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Have Your Say Survey Report

Accessible Information March 2008

Available in alternative formats on request

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1. Executive Summary

Accessible information is defined as that which is easily used and understood by its intended audience, implying both independence in use and that the onus on accessibility is on the provider, not the recipient, of that information.

45 DisabilityCroydon Have Your Say voluntary panellists took part in the survey on accessible information during February 2008 in order to

- discover whether information on services, etc. is accessible by investigating the views of people with disabilities
- identify good practice
- make recommendations and suggest ways to maximise accessibility of information

The research showed access to information is considered by those with disabilities to be that which is available, relevant, and in appropriate format and that it is most often accessed through the media and other people.

While 50% of respondents felt they can access information, 69% felt they need support, 55% experience difficulties due to their disability, 54% find format of information a barrier to accessibility, 41% feel they lack privacy and a whopping 75% feel they miss out on vital information.

They felt inability to use computers, lack of access to computers, their individual disabilities, the attitude of other people, use of jargon and inappropriate format cause barriers to successful access of information.

While some people with disabilities used aids to access information, many found they were never or rarely available, even on request, so diminishing their value.

People felt factors of design, format, availability and content both increased and decreased accessibility and suggestions for improvement were given.

Regarding accessibility of information, respondents identified examples of both good and poor practice, with Croydon Council more frequently identified in both categories than any other type of organisation. Again, improvements to service were suggested.

While recommendations were made in the write-up of the research, respondents themselves asked particularly that other people be patient and listen with understanding and consideration, while speaking clearly and slowly. They asked for alternative formats to be available for those who need to use them, as well as for more access to computers and training to use e-mail and the internet.

2. Background to Research

Accessible information can be defined in many ways, according to the needs of each individual. A visually impaired person may define accessibility as information which is available in Braille or large print. Someone with a hearing impairment may consider it as having taped information or a loop available. A wheelchair user may feel it is information which can be reached while seated and from accessible venues. Someone with learning difficulties may consider it to be written information accompanied by symbols or presented in Easy English.

A working and universally accepted definition of accessible information is

information that is presented in a format and style that is easily used and understood by its intended audience

Format here refers to the nature of the document, communication method, publication or information, not the content. It implies independence in access of information. Accessible information is not information that is patronizing, watered down or unduly summarised, but that which is appropriate for its intended audience and translated into a form the individual can access in

- design (organisation and layout)
- format (presentation and organisation)
- content (subject matter and message)
- availability (accessibility and ease of use)

The definition implies that the onus to present information in a manner accessible to potential users is on the provider, not the recipient, of that information.

Information that is not accessible represents lost opportunities for many people with (and without) disabilities, impacts negatively on their quality of life and presents barriers to independent living and access to appropriate services. Ironically, it impacts negatively, too, on the providers of that information as opportunities for people to use (and pay for) their services are lost. (See note 1, Section 9).

While people with disabilities need to access the same information as those without disabilities, they may need also to access information from a range of specialist agencies and service providers. They want and need to be independent users of information and communications so they can make informed decisions and they have the right to privacy.

Since 1st October 2004, organisations that provide goods and services have been required by the Disability Discrimination Act (DDA) to ensure their premises and services can be accessed by all people, including those with disabilities. This has had

a largely positive effect as most service providers conducted access audits and made reasonable adjustments to the physical features of their premises to facilitate access.

In addition, organisations are required to actively promote disability equality and make reasonable adjustments to provide information and communication about their services that is accessible to all people.

This research aims to

- discover whether information on services, etc. is accessible by investigating the views of people with disabilities
- identify good practice
- make recommendations and suggest ways to maximise accessibility of information

3. Method

During January 2008, the Have Your Say Project designed and piloted a survey on Accessible Information, using naïve listening techniques with people with disabilities and internet searches of relevant research and reports to design the survey, which was then piloted before finalisation. The ultimate version of the survey was distributed in preferred format to voluntary Have Your Say panel members during early February 2008 for return by the end of the month. Members were invited to complete and return the survey by post or e-mail or to have the survey conducted by telephone or in person.

The survey aimed to collect both quantitative and qualitative data and consisted of sections, as follows:

1. a. the meaning of the term ‘accessible information’
b. main way(s) of accessing information
c. barriers which prevent access to information
2. a. frequency of use of aids to assist with access to information
b. availability of used aids to assist with access to information
3. a. identification of factors which make information inaccessible
b. identification of factors which make information accessible
c. identification of improvements which would make information more accessible
4. a. examples of good practice
b. examples of poor practice
5. a. agreement/disagreement with statements on accessibility of information
6. a. additional suggestions to improve accessibility of information
7. a. any additional information

8. a. personal information: age; ethnicity; disability

The full survey is shown in Appendix 1.

Surveys in appropriate, preferred formats were distributed to the 71 members of the DisabilityCroydon Have Your Say Project panel. Where possible, all panel members who did not complete the survey were telephoned with a reminder and an invitation to complete the survey on the telephone or in person. 45 surveys were completed by the end of February 2008 and are included in these findings. Of these,

- 24 were conducted by telephone by the researcher
- 20 were received by post, some of which were conducted face to face by care assistants and key workers
- one was conducted face to face by the researcher
- no questionnaires were returned electronically

4. The Panel

While all surveys are anonymous, where disclosed or known, details of respondents are as follows*:

- *Gender*: 20 (44%) respondents are male, 25 (56%) are female
- *Ethnicity*: 39 (87%) respondents are White, 4 (9%) are Black, and 2 (4%) are Asian
- *Age*: 16 (35%) respondents are 65+, 13 (29%) are 50/65, 13 (29%) are 35/49, and 3 (7%) are below 35 year of age
- *Disability***: 30 (67%) respondents use a wheelchair and/or have mobility difficulties, 9 (20%) are visually impaired, 8 (18%) are hearing impaired, 6 (13%) have learning difficulties, 1 (2%) has ADD, 1 (2%) has a speech impediment, 1 (2%) has cerebral palsy

* Percentages are based on the number of respondent details known

** Some respondents disclosed more than one disability

5. The Findings

In some instances, percentages may total more than 100% as some respondents gave more than one answer in a category or made more than one point in reply to a question. Some respondents did not reply to all questions. All percentages have been rounded to the nearest whole number. All percentages are based on the number of respondents who actually replied to the question or section.

1. Question: What does the term 'accessible information' mean to you?

41 (91%) respondents replied to *question 1*. 5 (11%) of respondents did not reply or answered 'don't know'.

