

# Green Light Audit

## Easy Read Information



## How to fill this in:



Please read through the booklet first.



At the end of each column, you will see a box.



Please mark the box which responds to your answer.  
Pick one answer per section



Do ask if you need any help with this form.



# Physical Health



Nothing has been done to help people with learning disabilities/autism to be more healthy.



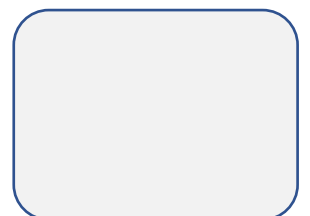
People need support to be healthy but they don't have a plan to help them do this.



Staff support people to go to health appointments.



Staff support people to get to health appointments.

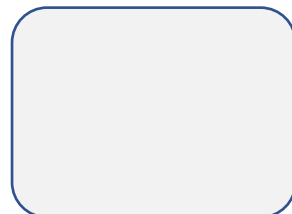




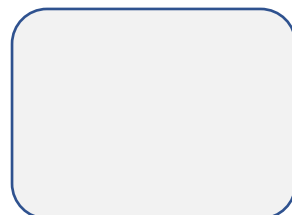
# What services say about who can use them



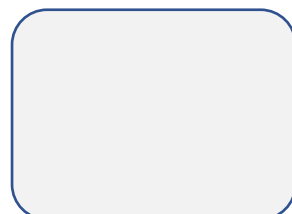
Mental Health services say they don't work with people with learning disabilities/autism.



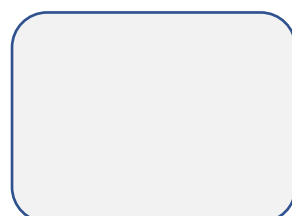
Although people get support, nothing is written down.



Not all services work with people yet.



All services work with people with learning disabilities/autism.





# Prisons and other locked services



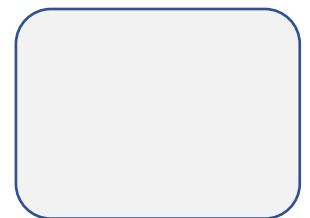
People are in prison when they could be somewhere else.



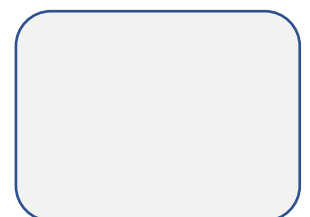
People in prison are helped to move to other services.



People in locked services can get support from mental health staff.



People get support to not break the law again.

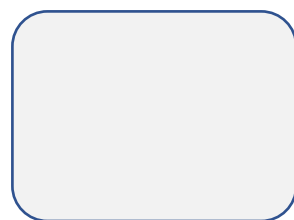




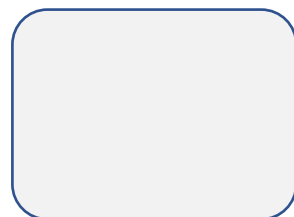
# Keeping people safe



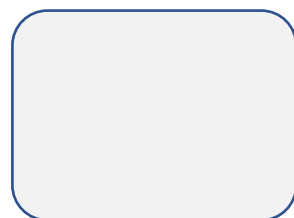
Services can't say  
how they keep  
people safe.



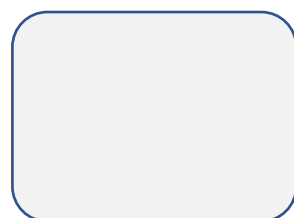
Services can tell  
if there have  
been any safety  
problems.



Mental health  
services learn from  
any problems and  
change things.



Staff in services feel  
they can say if  
things are wrong.





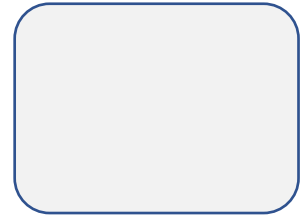
# Assessment



People with mental health can't get a good assessment.



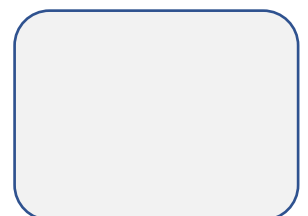
People can get checked to see if they have learning disabilities/autism.



There are good assessments for people.



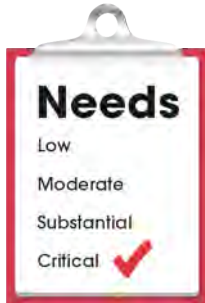
There are good assessments for all people.



