically for disabled service users, are designed to be inclusive. An example in a health setting is ensuring that a disabled family member can access facilities in order to visit a patient.

In summary, our review has identified that some very good work already takes place within the Committee for Health and Social Care. For example:

A number of areas of good practice have been identified. For example:

- Ward staff at the Princess Elizabeth Hospital Guernsey received training from the Hard of Hearing Association in order to improve communication between staff and patients who are deaf or hard of hearing[1].
- Service users with mental health conditions were involved in the design of the new mental health ward.

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[1] http://signpost.gg/CHttpHandler.ashx?id=105743&p=0 (accessed 17/05/17)

- A number of disability-related initiatives have been implemented for disabled hospital patients, including a Hospital Communication Passport which documents the needs and preferences of individual disabled patients.

A number of areas for improvement have been identified. For example:

- Workshop participants indicated that the complaints procedure may be inaccessible, making it especially difficult for service users with a learning disability to raise concerns.
- It was reported that elements of some buildings, including HSC owned care homes, were not completely accessible to disabled service users and some are not fit for purpose and in poor repair.

Appendix B contains a recommended Disability Action Plan for the Committee for Health and Social Care. The actions flow directly from the findings in the report and we recommend that senior colleagues with responsibility for customer service within the Committee for Health and Social Care assume overall responsibility for the plan.

Key recommendations include:

- Identify a named lead within each service area that has responsibility for leading work on meeting the needs of disabled customers.
- Review the Committee's complaints procedure to ensure that it is accessible to disabled service users, including those with learning disabilities.
- Where buildings are inaccessible or no longer fit for purpose, develop realistic and proportionate plans to remove or avoid barriers. Prioritise improvements where there is a risk to the safety of service users and staff.

Introduction

Business Disability Forum (BDF) is a not for profit membership organisation that makes it easier and more rewarding to employ people with disabilities or long-term injuries or health conditions and to serve disabled customers.

Our members employ almost 20% of the UK workforce and, together, we seek to remove the barriers between public and private organisations and disabled people. We provide pragmatic support by sharing expertise, giving advice, providing training and consultancy and facilitating networking opportunities.

The States of Guernsey's Disability and Inclusion Strategy contains an action for the States of Guernsey to commission an audit of the States' employment practices, buildings and services to ensure they meet the requirement of new legislation, new policies and plans. To this end, the States has commissioned BDF to assess its current state of preparation for future disability discrimination legislation as both an employer and service provider.

This report forms part of a series of reports which focus on the extent to which the needs of disabled islanders are currently considered and actively met in relation to the States many and varied services. In addition to Committee-specific reports, we have also produced an overarching report that summarises our findings, compares performance between Committees and explores broad strategic issues that cut across individual services.

Disability-smart approaches to service provision

Through our experiences of working with hundreds of disability-smart organisations over a period of more than 20 years, BDF has identified a wealth of best practice that now exists in relation to the service of disabled customers.

Key indicators include:

- Organisational values that prioritise improving disability performance
- Improving the skills, confidence and knowledge of customer-facing employees
- Practising inclusive design when developing new services
- The usability and accessibility of key service channels
- The ease with which disabled customers can request and access adjustments to help overcome the barriers they face
- Gaining insight directly from disabled people
- How disability-related customer complaints are recorded, analysed and responded to.

Improving service for islanders with disabilities improves things for everyone

In the experience of BDF's membership, improving disability confidence is a catalyst for greater efficiency, technological innovation and improved customer satisfaction. It also improves the experiences of many older customers (who are more likely to be disabled).

With this in mind, improving provision for disabled customers is directly relevant to the State's wider public sector reform work (Service Guernsey) which contains the following aims:

- Improving customer engagement and satisfaction
- Demonstrating value for money
- Improving staff engagement and satisfaction
- Enhancing organisational performance measurement and management.

In addition, building an understanding and ability to meet the needs of disabled islanders is consistent with the States' aim of ensuring that the organisation is 'designed around meeting community needs, rather than expecting the customer to adapt to the public service's internal procedures and structures'[2].

Methodology

The methodology was selected to ensure an understanding of the States of Guernsey, its services and general approach to meeting the needs of disabled islanders.

In summary, there were four key phases to this work:

1. A short survey was disseminated to key service leads by Chief Secretaries. The survey was designed to assess, at a high level, the extent to which the needs of disabled customers are considered at an individual service level. Appendix A contains the full survey.

   Five respondents indicated that they worked under the Committee for Health and Social Care, covering the following services:

   - Prison Healthcare
   - Care Home
   - Midwifery
   - Practice Development

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[2] 'A framework for public service reform 2015-2025' page 3. https://www.gov.gg/CHttpHandler.ashx?id=97310&p=0 (accessed 12/04/17)

2. BDF facilitated workshops with service leads from each Principal Committee over 21 March and 22 March, 2017. The workshop for service leads working under the Committee for Health and Social Care was held on 21 March and was attended by six nominated representatives from the Committee.

3. A focus group was held with members of the Guernsey Disability Alliance (GDA) in the evening of 21 March, 2017. The primary aim of the focus group was to develop a greater understanding of the GDA's members' views on the key barriers to inclusion relating to the States' various services and how these might be improved.

   In addition to this meeting, we also reviewed a GDA summary of key points made by its members in response to the Community Survey and submitted to the States in December 2015.

