



The **Regulation** and  
**Quality Improvement**  
Authority

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

September 2011



## Table of Contents

Section 1 – Introduction .....	1
1.1 The Regulation and Quality Improvement Authority.....	1
1.2 Context for the Review.....	2
1.3 Review Methodology.....	5
1.4 Membership of the Review Team.....	6
Section 2 – Findings of the Review Team.....	7
2.1 Profile of the Southern Health and Social Care Trust.....	7
2.2 Consultation with service users.....	10
2.3 Findings from the Review.....	11
Standard 1. Human Rights and Equality .....	11
Standard 2. Involvement of Adults with Sensory Support Needs .....	13
Standard 3. Information for Service Users .....	15
Standard 4. The Planning, Commissioning and Delivery of Social Work and Rehabilitation Services .....	17
Standard 5. Workforce Planning, Training, Supervision and Support .....	20
Standard 6. Person Centred Planning and Review .....	24
Standard 7. The Range of Social Work and Rehabilitation Service Provision	27
Standard 8. Aids and Equipment which Assist Daily Living and Communication for Service Users .....	30
Section 3 – Conclusion of Findings.....	33
3.1 Conclusion .....	33
3.2 Summary of Recommendations.....	35
3.3 Glossary .....	37

## **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 Southern Health and Social Care 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<sup>1</sup> (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 Southern 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<sup>2</sup>

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 aim

---

<sup>1</sup> 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](http://www.rqia.org.uk)

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

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.<sup>3</sup>

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<sup>4</sup>

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<sup>5</sup>. This represents an estimated 51,142 people living within the Southern 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<sup>6</sup>. This represents an estimated 10,263 people living within the Southern Trust area who are blind or partially sighted.

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.

---

<sup>3</sup> 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

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

<sup>5</sup> Source: Information supplied by RNID

<sup>6</sup> Source: Prevalence of Sight Loss RNIB NI Briefing Paper Jan 2010

This report summarises the findings from the review of the Southern 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 Southern Trust, together with supporting evidence.
2. Completion and submission to RQIA of a self-assessment questionnaire from the Southern 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.
3. Consultation with service users throughout the Southern Trust, to obtain their views and opinions about sensory support services.
4. Validation visit to the Southern Trust on 7 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 Southern 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 Southern Health and Social Care Trust**

The Southern Health and Social Care Trust has been operational since 1 April 2007, following the merger of the four legacy trusts and provides services to a total population of 353,908<sup>7</sup>.

Management of Sensory Support Services falls within the Mental Health and Disability Services directorate within the trust. The directorate has responsibility for mental health, learning disability, physical and sensory disability and psychology services.

The sensory impairment service is provided through two teams for the hearing and visual impaired, based in three locations across the trust: Cherrytrees in the Craigavon and Banbridge area; Conifers in the Newry and Mourne area; and Moy in the Armagh and Dungannon area. All facilities provide a range of technical, rehabilitation and social work support to people in the Southern Trust who have sight and hearing disabilities and/or their carers.

The trust provides the main social work and rehabilitation services. It also commissions other services from voluntary organisations such as support groups, community access services, advice and development support and interpreting services. The voluntary organisations include RNIB, RNID and Guide Dogs.

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 602 visual impairment related referrals and 511 hearing impairment related referrals. The referrals were received from a variety of different sources. Table 1 and figure 1 highlights the breakdown of the source of referral.

