

Shetland

Disability Strategy

2005-2020

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Executive Summary

The Disability Strategy 2005 – 2020 has been prepared by a multi-agency Disability Strategy Group led by the Council's Executive Director Community Services.

The Group first met in April 2003 and quickly formed three sub groups to concentrate on specific issues for people with physical disability; people with learning disability and people with sensory impairment. These themes are reflected at various points throughout the Strategy.

Mental health issues are touched on in the Strategy and work has begun to develop a comprehensive Mental Health Strategy for Shetland. This will complement the Disability Strategy and the Improving Mental Health and Well Being Strategy produced in April 2004.

Representatives from the Council, NHS Shetland, voluntary and independent sector organisations; service users and carer groups were involved at all stages in preparing the Disability Strategy and a consultation draft was circulated in 2004 seeking comments from across the Shetland community. Disability Shetland ran a number of focus groups that provided additional information and valuable feedback on priorities and recommendations.

All comments received during the consultation exercise were considered in finalising the Strategy and are available on the Council and NHS Shetland websites.

It is thought that there are approximately 3,300 people in Shetland with some form of disability. Numbers known to the statutory agencies would support this view and further details are included in the Strategy.

There is a wide range of services available locally from the Council and NHS Shetland for people with disabilities following an individual assessment of need. These include specialist services and services available to other care groups e.g. older people. There are also a number of different projects operated by voluntary and independent organisations for people with disabilities of all ages. All services available are identified in the Strategy.

Services in Shetland are provided at higher levels than in many parts of Scotland and to a very high standard. However, a number of gaps and areas for service improvement have been identified. Many of these are already being addressed. The recommendations have been prioritised in line with the views received during the consultation exercise and built into a comprehensive set of action plans. The joint management teams established within the Joint Future/Community Health Partnership framework will take these forward and update the action plans. The management teams directly involved are:-

- Physical Disability & Sensory Impairment Team
- Community Learning Disability Team
- Joint OT Management Team

A separate document summarising the Financial Information and Funding Projections relating to the Strategy has been compiled. This will inform discussions on priorities and will be updated on a regular basis to complement updated action plans.

The terms of reference and membership of the Disability Strategy Group have been revised to reflect the need for a change in role now that the Strategy has been finalised. The Disability Strategy Group will become a multi-agency steering group to oversee and monitor the implementation of the Strategy.

Section A: Introducing the strategy

The need to develop a strategy for disability services in Shetland has been recognised for some time. In order to progress this work, the Shetland Islands Council (SIC) / NHS Shetland Joint Future Implementation Group (JFIG) agreed to establish a strategic planning group for disability services. It is fitting that this work commenced in 2003, which was the European Year of Disabled People.

The Disability Strategy Group, led by the SIC Executive Director of Community Services, met for the first time in April 2003. The group brought together representatives from a number of agencies and groups including the SIC, NHS Shetland, non-statutory organisations and service user / carer groups. The group agreed that the strategy should seek to cover all aspects of services for people with disabilities of all ages, including both specialised services and access to mainstream services. The main areas to be covered included education (from pre-school to adult education); health care; social care; accommodation / housing; leisure activities; and occupation / employment. The group also aimed to consider issues such as transport, access (in the broadest sense) to facilities in Shetland and public awareness.

1 Background

The need to review and develop service provision; and challenge organisational culture and historical attitudes to disability is driven by a number of factors:

Increasing numbers of people with disabilities with diverse, often complex, needs. People are generally living longer than previously; and physical and sensory impairments become more common with increasing age. Although advances in medical treatment may now prevent, cure or limit many disabling conditions; they have also enabled people to survive previously fatal conditions and live longer than before.

Advances and changes in the management of disabling conditions, including new drug treatments and other therapies, which require funding and appropriately trained staff

Changes in the organisation and provision of health and social services through increased joint working, for example the Joint Future Agenda

The move from hospital and institutional provision of long term and respite care to community based provision

Increasing recognition of discrimination issues; the drive for equal opportunities, social inclusion and equity

1.1 National context

There have been a number of documents published over the past few years aimed at improving services and the quality of life for people with disabilities in Scotland. In 2000 the Scottish Executive published *The same as you? A review of services for people with learning disabilities* with a number of recommendations for local authorities and health boards.¹ The overall aims were to promote social inclusion; allow people with learning disabilities to have more control over their care; have the same opportunities as others and be able to use local services wherever possible and specialist services if they need them. The Partnership in Practice Agreement (PiP) produced in 2001 set out Shetland's joint response to "*The same as you?*". A new PiP covering the period 2004-2007 has now been agreed and is available separately.

The *Community Care services for people with a sensory impairment: Action Plan* was launched by the Scottish Executive in January 2004.² This includes recommendations to improve staff skills in communication with people with sensory impairment; improve collection of information for service planning and delivery; develop national training programmes, and a review of research in this area; in addition to recommendations for local authorities and NHS Boards.

The *Disability Discrimination Act 1995* brought in legislation to prevent discrimination against disabled people by organisations, including the NHS and local authorities.³ By 2004, organisations were required to ensure that physical barriers to access were addressed. The NHS and the Council have completed access audits on all their facilities and made any immediate adjustments required and developed plans to continue to improve access to building and facilities.

There is further information on legislation in Appendix 4 and relevant national guidance and standards in Appendix 5.

1.2 Local context

Historically there has been a relatively high level of provision of many (although not all) services in Shetland compared to other areas in Scotland or the UK. Many services are well developed, providing a high level of care and support for people with disabilities. For example, services such as Care at Home and housing adaptations are well resourced with home care services currently being free of charge to clients.

However, there are also a number of local factors driving or influencing the need for a long term disability strategy:

A number of local issues and concerns have been highlighted in the past, but

there has to date been no strategic framework in which to develop services in a co-ordinated fashion.

Current projections of the numbers of adults with learning disabilities who will need services over the next 10 years show an increase of over 50%.

There are particular challenges in providing a comprehensive range of services to a relatively small population which includes remote and rural communities.

Some services, particularly specialised healthcare services, cannot be provided locally and have to be accessed on mainland Scotland

There is recognition locally that for children and young people, the transition from school-based provision to adult services is particularly challenging

There are planned changes in the local provision of health and social services in response to the Joint Future Agenda and a move away from provision of long term care in hospital settings

The future provision of health services in Shetland (20:20 Vision) is under review including a drive to increase the availability of local, rather than mainland, services

Within the NHS: locally and regionally managed clinical networks for conditions such as stroke and epilepsy are being developed and there is a need to review some specific healthcare provision for conditions such as multiple sclerosis and other neurological conditions

There are planned changes in the organisation and provision of education services

There have already been a number of local developments over the past five years. In September 1999, the Community Care Forum agreed the philosophy, aims and objectives for the development of learning disabilities services as a first step towards developing a 10 year learning disability strategy. The redesign of services at the Eric Gray Resource Centre and the proposals for a new respite care facility for adults with learning disabilities on the old Kantersted site have been developed within this framework. The Twageos supported accommodation development was designed for adults with high levels of need arising from physical or multiple disabilities. The Council and NHS Shetland prepared a joint response to the Scottish Executive's "*Sensing Progress*" report. ⁴ This was presented to the Community Care Forum in March 2000 and proposals for vision services have been discussed at the Community Care Forum.

The Disability Strategy was discussed at the Social Forum as part of a comprehensive Shetland-wide consultation process.

2 Definitions

It is very difficult to produce a comprehensive definition and classification of disability that incorporates all relevant aspects such as:

the biological problem or condition which is causing the disability (e.g. limb amputation; rheumatoid arthritis; the chromosomal abnormality causing Down's Syndrome)

the effect that the biological problem has on functioning (e.g. whether or not an individual can walk unaided; IQ; eyesight)

how the impaired functioning affects day to day life (e.g. ability to work in a desired occupation; ability to go shopping; ability to participate in social activities; challenging behaviour)

what levels of input or services the individual requires (e.g. mobility aids; supervision; medical input)

the severity of the problems

Looking at any of these aspects in isolation does not give a full picture of the individual and their needs. Two individuals could have the same impairment but it may affect them in very different ways depending on how they and others around them perceive the impairment; whether or not they have aids and equipment to help them overcome the impairment; environmental factors and what activities they would like to be able to do. Where people have multiple impairments, these can interact with each other. So, for example, a mild hearing impairment combined with a mild learning difficulty can lead to major problems in daily living.

It is particularly difficult to define disability in children because they are still developing and growing: what activities they can and cannot do relates to the age of the child as well as any functional impairment.

The World Health Organisation (WHO) developed a classification in 1980 using the terms **impairment**, **disability** and **handicap**. An impairment was an abnormality of anatomical structure; or physiological or psychological function. The effect that an impairment had on function was called a disability. The impact of a disability on the individual's desired or expected role in society was called a handicap. A disadvantage was similar to handicap but emphasised how disability interacts with environmental and societal factors.

The WHO has now proposed a new classification which aims to emphasise ability and functioning rather than disability.

The concept of impairment remains: **Impairment** is a loss or abnormality of body structure or of a physiological or psychological function.

The concept of disability has been replaced by measures of activities. An **activity** is the nature and extent of functioning at the level of the person. Activities may be limited in nature, duration and quality.

The concept of handicap has been replaced by measures of participation. **Participation** is the nature and extent of the person's involvement in life situations in relation to impairments, activities, health conditions and contextual factors. Participation may be restricted in nature, duration and quality.

The term 'disability' has been dropped while the term 'disablement' has been adopted as an umbrella over the concepts above.

For the purposes of this strategy the definition used in the Disability Discrimination Act 1995 has been adapted:

A disabled person is:

any person in Shetland, of any age, with a physical, sensory or mental impairment, resulting (or likely to result) in long term (more than one year), substantial adverse effects on day to day activities

Physical, sensory and mental impairment includes communication difficulties, learning difficulties and mental health problems. The definition includes impairments that are episodic or otherwise fluctuate in severity in the long term.

3 Mission Statement

To work with people with disabilities of all ages; promoting their rights and independence; responding to their needs and targeting resources to support them effectively so that they can achieve their true potential.

4 Values / principles

- 4.1 People with disabilities have the right to independence and to make choices about things that affect their lives.
- 4.2 People with disabilities have the right to be well-informed and to express their views.
- 4.3 People with disabilities must have access to independent advocacy services.
- 4.4 All service providers in Shetland must make their services accessible to people with disabilities.
- 4.5 All service providers in Shetland must respect the confidentiality of people with disabilities and identify ways of communicating sensitive information confidentially.
- 4.6 All people with disabilities are entitled to a skilled and agreed assessment of their needs which is regularly reviewed, updated and implemented.
- 4.7 Children and adults should have access to age-appropriate services to meet their needs
- 4.8 All people assessed as requiring specialist aids or equipment to assist them should have access to it, along with training on its use and access to maintenance services.
- 4.9 All people assessed as requiring support or training to minimise the impact of their impairment (e.g. help with communication, therapy from allied health professions, skills training) should be able to access it.
- 4.10 Specialist disability services should work alongside other services to maximise service users' integration with mainstream services and to support people with multiple disabilities.
- 4.11 Where assessment identifies unmet need, it should be formally recognised and the appropriate authority should take steps to meet the need.
- 4.12 There should be an effective mediation and complaints procedure.

5 Aims and objectives

5.1 Aim

The aim of the strategy is to develop and maintain high quality, co-ordinated, equitable, sustainable services in Shetland for people of all ages with disabilities, based on assessment of need and evidence of best practice and cost-effectiveness.

5.2 Overarching objectives

- 5.2.1 To raise awareness of disability issues amongst the public and service providers through launching and implementing this strategy along with appropriate publicity, education and training
- 5.2.2 To fully assess the needs of people with disabilities living in Shetland
- 5.2.3 To review current service provision, identify gaps and draw up an action plan to meet identified needs.
- 5.2.4 Review the information and advice that people with disabilities can get now and improve them where necessary e.g. "Helping Hands" pack launched in 2000. Make sure all information is in a format that is accessible by everyone.
- 5.2.5 To review evidence for the effectiveness, including cost-effectiveness, of existing and proposed services and initiatives
- 5.2.6 To develop costed proposals for the redesign or development of services where necessary to meet assessed need
- 5.2.7 To improve access to generic services for people with disabilities
- 5.2.8 To develop detailed proposals for implementing the action plan in the short (to 2007), medium (to 2010) and longer term (to 2020)
- 5.2.9 To ensure active, inclusive and meaningful consultation with service users and carers; service providers and the community in the development of the strategy and monitoring its implementation
- 5.2.10 To ensure the local authority, voluntary services and health board work together to meet the above objectives.

See section E for detailed objectives

6 References

¹ Scottish Executive. *The same as you? A review of services for people with learning disabilities*. Edinburgh: Scottish Executive; 2000

² Scottish Executive. *Community care services for people with a sensory impairment Action Plan*. Edinburgh: Scottish Executive; 2004

³ *Disability Discrimination Act 1995 (c.50)* London: HMSO; 1995.

<http://www.hmso.gov.uk/acts/acts1995/1995050.htm> (accessed 20.04.04)

⁴ Social Work Services Inspectorate *Sensing Progress: Social Work Services for People with a Sensory Impairment*. Edinburgh: SWSI; 1998

Section B: Developing the strategy

1 The Disability Strategy Group

The Disability Strategy Group, led by the SIC Executive Director of Community Services, met for the first time in April 2003. The group brought together representatives from a number of agencies and groups including the SIC, NHS Shetland, non-statutory organisations and service user / carer groups. The group agreed on a wide remit including a range of issues and services. Three sub-groups were set up to focus on the areas of learning disability; physical disability; sensory impairment and communication.

The membership of the Disability Strategy Group and the three subgroups is listed in Appendix 2.

A Consultation Draft of the Strategy was published in 2004. This was circulated widely among stakeholders locally and discussed in focus group meetings led by Disability Shetland. All the responses received throughout the consultation period were considered in finalising the strategy and are available separately.

2 Format of the strategy

The strategy is divided in to the following sections:

- **Overview of the conditions and disabilities** included in the strategy
- **Summary of relevant national legislation, guidance and recommendations**
- **Detailed objectives**
- **Needs assessment:** a review of identified needs within the Shetland population, including health care; social work and educational needs
- **Current services;** a review of services currently provided for disabled people in Shetland.
- **How well do current services meet identified need?:** an analysis of how the services currently provided match the identified needs. This section highlights both where service provision is particularly good and where there are gaps or issues to be addressed, including where there may be over –provision or duplication of services. This section also identifies planned service developments
- **Action plan**

A paper presenting the **Financial Information and Funding Implications** relating to the strategy is available separately.

3 Implementation of the strategy

This is a long term strategy to be implemented over the next 15 years.

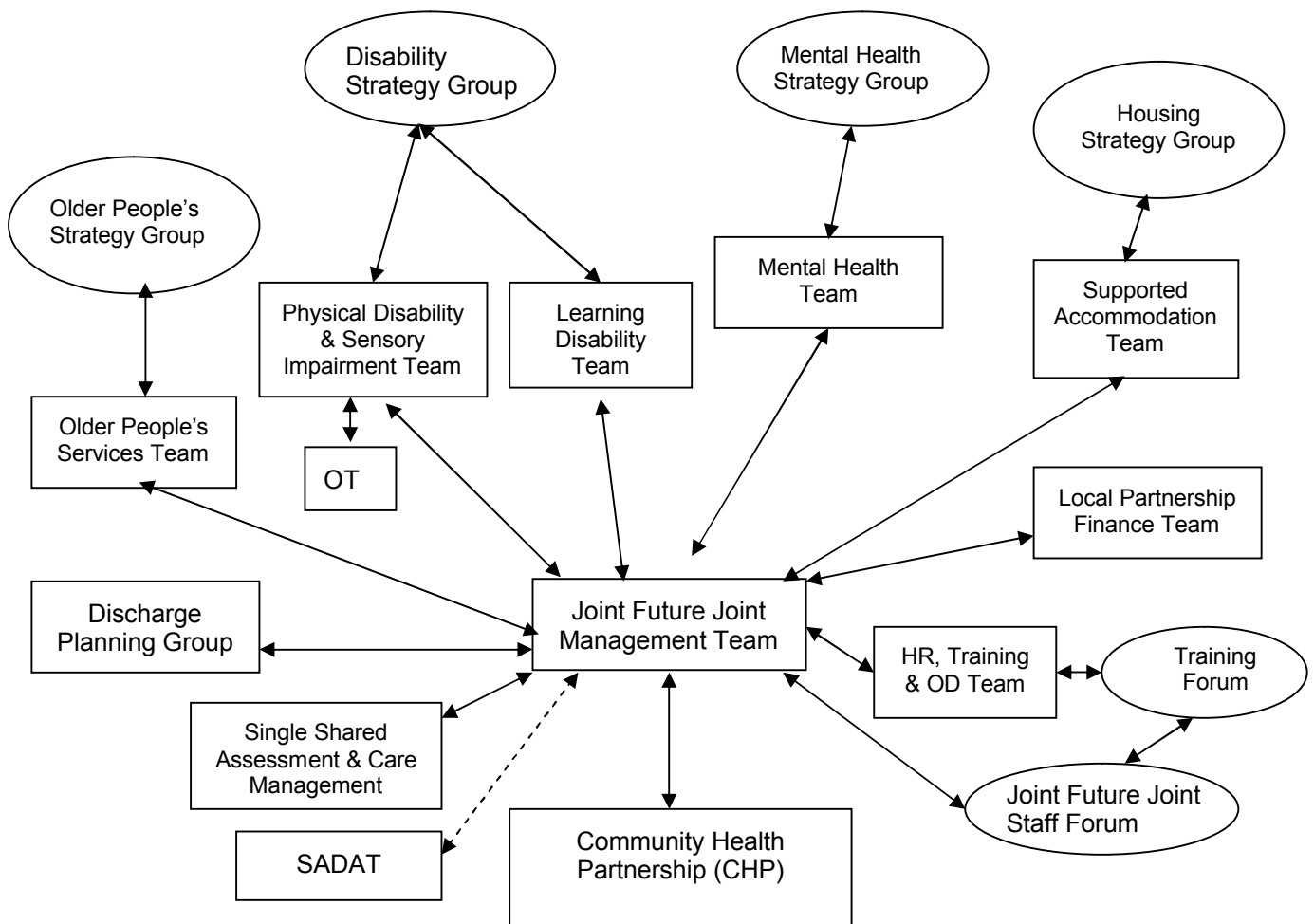
The action plan includes timescales; expected outcomes; costings / funding; and targets (where appropriate). There will be clear management responsibility for each action.

3.1 Monitoring and evaluation

Once the Strategy had been finalised it was envisaged that the Disability Strategy Group would review its membership and terms of reference and become a steering group to oversee and monitor the implementation of the strategy.

This is reflected in the Scheme of Establishment of the Community Health Partnership (CHP) for Shetland, which was given ministerial approval in March 2005.

The Joint Future Management Framework is an integral part of the CHP. Within this framework, services are jointly managed by multi-agency, multi-disciplinary operational management teams. Their work is informed by strategic planning groups. This is shown in the diagram below.



The strategy group and management team will use the updated action plans as the basis for monitoring progress against the strategy. The responsibilities for updating the action plans lies with the management team.

The work of all the strategic planning groups will be documented by notes from meetings and these will be widely available to stakeholders and the general public.

The membership and terms of reference will also be published.

The development of new and re-designed services as part of this strategy will include clear processes for evaluation of cost - effectiveness; user satisfaction and sustainability.

4 Timescales

Consultation period	October - December 2004
Final strategy completed	March 2005
Presentation of final strategy to: <ul style="list-style-type: none">• Disability Strategy Group• Joint Futures Implementation Group• SIC Social Forum Community Planning Board	April 2005 April 2005 June 2005 June 2005
Approval of final strategy by: Shetland NHS Board SIC Services Committee	May 2005 May 2005
First annual review of strategy implementation	June 2006
Updates as part of Joint Future Implementation	6 monthly

Section C: Overview of conditions and disabilities included in the strategy

The definition of disability used in this strategy is described in Section A, part 2.

1 Learning Disabilities

" People with learning disabilities have a significant, lifelong condition that started before adulthood, that affected their development and which means they need help to understand information; learn new skills and cope independently"

"The same as you?" A Review of Services, Scottish Executive (May 2000)

People with learning disabilities often have complex, associated health problems such as epilepsy, sensory impairment or mental ill- health, including early onset dementia. People with learning disabilities may need help from various different agencies and professionals throughout their lives as levels of need vary.

2 Physical Disabilities

Physical disability refers to a wide range of difficulties in carrying out physical tasks which are usually due to an underlying problem with the nervous system, muscles, bones or joints. The effect on functioning will depend on what and how severe the underlying cause is. Examples of physical disabilities include difficulties in walking, using hands, balance, co-ordination, strength, swallowing and speaking. Depending on the cause, there may be associated problems including pain, fatigue, difficulties with bladder and bowel control, cognitive impairment, involuntary movements and stiffness or spasms.

2.1 Specific conditions / services included

In addition to looking at services for people with all types of physical disability, the strategy includes those services aimed at specific conditions or disabilities. Some of these conditions may cause or contribute to learning disability; sensory / communication impairment and mental health problems.

Conditions include:

Neurological conditions with the potential to cause physical disability including stroke; multiple sclerosis; Parkinson's Disease; traumatic head and spinal injury; brain or spinal injury due to infectious diseases; epilepsy; other rare conditions including motor neurone disease; Huntington's disease and myasthenia gravis.

Musculo-skeletal conditions with the potential to cause physical disability including osteoarthritis; rheumatoid arthritis; back injury / chronic back pain; osteoporosis; other rarer musculo-skeletal disorders

Limb disorders including amputations and functional impairments due to any cause

Congenital and childhood disorders including cerebral palsy; muscular dystrophy; spina bifida; congenital limb deformity; other rare conditions eg. osteogenesis imperfecta, juvenile rheumatoid arthritis, Perthes disease.

2.2 Conditions / services *not* specifically included

Chronic diseases such as diabetes, chronic respiratory disease; heart disease; peripheral vascular disease

Chronic Fatigue Syndrome

Cancer

Services specifically aimed at these conditions are generally addressed through other initiatives, strategies and plans.

3 Sensory Impairment and Communication

Sensory impairment usually refers to problems with sight and / or hearing and can include other communication difficulties. Sensory impairment may co-exist with other disabilities. There are a range of causes, with some people blind or deaf from birth and others becoming progressively impaired when they are older. A significant number of those with sensory impairments will have other impairments too.

3.1 Hearing Impairment

The term 'hearing impairment' is used in this strategy to refer to a wide range of individual needs related to hearing loss, including people who are deaf, deafened, hard of hearing, affected by tinnitus, and/or with additional disabilities, including deafblindness. National statistics place people with hearing impairments in the categories of mild, moderate, severe or profound deafness.

