MIDLOTHIAN JOINT PHYSICAL AND COMPLEX DISABILITY STRATEGY

2009- 2011
# TABLE OF CONTENTS

**Vision**

**Introduction**

1. **Who Does the Plan Apply to?** ............................................................... 5

   Projection of Need .......................................................................................... 5

2. **Consumer Involvement and Partnership Working** ........................................... 6

   What Currently Exists in Midlothian .................................................................. 7

3. **Principles and Values** .................................................................................. 8

4. **National and Local Policy Context** ................................................................. 9

5. **Access to Information** ................................................................................. 10

   Midlothian Disability Equality Scheme .......................................................... 11

6. **Service Delivery Areas** ................................................................................. 12

   6.1 Independent Living ..................................................................................... 13
   6.2 Transport ...................................................................................................... 16
   6.3 Rehabilitation ............................................................................................... 17
   6.4 Day, Evening and Weekend Opportunities .................................................. 18
   6.5 Respite and Short Breaks ............................................................................. 19
   6.6 Employment ................................................................................................. 20
   6.7 Housing and Accessible Public Buildings .................................................... 21

7. **Fair For All - Disability** ................................................................................. 22

8. **Financial Framework** .................................................................................. 24

   Appendix I ........................................................................................................ 25
VISION

“People with disabilities in Midlothian hope for ordinary lives where they are able to flourish, and are equal in opportunity.

Our vision for people with disabilities and those who care for them is that they should live full and active lives based on personal choice and aspiration.

People with disabilities should have access to a range of ordinary, lifestyle choices including social and recreational activities based on individual interest and personal choice, employment options that encourage the development of individual skills and build on personal strengths. Individuals should be treated as equal citizens and have their voices heard, their contribution recognised, and to be encouraged to play an active and responsible role in their communities where they choose to do so.”

The strategy aims to empower people to live ordinary lives. We have used the term ‘people with disabilities’ throughout the document as we are seeing people as individuals who live in the community of Midlothian. We have had wide consultation on this phrase and have received mixed views on the terminology. Although this phrase is seen as a medical model of disability which defines as “any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being” the strategy follows a social model that puts the individual first before their disability/impairment.
INTRODUCTION

This strategy has been developed by Midlothian Joint Physical and Complex Disability Planning Group. The membership of the group includes representatives from Midlothian Council, Midlothian Community Health Partnership, NHS Lothian, service providers, voluntary organisations and user and carer organisations. The development of this strategy and the redesign of services will be critically shaped by adherence to the same principles and values on which the National Care Standards are based:

- Privacy
- Dignity
- Choice
- Safety
- Realising potential
- Equality and diversity

It builds on the good practice and resources currently in existence. It demonstrates a clear intention to achieve improvement in the quality, quantity and delivery of services in line with the expressed needs of those who use such services.

The strategy also develops the recommendations from “Our Lives Our Way” the Lothian Strategy for Physical and Complex Disability focussing on the needs and wishes of people with disabilities in Midlothian.

In Midlothian there is a strong commitment to delivering more personalised services for people with disabilities.

We aim to promote self-directed support and the uptake of Direct Payments, giving people more choice and control over their lives. In key areas we will work to create more opportunities for people with disabilities to be active and valued at work, by creating access to employment opportunities, enabling access to a range of ordinary leisure and social activities based on individual choice, supported by a Local Area Coordination model. In summary we aim to respect all disabled people’s rights to practical assistance and support to participate in society and live an ordinary life.

In the development of both the Lothian and Midlothian Strategies:

- Letters were sent to carers telling them how they could be involved in the process.
- Service user groups were offered different ways in which they could be involved in and informed about the development of the strategy.
- Carers, service users and local professionals were informed and invited to a consultation event(s) to give their views and opinions.
1. **WHO DOES THIS PLAN APPLY TO?**

This Strategy addresses the needs of people from 16 – 65 years of age who have physical and complex disability living in Midlothian.

Physical disability is a term used to recognise when a person has a physical impairment which affects them doing normal daily living tasks.

The Disability Discrimination Act 1995 provides a broad and inclusive definition of disability describing it as:

‘a physical or mental impairment which has substantial and long term adverse effect on his/her ability to carry out normal day to day activities’

There is a very broad spectrum of conditions and problems, including sensory needs and acquired brain injury, which people can experience and which potentially affect their participation in almost every aspect of daily life.

The impairment can be from birth, it can arise suddenly though injury or it can develop slowly through illness. People’s needs may be short term and/or long term; they may experience some level of recovery, or their condition may continue to progress.

It is also recognised that disabled people reaching 65 move onto older people’s services - careful planning to meet the needs of the individual is paramount in promoting independence and well-being.

**Projection of Need**

Estimating the number of people in Midlothian who have physical or complex disability is not straightforward. Some definitions of disability are so all encompassing that they are likely to produce over estimates. At the same time definitions which rest on clinically diagnosed disabilities can provide under estimates of the number of people who experience difficulties in everyday life due to physical or other impairment.

- Lothian Joint Physical & Complex Disability (JPCD) Strategy estimates the number of adults (16-64) in Midlothian with a physical or complex disability as 4,790.