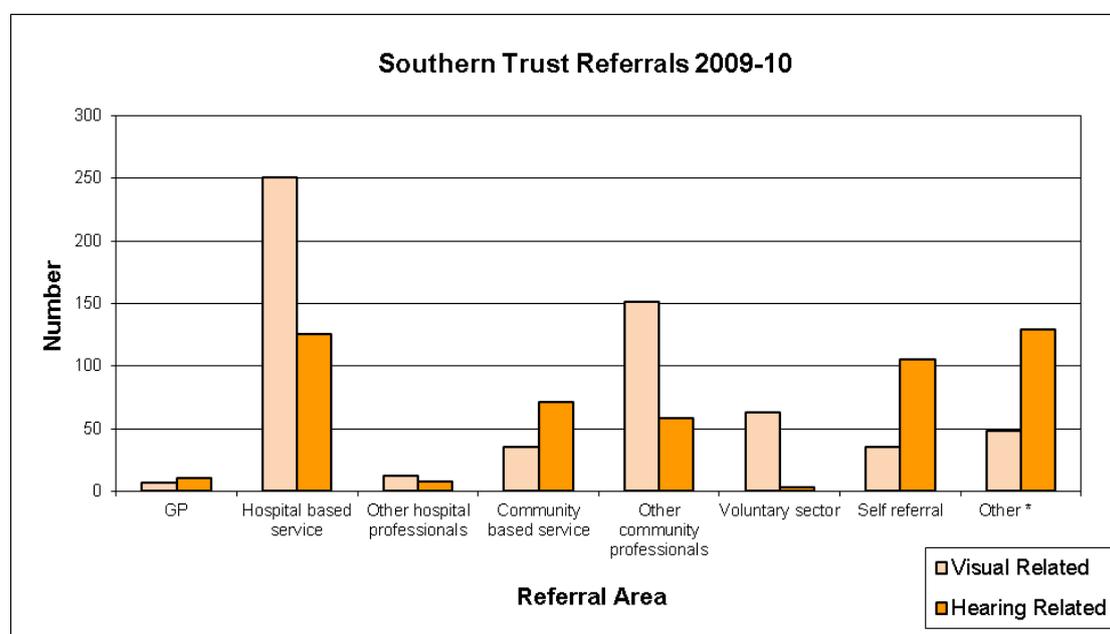
---

<sup>7</sup> Source: Northern Ireland Statistical Research Agency (NISRA)

Table 1 - Southern Trust Referrals <sup>8</sup>

Southern Trust Referral Routes - 2009-10	Visual Related	Hearing Related
GP	7	11
Hospital based service	251	126
Other hospital professionals	12	8
Community based service	35	71
Other community professionals	151	58
Voluntary sector	63	3
Self-referral	35	105
Other *	48	129
<b>Total</b>	<b>602</b>	<b>511</b>

Figure 1 - Southern Trust Referrals <sup>9</sup>



To determine the urgency of the referral the locally based teams screen and respond to referrals in line with the regional guidance. 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 31 August 2010 there were 1,520 visually impaired and 2,877 hearing impaired service users registered within the system. It should be noted that these figures include both current open cases and closed service user cases.

<sup>8</sup> Source: Information supplied by the Southern Trust

<sup>9</sup> Source: Information supplied by the Southern Trust

Table 2 – Registered Service Users in the Southern Trust <sup>10</sup>

Southern Trust	Number of Registered Service Users by Age								Total
	Under 18	18-25	25-35	35-45	45-55	55-65	65-75	Over 75	
Blind	18	23	30	55	65	111	102	340	744
Partially Sighted	42	26	35	51	42	64	128	388	776
Deaf	24	18	54	32	37	24	37	27	253
Hard of Hearing	74	32	48	91	139	263	442	1535	2624
<b>Total</b>	<b>158</b>	<b>99</b>	<b>167</b>	<b>229</b>	<b>283</b>	<b>462</b>	<b>709</b>	<b>2290</b>	<b>4397</b>

In providing the services the Southern Trust employs 33 people (excluding management) on a full and part time basis within the Sensory Support Team (SST). Through the commissioning agreements a further three 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 Sept 2010) <sup>11</sup>

Position	Number of Staff	Whole time equivalent
Team leader	2	2.0
Senior social worker	1	1.0
Senior rehabilitation worker	0	0
Social worker	12	11.4
Rehabilitation worker	5	4.5
Trainee rehabilitation worker	0	0
Environmental technical officer	2	2.0
Administration worker	5	3.5
Day care worker	1	1.0
Floating support	3	2.6
Trainee social worker	2	2.0
Voluntary sector organisations	3	4.0
<b>Total</b>	<b>36</b>	<b>32</b>

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 (87% of SST staff), equality training (57% of SST staff), disability training (60% of SST staff) and sign language training (78% 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.

<sup>10</sup> Source: Information supplied by the Southern Trust

<sup>11</sup> Source: Information supplied by the Southern 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 the sensory support services being provided by the Southern 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 Southern Trust and RQIA would result in the best opportunity for service users to express their views. The trust was asked to arrange a venue for the meeting and invite service users, while RQIA provided inspectors and administrative staff to facilitate the meetings.

During the consultation the Southern Trust demonstrated evidence of meeting some 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 hearing aid loop system (Criterion 3); arranging meetings in accessible locations (Criterion 8); and providing transport for service users (Criterion 9).

As part of this review one service user meeting was held. This took place in the Cherrytrees Resource Centre for service users throughout the trust. A total of 27 service users attended the meeting, 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 Southern 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 and evidence of the Southern Trust meeting the key human rights indicators were 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.

