The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority Review of Sensory Support Services at the Belfast Health and Social Care Trust

September 2011

informing and improving health and social care
www.rqia.org.uk

Contents

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 Belfast Health and Social Care Trust (Belfast Trust).

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 Services[1] (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 Belfast Health and Social Care Trust 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 Report [2]

  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]. This would represent an estimated 48,431 people living within the Belfast Trust area who are deaf or hard of hearing.

Similarly, RNIB estimate that there are 51,877 people in Northern Ireland with a visual impairment [6]. This would represent an estimated 9,719 people living within the Belfast Trust area who are blind or partially sighted.

Both these 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.

[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

This report summarises the findings from the review of the Belfast Trust and makes recommendations which the review team considers are necessary to maintain a quality service.

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 Belfast Trust, together with supporting evidence.

2. Completion and submission to RQIA of a self-assessment questionnaire from the Belfast Trust, 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 Belfast Trust, to obtain their views and opinions about sensory support services.

4. Validation visit to the Belfast Trust on 8 February 2011, which involved:

    - meeting with representatives of the trust senior management team 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 the Belfast 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 Belfast Health and Social Care Trust

The Belfast Health and Social Care Trust has been operational since 1 April 2007, following the merger of six community and hospital trusts and provides services to a total population of 335,150[7].

Management of sensory support services falls within the Social and Primary Care Services directorate within the trust. The directorate has responsibility for mental health, physical and sensory disability, older people's services, family and childcare and social work services.

The sensory support services are based across two locations within Belfast: the Bradbury Centre, covering south and east Belfast and the Everton Centre, covering north and west Belfast. Both facilities provide a range of technical, rehabilitation and social work support to people who have sight and hearing disabilities and to their carers.

The Trust provides the main social work and rehabilitation services. It also commissions other services from voluntary organisations such as day care activity groups, benefits, support and interpreting services. The voluntary organisations include RNIB, Shopmobility, Citizens Advice Bureau (CAB), Upper Springfield Development Trust, Cedar Foundation and SENSE.

The sensory support service operates an open referral policy, where people can contact the team directly, through their GP, or through other health community professionals. The services are available between 9.00am - 5.00pm and alternative arrangements are in place for an emergency out of hours service.

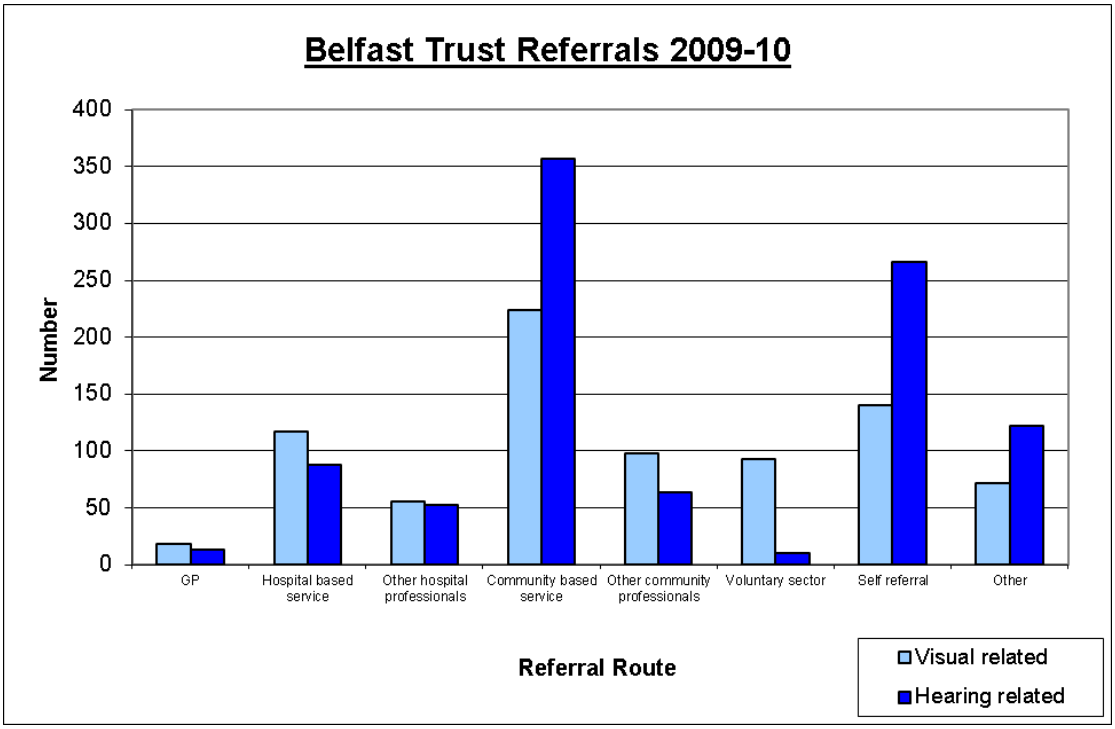
In the period 2009-10 the service received 817 visual impairment related referrals and 972 hearing impairment related referrals. The referrals were received from a variety of different sources. Table 1 and figure 1 highlight the breakdown of the source of referral.

