



**Scottish Parliament  
Communication Access Audit Report  
November 2007**

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**Executive summary**

**The Scottish Parliament Communication Access Audit (2007)** aimed to:

- Increase awareness among MSPs and SP staff of the needs of people with communication support needs (CSN).
- Audit what was already happening to meet those needs.
- Identify gaps in provision in the Scottish Parliament (SP) building, information and services.
- Make recommendations to SPCB on improvements required in respect of access for people with CSN.

The audit involved two strands, funded jointly by RCSLT and PBC:

**1. SP building and public activity audit - “The Big Visit”**

**2. SP information audit**

3. In addition RCSLT carried out (and fully funded) a third **MSP local office audit** which aimed to:

- Raise MSP staff awareness of the needs of people with CSN.
- Find out what MSPs and their staff are doing already to meet people's CSN locally.
- Find out if MSPs and their staff would like help to make their services more responsive to constituents who have CSN and if so what help they would like and how they would like help delivered.

In this paper RCSLT report the findings of each audit strand and make recommendations in respect of each strand.

The SPCB has agreed to respond to the RCSLT recommendations by end of December 2007.

**Kim Hartley  
RCSLT Scotland Officer**

**Aneela McKenna  
SPCB Head of Equality**

## **RCSLT Summary of findings**

The SP is clearly committed to providing a communication accessible Parliament building as well as communication accessible information and democratic processes.

This commitment is reflected in the SPCB very positive action on communication access to date. For example the SPCB provides a range of communication supports - in the SP building itself, through staff training / skills and in printed and online information / interactive services. By funding and engagement with this audit the SPCB leads Scottish publicly funded bodies in their willingness to listen to and respond to the views of people with communication support needs (CSN).

Although some of the currently available communication supports (CS) provided by SPCB are helpful to some people with CSN, for other people with CSN there is a need ***to introduce new CS and further extend and improve currently available CS if the SPCB is to achieve the founding principles of the Scottish Parliament in respect of people in Scotland with CSN.***

## **RCSLT summary of recommendations**

### **Scottish Parliament building and public activity**

1. The SPCB should develop the range of communication supports the SP currently uses to include a wider range of people with CSN.
2. Public-facing staff should consistently use communication supports required by visitors to aid understanding and support expression. See **“Providing Good Services for People with Communication Support Needs”** (Appendix 1)
3. The SPCB should recognise and reward good current and developing communication support practice.
4. **Advertising**
  - The SPCB should place a bigger advert in the phone book.
5. **Entrance hall / foyer**
  - The SPCB should improve light of pillars in entrance hall / foyer.
6. **Public signs:**
  - The SPCB should improve public signs particularly at the entrance, to toilets, left luggage, lifts, chamber and café menu. Include symbols, large text and be placed lower down.
7. **Public displays.** The SPCB should;
  - Use large text and where, appropriate symbols, on display labels and price tags.
  - Make displays in foyer and shops wheelchair user friendly.

## **8. Café**

- The SPCB should place café menus at every table and include symbols and bigger writing.

## **9. Tours.** The SPCB should;

- Provide shorter or “chunked” tours.
- Provide places to sit while on the tour.
- Provide visitors with the option of tour leaflets with pictures.
- Provide visitors with the option of easy to use recorded tour tapes.

## **10.The Chamber.** The SPCB should;

- Provide communication accessible versions of the Business Bulletin.
- Increase the number and size of TV screens.
- Provide a means of louder amplification in the chamber if desired.
- Provide an area where visitors can sit beyond glare of spotlights.
- Allow people to choose where they sit to best support their communication needs.
- Provide handrails to seating and seating for people who have mobility difficulties.

## **11.Future Audit**

- The SPCB should repeat the Communication Audit of the Parliament after a period of development.

## **Scottish Parliament information**

1. Print size and layout in all information sources and formats should more closely resemble that in the normal print size leaflet. In particular layout should be simplified on the website.
2. Reducing language complexity and the amount of text should be considered for all information resources and formats, particularly for people with learning difficulties.
3. More pictures, photographs and other “visual” information (e.g. symbols) should be incorporated in to all formats of printed and website information sources.
4. Photographs and other visual information should be clear and simple.
5. White text on coloured background should be avoided.
6. Off white paper / background should be used for printed information and website to reduce glare.
7. Other forms of information on locations (other than maps and plans) should be considered.

8. Times should be given in 12-hour clock time.
9. A glossary of parliamentary terminology should be considered for all formats and sources of information.

### **MSP local offices**

1. MSPs and their office staff should be made aware of Scotland's population of people with CSN including the most common conditions associated with communication disability (e.g. stroke) and estimated numbers of people with CSN in each constituency and region.
2. MSPs and their offices, which are offering good communication supports, should be publicly recognised and rewarded.
3. MSPs and their offices should be provided with advice and guidance focused on the CSN of people with the following associated conditions:
  - Autistic spectrum disorder,
  - Dementia or Alzheimer's,
  - Stroke,
  - Brain injury,
  - Mental illness,
  - Laryngectomy,
  - Communication aids users, progressive conditions, e.g. multiple sclerosis, motor neurone disease,
  - Visual impairment,
  - Voice disorders,
  - Hearing impairment.
4. People with CSN should be made aware of the communication supports already used by MSPs.
5. MSPs and their offices should be given guidance and trained to use the following communication support strategies;
  - Using formal sign language (for any face-to-face communication – one-to-one or in group / public presentation)
  - Using gesture and mime (for any face-to-face communication – one-to-one or in group / public presentation)
  - Interpreting non-verbal behaviours (body language, eye-pointing etc)
  - Using strategies supportive of people who stammer.
  - Supporting use of communications aids (e.g. talking machines).
  - Making a tape recording of key points of discussion or videos of presentation and offering audio taped letters, leaflets, newsletters.
  - Adding an "Access Key" to their website.
  - Using photographs, drawings, pictures to illustrate key points while talking, in meeting papers, on headed paper, body of letters, posters, leaflets, website etc.

- Using appropriate font, font size, contrast and layout etc. on text based communication including websites.
  - Accessing and using available communication support services in their area.
6. MSPs and their offices (as publicly funded agencies) should be advised of their obligations under the *Disability Discrimination Act*, including their duty to actively mainstream the needs of people with disability in to their services.
  7. The audit of MSP offices should be repeated after a period of development.



## Scottish Parliament Communication Access Audit Report November 2007

### Introduction

The Scottish Parliament Communication Access Audit (2007) was co-ordinated by the Scottish Parliament Corporate Body (SPCB) and the Royal College of Speech and Language Therapists (RCSLT) in Scotland.

The aims of the audit were to:

- Increase awareness among MSPs and SP staff of the needs of people with communication support needs (CSN).
- Audit what was already happening to meet those needs.
- Identify gaps in provision in the Scottish Parliament (SP) building, information and services.
- Make recommendations to SPCB on improvements required in respect of access for people with CSN.

The **Scottish Parliament Communication Access Audit (2007)** involved two strands:

#### **1. SP building and public activity audit - “The Big Visit”**

This involved an unannounced (“secret shopper”) visit to the SP by a group of 20 people with various CSN and, where required, their carers / support staff.

#### **2. SP information audit**

This involved communication access assessment (using a postal survey) of a range of SP information leaflets, DVD, audiotape and website by individuals and groups of people with a range of CSN.

The SP Information Audit and “Big Visit” were funded by the SPCB and RCSLT.

3. In addition the RCSLT carried out a third **MSP local office audit**, which aimed to:

- Raise MSP staff awareness of the needs of people with CSN.
- Find out what MSPs and their staff are doing already to meet people’s CSN locally.
- Find out if MSPs and their staff would like help to make their services more responsive to constituents who have CSN and if so what help they would like and how they would like help delivered.

The MSP Local Office Audit involved communication access assessment (using a postal, email and telephone survey) of MSPs local offices across Scotland.

The MSP Local Office Access Audit was funded wholly by RCSLT.

In this paper RCSLT report the findings of each audit strand separately make recommendations in respect of each strand.

Recommendations are The SPCB will respond to RCSLT recommendations by end of December 2007.

# Scottish Parliament Communication Access Audit Report November 2007<sup>1</sup>

## RCSLT analysis and recommendations

### 1. SP building and public activity audit - The Big Visit

#### **Audit method:**

Communication Accessible invitation letters and briefs about the audit were sent to a wide range of organisations representing people with CSN (see communication accessible letter and brief – appendix 2).

Each organisation identified and briefed a person with CSN from among their membership.

A list of 15 visitors was compiled including 12 people with CSN (**pCSN**) and three carers.

The Big Visit took place on Wednesday 14<sup>th</sup> March 2007 from 10.30 – 3.30pm.

During that time visitors followed a programme typical of any public visitor to the Parliament (see communication accessible programme – appendix 2).

Throughout the day visitors were accompanied by observers who recorded each person's views as they went through the programme using an accessible feedback form (see communication accessible feedback form – appendix 3).

The day ended with a discussion group when visitors were asked to give immediate feedback. Visitors were also given a feedback form to return by post at a later date with any additional information. Visitors were again reminded to consider making further comment when thank you letters were posted to them after the Big Visit.

#### **Who visited?**

Eight out of 12 people with CSN expected attended the Big Visit accompanied by three carers or support staff. They were accompanied by four observers (who doubled as 1:1 communication supports) made up of RCSLT and SPCB staff.

The eight pCSN had the following communication or associated disabilities:

- Stammering (1 person)
- Aphasia (post stroke) (4 people)
- (1 person)
- Learning disability (2 people, 1 with Down syndrome, 1 with cerebral palsy)
- Dyslexia (1 person)

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<sup>1</sup> Audit Report Author: Kim Hartley, RCSLT Scotland Officer

## **What did visitors say?**

### **a) About their communication support needs.**

Visitors indicated their preferred **communication supports, which enabled them to understand others. *In order of popularity among the visitors those are;***

1. Being given time to understand others.
2. Being shown what to do – demonstration.
3. Being in the relevant room or being shown the objects people are talking about.
4. People looking at you when they talk to you.
5. People using facial expression and body language.
6. People using gestures such as pointing.
7. Pictures, photographs or drawings of the things people are talking about.
8. People using short sentences with one or two bits of information at a time - using every day words.
9. Written information with pictures or photos - brief text only.
10. Large print.
11. People using sign language (Makaton).
12. Taped information.
13. Written information on its own.
14. A quiet environment.

Visitors indicated their preferred **communication supports which to enable them to get their message across. *In order of popularity among the visitors those are;***

1. Getting enough time to get your message across.
2. People listening carefully to you and looking at you.
3. People looking at your facial expression and body language.
4. People looking at your gestures.
5. People asking questions, guessing what you are trying to say.
6. Writing things down.
7. Sign language (Makaton).
8. Pictures or photographs or drawing what you are talking about.
9. Communication board, book or machine / aid.
10. Text messaging

### **Lessons learned**

1. The communication supports commonly currently in place within the SP (eg. tape, large print, written information) are least likely to aid understanding for these visitors with CSN.
2. There is a range of strategies the SP can use, in addition to what is already being done, to support inclusion for pCSN.

**b) Booking chamber public gallery tickets using information on the website.**

**Q: What did you think of the communication you had with people at this part of your visit?**

Good	4	OK	2	Not good	2
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**Q: Did people use the communication supports you need?**

Yes	2	No	2	Sometimes	3
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**What did you like about this part of the visit?**

- Email important for people who stammer
- Spoke to someone on the phone. She spoke clearly and was helpful and patient.
- The literature provided was okay for me but the other 2 members could not read this literature, as it was too wordy.

**What would make this part of your visit better?**

- I needed help to go through this. Could not have waded through it alone.
- For all three of us I used e-mail to make the booking but most people with aphasia have great difficulty using phone or e-mail and must have someone else to arrange this step.
- If it was straightforward information needed it would be fine booking tickets but if more complicated e.g. change of time / date would prove difficult.
- Some people who stammer have a lot of difficulty using the telephone. Training for staff who answer the phone would also be useful.
- Need a bigger advert for SP in phone book.
- Some have difficulty comprehending all information in conversation / monologue so would find it helpful having maybe electronic aid.

**Learning from this part of the visit**

1. Email is useful for a number of people.
2. Current methods of booking are not accessible to everyone.
3. Majority of respondents did not have their needs met at all or only sometimes.
4. Need to consider developing communication accessibility of booking literature.
5. Telephone skills for booking staff are important.
6. A bigger advert in the phone book would be helpful.
7. Taped or recorded verbal instructions would be helpful.

**c) Using café, shop, looking at displays etc.**

**Q: What did you think of the communication you had with people at this part of your visit?**

Good	7	OK	0	Not good	0
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**Q: Did people use the communication supports you need?**

Yes	5	No	1	Sometimes	0
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**What did you like about this part of the visit?**

- Found it easy to work out where to go.
- Someone came over to us to give us our tickets.
- The entrance area is very comfortable and pleasant.
- Café was well displayed but dark.

**What would make this part of your visit better?**

**General:**

- Bigger signs and lower down.
- We got lost several times despite the guidance provided by staff.
- All customer-facing roles - further training required on CSN.

**Entrance to Parliament:**

- There was no sign for the main public entrance. I trusted a policeman to ask where to go, if not I would have been very agitated, troubled and confused.

**Security check**

- I know the search to get in to the building was necessary but there was a sense of urgency to go though – again I felt confused and embarrassed.

**Foyer**

- Pillars were a bit hazardous in reception, better lighting needed round pillars.
- The main entrance was dark making it difficult to see people far away.

**Left luggage**

- The storage cabinets were difficult to find. We got lost.