4. A review of customer-related information on the States of Guernsey and Signpost.gg websites was undertaken as well the Children Law website[3].

It should be noted that our methodology was limited in scope and far from exhaustive. In this respect, we were reliant on a small number of individuals to represent the work and activities of large and diverse services. We have presented the findings from our research as fairly as we can; highlighting good practice and areas where we think improvements might be made. We hope that each Committee will find the framework of the report and the disability lens we have used in the research to be helpful in supporting them to become disability-smart.

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[3] http://childrenlaw.gg/about_the_law.html

Analysis of disability performance: Committee for Health and Social Care

Survey respondents were asked to rate how confident they were that their service area was currently meeting the needs of disabled customers. Of the four responses to this question, confidence was high with an average score of 3.7 out of 5.

This section sets out the high level findings of our research into the extent to which the needs of disabled islanders are considered by services under the Committee for Health and Social Care.

To facilitate an understanding of the good practice already underway, and where practice might be improved, we have grouped our analysis under key themes explored in both the survey and workshops. These cover commitment, knowledge and skills of key colleagues, understanding the needs of disabled customers, suppliers and partners, communication, premises and Information and Communication Technology (ICT).

Figure one: structure of our analysis

1. Commitment	**2. know-how**	**3. Understanding disabled customer need**
4. Suppliers and partners	**5. Communication**	**6. Premises**
	7. ICT	
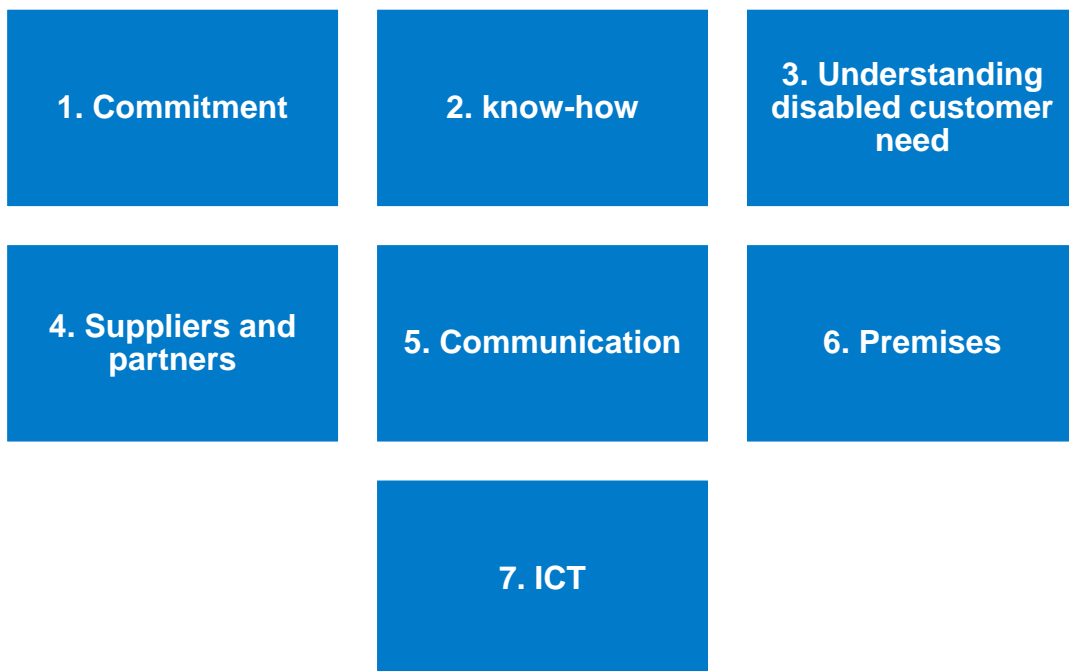
Assessing when disability is relevant to a particualr service area

A review of the States of Guernsey's guide on Brand Structure identifies the following service areas as forming part of the Committee for Health and Social Care:

- Adult Community Services
- Children and Family Community Services
- Hospital Services
- Public Health Services.

Given the varied nature of the service areas that sit underneath each Principal Committee, including the Committee for Health and Social Care, it is important to note that the need for a disability-smart approach to customer service will not have the same degree of relevance for each service. For example, where a service area does not involve direct interaction with members of the public.

In many ways, meeting the needs of islanders with disabilities or long-term conditions represents the Committee for Health and Social Care's core business. It is important to note however, that our review does not seek to assess the effectiveness of the quality of health and care services (in the way that the Care Quality Commission would do in the UK). Instead, we are looking for broad evidence that all of the State's services, including those that are not specifically for disabled service users, are designed to be inclusive. An example in a health setting is ensuring that disabled family members can access information about care options for relatives or that disabled visitors can access facilities in order to visit a patient.

Whilst it is outside the remit of our review to assess the quality of the Committee's provision of health and social care, workshop participants identified the following examples of recent service improvement:

- Several participants reported ongoing policy changes in social care bringing the services more in line with best practice. For example, a move away from a learning disability register to a service framed around need rather than diagnosis, and a renaming of the Children's Disability Service to the more positive Child Development Service.
- Work is currently underway to map patient flow and tiers of provision, which it was felt (if appropriately funded) would be an 'ideal model'. A key element of this was a 'single point of access'.

