

PAS 278:2015

Principles for the provision of information and advice to individuals to support independent living – Code of practice



Future

A photograph showing a man and a woman sitting on a dark wooden bench with three tan cushions. They are viewed from behind, looking towards a large black word 'Future' mounted on a light grey wall. The man is wearing a blue and white striped shirt and jeans, while the woman is wearing an orange top and a patterned belt. To the right of the bench, there are two shopping bags, one blue and one white. The scene is set in a minimalist, brightly lit interior space with a white pillar on the right.

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Published by BSI Standards Limited 2015.

ISBN 978 0 580 87165 8

ICS 03.080.99

Publication history

First published April 2015

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Foreword

This PAS was sponsored by Innovate UK. Its development was facilitated by BSI Standards Limited and it was published under licence from The British Standards Institution. It came into effect on 30 April 2015.

Acknowledgement is given to the following organizations that were involved in the development of this PAS as members of the steering group:

- Age UK
- Consumer Empowerment Alliance
- Innovate UK
- Institute of Financial Planning
- Longhurst Group
- NHS Choices
- Office of the Public Guardian
- Patient Information Forum (PIF)
- Public Health England
- Society of Later Life Advisers (SOLLA)
- Tunstall

Acknowledgement is also given to the members of a wider review panel who were consulted in the development of this PAS.

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This PAS is not to be regarded as a British Standard. It will be withdrawn upon publication of its content in, or as, a British Standard.

The PAS process enables a code of practice to be rapidly developed in order to fulfil an immediate need in industry. A PAS can be considered for further development as a British Standard, or constitute part of the UK input into the development of a European or International Standard.

Use of this document

As a code of practice, this PAS takes the form of recommendations and guidance. It should not be quoted as

if it were a specification and particular care should be taken to ensure that claims of compliance are not misleading.

Any user claiming compliance with this PAS is expected to be able to justify any course of action that deviates from its recommendations.

Presentational conventions

The provisions of this PAS are presented in roman (i.e. upright) type. Its recommendations are expressed in sentences in which the principal auxiliary verb is “should”.

Commentary, explanation and general informative material is presented in italic type, and does not constitute a normative element.

The word “should” is used to express recommendations of this standard. The word “may” is used in the text to express permissibility, e.g. as an alternative to the primary recommendation of the clause. The word “can” is used to express possibility, e.g. a consequence of an action or an event.

Notes are provided throughout the text of this standard. Notes give references and additional information that are important but do not form part of the recommendations.

Contractual and legal considerations

This publication does not purport to include all the necessary provisions of a contract. Users are responsible for its correct application.

Compliance with a PAS cannot confer immunity from legal obligations.

Particular attention is drawn to the following specific regulations:

- Care Act 2014 [1];
- Data Protection Act 1998 [2];
- Mental Capacity Act 2005 [3];
- Privacy and Electronic Communications Regulations 2003 [4].

Innovate UK statement

Innovate UK – the new name for the Technology Strategy Board – is the UK’s innovation agency. We fund, support and connect innovative businesses to accelerate sustainable economic growth.

Timely, consensus-based use of standards plays a vital role in ensuring that the knowledge created in the UK’s research base is commercialized and brought to market as well as playing an important role in driving innovation.

Innovate UK is working with BSI, the Research Councils and Catapults to establish new standards earlier in the development of technologies. We are collaborating in four areas of innovation to define standards that will accelerate the development of those technologies and services to provide UK businesses with a competitive “first mover advantage”, including the subject of this document; assisted living.

The demand for support of those with long term health conditions is set to grow rapidly over the next 15 years and beyond. If the NHS and other UK organizations are to continue to offer high standards of health and care services, they will need to embrace more technology enabled products, services and systems to provide more home-based care and self-care.

Innovate UK’s Long Term Care Revolution work is aimed at changing conventional thinking about the institutional approach to long term care and stimulating disruptive innovation. If there is to be a significant move away from institutionalized care, this disruptive innovation will need to be supported by a range of standards that set out the principles for provision in the new environment, help to manage the risks involved, and provide clarity and consistency for consumers.

Through the Independent Living Innovation Platform, Innovate UK is delivering a wide-ranging programme to enable the ageing population and those with long term health conditions to live with greater independence.

In 2012 the Independent Living Innovation Platform launched dallas (delivering assisted living lifestyles at scale), a large scale demonstrator of independent living products and services, joint funded by the National Institute for Health Research and the Scottish Government. Read more here:

<https://connect.innovateuk.org/web/dallas>

More widely, health and care is a key priority area in our work – with major innovation programmes to stimulate the development of new technologies, products and services, building on the UK’s world-class science and technology base and its global presence in the biopharmaceutical and health technology sectors.

Read more about Innovate UK and our plans in health, care and other areas here:

www.innovateuk.gov.uk or contact support@innovateuk.gov.uk

Introduction

There are more than 17 million UK adults living with long term conditions.¹⁾ These are health issues which cannot be cured, but can be controlled by medicines and other therapies. Long term conditions can affect many parts of an individual's life, including work, relationships, housing and education, and may require ongoing care and support.

Illness and disability can affect anyone of any age but long term conditions become more prevalent with age. As people grow older their health is more likely to be affected by one or more long term conditions, such as dementia or arthritis, reduced mobility or sensory impairment.