**Shop**

- Prices on items in shop are very small.
- Lots of items way above line of vision.

**Display cabinets**

- Displays should be more up right. If you are in a wheelchair you can't see them.
- Writing, explaining what other displays are, was very small.

### **Toilets**

- Toilet signs were very small and easy to miss from the other end of hall.

### **Cafe**

- Café menu of every table (2)
- Put symbols on menu (2)
- Writing too small.
- Lower the menu
- Light over cashier

### **Lifts**

- The use of the lifts was very confusing. There were no signs as to where the lifts were.

### **Lessons learned**

1. All visitors felt communication with staff was good at this part of their visit.
2. The majority felt that their CSN needs were met.
3. Signs need to be improved (larger, larger text, symbols, placed lower down) at the entrance, to toilet, left luggage and lifts.
4. Pillars in foyer and foyer generally could be better lit.
5. Price tags and display labels need to be in bigger writing.
6. Displays in foyer and shops need to be friendly to wheelchair users.
7. Menus should be available at every table and include symbols and larger text.
8. The menu sign should be lower down.

#### **d) Reporting to reception**

**Q: What did you think of the communication you had with people at this part of your visit?**

Good	5	OK	3	Not good	0
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**Q: Did people use the communication supports you need?**

Yes	6	No	0	Sometimes	1
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#### **What did you like about this part of the visit?**

- It was quite straight forward, plenty of people around to help.
- The receptionist came to the café and asked if we would like to go to the chamber early.
- I was nervous about approaching the desk but staff were polite and helpful.
- Reception took care – not just describing how to get lockers but also showing us.

#### **What would make this part of your visit better?**

- Reception staff standing up to make it easier for wheelchair users to see them.
- More time to speak.
- Queues, security (waiting and answering questions clearly), reception (giving name) and café a problem for people who stammer – all these involve situations that cause anxiety / tension for people who stammer.

#### **Lessons Learned**

1. The majority of people felt communication at reception was good although quite a few said it was only okay.
2. The majority of participants felt their CSN had been met. One thought only sometimes.
3. People value the friendly and helpful service of receptionists particularly when they showed visitors what to do and where to go rather than just telling them.
4. Receptionists standing up would be helpful for wheelchair users.
5. Awareness raising among reception staff of CSN would be helpful.

#### **d) Meeting with people from RCSLT and SPCB**

**Q: What did you think of the communication you had with people at this part of your visit?**

Good	8	OK	0	Not good	0
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**Q: Did people use the communication supports you need?**

Yes	5	No	0	Sometimes	2
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**What did you like about this part of the visit?**

- Made it clear why we were at the parliament.
- Everything was very clearly explained and I liked the clarity of the information pack.
- Use of diagrams
- Taking notes on the chart board

**What would make this part of your visit better?**

- When speakers start, stop and start again it is difficult to keep track of the information.
- Name tags would have been a good idea - introducing myself in a group led to a lot of anticipatory stress. This kind of situation is described by people who stammer as one which we dislike being asked to do.
- Pointing out facilities.
- Starting earlier – too much not enough time.
- Time to learn about forms for filling in.

#### **Lessons learned**

1. All participants thought communication during this part of the session was good.
2. The majority felt their CSN had been met although two said only sometimes.
3. The communication methods used in the information pack (simple language, symbols, layout, order) were useful.
4. Graphic recording and notes on flipchart were useful.
5. Presentations need to be smooth flowing rather than disjointed.
6. Introducing oneself can be difficult for pCSN and name tags might be preferable.
7. Showing people facilities is helpful.
8. Different groups of people with different communication difficulties can benefit from the same communication supports.
9. People need to be given time to participate effectively and programmes should be designed accordingly.

### **e) Observing business chamber**

**Q: What did you think of the communication you had with people at this part of your visit?**

Good	7	OK	0	Not good	1
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**Q: Did people use the communication supports you need?**

Yes	2	No	1	Sometimes	5
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**What did you like about this part of the visit?**

- Found TV / display very helpful. (3)
- People spoke clearly
- The microphone level in the chamber was excellent.

**What would make this part of your visit better?**

- Improved signage to chamber.
- Business Bulletin was no use whatsoever. I would go to listen to debates about issues that concern me but wouldn't be able to find out these from the Bulletin.
- Choice of where to sit.
- Found it difficult to climb the steps to seat as there was no handrail.
- Sitting downstairs or lower down in the debating chamber,
- Difficult to hear what they were debating – even though they had microphones. (3)
- Didn't notice TV at first.
- More TVs.
- TV monitors were too small to follow the facial expressions, gestures or lip read. Larger screens for monitor. (3)
- Too many spotlights directed at visitors. Distracting. Visually very busy.
- In the public gallery they talk too quickly. (2)
- More than one person talking at once.

### **Lessons learned**

1. All but 1 of the participants felt the communication they had with people in the chamber was good.
2. The majority (5) felt their CSN were not met in the chamber.
3. The TV was helpful to some although the majority felt more and bigger screens with bigger text would be helpful.
4. Louder amplification would be helpful to some.
5. Improved signs to chamber would be helpful.
6. The Business Bulletin needs to be made more communication accessible.
7. Hand rails and seating for people who have difficulty climbing would be helpful.
8. Spotlights on visitors cause difficulties for some.
9. One person talking at once and slower talking by MSPs would be helpful.

## **f) Tour of Parliament**

**Q: What did you think of the communication you had with people at this part of your visit?**

Good	4	OK	3	Not good	1
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**Q: Did people use the communication supports you need?**

Yes	1	No	2	Sometimes	2
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### **What did you like about this part of the visit?**

- Staff friendly and helpful. (3)
- Guide used pictures while talking and pointed to things as she was talking about.
- What I heard was interesting if at times confusing.
- Tour guide spoke at quite a good pace.

### **What would make this part of your visit better?**

- There was too much information and was very tiring for some people. Perhaps a shorter tour would be useful.(2)
- More places to sit. Had problems standing for long periods.
- Tour guide did not look at us always when talking.
- Tour operators talk very quickly. Didn't understand all. (2)
- Too noisy to always hear guide.
- Tour guide used very complex language. Confusing.
- Using some gestures, location, pictures but could use better. Difficult to understand. Need more demonstration.
- Pictures shown by guide were inside "plastic pockets". These rippled and light from spot lights made it difficult to see pictures.
- Difficult to see guides pictures and hear at the same time.
- Little time and too much background noise to ask questions or seek clarification
- There should be aids for explaining things so if you do not understand you can go back and hear them again while not disturbing anyone else.

### **Lessons learned**

1. Half of the participants thought the communication with tour staff was good. The other half felt communication with tour guides was either okay (3) or not good (1).
2. 4 / 5 participants felt their CSN had not been met or only sometimes.
3. Participants felt guides were friendly and helpful and tours were interesting and informative.
4. Shorter or "broken up" tours would be welcome.
5. Places to sit on the tour would help those with mobility or standing difficulties.
6. Gestures, pictures and demonstration (non verbal communication) are helpful.
7. Pacing of verbal information (slowing down) is important for some.

8. Pictures with matt covers would be helpful. Perhaps participants could be given the option of individual leaflets with pictures to support verbal presentation.
9. Recorded tour tapes may be helpful for some to enable people to listen at own pace and repeat information if they wish.

#### **g. Final comments**

- I thought this visit extremely interesting and it gave me a lot to think about. I welcome the fact that the professionals who were there gave the subject of people with communication problems such importance.
- As well learning a great deal from those who organised the day I like to think that the participants also gave something.
- I know that perhaps there was a lot to take in but as it was the first meeting of it's kind it was a learning experience and I commend all those professionals who organised and who contributed.
- I wish to thank Kim, Lucy, Aneela, Marie and all those responsible for the event. I would look forward to working with you in future if the chance presented itself.

#### **Lessons learned**

1. Participants appreciated the interest taken in their needs.
2. Some participants felt the day was valuable for them and the Parliament in the sense both parties learned something.
3. Some participants would welcome the opportunity to support development in the Parliament in the future.

## **Conclusions and recommendations for development**

SP building and public activity audit, although involving a small number of participants, did reflect the communication needs associated with a spectrum of communication disabilities. The developments suggested for the **SP building and public activity** are as follows:

12. Development of the range of communication supports the SP currently uses to include a wider range of people with communication support needs.
13. Raise public facing and telephone enquiry staff's awareness of people with communication support needs and how to provide best service – through training.
14. Public facing staff consistently use communication supports required by visitors to aid understanding and support expression. See **“Providing Good Services for People with Communication Support Needs”** (Appendix 1)
15. Reward good current and developing communication support practice.

### **16. Advertising**

- Place a bigger advert for the Scottish Parliament in the phone book.

### **17. Entrance hall / foyer**

- Light pillars in entrance hall.

### **18. Public signs:**

- Improve public signs particularly at the entrance, to toilets, left luggage, lifts, chamber and café menu. Include symbols, large text and be placed lower down.

### **19. Public displays.**

- Use large text and where, appropriate symbols, on display labels and price tags.
- Make displays in foyer and shops wheelchair user friendly.

### **20. Café**

- Place café menus at every table and include symbols and bigger writing.

### **21. Tours**

- Provide shorter or “broken up” tours.
- Provide places to sit while on the tour.
- Provide visitors with the option of tour leaflets with pictures.
- Provide visitors with the option of easy to use recorded tour tapes.

### **22. The chamber**

- Provide communication accessible versions of the business bulletin.
- Increase the number and size of TV screens.
- Provide a means of louder amplification in the chamber if desired.

- Provide an area where visitors can sit beyond glare of spotlights.
- Allow people to choose where they sit to best support their communication.
- Provide handrails to seating and seating for people who have mobility difficulties.

**23.Future audit**

24.Repeat the Communication Audit of the Parliament after a period of development.

## **2. SP information audit**

### **Audit method**

This audit involved a communication access assessment (using a postal survey) of a range of SP information leaflets, DVD, taped information and website by individuals and groups of people with a range of communication support needs.

Thirty assessment packs containing the following documents were sent to organisations whose users or members typically have CSN.

- Covering letter for organisations
- Communication accessible information on the audit for people with CSN.
- Communication accessible feedback forms in respect of the public information listed below and the Scottish Parliament website.
- Information leaflets (normal and large print), BSL DVD and audio CDs covering:
  - “Your visit to the Scottish Parliament”
  - “Making you voice heard”

Organisations were asked to carry out the assessment with one or a group of the people from their organisation. Specifically they were asked to:

1. Look at the examples of printed public information enclosed in the pack and the Scottish Parliament website.
2. Comment on and return the public information using feedback forms.

Respondents were given approximately 6 weeks to respond. Reminder letters and calls were made to organisations as the deadline approached.

### **Who responded?**

Unfortunately only four responses (13%) were received. Some organisations had asked people with CSN to assess information. In other cases officers of the organisation responded as individuals. Respondents included a group of children and young people with CSN; an individual with dyslexia; an officer from an organisation primarily focussed on aphasia and an officer from an organisation working with people with learning difficulties.

### **What did respondents comment on?**

Respondents chose what public information they wished to assess. Responses were received in respect of the following. The numbers in brackets indicate how many responses were received.

- “Making your voice heard” – large print; (3)
- “Making your voice heard” – normal print: (2)
- “Your visit to the Scottish Parliament” – Large Print – (2)
- “Your visit to the Scottish Parliament” – Normal print – (2)
- Scottish Parliament Website (3)

### **What did respondents say?**

Given the very small numbers of responses the results of the assessment are provided in respect of the two normal print leaflets, the two large print leaflets and finally the website.

**a) “Making you voice heard” and “Your visit to the Scottish Parliament” - Normal print**

**Q: What do you think of the type size?**

A: Majority thought it was good.

**Q: What do you think of the way the words and pictures are laid out?**

A: Majority thought it was good.

**Q: Are the words easy to understand?**

A: Majority agreed it was good although one commented text is too complex for people with learning disabilities.

**Q: Are the sentences easy to understand?**

A: Majority agreed it is good. One commented text is too complex for people with learning disabilities.

**Q: Is there too much writing?**

A: There was a mixed response to this question. Some said it felt as though the large print has too much

**Q: Are the pictures and photographs helpful?**

A: Majority said “yes” to this question. One said photos in brochures are busy with not much colour contrast.

**Q: Would more pictures and photographs be helpful?**

A: Some thought this would be good.

**Q: Does it tell you what you want to know?**

A: All respondents said “yes” to this question.

**Q: It is informative?**

A: All respondents said “yes” to this question.

**A: Are you more interested in going to the Scottish Parliament now?**

All respondents said “yes” to this question.

**Overall score for the leaflet**

7.5 / 10

**Q: Any other comments on the leaflet?**

- Very good
- White print with a coloured background can be difficult to read.
- People with learning difficulties often find maps and plans confusing.
- 24 hour clock doesn't work for people with learning difficulties

- It would be helpful to have a glossary explaining some of the terms used e.g. recess days, witnesses, debating chamber

**Q: How do you think it could be improved?**

The group of respondents wanted more pictures and photographs so that (it) is nicer to look at.

**b) “Making you voice heard” and “Your visit to the Scottish Parliament”- Large print**

Respondents answered fewer questions in the feedback forms in respect of large print leaflets. All answers given are reported here.

**Q: What do you think of the way the words and pictures are laid out?**

A: 2 respondents commented that this was poor. (Note there are no pictures in the large print leaflet so this is an erroneous question).

**Q: Are the words easy to understand?**

A: Text is too dense for people with learning disabilities.

**Q: Would more pictures and photographs be helpful?**

A: The majority felt pictures and photographs would be helpful. One suggested alternatively large print but with less text and use of graphics would be good.