3.2 Visual Impairment

The term 'visual impairment' is used to refer to a wide range of individual needs related to sight loss which cannot be helped by optical correction and when the impairment causes difficulty with independent living. It includes people who are registered as blind or partially sighted as well as those who are not.

3.3 Communication impairment

The term 'communication impairment' is used to describe people for whom augmentations and alternatives to speech are necessary to enable access to everyday life. This population may be defined as those individuals whose speech is severely impaired and who require special techniques, materials or devices for communication to replace or supplement speech.

4 People with multiple disabilities and complex needs

A number of people with disabilities will have multiple problems and complex needs. Complex needs describes the needs a person has over and above their disability.

For example, many people with learning disabilities have complex needs and require a lot of support. People with learning disabilities are often not as healthy as the rest of the population and they may need more health support than primary care alone can provide. As people's learning disabilities become more severe, so does the likelihood of complex health needs such as epilepsy, mobility and sensory impairment. People with learning disabilities may need support and services because of mental health problems. Children with learning disabilities may need help for emotional and behavioural problems. Older people with learning disabilities are likely to have more mental health problems. This is particularly so for people with Down's Syndrome who may get early onset dementia.

5 How many people in Shetland?

Nationally it is thought that 15% of the population have some kind of disability. 15% of the Shetland population would be 3,300 people.

The 2001 census showed there are 3,500 people in Shetland with a long term limiting illness, which will include both chronic medical conditions and disabilities. Of these, 2,500 are of working age.

Further information is contained in the section on Needs Assessment: local figures.

Section D: Detailed objectives

1 Overarching objectives

- 1.1 To raise awareness of disability issues amongst the public and service providers through launching and implementing this strategy along with appropriate publicity, education and training
- 1.2 To fully assess the needs of people with disabilities living in Shetland
- 1.3 To review current service provision, identify gaps and draw up an action plan to meet identified needs.
- 1.4 Review the information and advice that people with disabilities can get now and improve them where necessary e.g. “Helping Hands” pack launched in 2000. Make sure all information is in a format that is accessible by everyone.
- 1.5 To review evidence for the effectiveness, including cost-effectiveness, of existing and proposed services and initiatives
- 1.6 To develop costed proposals for the redesign or development of services where necessary to meet assessed need
- 1.7 To improve access to generic services for people with disabilities
- 1.8 To develop detailed proposals for implementing the action plan in the short (to 2007), medium (to 2010) and longer term (to 2020)
- 1.9 To ensure active, inclusive and meaningful consultation with service users and carers; service providers and the community in the development of the strategy and monitoring its implementation
- 1.10 To ensure the local authority, voluntary services and health board work together to meet the above objectives.

2 All disabilities

- 2.1 To ensure the action plan in this strategy is implemented and progress monitored against targets
- 2.1 To develop and maintain information systems that allow information to be shared across agencies for the benefit of individual service users

and for planning purposes

- 2.2 To improve co-ordination of multi-agency assessment and review processes for people with disabilities
- 2.3 To ensure needs of carers, parents and families are assessed and taken into account in the care planning process
- 2.4 To ensure access for disabled people, their carers and families to good quality information on services, benefits and other available support through publicity and raising awareness of sources of information
- 2.5 To deliver appropriate home based, respite and day care services that are flexible and responsive to the assessed needs of disabled people and their carers by reviewing and developing existing services
- 2.6 To ensure National Care Standards for relevant establishments and services for disabled people in Shetland are met
- 2.7 To provide for the current and future accommodation needs of disabled people through the Housing Strategy and other plans as appropriate.
- 2.8 To address needs of children and young people of school ages including provision of appropriate educational services and facilities; respite care and out of school activities
- 2.9 To address the needs of young people of school leaving age by full assessment of the current and anticipated future needs of each young person, development of a comprehensive 'beyond school' plan and provision of a wider range of opportunities and facilities for young people who have left education.
- 2.10 To further develop employment and training opportunities for people with disabilities by raising awareness with employers and training facilities and providing support.
- 2.11 To ensure appropriate provision of physiotherapy; occupational therapy and speech and language therapy services for both children and adults with disabilities
- 2.12 To ensure people with disabilities have access to generic community health services including continence services, dental care and podiatry
- 2.13 To ensure people with disabilities have access to, and support to participate in, preventative health services including screening and health promotion activities

Section D: Detailed objectives

- 2.14 To ensure coordination of services and efficient communication between agencies in order to guarantee a uniform approach and prevent conflicting advice
- 2.15 To support the development of a wider range of opportunities for disabled people to take part in leisure and recreational activities, including physical activity, ensuring equity of access particularly in remote and rural areas
- 2.16 To ensure people with disabilities living in remote and rural communities in Shetland have access to appropriate services in response to assessed need
- 2.17 To support the implementation of the Disability Discrimination Act with regard to health and social work settings
- 2.18 To raise awareness of disability issues amongst the public and service providers through appropriate publicity, education and training
- 2.19 To ensure the views of people with disabilities, their carers and families form part of the ongoing monitoring of the implementation of this strategy and inform future service development

3 Learning Disabilities

- 3.1 To implement relevant recommendations from 'The Same as You?'
- 3.1 To expand Learning Disability Nursing Service, including developing a specific service for people with autistic spectrum disorders, by recruiting a second learning disabilities nurse
- 3.2 To promote independent advocacy locally for adults with learning disabilities and extend this to include children and young people
- 3.3 To ensure protection of people with learning disabilities by promoting the implementation of the local plan: 'Protecting Vulnerable Adults: Guidance and Procedures'

4 Physical disabilities

- 4.1 To ensure timely access to mobility and other aids in response to assessed need through reviewing current arrangements and developing and maintaining locally based services where feasible and cost-effective
- 4.2 To support the further development of local clinical services and

improved co-ordination with Aberdeen services for people with neurological conditions

- 4.3 To support the further development of local clinical services and improved co-ordination with Aberdeen services for people with musculo-skeletal conditions such as arthritis and osteoporosis
- 4.4 To ensure the specific issues affecting younger adults who become physically disabled are addressed; including employment; the needs of their families and age-appropriate services

5 Sensory impairment and communication impairment

- 5.1 To review and further develop current educational, social work, medical and rehabilitation services for people with sensory impairments
- 5.2 To adopt relevant recommendations of the PHIS Audiology Needs Assessment Report (2003)
- 5.3 To improve access to appropriate equipment for people with sensory impairment and communication difficulties, based on assessed need
- 5.4 To promote lifelong learning; training and employment opportunities for people with sensory impairment
- 5.5 To ensure staff have appropriate training in sensory impairments and communication

6 Mental health

- 6.1 Develop a mental health resource centre with a view, amongst other things, to providing a number of mental health services in a single setting; provide a more flexible service with extended opening hours, and make it easier for groups to use
- 6.2 Redesign services for people with dementia
- 6.3 Increase the number of mental health officers to cope with the demands of both the new Mental Health Act and the Adults with Incapacity (Scotland) Act 2000

Section E: Needs Assessment

Needs assessment for people with disability is a complex process as it has to include a wide range of underlying conditions, functional impairments and degrees of severity.

A variety of methods and sources of information have been used to compile the needs assessment for people with disabilities in Shetland. These are described below. In addition there was a wealth of information from previous assessments and reviews that was considered.

It should be noted that many of the needs identified in this section are already being met in Shetland, often to a very high standard.

It should also be noted that it will be impossible to meet every need identified here, particularly given the particular constraints of a remote and rural community and current resource provision. However part of the function of this strategy is to understand and prioritise the needs of the community to provide the best possible services.

1 Local information

The quality and usefulness of available local information is variable. Some information is available from sources such as the Social Work Register of Special Needs and other registers; hospital episode statistics; social work activity statistics; caseloads and number of people accessing services. Most of this information is collected routinely. Some is extracted from existing databases as required for particular pieces of work. Examples of the available information has been summarised below to provide a broad picture of the situation in Shetland.

RESULTS

1.1 Learning disability

1.1.1 Social Work Special Needs Register

Information on people with learning disabilities is collected for the Social Work Special Needs Register. Information on current figures is used to predict future demand for service provision. Examples of the projected figures for 2014 are shown in the table below:

Selected information from Special Needs Register:

	March 2004	2014 Projections
Total learning disabled population in Shetland	164	223 predicted
Age groups:		
0-3 years	15 (6 currently +9 predicted)	15 predicted
4-10 years	32	35 predicted
11-16 years	29	26 predicted
17-19 years	20	17
20-24 years	10	24
25-64 years	62	86
65 +	5	20
Number living with family, no respite care	22	13
Number living with family and receiving respite care (aged 17+)	25	70
Number living in supported accommodation, own tenancy (e.g. Independent Living project)	32	91
Number in residential care	8	36
Number currently receiving regular day service	26	89

It is clear that a big increase in the number of people with learning disabilities and the services they require is predicted over the next ten years. Whilst the number of children with learning disabilities will remain fairly static, the number of adults over 20 will almost double. There will be approximately three times as many people with learning disabilities requiring services such as respite care, residential care and supported accommodation.

1.1.2 Learning Disability Nurse caseload

Number of referrals to Learning Disability Nurse:

1998 / 1999	59
1999 / 2000	37
2001 / 2002	28

The caseload is approximately 50 patients, with approximately 425 visits each year.

The most common reasons for referral to the learning disabilities nurse are:

- Behaviour difficulties (approximately 55%)
- Training of carers (15%)
- Continence problems (12%)
- Physical health problems (10%)
- Health promotion (8%)

1.1.3 Autistic Spectrum Disorder (ASD)

The following information has been taken from the information provided by the SIC for the Scottish Executive's Audit of services for people with Autistic Spectrum Disorder (2003).

There are 27 children with autistic spectrum disorder in Shetland, which gives a rate of 49 per 10,000 children under 18. 10 children have Asberger's syndrome, of which 8 have no learning disability.

Age group	Number of children with ASD
Pre-school	2
Age 5-10	12
Age 11-16	11
Age 16-18	2
Total	27

For adults, the information was expressed as rates per 10,000 population:

Age group	Rate of ASD in adults per 10,000 population
Age 18-24	19.8
Age 25-49	6.4
Age 50+	1.4
Total aged 18+	5.4 (approximately 9 people)

1.2 Physical disabilities

There is little local information on the number of people who have some kind of physical disability. A general estimation can be made using some of the service uptake figures that are available, for example (approximately):

- 60 people are discharged from the rehabilitation unit each year.
- 600 people have a valid 'blue badge' for car parking i.e. have severe mobility problems
- 460 people with physical disabilities receive home care each year.

There is some data available on hospital admissions related to specific conditions. However, this information only relates to people who have been admitted to hospital and not all those living with a particular condition. The figures also relate to admissions, not individual people. There are currently no regularly collected and reported data on the prevalence of specific conditions across Shetland (e.g. such as a stroke register).

1.2.1 Stroke

Number of patients in Shetland discharged from hospital following a stroke each year from 2000-2002:

Age	2000	2001	2002
15-44	0	0	2
45-64	19	24	26
65-74	26	14	21
75+	40	41	42
Total	85	79	91

Source: Information and Statistics Division of Scottish Executive Health Department

1.3 Sensory Impairment and communication impairment

Statistics are collected by a number of different practitioners in response to the information needs of their service and/or the Scottish Executive. There is no integrated method of gathering data so some service users will probably be represented more than once in the following section whilst others will not appear at all. In common with all disability statistics, under-reporting is a known feature, particularly amongst older people where sight or vision loss is sometimes just seen as part of the ageing process, not a disability in its own right. There is no locally collected information on hearing impairment.

1.4 Visual Impairment

The numbers of local people who are registered as blind or partially sighted are detailed in the following table. It is believed that within the UK only one third of people with a visual impairment are registered, the situation is not likely to be different in Shetland. Although there is a register of people who are blind or partially sighted, this is known to be an underestimation of those who would be eligible to be register. At 31 March 2005 there were 68 people on the register. However it is estimated that this includes probably less than a third of those who are blind or partially sighted so the true figure would be nearer 200.⁶

Note that it is known that the figures below for children under five in particular are not a true reflection of the numbers in Shetland.

Age	Blind Nos. registered	Partially sighted Nos. registered	Total
Under 5	0	1	1
5 – 15	1	0	1
16 – 29	2	3	5
30 –49	4	3	7
50 – 64	3	4	7
65 – 74	3	1	4
75 & over	21	22	43
Total	34	34	68

Number of people in Shetland registered blind or partially sighted

The Education Service works with 17 pre-school and school age children and 3 adults, some of whom will be represented in the table above.

1.5 Communication Impairment

There is no statutory requirement to collate numbers. Speech and Language Therapy figures are as follows for Shetland:

Age	Number of users of Alternative/Augmentative Communication
0 – 15	16
16 - 64	8
Total	24

Number of users of alternative / augmentative communication

Some of these users have additional disabilities, and potentially profound and complex needs. It is anticipated that the number of users will grow.

2 Epidemiological needs assessment

This involves studying the numbers of people with a particular condition or disability to estimate how much service provision is required to meet their needs. Often there is no local information on the prevalence* or incidence** of disorders and so the numbers for a local population may be extrapolated from statistics found by research in other similar populations.

One problem with this process is that the research may have been carried out in populations which are not similar to the local population and so prevalence and incident rates may be inaccurate. In Shetland, one example of this is multiple sclerosis. There is thought to be a higher prevalence of MS in Shetland than other areas, so it may be inaccurate to extrapolate data from (for example) southern England.

A second problem in small populations is that the numbers obtained can be very small and difficult to interpret. An example of this would be a rare condition such as Duchenne Muscular Dystrophy. The incidence is thought to be approximately 1 per 3000 male births. As there are less than 150 male births in Shetland each year, it follows that there we might expect 1 case of Duchenne's every 20 years. This is not very meaningful in terms of needs assessment and service provision.

RESULTS

2.1 Learning disabilities

It is difficult to estimate the prevalence and incidence of learning disabilities for a number of reasons:

- Incidence and prevalence have changed over time
- Learning disabilities include a wide range of conditions and levels of severity
- Definitions are not necessarily clear cut and have changed over time
- Research is often based on service use and therefore under-estimates figures

From the information that is available, the population prevalence of mild learning disabilities is 2-3% of the population (i.e an estimated 440 – 660 people in Shetland, based on a population of 22,000).^{1 2} Many of these

* Prevalence is the total number of cases of a condition at a point in time in a given population such as per 100,000 population

** Incidence is the number of new cases of a particular condition during a given period (usually a year) in a given population, such as per 100,000 population

people will not be in contact with services. Estimates for severe learning disabilities (people with an IQ of less than 50) range from 300 – 400 per 100,000 population, suggesting 66-88 people in Shetland.

According to the local Social Work Special Needs Register, as described in section 1.1.1 above, there are a total of 164 people with learning disabilities in Shetland. This suggests that the register does not include a significant number of people with mild learning disabilities (or the prevalence of learning disabilities in Shetland is less than expected).

National (UK) figures suggest that the prevalence of severe learning disabilities is increasing by 1% per year, largely due to longer life expectancies rather than increased incidence.

2.1.1 Down's Syndrome¹

Approximately 1 in 1000 newborn babies (live births) have Down's Syndrome. However, this varies according to maternal ages and the use of screening programmes (see Appendix 7, Prevention of Disability).

Most people with Down's Syndrome have an IQ of 35-55, 10% have an IQ of less than 20. People with Down's Syndrome have a high incidence of medical problems, including congenital heart disease; sensory impairments (70% have hearing problems and 50% vision problems) and early onset dementia. Approximately 50% of people with Down's Syndrome live until the age of 60.

2.1.2 Autistic Spectrum Disorders²

Prevalence rates vary according to diagnostic criteria used. The prevalence in children is approximately 60/10,000 children if the entire spectrum is included. For Shetland this would suggest approximately 30 children, out of a population of 5000 under 18s. The prevalence of the most severe end of the spectrum (i.e. autism) is approximately 20 per 10,000 children, approximately 10 children in Shetland. There have been no studies of the prevalence in adults. The actual number of children with ASD in Shetland, described in 1.1.3 above, is 27 which reflects the national prevalence rates.

Autistic spectrum disorders are associated with learning disabilities and challenging behaviours (mainly at the most severe end of the spectrum).

2.2 Physical disabilities

2.2.1 Estimated prevalence of selected specific conditions

Condition / disability	Prevalence per 100,000	Estimated number of people in Shetland (population ~ 22,000)
Stroke ³	1075	240 [~120 with significant disabilities, of which ~34 will be under 65]
Rheumatoid arthritis ⁴	1000	220
Multiple sclerosis ⁵	203 [Estimate for Scotland]	50 [12 with minimal impairment 21 with moderate impairment 12 with severe impairment]
Parkinson's disease ⁶	200	45
Cerebral palsy ⁶	186	41 [~ 20 with learning disabilities; 24 with vision impairment]
Head injury	150 ³ -228 ⁶ [survivors with disabilities / long term problems]	33 - 50
Muscular dystrophy ⁶	50	11
Myasthenia gravis ⁶	30	6-7
Spina bifida and hydrocephalus ⁶	24	5
Motor neurone disease ⁶	7	1-2

The above estimates for Shetland should be interpreted with caution as it is difficult to accurately extrapolate national figures to a small population. The actual numbers of people with the above conditions living in Shetland should be broadly similar to the figures quoted. However, within a small population such as Shetland just a few more or less people with a particular condition

will make an apparently big difference to prevalence rates in Shetland compared to elsewhere.

2.2.2 Stroke⁷

Stroke is the commonest cause of adult physical disability in the UK. The incidence is about 2 / 1000 population per year. Incidence increases with age, and is more common amongst men. Stroke is a generic term, covering a number of specific pathological processes. Patients with stroke due to haemorrhage are more likely to die within 30 days than those with stroke due to infarction; but outcome is slightly better at one year. For all types of stroke, approximately half of all survivors will remain disabled; 25-35% with significant disabilities and dependent on others at one year.

Compared to some other disabling conditions, development of services for stroke patients is aided by being a national priority, as there is often ring fenced funding available to develop services. However, provision of services for people with stroke generally focuses on the older population and there can be gaps in the provision of support for younger patients.

2.2.3 Multiple Sclerosis (MS)⁵

The prevalence of multiple sclerosis has been researched in many studies, using different methods. Studies in the past have shown a higher prevalence of multiple sclerosis in Orkney and Shetland than elsewhere. However, research in 1998 showed that the prevalence in the South East of Scotland was as high as the Northern Isles at 203 per 100,000 (95% confidence interval 192 – 214). It is now thought that the prevalence in Scotland as a whole is higher than elsewhere, and that there may be an underlying genetic susceptibility in the population.

The progress of the disease varies between individuals. MS usually presents in young adults; onset before age 16 or after age 60 is rare. Most people (approximately 80%) have a relapsing remitting disorder, with repeated attacks and recovery in between. After about 10-14 years, approximately half of these patients go on to develop a progressive form of the disease, with increasing disability. 10-15% of patients have an insidious progression of disability from the onset, with no remissions. A minority of people have a progressive and relapsing form of the disease. Symptoms include fatigue, visual disturbance, muscle weakness, pain, bladder and bowel problems, balance problems, muscle spasm and stiffness.

At any one time, 27% of people with MS will have minimal impairment; 45% moderate impairment and 28% severe impairment.

Provision of services for people with multiple sclerosis is challenging because of the wide range and fluctuating nature of the symptoms and disabilities

associated with MS; the age of people affected (likely to be working age, with dependant families) and the length of time people live with MS.

2.2.4 Parkinson's disease⁸

The incidence of Parkinson's disease increases with age, but approximately 8% of patients develop the disease before the age of 40. The average duration from diagnosis to death is 13 years. The disease is relatively well controlled by drug treatment in the first few years, but approximately 50% develop significant complications of drug treatment after 5 years. Clinical features of the disease include tremor, rigidity, slowness of movement; postural disturbance, gait disturbance, pain, cognitive and mental health problems. Involuntary movements can occur as a side effect of the medication.

2.2.5 Cerebral palsy¹

The incidence of cerebral palsy is approximately 2-3/1000 live births and the prevalence approximately 186 per 100,000 population. Physical disabilities are common in cerebral palsy: 65% of people with cerebral palsy severe mobility impairment; 60% have severely limited manual dexterity; 60% have visual impairment. More than half of all people with cerebral palsy have some intellectual impairment and of these, half will have epilepsy. The prevalence of cerebral palsy with associated learning disability is 92 – 136 per 100,000; suggesting between 20 and 30 people in Shetland.

2.3 Sensory impairment and communication impairment

2.3.1 Hearing Impairment

Across Scotland 1-2 children per 1000 are expected to be born with a severe or profound hearing loss. Shetland's Health and Community Care Plan 2003-06 estimates that the following numbers of people with hearing impairments may be resident in Shetland if national patterns are replicated locally:

Some form of hearing loss	3220
Profound hearing loss	115
Users of British Sign Language	23
Need access to non-voice operated phone, e.g. minicom	174
Users of hearing aids	828

The same plan indicates that 3 local people fall into the category 'deafblind'.

However, using national figures from the recent Scottish Executive document, *Community care services for people with a sensory impairment: an action plan*,⁹ it can be estimated that in Shetland there are approximately:

- 3200 people with some form of hearing loss
- 15-23 people who are profoundly deaf
- 180 people unable to hear without a hearing aid
- 9-22 people with some degree of deafblindness

2.3.2 Visual impairment

The national prevalence rate for children is estimated to be 2.1 – 2.3 per 1000. In Shetland we would therefore expect to have a minimum of 10 children with visual impairment at any one time, of whom one third to one half will have additional disabilities.

Within the Scottish population as a whole, 4.6 people per 1000 are likely to be registerable as blind, of whom 80% will be over 65 years old. This gives an estimate of 100 in Shetland, with 80 aged over 65. 21% of the total will have additional disabilities.

Similarly, 2.7 people per 1000 within the Scottish population are likely to be registerable as partially sighted, of whom 75% will be over 65 years old; giving an estimate of 60 people in Shetland, with 45 over 65 years. 20% of the total will have additional disabilities.

These figures can be compared with the actual figures for Shetland in section 1.4 above:

Age	Blind		Partially sighted		Total	
	Actual		Actual	Estimated	Actual	Estimated
<65	10	20	11	15	21	35
65+	24	80	23	45	47	125
Total	34	100	34	60	68	160

As identified above, many people registerable as blind or partially sighted are not actually on the register, particularly in the over 65 age group.