- Scottish Household Survey 2001 and 2002 suggests that this breaks down as follows:
  - Physical disability 80% (c.3,800 as proportion of the 4,790)
  - Visual disability 6% (c.300)
  - Hearing disability 6% (c.300)
  - Speech disability 2% (c.100)
  - Other (mental health predominantly) 5% (c.100)
There are 1,731 adults known to Social Work with physical disability within Midlothian

- By age band
  
  16-24 yrs old 68 (4%)
  25-34 yrs old 112 (6.5%)
  35-44 yrs old 286 (16.5%)
  45-54 yrs old 428 (24.5%)
  55-64 yrs old 837 (48.5%)

If the ratios for adults with a physical disability known to social work are aligned with the JPCD estimate for the total, we can project the following figures for Midlothian:

  16-24 yrs old 192
  25-34 yrs old 311
  35-44 yrs old 790
  45-54 yrs old 1174
  55-64 yrs old 2323

Health records (March 2009) indicate there are 963 people in Midlothian aged between 16 and 65 who are registered as wheelchair users. The information on projection of need will assist in the future planning and commissioning of services/supports and resources for people with disabilities and their families/carers.

2. CONSUMER INVOLVEMENT AND PARTNERSHIP WORKING

In Midlothian there is a strong local history of involvement, consultation and participation of people using services and it is recognised that ongoing consultation and discussion with users and carers is paramount in designing and developing services.

Achieving the objectives and visions of the strategy depends not only on resources but on a genuine culture of working in partnership. Partnership working extends across social work, health, service users and carers, voluntary organisations and providers of services.

Across the partnership we need to promote and strengthen the culture of viewing service users and carers as partners.

“Involve patients, carers and the public in the planning and design of services is a statutory requirement (NHS Scotland Reform Act 2004)."
What Currently Exists in Midlothian? (Structures, services, monies, organisations)

- Midlothian Joint Physical and Complex Disability Planning Group meet every 8 weeks.
- Forward Mid meets monthly; they consider Planning group minutes/papers and link back to the planning group. They also provide input for the service user representative on the Joint Planning Group.
- Forward Mid publishes a bi monthly Newsletter, distributed to a substantial mailing list.
- Midlothian Carers Scrutiny Panel meets 2 weeks prior to Planning Group to discuss minutes/papers.
- Day care/support through local area coordination model
- There are a number of Websites providing information to service users and carer’s i.e. Forward Mid, CHP, Grapevine, Midlothian Council.
- The Social Work Client Relations Officer and the CHP Patient Involvement Worker promote user involvement and advocacy through the various forums to try and ensure effective communication.
- Links are maintained with the main user and carer groups active in Midlothian to ensure good two way communication.
- Midlothian is part of the National Outcomes – Early Implementers Pilot, using “Talking Points” (users defined service evaluation toolkit) which has been developed to improve practice through the application of user and carer defined outcome tools to enable health and social care partnerships to gather data to determine whether they are supporting good outcomes for service users and carers.
- Midlothian Social Work Division has developed a Communications Strategy together with an action plan for 2008 – 2009.
- Midlothian Council’s Loud & Clear Policy provides information for staff on communicating with service users and carers using the most appropriate medium. I.e. Language Line, translating services, loop system, text phones.
- Midlothian Council has a range of communication support in place to ensure that on request the most appropriate medium is available.
- Work is currently being undertaken to review all existing publicity material to ensure that people know how to access social work services.
3. **PRINCIPLES AND VALUES**

Midlothian Joint Physical and Complex Disability Planning group are committed to upholding the principles and values contained in this policy which include:

- Services need to be person centred, rather than one size fits all
- A person’s journey should be empowering and not make them dependent
- At all times services should be aimed at maximising independence
- The assessment should be matched to the person’s needs
- Services need to be shaped to meet those needs within the context of flexibility and maximum choice, without compromising quality or safety
- The aim must be to address the functional, rehabilitative needs of people, not simply focus on the condition which is limiting
- When developed, the strategy should be realistic and sustainable in terms of resources and workability and should be jargon free and user-friendly.

<table>
<thead>
<tr>
<th>Values</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Equality of opportunity</td>
<td>Enabling</td>
</tr>
<tr>
<td>Informed</td>
<td>Dignity</td>
</tr>
<tr>
<td>Self-management</td>
<td>Inclusion</td>
</tr>
<tr>
<td>Empowerment</td>
<td>Scrutiny</td>
</tr>
<tr>
<td>Choice</td>
<td>Justice</td>
</tr>
</tbody>
</table>
4. **NATIONAL AND LOCAL POLICY CONTEXT**

There has been a significant amount of policy and legislation produced over recent years mostly at a Scottish national level and emanating from the Scottish Parliament. Further detail can be found at [www.scotland.gov.uk](http://www.scotland.gov.uk).

**Other legislation includes:-**

- Disability Discrimination Act 1995/2005
- Community Care and Health (Scotland) Act 2002
- NHS Reform (Scotland) Act 2004
- Adult Support and Protection (Scotland) Act 2007

**Policy developments include:-**

- Management of Community Equipment and Adaptations 2004
- Scottish Government Joint Futures 2004
- UK Government Improving the Life Chances of Disabled people 2005
- Better Health Better care 2007
- The “Changing Lives” (Social work 21st Century Review) ([www.scotland.gov.uk/Publications/2006/02/02094408/0](http://www.scotland.gov.uk/Publications/2006/02/02094408/0)) report is a key driver to improving and developing services and supports to service users. Within this policy document the “personalisation” agenda sets out how social services need

  - a greater focus on prevention
  - Approaches to delivery across the public sector and partners in the voluntary and private sectors
  - flexible service delivery
  - more effective use of social work skills
  - more empowered users of services and
  - Increased community capacity.