[7] Source: Northern Ireland Statistical Research Agency (NISRA)

Table 1 - Belfast Trust Referrals[8]

Belfast Trust Referral Routes - 2009-10	Visual related	Hearing related
GP	18	13
Hospital based service	117	88
Other hospital professionals	55	52
Community based service	224	357
Other community professionals	98	64
Voluntary sector	93	10
Self-referral	140	266
Other	72	122
Total	**817**	**972**

Figure 1: Belfast Trust Referrals[9]



Within the Belfast Trust both locally based teams screen and respond to referrals in line with the regional guidance, to determine the urgency of the referral. After this initial assessment, the referral is prioritised and managed accordingly by the sensory team.

The trust maintains a register of people who have utilised the sensory support services. On 31August 2010 there were 1,958 visually impaired and 5,441 hearing impaired service users registered within the system, as detailed in table 2. It should be noted that these figures include both current open cases and closed service user cases.

[8] Source: Information supplied by the Belfast Trust
[9] Source: Information supplied by the Belfast Trust

Table 2: Registered Service Users in the Belfast Trust [10]

Belfast Trust	Number of Registered Service Users by Age								
	Under 18	**18-25**	**25-35**	**35-45**	**45-55**	**55-65**	**65-75**	**Over 75**	**Total**
Blind	9	14	43	51	77	75	89	533	891
Partially Sighted	13	19	51	44	58	66	97	719	1,067
Deaf	16	34	80	83	113	72	61	95	554
Hard of Hearing	94	120	108	170	282	365	567	3,181	4,887
Total	**132**	**187**	**282**	**348**	**530**	**578**	**814**	**4,582**	**7,399**

In providing the services the Belfast Trust employs 30 people (excluding management) on a full and part time basis within the Sensory Support Team (SST). Through the commissioning agreements, a further two people from the voluntary sector organisations provide services on behalf of the trust also on a full and part time basis. Table 3 details the staff breakdown in the SST at September 2010.

Table 3: Sensory Support Staff by Discipline (at September 2010) [11]

Position	Number of Staff	Whole time equivalent
Team leader	2	2.2
Senior social worker	0	0
Senior rehabilitation worker	1	1.0
Social worker	14	12.5
Rehabilitation worker	5	4.5
Trainee rehabilitation worker	1	1.0
Environmental technical officer	3	2.6
Administration worker	3	2.6
Rehabilitation worker for the Deaf	1	1.0
Voluntary sector organisations	2	1.5
Total	**32**	**28.9**

Staff in the SST are primarily qualified in the fields of social work and rehabilitation, but also have received training relevant to the needs of people with sensory support needs. This includes visual awareness training (88% of SST staff), equality training (100% of SST staff), disability training (100% of SST staff) and sign language training (87% of SST staff). The sign language training includes both British Sign Language (BSL) and Irish Sign Language (ISL), however, the levels of qualification vary across the team.

[10] Source: Information supplied by the Belfast Trust
[11] Source: Information supplied by the Belfast Trust

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 being provided by the Belfast Trust. Without service user input the validation of the trusts performance against the quality standards would not have been as comprehensive.

Various methods of consultation were considered, but it was agreed that a partnership approach between the Belfast Trust and RQIA would result in the best opportunity for service users to express their views. The trust was asked to arrange venues for the meetings and invite service users, while RQIA provided inspectors and administrative staff to facilitate the meetings.

During the consultation the Belfast Trust demonstrated 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. There was evidence of the trust: making resources available through the provision of a sign language interpreter, a note taker and a portable loop system (Criterion 3); arranging meetings in accessible locations (Criterion 8); and providing transport for service users (Criterion 9).

As part of this review two service user meetings were held. These took place at The Arches Health and Wellbeing Centre for service users from south and east Belfast and at the Everton Centre for service users from north and west Belfast. A total of 34 service users attended the meetings, including people who were deaf, hard of hearing, blind and partially sighted.

Under the Quality Standards for Social Work and Rehabilitation in Sensory Support Services the trust has specific responsibilities in relation to service users and their involvement. Through the consultation, service users gave their views in relation to how the trust was meeting these responsibilities.

The outcome of the consultation was used to inform the review team, when validating the trust against the quality standards. During the validation visit to the Belfast Trust, staff were questioned about issues raised by service users, to confirm or clarify the issues. Service user feedback has been included in the findings section of this report.

2.3 Findings from the Review

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. Evidence of the Belfast Trust 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 compliance with all of the standards for social work and rehabilitation in sensory support services.

In discussion with a number of the trust's senior managers, there appeared to be limited 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. The review team believed that there was a need for awareness raising of the convention at the highest level within the trust so that the legal and governance implications were fully understood.

The review team found wide and comprehensive awareness of the convention at team leader and practitioner levels within the trust, and concluded that staff were aware of its implications for service delivery.

The sensory service in the trust is a relatively small service, being delivered to a significant service user group; the review team considered that in raising corporate awareness of the UNCRPD the needs of the user group would be better understood. It was also considered that staff groups should be encouraged to take opportunities to promote their work at trust executive and board levels.

The review team assessed that the trust's provision of training was good in relation to human rights, equality, disability and awareness, and also for staff in their own area of expertise.

The trust reported that all service users with a sensory loss are supported in their pursuit of education, employment and access to health services. Staff advocate on their behalf and utilise all necessary resources to ensure the

discrimination and barriers are removed. The review team found that local teams worked in their roles with advocacy as an underpinning core function. This was reflected in the way in which service users were engaged with in their assessment and care planning approaches. However, as reported under Standard 6 not all service users were aware of the care planning process and the ability to influence and contribute to their care and rehabilitation.

