



**Report on the
Alternative Format Media
Co-ordination Project**

undertaken by

**The Royal National College for the Blind,
Hereford**

on behalf of the

**Herefordshire and Worcestershire
Lifelong Learning Network**

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Alternative Format Media Co-ordination Project (Undertaken by Colin Brothers, Project Officer, RNC)

1. Background

Brief

The project brief has been to identify whether there is a need for a centralised co-ordination of Alternative Format Media (AFM) production within the partners of the Herefordshire & Worcestershire Lifelong Learning Network (H&W LLN). An initial survey was undertaken by a member of the Royal National College for the Blind (RNC) Multisensory Communication Team (MCT) during May and June 2008. The research looked at the availability of AFM for Information, Advice and Guidance (IAG). That survey was undertaken to ascertain information in preparation for a funding bid to carryout a more detailed research of partners, looking at the need to either centralise the provision or assist with the preparation of materials prior to transcribing into AFM. Early indications from 25 of the 39 H&W LLN partners contacted tended to show little or no provision of AFM. Eight partners were, however, actively providing AFM to their clients.

Responses to the survey indicated that:

- There is no one strategy for producing AFM across the H&W LLN
- There appeared to be a lack of understanding of what is meant by AFM – the focus being on Braille and large print
- Much of the existing provision is reactive and not proactive.

Of the eight organisations already providing AFM, two provide it themselves and six obtain it through established specialist sources, however, four do provide large print in-house.

Statistics provided from the LSC in 2008, in respect of provision for Learners with Learning Difficulties and/or Disabilities (LLDD) in the West Midlands, shows that there are increasing numbers of young people coming through the year groups with Autistic Spectrum disorders and Speech, Language and Communication Difficulties. This indicates that there will be an increase in the requirement for information in audio format.

Following the collection and analysis of the data a successful 'Big Projects Fund Application' bid was submitted to the H&W LLN. The timescale for the project was from 1 June 2008 to 31 May 2009.

The document submitted as part of the bid had also identified other background research; a study (Smith et al (RNIB, 2001)) involving over 1,000 children and young people aged 5 to 25 which found the following:

- under half of the learners who said that large print was their preferred medium actually received it
- more than one in four had to wait for study and other materials in their preferred format
- more than one in five found the college/university library difficult to use and a further one in five did not use it at all
- nearly six in ten found they took longer to do coursework than their friends
- one in ten learners said that they did not always get examination papers in their preferred format
- almost one learner in five said that they did not have access to all the equipment they needed – e.g. computers, assistive technology. Cost was put forward as one factor and information about the technology another
- Learners in Higher Education (HE) were least likely to receive materials in the preferred format and more likely to have to wait compared to learners in Further Education (FE) and Sixth Form.

This research gave credence to the project application in that there has been a considerable lack of attention paid to the needs of people who required AFM in order to undertake their preferred course.

Objectives of the Project

In order to improve the overall progress opportunities for those learners who need AFM the project will aim to:

- Produce a set of guidelines on production for IAG using a range of formats
- Assist those institutions who currently do not have a procedure or process for production of AFM
- Ensure that feeder schools within the area have IAG in appropriate formats
- Ensure that those courses where there are LLDD have content in an appropriate format
- Ensure that employers where appropriate have information in an appropriate format
- To improve the efficiency, effectiveness and consistency of production of AFM within the network.

Project Approach

- Identify procedures in each institution/organisation for producing AFM
- Identify specific needs within each institution i.e. number of learners affected, shortfalls in producing AFM particularly in the area of IAG and those vocational courses where there are high numbers of LLDD
- Identify employers where production of AFM may be required
- Produce standards and training materials
- Produce AFM where there is a shortfall and no institutional/organisational remedy with a focus on those learners studying vocational qualifications
- Develop a sustainability strategy.

Scope

Key product from the project is a training book and set of standards for AFM which is aimed at producing content quickly, efficiently, consistently and at reasonable cost to meet the needs of individual learners. Production of AFM would be available to those institutions/learners where there are particular needs. There will be a focus on producing content relating to vocational qualifications and IAG.

The project would need to link in with other initiatives such as Aim Higher, the Area Prospectus and Molenet (the Mobile Learning Network Project).