Workshop participants also discussed current challenges including:

- One workshop participant felt there was an acute gap in dementia care provision.
- Another mentioned the absence of funding for service users to access community activities.
- The market place for private care providers and third sector partnership was thought to be under developed, limiting the choice available for disabled service users. One participant noted that Jersey had a different model of care, developing a list of approved providers for service users to choose from.

1. Commitment

Disability-smart service providers are committed to providing (or aspiring to provide) excellent service to disabled customers.

Senior leadership

In BDF's experience, the most disability-smart organisations can demonstrate that a commitment to improve disability performance for disabled customers is backed by a mandate from the organisation's senior leadership. In addition, it has also proved effective to identify a senior sponsor for the organisation's work to improve provision for disabled customers.

Question seven of the service leads survey asked respondents if is there a designated senior individual with responsibility for leading work on meeting the needs of disabled service users. Four out of five respondents indicated that there is a designated lead and gave the following names:

- Carolyn Barrett
- Mandy Mackelworth

It is positive that these colleagues are viewed as playing a lead role in improving the accessibility of their specific services. We recommend that the Committee for Health and Social Care's senior leadership ensures that each service area (where relevant) has a nominated lead who is responsible for leading work on improving provision for disabled service users. To ensure that work is targeted and consistent, we recommend that the lead uses the audit and action planning tool that we have developed in Appendix C to begin to measure and improve the performance of the service. It should be noted that this tool is designed to prompt high level consideration of the overall accessibility of services and not the quality of specific health and social care interventions.

A tension between a genuine desire to improve access for disabled people and a lack of resources was a common concern raised by participants across Committees, including in the workshop with representatives from the Committee for Health and Social Care. One participant suggested that funds from the States' public sector transformation budget should be allocated to improving accessibility for disabled islanders. This is a recommendation that we support and have set out in our overarching report to the States of Guernsey.

Disability-related plans or strategy

In BDF's experience, in the most disability-smart organisations, key stakeholders within the organisation are formally responsible for delivering against a plan or strategy to improve the accessibility of services and are measured on their performance. In response to a question about whether there is a plan or strategy to improve the delivery of services as they impact on disabled customers, four out of five survey respondents indicated awareness of a plan.

A workshop participant noted that given the Committee's remit, many of its customers are disabled or have long-term conditions, and that disability-related considerations are therefore part of 'business as usual' rather than being the subject of specific written disability-related plans.

This makes sense with regard to health and social care services delivered directly to service users (who by definition are likely to have a disability or long-term condition). As our review is about the accessibility of the Committee's services in the broadest sense (e.g. including for disabled family members and visitors etc.) we recommend that senior leads from the Committee for Health and Social Care ensure that the recommendations in this report (in conjunction with the audit and action planning tool in Appendix C) are incorporated into existing or new plans as appropriate.

Key recommendations for the Disability Action Plan:

- Identify a named lead within each service area with responsibility for leading work on meeting the needs of disabled service users (including disabled family members and visitors etc.) of their service.
- Encourage service area leads to use the audit and action planning tool in Appendix C to consider how the accessibility of their service area might be improved.

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2. Know-how

Disability-smart service providers have a framework and supporting materials to ensure that customer-facing colleagues understand the needs of disabled customers and are able to respond to those needs.

Survey respondents were asked if they ensure that public-facing employees are confident interacting with disabled people. Two of the four respondents answered positively, one negatively, one felt that the question was not applicable. These mixed responses suggest that the Committee should review the training, advice and guidance available to all customer-facing staff.

In considering what guidance is required, the Committee should consider the knowledge requirements of colleagues working in specific roles. For example, the knowledge required by reception staff in order to confidently welcome disabled patients and visitors, will differ from the knowledge required by clinical staff.

Workshop participants identified a number of positive examples of equipping colleagues to feel confident and knowledgeable with regard to meeting the needs of disabled service users. For example:

- It was reported that staff had undergone training on learning disabilities and dementia. One participant reported her view that all staff should receive training on dementia.
- A review of the Disability & Inclusion Strategy Project Highlight Report (No 2) identified that ward staff at the Princess Elizabeth Hospital Guernsey received training from the Hard of Hearing Association in order to improve communication between staff and individuals who are deaf or hard of hearing[4].

In addition to these positive examples, workshop participants identified some areas where they felt additional training or guidance may be beneficial. For example, workshop participants voiced concern about the empathy of care workers.

Key recommendations for the Disability Action Plan:

- Review the training, advice and guidance available to customer-facing staff to ensure it provides guidance on meeting the needs of disabled service users. Ensure that support is tailored and relates to the specific-disability requirements of colleagues' roles.

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[4] http://signpost.gg/CHttpHandler.ashx?id=105743&p=0 (accessed 17/05/17)

3. Understanding the needs of disabled customers

Disability-smart service providers anticipate the needs of disabled customers and consult with disabled people and representative organisations to ensure that their needs are understood and accommodated when designing new products, services and processes

Survey respondents were asked if the needs of groups of disabled customers (i.e. people with visual impairment, mental health conditions etc.) are anticipated. All four respondents to this question indicated that they do anticipate the needs of disabled service users.

Workshop participants identified positive examples of anticipating the needs of disabled service users including a number of targeted activities for patients with disabilities such as buddying services and a 'hospital passport' which documents the needs and preferences of disabled patients.

This is positive practice and we recommend that senior leads in the Committee for Health and Social Care ensure that all service areas take similar steps to anticipant the needs of their disabled customers.