3 'Corporate' needs assessment

Corporate needs assessment involves the views of professionals, service providers and national expert committees. For this strategy this includes;

- the needs identified by the main strategy group and the sub-groups
- information from external audits and assessments
- existing local strategies and plans
- Health and Community Care Plan Planning Conferences
- National needs assessment reports

RESULTS

3.1 Main strategy group and the sub-groups

- A need to rationalise how money is spent and what services are to be provided in the future
- Good communication, co-ordination and joint working between agencies
- Use of single shared assessments by all relevant agencies
- Understanding between clients / patients and professionals of what is a 'need' and what services can be provided to meet needs
- Similarly, understanding of conflict between patient expectations and evidence on effective treatment
- There should be equity of provision of services but also targeting of those most in need
- There should be a smooth transition for young people between children's and adult services
- Services must be tailored to meet the needs of both those living in the town and in remote and rural areas
- Access to services for people with disabilities, in the broadest sense
- High quality, accessible information on services
- Training in disability awareness for staff in statutory and other agencies
- Suitable housing for independent living; developed proactively in response to identified future needs
- Timely provision of adaptations to housing - major adaptations to housing can currently take up to 2 years (in part due to heavy workloads of

occupational therapists, architects and contractors)

- Opportunity to try out specialist pieces of equipment before ordering and timely provision of equipment
- Employment opportunities for people with physical disabilities and support to return to work for those who become disabled as adults
- Work and training placements specifically for people with physical disabilities should have suitable facilities for input such as physiotherapy
- Appropriate respite and long term care facilities for younger adults with physical disabilities
- Neurology services – need for local visiting service
- Co-ordinated services for people following a head injury; access to specialised services, including long term care if necessary
- Counselling and support for patients with disabling conditions
- Wheelchair and seating service – need for a responsive, reliable, locally delivered service
- Consistency in moving and assisting (manual handling) advice across all agencies and including carers. There is a need for policy development; co-ordinated training and monitoring of practice.

3.2 External audits and assessments

3.2.1 Issues identified in SHAS self assessment 2003

The Scottish Health Advisory Service (SHAS)* self assessment covers a large number of specific standards related to the provision of health services for people with physical disabilities. Many of these were already being met by NHS Shetland at the time of the review in January 2003 and others were being addressed. The following list does not contain everything that is included in the self assessment but identifies those needs which were not currently being met. It should be noted that the self assessment standards are the same for all NHS Boards in Scotland: many of them are inappropriate for Shetland. It would either be unfeasible or a poor use of resources to try and address some of the needs identified below in Shetland.

Identified unmet needs:

- Ongoing training programme for NHS staff
- Patient transport services liaison group and joint working with other agencies regarding transport

* SHAS has now been incorporated into NHS Quality Improvement Scotland

- Dissemination of information on health services for people with disabilities
- Specialist nurse posts
- Protocols for referral to specialist services
- Protocols for referral to or discharge from tertiary services
- Local clinical psychology support
- Agreed criteria between health and social work for funding of packages and health care interventions for people with complex health care needs
- Transition to be addressed in local strategies; local policies to support transition between services; training for staff
- A range of age appropriate respite care services
- An integrated equipment and adaptation service; local demonstration services; self access to appropriate equipment
- Local wheelchair users group
- Local policies and procedures to access SMART / Environmental control technology – small numbers locally
- Health needs assessment for children and adults with physical disability
- Strategic framework for physical disability services; strategies addressing specific conditions

As part of the assessment, a service user questionnaire was also distributed to attendees at the Montfield physical disabilities group and Disability Shetland. These were returned to SHAS, but unfortunately it has not been possible to obtain the results of these questionnaires from SHAS.

3.3 Existing local strategies and plans

There are a number of local strategies and plans currently being implemented, or under development, which have links to this disability strategy, including:

- Local Housing Strategy for Shetland
- Older Person's Health Strategy
- Child Health Strategy
- Delayed Discharge Action Plan
- JFIG Action Plan
- Advocacy Development Plan
- Carers' Strategy

- Carer Information Strategy
- Young Carers' Strategy
- Integrated Children's Services Plan
- Mental Health & Wellbeing Strategy
- Joint Health Improvement Plan

3.4 Health and Community Care Plan Planning Conference

Disability services were discussed in workshops at a planning conference held in March 2005. The following points were raised:

- The need to recognise that disabilities can be hidden
- The need to recognise that transition between services is a big issue for people with learning disabilities
- The need to recognise that for some disabilities, the level of impairment can fluctuate
- The need for training of staff in all organisations
- Regarding consultation on this strategy:
 - need to avoid 'consultation overload'
 - how to consult with people who do not access services; are not members of 'groups' etc
- There is a need for employers to be aware of their responsibilities
- Need for more training in signing and BSL interpreters
- The need to ensure meaningful information is collected to inform planning
- There is a need to continue rehabilitation (e.g. following a stroke) once the individual returns home; it should not be seen solely as a hospital based service.
- Rehabilitation should include enabling people to regain their roles and functions in their community and society in general (e.g. work; social networks; recreation; community activities) wherever possible

3.5 National needs assessment reports

There have been a number of national needs assessment reports on different topics relevant to the Disability Strategy. These include:

3.5.1 Health Needs Assessment Report – People with Learning Disabilities in Scotland¹

3.5.2 Scottish Needs Assessment Programme (SNAP) reports on

- multiple sclerosis⁵
- Huntington's disease, acquired brain injury and early onset dementia³
- osteoporosis¹⁰

3.5.3 Public Health Institute of Scotland (PHIS) Needs Assessment reports on:

- NHS Audiology services in Scotland¹¹
- Autistic Spectrum Disorders¹²

3.5.4 Healthcare Needs Assessment series, chapters on:

- People with learning disabilities¹
- Community child health services¹³
- Stroke¹⁴

As these documents are generally very lengthy, no attempt has been made to summarise them here. However they are accessible through the Public Health Department or on the internet for reference, and should be consulted as necessary to implement the action plan.

4 Consultative / participatory needs assessment

Consultative needs assessment involves consultation with people to identify their own needs. There was some limited involvement of service user representatives on the strategy group and sub-groups, and in some of the other sources mentioned in the paragraph above.

Information from two specific groups of service users / carers has been used to inform this needs assessment. Members of the local branch of the Multiple Sclerosis Society have been actively involved in presenting information on needs and service gaps to the NHS Board in the past. As many of the needs and problems described by this group are similar for patients with other neurological conditions, a summary of the identified needs has been presented below.

A small group of members of the Special Needs Action Group were specifically consulted to express their opinion on their / their children's needs and current service provision.

RESULTS

4.1.1 People with multiple sclerosis

The needs identified by people with multiple sclerosis include both specialised medical / treatment needs and the requirements for more general services. Similar needs are likely to be identified by other people with disabling conditions.

Clearly different people may have different needs and also the needs of an individual with MS (and other progressive neurological conditions) will vary as the disease progresses.

The list below summarises some of the most common needs identified by people with MS in Shetland:

- Information for patients and carers about multiple sclerosis (or other condition), treatment and services available, especially at the time of diagnosis
- Access to local support, information and advice after diagnosis (diagnosis usually made in Aberdeen)
- GPs to have up to date knowledge about MS, especially treatment options
- Prompt access to local neurology services
- Access to disease modifying drugs (e.g. B interferon) if appropriate
- Access to a range of services including physiotherapy, speech and language therapy and neuropsychiatry
- Access to a local specialist nurse in multiple sclerosis / neurology
- Regular reviews
- Good co-ordination between services
- Information and advice on and appropriate management of bowel, bladder and sexual problems
- Appropriate management of pressure areas and prevention of pressure sores
- Advice on positioning and passive stretching exercises and access to 'standing equipment' at home
- Respite and long term care facilities specifically for younger people with MS / similar neurological conditions
- Efficient and reliable hospital transport.

These expressed needs reflect those identified in the Scottish Needs Assessment Programme report on multiple sclerosis (2000).⁵

4.1.2 Children with disabilities

A number of members of the Parents Support Group and Special Needs Action Group were already on the Disability Strategy Group and sub-groups. In addition, a number of other parents were informally interviewed to inform this needs assessment. All were mothers and their children ranged from pre-school to late teenage. The children had a range of disabilities and several had multiple disabilities.

As the children all had different disabling conditions (and for some the underlying condition was unknown) and resultant disabilities, there were some needs identified that were specific to one particular child. However, there were also a number of more general needs identified through the interviews, which are listed below:

- Prompt referral for assessment and diagnosis
- Information for parents (and children) about the condition and disabilities, and services available, especially at the time of diagnosis
- Information on benefits, grants, financial and legal concerns
- Local support after diagnosis (which has often been made in Aberdeen or elsewhere)
- Co-ordination between agencies
- Regular review, but avoid duplicating across different agencies. System of review process for both children and young people / adults.
- Needs of parents and family addressed
- Access to high quality, responsive, flexible health services locally including physiotherapy, speech and language therapy, occupational therapy (both for children and young people / adults)
- Access to reliable, high quality wheelchair and seating service including sufficient clinic time for assessment and reviews; regular reviews; good choice of equipment and prompt delivery.
- Access to education services appropriate to child's age and level of functioning
- Provision of services for young people leaving education system – including meaningful daytime activity appropriate to level of functioning
- Provision of flexible, responsive respite care services for children and young people

- Provision of appropriate accommodation for young people who leave the parental home
- Summer playscheme with appropriately trained and experienced staff
- Continuity of carers, including staff in respite and day care facilities (permanent rather than temporary posts)

Many of these needs have been identified in the past, for example in the 'wish list' in the Shetland Children and Young People's Service Plan 2002-04. This includes:

- A need for increased respite care
- After school provision
- Extension of summer playschemes
- Joint purchasing of expensive equipment
- Sharing of relevant information between agencies

5 Summary of results

5.1 Information and Planning

- There is a need to rationalise how money is spent and what services are to be provided in the future
- Systematic collation of information to aid planning and service development
- Strategic planning based on population based needs assessment; local and national priorities and evidence of effectiveness
- Co-ordinated planning and management of services

5.2 Assessment, review and co-ordination of care

- Use of single shared assessments by all relevant agencies
- Understanding between clients / patients and professionals of what is a 'need' and what services can be provided to meet needs.
- Multi-disciplinary, holistic assessment and regular review for all those who would benefit
- Prompt referral for assessment and diagnosis
- Good communication, co-ordination and joint working between agencies
- Multi-agency involvement in new Co-ordinated Support Packages in Education

- Agreed criteria between health and social work for funding of packages and health care interventions for people with complex health care needs

5.2.1 Provision of services

- There should be equity of provision of services – but also targeting of those most in need
- Services must be tailored to meet the needs of both those living in the town and in remote and rural areas
- User involvement in planning, monitoring and evaluating services
- Professional support structures: supervision / consultation for specialist staff, especially those who are single handed
- Consistent moving and assisting (manual handling) advice across all agencies, including carers
- Provision of communication equipment and staff with specific communication skills, including sign language
- Health services
 - Access to high quality, appropriate, responsive, flexible health services locally including physiotherapy, speech and language therapy, occupational therapy, for all age groups
 - Efficient and reliable hospital transport.
- Equipment, aids and adaptations:
 - Local access to equipment through joint equipment store, including self access where appropriate
 - Guidelines to ensure equitable access to equipment, aids and adaptations – targeting those most in need. Guidelines need to take account of priorities, budget limitations and range of equipment available
 - Minimal waiting times for adaptations and equipment for those most in need
- Independent living
 - Suitable housing for independent living
 - Training in independent living skills
 - Flexible, responsive services to support and care for people in their own homes
- Long term, respite and day care
 - Appropriate long term facilities for all age groups, especially younger adults

- Flexible, accessible respite and day care for all age groups
- Continuity of carers, including staff in respite and day care facilities
- Employment and training
 - Employment, educational and training opportunities for adults with disabilities and support to return to work or training for those who become disabled as adults
 - ICT support for people using specialised packages in any setting
- Information and support
 - Counselling and support for patients with disabling conditions and their carers and families
 - Access to local support, information and advice, especially just after diagnosis
 - Information on benefits, grants, financial and legal concerns

5.2.2 Carers and families

- Needs of carers, including parents of younger children, and family must be identified and addressed
- Needs of young carers must be identified and addressed

5.2.3 Young people and transition from child to adult services

- Information for parents (and children) about the condition and disabilities, and services available, especially at the time of diagnosis
- Access to education services appropriate to child's age and level of functioning
- Provision of flexible, responsive respite care services for children and young people
- Provision of activities outwith school for children, including summer playscheme with appropriately trained and experienced staff
- There should be a smooth transition for young people between children's and adult services
- Provision of services for young people leaving education system – including meaningful daytime activity appropriate to level of functioning
- Provision of appropriate accommodation for young people who leave the parental home

5.2.4 Awareness and access to services

- Training in disability awareness for staff in statutory and other agencies

Section E: Needs Assessment

- People with disabilities should have access to public facilities (as does the rest of the general population)
- Health and council premises should work to fulfil requirements of DDA
- Statutory agencies should be aware of employment issues and rights of disabled people in the workplace: they should be in a position to actively facilitate employment for people with disabilities.
- There needs to be awareness amongst all service providers (statutory and non-statutory) of the issues affecting people with disabilities, especially those with hidden or fluctuating impairments.

6 References

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- ⁹ Scottish Executive. *Community care services for people with a sensory impairment Action Plan*. Edinburgh: Scottish Executive; 2004
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- ¹¹ Public Health Institute of Scotland. *PHIS Needs Assessment Report: NHS Audiology Services in Scotland*. Glasgow: PHIS; 2003
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- ¹³ Healthcare Needs Assessment. The epidemiologically based needs assessment reviews. (First series) Community Child Health services at <http://hcna.radcliffe-oxford.com/cchsframe.htm> (accessed on 14.4.04)
- ¹⁴ Healthcare Needs Assessment. The epidemiologically based needs assessment reviews. (First series) Stroke at <http://hcna.radcliffe-oxford.com/strframe.htm> (accessed on 14.4.04)

Section F: Current service provision

This section summarises current service provision for people with disabilities. It includes services specifically for people with disabilities, services for vulnerable people and generic services for the whole population. Unless otherwise stated, the figures for service usage and costs have been obtained directly from the relevant services; the local Health and Community Care Plan; other service plans or annual reports; or organisations' websites.

1 Education

1.1 Pre-school

1.1.1 Pre-school Home Visiting Service (Childcare Partnership)

The Home Visiting Teacher can support children and their families in their own home from the time that learning disabilities are first suspected. Referral is usually through the child's health visitor or paediatrician, or parents may contact the service directly.

1.1.2 Nursery and partner providers:

- Priority admission to nursery for children with special needs
- Additional support teachers and auxiliary support

1.2 School

1.2.1 Record of Needs

This is a legal document describing a child's special educational needs. It is based on an assessment which includes educational, medical and psychological input. The Record of Needs includes details of how the child's needs are to be met and where they will be educated. With the introduction of the Additional Support for Learning Act in May 2004, the Co-ordinated Support Plan replaces the Record of Needs document.

1.2.2 Special Department at Bells Brae School

Special Educational Needs services are based in the Special Department at Bells Brae School. The Department currently caters for children from the age of 3 to 19, although some move onto secondary school at age 12 and others will be moving to the new secondary facilities at Gressy Loan when it opens in 2005. Most pupils are in split placements attending the Special Department for part of the week but also spending time in their local school. Pupils from all over mainland Shetland attend the Department; they are

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usually transported by taxi or minibus adapted to carry wheelchairs. Escorts are provided to accompany the children.

There are 32 children enrolled in the Special Department (2003-4 session). The pupils are divided into five classes according to age and need; and most also attend mainstream classes in the school. Each child has an individualised educational programme (IEP) with information on the learning difficulties experienced by the child and individualised targets for each element of the curriculum.

Special Department staff provide an outreach service to a further 13 pupils who are enrolled in other educational settings.

Department staff include:

- Depute Headteacher
- 5 WTE class teachers
- P/T teacher for the visually impaired
- P/T teacher for the hearing impaired
- P/T PE teacher
- P/T music instructor
- 16 WTE class auxiliary staff and 3 lunchtime auxiliaries

The Department has close links with other educational and health staff who visit where necessary, including:

- Educational psychologist
- Speech and language therapists
- Physiotherapist
- Occupational therapist
- Learning disabilities nurse
- Community children's nurse
- Dietician
- Art therapist

Facilities at the Department include five classrooms; a speech and language therapy room; a mini-gym; a dark room; a multi-sensory room and in- and out-door play areas. Other facilities at the school and Clickimin leisure centre are also used.

1.2.3 Educational psychologist

There is one educational psychologist in Shetland providing a service for children up to the age of 19. The psychologist is involved in assessment and review of children's educational needs and co-ordination of the Record of Needs.

1.2.4 Services for pupils with sensory and communication impairments

- A Teacher for the hearing impaired and a teacher for the visually impaired are currently working with 17 pre-school and school aged children. They also provide support (limited) for some post school clients (currently 3).
- Braille transcription and alternative media services
- Communication equipment

1.2.5 Special needs teachers in other schools

1.2.6 Use of Janet Courtney Hostel (Anderson High School) for more able older children with learning disabilities for residential support during term time and development of life-long skills.

1.3 External services purchased by Education Services

1.3.1 CALL Centre (Communication Aids for Language and Learning).

The CALL centre staff visit 2-3 times each year and provide support to schools to develop alternative augmentative methods of communication.

1.3.2 Mobility Officer, Orkney Islands Council

The mobility officer visits as required (recently bi-monthly) to provide mobility training to individuals with visual impairment

1.3.3 SENSE

SENSE visits as required to provide training for staff who are working with children and young people with sensory impairments.

1.3.4 RNIB (with Social Work)

Occasional visits to provide consultancy, awareness and other training.

1.4 Further education

1.4.1 Shetland College

The Shetland College arranges for assessments and develops specific support where required for students with visual impairment, hearing impairment, physical disabilities, dyslexia and learning disabilities.

2 Health Care

2.1 Community based / primary care

Community based health care services include those provided by primary care teams within general practices and those provided by staff employed by the Shetland NHS Health Board. On April 1st 2005 Shetland LHCC evolved into a Community Health Partnership. Community Health Partnerships (CHP) are a key part of the Scottish Executive's plans for improving health and health services. The establishment and development of the CHP is therefore one of the key building blocks for the modernisation of the NHS in Shetland. The CHP Management Team will comprise:

- CHP Clinical Lead;
- CHP General Manager;
- CHP Lead Nurse;
- Community Care Manager;
- Managed Clinical Network Co-ordinator;
- Assistant CHP General Manager

Every person in Shetland should have access to a general practitioner (GP) and the primary care team. The percentage of Shetland residents registered with a GP is very high and it is therefore likely that most if not all people with a disability are registered with a GP. The GP provides generic primary health care services and access to secondary care services as appropriate. Other members of the primary care team include practice nurses, community nurses, counsellors and allied health professionals. Each practice also has links with a named social worker

2.1.1 Community nursing

The community nursing service includes district nurses, community nurses, health visitors and community midwives. There are also a number of single practitioners including a learning disabilities nurse, continence nurse advisor and a community children's nurse. District nurses provide nursing care and support for people in their own homes and have expertise in a number of areas that may be relevant to people with disabilities. They develop care plans with patients and other carers, providing training where necessary. Information on the diagnoses of patients on the nurses' caseloads is not

routinely collated. However, it is likely that the majority of long-term patients on the caseloads will have some form of disability.

Health Visitors (HVs) provide a service, which responds to national and local direction, particularly within the development of public health nursing. They work across the age range with babies, children, young people, adults and older people.

Their role includes working with parents and families to raise expectations for children and to encourage and promote health and healthy lifestyles in the widest sense.

2.1.2 Community Children's Nurse

The community children's nurse sees children with a variety of life limiting health conditions and disabilities. She provides practical nursing care for children and advice, support and training for children and young people, their parents and other carers, including staff from other agencies / disciplines such as social work and education. She also works closely with other agencies both statutory and voluntary, in Shetland and Aberdeen.

2.1.3 Learning Disability Nursing service

The learning disability nursing service is a single handed post providing a service to children and adults who have specific needs. The service operates an open referral system and can be accessed by individuals, parents, carers, professionals or voluntary groups. The service is usually domiciliary and available throughout Shetland.

The Learning Disabilities Nurse can offer advice, support and training in areas such as behavioural difficulties, epilepsy management, continence care, bereavement support and health promotion activity. She works with a wide range of other professionals to ensure continuity of care

The nurse actively works with a caseload of up to 25 patients across Shetland and including the outlying islands. The nurse delivers approximately two formal training events each month to staff from statutory agencies. She will also on occasion provide training sessions for parent support groups. These training events may be patient specific or more generalised dependent on the topic and those attending.

2.2 Community based physiotherapy

Each general practice outwith Lerwick has a named community physiotherapist who provides a community based service, usually seeing patients at the practice or sometimes at their home. (See section 2.8.3 on physiotherapy.)

2.3 Community paediatric services

Children with a disability are likely to be seen by the community paediatrician at some stage and many will be in contact with the children's nurse. Children with disabilities may also be seen in joint clinics by a visiting paediatrician from Aberdeen who can arrange specialised assessment at the Raeden Unit in Aberdeen (for under fives).

The Child Development Initiative (CDI) is a system for identifying, assessing and reviewing children with special (health related) needs. It is organised jointly between Shetland community paediatric services and the paediatric services in Aberdeen. There are currently approximately 100 children registered.

2.4 Generic dental services

There are dental services based in Lerwick (including salaried practices at Bells Brae and Montfield), Brae and Yell with visiting services to other islands. The objectives of the salaried service include the development of a family-based service with a preventive ethos alongside a duty to protect those priority groups most at risk. The needs of people with disabilities will be addressed through the expansion of the salaried service. Family registration is encouraged, although there are waiting lists for adults (as in the rest of the UK). The dental services in Brae and Yell are based within primary health care centres and there are plans to provide services at other health centres across Shetland. This should improve access to dental services for people with disabilities.

2.5 Podiatry / Chiropody

The Podiatry Department is based in the Lerwick Health Centre and provides services throughout Shetland in a variety of settings. These include health centres, care centres, the hospitals and in the patients own home (for housebound patients). The team includes a head of profession and 4 senior podiatrists. They provide the following services:

- Routine podiatry
- Management of pathological nail conditions
- Diabetic; vascular and neurological assessments

- Biomechanical assessment
- Orthoses manufacture
- Nail surgery
- Podopaediatrics
- Advice and information

NHS podiatry services may only be accessed by certain client groups: these include people with physical and mental disabilities and those with particular conditions such as diabetes and peripheral vascular disease both of which are potentially disabling). Service provision is based on clinical need and there is a need based prioritisation system.

There is also a Shetland wide voluntary nail cutting service.