The review team considered that the service users' lack of understanding of the care planning process impacted on their ability to fully assert their rights and views as part of the planning process for the delivery of care, support and rehabilitation. Similarly, it could not be comprehensively stated that the service users' rights and views were central to the care planning process as set out in Standard 6 Criterion 4.

Recommendation

1. The Belfast Health and Social Care Trust (Belfast 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.

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.

The Belfast Trust does not have a strategy in place to allow adults with sensory support needs or their representatives the means to influence decisions about the planning, operation and review of services. However, the review team identified more informal instances where service users had influenced the way some of the services were provided or how they received information.

In its self-assessment and during the validation meetings, the trust advised that it relies on its personal and public involvement (PPI) strategy to facilitate service user influence in the planning, operation and review of services. However, it was notable that the PPI strategy group does not include representation from anyone with a sensory support need. This further limits the influence of those delivering and receiving sensory services in this strategy.

The trust has a disability steering group. However, this group also has limited representation and influence from service users with a sensory support need. It was not clear how this group impacted on policy making, if at all.

There are various service user groups established across the trust, however, the absence of a strategy for service user involvement means they are not involved or consulted about the planning, operation or review of services. This was a view shared by the all the service users attending the feedback meetings, who commented that they had no involvement or consultation about sensory services. They further stated that they would wish to be more involved in all aspects of the sensory support services and made a number of suggestions about how the services being provided may be improved.

In relation to the service user groups, these were longstanding and locally established from the former legacy trusts: North and West Belfast Health and Social Services Trust; and South and East Belfast Health and Social Services Trust. There was an indication of steps to amalgamate and share learning and methods across these groups, however, at the time of the review, this had not happened.

The review team identified a number of areas of good practice in relation to service user involvement, which result in improvement. The examples of good practice were:

- Some service users had been involved in the recruitment and selection process for new staff. They had received training to enable them to be part of interview panels.

- The visually impaired service user groups in south and east Belfast have been involved in individual pieces of work, such as: producing a CD and large print magazine; developing information leaflets; developing signage for buildings; and some involvement in training.

During the meetings with trust staff there were several references to future developments in service user involvement.

Several of the criteria contained within this standard were not being met due to the absence of an appropriate strategy.

Overall there was little evidence of a co-ordinated approach to service user involvement or consultation specific to sensory support services.

Recommendation

2. 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.

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 Belfast Trust made available copies of information provided to service users.

There are two distinct types of information provided by the sensory support team:

- Information produced by the Belfast Trust: this included information about sensory support services and supporting documentation used by staff. For example; calling cards; complaint information; and miscellaneous information about hearing and sight conditions.
- Information produced by other organisations such as RNID, RNIB distributed to service users and carers by the trust. This included advice leaflets for service users and carers and information about different hearing and sight conditions.

The information produced by the trust was up-to-date and available in a range of alternative formats. However, this information still reflected the former legacy health and social services trusts' boundaries of south and east and the north and west Belfast areas, rather than reflecting a single Belfast Trust approach to information development and dissemination.

The trust did have a range of information available in alternative formats, which were developed through service user involvement. These included information on the sensory support services in compact disc (CD) format and documents on yellow paper in large print. During the service user meetings there was evidence of information being made available in Braille.

In relation to the CD, this included information about services provided in both the south and east, and north and west Belfast areas.

There was no information available 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 were based on service user needs, the majority of information provision was not informed by service users input or engagement.

Although there was limited service user involvement in the provision of information, service users with a hearing impairment and those who were partially sighted indicated that the information they received was sufficient to meet their needs. However, the service users who were blind indicated that they had issues with the way the information was provided and expressed the need for telephone rather than written contact.

Based on the information provided, there was no evidence of review and quality assurance processes for the provision of information and no service user involvement in this area.

In relation to the delivery methods for information there is no evidence to indicate that this area was regularly reviewed. The trust still relies on the traditional methods for the delivery of information, such as large print and Braille, although staff now regularly use email to communicate information to service users. While there were some instances of delivery of information in alternative formats, this was minimal in relation to the volume of information available. There was no information provided in an alternative format for sign language users.

The Belfast Trust's website was assessed by the review team as not accessible for people with sensory support needs. There was no browse aloud facility, no audio information and no signed video information. The structure and format of the website made it difficult to find information easily. While the management of the website does not fall within the remit of the sensory support service, they could initiate the change to make the website more accessible.

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. audiology, ophthalmology and the low vision clinics), it was determined through the validation meetings that information was provided and this was confirmed during the meetings with service users.

In relation to accessing information, many service users commented that a number of social workers have acted as advocates in this area. Although this was viewed as beneficial, it was not aimed at promoting the independence of individual service users. Through the service user consultation, service users advised RQIA of having received training in how to access information for themselves.

Overall, the review team considered that the provision of information could be improved by establishing a central portal for information on the trust website. This may 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 staff when looking for information.

Recommendations

3. The Belfast Trust should conduct a baseline review of information to determine whether the current information meets the needs of sensory support service users. This review should involve service users.

4. The Belfast Trust should establish guidelines for reviewing and quality assuring information. This should involve service users and be revised and updated on an annual basis.

