



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority Review of Sensory Support Services in Northern Ireland

Overview Report

September 2011

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Section 1 – Introduction

1.1 The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulatory body for Northern Ireland.

RQIA was established in 2005 as a non departmental public body under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

The vision of RQIA is to be a driving force for positive change in health and social care in Northern Ireland through four core activities:

- **Improving Care:** we encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care.
- **Informing the Population:** we publicly report on the safety, quality and availability of health and social care.
- **Safeguarding Rights:** we act to protect the rights of all people using health and social care services.
- **Influencing Policy:** we influence policy and standards in health and social care.

RQIA encourages continuous improvement in the quality of services, through a planned programme of inspections and reviews. RQIA reviewed and reported on the quality and availability of sensory support services being commissioned and provided by the Health and Social Care (HSC) Board and provided by the Health and Social Care Trusts throughout Northern Ireland.

1.2 Context for the Review

In recent years there have been many changes and developments aimed at preventing discrimination against people with a disability.

From 2003 the Department of Health, Social Services and Public Safety (DHSSPS) Social Services Inspectorate (SSI) focused on the area of sensory loss and developed draft standards, which informed the original inspection of social work and related services for adults with a sensory loss in 2004. The aim of the inspection was to examine social work and other services for adults with a sensory loss and resulted in a number of recommendations in the Challenge and Change report (2005), which led to the development of the Quality Standards for Social Work and Rehabilitation in Sensory Support Services¹ (DHSSPS) in 2007. To follow up on the recommendations of the Challenge and Change report, a regional steering group was established in 2005 with responsibility for their implementation.

Four years have passed since the publication of the Quality Standards for Social Work and Rehabilitation in Sensory Support Services. Prior to this review no formal assessment of the progress of the implementation of the standards has been undertaken. This review was necessary to determine: if the standards have been implemented; the impact and effectiveness of the standards; and whether they have resulted in improvements in the delivery of health and social care in the area of sensory support services.

In June 2009, the UK government ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The convention does not create new rights for disabled people but, provides a better understanding of disabled people's human rights. Under the convention, countries are obliged to "promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms by persons with disabilities and to promote respect for their inherent dignity". The ethos of the convention was an integral part of this review and evidence of the five health and social care trusts meeting the key human rights indicators was sought during the review.

There have been several initiatives undertaken by various departmental bodies and voluntary sector organisations representing people with a sensory support need. These include:

- Access to Public Services for Deaf Sign Language Users - User Forum Project Report²

The report outlined the findings and recommendations arising from a joint project carried out by the Royal National Institute for Deaf People (RNID) and the Deaf Association of Northern Ireland (DANI) during 2009. The

¹ A copy of the Quality Standards for Social Work and Rehabilitation in Sensory Support Services are available on the RQIA website under - Publications/ Quality Standards. www.rqia.org.uk

² Access to Public Services for Deaf Sign Language Users - User Forum Project Report - A Partnership Publication by RNID and BDA - October 2009

aim of the project was to identify areas where access to public services could be improved for Deaf sign language users.

- Is it my turn yet? - Access to GP practices in Northern Ireland for people who are deaf, hard of hearing, blind or partially sighted. ³

The report assessed the level of access to general practitioner (GP) practices in Northern Ireland for people who are deaf, hard of hearing, blind or partially sighted and makes recommendations for improvement. The work was carried out in partnership with the Royal National Institute of Blind People (RNIB), Royal National Institute for Deaf People (RNID) and the Deaf Association of Northern Ireland (DANI) during 2009.

- Vision Strategy - Implementation Plan 2010/11 ⁴

The UK Vision Strategy was launched in April 2008 in response to the World Health Assembly Resolution of 2003, which urged the development and implementation of plans to tackle vision impairment, the Vision 2020 initiative.

The Vision Strategy (Northern Ireland) is made up from an all-party Northern Ireland Assembly group and builds on the work of the Regional Sensory Impairment Group (RSIG), which is bringing forward the recommendations from the SSI report Challenge and Change (2005). The implementation plan outlines the actions required to meet the key outcomes identified in the UK Vision Strategy.

Although these publications were not directly linked with this review, the work undertaken was referenced to inform this review.

Through research, RNID estimates that in Northern Ireland there are 258,510 deaf and hard of hearing people ⁵. Similarly, RNIB estimate that there are 51,877 people in Northern Ireland with a visual impairment ⁶.

Both groups represent a significant number of service users that could potentially benefit from the sensory support services. This review seeks to ensure that those who require access to such services are provided with quality services.

This report summarises the findings from the review of the HSC Board and the five HSC trusts and the and makes recommendations which the review team considers are necessary to maintain a quality service.

³ Source: Is it my turn yet? - Access to GP practices in Northern Ireland for people who are deaf, hard of hearing, blind or partially sighted - A survey by RNID, RNIB and BDA (Northern Ireland) - March 2010

⁴ Source: Vision Strategy - Implementation Plan 2010/11 - VISION 2020 UK

⁵ Source: Information supplied by RNID

⁶ Source: Prevalence of Sight Loss RNIB NI Briefing Paper Jan 2010

1.3 Review Methodology

The methodology for the review comprised the following stages:

1. Completion and submission to RQIA of a profiling questionnaire from the HSC Board and five health and social care trusts, together with supporting evidence.
2. Completion and submission to RQIA of a self-assessment questionnaire from the HSC Board and trusts, together with supporting evidence. The self-assessment questionnaire was developed against the criteria from the Quality Standards for Social Work and Rehabilitation in Sensory Support Services (DHSSPS).
3. Consultation with service users throughout the trusts, to obtain their views and opinions about sensory support services.
4. Validation visits to the HSC Board and trusts during February 2011, which involved:
 - meeting with representatives of the senior management teams responsible for governance of sensory support services
 - meeting with service managers and team leaders responsible for the operational management of sensory support services
 - meeting with practitioners from sensory support services

The format for each meeting was to validate information supplied in the profile questionnaire, the self-assessment questionnaire and from the service user consultation.

5. Preparation of a feedback report for each trust.
6. Preparation of an overview report of the review findings across Northern Ireland.

1.4 Membership of the Review Team

A multidisciplinary team of experts with knowledge and experience of working in the field of sensory loss, including independent reviewers from outside of Northern Ireland, was established for the review. The review team included:

Liz Duncan	Head of Acquired Deafblind Services, SENSE
Liz Scott Gibson	Director, Deaf Action
John Gill	Policy and Projects Manager, Sight Action
John Irvine	Programme Director at School of Rehabilitation Studies Birmingham City University. Chairperson for the review team
Julie Shorrock	Sensory Loss Policy and Development Lead for Adult Social Care, Somerset County Council
Janine Campbell	Project Administrator, RQIA
Christine Goan	Senior Quality Reviewer, RQIA
Jim McIlroy	Project Manager, RQIA
Dermot Parsons	Head of Programme Agencies, RQIA
Phelim Quinn	Director of Operations and Chief Nursing Officer, RQIA

Section 2 – Findings of the Review Team

2.1 Profile of the Health and Social Care Organisations

The five health and social care trusts have been operational since 1 April 2007, following the merger of the previous legacy trusts as a result of the Review of Public Administration. They provide services to a total population of 1,776,613⁷, contained within geographical boundaries as outlined in figure 1.