Whilst the trust in their written submissions made reference to their compliance with the UNCRPD, during the discussion with the trust's senior managers, there appeared to be limited awareness and limited reference to the influence of UNCRPD and its implications for the strategic and operational obligations in the planning and provision of services to persons with a disability. Senior managers appeared to believe that the key concepts of the convention were enshrined in the British Association of Social Workers (BASW) code of ethics which they stated all managers and practitioners work to.

The review team believed 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 and the trust's responsibilities as a state party in respect of the convention could be fully met.

During the review the review team spoke with practitioners involved in the day to day delivery of services. It was apparent that practitioners were more aware of the convention and were able to give examples of how they felt practice had changed since the convention was ratified by the UK government. This included, empowering visually-impaired people by helping them access new technology and improved assessment processes which involve the user. This was confirmed through the service user consultation exercise; however, there was a mixed response from Deaf and hard of hearing service users in respect of the same issue.

Staff within the sensory support teams stated that they had received training in Human Rights awareness.

When assessing the trust's evidence on addressing the cultural and community identities the review team noted that information was available in a range of formats visually-impaired people. Information did not seem to be as available in accessible formats for profoundly Deaf people and Deaf service users complained that they could not understand written information. Senior managers stated that were considering BSL video clips as a format but this had not been actioned.

The trust clearly represented their view that both BSL/ISL interpreting service was under-funded. The trust were representing this gap in service by representing to the commissioner that BSL interpreting services should be funded as well as other language interpreting services.

In addressing the cultural and community needs the trust evidenced that they had in place support groups for Deaf women and other Deaf clubs across their geography. This also included reference to a specific travellers' support group. The trust had also funded research from RNID into needs of profoundly Deaf people in its area.

Managers stated that sensory awareness training is provided by sensory staff to domiciliary care staff and to other colleagues involved in a person's care. This was provided by the sensory support team. The trust was also able to demonstrate that the team provided training to GP's and other primary care staff, in respect of improved responsiveness to the needs of services users with sensory loss. They also described pilot training for 300 staff is being delivered by RNID, RNIB and Guide Dogs aimed at improving service user experience when attending Trust facilities. This was further reflected in the service user consultation, where Deaf service users expressed concern about front line reception staff not being able to communicate with them. It was evident that appropriate information for deafblind people remained a challenge for the trust.

The trust reported that all training provided by sensory teams is evaluated and acted upon to improve training where applicable.

## **Recommendations**

1. The Southern Health and Social Care Trust (Southern 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 Southern Trust reported that they had a long history of service user consultation and that services users were engaged at different levels within the trust. This was demonstrated by the establishment of two service user forums, the Vision Forum and the Hearing Forum, each consisting of 15-20 service users. There are two deafblind people on the Vision Forum. These groups meet quarterly. Staff reported that participants are actively sought through advertisement in a Newsletter that is disseminated to service users, however did report that getting certain groups on board was a challenge.

The sensory support team and the service users' representatives have a strong representation on the Access Working Group with whom the forum groups regularly engage in consultation with as well as other trust departments. The forum groups have been influential in designing the colour, style and formatting of information and signage; developing leaflets for promoting appropriate practice and changing services, in particular the development of the Low Vision Clinic from a hospital based service to an outreach service.

An area of concern for the review team was the stark comparison of opinion between the hearing impaired and visually impaired service users, in relation to their involvement. All the visually impaired service users spoke of being involved in the Vision Forum and felt their views were being considered. Whereas the majority of the hearing impaired service users stated they had never been involved nor knew of anyone who had been involved in the planning of services.

Given the establishment of the Hearing Forum and the conversations with staff, the review team determined that the possible lack of involvement from these service users could be attributable to the communication channels currently in place. As it was possible that a different set of service users might have advised of being involved. The review team considered this was an area that the trust should address to assure itself that all service users had the opportunity to be involved.

In their self-assessment and during the meetings the Southern Trust advised that they continue to use the former Southern Health and Social Services Board (SHSSB) strategy 2003-2008 for the provision of health and social services to people with a visual impairment and their personal and public involvement (PPI) strategy as the standards for engaging with service users.

The trust stated that they have held back on developing its own specific strategy as there was the prospect of a regional strategy for service user involvement being developed. While the SHSSB document was positive and

provided a clear standard for involving people with a visual impairment, there were no similar standards for involving people with a hearing impairment.