2.6 Community Mental Health Team

The mental health team is community based, with access to in-patient beds the Gilbert Bain (very short term only) and in Aberdeen. There is a consultant psychiatrist,, 4.5 WTE CPNs and a mental health social worker. There is a CPN service (1.1 WTE) for children and adolescents and one CPN has expertise in working with people with hearing impairment. There is currently no local clinical psychology provision (due to a national shortage of psychologists), but this can be accessed from Aberdeen. Additional Mental Health Officer posts have been established to support the implementation of the Mental Health (Care & Treatment) (Scotland) Act 2003.

2.7 Palliative care

Although palliative care is often thought of as a service for people with cancer, it may also be accessed by people with chronic disabling conditions such as multiple sclerosis and Parkinson's disease. Palliative care is provided within the community and the local hospital service, by generic and specialist nurses, GPs and primary care teams, and hospital staff in all clinical areas. A local pain clinic is provided at the Gilbert Bain Hospital, and the local New Opportunities Fund (NOF) project on delivery of a Pain Management support programme, has now been agreed and is underway. Patients are supported in their choice of place of dying (a high proportion choosing to die at home), with appropriate support for patient, family and carers.

2.8 Secondary care in Shetland

Services at the Gilbert Bain Hospital in Shetland include A&E; out-patients; a day surgery unit; a general medical ward; a rehabilitation unit, a general surgical ward and maternity unit. There are currently three each of consultant

physicians, surgeons and anaesthetists. There are also radiology, medical physics and laboratory services.

- Allied health professionals based at the Gilbert Bain include physiotherapists, occupational therapists and speech and language therapists.
- Children requiring short in-patient admissions are admitted to the general wards and there is a hospital based paediatric nurse. Children requiring specialised paediatric medical care would be transferred to Aberdeen.
- There are no specialised diagnostic services such as CT scanning, MRI or specialist neurological investigations; these are accessed in Aberdeen.

2.8.1 Montfield Hospital

Montfield Hospital currently has long stay beds for older patients with a considerable complex clinical need and a four-bedded unit for younger physically disabled patients. There is a day hospital that a group of younger physically disabled people attend for one afternoon a week (approximately 500 attendances a year). There is also an interim placement unit within the hospital, for patients whose discharge from the Gilbert Bain or Montfield is delayed because they are awaiting either services to support them in their own home or long-term residential care.

The function of Montfield is changing and developing a remit for active assessment and rehabilitation of older patients rather than long stay provision.

2.8.2 Rehabilitation Unit

One consultant physician has expertise in rheumatology and rehabilitation and provides out-patient; general medical in-patient and rehabilitation services.

The eight bedded rehabilitation ward has a dedicated team of nurses and input from allied health professionals. The team are developing particular expertise in rehabilitation following stroke and fractured neck of femur.

Quarterly figures for bed occupancy; discharges and average length of stay for rehabilitation ward Jul 2000 – June 2002.

	Jul-Sep 2000	Oct-Dec 2000	Jan-Mar 2001	Apr – June 2001	Jul-Sep 2001	Oct-Dec 2001	Jan-Mar 2002	Apr – June 2002
Average no. staffed beds	8	8	7	8	8	8	8	8

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Average no. occupied beds	6	6	6	7	6	7	7	6
No. of discharges	15	11	15	15	19	13	14	18
Average length of stay	37 days	54 days	35 days	41 days	31 days	50 days	44 days	33 days

Source: Information and Statistics Division (NHS Scotland)

2.8.3 Physiotherapy

There are 9 FTE physiotherapists. This includes paediatric physiotherapists and 0.5 WTE neurology physiotherapists. Patients can be seen as in-patients, out-patients or in the community. The paediatric physiotherapists can see children in school and may provide regular, long-term input for children where necessary.

During a course of treatment, patients can be seen up to twice a week at the Gilbert Bain or once a week in the community. Information on the diagnoses of patients seen for physiotherapy is not routinely collated and so it is not clear how many people with physical disabilities are seen. However a survey in 1998 -99 of physiotherapy showed that over the period of a year, 72 patients with neurological conditions were seen, receiving a total of 1330 hours of face to face therapist contact time. 37 patients were seen in the community; 27 in hospital and 8 received a combination of hospital and community based care. Currently there are 97 patients with neurological conditions.

2.8.4 Occupational therapy – see also under “3 Social Work”

Occupational therapy services are provided both through NHS Shetland and Shetland Islands Council. These two services are to be brought together as a single service through the Joint Futures Implementation Group (JFIG).

The NHS based team includes:

- a Head Occupational Therapist (OT);
- Two full-time OTs
- Three part-time OTs
- Two part-time paediatric OTs
- One Care of Older people OT
- One Acute Medical Surgical OT

- One part-time Rehab and Outpatients OT
- Two part-time Technical Instructors
- One part-time OT Assistant

The services provided include:

- assessments of activities of daily living
- cognitive assessments
- wheelchair assessments
- joint protection advice
- equipment recommendations
- In-patient and outpatient rehabilitation
- a paediatric service. This includes assessment of problems such as dyspraxia and difficulties with co-ordination.

Patients may be seen as in-patients, at home and at school.

There are approximately 50 referrals each month.

2.8.5 Speech and language therapy (SALT)

There are three speech and language therapists (2.6 WTE). Two are funded through the Council's Education Service and provide a service for children. Clients may be seen in a variety of settings including as an out-patient, in-patient, at home, in school and pre-school settings. Although the majority of the work is with children, there is a limited service for adults. The team aims to assess in-patients within 2 days and out-patients within 6 weeks of referral. The service provides access to and training in Augmentative / Alternative Communication (AAC) media including picture symbols; manual signs and electronic devices following individual assessment. There is increasing demand for communication aids such as Vocal Output Communication Aids (VOCA). These are expensive and require extensive SALT input for assessment and training clients to use the equipment.

- SALT for people with physical disabilities

In September 2003, the SALT caseload included 12 adults and 11 children with physical disability. 4 adults had had a stroke and the other 8 had either multiple sclerosis, Parkinson's disease or motor neurone disease. 8 of the children had cerebral palsy. In-patient assessments are frequently for patients with swallowing difficulties following a stroke. These patients can be seen for a swallowing assessment but there is little capacity for ongoing work, although this is being addressed through the further development of the

rehabilitation unit. The team also hopes to provide further input for people with progressive neurological conditions in the future.

2.8.6 Orthotics Department

Orthotics is based in the Gilbert Bain Hospital and provides a comprehensive local orthotics service for both in- and out-patients. This includes:

- Biomechanical assessment
- Supply of prescription footwear (stock and bespoke) and shoe adaptations
- Provision of insoles, cervical collars, spinal braces, knee, ankle/ foot orthoses etc.
- Or any other orthoses that requires to be made to measure for an individual with specific needs.

The department can also make alterations and repairs to equipment such as wheelchairs. Staffing includes 2 orthotists and an orthotic technician. In April 2004 the department was refurbished and extended.

2.8.7 Visiting Consultant Service

There is a visiting consultant service from Aberdeen for a number of specialities. Visiting consultants generally provide an out-patients service, and some undertake surgical procedures. Those particularly relevant for people with disabilities include:

- paediatrics
- child and adolescent psychiatry
- psychiatry (learning disability)
- ENT (including hearing aid clinic)
- ophthalmology (including low vision clinic)
- neuropsychology;
- rheumatology;
- orthopaedics

There is also a visiting clinical psychology service. Currently there is no visiting neurology service.

2.8.8 Visiting mobility and rehabilitation service (MARS)

MARS is based at Woodend Hospital in Aberdeen and provides a visiting service to Shetland. The service visits twice per year. Services include provision of wheelchairs, special seating, prosthetic and orthotic services.

2.8.9 Secondary care in Aberdeen

All the secondary care services that are not available in Shetland are accessed from Aberdeen (primarily Grampian University Hospitals Trust). These include

- the Genetics Service
- the Raeden Centre for assessment of children under five
- Neurology and neurosurgery services
- Specialist paediatric services
- Specialist orthopaedic services
- Prosthetics service
- Investigations that are not provided locally such as CT and MRI scanning

2.8.10 Tertiary care services and other specialist units

There are a number of tertiary care services and other specialist units situated in Scotland, or other parts of the UK which it may be possible to access if clinically necessary. However, assessment and treatment at specialist centres and residential units is usually expensive and there are often long waiting lists. Specialist centres generally see people with very complex or rare problems, such as multiple disabilities following an accident; rare congenital disorders or complex neuropsychological problems.

Examples include:

- Specialist brain injury units (e.g Beechwood House in Hertfordshire)
- Specialist spinal injury unit (Glasgow)
- Bobath Scotland

There are also long stay facilities on mainland Scotland for people with learning disabilities. These are gradually being closed, with residents moving out to accommodation in the community. Currently there are three people originally from Shetland living in such long term care facilities.

The Scottish Centre for Technology for the Communication Impaired can give advice and assessment and makes occasional visits to Shetland if required.

3 Social Work

Social work services are provided or funded by the SIC Social Work Service, along with the Shetland Charitable Trust. There are many services provided by social work that may be accessed by people with disabilities. A community care assessment (single shared assessment – SSA) is carried out to identify the client's needs and organise a package of care. Carers are entitled to an assessment in their own right. Home based respite services are provided through the voluntary sector (Crossroads).

3.1 Specialist social workers

3.1.1 Learning disabilities

There are two dedicated social worker posts: a part time post for adults with learning disabilities and a full time post for children

3.1.2 Sensory impairment

One full time specialist social worker for people with sensory impairment.

3.2 Home based services

3.2.1 Personal Care

Care at Home services have been redesigned, separating domestic tasks from personal care, and setting up locality based management arrangements that make the most of the staff and other resources available in each area of the islands. The personal care service provides flexible, responsive high levels of personal care to people in their own homes. The service is managed locally through Shetland's network of care centres.

3.2.2 Home help

Home helps provide practical help and care to people living in their own homes. It is not normally provided where there is an able-bodied person in the house. Help is provided to meet individual needs that are assessed by the Home Care Organiser from the Social Work Service.

Help may include:

- help with shopping, paying bills
- prompting and giving advice
- preparation of meals
- laundry
- lighting fires

- cleaning

Number of clients with physical disability receiving home care:

	1998	1999	2000	2001	2002
Total number of clients	471	454	463	513	502
Aged 16-64	8%	9%	10%	11%	12%
Aged 65-74	18%	17%	16%	16%	16%
Aged 75+	73%	74%	74%	73%	72%

Source: Social care, SIC

3.2.3 Laundry

This service arranges for the collection, washing and return of bags of laundry. It is available in Lerwick & Bressay and Cunningsburgh areas. It is intended for people whose circumstances demand that fresh bedding and towels are needed more regularly than the average household e.g. where there is incontinence and for people who do not have access to hot water and other facilities to enable them to deal with essential household linen. Laundry needs are met by Home helps in the areas where there is no laundry service.

3.2.4 Community Alarm - Homelink

The Community Alarm System (Homelink) provides an emergency contact for people who are at risk through age or disability. Homelink is a modern, computerised alarm system, providing a direct link from an individual's home to a central control in Lerwick through the telephone line. This service is available to tenants and owner occupiers. It gives immediate contact with a trained operator at any time of the day or night. The operator can then alert a contact person or any of the emergency services required. This facility is available to clients from all age groups and circumstances, people who are housebound or isolated, live alone or with another vulnerable person, live with a carer or carers or need the service as part of their care arrangements.

3.2.5 Meals on wheels

Disabled people who are unable to cook for themselves and have no-one to assist them may be able to access the meals on wheels service. This service is available depending on circumstances and location.

3.3 Occupational Therapy - see also under "2 Health Care"

The Social Work Occupational Therapy Service is community based. The team incorporates 1 Senior Occupational Therapist (OT) who is the service

manager; 2 OTs (Senior Practitioner level); 1 OT technician; 1 Independence at Home Assessor (IAHA) and 1.5 WTE clerical support.

The team works throughout Shetland to provide a service to children, adults and older people who may have varying medical conditions and levels of impairment.

The services provided include:

- Comprehensive assessment of need in person's own home; residential and day care settings; school; leisure facilities; workplace: incorporating all aspects of their daily lives.
- Recommendations for, and provision of, minor and major adaptations to above settings
- Recommendations for, and provision of, specialist equipment
- Moving and Assisting risk assessments and recommendations for safer practice methods and equipment, and training in its use.
- Assessments for wheelchairs
- Assessments for vehicle adaptations or specialist vehicles
- Advice on disability issues
- Assessments for Independence at Home (IAH) scheme and Specialist Aids

The team receives an average of 85 referrals each month in addition to the already high caseloads of individual workers. There is currently a waiting list for non-urgent referrals of approximately 50.

3.3.1 Provision of equipment: Specialist Aids

All OT equipment is provided on the recommendation of an occupational therapist. This scheme was set up to help vulnerable people gain access to specialist equipment as and when required, which is not the responsibility of the Health Board. Recipients must be "aged or infirm or necessitous and deserving", resident in Shetland and in need of assistance. All equipment is loaned for as long as required and then recycled as appropriate.

Referral is made following a community care assessment or by the person directly, their carer, relative, GP or community nurse. An occupational therapist will then assess individual need.

3.3.2 Independence At Home Scheme

The Independence At Home Scheme was set up to ensure that vulnerable people do not have to leave home and take up permanent residence elsewhere due solely to the state of their property, or lack of basic amenities.

It allows provision to be made for adaptations and disabled access to properties for those who are infirm or disabled, ensuring that the state of their property does not jeopardise their residence. The eligibility criteria includes those who are listed as in need of community care and are "aged or infirm, or necessitous and deserving", and satisfy the financial criteria. Any work undertaken is in consultation with other Council services. Referrals are made either from the person directly, their carer or an intermediary, GP or community nurse. Referrals for essential repairs to property are assessed by the Independence at Home Assessor and referrals for adaptations by the OT.

- Disabled drivers scheme

The Disabled Drivers Scheme provides assistance to people who are disabled in obtaining a specially adapted vehicle to suit their disability and needs. Professional advice is available on suitable vehicles, vehicle adaptations, or specialist equipment. Financial assistance may be available either towards a deposit to purchase or rent a suitable vehicle under the Motability Scheme subject to OT assessment, towards annual running costs or for specialist adaptations. People in receipt of the higher rate of Mobility Allowance or the higher rate of the Mobility Component of the Disabled Living allowance, who after assessment by an occupational therapist, require a particular vehicle or adaptation, may apply. Financial assistance may be available to those who are not eligible for the Motability Scheme because of age, or if the allowance is time limited. The applicant's financial situation and that of the family is taken into consideration

3.4 Residential Care

Residential accommodation is primarily provided for older people who are frail. People with disabilities may be able to access residential care in one of the following establishments:

- seven Care Centres, located across Shetland;
- Viewforth, specialist dementia unit and Edward Thomason House for very frail older people in Lerwick;
- the Church of Scotland run Walter and Joan Gray Home in Scalloway.

There are currently 4 places in Montfield Hospital for younger physically disabled people who need long term hospital care. However, the long term care function of Montfield hospital is changing.

3.5 Day care

3.5.1 The Eric Gray Resource Centre

This is a day care centre in Lerwick catering for adults over the age of 16 who have a learning disability (including those with multiple disabilities). There are 32 places. There are two workshops, a greenhouse, training kitchen, café area, recreational area and a sensory stimulation area. Staff work with clients in developing lifelong skills and supervise various activities such as cooking, furniture assembly and gardening. Activities also take place outside the centre. Staff offer advice and guidance and help with everyday activities such as attending for appointments with the doctor or dentist.

3.5.2 Care Centres

People with physical disabilities and sensory impairment may be able to access day care in one of the day care units of the care centres across Shetland, although they are primarily used by older people.

3.5.3 Montfield Hospital

There is a weekly session at Montfield Day Hospital for people with physical disabilities.

3.6 Respite care

3.6.1 Craigielea

Craigielea in Lerwick provides residential respite care for adults with mild to moderate learning disabilities, there are five places. There are also 2 places in Stocketgaet (see below).

3.6.2 Resource Centres

People with physical disabilities and sensory impairment may be able to access respite care at one of these establishments, although they are primarily used by older people.

3.6.3 Crossroads Care Attendant Scheme (voluntary organisation)

Crossroads supports carers in the community by providing a respite care service for vulnerable people in their own homes, following a full assessment of their individual needs. Supported accommodation / Independent living

3.6.4 Twageos (Banksbroo)

The Twageos Project in Lerwick provides a very high level of support for two clients with physical disabilities. Clients have their own tenancies. The property is owned by Hjaltland Housing Association.

3.6.5 Independent Living Project

Stocketgaet is a property owned by Hjaltland Housing and used by the Independent Living Project to provide accommodation for adults with learning

disabilities and higher dependency needs. There are currently two permanent residents with two spaces for respite care. Clients are enabled to develop their skills in relation to living in the home.

There are a further 20 places in supported accommodation (clients have their own tenancies) for people with learning disabilities.

3.7 Children

3.7.1 Hame fae hame

Hame fae Hame provides respite care for children with disabilities up to the age of 18. The care can be occasional or regular, upto 6 weeks a year. 11 children used this service in 2002/3. The service is generally used by children with learning disabilities.

3.7.2 Laburnum House

Laburnum House in Lerwick, provides both short and longer term respite (short breaks), outreach and day care for children and young people with learning disabilities, up to the age of 18. Children are supported to develop independent living skills as well as social skills. Respite care can be provided in independent accommodation in order to help young people develop their independence skills. Laburnum is staffed at night by either "waking" or "sleeping in" staff depending on individual needs.

3.7.3 The specialist childminding service

This service provides childcare for children with disabilities aged from birth to 12. Each child can access up to 4 hours a week for 48 weeks a year. The service is free of charge and is provided by 4 specially trained childminders. 7 children used this service (involving 4 childminders in 2002/2003).

3.8.4 Development Officer, Disabilities

A three year post has been established to ensure that people with disabilities can access and take part in a wide range of sporting and leisure activities throughout Shetland.

3.8 Carers

A Strategy for Carers in Scotland was published by the Scottish Executive in 1999 aims to improve the services and information available for carers and ensure there are consistent national standards. The Community Care and Health (Scotland) Act 2002 updated and extended the law to ensure carers have a right to their own assessment and that services would be provided to meet the assessed needs. Services currently provided in Shetland include:

- respite care (short breaks)

- Home care and Specialist childminding for children
- Crossroads Care Attendant Scheme
- Training for carers

This includes practical advice and information on: manual handling; benefits advice; giving medication and stress management.

The Shetland Young Carers' Strategy (currently out for consultation) will examine how to provide support services that address the needs of young carers.

There is also a Carer's Strategy and a Carer Information Strategy prepared jointly by the Council and NHS Shetland identifying the needs of carers and planned actions to address these needs.

4 Housing and accommodation

4.1 The Housing Strategy

A housing strategy has been developed and is kept under review. The objectives relating to people with disabilities have been incorporated into the action plan below.

4.2 Social housing

The SIC does not get funds to build new social housing; it is all provided through Hjaltland Housing Association (see below). Most people want to live in Lerwick (not least because services are generally based there) but limited accommodation available and existing buildings difficult to convert.

People with disabilities may be eligible for medical housing points. Points are awarded depending on the severity of the individual's medical problems and how they are affected by their current housing situation; and how urgently they need to move from existing accommodation for medical reasons.

4.3 Hjaltland housing

Hjaltland Housing Association receives funding through Communities Scotland to provide housing in Shetland. Their long term building plans are influenced by the Housing Strategy and future funding from Communities Scotland will be dependant on the proposals meeting the housing needs identified in the strategy.

4.4 Supporting people

The Supporting People programme was introduced in 2003 by the Scottish Executive. It is an integrated policy and funding structure to provide housing support services to a wide range of vulnerable people. In Shetland, the

current client groups being supported include older people, those with learning disabilities or mental health problems and physical disabilities. However, all groups of people with a community care need are eligible for Supporting People funding. Support packages provided through the programme include activities such as:

- Help with shopping and errands
- Safety and security in the home
- Help to develop budgeting skills
- Assistance with minor repairs to the home
- Assistance with benefit claims relevant to maintaining the property
- Arranging social events

The initial funding was allocated to Scottish Local Authorities based on a funding assessment at April 2003. There has been a subsequent review of expenditure across the country, and a reallocation of funding was announced in December 2004.

Following the reallocation, Shetland Islands Council will receive less funding for 2005/06, however there is likely to be an increase over the following two years which will be used to fund housing support services according to priorities set out in the Supporting People Strategy for 2003-2008.

4.5 Employment

4.5.1 Careers Scotland

Careers Scotland in Shetland is part of the Highlands and Islands Enterprise Network. The key aim of the organisation is to increase participation in learning and employment throughout the Highlands and Islands. There is a team of 1 manager, 5 professional and 2 support staff based in the Toll Clock Shopping Centre, who can travel throughout Shetland to meet clients. Their role is to help individuals learn how to plan, develop and manage their individual career. Although there is no separate specific service for people with disabilities, the service does provide support for people with disabilities, with one of the high priority client groups being young people with additional support needs.

4.5.2 Job Centre Plus

Jobcentre Plus gives help and advice on jobs and training for people who can work and the right financial help for those who cannot. Disability Employment

Advisers (also called DEAs) provide specialist support to people who are recently disabled, or those whose disability or health condition has deteriorated and who need employment advice. They provide support to disabled people who are having difficulty in getting a job because of their disability, and to employed people who are concerned about losing their job because of a disability.

4.5.3 COPE: Community opportunities for participation and enterprise

C.O.P.E aims to enable adults with learning difficulties who are excluded from employment & community service the opportunity to plan, participate in and manage their own small businesses. COPE has achieved this by establishing a dedicated enterprise centre where groups conduct social and economic activities and so change perceptions about the contribution Adults with Learning Difficulties can make.

4.5.4 Moving On supported employment for disabled people

The Moving On Employment Project is a voluntary organisation, registered as a charity, offering a confidential service to anyone with a disability, whether it is a learning disability, physical disability, a sensory impairment or the result of a mental health condition who wants to find work, or take part in work experience. The project is very flexible, providing support for people from an hour a week up to full time. Some people maintain a long term placement at a few hours a week, a few can use the support to progress upto to full time work, ultimately applying for a post on the open job market. Some clients are paid a wage, depending on the type of work and the employer (there can be a problem with juggling how much a client can earn and their benefits). There is a long assessment, to ensure work placement is suitable and reduce chance of breaking down. A total of 72 clients were involved in the project in 2003/04.

4.5.5 The Council and NHS Shetland as equal opportunities employers welcome job applications from people with disabilities.

5 Recreation and Leisure

5.1 Children and Young People

5.1.1 Development Officer, Disabilities (Shetland Islands Council)

The Development Officer: Disabilities was recruited in February 2004. This is a new post within Sport and Leisure Services. The post is funded for 3 years from the Quality of Life fund through the Scottish Executive. The role of the Development Officer will be to co-ordinate and develop a range of sporting, recreational and cultural opportunities for, primarily, children and young people with disabilities. This will involve working closely and in partnership with others such as service providers and user groups. The Development Officer will introduce and develop the Sportsability programme to Shetland schools and community settings. They will also be involved with the development of a programme of support and training for volunteers and staff working with children and young people with a disability.

