

Shetland

Disability Strategy

2005-2020

Summary Report

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1. Introduction

It has been estimated that at least one in every seven people consider themselves to have some kind of disability and that the figure is probably higher.

The Disability Discrimination Act (DDA) protects disabled people. The Act sets out the circumstances in which a person is "disabled".

It says you are disabled if you have:

- a mental or physical impairment;
 - which has an adverse effect on your ability to carry out normal day-to-day activities;
 - the adverse effect is substantial;
 - the adverse effect is long-term (meaning it has lasted for 12 months, or is likely to last for more than 12 months or for the rest of your life).

There are also some special provisions, for example:

- if your disability has badly affected your ability to carry out normal day-to-day activities, but doesn't any more, it will still be counted as having that effect if it is likely to do so again;
- if you have a condition which can get worse such as HIV or multiple sclerosis or arthritis, and it will badly affect your ability to carry out normal day-to-day activities in the future, it will be treated as having a bad effect on you now.

What are "normal day-to-day activities"?

At least one of these areas must be badly affected:

- mobility;
- manual dexterity;
- physical co-ordination;
- continence;
- ability to lift, carry or move everyday objects;
- speech, hearing or eyesight;
- memory or ability to concentrate, learn or understand;
- understanding of the risk of physical danger.

So, disabilities can be divided into:

- learning disabilities;
- physical disabilities;
- sensory disabilities, and
- mental health problems.

Many people have more than one kind and some people have many different disabilities. There are many causes of disabilities including some that start as a baby is developing in the womb and some that result from accidents, infections, and a range of other diseases. But sometimes, the cause is unknown.

Learning disability refers to a significant lifelong condition, present at birth or arising in childhood that can lead to problems in understanding information, learning, and living independently. The amount of disability can be very different from one person to the next. Some people with learning disability may have other medical problems and may also have other disabilities.

Physical disability covers a wide range of difficulties in carrying out physical tasks. These are often caused by a problem with the person's nerves, muscles, bones or joints and the amount of disability depends on what and how severe the problem is. Examples of physical disabilities include difficulties in walking, using hands, balance, co-ordination, strength, swallowing and speaking. Depending on the cause, people with physical disability may also have pain, be very tired, have trouble with going to the toilet, find it difficult to think clearly, or have body movements that they can not control.

Sensory disability usually refers to problems with seeing and / or hearing and can include other communication difficulties. People with sensory disability may also have other disabilities. There are many causes, with some people blind or deaf when they are born and others losing senses over a period of time when they are older or as the result of an accident.

Mental impairment: like the disabilities above, the Disability Discrimination Act also covers an impairment resulting from a mental illness if the impairment:

- makes it hard for the person to carry out normal day-to-day activities and,
- is long-term (meaning it has lasted for 12 months, or is likely to last for more than 12 months or for the rest of your life).

A separate strategy relating to Mental Health is currently being developed. In May 2004 a Mental Health & Wellbeing Strategy was approved and this will be incorporated into the overarching Mental Health Strategy once it is completed.

2. Background information

Much has been written over the past few years aimed at improving services and 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*". The overall aims were to:

- help make sure that that the NHS and the Council provide the right services and support so that people are healthy and well looked after;
- 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 *Sensory Impairment Action Plan* was published in January 2004. This plan recommended that:

- staff learn better ways of communicating with people with sensory disabilities;
- good information is collected to help plan and deliver services;
- national training programmes are developed; and,
- a review of research in this area is carried out.

The *Disability Discrimination Act* helps prevent discrimination against disabled people by organisations, including the NHS and the Council. It also means that by October 2004, places like schools, hospitals, shops and public buildings have to consider making changes so that it is not "unreasonably difficult" for disabled people to get into their buildings.

3. A Disability Strategy for Shetland

In Shetland, the need to develop a comprehensive strategy for disability services has been recognised for a long time. In order to try and make this happen, the Council and NHS agreed to set up a group to develop a Disability Strategy for Shetland which would cover all aspects of services for people with any form of disability, of any age.

