



enabled not disabled

A Joint Strategy on Meeting
the Needs of People with
Physical and Sensory
Disabilities

THE NEXT FIVE YEARS
2004 - 2009

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1. Why have a Strategy?

We are already working with people with disabilities so why have a strategy?

There are five reasons:

First, our last strategy was produced in 1991 and requires updating. We need a clear sense of direction and priorities over the next five years if we are to promote independence in a way that is consistent with a community that respects diversity and promotes caring.

Second, we should be responding to changes in numbers, needs and expectations and be sharing with people our thoughts about how and when to do so, to make sure what we do is relevant and responsive.

Third, we need to reflect more directly the thinking surrounding social models of disability, new ways of working to promote independence, choice and opportunities for employment.

Fourth, the need for agencies to work together and make it easier for people to get in touch and stay in touch is greater than ever. We want our services to be more integrated and enhance quality of life and to build on the opportunities of information and communication technology.

Fifth, we want to renew focus on the needs of younger people with disabilities in the absence of a specific National Service Framework or driver of change for this group to ensure service users do not become marginalised.

This updated strategy, however, is not just about partnership between agencies. At its heart is a revitalised partnership with people with disabilities and their supporters in understanding and in responding to their needs arising from physical and sensory impairments.

The updated strategy will provide a framework within which Solihull Primary Care Trust and Social Council will seek to reshape existing services and develop additional services. This will be done consistent with national and local drivers of change and the organisational and community priorities we have identified.

We will seek to move resources consistent with the delivery of those priorities so we can better meet the needs of people with a disability and/or impairment over the next three to five years.

All these reasons are reflected in our choice of the title: Enabled not Disabled.

2. Who does the strategy cover?

The focus of this strategy is on the health, social, learning, leisure, housing and employment issues affecting people with [in particular profound and multiple] physical and sensory impairments between the age of 18 and 64 years. We are also concerned with the needs of people with brain injury and people living with HIV/Aids.

[Throughout the document the term disability includes people with sensory impairments, brain injury, chronic neurological disabilities e.g. MS, Stroke, Parkinson's, acquired traumatic disabilities or people living with HIV/Aids].

Being clear about who we are concerned with is essential but at the same time we must be careful about creating artificial boundaries. So, we want to be clear that needs do not necessarily change for people with disabilities when they get to 65 or only begin when people become 18. We will be making sure that there are clear links with services for children and with local work on the needs of Older People.

We will also ensure our work on Valuing People ensures clear links with the changing framework of local services for adults with a learning disability.

The strategy covers a five year period: 2003 – 2008 with a full review in 2005.

3. Where are we starting from?

In developing the Strategy Solihull Primary Care Trust and Solihull Council have involved people [and organisations representing people] with physical and/or sensory impairments and carers who use the services. The aim has been that from start to finish the strategy should be people focussed and enabling. This won't change.

We have legislation to guide us in this task detailed in Appendix A. Some elements go back to 1948 and 1970. Other legislation such as the Disability Discrimination Act 1996 or legislation and guidance on Welfare to Work, Carers and Direct Payment are much more recent and bring with them new challenges and opportunities in terms of treating people as individuals, respecting diversity and promoting social inclusion.

Expectations and experience are changing. Responses to the impact of impairment are expected to be needs led rather than service led. People who in the past would have lived in care homes now live independently within supported housing schemes or with personal carers. New expectations within the Human Rights Act will give more rights to service users who consider that services are not appropriate.

There is now a much stronger focus on the rights of people with a disability to receive support to access services, to obtain work and to have much more choice and control over care services. The same is true of leisure and recreation.

Council and NHS Services increasingly recognise that their organisational arrangements must not be allowed to get in the way of ease of access and integrated help. We have to work together – all of us – and to create and sustain a common response mechanism that means contact with one part enables access to the rest.

4. What we agreed in 1991

In 1991 local agencies agreed to pursue a social model of disability.

Under this approach:

1. People with disabilities have the right to be treated as individuals in exactly the same way as able-bodied people.
2. They are entitled to services designed to meet their special needs and the same range of services and opportunities, which are available to other citizens.
3. They, and their carers, have the right to make informed decisions and choices affective their lives.
4. They are entitled to be consulted about the type of services and support that they need, and to influence decisions about the development of services.
5. They should be enabled to share in and contribute to community life.
6. Physical environments should be promoted designed to meet the needs of people with disabilities.
7. Services should be provided in a manner, which does not discriminate against the service user because of their gender, religion or race.

The principles to underpin this approach were:

- A. Services provided by the statutory and voluntary agencies should be on the basis of a multi disciplinary and multi agency assessment of need and consumers should be helped to participate in the assessment.
- B. The services provided should set out to meet comprehensively the identified needs of individuals.
- C. The services provided should maximise the level of independence, choice and quality of life.
- D. Services, for individuals and in general, should be jointly planned, regularly reviewed and monitored.
- E. The assessment of the needs of individuals should contribute to the planning of future services.
- F. The special needs of carers should be recognised, and services provided to meet their identified needs as carers.
- G. The needs of people with disabilities, their carers and families, should have priority over organisational or administrative convenience.

5. Does this still Fit?

Much of this has stood the test of time. We think that in the main what people agreed in 1991 continues to be relevant. It needs updating, however, and should be expressed more simply in language likely to enable and promote greater public understanding and engagement.

We need to make links with national and international drivers for change as a means of refreshing and re-energising what we do. The main messages are about promoting independence, involvement, inclusion and individuality. The focus is on enabling, empowering, on removing barriers to access, improving information, choice and control and in working together in response to individual needs. These drivers for change are detailed in **Appendix A**.

The renewed emphasis on independence means that agencies such as Housing providers, Education, Employment, Community and Leisure Services and Independent Sector Organisations have a much more important contribution to make. Progression of choice and control means there has to be much greater involvement of users and carers in plotting the way forward and in enabling access to the everyday life we all share.

Part of our Community Plan

Locally we have ideas about Solihull as a place to live. New powers to promote economic, social and environmental well being and for partnership working offer new ways of tackling issues and for responding to needs.

Solihull's community strategy is all about "A place for people". Simple to say but requires a lot of work to achieve. It's about:

- A good place to live – for everyone
- Creating jobs and enterprise
- Being safe from crime and protection of the vulnerable
- Respecting diversity and treating people as individuals
- Including people and a sense of community
- Opportunities for life long learning
- Enjoying good health
- Caring for people
- A brighter future for our children and family life

But visions have to be made real. This strategy is a step towards doing so in terms of respecting differences and diversity, promoting caring and creating a more inclusive community. Our work on preparing the draft strategy strongly suggests there is a groundswell in terms of willingness and a commitment to do so. The strategy will seek to channel that energy so that we can all make a difference, see the changes and move forward to achieve the targets we have set for ourselves.

Part of the Council's Vision

The Council's vision is to create a borough:

"Where well-being, pride and quality of life is enjoyed by all."

The values to underpin delivery of the vision are based around the concepts of Respect, Learning, Equality, Integrity and Caring. These are all essential elements of a social model of disability. More recently the Council has set out what it wants to do first.

There are five main themes and in one way or another all touch upon disability issues:

- A brighter future for our children
- Improving the Quality of Life
- Closing the Gap on Inequality
- Treating people as individuals within a diverse community
- Good value services

The council has also set out its priorities for change. These include improved social care services for people with disabilities. Disability issues are firmly on the policy agenda of local agencies.

Part of the Solihull NHS PCT Vision

The vision for the future health care in Solihull is:

“Towards a Healthier Horizon”

The vision is closely aligned to the NHS Plan, the Modernisation Agenda, National Service Frameworks and Clinical Governance requirements. It illustrates the commitment to modernise and improve health care services over the next decade. The principles of the vision will support all clinical and non-clinical primary care development and will enable positive improvements to be made.

What the vision will mean in practice is:

- A better range of locally based health care services for patients
- Patient, public and carer involvement in deciding the type of services needed in the different areas of Solihull
- New or refurbished primary care premises
- Improved access to deliver healthcare locally
- Links between primary and secondary care will be better managed so that the way we organise medical services won't get in the way of your treatment
- Greater staff involvement in the planning and delivery of our services

We want our services to be person centred, efficient, accessible to all and effective, which will result in measurable health improvements for local people.

This agreed way forward will form an essential part of our Local Delivery Plan and Solihull Council's Community Plan.

Part of what Users and Carers want to see

Section 8 and **Appendix B** deals with the views of Users and Carers in more detail. But what is clear is that the involvement of users and organisations in the preparation of this strategy and in the detailed consultation activity that will shape it has been and remains critical.

We need to know more and one of the key areas for improvement is that of community, user and carer engagement .

6. Numbers and Needs

Knowing something about numbers of people and what their needs are is essential if we are to plan responsive services and to meet future needs. One way to find out this would be to undertake a local survey. This would take time and would be very expensive.

The alternative is to use national information and apply it locally. This is what we did in 1991. What we can then do is to compare these numbers with the number of people helped and the general conclusion is that we are not reaching as many people as we could and perhaps should.

Appendix C gives detailed information on numbers of people and impairments we might expect to find in Solihull. We will also continue to get direct information from users and carers about need [see **Appendix B**]. The main messages about numbers and needs are:

- Numbers of children and young people with disabilities has not changed significantly nor will they do so within the next few years – we have a clear population base to work with; although this is likely to include in future more children with multiple-disabilities living into adulthood.
- The number of adults aged 18- 64 with disabilities will remain in the order of 9000 people.
- Demands for resources from increasing numbers of older people will continue.
- Distribution of severity of disabilities has been assumed to be constant with around 2500 people having severe or very severe disabilities at any one time.
- Some 6,500 people have appreciable or minor disabilities with new onsets likely to be prevalent in middle age.
- Functional [i.e. the things you can do] impairments centre around mobility [getting about], dexterity [reaching, holding], sensory areas and the impacts on capacity for self care, continence, communication and independent living.
- There are 21,000 unpaid carers in Solihull of which 2,100 provided between 20-49 hours of care per week and a further 3,800 who provide 50+ plus hours per week.
- There is a stark geographical variation in inequalities in health in Solihull illustrated by the differing mortality rate between wards. The greatest divide is between the five wards in the north of the Borough and the rest.

Appendix D provides information on the key performance indicators by which the Council is expected, by the Department of Health, to measure its services to physically people with disabilities. We know from these indicators that we are not helping enough people with low intensity support needs. Neither are we responding to those needs quickly enough. Whilst we have improved we also need to do more to support carers.

Many of these issues were picked up in a recent inspection of local social care disability services in 2002. Information on this inspection is on the Council's web site: www.solihull.gov.uk The Council has agreed a programme of investment and reform to tackle these shortfalls consistent with commitments on diversity and social care and its improvement priorities.

7. What do we do now?

The needs of people with disabilities are met in a number of ways. As part of the commitment to choice and diversity, the Council and NHS, in addition to directly providing services, provides full or part funding to a range of organisations either through block contracts, Service Level Agreements, or by spot purchasing services for individual users.

More recently Direct Payments have become available and slow but steady progress is being made in this area. This has been supported with partnership agreements with voluntary sector organisations with the skills to support individuals to manage the direct payments.

There are also a range of independent sector organisations that provide practical support and advice, some of whom receive funding from the Council and NHS, but some are independently funded. Sustaining this involvement is seen as important.

At the same time we must ensure the range and diversity of sources of help does not become an impenetrable maze perceived as an obstacle course for people not familiar with how things work. It is for this reason we have given support to dedicated information and advice services including the Council's shop front (Connect) services, consistent with the one front line we offer our customers. It is also why we plan to develop advocacy services.

The different agencies provide a range of services. These are detailed in **Appendix F**. The pattern of services is fairly traditional. Each agency plays its part but we know they could be more joined up. The key elements are:

- Care at home [e.g. home care, doctors, nurses]
- Day Care [e.g. Green Acres]
- Respite Care
- Some employment support
- Limited Supported Housing
- Specialist sensory services
- Learning support
- Provision of equipment and adaptations
- Information and advice services [Connect, DIAL, CAB, etc]
- Residential and nursing care [Local and specialist homes]
- Community Health care services
- Continuing Health care [NHS]
- Community Voluntary Groups [e.g. stroke clubs]

Carers are a critical component of community services. Without them we would be lost. Working with them is vital if people are to stay at home. At the same time we must recognise carers have needs too. Carer support services, therefore, are also available. There is also a separate carers strategy that seeks to ensure that their separate needs receive specific and separate recognition in terms of what we do. Enhancing carer services is one of our joint priorities.

A number of our services are provided under partnership agreements with voluntary bodies to give people choice and flexibility. The strength of this contribution can be seen in **Appendix F**.

The services will be provided on the basis of an individual assessment of need involving the potential service users, their carers and appropriate professionals. They are shaped by what the law says and the money the Council is able to provide. Details of what the Council spends each year on services for people with disabilities can be seen in **Appendix E**.

8. What do people think about what we do?

What people think and how they perceive local services is very important. Feedback in the form of comment compliments or complaints helps to keep us in touch generally and in relation to the individually tailored help we try to offer. One of the aims of consultation is to find out more and to see how responses can be shaped to take these into account. We have some information now. This comes from:

- User Questionnaire (National Users Questionnaire)
- Disability Network
- Disability Consultation Forum
- Consultation commissioned from The Children's Society on issues in Transition.
- Green Acres users
- Stroke Club
- A recent Government inspection
- A survey of over 500 disabled service users in Solihull
- Detailed comments from Users can be seen in **Appendix B**.

The main messages across the agencies are:

- We need an explicit people first approach [social model]
- The lack of knowledge of others in relation to disability issues.
- We need to know more about numbers and need
- Lack of or need for more information
- Community awareness is low
- We help only a small number of people
- Essential help is given but it takes time to get it
- Once provided help is felt to be of reasonable quality – but can vary
- Care workers should always be competent and trained in care
- Access to health and social care services should be easier
- Carer needs require greater recognition – and in their own right
- Services could be more flexible
- Direct Payments should be promoted
- Services should be more joined up
- Mobility issues [using public transport etc] are a major concern
- Feelings of isolation and lack of inclusion exist

There are some powerful messages here and they require a response. This strategy is part of enabling us to do so. To identify these issues is not to detract in anyway from the hard work that goes into existing services or the value placed on the contribution of those who work within them. Customer satisfaction with services, once they are obtained, continues at high levels. The messages are about approach, attitude, availability, accessibility, and added value to people's lives. They are about enabling.