The Single Outcome Agreement also assists in the Local authority corporate planning process of what the key areas for improvement and development are.

As noted earlier a key national policy is “Better Health, Better care.” The purpose of this is to “Help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care”.

Within Midlothian there are several key developments to enhance and improve the quality and support to enable people to live in their own home.

The personalisation agenda is designed to help people achieve their personal goals and aspirations and has provided the framework to drive key policies in Midlothian.
These include:

- Telecare – enhanced technology to promote independent living.
- Day care/support opportunities.
- Direct payments and the future development of self directed care/ In Control – where the individual is provided with their own responsibility for assessing and planning their care and support.
- Rapid Response and re-ablement.
- Short breaks.
- Joint Equipment Store.
- Intermediate Care Beds.
- Local Area Coordination.

5. ACCESS TO INFORMATION

Throughout the development and consultation on the Lothian Joint Physical and Complex Disability Strategy, service users and carers continually emphasised that access to information on local services, rights and entitlements was one of the foundation stones to independent living.

Throughout the Lothian Physical and Complex Disability Strategy service delivery areas, the need for appropriate, up to date and accessible information is referred to on each and every occasion.

Why is this of such importance?

People cannot make informed choices about what is best for them and what will suit their lifestyle and family commitments unless they are aware of the services and options that are available.

People cannot ask for these services and supports, unless they are aware of their entitlement to receive these services.

People may experience unnecessary difficulty and a loss of independence if they do not have the information they require to decide upon what they and their families need, and what is best for them.

People need to know what is expected of them: their responsibilities and any costs they will have to meet to receive a particular service.

It was considered that this information should be available from a one stop shop staffed by knowledgeable people and available in a wide variety of formats including BSL, Braille, Easy Read, Audio, community Languages.

However, what about those people who cannot get to this one stop shop? Or those people who do not know about options for accessible transport which will get them to this one stop shop?
The Midlothian Physical and Complex Disability Strategy recognises that it needs to be creative and flexible about the manner in which information is made available.

This may include:

- Local T.V. advertisements
- Local Radio
- Local Press – leaflet inclusion
- Churches
- WRVS
- Mobile Libraries

As mentioned earlier in this document, both Midlothian Council and NHS Lothian have expressed a commitment to fully engage with citizens in the planning, design and delivery of public services. In order to support this commitment there is a requirement to provide the necessary communication support appropriate to the individuals engaged in the consultation/planning meetings and processes.

The Midlothian Joint Physical and Complex Disability Planning Group will endeavour to meet this requirement which is incorporated throughout the action plan in various formats.

**Midlothian Disability Equality Scheme**

The Midlothian Disability Equality Scheme Mission Statement:

“A Council which works with its communities to achieve effective services and a quality environment” puts communities at its heart; and this is complemented by the inclusion of a commitment to “ensuring equality of opportunity in the delivery of services and information” as one of its eight values.

The Council’s approach to Equalities is set out in detail in our Equalities Policy - this includes the following objectives:

To provide equal access to our services we will

- Remove physical barriers that prevent equal access to our services
- Remove cultural barriers that prevent equal access to our services

To manage and develop our employees we will

- Increase workforce confidence in Council policy and procedures
- Strive towards making our workforce representative of the community we serve
The Equality and Human Rights Commission Scotland (EHRC) champions’ equality and human rights for all, working to eliminate discrimination, reduce inequality, protect human rights and to build good relations, ensuring that everyone has a fair chance to participate in society.

The EHRC estimates that one in five of us may have a disability covered by the Disability Equality Duty and this scheme. Many disabled people have less money, poorer access to goods and services, and are less likely to have a job or qualifications than the population as a whole, so tackling this equalities gap are important both for disabled people and for our population as a whole.

Now this scheme is written, we have to put it into practice. While there is a lot to do, perhaps the most important element of all will be developing how we work with disabled people. This is not about consulting people; it’s about engagement, a two-way conversation. It is about involving people from the planning stage – because disabled people know what the issues are which affect them, and can help us make sure we get our priorities right.


6. SERVICE DELIVERY AREAS

The Work Streams

The work of the Strategy is being taken forward under a number of work streams:-

**Independent living**

“It means disabled people of all ages having the same freedom, choice, dignity and control as other citizens at home, at work, and in the community. It does not mean living by yourself or fending for yourself. It means rights to practical assistance and support to participate in society and live an ordinary life.” (ILIS)

**Transport**

Accessible, affordable transport is recognised as an essential element in meeting the needs of everyday living. Much has been written about it but achieving action takes time and commitment – how do we move the agenda forward?

**Rehabilitation**

People need help to regain or re-learn skills lost as a result of illness or accident or to acquire new skills they have not had before – what needs to be done to ensure the best quality of rehabilitation is available?
Day time, evening and weekend activity

People need opportunities to become involved in, and use, mainstream activities during the day, in the evenings and at weekends. This includes leisure, education and other publicly provided services as well as opportunities to further education, to get back to work and to acquire new skills to change employment.

Short breaks and breaks from caring

Disabled people and their families/carers need to have access to short breaks whenever there is a need for a break from the pressures of ill-health, difficult living routines or from the caring relationship. People should be able to choose a service which is of proven high quality and designed to meet their individual needs.