The Disability Strategy Group met for the first time in April 2003, bringing together representatives from a number of agencies and groups including the Council, the NHS, voluntary groups, people who use services and their carers. The Group has worked hard to include the views of a large number of groups and individuals when developing the strategy. All comments received during a consultation exercise in 2004/2005 have been considered in finalising this document.

The overall aim of the strategy is to ensure that everybody works together to provide the right services to meet everyone's needs and that those services are of high quality, fair and that they can keep going well into the future. The Group felt that the Strategy should have the following general aims:

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.

To fully assess the needs of people with disabilities living in Shetland.

To review current services, identify gaps and draw up an action plan to meet identified needs.

To review evidence for the effectiveness, including cost-effectiveness, of existing and proposed services and initiatives.

To develop costed proposals for the redesign or development of services where necessary to meet assessed need.

To improve access to general services for people with disabilities.

To develop detailed proposals for implementing the action plan in the short (to 2007), medium (to 2010) and longer term (to 2020).

To ensure active, inclusive, meaningful consultation and engagement with service users and carers; service providers and the community in the development of the final strategy.

To ensure the Council, voluntary services and NHS work together to meet the above objectives.

4. Facts and figures about people with disabilities living in Shetland

It is difficult to identify the exact number of people with disabilities in Shetland and therefore their current and future needs. Nationally, approximately 15% of the population are thought to have some form of disability: in Shetland this would mean **3,300 people**. The **2001 census** showed there are **3,500 people** in Shetland with a long term limiting illness; this includes chronic medical conditions as well as disabilities. Of these, 2,500 are of working age.¹

The Council also maintain a register of people with **learning disabilities** (although some people are on it who have more than one disability) and this is kept to help plan current and future services. This list is being updated and it is estimated that 83 people with learning disabilities will require some form of support in the next ten years, and of these, 35 will need intensive support to live either at home, in the community or in a specialist facility. There is no similar register for people with physical or sensory impairments, though this is one action that is already suggested as part of this Disability Strategy. The numbers of adults with learning disabilities who will need services over the next 10 years is likely to increase by more than 50%.

The number of people with **physical disability** is difficult to assess because of the very wide range of causes, the range of impairments that result, and the differences in the way that people feel about their own disability. To give an idea of the numbers in Shetland:

- Approximately **600 people** have a valid 'Blue Badge' entitling them to use disabled parking spaces
- Around **60 people** are discharged from the hospital's rehabilitation unit each year

- Using national rates, we can look at some of the most common potentially disabling conditions and **estimate** likely numbers in Shetland. It is estimated (using national rates) that there are:
 - approximately **240 people** who have had a stroke (half of these are likely to be left with disabilities)²
 - **220 people** have rheumatoid arthritis;³
 - **50 people** have multiple sclerosis⁴ (however it is acknowledged that the incidence of MS in Shetland is higher than the national average)
 - **45 people** have Parkinson's Disease;⁵
 - and **35 people** have disabilities following a head injury.²

Using national figures from the recent Scottish Executive consultation document, “*Community care services for people with a **sensory impairment***”, it can be estimated that in Shetland there are approximately:

- **15-23 people** who are profoundly deaf;
- **180 people** unable to hear without a hearing aid;
- **9-22 people** with some degree of deafblindness.⁶

Although there is a register of people who are blind or partially sighted, this is known to have less people on it than would be eligible to register. In March 2004 there were **35 blind people** and **36 partially sighted** people on the register. However it is estimated that this probably includes less than one third of those who are blind or partially sighted so **the total true figure would be nearer 200 people.**⁶

The number of people with communication difficulties is hard to assess. However there are 24 people with communication difficulties using alternative / augmentative communication who are known to the speech and language therapy department: 16 of who are aged 15 or under.

The number of people who have a long-term disability due to **severe and enduring mental illness** varies. Alzheimer Scotland estimate that around 255 people in Shetland will be living with dementia. The lifetime incidence of serious, chronic mental illnesses such as schizophrenia and manic-depression is about 10% of the population. The rates for severe depression are even higher. These conditions contribute very significantly to the levels of long-term disability in the community.