Figure 1: Geographical trust boundaries

HPSS Trusts



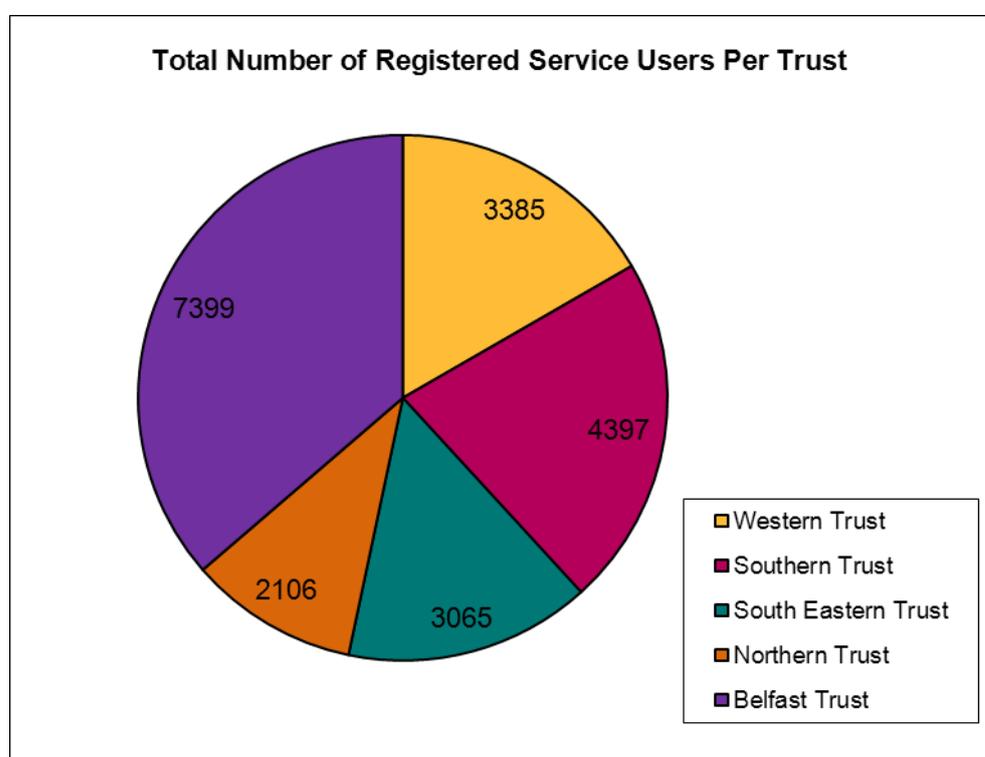
Each trust maintains a register of people who have utilised their sensory support service, however, the comprehensiveness of the registers varied across trusts. On 31 August 2010 there were 7,709 visually impaired and 12,643 hearing impaired service users registered across all trusts. It should be noted that these figures include both current open cases and closed cases. Table 1 and figure 2 provide details of the breakdown of registered service users in each trust.

⁷ Source: Northern Ireland Statistical Research Agency (NISRA)

Table 1: Number of registered service users per trust⁸

Trust	Number of registered service users				
	Blind	Partially Sighted	Deaf	Hard of Hearing	Total
Western Trust	459	796	274	1,856	3,385
Southern Trust	744	776	253	2,624	4,397
South Eastern Trust	691	918	171	1,285	3,065
Northern Trust	1,055	312	80	659	2,106
Belfast Trust	891	1,067	554	4,887	7,399
Totals	3,840	3,869	1,332	11,311	20,352

Figure 2: Number of registered service users per trust⁹



All trusts sensory support services operate an open referral policy, where people can contact the team directly. Referrals are also commonly made through a GP, through other health, social services or community professionals, or through voluntary organisations.

In the period 2009-10, 3730 visual impairment related referrals and 3400 hearing impairment related referrals were received across all trusts. Table 2 highlights the breakdown of the number of visual impairment related and hearing impairment related referrals per trust.

⁸ Source: Information supplied by the HSC Trusts

⁹ Source: Information supplied by the HSC Trusts

Table 2: Number of visual and hearing impairment related referrals per trust¹⁰

	Number of referrals by type		
	Visual Impairment	Hearing Impairment	Total
Western Trust	1103	965	2068
Southern Trust	602	511	1113
South Eastern Trust	653	326	979
Northern Trust	555	626	1181
Belfast Trust	817	972	1789
Total	3730	3400	7130

The HSC Board was established on 1 April 2009, to commission and develop health and social care services across Northern Ireland. The role of the HSC Board is to:

- Commission a comprehensive range of health and social care services for people in Northern Ireland
- Work with the HSC trusts to ensure that services meet the needs of people in Northern Ireland
- Deploy and manage funding to ensure that all services are safe and sustainable.

At the time of the review, new commissioning arrangements for the Health & Social Care Board in conjunction with the Public Health Agency were due to be finalised. The sensory support services provided by the legacy Health and Social Services (HSS) Boards were commissioned by the multi-disciplinary teams responsible for the Physical Disability and Sensory Impairment programme. The current proposals are likely to replicate this arrangement at regional, inter-agency and at local level, through the establishment of local commissioning groups as committees to the HSC Board. These arrangements would include social care, finance, commissioning, service performance representatives and medical, nursing and allied health professional inputs.

There are appropriate liaison and performance management arrangements in place between the HSC Board and each of the five trusts to ensure the effective management of sensory support services.

Management of each of the sensory support services falls within a variety of directorates within each of the trusts. However, these differing arrangements for accountability had no impact on how the services were managed or delivered.

¹⁰ Source: Information supplied by the HSC Trusts

The sensory support services are located in community facilities throughout each trust. All trusts provide a range of technical, rehabilitation and social work support to people who have sight and hearing disabilities and their carers.

Trusts provide the main social work assessment and rehabilitation services and commission a range of other services from voluntary organisations such as social support, advice, advocacy and interpreting services, as required. The range of voluntary organisations providing services on behalf of the trusts include RNIB, RNID, British Deaf Association, the Cedar Foundation, Leonard Cheshire, Extracare, Citizens Advice Bureau and SENSE.

An important factor in the development and future success of each of the sensory support services was the formation of the Regional Sensory Impairment Group. This Group was established to oversee the implementation of the recommendations from the Challenge and Change report (2005).

The Director of Social Services in the HSC Board convenes this group on a quarterly basis, with managers from lead community and voluntary organisations for people with sensory loss, managers from the HSC trusts, representatives from the Northern Ireland Social Care Council and from the Department of Health, Social Services and Public Safety. The group has been instrumental in developing regional strategies, policies and procedures for sensory support services.

In the first instance, the group addressed the recommendations within the Challenge and Change report that related to the broader strategic themes and the development of policy, procedures and guidelines. At the time of the review, the following work strands had been or were due to be completed.

- A Regional Specialist Assessment had been agreed and implemented across all trusts.
- A standardised equipment policy and access criteria for Northern Ireland had been drafted and was due to be ratified.
- A training strategy for staff in contact with people with a sensory support needs had been developed. The first stage of implementation centred on a specialist post qualifying award in social work in sensory support, which was scheduled to commence in March 2011.

The review team commended those involved, as without the work of this group, the development of sensory support services would not have been progressed as far as it had at the time of the review. The review team also considered that this approach was an exemplar of good practice in relation to service development and delivery and should be used as a benchmark for other services.

2.2 Consultation with Service Users

Consultation with service users formed an integral part of this review, in order to obtain their views, opinions and experiences of using sensory support services provided by the trusts. The validation of each trust's performance against the quality standards would not have been as comprehensive without the input of service users.

Various methods of consultation were considered, but it was agreed that a partnership approach between the trust and RQIA would result in the best opportunity for service users to express their views. Each trust was asked to arrange venues for meetings and invite service users, while RQIA provided staff to facilitate the meetings. In total, 210 service users attended the consultation events. Table 3 below outlines the number of service users who attended the consultation within each trust.