9. The Way Forward

As we said at the beginning a strategy is about where we want to go and what we want to achieve. We propose that within the social model of disability we will continue to use local responses to meet the needs of people with disabilities. Over the next five years we should also build on the following aims:

Aims

- **Identification:** to identify people with disabilities and their needs to ensure services remain responsive to changing needs and expectations.
- **Independence:** to promote independent living, mobility, choice and control by people with disabilities.
- **Inclusion:** challenging discrimination, removing the barriers to community life, engagement and involvement, and involvement in development of services.
- **Individualisation:** tailoring responses to individual needs, through effective and integrated assessment and review services.
- **Integration:** working together to deliver better services and to simplify access to help as part of the Community Plan we are drawing up.
- **Empowering:** to support informed action and choices by the provision of information, advice advocacy and support; including carer services.
- **Enabling:** to promote ease of access to essential services and ensure staff have the awareness and competencies to respond appropriately.
- **Responsiveness:** to ensure appropriate and timely responses to individual needs and in the planning and development of services.
- **Prevention:** to reduce risk of disability and minimise the effect of impairments on daily living by effective health promotion and screening.
- **Resourcing:** making sure resources are linked to what we want to do and the priorities for improvement.
- **Reviewing:** keeping needs and plans under review and updating them as needed.

Outcome statement

- More people helped
- More People helped to live independently
- More employment for people with disabilities
- Increase Direct payments take-up
- Improved access
- Greater user control
- Improved customer satisfaction
- Reduction in waiting times
- Improved quality of health
- Delivering agreed priorities
- Clear sense of direction

These aims will shape our priorities for action over the next five years. The intention is that we will keep our aims under review and also report progress regularly. We will want to invest more in doing so. The prevention agenda is longer term but the benefits in terms of, for example, strokes and some degenerative illnesses could be considerable.

There would be a full review of the strategy in 2005/6 consistent with the three year resource frameworks we are now working within.

10. What are the Priorities?

If we link the way forward to where we are now, then a number of priorities for change suggest themselves. They are:

Promoting Independence - Access and mobility

- Making it easier to get about and to improve access to public transport that enables independent travel and improves the quality of that experience
- Physical Access and Facilities – Removing the barriers so that all premises and facilities should be accessible to staff and customers regardless of the nature of disability.
- Getting in touch – one contact point such as Solihull Connect with improved links to other agencies and making full use of the opportunities of information technology
- Welfare to Work – development of Joint Strategies to enable people with disabilities to access employment; including with statutory agencies, which may include initial access to training and re-training.
- Expansion of shop mobility schemes
- Access Audits led by people with disabilities to identify priorities for improvement within the community, shopping centres, and public transport.
- Awareness raising/Joint training Courses for all staff who have direct contact with Service users/Patients with disabilities.
- HIV/Aids Awareness
- Awareness training for carers of People with dual sensory loss
- Services to people who are Hard of Hearing

Promoting Independence - Equipment and Adaptations

- Ending of waiting times for assessment and completion of assessments to new Fair Access to Care Standards
- Implementation/Review of Joint Loan Equipment and adaptations (speeding up adaptation process)
- Developing Wheelchair services
- Providing equipment in a timely manner to enable people to continue to live as independently as possible.
- Stream lining, the way we work together and reviewing level of resources to speed up processes and reduce delays

Individualisation – Assessment, review and Identification

- Ensuring more timely care assessments and reviews of care plans, which promote inclusion and independence in respect of accessing leisure, employment, learning.
- Development of Single Assessment Process
- Deliver improved performance on reviews, care plans etc
- Better identification of users needs with a strong focus on outcomes linked to a whole person perspective
- Developing locality and cluster based multi-disciplinary teams providing rehabilitation and enablement to individuals at home.
- Continuing to review staffs skill mix to make best use of skills and joined up working.
- Specialist provision for assessment of for people with a dual sensory loss

Empowering – Information and advice services

- Develop working with the Disability Network and DIAL to generate with other agencies a comprehensive resource profile of services for people with disability
- Improve Information about services and how services can be accessed by making full use of information technology and the opportunities offered a developed Connect service working in partnership with others
- Ensure that information on services is presented appropriately, for example in large print, Braille or on audiotape and that is, and can be easily assessed.
- Better Interpreting Services
- Advocacy services [see also under involvement]

Empowering - User/Carer involvement

- A more powerful voice for people with a physical disability in Solihull as the basis for developing and delivering services
- Improved engagement with service users in care planning and review
- Provide additional support and information to carers.
- Involvement of users and carers in meaningful, consistent and coherent involvement in Health and Social Care Service Commissioning, Planning, and participation in the development and delivery of services.
- Additional structured information collection on needs, views and expectations.
- To develop an independent Advocacy service for persons with physical disability
- Enhance support for carers through the Carers organisations

Responsiveness – Bridging the Gaps

- Review rehabilitation, day care and respite services.
- Securing greater diversity in the location scope and nature of day, respite and residential services that promote community inclusion and independence not exclusion and dependency.
- Normalisation and maximisation of integration into the Community.
- Ensure future care services are more flexible and tailored to meet the specific need of individuals
- Promote the development of the Direct Payment scheme
- Increased use of new patterns of care that enable people with physical disabilities to regain their independence
- Increased availability and flexibility of appropriate short-term breaks and other support for carers e.g. domiciliary care, crossroads care etc. to increase their life choices.
- Stroke Services (NSF Older People) (Development and implementation of Stroke Strategy)
- Services to people with a traumatic brain injury.
- Develop services which focus on rehabilitation and enablement.
- Independent Living - generate at least one specialist purpose built new housing scheme in Solihull within the next five years
- Developing service for people with dual sensory loss

Integration – working together

- Work with housing providers to deliver specialist housing schemes, lifetime housing and better use of adapted properties to meet needs.
- Strategic Review of Transport Policy with special reference to accessible services including some review as necessary of current schemes to release and refocus resources
- Work with colleagues in the voluntary sector and other statutory agencies to co-ordinate services to make it easier for people with a disability and/or impairment to enjoy wider social, leisure and employment opportunities.
- Improve information sharing and communications between services
- Use the current Partnership Board as a mechanism to promote integration of services.
- Proactively establish partnership arrangements with Primary Care Trust, the voluntary sector and other key partners, to provide seamless “one stop” services.
- Further development of Intermediate Care Services. Implementation of Intermediate Care Strategy.
- Work with PCT,SHA to deliver the NHS Plan
- Review need for Eye Clinic Liaison Officer – jointly with Heartland and Solihull Hospital Trust and Solihull PCT, in collaboration with RNIB.
- Working with Independent Living Fund

Resourcing - Management and Finance

- Evaluate unit costs to achieve best value and where feasible reduce/increase costs to those of similar authorities.
- Ensure that the allocation of resources are proportionate to assessed needs, and thereby those with higher levels of needs receive priority over resources than those with lower levels of need.
- Put in place the necessary management information to enable the service to be managed as efficiently and effectively as possible.
- Develop policies that take into account the ability to pay and which support clients to claim all relevant state benefits, protecting the provision of care to those most in need.
- Develop and implement service strategies that reflect the resources allocated to Adult Care Services for Physical and Sensory Disability Provision.
- Visual impairment awareness training needed for all front line staff (both council and health).

11. Making it Real - What next?

Producing a plan is just the start. Making sure it works and meets needs means we must find ways to resource the changes we want to make. The delivery of this strategy is a strategic responsibility across agencies. Each has its role to play. Some of the changes are about management focus, attitudes, approach, and use of time. Others however involve resources of people, premises and money. Inevitably funding these is likely to take longer. What is needed is for agencies to see how this strategy can be mainstreamed within their spending plans and priorities. The council for example has an agreed plan for 2003-06 that sets out priorities and it's budget process links to these. Since the drafting of this strategy some extra resources have been allocated.

In approaching these tasks we need to ensure what we are currently doing is what we want to continue to do. Sometimes change is not just down to availability of new resources but about making changes within existing resources.

These shifts may take time but a good starting point is stating that:

- resources will be bench marked and shifted to reach similar levels in other Council's and PCT's, and
- the understanding that we might want to stop doing some things in order to create new services, which are more relevant and responsive, in consultation with others.

The Boston model offers a potential mechanism as the means to examine further, with the action plans that will seek to give life and meaning to the strategy.

12. Whom to contact

The following people are contact points for the key agencies and will be happy to discuss this strategy with you:

- Social Care – John Blackledge: 0121 704 6803
e-mail: jblackledge@solihull.gov.uk
- Health – Brenda Calvin: 0121 712 8326
e-mail: brenda.calvin@solihull-pct.nhs.uk
- Housing – Jim Crawshaw : 0121 704 8144
e-mail: jcrawshaw@solihull.gov.uk

APPENDIX A

NATIONAL AND INTERNATIONAL DRIVERS FOR CHANGE

INTERNATIONAL CONTEXT

The United Nations (1975) Declaration on the Rights of Disabled Persons sets forth a common basis and frame of reference for the protection of rights of Disabled Persons.

New expectations within the Human Rights Act will give more rights to service users who consider that services are not appropriate.

NATIONAL CONTEXT

It would be true to say that the national direction of disability policy has remained largely unchanged for 20 years. It is characterised as the promotion of:

- Independence for people with disabilities
- Support to carers of those with disabilities
- Integration of people with disabilities and their services in the community
- Non-institutional service solutions for the provision of disability services.

Recent governments have confirmed this policy direction through:

- The Government White Paper Modernising Social Services 1998
- The Community Care (Direct Payments) Act 1996
- The Disability Discrimination Act 1995
- Ring-fenced Promoting Independence Grants
- Carers and Disabled Childrens Act 2000
- Health and Social Care Act 2002

These emphasised the over-riding importance of partnership between Health and Social Services in providing easily accessible seamless services, the agenda on promoting independence and prevention and the needs of carers. They also confirmed the central role of service users and carers in policy formulation, strategy and monitoring service quality.

Services provided by NHS and Local Authorities are guided by statutory parameters that regulate how they should operate. Detailed below is the key legislative framework, Government guidance as well as some good practice guidance, which influences the direction and the provision of services to disabled people.

NHS Plan

This is a Plan for investment in the NHS with sustained increases in funding. The purpose and vision of this NHS Plan is to give the people of Britain a health service fit for the 21st century: a health service designed around the patient.

As a result of the NHS plan and additional resources nationally there will be extra beds in hospitals and intermediate care, new hospitals and new one-stop primary care centres, modernised GP premises cleaner wards and modern IT systems. There will also be investment in staff: consultants, GPs, nurses and therapists.

The National Institute for Clinical Excellence (NICE) will ensure that cost effective drugs like those for cancer are not dependent on where you live. A Modernisation Agency will be set up to spread best practice.

For the first time social services and the NHS will come together with new agreements to pool resources. There will be new Care Trusts to commission health and social care in a single organisation. This will help prevent patients - particularly old people - falling in the cracks between the two services or being left in hospital when they could be safely in their own home.

The National Service Framework for Older People

There has been no National Service Framework for Disabled People as such but other NSFs such as that for Older People, significantly influence improvement in services for People with Physical Disabilities

There are eight National Service Framework standards for Older People and of these it is the standards related to Person-centred care, Intermediate care and Stroke which have the most impact on the development of services to disabled people.

Standard Two: Person-centered care

NHS and social care services treat older people as individuals and enable them to make choices about their own care. This is achieved through the single assessment process, integrated commissioning arrangements and integrated provision of services, including community equipment and continence services.

Standard Three: Intermediate care

Older people will have access to a new range of intermediate care services at home or in designated care settings to promote their independence by providing enhanced services from the NHS and councils to prevent unnecessary hospital admission and effective rehabilitation services to enable early discharge from hospital and to prevent premature or unnecessary admission to long-term residential care.

Standard Five: Stroke

The NHS will take action to prevent strokes, working in partnership with other agencies where appropriate.

People who are thought to have had a stroke have access to diagnostic services, are treated appropriately by a specialist stroke service, and subsequently, with their carers, participate in a multidisciplinary programme of secondary prevention and rehabilitation.

There have also been NSFs for Cancer, Mental Health, Diabetes Heart Disease and so on which all provide positive opportunities to influence the standard of care and services in relation to disabled people.

Commission on Long Term Care

The recommendations of the Royal Commission on long-term care were published in 1999. All the recommendations of the Royal Commission were accepted by the Government except that which recommended personal care should be free. Those actions which have resulted from the commissions recommendations are as follows: -

Preserved rights - Councils became responsible for the payment of the fees of residents in residential homes and nursing homes on preserved rights whose fees were previously paid by the Department of Work and Pensions.

Deferred payments - Residents who enter a residential or nursing home, who have a property to dispose of will be entitled, at the discretion of the council, to defer for a period of twelve weeks the proportion of the fees calculated by the inclusion of the value of the property. Payment of the deferred fee falls due when the property is sold or the resident leaves the home. Councils have received a special grant to pay for these additional costs.

Free Nursing Care - Residents in nursing homes will have their nursing costs paid by the NHS.

Top-ups - Residents are now able to "top-up" fees where there is a deferred payments agreement, from assets disregarded as part of the financial assessment so as to enter a home that charges a higher fee rate than councils agree to pay.

Legislative Framework

From a national context the Strategy responds to duties and responsibilities placed on public services by range of legislation including:

- Human Rights Act
- NHS and Community Care Act 1990
- National Health Service Act 1977
- National Health Service Act 1997
- National Assistance Act 1948
- Carers (Recognition & Services) Act 1995
- Chronically Sick and Disabled Persons Act 1970
- National Care Standards Act 1948
- Disabled Persons Act 1986
- Disability Discrimination Act 1995
- Community Care (Direct Payments) Act 1996
- Care Standards Act 2000
- Carers and Disabled Children's Act 2000
- Health and Social Care Act 2002

SSI Guidance

[Responsibilities of the SSI were incorporated into the new Commission for Social Care Inspection from April 2004]

The Social Services Inspectorate (SSI) is a government inspectorate whose role is to evaluate the quality and performance of social services authorities in the practice and delivery of their statutory responsibilities for social services and to assist councils in sustaining continuous improvement in their performance. This is achieved by undertaking periodic inspections of Social Services, publishing best practice reports and providing guidance and advice to Councils.