22 respondents (49%) considered accessible information to be information that is readily available and easily obtained. Respondent 21 spoke of 'knowing where to look', Respondent 25 added 'without too much trouble' and Respondent 36 'what I want to know, when I want to know it'. Wheelchair users and those with mobility difficulties frequently included 'information I can get at physically' (Respondent 3) in their definition of accessible information.

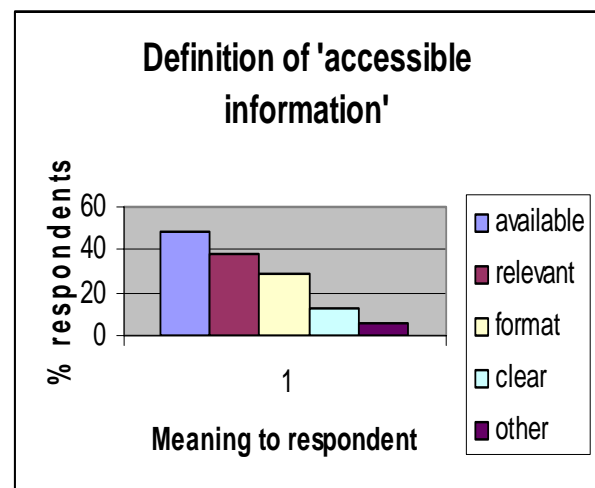
17 respondents (38%) defined accessible information as being that which is relevant or pertinent to themselves.

13 respondents (29%) referred to the format of information and considered accessibility of information to be that which can be obtained quickly in their preferred format, citing hearing loops, the spoken word, large black print on white background, etc. as examples of preferred format.

6 respondents (13%) defined accessible information as that which is clear or easy to understand.

2 respondents (4%) mentioned lack of cost and 1 (2%) mentioned information that can be accessed with privacy.

Respondent 17 summarised a definition for most others, in describing accessible information as 'information I can get in the format I need, when I want it, and at the same time as everybody else'.



2. Question: What is the main way you access information now?

All 45 respondents answered *question 2*, many indicating more than one main way of accessing information.

26 respondents (58%) cited the media as a main way to obtain information. 19 of these (34% of all respondents) referred to radio and television, while 7 (16%) spoke

of newspapers as one of their main methods for gaining information. Respondent 35 found the advertisements were often a source of information for telephone help lines.

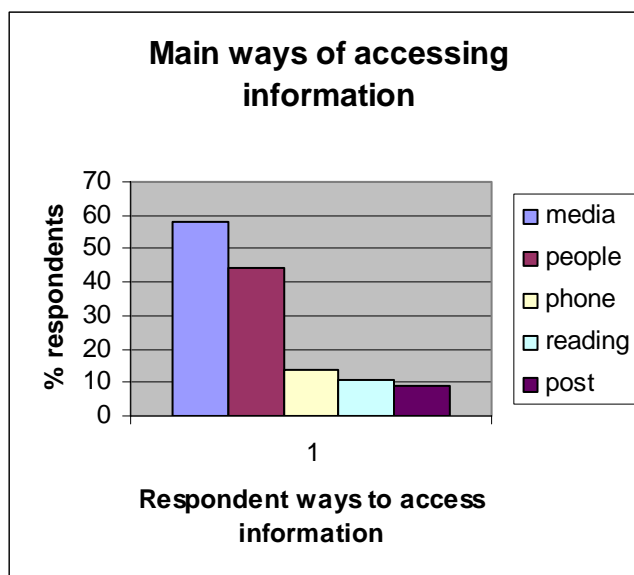
20 respondents (44%) cited computers, the internet and websites or e-mail as a main way of accessing information. As many others, Respondent 34 said 'it's in my own home', and, therefore, readily available, adding 'the internet can point you in the right direction, or give you information.' Respondent 36, however, spoke for many, saying 'I get snowed under with information and find it hard to retrieve from the internet'.

A further 20 respondents (44%) emphasised people or word of mouth as a main method for obtaining information, including speaking to carers, family members, librarians and medical staff, having people read to them and attending meetings. 5 of these (11% of all respondents) cited networking with others who have disabilities and speaking to staff and volunteers at disability organisations. Respondent 36 said 'I can pick other people's brains for information', but Respondent 20 felt people did not always understand what information was needed, leaving the respondent to 'stumble onto information', having to 'find out for myself if I can'.

14 respondents (31%) said they rely heavily on the telephone for obtaining information, particularly from disability organisation help and information lines. Several, however, as Respondent 4, spoke of frustration 'if there is only a computer on the other end' or 'having to make more than one phone call to get through'. Some were concerned at the cost of such lengthy phone calls.

11 respondents (24%) explained that they get information by reading books and magazines, and by using local libraries.

9 respondents (20%) rely on receiving information by post in the form of letters, leaflets and even junk mail, though 6 (13%) respondents did not receive information in their preferred format of Braille, audiotape or large print, for instance.



3. Question: What barriers prevent you from accessing all the information you need?

11 respondents (24%) reported no barriers which prevent them from accessing information, though some did mention this is because they receive support from others, such as Respondent 1, saying 'None really, as my wife reads things to me' and Respondent 24 'I do rely on my key worker to be there to help me'.

18 respondents (40%) mentioned the computer as a barrier to accessing information. 9 (20% of all respondents) have no access to a computer and a further 9 (20%) felt they have very limited computer skills or no competence at all. Respondent 44 (a computer-user) complained that 'many websites are not user-friendly', reducing their value to those with disabilities, and Respondent 6 that 'one is asked to refer to 'www this, that or the other (when I do not) have the necessary equipment to use'.