Table 3 – Number of service users who attended the consultation¹¹

	Number of service users who attended		
	Visual Impairment	Hearing Impairment	Total
Western Trust	41	49	90
Southern Trust	12	15	27
South Eastern Trust	10	18	28
Northern Trust	14	17	31
Belfast Trust	23	11	34
Total	100	110	210

During the consultations, all trusts were able to demonstrate evidence of meeting a number of the criteria contained within Standard 2 of the Quality Standards for Social Work and Rehabilitation in Sensory Support Services (Involvement of Adults with Sensory Support Needs). There was evidence of: the trusts making resources available through the provision of sign language interpreters and a hearing aid loop system (Criterion 3); arranging meetings in accessible locations (Criterion 8); and providing transport for service users (Criterion 9).

Under the Quality Standards for Social Work and Rehabilitation in Sensory Support Services trusts have specific responsibilities in relation to service users and their involvement. Through the consultations, service users were able to offer their views in relation to how well the trusts were meeting these responsibilities.

The outcome of the consultation was used to inform the review team's view of service delivery and assisted the review team to raise a range of service user focused questions with managers and practitioners when validating the evidence from the HSC Board and from each trust against the quality

¹¹ Source: Information recorded by RQIA during the consultation events

standards. Service user feedback has been included in the findings sections of the individual trust reports.

2.3 Findings from the Review

The following information is an overview of the findings and recommendations from the review of the HSC Board and the five HSC trusts against the Quality Standards for Social Work and Rehabilitation in Sensory Support Services (DHSSPS). More detailed information of the findings and recommendations for each trust can be obtained from the individual trust reports.

Overview of the Health and Social Care Board

As part of the review, the review team met with a range of staff from the HSC Board to review the arrangements in place for the commissioning of sensory support services for the population of Northern Ireland. This validation visit took place on 9 February 2011.

One of the most notable achievements was the development of the Regional Sensory Impairment Group. This group has been proactive in progressing a range of policies and other service development initiatives that have ensured increasing consistency in the approach to sensory support services across Northern Ireland. The group was also noted to have made an important contribution to enhancing partnership arrangements with the voluntary sector in respect of sensory support services. Leadership and co-ordination of the group has been facilitated by the HSC Board.

In describing its plans for the future commissioning of services, the HSC Board indicated that further work was required to embed new commissioning arrangements with each of the five trusts. These arrangements were described in a revised commissioning cycle outlined in figure 3.

Figure 3 – HSC Board Commissioning Cycle¹²



¹² Source: Information supplied by the HSC Board

In outlining the revised commissioning model, HSC Board representatives stated that future arrangements would have to take account of funding reductions. It was noted there had been no designated funding allocations made for sensory support services in the last four years. As a result, emphasis would be on service redesign and modernisation and reinvestment of efficiencies into the revised service models.

The HSC Board also emphasised that its agenda would ensure the broader commissioning intentions, such as to promote re-ablement and rehabilitation, would be reflected in this area, giving due consideration to the needs of people with sensory support needs. This would include models for self-directed support, increased focus on the personalisation agenda and increasing moves toward partnership with the voluntary sector.

At the time of the review the performance management and service improvement functions of the HSC Board were relatively new, having been formally established with the creation of the HSC Board in April 2009. Performance management systems centre on the Priority for Action targets agreed by the Minister for Health and Social Services and these are reviewed and amended each year in line with emerging policy and service improvement priorities. No specific target had been approved for sensory support services beyond the generic nine week access waiting times for consultant and non-consultant led services.

The service improvement function in the field of sensory impairment has been undertaken through the functions of the RSIG, which has been the mechanism for driving reform and improvement.

Further commentary on the HSC Board's commissioning of sensory support services is detailed within the specific standards below.

Standard 1. Human Rights and Equality

Standard Statement - The HPSS organisation is fulfilling its statutory duties in respect of the requirements of human rights and equality legislation. Human rights and equality principles are integrated into practice within all aspects of social work and rehabilitation services for people with sensory support needs.

The UK government ratified the United Nations Convention on the Rights of Persons with Disabilities in June 2009. The convention does not create new rights for disabled people but rather provides a better understanding of disabled people's human rights. Under the convention, countries are obliged to "promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms by persons with disabilities and to promote respect for their inherent dignity". The ethos of the convention was an integral part of this review and evidence of the trusts meeting the key human rights indicators was sought during the review.

The assessment of this standard is not solely demonstrated through the specific assessment of its underpinning criteria, but through an analysis of trust and board compliance with all of the standards for social work and rehabilitation in sensory support services.

In discussion with trust senior managers, it was apparent there were variations across the trusts, in relation to the awareness and understanding of the UNCRPD and its implications for the strategic and operational obligations in the planning and provision of services to persons with a disability. While some senior managers were aware of the legal frameworks, developments and challenges within their sensory support service, others seemed less familiar.

All practitioners throughout the trusts demonstrated a comprehensive knowledge and understanding of the UNCRPD, human rights and equality issues facing service users with sensory support needs. This was further demonstrated through the motivation and enthusiasm shown by staff in delivering the services. Of particular note, staff within the South Eastern Health and Social Care Trust (South Eastern Trust) demonstrated a number of key initiatives which showed the practical application of the convention in day to day service delivery.

The HSC Board outlined its current functions in respect of the convention, stating that it considers human rights and equality in all of its commissioning functions. The HSC Board stated that as part of its on-going performance management and liaison arrangements with the trusts, each trust would be requested to submit their disability action plan in the future.

The review team assessed that the overall provision of training across trusts was good in relation to human rights, equality, disability and awareness.

Evidence of the trusts addressing the cultural and community identities of service users was apparent throughout the review. All trusts facilitated service user groups for people with hearing or visual impairments, providing a range of activities including support and social interaction, aimed at promoting health and wellbeing. Trusts made information available in a range of formats, provided interpreting services and trained staff in sign language. However, across all trusts there was still a distinct lack of information available in accessible formats for Deaf service users. A recommendation in respect of information to service users is made under Standard 3 in this report.

A major issue identified during the review was access sign language interpreting services, mainly due to the limited availability of qualified interpreters. While this area was identified as under-funded across all trusts, most trusts tried to address the issue through the re-allocation of resources and by representing this gap as an unmet need to the HSC Board. However, little progress had been made to improve the availability of sign language interpreting services, in line with other foreign language interpreting services. The HSC Board informed the review team that it wanted to review the arrangements for providing interpreting services across all trusts to ensure consistent approach to interpreting services and to explore the potential for greater use of technology.

While there was evidence in all trusts of service user involvement in the planning process for the delivery of their care, support and rehabilitation, it was apparent that not all service users had a clear understanding of this process. The review team considered that the lack of understanding of the care planning process adversely impacted on service users' ability to fully assert their rights and views during the process. As a result, it could not be comprehensively stated that trusts were meeting the requirements set out in Standard 6.

All sensory support teams promoted their services to the public, to existing and potential service users and to other organisations externally, through awareness training and co-working. In the Northern Health and Social Care Trust (Northern Trust), they also contracted a voluntary organisation to provide awareness training to trust staff.

A major gap in services across all trusts was the lack of an appropriate strategy and information available for deafblind people. Whilst some trusts contracted services from SENSE, the review team recommended that services for deafblind people required further development in all trusts. The review team also reflected this issue to the HSC Board and requested that a specific regional deafblind strategy should be developed, possibly through the RSIG.

Recommendation for the HSC Board

- The HSC Board should work in conjunction with the trusts to ensure a fully accessible sign language interpreting service is developed in line with other foreign language interpreting services across Northern Ireland.