2. Executive Summary – Key findings

- There is no one single strategy across the partners of H&W LLN for producing AFM, however, some do source from a centralised national resource
- The survey did show that although some are aware that AFM involved more than just Braille and large print they do not know how to do formatting
- The survey does indicate that there is still the impression that those who are print disabled could get by with Large print, Braille or a verbal explanation
- There is still a more reactive approach than proactive to requests for AFM
- The use of audio, as tape, MP3 or DAISY has increased
- There has been a small switch from Outsourcing to Own Production
- The availability of the Handbook of Guidelines may prove to be a valuable resource for a number of partners.

3. Processing the Action Plan

In addition to the research to be carried out to identify what procedures, if any, partners used for the production of AFM a number of other tasks were identified in the project action plan. Two major tasks were to produce realistic costings for production of AFM materials and a handbook with guidelines of best format for different types of AFM material. These are to be trialled at RNC before release to the H&W LLN partners.

Survey of H&W LLN Partners

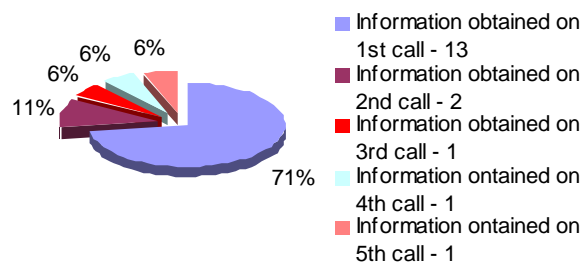
Of the 39 partners in the H&W LLN, 8 had already stated they provide or obtain AFM material from a specialist source. It was necessary, however, to recheck with 1 of the 8 as the information from the first survey was unclear about the extent of their AFM provision.

The remaining 31 partners were surveyed via telephone to ascertain 'requests for AFM; production of AFM; different formats and other supportive/assistive technology'. It had been necessary in some cases to make more than one call before the information was available.

However, despite a number of telephone calls and emails the one partner which did not respond to the research questionnaire was the Worcester Acute Hospital NHS Trust. There have been five telephone calls, mainly to an answerphone, and five email reminders. This means that although 30 of the 31 partners contacted had provided information, the success rate was only 97%.

Telephone Survey and Electronic Questionnaire – November – December 2008

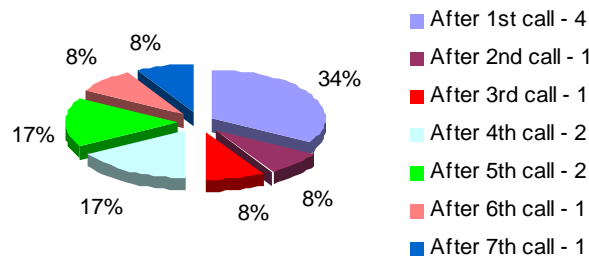
Chart 1a. Response rate to telephone calls



A spreadsheet showing the breakdown on the number of calls made to each of the partners forms Appendix A to this report.

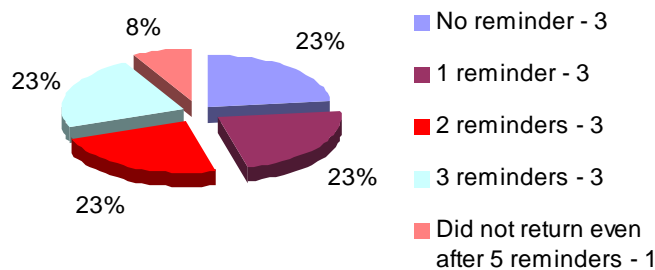
Because of the pressures of work some partners were unable to answer the questions over the telephone and requested the questionnaire by email.

Chart 1b. Electronic questionnaire requested by partner



12 partners received the electronic copy of the questionnaire either as a direct request during the telephone call or through a lack of responses to a message left on the answerphone. Again, in some cases, it took several reminders before the information was obtained.

Chart 1c. Electronic questionnaire returned after:



9 of the 13 partners returned the questionnaire after being reminded, with 3 responding without a reminder. As mentioned earlier despite a number of reminders no information was received from the Worcester Acute Hospital NHS Trust.

A spreadsheet of this information forms Appendix B to this report.