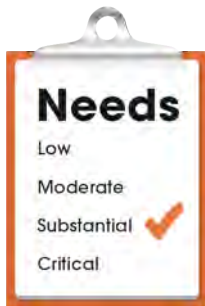




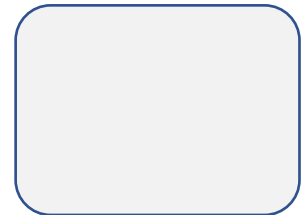
# Changing services to meet people's needs



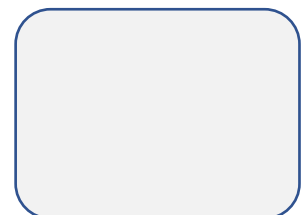
No changes are made to services to meet needs.



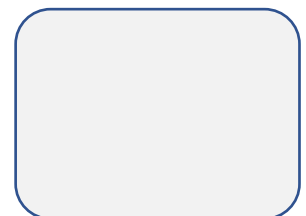
A few changes have been made, but this doesn't happen very often.



Changes are made quite often but not in some areas.



Changes are made to services when needed.



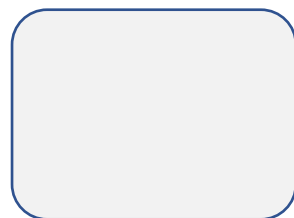




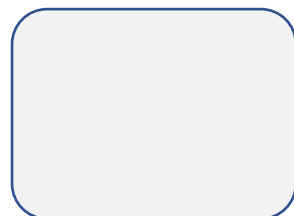
# Having direct payments/personal budgets



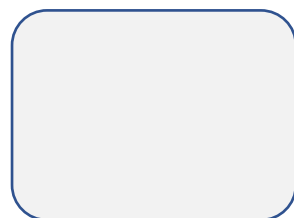
This hasn't been thought about for people.



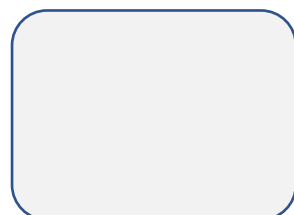
A few people have a direct payment/personal budget.



Few people who have these payments have good support.



Lots of people have really good support.

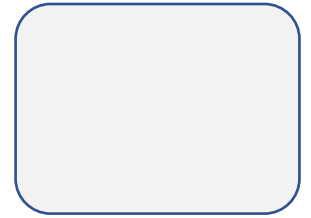




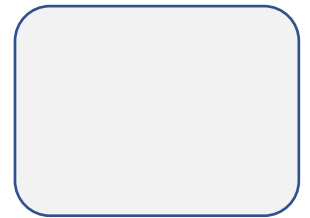
# How staff think and behave



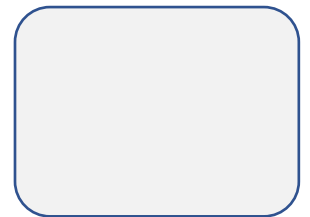
Staff do not think they should work with people with disabilities.



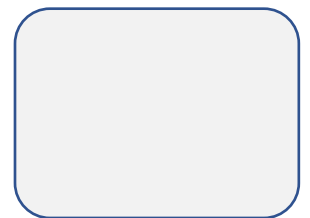
Some staff think they should work with people with disabilities.



All staff are supported to work with people with disabilities.



Staff work well with people with disabilities.





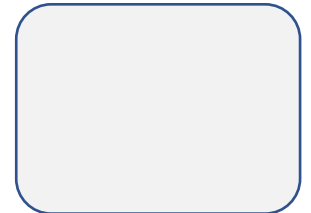
# Accessible Information

A yellow form with many fields and small text, likely a registration or application form. It has a header section, a middle section with many fields, and a footer section with small text.

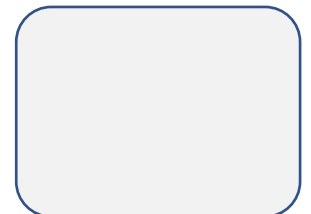
There is no accessible information.



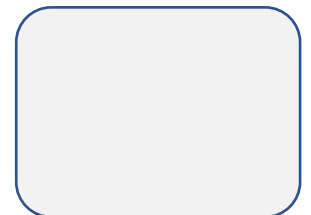
There is some but it is not clear how this is being used.