Involving customers with disabilities

To a question about whether disabled people are involved in the development of services, three of the four respondents indicated that disabled people are involved (one respondent did not feel the question was applicable to them). An example of good practice was reported during the workshop when it was reported that the new mental health ward was designed in consultation with service users.

In addition to involving disabled customers in service design, leading BDF members review complaints to assess whether any are disability-related. Workshop participants reported that the complaints form itself was thought to be inaccessible, and that this was compounded by a lack of formal advocacy services available to assist clients to make a complaint.

The Communication section of the report addresses issues regarding the accessibility of forms. With regards to advocacy, it was noted by participants in a focus group for members of the Guernsey Disability Alliance that a lack of advocacy was felt to be a key gap. It was also suggested that, in the past, advocates would also have acted as a source of intelligence to the States with regard to how services might be improved. This was noted particularly in relation to the needs of those with Alzheimer's (particularly in care homes). Workshop participants from the Committee for Health and Social Care also suggested that the third sector might be supported to play a more prominent role with regard to providing advocacy.

Key recommendations for the Disability Action Plan:

- Ensure that where services are delivered directly to the public, disabled people are routinely involved in the development and review of those services.
- Improve the accessibility of the Committee for Health and Social Care's complaints procedure.
- Explore the availability of an advocacy service to support the needs of disadvantaged service users.
- Review complaints received about services that are delivered directly to the public to assess whether any are disability-related. Ensure that where disability-related complaints are received, that these feed directly into service improvement.

4. Suppliers and Partners

Disability-smart organisations ensure that when elements of customer service is delivered by a third party supplier, suppliers are required to demonstrate an understanding and ability to meet the needs of a disabled customers.

The survey asked respondents; 'if elements of your service are delivered by a third party supplier, are they required to demonstrate an understanding and an ability to meet the needs of disabled service users?'

Three of the four respondents to this question felt that this question did not apply to them. The disability 'competence' of suppliers is a vital consideration because while outsourced elements of service delivery fall outside the organisation, the legal, reputational and financial risks of poor disability practice do not. With this in mind, it is advisable that leads from the Committee for Health and Social Care review the extent to which services are delivered by third parties and ensure that where relevant, suppliers are required to demonstrate an understanding and an ability to meet the needs of disabled service users.

The one applicable response to the survey question indicated that between 0-5 suppliers are involved in service provision and that they are required to demonstrate an understanding and an ability to meet the needs of disabled service users.

During a discussion about third parties during the workshop, it was noted that there were a number of day centres in Guernsey that are not regulated and whilst the States does not recommend them, they do signpost to them. It is advisable therefore that the Committee for Health and Social Care liaise with day centres regarding the provisions they make for disabled service users. The Committee might find it useful to share the audit and action planning tool in Appendix C with day centres, as a means of assisting them to begin to measure and improve access.

Key recommendations for the Disability Action Plan:

- Review the extent to which third parties deliver elements of public service on behalf of the Committee for Health and Social Care.
- Where elements of the Committee for Health and Social Care's public services are delivered by third parties, liaise with suppliers to ensure that they can demonstrate an understanding and ability to meet the needs of a disabled customers.
- Liaise with day centres to explore how they might be supported to begin to measure and improve access for disabled service users.

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5. Communication

Disability-smart service providers ensure that when they communicate with disabled customers, they are as inclusive as possible and whenever necessary they make adjustments to accommodate the communication preferences of individuals

Three of the four survey respondents indicated that they did ensure that external communication methods are as inclusive and accessible as possible to disabled service users.

It is advisable that leads for the Committee for Health and Social Care's key service areas review communications to ensure they have been designed with accessibility in mind. Key considerations include:

Websites

Workshop participants reported that that they felt information on the main States of Guernsey website was at times unclear and inaccessible. Participants did acknowledge that the new Signpost website had improved information provision and was a valuable resource.

In order to enable ease of use by users with visual impairments and other disabilities, websites should be built to recognised standards of accessibility (specifically, the Web Content Accessibility Guidelines[5]). Where websites have been designed to such standards, it is common practice to reference this on the site. An example can be found on the Visit Guernsey website which contains the following accessibility statement:

'Visit Guernsey is committed to ensuring that its website is accessible to everyone, including people with disabilities. Accessibility guidelines have been an integral part of the design and development process from the outset. We have taken all steps possible to make sure this website is accessible to all'[6].

A technical audit of the States' various customer-facing websites is outside the remit of our work, however a high level review of the Children Law[7] website identified no such reference. It is advisable therefore that colleagues responsible for the Children Law and any other websites confirm that sites have been designed to be accessible, or commission an audit to identify how access might be improved for disabled users.

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[5] http://www.w3.org/TR/WCAG20/

[6] http://www.visitguernsey.com/content/accessibility (accessed 14/04/17)

[7] http://childrenlaw.gg/about_the_law.html

Hard copy information

Letters, forms and other documents can disadvantage disabled service users if information is overly complicated and accessible design guidelines are not followed.

Some good practice was reported during the workshop. For example, it was reported that information was produced in collaboration with speech and language specialists, and that good practice guidelines produced by Mencap with regard to producing materials for people with learning disabilities, has been followed. This is positive although, one workshop participant did note that letters are sometimes sent to service users who have learning disabilities and therefore may not be able to access the information.