Some of the recent best practice publications, covering the needs of disabled people produced by the SSI in recent years are:

A Jigsaw of Services - In March 2000 the SSI produced a report called "A Jigsaw of Services" following an inspection of services to support disabled people in their parenting role. In summary the findings were that Adult Care and Children and Families services should work together better to support disabled people in caring for their children.

A Sharper Focus - Published in June 1998, this overview report of a national inspection of services for adults who are visually impaired or blind, highlights elements of a framework for a sharper focus by Social Services.

A Service On the Edge - Published in September 1997, this report, based on inspection of services to deaf and hard of hearing people in eight local authorities, has been designed to help managers understand the range of needs of deaf and hard of hearing people.

Moving on Towards Independence - August 1997, Second report of a SSI project on transition services for disabled young people

Progressing Services with Physically Disabled People - November 1996 Report on inspections of community services for disabled people

A Hidden Disability - August 1996, Report of the SSI traumatic brain injury rehabilitation project.

Growing up and moving on - September 1995, transition services for disabled young people.

Searching for service - April 1995 an inspection of service responses made to the needs of disabled young adults and their carers

SSI Guidance and Inspections

In respect of Social Services Inspectorate inspections of services in Solihull, there have been three key ones in the last few years, a Joint Review covering all of Social Services, an inspection of Older Peoples Services in 2001 and last year an inspection of services for Disabled People. A full copy of the report can be found at www.doh.gov.uk/disabilityinspection.

Governmental Guidance and Initiatives

A number of government initiatives aimed at improving services have helped to direct the work that is taking place to ensure that the needs of local people are met. These include the **Health Improvement Programme (HimP)** and **'Better Care, Higher Standards'** (Long Term Care Charter). In addition there is the **'Welfare to Work Joint Investment Plan' (JIP)**, which requires health and social services to work in conjunction with other agencies, such as the careers and employment service, to maximise employment opportunities for all disabled people of working age.

Government's modernising agenda together with much guidance, some of which is detailed below, have all influenced the development of services in Solihull.

Best Value:

Introduced under the 1999 Local Government Act, all local authorities have a duty of "best value" – a principle and a process aimed at ensuring services are improved both in terms of quality and value for money. Replace Compulsory Competitive Tendering (CCT).

In respect of Social Care Services affecting disabled people, there have been best values reviews of domiciliary Care Services, Services to People who are Blind or Visually Impaired and Day Care Services. Detailed action plans have been produced and implemented for each of these reviews.

As part of the Best Value Review programme Solihull Council publishes a plan detailing its intention to review services each year. Further details can be found at www.solihull.gov.uk/bestvalue/

Building Capacity and Partnerships in Care (LAC (2001) 34) :

Grant to build capacity for the provision of community care services to people who could not be discharged from hospital without them, thus reducing the number of people delays for people awaiting transfer from hospital to the community.

Care Standards Act 2000 - new standards for domiciliary Care/Residential Care:

The National Care Standards Commission (NCSC) is a new, independent public body set up under the Care Standards Act 2000, to regulate social care and private and voluntary health care services throughout England.

From 1st April 2002 the NCSC took responsibility for the registration and inspection of services - replacing the existing system of inspection by local authority and health authority inspection units.

The following services are currently required to register with the NCSC:

- Care Homes
- Children's Homes
- Domiciliary Care Agencies
- Residential Family Centres
- Voluntary Adoption Agencies
- Independent Fostering Agencies
- Private and Voluntary Hospitals and Clinics
- Exclusively private Doctors
- Nurses Agencies

In future there will also be standards for Day Care.

[The responsibilities of NCSC were incorporated into the new Commission for Social Care Inspection from April 2004]

Community Equipment Services (LAC (2001) 13):

This guidance sets forth the Government's commitment to modernising community equipment services currently provided by local councils and the NHS and applies to community equipment services for all age groups including children. It sets out action that should be taken to improve provision by the development of integrated local authority and NHS equipment services, particularly in conjunction with the intermediate care initiative. It includes a requirement that there is an increase by March 2004 the number of people benefiting from community equipment services by 50%.

Also Guide to Integrating Community Equipment Services, was published simultaneously with this guidance.

Continuing Care (LAC (2001) 18):

The purpose of this guidance was for Health authorities (in conjunction with PCTs), working very closely with local councils, to consolidate guidance on continuing NHS health care, ensuring that policies, were reviewed and agreements reached on joint continuing health and social care eligibility criteria with local councils.

Carers Grant:

Sets details of the Carers Grant. During the 2003/04 the Carers grant was £360,000 and this was spent on the provision of break services and support to carers via voluntary organisations.

There are 21,000 unpaid carers in Solihull of which 2,100 provide between 20-49 hours of care per week and a further 3,800 who provide 50+ hours per week. [information taken from 2001 census]

Direct Payments:

Provisions in the Health and Social Care Act 2001 to be commenced in June 2002.

Deferred payments:

Councils have the power to agree to defer payment arrangements from October 2001.

Development of Care Trust:

The Health and Social Care Act 2001 enables local authorities to delegate social care and other health related functions to a primary care trust or other NHS trust to create a new type of trust that will integrate primary and social care.

Deaf Blindness (LAC 8/2001):

Authorities were asked to,

- identify and keep a record of deafblind people in their catchment area
- ensure assessments can be carried out by a specifically trained person/team
- services provided to deafblind people are appropriate, including providing access to trained one-to-one support workers
- provide information about services in formats and methods that are accessible
- ensure that one member of senior management has overall responsibility for deafblind services.

E-Government:

The Government is committed to improve public services and is working with councils to deliver the high quality public services that local people have the right to expect.

E-government is all central to this. It provides both the opportunity and the means to put citizens and customers at the heart of everything councils do. New technology offers councils huge opportunities – to transform the way services are delivered and to re-engage their communities

Fair Access to Care Services (LAC (2002) 13):

Guidance on eligibility criteria for adult social care. Councils should operate one eligibility criteria; guidance provides national framework for Council's to set criteria

Existing cases to be reviewed by 2003.

Fairer Charging (LAC (2001) 32):

Assessment of people's income essential if charges are going to be applied. Also need to take account of disability related expenditure in undertaking a financial assessment. People on income levels equivalent to Income Support plus 25% will no longer be charged.

Free Nursing Care in Nursing Homes (LAC (2001) 26):

Implementation for self-funders by 01/10/01 and for all other residents by 01/04/03.

Health Act - new Flexibilities to pool budgets:

Allows Health and Social Services to pool budgets.

HIV/Aids Specific Grant:

Set for details of grant to support with people who are HIV positive or have Aids.

Intermediate Care LAC ((2001) 1):

Intermediate Care is a time limited (up to 6 weeks) service delivered in partnership between primary and secondary health care, local government services and the independent sector for people aged 18 and over. It is an intensive, programme of aided active recovery and rehabilitation to incorporate all areas of physical, social and psychological functioning. The emphasis is on optimising independence and quality of life to reduce and/or eliminate the need for long-term care and support, by preventing hospital admission or facilitating early hospital discharge.

Performance Fund:

Performance Fund Grant

Preserved Rights:

Responsibility transferred to LA's in April 2002

Promoting Independence Grant:

Promoting Independence Grant

Single Assessment (LAC (2002) 01):

Single Assessment process for Older People was introduced in the NSF. Purpose is to ensure that Older People receive appropriate, effective and timely responses to their health and social care needs. The scale and depth of assessment should be proportionate to person's needs and agencies should not duplicate each other's assessments. A person-centered approach.

Supporting people:

Implementation by April 2003

Supporting people is a Government-funded initiative to introduce new arrangements for the commissioning, funding and provision of housing related support services for vulnerable people. It became operational on 1 April 2003.

The Supporting People Programme provides the opportunity to develop a range of local housing related support services to tenants who are vulnerable and who may require additional support to help them maintain their tenancy and increase their independence.

Research for the Housing Strategy and the Supporting People Strategy has highlighted current gaps in service provision in Solihull. This research has identified that there is a lack of supported accommodation and floating support for individuals with physical and/or sensory disabilities who require additional assistance and support to enable them to maintain their tenancy and live independently in the community.

Future developments under the Supporting People Programme: The unmet housing and support needs of individuals with physical and/or sensory disabilities have been addressed by:

- The development of a 6 place floating support scheme which will provide support to individuals with physical disability living in local authority tenancies.
- The development of a floating support scheme for people with a range of physical or sensory disabilities living in local authority accommodation in partnership with Birmingham Institute for the Deaf (BID).

Welfare to Work:

Welfare to Work for disabled people:

Welfare to Work is a general title for a series of government initiatives, both practical and policy, which are designed to enable people into work and off benefits. Welfare to Work is seen as a key element in achieving the government's aim of reducing social exclusion, by removing structural and institutional barriers that prevent various groups from participating in employment.

The Solihull Welfare to Work for disabled people - Joint Investment Plan (JIP) is a three-year plan 2001-4 and was produced in response to a requirement from the Department Health. The JIP is a practical means of bringing together a range of agencies so that they can focus in a co-ordinated way on developing and providing services that are suited to the needs and aspirations of disabled people and employers.

The Solihull Welfare to Work for disabled people strategic group comprises of the following agencies:

Job Centre Plus (formerly the Employment Service), Solihull Primary Care Trust, Solihull Metropolitan Borough Council, Solihull College, The Green Scheme, Disability West Midlands, Central Careers, IAG Partnership, West Midlands Employers Network on Disability and the Birmingham & Solihull Learning & Skills Council.

The research undertaken has highlighted gaps in service provision relating to transition of young disabled people from education to training and employment. Future developments need to address the lack of training providers and supported employment schemes for disabled residents within Solihull.

- ADSS

The association of Directors from time to time publish practice guidance. The most recent significant publication in respect of this strategy would be Progress in Sight Publication. This provides some national standards for social care managers to plan, commission and deliver services for visually impaired people.

- Audit Commission

Fully Equipped, published last year by the Audit Commission drew attention to some of the current shortcomings within Community Equipment Services.

In Solihull the Council and PCT have for many years operated an Integrating Community Equipment Service and are considerable further ahead of many other areas, in meeting recent ICES guidance.

APPENDIX B

DRIVERS FOR CHANGE – User and Carer Views

1. GREENACRES – CONSULTATION

Dates carried out: 25th November & 26th November 2002.

Question 1: Are services that we currently provide adequate and appropriate?

Reply:

- 6 months waiting list to see Occupational Therapist. User has not been visited or seen by Social Worker for 3 years. Social Worker does not make regular contact. User not aware who is allocated Social Worker. Social Worker does not listen to user's views at reviews. User cannot access housework service. Community Physio either non-existent or very short-term.
- Users feel it is bad practice to have a number of agencies, i.e. domiciliary care going into one service user's home.
- Users asked the question why do Social Workers not ask them! Able-bodied agencies make all decisions.
- Users have difficulty contacting Social Workers & Occupational Therapists. Always seem to get answerphone.
- Wheelchair services do not allow access to electric wheelchairs. G.P. delay referrals.
- Services that are available are not flexible.

Question 2: Do you feel services are accessible?

Reply:

- Users have difficulty in getting hospital appointments and transport to hospitals not available.
- Wheelchair service criteria restricts access to service.
- Difficulties getting appointments with G.P.
- Ring and Ride areas covered to restrictive.
- Service provided appears to be chosen for minimal cost.
- Minimum service provided to users puts them at risk.
- Difficult to contact or access Social Worker or Occupational Therapist.
- Users do not have named Social Worker.
- Difficult to access Duty Social Worker or Occupational Therapist messages left no response.
- Ramps for access are not provided in Council building.
- Automated services are confusing.
- Moving to Green Acres has caused some users difficulty in attending due to location and time travelling.

Question 3: What services do you feel should be available?

Reply:

- Rehabilitation services for young, physical disabled.
- Specialist transport.
- Accessible specialist social work service.
- Home care service to meet needs of physical disabilities users.
- Out reach Workers to Support users in their own home to also provide rehabilitation re independent living.
- Purpose built/adapted housing.
- Residential/Nursing Homes in Solihull area for younger persons.
- Provide more assistance to homeowners to adapt property.
- Emergency home care service.
- Green Acres to provide carers and facility for bedrest.
- Carer support both financially and resources.
- Accessible transport.
- Gardening and decorating service.
- Persons with a disability should have the same rights as any other person.
- Befriending service.
- Optician home visiting service.
- Dental treatment in community.
- Chiropodist community service.
- Day services require more new staff

Question 4: What things do we do well?

Reply:

- Green Acres - excellent staff
- Once you get a service it is good.
- The In-house home care service is good.

2. SOLIHULL STROKE CLUB - CONSULTATION

(30 people in attendance)

Dates carried out: 29th January 2003

by Janine Harrington, Disabled People's Network - Solihull

Identified local Disability Issues across the Borough of Solihull -

These issues are voiced by local people as a direct result of outreach and consultation with them.

COMMUNITY ISSUES

- Solihull Borough Council appears unaware of just how many disabled there are in Solihull
- Disability awareness is sadly lacking in all parts of the community .
- Solihull seems to adopt the 'medical' rather than the 'social' model of disability, making it an individual rather than a community issue
- Disabled people living locally do not feel valued
- Local disabled people are not empowered or supported to live independently and to take control of their lives, making their own choices and decisions
- Many feel isolated and alone, having to cope as best they can
- When they telephone for advice or support, there is a long delay in responding or else no response at all and no call back
- Disability is thought of in terms of 'wheelchair' and seems to totally disregard the needs of others
- The North/South divide in Solihull, which is one of the highest in the country; portrays the North as poor and therefore attracting funding and services, whereas the South as rich, where disabled tend to have to pay for their services
- Due to the vast distances involved in Solihull, those paying for services tend to end up paying for the travel time of their carer, and then getting what time is left for their actual care
- There is a general apathy, ignorance and lack of understanding and awareness about disability as a whole across the Borough.

TRANSPORT

- There are a lack of wheelchair vehicles in Solihull
- There are a lack of drivers to provide transport where available . Transport with lifts is difficult to get hold of
- Disabled people have ended up being on transportation for two hours and more because of the distances involved across Solihull and collecting more than one person
- There are no direct bus services between North and South Solihull
- Local bus service does not provide an appropriate level to get on
- Drivers are not respectful to disabled and take off too soon, making it difficult to keep balance
- Taxi drivers have overcharged disabled people, particularly the blind because of the extra dog
- Taxi drivers have refused disabled people
- Taxi drivers have arrived and then, when they have realised that the disabled person has a wheelchair, taken off without them because of the 'extra hassle, lifting and carrying involved'
- 'Ring and Ride' is difficult to book or to get hold of because demand is so great.