Employment

People need opportunities to access employment as there are clear benefits associated with supporting people with a disability into employment.

Housing

People need a range of housing options which incorporate a mix of specialist and adapted mainstream housing and supported units that look “ordinary”. People also need to be supported to use technology that allows people to live independent lives.

6.1 Independent Living

Independent Living is defined by the EHRC as “All disabled people having the same choice, control and freedom as any citizen at home, at work and as a member of the Community”. In other words being able “to do the things I want to do when I want to do them” and “getting my life back”

Independent Living as stated earlier means “disabled people of all ages having the same freedom, choice, dignity and control as other citizens at home, at work, and in the community. It does not mean living by yourself or fending for yourself. It means rights to practical assistance and support to participate in society and live an ordinary life.” (ILIS).

It is about securing the rights and entitlements which would ensure disabled people enjoy the same substantive freedoms everyone expects in order to lead the lives they wish to lead. To enable this to happen disabled people need to have access to information about all services, trained staff and be part of an inclusive community.
Choice and control in all aspects of daily living includes:

- Making informed choices about the control and dispersal of personal finances, including:
  - the right to an individual budget and flexible funding to self-direct care
  - access to specialist advice from an independent support organisation preferable user led

- Having access to a range of housing options which incorporate a mix of specialist and adapted mainstream housing and supported units.
- Co-ordinate the availability of housing and support, addressing the revenue issues which exist.
- Ensure easily accessible transport is readily available
- Ensure services are accessible and can respond flexibly and responsively to individuals
- Ensure people are assisted in work through providing flexible support tailored to individual need and making changes in the workplace
- Provide information about the full range of equipment available from the statutory and private sectors so people can make informed choices
- Support the use of technology that allows people to live independent lives
- Promote lifestyle planning which is person centred
- Develop an approach to risk which allows people to make informed choices
- Make advocacy and self-management courses more available so people can become more confident and assertive
- Make information available in accessible formats, in one place in each authority
- Ensure staff are well informed about what is available to people.

Within Midlothian we are committed to:-

Promoting and increasing an individual’s independence by giving more choice and control over the way services they need are arranged, by means of;

- having the right to an individual budget and flexible funding
- access to specialist advice, from an independent support organisation preferable user-led to assist individuals to live independently and take control of their own lives
• Working to ensure that funding to enable participation in leisure activities is appropriate.

In Midlothian a Direct Payment has been an option for individuals since April 1997. Midlothian Social Work actively encourages the uptake of Direct Payments and since June 2003 with the appointment of a Direct Payment Officer, there has been an increase in both individuals requesting information on direct payments and the uptake.

Our Independent Living Direct Payment Scheme information leaflet is available on Midlothian Website.

Support for individuals to manage and maintain their direct payments is in the main provided by the Direct Payment Officer and Lothian Centre for Inclusive Living. An internal Self-directed support group provided staff with the opportunity to discuss and share experiences in relation to the uptake of direct payments. A direct payment/Independent Living Fund information pack is available for all Care Management and Access Team staff, with the Direct Payment Officer being based one day per week in Loanhead Social Work Centre providing additional advice and support. The Direct Payment Officer also attends the Children & Families Disability Team on a monthly basis to provide information and support to staff.

Midlothian Social Work commissions Lothian Centre for Inclusive Living (LCIL) a user-led organisation to provide an information and support service for individuals considering or already managing their own independent living packages and a payroll service for individuals who wish to employ their own personal assistant.

A direct payment is a different way in which Social Work can fulfil its community care/children & families responsibilities. There is no separate budget for direct payments - when a referral is received the process through to the provision of a service is the same whether an individual wishes a direct payment or direct service.

More information can be accessed at
http://www.midlothian.gov.uk//Article.aspx?TopicId=0&ArticleId=17460
6.2 Transport

Access to suitable, available, affordable and acceptable transport is acknowledged as an essential element in meeting the needs of everyday living and critical in terms of the quality of life of disabled people.

It is essential that:

- Information is available about the range of transport available and how to access it.
- that transport is flexible and affordable
- transport for employment/life-long learning is available

A number of issues should be addressed:

- training of drivers (buses, taxis)
- design of public transport vehicles/taxis
- parking including in supermarkets
- handicab booking system
- speed of provision of bus passes
- provision of detailed information about accessibility of taxis (dimensions etc)

There is also a need for a performance framework so that we know how we are performing in meeting transport needs for disabled people.

Within Midlothian we are committed to:-

Prepare a capital expenditure bid to bring stopping places up to DDA compliance (linked with new bus stop flags and updated Traveline phone number and text number).

Prepare and publish a booklet with full details of all Bus services in Midlothian, including Dial-A-Bus, Dial-A-Ride, and LCTS etc. The booklet will also contain sections on Midlothian Taxicards, the Blue badge scheme and the national entitlement Card scheme for Scotland-wide free bus travel.

Continue to publish the Midlothian Travel map with full details of mainstream bus services including accessibility for wheelchair users on a route by route basis.
6.3 Rehabilitation

People need rehabilitation services to enable them to regain/re-learn skills lost as a result of illness or accident. They also require support to adjust to living in the community with impairments that affect their ability to do the daily tasks of living.

People also need these services to assist them to acquire new skills, which might be particularly relevant to people experiencing disability from birth or for those who have a long term condition.