**Score for the leaflet**

6 / 10

**Q: Any other comments on the leaflet?**

A:

- No pictures and diagrams
- For dyslexic people who require larger print - using off white paper would be helpful. At present there is too much pattern / glare disturbance.
- This feedback form would have been welcomed in off white paper.

**Q: How do you think it could be improved?**

A: For those who need large print and pictures it is difficult to tie up the “large print” leaflets with the pictures in the “normal” print leaflet. Would be better to have large print leaflets with pictures.

### **c) Scottish Parliament Website**

**Q: What do you think of the type size?**

A: 2 / 3 respondents thought this was poor.

**Q: What do you think of the way the words and pictures are laid out?**

A: 1 respondent thought it was good, 1 poor.

**Q: Are the words easy to understand?**

A: 1 respondent thought it was good, 1 okay, 1 poor.

**Q: Are the sentences easy to understand?**

A: 1 respondent thought it was good, 1 poor.

**Q: What do you think about amount of text on pages**

A: 1 respondent thought it was good, 1 okay.

**Q: Are the pictures and photographs helpful?**

A: Both respondents said "yes" to this question.

**Q: Would more pictures and photographs be helpful?**

A: Both respondents said "yes" to this question.

**Q: Does it tell you what you want to know?**

A: 1 respondent answered "okay" to this question.

**Q: It is informative?**

A: Both respondents said "yes" to this question.

**Q: Are you more interested in going to the Scottish Parliament now?**

A: 1 respondent answered "okay" to this question, 1 "yes".

**Q: Is it easy to get to information?**

A: 2 respondents responded "okay" to this question.

**Q: The "Access key" was easy to see.**

A: 1 respondent answered "okay" to this question, 1 "yes".

**Q: The "Help" page on access was easy to find.**

A: 1 respondent answered "okay" to this question, 1 "yes".

**Q: The "Help" page was good.**

A: 1 respondent answered "poor" to this question, 1 "okay".

**Q: Any other comments on the website?**

A:

- Sometimes information too long and complex e.g. "To override the colours used by the designer of the webpage, select ..." could be simplified to "To change colours, select..."

- Home page – very busy. Accessibility not good.

## **Lessons learned from Scottish Parliament information audit**

### **Normal print size leaflets**

1. Leaflets are generally of high quality although there is room for improvement.
2. Leaflets contains the information people want, it is informative and increases interest in the Scottish Parliament.
3. Print size is good
4. Layout is good
5. The leaflet is generally easy to understand but too complex for people with learning difficulties.
6. There is too much text for some readers.
7. Pictures and photographs are helpful although could be simplified with better colour kontras for some readers.
8. More pictures would be good for some readers.
9. White print on coloured background is difficult for some readers.
10. Maps and plans are confusing for some readers. Other forms of information on locations would be helpful.
11. The 12-hour clock is preferred by some readers.
12. A glossary in the leaflet would be helpful to some.

### **Large print size leaflets**

1. Large print leaflets could helpfully include pictures and graphics.
2. Less text would help some readers.
3. Off white paper would be helpful for some readers to reduce glare.

### **Website**

1. The website is informative.
2. The “Access key” is noticeable.
3. The “Help” page on access is noticeable.
4. It would be helpful for some users if type size was made bigger.
5. An alternative layout would be helpful for some users, perhaps less “busy”.
6. Simpler language (words and sentences) would help users, e.g. on “Help” page.
7. Pictures and photographs on the website are helpful.
8. The “Help” page may be open to improvement for some users.

## **Recommendations for development of Scottish Parliament information**

Again, although only a small number of people and organisations responded to the Information audit, feedback did reflect the communication needs associated with a spectrum of communication disabilities. The developments suggested for SP Information are as follows:

10. Print size and layout in all information sources and formats should more closely resemble that in the normal print size leaflet. In particular layout should be simplified on the website.
11. Reducing language complexity and the amount of text should be considered for all information resources and formats, particularly for people with learning difficulties.
12. More pictures, photographs and other “visual” information (e.g. symbols) should be incorporated in to all formats of printed and website information sources.
13. Photographs and other visual information should be clear and simple.
14. White text on coloured background should be avoided.
15. Off white paper / background should be used for printed information and website to reduce glare.
16. Other forms of information on locations (other than maps and plans) should be considered.
17. Times should be given in 12-hour clock time.
18. A glossary of parliament terms should be considered for all formats and sources of information.

### **3. MSPs' local office communication access audit**

#### **Audit method**

The data gathering for this section of the report was completed by Jenni Brooks, an independent freelance researcher, under supervision of RCSLT. See appendix 5 for the full data report. The “lessons learned” reported below are drawn from this data.

Data was gathered from postal and e-mail returns and in telephone interviews (between mid December 2006 and February 2007) from MSPs or their offices in response to the RCSLT Access Audit checklist (see appendix 4).

#### **Who responded?**

35 returns were received. Unfortunately the small sample size (27% of all MSPs offices) means no conclusive results can be drawn from the audit as the sample cannot be considered representative.

Several MSPs or their office staff commented that the length of the survey was off-putting. Several commented that they found the process of reading, thinking about and answering the questions in itself helpful, enlightening or educative.

#### **What did MSP offices say?**

##### **Question 1: Are you aware of any constituents with communication support needs?<sup>2</sup>**

<b>Yes</b>	<b>19</b>	<b>55%</b>
<b>No</b>	<b>11</b>	<b>31%</b>
<b>Did not answer</b>	<b>5</b>	<b>14%</b>

##### **b) If yes, what sort of difficulties are you aware of?<sup>3</sup>**

In descending order MSP offices are most aware of constituents with:

- Hearing difficulties/ deafness – 11;
- Visual impairment – 6;
- Speech difficulties – 5;
- Learning disabilities – 5;
- Stroke, autistic spectrum disorder, physical disability, elderly – 3 each;
- Stammer, dementia/ Alzheimer – 2 each;
- MS, drug addicts, first language not English, dyslexia and ‘all’ – 1 each.

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<sup>2</sup> The data gathered in relation to different CSNs seems ambiguous. Familiarity with and awareness of a condition could serve to bring a respondent's confidence level down, but would show that they have some level of engagement with it. Whereas ignorance of a condition could serve to raise a respondent's confidence in dealing with it, because the respondent is unaware of what would be required of them. Measuring confidence cannot show whether that confidence is well-founded or not. Whether recognition of a condition was high (for example autism, stammering and dementia) or low (for example halting speech or laryngectomy) did not seem to have an obvious impact on the results.

<sup>3</sup> See footnote 3

**Question 2: How do you feel about your ability to deal with those needs at the moment?<sup>4</sup>**

In descending order of CONFIDENCE about ability to meet CSN associated with a range of communication disabilities **percentages** of respondents reported the following.

<b>Communication Disability</b>	<b>Yes – I am confident we can meet their CSN</b>	<b>No - I am NOT confident we can meet their CSN</b>	<b>I'm not sure we can meet their CSN</b>	<b>No answer</b>
Dysarthria and / or dyspraxia	66	0	17	17
Stammer	66	3	14	17
Learning Disability	60	6	17	17
Reading difficulties	60	9	14	17
Hearing impairment	55	14	14	17
Voice Disorders	54	3	23	20
Visual impairment	54	9	17	20
Progressive Conditions, e.g. MS, MND	52	0	31	17
Communication Aids users	52	11	20	17
Laryngectomee	49	11	23	17
Mental illness	48	9	26	17
Stroke	48	6	29	17
Brain Injury	46	6	31	17
Dementia or Alzheimer's	43	9	31	17
Autistic Spectrum Disorder	37	6	40	7

In descending order of NO CONFIDENCE and lack of knowledge of ability to meet CSN associated with a range of communication disabilities (or needs) respondents reported the following.

<b>Communication Disability or need</b>	<b>I am NOT confident we can meet their CSN or I'm not sure we can meet their CSN (%)</b>
1. Autistic Spectrum Disorder	46
2. Dementia or Alzheimer's	40
3. Brain Injury	37
4. Stroke	35
5. Mental illness	35
6. Laryngectomee	34
7. Communication Aids users	31
8. Progressive Conditions, e.g. MS, MND	31
9. Visual impairment	26
10. Voice Disorders	26

<sup>4</sup> See footnote 3

11. Hearing impairment	28
12. Learning Disability	23
13. Reading difficulties	23
14. Stammer	17
15. Dysarthria and / or dyspraxia	17

**Question 3: What are you doing at the moment and what would you value help with?**

**Situation 1: One to one communication – surgery, drop in service, appointments**

**a) What are you using already?**

Results are shown in order of highest to lowest percentage of offices responding 'yes'

Communication Support	Are you using already?				
	Yes	No	Don't know	N/A	Did not answer
Making your spoken language clear and simple	83	0	0	0	17
Providing longer appointments	77	3	0	0	20
Offering to visit a person in a place familiar to them	74	6	0	0	20
Setting up the room for good communication	63	14	3	0	20
Interpreting non-verbal behaviours (body language, eye-pointing etc)	54	14	0	0	31
Using gesture and mime	43	34	0	3	20
Using strategies supportive of people who stammer	40	31	0	0	29
Supporting use of personal communications aids	31	43	0	0	26
For appointments – asking person beforehand if they have CSNs	20	49	0	3	29
Writing and/or drawing pictures to help understanding	20	54	0	0	26
Making a tape recording of key points of discussion	6	69	0	0	26
Using formal sign language	3	26	0	0	20

**b) What would you value help with?**

Results are shown in order of highest to lowest percentage of offices responding 'yes'

Communication Support	Would you value help to do this effectively?		
	Yes	No	Did not answer
Using formal sign language	43	17	37
Interpreting non-verbal behaviours (body language, eye-pointing etc)	43	23	12
Using gesture and mime	37	17	46

Using strategies supportive of people who stammer	37	26	37
Supporting use of communications aids (e.g. talking machines)	34	20	43
Making a tape recording of key points of discussion	31	31	37
Setting up the room for good communication	26	29	46
For appointments – asking person beforehand if they have CSNs	26	31	43
Writing and/or drawing pictures to help understanding	23	29	46
Making your spoken language clear and simple	20	31	49
Offering to visit a person in a place familiar to them	6	40	54
Providing longer appointments	6	40	54

## **Situation 2: Public or group meetings**

### **a) What are you using already?**

Results are shown in order of highest to lowest percentage of offices responding 'yes'

Communication Support	Are you using regularly already?				
	Yes	No	Don't know	N/A	Did not answer
Making your spoken language clear and simple for anyone to follow easily	71	0	0	0	29
Setting up the room for good communication	54	11	3	6	26
Using photographs, drawings, pictures to illustrate key points while talking	46	17	0	0	37
Using appropriate font, font size, contrast and layout in meeting papers	46	20	0	3	31
Using photographs, drawings, pictures to illustrate key points in meeting papers	40	20	0	3	37
Using gesture and mime	31	14	0	14	40
Making a tape recording or video of presentation	17	40	0	6	37
Using formal sign language	3	51	0	6	40

### **b) What would you value help with?**

Results are shown in order of highest to lowest percentage of offices responding 'yes'

Communication Support	Would you value help to do this effectively?		
	Yes	No	Did not answer
Using formal sign language	34	11	51
Using gesture and mime	26	17	51
Making a tape recording or video of presentation	26	20	49
Using photographs, drawings, pictures to illustrate key points while talking	26	23	51
Setting up the room for good communication	23	20	51
Using appropriate font, font size, contrast and layout in meeting papers	23	23	51

Using photographs, drawings, pictures to illustrate key points in meeting papers	20	23	54
Making your spoken language clear and simple for anyone to follow easily	14	29	57

**Situation 3: Printed or text-based communication:**

e.g. Correspondence to individuals, information and advice leaflets, newsletters, publicity posters on surgery times, office opening hours, website etc.

**a) What are you using already?**

Results are shown in order of highest to lowest percentage of offices responding 'yes'

Communication Support	Are you using regularly already?				
	Yes	No	Don't know	N/A	Did not answer
Making your written language plain and simple for anyone to follow easily	77	3	0	0	20
Using appropriate font, font size, contrast and layout	69	11	0	0	20
Using photographs, symbols on headed paper, body of letter, poster, leaflet, website etc	46	29	0	0	26
Offering audio taped letters, leaflets, newsletters	3	71	0	0	26
Additionally on your website – provision of "Access" key	0	43	0	29	29

**b) What would you value help with?**

Results are shown in order of highest to lowest percentage of offices responding 'yes'

Communication Support	Would you value help to do this effectively?				
	Yes	No	Don't know	N/A	Did not answer
Offering audio taped letters, leaflets, newsletters	51	17	0	6	26
Additionally on your website – provision of "Access" key	37	6	0	23	34
Using photographs, symbols on headed paper, body of letter, poster, leaflet, website etc	23	34	0	0	43
Using appropriate font, font size, contrast and layout	20	37	0	0	43
Making your written language plain and simple for anyone to follow easily	11	37	0	0	51

**c) Additional comments on communication supports used already and help that would be valued by MSP offices.**

Responses ranged from some people showing a clear conviction that their offices do very well already, to those who are very open to help and advice and who acknowledge weaknesses.

In considering CSN, many respondents made comments such as “we do our best” and “we try to be discreet – tease it out in other ways”, suggesting a pragmatic approach to dealing with people coming in ‘cold’ seeking to access their office.