REFUSE COLLECTIONS

- Disabled people struggle to get their rubbish to the front gate to be collected
- Local people would appreciate help, time and patience.

AMENITIES

- Disabled people would appreciate Carelines being established so that they might share their problems and concerns and needs direct on the telephone to people trained in disability awareness and able to respond

CROSSINGS/ROAD SAFETY

- There are few crossings in the North where disabled people might safely cross the road
- Bleepers have been taken off crossings because residents complain of the noise. But the sound they make enable the blind to cross safely.
- There are many areas in Solihull where wheelchairs and motorised scooters are unable to cross because of high kerbs, and they have to go a long way around to get a short distance.
- Disabled car parking spaces are taken up with non-disabled drivers who park their cars without due consideration
- An incident occurred involving the collision between a car reversing out of a disabled car parking space and a wheelchair. The lady in question then had to take verbal abuse from the driver, despite the damage to her wheelchair.
- Private driveways which extend the gradient directly onto the road makes it impossible for people in wheelchairs, with sticks, or on scooters to stay on the pavement, and are forced onto the road. There has already been at least one accident to this effect.

SOCIAL SERVICES

- Occupational Therapy:
- Too long waiting time (average 9 months) to obtain equipment in the home for people with disabilities
- Lack of time listening to needs, difficulties
- Seeming lack of guidance, training, support, with those making home visits shown as having poor inter-action and communication skills

Home Carers:

- Lack of care, time, training and respect in working with people in their own homes
- Basic English vocabulary and literacy skills poor. Carers have asked people they are visiting to do the writing for them, and appear to have some difficulty with the spoken word.
- Local people generally feel under-valued

Private Care Agencies:

- The general response has been that there are good and bad, but with no clear guidance on where to find those that care and really work WITH people with disabilities in their own home
- Local people have asked the question: 'Are Private Care Agencies monitored?'
- Local people again would like to be offered a choice, and not have to depend on whatever they are given at the time.

GENERAL COMMENTS

- 'Disability was an event that happened through no fault of our own.'
- 'There is an urgent need to realise that we are PEOPLE FIRST!' .
- 'Disability Awareness should begin in schools.'

The Council

- Local people with disabilities need accessible information and a clearer idea of what might be available to them.
- To make Connect more user friendly.
- A register of disabled, or a network and main number through which they might obtain information, advice, and support directly suited to their needs.
- To gain immediate information about changes in benefit.
- For communication to include more than telephone for those unable to use them or who find difficulty.
- Local disabled people ask the question: 'Who is the Council?' They would value a more people-to-people approach.

Issues raised with:

Disabled People's Network - Solihull leads two Consultations per year with The Council specifically aimed at addressing local need. It takes the form of an open Forum and people are identified and invited who are able to best respond.

In addition, local issues have been addressed with:

- Taxi companies
- The Council
- Social Services
- Community Services
- The Police
- Highways and Byways Transport
- Centro trains
- Representatives from other agencies

3. " TRANSITION TO ADULTHOOD " - CONSULTATION

STAGE 1 REPORT - Initial Consultation with Disabled Young People and Parents/Carers (Children's Society) 2002.

Aims of the Consultation

- The consultation aimed to get accurate and clear information from disabled young people and their parents/carers, who are making the transition to adulthood.
- To use this, to develop clear information in a variety of media for young people and their parents/carers. Young people and parents/carers to identify the information and forms of media they want.
- To involve young people in the process as much as possible.

What We Did

- All disabled young people aged 13 - 25 and their parents/carers were invited, by letter to take part in groups or individual interviews. 620 letters were sent out.
- 21 young people responded, who wanted to take part in the consultation.
- 10 parents attended the evening session and 1 parent attended the day session. A total of 9 young people attended the group sessions. 7 young people had individual interviews. In addition to this the views of 4 parents were sought, whilst their child participated in an individual interview.

What young people said they wanted

The young people identified the areas they wanted information on, in the transition to adulthood.

13 - 15 Age Group:

Leisure:	Sports, bowling, shopping, cinema, dancing, swimming, discos
Health:	Being well, staying well and what to do if sick
Housing:	Living with friends, having own place/supported living, personal care, including washing and shopping.
Money:	General information Job Centre: General information Transport: Learning to drive
Telephone:	General information
Where to go when things go wrong:	General information

16 - 18 Age Group:

Leisure:	Going out, pubs, information on alcohol, holidays with friends or/and family, more social clubs when youth clubs finished, eating out venues.
Relationships:	Having a boyfriend and girlfriend, starting a family.
Health:	How to arrange Doctors appointments, staying well and how to get emergency help (999).
Housing:	Flat on own, supported living, house and living with friends.
Money:	Money, job centre, disabled friendly employers, getting a job, benefits and credit cards.
Transport:	Bus, going on a train, booking a taxi, travel training, learning to drive a car.
Education:	College, school, day centre and residential college Family: Time away from family at age appropriate centre, like St. Christopher's (for young adults).
Communication:	Telephone, email and Internet where to go when things go wrong: General information.

19 - 25 Age Group

Leisure:	Holidays, how to make friends, see friends regularly, after school groups for 18 - 19 year olds, how to get out and about, concerts, accessible venues, water skiing, pubs and clubs.
Health:	Are young people able to give medical consent at 18 - what are their rights?
Housing:	Church based housing, independent living with support, flat or house.
Money:	Job centre, trying to get a job, help to start own business, benefits, trust funds, information on direct payments and which agencies to contact for money advice. Jobs where young disabled people can work more hours without losing benefits.

- Education:** College courses that are available, help with choosing a course, stimulating education opportunities, help with anti-bullying, work related education. Where to go for services when school finishes, i.e. physiotherapy, speech therapist, wheelchair and shoes - services generally available within school. Limited choice for education opportunities for people with learning disabilities.
- Transport:** Taxis with wheelchair access, help to get a taxi late at night e.g. after pubs and clubs close. Transport to school, work or college.
- Communication:** Computers, phones, disabled friendly web sites, Makaton or Rebus signs used more in agencies such as job centres, hospitals and colleges.
- Where to go when things go wrong:** Need key worker after 18 years old for any issues.

What Parents/Carers said they wanted

Parents/Carers said they wanted information on the following areas:

- Benefits
- Money management
- Accommodation options
- Respite care after young person is 18 years
- Letting go, enabling young person's independence
- What happens when parents/carers are no longer there or able to care
- Services available (choices)
- Positive daytime opportunities
- Social activities (including holidays)
- Employment
- Time scales
- What resources are available i.e. adaptations, difference between children's and adult service provision and how services should be reviewed.
- Where to get more information
- Personal care
- Sex education and relationships
- Practical advice
- Isolation
- Legal Rights

Parents felt young people should have the following information in addition to the above:

- Personal care
- Relationships i.e. friends, with adults including professionals and sexual relationships
- Sex education
- Healthcare including medication, dental care etc.
- Consequences of behaviour.
- Accepting self and own needs (understanding labels etc.)
- Driving

Parents were clear that they wanted information themselves, as well as for their child. Parents all felt that they needed the information available to them, from when their child reached their 14th birthday.

How young people want the information

The young people were shown examples of the various formats information could be made available to them. They then identified the media in which they wanted information made available to them.

13 - 15 Age Group

- Video with songs (Steps and Abba)
- Filofax booklet with lots of pictures of disabled young people
- Audio tapes with storybook to accompany it
- CD
- Audio story/information
- Interactive CD ROM

16 - 18 Age Group

- Computer programme
- Video with written material to accompany it
- Filofax with large writing, pictures and symbols

19 - 25 Age Group

- Video with written material to accompany it
- Internet site - because it is easy to change information without sending information out.
- Filofax (all young people were interested in this idea)
- CD ROM

How Parents want the information

All parents wanted this information in filofax format, which could be regularly updated and enable parents to write in key information.

Some parents wanted information in a booklet format

Parents also felt the Children's Disability Team directory needed updating to include a section on transitions.

Our Learning

- The consultation has shown, young disabled people have a lot to say about information and services they need. This information is valuable.
- Communication difficulties were an important issue, although we overcame some of these issues by producing Makaton, Rebus and picture signs.
- Personal care needs - The need to provide a familiar carer or alternatively a carer skilled to assist a young person involved in the consultation.
- Time factor - It has been identified that consulting with disabled young people, who may communicate in varying ways, is time consuming and in order to do justice to their contribution, we must ensure sufficient time is planned.
- Both young people and their families feel valued by being consulted.

2. SERVICE USER QUESTIONNAIRE

During 2003 over 500 Service Users known to the local authority where asked to complete a questionnaire.

[Note: in total 278 questionnaires where returned but not all respondents answered every question]

GENERAL INFORMATION

	Under 17	18-64	65-74	75-84	Over 85
In which Age Range are you?	5	122	36	62	52

	Yes	No	Don't Know
Do you look after, or care for someone, who gets help or service from Social Care or the Health Service	29	233	2

	A Physical Disability	Blind or Visual Impairment	Deaf or Hearing Impairment	Dual Sensory Impairment (Deafblind)	Multiple Disabilities (Sensory & Physical)
What Disabilities do you have?	144	155	52	12	46

HOUSING QUESTIONS

	With my Parents?	With another member of my family	With my partner?	I rent a place of my own - house/flat	In residential/ nursing home care	I own my own house/flat	Other
Where do you live at the moment?	22	15	74	66	27	108	15

	YES	NO
Has your home been specially adapted to meet your needs?	105	162

	Within the next twelve months?	Within the next 1 - 5 years	You do not wish/ need to move to other accommodation.
Do you think you will want/need to move to other accommodation in near the future?	15	45	183

FINDING OUT ABOUT SERVICES

		YES	NO
Did you receive information about the sort of service that Social Care Services and The Health Service could provide?		96	145

	Information Leaflets	Websites (Council or Health Service)	Library	Visited Office and spoke to someone	Someone visited me at home	Other
Have you used any of the following information sources about either Social Care Service or Health Service in the last 6 months?	52	10	26	24	107	29

SERVICES

	Very Important	Important	Not Important
How important do you think the following are to disabled People?			
Help to find employment	119	58	39
Help access educational opportunities?	112	67	27
Help access mainstream leisure opportunities	126	73	22

	Very Important	Important	Not Important
Home Care and Day Care Services as well as providing practical care should also focus on?			
Rehabilitation enabling people to do things for themselves	158	56	6
Social Contact	160	69	8
Supporting Carers	178	61	4
Promoting Independence through	123	65	25

GETTING IN TOUCH

Rate how helpful a single contact point would be in respect of the following combinations:	Very Helpful	Helpful	Not Helpful
All Health and Council Service	169	55	12
All Council Services	127	67	9
All Health Services	150	53	4
All Health and Social Care	177	48	10

ARRANGING AND RECEIVING HELP OR SERVICES

Have you been asked about Direct Payments?	Yes	No	Don't Know
	61	157	46
Do you know what direct Payments are?	Yes	No	Don't Know
	105	128	36
Would you provide an independent support service?	Yes	No	Don't Know
	45	68	127

SUMMARY

	Excellent	Good	Fair	Poor	Very Poor
Overall, what do you think of the help you receive?	42	104	54	20	19

APPENDIX C

PREVALENCE OF DISABILITY

1. Overall Prevalence of Disability (based on OPCS Disability Survey Figures for Great Britain 1989)

1996

Age	Male Population	Male Prevalence	Female Population	Female Prevalence	Total Prevalence
0-15	21,140	782	20,141	524	1,306
16-59	60,273	3,375	60,321	3,861	7,236
60-74	13,548	3,834	15,174	4,006	7,840
75+	4,727	2,519	8,598	5,425	7,945
Total	99,688	10,511	104,234	13,815	24,327

2001

Age	Male Population	Male Prevalence	Female Population	Female Prevalence	Total Prevalence
0-15	20,241	749	19,431	505	1,254
16-19	5,181		4,777		
20-29	12,902			12,306	
30-39	13,098			13,405	
40-49	13,461			13,618	
50-59	14,920			15,254	
16-59	59,562	3,335	59,360	3,799	7,135
60-74	13,713	3,881	14,939	3,944	7,825
75+	5,527	4,727	9,510	6,001	10,728
Total	99,043	12,692	103,240	14,249	26,941

2007

Age	Male Population	Male Prevalence	Female Population	Female Prevalence	Total Prevalence
0-15		19,560	724	18,720	487
1,210					
16-19		5,040			4,880
20-29		12,600			12,400
30-39		13,000			12,800
40-49		13,400			13,600
50-59		13,200			13,600
16-59		57,240	3,205	57,280	3,666
6,871					
60-74		15,900	4,500	16,900	4,462
8,961					
75+		6,500	4,727	10,300	6,499
11,226					
Total	99,200	13,156	103,200	15,114	28,269

1996

Age Severity Cat	0 – 15		16 to 59		60 to 74		75+		Overall	
	Male	Female	Male	Female	Male	Female	Male	Female	Total	Total
8 to 10	190	141	362	483	420	470	506	1,324	1,830	3,896
6 to 7	211	101	482	664	420	637	397	1,195	1,592	4,107
4 to 5	169	121	784	1,025	745	956	558	1,187	1,744	5,544
1 to 3	211	161	1,748	1,689	2,249	1,942	1,059	1,720	2,778	10,779
Total	373	331	844	844	890	890	890	890	890	890

2001

Age Severity Cat	0 – 15		16 to 59		60 to 74		75+		Overall	
	Male	Female	Male	Female	Male	Female	Male	Female	Total	Total
8 to 10	182	136	357	475	425	463	591	1,465	2,056	4,095
6 to 7	202	97	476	653	425	627	464	1,322	1,786	4,268
4 to 5	162	117	774	1,009	754	941	652	1,312	1,965	5,722
1 to 3	202	155	1,727	1,662	2,276	1,912	1,238	1,902	3,140	11,076
Total	358	318	832	832	888	888	888	888	888	888

2007

Age Severity Cat	0 – 15		16 to 59		60 to 74		75+		Overall	
	Male	Female	Male	Female	Male	Female	Male	Female	Total	Total
8 to 10	176	131	343	458	493	524	696	1,586	2,282	4,407
6 to 7	196	94	458	630	493	710	546	1,432	1,978	4,558
4 to 5	156	112	744	974	875	1,065	767	1,421	2,188	6,114
1 to 3	196	150	1,660	1,604	2,639	2,163	1,456	2,060	3,516	11,928
Total	345	307	802	802	1,017	1,017	1,017	1,017	1,017	1,017