The older population of the UK is increasing rapidly. There are currently 10 million people, aged 65 years or over. This is predicted to rise to over 15 million in 20 years and around 19 million by 2050.²⁾

Many people continue to be active and independent into their later years. But it is likely that the growing older population may put increased pressure on health care and support services. As the UK population profile changes it is also likely that individuals may need to take more responsibility for planning for their future needs, relying on third party information and advice services to help them make choices about their later years and maximize opportunities for independent living. Policy makers and service providers need to have plans in place to deal with this demographic shift.

It is vital that individuals are able to trust the information and advice that they are given, and that it is accessible, easily understood, accurate, relevant and of a consistently good quality.

PAS 278 contains recommendations for good practice and is intended to:

- raise standards in the quality of advice and information provided;
- empower individuals to take control of their personal journey;
- encourage proactive forward planning; and
- ensure that individuals are given the necessary information, advice and support to make informed choices about independent living and possible future care needs.

¹⁾ Further information on these statistics is available from: www.gov.uk (15 million in England) and www.scotland.gov.uk (2 million in Scotland).

²⁾ For further information see the *House of Commons Briefing Paper: The Ageing Population* [5].

1 Scope

This PAS gives recommendations for the provision of information and advice to enable individuals to make informed choices about long term care and support needs, and maximize opportunities for independent living.

The PAS is applicable to any person or organization in the UK that provides information or advice about financial matters, health and wellbeing, care or housing to individuals planning for independent living, their families or carers.

2 Terms and definitions

For the purposes of this PAS, the following terms and definitions apply.

2.1 accessibility

usability and availability of a product, service, environment or facility by people with the widest range of capabilities

NOTE The concept of accessibility addresses the full range of user capabilities and is not limited to users who are formally recognized as having a disability.

2.2 accessible format

method of presenting information about products and services that makes them usable by the widest possible range of people, regardless of their different needs and abilities

2.3 advice

guidance and recommendations to help service users (2.18) make choices that are best for themselves (or the individual that they are representing) in regard to care and support options

NOTE For example, by giving information that is relevant to the individual's situation, explaining options and benefits and identifying further action that may be taken.

2.4 adviser

member of staff (2.20) that interacts with service users (2.18) to deliver information and advice

2.5 advocacy

organization speaking or acting on behalf of an individual, with their consent, to achieve a specific outcome

NOTE This may involve providing practical help, such as contacting organizations and filling in forms.

2.6 care and support

assistive products and services that can help an individual remain independent for a longer period of time

NOTE An example of a care and support product may be assistive technology or mobility aids. An example of a care and support service might be personal care or nursing care.

2.7 competent person

staff (2.20) suitably trained and qualified by knowledge and practical experience, and provided with the necessary instructions, to enable the required task(s) to be carried out correctly

[Adapted from BS 9991:2011, 3.12]

2.8 complaint

expression of dissatisfaction made to an organization, related to its products, services or staff, or the complaints-handling process itself, where a response or resolution is explicitly or implicitly expected

[BS ISO 10002:2004, 3.2]

2.9 feedback

comments, suggestions or formal complaints about an organization from service users (2.18), staff (2.20) or other interested stakeholders

2.10 forward planning

proactively thinking about options and putting plans in place at a time before they are needed

2.11 inclusive service

availability, usability and accessibility of a service to all users equally, regardless of their personal circumstances, needs and abilities

2.12 independent living

giving people freedom, choice and control in their everyday lives, with access to the necessary support, so that they can continue to live in communities/ participate in society

2.13 individual

adult requiring information or advice to maximize independent living (2.12)

NOTE 1 The individual may not be the service user that actually approaches the organization for information and advice but is always the end user/beneficiary of the information and advice provided.

NOTE 2 Individuals might be retired, approaching retirement or living with one or more disabilities or long term conditions. They may benefit from information and/or advice to help them make plans for their current or long-term future needs.

2.14 information

communication of items of knowledge, facts and data about certain topics that may be used to inform choice

NOTE Information may be given in response to an enquiry, or suggested to someone that might benefit from the information. The recipient is responsible for interpreting information and deciding how to proceed.

2.15 long term condition

health issue that cannot be cured but can be controlled by medication or other therapies

NOTE Examples of long term conditions include high blood pressure, diabetes, dementia and arthritis.

2.16 outcomes

end result or impact on the individual using information and advice services

NOTE Outcomes may be positive or negative. Desired outcomes may be set out in an organization's objectives.

2.17 presenting need

service user's (2.18) need based on their initial enquiry to the information or advice service

2.18 service user

person approaching an organization to seek information or advice

NOTE This may be someone seeking information or advice about their own situation. However, it may also be a relative, friend or carer enquiring on behalf of another person. The term 'service user' may include any of the above seeking help, information or advice and is used throughout this PAS to avoid repetition.

2.19 signposting

giving information about other organizations providing products or services that may be relevant and appropriate to the service user's (2.18) needs

NOTE The service user has responsibility for taking further action and making contact.

2.20 staff

paid employee or unpaid volunteer working for an organization that provides information and advice about independent living

2.21 third party representative

someone acting on behalf of an individual requiring advice or information about independent living

NOTE For example a third party may be a relative or friend seeking information or advice on behalf of another person. They may have a power of attorney or a Court Order in place to act formally, and make decisions, on their behalf.