Recommendation for the HSC Trusts

- The Belfast and Southern trusts should ensure that a programme of awareness raising and training on the legal and governance implications of the United Nations Convention on the Rights of Persons with Disabilities is provided to their senior managers and trust board members.

Standard 2. Involvement of Adults with Sensory Support Needs

Standard Statement - HPSS Managers ensure that adults with sensory support needs and their representatives have the means to influence decisions about the planning, operation and review of services. This draws on the guidance already produced by SSI in 1992.

No trust had a specific strategy in relation to providing adults with sensory support needs or their representatives, with the means to influence decisions about the planning, operation and review of services. Each trust approached this requirement in a different way and the review team considered this was due to the trusts' differing interpretations as to how best service users could influence decisions.

All trusts demonstrated some evidence of service user involvement in making improvements to services, however, this varied greatly across each trust. This ranged from consulting with identified service user groups to establishing specific service user forums. Most trusts had applied their personal and public involvement strategies, disability consultation panels, disability steering groups and disability forums as mechanisms for engaging with service users. After further examination, the review team determined that these mechanisms were not always fully representative of service users' views nor have they the remit to make changes to sensory support services.

The Southern Health and Social Care Trust (Southern Trust) and the South Eastern Trust emerged as providing the most comprehensive service user engagement strategies and the review team considered these could be used as an exemplar for the other trusts.

Although the Belfast Health and Social Care Trust (Belfast Trust), Western and Northern Trusts demonstrated some level of service user engagement, the review team considered these trusts required specific strategies for service user engagement for people with sensory needs.

Whilst welcoming the development and achievements of the Regional Sensory Impairment Group, the review team noted that there was no specific representation or mechanism within the group for seeking service user views in the development of programmes and initiatives. The review team considered that the HSC Board should examine ways in which it could better promote engagement with service users, through the RSIG and its other sensory services commissioning structures. The HSC Board informed the review team that it was in the process of reviewing its policies and procedures with regard to accessible formats and user involvement payments, to facilitate fuller engagement. The review was being carried out in conjunction with individuals and organisations in all areas of health and social care, including sensory services.

During the consultation process with service users, many of them advised of being consulted or involved in issues relating to the development of sensory

support services. However, it was identified that there were more service users who were not involved or have not had the opportunity to be involved.

A common theme emerging from the consultation was that all service users stated they would like to be more involved in all aspects of the sensory support services and gave several suggestions about how the services being provided might be improved. The review team believed there was potential to increase the opportunities for service users to be more involved in the planning and development of sensory support services in all trusts.

Recommendations for the HSC Trusts

- The Belfast, Northern and Western trusts should each develop a strategy that promotes the involvement of service users with sensory support needs in the planning, delivery and review of sensory support services in a co-ordinated way.
- The South Eastern Trust should continue to work to improve their information networks with service users.
- The Southern Trust, taking account of the timescale for the development of the regional strategy promoting service user involvement should assess whether an interim service user strategy for people with hearing difficulties is required.
- The Southern Trust should assist in the development of more robust communication channels between the forum groups and the service users.

Standard 3. Information for Service Users

Standard Statement - The HPSS organisation makes information accessible to service users to meet their individual needs and according to their choice of format.

The trusts made available copies of the range of information they provided to service users. While the information varied across the trusts, it was comprehensive and would enable service users to be better informed about services available and about particular conditions.

Information produced by the trusts was up-to-date and available in alternative formats, including CD format, audio, signed DVD, Braille and documents in alternative print format. While alternative formats were provided, this only applied to a small percentage of the overall information that was available and the review team considered that more information should be provided in alternative formats. In particular, information should be provided in a format that accommodated sign language users, such as signed video or DVDs.

It is the opinion of the review team that although some areas of information provision, for all trusts, were based on service user needs, the majority of information provision was not informed by service user input or engagement. Consequently, the review team has recommended that the trusts should take appropriate action to address this deficit.

The trusts' websites were assessed and the review team concluded they were not fully accessible for people with sensory support needs. Only the Southern and South Eastern trusts had a browse aloud facility and none of the trusts provided audio information or signed video information. While the management of the websites did not fall within the direct remit of the sensory support services, the review team considered the trusts should initiate the change with the relevant departments to make the websites more accessible to individuals with sensory support needs.

The Quality Standards for Social Work and Rehabilitation in Sensory Support Services state that suitable information should be available at the point of diagnosis. Although the review team did not seek direct evidence of what was available at the points of diagnosis (e.g. in audiology, ophthalmology and the low vision clinics), it was determined through the validation meetings that information was provided, this was further confirmed during the meetings with service users.

Overall, the review team considered that the provision of information could be improved by establishing a central portal for information on each of the trusts websites. This could also be developed as a signpost to other services and organisations that could assist people with sensory support needs. Such a facility would reduce service users' reliance on direct contact with staff when looking for information.

Recommendations for the HSC Trusts

- All trusts should conduct a baseline review of their information to determine whether the current information meets the needs of sensory support service users. This review should involve service users.
- All trusts should establish guidelines for reviewing and quality assuring information. This should involve service users and be revised and updated on an annual basis.
- All trusts should make available and deliver information in a suitable format for sign language users, such as signed videos.
- All trusts should update their websites to make them more accessible to people with sensory support needs. This should include an information portal that provides comprehensive details of services and signposts service users to other departments and organisations that can assist them further.

Standard 4. The Planning, Commissioning and Delivery of Social Work and Rehabilitation Services

Standard Statement - The HPSS plans, commissions and delivers social work and rehabilitation services for adults with sensory support needs in line with identified need, statutory requirements and current best practice.

The HSC Board is the main commissioner for health and social care services across Northern Ireland, although the trusts also commission services at local level from the voluntary and independent sectors. In respect of sensory support services, trusts demonstrated an active commissioning programme from a range of voluntary sector organisations.

With regard to needs assessment, the HSC Board informed the review team that needs assessment was previously a significant element of the legacy HSS Boards' activities. However, this had been less obvious since the regional commissioning structures had been implemented in April 2009. Planning for sensory support services has relied heavily on the Challenge and Change report, with clearly identified objectives which have been progressed through the RSIG.

Voluntary sector organisations play an important role in both lobbying and in providing evidence of emerging issues and needs. Their contact with commissioners has tended to be issues focused and commissioning of services is usually facilitated through the availability of funding opportunities, rather than on the basis of a planned programme of development informed by robust needs assessment. However, since Challenge and Change, the HSC Board and trusts have been encouraged to achieve a more structured approach to the involvement and commissioning of voluntary and independent sector services.

The HSC Board stated that it would urgently review its needs assessment programme when its new commissioning structures were finalised and when resources, the prescribed service priorities and the capacity for service redesign and modernisation become clearer.

In recent years, funding has been allocated to specific programmes or service areas in a relatively prescribed fashion, through the Priorities for Action process, which did not allow for a high degree of local flexibility. The only exceptions to this relate to the use of capitation or non-recurrent funding. Some legacy HSS Boards had benefited from the former, which had provided opportunities to address some local pressures and deficits in sensory support services in a limited way. The review team noted that there has also been a history of using non-recurrent funding to resource voluntary sector projects which on occasion have been the result of opportunistic, persuasive lobbying by the sector. The HSC Board stated that it was becoming increasingly difficult to guarantee these funding streams.

Performance management systems in the HSC Board were focused on the Priority for Action targets agreed by the Minister for Health and Social Services and these are reviewed and amended each year, in line with emerging policy and service improvement priorities. No specific target had been approved for sensory impairment beyond the generic nine week access waiting times for consultant and non-consultant led services.