Description

- 8-10 Very severe Disability – constant care or supervision
- 6-7 Severe Disability – all things difficult or some difficult and some impossible
- 4-5 Appreciable Disability – able to do a fair amount but may need help with certain things
- 1-3 Minor/hone – difficulty with one or two things

2. No of People with Disabilities in Solihull by type

1996

Age Disability affecting	0 to 15 Total	16 to 59 Total	60 to 74 Total	75+ Total
Locomotion	372	3,738	5,687	6,609
Reaching & Stretching	83	1,085	1,551	1,985
Dexterity	124	1,568	2,240	2,652
Seeing	83	1,085	1,608	3,491
Hearing	248	2,050	3,159	4,371
Personal Care	289	2,171	2,843	4,171
Continence	372	1,085	1,206	1,959
Communication	454	1,447	1,206	1,866
Behaviour	867	2,291	1,149	2,025
Intellectual Functioning	372	2,412	1,149	1,452
Consciousness	206	603	287	120
Eating, drinking, digestion	41	241	345	400
Disfigurement	83			

2001

Age Disability affecting	0 to 15 Total	16 to 59 Total	60 to 74 Total	75+ Total
Locomotion	357	3,687	5,671	7,458
Reaching & Stretching	79	1,070	1,547	2,241
Dexterity	119	1,546	2,234	2,992
Seeing	79	1,070	1,604	3,940
Hearing	238	2,022	3,150	4,932
Personal Care	278	2,141	2,835	4,707
Continence	357	1,070	1,203	2,210
Communication	436	1,427	1,203	2,105
Behaviour	833	2,260	1,146	2,286
Intellectual Functioning	357	2,378	1,146	1,639
Consciousness	198	595	286	135
Eating, drinking, digestion	40	238	344	451

2007

Age Disability affecting	0 to 15 Total	16 to 59 Total	60 to 74 Total	75+ Total
Locomotion	345	3,550	6,494	8,333
Reaching & Stretching	77	1,031	1,771	2,503
Dexterity	115	1,489	2,558	3,343
Seeing	77	1,031	1,837	4,402
Hearing	230	1,947	3,608	5,510
Personal Care	268	2,061	3,247	5,258
Continence	345	1,031	1,378	2,470
Communication	421	1,374	1,378	2,352
Behaviour	804	2,176	1,312	2,554
Intellectual Functioning	345	2,290	1,312	1,831
Consciousness	191	573	328	151
Eating, drinking, digestion	38	229	394	504

2. People with limiting long term illness - 2001 Census Ward Data

	Total number of people in Borough/ward	People with a limiting long-term illness	People of working age with a limiting long-term illness	People whose health is Not Good
Solihull Borough	199,517	32,577 16%	13,933 7%	15,966 8%
Bickenhill	13,561	2,152 16%	1,139 8%	1,138 8%
Castle Bromwich	11,857	1,905 16%	826 7%	956 8%
Chelmsley Wood	10,927	2,277 21%	1,250 11%	1,301 12%
Elmdon	9,796	2,000 20%	706 7%	918 9%
Fordbridge	8,748	1,725 20%	986 11%	1,004 11%
Kingshurst	8,126	1,529 19%	740 9%	824 10%
Knowle	10,823	1,475 14%	554 5%	595 5%
Lyndon	10,004	1,818 18%	725 7%	892 9%
Meriden	11,811	1,625 18%	644 5%	744 6%
Olton	11,508	2,142 19%	701 6%	1,013 9%
Packwood	14,523	1,738 12%	702 5%	760 5%
St. Alphege	13,966	1,621 12%	563 4%	660 5%
Shirley East	11,816	1,988 17%	699 6%	904 8%
Shirley South	16,905	2,362 14%	909 5%	1,186 7%
Shirley West	11,802	1,857 16%	769 7%	901 8%
Silhill	12,402	2,162 17%	757 6%	931 8%
Smithwood	10,943	2,201 20%	1,263 12%	1,239 11%
	All people aged 16 - 74	People aged 16 - 74: Economically inactive, permanently sick/disabled	Number of households	Households with one or more person with a limiting long-term illness
Solihull Borough	142,437	6,254 4.4%	80,930	25,821 32%
Bickenhill	10,062	569 5.7%	5,342	1,602 30%
Castle Bromwich	8,743	344 3.9%	4,723	1,540 33%
Chelmsley Wood	7,537	705 9.4%	4,558	1,836 40%
Elmdon	7,090	315 4.4%	4,315	1,631 38%
Fordbridge	6,104	538 8.8%	3,624	1,385 38%
Kingshurst	5,463	388 7.1%	3,214	1,242 39%
Knowle	7,825	209 2.6%	4,368	1,162 27%
Lyndon	7,101	310 4.4%	4,146	1,467 35%
Meriden	8,659	236 2.7%	4,729	1,322 28%
Olton	8,108	296 3.7%	4,728	1,541 33%
Packwood	10,387	215 2.1%	5,652	1,449 26%
St. Alphege	9,993	183 1.8%	5,508	1,357 25%
Shirley East	8,299	280 3.4%	4,865	1,577 32%
Shirley South	12,221	347 2.8%	6,675	1,864 28%
Shirley West	8,513	336 3.9%	4,874	1,470 30%
Silhill	8,808	309 3.5%	5,185	1,623 31%
Smithwood	7,524	674 9.0%	4,424	1,753 40%

3. Health and Provision of Unpaid Care - 2001 Census Ward Data

	Total number of people in the ward	Total number of people who provide unpaid care	All people who provide unpaid care 20-49 hours per week - % of total number of carers	All people who provide unpaid care 50+ hours per week -% of total number of carers
Solihull Borough	199,517	20,987 11%	2,092 10%	3,800 18%
Bickenhill	13,561	1,428 11%	160 11%	278 19%
Castle Bromwich	11,857	1,406 12%	134 10%	257 18%
Chelmsley Wood	10,927	938 9%	125 13%	308 33%
Elmdon	9,796	1,128 12%	124 11%	233 21%
Fordbridge	8,748	785 9%	122 16%	224 29%
Kingshurst	8,126	743 9%	120 16%	212 29%
Knowle	10,823	1,234 11%	81 7%	145 12%
Lyndon	10,004	1,114 11%	134 12%	223 20%
Meriden	11,811	1,309 11%	88 7%	180 14%
Olton	11,508	1,370 12%	118 9%	207 15%
Packwood	14,523	1,543 11%	123 8%	218 14%
St. Alphege	13,966	1,466 10%	95 6%	154 11%
Shirley East	11,816	1,328 11%	125 9%	219 16%
Shirley South	16,905	1,724 10%	156 9%	243 14%
Shirley West	11,802	1,136 10%	110 10%	207 18%
Silhill	12,402	1,334 11%	126 9%	188 14%
Smithwood	10,943	1,001 9%	151 15%	304 30%

4. Age Structure in Solihull - 2001 Census Ward Data

	AGE STRUCTURE									
	0 - 14 yrs	15 - 24 yrs	25 - 59 yrs	60 - 64 yrs	65 - 74 yrs	75 - 84 yrs	85 - 89 yrs	90+ yrs		
Solihull Borough	39,101 20%	21,142 11%	95,427 48%	10,264 5%	18,312 9%	11,686 6%	2,432 1%	1,153 1%		
Bickenhill	2,596 19%	1,553 11%	6,997 52%	689 5%	997 7%	571 4%	109 1%	49 -		
Castle Bromwich	1,991 17%	1,481 12%	5,573 49%	487 4%	1,201 10%	782 7%	124 1%	38 -		
Chelmsley Wood	2,571 25%	1,385 13%	4,993 46%	579 5%	713 7%	427 4%	58 1%	21 -		
Elmdon	1,505 15%	932 10%	4,416 45%	585 6%	1,265 13%	908 9%	133 2%	52 1%		
Fordbridge	2,165 25%	1,047 12%	4,054 46%	470 5%	662 8%	276 3%	49 1%	25 -		
Kingshurst	2,046 25%	1,035 13%	3,517 43%	315 4%	735 9%	408 5%	52 1%	18 -		
Knowle	1,874 17%	1,092 10%	5,230 48%	601 6%	1,045 10%	733 7%	176 2%	72 1%		
Lyndon	1,864 19%	964 10%	4,772 48%	545 5%	941 9%	674 7%	176 2%	68 1%		
Meriden	2,170 18%	1,080 9%	5,959 50%	669 7%	1,096 9%	612 5%	161 1%	64 1%		
Olton	1,967 20%	1,101 10%	5,313 46%	655 6%	1,180 10%	853 7%	271 2%	168 1%		
Packwood	2,961 20%	1,368 9%	7,226 50%	744 5%	1,251 9%	719 5%	171 1%	83 1%		
St. Alphege	2,628 19%	1,470 11%	6,718 48%	692 5%	1,326 9%	880 6%	186 1%	86 1%		
Shirley East	2,260 19%	1,101 9%	5,390 46%	632 5%	1,333 11%	862 7%	146 1%	92 1%		
Shirley South	3,249 19%	1,724 10%	8,411 50%	814 5%	1,505 9%	940 6%	182 1%	80 -		
Shirley West	2,234 19%	1,212 10%	5,753 49%	605 5%	1,120 9%	660 6%	146 1%	72 1%		
Silhill	2,100 17%	1,172 9%	5,766 46%	697 6%	1,313 11%	977 6%	219 2%	157 1%		
Smithwood	2,740 25%	1,425 13%	5,159 47%	485 4%	629 6%	404 6%	73 1%	28 -		

5. B.M.E. Communities in Solihull - 2001 Census Ward Data

	ETHNIC GROUPS									
	White	Mixed Race	Asian	Black	Chinese					
Solihull Borough	188,723	94.5%	2,565	1.3%	5,074	2.5%	1,895	0.9%	1,258	0.6%
Bickenhill	12,929	95.3%	167	1.2%	210	1.5%	169	1.2%	86	0.6%
Castle Bromwich	11,388	96.0%	151	1.3%	85	0.8%	154	1.3%	74	0.6%
Chelmsley Wood	10,265	93.9%	312	2.9%	59	0.5%	256	2.3%	35	0.3%
Elmdon	9,272	94.7%	111	1.1%	297	3.0%	56	0.6%	60	0.6%
Fordbridge	8,254	94.4%	226	2.6%	52	0.6%	203	2.3%	11	0.1%
Kingshurst	7,745	95.3%	183	2.3%	42	0.5%	144	1.8%	12	0.1%
Knowle	10,534	97.3%	67	0.6%	136	1.3%	27	0.2%	57	0.5%
Lyndon	9,488	94.9%	83	0.8%	315	3.1%	73	0.7%	44	0.4%
Meriden	11,513	97.5%	86	0.7%	156	1.3%	19	0.2%	37	0.3%
Olton	10,700	93.0%	145	1.3%	544	4.7%	76	0.7%	43	0.4%
Packwood	14,047	96.7%	110	0.8%	259	1.8%	35	0.2%	73	0.5%
St. Alphege	13,053	93.5%	133	0.9%	551	3.9%	39	0.3%	190	1.4%
Shirley East	10,957	92.7%	90	0.8%	600	5.1%	79	0.7%	90	0.8%
Shirley South	15,747	93.1%	142	0.8%	686	4.1%	107	0.6%	233	1.4%
Shirley West	11,139	94.3%	116	1.0%	386	3.3%	100	0.8%	61	0.5%
Silhill	11,474	92.5%	117	0.9%	631	5.1%	67	0.5%	111	0.9%
Smithwood	10,200	93.2%	327	3.0%	60	0.5%	297	2.7%	39	0.4%

LARGEST B.M.E. COMMUNITIES IN SOLIHULL

Mixed Race Communities

Smithswood	327 persons	3.0% of ward population
Chelmsley Wood	312 persons	2.9% of ward population
Fordbridge	226 persons	2.6% of ward population
Kingshurst	183 persons	2.3% of ward population
Bickenhill	167 persons	1.2% of ward population

Asian Communities

Shirley South	686 persons	4.1% of ward population
Silhill	631 persons	5.1% of ward population
Shirley East	600 persons	5.1% of ward population
St. Alphege	551 persons	3.9% of ward population
Olton	544 persons	4.7% of ward population

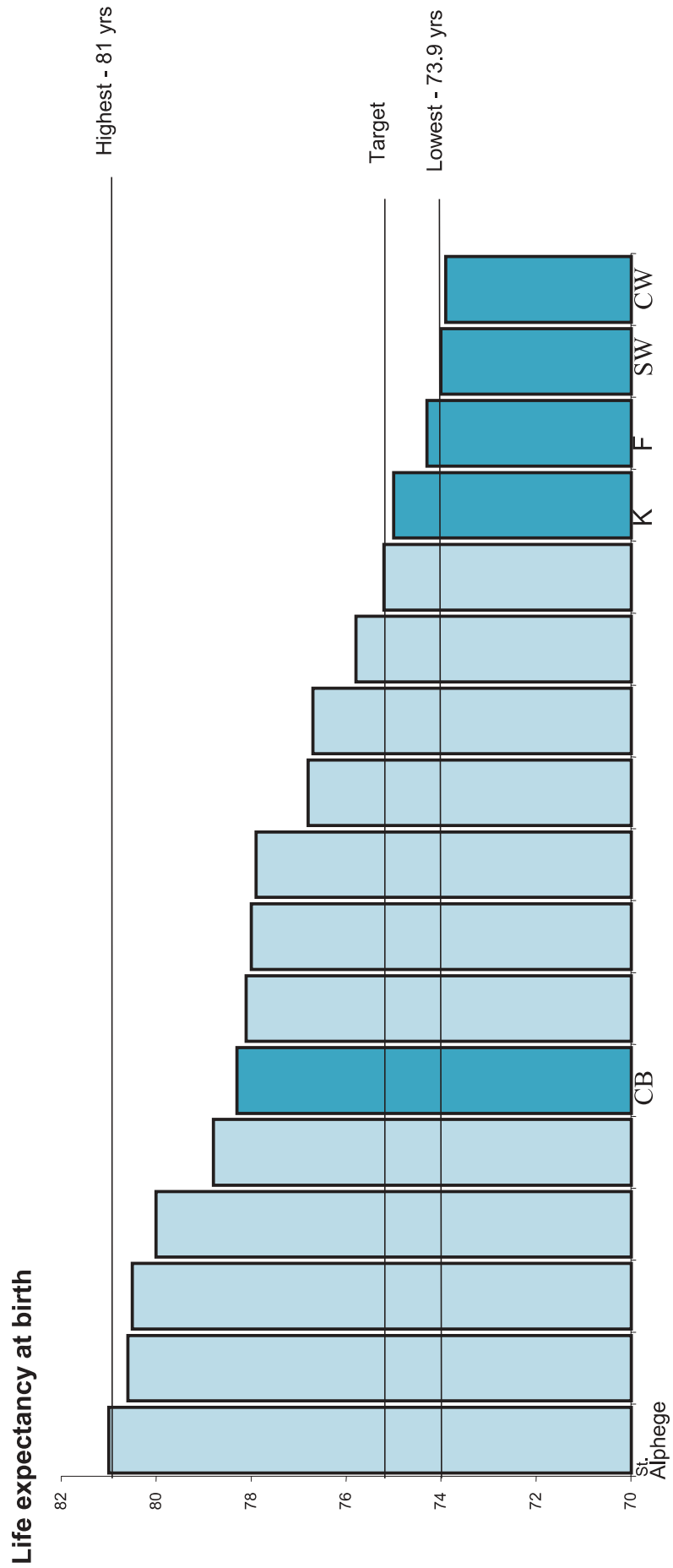
Black Communities

Smithswood	297 persons	2.7% of ward population
Chelmsley Wood	256 persons	2.3% of ward population
Fordbridge	203 persons	2.3% of ward population
Bickenhill	169 persons	1.2% of ward population
Castle Bromwich	154 persons	1.3% of ward population