There is accessible information about how to complain etc.



Staff help people to use accessible information.





# Comments

A large, empty light gray rectangular area intended for writing comments.

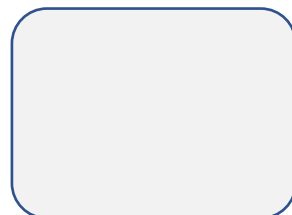


# *The Better Audit*

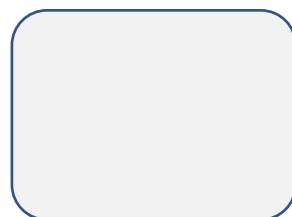
## Research



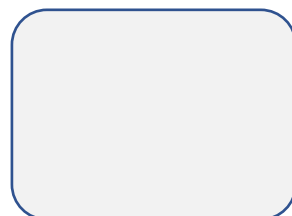
Staff do not use  
information to  
make services  
better.



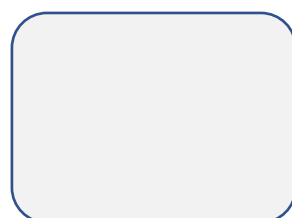
Evidence is used  
to help make  
services better.



Staff use  
information from  
research.



Local people  
are doing their  
own research.

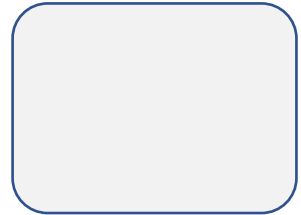




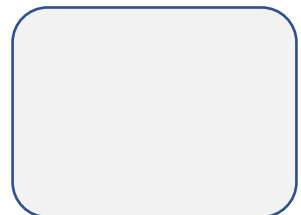
# Health records or care plans



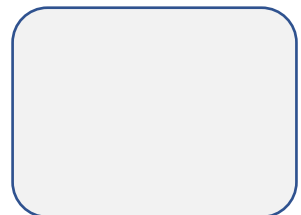
No changes are  
made to help  
people with  
disabilities.



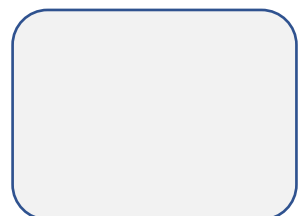
There are  
accessible care  
plans but people  
need to ask for  
them.



People are given  
copies of their  
care plans.



Staff write the  
care plan with  
the person.





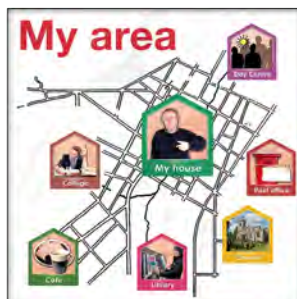
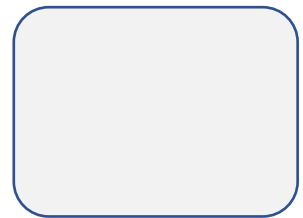
# Local plans



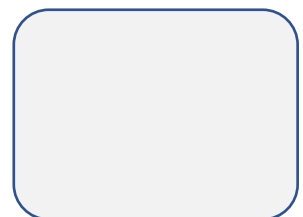
Local plans say nothing about mental health needs.



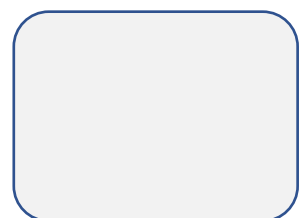
Information collected nationally.



Local plans say what should be done.



Local plans use national and local information.



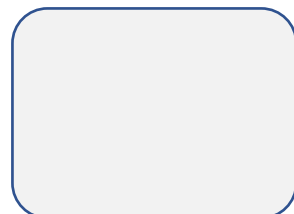




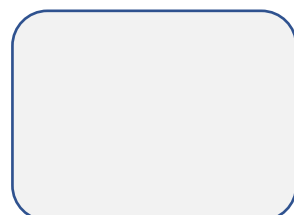
# Special and local services



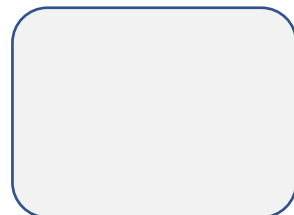
Most people are in special services away from home.