5.1.2. Playschemes for children with special educational needs.

These are run in the summer holidays by the Friends of Special Needs Playschemes.

5.1.3 Special needs toy library - Association of Shetland Playgroups

5.2 Other

5.2.1. Talking books and talking newspaper service – Shetland Library

5.2.2 **Disability Shetland**

Disability Shetland currently provides a number of activities for adults, children and young people. These include a sports club, swimming club, badminton club, yoga, Montfield day project, Saturday Special activities, Happy Trekkers horse riding, Wootan lass (a sailing fishing project), PC and internet project and the All Star Football club which is run in conjunction with the Shetland Islands Council.

6 Transport

6.1 Blue badge scheme

The Blue Badge Scheme provides parking concessions on a national basis for people with severe walking difficulties who travel either as drivers or passengers. The scheme also applies to those with severe upper limb disabilities who drive regularly but cannot turn a steering wheel by hand. It allows badge holders to park close to their destination, but the national concessions only apply to on-street parking. The Blue Badge Scheme has replaced the Orange Badge Scheme. There were 601 badges on issue in Shetland on 31 March 2004.

6.2 New Horizons Minibus

The New Horizons Minibus is operated by Disability Shetland, staffed by volunteers.

7 Other services and organisations

7.1 Specifically for people with disabilities

7.1.1 Disability Shetland

Disability Shetland is a voluntary organisation providing a broad range of services and projects for people with disabilities. Disability Shetland provides and information, advice and support service to individuals, organisations and other groups on issues including mobility, employment, mental health and the disability discrimination act. It also acts as an administrative support for the Shetland Special Needs Action Group (SNAG) and the Shetland Access Committee. Disability Shetland publishes an Access Guide to Shetland and information packs on services (Helping Hands) to parents or carers of children with special needs. These services are reliant on volunteers.

7.2 Other services

7.2.1 Shetland Link Up - Art Therapy project

Shetland Link Up is a local charity providing services for people with mental health problems. The Art Therapy service is available to people throughout Shetland. Referrals are taken from health professionals, schools, social work and occasionally self referrals.

7.2.2 Advocacy Shetland

Advocacy Shetland is an independent organisation which provides trained volunteer advocates who can enable clients to have their voice heard and wishes taken into account when decisions are made about their lives. An advocate can assist in enabling a person to speak up for themselves, in order that they may have the opportunity to participate in decisions made about their life, or they may speak on a person's behalf, expressing their views as if they were the advocate's own. The organisation can provide trained volunteer advocates for anyone who is deemed 'in need of community care' or their carers.

7.2.3 Shetland Citizen's Advice Bureau

The Citizens Advice Bureau Service offers free, confidential, impartial and independent advice. CAB is a registered charity reliant on volunteers offering advice on debt and consumer issues, benefits, housing, legal matters, employment, and immigration. Advisers can help fill out forms, write letters, negotiate with creditors and represent clients at court or tribunal.

7.2.4 Financial assistance provided through the Shetland Islands Council Charitable Trust

- Social Assistance Grants
These grants are to help those in need of financial or material assistance due to age or infirmity.
- The Charitable Trust funds the Disabled Persons / Childrens Christmas Bonus Grants

7.2.5 Red Cross

The Red Cross provide services that may be accessed by people with disabilities. These include:

- Escort Service-accompanying patients to hospital in Aberdeen
- Car Service- conveying disabled/elderly people to medical appointments in Lerwick
- Medical Loan- wheelchairs for short term use
- Therapeutic Care- for clients in Care Centres & Independent Living

7.2.6 Crossroads Care Attendant Scheme

The Crossroads Care Attendant Scheme provides respite care for vulnerable people in their own home; this includes people with disabilities.

7.3 Local support, self-help and pressure groups

7.3.1 Shetland Parents Support Group

This group provides support, information, practical help and a meeting place for parents and carers of children with special needs. The group is open to all families and carers of children with special needs in Shetland.

7.3.2 Special Needs Action Group (S.N.A.G)

The Special Needs Action Group is a pressure group dedicated to maintaining and improving the facilities and resources available to people with special needs, their families and carers.

7.3.3 Shetland Autism Support

7.3.4 Shetland branch of MS Society

The local branch of the MS Society provides support, advice and information to people with MS, their carers and professionals. The group holds a monthly social meeting and publishes a regular newsletter. The group is currently developing a therapy service for people with MS in Shetland.

A number of other voluntary organisations locally provide support for people with disabilities and their carers. Some are listed below.

7.3.5 Parkinson's Disease Society – local branch

7.3.6 Arthritis Care – local branch

7.3.7 Visual Impairment Group

7.3.8 Shetland Deaf Club

7.3.9 Epilepsy Support Group

Section G: How well do current services meet identified need?

The issues discussed in the following section have been mainly drawn from three sources:

- the discussions of the Disability Strategy Group and sub-groups
- issues raised as part of the corporate and consultative needs assessment work
- problems that have been highlighted in the past

This section identifies what is currently working well in Shetland; what new developments are planned and where there are still gaps or problems with service delivery.

1 What works well in Shetland?

Several areas of good service provision and good practice were identified during the needs assessment and service review

1.1 Information and Planning

- Some good links have been established between different settings e.g. college, library services.

1.2 Assessment, review and co-ordination of care

- There are some examples of good communication between individual therapy departments in Aberdeen and Shetland, particularly for children.
- The Stroke Unit in Aberdeen gives the patient a copy of a computer generated letter on discharge which they take back to Shetland themselves.
- The Single Shared Assessment procedure is recognised as an example of good practice by the Scottish Executive
- The Single Shared Assessment is completed by the discharge liaison nurse for all patients prior to their discharge from Montfield Hospital.
- Communication between individual practitioners on a case by case basis is generally good.

1.3 Provision of services

- Compared with other areas of Scotland, overall service provision in Shetland for people with disabilities is high. The spend per capita on disability services is among the highest in Scotland.
- Waiting times for healthcare services in Shetland are within current local and Scottish Executive targets and work is ongoing to further reduce waiting times.

1.4 Services for young people and transition from child to adult services

- Education services for children, especially younger children, with special needs are good: however they are limited by inadequate space / accommodation in some areas.

1.5 Access to Information, advice and support for service users and carers

- There is good information available for parents of children with disabilities through the Helping Hands pack previously produced by Disability Shetland.
- The Citizens Advice Bureau provides good advice on benefits and other financial and legal matters.

1.6 Awareness and access to services

- NHS Shetland are implementing changes in all its premises to ensure staff and patients have access to aids such as hearing loops and to ensure other requirements of the Disability Discrimination Act are in place. Planning for this work included input from Disability Shetland and staff and patients were asked for their views.

1.7 Specific services

- Laburnum House has a Charter Mark Award for Excellence.
- There is good provision of daily living equipment resources from the Council's Social Work Service.
- Information and communication technology (ICT) equipment is available from Disability Shetland and the Council.
- Provision of a high level of home care services is currently available free of charge to the consumer.

2 Planned service developments

2.1 Information and Planning

- Social work started using a new computerised system (SWIFT) for data collection in November 2003, which will aid the collection of information for service planning.
- The Special Needs Register in Social Work is being updated

2.2 Assessment, review and co-ordination of care

- The Single Shared Assessment process has been reviewed and revised. A working group is currently looking at increasing the use of the SSA by relevant agencies and a version of the SSA for children is being developed.
- Co-ordinated Support Plans are expected to be developed as part of the Additional Support for Learning Bill, due to become an Act before the Scottish Parliament in 2005

2.3 Provision of services

- Shetland NHS and SIC Social Work Occupational Therapy services are brought together as a single service as part of the Joint Future management framework within the Community Health Partnership.
- Options for a joint equipment store are being explored.
- A locality based flexible service providing personal care has been developed.
- A review of all day care services is being progressed as part of Joint Future work locally.

2.4 Carers and families

- The needs of young carers have been reviewed by a subgroup of the Children & Young People Services Planning Group (now the Integrated Children's Services Planning Group) and a draft strategy is out for consultation.
- NHS Shetland and the Council have prepared a Carers Strategy and a separate Carer Information Strategy setting out a joint approach to meet both agencies responsibilities under the Community Care and Health (Scotland) Act 2002.

2.5 Services for young people and transition from child to adult services

Section G: How well do services meet needs?

- A new special needs unit for older school aged children is being developed at the Gressy Loan site at the Anderson High School (completion due in August 2005)
- The Additional Support for Learning Bill is expected to become an Act before the Scottish Parliament in 2005
- There are planned changes to local education provision and development of community schools over next 3 years

2.6 Awareness and access to services

- Disability Discrimination Act audits have been completed for NHS and SIC premises. Action Plans are currently being implemented

2.7 Specific services

2.7.1 Learning disabilities through Joint Future Framework.

- Self advocacy for people with learning disabilities is being developed using the People First Model
- There are plans to integrate local learning disability services under a single management arrangement
- Re-design of the Eric Gray Centre is planned
- There is to be a new facility at the old Kantersted site providing 4 permanent and 9 short stay places: the design has been finalised and building work is expected to be completed by May 2005
- There are plans for the development of a second learning disabilities nurse post (refer to Joint Health and Community Care Plan 2005-08), but funding has not yet been identified

2.7.2 Physical disabilities

- Stroke services:
 - Development of Managed Clinical Network for stroke to integrate the full spectrum of services from primary prevention to rehabilitation by mid 2004.
 - A local stroke rehabilitation programme is being planned within the service redesign work proposed for the hospital rehabilitation unit
 - Plans to establish a multi disciplinary stroke team have been developed and are subject to funding availability.
 - A local Stroke Club to support patients with the transition for hospital to home is planned (NOF funded)

- Provision of regular ongoing educational programmes for multi-disciplinary staff groups is planned.
- A specialist continence nurse post has been developed as part of the LHCC and delayed discharge plans
- A new discharge liaison nurse post has been created to support people being discharged from Aberdeen hospitals & refurbishment of the facilities for patients at Aberdeen airport is planned

2.7.3 Sensory Impairment

- Introduction of universal neonatal hearing screening by April 2005
- Implementation of NHS Grampian Audiology Modernisation Project Action Plan (includes NHS Shetland) in response to Public Health Institute of Scotland report: *NHS Audiology Services in Scotland*

3 Gaps in service provision

Many of the issues raised are not gaps in service provision as such, but problems with the way services are delivered such as information, access and co-ordination.

3.1 Information and Planning

Key issues identified

- To date there appears to have been a lack of planning for the future; particularly to meet the needs of younger disabled people (e.g. appropriate accommodation, day care and respite services)
- The Special Needs Register was set up to aid planning, but has not been regularly updated until recently; also there are some concerns that service users / carers themselves have not been approached for relevant information

There is a lack of good quality, timely, meaningful information that can be shared across agencies to inform planning and monitor progress. This may be due to a number of factors including:

- The sort of information required is not collected systematically, or is not collated
- Information is collected but cannot be shared across agencies, often because of valid concerns around confidentiality and data protection. As part of the Local Partnership Agreement an Information Sharing Protocol has been developed to govern the sharing of individuals' health and social work information between NHS Shetland, Shetland Islands Council and

their partner agencies as well as within any of these organisations.

- Keeping information up to date requires time and resources and may not be seen as priority amongst competing demands
- It is not always clear what information is useful or how it may be collected

3.2 Assessment, review and co-ordination of care

Key issues identified:

- The Single Shared Assessments has been seen as a social work document and not necessarily used by other service providers. However, joint training sessions are now taking place including practitioners from social work, health, housing and voluntary organisations.
- There can be a lack of communication between different agencies and problems in trying to work jointly
- The review processes, particularly for children, are often not co-ordinated between agencies – resulting in multiple reviews
- The purpose and review process of the health based Child Development Initiative (CDI) is not always clear to parents
- There is no equivalent of the CDI in adulthood

Some service users will only require input from one particular agency such as health or education. However, for the majority of people with a disability, they will come into contact with a number of different agencies at some point in their lives, often at the same time. At the time of assessment, service users (or carers) may have to repeat the same information to a number of different workers from different agencies, unless the single shared assessment process is used. Where a number of agencies are involved it can be very difficult for service users and their families and carers to know who should be doing what and who to contact when there is a problem. It can also be difficult for the workers themselves to know who else is involved and to co-ordinate the care.

Children in particular can be involved with a number of agencies including health (both in Shetland and Aberdeen, and possibly elsewhere), education, social work and non-statutory agencies. Parents and people who work with the families have highlighted the problem of having multiple review meetings, often one for each agency or each setting where the child receives care. This is very time consuming for both the parents and workers. It is often broadly the same staff invited to all the meetings, although frequently they are unable to attend. This can lead to problems with co-ordination and different decisions being made at different meetings. However, it is also inappropriate to hold very long meetings with a large number of people to discuss every

aspect of a child's care. There needs to be a balance between the two extremes to provide the best possible service to the child and their family, in the most effective and efficient way.

The new 'Additional Support for Learning Bill' (due to become an Act in 2005) places a responsibility on local authorities, health and social work to develop integrated support for children with additional support needs (replaces the term Special Educational Needs).

3.3 Provision of services

Key issues identified:

- There can be a discrepancy between what individuals perceive as a need and what is professionally assessed as a need (in terms of effective interventions or services)
- Sometimes there is inequity in service provision for different individuals or groups of people.
- Services have to be tailored to meet the needs of people living both in the town and in remote and rural areas.
- Further individual support services are required, to support people in a range of day to day activities such as shopping.
- There is a need for continued rehabilitation within an individual's own home directly with the person concerned or through family or care workers.
- There are difficulties in attracting staff at all levels of the services and also volunteers. This must be addressed imaginatively, and promote locally resourced staff through training.
- A professional supervision/consultation structure for specialist staff is required to ensure they meet quality standards.

There are a number of issues regarding the provision of services. Often the complaint is that people want services that cannot be provided and this is usually blamed on a lack of funding. However, the solution is not as simple as putting more money into services. There are limited resources in health, education, social work and the non-statutory sector and there are many competing demands on the resources that are available. Part of the aim of this strategy is to 'share' out resources both more effectively and fairly.

There are conflicts: given finite resources, should we provide high cost services that are of great benefit to a few, or should we provide lower cost services that provide a smaller benefit but to many people?

The concept of equity means that ideally everyone should have access to appropriate services on the basis of their *need*; not their ability to pay; where they live; their age; their social status or their ability to articulate their needs.

This means that scarce resources should be targeted at people in the greatest need. However, this is clearly very difficult as there is considerable variation between individuals in terms of need. What is perceived as a need by one person may not be recognised by another. Conflict may arise when the service user's perception of need is different to that of the service provider. Needs do not remain constant but vary due to changes in circumstances, the age of the individual and changes in the nature or severity of their impairment or disability.

In addition to understanding the concept of need, there is also the problem of identifying what services to provide at what cost. There are three broad issues to consider:

- A service should be cost-effective: which broadly means that not only does it 'work', but it does not cost more than another service which has the same or similar outcome. Although this principle is applied to a number of medical treatments, there is often less evidence for the cost-effectiveness of complex interventions or services.
- In Shetland there is also the often overriding issue of providing services to a small population with many living in remote and rural areas. What may be cost-effective in a big city is not necessarily going to be cost-effective or even feasible in Shetland. Even a service that works in Lerwick, is not necessarily going to work in the same format in the more remote areas.
- There are external constraints and requirements. Some services have to be provided as a statutory requirement or because they are a national priority. There may be ringfenced funding for others.

We must aim to have a shared understanding between people affected by a disability, their family and carers and the service providers of what we mean by 'needs' and what are the appropriate services to meet those needs.

3.4 Carers and families

- Carers needs are not always taken into account and parents are not always seen as carers for purposes of carers needs assessment
- Carers should have access to training, for example when tutors are in Shetland to deliver training to teachers or social workers, then this should be available to parents/carers.

There is a responsibility for agencies to assess the needs of carers, however it is not clear if this is always successful. There sometimes appears to be an assumption that carers are people caring for an older person, or older people caring for an adult son or daughter. Parents of disabled children and families of younger adults with disabilities are not always viewed in the same way.

There does not appear to be systematic review of the needs of parents. One point raised was that if you (as a parent) appeared to be coping, then you were congratulated and offered no further help. It appears difficult for parents to be able to access services such as personal care for their children. There appears to be an assumption that as a parent you are obliged to care for your disabled child in the same way as you would for a child without disabilities. However this does not take into account the fact that a child without disabilities will be able to do more and more for themselves as they grow older and bigger; they will be able to feed, toilet, wash, dress themselves within a few years but a child with disabilities may not. There was also concern that the needs of other members of the family were neglected, particularly siblings. Sometimes there also appears to be little understanding of the emotional needs of parents and families.

Another group of families and carers who have particular needs are the children and partners of younger adults with disabilities. The needs of 'young carers', often children caring for a parent, are of particular concern.

3.5 Services for young people and transition from child to adult services

Key issues identified:

- Greater clarity is needed around the appropriate age/stage of transition between services in order to assist with planning purposes.
- Gap in service provision at secondary level for profound and complex disabilities. Currently no provision for severe disabilities at Anderson High School – but a new unit is planned.
- A lack of clear understanding of the differences between the health needs of children and adults. Differences in the age limits for paediatric (health) services in different parts of Scotland.
- Discrepancies in the age limits for different services e.g young people may still be attending Bells Brae school, but be too old for Laburnum house for respite care
- Particular concerns over the inexperience of young play scheme workers working with children and young people with special needs on the summer playscheme
- Educational Psychology services are overstretched - this is a national problem
- Young people remaining in 'children's services' such as school because there is no other suitable service provision for them
- A lack of a wide range of opportunities for meaningful activity and

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stimulation (which includes employment, training and recreational activities as appropriate) when a young person leaves the education system

- Further education – continued and extended provision is required: funding needs to be clarified and secured
- Greater Social Work involvement is required in planning Coordinated Support Packages for those aged 14+ to ensure packages can be sustained into adulthood.
- A severe lack of suitable accommodation for young people and adults who wish to leave home or who can no longer be cared for at home
- Difficulties in making a gradual, smooth transition from one service to another

There can be problems for young people moving between children's services and adult services, especially when leaving the education system. These relate to differences in the type and quantity of services available to the different age groups. This relates to many of the issues identified above.

There has been inadequate information to plan services to meet the future needs of children and young people, particularly outwith the education system. The education system for children with special needs in Shetland is generally seen as very good, particularly for younger children. However, there appears to be less provision for older children and very little for those leaving the education system. There is greater demand for some services than can be met within the current service provision, and less flexibility as demand rises (e.g. respite care). The health needs of children will change as they grow older; often more input is required when the child is still growing and developing and less as they physically mature. This is reflected in the service provision for children and adults, but it can be a difficult transition to make.

Because these issues concern only a relatively small number of individuals in Shetland, it is not possible to have dedicated services for young people.

Other ways must be found to make the transitional process easier.

The new 'Additional Support for Learning Bill' will place a duty on education authorities to plan for transition & post school.

3.6 Access to Information, advice and support for service users and carers

Key issues identified:

- Information on the condition or disability and services available is often lacking at the time of diagnosis (particularly for people diagnosed in Aberdeen)

- Information and advice is available from organisations such as Disability Shetland but patients and carers may not be aware of this
- Health and social work services could be more pro-active in directing patients and clients towards appropriate sources of information and advice, including advice on benefits and other financial issues which can be a complex area.

3.7 Awareness and access to services

Key issues identified:

- Many people, service providers included, have little awareness of 'hidden' disabilities such as deafness or an understanding of disabling conditions that can fluctuate, such as multiple sclerosis
- To many people, 'access' means physical access and adaptations to buildings such as wheelchair ramps
- Access may be denied because of attitude or lack of understanding rather than any physical barrier
- There is no "one stop shop" where people can obtain all the information necessary for their individual circumstances
- Whilst many statutory agencies are aware of access issues when specifically concentrating on the needs of people with disabilities; they may neglect these issues in their other work or in provision of generic services. Developments to improve access tend to be reactive rather than proactive.

A number of specific examples of problems with awareness and access have been identified. Sometimes superficially there appears to be good access and facilities for people with disabilities, but not when someone actually tries to use them (Clickimin Leisure Centre was often mentioned). Access to shops and facilities in Lerwick is generally poor, although newer buildings usually have good physical access. There are few disabled toilet facilities outside Lerwick. Some disabled toilets again look reasonable but are difficult to use, often because they are too small.

One specific example of problems caused by the public's lack of awareness or attitude towards disabled people is the use of disabled parking spaces. People without a disability (without a 'blue badge') often use spaces in Lerwick, particularly at the Toll Clock and near the post office. At the Gilbert Bain Hospital, the disabled parking spaces are often used by people without a disability, including staff.

Transport services generally appeared to be quite good, at least in terms of physical access. There are a number of easy access buses and taxis that can take wheelchairs. The new Northlink Ferries have good facilities,

although there are some constraints in actually using them. Facilities at Aberdeen Airport for people with special needs, such as those who are unwell or have a disability, are being improved. However, there is no dedicated area at Sumburgh Airport. Also, the attitude and helpfulness of staff and availability of equipment (such as wheelchair lift for aeroplane) varies considerably. The inter island ferries are fine if travelling in a vehicle, but are very difficult to negotiate if a foot passenger.

