

Response ID ANON-WD5R-5ZDJ-Y

Submitted to Reform of Adult Social Care Northern Ireland
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Section 75

1 Religious belief

Not Answered

2 Political opinion

Not Answered

3 Racial group

Not Answered

4 Gender

Not Answered

5 Marital status

Not Answered

6 Age bracket

Not Answered

7 Persons with disabilities as defined by the Disability Discrimination Act 1995.

Not Answered

8 Dependants

Not Answered

9 Sexual orientation

Not Answered

About you:

10 Are you responding as an individual or on behalf of an organisation:*Please select as applicable

Professional body

11 If you are responding as an individual, do you live in a rural or urban area?

Not applicable

12 If you are responding on behalf of an organisation, is your organisation:

Not applicable

Strategic Priority 1 - Sustainable Systems Building

13 Do you agree with the ethos and direction of travel set out within this chapter?

Mostly Agree

Please add any further comments you may have: (Optional):

The Royal College of Speech and Language Therapy (RCSLT) welcome this review and believe the direction of travel is broadly sound. We have made some specific suggestions below on how adult social care and this review could improve and maximise support for people with communication and swallowing difficulties. These individuals are often the most vulnerable in our society, who find it most difficult to get their voices heard. Speech and Language Therapists (SLTs) have a key role to play in working directly with individuals and supporting the wider workforce across social care.

Our members working on the ground in social care were keen to get more insight into how this reform will dovetail with other reforms in areas including the Enhancing Clinical Care Framework, the review of Urgent and Emergency Care and safe staffing. Ongoing engagement with services such as SLT are necessary and welcome.

14 Do you agree with the proposed actions within this chapter?

Mostly Agree

Please add any further comments you may have on the proposed actions: (Optional):

With regard to Proposed Action 1: The introduction of legislation to provide a cohesive legislative basis for adult social care. New duties must be considered within a context of inclusive communication support, to ensure that the intended benefits are accessible and meaningful to all adults.

People with speech, language and communication needs (SLCN) often face greater difficulties in making their views known and may require specific support to participate in decisions about their life, needs and wishes. Many adults who require adult social care will face communication challenges - almost 90% of people with learning disabilities will have communication difficulties.

Communication support for those with SLCN may involve providing information in a variety of formats such as easy read, using strategies to support understanding and retention of information and allowing additional time to facilitate alternative or augmented forms of communication such as gestures, signs, symbols, word boards and other communication aids.

People with communication difficulties are more vulnerable to becoming victims of abuse or maltreatment and are at greater risk of suffering mental health problems than their peers, commonly anxiety and depression. 50% of those with intellectual or learning difficulties report challenges accessing health services due to difficulties making appointments via telephone and a lack of support and accessible information when navigating health settings (Allerton & Emmerson, 2012). Research in Scotland in 2018 found that only 73% of service users agreed that they easily understood information given to them, about their care, by their GP (University of Strathclyde, 2021, Financial case for Inclusive Communications).

The proposed duties to provide choice, control, equitable access to services and advocacy should be embedded within an inclusive communication approach and must acknowledge that specialist communication support may be required. The Mental Capacity Act (2016) enshrines the right to communication support for individuals who require it to ensure they can exercise their capacity.

We would welcome further engagement with the review and legislative process in due course to understand any implications for SLTs working in social care and how new legislation will align with related areas and duties including mental capacity, advanced care planning and safe staffing proposals.

Proposed Action 2: Review of third party top up fees; Our members working within social care settings have expressed strong disagreement with the variation of top up fees, as highlighted in the review. The review proposed in this section is welcome and our members agree that a fairer system is required.

Strategic Priority 2 - A Valued Workforce

15 Do you agree with the ethos and direction of travel set out within this chapter?

Mostly Agree

Please add any further comments you may have: (Optional):

The RCLT welcome the specific reference to Allied Health Professionals within this document and also the acknowledgment that the needs of the Nursing and AHP workforce must inform the review and any future planning of adult social care.

SLTs are the lead professional in the assessment, diagnosis and management of dysphagia and communication needs. It is vital that there are clear and active lines of communication between the review and implementation groups and SLT manages and service planners. The level of needs are significant – between 50-70% of nursing home residents will have some level of eating, drinking and swallowing difficulties (known as dysphagia). Much regional work has been implemented in NI through the SLT-led, PHA Dysphagia NI project. However there is huge variation in regional community adult waiting list figures which will need to be considered when implementing the plans within this review.

One issue our members have highlighted, in considering this section, is the need for much more upskilling of private care providers, through a more standardised approach with minimum standards of training required for clients. Could there be some way of establishing categories of patients and match training to the level of care required by some clients?

Members also feel that as part of this reform there will be more people wanting to be cared for at home with increased needs. However it is their experience that staff in the private sector have required more support to cope with the acuity of clients over recent years and that it will be vital to adequately train staff before clients come home.

16 Do you agree with the proposed actions within this chapter?

Mostly Agree

Please add any further comments you may have: (Optional):

Proposed action 10 – will SLT have an opportunity to advise and input into the training required?