5. The Belfast Trust should make available and deliver information in a suitable format for sign language users, such as signed videos.

6. The Belfast Trust should update its website to make it 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.

It was noted that the sensory support service had recently been subject to organisational restructuring, with alignment of the service within a new directorate. Senior managers stated that its position within the Social and Primary Care Services directorate now gave the sensory support service the recognition and support that it had not been afforded in the previous structure.

Although the trust has an overall corporate management plan, it does not have a specific service delivery plan for sensory support service as required by Standard 4 – Criterion 7. The overall plan makes little reference to sensory support services and does not provide sufficient detail for guidance and direction for sensory services.

In the absence of a service delivery plan the review team found it difficult to establish how the services were planned, commissioned and delivered effectively and in line with the identified needs of service users. The review team considered that there was a heavy reliance on the Regional Sensory Impairment Group. However, management staff from the Belfast Trust sensory team are key participants in the RSIG, which is developing policies and strategies for sensory support services.

At strategic level, senior management indicated that service commissioning was the responsibility of the Health and Social Care (HSC) Board rather than the trust. Senior management stated a need for targets in sensory work to drive strategy and performance. The review team considered that the trust was limiting its ability to develop the sensory support service through its own strategic planning systems.

The management of the current services appeared to make effective use of the resources available. Trained staff provided the social work and rehabilitation services, while the commissioning of the voluntary sector organisations provided additional advice and support services.

The review team did have a concern about the use of key professional staff in delivering awareness training. However, this was further clarified and it was advised that staff deliver specialist training on sensory support issues, amounting to a total of four days throughout the year. Staff advised that this work did not impact on service delivery.

The trust has clear organisational structures and processes in place to deliver effective governance within the sensory support service. Governance arrangements are in place internally for directly managed services and also for services commissioned from the voluntary organisations. The governance

structures for commissioned services include: contracts and service level agreements; risk management; monthly monitoring returns; regular meetings; and joint supervision. The trust also used service user feedback and audit results to monitor the quality of the services being provided.

The Physical and Sensory Disability Governance Group within the trust manages service delivery to ensure adherence to quality standards, monitors complaints and compliments and reviews incidents. It also delegates monitoring and compliance to the trust's contracts and quality assurance teams, facilitated through monthly and quarterly meetings.

There are also direct links with the trust's Disability Steering Group and the trust has also established a group to review and audit services to determine value for money, however, at the time of the review, this was only starting.

The trust has governance arrangements in place with the HSC Board and meets on a monthly basis to review sensory strategies and monthly performance returns.

Within the sensory team there are regular team and supervision meetings where staff can raise issues. Further details about the internal governance arrangements with staff are outlined under Standard 5 – Workforce planning, training, supervision and support.

There were good liaison arrangements between the sensory support team and other programmes of care, in particular learning disability, mental health and older people's services. Bimonthly meetings are held with these departments to offer consultation and advice on case management. The review team also noted that good working relationships were developing with voluntary sector organisations.

The closer working arrangements with other departments, such as ophthalmology, the low vision clinic and audiology have improved information sharing and referral generation.

The closer links have led to service users being referred directly and more quickly to the sensory support service. These arrangements were working towards ensuring that the needs of people with sensory support needs were being met.

Based on the prevalence of the number of people with a sensory impairment, two areas for development were identified by the review team. These related to the identification of people with undetected sensory loss and the promotion of the sensory support service. These areas are particularly important for potential service users, including older people or people who have other disabilities.

The sensory support team work with the other relevant programmes of care to promote awareness of the team and have actively promoted the service at GP surgeries, libraries and in shopping centres. However, the trust did not have a

strategy for identifying undetected sensory loss nor a strategy for the promotion of the sensory support services. In these areas the trust relied on word of mouth and other healthcare professionals making new referrals to the service.

Recommendations

7. The Belfast Trust should develop a service delivery plan specific to sensory support services. This should involve service users and other key partners.

8. The Belfast Trust should formalise in written guidance the liaison arrangements with other programmes of care and departments.

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.

The trust provided evidence of their trust-wide human resources strategy. However, there was no specific workforce strategy for sensory support services, as required under Standard 5 – Criterion 1.

The organisational structure within the sensory support team consists of two distinct groups covering the south and east, and north and west Belfast sectors. The service manager for physical and sensory disability has overall responsibility and is supported by two assistant service managers, one for each of the two geographical sectors. Below this are team leaders for the two areas, who oversee the work of the social work and rehabilitation practitioners, administrative and other staff. While two groups exist within the trust, they offer the same services and operate under the same policies and procedures.

Staff were aware of their own and other team members' roles and functions and referred to having access to good support networks. This was further enhanced by the peer support network that had developed throughout the team, and with teams in other trusts. This network was facilitated by the use of an on-line application, Google groups where staff could raise issues and get feedback from their peers and through email.

The sensory support service is a relatively small team and so there are limited opportunities for career development within the service.

At the time of the review there were two staff positions unfilled due to maternity leave and temporary redeployment. The trust confirmed there were vacancy controls in place. At the time of the review the trust could not confirm the impact of these controls on the service.

In relation to the number of staff within the team, the current complement was managing to run the service with no waiting list. However, staff indicated that they were now spending more time than before at their desk completing paperwork and were concerned about the impact of this on the service.