2.22 vulnerable

condition in which a person is at greater risk of detriment or disadvantage in terms of accessing or using a service, or in seeking redress

NOTE Vulnerability may affect anyone at any time, depending on their personal circumstances, and cannot be applied to fixed, identifiable groups with certain characteristics (e.g. all older adults or all people with a disability).

3 Organizational culture, strategy and values

3.1 General principles

In all areas of its work the organization should demonstrate a commitment to:

- a) providing consistent levels of good service (see 5.1);
- b) an inclusive service, accessible to all (see 4.1);
- c) empowering individuals to make informed choices about their future (see 5.3);
- d) a person-centred approach that respects the needs of the individual (see 5.4);
- e) providing accurate, relevant information and advice when it is needed (see Clause 6 and Clause 7);
- f) communicating with service users clearly, honestly and transparently (see 5.5 and 5.6); and
- g) confidentiality (see 7.5).

3.2 Service aims and objectives

3.2.1 The organization should set clear and specific aims and objectives for its service. Answers to the following questions should be considered when defining these aims and objectives.

- a) Who is the target audience?
- b) What common problems or difficulties are these individuals likely to be experiencing?
- c) How are these individuals likely to access/contact the service?
- d) What information and advice might they need?
- e) How should information and advice be delivered?
- f) What are the limitations of information and advice to be given?
- g) How are individuals likely to use the information and advice?
- h) What are the desired outcomes of the service?

3.2.2 The organization should set targets for levels of service that it wants to achieve in order to fulfil its aims and objectives.

3.3 Organizational commitment and culture

The organization should develop a culture that demonstrates commitment to the general principles identified in 3.1 and the service aims, objectives and targets identified in 3.2. This commitment should start with the board, chief executive officer and top management and be embedded across the organization through engagement with all members of staff.

3.4 Service design

The organization should involve individuals who are likely to use the service (e.g. older people or those with long term conditions or disabilities) in the development of service content, design and implementation to ensure that the service is accessible, usable and meets the needs of the target audience identified in 3.2.1 a).

3.5 Organizational policies

To ensure that all members of staff are aware of key processes, and adopt a consistent approach, the organization should develop the following written policies:

- a) Communications plan – e.g. how it intends to promote the service to potential service users, the style and content of published sources, and which external organizations it builds relationships with (see 4.3, 4.4 and 7.3).
- b) Safeguarding – e.g. how it aims to identify and support those service users that may be in vulnerable circumstances, have limited mental capacity or may have difficulty making decisions about their future, how it plans to assess risks and protect both service users and staff, and what to do if certain situations arise (see 6.2).
- c) Information management – e.g. how it selects evidence sources and signposts to organizations, and how and when it plans to update and review key sources of information (see Clause 7).
- d) Feedback management – e.g. what processes the organization has in place to deal with feedback from staff, service users and any other interested stakeholders, how grievances or complaints are recorded, handled and any necessary changes implemented (see Clause 9).

4 Accessing the service

4.1 Inclusivity

4.1.1 Information and advice services should be accessible to all individuals that want or need to use them.

4.1.2 It should be recognized that adults with long term conditions or disabilities are more likely to experience health issues that might act as barriers to accessing information and advice.

***NOTE** For example, they may have cognitive or sensory impairments, language difficulties or limited mobility that restricts their ability to use the internet, telephone or to visit information and advice services in person.*

4.1.3 Information and advice services should support individuals to become involved in decision making and to be included in the life of the community.

4.2 Simple entry point

4.2.1 Information and advice should be provided through a dedicated and identifiable service brand so that potential service users understand which organization to contact for which services, and how to get in touch.

4.2.2 If multiple services are delivered by the same organization there should be one clear starting point for service users. The number of different phone numbers/website addresses should be kept to a minimum so that service users are not confused by which department they need, or how to get in touch with the desired service.

4.3 Raising awareness of services

4.3.1 Organizations should be aware that individuals requiring information and advice may not actively seek out relevant services. Where possible, organizations should raise awareness of their service, and the ways in which it can help, to appropriate groups and organizations within the community that are likely to come into contact with individuals or third party representatives (e.g. community groups, GPs, hospitals and/or local authorities).

4.3.2 Raising awareness of the service should enable increased numbers of individuals or third party representatives to take a more proactive role in forward planning, allowing them to benefit from the service at a time when the information and advice is most useful to them.

4.4 Variety of access methods

The organization should offer a variety of communication methods to make it as easy as possible for all potential service users to access the service.

***NOTE** This may include face-to-face meetings, telephone help lines, video chat, live web chat, social media pages, online and/or printed information.*

4.5 Telephone systems

4.5.1 For some service users voice calls may be the only practical form of contact. The cost of calling telephone information and advice lines should be kept to a minimum by using non-geographic numbers that are free-to-caller or local rate. Premium numbers should not be used for information and advice lines.

***NOTE** Further guidance on the use of non-geographic numbers is available from: www.ofcom.org.uk [6].*

4.5.2 If telephone lines are not free-to-caller, the organization should offer a call back service so that service users can benefit from the full information and advice service without feeling that they need to limit conversations to save money.

4.5.3 The cost of calling the service provider should be clearly displayed wherever the telephone service is advertised (e.g. on printed information or on the organization's website).