The above figures are clearly only of limited use in assessing need and planning services; a recommended action in this strategy is to look at ways of collecting more accurate figures on a regular basis.

5. Identified Needs

The needs of people with disabilities are wide ranging and vary considerably between different types of disability and different age groups. This strategy has brought together the results of national needs assessments and local work to identify the needs of disabled people living in Shetland.

A very comprehensive set of local needs have been identified, some of which are already met by local services, and some of which are unmet. In the later section entitled, "What could we do better", these unmet needs are considered further.

6. What services do we have already?

The following section tries to list the wide range of services that are currently provided in Shetland (along with some specialist services which we currently get from the NHS in Aberdeen).

General services available locally for people with disabilities and their carers include:

- Social Work services like;
 - personal care services
 - home help (domestic tasks),
 - Meals on wheels,
 - laundry service,
 - occupational therapy,
 - aids and adaptations,
 - training for carers,
 - supported accommodation.
 - short Breaks (respite care)
 - day Care Services
 - independence at Home Scheme,
 - social assistance grants,
 - specialist aids.

- Health services, including;
 - community nursing,
 - family doctor services,
 - physiotherapy,
 - occupational therapy,
 - speech and language therapy,
 - podiatry
 - dental services,
 - hospital services in Lerwick and “south” as appropriate,
 - community mental health team in partnership with social work,
 - continence Nurse,
 - local palliative care services,
 - community pharmacies.

- Services provided by the voluntary sector including;
 - Crossroads Care Attendant Scheme,
 - independent advocacy services,
 - Citizen’s Advice Bureau,
 - Red Cross.

Specific Services A range of the services available locally, specifically for people with disabilities, is listed below.

All disabilities:

- ❑ Disability Shetland: a voluntary organisation that aims to provide a variety of services and support for people with disabilities;
- ❑ Moving On Project: a voluntary organisation offering a confidential service to anyone with a disability who wants to find work, or take part in work experience.

Children and young people with special needs / disabilities:

- ❑ Special Needs Unit at Bells Brae School, and developing resources at the Anderson High School both with integration into mainstream services.
- ❑ Child Development Initiative: a process for assessing and reviewing referred children led by local and Aberdeen child health services;
- ❑ Specialist childminding service;
- ❑ Hame fae Hame respite care;
- ❑ Special needs toy library (Association of Shetland Playgroups);
- ❑ Summer Playscheme for children with special needs;
- ❑ Specialist Physiotherapy, Occupational Therapy, Speech and Language Therapy and Dietetic services.
- ❑ Community Paediatric Nurse

Learning disabilities:

- ❑ A learning disabilities community nurse;
- ❑ 30 day care places at Eric Gray Resource Centre;
- ❑ Respite care at Craigielea (5 places) and Stocketgaet (2 places);
- ❑ Respite care for children: 6 places at Laburnum House;
- ❑ Independent Living Project: 2 places at Stocketgaet and a further 20 places (own tenancies);
- ❑ COPE: a voluntary organisation which 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.

Physical disabilities:

- ❑ Independent Living: 2 places at Banksbroo, Twageos;
- ❑ Respite and long term care (4 beds) in Montfield Hospital for people with physical disabilities;
- ❑ Weekly physical disabilities group at Montfield Hospital;

- Wheelchair and seating service (Mobility and Rehabilitation Service (MARS) – Aberdeen based);
- Local orthotics service;
- Rehabilitation Unit at Gilbert Bain Hospital (primarily for people who have had a stroke);
- Specialist services such as neurology, rheumatology and orthopaedics services based mainly in Aberdeen;
- some specialist physiotherapy input for neurological conditions;

Sensory impairment and communication difficulties:

- Specialist social worker for people with sensory impairment;
- 2 full time teachers visual impairment; 2 full time teachers hearing impairment; specialist support workers (Braille expertise); also support for 3 adults;
- Visiting ophthalmology nurse service;
- Talking book and talking newspaper service (Shetland Library);
- Ophthalmology and audiology services;
- Visual impairment group;
- Access to alternative / augmentative communication aids and training through speech and language therapy department;
- Some access to services out-with Shetland including;
 - the Orkney Mobility Officer,
 - the CALL (Communication Aids for Language and Learning) Centre.