Respondents also said;

*“I play it by ear, adapt to each situation. You just treat people exactly the same, and try and get round any problems”*

*“I know the basic principles, it’s mostly a matter of giving time and patience.”*

*“...we tend to rely on people with difficulties letting us know they have them and then we try to deal with them as best we can. [I] don’t think we should underestimate the ability of people with CSN to be able to let you know what they need.”*

Several respondents voiced the assumption that people with CSN will usually come with a carer, friend or advocate, or through a user group, rather than seeking to access the MSP’s office direct.

Several said that they rarely or infrequently come across people with CSNs. A small number did, however, recognise that certain people might not be coming through the door in the first place because of their CSNs.

*“In 14 years we have not had any problems understanding or dealing with people. Therefore to date no problems have arisen that we are aware of. However, it may be that people with communication needs do not get in touch with us...”*

*“The less common the impairment the less likely it is that we would be well equipped to offer appropriate support.”*

Some respondents cited frequency of occurrence and practicality as factors for considerations when making adjustments to accommodate people with CSN. respondents.

*“It depends on having been informed in advance – there’s expense involved but we do what we can*

Often respondents expressed the view or did not perceive that CSN existed

*“These sorts of things [are] not required”*

*“[There is] no need for any of these things. If there was a need, we’d do it.”*

Most respondents were broadly receptive to help and advice.

*“If there’s stuff out there, that’d be helpful”*

*“For all the people listed below I would say that a comprehensive bit of guidance on how to help with communication difficulties would be useful for the local offices. Advanced training would be the key rather than the adhoc approach that we currently have where one finds out as one goes along. Training/guidance would also allow that no constituent feels embarrassed or undermined by lack of knowledge on our part.”*

*“...information on how to secure specialist help in advance of needing it would be very useful”*

*“I would be very glad for any help or advice by inviting you or any of your colleagues to come to my office and to arrange to meet with you or a colleague along with my staff so that we can examine carefully what steps I can take to make sure that my office is accessible as is possible to all of my constituents but especially to those who have special needs. I would be glad to explore what I can do to make the necessary improvements.”*

Respondents most commonly suggested leaflets or other written guidance as good way to get help with CSN.

**Question 4: Where do you go for help with communications at the moment?**

Response	Number
Local advocacy services	<b>12</b>
Local speech and language therapy services	<b>2</b>
Local sign language interpreters service	<b>6</b>
<b>Voluntary organisations</b>	<b>8</b>

One respondent commented;

*“We’d seek help if we had a problem, otherwise I don’t feel we need it – I don’t feel we’ve let anyone down.”*

A number of respondents said they often drew on first hand experience. Several had had either formal or informal health, education or social care experience outside of their current roles. Others also mentioned using informal contacts, family and friends to seek advice when needed.

**Other comments:**

*“Whilst as I say, I really do not have time to complete the whole document you have succeeded in your intention by raising awareness of the problems which can arise.”*

*“This has been a useful exercise – opens the mind to things, [you] think you’re doing ok and maybe [you] aren’t. If there’s a chance of making it better then that’s great.”*

## **Lessons learned**

1. Around one third of MSP offices are unaware of any constituents with CSN suggesting either constituents with CSN are not accessing MSP offices (for whatever reason), MSPs or their office staff are not aware of indicators of CSN or people are not informing them they have CSN.
2. MSPs or their office staff are most commonly aware of people with CSN associated with sensory impairments closely followed by learning disability and general “speech difficulties”. There is some awareness that CSN is a feature of stroke, autistic spectrum disorder and common in the elderly population. There is a very limited awareness of CSN associated with dementia, MS or stammering. No mention was made of CSN associated with conditions such as literacy difficulties, mental illness, Parkinson’s or MND.
3. MSPs or their offices already feel confident that they can meet the CSN of a broad range of people. Less than 55% felt confident in their ability, or had any sense of their ability, to meet the CSN of the following groups: Autistic Spectrum Disorder, dementia or Alzheimer’s, brain injury, stroke, mental illness, laryngectomy, communication aids users, progressive conditions, e.g. MS, MND, visual impairment, voice disorders, hearing impairment.
4. MSPs or their offices are using a range of communication supports already in the situations they were asked about. The strategies they are most commonly using naturally reflect the CSN of the constituents with CSN they are aware of.

Face to face, one to one communication with constituents:

50% or more MSPs or their offices are;

- Making spoken language clear and simple
- Providing longer appointments
- Offering to visit a person in a place familiar to them
- Setting up the room for good communication
- Interpreting non-verbal behaviours (body language, eye-pointing etc)

Less than 50% are;

- Using strategies supportive of people who stammer
- Supporting use of personal communications aids
- For appointments – asking person beforehand if they have CSNs
- Writing and/or drawing pictures to help understanding
- Making a tape recording of key points of discussion
- Using formal sign language

Public or group meetings:

50% or more MSPs or their offices are;

- Making your spoken language clear and simple for anyone to follow easily
- Setting up the room for good communication

Less than 50% are;

- Using photographs, drawings, pictures to illustrate key points while talking
  - Using appropriate font, font size, contrast and layout in meeting papers
  - Using photographs, drawings, pictures to illustrate key points in meeting papers
  - Using gesture and mime
  - Making a tape recording or video of presentation
  - Using formal sign language
5. Printed or text based communication, for example in correspondence to individuals, information and advice leaflets, newsletters, publicity posters on surgery times, office opening hours, website etc.

50% or more MSPs or their offices are;

- Making your written language plain and simple for anyone to follow easily
- Using appropriate font, font size, contrast and layout

Less than 50% are;

- Using photographs, symbols etc. on headed paper, body of letter, poster, leaflet, website etc
  - Offering audio taped letters, leaflets, newsletters
6. No respondents are offering an “Access” key on their website.
7. Some MSPs or their offices assume people with CSN communicate primarily through an intermediary or rely on people letting them know about their CSN in advance.
8. A significant issue is whether MSPs’ offices should be pro-active or simply responsive, in their approach to meeting the needs of constituents with CSN.
9. Some respondents recognized that people with CSN may not access MSP offices unless they are communicatively accessible.
10. A lot of MSPs or their offices do not agree that anyone in their constituency needs communication supports.
11. The majority of MSPs or their offices would value help and advice. Help and advice is sought in relation to;
- Using formal sign language (for any face to face communication – one to one or in group / public presentation)
  - Using gesture and mime (for any face to face communication – one to one or in group / public presentation)
  - Interpreting non-verbal behaviours (body language, eye-pointing etc)
  - Using strategies supportive of people who stammer.
  - Supporting use of communications aids (e.g. talking machines).
  - Making a tape recording of key points of discussion or videos of presentation and offering audio taped letters, leaflets, newsletters

- Adding an “Access Key” to their website.
- Using photographs, drawings, pictures to illustrate key points while talking, in meeting papers, on headed paper, body of letters, posters, leaflets, website etc.
- Using appropriate font, font size, contrast and layout etc. on text based communication including websites.

12. Where MSPs or their offices seek help with communication support they most commonly use local advocacy services, voluntary organizations or sign language interpreters. Very few are aware of support and advice available from Speech and Language Therapists.

13. Future audits of MSPs offices could be improved for example by making them shorter and through visits to local offices by people with CSN.

## **Recommendations for development of MSP local offices**

1. MSPs and their office staff should be made aware of Scotland's population of people with CSN including the most common conditions associated with communication disability (e.g. stroke) and estimated numbers of people with CSN in each constituency and region.
2. MSPs and their offices which are offering good communication supports should be publicly recognised and rewarded.
3. MSPs and their offices should be provided with advice and guidance focused on the CSN of people with the following associated conditions or:
  - Autistic spectrum disorder,
  - Dementia or Alzheimer's,
  - Stroke,
  - Brain injury,
  - Mental illness,
  - Laryngectomy,
  - Communication aids users, progressive conditions, e.g. MS, MND,
  - Visual impairment,
  - Voice disorders,
  - Hearing impairment.
4. People with CSN should be made aware of the communication supports used by MSPs.
5. MSPs and their offices should be given guidance and trained to use the following communication support strategies;
  - Using formal sign language (for any face to face communication – one to one or in group / public presentation)
  - Using gesture and mime (for any face to face communication – one to one or in group / public presentation)
  - Interpreting non-verbal behaviours (body language, eye-pointing etc)
  - Using strategies supportive of people who stammer.
  - Supporting use of communications aids (e.g. talking machines).
  - Making a tape recording of key points of discussion or videos of presentation and offering audio taped letters, leaflets, newsletters
  - Adding an "Access Key" to their website.
  - Using photographs, drawings, pictures to illustrate key points while talking, in meeting papers, on headed paper, body of letters, posters, leaflets, website etc.
  - Using appropriate font, font size, contrast and layout etc. on text based communication including websites.
  - Accessing and using available communication support services in their area.

6. MSPs and their offices (as publicly funded agencies) should be advised of their obligations under the *Disability Discrimination Act* including their duty to actively mainstream the needs of people with disability in to their services.
  
7. The audit of MSP offices should be repeated after a period of development.

## **Appendix 1**

### **“Providing Good Services for People with Communication Support Needs”**

#### **A guide for Scottish Parliament staff and MSPs**

1. Minimise noise and other distractions as much as possible.
2. Give people time to understand and get their message across.
3. Look at people when talking to them. You may have to stand up or crouch down to be in eye line with people in a wheelchair.
4. Use short sentences with one or two bits of information at a time and use every day words.
5. Show people what to do rather than just telling them – demonstrate, take them.
6. Use objects, facial expression, body language, gestures and location to emphasise your message.
7. Use pictures (symbols), photographs or drawings to get your message over.
8. Learn to use and understand basic sign language.
9. Look and listen carefully to all the verbal and non-verbal expression people are using including facial expression, body language and gestures. Be aware some people use a communication board, book or machine.
10. Interpret the meaning of all expressive behaviours in context. If you don't understand, apologise and ask the person questions remembering to give the person time to answer each question.
11. Provide opportunities for people to write things down.
12. Provide opportunities for people to use pictures or photographs or drawing to get their message across. E.g. Photographs of MSPs, photographs of different facilities, symbols on public signs and information.

#### **Written information;**

1. In written information use large print, brief and simple language, symbols, photographs, and clear and simple layout.
2. For instructions - sequence information and instructions in the order you expect people to do things.
3. Use tape-recorded information.

**Scottish Parliament**  
**Communication Access Assessment**  
**Visit to the Scottish Parliament**  
**Wednesday 14 March 2007 10.30 am – 2.30pm**



**Information for volunteers**



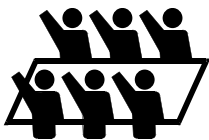
The Royal College of Speech and Language Therapists (RCSLT) is working with the Scottish Parliamentary Corporate Body (SPCB) to help assess how accessible the Scottish Parliament is for people with communication support needs. That is:



- The Parliament building signs and public information displays etc.



- Public services in Parliament such as the shop, reception area and public tours



- Parliamentary activities which are open to the public such as business in the Chamber.

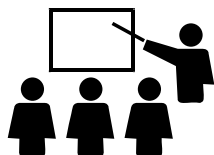
## ***How is communication access to be assessed?***



- 20 people with communication support needs, plus their own supporters if required, are to visit the Parliament on March 14th 2007.



- The 20 people will follow the programme on the next page. This includes things to do before the visit.



- At the end of the day everyone in the group will be asked to give their feedback on the communication access aspects of the day.



- Everyone in the group will also be asked to send in more comments after they have had a couple of weeks to think about their visit.



- All travel expenses will be paid by the SPCB.



- Lunch and refreshments will be provided to all visitors.

## ***What will happen after the assessment visit?***



All feedback will be pulled together into a report. The report will be used by the SPCB to plan improvements to the Scottish Parliament for people who have difficulty with communication.

If you have any queries about the project please contact Kim Hartley on 0131-226-5250 or [kim.hartley@rcslt.org](mailto:kim.hartley@rcslt.org) or RCSLT, 21 Queen St. Edinburgh EH2 1JX

# Scottish Parliament Communication Access Assessment

## **Visit to the Scottish Parliament**



## Before the visit to the Scottish Parliament



Anytime **between 7<sup>th</sup> and 13<sup>th</sup> March** visitors are to contact Scottish Parliament Visitors Services to book Chamber Public Gallery tickets



To book the tickets, the volunteers should contact Visitor Services, using the information on booking Chamber Public Gallery tickets given on our web site at

<http://www.scottish.parliament.uk/vli/visitingHolyrood/chamberTickets.htm>

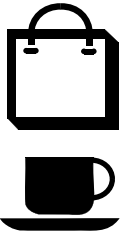





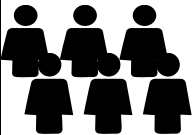
**Please tell the Visitor Services you are coming for the Communication Access Visit on Wednesday 14<sup>th</sup> March 2007.**

**Scottish Parliament**  
**Communication Access Assessment**

**Visit to the Scottish Parliament**

**Wednesday 14 March 2007 10.30 am – 2.30 pm**

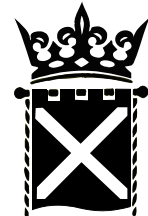
***Programme for visit***

Before 10.30am		Visitors to use public café, shop, look at displays etc. if they wish to.
10.30 -11am		Visitors report to reception.
11am		Group of visitors meet with people from RCSLT and the Parliament
11.30 – 12 noon		Group of visitors observe business in Chamber
12 – 1.00pm		Lunch
1.00 – 2.00pm		Group of visitors to have short tour of Scottish Parliament Building by tour service
2.00 – 2.30pm		Group of visitors meet with people from RCSLT and the Parliament to give immediate feedback
2.30pm		The formal visit ends.