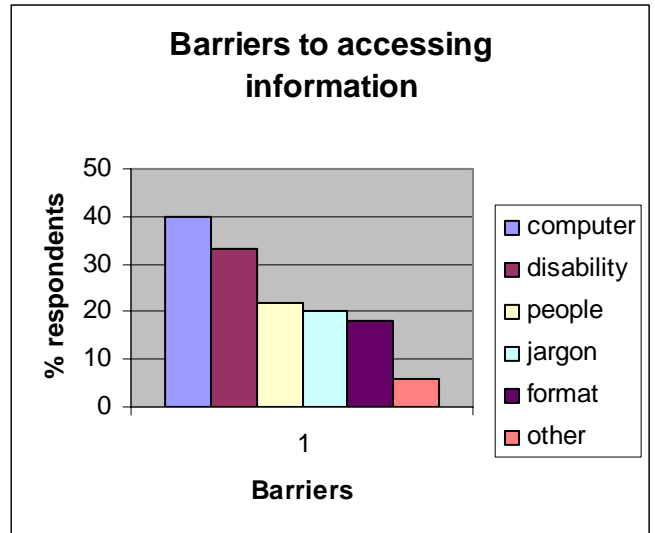
15 respondents (33%) feel their disability is the main barrier to accessing information. Respondent 11 said 'I can't read ... very well', Respondent 31 said 'I am in a wheelchair and sometimes can't reach (the computer)', Respondent 34 said 'my poor eyesight (causes problems)' and 'I have ADD ... I can't concentrate for very long' and Respondent 4 said 'mobility prevents me from getting all the information I need'. Respondent 33 wrote 'I can't (now) use the library (due to lack of mobility)'. Respondent 36 said 'I have some memory problems, so often can't remember information and Respondent 12 said 'My speech impediment makes it difficult to ask people ... this is my main way of getting information *and* my main barrier'.

10 respondents (22%) cited 'other people' as a barrier to successful access of information. 4 (9%) spoke of people not being sensitive to or understanding the needs of those with disabilities. 3 (7%) indicate limited assistance from others, such as 'I need someone to write things down' by Respondent 32 who is partially-sighted, and 'The lady who helps me comes once a week only' (Respondent 37).

A further 9 respondents (20%) find the use of jargon or 'gobbledygook' (Respondent 36), coupled with a lack of Easy English hindered their attempts to access information.

8 respondents (18%) indicated unsuitable or inappropriate format is a barrier to successful access of information. Many complained of people speaking too quietly, small print or the use of light coloured print on coloured backgrounds as a barrier. The lack of Easy English or sign-supported text prevented access to information for others.

Other barriers include 2 respondents (4%) not knowing who to go to for necessary information, and the inappropriate timing of meetings for 1 (2%).



4. Frequency of use of aids to assist with access to information and availability of aids

Have Your Say Panel Members were asked to indicate which aids to assist with access to information they use, the frequency of use of these and their availability. See Appendix 1, Questions 4 and 5 for full list. 43 respondents answered this section, indicating use between 1 aid (two respondents) and 6 aids (two respondents). Two respondents do not use any aids to access information. Frequency of use and availability are shown in the table

	Frequency of use				No. of respondents using aid (+%)	Frequency of availability			% respondents using aid stating always or usually available (+%)
	Daily	At least once/ week	At least once/ month	Less than once/ month		Always available	Usually available	Sometimes/ Never available	
Audio Tape	3	3	0	5	11	2	5	4	7 (64%)
Braille	1	0	0	1	2	0	0	2	2 (0%)
Directions/ Signs	6	1	4	3	14	2	3	8	5 (36%)
Easy English	9	4	2	2	17	4	4	9	8 (47%)
Induction Loops	0	1	0	1	2	0	1	1	1 (50%)
IT/Websites/ E-mail	14	7	3	3	27	13	8	6	21 (78%)
Large Print Format	2	4	4	2	12	2	4	6	6 (50%)
Lip Reading	4	0	0	2	6	3	1	2	4 (67%)
Notetakers or PAs	3	3	5	4	15	4	0	11	4 (27%)
Sign-supt English	2	1	0	1	4	0	2	3	4 (50%)

No respondents indicated use of BSL interpreters, minicom/textphone, speed text, tactile/moon signs, translation services (except into Braille for one respondent) or typetalk/text direct.

In summary:

i. Audio Tape: of the 11 users of audio tape, 64% found this aid usually available, on request. Two users (Respondents 22 and 27) indicated they particularly use audio tape for entertainment

ii. Braille: of the 2 users of Braille, neither found this aid usually available when requested.

iii. Directions/Signs: of the 14 users of Directions/Signs, 36% found this aid usually available, on request.

iv. Easy English: of the 17 users of Easy English, 47% found this aid usually available, on request.

v. Inductions loops: of the 2 users of induction loops, 50% found this aid usually available, on request. Respondent 6 further noted though that in most cases where an induction look is available the staff 'are mostly untrained ... and do not 'know how and if their system is functioning'.

vi. IT/Websites/E-mail: of the 27 users of IT, websites and e-mail, 67% found this aid usually available, mainly because they have access to a computer at home. Many, like Respondent 31, indicated 'but I am still a beginner and need to learn more about how to use IT and websites'. Some, as Respondent 41, rely on others for access to the computer, as 'my husband can get information on the computer, usually'. While some were unable to afford their own computer, Respondent 1 enjoyed a charity-sponsored computer which 'reads to me via the software'. Respondent 20 has learned to use the computer but complained that '(I am) too slow' so that the allotted, paid for time on library computers was often wasted.

vii. Large Print Format: of the 12 users of large print format, 50% found this aid usually available, on request. Unlike other library users, however, those needing large print have a limited selection, as noted by Respondent 35 'I have to buy myself'.

viii. Lip Reading: of the 6 users of lip reading, 67% found this aid usually available. Respondent 5 felt unable to master lip-reading and 'left classes after 4 years'.

ix. Notetakers/PAs: of the 15 users of notetakes/PSs, 27% only found this aid usually available, often because a family member assisted with this, as Respondent 13 ‘(I) take my mother with me if I need help with writing’. Many, as Respondent 32, spoke of the ‘problem ... often no-one is there to write things down for me, so I often cannot get information’. Respondent 44 gets around this problem, saying ‘I use a Dictaphone to record meetings, etc., to aid memory’ and Respondent 12 found a notetaker available ‘only at meetings of DisabilityCroydon’.

x. Sign-Supported English: of the 4 users of sign-supported English, 50% found this usually available, on request.

It seems, then that those with disabilities are thwarted in their attempts to obtain information and lose independence in the process. Many protest that they feel they miss out on vital information or get it too late for relevance and usefulness. Respondent 17 noted ‘(I) can’t make informed choices (as I) sometimes can’t get enough information’.

5. Identification of factors which make information inaccessible

37 respondents (82%) indicated factors which make information inaccessible and difficult to use. Of these,

i. Design: 15 respondents (41%) indicated design to be a negative factor. All found small print size caused problems, while one visually impaired respondent was hindered also by pictures, pop-ups, graphics and the use of boxes. Respondent 22 commented that ‘even websites assume you can see the screen’, reducing their value to those with visual impairments.