The trust also stated that it promoted service user engagement through its PPI strategy. The review team considered that this was also limited in relation to the involvement of people with sensory support needs. However, the PPI strategy was backed up with an Action Plan to enhance the PPI within the Physical and Sensory Disability Directorate. The Action Plan identified key objectives and the associated deliverables the trust wanted to achieve to ensure the involvement of people with sensory support needs.

Even in the absence of a specific strategy for involvement, the trust's current mechanisms have ensured there is comprehensive service user involvement.

### **Recommendations**

2. 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. 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 Southern Trust made available copies of the range of information provided to service users. It was a wide range of information and would enable service users to remain informed about services available and particular conditions. The review team also observed additional information resources within the trust's resource centre during the review visit.

There were two distinct types of information provided by the sensory support team.

- Information produced by the trust; this included the information about sensory support services available through the trust, information for carers, information on direct payments and supporting documentation used by staff. Including calling cards, complaint information, signpost information to other services and miscellaneous information about hearing and sight conditions.
- Information produced by other organisations such as RNID, RNIB given out by the trust; this included advice leaflets for service users and carers, information about other services and information about different hearing and sight conditions.

The information produced by the trust was up-to-date and was available in alternative formats. However, some of the information observed in the resource centre was dated and referenced out of date contact information for some organisations. The review team questioned its current relevance and suitability.

The trust had information available in alternative formats, which were developed through service user involvement. These included information on the sensory support services in CD format, Braille and documents in alternative print format. The trust had also provided information on its PPI strategy in CD format.

The trust has established a working group to look at improving access for service users, which included a recommendation for improving communication. The work being carried out by the trust in this area was reflected by the service users, who stated that in recent years the level of communication and information had improved. The majority of the service users stated they were happy with the various formats the information was being provided in, however, there were a few instances when the format remained inaccessible.

The review team identified there was no information available in a format that accommodated sign language users, such as signed video or DVD's. However, the trust had already identified this gap and had contracted the RNID to undertake research to identify more effective methods to communicate with and inform sign language users about services.

From the evidence obtained, it is the opinion of the review team that although many areas of information provision were based on service user needs, there still remained a lot of information produced, that was not informed by the specific needs of service users. Service users did not generally identify this as an issue and were content with the information they received.

Based on the information provided, it was unclear whether there was any regular review or quality assurance processes in place for the provision of information. It was also unclear as to the involvement of service users in any information review or quality assurance process.

The trust website was not fully accessible for people with sensory support needs. Although there was a browse aloud facility there was 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 standard being assessed states that suitable information should be available at the point of diagnosis (e.g. at audiology, ophthalmology and the low vision clinics), the trust told the review team that information was provided at the point of diagnosis.

Through the service user meetings, there was evidence of service users receiving training on how to access information for themselves and receiving adapted equipment to help them access the internet. This promotes the independence of individual service users.

## **Recommendations**

4. The Southern Trust should conduct a baseline review of information to determine whether the current information meets the needs of service users. This review should involve service users.
5. The Southern Trust should establish guidelines for reviewing and quality assuring information. This should involve service users and be revised and updated on an annual basis.
6. The Southern Trust should make available and deliver information in a suitable format for sign language users, such as signed videos.
7. The Southern 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.**

Under the requirements of the Quality Standards, in particular Standard 4 – Criterion 7, the trust should have a specific service delivery plan for the sensory support service. The Southern Trust did not have a specific service delivery plan, but provided evidence of their directorate Performance Plan and Work Plan. While these plans did target specific areas within the sensory support service, the review team considered they were not comprehensive enough to meet the requirements outlined in the standards.

In the absence of a service delivery plan the review team found it hard to establish how the services were effectively planned, commissioned and delivered in line with the identified needs of service users.

At strategic level, senior management demonstrated an understanding of the disability issues and of the sensory support service. They were aware of the strategic targets identified for the service and admitted there were difficulties in implementing the planned improvements due to the funding cuts.

Based on the information obtained during the review, the review team considered that the trust was proactive in contributing to the regional strategic direction for the sensory support services. Management from the sensory team are key participants in the Regional Sensory Impairment Group, which is developing policies and strategies for sensory support services. It was clear that the Southern Trust were not as reliant on the outputs from the RSIG for the development of their sensory support services as had been observed in some of the other trusts.