In respect of commissioning for quality and safety, the HSC Board indicated that all service providers are required to operate in accordance with the service standards and legislative requirements, referenced in the contractual arrangements. In maintaining an oversight of these matters, the HSC Board utilised a number of options including: value for money reviews, financial or service audits; statutory monitoring systems; service reviews; commissioning of training; service user consultation; and monitoring of complaints and incidents. The HSC Board also reflected on the benefits of RQIA reviews and monitoring as an additional contribution to the quality and safety agenda.

The HSC Board outlined its monitoring arrangements for statutory social services functions, identifying the annual statutory functions reports, submitted by trusts, as the primary mechanism. Trusts are required to provide a statement about their ability to discharge statutory responsibilities and the risks involved in meeting their responsibilities, in terms of resources and capacity. Further opportunities to discuss statutory responsibilities are also provided through the regular meetings between the HSC Board and trusts.

Under the requirements of the quality standards, in particular Standard 4 – Criterion 7, each trust should have a specific service delivery plan for sensory support services. No trust had yet developed a specific service delivery plan and relied on their overall trust or directorate delivery plans. Evidence provided by the trusts was reviewed and it was determined that only the South Eastern Trust had delivery plans that provided sufficient detail for guidance and direction for the service. Other trusts' documentation did not provide sufficient detail for guidance and direction for the service and the review team considered it was not comprehensive enough to meet the requirements outlined in the standards.

Based on the information provided, the review team considered that all trusts were proactive in contributing to the work of the Regional Sensory Impairment Group, which is developing strategies, policies and procedures for sensory support services.

The management of each service demonstrated they were making effective use of the resources available. HSC trust staff are engaged in providing the social work and rehabilitation services, while voluntary sector organisations are commissioned to provide additional advice and support services. The Belfast, Southern and Western trusts reported no waiting lists in the service; the South Eastern Trust reported waiting lists of up to six weeks for some rehabilitation services; but the Northern trust reported instances where waiting lists may be up to six months for some initial referrals.

All trusts advised their sensory support staff delivered sensory support training to other programmes of care. Although this is an important area, the review team did have a concern about the use of highly skilled staff in delivering awareness training. They considered this responsibility should fall within each trusts training teams, in order to allow sensory staff more time to deliver social work and rehabilitation services. The Northern Trust had identified an opportunity to use alternative resources and renegotiated their contract with RNIB, to allow RNIB to provide some of the awareness training to trust staff.

Every trust has clear organisational structures and processes in place to deliver effective governance within their sensory support services. Governance arrangements are in place for directly managed services and also for services commissioned from voluntary organisations. The five trusts have robust governance arrangements in place with the HSC Board and meet regularly with HSC Board staff to review sensory strategies and performance returns.

All trusts advised of good liaison arrangements between the sensory support teams and other programmes of care, in particular audiology and ophthalmology. The teams held regular meetings with these departments to offer consultation and advice on case management and the review of service delivery. The review team also noted there were good working relationships between trusts and voluntary sector organisations. The closer links have led to service users being referred directly and sooner to the sensory support services.

Each sensory support team worked to promote the service within their trust and externally to other organisations. However, no trust has a formal strategy for the promotion of sensory support services and relied on other healthcare professionals in making informed referrals to the service.

Recommendations for the HSC Trusts

- The Belfast, Northern, Western and Southern trusts should each develop a service delivery plan specific to sensory support services. This should involve service users and other key partners.
- The Belfast, Northern and Western trusts should formalise in written guidance their liaison arrangements with other programmes of care and departments.
- The Northern and Western trusts should each review the responsibility for providing awareness training, with a view to ensuring that qualified and experienced staff are more effectively engaged in specialist training and in direct service delivery.
- The South Eastern Trust should further develop a specific strategy for identifying undetected sensory loss which includes a strategy for the promotion of sensory support services.

Standard 5. Workforce Planning, Training, Supervision and Support

Standard Statement - The HPSS organisation has a strategy in place to recruit, retain, support and develop sufficient numbers of appropriately qualified and competent staff with the knowledge and expertise to deliver high quality accessible care and support services for adults with sensory support needs and their carers and families.

In order to deliver a high quality service, the quality standards require the trusts' sensory support service to have a workforce strategy in place to recruit, retain, support and develop staff.

While all trusts demonstrated how they were meeting some of the requirements outlined in Standard 5, Criterion 1, their levels of compliance varied. The Belfast, Southern, South Eastern and Northern Trusts had no workforce strategy for sensory support services, but advised their overall trust workforce strategy delivered the workforce needs of sensory support staff. The review team reviewed these documents and determined the arrangements did not fully meet the requirements outlined in the quality standards. The Western Trust had developed a draft workforce planning strategy and after reviewing the strategy, the review team was satisfied that it met the criteria.

Across all trusts, the sensory support teams had very stable workforce groups, with long serving staff and low staff turnover. It was considered this was beneficial to the standard of service provided, due to the cumulative knowledge and experience within the team. However, an implication of such stable teams meant there was limited opportunity for career development. This particularly affected the rehabilitation workers who had no defined career structure.

At the time of the review there were several vacant staff positions within some of the teams, where the common cause of the vacancies is the lack of qualified rehabilitation workers. Trusts indicated they had taken steps to minimise the impact of the vacancies, either through vacancy controls or retraining staff. During the consultation events, service users complimented the teams for the work they were undertaking and the overall responsiveness of staff when dealing with service users. However, service users in the South Eastern and Northern Trusts raised concerns about the waiting times in relation to some aspects of the service.

All trusts reported that workloads and waiting lists were managed by the team leaders through regular meetings with staff, where cases were prioritised and allocated to resolve identified issues.

With the exception of the Northern and Western trusts, all trusts advised of employing people with a sensory support need within their teams. The review team considered the employment of people with experience of sensory loss was a positive approach, as it increased the teams' understanding of issues faced by service users.

All trusts have overall governance arrangements in place for workforce training, supervision and support. These arrangements facilitated both professional and personal development and all trusts evidenced this through annual staff appraisals and monthly supervision meetings. Sensory support staff in all trusts described good relationships with management and considered that issues raised could be escalated up through their respective organisations. They also described good support networks and relationships with peers both within their teams and with teams in other trusts.

Each trust's provision of training for staff was good in their own area of expertise and for general training; however, all staff reported gaps in the provision of specialist training. None of the five trusts reported issues with the availability of social work training but they have all reported difficulties in accessing rehabilitation training, as there are no courses offered in Northern Ireland. The review team considered the trusts should work collectively in an effort to negotiate alternative arrangements for the taught modules of the rehabilitation training, to make the course locally accessible.

At the time of the review, access to post qualifying awards for social workers was through the Post Qualifying Framework, facilitated by the Northern Ireland Social Care Council. However, there were no equivalent post qualifying awards for rehabilitation workers. Through the Regional Sensory Impairment Group the HSC organisations are working to implement a regional training framework for sensory support and a specialist post qualifying award in sensory support for social workers. This was scheduled to commence in March 2011, with each trust committing staff to participate in the training. The Regional Sensory Impairment Group was also planning to develop a similar post qualifying award for rehabilitation workers, through the Qualifications and Credit Framework.

The review team considered the implementation of the regional training framework is essential for the development of staff engaged in delivering services. The review team believed that the framework should be an integral part of the trusts' workforce strategies.

Throughout the trusts only a limited number of staff have completed sign language training at British Sign Language (BSL) Level 3. While the number of staff who had received sign language training was good, they were only trained to BSL Levels 1 and 2, which maintained the reliance on specialist interpreting services for meetings with Deaf service users. The numbers of staff across the trusts trained in Irish Sign Language (ISL) was minimal. The current profile was assessed by the review team as insufficient for effective communication with sign language users. With the exception of a few staff in each team, service users considered staff did not have suitable sign language skills to communicate with them and rely instead on the need for an interpreter.