3.8 Specific services

3.8.1 Learning disability

The following gaps in service provision have been identified:

- Due to increase in numbers, more provision for people with autism is required. This should be addressed by the appointment of a second Learning Disability Nurse.
- Screening and further support for the varied hidden learning difficulties such as dyslexia is required
- Appropriate provision for an aging population of people with learning disabilities who may be deteriorating is required (e.g people with Down's Syndrome at high risk of developing Alzheimer's Disease in middle age) Some service users with learning disabilities are getting older and more frail and can no longer be cared for at home or in supported accommodation, however they do not sit comfortably in mainstream residential care. A residential unit that can best meet the diverse needs of older people with learning disabilities should be identified.
- Provision of learning disability training for non-specialist health board staff
- Provision of inter-agency training to raise awareness of autism
- Increased and more flexible provision of day and respite care, supported and residential accommodation: current services are stretched and will not be sufficient to support the predicted numbers of people with learning disabilities over the next 10-20 years

3.8.2 Physical disabilities

The following gaps in service provision have been identified:

- Generally poor communication between different agencies & professionals (especially between health services in Aberdeen & Shetland)
- Long waits for a neurology appointment in Aberdeen (but they are within the Scottish Executive waiting time targets).
- There is currently no visiting neurology service

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- There are currently no specialist neurology nurses
- There is currently no policy on assessment and treatment of osteoporosis
- Paediatric rheumatology – currently no routine service for children diagnosed with joint problems
- Work facilities specifically for people with disabilities do not necessarily have facilities for physiotherapy input (eg COPE)
- Patients sometimes use physiotherapy and other services as a substitute for counselling and support
- There is insufficient community OT time to provide rehabilitation services within the client's own home
- Problems with provision of equipment, aids and adaptations (to be addressed through development of Joint OT service):
 - Waiting times for specialist equipment (may be impossible to overcome)
 - Lack of shared store
 - Lack of equipment for demonstration purposes
 - More consistency between services required
- MARS (seating and wheelchairs)
 - There are many longstanding problems and a lot of dissatisfaction with the service has been expressed (although the situation may have improved recently)
 - A twice yearly visit, with 15 minute appointments, is insufficient
 - The range of wheelchairs available does not meet specific client need
 - There is no automatic review system
 - There is often a long wait for equipment, which then often has to be altered by Shetland Orthotics Dept
- There is a lack of affordable wheelchair accessible transport
- Housing (to be addressed through Housing Strategy)
 - There is a lack of suitable property for individuals / families with disabled member of family
 - Adapted accommodation may be let to families without need for the adaptations and there are implications of 'right to buy'
 - There is currently no register of adapted property

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- There is a lack of appropriate day and respite care and residential / supported accommodation for younger adults with physical disabilities

3.8.3 Sensory impairment and communication impairment

The following gaps in service provision have been identified:

- There is currently no specialist teacher for children with communication difficulties
- There is currently no Mobility Officer in Shetland.
- Training in independent living skills is not as comprehensive as it should be. There is access to some initial assistance, but no on-going support to acquire or regain skills.
- ICT support (setting-up, adapting, training and on-going support and maintenance) for people using specialist packages in any setting, needs to be consolidated.
- The grading, terms and conditions for staff of the Braille transcription service need to be reviewed if the service is to take on a Shetland-wide role across all age groups.
- There is currently no British Sign Language (BSL) interpreter within Shetland.
- Although there does not seem to be demand at present, deafblind people often need extensive 1:1 support from guide-communicators to assist them with everyday living. There are no suitably trained support worker staff within Shetland if the need arises.
- Better access to assessment for augmentative and alternative communication for people across the age-range, plus on-going support for those who make use of such aids, is required
- There can be long delays in provision of Voice Output (VOCA) aids after assessment
- An audit of sensory and communication impairment training needs is required
- A formal system for accessing specialist advice on adapting activities or curriculum for people with sensory impairments in adult social work or further education services is required.
- More clarity around Art Therapy referral system and its outcomes for individuals is required.
- Access to training in lip reading is required.
- Appropriate media should be routinely used for formal communication with

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people who are known to have sensory and/or communication impairments (e.g. large print appointment cards, Braille transcripts, BSL interpreter, picture communication symbols).

- Increased provision of hearing loop systems and adaptations for vision impaired people in council premises is required (to be addressed through Disability Discrimination Act Action Plans).
- There is currently no central location to establish a bank of sensory equipment and communication aids (to be addressed through plans for Joint Equipment Store).
- An audit of the environment for people with sensory and/or communication impairments is required at Eric Gray Resource Centre.
- The Shetland Psychological Services have a remit for children and young people up to 19 years of age, however there is a gap in provision for older adults with sensory impairment problems.

Section H: Action Plan

1 Prioritising actions

This action plan contains planned and proposed actions against each of the detailed objectives listed in section D of this strategy under the four headings:

- All disabilities
- Learning disabilities
- Physical disabilities
- Sensory impairment and communication impairment

The actions have been divided into four timescales: short term (2004 – 2007); medium term (2007 – 2010) long term (2010 – 2020) and on-going.

There are two main sets of actions:

- those that have already been agreed and are currently being implemented or are to commence in the near future. For these actions, either funding has already been secured or there is a commitment to the plan and funding is actively being sought.
- those that have been proposed as a direct result of this strategy. Many of these actions can be carried out within existing resources. However, where extra funding is required it will need to be sought and secured either from internal or external sources.

One of the main purposes of the consultation on the strategy was to prioritise this second group of actions by looking at the following criteria;

- Is the proposed action very important, or less important ('icing on the cake') to stakeholders?
- Is the action legally required, or a national priority or recommendation?
- Does the action link in with other strategies and plans?
- Which client groups / how many people will benefit?
- Can the action be carried out within existing resources or does need further funding?
- How likely is it that further funding will be available?
- Can the action be realistically achieved in the short, medium or long term?

- Is there an appropriate organisation willing to take responsibility for the action?
- Are there existing, cost-effective methods for implementing the action?
- Is there an opportunity cost to the proposal? (i.e. if it is implemented does that mean something else will *not* be implemented or an existing service will be changed due to resource constraints or other reasons?)
- Has the action been tried in the past? Was it successful?
- How will the action be evaluated?

During the lifetime of the Strategy, work will continue to refine the action plan and as each service development is progressed, there will be a detailed implementation plan including expected outputs and outcomes; targets (if appropriate); timescales; funding and an evaluation process.

The Action Plan will be kept under review by joint management arrangements linked to the Community Health Partnership and by the Disability Strategy Group with links to a wider stakeholder group which will inform future planning for care services for people with disabilities.

2 All disabilities

	Objective/ Proposed Action	Expected outcomes	Lead agency	Timescales*	Funding	Comments
2.1 To ensure the action plan in this strategy is implemented and progress monitored against targets						
2.1.1	Disability Strategy Group to oversee implementation of the strategy and monitor progress	Strategy successfully implemented within agreed timescales	Disability Strategy Group	June 2005	WER	Disability Strategy Group will link with a new Disability Forum to ensure stakeholders' views are listened to.
2.1.2	Disability Strategy Group to report to JFIG; and to Community Planning Board via JFIG	Strategy finalised and monitoring mechanism established	Disability Strategy Group	April 2005	WER	
2.1.3	Representatives of partner agencies / groups to report to own organisations through appropriate mechanisms	Partner agencies are fully involved in implementation and monitoring process	Individual members of Disability Strategy Group	On-going	WER	

* Short term is upto 2007; medium term to 2010; and long term to 2020

2.1.4	Identify clear management responsibility for implementation of each action	Strategy successfully implemented within agreed timescales	Relevant lead agency	Depends on action	WER	
2.1.5	Produce inter-agency guidelines for appropriate use of resources.	Ensure equity of service provision, whilst prioritising those most in need	Disability Strategy Group and relevant service providers	Short term	WER	To include principles of equity; joint working; sustainability; cost-effectiveness; evidence based practice; and service provision based on assessed need
2.2 To develop and maintain information systems that allow information to be shared across agencies for the benefit of service users and for planning purposes						
2.2.1	Further development of Special Needs Register: assess feasibility of including sensory impairment and physical disabilities	Collection of information on current and future needs to inform strategic planning	Social Work	Short term	WER	Refer to ' Same as You ' ¹ Recommendation Nine
2.2.2	Collect more detailed information on prevalence of specific conditions causing disabilities	Availability of more accurate local information on disabling conditions	NHS Board	Short term	WER	Work through CHP / GPs (e.g using GPASS) to obtain information on

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		in order to improve service planning and prioritisation of resource allocation				prevalence of specific conditions including: <ul style="list-style-type: none"> • Multiple sclerosis • Parkinson's disease • Cerebral palsy
2.2.3	Develop data sharing protocol between SIC, NHS Board and other agencies	Effective process for sharing information for planning across agencies	SIC / NHS Board	Short term	WER	Currently under development
2.3 To improve co-ordination of multi-agency assessment and review processes for people with disabilities						
2.3.1	Single Shared Assessment: <ul style="list-style-type: none"> • Implement use of revised SSA form across all agencies • Develop SSA for children 	Consistency and reduced duplication in assessment process	Social Work	.Short term	WER	Adult SSA for services reviewed and implemented together with new training ongoing to promote SSA. Work is on-going on SSA for children
2.3.2	Develop key worker system: a system of ensuring every person with a disability in contact with more than one agency has one worker nominated as a	Key worker will be first point of contact for disabled person: have knowledge of their care plan; can liaise with others	- needs agreement across all agencies including CHP	Medium term	WER	'Key worker' could be from any agency depending on individual's needs: often social worker or community nurse will

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	'key worker'	involved in care; can initiate reviews as appropriate				be appropriate. Development of Community Health Partnership should facilitate this proposal
2.3.3	Develop a formal multi-disciplinary planning and review process for adults with complex needs	All adults with complex needs will be reviewed under a multi-disciplinary process, improving co-ordination between services.	- needs agreement across all agencies including CHP	Medium term	WER	Develop from existing review processes and / or base on Care Programme Approach used in mental health Refer to Same as You –Personal Life Plans
2.3.4	Implementation of Co-ordinated Support Plans for children in education	Improved co-ordination between education and other agencies for children with additional support needs (including at transition)	Education Service	Short - medium term	Not yet known if extra funding will become available to support the Act	Refer to Additional Support for Learning Act 2004.
2.3.5	Produce information on the roles of staff and services in different agencies with referral guidelines where	Roles of staff and services in different agencies are clear; facilitating	Disability Strategy Group and relevant	Short term and On-going	WER	

	appropriate	appropriate referrals and realistic expectations. Better information for referrers, service users and unpaid family carers	service providers			
2.4 To ensure needs of carers, parents and families are assessed and taken into account in the care planning process (included in Shetland's Carers' Strategies)						
2.4.1	Development of a process to assess the carer's needs separately from the client's	Carers' needs are assessed and services provided to meet needs	Social work	Short term	WER	Refer to: <ul style="list-style-type: none"> • National Strategy for Carers² • Guidance on Supporting Carers³ • Carers Assessment forms a discrete element of revised SSA.
2.4.2	Further development of provision of practical advice and information for	Carers are able to make informed choices about their	Social work	Short term	WER	As above

	carers	role as a carer				
2.4.3	Multi-agency Carer Awareness Training	Increased awareness of needs of carers	Social Work	Medium term	WER	As above
2.4.4	Provision of a support service specifically to meet the needs of young carers	Young carer's needs are assessed and support provided to meet needs	Social work	Medium term	Funding Requirements to be identified	<ul style="list-style-type: none"> • As above • Refer to local Young Carers Strategy
<p>2.5 To ensure access for disabled people, their carers and families to good quality information on services, benefits and other available support through publicity and raising awareness of sources of information</p>						
2.5.1	Audit project: current access to / availability of appropriate information	Identify information currently available to inform action 2.5.2	Lead to be identified	Short term	WER	Involve users and carers
2.5.2	<ul style="list-style-type: none"> • Ensure distribution of existing information to appropriate settings across Shetland • Purchase/develop new resources in different 	Information available in a range of settings and formats	Lead to be identified	On-going	WER	<ul style="list-style-type: none"> • e.g. health centres; hospital; schools; social work settings; voluntary agencies • Formats: Internet;

	formats if required					telephone; written / visual, audio
2.5.3	Publicise sources of information and advice such as Disability Shetland; CAB in accessible settings	People with disabilities and their carers have access to appropriate information	Lead to be identified	On-going	WER	Settings as above
2.5.4	Support updating of 'Helping Hands': Disability Shetland's Information Pack for children with disabilities	Parents of children with disabilities have access to relevant information	Disability Shetland	Short term	WER	Role of Disability Shetland currently under review – this proposal may need to be taken up by another agency
<p>2.6 To deliver appropriate home based, respite and day care services that are flexible and responsive to the assessed needs of disabled people and their carers by reviewing and developing existing services</p>						
2.6.1	<p>Respite services</p> <ul style="list-style-type: none"> • Review of current provision of respite services, particularly for children. • Re-design and development of services as required in response to review 	Identify pressures on existing services; where changes can be made to the current provision and if further investment is required	Social Work	Short term (review) - medium term	Funding requirements to be identified	<ul style="list-style-type: none"> • Refer to Same as You? Recommendations 19,20 • Links with meeting the needs of carers

2.6.2	Respond to outcome of review of day care services	Provide appropriate day care services for people with disabilities	Social Work / multi-agency group	Medium term	Funding requirements to be identified	<ul style="list-style-type: none"> • Refer to Same as You? Recommendation 15 • Refer to Shetland Health Strategy for Older People & delayed discharge plans • Links with meeting the needs of carers
<p>2.7 To ensure National Care Standards for relevant establishments and services for disabled people in Shetland are met</p>						
2.7.1	<ul style="list-style-type: none"> • Local review of relevant establishments and services in Shetland to ensure National Care Standards are met. • Identify where standards are not being met and develop action plans to rectify 	All 'care' establishments and services for disabled people in Shetland meet relevant National Care Standards	Social work	Medium term	WER / additional funding to be identified if required	<p>There are a number of National Care Standards including those for:</p> <ul style="list-style-type: none"> • Care at home • Respite services • Care homes • Childcare • Housing support services

<p>2.8 To provide for the current and future accommodation needs of disabled people through the local Housing Strategy and other plans as appropriate. (most of the following actions are from the local Housing Strategy)</p>						
2.8.1	Evaluate and review current Independent Living / supported accommodation schemes (including Twageos, Stocketgaet) before expansion or development of further schemes.	Resources for accommodation are used in most cost effective way for benefit of people with disabilities	Social work	Short term	WER	To include cost effectiveness; sustainability; user / carer satisfaction; implications for future developments.
2.8.2	<ul style="list-style-type: none"> • Include anticipated <i>future</i> accommodation needs in the care planning process for the individual • From Housing Strategy: Work with other agencies to collate information on disabled housing needs 	Use information in the strategic planning process for the development of services	Social Work / Housing	On-going		Social care register of special needs
			Housing / other agencies	Short term		Refer to local Housing Strategy
2.8.3	Carry out audit of housing stock	Properties suitable for adaptation are identified, to help meet existing and	Housing	Short term		Refer to local Housing Strategy

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		future need				
2.8.4	Accurately record adaptations in social rented stock	Effectively match property to household needs	Housing	On-going	WER	Refer to local Housing Strategy
2.8.5	Review medical assessment procedure	Ensure all relevant / useful information is provided	Housing / NHS Shetland	Short term	WER	Refer to local Housing Strategy
2.8.6	Provide input into hospital discharge policies & procedures: ensure information relevant to Housing is made available	Reduce the instance of delayed discharge due to a lack of suitable accommodation	NHS Shetland / Housing	Short term	WER	Refer to local Housing Strategy
2.8.7	Ensure applicants waiting for particular types of housing (i.e. level access) are not discriminated against		Housing	On-going	WER	Refer to local Housing Strategy
2.8.8	Training for housing staff in disability awareness	Staff will understand the needs of equalities groups	Housing	Short – medium term	Funding?	Refer to local Housing Strategy
2.8.9	Investigate the feasibility of providing named contacts within housing	Provision of information to applicants and tenants with complex needs	Housing	Short term / ongoing	WER	Refer to local Housing Strategy

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2.8.10	Increase the provision of barrier free homes to provide wheelchair accessible housing	Reduction in waiting times for wheelchair accessible housing	Housing / Hjaltland Housing	Long term	Funding Requirements to be identified	New housing developments built by Hjaltland will be 'multipurpose' i.e. easily adaptable for wheelchair access etc. Refer to local Housing Strategy
2.8.11	Ensure current and future housing developments provide balanced schemes	A range of suitable housing is available for people with disabilities	Housing / Hjaltland Housing	Long term	Funding Requirements to be identified	Refer to local Housing Strategy
2.8.12	Work with partners to support provision of units at Phase 2, Quoys, Lerwick to meet disabled housing needs	A range of suitable housing is available for people with disabilities	Housing / Hjaltland Housing	Long term	Funding requirements to be identified	Refer to local Housing Strategy
2.9 To address needs of children and young people of school ages including provision of appropriate educational services and facilities; respite care and out of school activities						
2.9.1	Support development of new Additional Support Department on Gressy Loan site at Anderson High School	Provision of suitable educational facilities for secondary school age pupils with	Education	Short term (Aug 2005)	£1.1million	Will allow older pupils currently attending Bells Brae to receive educational services in a more age

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		complex and profound needs in Lerwick				appropriate setting at AHS and free up some capacity at Bells Brae for younger children
2.9.2	<ul style="list-style-type: none"> Review of respite services for children including Laburnum House Re-design and development of services as required 	Provision of accessible, responsive, flexible and high quality respite services to address assessed needs of children and their families	Social work NHS Board Education	Short – medium term	Funding requirements to be identified	See action point 2.6.1
2.9.3	Expansion of existing recreational services and development of new services to meet the needs of children with disabilities	Children with disabilities have increased access to a range of recreational, sporting and cultural activities	Sport & Leisure Services (Development Officer)	Short – medium term	Quality of Life Funding up to 2005/06	See action point 2.15.1
2.9.4	Implementation of Additional Support for Learning Act when comes into force	Compliance with ASL Act	Education	Medium – long term	Funding to be identified	Refer to Additional Support for Learning Act 2004 .

2.10 To address the needs of young people of school leaving age by full assessment of the current and anticipated future needs of each young person, development of a comprehensive 'beyond school' plan and provision of a wider range of opportunities and facilities for young people who have left education.						
2.10.1	Create a more robust method of Future Needs Assessment at age 14 + (will be required as part of ASL Act Co-ordinated Support Plans)	Effective system in place to identify services and funding required for those leaving education at 19+ (both at individual and strategic planning level)	Social Work Education NHS Shetland Further Education	Short term	WER	Refer to Additional Support for Learning Act 2004.
2.10.2	Future needs assessment to include consideration of needs of young people when parents are no longer able to care for them	Effective system in place to identify future services and funding for this client group	Social work Housing NHS Shetland	On-going	WER	
2.11 To further develop employment and training opportunities for people with disabilities by raising awareness with employers and training facilities and providing support.						
2.11.1	Provide information for	Provision of appropriate support	Lead to be identified	On-going		Refer to Same as You?

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	employers on their responsibilities under DDA and the support available to help their employees at work (e.g grants for adaptations)	to allow people with disabilities to work in mainstream employment / return to work after illness				Recommendation 16 ? through Scottish Health at Work (SHAW) and / or voluntary sector e.g. Moving On Project
2.11.2	SIC and NHS Board to actively promote inclusion of people with disabilities in the workforce ranging from supported placements to mainstream posts	'Setting a good example' in provision of support to allow people with disabilities to work at an appropriate level	SIC / NHS (Human resources depts)	On-going	Funding requirements to be identified	SIC currently employs a small number of individuals in supported placements
2.11.3	Further develop services to support people with disabilities in work / training e.g. expansion of type of support provided by Moving On project	Provision of appropriate support to allow people with disabilities to work / train at an appropriate level (ranging from supported placements to mainstream employment)	Lead to be identified	Short – medium term	SCT Cope: £112k Moving On: £52k Additional funding requirements to be identified	<ul style="list-style-type: none"> • Long term funding to be identified. • Could be delivered through voluntary sector – building on existing work

2.12 To ensure appropriate provision of physiotherapy; occupational therapy and speech and language therapy services for both children and adults with disabilities						
2.12.1	Audit therapy services against <i>A Scottish Executive Review of Speech and Language Therapy, Physiotherapy and Occupational Therapy for Children and Speech and Language Therapy for Adults with Learning Disabilities and Autistic Spectrum Disorders (2003)</i> ⁴ and draw up action plan	<ul style="list-style-type: none"> • Appropriate provision of therapy (AHP) services for children • Appropriate provision of SALT for adults with learning disabilities / ASD 	NHS Shetland	Short term (audit) Medium – long term (any planned service development)	WER (audit) Additional funding requirements to be identified following audit	Refer to Scottish Executive review ⁴
2.13 To ensure people with disabilities have access to generic community health services including continence services, dental care and podiatry						
2.13.1	Ensure patients, carers and healthcare professionals are aware of the services available from the podiatry department and the referral criteria and process	All disabled people in Shetland with a clinical need for podiatry assessment and/or treatment will have access to the service through	NHS Shetland	On-going	WER	

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		appropriate referral routes				
2.13.2	<p>Ensure the needs of people with disabilities are included in the continuing development of Shetland's Dental Services, including:</p> <ul style="list-style-type: none"> • the proposed further development of NHS (salaried) services • further development of dental services in health centres to improve access to services. 	All disabled people in Shetland will have access to NHS Dental Care as appropriate	NHS Shetland	Short – medium term	WER / Scottish Executive funding?	Refer to Shetland H&CC Plan 2004-7
2.13.3	Ensure access for people with disabilities to continence advice through Continence Nurse Advisor Service	All disabled people in Shetland with a continence problem will have access to appropriate assessment and management within the primary care setting	CHP	In post	WER	Refer to Shetland H&CC Plan 2004-7

2.14 To ensure people with disabilities have access to, and support to participate in, preventative health services including screening and health promotion activities						
2.14.1	Ensure that screening facilities are accessible including flexible appointments, physical access, appropriate information and understanding of communication needs	People with disabilities are included and supported to participate in national screening programmes.	NHS Shetland (CHP / Learning Disabilities Nurse)	On-going	WER	Need to include access to mobile Breast Screening Unit (from Aberdeen)
2.14.2	Ensure that Department of Health Guidelines and Adults with Incapacity Legislation on consent to treatment (screening) examination are followed.	People with disabilities are supported to participate in national screening programmes.	NHS Shetland (CHP / Learning Disabilities Nurse)	On-going	WER	
2.14.3	Ensure that a range of appropriate health promotion resources are available and accessible for people with disabilities and their carers	People with disabilities have access to appropriate health promotion resources	NHS Shetland (Health Promotion / Learning Disabilities Nurse)	On-going	WER	

2.14.4	Ensure that the needs of people with disabilities are considered when planning health promotion / health improvement activities	People with disabilities are included and supported to participate in health promotion / health improvement activities	NHS Shetland (Health Promotion)	On-going	WER	
2.15 To support the development of a wider range of opportunities for disabled people to take part in leisure and recreational activities, including physical activity, ensuring equity of access particularly in remote and rural areas						
2.15.1	Development officer: Disabilities to develop recreational services that met the needs of young people with disabilities in conjunction with other organisations	Young people with disabilities have increased access to a range of recreational, sporting and cultural activities	SIC Community Development (Development Officer)	Short – medium term	Post funded 2004-2007	Needs to include rural areas. Link with existing services.
2.16 To ensure people with disabilities living in remote and rural communities in Shetland have access to appropriate services in response to assessed need						
2.16.1	Explore ways of utilising developments such as the proposed 'one-stop shops' in community schools	Improved access to services for people in rural areas	Education, Social Work, Housing & Community	Short - medium term	Funding requirements to be	Community Schools will be: Mid Yell JHS Brae High