3 respondents felt people often speak too fast or too quietly for them to understand or do not look at them while they speak.

ii. Format: 14 respondents (38%) found some formats presented difficulties. Most often mentioned were coloured print and/or coloured backgrounds, by 5 respondents. Other factors mentioned by individual respondents included close spacing or lack of white paper showing, and print too dense or not clear (which hindered enlargement on a photocopier). 3 respondents cited complicated website links as an inhibiting factor.

iii. Availability: 20 respondents (44%) gave availability (access and ease of use) as factors causing problems with accessibility of information. 11 respondents mentioned computers in this category, 9 of whom either fear the technology, do not have the skills to use a computer or have no access. Respondent 21 felt access to be a problem due to the cost of ink-jet printing, writing ‘this restricts me (as) I can’t afford to print

off ...'. Further respondents spoke of the lack of assistance for using a computer or, as Respondent 1, of the difficulties with access caused by their disability, as '(I find it) difficult to go to various screens, such as e-mail, because of my sight problem (even though) I've got the talking software'.

Some respondents felt lack of provision for their disability caused problems, as 3 respondents who found information often stored too high for them to reach from their wheelchair or mobility scooter. Many, as Respondent 24, explained they 'have to have help' for information to be available to them, and Respondent 12 indicated it is 'difficult to access any information at all'. The lack of subtitles on some television programmes rendered them of no value for some respondents with hearing impairments and Respondent 17 criticized Radio Times, for instance, part only of which is available in Braille, so that 'someone else has decided what you'll access'.

Other respondents found waiting for those on help-desks to answer the phone or holding on for long periods prevented access to information.

iv. Content: 27 respondents (60%) considered content to be major factor causing information to be inaccessible and difficult for them to use. 8 mentioned abbreviations and acronyms as a cause of difficulty, particularly in Braille. 'They should explain the abbreviations as these are important' (Respondent 29).

6 respondents complained that jargon and buzz words hinder accessibility, while 6 mentioned the lack of Easy English, 5 the use of long or hard words, and 5 the lack of pictures or supported text. 5 respondents felt too much information or information overload hindered access to information.

6. Identification of factors which make information accessible

10 respondents (22%) identified no factors at all which make information more accessible to them or easier to use, Respondent 23 saying 'I usually manage OK' and Respondent 16 'I can usually access information'. 33 respondents (74%) identified factors which make information accessible and easier for them to use, while a further 2 (4%) indicated some despair regarding access to information, as 'I can't find out anything' (Respondent 20) and '... confusion in all senses' (Respondent 18).

i. Design: 19 respondents, of 33 (58%) indicated design factors which improve accessibility for them, all relevant to print and hard copies. 9 respondents made a plea for large print and 6 for the use of black print on white backgrounds. 4 respondents mentioned clarity of print and layout, indicating this improved enlargement of copies and scanning quality of originals. 2 respondents requested that text-only versions be

available, particularly to improve the use of scanned documents for those with visual impairments.

ii. Format: 7 respondents (21%) identified format factors which improve accessibility of information for them, with 4 requesting sign-supported text, as Respondent 37 with 'Signs help me to read'. Other respondents asked for well-spaced lines, no colours used at all, and text-only versions with no columns or graphics. 3 respondents indicated they prefer written information to be available in hard copy.

iii. Availability: 9 respondents (27%) identified factors which improve availability of access to information. 7 of these indicated that availability of and speaking to a 'real person', whether in person or on the telephone is the most effective tool to improve access to information. 5 more respondents mentioned the role of others or the positive attitude of the communicator as vital factors for making information accessible, as Respondent 11 with 'people being patient when I ask them things, especially on the phone'.

3 respondents felt knowledge of how to find information and where to search for it would improve accessibility. 3 respondents mentioned placing information low enough to be reached from a wheelchair as important and 1 mentioned the availability of hearing loops. 3 further respondents asked that information be placed on the internet to increase its availability.

iv. Content: 11 respondents (33%) spoke or wrote of factors relating to content of information which would improve its accessibility and ease of use. 9 mentioned the use of Easy English and the absence of long words or jargon, some describing it as Plain English. 1 further respondent requested shortened versions of information and another asked for a logical order.

7. *Identification of improvements which would make information more accessible*

19 respondents did not indicate any improvements in this section which would make information more accessible to them. In some instances they felt none could be made in view of their disability. While Respondent 36 indicated 'Can't think of any', Respondent 24 wrote 'None really, due to my disability'. Respondent 26 felt this was a question 'more suitable for a professional working in the Disability Field'. 26 respondents replied specifically to this question, identifying improvements which would make information more accessible to them. However, some respondents indicated improvements in other sections or during interviews, and these have been included, where relevant.

i. Design: 4 respondents only (15%) replied to this section, 3 of which asked for bigger fonts to be used. 1 respondent asked for plain text only to be used.

ii. Format: 10 respondents (38%) suggested improvements to format to improve accessibility of information in this section. 4 mentioned the use of black text on a white background, and Respondent 33 ‘... plenty of space between lines’. 5 respondents asked for readily available large print or alternative formats. 3 respondents asked for more information available via the spoken word, as Respondent 22 ‘On tape, or people telling me’. Respondent 25, however, indicated the spoken word must be clear, adding ‘Announcements on stations could try to be more intelligible!’. 2 respondents suggested hard copies should always be available and 2 more suggested intended recipients of information should always be asked what format and design they need. Respondent 14 asked for more sign-supported text, adding ‘use more picture bank’.

iii. Availability: 7 respondents (30%) replied to this section, though 13 in total had something to add concerning improvements to availability to make information more accessible. 6 respondents mentioned that information is more reading accessible when speaking to a ‘real person’ rather than an automated computer system or requested someone should be available to help or give information personally or at least point people in the right direction to find it themselves.

3 respondents suggested shorter waiting times for improving access to important information. So, ‘I sometimes had to wait weeks ...’ (Respondent 28) and ‘Too long a wait – often a year to renew or see a specialist’ (Respondent 5). Respondent 31 asked that information be placed at a height suitable for those in wheelchairs to access, and that premises be made totally accessible, adding ‘if I can’t get in ... can’t get the information at all!’

iv. Content: 8 respondents (31%) suggested improvements to content. 4 asked for language to be simple with no jargon, while 3 asked for clear and concise or plain English. 4 respondents suggested abbreviations should always be explained or written out in full and 2 asked for shortened versions to be available.