The rehabilitation process aims to:

- maximise the participation of the individual in his or her social setting
- minimise the pain and distress experienced by the individual
- minimise the effects of distress and stress on the individual, families and carers

Rehabilitation should start as early as possible in the individual’s journey, wherever the need is identified. This might be in hospital, within acute services if appropriate, or in the community.

Irrespective of the starting point there should be a seamless journey through any transitions between hospital services, community services and subsequent follow up. This requires good co-ordination, communication and information sharing at all levels.

The philosophy of self-management should be promoted wherever possible. Providing people and their carers with better information and support to manage their own condition(s) in their own situations will assist them to make the most of their rehabilitation. It should also improve a person’s quality of life.

**Within Midlothian we are committed to:-**

- Develop integrated pathways – patient focused and person centred.
- Pay attention to times of transition
- Develop a philosophy of self- management
- In partnership with other authorities and Health develop a hub and spoke model (hub – centre of excellence; spoke – local, in the community
- Develop a redesign of the Lanfine unit (In-patient rehabilitation unit)
- Support the outcomes of national reviews of the wheelchair and the orthotics services
• Set up education, training, and awareness opportunities for all staff, users, carers, providers voluntary and other agencies.
• Examine vocational rehabilitation facilities/services already in Midlothian and develop others to underpin the aspirations of the Adult Framework in Rehabilitation.
• Plan to improve/increase self care/self management services and opportunities
• Convene a user and carer discussion/panel/event in spring 2010 to capture patient/carer experiences of services and to highlight any gaps remaining.
• Evaluate the efficiency and effectiveness of cardiac rehabilitation services provided for Midlothian.

6.4 Day, Evening and Weekend Opportunities

People need opportunities to become involved in, and use, mainstream activities during the day, in the evenings and at weekends. This includes leisure, education and other publicly provided services as well as opportunities to further education, to get back to work and to acquire new skills to change employment following disability.

To achieve this it is essential to develop:

• Good and accessible information on local services and provision
• Accessible transport and a transport information helpline with disability awareness and equality training including communication skill for all staff who have any contact with the public
• Barrier-free new buildings and ensure existing buildings are made accessible to people with disabilities. This will help ensure services are accessible and delivered in the most appropriate place and way

Within Midlothian we are committed to:

• Promote good and accessible information on local services and provision
• Provide accessible transport and a transport information helpline with staff trained to deal with enquiries about disability needs
• Provide disability awareness and equality training including communication skill for all staff have any contact with the public
• Provide a resource or access point for people with disabilities in each local authority, with a focus on facilitating access to mainstream services and activities.
• Provide barrier free new buildings and ensure existing buildings are made accessible to people with disabilities – including appropriate lighting, signage and equipment.
• Provide services which are accessible and delivered in the most appropriate place and way
• Consider current funding and services and in consultation with service users and providers decide on areas for re-provisioning and service redesign
• Commit to on-going user involvement and consultation

6.5 **Respite and Short Breaks**

Short breaks and breaks from caring are provided with the aim of enhancing and developing the quality of life of a person who has support needs and their carer (where there is one), and to support their relationship. The distinctive feature of short breaks and breaks from caring is that the break should be a positive experience for both.

To enable short breaks and breaks from caring to be a positive experience for both service users and carers there must be:

• Accessible and detailed information must be available to enable people to decide which type of break would suit them and their carer.

• a range of flexible services providing choice .It is recognised that it may be difficult to provide choice in an emergency situation

• The scope to choose a service that is of proven high quality and designed to meet individual need.

• access to direct payments to promote choice

• Reshaping of existing services to increase options and capacity and the use of best practice models.

**Within Midlothian we are committed to:**

• Increase knowledge of short breaks
• Develop flexible access criteria and choice in line with eligibility criteria
• Develop systems, e.g. brokerage, short breaks bureau, ASHA.
• Promote use of direct payments and choice
• Increase options by reshaping existing services, increasing capacity, using best practice models
• Ensure those on low incomes have their income maximised and funding agreed up front
• Separate and safeguard crisis response from short breaks provision
To develop the above it is necessary to consider current funding and services and, to commit to ongoing consultation with service users and providers to decide on areas for re-provisioning and service redesign.

6.6 Employment

There are clear benefits associated with supporting people with a physical or complex disability into employment, although this can sometimes be complex to deliver in practice.

Several Council Divisions as well as voluntary organisations are responsible for employment support in Midlothian, and the Midlothian Employment Action Network (MEAN) is the local network of employment intermediaries. MEAN works with people, including those with a Physical Disability, who face obstacles in seeking and retaining work. Along with its member organisations MEAN aims to improve access to jobs, and to support a more joined up and accessible framework of employment support services.

The Council, together with its community planning partners, has approved an employability strategy through the Improving Opportunities Community Planning Partnership. The objectives of this strategy include making more efficient use of existing resources, developing more effective partnership working between agencies across Midlothian and the wider travel to work area, sharing models for client assessment and referral protocols, and developing skills of front line staff in employment services. The partnership will operate as a joined up Pathway to Employment with a single entry gateway to a group of linked and complementary services focussing on people with higher support needs. The aim is to make better use of the range of services open to people and to increase the numbers of people in sustainable employment.