During the meetings with service users, while it was confirmed there were no waiting lists, service users did express concern that if the allocated staff member was off-duty they did not always receive the same quality of service.

Workloads were managed by the team leaders and regularly discussed during the supervision sessions. When necessary, managers reallocated resources to resolve identified issues. However, the review team noted an issue raised by a staff member that had not been resolved. It centred on the difficulties of

a staff member being able to fully access the trust's computer systems, due to their visual impairment. The review team believed this issue impacted on the staff member's ability in the delivery of the service in the same way as other members of the team.

The trust provided a copy of its policy for the employment of people with disabilities. The review team was of the opinion that this policy was sufficient for the sensory support service, as the employment of people with disabilities was not limited to the sensory support service.

Within the sensory support service the employment of people with sensory support needs was promoted. At the time of the review there were seven people with sensory support needs employed within the team. The review team considered this was a positive approach, as it increased the understanding of issues faced by service users.

The trust has overall governance arrangements in place for workforce training, supervision and support. Sensory support staff described an open door policy with management, which they believed enabled them to escalate issues up through the organisation.

With the exception of recruiting qualified rehabilitation workers, the trust did not report any major issues in relation to the recruitment and retention of staff. Although the lack of accessible rehabilitation training has resulted in some rehabilitation staff retraining in the area of social work.

The trust has induction arrangements in place for new staff and provided evidence of its induction pack. This was a comprehensive document, detailing information about the sensory support service, trust policies and procedures, key contact details and information about sensory impairment. The trust indicated it was developing a DVD to be included into the pack.

There was evidence that appraisals are carried out annually and supervision arrangements are in place. The supervision meetings to discuss issues, case loads and developments within the team are scheduled as protected time in staff calendars. When a planned meeting could not take place it is always rescheduled rather than cancelled. Although there are regular staff and supervision meetings, the team did not hold full trust meetings but maintained separate meetings for the south and east and north and west staff. The review team considered this hindered the integration of the team, and limited the opportunities to fully discuss issues in a trust wide forum. Management recognised this anomaly and indicated that they are working to resolve this issue for the future.

The trust had arrangements in place for both professional and personal development through annual reviews with staff. This process identified the training and support requirements for staff. Outside annual review arrangements, staff could discuss their personal development plans as part of supervision meetings.

During the review, only limited evidence was obtained in relation to the access to development opportunities for staff, as this area was not a priority for investigation. The Regional Sensory Impairment Group was identified as one area where staff had the opportunity to represent the trust at the regional meetings in developing policies and procedures for sensory services. An outcome from this group has led to another development opportunity. A sensory forum has been established with the other trusts to allow staff to meet and learn through sharing examples of good practice.

No evidence was presented to indicate that staff had opportunities to experience the work of other agencies. Due to the size of the team and the current pressures to deliver the services, the review team believed this was not a priority for the service at this time. However, if circumstances were to change, management should consider this development opportunity.

The trust's provision of training was good in relation to human rights, equality, disability and awareness training as well as training for staff in their own area of expertise. With the exception of rehabilitation training, sensory staff did not report any difficulties with access to training. When training was available they were permitted appropriate time off work to attend.

There were no issues with the availability of social work training. However, the trust reported difficulties in accessing rehabilitation training, as there are no courses offered in Northern Ireland. Although the current course is partly distance learning, it is difficult getting people to travel to England for this training. The review team considered that the Belfast Trust should work in conjunction with the other HSC trusts in an effort to negotiate alternative arrangements for the taught modules to make the course accessible locally. The review team acknowledged this may be a challenge for the trusts and any potential training provider.

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 trust was 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 the 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, however, it was unclear how this was to be accredited or by whom.

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

The majority of practitioners have received sign language training, most of which is at British Sign Language Level 1. With only a limited number of staff

trained to BSL Level 2 or 3. The current profile was assessed by the review team as insufficient for effective communication with Deaf service users. All staff were keen to further their training in BSL; however, the limited availability of sign language courses prohibited development in this area. The review team considered that the trust should work in conjunction with the other trusts in an effort to negotiate with providers the establishment of accessible sign language programmes. If staff were more proficient in sign language, in some cases, this would reduce the need for interpreting services.

Through the awareness training, staff received general training in communicating with people who have a sensory support need. It was also identified that approximately half of the sensory support staff had received training in deafblind communication.

Two areas where the trust was unable to provide training for staff were in relation to counselling skills and hearing therapy. However, for both these areas, staff were able to refer service users to qualified professionals in other services.

During the review it was established that the trust has no arrangements in place for the involvement of service users in staff training. This was also reflected during the service user meetings. The trust advised that they used their own staff, who had sensory impairments, for any training. Most of the service users believed that the involvement of service users in staff training was beneficial and expressed an interest in participating in such training.

The trust has good arrangements in place for supervised placements of social work and rehabilitation students. This is facilitated by having qualified practice teachers employed within the team. The sensory support team regularly makes places available to students and over the past three years the team has facilitated 12 student placements in both social work and rehabilitation.

Recommendations

9. The Belfast Trust should develop a workforce strategy specific to sensory support services.

10. The Belfast Trust should address the issue of accessibility of its information systems to ensure all staff have equal access.

11. The Belfast Trust should work collectively with the other trusts and in conjunction with the HSC Board to address the issue of the lack of accessible rehabilitation training in Northern Ireland.