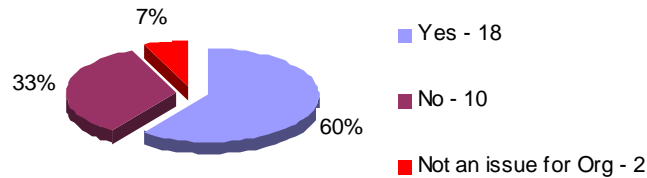
A total of 69 telephone calls were made to 30 partners (the 31st was contacted via email only). A number of the calls went straight to 'answerphone' where messages were left. In one instance after 7 attempts an email was sent following the lack of response to the messages left, the email address having been obtained from the receptionist. 18 partners responded to the telephone survey and 12 to the electronic survey.

Information received from the 30 responders of the 31 partners contacted since October 2008 shows the following data:

Graphical Analysis of responses received in the Nov 08 to Jan 09 Survey

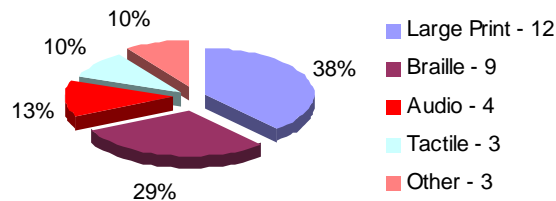
Charts 2a. Requests for AFM

(i) Has AFM been requested?



Of the two partners who stated that it was not an issue for their organisation, one said that their remit was national and the other was involved in the recruitment of G.P's.

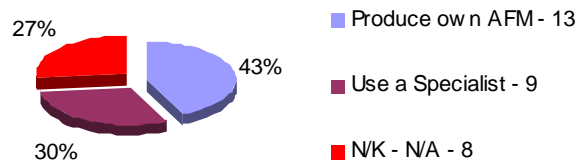
(ii) Type of AFM requested - more than one applicable



Although Braille and large print remain as the prominent types of AFM requested, audio and tactile are beginning to feature. The 'Other' includes the use of coloured paper, Easyread and electronic text.

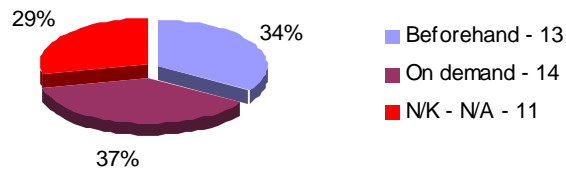
Charts 2b. Production of AFM

(i) Able to produce AFM



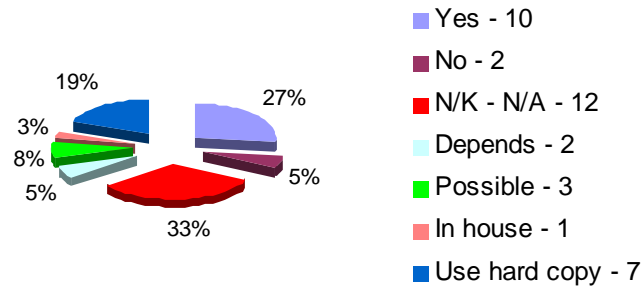
The majority who stated that they could produce their own AFM referred to large print. In this follow-up survey one more partner stated that they obtained AFM through a specialist.

(ii) Do you produce AFM beforehand or on demand? In 8 cases both applied



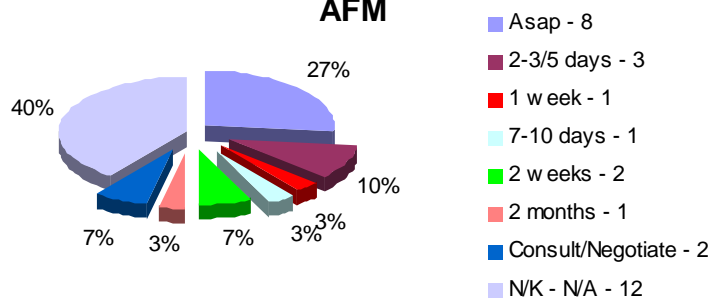
A number of partners are both proactive and reactive to the needs of their clients. Only one partner did not know how they produced AFM, however, as they are in the medical profession it could fall into either or both categories.

(iii) Would you be able to transmit electronically?