Speaking of improvements, Respondent 33 reminded us that ‘clear and concise information is easier to understand’ and Respondent 14 put forward a plea to ‘Raise awareness of organisations that some people use their organisation and need information who can’t read, and can’t use the written word or access necessary information without support’.

8. *Examples of good practice*

Have Your Say panellists were asked to identify examples of good practice when information was accessible or easy for them to use. Disappointingly, 20 respondents were unable to name any examples of good practice, with Respondent 20 saying ‘I have no examples of good practice at all’ though Respondent 20 went on to give several examples of poor practice. Between them, the 25 respondents who did identify examples of good practice gave forty-nine examples in total, loosely summarised below:

Organisation	Example of good practice**
<i>Banks:</i> Barclays HSBC NatWest (x2)*	Key worker accompanies to bank Policy to provide alternative formats Ramp inside porch, facilitates access Staff do their best to help Staff listen and explain personally (x2)
<i>Family:</i> My wife (x2)	Family members read documents (x2)
<i>Local Authorities and Councils:</i> Croydon, general (x4) Croydon, Libraries (x3) Croydon, S.Services (x3) LB Kingston	Accessible versions of information available Children’s books are useful for information Contracts and letters available on disc or in Braille, on Easy to access information from Council, Kingston (x2) Good, informative Council website Library staff give assistance to find things (x3) Staff sent round to investigate reported problems, help with letters, fill in forms and give help generally (x4)
<i>Media:</i> BBC publications	Have mailing list, with alternative formats, on request
<i>Medical:</i> Local hospital	Leaflets available
<i>Services:</i> British Gas BT T-mobile	Alternative formats available as standard for information and bills, including telephone (x4) Dedicated section of website for users with disabilities Induction loops available, on request
<i>Shops/Supermarkets:</i> Primark Sainsbury’s (x3) Sietech Hearing Tesco’s (x2)	Dedicated queue for customers with disabilities Dropped counter available Large print usually available (x2) Staff do their best to help (x4)

<p>Support organisations and Companies: Age Concern Audio Book Club DisabilityCroydon Disabled websites (x3) Leisure Link Mencap National Speech Neighbourhood meetings People First (x2) Purley Cross Centre</p>	<p>Accessible versions of information available Accessible website, easy to use (x3) Agenda and minutes prepared with picture bank (x2) Alternative formats available, on request (x2) Come to my home when I need help and to visit (x2) Efficient loop system, checked by a hearing aid user(x2) Leaflets and information available (x2) Office staff helpful, clear and practical Staff will read documents, on request Website gives information on access to venues</p>
<p>Transport: British Airways British Rail Transport for London (x2)</p>	<p>Alternative formats available, on request (x2) Good display of information at terminals (x2) Website gives useful information</p>
<p>Other: Croydon Churches (x3)</p>	<p>Church personnel keep in regular touch by phone Hearing loop available Information re support is available on audio tape Large print versions of hymns available</p>

* Indicates number of respondents indicating this organisation or comment when more than one

** Examples relate to the category of organisations generally, and appear in alphabetical order

Sadly, during telephone interviews with Have Your Say panellists, it was evident that many respondents had to think very hard to be able to produce examples of good practice and certainly did not expect information or suitable formats to be readily available or accessible as standard. It seemed that in many instances, good or effective practice depended on the good will of individual staff. Many respondents indicated service is available ‘when I ask’, as a special additional feature, rather than as standard, and many indicated ‘they (staff) try to ...’ or ‘do their best to ...’ when asked, suggesting even requests for assistance with accessing information are not inevitably successful.

9. Examples of poor practice

Have Your Say panellists were asked to identify examples of poor practice when information was NOT accessible or easy for them to use. 14 respondents did not name any examples of poor practice, though, interestingly, these were not necessarily the same respondents who had not named good practice. 4 of these respondents indicated ‘Don’t know’ to this question, Respondent 24 said ‘None really, due to my

disability’ and ‘(I) don’t really get information independently, while Respondent 12 said ‘(I) don’t try to get information’. Respondents were particularly eloquent when describing poor practice. 31 respondents named fifty-one examples of poor practice, loosely summarised below:

Organisation	Example of poor practice**
<p><i>Banks:</i> Banks generally (x4)* Post Offices</p>	<p>Counters are too high to speak comfortably to staff Hole-in-the-Wall machines too high in some banks No privacy so don’t give or get full information Security barriers make hearing difficult Staff shouting at hearing impaired customers</p>
<p><i>Local Authorities and Councils:</i> LB Croydon, general (x15) LB Croydon, Libraries LB Croydon, street notice boards</p>	<p>Alternative formats of bills not available, even on Request (x3) Alternative formats only available on request Assume everyone can use the standard format (x2) Don’t provide information, which results in people missing out on entitlements and benefits Information is too complicated Layout of benefit forms is too difficult Papers for committee meetings are not accessible Print in letters, bills and leaflets too small (x5) Slow to provide information (x2) Sometimes cannot find person to help with information Staff changes result in poor service Staff do not give assistance or information on how to fill out forms Staff do not listen, jump to conclusions and do not provide appropriate information (x2) Street notice boards too high for wheelchair users Telephone with options not disability-user friendly Too much information is provided, reducing accessibility Won’t send information and bills by e-mail</p>
<p><i>Medical:</i> Doctors (GPs/Consultants) Local Health Centre Local Hospital PCT</p>	<p>Inefficient/ineffective medical services Information not available in alternative formats (x3) Medical services are very slow (x3) Medical staff are not skilled at explaining (x2) Medical staff do not acknowledge patient nervousness</p>

	<p>Medical staff do not give adequate information (x3) Medical staff do not listen Medication instructions not available in alternative formats Print in letters and leaflets too small (x2) Print on medication too small (x2) Too much use of jargon (x2)</p>
<p>Services: British Gas BT (x3) Mobile phone company</p>	<p>Telephone with options not disability-user friendly (x3) Information and settings too small, which reduce access to information (x2)</p>
<p>Shops, Supermarkets and Shopping precincts: Boots Centrale Centre M & S PC World Pound-Stretcher Shops generally Sietech Hearing Tesco's Whitgift Centre Woolworths</p>	<p>Checkouts too close together for wheelchairs Counters too high to speak comfortably to staff (x2) Inadequate guidance or information on specialist disability products Instructions and information on packaging too small Items cannot be reached No on-site physical support for people with disabilities Not enough staff to help Shop door difficult to open, can't get in for information Slopes in shopping precincts are often too steep for unaccompanied wheelchair users Too little space to manoeuvre wheelchairs to ask checkout staff for help or information (x3)</p>
<p>Support organisations and Companies: Croydon Hearing Services DisabilityCroydon Hard of Hearing Club Neighbourhood meetings</p>	<p>Ineffective hearing loop systems (x2) Lack of experience in using mike/hearing loops (x2) Too much jargon and detail (x2)</p>
<p>Transport: Dial-A-Ride London Underground Transport for London</p>	<p>Available publicity/timetables often out of date Can't reach the information and leaflets (x2) Poor service generally (x2)</p>
<p>Other: Football Club Internet Service Provider</p>	<p>Flash animation in websites reduces accessibility to websites for some users</p>