Chinese Communities

Shirley South	233 persons	1.4% of ward population
St. Alphege	190 persons	1.4% of ward population
Silhill	111 persons	0.9% of ward population
Shirley East	90 persons	0.8% of ward population
Bickenhill	86 persons	0.6% of ward population

Life Expectancy in Solihull



Wards ranked by life expectancy

APPENDIX D

KEY PERFORMANCE INDICATORS

1. RAP indicators

(RAP = Referrals, assessments and packages of care project)

Age	Number of Customers Assessed between 01-April-2001 to 31-Mar-2002
18-64	469
65-74	528
75-84	1140
85+	985

(Information from A1. Clients with a primary client type of physical disabilities with a completed assessment during the period 01-April-2001 to 31-Mar-2002)

Age	Number of Customers who received a service between 01-April-2001 to 31-Mar-2002
18-64	560
65+	3079

(Information from P1. Clients with a primary client type of physical disabilities who received a service during the period 01-April-2001 to 31-Mar-2002)

2. Performance Assessment Framework Indicators

	Indicator	Performed 2000/2001	Target 2001/02	Performed 2001/02	Performed 2002/03	Target 2003/04
National Priorities and Strategic Objectives						
B16	Unit Cost of residential and Nursing care-adults physical disability	£413	£425	£392	£548	£589
B17	Unit cost of home care for adults and older people	£10	£11.10	£11.60	£12	£13

C27	Admissions supported residents 18-64 – Residential and Nursing Care per 10,00 population	2.4	2.0	1.04	2.11	
C29	People with physical disability - helped to live at home per 1,000 population aged 18-64	2.4	2.4	2.7	3.3	3.5
D38 BVP1 56,TQ	% equipment less than £1000 delivered under 3 weeks	95%	97%	97%	95%	98%
D39 BVPI 58,TQ	% people receiving statement of need/how met	89%	92%	98%	94%	98%
D40 BVPI 55	Clients receiving a review	40%	65%	68%	76%	80%
D42	Carers Assessments	7%	21%	15%	26%	42%
E50	The percentage of assessments leading to provision of service	57%	57%	70%	69%	65%

APPENDIX E

BUDGETS

(Related specifically to people with Physical Disabilities)

Social Care Services to People with Physical Disability	Gross expenditure £0,000s	Income £0,000s	Budget for 2002/03 £0,000s
Support Costs	671,570.00		671,570.00
Residential Care	232,110.00		232,110.00
Nursing Home Care	107,110.00		107,110.00
Day Care	664,740.00	-35,430.00	629,310.00
Support at Home – Home Care	540,750.00		540,750.00
Support at Home – Other	124,290.00		124,290.00
Other services	590,580.00	-23,150.00	567,430.00
Total	2,931,150.00	-58,580.00	2,872,570.00

The out turn figure for 2002/03 was £3,002,000 and budget for 2003/04 was £3,257,000 on Physical Disability Services, There are separate budgets for services to people with Learning Disabilities, Older People and People with Mental Health Problems.

The services will be shaped by what the law says and the money the Council is able to provide. They will be provided on the basis of an individual assessment of need involving the potential service users, their carers and appropriate professionals.

APPENDIX F

Service Provision in detail

A range of service is available to enable people with physical disabilities to retain their well being and independence and to assist carers. The main services are listed below, including those local ones provided by other organisations, either directly funded by the Council or NHS or independently funded.

- **ELIGIBILITY CRITERIA**

The criteria for receiving help from Social Care are set down in the 'Responding to your Care Needs' guide, available for reference at all Council public reception points, local libraries, Citizens Advice Bureaux and GP surgeries.

NHS services are provided free at the point of delivery based on patient need.

- **COUNCIL PROVIDED AND FUNDED SERVICES**

The Provision of service can be direct or through other organisations. The Council and NHS provides full or part funding to a range of organisations either through block contracts, Service Level Agreements, or by spot purchasing services for individual users, in order to comply with the statutory obligations of the Council and NHS.

- **Adaptations and Disabled Facilities Grants**

People with disabilities can have their homes adapted to make them more suitable for their needs. This can include for example ramps and showers being installed.

Adaptations for people with disabilities are managed jointly between Housing and Social Care. The Social Care Occupational Therapy Service always undertakes assessments and makes the recommendations for adaptations.

For Council tenants adaptation work is done free of charge, but may effect the rent charged. Whereas for non Council tenants minor alterations costing less than £1000 are funded by Social Care and the cost of major adaptations become subject to a means test and where eligible financial assistance from the Disabled Facilities Grant.

- **Advocacy support**

See Dial

- **Adult Education**

Solihull Adult Education Service provides courses for adults in a wide variety of subjects. There are reduced fees for people who receive disability benefits.

Many classes are held at Langley School, Solihull CVS and Shirley Community Centre where there are good facilities for people with disabilities.

- **Birmingham Institute for the Deaf**

BID provides a specialist Care Management service to all client groups on behalf of Solihull Metropolitan Borough Council. The remit is for predominately, profoundly Deaf people who use British Sign Language.

The Care Management Service assesses needs and resource these needs. Care plans include internal and external, funded and unfunded services.

BID has a full time Duty Manager who screens referrals and allocates assessments.

Deafness affects 1:10 of the population and therefore the incidence in terms of numbers nationally is significant. This is also the case in Solihull.

BID has an environmental equipment service that provides a variety of appropriate equipment that enable Deaf people to live or continue to live independently.

Whilst the current remit provides a quality service to some Deaf people there is an obvious gap in service provision to who are deafened or are hard of hearing. Again the incidents this group is vast but currently receive either a limited service or no service at all.

BID also provide a range of services not funded via this contract by Solihull Metropolitan Council. These include:

1. Interpreting / Communication Support Service
2. Employment Service
3. Residential Services
4. Deafcare / domiciliary Support Services
5. Information Service
6. Prison Project Service
7. Sign Language Training
8. Deaf Awareness Training
9. Volunteers Service
10. Respite Services
11. Advocacy Service
12. Youth and Community Support Services

● **Blue Badges Scheme (Disabled Parking Badges)**

The European Blue Badge Scheme was introduced in April 2000 to replace the Orange Badge Scheme, which could only be used in Great Britain. The new scheme allows badge holders, as a driver or passenger certain parking privileges, anywhere within the European Union.

The scheme is administered by the Local Authority but the criteria and rules regarding issue and use of the Blue Badge are determined by legislation.

● **Bus Passes**

Travel Passes for people with disabilities of working age are now issued by Centro.

● **Carers Assessments**

Carers who regularly provide substantial care to someone are offered and provided with an assessment by Social Services.

During 2001/02 576 assessments were completed. In 2003/2004 this figure reached 1133.

● **Care and Repair**

The Care and Repair service helps people with disabilities to overcome problems with their houses through repairs, maintenance or adaptation. The Care and Repair Officer will advise on what needs to be done and will help to get the work carried out. In some cases, money can be raised to help pay of the work.

- **Carers Centre**

Solihull Princess Royal Carers Centre provides support, information and advice to carers.

- **CAB (Citizens Advice Bureau)**

CAB offers a free confidential advice on many subjects, including the law, benefits, finance and tax. People who are housebound can be visited at home.

- **Community Services Directorate**

The Community Services Directorate's responsibilities include leisure and sport facilities, Lifelong Learning, Libraries and Arts and as such can play a significant part in the life of person with Disabilities.

The accessibility agenda within, Solihull Parks and Open Spaces and within Leisure Centres has taken a much higher profile in recent years. Work with St Christopher's Shared Care in order to provide wheelchair accessible play equipment in the parks or disabled accessible garden being constructed at Ralph Allotments are two small examples of social inclusion ensuring that all members of the community have the opportunity to participate. There has also been the development of forums for providing a voice for adults and young people with disabilities e.g. through the Solihull Youth Council.

(See also libraries)

- **Communication Strategies**

This is a comprehensive Directory of Services for Adults with Physical Disabilities available.

Information and Communication can also be provided in symbol form. Speech and Language Therapists can help with this but may make a charge, as it is time consuming. Speech and Language Therapists can also be involved in initial leaflets are initial written to make sure language is simplified, although it is not appropriate to just seek to "translate" and original leaflet into symbols.

At the current time, communication aids are not included in the joint equipment/aids store.

New resource Direction on Website.

Some offices do have access to a Minicom but this may need to be reviewed, as people don't get enough practice in use.

- **Connect**

Solihull Connect is a 'First Stop Service' being delivered by the Council for residents.

At Solihull Connect a team of skilled Customer Service Advisors will be able to deal with all of your queries and provide information and advice on Council Services.

Advisors will be able to help with queries regarding Social Care. They also offer disability parking badges, radar keys, concessionary bus passes and information and advice on a range of matters.

- **Crossroads**

Social Services contracts with Crossroads, an organisation that provides trained Care Attendants to look after a disabled person or child needing care to enable their carer to have a short break.

- **Day Care**

A range of provision is available to meet specific need, which is purchased from the Independent Sector, Voluntary organisations, or from neighbouring local authorities.

Green Acres is a local authority day centre centrally situated in the borough of Solihull specifically catering for adults' aged between 16 and 65 with physical disabilities. The Centre is open from 9am to 4pm each Monday to Friday, excluding bank holidays. There are 55 places available each day, 15 being for high dependency clients. Places are filled after social work assessment and discussion with the centre management. Clients attend on 1,2 or 3 days each week according to assessed need. The majority of clients are bussed in by Department transport. This is a free service also available to those receiving mobility allowances. The existing attendance criterion is mainly for respite and socialisation, there is no rehab or outreach facility and contracts are open-ended. There is no attendance charge.

Although referrals have never been made for those over 65, there are quite a number over this age as there was/is limited provision in older peoples services for wheelchair users.

Each service user has a nominated key worker and a day service care plan. When possible there is also a management day service annual review. Any major changes are carried out in liaison with Care Managers.

Recognised areas of concern from GreenAcres perspective are:

1. The need for Outreach/Rehab facility to enable users to live independently and to take pressure off other services.
2. To have a clear criteria for those using Dept. Transport.
3. To have a clear and fair policy for those over 65.
4. To have time limited placement contracts.
5. Links into education.
6. Links into leisure services.
7. Links into work preparation schemes.

- **Dial – Solihull (Disablement Information and Advice Line)**

DIAL – Solihull (Disablement Information and Advice Line) is a national organisation with independent local branches. Dial is a free information service run by people with disabilities for people with disabilities. Information is available on many subjects of interest to all people with disabilities living in Solihull such as benefits, finance, holidays, adapted cars, driving, general mobility aids and appliances, mobile hairdressers, wheelchair loan and purchase.

DIAL - Solihull is affiliated to DIAL - UK, but like all other DIALs has to be financially independent, and would never be eligible for funding from DIAL - UK.

Dial deals with wide and varied queries related to disablement (we currently record 21 different types of query). Approximately 48% of the work in the past year has been Benefits related. In addition to helping clients with applications DIAL also helps clients with Appeals, and acts in an Advocacy role at Tribunals. In recent months the number of people seeking help from Dial, has grown considerably.

The staff at DIAL (one part-time employee and ten volunteers) aim to give a professional service responding to the needs of people with disabilities. They can be contacted by telephone, e-mail, minicom, fax, and letter or just by calling in to the office at the Lowbrook Centre in Chelmsley Wood. To further the two-way process of communication/information a Newsletter, DIAL NEWS, is produced four times a year, and this is distributed throughout the Borough.

- **Direct Payments Scheme**

The Direct Payments Scheme provided by Social Services provides people with disabilities with the flexibility to arrange their own care services using a cash payment provided by Social Services, rather than relying on having service brought and arranged for them.

Support for service users who wish to receive direct payments is provided under contract with Social Care by the Rowan Organisation.

- **Disabled Peoples Network (formerly Solihull Disability Forum)**

Solihull Disability Network is an independent organisation that campaigns on behalf of disabled users. Solihull Social Services has supported this organisation and the Council has provided some funding for a full-time co-ordinator post, to help develop the work of the organisation further.

The network aims to reflect the needs, aims and aspirations of those with disability living in the Borough of Solihull, in order to bring about positive change through:

- Influencing key decision makers
- Effective consultation
- Raising public awareness
- Exchange of information
- Training and education
- Empowering and enabling people to be heard or find out more about it

- **Emergency Alarms**

The Piper Alarm System, is administered by the Elderly Services Section of Solihull Area Housing Office, and provides the facility to enable help to be summoned quickly in an emergency. The emergency alarm system is available to people with disabilities of all ages for whom it is considered suitable. There is at times a waiting list for this provision.