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			Development		identified	Aith JHS Sandwick JHS Anderson High (Scalloway JHS)
2.16.2	Ensure access to Direct Payments scheme for people in rural areas	Everyone who is eligible and who wishes to can access Direct Payments	Social work	Short term	£14,500 2005/2006	Currently limited uptake of Direct Payment Scheme in Shetland. Support service being established in 2005 based at CAB.
2.17 To support the implementation of the Disability Discrimination Act with regard to health and social work settings,						
2.17.1	Support implementation of DDA in NHS and SIC premises and monitor progress	Improved access to generic health and SIC services	SIC NHS Shetland	NHS – short term SIC – long term	WER + NHS funding for primary care	<ul style="list-style-type: none"> • Refer to Disability Discrimination Act⁵ • Refer to local Action Plans
2.17.2	Ensure disability access issues are included when planning and evaluating new and existing generic services	Improved access to generic health and SIC services	SIC NHS Shetland	On-going		

2.18 To raise awareness of disability issues amongst the public and service providers through appropriate publicity, education and training						
2.18.1	Identify the training needs across agencies	Development of appropriate disability awareness training for public and voluntary sector staff	All partner agencies	Short term	WER	Through Joint Future / Joint Training Programme (SIC / NHS) and SIC corporate training programme
2.18.2	Co-ordinate the training provision with local inter-agency; in –house and external training where appropriate	All public sector staff have disability awareness training	All partner agencies	On-going	WER	As above
2.18.3	To include awareness raising sessions as part of the induction for Councillors and Senior Officials	Increased awareness of needs of people with disabilities within council	SIC HR Section	On-going	WER	Potentially including a visit to relevant social work establishments
2.18.4	Run a public awareness campaign	Increased public awareness of disability issues	Disability Strategy Group	At launch of consultation / strategy	WER	Use launch of consultation to highlight awareness

2.19 To ensure the views of people with disabilities, their carers and families form part of the ongoing monitoring of the implementation of this strategy and inform future service development						
2.19.1	Ensure people with disabilities, their carers and families continue to be represented on the Disability Strategy Group	Genuine, effective input from service users and carers in development and monitoring of Disability Strategy	Disability Strategy Group	Ongoing	WER	
2.19.2	Identify effective ways of involving service users in service planning through the consultation process for this strategy	Genuine, effective input from service users and carers in future service planning	Disability Strategy Group	Short term and on-going	WER	<ul style="list-style-type: none"> • Include existing mechanisms such as NHS 100 • Additional support may be required to allow people with disabilities to participate fully

3 Learning Disability

	Objective/ Proposed Action	Expected outcomes	Lead agency	Timescales*	Funding	Comments
3.1 To implement relevant recommendations from ‘The Same as You?’ (NB some recommendations identified elsewhere in Action Plan)						
3.1.1	Ensure continued implementation of the local Partnership in Practice Agreement developed in response to ‘The same as you?’	Implementation of PiP: improved services for people with learning disabilities	Social Work	On-going	WER	Refer to Same as You? Recommendation 1 PiP for 2004 – 07 completed Sept. 2004
3.1.2	Review implications recommendation 15 of Same as You?: “....develop more modern, flexible and responsive services which support people in the community through employment, lifelong learning & getting them involved socially....”	People with learning disabilities have access to appropriate employment, training, lifelong learning and social activities within the community	Social work/ Voluntary sector/ Community Development	Medium term	Additional funding requirements to be identified	Refer to Same as You? Recommendation 15

* Short term is upto 2007; medium term to 2010; and long term to 2020

3.2 To expand Learning Disability Nursing Service, including developing a specific service for people with autistic spectrum disorders, by recruiting a second learning disabilities nurse						
3.2.1	Recruit second community paediatric nurse with experience of working with autistic spectrum disorders.	<ul style="list-style-type: none"> Increased service provision for clients development of specific remit for people with autistic spectrum disorders increased input for managing challenging behaviour 	NHS Shetland	Short term	Estimated cost per annum £32,000 Source of funding to be identified	<ul style="list-style-type: none"> Refer to Shetland H&CC Plan 2004 Refer to PHIS Needs Assessment: Autistic Spectrum Disorders⁶
3.3 To promote advocacy locally for adults with learning disability and extend to include children and young people						
3.3.1	Development of self advocacy for people with learning disabilities using people first model.	People with learning disabilities have access to appropriate advocacy services	Joint Future Management Team / Advocacy Shetland			Refer to local Advocacy Development Plan 2004-2007
3.4 To ensure protection of vulnerable adults by implementing local multi-agency plan - Protecting Vulnerable Adults: guidance and procedures						

3.4.1	Implement local procedures: 'Protecting Vulnerable Adults: guidance and procedures'	All relevant staff aware of and trained to follow guidance and procedures	Social Work/ Police/ Health/	On-going	WER	<ul style="list-style-type: none"> • Training to be carried out • Refer to Same as You? Recommendation 23
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4 Physical Disability

	Objective/ Proposed Action	Expected outcomes	Lead agency	Timescales*	Funding	Comments
4.1	To ensure timely access to mobility and other aids in response to assessed need through reviewing current arrangements and developing and maintaining locally based services where feasible and cost-effective					
4.1.1	Review current contract and arrangements with MARS, including standards and costs and identify what aspects of service could realistically be provided locally	Improved wheelchair and seating service for people in Shetland; including reduced waiting times for equipment	NHS Shetland	Short term	WER	Working group to be set up, including representation from rehabilitation team, physiotherapy, OT

* Short term is upto 2007; medium term to 2010; and long term to 2020

4.1.2	Develop local protocols for assessment and ordering of basic equipment (e.g. standard wheelchairs)	<ul style="list-style-type: none"> • Standardised assessment procedure • Reduced administration and waiting times for equipment. 	NHS Shetland	Short term	WER	As part of 4.1.1 above
4.1.3	Produce costed proposals for the further development of locally based services for provision of aids and equipment, including local store of equipment	Improved access to wider range of equipment, reduced waiting times, opportunity to try out equipment.	JFIG / OT	Short term	WER	Refer to Joint Future Action Plan
4.2 To support the further development of local clinical services and improved co-ordination with Aberdeen services for people with neurological conditions						
4.2.1	Support development of stroke services (see paragraph 2.7.2 in Section G of this strategy)	Provision of a comprehensive local stroke service including prevention, acute care and rehabilitation	Shetland NHS Board	Short term	Stoke bid	<ul style="list-style-type: none"> • Refer to Shetland H&CC Plan 2004-7 • Refer to SIGN Guideline 64⁷
4.2.2	Produce costed options for a specialist neurology	Development of a specialist nurse	Shetland NHS Board	Short term	Source of funding	<ul style="list-style-type: none"> • Refer to SNAP Needs

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	nurse / community rehabilitation nurse	post to support patients in the community with neurological and other disabling conditions			to be identified	<p>Assessment for multiple sclerosis⁸</p> <ul style="list-style-type: none"> • Possibility of part funding from MS Society
4.2.3	Review contract with Grampian University Hospital Trust to introduce visiting neurology service	Neurological out-patient service for people in Shetland is more accessible, responsive and flexible, in particular by reducing travelling time considerably	Shetland NHS Board (Commissioning Group)	Short term	WER	Dependent on capacity of Grampian neurology services
4.2.4	Develop a protocol for the multi-agency assessment and service provision for people with Head Injury	There is a consistent, standardised approach to the assessment and management for people with a head injury	Shetland NHS Board	Short term	WER	<ul style="list-style-type: none"> • Refer to SIGN Guideline 46⁹ • Refer to SNAP Needs Assessment for acquired brain injury¹⁰
4.2.5	Review services for people with epilepsy including	Development of a comprehensive	Shetland NHS Board	Short term	WER	Refer to SIGN Guideline 70¹¹

	implementation of proposed regional Managed Clinical Network and adoption of SIGN Guidelines for epilepsy	service for people with epilepsy incorporating primary and secondary care				
4.3 To support the further development of local clinical services and improved co-ordination with Aberdeen services for people with musculo-skeletal conditions such as arthritis and osteoporosis						
4.3.1	Explore implications of adopting SIGN Guideline 48 - management of early rheumatoid arthritis		Shetland NHS Board	Medium term	WER	Refer to SIGN Guideline 48 ¹²
4.3.2	Develop local guidelines for the investigation and management of osteoporosis (based on SIGN Guidelines)	There is a consistent, standardised approach to the assessment and management of osteoporosis, including use of diagnostic facilities in Aberdeen	Shetland NHS Board	Short term	WER	<ul style="list-style-type: none"> • Refer to SIGN Guideline 71¹³ • Refer to SNAP Needs Assessment for osteoporosis¹⁴
4.4 To ensure the specific issues affecting younger adults who become physically disabled are addressed; including employment; the needs of their families and age-appropriate services						
4.4.1	Ensure all people in this	Younger disabled	NHS Board	On-going	WER	Through primary care

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	situation have access to information and support regarding personal issues (including sexual relationships)	adults can access advice and support for personal issues including sexual relationships				services, including counselling service, and proposed nurse specialist post (see action point 4.2.2)
4.4.2	<ul style="list-style-type: none"> Ensure all people in this situation have access to information on benefits; legal issues; employment issues etc Publicise availability of information services 	Younger adults with physical disabilities can access relevant benefits and are aware of legal / employment issues and can access further help if required	Social work Voluntary agencies (eg.CAB)	On-going	WER	
4.4.3	Development of day care; respite care and residential / supported accommodation to meet specific needs of younger physically disabled people	Provision of appropriate services for younger disabled people; avoiding use of facilities for older people where possible	Social Work / NHS Board	Medium – long term	Funding requirements to be identified	<ul style="list-style-type: none"> There is to be re-design of services provided at Montfield as part of Health Strategy for Older People Include in 20:20 vision
4.4.4	Further development of services for carers, including young carers	<ul style="list-style-type: none"> Carers' needs are assessed and services provided to meet 	Social work	Short – medium term	Funding requirements to be	See objective 2.4

		<p>needs.</p> <ul style="list-style-type: none"> • Whole family is supported 			identified	
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5 Sensory Impairment and Communication Impairment

	Objective/ Proposed Action	Expected outcomes	Lead agency	Timescales*	Funding	Comments
5.1 To review and further develop current social work, medical and rehabilitation services for people with sensory impairments						
5.1.1	Review current services against <i>Scottish Best Practice Standards in Social Work Services for Deaf People (2001)</i> ¹⁵	Identification of any standards not being met and development of plan to tackle these areas as appropriate	Social Work	Short term (review) Long-medium term (service development)	Funding requirements to be identified	Refer to Scottish Best Practice Standards ¹⁵
5.1.2	Review current services against <i>Vision for the Future – a framework for</i>	Identification of any standards not being met and	Social Work	Short term (review) Long-	Funding requirements to	Refer to Vision for the Future ¹⁶

* Short term is upto 2007; medium term to 2010; and long term to 2020

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	<i>minimum standards for Social Work and Rehabilitation Services for people with a vision impairment (1996)</i> ¹⁶	development of plan to tackle these areas as appropriate		medium term (service development)	be identified	
5.1.3	Explore feasibility and produce costed proposals for appointing a Mobility Officer to work with individuals at home and in the community	People with visual impairments are enabled to maintain or improve their mobility skills and maximise independence.	Social Work	Short – medium term	Estimated cost £32,500 per annum. Source of funding to be identified.	<ul style="list-style-type: none"> • Currently limited access to Orkney Mobility Officer • Could also offer awareness training in visual impairment to staff, reducing reliance on external training providers.
5.1.4	Review current co-ordination of services for people with sensory impairment to identify ways of promoting joined up working and implementing recommendations of this strategy	Co-ordinated approach to delivering sensory impairment services	Social work / Education / NHS Board	Short term	WER	
5.1.5	Review management arrangements for specialist staff within SIC to promote	<ul style="list-style-type: none"> • Co-ordinated approach to delivering 	Social work / Education	Short term	WER	

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	a co-ordinated approach and to ensure staff continue to develop their skills.	<p>sensory impairment services</p> <ul style="list-style-type: none"> • Staff maintain and develop specialist skills 				
5.1.6	Review current purchasing of external services for advice, consultancy, assessment and training in order to develop a more systematic approach	Better co-ordinated purchasing of external services so that practitioners, carers and service users benefit.	Social work / Education / NHS Board	Short term	WER	
5.1.7	Review local provision of rehabilitative services for people with sensory impairment	Development of better co-ordinated rehabilitative services for people with sensory impairment	NHS Board/ Social Work and other relevant agencies	Short – medium term	Funding requirements to be identified	In particular services for people with complex and profound needs
5.1.8	Review current provision and co-ordination of ophthalmology clinics, including low vision clinics, and availability of commonly used aids.	Access to appropriate out - patient services and aids for people with visual impairment	NHS Board	Short term	WER	Joint assessment approach is required for people with complex needs
5.1.9	Develop local training in lip reading	People with hearing impairment, carers	Education / voluntary	Short term	Funding requirem	

		and relevant staff have access to training in communication through lip reading	sector?		ents to be identified	
5.1.10	Statutory sector services in Shetland to adopt one system of symbols where they are needed to supplement or replace the written word	Consistency in use of symbols to aid communication	Partner agencies	Short – medium term	Funding requirements to be identified	
5.2 To adopt relevant recommendations of the PHIS Needs Assessment Report: Audiology Services (2003)¹⁷						
5.2.1	Support implementation of joint NHS Grampian, NHS Orkney , NHS Shetland Audiology Modernisation Project Action Plan (currently in draft form)	PHIS recommendations for audiology services implemented locally	NHS Board (Modernisation Project Working Group)	Short term (2006/ 07)	Bid for funding: Audiology Service Modernisation Funds	Secondary care based audiology services for Shetland are provided by Grampian services
5.2.2	Establish procedures to allow access to BSL interpreter services when required by people in contact with statutory services.	People with hearing impairments have access to BSL interpreters if necessary	NHS Board / SIC	Medium term	WER	<ul style="list-style-type: none"> • Refer to PHIS report recommendation 16 • This is likely to involve video

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						conferencing or similar with an accredited interpreter.
5.2.3	Support introduction of Universal Neonatal Hearing Screening Programme	All newborn babies are offered hearing screening and appropriate follow up as required	NHS Board	Short term (2005)	Funding requirements to be identified	Refer to PHIS report recommendations 7 and 8 Refer to Shetland H&CC Plan 2004-7
5.2.4	Review current arrangements for review of people with diagnosed hearing impairment and provision of appropriate support and equipment, including use of hearing aids. Ensure arrangements are known to patients	People with hearing impairment have access to appropriate review, support and equipment in response to assessed need	NHS Board	Short – medium term	Funding requirements to be identified	Advice and support in use of hearing aids could be delivered by healthcare staff or volunteers; more research about how best to assist people with their hearing aids in the Shetland context is needed.
5.3 To improve access to appropriate equipment for people with sensory impairment and communication difficulties, based on assessed need						
5.3.1	Explore feasibility of including aids and equipment for people with sensory / communication	Equipment is centrally based and available for trial use by service	Social work	Short term	WER Feasibility Study £8,000	Refer to Joint Future Action Plan

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	impairments in the proposed joint equipment store.	users in conjunction with professional assessment.				
5.3.2	If necessary explore establishment of a separate Sensory Impairment Resource Centre	Equipment can be centrally based and tried out by service users in conjunction with professional assessment.	Social work	Short term	WER	If action 5.3.1 not feasible
5.3.3	Purchase a small supply of VOCA: Voice Output Communication Aids to be supplied immediately after assessment	VOCA equipment can be supplied in response to assessed need with minimal delay	Education / NHS Board?	Short – medium term	Funding requirement to be identified	
5.3.4	Incorporate a commitment to providing an Information and Communication Technology (ICT) service to people with sensory / communication impairments in all settings as part of the Council's ICT strategy.	People with sensory and communication impairments have access to ICT based on assessed need	SIC	Short – medium term	Funding requirement to be identified	<ul style="list-style-type: none"> • There is a longstanding informal agreement, but needs to be strengthened. • Specialist knowledge is required to set up, adapt and maintain programmes for people with sensory

						and/or communication impairment.
5.4 To promote lifelong learning; training and employment opportunities for people with sensory impairment						
5.4.1	Formalise input from specialist sensory impairment teachers for adults in order to adopt a lifelong learning approach.	Adults with sensory impairment have access to specialist educational input based on assessed need	Education	Short – medium term	WER	Sensory impairment teachers currently work with a small number of adults, on ad hoc basis
5.4.2	Review and develop remit of the Alternative Media Resource at Sandwick School to reflect a lifelong learning approach coupled with a Shetland-wide outreach role.	Materials to meet information needs of people with sensory / communication impairments are made available	Education	Short – medium term	Funding requirement to be identified	Potential for income generation
5.4.3	Explore availability of support and equipment through Employment Service	Access to support and equipment to facilitate employment for people with sensory / communication	Social work / Employment Service	Short term	WER	

		impairments				
5.5 To ensure staff have appropriate training in sensory impairments and communication						
5.5.1	Provision of specialist training and on-going support in respect of sensory/ communication impairments for staff	Relevant staff have access to specialist training in sensory / communication impairment	NHS Board/ Education/ Social work	Short - Medium term	WER	As above
5.5.2	Provision of sensory awareness and communication training for all relevant staff	Staff, if they have contact with the public or produce materials for their use, have sensory awareness / communication training as part of their induction and ongoing training.	All partner agencies	Short - Medium term	WER	<ul style="list-style-type: none"> • Refer to: Community care services for people with a sensory impairment: an action plan (2004)¹⁸ Recommendation 4 • See action points 2.17.2 and 2.17.3

6. Mental Health

	Objective/ Proposed Action	Expected outcomes	Lead agency	Timescales [*]	Funding	Comments
6.1	Develop a mental health resource centre with a view, amongst other things, to providing a number of mental health services in a single setting; and provide a more flexible service with extended opening hours.					
6.1.1	Develop a mental health resource centre with a view to providing a number of mental health services in a single setting; and provide a more flexible service with extended opening hours	Better access to a range of supports for people with mental health problems. Premises compliant with the Disability Discrimination Act requirements	NHS / SIC Social Work	Long Term	Funding requirements to be identified	Identified by Mental Health Strategy Group and included in the H&CC Plan but no funding currently available

^{*} Short term is upto 2007; medium term to 2010; and long term to 2020

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6.1.2	Redesign services for people with dementia	Streamlined service provision. More specialist support available for service users, paid staff and family / unpaid carers	NHS	Medium Term	WER (review) Additional funding requirements for service developments to be identified	Work has started. Target date for review 2006/2007
6.1.3	Increase the number of mental health officers to cope with the demands of both the new Mental Health Act and the Adults with Incapacity Act (Scotland) 2000	Increase availability of MHO's enabling maximum flexibility in implementation of new Act. Improve out of hours services.	SIC Social Work	Short Term	£35,000	Recruitment scheduled for 2005

References

- ¹ Scottish Executive. *The same as you? A review of services for people with learning disabilities*. Edinburgh: Scottish Executive; 2000
- ² Scottish Executive. *Strategy for Carers in Scotland*. Edinburgh: Scottish Executive; 1999
- ³ Scottish Executive Health Department. Community Care and Health Scotland Act 2002: New Statutory Rights for Carers: Guidance. *Circular* 2003 March (Circular No CCD 2/ 2003) http://www.show.scot.nhs.uk/sehd/publications/CC2003_02full.pdf (accessed 20.04.04)
- ⁴ Scottish Executive. *Review of Speech and Language Therapy, Physiotherapy and Occupational Therapy for Children and Speech and language Therapy for Adults with Learning Disabilities and Autistic Spectrum Disorders* Edinburgh: Scottish Executive; 2003
- ⁵ *Disability Discrimination Act 1995 (c.50)* London: HMSO; 1995. <http://www.hmso.gov.uk/acts/acts1995/1995050.htm> (accessed 20.04.04)
- ⁶ Public Health Institute of Scotland. *PHIS Needs Assessment Report: autistic spectrum disorders*. Glasgow: PHIS; 2001
- ⁷ Scottish Intercollegiate Guidelines Network. SIGN Publication No. 64. *Management of patients with stroke: rehabilitation, prevention and management of complications, and discharge planning*. Edinburgh: SIGN; 2002
- ⁸ Scottish Needs Assessment Programme. *Multiple sclerosis*. Glasgow: Office for Public Health in Scotland; 2000
- ⁹ Scottish Intercollegiate Guidelines Network. SIGN Publication No. 46. *Early management of people with head injury*. Edinburgh: SIGN; 2000
- ¹⁰ Scottish Needs Assessment Programme. *Huntington's disease, acquired brain injury and early onset dementia*. Glasgow: Office for Public Health in Scotland; 2000
- ¹¹ Scottish Intercollegiate Guidelines Network. SIGN Publication No. 70. *Diagnosis and management of epilepsy in adults*. Edinburgh: SIGN; 2003
- ¹² Scottish Intercollegiate Guidelines Network. SIGN Publication No. 48. *Management of early rheumatoid arthritis*. Edinburgh: SIGN; 2000
- ¹³ Scottish Intercollegiate Guidelines Network. SIGN Publication No. 71. *Management of osteoporosis*. . Edinburgh: SIGN; 2003
- ¹⁴ Scottish Needs Assessment Programme. *Osteoporosis* Glasgow: Office for Public Health in Scotland; 1997

¹⁵ RNID Scotland Multi-agency Task Force. *Scottish Best Practice Standards in Social Work Services for Deaf, Deafened, Hard of Hearing and Deafblind people*. Glasgow: RNID; 2001

http://www.rnid.org.uk/pdfs/scottish_best_practice_standards.pdf (accessed 20.04.04)

¹⁶ Scottish National Federation for the Welfare of the Blind. *Vision for the Future – a framework for minimum standards for Social Work and Rehabilitation Services for people with a vision impairment* Edinburgh: SNFWG; 1996

¹⁷ Public Health Institute of Scotland. *PHIS Needs Assessment Report: NHS Audiology Services in Scotland*. Glasgow: PHIS; 2003

¹⁸ Scottish Executive. *Community care services for people with a sensory impairment Action Plan*. Edinburgh: Scottish Executive; 2004

Appendix 1 Glossary and abbreviations

ASL	Additional Support for Learning
BSL	British Sign Language
CAB	Citizen's Advice Bureau
CDI	Child Development Initiative
CVA	Cerebrovascular Accident (commonly known as a stroke)
DDA	Disability Discrimination Act 1995
DLA	Disability Living Allowance
ENT	Ear, Nose and Throat
FTE	Full time equivalent
GPASS	General Practice Administration System for Scotland
HTA	Health Technology Assessment
HV	Health Visitor
JFIG	Joint Future Implementation Group
MND	Motor neurone disease
MS	Multiple sclerosis
NHS	National Health Service
OT	Occupational therapy / therapist
PHIS	Public Health Institute of Scotland
PiP	Partnership in Practice agreement
SIC	Shetland Islands Council
SIGN guidelines	Scottish Intercollegiate Guidelines Network
SNAG	Special Needs Action Group
SNAP report	Scottish Needs Assessment Project report
SSA	Single Shared Assessment
WHO	World Health Organisation