Web sites generally	Information not available in alternative formats (x2) Lack of understanding that disabled people need support to access information Use of red or yellow lettering makes it invisible
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* Indicates number of respondents indicating this organisation or comment when more than one

** Examples relate to the category of organisations generally, and appear in alphabetical order

Sadly again, during telephone interviews with Have Your Say panellists, it was evident from the passion they expressed that many respondents experienced great disappointment when attempting to access information from a variety of organisations and services.

17 of the 31 respondents to this question (55%) cited London Borough of Croydon Council examples of poor practice when information was NOT accessible or easy to use. Respondent 22 described accessibility to Croydon Council information as ‘notoriously bad’, complaining ‘(I am) visually impaired, but Croydon Council still send a letter. They know I can’t see (and) have to wait for my carer to come to read it, which is often too late as I only have care twice a week’, going on to tell how the Council even sent a letter to say a new carer was due on a particular date.

Respondent 20 said ‘(Council staff) don’t listen – they have their conclusions without finding out ... what I want or need to know’. Respondent 16 felt let down by Croydon Council as ‘the main person who gave information ... left ... nobody took over, so I had no-one to go to for information’. Respondent 34 felt ‘some people who work for Croydon Council are poor at giving information’ and Respondent 30 that printed information gives ‘too much information, (is) too complicated and too small’.

Respondent 39 would like to suggest to Croydon Council that ‘when forms are designed they should ask disabled people to check they’re accessible’. adding ‘(we) particularly need advisors to give information and help fill out forms’.

Respondent 30 would like to remind organisations generally to be aware of the individual differences and abilities of recipients of information, saying ‘People forget (that) not all people have the same level of understanding or education’.

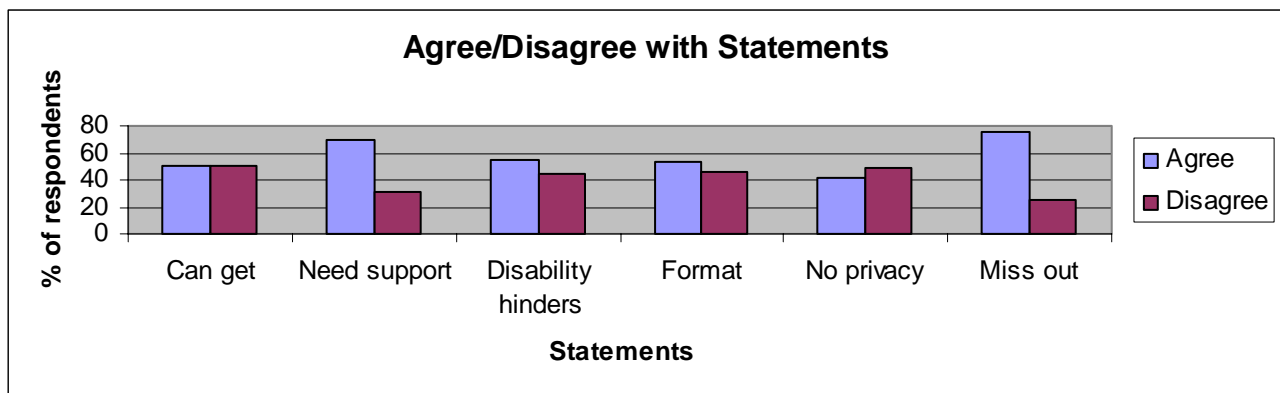
10. Agreement/disagreement with statements on accessibility of information

Have Your Say panellists were asked to strongly agree, agree, disagree or strongly disagree with statements concerning access to information. The results are shown as percentages of those responding to the statement, with number responding shown as ().

	Strongly Agree	Agree	Disagree	Strongly Disagree
I can always access the information I want or need (44)	5 (11%)	17 (39%)	15 (34%)	7 (16%)
I need support to access information (43)	10 (23%)	20 (46%)	8 (19%)	5 (12%)
Because of my disability I find it difficult to access information(45)	10 (22%)	15 (33%)	12 (27%)	8 (18%)
Format is often a barrier to accessing information (39)	9 (23%)	12 (31%)	13 (33%)	5 (13%)
I feel I do not have privacy when accessing information (37)	8 (22%)	7 (19%)	15 (40%)	7 (19%)
I feel I miss out on some information I should have (43)	14 (33%)	18 (42%)	8 (18%)	3 (7%)

In summary,

- 50% agreed they can always access the information they want or need, while 50% disagreed
- 69% agreed they need support to access information, while 31% disagreed
- 55% agreed that because of their disability they find it difficult to access information, while 45% disagreed
- 54% agreed that format is often a barrier to accessing information, while 45% disagreed
- 41% agreed they feel they do not have privacy when accessing information, while 49% disagreed
- 75% agreed they feel they miss out on some information they should have, while 25% disagreed



Many respondents added comments to this section, particularly with reference to missing out on information, thus restricting freedom and choice and, ultimately,

independence. Respondent 31 voiced the concerns of many, saying ‘I don’t know what I miss out on. It could be something useful’, while Respondent 24 said (as did many others) ‘I don’t know what I don’t know’, Respondent 20 ‘I have to find out by accident’ and Respondent 4 ‘I don’t really know what else there is (to know)’.