**Scottish Parliament**  
**Communication Access Assessment**  
**Visit to the Scottish Parliament**

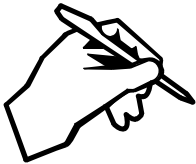
**Wednesday 14 March 2007**  
**10.30 am – 2.30 pm**

**Feedback Forms**



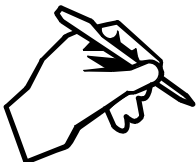
**The Scottish  
Parliament**

Your name:







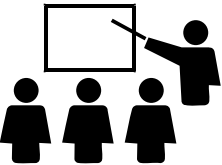





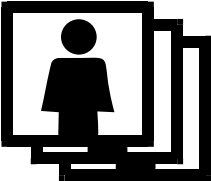
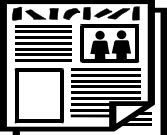
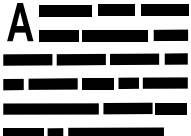
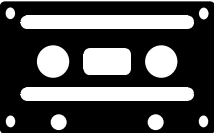


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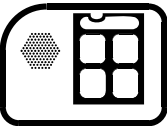

Name of person recording feedback (in case we need anything clarified):



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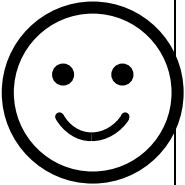


<p><b>About your communication needs</b></p> <p>What communication supports help you <b>understand</b> others? Please tick.</p>		
	<p>Being in the room or being shown the things people are actually talking about</p>	
	<p>People using every day words</p>	
	<p>People using short sentences with one or two bits of information at a time</p>	
	<p>Being given time to understand others</p>	
	<p>People using gestures such as pointing</p>	
	<p>People showing you what to do – demonstrating</p>	
	<p>People using facial expression and body language</p>	

	<p>People looking at you when they talk to you</p>	
	<p>People using Sign Language – which one?</p>	
	<p>Pictures or Photographs or drawings of the things people are talking about</p>	
	<p>Written information with pictures or photos</p>	
	<p>Written information on its own</p>	
	<p>Taped information</p>	
	<p>Large print</p>	
	<p>Other – please list:        -----        --</p>	

<p>What communication supports help you <b>get your message across</b>? Please tick.</p>		
	<p>Getting enough time to get your message across</p>	
	<p>People listening carefully to you and looking at you</p>	
	<p>People looking at your gestures</p>	
	<p>People looking at your facial expression and body language</p>	
	<p>People asking questions, guessing what you are trying to say</p>	
	<p>Sign language – which one?</p>	
	<p>Pictures or photographs or drawing what you are talking about.</p>	
	<p>Writing things down</p>	
	<p>Communication board, book or machine / aid</p>	
	<p>Other – please list:          -----          --</p>	

<p><b>1</b> <b>Before</b> <b>Visit</b></p>	 	<p>Visitors to book Chamber Public Gallery Tickets using info. on website</p>
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What did you think of the communication you had with people at this part of your visit? Please tick.

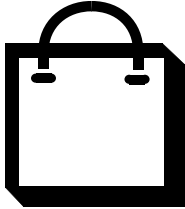

					
<p>Good</p>		<p>Okay</p>		<p>Not good</p>	

Did people use the communication supports you need? Please tick.

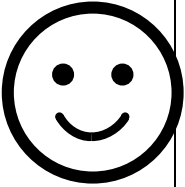


<p>Yes</p>		<p>No</p>		<p>Sometimes</p>	
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What did you like about this part of the visit?

What would make this part of your visit better?

<p><b>2</b> Before 10.30 am</p>	 	<p>Visitors to use public café, shop, look at displays etc. if they wish to.</p>
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What did you think of the communication you had with people at this part of your visit? Please tick.

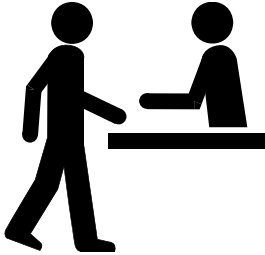
					
<p>Good</p>		<p>Okay</p>		<p>Not good</p>	

Did people use the communication supports you need? Please tick.




<p>Yes</p>		<p>No</p>		<p>Sometimes</p>	
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What did you like about this part of the visit?

What would make this part of your visit better?

<p><b>3</b> 10.30 am - 11 am</p>		<p>Visitors report to reception</p>
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What did you think of the communication you had with people at this part of your visit? Please tick.

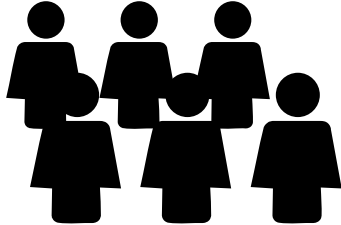
					
<p>Good</p>		<p>Okay</p>		<p>Not good</p>	

Did people use the communication supports you need? Please tick.


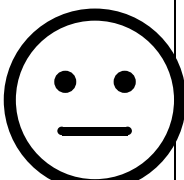

<p>Yes</p>		<p>No</p>		<p>Sometimes</p>	
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What did you like about this part of the visit?

What would make this part of your visit better?

<p><b>4</b> <b>11 am</b></p>		<p>Group of visitors meet with people from RCSLT and the Parliament</p>
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What did you think of the communication you had with people at this part of your visit? Please tick.

					
<p>Good</p>		<p>Okay</p>		<p>Not good</p>	

Did people use the communication supports you need? Please tick.

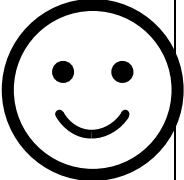


<p>Yes</p>		<p>No</p>		<p>Sometimes</p>	
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What did you like about this part of the visit?

What would make this part of your visit better?

<p><b>5</b> <b>11.30 –</b> <b>12 noon</b></p>	 <p>The Scottish Parliament</p>	<p>Group of visitors observe business in Chamber</p>
---	---	--

What did you think of the communication you had with people at this part of your visit? Please tick.

					
<p>Good</p>		<p>Okay</p>		<p>Not good</p>	

Did people use the communication supports you need? Please tick.




<p>Yes</p>		<p>No</p>		<p>Sometimes</p>	
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What did you like about this part of the visit?

What would make this part of your visit better?

<p><b>6</b> 1.00 – 2.00 pm</p>	 The Scottish Parliament	Group of visitors have short tour of Parliament
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What did you think of the communication you had with people at this part of your visit? Please tick.

					
Good		Okay		Not good	

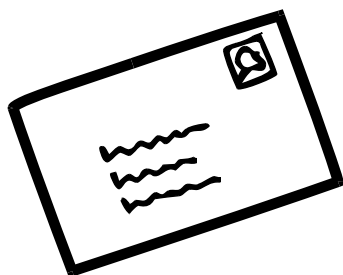
Did people use the communication supports you need? Please tick.

Yes		No		Sometimes	
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What did you like about this part of the visit?

What would make this part of your visit better?

Please return all the feedback forms you have completed, by 4<sup>th</sup> May 2007 to:



Kim Hartley,  
RCSLT,  
21 Queen St.  
Edinburgh  
EH2 1JX

If you have any queries please contact Kim on 0131-226-5250 or [kim.hartley@rcslt.org](mailto:kim.hartley@rcslt.org)

**Thank you for your time and commitment to this assessment visit. You will be set a full report of the Scottish Parliament Communication Access Audit by Summer 2007.**

## Appendix 4



### **MSP Local Office Communication Access Audit – Dec. 2006**

#### **Who is doing this audit?**

The audit is being funded and carried out independently by the Royal College of Speech and Language Therapists (RCSLT). It is being run around the same time as a **SPCB / RCSLT Communication Access Audit of the Scottish Parliament** building, information and services.

#### **Why are RCSLT doing this audit?**

The MSP Local Office Communication Access Audit aims to

1. Support the development of more communication accessible democratic mechanisms at constituency and regional levels and
2. Support you and your staff to fulfill legal obligations in respect of people with communication support needs.

The audit does this by:

- Raising MSP and MSP staff awareness of the needs of people with communication support needs (CSN);
- Finding out what you and your staff do already to meet needs of constituents with CSN;
- Finding out if you and your staff would like help to make your services more accessible and, if so, what help you would like in relation to constituents with CSN.

#### **What will happen after the audit?**

Results of both this audit and a parallel Scottish Parliament Communication Access Audit will be reported to the SPCB. These results will inform the development of relevant guidelines and other supports for MSPs and their staff - as agreed by the SPCB.

#### **Why is this audit important?**

There are an estimated 250,000 people in Scotland with CSN – that's approximately 3,500 per constituency. That number includes people who have:

- **Literacy and / or numeracy difficulties** because they did not access or benefit from basic education e.g. so called "hard to reach" communities.
- **Older people** – who are more likely to have sensory and literacy difficulties.

- o Had a **stroke** (10% of people will have communication needs following a stroke)
- o **Mental illness including depression**
- o **Cancers – oral and laryngeal cancers, brain tumours**
- o **Dementia and Alzheimer’s**
- o **Progressive neurological conditions** e.g. Multiple Sclerosis, MND
- o **Autistic Spectrum Disorder (or “Autism”)**
- o **Learning disability**
- o **Physical Disability such as Cerebral Palsy**

A person with CSN (or communication disability) has difficulty with one or more of the following aspects of communication

- Difficulty **understanding** the spoken and/or written word (even in large print) and / or other non-verbal communication.
- Difficulty **expressing** themselves through speech and/or writing or other non-verbal communication.
- Difficulty **using language** to express all they want to get over in a clear, appropriate and / or socially acceptable way.
- Difficulty **interacting** with others in socially accepted ways.

MSPs and their staff will most likely want to ensure all their constituents enjoy equal democratic rights and access to the services they provide in their community. As well as this morale obligation MSPs and their staff are also obliged to take steps to make their services equally accessible to all their constituents under the following Acts:

- ⇒ Disability Discrimination Act
- ⇒ Disability Discrimination (Amendment) Act 2006 (Disability Equality Duty).

**What does it involve for local MSP offices?**

Please see below a simple communication access audit checklist for you or a member of your local office team to complete, if possible, **by 15th January 2007**.

The checklist should take around 10 minutes to complete. All responses will remain confidential and be made anonymous in the audit report.

Completed checklists should be returned to:

[kim.hartley@rcslt.org](mailto:kim.hartley@rcslt.org) or **RCSLT, 21 Queen Street, Edinburgh EH2 1JX**

An RCSLT researcher (Jenni Brooks) will also call your local office to ask if you (or a staff member) would like to participate in the audit and to offer the option of going through the checklist over the phone.

**If you have any queries about the audit please contact:**

Kim Hartley, RCSLT Scotland Officer,  
21 Queen St. EH6 5EZ,  
0131-226-5250,  
kim.hartley@rcslt.org



### **MSP Local Office Communication Access Audit Checklist**

MSP's name:

If staff member, your name:

Your position:

Your e-mail:

Local Office Phone No:

#### **Question 1:**

**a) Are you aware of any constituents with communication support needs (CSN)?**

Please tick or underline;                      Yes                      No

**b) If yes, what sort of difficulties are you aware of? Please list.**

**c) Any comments?**

**Question 2:**

**How do you feel about your ability to deal with those needs at the moment?**

The table below lists those people in your constituency who will typically have CSNs.

Consider – are you confident that you, as MSP, and your local office staff have the knowledge, skills and communication resources available to meet the communication needs of these constituents?

<b>People who have / have had ...</b>	<b>Yes – I am very confident we can meet their needs. Mark X</b>	<b>No - I am NOT very confident we can meet their needs. Mark X</b>	<b>I'm not sure we can meet their needs</b>
1. Communication problems following stroke			
2. Brain injury			
3. Progressive conditions e.g. MS, MND			
4. Autistic Spectrum Disorder			
5. Dementia or Alzheimer's			
6. Mental illness			
7. Learning Disability			
8. Laryngectomy (following throat cancer)			
9. Dysarthria and / or Dyspraxia (slurred or halting speech)			
10. Stammer			
11. Voice Disorders			
12. People who use communication aids (talking machines)			
13. People with reading difficulties			
14. Hearing impairment			
15. Visual impairment			

**Question 3:**

**What are you doing at the moment and what would you value help with?**

The tables below lists practical communication supports that can help people with CSN in different communication situations, i.e. one to one meetings, group meetings, correspondence, publicity literature etc.

- a) Indicate which communication supports you are using regularly already.
- b) Indicate which communication supports you would value guidance, training or other help to develop in your local office.

<b>Situation 1: One to one communication – surgery, drop in service, appointments.</b>		
<b>Communication Support</b>	<b>Are you using regularly already? Y / N</b>	<b>Would you value help to do this effectively? Y/N</b>
Setting up the room for good communication.		
Making your spoken language clear and simple for anyone to follow easily.		
Using gestures and mime		
Using formal sign language		
Writing and / or drawing pictures to help you and person understand each other.		
Interpreting non- verbal behaviours (body language, eye-pointing etc.)		
Supporting use of personal communication aids (e.g. talking machines).		
Using strategies supportive of people who stammer.		
Making a tape recording of key points of discussion.		
<b>For appointments –</b> asking person beforehand if they have CSNs		
Offering to visit person in a place familiar to them.		
Providing longer appointments		

**Any comments?**

**Situation 2: Public or group meetings**

<b>Communication Support</b>	<b>Are you using regularly already? Y / N</b>	<b>Would you value help to do this effectively? Y/N</b>
Setting up the room for good communication.		
Making your spoken language plain and simple for anyone to follow easily.		
Using gestures and mime.		
Using formal sign language.		
Using photographs, drawings, pictures to illustrate key points in while talking.		
Using appropriate font, font size <sup>5</sup> , contrast and layout in meeting papers.		
Using photographs, drawings, pictures to illustrate key points in meeting papers.		
Making a tape recording or video of presentation.		