Disabilities due to Mental Health problems:

- Daycare, respite and residential facilities at Viewforth House for people with dementia,
- Community nursing support,
- Supported accommodation, including respite, at Annsbrae House,
- Community outreach,
- Hearing voices group,
- Creative writing group,
- Link-up drop-in centre.

7. What could we do better?

There are already some excellent services in Shetland that meet the needs of people with disabilities and these services are highly regarded by the service users. However, there are also gaps in service provision resulting in unmet need.

Many of the services listed above are only able to meet the needs of a small number of the people who might benefit, because they don't have enough staff or equipment. Often there are long waiting lists for particular services and those most in need may not be given priority.

Many of the issues identified below have been raised before. Work has already started on some of them. However, many have still not been dealt with. Sometimes this is because it is difficult to provide some services locally due to the difficulties of funding specialised services for a relatively small number of people within a small population.

A recommendation in this strategy is that a costed, prioritised action plan is produced so that people can easily see both what it is planned to do and what is actually done over time.

Issues

- There is a lack of good quality, timely, meaningful information that can be shared across agencies to inform planning and monitor progress.
- Service users are not involved enough in the planning of services.
- There can be a lack of communication between different agencies and problems in trying to work jointly. For example, the single shared assessment has been seen as a social work document and not necessarily well used by other service providers. However, joint training sessions are now taking place including practitioners from social work, housing, health and voluntary organisations.
- Review processes, particularly for children, are often not co-ordinated between agencies.
- Sometimes it seems that the level and type of service provided is unfairly different for some individuals or groups of people.
- There are significant problems in moving between children's and adult services. There are a number of reasons for this including a historic lack of resources in some services and a lack of planning for the transition process; different views of what should be provided for adults; differences between the age limits for different children's services.
- Many people, including service providers, have little awareness of 'hidden' disabilities such as deafness or an understanding of disabling conditions that can change frequently, such as multiple sclerosis.

- There are some good sensory and communication impairment services locally but they could be much better coordinated to ensure a more holistic approach.
- There is a requirement to address the mobility needs of people with visual impairments.
- To many people, 'access' means physical access and adaptations to buildings such as wheelchair ramps; however access may be denied because of attitude or a lack of understanding rather than any physical barrier. Issues include the need for access to clubs and social activities in general, allowing people with disabilities to mix / interact with all types of people.
- Whilst many service providers are aware of access issues when specifically concentrating on the needs of people with disabilities, they sometimes forget these issues in their other work or when providing general services.
- Various benefits, such as Disability Living Allowance (Independent Living Fund), and Schemes such as Direct Payments, are available to people with a disability/disabilities and their families to help them employ their own personal carers. Difficulties in trying to operate these schemes locally mean that few individuals/families are currently in a position to access these monies.

Gaps

- There are not enough residential / supported living places outwith hospital for younger people (with physical disabilities in particular).
- Respite care services for people with learning disabilities and children are overstretched. There are no respite services outwith hospital specifically for younger adults with other forms of disability.
- Day care services are limited and there is a lack of provision of meaningful daytime activity for younger adults (that is appropriate to the individual's level of functioning).
- Some service users with special needs are getting older and more frail and can no longer be cared for in their own home, however, they do not sit comfortably in mainstream residential care. A residential unit that can best meet the diverse needs of older people with special needs should be identified.
- There is often a long wait for adaptations to property or provision of specialist aids and equipment.
- The wheelchair and seating service provided from Aberdeen is inadequate: there is insufficient time allowed for assessment; 6 month gaps between visits; long waiting times for equipment and then a high frequency of new equipment being unsuitable or needing adjustments.
- There is a lack of affordable wheelchair accessible transport.