It was also noted that complaint forms are inaccessible, and that very few complaints are received from people with learning disabilities as a result. This is concerning and we recommend that the Committee review its complaints procedure to ensure that it is made more accessible to disabled islanders, including people with a learning disability. Previous comments about the availability of advocacy services may also apply.

We were pleased to learn from a review of the Disability and Inclusion Strategy Project Highlight Report (No 5) that an initial scoping exercise around documentation produced for customers at the Income Tax Service is underway[8]. We hope that learning from this exercise is shared with other service areas including those under the Committee for Health and Social Care. Appendix D contains a checklist for producing accessible information that service leads within the Committee for Health and Social Care might like to review to help ensure that forms, and any other information, meets minimum standards of accessibility.

In addition to the accessibility of forms, participants at a focus group for disabled islanders highlighted the general tone of the States' written correspondence as a key barrier to engaging with the States. Although participants were critical of what they perceived as 'impersonal' and 'harsh' language, one participant commented that communications from 'health' had improved.

Virtual communications

During a focus group with disabled islanders, a GDA participant commented that "there is very little evidence that social media is being used by the States". Committee for Health and Social Care workshop participants noted that the Committee is increasingly using social media to communicate with service users (and to advertise jobs). We would encourage employees with responsibility for the Committee's social media output to consider the needs of disabled social media users.

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[8] http://www.signpost.gg/CHttpHandler.ashx?id=107652&p=0

For example:

- Many organisations present key information in videos which can disadvantage customers with a hearing impairment if they are not subtitled.
- It is important that nothing is conveyed in an image alone. For example, an image which contains important written information may exclude someone with a visual impairment.

Contact provision (phone and/or online)

Call routing options can prevent some disabled callers from accessing services via the phone. For example, if the system does not default to an operator if no option is chosen from a menu[9].

> **Key recommendations for the Disability Action Plan:**
>
> - Review key customer communication channels (e.g. phone and digital) for key services to ensure they are designed to meet the needs of disabled customers.
> - Confirm that external customer-facing websites including (the Children Law site) have been designed to be accessible or commission an audit to identify how access might be improved for disabled users.
> - Review the complaints procedure to ensure that it is accessible to disabled service users, including those with learning disabilities.
> - Review hard copy and virtual communications to ensure they are designed to meet the needs of disabled customers and ensure that new documents are designed to be accessible.

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[9] BDF can provide the States with a briefing 'Top tips for disability-smart call handling'

6. Premises

Disability-smart organisations ensure that their premises are accessible to customers with disabilities and whenever necessary they make adjustments for individuals.

All four survey respondents indicated that they ensure that premises are inclusive and accessible to disabled service users.

During the workshop, a number of positive examples were raised. These included:

- Hospital building has lifts which make audio announcements of which floor it is on and hearing loops have also been installed.
- When buildings are redeveloped, it was reported that the needs of disabled users are considered.
- It is common practice for the Estates team to refer to building regulations for guidance on ensuring accessibility.

In addition to these positive examples, the following challenges were identified:

- A survey respondent noted that although due to the nature of the their service area (i.e. disability-related), there was a strong awareness of how to meet the needs of people with disabilities this is not always the case with broader elements associated with the service for example 'when accessing parts of the building/accommodation we currently occupy though'.
- Workshop participants discussed the issues raised by the States being both landlord and tenant, it was felt that this caused a conflict of interest with financial considerations coming above the need of clients/service users
- One participant felt there was a short-term approach to estates management and that many buildings were not fit for purpose. It emerged that there was a difference in approach between Health and Social Care in this regard. For example, in acute care it was management who prioritised building work, rather than the estates team.
- It was reported that care homes are not fit for purpose and that improvements are at least two years from being made. Examples were given of service users having to use manual hoists that carried a risk of causing injuring.

Like the States of Guernsey, many of BDF's members are large organisations with large estates that include many legacy properties. With so many buildings, it is difficult to ensure that all are completely accessible. Leading BDF members manage the challenge by:

a) Developing a clear understanding of the accessibility of their customer-related estate. DisabledGo's recent work to document the accessibility of buildings in Guernsey should provide the Committee for Health and Social Care with the basis for developing understanding of the accessibility of its public service-related buildings.

b) Where buildings are inaccessible, developing plans to remove or avoid known barriers.

c) Prioritising when and where to make improvements. For example, a workaround might be a more appropriate solution for a building that is to be decommissioned.

d) Training customer facing staff to recognise when a customer might need support using the building and being proactive in offering support. This acknowledges the interplay between the features of a building and the people working within it. An example was identified in the DisabledGo Access Guide for the reception area of the Accident and Emergency department of the Princess Elizabeth Hospital which identified that a portable hearing loop is available, although staff have not been trained to use it[10].

Appendix E contains a premises accessibility checklist that can be used by facilities leads to quickly assess both the physical and management or training considerations in relation to the accessibility of a building.

Key recommendations for the Disability Action Plan:

- Develop a clear understanding of the accessibility of all of the Committee for Health and Social Care's public facing buildings.
- Where buildings are inaccessible or no longer fit for purpose, develop realistic and proportionate plans to remove or avoid barriers.
- Prioritise improvements where there is a risk to the safety of service users and staff.
- Ensure that any customer-facing staff are trained to recognise when a customer might need support using a building and be proactive in offering support. This includes an awareness of how to operate key equipment such as portable induction loops.