**Situation 3: Printed and Text Based Communication: Correspondence to individuals, information and advice leaflets, newsletters, publicity posters on surgery times, office opening hours, website etc.**

<b>Communication Support</b>	<b>Are you using regularly already? Y / N</b>	<b>Would you value help to do this effectively? Y/N</b>
Making your <u>written</u> language plain and simple for anyone to follow easily.		
Using appropriate font, font size, contrast and layout		
Using photographs, symbols on headed paper, body of letter,		

<sup>5</sup> RNIB recommends simple fonts (e.g. Ariel), size 12-14 – see [www.rnib.co.uk](http://www.rnib.co.uk).

poster, leaflet, website etc.		
Offering audio taped letters, leaflets, newsletters		
<b>Additionally on your website</b> - provision of "Access" key		

**Any comments?**

**Question 4:**

**Where do you go for help with communication at the moment?**

All the services listed below are set up to help you and people with CSN communicate effectively with each other.

**Please mark X on services you have used**

	<b>I have used this service – Mark X</b>
<b>Local Advocacy Services</b>	
<b>Local Speech and Language Therapy Services</b>	
<b>Local Sign Language Interpreters service</b>	
<b>Voluntary Organisations</b>	

**Any comments?**

**Thank you very much for your time and thoughts.**

**Please return this questionnaire to**  
[kim.hartley@rcslt.org](mailto:kim.hartley@rcslt.org) or RCSLT, 21 Queen Street, Edinburgh EH2 1JX  
**As soon as possible (by 15 / 1 / 07 at the latest)**

**If you have any queries please contact Kim Hartley on 0131-226-5250 /  
kim.hartley@rcslt.org**

## **Appendix 5**

### **MSPS' LOCAL OFFICES COMMUNICATION ACCESS AUDIT – DATA REPORT**

This report details data gathered from postal and e-mail returns and in telephone interviews from MSPs or their offices in response to the RCLT Access Audit checklist. The data was gathered between mid December 2006 and February 2007.

35 returns were received. These break down by political party as follows: Labour – 11; SNP – 9; Conservative, Green and SSP – 4 each; LibDems – 2; independent – 1. However, no conclusions can be drawn from this spread and the sample cannot be considered to be representative.

Quantitative data is presented first in a series of tables and charts, followed by a brief narrative and selected excerpts of qualitative data where appropriate. The report concludes with a number of general comments and some brief evaluative comments.

**JENNI BROOKS**  
**21/2/07**

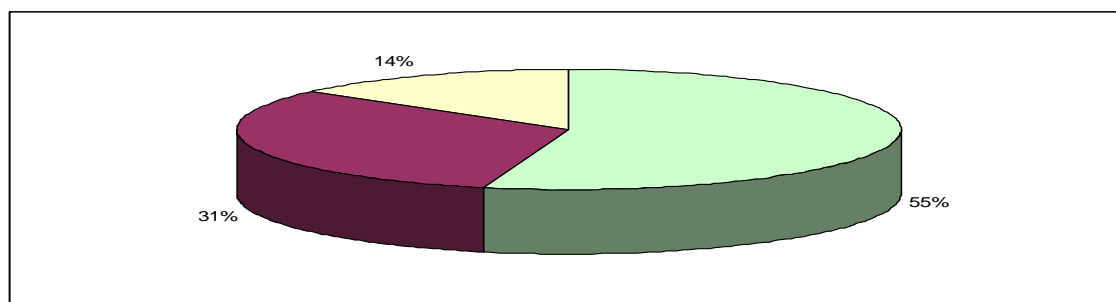
## QUANTITATIVE DATA

NOTE: All percentages represent the percentage of the 35 questionnaires returned. (Percentages given are only an approximation. Because of rounding to the nearest whole number and the very small data set size, percentages may not always sum to 100).

### Question 1

a) Are you aware of any constituents with communication support needs?

Key	Response	Number	%
	Yes	19	55%
	No	11	31%
	Did not answer	5	14%



b) If yes, what sort of difficulties are you aware of?

Hearing difficulties/ deafness – 11; visual impairment – 6; speech difficulties – 5; learning disabilities – 4; stroke, BT translation service/ text type users, mental disability, autism/ ASD, physical disability/ mobility, elderly – 3 each; stammer, dementia/ Alzheimer – 2 each; and MS, drug addicts, first language not English, dyslexia and 'all' – 1 each.

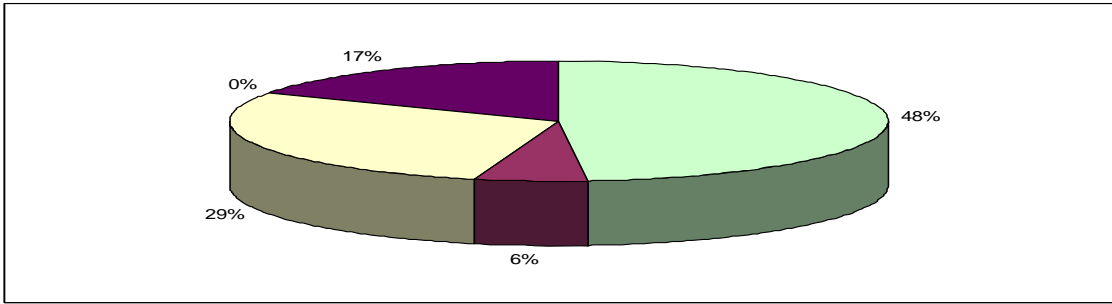
### Question 2

How do you feel about your ability to deal with those needs at the moment?

People who have had ...

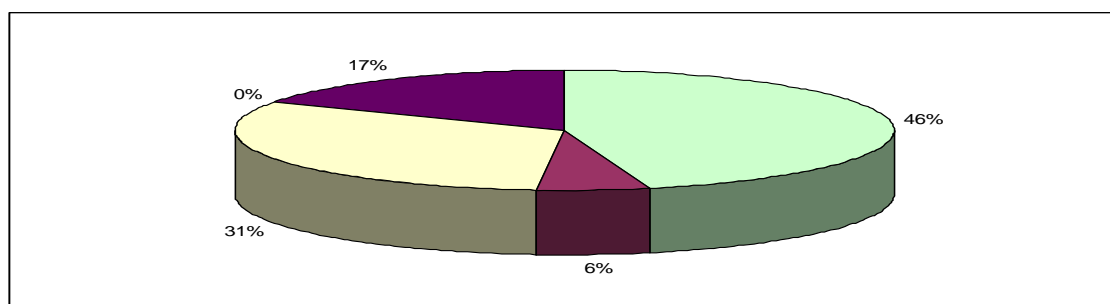
#### 1. Communication problems following stroke

Key	Response	Number	%
	Yes – I am very confident we can meet their needs	17	48%
	No – I am NOT very confident we can meet their needs	2	6%
	I'm not sure we can meet their needs	10	29%
	Did not answer	6	17%



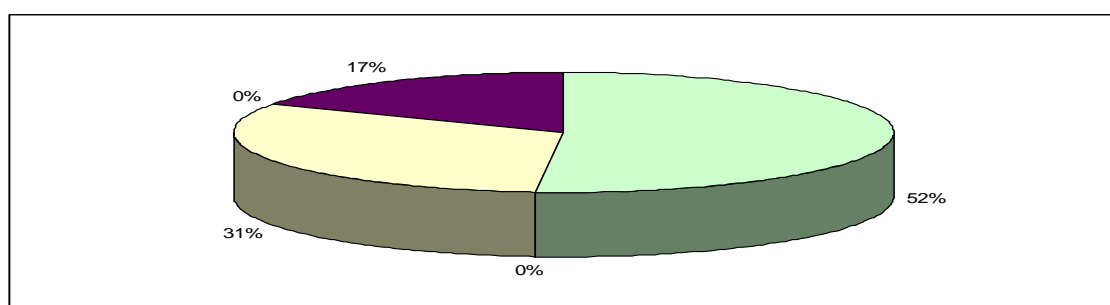
## 2. Brain Injury

Key	Response	Number	%
	Yes – I am very confident we can meet their needs	16	46%
	No – I am NOT very confident we can meet their needs	2	6%
	I'm not sure we can meet their needs	11	31%
	<b>Did not answer</b>	<b>6</b>	<b>17%</b>



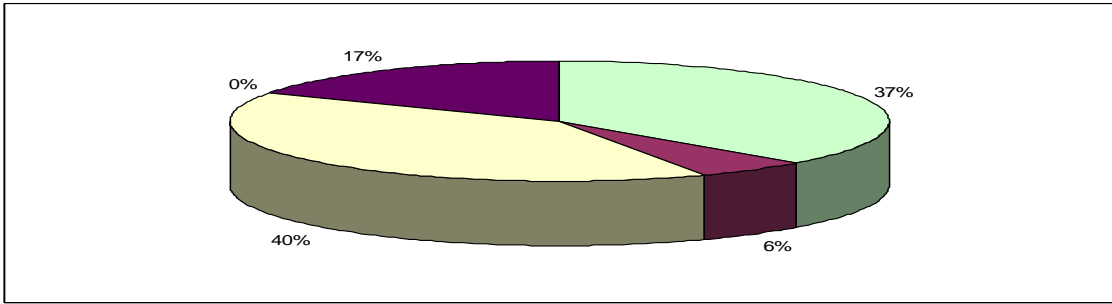
## 3. Progressive conditions e.g. MS, MND

Key	Response	Number	%
	Yes – I am very confident we can meet their needs	18	52%
	No – I am NOT very confident we can meet their needs	0	0%
	I'm not sure we can meet their needs	11	31%
	<b>Did not answer</b>	<b>6</b>	<b>17%</b>



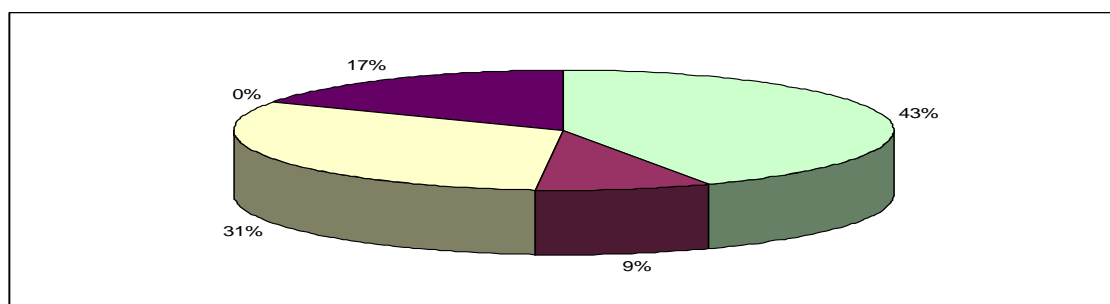
## 4. Autistic Spectrum Disorder

Key	Response	Number	%
	Yes – I am very confident we can meet their needs	13	37%
	No – I am NOT very confident we can meet their needs	2	6%
	I'm not sure we can meet their needs	14	40%
	<b>Did not answer</b>	<b>6</b>	<b>7%</b>



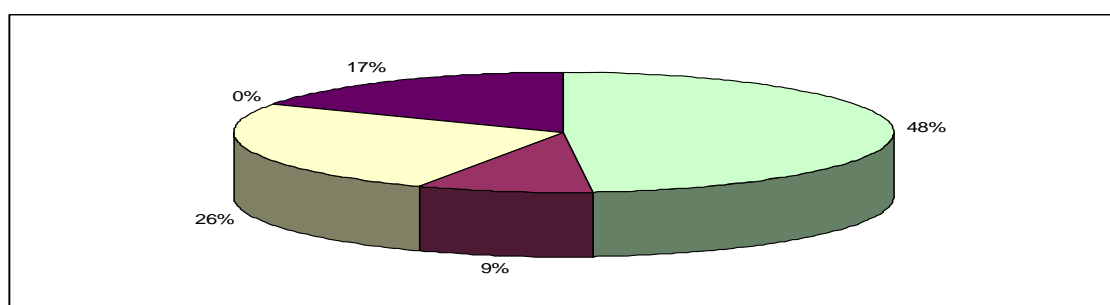
## 5. Dementia or Alzheimer's

Key	Response	Number	%
	Yes – I am very confident we can meet their needs	15	<b>43%</b>
	No – I am NOT very confident we can meet their needs	3	<b>9%</b>
	I'm not sure we can meet their needs	11	<b>31%</b>
	<b>Did not answer</b>	<b>6</b>	<b>17%</b>



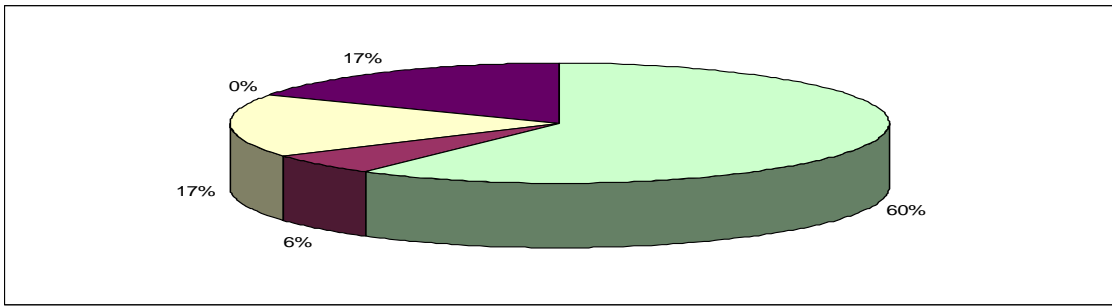
## 6. Mental illness

Key	Response	Number	%
	Yes – I am very confident we can meet their needs	17	<b>48%</b>
	No – I am NOT very confident we can meet their needs	3	<b>9%</b>
	I'm not sure we can meet their needs	9	<b>26%</b>
	<b>Did not answer</b>	<b>6</b>	<b>17%</b>