11. Additional suggestions to improve accessibility of information

Respondents were given the opportunity to offer further suggestions which would improve accessibility of information to them. 35 respondents chose to reply to this section, with suggestions falling broadly into several categories, shown alphabetically below:

- ***Community information:*** It was requested that community-wide information be available free of jargon, with hard copies to take away (x3), with widely-available information about where to access necessary information (x4).
- ***Computers:*** Respondents asked for larger monitor screens, and that websites be simplified and less convoluted. Significantly, 16 respondents indicated they would like to learn to use a computer and the internet, or to use it ‘better’, with a further 4 indicating they would like access to a computer and the internet.
- ***Councils:*** 2 respondents mention Croydon Council, asking for improved bills and for services to be taken into the community.
- ***Format:*** Respondents asked for Easy-Read or plain English to be available (x6) as well as picture bank/sign-support text. They asked for clear, large print (x5) and that documents be short and to the point. They further requested speaker phones be available on all telephones and that Braille information be free of abbreviations.
- ***Media:*** Respondents requested that all television programmes be subtitled and that producers of television programmes take the needs of those with disabilities into account when presenting programmes.
- ***Medical:*** Respondents asked for medical services to be ‘joined-up’ for consistent information (x3).
- ***People:*** Respondents appealed for patience (x5) and that people listen with understanding (x3) and consideration, while speaking clearly and slowly (x5). 5 respondents asked for someone to help. The importance of other people in facilitating access to information was emphasised by Respondent 20 in ‘I need people to open the doors to information for me (with) people having time and patience and not being impatient with me’ and Respondent 16 ‘People being patient and finding out what you really want and need to know’, with ‘no buck passing’ (Respondent 39). Respondent 18 suggested that public education would assist with access of information with ‘teaching the people how to deal with disabled people’.

12. Any additional information

The final section invited people to add any further information they felt relevant. 26 respondents chose to make additional comments. 5 respondents emphasised the relevance of mobility issues to accessing information, as ‘mobility difficulties hinder access’ from Respondent 44, who suggested ‘Croydon Council should show the way’ by taking its information bank into the community via mobile libraries, etc., to improve access to information. Respondent 36 said ‘getting in through doors to get the information’ is the only real problem and Respondent 29 indicated ‘transport is sometimes an issue for getting information ... if can’t get to seminars and meetings, (I) don’t get the information’.

Respondent 24 emphasised the importance of being computer literate, saying ‘the computer ... enables me to stay actively informed’, while Respondent 3 said ‘I feel cut off from ... because I choose not to become computer literate’.

Respondent 17 said people ‘should treat my requests for information as the same as everyone else’, while 2 respondents reminded us that it ‘should be the responsibility of the provider of information to make it accessible, not the responsibility of the person trying to access it’ (Respondent 39).

Respondent 21 provided a fitting finale for this section with ‘Information is important. In the field of disability (we) must ensure information goes to as wide an audience as possible, taking into account the whole range of disabilities. Making information understandable to the whole range of disabilities is vital’.

6. Summary and Conclusions

Just as improved physical access to public buildings has improved inclusion and the quality of life for all users regardless of individual differences, so improved access to appropriate information has the potential to improve the lives of all. However, this research seems to indicate those with disabilities do not have full access to information, according to the given definition, nor independent access to information, which probably indicates that those without disabilities also do not enjoy full and independent access to appropriate information.

In 2008, which The Government has made the Year of Reading, it is inexcusable that any information is less than fully accessible to people with disabilities. Worryingly, the RNIB Right to Read campaign, for instance, launched in 2004, indicates the situation is so bad that 4% of books only are accessible to those who are blind, partially sighted or have reading difficulties.

In brief summary, the survey reveals:

- Access to information is considered by those with disabilities to be that which is available, relevant, and in appropriate format
- Information is accessed in particular through the media and other people
- Main barriers to access of information include inability to use/lack of access to computers, individual disabilities, the attitude of other people, use of jargon and inappropriate format
- Some people with disabilities use aids to access information, but while some found these aids usually available, most found they were never or rarely available, even on request
- Factors of design, format, availability and content both increase and decrease accessibility. Improvements could greatly increase accessibility (see 5. The Findings, Section 7)
- Respondents identified examples of both good and poor practice. Croydon Council was most frequently identified in both categories, and improvements were suggested (See 5. The Findings, Section 11)
- While 50% of respondents can access information, 69% need support, 55% experience difficulties due to their disability, 54% find format a barrier, 41% feel they lack privacy and a massive 75% feel they miss out on vital information

Accessible information is a right, not a privilege. It can inform and influence target audiences and promote inclusion. Information is an essential tool, not a luxury, and there should be no barriers preventing people from independently getting the relevant, timely and accurate information and advice they want and need, in their preferred format. Information is empowering. It facilitates freedom and choice and gives people the ability to make appropriate decisions. When appropriate, it is cost-effective for the providers of information and makes good business sense.

This research reveals that a significant number of people with disabilities appear to be information-poor, particularly with regard to access via technology. They suffer a lack of information, resulting in the inability to make appropriate decisions, get appropriate help or make full use of resources.

While the Disability Discrimination Act may have facilitated physical access, it is obvious from the responses in this research that many service providers and businesses still have a long way to go to ensure equality of access to information, without which easier physical access may be irrelevant. Without knowledge of their service, potential users of services will remain excluded from them, and service providers will miss out on vast numbers of potential customers and users. It appears that many organisation are failing in their duty to actively promote disability equality

and make reasonable adjustments to provide information and communication about their services that is accessible to all people.

7. Recommendations

a. Survey results

It is recognised that the Accessible Information survey results contain valuable information which could be used to improve the accessibility of information for those with disabilities (and others). It is recommended that

- The survey be distributed to professionals, Local Authorities, providers of services and other organisations concerned with providing information for people with (and without) disabilities to raise awareness of needs

b. Sources of information

Almost any organisation or service is a potential source of information and must be aware of issues of accessibility for all possible users. It is recommended that

- Organisations for people with disabilities lobby organisations, utilities, services, etc, all of which must provide information, to ensure it is provided in a format which can be readily accessed by those for whom it is intended, including for instance, those who publish television schedules, Local Authority billing departments and utilities billing departments
- Organisations for people with disabilities run local and national media campaigns to inform and remind services, organisations, etc. that they have a duty under the Disability Discrimination Act to make information accessible in the necessary formats, on request, and that provision for such potential requests must be anticipated

c. Aids to communication

Many respondents found aids to accessibility of information fostered independence. However, many respondents found, also, that such aids were not generally available, even on request. It is recommended that

- Organisations for people with disabilities run local and national media campaigns to inform and remind services, organisations, etc. about the availability and use of aids to accessibility of information, their duty to have these available and to train staff in the provision and use of, for instance, Easy English, induction loops, large print, sign-supported English and Braille

d. Computers

Many respondents to the survey reported lack of access to computers, an inability to make full use of computers and, in some instances, a fear of computers. Those who

felt at ease with computers and made fuller use of computers, e-mail and websites felt more independent with accessing information and in control. It is recommended that