Staff in all trusts had expressed an interest in undertaking further training in sign language; however, the limited availability of sign language courses

prohibited development in this area. The review team considered that the trusts and HSC Board should work collectively in an effort to negotiate with providers for the establishment of accessible sign language programmes on a regional basis. The review team also believed the voluntary organisations could be more proactive in the provision of accessible sign language training programmes.

Throughout its discussions with the HSC Board and trusts, the review team noted that there was a requirement for increased focus on training for staff working with deafblind service users

The involvement of service users in staff training varied considerably across trusts. While trusts demonstrated examples of service users' involvement, the review team's opinion of all trusts was that more direct involvement is required. This view was reflected in the comments from service users during the consultation, where they stated that involvement in staff training would be beneficial and had expressed an interest in participating in such training.

All trusts have arrangements in place for supervised placements of social work and rehabilitation students; however, it was clear there were issues in relation to rehabilitation training, as all trusts had reported no new student applications in this area.

Recommendations for the HSC Trusts

- All trusts should work collectively and in conjunction with the HSC Board to address the issue of the lack of accessible rehabilitation training in Northern Ireland.
- All trusts should work collectively and in conjunction with the HSC Board to address the issue of the lack of accessible sign language training in Northern Ireland. All staff working with sign language users should be trained to a minimum of level 2 sign language.
- The Belfast, Northern and Southern trusts should each develop a workforce strategy specific to sensory support services.
- The Belfast, Northern and Western trusts should each establish a procedure for involving service users in the training of trust staff.
- The Belfast Trust should address the issue of accessibility of its information systems to ensure all staff have equal access.
- The Northern Trust should review the current workforce profile to ensure sufficient skills and capacity are in place to deliver a high quality service.
- The Western Trust should work with the HSC Board to address the increasing waiting list for sensory support services.

- The South Eastern Trust should formalise a workforce strategy specific to sensory support services.
- The South Eastern Trust should put arrangements in place that ensure equality of training opportunities for all staff.
- The South Eastern Trust should formally identify the service gap in respect of mental health services for people with a visual impairment and if required, escalate to the HSC Board.

Standard 6. Person Centred Planning and Review

Standard Statement - Sensory support staff work in partnership with the service user, their carer and other relevant agencies and professionals to assess individual need and determine eligibility for care, support and rehabilitation in order to agree service provision.

During the review consultation events, service users were asked about their care plans and their involvement in the care planning process. Although some service users spoke of the benefits of having a care plan, the review team was concerned about the number of service users who claimed they did not have a care plan, or were not involved in the planning of their care.

This area was explored further with service users during the consultation and it was determined that the majority of service users were involved in the care planning process. A common theme across all trusts appeared to be an issue in their understanding of the terminology used and a lack of recognition that the discussions they had been having with their social workers was an integral part of the care planning process.

Following discussions with trust staff and after viewing a sample of care plans, the review team recognised that sensory support staff in each of the trusts had demonstrated a good understanding and working partnership with service users, who were engaged within the care planning process from the outset. It was noted, however, that the service users' lack of understanding of the care planning process impacted on their ability to fully assert their rights and views in this area. The review team considered that further work in relation to awareness raising with service users was required in this area.

The Regional Sensory Impairment Group had developed a new Regional Specialist Assessment document and care plan, in line with a regional initiative for standardisation. This was being introduced at the time of the review. It was acknowledged by staff that they were engaged in a transition phase and that staff and service users were getting used to the new care plans.

While it was not possible to perform a full file audit on all of the individual Regional Specialist Assessment documents and care plans, samples from each trust were provided to the review team.

The analysis indicated that using the assessment document, a comprehensive level of information could be gathered from service users during their initial assessment review/ referral. However, after a further review of the sample care plans, the review team believed that the information obtained and recorded on the care plans was not as comprehensive as the information recorded in the Regional Specialist Assessment document. The review team considered specific areas, such as objectives, responsibility and follow up targets, should be more accurately recorded in the care plans.

Both managers and staff from each trust stated there were arrangements in place for service users to receive a copy of their individual care plan. Service users also highlighted this as an issue during the consultation. While the individual arrangements varied across the trusts, the review team considered that overall, the service users' right to receive a copy of their care plan was not being met and that mechanisms should be put in place to address this.

All trusts have arrangements in place for the transition of young adults in accordance with Sections 5 and 6 of the Disabled Persons (Northern Ireland) Act 1989. While the review did not specifically address this area, all trusts provided evidence of the arrangements in place to ensure a co-ordinated approach to transition planning.

While the review team did not examine any of the trusts' records management systems in detail, it was evident from discussions with staff that trusts have robust procedures in place to manage the system.

Recommendations for the HSC Trusts

- All trusts should introduce an awareness programme for service users to help them understand the care planning process and their involvement in it, in order to ensure their rights and views are taken into consideration during the assessment process. This should include the development of systems where:
 - a) views, choices, preferences and goals are clearly documented and recorded
 - b) outcomes and targets are clearly identified, with assigned responsibilities and timeframes
- All trusts should provide all service users with a copy of their individual care plan in an appropriate format as a default and explain to them about their right to receive it. In cases where the service user declines to accept the document, this should be clearly recorded in the care plan.

Standard 7. The Range of Social Work and Rehabilitation Service Provision

Standard Statement - Social Work and Rehabilitation staff work in partnership with service users, carers and relevant agencies to provide a responsive and accessible service which meets the needs of people with sensory support needs.

The core activities of the sensory support teams across all trusts are the provision of social work and rehabilitation services to people who are deaf, hard of hearing, blind and visually impaired. The provision of other services such as support, advocacy and advice are more usually commissioned from voluntary organisations.

The HSC Board stated the current commissioning arrangements were heavily dependent on ad hoc research studies and the prevalence estimates of people with sensory support needs. The HSC Board informed the review team there was currently no regional register of people with a sensory support need. They stated the SOS CARE information system offered the most viable prospect of having a standardised platform for such a register, as it is used to provide Departmental returns regarding the number of clients in contact with social services. However, it was noted that this would not deal with people with a sensory support need who do not avail of sensory support services. While all trusts maintained registers, their comprehensiveness varied across trusts and they were maintained for more localised use.

Through utilising existing resources, all trusts were able to make provision for people who have developed a dual sensory loss. However, for people who were deafblind this was not always the case. Deafblindness is a unique condition that cannot be categorised alongside dual sensory loss and requires a specific approach. All trusts were deficient in this area and the review team recommended they develop a specific strategy to address this unmet need.

The review team considered that social work and rehabilitation staff engaged effectively with service users and applied appropriate methods of service delivery. This view was supported by comments made by service users at the consultation events.

All trusts advised that rehabilitation was facilitated through group and individual sessions which took place in various locations, including in the individual's home and in many instances, involved family members or carers. However, staff from the South Eastern and Northern Trusts advised that due to capacity issues, some group rehabilitation sessions were being scaled down. The review team considered that early intervention, treatment and rehabilitation are crucial to maximising the confidence and independence of service users and urged each trust to make every effort to continue to employ methods of best practice in rehabilitation. The benefits of the rehabilitation programmes experienced by service users were reflected in comments by them at the consultation events.

Hearing therapy services are not well resourced most trusts. Only the Western Trust had a qualified hearing therapist, who also received referrals from other trusts. The Southern and Belfast trusts had tried to address this area by providing training to other staff who then undertook to deliver the service. Overall it is an area that should be addressed by the trusts.

Staff in all trusts provided some level of advocacy and counselling services to service users and when required were able to make arrangements to access professional advocacy and counselling services from other providers.