4.5.4 Some individuals have limited dexterity or cognitive impairments that can make it difficult for them to use the telephone or navigate automated systems. To ensure that telephone systems are accessible to the largest possible number of potential service users, organizations should:

- a) avoid the use of complex automated systems with confusing menus and options; and
- b) give all callers the opportunity to speak to a real person.

4.5.5 Service providers should ensure that staff answering telephone queries have received training (see **8.3**), and possess the skills, knowledge and experience (see **8.2.3**) and authority, to deal with the types of queries likely to be received, thereby minimizing the number of different staff members that service users have to speak to.

4.5.6 In cases where advice has been given verbally the adviser should offer to provide, where appropriate, written confirmation to the service user, via email or letter, to confirm the discussion that took place, and any further action to be taken.

5 General principles for delivering an information and advice service

5.1 Achieving a consistent level of good service

The organization should provide service users with a consistent level of service, information and advice that includes:

- a) understanding the needs of the individual and their expectations;
- b) consistency in staff behaviours;
- c) treating all service users fairly, with courtesy and respect;
- d) consistency in delivery methods and processes;
- e) supporting service users to understand their rights, roles and responsibilities within the relevant legislative frameworks; and
- f) setting and meeting organization targets (see 3.2.2).

NOTE See BS 8477:2014 for further information about the principles of good customer service.

5.2 Competent person

Information and advice, regardless of the method of communication, should only be given by members of staff that possess the relevant attributes (see 8.2) and training (see 8.3).

NOTE Information and advice may be given in a variety of ways including face to face, by post, email or by telephone.

5.3 Empowering individuals

5.3.1 The organization should aim to empower individuals by providing a range of information and advice that:

- a) helps to increase their awareness and understanding of their options;
- b) enables them to remain in control; and
- c) make informed choices about their future.

5.3.2 Individuals should be encouraged and supported in making an active contribution to the planning of their own independent living and care and support needs.

5.3.3 Where possible, individuals should receive information and advice in a timely manner, at a point when it is most appropriate and useful to them, giving them time to consider information and think about choices.

NOTE Giving information before it is needed enables people to make informed choices without unnecessary time pressure.

5.3.4 Forward planning should be encouraged, where possible.

5.4 Person-centred approach

5.4.1 A flexible approach should be adopted that is responsive to the needs of different services users and aims to fulfil their personal requirements. It should be remembered that everyone has different needs and characteristics and the level, quantity and content of advice should be tailored to suit the needs of specific individuals. There should be no 'one size fits all' approach.

NOTE See BS 18477:2010 for further information about identifying individual needs.

5.4.2 The needs of the individual should remain of paramount importance at all times.

5.4.3 The organization should aim to provide information and advice that has the potential to deliver the best outcomes for the individual.

5.5 Keeping service users informed

Organizations should communicate clearly with service users so that they understand what to expect from the service and what is happening at each stage of the process. This should include information about:

- a) the nature and scope of the service being offered;
- b) any limitations to the service;
- c) any costs associated with providing the service;
- d) procedures involved in the advice giving process;
- e) how long certain tasks or procedures might take; and
- f) any deadlines that may impact on decision making.

5.6 Fair and transparent

5.6.1 Information and advice should be delivered without prejudice and discrimination and free from preconceived notions.

5.6.2 Regardless of other products or services provided by an organization, information and advice given to service users should always be unbiased and free from self-interest.

5.6.3 If, during contact with a service user, it becomes clear that there is a conflict of interest, the adviser should refer the service user to an unbiased independent source that provides the required information, advice or advocacy services.

***NOTE** Conflicts of interest may arise where organizations that provide information and advice are also providers of related products or services. For example, a conflict of interest might occur when a service user is seeking independent advice about which care service to use and the organization giving advice is a local provider of care services.*

5.6.4 If the organization has any internal conflicts of interest, or affiliations with external agencies or organizations, which may affect its impartiality, these should be explained clearly to the service user before any information or advice is provided.

5.6.5 If there are any costs associated with using the service (e.g. referral fees) these should be explained clearly to the service user before any information or advice is provided.

6 Delivery of information and advice

6.1 Scope

6.1.1 Holistic approach

6.1.1.1 Organizations should be aware that individuals may require information and advice about one or more of the following topics.

- **Housing** – e.g. housing options, housing adaptations (including fire safety measures), security, housing conditions, property downsizing, sheltered housing or utility providers.
- **Finance** – e.g. financing care, accessing benefits and allowances, tax planning, tax implications, equity release, debt management, gifting assets, savings, pensions, investments, making a will, or power of attorney.
- **Care** – care and support services (e.g. personal care, home help, nursing care, residential care) or assistive products and technology (e.g. mobility aids, care alarms).
- **Health and social wellbeing** – e.g. physical and mental health, power of attorney, emotional wellbeing, diet, exercise, leisure, socializing, loneliness, fire safety, personal safety, online safety, or use of IT/technology.

NOTE Organizations may provide information or advice about one specific topic, or about multiple topics.

6.1.1.2 It is important that organizations offering information and advice to individuals are aware that, for the individual, all aspects of planning are likely to be viewed as a whole. Advisers should be aware that many of the above topics overlap with one another and a decision about one topic might impact on another.

6.1.2 Recognizing limits

Advisers should be trained to understand the limits to the advice that they can give, referring service users to specialist advice where necessary (see 8.3).