Within Midlothian we are committed to:

Develop an Employability Strategy for Community Care Groups. This Strategy will address a number of issues facing the Midlothian Partnership at this point in time including:-

- The expectation of current welfare reforms that more disabled people will enter and remain in work.
- The service gap between social care support and access to work support services into which many disabled people and long term illnesses fall. These people require to be supported by both social care and employability services in a joint way that can both offer
longer term and specialist support, and enable progression to participation in work.

- The uncertainty around funding provided by The Big Lottery Fund and The European Structural Fund (ESF) which have, for some years, financed a significant element of Employment Support activity locally.
- The 'streamlined' approach to Workstep funding proposed by Department of Work and Pensions. This may mean that Midlothian will no longer be a prime provider and faces the loss of this income stream.
- The requirement for our Employability services to be able to respond to changes to the organisation and delivery of Social Care through Self Directed Support and Direct Payments.
- The need for a clearly articulated Action Plan supported by associated Outcome Measures, Reporting Mechanisms, and Financial Planning for Employability Services for Community Care client groups.
- The MEAN Strategy Group will oversee the Planning and Implementation of a range of work-streams, as well as developing associated Outcome Measures and Reporting Mechanisms. The post of MEAN Development Worker will be instrumental in supporting this work.

6.7 **Housing and accessible public buildings**

A range of housing options is essential in enabling disabled people to live independently in the community of their choice. The range should include a mix of specialist and adapted mainstream housing and supported units within communities.

In Midlothian all properties built by the council and housing associations are built to Housing for Varying Need (HVN) standard. Private developers should be encouraged to build to these standards.

People have said they need

- More ‘Houses for life’ enabling people to live independently in their own homes regardless of changes to their circumstances.
- Legislation to ensure that ALL (public and private) houses are built to Housing for Varying Need (HVN) standard.
- Improve design of wheelchair housing taking account of users’ views.
- Improve the information base on what is available.
- To overcome access problems in older properties.
- Adaptations to suit carers as well as the disabled person.
• Acknowledgement that the same issues have been raised for years

To access a range of services and supports within Midlothian we need to ensure buildings are more accessible. The Council has a programme to bring all publicly accessed buildings in Midlothian are DDA compliant. Currently there are 74.8% of the council buildings that meet this requirement.

There is a plan to bring the remaining buildings up to DDA standards

**Within Midlothian we are committed to:**

• Continue to develop HVN standards  
• Develop Care and Repair Scheme  
• Develop Telecare Programme  
• Develop Information base  
• Develop and Implement joint staff training programmes  
• Plan and prepare for new procedures re: adaptations through Housing (Scotland) Act 2006  
• Continue the programme to bring all publicly accessed buildings up to DDA standard

In order to achieve these service area developments

• staff must be well informed as to what is available  
• Information must be available in accessible formats  
• Technology which promotes independence should be available  
• There needs to be clear action plans with outcomes and timescales

### 7. Fair For All - Disability

Disabled people have the same right as everyone else to access mainstream services and receive quality services that are able to accommodate their disability needs and not disadvantage them further.

*Fair For All - Disability*, the guidance from the Scottish Executive Health Department and Disability Rights Commission sets out the ways in which agencies that provide services must act. It is supported by the statutory duty to promote Disability Equality set out in the Disability Discrimination Act (1995).

The guidance sets out clearly that a service is accessible when it is:

• client/user focused  
• inclusive of everyone’s needs  
• Able to be physically accessed and used where and when necessary flexible and appropriate.
To achieve this we need to be ensuring that we address a number of things:

- The attitudes of staff so that they:
  - know about disability issues
  - listen to people and treat them with respect
  - Use appropriate words and language and welcome feedback and measure user satisfaction.

The way in which services can be more flexible about their:

- opening hours
- appointment systems and waiting times
- announcement systems and
- Consultations and discussions with staff.

How we communicate with people by offering:

- appropriate support and alternative formats for communications
- client / user information
- clear policies, procedures and guidelines that are inclusive and
- Appropriate use of new technologies (e.g. website design).

Making the buildings used more accessible by looking at:

- the location of services;
- how to get into and move around buildings;
- transport; and
- Special needs (e.g. emergency evacuation procedures).

Rehabilitation services need to be more accessible to:

- enable the individual to acquire new skills if they chose to do so
- maximize the participation of the individual in their social setting if they chose to do so
- minimise the pain and distress families experienced by the individual
- minimise the distress of and the stress on the individual

To achieve sustained change in these very challenging areas a concerted effort will be required with the following action required:

- Inclusiveness as a key policy, building it into corporate visions and future plans.
- A clear, accessible statement of how specific client groups needs should be addressed in support of creating accessible, universal services.
- Implement Disability Equality Training to staff and to be delivered by disabled people.
• Ensure communications strategies are inclusive of disability issues – as above. Ensure that all new services and services which are being redesigned set out how they will meet such needs. Develop action plans with SMART objectives so that all other services can meet these needs.
• Ensure that the various Disability Equality Schemes are used effectively to monitor the implementation of actions.

8. Financial Framework

Midlothian Council Social Work Division has set a budget in 2009/2010 of £2.6 million for services and supports for people with physical disabilities.