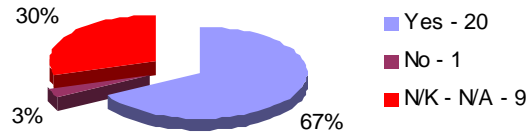
This question is linked to the expectations of turn round time and therefore meeting the needs of clients.

(iv) Turn round time for production of AFM



This question produced a wide spectrum of responses with the longer timescales linked to production of materials from hard copies and subject to the question of copyright.

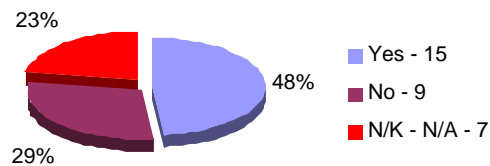
(v) Do you have prior knowledge of impairments or requirements?



The majority of those with prior awareness of impairments are in the education sector whereas many of the public services may have to be reactive to clients needs, especially with recurrent changes to public information.

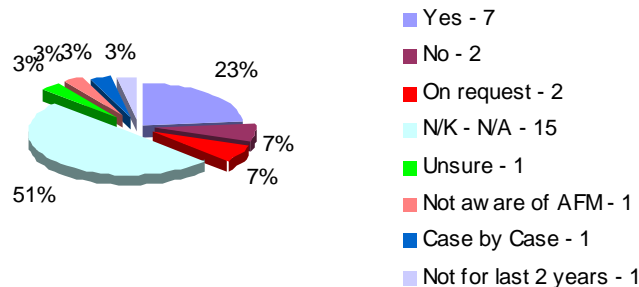
Charts 2c. Different Formats

(i) Aware of different formats



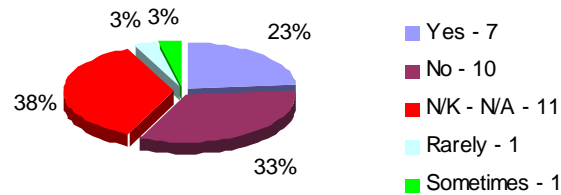
Up to 52% of the partners are either not aware of the different formats or felt that they are not applicable to them.

(ii) Have you considered offering different formats?



Although only one third of partners have recently or previously offered a different format to their clients, around two thirds do not offer or are unaware of the different types of AFM.

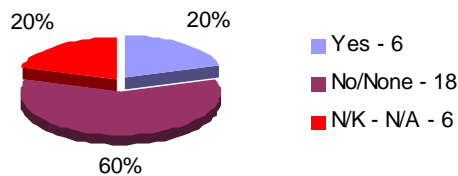
(iii) Has Alternative Technology/Support Equipment been requested?



This question was included in the light of information presented in the Smith (RNIB) research concerning the accessibility of Alternative Technology or Supportive Equipment (AT/SE).

Linked to the responses from the first survey this question showed that 71% of the partners stated that they have not been asked for AT/SE, did not know of any requests or felt the question was not applicable.

Chart 2d. Other comments



Comments were:

1. Have a fully accessible website resulting in no AFM requests
2. Discussing making website (YouthZONE) more accessible
3. Same as 1 above – Local Connexions Communications Officer
4. More than happy to assist to ensure they are inclusive
5. A specialist agency currently supports students with VI, HI and Complex Communication difficulties
6. We have translation services available on request through PALS although it is not regularly used.

Key to Graphs:

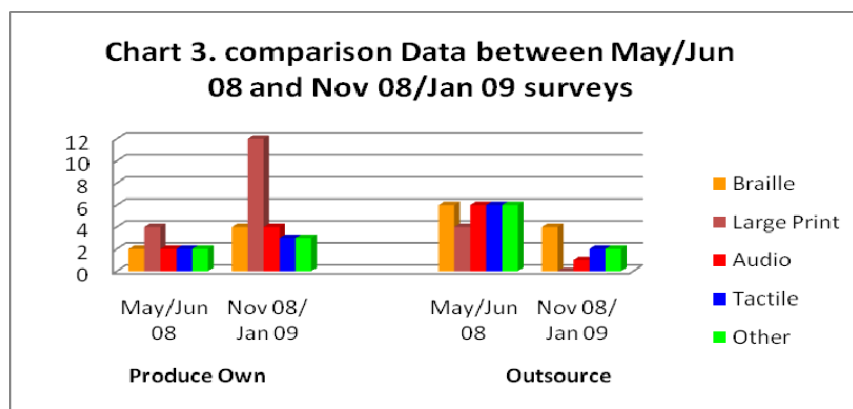
N/K – Not Known
N/A – Not Applicable

From the results of the full survey undertaken it appears that there is still a more reactive provision of AFM in preference to proactive. Of the 39 partners 17 are Educational/Training Establishments who tend to deal with AFM proactively, however, of the remaining 22 a few are more likely to respond reactively to requests for different AFM material because of the nature of their business i.e. medical.