NOTE For example, where complex financial matters need to be considered, such as capital gains tax, inheritance tax, or selling a home to finance care, advisers who are not properly qualified to advise on these matters may signpost the service user to a relevant independent specialist, such as a lawyer or financial adviser.

6.1.3 Signposting

6.1.3.1 If a service user requires information or advice on a specific issue that the organization is not able to provide, the adviser should be able to provide the name and contact details of other organizations that are able to deal with other aspects of the individual's personal journey and long-term planning.

6.1.3.2 If there are any fees or charges associated with the use of the signposted service the adviser should make this clear to the service user.

6.1.3.3 Any potential benefits, or drawbacks, of using a paid-for service should be clearly explained to the service user.

6.1.3.4 Advisers should ensure that they only signpost to organizations that meet defined criteria (see 7.2).

6.1.3.5 Where relevant, advisers should make service users aware of any national standards or accreditation schemes that may help to inform their choices.

NOTE For example, the Care Quality Commission (CQC) monitors care homes and home care agencies in England and publishes the results of its findings, which may help those choosing care and support services. Trading Standards offers the Consumer Codes Approval Scheme (CCAS) to help consumers find approved services in their area.

6.2 Protecting service users and staff

6.2.1 Safeguarding policies

6.2.1.1 The organization should have a written safeguarding policy [see 3.5 b)] in place that identifies potential risks to both staff and service users and explains measures in place to prevent or minimize harm. This should also cover difficult situations that staff might face when dealing with service users. For example:

- a) how to identify and support individuals in vulnerable circumstances (e.g. recently bereaved, struggling financially, at risk of homelessness);
- b) how to identify and support individuals with conditions that might affect decision making (e.g. dementia);

- c) what action to take if a service user is hostile or violent towards staff or other service users;
- d) how to identify and support individuals who indicate that they are being abused, or who may be at risk of abuse.

NOTE Abuse is behaviour towards a person that deliberately or intentionally causes harm. There are many different types of abuse including neglect, financial, emotional, physical and sexual. ³⁾

6.2.1.2 The organization should carry out risk assessments as required (e.g. in situations where staff and service users meet face-to-face).

6.2.1.3 If it becomes apparent to the adviser, at any stage, that an individual is at risk, poses a risk to others or has an urgent need, they should prioritize that need and take relevant and appropriate action immediately. If necessary, a full consultation should be rescheduled for a later date.

NOTE An example of risk might be that the individual is behaving in a way that threatens the safety of the adviser or other members of the public, or appears incapable of making decisions about their care. An urgent need might be that an individual is about to become homeless or has a serious health condition.

6.2.1.4 All staff should be made aware of the safeguarding policy and trained in how to identify individuals that need extra support and how to respond to difficult situations (see 8.3).

6.2.2 Third party representatives

6.2.2.1 Where a third party representative, such as a relative, friend or carer, makes contact with the organization to seek advice on behalf of an individual the adviser should suggest, wherever possible, that the individual is involved in any further discussions and is present during any consultations.

6.2.2.2 Staff should be trained to identify potential safeguarding concerns (e.g. if a third party representative appears to be exploiting or acting against the interests of the individual).

6.2.2.3 Advisers should always check that a power of attorney, Court Order, or other appropriate lawful consent is in place before accepting the right of a third

³⁾ For further information on abuse see: *No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse* [7] and, *Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work* [8].

party to make important decisions (e.g. related to financial, housing or health matters) on behalf of an individual.

6.3 Advice process

Where practical and relevant the advice process should follow six key stages (see Table 1).

Table 1 – The advice process step-by-step

Stage	Element	Clause
1	Collecting information	6.4
2	Listing options	6.5
3	Explaining options	6.6
4	Making decisions	6.7
5	Taking action	6.8
6	Checking back	6.9

6.4 Collecting information

6.4.1 Before giving advice the adviser should collect information to establish the needs, preferences and circumstances of the individual. This should ensure that advice is responsive and tailored, as far as is possible, to the individual.

NOTE Information about an individual’s needs may be collected in a variety of ways. For example, written forms, web chat, telephone conversations or face-to-face meetings.

6.4.2 Where possible, service users should be given the opportunity to speak to the adviser in person. If contact is made through another channel, such as telephone or email, an appointment for a face-to-face meeting should be offered.

NOTE Some service users may prefer to discuss complex care options face-to-face.

6.4.3 Advisers should bear in mind that the service user’s presenting need may not accurately reflect their situation, or the full extent of information and advice that could be useful to them. The adviser should adopt a holistic approach (see 6.1.1) and gather as many details as possible so that they can provide all of the information and advice relevant to the service user’s situation.

NOTE Service users may be unaware of all the issues that are relevant to their situation, or reluctant to discuss personal problems to start with.