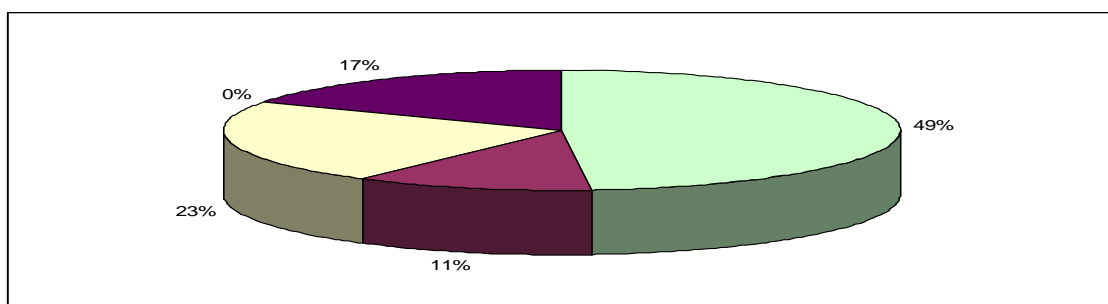
## 7. Learning disability

Key	Response	Number	%
	Yes – I am very confident we can meet their needs	21	<b>60%</b>
	No – I am NOT very confident we can meet their needs	2	<b>6%</b>
	I'm not sure we can meet their needs	6	<b>17%</b>
	<b>Did not answer</b>	<b>6</b>	<b>17%</b>



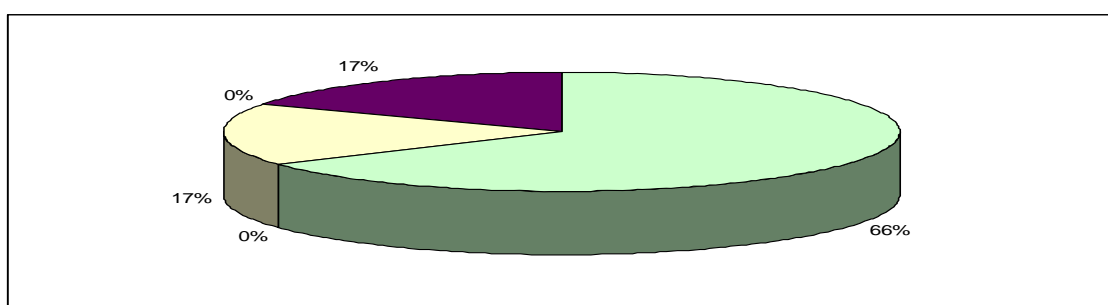
## 8. Laryngectomy (following throat cancer)

Key	Response	Number	%
	Yes – I am very confident we can meet their needs	17	49%
	No – I am NOT very confident we can meet their needs	4	11%
	I'm not sure we can meet their needs	8	23%
	<b>Did not answer</b>	<b>6</b>	<b>17%</b>



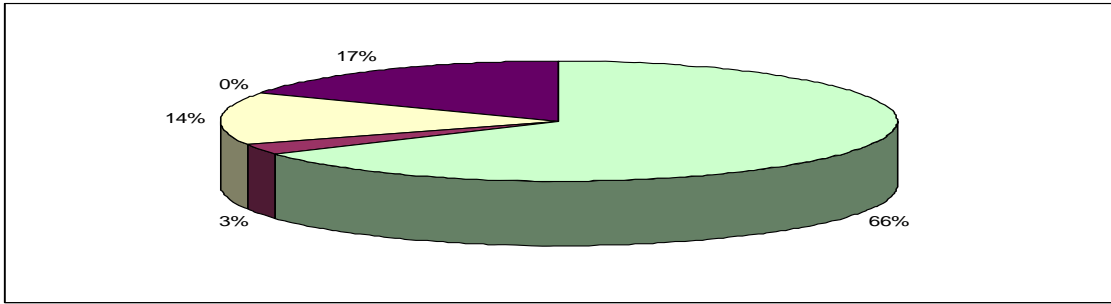
## 9. Dysarthria and/or Dyspraxia (slurred or halting speech)

Key	Response	Number	%
	Yes – I am very confident we can meet their needs	23	66%
	No – I am NOT very confident we can meet their needs	0	0%
	I'm not sure we can meet their needs	6	17%
	<b>Did not answer</b>	<b>6</b>	<b>17%</b>



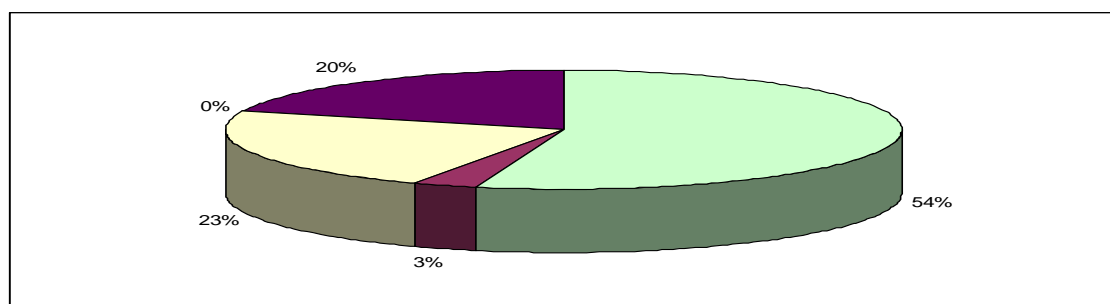
## 10. Stammer

Key	Response	Number	%
	Yes – I am very confident we can meet their needs	23	66%
	No – I am NOT very confident we can meet their needs	1	3%
	I'm not sure we can meet their needs	5	14%
	<b>Did not answer</b>	<b>6</b>	<b>17%</b>



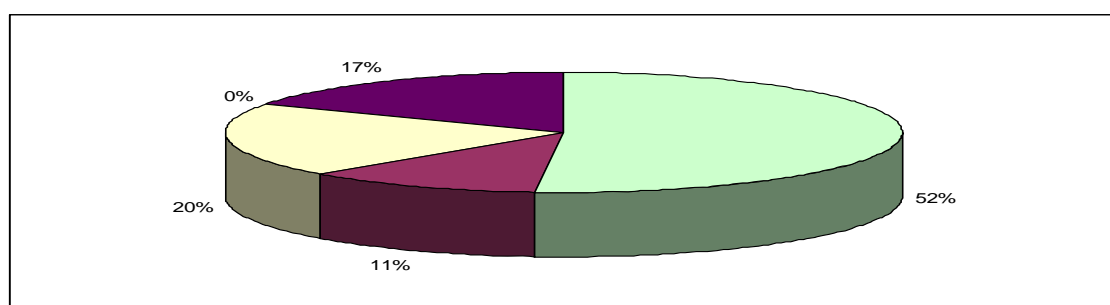
## 11. Voice disorders

Key	Response	Number	%
	Yes – I am very confident we can meet their needs	19	54%
	No – I am NOT very confident we can meet their needs	1	3%
	I'm not sure we can meet their needs	8	23%
	<b>Did not answer</b>	<b>7</b>	<b>20%</b>



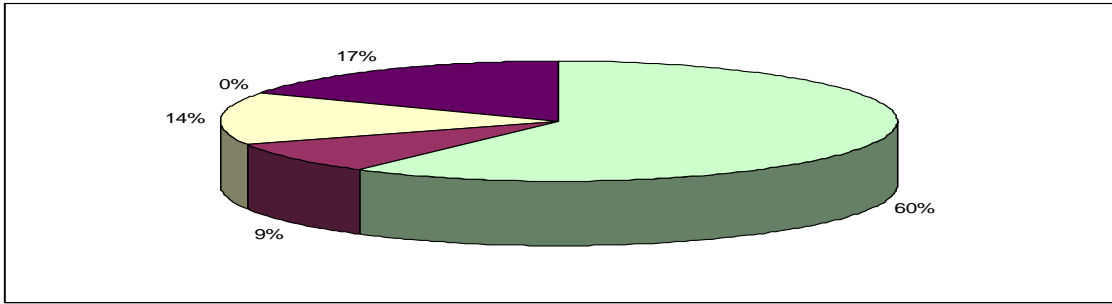
## 12. People who use communication aids (talking machines)

Key	Response	Number	%
	Yes – I am very confident we can meet their needs	18	52%
	No – I am NOT very confident we can meet their needs	4	11%
	I'm not sure we can meet their needs	7	20%
	<b>Did not answer</b>	<b>6</b>	<b>17%</b>



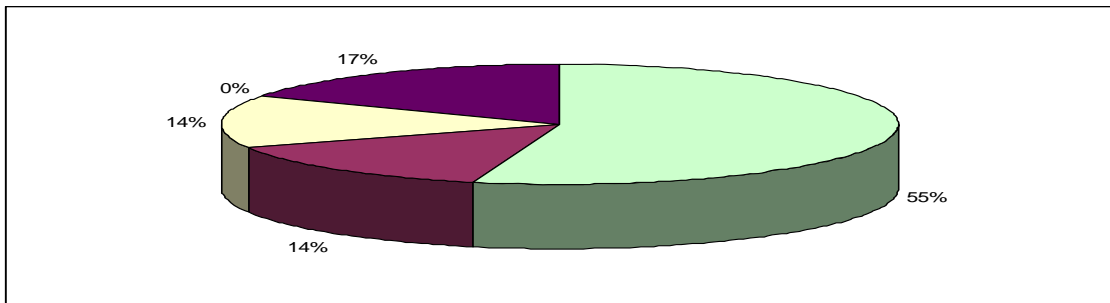
## 13. People with reading difficulties

Key	Response	Number	%
	Yes – I am very confident we can meet their needs	21	60%
	No – I am NOT very confident we can meet their needs	3	9%
	I'm not sure we can meet their needs	5	14%
	<b>Did not answer</b>	<b>6</b>	<b>17%</b>



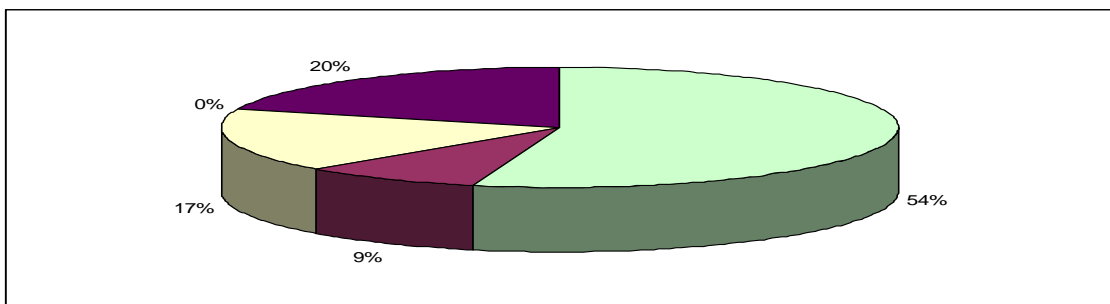
## 14. Hearing impairment

Key	Response	Number	%
	Yes – I am very confident we can meet their needs	19	55%
	No – I am NOT very confident we can meet their needs	5	14%
	I'm not sure we can meet their needs	5	14%
	<b>Did not answer</b>	<b>6</b>	<b>17%</b>



## 15. Visual impairment

Key	Response	Number	%
	Yes – I am very confident we can meet their needs	19	54%
	No – I am NOT very confident we can meet their needs	3	9%
	I'm not sure we can meet their needs	6	17%
	<b>Did not answer</b>	<b>7</b>	<b>20%</b>



The order of conditions, from the highest number answering 'very confident' to the lowest, is: slurred/ halting speech (66%); stammer (66%); learning disability (60%); reading difficulties (60%); hearing impairment (55%); voice disorders (54%); visual impairment (54%); use of communication aids (52%); progressive conditions (52%), laryngectomy (49%); stroke (48%); mental illness (48%); brain injury (46%); dementia/ Alzheimer's (37%); autistic spectrum disorder (37%).