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[10] http://www.disabledgo.com/access-guide/guernsey/ae-entrance-17#AccessGuide

7. Information and Communication Technology (ICT)

Disability-smart service providers ensure that ICT is accessible and usable by disabled customers and also make technical adjustments for individual customers when required.

The survey asked respondents if they ensure that ICT is inclusive and accessible to disabled service users. Of the four responses received, one was positive, two were negative and one deemed that the question not applicable.

These responses suggest a mixed picture and it is advisable therefore that the Committee for Health and Social Care's ICT leads are engaged in order to assess the extent to which ICT is accessible to disabled service users.

Business Disability Forum's Technology Taskforce has developed a number of resources to help organisations improve the accessibility of their ICT. For example:

- The Accessible Technology Charter sets out ten commitments to good practice on ICT accessibility[11].
- The Accessibility Maturity Model is a self-assessment tool that provides an indication of how well an organisation or service area has embedded its understanding of accessibility issues in areas such as IT governance and procurement[12].

Adopting the principles of the Accessible Technology Charter will be a key recommendation in our overarching report for the States of Guernsey, however ICT leads working within the Committee for Health and Social Care may also find the resources of value.

Key recommendations for the Disability Action Plan:

- Provide IT leads working within the Committee for Health and Social Care with information and guidance developed by BDF's Technology Taskforce.

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[11] http://www.businessdisabilityforum.org.uk/membership/technology-taskforce/accessible-technology-charter/

[12] https://members.businessdisabilityforum.org.uk/resource-category/resource/accessible-technology-charter-accessibility-maturity-model/

Conclusion and key recommendations

As we have discussed, there is a recognition in the Committee for Health and Social Care that meeting the needs of disabled islanders is part of the Committee's core business. Although this survey was very high level and few responses to the survey were forthcoming, our review has identified that some good work already takes place with regard to the public services delivered by the Committee for Health and Social Care. For example:

- Some staff have received training on meeting the needs of service users with learning disabilities and dementia.
- Service users with mental health conditions were involved in the design of the new mental health ward.
- A number of disability-related initiatives have been implemented for disabled hospital patients including a Hospital Communication Passport which documents the needs and preferences of individual disabled patients.

A number of areas for improvement have been identified. For example:

- Workshop participants indicated that the complaints procedure may be inaccessible, making it especially difficult for service users with a learning disability to raise concerns.
- It was reported that elements of some buildings, including HSC owned care homes, were not completely accessible to disabled service users and some are not fit for purpose and in poor repair.

Appendix B contains a recommended Disability Action Plan for the Committee for Health and Social Care. The actions flow directly from the findings in the report and we recommend that senior colleagues with responsibility for customer service within the Committee for Health and Social Care assume overall responsibility for the plan.

Key recommendations include:

- Identify a named lead within each service area that has responsibility for leading work on meeting the needs of disabled customers.
- Review the Committee's complaints procedure to ensure that it is accessible to disabled service users, including those with learning disabilities.
- Where buildings are inaccessible or no longer fit for purpose, develop realistic and proportionate plans to remove or avoid barriers. Prioritise improvements where there is a risk to the safety of service users and staff.

Appendix A

States of Guernsey service leads survey

1. Where do you work?

    _____

2. Which Committee does your area come under?

    _____

3. What is your job title?

    _____

4. What is your name?

    _____

5. What is your contact number?

    _____

6. What is your email address?

    _____

Commitment

7. Is there a designated senior individual who has responsibility for leading work on meeting the needs of disabled users of the service?

    Yes ☐

    No ☐

8. (If yes) Please give their details (name, job title, email)

    _____

9. Is there a plan or strategy to improve the delivery of the service as it impacts on disabled customers/service users?

    Yes ☐

    No ☐

    N/A ☐

Know-how

10. Do you ensure that your public-facing employees are confident interacting with disabled people?

This includes:

Ensuring your employees know what to do in disability-related customer-facing situations; and

Ensuring your employees can access support or guidance on disability-related issues in some way (e.g. through publications, advice or training).

Yes ☐

No ☐

N/A ☐

Services

11. Do you anticipate the needs of groups of disabled customers/service users (e.g. people with hearing impairments, mobility impairment etc.)?

This includes:

Thinking about the barriers that people with common impairments might encounter when accessing your service and removing them in advance.

Yes ☐

No ☐

N/A ☐

12. Do you ensure that disabled people are involved in the development of your services?

This includes:

Involving and consulting with disabled people when designing and improving your services in order to understand and remove any barriers they might face.

You might do this by gathering feedback from disabled service-users or via social media activity asking for feedback and comments on the service.

Yes ☐

No ☐

N/A ☐

Suppliers and partners

13. If elements of your service are delivered by a third party supplier, are they required to demonstrate an understanding and an ability to meet the needs of disabled service users?

This includes:

Being able to identify when disability and accessibility are relevant to a contract; and

Ensuring you have a process for identifying if a potential supplier or partner will be able to deliver an inclusive and accessible product or service.

Yes ☐

No ☐

N/A ☐

14. Please list key suppliers that provide an element of a public service (max 150 words)

_____

_____

_____

_____

Communication

15. Do you ensure your external communication methods are as inclusive and accessible as possible to disabled service users?

This includes:

Being able to provide information and communications in a range of formats for people with a variety of impairments (for example, large print, Braille, subtitles and transcripts with videos); and

Providing at least three ways for people to get in touch with you (for example, telephone, email, real-time British Sign Language interpretation).