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 staff in delivering awareness training. Although this is an important area, it was considered that this responsibility should fall within the trust training unit in order to allow sensory support staff more time to deliver social work and rehabilitation services. While the trust had a differing perspective of this, they did acknowledge that it was sometimes difficult to free up staff to carry out this work.

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 the staff and services provided by the

trust and externally for the commissioned services provided by voluntary organisations and reporting to the Health and Social Care (HSC) Board.

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.

At the time of the review, the governance structure for the commissioned services provided by the voluntary organisations included 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 trust has governance arrangements in place with the HSC Board and meets on a monthly basis to review sensory strategies and monthly performance returns. Although there was regular contact with the HSC Board, the trust outlined frustration at its inability to secure additional funding for identified needs in the service.

There were good liaison arrangements between the sensory support team and other programmes of care, in particular Ear, Nose and Throat department, ophthalmology and optometry services. Regular meetings are held with these departments to offer consultation and advice on case management and review service delivery. The review team also noted that good working relationships with voluntary sector organisations were developing.

The closer links have led to service users being referred directly and sooner to the sensory support service. These arrangements were working towards ensuring that the needs of people with sensory support needs were being met. Although the arrangements are in place it was not established during the review whether there was any clear guidance for referral and co-working between the sensory support service and other programmes of care.

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

While the sensory support team worked with the other relevant programmes of care and actively promoted the service at GP surgeries and in health centres through specific protected time training programmes, the trust did not have a strategy for identifying undetected sensory loss or a strategy for the promotion of the sensory support services. In these areas the trust relied on word of mouth and other healthcare professionals referring new people to the service.

## **Recommendations**

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

## **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 Southern Trust provided no evidence of a workforce strategy specific to the sensory support service. Although trust managers stated that the workforce needs for sensory services fell within the trusts overall workforce strategy, the review team considered this arrangement did not meet the requirements outlined in the Standard 5, criteria 1.

The sensory support team does not have a complex organisational structure. The service manager has overall responsibility and is supported by two team managers, one covering the Visual Disability Services and the other covering the Hearing Disability Services.

This team has responsibility for the three resource centres; Cherrytrees in the Craigavon and Banbridge area, Conifers in the Newry and Mourne area and Moy in the Armagh and Dungannon area; associated staff provide services out of these centres. The staff compliment includes social workers, rehabilitation workers, equipment officers, floating support staff, community access workers and administrative staff.

Although three distinct areas are identified the within the trust, former legacy trust areas, 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 demonstrated how these arrangements facilitated good support networks.

The sensory support team have a very stable workforce, with long serving staff and very limited staff turnover. It was considered this was beneficial to the standard of service provided, due to the amassed knowledge and experience within the team. However, an implication of such a stable team meant there was limited opportunity for career development. This particularly affected the rehabilitation workers who had no career structure due to the trusts strategy of promoting dual rehabilitation/ social work qualifications rather than senior rehabilitation posts.

The sensory support team within the Southern Trust had the largest staff compliment when compared to other trusts in Northern Ireland. This was a reflection of the commitment the trust and the previous Southern Health and Social Services Board (SHSSB) had given to developing the services for people with sensory support needs.

In relation to the number of staff within the team, the current compliment were managing the service with no waiting lists. Staff indicated that after receipt of a referral, initial contact could usually be made within one week.

During the consultation with service users, they confirmed that staff were very responsive and often replied to them in a few days. Although they did indicate that they did not always receive the same level of service if their named worker was off.

Workloads were managed by the team managers and regular meetings were scheduled to discuss this and resolve issues.

Within the sensory support service the employment of people with sensory support needs was promoted and there were several people with sensory support needs employed within the team. It was not established how many people with sensory support needs were employed. The team also provided work placements for people with sensory support need to help them develop their skills. The review team considered this was a positive approach as it increased the understanding of issues faced by the service users.

The trust has overall governance arrangements in place for staff training, supervision and support. This is facilitated through weekly management meetings and monthly governance meetings. Staff referred to an open door policy with management and felt that issues were appropriately escalated up through the organisation.

The trust reported no issues in relation to the recruitment and retention of staff, but highlighted issues in relation to recruiting qualified rehabilitation workers. The lack of accessible rehabilitation training in Northern Ireland has resulted in potential rehabilitation workers moving into the area of social work. This was evidenced through the reducing numbers of requests for student rehabilitation placements.

The review team saw evidence of annual appraisal and monthly supervision arrangements in place. The supervision meetings were scheduled in staff calendars and when a planned meeting could not take place it is always rescheduled rather than cancelled. Supervision was used to discuss issues, case loads, training and developments within the team.