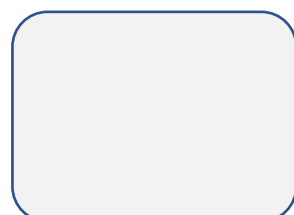
Some people needing support now live locally.



People are helped to live in their own homes.



All staff work together to help people.

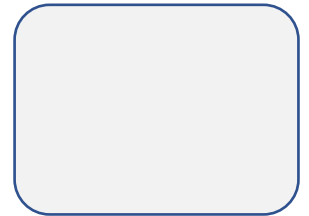




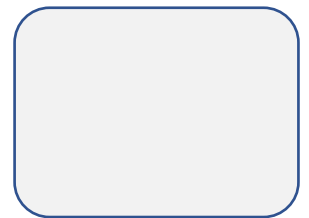
# Staff



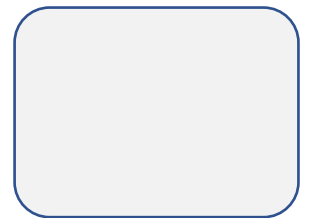
Services are not good at working with people with disabilities.



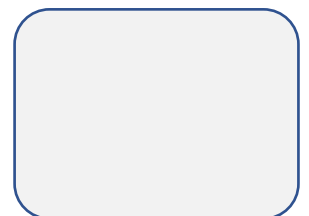
Training and support is available to help staff work with people.



Policies have information about people with mental health problems.



Staff get training and support to help make things better.

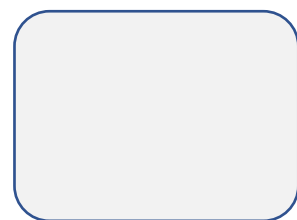




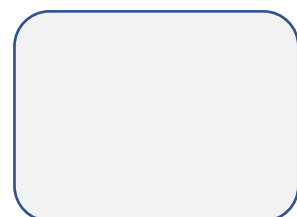
# People who need help with personal care



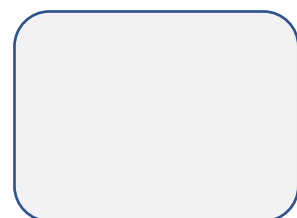
It is a problem every time someone needs personal care.



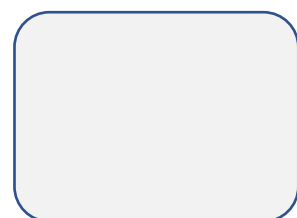
If someone needs help, extra support is needed.



Staff can help with personal care if needed.



Staff learn about doing personal care really well.





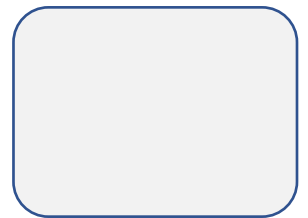
# Service development



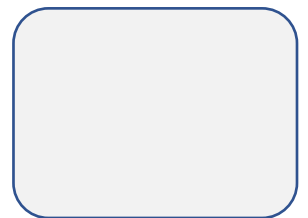
Nothing is done to involve people with mental health problems.



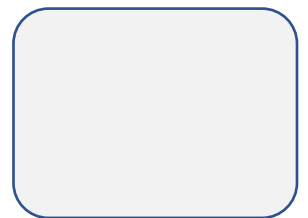
People's relatives are told of changes to services.



People's relatives are asked what they think of services.



People's relatives are involved in service development.





# Psychological therapies



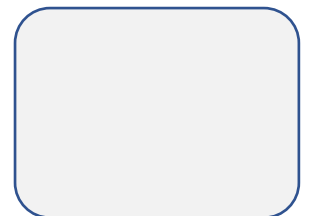
These are not  
available in mental  
health services.



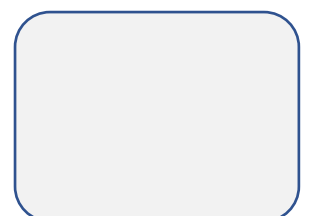
People get longer  
appointments  
that suit them.



This service has  
made changes to  
what they do.



These services  
can get support  
from specialist  
services.

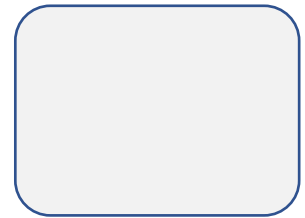




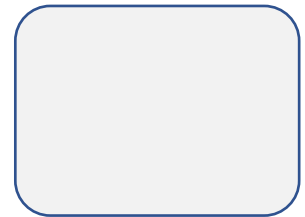
# Working together



Services don't work with each other.