Yes ☐

No ☐

Premises

16. Do you ensure your premises are inclusive and accessible to disabled service users?

This includes:

Ensuring your premises are inclusive and accessible to service users with a wide range of impairments – from wheelchair-users and people with visual impairments, to people with autism and dyslexia; and

Where it is not possible to be fully accessible (e.g. heritage requirements) that there are other ways of disabled people engaging with your service.

Yes ☐

No ☐

N/A ☐

Information and Communication Technology (ICT)

17. Do you ensure that your ICT is inclusive and accessible to disabled service users?

This includes:

Making adjustments for disabled service users where your public-facing ICT is not accessible; and

Ensuring you know how accessible your ICT is and having a process for ensuring inclusivity and accessibility are considered during its reviews and maintenance.

Yes ☐

No ☐

N/A ☐

18. How confident are you that your service is currently meeting the needs of disabled customers/service users?

Level of confidence

1 ☐ – Not confident

2 ☐

3 ☐

4 ☐

5 ☐ – Extremely confident

19. Please can you give more information about the reason for your answer to the previous question?

_____

_____

_____

_____

Appendix B

Recommended Action Plan for the Committee for Health and Social Care

Recommendation	Page	Lead	Timeframe	Priority
Commitment				
1. Identify a named lead within each service area who has responsibility for leading work on meeting the needs of disabled service users (including disabled family members and visitors etc.) of their service.	11			High
2. Encourage service area leads to use the audit and action planning tool in Appendix C to consider how the accessibility of their service area might be improved.	11			High
Know-how				
3. Review the training, advice and guidance available to customer-facing staff to ensure it provides guidance on meeting the needs of disabled service users. Ensure that support is tailored and relates to the specific-disability requirements of colleagues' roles.	12			Medium
Understanding the needs of disabled customers				
4. Ensure that where services are delivered directly to the public, disabled people are routinely involved in the development and review of those services.	14			High

Recommendation	Page	Lead	Timeframe	Priority
5. Review complaints received about services that are delivered directly to the public to assess whether any are disability-related. Ensure that where disability-related complaints are received, that these feed directly into service improvement.	14			Medium
Suppliers and Partners				
6. Review the extent to which third parties deliver elements of public service on behalf of the Committee for Health and Social Care.	15			High
7. Where elements of the Committee for Health and Social Care's public services are delivered by third parties liaise with suppliers to ensure that they can demonstrate an understanding and ability to meet the needs of a disabled customers.	15			High
8. Liaise with day centres to explore how they might be supported to begin to measure and improve access for disabled service users.	15			Medium
Communication				
9. Review key customer communication channels (e.g. phone and digital) for key services to ensure they are designed to meet the needs of disabled customers.	18			High
10. Confirm that external customer-facing websites including (the Children Law site) have been designed to be accessible or commission an audit to identify how access might be improved for disabled users.	18			Medium

Recommendation	Page	Lead	Timeframe	Priority
11. Explore the availability of an advocacy service to support the needs of disadvantaged service users.	18			Medium
12. Review the complaints procedure to ensure that it is accessible to disabled service users, including those with learning disabilities.	18			High
13. Review hard copy and virtual communications to ensure they are designed to meet the needs of disabled customers and ensure that new documents are designed to be accessible.	18			Medium
Premises				
14. Develop a clear understanding of the accessibility of all of the Committee for Health and Social Care's public facing buildings.	20			High
15. Where buildings are inaccessible or no longer fit for purpose, develop realistic and proportionate plans to remove or avoid barriers.	20			High
16. Prioritise improvements where there is a risk to the safety of service users and staff.	20			High
17. Ensure that any customer-facing staff are trained to recognise when a customer might need support using a building and be proactive in offering support. This includes an awareness of how to operate key equipment such as portable induction loops.	20			High
Information and communication technology				
18. Provide IT leads working within the Committee for Health and Social Care with information and guidance	21			Medium

Recommendation	Page	Lead	Timeframe	Priority
developed by BDF's Technology Taskforce.				

Appendix C

Audit and action planning tool for individual service areas

Service area:
Named lead with responsibility for improving access for disabled customers:
Is the service delivered directly to the public? (Yes/No):
Please describe the main service channels e.g. online, face to face, phone:

Question	Yes /No	Comment	Action	Who/when
1. Are public-facing employees are confident interacting with disabled people?				
2. Is there a plan or strategy to improve the accessibility of the service for disabled customers?				
3. Do you anticipate the needs of groups of disabled customers/service users (e.g. people with hearing impairments, mobility impairment etc.)?				

Question	Yes /No	Comment	Action	Who/when
4. Do you ensure that disabled people are involved in the development of your services				
5. If elements of the service are delivered by a third party supplier, are they required to demonstrate an understanding and an ability to meet the needs of disabled service users?				
6. Are external communication methods are as inclusive and accessible as possible to disabled customers?				
7. Are premises inclusive and accessible to disabled customers?				
8. Is ICT is inclusive and accessible to disabled customers?				