- There is no visiting neurology service: all patients travel to Aberdeen.
- There are no local specialist nurses for people with physical disabilities, including disabling neurological, MS and other conditions.
- Paediatric rheumatology – currently no routine service for children diagnosed with joint problems.
- Current staffing levels limits physiotherapy and speech and language input, particularly for adults with disabilities.
- There is a lack of staff locally trained in sign language, lip speaking and guide - communicator services (for people who are deafblind).
- There is a lack of provision of dental services, in particular for individuals with ASN, when in transition from children to adult services.
- There is no mobility officer (sensory impairment) in Shetland. The Shetland Psychological Services have a remit for children and young people up to 19 years of ages, however there is a gap in provision for older adults with sensory impairment problems.
- There is a need for better access to information, advice and support for people with disabilities, particularly at or shortly after diagnosis (this can be a significant problem for people who are diagnosed in Aberdeen).
- The communal areas at Annsbrae do not have disabled access and this can limit the activities available to some users.
- There seems to be a lack of information about Direct Payments. Parents feel they should be made aware of this at annual reviews.
- There is at times poor diagnosis locally of disabilities.
- A “one stop shop” where people could obtain all the information necessary for their individual circumstances.
- Developing a mental health resource centre, with a view to providing a number of mental health services within a single setting.
- No child paediatrician.

8. What is happening now?

There are a number of developments currently underway to address some of the issues identified above. These include, in no particular order:

- More joint working between occupational therapy services; development of a one stop grants shop.
- Expansion of supported living accommodation at Kantersted for people with learning disabilities.
- Inclusion of the needs of disabled people within the local Housing Strategy.
- The community care Single Shared Assessment procedures have been revised; a working group has been set up to review how it is used and training has been developed to support wider implementation.
- Develop single shared assessment procedures for children's services to complement the new Single Shared Assessment.
- A Development Officer, Disabilities - 3 year post to ensure that people with disabilities can easily take part in sport and leisure activities.
- Implementation of the Disability Discrimination Act access requirements is underway in NHS and Council premises.
- A stroke club is being set up.
- Developing a Carers' Strategy
- Working with the Multiple Sclerosis Society to develop specialist neurological nursing services.
- Establishing a visiting neurology service
- Suicide intervention skills training; mental health first aid training; stigma reduction by mental health promotion activity

9. Recommended actions for Year 1

The recommendations below are included in action plans for 2005-2006. They are listed in no particular order.

- Develop a better way to collect the information we need to help us plan our services.
- Develop an agreed, costed action plan which clearly shows which developments we will do and when.
- 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.
- Review the wheelchair and seating service provided by MARS and make costed recommendations for changes.
- Continue to develop a protocol for the multi-agency assessment and provision of services for people with head injury.
- Produce costed options for a specialist post for people with physical disabilities (options may include a part-time specialist nurse in neurology or an MS nurse with an agreed wider remit or a community rehabilitation nurse).
- Produce costed options for a local mobility / rehabilitation service (sensory impairment).
- Work with NHS Grampian to introduce digital hearing aids.
- Use national guidance to help develop improved services for people who have had a stroke.
- Work together to make it easier for young people with learning disabilities, their supporters and family carers to be supported in the move from child on to adult services. Each young person should have a full assessment of his or her current and anticipated future needs. A comprehensive “beyond school” plan should be developed and consideration given to providing a wider range of opportunities and facilities for young people who have left education.

- Work with adults with learning disabilities, their supporters and family carers to set up a system that regularly reviews the individuals needs (perhaps a modified version of the Child Development Initiative). Options may be for a specialist post, a GP or a nurse with a special interest.
- Continue to develop a new, more inclusive Mental Health Strategy for Shetland.
- Develop independent advocacy services for people with mental health problems and learning disabilities.
- Review services for adults with sensory impairment.

10. Our future goals / priorities

The actions and service developments in this section are those that people identified as the most important during the consultation process. They are listed under headings of all disabilities; learning disabilities; physical disabilities; sensory and communication impairment.