6.4.4 The adviser should ascertain key facts about the service user that may be pertinent to the information and advice required. The adviser should consider asking questions about the following topics:

- a) personal details – e.g. age, address, marital status;
- b) current difficulties – e.g. what worries them most, what is causing them problems;
- c) support network – e.g. family, friends, relationships, religious/community groups;
- d) living situation – e.g. where do they live, suitability and accessibility of property, are they a property owner/tenant;
- e) financial situation – e.g. income, debt, assets and liabilities, receipt of benefits, allowances and grants;
- f) health and wellbeing – e.g. illnesses, disabilities, medical conditions, physical mobility;
- g) care and support – e.g. details of care and support currently received;
- h) communication – e.g. do they have a home phone/mobile phone, do they have internet access, do they know how to use a tablet/PC;
- i) transport – e.g. do they drive, do they have a car, do they use public transport, do they have any difficulties getting about;
- j) future aims/goals – e.g. what do they want from the future, anything particular that they do not want;
- k) working and access to work – e.g. if the individual needs or wishes to get back to work or to consider other options including retraining; and
- l) leisure interests – e.g. what hobbies and pastimes are important to them and what they would like to continue to do.

6.5 Listing options

6.5.1 The adviser should list all of the options that are relevant to the service user. Information and advice given should be:

- a) responsive – providing answers to the initial query and any additional knowledge gained about the individual and their needs;
- b) tailored – relevant to the individual's personal situation;
- c) comprehensive – giving detail about each option so that the service user can understand what it involves; and
- d) impartial – the equal presentation of all options that might be relevant without omitting any

choices, predetermining any outcomes or directing the service user down a specific route.

6.5.2 Advisers should recognize that people have different attitudes towards planning and research, (see Table 2), and require different levels of information and advice.

Table 2 – Attitudes to planning and research

Attitude	Description
Proactive	Actively seeks relevant information and advice, undertaking own research in advance of when it is needed.
Reactive	Seeks information and advice in response to a current and specific need (e.g. a sudden change of circumstances).
Inactive	Does not actively seek information and advice even when in need.

6.6 Explaining options

6.6.1 The adviser should help the service user to understand the range of options available. This should include drawing attention to any of the following:

- a) benefits – describing any advantages to the individual, how this option may improve their circumstances or meet their needs;

NOTE For example, choosing this option allows you to stay in your own home.
- b) drawbacks – describing any disadvantages to the individual and any negative effects it may have on them;

NOTE For example, choosing this option could affect your benefit entitlement.
- c) potential risks or problems – describing possible consequences of certain actions, particularly those that might have a detrimental or undesired effect;

NOTE For example, choosing this option might mean that you have to move out of your local community/away from family and friends.
- d) costs – detailing costs involved with various options, and possible help with funding;
- e) reasons for signposting to external organizations – explaining potential benefits and any cost implications;
- f) relevant deadlines – if applications have to be in by a certain date or things done in a certain order; and

NOTE For example, a person should register a power of attorney while they still have mental capacity.

g) implications for the future.

6.6.2 Once all of the options have been explained the service user should be asked if they understand the options available. Any points that are not understood should be clarified.

6.7 Making decisions

6.7.1 Once the service user indicates that they have understood the options explained to them, the adviser should maximize the individual's involvement in any decision making by asking which options they prefer and listening to their answers.

6.7.2 The adviser should help the service user to shortlist or narrow down the options available to them, based on their circumstances and preferences identified in the establishment of individual needs (see **6.4**).

NOTE Recommendations may include:

- a) *removing any options that are not relevant/ applicable;*
- b) *prioritizing issues identified by the individual as most important to them;*
- c) *highlighting options that seem most urgent in terms of health, care and support; or*
- d) *highlighting options that take time to organize and need to be addressed in advance of need.*

6.7.3 Family members and friends are often involved in the decision making process and may have differing views about which options are best for the individual. Advisers should encourage and enable the individual to make the choices and decisions that they consider best for them, not those preferred by their family or friends.

6.7.4 Advisers should be trained to identify people that may not have the ability to make decisions for themselves and know what to do in this situation (see **8.3**).

6.7.5 Advisers should be aware that some individuals may have illnesses or disabilities that affect their ability to make decisions.

NOTE See the Mental Capacity Act 2005 [3] for further information on who can take decisions in which situations.

6.8 Taking action

6.8.1 Once advice has been given, and decisions made, it may be necessary for the individual to take action to achieve the desired outcomes. Some individuals might require practical assistance to help them carry out these actions. Where feasible the service provider should offer practical assistance to enable service users to act on the advice given.

NOTE For example, they may need help filling out benefit applications or other forms.

6.8.2 Where it is not possible to give practical assistance, the organization should be able to signpost the service user to an independent organization that is able to provide the necessary assistance.

6.9 Checking back

Where appropriate, the adviser may arrange to re-contact the individual at a planned future date to:

- a) ensure continuity of service;
- b) discover what actions were taken by the individual;
- c) assess outcomes and the impact of advice received;
- d) find out if any further help is needed; and
- e) find out if signposted organizations provided the required assistance.

NOTE Checking back may involve a letter, email, telephone call or follow-up meeting.

7 Information management

7.1 Internal information sources

7.1.1 Published information

Any published information provided to service users, either on paper or online, should:

- a) use plain language, clear formatting and simple diagrams so that information is easy to understand (see 7.1.2);
- b) avoid the use of complex and technical language, abbreviations and jargon;
- c) use terminology understood by the service user;
- d) give clear information about where to go for further enquiries (e.g. opening hours and address of offices, website addresses, helpline telephone numbers, email addresses);
- e) be accurate, clear and concise in conveying details about the scope of the service provided;
- f) clearly state when the information was last updated;
- g) specify whether information is only relevant to certain situations (e.g. such as a nominated time period, specific geographic area or certain groups of consumers); and
- h) not contain any misleading and ambiguous material.