None of the sensory support teams provided a specific out-of-hours service, however, in all trusts it was identified that many staff worked out-of-hours to assist and facilitate service users who presented in an emergency. The provision of the emergency out-of-hours service fell within each trusts generic out-of-hours social work service. Although the generic out-of-hours service was not reviewed, the review team was concerned as to whether they were fully trained to deal with people with sensory support needs. The interpreting contracts with RNID and Hands that Talk both covered out-of-hours, but in many cases it was stated that interpreters were not always available during these times.

From the consultation with service users, it was clear that the majority were unfamiliar with the emergency social work out-of-hours service and the arrangements for accessing the service. Informing service users about how to contact the service would improve accessibility.

The availability of communication resources was identified as a major issue for all trusts, especially as many staff relied on independent interpreting for meetings with service users. The trusts facilitate interpreting through a contract with RNID or Hands that Talk and most trusts advised they regularly overspent their interpreting budgets. Even with the contracts in place, there is a lack of available independent interpreting services. The availability of interpreters is outside the direct control of the trusts and needs to be addressed in conjunction with those voluntary organisations that provide training and qualified interpreters.

Recommendations for the HSC Board

- The HSC Board should explore the development of a standardised register across Northern Ireland for persons with sensory support needs, to aid the commissioning process.

Recommendations for the HSC Trusts

- All trusts should develop a specific strategy for the provision of care for people who are deafblind.

Standard 8. Aids and Equipment which Assist Daily Living and Communication for Service Users

Standard Statement - A range of specialised aids and equipment which assist daily living and communication are provided in response to assessed need.

Whilst all trusts reported adherence to elements of this standard, the review team concluded this was somewhat ambiguous. The quality standards advocate the provision of aids and equipment based on assessed need and service user choice. However, due to practical and financial constraints the range of aids and equipment is more closely aligned with cost. The range of aids and equipment provided by each trust were basic and merely met the minimum statutory requirements. In comparison to the range of aids and equipment currently available on the market, the review team concluded that those provided by the trusts did not fully meet the intentions of the quality standards.

At the time of the review, there was no regional policy in place for the provision of aids and equipment, however, the Regional Sensory Impairment Group was working on the development of a suitable policy. In the absence of an approved regional policy it was not possible to determine the rationale for the provision of aids and equipment and whether it reduced inequality or provided improved value for money, in line with the quality standards.

Only the Western Trust had developed a specific policy for the management of aids and equipment, however, there appeared to be a degree of inequity in respect of service users living in the northern and southern sectors of the trust. All the trusts advised they were using the draft regional policy as a guide. Managers and staff from each trust told the review team that equipment was issued after an assessment of need and that efforts were made to facilitate service users' choices where possible.

In relation to all aspects of aids and equipment, differing views were received from service users during the consultation. Overall, it was considered that the majority of service users had not been provided with information on: the range of aids and equipment provided by the trusts; the criteria for receiving aids and equipment; and the range of aids and equipment available from independent suppliers.

During the review, it was found that the aids and equipment were supplied with the necessary instructions. When staff were unable to provide the instructions in an alternative format, they provided service users with a demonstration of how to use the equipment.

While trusts advised of having arrangements in place in relation to the review and replacement of aids and equipment, in line with the changing needs of service users, most service users seemed to be unaware of them. In such cases, service users advised they would contact their social worker when they had any problems with equipment.

Most trusts advised of having arrangements in place regarding the responsibility for the provision, installation, maintenance and replacement of aids and equipment. For service users living in Housing Executive or supported housing accommodation, staff advised they would contact landlords or scheme wardens to advise of service users' assessments and their requirements for aids and equipment.

Recommendations for the HSC Trusts

- All trusts should continue to contribute to the development and implementation of a regional policy for the provision of aids and equipment through the Regional Sensory Impairment Group.
- All trusts should develop and communicate to service users information on:
 - a) aids and equipment supplied by the trust
 - b) aids and equipment available externally from the trust
 - c) the eligibility criteria for receiving equipment
 - d) the mechanisms for the review and replacement of aids and equipment in line with the changing needs of service users
 - e) the details of the person to contact regarding any changes to equipment
- The Western Trust should review the provision of aids and equipment in both sectors and put measures in place to ensure a trust wide approach to the provision of aids and equipment.

Section 3 – Conclusion of Findings

3.1 Conclusion

The assessment of the Quality Standards for Social Work and Rehabilitation in Sensory Support Services has demonstrated that the HSC Board and trusts have made significant improvements in sensory support services. These improvements have been achieved through the implementation of the recommendations contained within the Challenge and Change report and through the vision and drive of the Regional Sensory Impairment Group, which is to be commended.

The Quality Standards for Social Work and Rehabilitation in Sensory Support Services were published in March 2007. Throughout this review, the review team identified instances where the intentions of the quality standards did not match the current context or emerging developments of sensory support services. As a result the review team were of the opinion that DHSSPS, in conjunction with the HSC Board, Public Health Agency and the trusts, should consider a review of the standards to ensure that they take account of the current context and emerging developments within sensory support services. This was particularly relevant for Standard 8, where in the provision of aids and equipment, trusts are experiencing difficulties delivering against the principles of the standard.

In its feedback to trusts, the review team reflected its observations of highly motivated sensory support services teams, knowledgeable about the needs of service users with sensory impairment. This was evidenced through practitioner knowledge of the impact of the UNCRPD and the way in which the teams had developed a range of resources to ensure that services are delivered in a safe and effective manner.

At senior management levels the awareness of the services, the underpinning standards and the UN convention varied across the trusts. However, most senior management teams demonstrated a good understanding of these areas.

The review team identified common areas in each trust where the development of specific strategies and plans for sensory support services was required. These included: a strategy for the involvement of service users in the planning, delivery and review of sensory support services; a service delivery plan; and a workforce strategy for sensory support services. While these were common to more than one trust, the review team considered it may not be possible to adopt a regional approach for their development and implementation; as such strategies and plans should be aligned to their respective trusts rather than aligned regionally.

Two areas where the review team identified the benefits for a regional approach were the development of a Deafblind strategy and a suitable awareness programme in relation to the care planning process. It was felt the

benefits to minimise duplication of work and to share areas of good practice could be realised in these areas.

The review team also believed that the provision of information needed to be improved across all trusts and recommended the involvement of service users in such an exercise. One area that was evident in all trusts, was the need to make more information available in a format suitable for sign language users, such as signed video or DVD.

All trusts demonstrated good working relationships with other programmes of care and voluntary organisations, although there was a requirement on the part of the trusts for the development of more formal arrangements to ensure the effective and safe delivery of services.

The review team considered the workforce needs of staff, in line with the standards assessed. They considered the two main areas requiring further consideration in all trusts, were the development of accessible training for rehabilitation workers and the development of a programme to enable staff working within sensory support services to have an improved competence in sign language. The review team also recommends that the trusts ensure the involvement of sensory service users in the development and delivery of their respective training programmes.

A key area for further development is in the delivery of services for those who are deafblind. The review team recommends that each trust develops a specific deafblind strategy for this service user group.

Whilst there was evidence of person centred planning throughout each trust, it was evident from the review that service users lacked the understanding of the process to ensure their full participation. The review team observed that the awareness raising of the person centred planning process should be promoted in line with Standard 6.

As a result of limited development in the provision of specialist equipment the review team recommends that the trusts continue to contribute to the development of a regional policy for the provision of aids and equipment through the Regional Sensory Impairment Group.

RQIA wishes to thank the management and staff from the Health and Social Care Board, the Health and Social Care Trusts and service users for their co-operation and invaluable contribution to this review.