All disabilities

- To develop and maintain information systems that allows information to be shared across agencies for the benefit of individual service users and for planning purposes.
- To improve co-ordination of multi-agency assessment and review processes for all people with disabilities.
- To ensure needs of carers, parents and families are assessed and taken into account in the care planning process.
- 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.
- 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.
- To ensure appropriate provision of physiotherapy; occupational therapy and speech and language therapy services for both children and adults with disabilities.
- To ensure people with disabilities living in remote and rural communities in Shetland have access to appropriate services in response to assessed need.
- To ensure coordination of services and efficient communication between agencies in order to guarantee a uniform approach and prevent conflicting advice.
- To raise awareness of disability issues amongst the public and service providers through appropriate publicity, education and training.

- 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.
- **Learning Disabilities**
- To expand Learning Disability Nursing Service, including developing a specific service for people with autistic spectrum disorders.
- **Physical disabilities**
- 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.
- **Sensory and communication impairment**
- To promote lifelong learning, training and employment opportunities for people with sensory impairment.
- To ensure staff have appropriate training in sensory and communication impairments.

11. Other Recommendations

The following recommendations were also raised during the preparation of the Strategy.

All disabilities

- To ensure the action plan in this strategy is implemented, monitored and reported on.
- To ensure National Care Standards are met across all services used by disabled people in Shetland.
- To provide for the current and future accommodation needs of disabled people through the Housing Strategy and other plans as appropriate.
- 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.
- To further develop employment and training opportunities for people with disabilities by raising awareness with employers and training facilities and providing support.
- To ensure people with disabilities have access to generic community health services including continence services, dental care and podiatry.
- To ensure people with disabilities have access to, and support to participate in, preventative health services including screening and health promotion activities.
- To support the development of a wide range of opportunities for disabled people to take part in, such as leisure, recreational and physical activities and to ensure equity of access, particularly in remote and rural areas.
- To take steps to implement the Disability Discrimination Act with regard to health and social work settings.

Learning Disabilities

- To implement recommendations from 'The Same as You?' document.

- To promote local advocacy groups for adults with learning disabilities and extend this to include children and young people.
- To ensure the protection of people with learning disabilities by promoting the implementation of the local plan: 'Protecting Vulnerable Adults: Guidance and Procedures'.

Physical Disabilities

- 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.
- To support the further development of local clinical services and improved co-ordination with Aberdeen services for people with neurological conditions.
- 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.

Sensory Impairment

- To review and further develop current educational, social work, medical and rehabilitation services for people with sensory impairments.
- To adopt relevant recommendations of the Public Health Institute for Scotland (PHIS) Audiology Needs Assessment Report (2003)
- To improve access to appropriate equipment for people with sensory impairment and communication difficulties, based on assessed need.

Mental Health

- 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 that under use services just now e.g. younger men.
- Redesign services for people with dementia.
- 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.

Contacts

Thank you for taking the time to read this strategy. We would really like to hear your views on disability issues and our future plans.

You can send any comments to: disability.strategy@sic.shetland.gov.uk

- * This document is available in large print; translated into Braille; on tape or can be read to you or someone can come and see you about it. This can also be translated into many different languages. Please contact us in any of the ways listed above if you require this document in one of these formats.

References:

¹ 2001 census

² SNAP. *Huntington's Disease, acquired brain injury and early onset dementia*. Office for Public Health in Scotland, Glasgow. 2000

³ SIGN. SIGN Publication No. 48. *Management of Early Rheumatoid Arthritis*. Royal College of Physicians. Edinburgh. 2000

⁴ SNAP. *Multiple sclerosis*. Office for Public Health in Scotland, Glasgow. 2000

⁵ Parkinson's disease website original source www.parkinsons.org.uk

⁶ Scottish Executive. *Community care services for people with a sensory impairment. An Action Plan. Consultation Document*. SEHD. Edinburgh 2003.