NOTE For further information see the Information Standard [9] and various guides published by the Plain English Campaign [10].

7.1.2 Accessible formats

7.1.2.1 The organization should be aware that its service users may have sensory or cognitive impairments that make it difficult for them to access the service, or the information and advice that it provides.

7.1.2.2 The organization should offer a range of alternative formats, available on request, so that people with specific requirements are able to access the information in the format that best suits them.

7.1.2.3 When developing printed and online information the following should be considered:

- a) font – is the chosen size and style easy to read, or is it available in large print versions;
- b) contrast – some text and background colours are easier to read than others (e.g. dark text on a pale/light background is generally easier to read), can all of the text be seen clearly against the background;

- c) easy read – simple summaries of key information, with use of photographs or pictures, for people with a learning disability or cognitive impairment;
- d) Braille – a tactile writing system used by blind and visually impaired people (although service providers should be aware that many people with visual impairments cannot read Braille);
- e) ‘read aloud’ technology – online audio files that describe written information;
- f) online choice buttons – websites that allow readers to select the font size, text/background colour of their choice;
- g) e-files – information in PDFs should also be available to download in word processing format as this may be easier to use and access for those with visual or cognitive impairments; and
- h) languages – translation of key information into other languages for those that do not have English as a first language.

NOTE 1 Further information on accessible formats is available from the UK Association for Accessible Formats (www.ukaaf.org) [11]. However, it is worth remembering that most people prefer to speak to people.

NOTE 2 For further information on details of making websites more accessible see BS 8878:2010.

NOTE 3 For further information about best practice in translation services see BS EN 15038:2006.

7.1.3 Regular review

All published information sources produced by the organization should be reviewed on a planned and regular basis to ensure that content is accurate, and continues to meet the needs of the target audience.

NOTE The frequency of reviews may be annually or as defined by management.

7.2 External information sources

7.2.1 The organization should develop a list of requirements that external organizations and external sources of published information should meet before being approved for use.

NOTE For example, requirements may include verifying the accuracy and impartiality of external sources.

7.2.2 Advisers should only signpost service users to approved external organizations that meet the requirements defined in 7.2.1.

7.2.3 Advisers should only give out published information from approved external organizations that meet the requirements defined in 7.2.1.

7.2.4 The organization should establish links with all external organizations that it gives its service users information about, in order to:

- a) promote two-way signposting and information sharing; and
- b) ask organizations to make them aware when new leaflets or factsheets are published, or key facts change.

7.2.5 All external information sources should be reviewed on a planned and regular basis to ensure that content is accurate and continues to meet the needs of the target audience.

NOTE The frequency of reviews may be annually or as defined by management.

7.3 Information sharing

To ensure that advisers give accurate and consistent information to service users the organization should facilitate the sharing of trusted information sources and contacts related to the topics that advisers are working on. This should include:

- a) facilitating interdepartmental support and cooperation by creating systems that enable staff to share useful knowledge and experiences with their colleagues;
- b) building and maintaining a contacts database, accessible to all advisers, that contains the name and contact details of other organizations that provide information, advice, products or services to individuals to enable staff to signpost service users to these organizations when necessary; and
- c) developing a library of information sources from external organizations (e.g. leaflets, forms).

7.4 Record keeping

7.4.1 Organizations should establish a secure system whereby advisers can keep records of service users (see 7.5). This should include basic demographics such as age, ethnic group, the nature of the query or problem, specific information provided and advice given.

7.4.2 This should help the organization to identify who is using the service, which groups need to be engaged further, and where targeted advice might be necessary. It should also be used as reference by other members of staff in the event that the service user returns for further advice, or if there are any queries or problems with the case.

NOTE See BS 10012:2009 for further information about how to protect and manage customer data.

7.5 Confidentiality

7.5.1 Personal information about service users, if stored, should be treated confidentially. The organization should ensure that service user's details are not passed to marketing companies, brokers and any other third parties unless they have expressly consented to such transfer.

NOTE Attention is drawn to the Data Protection Act 1998 [2] and The Privacy and Electronic Communications Regulations 2003 [4].

7.5.2 The organization should ensure that all staff handling customers' personal data complete training regarding their obligations in relation to data protection and confidentiality.

8 People and resources

8.1 Assigning staff roles and responsibilities

8.1.1 The service provider should develop a job description and person specification for each of the roles within the organization, which includes:

- a) the job title;
- b) key duties and responsibilities;
- c) the level of interface with service users; and
- d) the necessary requirements and attributes (see **8.2**) to complete tasks to a defined level (see **3.2.2**).

8.1.2 The organization should ensure that all members of staff are aware of their roles and responsibilities.

8.2 Adviser attributes

8.2.1 Only members of staff that meet the requirements contained in the job description and person specification (see **8.1**), and have received training (see **8.3**) should have direct contact with service users and give advice.

8.2.2 Advisers should have a positive attitude and be helpful, friendly, and committed to the organization's mission and values.