12. The Belfast Trust should work collectively with the other trusts 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.

13. The Belfast Trust should establish a procedure for involving service users in the training of trust staff.

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. The review team was concerned about the number of service users who had 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 meetings and it was determined that the majority of service users were involved in the care planning process. There appeared to be an issue in their understanding of the terminology used and a lack of recognition that the discussion they had with their social workers was an integral part of the care planning process.

Following discussions with trust staff and after a review of a sample of care plans, the review team recognised that staff demonstrated a good understanding and working partnership with service users, who were engaged with in the care planning process from the outset. The review team, however, considered that a large percentage of service users did not fully understand the care planning process, the terminology relating to it or how they were involved in it.

It was noted that the service users' lack of understanding of the process impacted on their ability to fully assert their rights and views in this area. Therefore it could not be comprehensively stated that the service users' rights and views were central to the assessment process and the development of their care as intended by Standard 6 - Criterion 3.

While the regional sensory support pathway recommends targets in relation to response times, during the review there was no evidence obtained to identify any mechanism for recording or monitoring response times. However, the staff made reference to initial referrals being seen within five days. This view was also reflected in the feedback from service users, who made no reference to delays in response times.

The team had recently introduced the new Regional Specialist Assessment document and care plan, in line with a regional initiative for standardisation. It was acknowledged by staff that they were still in a transition phase and that staff and service users were getting used to the new care plans. However, this was being addressed and providing consistency was a priority for the trust.

While it was not possible to perform a full file audit on all of the individual Regional Specialist Assessment documents and care plans, a small sample of these were provided by the trust and examined by 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. This included general information about the service user; details of their current concerns and a history and psychological impact assessment; details of other disabilities, health conditions and medications; their mobility and use of aids; their personal circumstances, employment and living environment; their communication abilities, difficulties and requirements. This information, combined with a risk assessment of the service user, was sufficient to determine the appropriate level and urgency of cases and informed the team of their priority.

The staff did advise of face-to-face assessment and care planning with service users. The service users also signed the care plans to convey that they understood and agreed the content of their care plan. This was also evident from the care plans reviewed.

After a further review of the sample care plans, the review team considered that the information obtained and recorded on the care plans was not as comprehensive as the information in the Regional Specialist Assessment document. Much of the information required by the quality standards was not included in the care plan.

Of the care plans reviewed, there were only limited instances of the service users' views being recorded in the care plans and there were no evidence of the service users' right to take risks in respect of their activities of daily living. Subsequently it could not be comprehensively stated that the service users' choices, preferences and goals had been fully taken into account.

The review team noted that care plans identified limited information on the outcomes and targets to be achieved. With the exception of a small number of cases, the assigned responsibility for the completion of actions was not recorded. In addition, there were no review dates for individual actions, however, an overall review date for the care plan was recorded.

Both managers and staff stated there were arrangements in place for service users to receive a copy of their care plan, but they indicated that this practice was not consistent across the team. Some staff only gave care plans to service users who requested them, while staff stated that many service users refused them. In particular, many Deaf service users did not request copies, as they could not easily understand what had been written in the care plan and there was no provision for providing it in a suitable format for their needs. Of the service users spoken to during the consultation, those that did receive a care plan advised the only alternative format available was large print. Only a limited number of service users confirming that they had received a copy of their care plan. An issue that could have contributed to this was the fact that many service users were not aware of their right to receive a copy of the care plan.

In relation to young adults and the transitional arrangements in place in accordance with Sections 5 and 6 of the Disabled Persons (Northern Ireland)

Act 1989, the review did not specifically cover this area. While members of the sensory support team did have contact and provided advice to other departments and agencies, social work intervention for children was undertaken by the Children with Disabilities team and further transitional arrangements were being developed.

While the review team did not examine the trust's records management system in detail, it was evident from the discussions with staff and the documentation provided that there were robust procedures in place to manage the system. The trust provided a copy of its records management policy, records of file audits and trust staff confirmed that all files were audited during monthly supervision and signed off by the team leader. A further twenty per cent of these were audited by the assistant service manager.

Trust staff informed the review team about the patient records information system (PaRIS) for recording service user information and its flexibility to share information electronically between teams and other departments. This reduced the need for duplication in relation to obtaining information from service users, but it was only available for use within the south and east area of the trust.

Several staff also raised concerns about the increase in bureaucracy and duplication of effort, resulting from the introduction of the new care plans. The review team believed that once the transition period was completed this duplication would reduce. However, this is an area that the trust should monitor for the future.

Recommendations

14. The Belfast Trust 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

15. The Belfast Trust 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 team in the trust are the provision of social work and rehabilitation services to people who are deaf, hard of hearing, blind and visually impaired.

Through utilising the existing resources, the trust is also 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 could not be categorised alongside dual sensory loss and requires a specific approach.

The Belfast Trust did not have a specific strategy for people who were deafblind and the associated services were contracted from SENSE. The trust has one social worker with a primary focus on deafblind services and one rehabilitation worker trained in this area. It was acknowledged by the trust that services were lacking in this area and there was a need to develop deafblind communication.

Where the trust did not provide a specific service, they sub-contract the provision of the service to a voluntary sector organisation with relevant experience. The trust has contracts with Shopmobility, RNIB, SENSE, CAB, Upper Springfield Development Trust and the Cedar Foundation for the provision of services.