**Question 3** Shown in order of highest to lowest number responding 'yes'  
**What are you doing at the moment and what would you value help with?**

**Situation 1: One to one communication – surgery, drop in service, appointments**

Communication Support	Are you using regularly already?				
	Yes	No	Don't know	N/A	Did not answer
Making your spoken language clear and simple for anyone to follow easily	29 (83%)	0 (0%)	0 (0%)	0 (0%)	6 (17%)
Providing longer appointments	27 (77%)	1 (3%)	0 (0%)	0 (0%)	7 (20%)
Offering to visit a person in a place familiar to them	26 (74%)	2 (6%)	0 (0%)	0 (0%)	7 (20%)
Setting up the room for good communication	22 (63%)	5 (14%)	1 (3%)	0 (0%)	7 (20%)
Interpreting non-verbal behaviours (body language, eye-pointing etc)	19 (54%)	5 (14%)	0 (0%)	0 (0%)	11 (31%)
Using gesture and mime	15 (43%)	12 (34%)	0 (0%)	1 (3%)	7 (20%)
Using strategies supportive of people who stammer	14 (40%)	11 (31%)	0 (0%)	0 (0%)	10 (29%)
Supporting use of personal communications aids (e.g. talking machines)	11 (31%)	15 (43%)	0 (0%)	0 (0%)	9 (26%)
For appointments – asking person beforehand if they have CSNs	7 (20%)	17 (49%)	0 (0%)	1 (3%)	10 (29%)
Writing and/or drawing pictures to help you and person understand each other	7 (20%)	19 (54%)	0 (0%)	0 (0%)	9 (26%)
Making a tape recording of key points of discussion	2	24	0	0	9

	(6%)	(69%)	(0%)	(0%)	(26%)
Using formal sign language	1 (3%)	26 (74%)	0 (0%)	0 (0%)	8 (20%)

### Situation 1: One to one communication – surgery, drop in service, appointments

Communication Support	Would you value help to do this effectively?				
	Yes	No	Don't know	N/A	Did not answer
Using formal sign language	15 (43%)	6 (17%)	0 (0%)	1 (3%)	13 (37%)
Interpreting non-verbal behaviours (body language, eye-pointing etc)	15 (43%)	8 (23%)	0 (0%)	0 (0%)	12 (34%)
Using gesture and mime	13 (37%)	6 (17%)	0 (0%)	0 (0%)	16 (46%)
Using strategies supportive of people who stammer	13 (37%)	9 (26%)	0 (0%)	0 (0%)	13 (37%)
Supporting use of personal communications aids (e.g. talking machines)	12 (34%)	7 (20%)	0 (0%)	1 (3%)	15 (43%)
Making a tape recording of key points of discussion	11 (31%)	11 (31%)	0 (0%)	0 (0%)	13 (37%)
Setting up the room for good communication	9 (26%)	10 (29%)	0 (0%)	0 (0%)	16 (46%)
For appointments – asking person beforehand if they have CSNs	9 (26%)	11 (31%)	0 (0%)	0 (0%)	15 (43%)
Writing and/or drawing pictures to help you and person understand each other	8 (23%)	10 (29%)	0 (0%)	1 (3%)	16 (46%)
Making your spoken language clear and simple for anyone to follow easily	7 (20%)	11 (31%)	0 (0%)	0 (0%)	17 (49%)
Offering to visit a person in a place familiar to them	2 (6%)	14 (40%)	0 (0%)	0 (0%)	19 (54%)
Providing longer appointments	2 (6%)	14 (40%)	0 (0%)	0 (0%)	19 (54%)



## Situation 2: Public or group meetings

Communication Support	Are you using regularly already?				
	Yes	No	Don't know	N/A	Did not answer
Making your spoken language clear and simple for anyone to follow easily	25 (71%)	0 (0%)	0 (0%)	0 (0%)	10 (29%)
Setting up the room for good communication	19 (54%)	4 (11%)	1 (3%)	2 (6%)	9 (26%)
Using photographs, drawings, pictures to illustrate key points while talking	16 (46%)	6 (17%)	0 (0%)	0 (0%)	13 (37%)
Using appropriate font, font size, contrast and layout in meeting papers	16 (46%)	7 (20%)	0 (0%)	1 (3%)	11 (31%)
Using photographs, drawings, pictures to illustrate key points in meeting papers	14 (40%)	7 (20%)	0 (0%)	1 (3%)	13 (37%)
Using gesture and mime	11 (31%)	5 (14%)	0 (0%)	5 (14%)	14 (40%)
Making a tape recording or video of presentation	6 (17%)	14 (40%)	0 (0%)	2 (6%)	13 (37%)
Using formal sign language	1 (3%)	18 (51%)	0 (0%)	2 (6%)	14 (40%)

## Situation 2: Public or group meetings

Communication Support	Would you value help to do this effectively?				
	Yes	No	Don't know	N/A	Did not answer
Using formal sign language	12 (34%)	4 (11%)	0 (0%)	1 (3%)	18 (51%)
Using gesture and mime	9 (26%)	6 (17%)	0 (0%)	2 (6%)	18 (51%)
Making a tape recording or video of presentation	9 (26%)	7 (20%)	0 (0%)	2 (6%)	17 (49%)
Using photographs, drawings, pictures to illustrate key points while talking	9 (26%)	8 (23%)	0 (0%)	0 (0%)	18 (51%)
Setting up the room for good communication	8 (23%)	7 (20%)	0 (0%)	2 (6%)	18 (51%)
Using appropriate font, font size, contrast and layout in meeting papers	8 (23%)	8 (23%)	0 (0%)	1 (3%)	18 (51%)
Using photographs, drawings, pictures to illustrate key points in meeting papers	7 (20%)	8 (23%)	0 (0%)	1 (3%)	19 (54%)
Making your spoken language clear and simple for anyone to follow easily	5 (14%)	10 (29%)	0 (0%)	0 (0%)	20 (57%)

**Situation 3: Printed or text-based communication: Correspondence to individuals, information and advice leaflets, newsletters, publicity posters on surgery times, office opening hours, website etc.**

Communication Support	Are you using regularly already?				
	Yes	No	Don't know	N/A	Did not answer
Making your written language plain and simple for anyone to follow easily	27 (77%)	1 (3%)	0 (0%)	0 (0%)	7 (20%)
Using appropriate font, font size, contrast and layout	24 (69%)	4 (11%)	0 (0%)	0 (0%)	7 (20%)
Using photographs, symbols on headed paper, body of letter, poster, leaflet, website etc	16 (46%)	10 (29%)	0 (0%)	0 (0%)	9 (26%)
Offering audio taped letters, leaflets, newsletters	1 (3%)	25 (71%)	0 (0%)	0 (0%)	9 (26%)
Additionally on your website – provision of “Access” key	0 (0%)	15 (43%)	0 (0%)	10 (29%)	10 (29%)

**Situation 3: Printed or text-based communication: Correspondence to individuals, information and advice leaflets, newsletters, publicity posters on surgery times, office opening hours, website etc.**

Communication Support	Would you value help to do this effectively?				
	Yes	No	Don't know	N/A	Did not answer
Offering audio taped letters, leaflets, newsletters	18 (51%)	6 (17%)	0 (0%)	2 (6%)	9 (26%)
Additionally on your website – provision of “Access” key	13 (37%)	2 (6%)	0 (0%)	8 (23%)	12 (34%)
Using photographs, symbols on headed paper, body of letter, poster, leaflet, website etc	8 (23%)	12 (34%)	0 (0%)	0 (0%)	15 (43%)

Using appropriate font, font size, contrast and layout	7 (20%)	13 (37%)	0 (0%)	0 (0%)	15 (43%)
Making your written language plain and simple for anyone to follow easily	4 (11%)	13 (37%)	0 (0%)	0 (0%)	18 (51%)

#### Question 4

Where do you go for help with communications at the moment?

Response	Number
Local advocacy services	12
Local speech and language therapy services	2
Local sign language interpreters service	6
<b>Voluntary organisations</b>	<b>8</b>

#### QUALITATIVE DATA

35 out of 129 MSPs' offices responded to the Audit. This represents a sample size of just over 27%. Several MSPs or their office staff commented that they thought the survey was too long, and that they found the length off-putting. Nevertheless, several also commented that they found the process of reading, thinking about and answering the questions in itself helpful, enlightening or educative.

**“Whilst as I say, I really do not have time to complete the whole document you have succeeded in your intention by raising awareness of the problems which can arise.”**

**“...this phone call has raised some issues and gives us something to think about.”**

**“[!] ...feel utterly inadequate at the end of this process”**

**“This has been a useful exercise – opens the mind to things, [you] think you're doing ok and maybe [you] aren't. If there's a chance of making it better then that's great.”**

Responses ranged from some people showing a clear conviction that their offices do very well already, to those who are very open to help and advice and who recognise their own weaknesses.

In considering CSN, many respondents – particularly those participating in telephone interviews – made comments such as **“we do our best”** and **“we try to be discreet – tease it out in other ways”**, suggesting a pragmatic approach to dealing with people coming in 'cold' seeking to access their office.

**“You do the best you can, regardless of disability”**

**“ I play it by ear, adapt to each situation. You just treat people exactly the same, and try and get round any problems”**

**“I know the basic principles, it’s mostly a matter of giving time and patience.”**

**“We’d seek help if we had a problem, otherwise I don't feel we need it – I don't feel we've let anyone down.”**

**“...we tend to rely on people with difficulties letting us know they have them and then we try to deal with them as best we can. [I] don't think we should underestimate the ability of people with CSN needs to be able to let you know what they need.”**

Several respondents voiced the assumption that people with CSN will usually come with a carer, friend or advocate, or through a user group, rather than seeking to access the MSP’s office direct. Several said that they rarely or infrequently come across people with CSNs. A small number did, however, recognise that certain people might not be coming through the door in the first place because of their CSNs.

**“In 14 years we have not had any problems understanding or dealing with people. Therefore to date no problems have arisen that we are aware of. However, it may be that people with communication needs do not get in touch with us...”**

**“The less common the impairment the less likely it is that we would be well equipped to offer appropriate support.”**

When talking about specific CSN conditions, respondents often drew on first hand experience when they had it. Several of the respondents have either formal or informal health, education or social care experience outside of their current roles, which they draw on when dealing with the public. Others also mentioned using informal contacts, family and friends to seek advice when needed.

When it comes to making adjustments to accommodate people with CSNs, respondents cited frequency of occurrence and practical considerations as factors. Often there was no perception of a need existing.

**“These sorts of things [are] not required”**

**“[There is] no need for any of these things. If there was a need, we'd do it.”**

**“It depends on having been informed in advance – there’s expense involved but we do what we can.”**

Most respondents were broadly receptive to help and advice.

**“If there's stuff out there, that'd be helpful”**

**“For all the people listed below I would say that a comprehensive bit of guidance on how to help with communication difficulties would be useful for the local offices. Advanced training would be the key rather than the adhoc approach that we currently have where one finds out as one goes along. Training/guidance would also allow that no constituent feels embaressed {sic} or undermined by lack or knowledge on our part.”**

**“...information on how to secure specialist help in advance of needing it would be very useful”**

**“I would be very glad for any help or advice by inviting you or any of your colleagues to come to my office and to arrange to meet with you or a colleague along with my staff so that we can examine carefully what steps I can take to make sure that my office is accessible as is possible to all of my constituents but especially to those who have special needs. I would be glad to explore what I can do to make the necessary improvements.”**

## GENERAL COMMENTS

In terms of relating to different CSN conditions, the data gathered from respondents seems ambiguous. For example, familiarity with and awareness of a condition could serve to bring a respondent's confidence level down, but nevertheless would show that they have some level of engagement with it. Whereas ignorance of a condition could serve to raise a respondent's confidence in dealing with it, because the respondent is unaware of what would be required of them. Measuring confidence cannot show up whether that confidence is well-founded or not. Equally, whether recognition of a condition was high (for example autism, stammering and dementia) or low (for example halting speech or laryngectomy) did not seem to have an obvious impact on the results.

In terms of making adjustments to accommodate people with CSNs, respondents often showed that they have clear communication skills which have been developed and honed through political and campaigning activities, such as producing posters and leaflets and helping people get to meetings. However, it was not always clear whether respondents carry this sharp focus across to the communication needs involved in their everyday office and constituency activities. It would, then, seem that the political imperative is a good place from which to start to work on building the public service role of MSPs' offices.

Respondents were keen to cite personal experiences, giving specific examples of individuals who have come to their office with particular conditions. Likewise, when respondents had no frame of reference for a particular condition or scenario, they were much less able to engage. In other words, respondents seemed much more receptive and responsive to tangible people, than to what could be perceived as theory or 'issues'. A simple conclusion could be drawn – that visits by people with CSNs to MSPs' offices would be a very effective, immediate way of increasing awareness and interest in CSNs.

A significant issue which this research has raised is whether MSPs' offices should be pro-active or simply responsive, in their approach to meeting the needs of constituents. It would be interesting to know what the level of *unmet need* actually is, i.e., exactly how many people never make it to the office, because of the various barriers and levels of exclusion that they face.

Respondents were generally receptive to further advice or guidance – they most commonly suggested leaflets or other written guidance. Offices gave the impression of being busy, urgent places and this is something which should be taken into account in decisions about what sort of follow-up support would be most effective and appropriate.

## EVALUATIVE COMMENTS

The 27% response rate is close to what was expected, but obviously could be improved upon. The response rate is likely to have been affected by several factors, and therefore non-response cannot be accurately attributed to any single identifiable reason. The data gathered from the 35 offices provides valuable and interesting information, however it cannot be taken to be representative.

For nearly all questions there was a relatively high level of respondents entering 'not applicable', 'don't know', question marks, or leaving the field blank. This prevalence might be down to confusion amongst respondents about the details of the question, or non-relevance to their circumstances. This level would ideally be reduced in order to obtain a more meaningful data set overall, perhaps by simplification of some of the questions or options.

Respondents were generally receptive to telephone interviews, though often skeptical to begin with. Many were interested in seeing what would come out of the project. Increased visibility of the wider project could only enhance their further receptiveness and participation levels.

Telephone interviews took an average of 20 minutes per interview. Actually securing the interviews was time-consuming – often lines were busy, there was no answer or there was an answer machine. When there was an answer, it was often not a suitable time. If the survey was to be repeated, the response rate might be increased by the option of providing a number for respondents to ring back for an interview at their own convenience (something which several respondents requested). In addition, allowing more time for the phone interviews phase of the audit project (including for ring-backs, repeat calls etc) would reap higher response levels. The e-mail distribution was to MSPs' generic e-mail addresses, but frequently it appeared that the audit had not filtered through to local offices, with many denying having seen it and requesting it be re-sent. Next time it might be worth researching local offices' direct e-mail addresses, in order to get a higher first-time 'hit rate'.