29% of the 31 partners who are not already providing AFM either through their own service or specialist provider are unaware of all types AFM, whilst 23% indicated that they did not know about AFM or the subject was not applicable.

4. Comparison with the May/June 2008 Survey

- The survey of partners undertaken in November/December continues to reflect the image identified in the May/June 2008 survey that there is no one single strategy across the partners of H&W LLN for producing AFM
- Whilst the initial survey undertaken in May/June 2008 set out to identify if there is need co-ordination strategy it did highlight a number of partners who are not in a role dealing directly with the provision of AFM
- The later survey specifically targeted people with responsibility for disability support and would therefore have a better understanding of what is meant by AFM
- The result of the later survey did, however, show approximately 50% of those contacted were aware that AFM involved more than just Braille and large print
- There are still more responding reactively than proactively to requests for AFM but as explained in an earlier paragraph this is due to some extent by the nature of the business, especially where medical information may be required for an individual
- Some of the partners do not need to produce AFM locally as their material is endemic to the organisation and supplied from a centralised national source
- Whilst two of the eight surveyed in May/June 2008 stated that they have the facilities to produce AFM only four stated that they produced large print, it is expected that the other four, although stating they outsourced all aspects, in reality produce large print in house
- In the November 2008 to January 2009 survey 12 partners stated they produced large print. Four had the facility to produce Braille while four outsourced the work
- Much of the audio provision is for cassette tape as the preferred medium. The Open University, however, make use of DAISY as one of their audio options and the RNC use MP3 players
- 'Other' media included 'Easyread', 'Readout' and printing onto 'Coloured Paper'.



5. Initial conclusions from the November 2008 – January 2009 Survey

- The survey does highlight that many people may still believe those who are print disabled could get by with Large print and possibly Braille. There may also be a misconception that some will remember the information explained verbally by, for instance, a doctor. In that latter situation many people who also have a memory retention problem may well benefit from the provision of AFM
- This survey was more specific in its search than the earlier one with a tighter brief on the outcomes as defined in the Project Plan. A more persistent approach was employed in contacting the person responsible for the provision of AFM within the organisation. Every endeavour was made to identify a specific member of staff who has a position responsible for disability support and therefore more directly involved with the people who required AFM and how it was provided
- In all cases the numbers rose in the later survey in respect of 'Own Production' compared with the earlier one. Correspondingly, the numbers fell for the 'Outsourcing of Work' indicating a shift towards understanding the need to meet the requirements of people with a print disability
- Although most people seem to have an understanding of the wider range of AFM they may not know how to format in order to meet the needs of clients. The availability of 'Guidelines on the Best Practice for the Production of AFM' will, therefore, be invaluable. They may also be useful as a reference point to those who are involved in the provision of AFM, but not continuously or deal with all types of media. Where the 'expert' leaves the organisation that expertise will be lost unless someone else is versed in AFM provision. Again the guidelines may prove to be an important asset.

6. Feedback from the Partners and End Users (consumers) of AFM

The task of seeking feedback from users of AFM involved contacting the 22 partners who indicated that they had previously provided materials. Each partner was sent a letter with a two part questionnaire attached. The first part asked two questions of the partner, "Within the last twelve months, how many requests for materials in AFM have been received?" and "What types of formats were requested?"

Of the 22 partners contacted responses were only received from 9, however, one of those is tutoring learners from another local college. Three submitted a Nil return as they have not been asked to provide AFM within the last 12 months. Up to two reminders were sent to the remaining partners who had failed to respond. Those reminders did not generate any further responses.

The table below indicates the range of AFM requested and provided by the partners who responded to the questionnaire.