There is currently a charge for this service (in addition to normal British Telecom Charges), but this is reduced for people who qualify under the Chronically Sick and Disabled Persons Act (determined by Social Services after an assessment) or Council tenants in receipt of Income Support or Housing Benefit or Council Tax.

See also Safe and Sound

- **Equipment/Aids**

There are many items of equipment and aids on the market to assist people with disabilities available from high street suppliers.

Since November 1987 Solihull Council and PCT have operated a Joint Equipment Stores providing an equipment for loan to people with disabilities. See Joint Stores.

Social Services spent £130k in 2001/02 and the budget for 2002/03 on equipment for people with disabilities is £121k.

Equipment is provided after an assessment and is generally loaned to users free of charge for as long as it is needed. Commonly required items are kept in stock and delivered within the week. Other more specialised items have to be ordered.

During 2001/02 Solihull delivered 97% of equipment costing less than £1000 in under 3 weeks.

- **HIV/Aids Services**

Since 1990 a social work services has been available to Solihull residents who use the HIV treatment centres based at Birmingham Heartland's Hospital and Selly Oak Hospital. Social work services have also been available to patients of the Regional Haemophilia Unit at Queen Elizabeth Hospital.

Social workers at these centres are able to provide assessment, emotional/psychological support and advice to clinic patients. Historically the majority of advice has been around specialised supported housing, employment issues and sign posting to HIV voluntary sector agencies which includes specialist benefit advice work and access to grant making Trusts.

Social workers at the Birmingham treatment centres liaise closely with colleagues in Solihull Social Services Department when service users require contracted services such as home care and respite care.

Currently there are twenty-eight Solihull residents registered at Birmingham HIV clinics.

See also Terence Higgins Trust below.

- **Home Care**

Social Services provide personal home care and practical help to support people who wish to live independently either directly, or by purchasing it from private care agencies on the person's behalf. For example, Home Care Assistants can help with getting into and out of bed and other personal care.

Social Services also provide an Evening home Care Services. This provides a 'tuck in' service to help people get to bed at night.

Services are provided after an assessment of need by a Care Manager and the service is subject to charge dependent on a means test of an individuals financial position.

- **Home Care Rehabilitation Service**

The Home Care Rehabilitation Service is part of the in-house Home Care Service working with the Intermediate Care team to provide a programme of rehabilitation to people in their own homes by a team of trained Home Care Assistants. The service covers the Borough of Solihull, providing up to 150 hours of care to people referred to the service as needing a period of intensive rehabilitation in their own homes e.g. following a stroke, illness, injury etc.

Referrals to the service come into the Intermediate Care team and Care Managers within the team who will undertake an assessment of the needs of potential service users and agree a package of care that can last up to a maximum of six weeks. Care Managers liaise with the therapist who will meet the user and agree a list of goals and targets for the service being provided. Home Care Assistants will then work with service users following a planned programme of rehabilitation, progress is monitored and reviewed throughout the period and changes are made as needed.

The service has been very successful and plans are now being made to develop the service further and establish a discrete team of Home Care Assistants working solely with the Intermediate Care team.

- **Homecheck Service**

Through the Homecheck Service, people with disabilities can obtain a free check and advice on all aspects of safety and security in the home.

- **Housing Strategy**

Solihull's Housing Strategy sets out how the local authority and its partner organisations will improve housing conditions in Solihull, and how housing will contribute to sustainable communities and social inclusion.

Solihull Council's Housing strategy sets out the commitment to address the housing requirements of people with disabilities, including people with physical and sensory disabilities.

Each local authority in England and Wales is obliged to draw up a Housing Strategy. This requires each local authority to adopt a cross-tenure approach to addressing housing need within their area, and adopt joined-up working to secure housing's contribution to improvements in areas such as health, employment and community regeneration.

Strategic Objective Five of Solihull Council's Housing Strategy sets out the plans to ensure that vulnerable people are able to live in appropriate settings in the community with support where necessary. For each category of need there is a brief explanation of the strategic framework followed by a synopsis of needs and proposals for additional accommodation and services. People with physical and/or sensory disabilities are included as separate category under Strategic Objective 5.

- **Intermediate Care/Strategy**

Intermediate Care is a time limited (up to 6 weeks) service delivered in partnership between primary and secondary health care, local government services and the independent sector for people aged 18 and over. It is an intensive, programme of aided active recovery and rehabilitation to incorporate all areas of physical, social and psychological functioning. The emphasis is on optimising independence and quality of life to reduce and/or eliminate the need for long-term care and support, by preventing hospital admission or facilitating early hospital discharge.

In Solihull the Intermediate Care Team comprises, Speech and Language, occupational and Physiotherapists and Social Workers whose main remit is to facilitate the transition from hospital to home and provides short term rehabilitation for direct GP referral. The Rapid Response Nursing service in conjunction with the Community Assessment Rehabilitation Team (CART) provides a hospital prevention service. Service users are seen in either an independent Nursing home or in their own homes.

There has also been a psychologist as part of the Intermediate Care Team on a trial basis to look at the psychosocial mode of holistic rehabilitative care.

People with permanent disabilities may use this service at some time in their lives when there is an exacerbation of a chronic condition or other medical crisis. They may also need longer-term rehabilitation after their 6 weeks of Intermediate Care. This is where there is a current gap in service provision in Solihull. The Intermediate Care Strategy makes reference to this gap by recognising that many people need continuing lower level rehabilitation after a period of Intermediate Care. Currently the primary care services have insufficient resources to undertake this work. As a partial response to this difficulty the Intermediate Care service will use Home Care Rehabilitation to provide for a further 6 week period of support where this can be shown to have a potential for a positive outcome.

The provision of a stand alone Primary Care Rehabilitation service is needed to provide a place to which to discharge people from Intermediate Care and for slow stream rehabilitation, delivered as a whole system, to provide for people with chronic and permanent disability. This will need consideration by the Solihull Primary Care Trust.

- **Joint Equipment Store**

Solihull Social Services and Primary Care Trust provide equipment for people with disabilities via a jointly provided Equipment Store which is operationally managed by the PCT and strategically guided and developed by the multi-agency Stores Group.

See also Equipment/Aids

- **Libraries**

Solihull Library Service provides a wide range of information and services for people with disabilities including:

Fully accessible buildings and are fitted with hearing loops. Mobile Library Service, which covers the whole borough, can be used by anyone and is fully accessible with a lift. The vehicle provides a full range of stock including access to the Internet and email. Home Library Service, which delivers a service to individual housebound people in their own homes and to residential care homes.

The libraries stock a wide range of material including Large print fiction and information books, clear print collection of materials with Braille inserts, collection of children's fiction titles relating to specific disabilities, talking books, access to inter-library loan facility to borrow items in alternative formats.

At Central Library there is a Sight Loss Resource Centre run in partnership with RNIB providing information leaflets, support and help for people with sight loss, daily living equipment for demonstration a PC with speech software and CCTV magnifier.

Also At Chelmsley Wood Library there is a Sight Loss and Deafness Resource Centre run in partnership with RNIB, BID, RNID and CVS. There are regular support and communication group meetings held at the library for people with sight loss and for deaf people.

CCTV magnifiers also located in Balsall Common and Knowle Libraries.

A listening Circle is held bi-monthly at Central Library for visually impaired customers to listen to books on tape and discuss books they have read.

- **Occupational Therapy Services**

Social Services employs Occupational Therapists and Occupational Therapy Assistants to undertake assessments and direct work with users to enable them to attain as much independence as possible in everyday things such as dressing, washing, using the toilet, getting in and out of bed or chairs,

cooking or eating. This includes teaching users and carers new ways of doing things or recommending special equipment or alterations to the home.

- **The Rowan Organisation**

The Rowan Organisation assists service-users in all aspects of independent living. Social Services contract with the organisation to provide support to users eligible for payments under the Direct Payments Scheme. (See Direct Payments above)

- **Register of People with disabilities**

The Council holds a register of people with disabilities. Individuals are encouraged to apply to Social Services to register as a physically disabled person. Individuals do not have to register, this can help the Council to plan services for people with disabilities. Being registered does not guarantee individuals will receive a service or stop them from receiving one.

As of 16th July 2002 there were 925 people registered with Solihull Social Services as having a physical disability, of these 339 were aged between 18 and 64. It is clear however, that there is a greater number of people within Solihull who have a physical disability but who are not registered with Social Services. The information taken from the RAP returns will be more accurate. (See Appendix D)

- **Residential and Nursing Home Care**

Every effort is made to help people with a disability to remain in their own homes. Younger persons with a disability who require specialist Residential or Nursing home placements have to be placed in areas such as Leamington Spa, Redditch, Sutton Coldfield.

Solihull Council have no Residential and Nursing Home resources within the Solihull Borough for younger people with Physical disabilities, partly due to the specialist needs of individual users, which would make any such provision un-viable locally.

- **Respite Care**

Respite Care can be a Short Stay in residential/nursing home to give people with disabilities or their carers a break.

Respite Care can also be provided in the form of Home Care within the individual's own home ranging from a few hours to a full day primarily designed to relieve carers.

Alternatively the care may be provided through a day care centre.

A number of voluntary organisations such as Age Concern and Crossroad provides respite-sitting services to give carers a break.

A difficult experience by some service users is the ability to pre-book respite care.

- **RNIB**

Royal National Institute of the Blind and Solihull Social Services Department have a service contract under which RNIB provides, on behalf of Solihull Metropolitan Borough Council, a service to visually impaired adults resident in Solihull. This service includes registration of blind and partially sighted people (including children), support, advice and rehabilitation.

- **Statistics:**

Registered Blind: 442 Partially Sighted: 409 In addition to these, there are clients known to us as visually impaired who are not registered, bringing the total to around 1000 clients. RNIB estimates there are around 3 1/2 times (3,500) this number of people with a significant visual impairment within Solihull Borough.

- **Safe and Sound Project**

Safe and Sound is a new scheme being piloted by SMBC to help older and vulnerable people stay in their own homes and enable them to live independently in the community.

Safe and Sound will enable elderly and vulnerable people to access a supported housing officer warden service regardless of their tenure. It will seek to offer a greater sense of environmental security and ease the concerns of relatives of older and vulnerable people within the community. The service will include: -

- an assessment of needs followed by an annual review, with referrals to other services where appropriate
- weekly telephone calls and monthly visits by a Supported Housing Officer
- connection to the 24-hour community alarm service including a night time out of hours service including an alarm pendant or wristband
- referrals to the Care and Repair Scheme, Handyperson and Gardening Service
- an annual home safety check
- quarterly newsletter

- **Social Workers/Care Managers**

The Social Work Services is provided by 4 full-time Physical Disability Social Workers lead by a Senior Practitioner. There is also a Transitional Worker and a Development Worker.

- **Sports**

There is wheelchair access at North Solihull Sports Centre and at Tudor Grange. At both facilities, a hoist is available to assist access and exit from the pool.

Many Sports clubs in Solihull Borough are accessible to people with disabilities.

- **Terrence Higgins Trust**

Based in Coventry, provide support, information and advise for people with HIV/Aids.

- **Telephones**

For people who are severely disabled, housebound and have no means of summoning assistance and have a regular and urgent need to contact a Doctor (confirmation of doctor necessary), financial assistance may be available from the Local authority to assist with telephone installation and rental costs. This assistance is subject to the person being in receipt of income support or housing benefit.

- **Solihull Arts and Tourism Service**

Solihull Arts and Tourism Service comprises of the Tourist Information and Booking Office and the Solihull Arts Complex, situated in Library Square, Touchwood.

The Arts Complex comprises Theatre, Studio and Gallery and is accessible for people with disabilities. Work has been carried out on the theatre's backstage area making it more accessible for people with disabilities including adapted dressing room facilities and new access lifts.

Fully adapted toilet facilities are available. An induction loop has been fitted in the Theatre and at the Tourist Information and Booking Office.

4.3 NHS PROVIDED AND FUNDED SERVICES

- **Chiropody**

The Department of Foot Health can advise on any kind of foot problem and arrange treatment if necessary. An initial assessment of the problem is made at a clinic or, if necessary, in a patient's home.

- **Continence Advisory Service**

The Continence Advisory Service provides individual assessments of client needs, regular supplies and deliveries of continence products and help and advise in all aspects of continence care.

See also District Nursing Services

- **Dentistry**

Solihull Primary Care Trust publishes a directory outlining access and facilities for people with disabilities to dental surgeries.

Where someone needs extra help and it is difficult for them to find or visit a dentist, or if they have special needs, the Personal Dental Service can arrange for them to be seen at home. Their Dentists are particularly experienced in caring for people with physical and other disabilities.

There is an emergency dental service every Saturday, Sunday and most public holidays from 9.30am to 12noon. Held at Grove Road Clinic, which is accessible for people with disabilities.

Contact Solihull Dental Access and Special Care Centre Tel: 704-3211

- **District Nursing**

District Nurses provide nursing care and support to patients and their carers within their home and in the community.

The District Nursing service offers individualised nursing care to patients in various circumstances, i.e. discharge from hospital; patients with permanent health problems and those who are terminally ill. They can also provide nursing equipment such as incontinence aids and garments and special beds and mattresses.

The District Nursing Service offers a limited night sitting [nursing] service.

- **Doctors**

Solihull Primary Care Trust publish the Local Directory of Family Doctors and an access directory, which has information about which surgeries are accessible for people with disabilities.

- **Joint Equipment Store**

See above

- **Occupational Therapy Service**

No NHS Community Occupational Therapy Service.

There is a particular issue for children leaving school, and these younger people no longer have access to school therapists.

- **Opticians**

Solihull Primary Care Trust provides a list of all opticians working in Solihull.

Some opticians, but not all, do home visits, although patients may have to wait for a home visit.

- **Psychology**

Meeting the Psychological needs of people with Physical and Sensory Disability

Background

Over the past 5 years there has been a growing demand for clinical psychology services in clinical health and rehabilitation services. Most organised physical rehabilitation teams have clinical psychologists as part of their team or have access to a dedicated Psychology Service (Kennedy 1999). Some Psychologists work in community based teams; others are located in specialist centres (e.g. for spinal cord injury, hearing and visual disability, muscular skeletal disorders and neurological impairment).

Services Provided

Input is provided across the whole life range and clients are typically seen wherever is most appropriate; including the client's own home, hospital, health centre or rehabilitation facility. Clients are also seen in self-help groups or as families where that is helpful.