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 of the annual review, staff could discuss their personal development plans as part of supervision arrangements.

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 requirement to deliver the services, the review team considered 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 awareness training and development of staff in their own area of expertise. Based on the self-

assessment information returned by the trust, the review team considered the numbers of staff trained in the areas of disability and equality was lower than would be expected.

While several members of staff were trained as qualified counsellors and all staff within the visually impaired team have completed a basic counselling skills course, this was an area of training that was not readily accessible to all staff. One member of staff stated that access to specialist training in Cognitive Behavioural Therapy (CBT) to assist tinnitus had been made available to her; however, the delivery of a CBT service for this service group was not funded and therefore could not be delivered on an ongoing basis.

In response to hearing therapy services, the trust had provided training to a hearing technician to cover part of the role of the hearing therapist.

The trust also utilised service users to provide one to one training for staff in the use of Braille.

There were no issues with the availability of social work training but 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 still difficult getting people to travel to England for this training. The review team considered that the trust should work in conjunction with the other trusts in an effort to negotiate alternative arrangements for the taught modules 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 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 several staff trained to BSL Level 2 and 3. Access to BSL Level 1 training was facilitated through the local colleges of further education and was financed by the trust. Only one member of staff was trained in Irish Sign Language. Although the trust had a high number of staff trained to BSL Level 2 and 3, the review team considered the current profile was not sufficient for effective communication with Deaf service

users. All staff expressed a willingness to further their training in BSL; however, the limited availability of sign language courses prohibited their development in this area. In an attempt to overcome this, the trust utilised Deaf service users who provided one to one sign language training for staff.

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 this would reduce the need for interpreting services in some cases.

Almost half of the sensory support staff had received training in deafblind communication.

During the service user meetings, several of the service users confirmed that they had been involved in sharing their experiences to help train staff. While others commented that plans were being put in place for other service users to be involved in staff training. All the service users felt this was beneficial and those who had not participated expressed an interest in participating in future staff 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. Over the past three years the team has facilitated four student social work placements. Although available, there was no current demand for rehabilitation placements.

## **Recommendations**

9. The Southern Trust should develop a workforce strategy plan specific to the sensory support services.
10. The Southern 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.
11. The Southern 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.

## **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 that feedback from service users indicated that many of them did not have a care plan and were not involved in the planning of their care.

This area was explored further with the 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 discussions 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, it was the opinion of the review team that staff demonstrated a good understanding and working partnership with service users, who were engaged with in the care planning process from the outset. Staff stated they had identified problems with the use of professional terminology during assessments and care planning and had recently stopped the use of some of the professional terminology.

It was considered that the trust needs to continue to ensure a fuller understanding of the care planning process in order to empower service users to fully assert their rights and views as part of the process. This was also true in relation to ensuring that service users received copies of their care plans along with an explanation of the document and its content.

The Southern trust was able to articulate its ability to meet regional targets and response times as outlined in the regional sensory support pathway. Staff made reference to initial referrals being seen within one week, which was a view reflected by service users who made no reference of delays in response times. At the time of the review visit the trust had no waiting list for referrals.

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 both 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 presenting concerns as well as 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, combined with a risk assessment of the service user, was sufficient information to determine the appropriate level and urgency of cases and informed the team of priority cases.

The staff did advise of person centred assessment and care planning with the service users and that service users signed the care plans to convey they understood and agreed the content of their care plan. There was also evidence of some joint assessments and care planning with carers. From the care plans reviewed, it was clear that these service users had seen them as they had signed them.

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. Although there was evidence of detailed information taken from the service users, some of the information required by the quality standards was not included in the care plan.

It was noted from a number of visually impaired service users that during the referral and assessment process their views had been taken on board by the social worker or rehabilitation worker. These comments were evidenced within their assessment documents, where the services users' views had been noted and recorded.

Of the care plans reviewed, although there were instances of service users' views being recorded, there was no evidence recorded of the service users' right to take risks in respect of their activities in daily living. Subsequently the review team considered they could not comprehensively state that the care planning fully encompassed the choices, preferences and goals of service users.

Evidence recorded in the care plans acknowledged instances of the outcomes and targets to be achieved and also inter-agency working. With the exception of a small number of cases, the assigned responsibility for the completion of actions and review dates for individual actions was not recorded. 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. Some staff only gave care plans to service users who requested them while staff stated that many service users refused them. The majority of visually impaired services users participating in the consultation stated that they had not received a copy of their care plan, while only three deaf service users stated that they had received a copy.