Chart 4a. Feedback from the Partners

Organisation	Types of AFM requested
Herefordshire College of Technology	Daisy, Electronic Books, Large Print
Halesowen College	Audio tape & tactile
Worcester Sixth Form College, learners are from New College, Worcester	Electronic
Royal National College for the Blind	Braille, Large Print, Audio, Other
The Open University	Large Print, Audio (Tapes & CD), Readout
University of Worcester	Electronic & tactile
Herefordshire Partnership	N/A
LSC	N/A
Hereford Sixth Form College	N/A

The second part of the questionnaire sought feedback from the end user of the AFM asking what formats were requested; reason for the request, i.e. training course; did they receive the correct format; did the organisation know of their requirements beforehand; do they provide the AFM on time; have they asked for or used alternative technology; if AFM is requested how quickly would they expect to receive it. They were also given an opportunity to make any other comments.

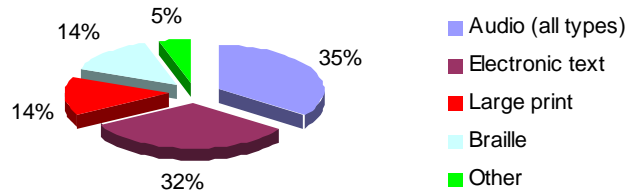
Looking at the data from the end users data, specific information on when and how the materials were available shows the following result:

Chart 4b. Feedback from the End Users

Materials produced beforehand		Materials produced on demand		Materials received in correct format	
Yes	No	Yes	No	Yes	No
50%	50%	93%	7%	93%	7%

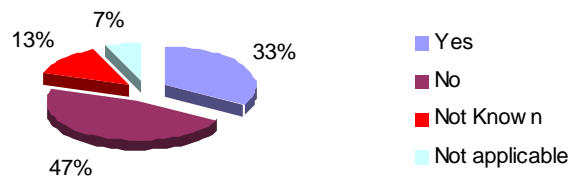
In all cases the reason that AFM has been requested is material for training courses. Although only 50% of the partners prepared materials beforehand, the 93% on demand refers to additional material required by learners. It is pleasing to note that 93% of end users did receive materials in the correct format.

Chart 4c. Types of AFM requested



This data appears to highlight the information in the LSC 2008 statistics which indicated an increase for information in audio format. An increase of 22% against the information in Chart 2a (ii).

Chart 4d. Have you considered using other AFM?



The majority of those responding have not considered an alternative because they are happy with the medium in use. In the case of the 'Not Applicable' they are using the medium which is most suitable for their needs.

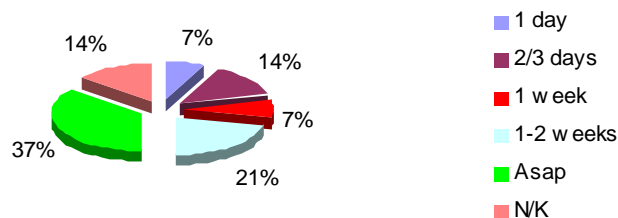
Chart 4e. Prior Knowledge of Requirements

Was the organisation aware of your AFM requirements beforehand?	
Yes	93%
No	0%
Enrolled before needs assessed	7%

Did the organisation contact you in advance?	
Yes	72%
No	7%
After enrolment	21%

It is interesting to note that although educational institutions are aware of impairments before enrolment there are still a few cases who manage to slip through the system. However, both of the colleges reacted to and met the needs of those individuals.

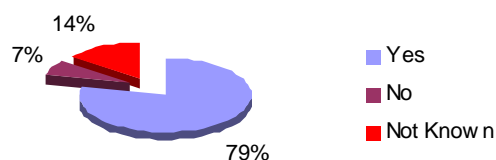
Chart 4f. How quickly would you expect to receive AFM after requesting it?



Although there are differences between the responses from the partners and end users on expected turn round time, the variations in a few cases are not too far apart as the comparison table below indicates:

Turn Round Time	Partner	End User
Asap	27%	37%
1 day	-	7%
2-3/5 days	10%	14%
1 week	3%	7%
7-10 days	3%	-
1-2 weeks	7%	21%
2 months	3%	-
Consult/negotiate	7%	-
N/K – N/A	40%	14%

Chart 4g. Have you asked for or used AT/SE?



Over $\frac{3}{4}$ of the end users have used or requested the use of AT/SE. The question was linked to the data from Smith (RNIB 2001) where almost one in five learners did not have access to all the equipment needed. Cost and information about the technology were cited as factors for this.