Appendix 2 Membership of Disability Strategy Group and Sub-groups

Jacqui Watt (Chair)	Executive Director Community Services, SIC
Ileen Anderson	Community Nursing Manager, NHS Shetland
Judd Brindley	Moving on Project
Pat Christie	Disability Shetland
Cecil Eunson	Elected Member, SIC
Christine Ferguson	Community Care Manager, SIC/NHS Shetland
Kate Gallant	Shetland Council of Social Services
Leonard Groat	Elected Member, SIC
Nancy Heubeck	Adult Literacy Development Officer
Marilyn Hibbs	Senior Occupational Therapist
Andrea Holmes	Learning Disability Nurse, NHS Shetland
Nancy Hunter	Joining In Project/Autism Support Group
Steve Jack	Director of Patient Services, NHS Shetland
Val Jamieson	Senior Teacher for Hearing Impaired
Fiona Johnson	Shetland Voluntary Care Forum
Michael Johnson	CHP General Manager
Jim Johnston	Senior Education Officer, SIC
David Kerr	Snr Planning & Information Officer, NHS Shetland / SIC
Dr Susan Laidlaw	Public Health Medicine, NHS Shetland
Freda Leask	Senior Teacher for Vision Impaired
Susan Linklater	Assistant Head, Bells Brae Special Unit
Tom McIntosh	Disability Shetland
Donna Mainland	Disability Shetland / Development Officer, Disabilities
Bill Manson	Elected Member, SIC
George Martin	Senior Housing Officer, Support Accommodation, SIC
Ian Merrall	Vision Shetland
Frank Millsopp	C.O.P.E
Davy Napier	Special Needs Action Group (SNAG)
Davy Nicolson	Disability Shetland
Jim Reyner	Senior Education Officer, SIC
Neil Risk	Special Needs Action Group (SNAG)

Maggie Robertson	Disability Shetland
Elizabeth Robinson	Health Promotion Manager, NHS Shetland
Louise Smith	Parents Support Group
Willie Tait	Elected Member, SIC
Neil Watt	Sport and Leisure Services Manager, SIC
Emily Weston	Service Manager Adult Services, SIC
Ruby Whelan	Shetland Welfare Trust
Ann Williamson	Service Manager Fieldwork, SIC
May Wiseman	Parents Support Group

Membership of Learning Disability Sub-group

Jim Johnston (Chair)	Senior Education Officer, SIC
Nancy Heubeck	Adult Literacy Development Officer
Andrea Holmes	Learning Disability Nurse, NHS Shetland
Peter Goodlad	Manager, Laburnum, SIC
Susan Linklater	Assistant Head, Bells Brae Special Unit
Donna Mainland	Disability Shetland / Development Officer, Disabilities
Davy Napier	SNAG
Jo Robinson	Occupational Therapist, SIC
Connie Russell	Manager (Job-share), Eric Gray Centre, SIC
Louise Smith	Parents Support Group
Agnes Tallack	Learning Support Needs Lecturer, Shetland College
Ingrid Webb	Manager (Job-share), Eric Gray Centre, SIC
Emily Weston	Service Manager Adult Services, SIC

Membership of Sensory and Communication Impairment Sub-group

Emily Weston (Chair)	Service Manager Adult Services, SIC
Claire Burke	Senior Speech and Language Therapist
Salena Hergstrom	Occupational Therapist, SIC
Val Jamieson	Senior Teacher for Hearing Impaired
Freda Leask	Senior Teacher for Vision Impaired
Lesley Roberts	Education Development Officer
Lisa Sutherland	General Services Manager, NHS Shetland
George Wilson	Social Worker, Sensory Impairment, SIC

Membership of Physical Disability Sub-group

Dr Susan Laidlaw (Chair)	Public Health Medicine, NHS Shetland
Ileen Anderson	Community Nursing Manager, NHS Shetland
Kirstie Anderson	Children's Community Nurse, NHS Shetland
Judd Brindley	Moving on Project
Pat Christie	Disability Shetland
Jane Farmer	Manager Edward Thomason House
Margaret Gear	Physiotherapist (neurology / community), NHS Shetland
Katie Hatfield	Physiotherapist (Children), NHS Shetland
Marilyn Hibbs	Senior Occupational Therapist
George Martin	Senior Housing Officer, Support Accommodation, SIC
Yvonne Pallant	Senior Social Care Worker, Physical Disability, SIC
Lisa Sutherland	General Services Manager, NHS Shetland
Alison Taylor	Strategy & Policy Officer (Housing Strategy), SIC
Neil Watt	Sport and Leisure Services Manager, SIC
Dr Jim Unsworth	Consultant Physician, NHS Shetland
May Wiseman	Parents Support Group

Appendix 3 Distribution of draft strategy for consultation

Service users

Carers

Wider Community/ Public

Service providers

SIC Councillors

NHS Board members

Voluntary Sector

Autism Support Group

COPE

Crossroads Care Attendant Scheme

Disability Shetland

Joining In Project

Moving On Project

Multiple Sclerosis Society

Parents Support Group

Shetland Voluntary Care Forum

Shetland Welfare Trust

Special Needs Action Group (SNAG)

Vision Shetland

NHS Shetland - staff

Medical, Nursing, Public Health, Physiotherapy, Occupational Therapy,
LHCC, Estates and Facilities

Shetland Islands Council - staff

Community Development – Community Education, Sport & Leisure

Housing - Sheltered Housing, Supporting People, Homeless

Education - Adult Literacy, Additional Support for Learning

Social Work - Community Care including Residential Care, Occupational
Therapy, Home Care/Care@Home

Appendix 4 Legislative framework

1 General

1.1 Disability Discrimination Act 1995

The *Disability Discrimination Act 1995* brought in legislation to prevent discrimination against disabled people by organisations, including the NHS and local authorities.¹ There is a requirement that by 2004 organisations have to ensure that physical barriers to access are addressed.

Section 23

Introduces a new legal framework for assessment, services and support to children with disabilities, children affected by disability and their families. An underlying principle is that services are designed to minimise the adverse effect of the child's disability and to enhance the child's opportunity to lead as normal a life as possible.

Section 24

In carrying out an assessment to determine the needs of a disabled child the local authority is required to assess a carer's ability to provide, and to continue to provide, care for the child.

1.2 Human Rights Act 1998

Gives further effect to the European Convention on Human Rights which entered into force in the UK in 1953. Scottish legislation, court decisions and actions by public authorities have to adhere to the standards stipulated in the Act.

2 Health and Social Care

2.1 National Assistance Act 1948

Introduced Blind & Partial Sight Registration.

2.2 Social Work (Scotland) Act 1968

Section 12

Places a duty on every local authority to promote social welfare by making available advice, guidance and assistance on a scale appropriate for their area.

Section 12A

This was inserted by the National Health Service and Community Care Act 1990. (See under that Act, section 55). The Social Work (Scotland) Act 1968 was also amended by Carers (Recognition and Services) Act 1995.

Section 14

Places a duty on every local authority to provide domiciliary services for households where there are persons in need. It also gives the power to provide laundry facilities for these households.

2.3 Chronically Sick and Disabled Persons Act 1972

This Act extends sections 1 and 2 (1) of the Chronically Sick and Disabled Persons Act 1970 to Scotland.

Section 1 (of the 1970 Act)

Places a duty on every local authority having functions under section 12 of the 1968 Act to inform themselves about the numbers of disabled people living in their area and of the need to make arrangements for them. Every local authority is to publish general information about the services they provide. They are also to inform disabled people about relevant services that they know others provide.

Section 2 (1) (of the 1970 Act)

Lists the arrangements which can be made to assist disabled people.

These include:

- Practical assistance for that person in his home;
- Getting, or helping someone to get, a radio, tv, telephone or specialist equipment to be able to use a telephone;
- Helping taking advantage of library, recreational or educational facilities;
- Providing facilities to, or helping with, travel to and from home; adaptations to the home;
- Holidays;
- Meals.

2.4 Disabled Persons (Services, Consultation and Representation) Act 1986

Section 4

Places a duty on the local authority to decide whether the needs of a disabled person call for the provision of a range of services in accordance with section 2 (1) of the 1970 Act if requested to do so by the disabled person, his representative or his carer.

Section 8 (1)

Places a duty on the local authority to take account of the ability of the carer to continue to provide the care.

Section 13

Deals with disabled persons leaving special education in Scotland. Under this section local authorities have a duty to assess the needs of disabled children with respect to the provision of services “in accordance with the welfare enactments, and for the assessment to be carried out”.

2.5 National Health Service and Community Care Act 1990

Section 47(2)

States that if during an assessment of need a person appears to be disabled, the local authority shall proceed automatically to a decision on services.

Section 55

This inserted a new section 12A into the 1968 Act under which the local authority would carry out assessment of needs and would then decide whether these needs call for the provision of services.

2.6 Carers (Recognition and Services) Act 1995

Section 2 (1)

Amends Section 12A of the 1968 Act to make an independent assessment of carers needs when they request this providing that the care they offer is substantial and regular.

2.7 Community Care and Health (Scotland) Act 2002

A Strategy for Carers in Scotland was published by the Scottish Executive in 1999 aims to improve the services and information available for carers and ensure there are consistent national standards. The Community Care and Health (Scotland) Act 2002 updated and extended the law to ensure carers have a right to their own assessment and that services would be provided to meet the assessed needs.

3 Education

3.1 Education (Scotland) Act 1980

Section 1

Under this section education authorities have a duty to secure the adequate and efficient provision of school education for their areas. This must include provision for special educational needs which covers those with learning difficulties which may arise from a disability.

Section 60 (2)

So that they are in a position to fulfil their duties in respect of special educational needs, education authorities must establish which children belonging to their area, who are 2 years of age or over but under school leaving age, have pronounced, specific or complex special educational needs which require continuing review. They must open and keep a Record of Needs for any such child who, following assessment, is found to have such needs. There is also discretionary power to carry out these functions for children aged between 16 and 18 who are still at school.

Section 65B

Places a duty on the education authority to provide a Future Needs Assessment of any child with special educational needs so that children may benefit from local authority services after leaving school.

3.2 Educational (Scotland) Act 1989

3.3 Standards In Scotland's Schools Act 2000

3.4 Special Educational Needs and Disability Act 2001

3.5 Education (Disability Strategies and Pupils' Educational Records) Act 2002

3.6 Additional Support for Learning Act²

The Education (Additional Support for Learning) (Scotland) Act 2004 introduces measures to replace the current system for assessing children and young people with special educational needs, including the Record of Needs process. It introduces a new system for identifying and addressing the additional support needs (ASN) of all children and young people who face a barrier to learning.

3.6.1 New duties on Education Authorities:

- To identify and make adequate and efficient provision for the additional support needs of children and young people, and keep the provision under consideration;
- To open, and keep under review, a Co-ordinated Support Plan (CSP) for children and young people with enduring additional support needs that have a significant adverse effect on their learning and who require services from outwith education;
- To seek and take account of advice or information or views from others including other agencies, the child or young person and their parents;

- To plan for transitions, particularly the post-school transition, for all children and young people who are likely to require extra help;
- To arrange for independent mediation services to be provided free of charge;
- To publish information about policies, mediation services etc.

3.6.2 New rights for parents and new legal remedies:

- Parents can request a particular type of assessment for their child;
- Disputes about the CSP can be referred to new independent additional support needs tribunals for Scotland
- Parents of any child with additional support needs, not just those with CSP, can apply for a place at an independent special school;
- New dispute arrangements will be established for the use particularly of parents of children with additional support needs, who do not have a CSP;
- These new rights also apply to young people over the age of 16 who are still in full time education.

¹ Disability Discrimination Act

²Enable website

Appendix 5 Summary of relevant guidance, standards and recommendations

1 All disabilities

1.1 National guidelines and standards

- National Care Standards (various) – Scottish Executive

1.2 Other reviews; needs assessments and research

- Interchange 75: Children's Experiences of Disability: A Positive Outlook SEHD
- Audit Commission – Fully Equipped & Fully Equipped - 2002 update
- Development Department Research Programme Research Findings No 76 1999 Transport Provision for Disabled People in Scotland
- Health Care Needs Assessment, 1st Series: Community Child Health Services
- Scottish Accessible Information Forum (SAIF) – various publications
- Riddell Report -Report into the Education of Children with severe low incidence disabilities (1999)
- Beattie Report: Implementing Inclusiveness Realising Potential
- New Community Schools programme (1998)
- Manual of Good Practice in Special Educational Needs (Scottish Office)
- Moving on from School to College (2002)
- Assessing Our children's Needs – the way forward? (2001)

1.3 Local Plans and Strategies

- Shetland Social Inclusion Strategy
- Shetland Social Justice Strategy
- Shetland Better Integrated Children's Services (2001)
- Scotland National Cultural Strategy (2000)
- Older Person's Health Strategy
- Child Health Strategy
- Young Carer's Strategy
- Carers' Strategy

- Carer Information Strategy
- Advocacy Development Plan
- Shetland Local Housing Strategy

2 Learning disabilities

2.1 The same as you? A review of services for people with learning disabilities

In 2000 the Scottish Executive published *The same as you? A review of services for people with learning disabilities* with a number of recommendations for local authorities and health boards. The overall aims were to promote social inclusion; allow people with learning disabilities to have more control over their care; have the same opportunities as others and be able to use local services wherever possible and specialist services if they need them. The Partnership in Practice Agreement (PiP) produced in 2001 and updated in 2004 sets out Shetland's joint response to "*The same as you?*".

2.2 Other reviews; needs assessments and research

- A Scottish Executive Review of Speech and Language Therapy, Physiotherapy and Occupational Therapy for Children and Speech and language Therapy for Adults with Learning Disabilities and Autistic Spectrum Disorders (2003)
- Health Care Needs Assessment, 1st Series: People with Learning Difficulties

3 Physical disabilities

3.1 NHS Quality Improvement Scotland: Physical Disability Quality Indicators

3.2 Other national guidelines and standards

- SIGN Guidelines on stroke; head injury and rheumatoid arthritis
- HTA reports on treatment of multiple sclerosis; Parkinson's Disease and rheumatoid arthritis
- NICE Guideline on the management of MS (England)
- NHS Quality Improvement Scotland: Draft clinical standards for stroke services March 2003

3.3 Other reviews; needs assessments and research

- Health Care Needs Assessment, 1st Series: Stroke
- MS society reports
- SNAP reports on multiple sclerosis; acquired brain injury

4 Sensory impairment and communication impairment

4.1 Sensory Impairment Action Plan

The *Sensory Impairment Action Plan* was launched in January 2004 with recommendations to improve staff skills in communication with people with sensory impairment; improve collection of information for service planning and delivery; develop national training programmes, and a review of research in this area.

4.2 Other national guidelines and standards

- Scottish Best Practice Standards in Social Work Services for Deafened, Hard of Hearing and Deafblind People (2001)
- Good Practice: Equality for Disabled People in the NHS Scotland guidance (1999)
- Vision for the Future – a framework for minimum standards for Social Work and Rehabilitation Services for people with sensory impairment (1996)
- Deaf Children: Positive Practice Standards in Social Services (2002)
- Sensing Progress: Social Work Services for People with a Sensory Impairment (SWSI 1998)

4.3 Other reviews; needs assessments and research

- Recommendations of the Audiology Needs Assessment Report (2003)
- A Scottish Executive Review of Speech and Language Therapy, Physiotherapy and Occupational Therapy for Children and Speech and language Therapy for Adults with Learning Disabilities and Autistic Spectrum Disorders (2003)
- Let Me Read It! Planning Accessible Information for Pupils with Visual Impairment (RNIB 2003)
- Quality Standards in Education – Scotland (National Deaf Children's Society)
- Scottish Council on Deafness – assorted position statements 2002/3

Appendix 6: Summary of local service provision

Service Involved	Birth	Pre-school	1° school	2° school	19+	65+	Comment
Education							
Pre-school Visiting Service		√					
SEN Pre-school Nursery Place		√					
School (SEN department)			√	√			Different options: supported mainstream, split placements, outreach support
Educational Psychology		√	√	√			
Sensory Impaired Service: Vision impairment – 2 teachers Hearing impairment - 2 teachers Support workers – 1.8 FTE		√	√	√			some ad hoc provision for 19+ and 65+; would like to extend this
Record of Needs		√	√	√			Can start at 3 years of age; future needs assessment carried out at 14 years
Specialist Teachers: Music & PE		√	√				
Lifelong Learning				√	√	√	limited access
Health							
GP	√	√	√	√	√	√	
Community / District Nurse	√	√	√	√	√	√	

Service Involved cont.	Birth	Pre-school	1° school	2° school	19+	65+	Comment
Health Visitor	√	√	√	√		√	Some Health Visitors retain connection when child goes to school
Dental services		√	√	√	√	√	Waiting lists for registration for adults
Child Development Initiative	√	√	√	√			Includes: Paediatrician, SALT; Occupational Therapy, Physiotherapy, Social Work Service. Ceases at 16 years
Childrens Community Nurse	√	√	√	√			
Learning Disability Nurse		√	√	√	√	√	
Community Paediatrician	√	√	√	√			
Occupational Therapy - Paediatric		√	√	√			
Occupational Therapy - Adult					√	√	See also social work
Physiotherapy - Paediatric		√	√	√			
Physiotherapy – Adult / Community					√	√	
Speech and Language Therapy		√	√	√	√	√	19 plus - limited
Gilbert Bain Hospital	√	√	√	√	√	√	Range of services including general medical and surgical
Montfield hospital					√	√	4 long term care beds for younger physically disabled

							people; PD group at day hospital
Ophthalmology nurse					√	√	GBH
Service Involved cont.	Birth	Pre-school	1° school	2° school	19+	65+	Comment
Orthotics service		√	√	√	√	√	GBH
Community Psychiatric Nurse – children and adolescents (CMHT)		√	√	√	√		Community Mental Health Team up to 21 years
Community Psychiatric Nurse – adults					√	√	CMHT
Consultant Psychiatrist					√	√	CMHT
Visiting Consultant in Learning Disabilities							
Visiting ENT surgeons							
Visiting ophthalmologists							
MARS – visiting wheelchair and seating service		√	√	√	√	√	
Other visiting consultants							e.g orthopaedics; neuropsychology
Raeden	√	√					Residential assessment unit in Aberdeen
Genetics Service	√	√	√	√	√	√	Aberdeen
Diagnostic facilities	√	√	√	√	√	√	GBH / Aberdeen and other

Other services in Aberdeen							e.g neurology; child psychiatry; psychology
Service Involved cont.	Birth	Pre-school	1° school	2° school	19+	65+	Comment
Social Work							
Specialist social worker - learning disabilities (children)		√	√	√			
Specialist social worker - learning disabilities (adults)					√	√	Part time post
Specialist social worker – sensory impairment		√	√	√	√	√	
Home care services		√	√	√	√	√	Includes home help; occupational therapy; aids and adaptations
Special needs childminding		√	√	√			4 childminders
Hame frae Hame respite care		√	√	√			
Laburnum House - respite care (LD)		√	√	√			6 places
Laburnum House - day care (LD)		√	√	√			
Eric Gray Centre - day care (LD)							32 places
Cragilea - respite care (LD)							5 places
Stocketgaet - respite care (LD)							2 places
Stocketgaet - Independent Living Project (LD)							20 places

Twageos – independent living (PD)							2 places
Service Involved cont.	Birth	Pre-school	1° school	2° school	19+	65+	Comment
Other							
Disability Shetland (vol sector)							
COPE							Employment Project
Moving On							Employment Project
Art Therapy (Link Up)							
Support Groups							e.g. Autism Support Group; Parents Support Group; MS society

Appendix 7 Prevention of disability

1 Primary prevention

Primary prevention is aimed at preventing the onset of a condition or illness. Many disabling conditions are not currently preventable. However, disabilities as the result of accidental injury, stroke, some infectious diseases and a small number of other conditions may be preventable through a variety of means. Although primary prevention is clearly a key aspect of tackling disabilities, it has not been included as a specific objective in this strategy as it is picked up through a number of other programmes and services. Some examples are shown in the table below.

Condition or disability	Preventative measures	How addressed
Neural tube disorders such as spina bifida	Folic acid taken before and during pregnancy reduces risk of neural tube defects	Antenatal care
Congenital rubella	Vaccination of women before pregnancy	Childhood vaccination programme Antenatal care
Conditions resulting from problems at birth such as cerebral palsy	Good antenatal and perinatal care reduces risk of birth complications	Maternity services
Neurological, sensory and other disabilities due to infectious disease	Vaccination against meningitis C; polio; measles & mumps (MMR)	Childhood vaccination programme
Head, spinal and other major injuries	Accident prevention measures (crash helmets; seat belts; child car seats; road safety training etc) Health and safety at work	Health promotion initiatives Legislation and public policy
Mental health problems	School based programmes workplace policies	Mental health promotion strategy
Stroke	Diet, exercise, stopping smoking, medical treatment	Multi-agency health promotion & improvement initiatives and primary care

2 Secondary prevention

In terms of disability, secondary prevention is where a condition exists, but measures are taken to halt its progression and thus reduce the risk of developing a disability. This usually involves early detection of disorders and prompt, effective treatment. Examples include screening and treating neonates for conditions such as phenylketonuria and hypothyroidism (which can cause learning disabilities if left untreated) and congenital hip dislocation. Early detection and good control of diabetes can reduce the risk of blindness due to diabetic retinopathy and amputations.

3 Tertiary prevention

Tertiary prevention is where a disabling condition is established but measures are taken to minimise the residual disabilities and improve quality of life. Many of the services described in this strategy are aimed at tertiary prevention. Examples include physiotherapy; speech and language therapy and occupational therapy for a variety of conditions. Some medical interventions are aimed at minimising disabilities, for example drug treatments for conditions such as multiple sclerosis, rheumatoid arthritis and Parkinson's disease

4 Antenatal and genetic screening

There are antenatal screening programmes aimed at reducing the incidence of congenital conditions such as Down's Syndrome, neural tube defects and other rare congenital syndromes. Pregnant women are offered screening for such conditions and, if found to be at high risk, subsequent diagnostic tests. Parents may decide to terminate the pregnancy if such a condition is diagnosed.

Genetic screening may be offered to families where there is a history of genetic condition such as Huntington's chorea. People who are affected by such a disease may decide not to have children.

There are clearly significant ethical issues surrounding such preventative measures, but we have not endeavoured to address them further in this strategy.