- Training at all levels in the use of computers by extended and advertised widely to people with disabilities, their carers and families
- A scheme to extend ownership in the home of computers for people with disabilities be extended through free loans of equipment, subsidised purchase of computers, or other schemes funded through organisations for people with disabilities, grants, Local Authority subsidy, etc.
- That libraries be made aware that some users with disabilities may need more time than that usually allocated per computer slot and may need additional assistance

e. Good practice

The survey showed up several areas of good practice. It is recommended that

- Disability organisations and individuals with disabilities recognise and reward good practice by sending plaudits, giving positive feedback, support such organisations with appreciation and recognising their good practice by recommendations to others
- Disability organisations, such as DisabilityCroydon, ensure their comprehensive Accessible Information Policy is published and freely available to others as an example of excellence and guidance to others
- Known good practice is widely advertised, such as, for instance, the work of The Scottish Accessible Information Forum (SAIF), available at www.saifscotland.org.uk and The Office for Disability guide 'Five principles for producing better information for disabled people' at www.direct.gov.uk/disability

f. Poor practice

The survey showed up several areas of poor practice. It is recommended that

- Disability organisations and individuals with disabilities recognise and highlight poor practice by sending complaints and criticisms and by publicly naming poorly performing organisations through their organisations and newsletters
- Disability organisations use a system of '4Cs' to publicly recognise and inform organisations which perform well or poorly by sending them a form with a 'comment, complaint, criticism or compliment' in recognition of the standard of accessibility of their information

g. Consultation

It is recognised the only person who really knows what constitutes fully accessible information for any individual is that individual themselves. It is recommended that

- Focus groups or consultations groups of people with a range of disabilities be invited to comment on what constitutes true accessibility of information, for distribution to providers of information
- Providers of information, such as a Local Authority and its departments, and utilities always include a question for new users to ask what format they want and need for future information

8. Acknowledgements

DisabilityCroydon would like to thank all Have Your Say Project Panel Members for the support and contribution they have made to this research by completing the Accessible Information survey.

9. Notes

Note 1: With an estimate of 10.1* million disabled children and adults in Britain, 9.5 million of whom are adults, and an annual spending power of disabled people at £80 billion per year**, service providers may deny themselves access to potential clients and customers by failing to ensure their information is accessible to all. It is estimated that in the UK approximately 1.7 million adults are unable to read standard print with ease and that 17 million adults have literacy difficulties***.

* Covers people with longstanding illness, disability or who have significant difficulty with day-to-day activities. The total number of people covered by the DDA is larger than this.

** Department for Work and Pensions estimates, 2003-2004

*** Informability Manual, Central Office of Information; Wendy Gregory, 1996

10. Appendices



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Accessible Information Questionnaire

Designed & carried out by DisabilityCroydon 'Have Your Say' Project

January/February 2008

'Have Your Say' Member Number: _____

In this survey we want to discover your views on accessible information. Contact DisabilityCroydon if you would like this questionnaire a different format or would prefer to answer your questions on the phone. Please return by Friday 15th February.

Question 1

What does the term 'accessible information' mean to you?

Question 2

What is the main way you access information now? Please explain why.

Question 3

What barriers prevent you from accessing all the information you need? Please explain.

Question 4

How often do you use the following for information or communication? Please tick the box that best describes your use.

	Daily	At least once a week	At least once/month	Less than once/month	Never
Audio Tape					
Braille					
BSL Interpreters					
Directions/ Signs					
Easy English					
Induction Loops					
IT/Websites/ E-mail					
Large Print Format					
Lip Reading					
Minicom/ Textphone					
Notetakers or PAs					
Radio or Television					
Sign-supported English					
Speed Text					
Tactile/Moon Signs					
Translation Services					
Typetalk/ Text Direct					
Other:					

Please add here anything else you want to tell us about this:

Question 5

For those you use, please tick the box that best describes how available they are to you when you need to access information.

	Always available	Usually available	Sometimes available	Never available
Audio Tape				
Braille				
BSL Interpreters				
Directions/ Signs				
Easy English				
Induction Loops				
IT/Websites/ E-mail				
Large Print Format				
Lip Reading				
Minicom/ Textphone				
Notetakers or PAs				
Radio or Television				
Sign-supported English				
Speed Text				
Tactile/Moon Signs				
Translation Services				
Typetalk/ Text Direct				
Other:				

Please add here anything else you want to tell us about this:

Question 6

Please say what makes information inaccessible and difficult to use for you in each of the aspects below.

	What makes it inaccessible?
Design (i.e. organisation and layout)	
Format (i.e. presentation and form)	
Availability (i.e. access and ease of use)	
Content (i.e. subject matter and message)	
Please add here anything else you want to tell us about this:	

Question 7

Please say what makes information accessible and easier to use for you.

	What makes it accessible?
Design	
Format	
Availability	
Content	
Please add here anything else you want to tell us about this:	

Question 8

What improvements could be made to make information more accessible for you?

	Improvements?
Design	
Format	
Availability	
Content	
Please add here anything else you want to tell us about this:	

Question 9

If you have any examples of good practice when information was accessible or easy for you to use, please tell us about them below.

	Name of organisation	Type of service they provide	Example of good practice
1			
2			
3			
Please add here anything else you want to tell us about this:			

Question 10

If you have any examples of poor practice when information was NOT accessible or easy for you to use, please tell us about them below.

	Name of organisation	Type of service they provide	Example of good practice
1			
2			
3			
Please add here anything else you want to tell us about this:			

Question 11

Please read the following statements and put a tick next to the answer which comes closest to your opinion.

	Strongly Agree	Agree	Disagree	Strongly Disagree
I can always access the information I want or need				
I need support to access information				
Because of my disability I find it difficult to access information				
Format is often a barrier to accessing information				
I feel I do not have privacy when accessing information				
I feel I miss out on some information I should have				

Question 12

Please can you tell us the three most important things that would improve access to information for you

1	
2	
3	

Additional information

This space is for anything else you want to tell us about this topic. Please continue on another piece of paper if necessary.

All replies will be kept anonymous, but it will help us to make the results of this survey more useful when presenting results to service providers if we know a few personal details about you. Please leave blank if you would prefer not to answer.

Your age group: Up to 25 26/34 35/49 50/64 65⁺

Your ethnic group:

Your disability/disabilities:

Thank you very much for completing this Have Your Say survey!
Please return to DisabilityCroydon.