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. The trust has dedicated social work staff dealing with children who meet regularly with transition staff and the sensory support team are included when necessary.

While the review team did not examine the trust's records management system in detail, it was evident from the policy provided and discussions with staff that there were robust procedures in place to manage the system. The records management system had recently been updated and was now electronic, allowing for accurate records management. The trust further reported that their supervision policy requires team leaders to undertake case file audits on an ongoing basis; this is further supplemented by a senior manager audit of the quality of supervision every six months.

When questioned by the review team, staff groups stated that there was no systematic programme of audit in sensory services that included service users. However, staff did describe at least two pieces of research conducted in the last few years with RNID that helped shape service delivery. The trust also stated that they audit and monitor services commissioned from the voluntary sector organisations.

## **Recommendations**

12. The Southern 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
  
13. The Southern 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, in relation to Deafblindness which is a unique condition that could not be categorised alongside dual sensory loss, the trust does not have anyone specifically trained to meet their needs.

The trust did not have a specific strategy for people who were deafblind and acknowledged there was a specific service gap for this client group. Ten social workers and rehabilitation workers had received basic deafblind communication training and one practitioner outlined that she had received some training in deafblind communication and care in Leeds as part of her on-going continuing professional development.

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 RNIB and RNIB as well as disability employment advisors, and colleges of further education.

The trust also outlined that they receive a high number of referrals each year for people who have tinnitus. At present they provide a range of programmes to manage the impact of tinnitus. These include group support, counselling, relaxation techniques and assistive listening equipment.

It was 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 the individual's home.

The trust reported having introduced a new programme in conjunction with RNIB called "Finding Your Feet". This is a six week programme aimed at newly diagnosed service users and their carers.

The benefits of the rehabilitation programmes was reflected in comments by the service users at the consultation events, however a number of service users commented that there was limited involvement of their carers or families in the programmes, which would have been beneficial.

Six of the sensory support social work staff were trained as counsellors and were capable of providing counselling to service users as part of their role. Although when service users required it, staff were able to make arrangements for alternative professional counselling services.

One member of staff outlined that she had completed training in cognitive behavioural therapy, but that the specific use of the skills in her current post were not formally funded and could not be provided.

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 the out-of-hours service falls within the trusts generic out-of-hours social work service. Although the review team did not review the out-of-hours service, they were concerned as to whether that team were fully trained to deal with people with sensory support needs. The interpreting contract with RNIB covered out-of-hours, but it was stated that interpreters were not always available during these times.

From the meetings with service users, it was clear that the majority of them 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 awareness training to other departments throughout the trust. The frequency and number of awareness sessions was not established during the review. 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 would benefit 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 are trained to a minimum of level 1 British or Irish sign language, with some staff having achieved BSL level 2 and 3. Although the administrative staff have received BSL level 1 training,

Deaf service users commented that they felt frustrated when they attended the offices, as staff were unable to communicate with them.

In spite of the current levels of sign language competency staff still rely on independent interpreting for meetings with service users, which is facilitated through a contract with RNID for the provision of independent interpreting services. However, even with the contract in place there is a lack of available independent interpreting services. This results in many meetings with Deaf service users being cancelled or 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, given the potential numbers of people with sensory loss and undetected sensory loss that were not in contact with the service the effectiveness of the registers was questioned by the review team.

## **Recommendations**

14. The Southern 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 Southern 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.

In an attempt to provide value for money for service users, the trust took the innovative approach to negotiate with local retailers the provision of certain equipment at reduced cost.

The range of aids and equipment provided by the 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 it was difficult to see how those provided by the trust fully met the intentions of the quality standards. The trust made efforts to facilitate service users with aids and equipment as much as possible and regularly overspent their budget to achieve this.

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 developed of a suitable policy. The trust did not have an individual policy for the provision of aids and equipment but had already started using the draft regional policy as a guide.

In the absence of an approved regional policy it was not possible to determine the rationale and criteria 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 assumed 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 the user choice was considered, where possible. This approach was consistent with the views expressed by the service users, who received an assessment. However, service users stated they were provided with a minimal choice of basic aids and equipment, such as magnifying glasses, coin holders and watches.

The majority of service users advised they were unaware of what aids and equipment the trust were supposed to supply and the trust do not make it clear what is available.