7. Realistic Costing and Guidelines Handbook

One of the Project Actions was to produce realistic costings for the production of AFM. This was created using an Excel spreadsheet and following approval it was immediately adopted by the members of both the RNC in-house Multisensory Communication Team and Sales Team to be used when preparing quotes. The spreadsheet forms Appendix C to this report.

During the development of the guidelines on best practice for the production of AFM, it was evident from the feedback in the survey of partners that copyright could be an issue for some. With that in mind it was decided to produce two versions of the Handbook, one aimed at employers and the other at educational institutions. Both contained the same basic information up to the point on copyright law. The version written for educational institutions referred in greater detail to the changes which occurred in 2003 affecting learners in FE & HE.

Some earlier survey responses made reference to aspects of AT/SE. The RNIB 2001 (Smith et al) report showed a lack of accessibility to AT/SE due in part to insufficient information. Therefore it was decided to create an additional guidance to support the two guidelines on best practice. To support those three guidance documents a short leaflet 'Guidelines on what you may expect from an Employer, Training or Educational Establishment' was written. This could be available through the partners, especially Connexions, AimHigher and Next Steps for any VI person seeking employment or a FE/HE placement.

All of these guidance documents were trialled at RNC and the staff's constructive feedback incorporated into the four guidelines.

The Handbook of Guidelines forms Appendix D to this report.

8. Findings of the Project and opportunities for future research

Despite the numerous difficulties in obtaining the data from partners and later from the end users, some valuable information has been obtained.

1. The most obvious one is that there is no one single strategy for producing AFM across the partners of the H&W LLN. This was identified in the early stages of the project and confirmed throughout the research.
2. Unfortunately there appeared to be a lack of understanding of what is meant by AFM, the survey does highlight that many people may still believe those who are print disabled could get by with Large print and possibly Braille, although the later survey did show approximately 50% of those contacted were aware that AFM involved more than just Braille and large print.
3. Although there is a better understanding of the needs of what people require with regard to AFM many of the people involved VI support may not be aware of the process in formatting for transcription for Braille and audio.

4. There may also be a misconception that some will remember the information explained verbally by, for instance, a doctor or court officer. This could be a problem for those who also have a memory retention problem. They will obviously benefit from the provision of AFM but it depends on how quickly that can be produced.
5. Those four points highlight the need for a strategy and guidance to support the people responsible for the provision of AFM. The Handbook of Guidelines produced as a result of this project may therefore be invaluable as a reference point for anyone needing to organise the provision of AFM. Should that 'expert' leave and take their knowledge with them then the guidelines will be a useful aide memoire for anyone taking over the work.
6. There are still a number of partners responding reactively rather than proactively to requests for AFM, however, this is due to some extent by the nature of the business, especially where medical information may be required for an individual.
7. There has been an increase in the use of audio provision and to some extent cassette tape is the preferred medium. MP3 players have been introduced at RNC as part of another project and the Open University provide DAISY as one of their audio options.
8. Some of the partners explained that locally produced AFM was not applicable to their organisation as their material is endemic to the organisation and supplied from a centralised national source.
9. There is a small shift away from obtaining work from specialists to producing in house. However, the cost of obtaining and maintaining equipment may be prohibitive to organisations where a very small number of people require a Braille transcription for instance.

Reviewing the findings of this research project reveals there is potential for future research in the following areas:

1. Consider how the local health services are meeting the needs of VI clients, especially in IAG and the prescription of medication
2. How are local authorities, utility services and emergency services providing information to residents and visitors
3. Widen the AFM research to employers, academic establishments for all ages to review the provision of IAG to discover if it meets the clients needs
4. Follow-up research with existing H&W LLN partners to ascertain if the Handbook of Guidelines had proved beneficial and what improvements could be made to the contents

5. Research all the H&W LLN partners to see if they are better placed to provide AFM as well as AT/SE
6. Are the advisory bodies such as AimHigher and Connexions using the 'Guidelines on what you may expect..' leaflet to provide some extra support to VI clients who are looking for IAG.

This project has shown that there is a need to engage with the LLN partners at a very early stage of research in order to generate confidence in the project outcomes. That contact could also engender a commitment to provide increasing support to VI and other impaired people in organisations not doing this on a regular basis.