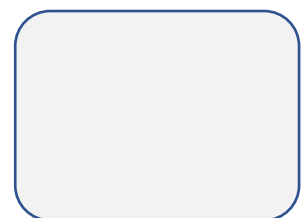
A few staff know and work with those in other services.



People who need support from two or more services get it.



There are plans which set out how services work together.





# Comments

A large, empty light gray rectangular area intended for writing comments.



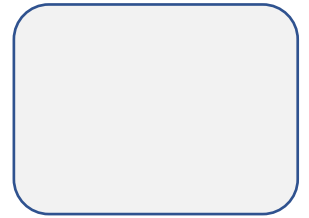


# *The Best Audit*

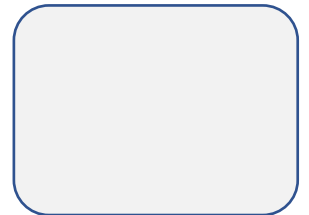
## Advocacy



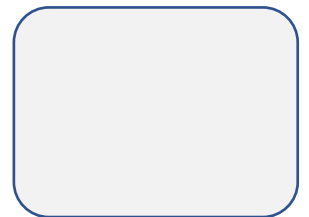
Local mental health advocacy services do not work with people with learning disabilities/autism.



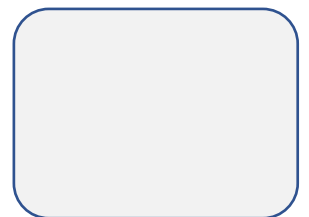
Local advocacy want to work with people with learning disabilities/autism.



Local advocacy services get training and support.



Local advocacy services report to the people who buy their services.





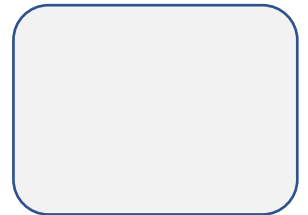
# Commissioning



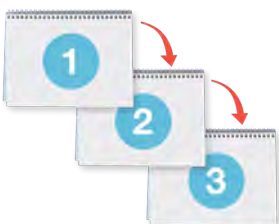
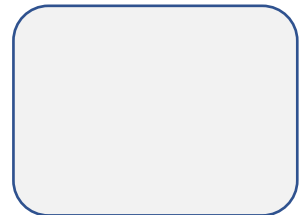
Mental health and learning disability services are commissioned separately.



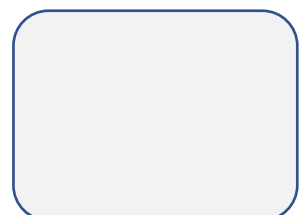
The commissioning plan has information about people with learning disabilities.



Commissioners say what should be happening for people.



The information is used to plan for better mental health services.





Friend

# Family and Friends



Family and friends of people with disabilities don't get service information.



Family and friends are asked about mental health services.



Family and friends say that services are doing well.



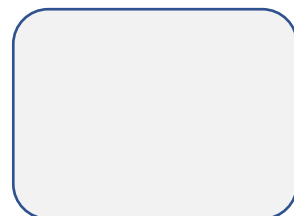
People with learning disabilities/autism get good support from services.



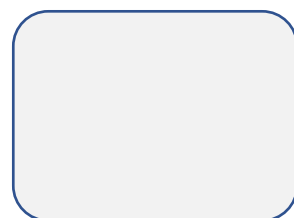
# Support to get a job



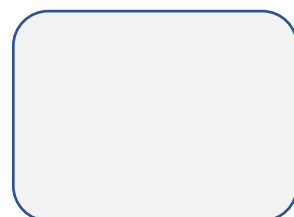
There is no extra support for people with learning disabilities/autism.



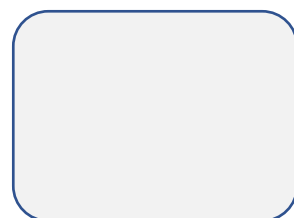
There is some extra support from mental health services.



5 or more people have got jobs through extra support.



Job support services have seen things work well.