Service users attending the consultation events advised that they were unaware of the eligibility criteria for receiving aids and equipment and this information had not been supplied by the trust.

While trust staff reported that service users were signposted to other suppliers in cases where the trust was unable to provide certain items of equipment, service users again gave mixed accounts of this practice. Visually impaired and hard of hearing service users at the consultation events spoke of receiving advice on where and how to obtain other aids and equipment, the Deaf service users advised of not receiving such information.

The 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 and have readily available 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.

In relation to the review and replacement of aids and equipment in line with the changing needs of service users the trust were using the draft regional policy as a guide. Staff reported that equipment can be changed if it is not suitable and that all assessments for equipment are jointly carried out with service users. It was also stated that the service users were given the name of the person to contact regarding any changes in needs. However, service users attending the consultation events indicated that they were unaware of this and contacted the social worker when they had any problems with equipment. In relation to the re-assessment 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 Procurement and Logistics department in the Business Services Organisation (BSO) and the Estates department regarding responsibilities for the provision, installation, maintenance and replacement of aids and equipment. Where the service users lived in Housing Executive accommodation, the social workers engaged with the Housing Executive in relation to equipment and making reasonable adjustments for service users.

## **Recommendations**

15. The Southern 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.

16. The Southern 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 Southern Trust on the day of the review, the review team reflected its observations of a highly enthusiastic sensory support services team who were highly motivated and 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 investment in the capacity building of service users to facilitate their involvement; development of the service user forums and newsletter; and the innovative approach of working with retailers to provide equipment at reduced cost.

The review team observed limited awareness of the service, the underpinning standards and the UN convention at senior management levels within the trust. It was considered to be important that corporate management's awareness and education of the service, its users and standards should be developed.

Within the trust there is a good strategy for the engagement of service users, however, it was considered that the development of the involvement of deaf service users needed to be improved further.

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 information needs analysis, ongoing review and quality assurance of information materials, accessibility through the trust's web site and more 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 the voluntary sector, but considered that there was a requirement on the part of the trust to develop more formal arrangements to ensure the effective and safe delivery of services.

When assessing the ongoing workforce needs for staff, in line with the standards for social work and rehabilitation in sensory support services, the review team considered there were a number of areas requiring further consideration in respect of staff training and development. These included: awareness training for trust staff delivering any service to those with sensory needs; specific work with other trusts and 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 trained to a minimum of level 2 sign language. It has

also been recommended 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 recommend that a specific deafblind strategy is developed for this specific user group.

Whilst there was evidence of person centred planning in place staff groups did confirm that this was still a work in progress, the review team observed that the on-going development is facilitated and promoted in line with Standard 5.

As a result of limited development in the provision of specialist equipment it is recommended 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 service user involvement; the proactive approach to service delivery and a desire by practitioners to meet the needs of service users. In its efforts to ensure greater cost efficiency, the trust took the innovative approach to negotiate with local retailers the provision of certain equipment at reduced cost.

RQIA wishes to thank the trust management and staff and service users for their co-operation and invaluable contribution in this review.

### **3.2 Summary of Recommendations**

1. The Southern Health and Social Care Trust (Southern 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.
2. 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. The Southern Trust should assist in the development of more robust communication channels between the forum groups and the service users.
4. The Southern Trust should conduct a baseline review of information to determine whether the current information meets the needs of service users. This review should involve service users.
5. The Southern Trust should establish guidelines for reviewing and quality assuring information. This should involve service users and be revised and updated on an annual basis.
6. The Southern Trust should make available and deliver information in a suitable format for sign language users, such as signed videos.
7. The Southern 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.
8. The Southern Trust should develop a service delivery plan specific to sensory support services. This should involve service users and other key partners.
9. The Southern Trust should develop a workforce strategy plan specific to the sensory support services.
10. The Southern 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.
11. The Southern 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.

12. The Southern 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
13. The Southern 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.
14. The Southern Trust should develop a specific strategy for the provision of care for people who are deafblind.
15. The Southern 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.
16. The Southern 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

BASW	- British Association of Social Workers
BSL	- British Sign Language
CBT	- Cognitive Behavioural Therapy
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
PQ	- Post Qualifying
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
Southern Trust	- Southern Health and Social Care Trust
SST	- Sensory Support Team
UNCRPD	- United Nations Convention on the Rights of Persons with Disabilities





The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel: (028) 9051 7500  
Fax: (028) 9051 7501  
Email: [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web: [www.rqia.org.uk](http://www.rqia.org.uk)