In relation to specific cases, members of the team may work and liaise with other statutory organisations, however, there were no formal protocols for working with these organisations.

The review team considered that social work and rehabilitation staff used appropriate methods of service delivery and this view was supported by comments made by service users at the consultation events.

The trust provided the main rehabilitation service for people with sight loss and hearing loss, and further rehabilitation services were commissioned through the voluntary organisations. The main method of delivery was facilitated through group and individual rehabilitation sessions which took place in various locations, including an individual's home.

Trust staff facilitated support and rehabilitation groups for lip reading and conditions such as tinnitus, as well as for more general service user groups. Links to other support and user groups, facilitated by the voluntary organisations, were provided by the trust.

The trust commissioned specialist support workers, activity workers and community co-ordinators from voluntary sector organisations to assist service users.

The Belfast Trust had funded a member staff in hearing and hard of hearing rehabilitation and they were currently the only qualified rehabilitation worker in that particular speciality in Northern Ireland. This service provided service users within the trust access to a specialist service not available elsewhere.

None of the sensory support staff were trained as counsellors, although they did provide a basic level of counselling to service users as part of their role. When service users required it, staff were able to make arrangements for professional counselling services. Both staff and service users confirmed that for Deaf people with mental health needs, specialist counselling was accessible via the trust's mental health service.

In some cases staff undertook an advocacy role on behalf of service users, and when the issue dictated, referred service users on to independent voluntary sector advocacy services.

There was no specific out-of-hours service provided by the sensory support team, however, it was identified that many staff did work out-of-hours to assist and facilitate service users who presented in an emergency. The provision of out-of-hours service fell within the trust's generic out-of-hours social work service. Although the out-of-hours service was not reviewed, the review team was concerned as to whether the generic out-of-hours social work service was fully trained to deal with people with sensory support needs. The trust benefits from the HSC Board's interpreting contract with RNIB, which includes a provision for out-of-hours.

From the meetings 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 it. Informing service users about the service and how to contact the service would improve accessibility.

The sensory support team delivers specialist awareness training to other departments throughout the trust. Staff confirmed working arrangements with the older people's services and regular meetings with audiology and ophthalmology, but there were no details of how they linked in with other programmes of care. This was an area where staff highlighted that they benefited from having closer links.

The working relationships that have developed between the team and both audiology and ophthalmology have improved the arrangements to facilitate earlier intervention. This has the potential to improve the standard of care for newly diagnosed service users.

The availability of communication resources was identified as a major issue for the sensory support team. All staff within the team, with the exception of a number of administrative staff, are trained to a minimum of level 1 sign

language and staff who regularly work with sign language users are trained to level 2 sign language. However, during the consultation service users expressed a need for independent interpreting for meetings. Even with the HSC Board contract for interpreting services in place, there is a gap in the availability of interpreters through this service. This results in many meetings with Deaf service users taking place in the absence of an interpreter. The availability of interpreters is outside of the control of the trust, but the impact of the problem could be reduced through further staff training, as referenced under Standard 5.

The trust maintains registers of people with visual and hearing impairments who have had or are currently in contact with the service. The registers were being used in relation to service planning, however, the effectiveness of the registers was questioned by the review team, given the potential numbers of people with sensory loss and undetected sensory loss that were not in contact with the service.

Recommendations

16. The Belfast Trust 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 the Belfast Trust reported adherence to elements of this standard the review team concluded this to be 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 was more closely aligned with cost and 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 it was difficult to see how those provided by the trust fully met 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. The trust did not have an individual policy for the provision of aids and equipment.

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. This also resulted in the regional commissioning group not yet being established. However, it was anticipated that the trust would be represented on this group. It had been planned that this group would have responsibility to monitor and review expenditure within the context of a regional budget; test and review the range and performance of aids and equipment supplied; and access up-to-date information regarding the availability of the most recent aids and equipment.

Trust managers and staff told the review team that equipment was issued after an assessment of need, and that user choice was considered, where possible. This approach was consistent with the views expressed by service users, who received an assessment. However, service users went on to say that they were provided with a minimal choice of basic aids and equipment.

The majority of blind service users advised that they were unaware of what aids and equipment the trust were supposed to supply. The hard of hearing service users advised that they were provided with information about the aids and equipment supplied by the trust.

When queried about the eligibility criteria for receiving aids and equipment, all service users advised that they were unaware of them and that this information had not been supplied by the trust.

While trust staff advised that service users were signposted to other suppliers in cases where the trust was unable to provide certain items of equipment, service users gave mixed accounts of this practice. Visually impaired and

hard of hearing service users spoke of receiving advice on where and how to obtain other aids and equipment, however, the majority of the blind service users stated they did not receive such information.

Service users advised that aids and equipment were supplied with the necessary instructions, usually the original information from the supplier. While this information is not generally in an accessible format for many service users, in most cases it is not reasonably practicable for the trust to replicate this information in alternative formats. To assist service users, staff receive training on the use of aids and equipment which allows them to instruct service users how to use them.