The budget is allocated to funding services, staffing and resources which include:-

• Transport
• Day care/support
• Residential Home care
• Nursing home care
• Respite residential care
• Housing support services
• Direct payments
• Care at home
• Community Equipment Store
• Aids and adaptations

To meet the outcomes contained within the Action plan the budget set will meet the identified areas of priority.
### Strategic Divisional Objectives

Improve people’s health and wellbeing

### Service Recommendation/Priority:

Maximise opportunities for people to stay in their own communities

### Service Outcome:

- To have access to a range of ordinary, lifestyle choices including social and recreational activities based on individual interest and personal choice, employment options that encourage the development of individual skills and build on personal strengths

<table>
<thead>
<tr>
<th>Specific Outputs</th>
<th>Responsibility/Lead</th>
<th>Links</th>
<th>Timescale</th>
<th>Baseline (e.g. 2008/2009 levels)</th>
<th>Target</th>
<th>How specific output/target will be achieved (Process)</th>
<th>Measuring System</th>
<th>Update Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Service users and carers to have the opportunity to be involved, influence/or have access to planning both on an individual and collective basis.</td>
<td>Joan Griffiths and Jan Barnett</td>
<td>CCBP</td>
<td>December 2009</td>
<td>Currently there is representation at planning group meetings.</td>
<td>Increased participation and influence in service development</td>
<td>Through scrutiny panels, joint planning groups and Equalities forum, Forward Mid as key service user representation</td>
<td>Monitoring through representation at planning groups and attendance at scrutiny panels</td>
<td>Forward Mid role clearer</td>
</tr>
<tr>
<td>6.1.1 Increase access to/uptake of Self Directed Care/Support (Direct payment) by active promotion for direct payments including public events</td>
<td>Joan Griffiths</td>
<td>CCBP</td>
<td>April 2010</td>
<td>35 currently using Direct payments in Midlothian</td>
<td>25% increase each year</td>
<td>1. SLA developed with LCIL to address increase in uptake of direct payments. 2. Direct Payments officer to provide induction to new staff on DP. 3. Through Forward Mid news.</td>
<td>Number of increase of uptake of direct payment</td>
<td></td>
</tr>
</tbody>
</table>
### Strategic Divisional Objectives   Improve people’s health and wellbeing

**Service Recommendation/Priority:** Maximise opportunities for people to stay in their own communities

**Service Outcome:** To have access to a range of ordinary, lifestyle choices including social and recreational activities based on individual interest and personal choice, employment options that encourage the development of individual skills and build on personal strengths

<table>
<thead>
<tr>
<th>Specific Outputs</th>
<th>Responsibility/Lead</th>
<th>Links</th>
<th>Timescale</th>
<th>Baseline (e.g. 2008/2009 levels)</th>
<th>Target</th>
<th>How specific output/target will be achieved (Process)</th>
<th>Measuring System</th>
<th>Update Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1.2  Identify and publish directory of physically accessible social and recreational venues across Midlothian</td>
<td>JPDG</td>
<td>CCBP</td>
<td>Jan 2010</td>
<td>Increased awareness and access to community venues</td>
<td>1. Scoping exercise to be undertaken to identify accessible venues across Midlothian. 2. Develop Access Panel. 3. Council link to Forward Mid.</td>
<td>Completion of scoping exercise with an aim to develop publicly available information on accessible venues.</td>
<td>Link to FM website</td>
<td></td>
</tr>
<tr>
<td>6.1.3  Researching a Fast track service for simple pieces of equipment and aids to daily living</td>
<td>Joan Stead</td>
<td>Occupational Therapy review</td>
<td>April 2010</td>
<td>Reduce waiting times</td>
<td>Researching of other models and services and report produced with recommendations.</td>
<td>Reduction of waiting time for clients accessing small pieces of equipment.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Strategic Divisional Objectives  Improve people’s health and wellbeing**

**Service Recommendation/Priority:** Maximise opportunities for people to stay in their own communities

**Service Outcome:** To have access to a range of ordinary, lifestyle choices including social and recreational activities based on individual interest and personal choice, employment options that encourage the development of individual skills and build on personal strengths

<table>
<thead>
<tr>
<th>Specific Outputs Delivery Programme</th>
<th>Responsibility/Lead</th>
<th>Links</th>
<th>Timescale</th>
<th>Baseline (e.g. 2008/2009 levels)</th>
<th>Target</th>
<th>How specific output/target will be achieved (Process)</th>
<th>Measuring System</th>
<th>Update Progress</th>
</tr>
</thead>
</table>
| 6.2.1 Development of public information to extend travel services to those who can’t access public transport | Trevor Docherty Midlothian Council, Transport Division | Transport Strategy |           | Increased awareness and access to community and public transport | 1. Prepare a capital expenditure bid to bring stopping places up to DDA compliance (linked with new bus stop flags and updated Traveline phone number and text number)  
2. Continue to publish the Midlothian Travel map with full details of mainstream bus services including accessibility for wheelchair users on a route by route basis.  
3. Prepare and publish a booklet with full details of all Bus services in Midlothian, including Dial-A-Bus, Dial-A-Ride, and LCTS etc. The booklet will also contain sections on Midlothian Taxicards, the Blue badge scheme and the | Increased public awareness and take up of public transport facilities within Midlothian | | |
**Strategic Divisional Objectives**  Improve people’s health and wellbeing

**Service Recommendation/Priority:** Maximise opportunities for people to stay in their own communities

**Service Outcome:** - To have access to a range of ordinary, lifestyle choices including social and recreational activities based on individual interest and personal choice, employment options that encourage the development of individual skills and build on personal strengths