Recommendation for the DHSSPS

- The DHSSPS, in conjunction with the HSC Board, Public Health Agency and the trusts should consider a review of The Quality Standards for Social Work and Rehabilitation in Sensory Support Services to ensure they take account of the current context and emerging developments within sensory support services.

Recommendation for the Health and Social Care Board

- The HSC Board should take a lead role in the development and implementation of common recommendations to ensure a consistent service delivery approach across all trusts.

3.2 Summary of Recommendations

Recommendation for the DHSSPS

The DHSSPS, in conjunction with the HSC Board, Public Health Agency and the trusts should consider a review of The Quality Standards for Social Work and Rehabilitation in Sensory Support Services to ensure they take account of the current context and emerging developments within sensory support services.

Recommendations for the Health and Social Care Board

- The HSC Board should take a lead role in the development and implementation of common recommendations to ensure a consistent service delivery approach across all trusts.
- The HSC Board should work in conjunction with the trusts to ensure a fully accessible sign language interpreting service is developed in line with other foreign language interpreting services across Northern Ireland.
- The HSC Board should explore the development of a standardised register across Northern Ireland for persons with sensory support needs, to aid the commissioning process.

Recommendations for all Health and Social Care Trusts

- All trusts should conduct a baseline review of their information to determine whether the current information meets the needs of sensory support service users. This review should involve service users.
- All trusts should establish guidelines for reviewing and quality assuring information. This should involve service users and be revised and updated on an annual basis.
- All trusts should make available and deliver information in a suitable format for sign language users, such as signed videos.
- All trusts should update their websites to make them more accessible to people with sensory support needs. This should include an information portal that provides comprehensive details of services and signposts service users to other departments and organisations that can assist them further.
- All trusts should work collectively and in conjunction with the HSC Board to address the issue of the lack of accessible rehabilitation training in Northern Ireland.
- All trusts should work collectively and in conjunction with the HSC Board to address the issue of the lack of accessible sign language training in

Northern Ireland. All staff working with sign language users should be trained to a minimum of level 2 sign language.

- All trusts should introduce an awareness programme for service users to help them understand the care planning process and their involvement in it, in order to ensure their rights and views are taken into consideration during the assessment process. This should include the development of systems where:
 - a) views, choices, preferences and goals are clearly documented and recorded
 - b) outcomes and targets are clearly identified, with assigned responsibilities and timeframes
- All trusts should provide all service users with a copy of their individual care plan in an appropriate format as a default and explain to them about their right to receive it. In cases where the service user declines to accept the document, this should be clearly recorded in the care plan.
- All trusts should develop a specific strategy for the provision of care for people who are deafblind.
- All trusts should continue to contribute to the development and implementation of a regional policy for the provision of aids and equipment through the Regional Sensory Impairment Group.
- All trusts should develop and communicate to service users information on:
 - a) aids and equipment supplied by the trust
 - b) aids and equipment available externally from the trust
 - c) the eligibility criteria for receiving equipment
 - d) the mechanisms for the review and replacement of aids and equipment in line with the changing needs of service users
 - e) the details of the person to contact regarding any changes to equipment

Recommendations specific to the Belfast Health and Social Care Trust

- The Belfast Health and Social Care Trust should ensure that a programme of awareness raising and training on the legal and governance implications of the United Nations Convention on the Rights of Persons with Disabilities is provided to senior managers and trust board members.
- The Belfast Trust should develop a strategy that promotes the involvement of service users with sensory support needs in the planning, delivery and review of sensory support services in a co-ordinated way.

- The Belfast Trust should develop a service delivery plan specific to sensory support services. This should involve service users and other key partners.
- The Belfast Trust should formalise in written guidance the liaison arrangements with other programmes of care and departments.
- The Belfast Trust should develop a workforce strategy specific to sensory support services.
- The Belfast Trust should establish a procedure for involving service users in the training of trust staff.
- The Belfast Trust should address the issue of accessibility of its information systems to ensure all staff have equal access.

Recommendations specific to the Northern Health and Social Care Trust

- The Northern Trust should develop a strategy that promotes the involvement of service users with sensory support needs in the planning, delivery and review of sensory support services in a co-ordinated way.
- The Northern Trust should develop a service delivery plan specific to sensory support services. This should involve service users and other key partners.
- The Northern Trust should formalise in written guidance the liaison arrangements with other programmes of care and departments.
- The Northern Trust should each review the responsibility for providing awareness training, with a view to ensuring that qualified and experienced staff are more effectively engaged in specialist training and in direct service delivery.
- The Northern Trust should develop a workforce strategy specific to sensory support services.
- The Northern Trust should establish a procedure for involving service users in the training of trust staff.
- The Northern Trust should review the current workforce profile to ensure sufficient skills and capacity are in place to deliver a high quality service.

Recommendations specific to the Western Health and Social Care Trust

- The Western Trust should develop a strategy that promotes the involvement of service users with sensory support needs in the planning, delivery and review of sensory support services in a co-ordinated way.
- The Western Trust should develop a service delivery plan specific to sensory support services. This should involve service users and other key partners.
- The Western Trust should formalise in written guidance the liaison arrangements with other programmes of care and departments.
- The Western Trust should each review the responsibility for providing awareness training, with a view to ensuring that qualified and experienced staff are more effectively engaged in specialist training and in direct service delivery.
- The Western Trust should work with the HSC Board to address the increasing waiting list for sensory support services.
- The Western Trust should establish a procedure for involving service users in the training of trust staff.
- The Western Trust should review the provision of aids and equipment in both sectors and put measures in place to ensure a trust wide approach to the provision of aids and equipment.

Recommendations specific to the South Eastern Health and Social Care Trust

- The South Eastern Trust should continue to work to improve their information networks with service users.
- The South Eastern Trust should further develop a specific strategy for identifying undetected sensory loss which includes a strategy for the promotion of sensory support services.
- The South Eastern trust should formalise a workforce strategy specific to sensory support services.
- The South Eastern Trust should put arrangements in place that ensure equality of training opportunities for all staff.
- The South Eastern Trust should formally identify the service gap in respect of mental health services for people with a visual impairment and if required, escalate to the HSC Board.

Recommendations specific to the Southern Health and Social Care Trust

- The Southern Health and Social Care Trust should ensure that a programme of awareness raising and training on the legal and governance implications of the United Nations Convention on the Rights of Persons with Disabilities is provided to senior managers and trust board members.
- The Southern Trust should assist in the development of more robust communication channels between the forum groups and the service users.
- The Southern Trust should develop a service delivery plan specific to sensory support services. This should involve service users and other key partners.
- The Southern Trust, taking account of the timescale for the development of the regional strategy promoting service user involvement should assess whether an interim service user strategy for people with hearing difficulties is required.

3.3 Glossary

Belfast Trust	- Belfast Health and Social Care Trust
BSL	- British Sign Language
DANI	- Deaf Association of Northern Ireland
DHSSPS	- Department of Health, Social Services and Public Safety
GP	- General Practitioner
HSC	- Health and Social Care
HSS	- Health and Social Services
ISL	- Irish Sign Language
Northern Trust	- Northern Health and Social Care Trust
RNIB	- Royal National Institute of Blind People
RNID	- Royal National Institute for Deaf People
RQIA	- Regulation and Quality Improvement Authority
RSIG	- Regional Sensory impairment Group
South Eastern Trust	- South Eastern Health and Social Care Trust
Southern Trust	- Southern Health and Social Care Trust
SSI	- Social Services Inspectorate
SST	- Sensory Support Team
UNCRPD	- United Nations Convention on the Rights of Persons with Disabilities
Western Trust	- Western Health and Social Care Trust



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