Appendix D

Accessible communications checklist

Question	Yes	No
Are you using sans serif fonts like Arial, Calibri or Candara?		
Do you use the same font consistently?		
Is text written in sentence case (Not Title Case or CAPITALS)?		
Do you use **bold** for emphasis (rather than italics, which is inaccessible to some users)?		
Are you using a minimum of 12pt text (or 14pt for Easy Read)?		
Does the text colour contrast well with the background?		
Is text left aligned (not centred or justified)?		
Do you avoid underlining, capitalisation or italics for emphasis?		
Do you break up long text using clear headings and subheadings?		
Are you using short sentences and plain English wherever possible?		
Do you avoid using colour for emphasis?		
Do you avoid images that rely on colour for meaning?		
Do you explain the content of images in text for users who cannot see them?		
Do you avoid using images as a background for text?		
If you are using video, are these captioned?		
If you are using audio, do you offer a transcript?		
If communicating about disability, are you aware of disability etiquette? See BDF's Disability Communication Guide for more information.		

Question	Yes	No
Do you tell readers where they can go to request the information in an alternative format (e.g. large print, easy read, audio accessible pdf)?		
Do you offer different ways for people to get in touch with you?		
For large and complex communications, have you had these tested by external experts (BDF can advise on this)?		

Appendix E

Premises Accessibility Checklist

It is good practice to have an Access Audit carried out so that you know how accessible your buildings are and are aware of any barriers that someone with a disability might encounter. If you cannot remove these barriers, you should develop strategies or put adjustments in place to overcome them.

This document can be used by a Facilities Manager or a Diversity/HR Professional as an aide-memoire for ensuring accessibility within your premises is maintained.

It should be noted that this checklist does not take the place of a full access audit carried out by suitably qualified professionals.

Arriving at the building Checklist

Physical Considerations

Question	Yes	No
Is the main entrance to your building easy to find? (adequate signage on display)		
If your main entrance is not accessible for all disabled people is it obvious where the alternative entrance is?		
Are your designated parking spaces kept available for disabled people? (e.g. have you made it clear these spaces are not for use by non-disabled people)		
Is the walkway to your building free from pot-holes, weeds or loose paving stones?		
Is the pathway/external ramp kept clear particularly in the winter?		
Is your exterior signage in good order? (e.g. nothing obscuring the signage, not faded, or in good working order if electric).		
Is the exterior lighting adequate?		
If you have a temporary ramp, is it in good order and available for use?		
If you have a buzzer or intercom is it in good working order?		

	Yes	No
If you have an entry-phone system with an induction loop, is this in good order?		
If you have automatic doors, are they in good working order?		
Is door matting set into a mat well and not loose?		
If difficulties are experienced, is there a bell for assistance which will be responded to?		

Management or Training Considerations

Question	Yes	No
Are your reception staff trained in assisting disabled people who drive their own cars to the entrance, e.g. can they arrange for the car to be driven to the car park?		
Are your reception or security staff confident in making adjustments for disabled people who cannot use an intercom or entry-phone system? (e.g. due to a hearing or visual impairment)		
Are your reception or security staff confident in assisting disabled people who may have problems opening heavy doors?		

Comments

Inside the building Checklist

Physical Considerations

Question	Yes	No
Is the space between entrance and reception desk clear of obstacles?		
Can people on either side of the reception desk see each other? (e.g. boxes or papers not obscuring the view)		
Is clearance under desks or counters free from clutter to enable wheelchair users to get close enough to fill in forms?		
Is the reception area well lit, to enable people with hearing impairments to lip read easily and people with visual impairments to navigate the areas easily?		
Is your amplifying device or induction loop at reception and is there clear signage advertising this?		
Is your reception seating area tidy and free from obstructions?		
Have you provided Fire Safety and Emergency information in a clearly printed format and have alternative formats available?		

Management or Training Considerations

Question	Yes	No
Are reception and security staff confident in interacting with disabled people?		
Do you ask visitors if they have any requirements before they arrive at your premises?		

Comments

Moving around inside the building

Physical Considerations

Question	Yes	No
Is there an up to date map of the building layout near the entrance?		
Does the map have a high colour contrast and use an accessible font and size, for the benefit of people with sight problems?		
Is internal signage in good order and lit adequately?		
Is any temporary signage in an accessible size and font? (e.g. sans serif)		
Is floor covering slip-resistant and safely secured to the floor?		
Are corridors well lit?		
Are all automatic doors working?		
Are hold open devices for fire doors in good working order?		
If you have painted recently, have you used distinctive tones or colours to aid orientation?		
Are elevators in good working order?		
Are the floor announcers and visual signals in elevators working?		
Is there an adequate delay on the elevator door closing mechanism?		
Have you ensured a good standard of cleaning and clearance of obstructions in and around all elevator entrances / exits?		
Is the assistance alarm in the WC in good order?		
Are the toilets clean and clear of obstructions?		
Are your amplifying devices or induction loops in good working order, and are they easy to find?		

Management or Training Considerations

Question	Yes	No
Are staff trained to direct and assist disabled people in the case of emergency?		
Are your staff trained to respond to and deal with calls for help raised using the assistance alarm in WC?		
Do staff know how to operate amplifying devices or hearing loops?		

Comments

Means of escape in an emergency

Physical Considerations

Questions	Yes	No
Are ground floor exit and entrance routes accessible to all, including wheelchair users?		
Are exit routes free from obstructions?		
If some disabled people cannot completely evacuate the building, can they reach places of safety or refuges?		
Are refuges free from obstructions / clutter?		
Are refuges clearly signposted?		
Is your audible alarm system in good working order?		

Is your visual alarm system in good working order?		

Management or Training Considerations

Question	Yes	No
Do all disabled employees have a Personal Emergency Egress Plan (PEEP)?		

Comments