<table>
<thead>
<tr>
<th>Specific Outputs</th>
<th>Responsibility/Lead</th>
<th>Links</th>
<th>Timescale</th>
<th>Baseline (e.g. 2008/2009 levels)</th>
<th>Target</th>
<th>How specific output/target will be achieved (Process)</th>
<th>Measuring System</th>
<th>Update Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.3.1 Examine vocational rehabilitation facilities/services already in Midlothian. Develop and involve others to underpin the aspirations of the Adult Framework in Rehabilitation</td>
<td>Judy Gibson NHS Lothian</td>
<td>“Co-ordinated, Integrated and fit for purpose” NHS Scotland framework 2007</td>
<td>April 2010</td>
<td>Easily accessible and local Rehabilitation services</td>
<td>Development of local services accessible to those who require it.</td>
<td></td>
<td>Increase in locally accessible rehabilitation services</td>
<td></td>
</tr>
<tr>
<td>6.3.2 Implement effective working between rehabilitation and employment to maximise peoples potential and independent living skills</td>
<td>JPDG</td>
<td>CCBP Employability Strategy</td>
<td>January 2009</td>
<td>Increased no’s of people back into employment</td>
<td>1. Through rehab programmes 2. Link with Employability Strategy</td>
<td></td>
<td>Increase in independent living skills and employment opportunities</td>
<td></td>
</tr>
<tr>
<td>6.4.1 Demonstrate improved relationships with mainstream adult education classes/sport/leisure to ensure</td>
<td>Duncan Macintyre and LAC service</td>
<td></td>
<td>December 2009</td>
<td>Increased flexibility and options for people</td>
<td>Through Local Area Coordination model and service by developing links and partnerships with local</td>
<td></td>
<td>Increase of inclusive opportunities</td>
<td></td>
</tr>
</tbody>
</table>
Strategic Divisional Objectives  Improve people’s health and wellbeing

Service Recommendation/Priority: Maximise opportunities for people to stay in their own communities

Service Outcome: - To have access to a range of ordinary, lifestyle choices including social and recreational activities based on individual interest and personal choice, employment options that encourage the development of individual skills and build on personal strengths

<table>
<thead>
<tr>
<th>Specific Outputs Delivery Programme</th>
<th>Responsibility/Lead</th>
<th>Links</th>
<th>Timescale</th>
<th>Baseline (e.g. 2008/2009 levels)</th>
<th>Target</th>
<th>How specific output/target will be achieved (Process)</th>
<th>Measuring System</th>
<th>Update Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>development of opportunities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6.4.2 Develop capacity plan, identify service support gaps which develop effective supports/ resources.

- Alison Brook and Local Area Coordination service
- January 2010
- Improved flexibility of services and supports to people
- Through LAC model, carry out PCPs for those attending Firhill
- Increase of individuals accessing supports, resources and services of their choice

6.4.3 Increase content of Forward Mid news to include information bulletin with focus on facilitating access to mainstream activities and group/support to develop own interest group

- Eric Johnstone and Joan Griffiths
- Community care Business Plan (CCBP)
- December 2009
- More accessible information bulletin
- Collating information from the Joint Planning groups and disseminating the key issues to be incorporated into the Forward Mid/Community Care Forum news on a regular basis
- Information bulletin available in various formats to be accessed both electronically and in hard copy

6.5.1 Development of flexibility of short breaks for individuals and their carers in line with eligibility criteria

- Alison Brook
- CCBP Scottish Government Short Break Strategy 2008
- April 2010
- Increased access to more flexible needs-led respite
- Greater access and flexibility of breaks available to individuals and families/carers
- % of increased number of individuals

Vocal input here

29
## Strategic Divisional Objectives   Improve people’s health and wellbeing

**Service Recommendation/Priority:** Maximise opportunities for people to stay in their own communities

**Service Outcome:** To have access to a range of ordinary, lifestyle choices including social and recreational activities based on individual interest and personal choice, employment options that encourage the development of individual skills and build on personal strengths

<table>
<thead>
<tr>
<th>Specific Outputs</th>
<th>Responsibility/Lead</th>
<th>Links</th>
<th>Timescale</th>
<th>Baseline (e.g. 2008/2009 levels)</th>
<th>Target</th>
<th>How specific output/target will be achieved (Process)</th>
<th>Measuring System</th>
<th>Update Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6.6.1 Improve opportunities to access employment</strong></td>
<td>Duncan Macintyre and Alasdair Mathers</td>
<td>CCBP and Employability Strategy</td>
<td>January 2009</td>
<td>Increased employment options</td>
<td>As detailed in the Employability Strategy</td>
<td>Increased number of people with disabilities accessing breaks</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.7.1 All new builds are built to building regulations which incorporates DDA physical requirements</strong></td>
<td>Neil Anderson</td>
<td>Housing Strategy plan</td>
<td></td>
<td>Increased DDA accessible housing</td>
<td>Through DDA regulations</td>
<td>100% of new builds compliant with DDA regulations</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.7.2 % of Council buildings accessed by the public DDA compliant and plan to refurbish other buildings to bring up to 100%</strong></td>
<td>Neil Anderson</td>
<td>SPI Commercial Services</td>
<td></td>
<td>All public accessed council buildings DDA compliant</td>
<td>Through DDA regulations</td>
<td>Plan to bring up to 100% would take 2-3 years with a budget in place</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Access Panel being introduced**