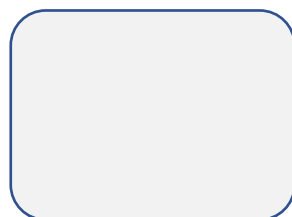




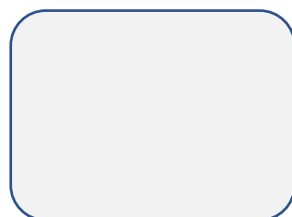
# Mental health service buildings



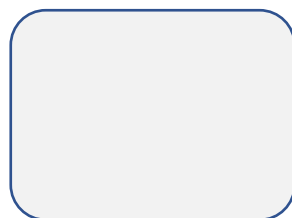
No changes are made to buildings so they are easier to use.



Staff know that some buildings are difficult to use.

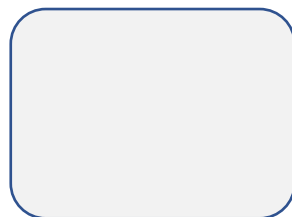


There are quiet places and times away from others.



**Accessible**

Changes have been made to make buildings easier to use.





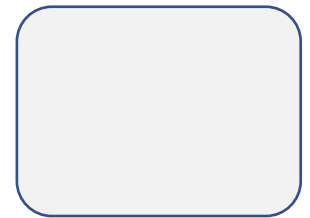
# People making a difference (leaders)



Staff don't know who is interested in making things better.



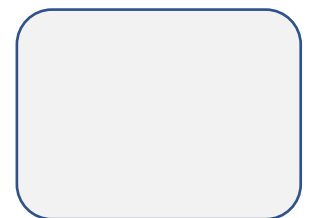
Staff know of some people leading on making things better.



There are leaders in all parts working to make things better.



Leaders support staff to make things better.







# Checking services



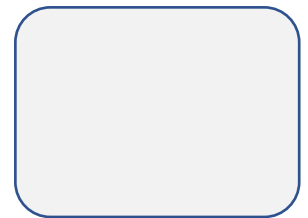
Nothing has been done about people getting on.



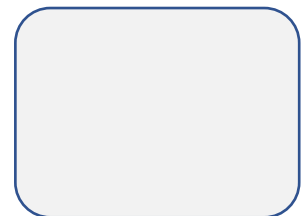
Mental health services are being checked.



Families/friends also help check services.



Changes made are reported to the Trust Board.







# Information on people using services



There is no information on people using services.



Information collecting doesn't happen often and isn't very good.



Information is collected and checked with others.



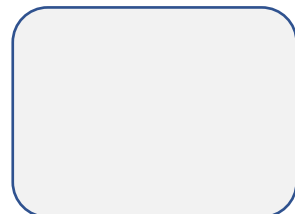
Information is collected regularly and looked at.



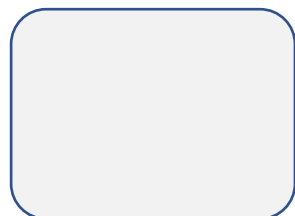
# People who challenge services



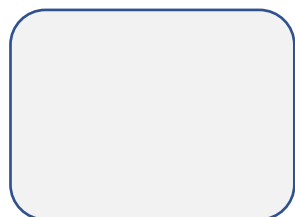
No planning for people who may challenge services or hurt themselves.



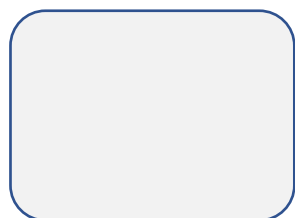
Staff have some training to deal with challenging behaviour.



Staff use best practice when working with people.

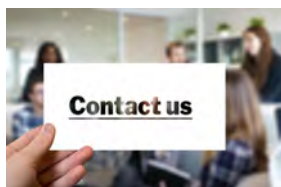


Staff help other services and work well with challenging behaviour.





# Comments



## Help and advice

Contact the customer service team for confidential advice, information and support.

**Confidential** means anything you tell us will be kept private, unless there is a risk to you or other people.

Norfolk and Suffolk NHS Foundation Trust (NSFT) values and celebrates the differences of all its communities and will do our very best to provide equal services for everyone.



Please ask if you would like information in a different format.



**Email:** [customer.service@nsft.nhs.uk](mailto:customer.service@nsft.nhs.uk)



**Telephone:** 01603 421486



Hellesdon Hospital, Drayton High Road,  
Norwich, NR6 5BE  
Tel: 01603 421421



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