The review team found no evidence of the mechanisms for the review and replacement of aids and equipment in line with the changing needs of service users. Trust staff reported that equipment can be replaced if it is not suitable and that all assessments for equipment are jointly carried out with service users. The trust also stated that the service users were given the name of the person to contact regarding any changes in needs. However, service users indicated that they were unaware of this and contacted the social worker when they had any problems with equipment. In relation to the reassessment of equipment, the trust had no mechanisms in place for the self-assessment by the user.

The trust had in place arrangements between the teams and the Business Services Organisation, Procurement and Logistics Service and its estates department regarding responsibilities for the provision, installation, maintenance and replacement of aids and equipment. Where the service users lived in Northern Ireland Housing Executive (NIHE) accommodation, the social workers engaged with NIHE in relation to equipment and making reasonable adjustments for service users.

Recommendations

17. The Belfast Trust 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.

18. The Belfast Trust 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

Section 3 – Conclusion of Findings

3.1 Conclusion

In its feedback to the Belfast Trust on the day of the review, the review team reflected its observations of a highly motivated sensory support services team, knowledgeable in the provision of services to service users with sensory needs. 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. Examples of these initiatives were: the development of an induction DVD on sensory awareness for new staff; a pack for students in sensory support services; and engagement in the development of materials for a specialist sensory support post qualifying award.

The review team observed limited awareness of the service, the underpinning standards and the UNCRPD at senior management levels within the trust. The review team also considered that it was important that corporate management awareness and education of the service, its users and standards should be developed.

Within the trust there is a general strategy for the engagement of service users. However, it was considered that there was an underrepresentation of sensory expertise and outputs specifically aimed at sensory services emanating from this work. Therefore, in line with the standards assessed, the review team recommend that a specific user engagement strategy should be developed.

Central to the promotion of care and rehabilitation to the needs of the sensory service users is the ability to access good quality information in a range of accessible formats. Whilst information has been developed over the last number of years, the review team was clear that there is a need for further development in respect of: information needs analysis; on-going review and quality assurance of information materials; accessibility through the trust's website; and specific formats for sign language users.

Central to the delivery of effective services to people with sensory support needs is the requirement to have joint working between statutory and voluntary sector services. The review team identified good working relationships and arrangements with voluntary sector organisations. While working relationships with other programmes of care were good, the review team considered there was a requirement on the part of the trust to develop more formal arrangements to ensure the effective and safe delivery of services.

The review team examined workforce needs for staff, in line with the standards assessed. They considered there were a number of areas requiring further consideration in respect of staff training and development. These included: awareness training for all trust staff delivering any service to those with sensory needs; specific work with other trusts through the regional group

on the development of Northern Ireland accessible training for rehabilitation workers and the development of a programme to enable staff working within sensory support services to be appropriately trained in sign language. The review team also recommends that the trust ensures the involvement of sensory service users in the development and delivery of its training programmes.

One key area for the development of more focused service provision is in the delivery of services for those who are deafblind. The review team recommends that a specific deafblind strategy is developed for this user group.

Whilst there was evidence of person centred planning in place, staff groups confirmed that this was still a work in progress. The review team observed that the ongoing development is facilitated and promoted in line with Standard 5 of the Quality Standards for Social Work and Rehabilitation in Sensory Support Services.

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

Exemplars of good practice were noted during the course of this review. These include: the training and involvement of service users in staff recruitment exercises and the involvement of service users in the design and development of signage across a number of new trust facilities.

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

3.2 Summary of Recommendations

1. The Belfast Health and Social Care Trust (Belfast 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 (UNCRPD) is provided to senior managers and trust board members.

2. 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.

3. The Belfast Trust should conduct a baseline review of information to determine whether the current information meets the needs of sensory support service users. This review should involve service users.

4. The Belfast Trust should establish guidelines for reviewing and quality assuring information. This should involve service users and be revised and updated on an annual basis.

5. The Belfast Trust should make available and deliver information in a suitable format for sign language users, such as signed videos.

6. The Belfast Trust should update its website to make it 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.

7. The Belfast Trust should develop a service delivery plan specific to sensory support services. This should involve service users and other key partners.

8. The Belfast Trust should formalise in written guidance the liaison arrangements with other programmes of care and departments.

9. The Belfast Trust should develop a workforce strategy specific to sensory support services.

10. The Belfast Trust should address the issue of accessibility of its information systems to ensure all staff have equal access.

11. The Belfast Trust should work collectively with the other trusts and in conjunction with the HSC Board to address the issue of the lack of accessible rehabilitation training in Northern Ireland.

12. The Belfast Trust should work collectively with the other trusts 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.

13. The Belfast Trust should establish a procedure for involving service users in the training of trust staff.

14. The Belfast Trust 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

15. The Belfast Trust 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.

16. The Belfast Trust should develop a specific strategy for the provision of care for people who are deafblind.

17. The Belfast Trust 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.

18. The Belfast Trust 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

3.3 Glossary

Belfast Trust	- Belfast Health and Social Care Trust
BSL	- British Sign Language
CAB	- Citizens Advice Bureau
DANI	- Deaf Association of Northern Ireland
DHSSPS	- Department of Health, Social Services and Public Safety
GP	- General Practitioner
HSC	- Health and Social Care
ISL	- Irish Sign Language
NIHE	- Northern Ireland Housing Executive
PaRIS	- Patient Records Information System
PPI	- Personal and Public Involvement
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
SST	- Sensory Support Team
UNCRPD	- United Nations Convention on the Rights of Persons with Disabilities

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