Clinical Psychologists are involved in both the assessment and treatment of a wide range of psychological problems arising either directly from the physical changes accompanying the physical or sensory disability, or the person's emotional adjustment to that usually permanent change in their abilities.

Psychological problems treated, typically include anxiety and depression, stress, denial, sexual dysfunction, relationship difficulties, chronic pain control, loss of cognitive functioning, sensory perceptual difficulties, low self-esteem etc.

Clinical Psychologists can also act in a consultancy capacity, given that other team members will be using/wish to use psychological approaches. Their research and teaching skills can also be helpful particularly in the development of a new service.

A psychologist has also been part of the intermediate care team on a pilot basis not only to look at the role of the psychologist in Intermediate Care but also to look at the psychosocial model of holistic rehabilitative care.

- **Physiotherapy**

Physiotherapy can help relieve pain and maintain mobility and independence. Individuals can have treatment at home if necessary.

- **Moore Green based at Moseley Hall Hospital**

Moore Green Unit provides physio and occupational therapy and other clinical rehabilitation services to a limited number of day patients with Acquired Brain Injury.

- **Speech and Language Therapy**

Speech and language therapy can help adults who have speech, language, fluency or voice problems. They can also help people who have difficulty in swallowing.

- **Wheelchair Service**

The Wheelchair service provides a wide range of wheel chairs and associated equipment.

There are no waiting lists for standard wheelchairs and during 2002/03 – 82% of chairs (9560) were supplied to newly referred clients within five days.

A wheelchair voucher scheme enables individuals to contribute towards the cost of the wheelchair so that they can choose from a wider range than normally available. Unless an individual wishes to contribute through the voucher scheme, the service is completely free of charge.

4.4 Other Organisations

- **Acquired Brain Injury**

Brain injury accidents happen:

- often some 22,000 victims each year in the UK suffer significant, lasting disability
- to anyone young & old, men & women, rich & poor
- anywhere, anytime at work or play, on the roads, in the home, in hospital, on holiday
- suddenly but recovery, to whatever extent possible, is a long & tortuous process

Brain injury changes lives dramatically:

- Individual victims poor memory & concentration, difficulty in communication, physical and sensory impairments and loss of social skills are common outcomes. Aggression, inappropriate behaviour & major personality changes often result too.
- In adults ... frustration at being unable to do things formerly accomplished easily leads to withdrawal & depression. Loss of job, family role undermines self-esteem & confidence.
- for child victims ... identifying the injury's precise effects and corresponding education facilities are major challenges
- The whole family ... partners, parents, children and others must adjust to living with a 'different person'; also their unexpected role of carer, with its many demands upon time, energy and emotions. Financial & accommodation concerns may exacerbate matters.

Local support services:

At the moment there are very few Traumatic Brain Injury or Head Injury services locally – most are seen by QE or Hillcrest.

Acute care for patients suffering brain damage in West Midlands' hospitals is good. And, after discharge, the Moore Green unit at Moseley Hall Hospital, Birmingham offers physio and occupational therapy & other clinical rehabilitation services to a limited number of day patients. Beyond that, however, the West Midlands conurbation, in common with most of the UK, suffers from a shortage of specialist support from statutory services for brain injured persons out in the community.

Fortunately there are a number of Voluntary Sector services available to back up the efforts of Social Services and Health Primary Care staff, notably:

- HEADWAY WEST MIDLANDS.
- BRAIN INJURY REHABILITATION TRUST
- REHAB UK
- BIRMINGHAM HEAD INJURIES CLUB
- CHILD BRAIN INJURY TRUST, BIRMINGHAM SUPPORT GROUP
- BRAIN HAEMORRHAGE SUPPORT GROUP
- AGE CONCERN
- THE STROKE ASSOCIATION
- PARKINSONS DISEASE SOCIETY
- MNDA

- **Birmingham Disability Resource Centre**

Birmingham Disability Resource Centre (BDRC) was established in 1994 to provide a range of services for disabled people, their carers and families in Birmingham, as well as providing information and training to professionals in the voluntary, statutory and private sectors. Given its close proximity to neighbouring Solihull, BDRC has always 'informally' provided support to disabled people living in Solihull, and receives numerous enquires from people seeking help on a wide variety of disability issues.

- **BIRMINGHAM HEAD INJURIES CLUB**

A social club for brain injured adults, meeting each Monday evening at the Ladywood Community Centre, Birmingham. Also organises special coach trips and evenings out.

- **BRAIN INJURY REHABILITATION TRUST**

Offers medium-term, residential rehabilitation programmes to brain-injured persons suffering violence and extreme behavioural problems at its centre in West Heath, Birmingham.

- **BRAIN HAEMORRHAGE SUPPORT GROUP**

A self help group for survivors of a brain haemorrhage in and around Birmingham/Solihull. Arranges talks, usually at Queen Elizabeth Hospital, Birmingham, and occasional social activities.

- **CARERS UK**

Carers UK can offer information and advice and put carers in touch with support groups for carers.

- **CAREERS SERVICES**

Careers Adviser and team specialise in offering guidance to young people with disabilities who are in their last years of school or college. The team can advise on opportunities for further education, training and employment.

The Central Careers Service offers a similar service to adults with disabilities.

- **CHILD BRAIN INJURY TRUST, BIRMINGHAM SUPPORT GROUP**

A self help group for families including a child with brain injury. Talks and social activities provided through monthly meetings at venues in and around Birmingham/Solihull.

- **CONNEXIONS**

The Connexions service is being introduced to make a difference to the life of every teenager in England by offering a smooth transition into adulthood, citizenship and working life. Connexions will be a fully inclusive service providing information, advice, guidance and support. The service will work closely with a wide variety of agencies and organisations to ensure young people get the individual support they need.

The Birmingham & Solihull Connexions service is due to commence September 2002. The Special Educational Needs Code of Practice will direct the future joint working of all agencies including Education, Health and Social Services.

- **DEAFBLIND UK**

Deafblind UK is a national charity working with adults who have a dual sensory loss. They have specialist staff able to assess the needs of deafblind people. They offer expertise and knowledge related to this special disability and the impact it has on everyday lives.

The majority of deafblind people will be older people who experience age-related problems with seeing and hearing. Many will have a need for one-to-one human contact enabling people with a dual sensory loss better integration into the hearing/seeing work. Deafblind UK can provide support workers or communicator/guides for those people assessed as needing them, assisting individuals to gain access to appropriate services and/or equipment.

Deafblind UK provides recognised training courses in dual sensory loss and can provide rehabilitation programmes and activity breaks tailor-made for individuals. Membership of Deafblind UK is free to deafblind people and allows access to 24-hour fully accessible telephone helpline.

Currently Deafblind UK see about 24 deafblind Solihull residents per year.

- **Disability West Midlands**

Disability West Midlands is a registered charity, managed by people with disabilities, whose principal objective is to promote equal rights for people with disabilities living in the West Midlands and the surrounding shire counties. The organisation was established in 1977 and has an inclusive staff team of disabled and non-disabled people working together. Services include:-

- Mobile Information Service
- Information Bureau
- Education Guidance Support
- Training and Consultancy Service
- Pinpoint – Magazine
- On going projects

- **ENABLE**

Enable's mission is to increase access to vocational training for people with disabilities. The service Enable offers is:-

- Information and specialist guidance
- Outreach work

- Individual assessment of support needs
- Equipment loan service
- Workshops
- Consultancy Service on training and disability issues

- **Headway West Midlands.** Tel: 0121 442 6061
E-mail: enquiries.engquires@headway-wmorg.uk

The local branch of a national charity representing and aiding brain injury victims. Uniquely its interest spans all stages of the care pathway - Prevention/Hospitalisation/ Clinical Rehab/Social Rehab/Community Re-integration - for both adults and children, family members as well as injured persons.

Family Support Workers, including Asian language specialists, offer personalised information, culturally sensitive guidance & practical help from the aftermath of the accident for 'as long as it's needed.' A "Phone-a-friend" network and social events allow clients to contact and learn from the experiences of others who have suffered similar problems and anxieties.

The acclaimed Brain Injury Development Centre, at Headway House in Moseley, offers social rehabilitation to adult day attendees. Individually tailored programmes facilitate re-learning of lost skills and empower clients to lead active, fulfilled lives as independently as possible. Staff also run group activities of interest to brain injury victims at other locations in Birmingham and Solihull.

Headway staff are committed to working in close partnership with statutory services and other local brain injury agencies. Accordingly, wherever appropriate, cross referrals are made to the following or other bodies.

- **Independent Living Fund**

The Independent Living Fund provides financial assistance to people with very severe disabilities who can only live at home if they have a lot of paid help. The fund works in partnership with the Local Authority to enable jointly funded packages of care to be arranged. Payments from the fund must be used to employ one or more care assistants.

- **Job Centres (formerly Employment Services)**

Currently two Disability Employment Advisers (DEAs) are located within the two Job Centres, one in Solihull town centre and the other in Chelmsley Wood. The DEAs are trained to help people with disabilities find or keep jobs. They can also put people in touch with a Job Club for unemployed people with disabilities and health problems.

Job Centre Plus: Although not currently within Solihull, but a planned nation-wide service by 2006, the Job Centre Plus service will deliver opportunities for jobs and training plus advice and support on benefits for everyone of working age through a single point of access. Employers will also place their vacancies with Job Centre Plus.

- **Learning Skills Council**

Section 13 of the Learning & Skills Act 2000 requires the Learning & Skills Council (LSC) to pay particular regard to the needs of people with learning disabilities and/or disabilities when securing facilities for education and training, in providing resources for education and training and when exercising its power to secure facilities for work experience.

The Birmingham & Solihull LSC commissioned a review of education and training for learners aged 16-19 (in some cases upto 24) with learning difficulties and/or disabilities in Birmingham & Solihull. Future service developments will be based on the findings of this and other associated research.

- **New Deal for Disabled People**

New Deal for People with disabilities offers support and practical help to prepare individuals for work and to find a suitable job. The following Job brokers have been contracted to work within Birmingham and Solihull:

Pertemps Employment Alliance Work in Progress
Employment Opportunities
Mentor Medical & Professional Services.

- **Queen Alexander College**

The Queen Alexandra College aims to challenge discrimination and exclusion by providing opportunities for people with visual impairment and other disabilities to learn, live and work independently.

Working with the individual to continue learning, develop new skills and fulfil aspirations, whether in employment, higher education or elsewhere, through individually tailored programmes towards social and economic independence.

- **Rathbone**

Rathbone Education, Training and Employment Services:

- Help with reading and writing related to work experience, placements and personal skills needed for training and work.
- Offer training to both adults and young people in a number of job choices, in further education, work based training, work preparation and support into employment.
- Offer these services to people of all ages, from 16 years of age.

- **Radar**

The National Key Scheme, run by RADAR, allows access to public toilets throughout the country.

- **Rehab UK**

Based in Birmingham City centre. Offers vocational rehabilitation and practical assistance in obtaining appropriate job placements to adults with moderate brain damage who have lost their original jobs but whose condition allows the prospect of returning to some work.

- **RNIB Resource Areas**

RNIB in partnership with Solihull Libraries and the Community Fund have set up a service to provide effective information and help to those who have serious sight problems.

The service consists of two Resource Areas equipped with a full range of helpful information leaflets about living with sight loss. Also display cabinets of daily living equipment available through the RNIB catalogue for you to look at and try. A talking computer and CCTV (Closed Circuit Television) are available for demonstration. The Resource Areas are staffed by trained volunteers on a regular basis who are supported by a full time co-ordinator.

The RNIB Resource Area South is a visual Impairment Resource Area, whereas the RNIB Resource Area North (located in Chelmsley Wood Library) has additional information and equipment display for people with deafness.

- **SNAP**

Solihull Special Needs Active Partnership is an independent charity enabling parents, the voluntary sector and statutory bodies to work together on behalf of children with special needs. It serves on

various multi-agency working parties (including transition of young people with disabilities) and enjoys strong links with many voluntary organisations for training and exchange of information. As part of its remit to work with parents and carers, SNAP runs a consultation project, which enables parents/carers and professionals to work together on a variety of task groups. As part of its support for parents and carers of children with special needs, Solihull SNAP provides the parents partnership service for the Borough and works closely with a Connexions worker. Through its Leisure project LOCAN (Leisure Opportunities for Children with Special Needs) Solihull SNAP provides holiday activity days, inclusive holiday play schemes and an all sorts football skills club.

- **Shaw Trust**

Shaw Trust is a charity, which enables disabled and disadvantaged people to find routes to employment through rehabilitation, training, work preparation and work experience.

- **Shopmobility**

Solihull Shopmobility is available for anyone who has limited mobility. The individual does not need to be registered disabled, or have a long term illness or have a blue/orange badge to be able to use the service.

The aim of Solihull Shopmobility is to provide independence, freedom and easy access to town centre facilities through the free use of mobility equipment. (Scooters, manual wheelchairs and motorised wheelchairs).

- **The Stroke Associations – Solihull Dysphasia Support**

To help people who have had a stroke and been left with speech and communication problems. Volunteers make weekly home visits and group meeting is held each week.

- **Stroke Club - Lowbrook**

To encourage stroke sufferers to cope better with disability and to enable their carers to take a well-earned break. Games, quizzes, outings. All designed to rehabilitate stroke patients. Members referred via GPs, Community Nurses, Health Visitors, Social Workers etc. Registered charity affiliated to the Stroke Association.

- **The Solihull Stroke Club**

To help post stroke patients. During meetings members participate in group exercises, games, snooker, talks and demonstrations of interest and outings. Members referred via GPs, Community Nurses, Health Visitors, Social Workers etc. Registered charity affiliated to the Stroke Association.

- **Transport**

Centro - provide a Hotline for information about specific public transport services in the West Midlands. A Minicom TDD is fitted to the hotline to assist people who are deaf. Centro also produce a free booklet called 'Getting Around: A Transport Guide for People with Mobility Problems in the West Midlands', which is available in large print and audio tape formats.

Travel Passes - for people with disabilities of work age are now issued by CENTRO at Travel Offices or other outlets. Solihull Council issued "add ons" for off peak free travel to persons registered as blind.

Wheelchair Accessible Taxi's - are provided by TOA Birmingham, BB Cars, Elmdon Taxis and Solihull Radio Cars.

Ring and Ride (East Birmingham/Solihull) provides door to door transport using mini-buses with wheelchair lifts and easily accessible steps.