Glossary

Term	Meaning
Advocacy	Service giving assistance and support to those requiring care who have difficulty communicating or need help to access services.
Aids & Adaptations	Equipment and alterations to people's living environment provided to help them continue living at home.
Alternative/ augmentative communication	Methods to enable those with sensory impairment or physical disabilities to communicate with others.
Arthritis	Condition causing pain and stiffness in joints.
Audiology	Scientific study of the ear and hearing.
Autistic Spectrum Disorder (ASD)	Mental condition present from childhood resulting in reduced communication and social skills "a lifelong developmental disability that affects the way a person communicates and relates to people around them" (<i>"The Same As You"</i>).
Chiropody	Medical science concerned with the health of the feet.
Citizens Advice Bureau (CAB)	Voluntary service giving free assistance and advice to the public.
Community Nursing	Domiciliary nursing service provided to people in their own homes.
Community Support Worker Scheme	Personal care service provided for people in their own homes by the Shetland Welfare Trust.
Continence	Ability to control movements of the bowel and bladder.
Crossroads	Voluntary sector agency providing services including local respite for carers.
Day Care	Day time care service provided to people in a setting outside their home.
Dietetics	The scientific study of diet and nutrition.
Generic	General, not specialist.
Independence At Home Scheme	Scheme funding major repair and improvement works to be carried out on people's homes to allow them to remain living there.
Independent Living Project	Project supporting people with disabilities to live independently in their own tenancy.
Information Systems	Electronic systems used to record and share information.
Long Term Care	Residential care provided for people who are unable to live at home.
Lifelong	An approach to learning that goes beyond formal education.

learning	
Meals on Wheels	Hot meals delivered to people in their own homes.
Mobility Aids	Equipment provided to assist people with their movement.
Multiple Sclerosis (MS)	A chronic and often progressive disease of the nervous system resulting in symptoms such as numbness, severe fatigue and impairment of muscular coordination.
Musculo-skeletal	Relating to the muscles and skeleton together.
Neurology	The scientific study of nerve systems.
Occupational Therapy (OT)	Specialist treatment to improve and maintain people's functional ability to manage everyday tasks that have become more difficult as a result of injury, ill health or disability, thus enabling them to continue to live in the community.
Ophthalmology	Scientific study of the eye and vision.
Orthopaedics	Branch of medicine dealing with the treatment of disorders of the bones and joints.
Orthotics	The design and fitting of supportive braces and splints to patients who because of muscle weakness or deformity have disabling conditions of the limbs or spine.
Osteoporosis	Condition of brittle bones caused by loss of bone tissue.
Palliative Care	Palliative care <i>"is the active, total care of individuals whose disease is not responsive to curative treatment and who is in the end stages of life"</i> .
Preventative	Measures to prevent disease or illness eg education, screening, immunisation.
Protocol	Document which details the rules of a process or procedure.
Rehabilitation	Restoration of effective life skills after injury or illness, through training and adaptation.
Respite	Short term care provided to give those being cared for and their carers time apart.
Rheumatology	The study of rheumatic diseases (those involving inflammation and pain in the joints, muscles or other fibrous tissue).
Social Assistance Grants (SAG)	Grants given by Social Work to vulnerable people in need of urgent assistance.
Speech & Language Therapy (SALT)	Treatment of wide range of acquired or developmental communication disorders.

Do you require the services of an interpreter?

If you do, please contact 01595 743064 for assistance.

An interpreter will be made available or the document can be supplied in your choice of language.

你是否需要傳譯服務？

如果需要，請致電 01595 743064 尋求幫助。

我們會適當地為你安排傳譯人員或者提供你需要文字的文件。

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آپ کو کیا خدمات (مقامی زبان) فراہم ہیں ؟

اگر آپ کو خدمات فراہم کرنے کی ضرورت ہے تو براہ کرم رابطہ کریں - 01595 743064

مقامی زبان (مقامی زبان) فراہم کیا جاسکتا ہے یا آپ کو اس کے متعلق معلومات فراہم کی جاسکتی ہیں

مقامی زبان فراہم کرنے کے لیے رابطہ کریں

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