8.2.3 Skills, knowledge and experience required for adviser roles should include:

- a) a focus on quality;
- b) clear and effective communication skills;
- c) active listening skills;
- d) the ability to work as part of a team;
- e) problem solving and initiative;
- f) flexibility;
- g) a proactive approach;
- h) knowledge of the topics they are working on or the capacity to quickly acquire this knowledge;
- i) an ability to empathize with the service user and understand their needs;

- j) additional expertise or technical skills required for a specific advisory service role (e.g. computing skills, social media communications); and
- k) identifying and responding to customer needs.

8.3 Adviser training and support

8.3.1 Before delivering information and advice to service users, advisers should be trained, where relevant to their role, on the following:

- a) the aims and objectives of the service;
- b) the limitations to the service;
- c) the topics that they are to advise on;
- d) how to access relevant sources of information;
- e) details of other organizations that might be able to provide useful information and advice to service users and knowledge of how to signpost to these;
- f) how to operate the technology/systems used by the organization;
- g) laws or regulations affecting potential services users;
- h) the organization's feedback system;
- i) the organization's complaints process, how to handle complaints and where to direct people with complaints;
- j) the organization's policies and how to fulfil their requirements (see **3.5**); and
- k) identifying and responding to individual needs.

NOTE See *BS 18477:2010 for further guidance on inclusive service.*

8.3.2 Staff should be given ongoing training and support to ensure that they are able to deliver a consistent level of quality information and advice. This should include:

- a) updating or learning new skills where necessary; and
- b) being informed about important changes to policy and regulation to ensure that information and advice remains accurate and up-to-date.

8.4 Resource planning

8.4.1 The organization should identify the people and other resources needed to deliver an effective and efficient information and advice service. This assessment should take into account the forecast activity levels and should specify when the resources are needed.

NOTE Resources include people, training, procedures and processes, technology, facilities, equipment, materials and finance.

8.4.2 When planning resources, the assessment should take into account any additional resources required to identify and meet the specific needs of service users in vulnerable circumstances who might be disadvantaged due to difficulties in accessing or using the service.

8.4.3 The organization should develop and activate a plan which specifies:

- a) the number of people, with appropriate skills, that need to be recruited and trained in each time period; and
- b) all other resources that need to be procured or made available, and the associated timescales.

9 Managing feedback

9.1 Service user feedback

9.1.1 The organization should actively seek feedback from service users on the quality of information and advice that has been provided, which can help to identify gaps in provision and areas of improvement.

9.1.2 The organization should establish a system to deal with service user feedback, if not already in place. Feedback should be obtained through one or more of the following:

- a) focus groups;
- b) surveys (in person, by post, telephone, email, online); and/or
- c) other established methods (e.g. recommendations, advice or social media sites).

9.1.3 Feedback should ask service users to rate various aspects of the service that they have received. Feedback questions should be related to the overall aims and objectives of the service (see 3.2).

NOTE For example, organizations may ask for feedback on:

- a) *accessibility of the service;*
- b) *performance of advisers;*
- c) *quality of advice;*
- d) *impartiality of advice;*
- e) *relevance and usefulness of advice;*
- f) *impact on service users' knowledge, skills and confidence;*
- g) *impact on service user's independence, quality of life, or overall outcomes from using the service;*
- h) *experience of any third party organizations signposted or referred to;*
- i) *general comments and recommendations for improvement; and*
- j) *overall satisfaction.*

9.1.4 All staff should be aware of the feedback system and be able to direct service users to the correct place to leave feedback.

9.2 Service user complaints

9.2.1 The organization should have a written complaints handling policy that specifies how complaints should be dealt with and which members of staff are responsible for managing complaints.

9.2.2 The organization should have a formal complaints handling system in place.

9.2.3 All members of staff should be trained on how to deal with complaints and be told where to direct service users that contact the organization to make a formal complaint.

9.2.4 Service users should be given information about who to contact with any unresolved problems or formal complaints about the service that they have received.

NOTE See BS ISO 10002:2014 for further guidance on complaints handling.

9.3 Staff feedback

9.3.1 Staff feedback, particularly those that come into contact with service users, should be obtained through one or more of the following:

- a) team meetings;
- b) regular focus groups (if possible, using expert facilitation);
- c) internal questionnaires;
- d) recorded incidents;
- e) official grievances or staff complaints; and/or
- f) staff supervision, mentoring and support.

9.3.2 Staff should know who to contact within the organization to give feedback or record grievances.

9.4 Monitoring feedback

9.4.1 The organization should ensure that there are standard processes in place to deal with all forms of feedback from service users, staff and other interested stakeholders [see 3.5 d)].

9.4.2 The organization should keep a written record of feedback so that it can analyze feedback from service users, staff and other interested stakeholders to:

- a) evaluate service delivery and make improvements where necessary;
- b) ensure that information and advice is meeting the organization's key aims and objectives; and
- c) eliminate the underlying causes of problems, and to prevent them from reoccurring.

9.4.3 The organization should communicate with service users, staff and other interested stakeholders who have left feedback to inform them of any action taken, or changes implemented, as a result of that feedback.

10 Continual improvement

The organization should aim to continually update and improve the service that it offers by:

- a) continually improving the effectiveness and efficiency of its process, using means such as preventive and corrective actions and innovative improvements;
- b) exploring, identifying and applying good practices in the process;
- c) encouraging innovation in the development of services and procedures; and
- d) recognizing examples of outstanding performance and practices related to the process.

NOTE See *BS EN ISO 9004:2009, Clause 9 for further guidance on continual improvement.*

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