Proposed action 15 – will this data collection include AHPs working in social care?

Proposed action 19 – will relationship-based training include accessible communication and embed the Five Good Communication standards?

Sadly experience in NI and elsewhere has shown that patients with learning disabilities and/or autism can be at risk because of poor communication. This is not just at an individual level, but also at the level of services and organisations that they use. The RCSLT (2013) recommended Five Good Communication Standards around reasonable adjustments to maximise engagement, involvement and inclusion at an individual and service level. The five standards are universally applicable across the life span and conditions.

The Five Good Communication Standards:

1. There is a detailed description of how best to communicate with individuals
2. Services demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services
3. Staff value and use competently the best approaches to communication with each individual they support
4. Services create opportunities, relationships and environments that make individuals want to communicate
5. Individuals are supported to understand and express their needs in relation to their health and wellbeing

Inclusive communication is everyone's role. These standards were embedded in the 2015 NI Department of Health Care Standards for Nursing Homes through the inclusion of a specific standard 19 around communicating effectively. The standards have also informed the 2015 excellent resource 'Making Communication Accessible for All' (<https://setrust.hscni.net/wp-content/uploads/2019/09/Making-Communication-Accessible-for-All-Guidance.pdf>).

SLTs have unique knowledge and skills to develop awareness, knowledge and understanding in others in order to maximise inclusive communication in all areas. SLTs bring specialist clinical skills focused on optimising an individual's communication capacity and improving quality of life.

SLTs apply the social model of intervention to communication disability. They are well equipped to enable the best possible understanding between people with communication disabilities and their families, carers, staff and the wider community. As such, SLTs are key players in leading and developing inclusive communication practice, in partnership with others, for individuals, environments, services, organisations, communities and populations.

Proposed Action 20 - More detail is required regarding the level 5 qualification for senior managers.

Proposed action 22 - Members have expressed some concerns that NISCC may not be in a position to provide some of the training that is required to support particular clients. It will likely be necessary for NISCC to commission from Trusts the level of training needed around complex feeding and communication using more IT based devices, alternative sign and symbol based systems or other alternative communication tools. This should be factored into planning and commissioning from the outset.

Proposed action 23 – will this include all AHPs, specifically SLT?

Strategic Priority 3 - Individual Choice and Control

17 Do you agree with the ethos and direction of travel set out within this chapter?

Mostly Agree

Please add any further comments you may have: (Optional):

Much good work exists in NI to help make individual choice and control accessible to all - most notably the above-mentioned guide 'Making Communication Accessible for All' (<https://setrust.hscni.net/wp-content/uploads/2019/09/Making-Communication-Accessible-for-All-Guidance.pdf>).

We welcome the Department's acknowledgement that not all measures in place already to support individual control and choice are full embedded or utilised. The RCSLT are keen to support the Department's work in ensuring people with communication needs can exercise individual choice and control.

18 Do you agree with the proposed actions within this chapter?

Mostly Agree

Please add any further comments you may have: (Optional):

Proposed action plan 24 – it is crucial that the proposed 'in control' action plan embeds accessible communication within it – we welcome the reference to accessible information in 5.14.

RCSLT hope that the review team will consider the above mentioned Five Good Communication Standards and resources that already exist to ensure that those most vulnerable can exercise their individual choice and control. It is important that any action plan makes explicit reference to what inclusive and accessible communication means in practice so as to ensure equity for all those who need it.

Strategic Priority 4 - Prevention and Early Intervention

19 Do you agree with the ethos and direction of travel set out within this chapter?

Neither Agree nor Disagree

Please add any further comments you may have: (Optional):

20 Do you agree with the proposed actions within this chapter?

Neither Agree nor Disagree

Please add any further comments you may have: (Optional):

Strategic Priority 5 - Supporting Carers

21 Do you agree with the ethos and direction of travel set out within this chapter?

Neither Agree nor Disagree

Please add any further comments you may have: (Optional):

22 Do you agree with the proposed actions within this chapter?

Neither Agree nor Disagree

Please add any further comments you may have: (Optional):

Strategic Priority 6 - Primacy of Home

23 Do you agree with the ethos and direction of travel set out within this chapter?

Mostly Agree

Please add any further comments you may have: (Optional):

24 Do you agree with the proposed actions within this chapter?

Mostly Agree

Please add any further comments you may have: (Optional):

Proposed action 34

Domiciliary homecare services- our members experience is that we need a less complex process between trusts and private contracts and this is time to do it. Also very limited career structure for homecare workers and needs to be more appealing if we are adding to the workforce.

To echo earlier comments, members have noted that as part of this reform there will be more people choosing to be cared for at home with increased needs. It is their experience that staff in the private sector have needed more support to cope with the acuity of clients over recent years and that it will be vital to adequately train staff before the clients come home. It is also important that regional standardisation is informed and aligns with regional work already underway in relation to the management of dysphagia in care homes and an agreed standard on communication training / support.

Proposed actions 37-40

Adequate training on communication needs and strategies must underpin the actions proposed here to support positive mental well-being and behaviour.