

August 2013

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MPs say 'no' to finding out how much pain cuts are really causing



A new tactic in the fight against hate crime has been launched in Shrewsbury and Church Stretton- the Safe Places scheme. Already successful in some other parts of the country, the scheme involves local companies volunteering to be a 'safe place' for individuals who feel they are being intimidated, bullied or harassed on the streets.

Businesses have window stickers which identify them as a safe place to go, where the bullied person can take refuge and call a family or a friend for help.

The project was developed by

a consortium including SDN, West Mercia Police, Shropshire and Telford & Wrekin Councils, Mencap and other agencies.

The response from businesses in both Shrewsbury and Church Stretton was overwhelming, and many companies were represented at the launch in the Guildhall, Shrewsbury, on 4 July.

Pictured above making a point at the launch are Diana Morgan, Marlene Ratcliffe and Gill Edmunds.

See page 5 for more pictures plus news of a new hate crime development

The Commons has rejected demands for a cumulative impact assessment on changes to benefits. Indeed, many MPs found the debate so unimportant that they could not be bothered to listen or take part, they just turned up to vote at the end.

Currently the Government assesses how a policy change affects people by carrying out a one-off impact assessment - and ministers claim this is all that is necessary.

But, many people receive more than one benefit at a time. You get a small sum for being in poor health, another for being unemployed, another if you have a child, another if you have high housing costs, and so on. Also, there isn't a single benefit that hasn't been cut, or scrapped, or made harder to get.

These two facts combined mean that almost everyone receiving benefits will be affected by more than one cut.

For disabled people, this multiple cut effect is even more significant, as they are far more likely to rely on several benefits to make up their income, due to their disability and their higher risk of being unemployed or on a low income. There are hundreds of thousands of disabled people facing four, five, even six separate cuts to the benefits they receive

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With the Lake Vyrnwy half marathon coming up on 15 September SDN member Sarah Ward drums up support for fellow member and runner Vic Davies, who is seen with Grace Hough putting their backs into promoting SDN. See page 9



Remember, remember 11 September - its our Members' Meeting plus the AGM!



Don't miss the next SDN Members' Meeting, on Wednesday 11 September, which will also be our AGM.

There is something of a transport theme, with two of the three guest speakers lined up for the day being Linda Cox of Dial-a-Ride and driving expert Haydn Jenkins (who also has a feature in this issue). The third

speaker is Jim Hawkins of Radio Shropshire, who is also a dab hand with a camera - his subject for the day.

Mears are providing the venue at their Shrewsbury HQ in Unit 3 Hartley Business Centre, Monkmoor Road. The kettle will be boiling from 10.30 and we will make a prompt 11.00am start. See you there!

999 services - your chance to influence the decision-makers

There is a lot in the media about Urgent and Emergency Care services coming under increasing pressure. While the picture locally does not reflect the huge rises in demand seen in some areas, both our Clinical Commissioning Groups, in partnership with local providers, want to improve the urgent and emergency care system.

The NHS Medical Director, Professor Sir Bruce Keogh, has launched a national review - the Urgent and Emergency Care Review - and both Shropshire and Telford & Wrekin Clinical Commissioning Groups are extremely keen to have a strong local stakeholder voice in it.

'The review is looking to draw on the experience of patients and all professionals in the NHS and across social care,' said Tracey Jones,

Programme Director Urgent Care, on behalf of Shropshire and Telford & Wrekin CCGs.

'We want to raise everyone's attention to a survey that is currently being conducted by NHS England. This is an opportunity for local patients and professional stakeholders to voice their opinions.'

It is an online survey consisting of a quick and simple questions plus the opportunity to provide more detailed feedback.

The consultation runs until 11 August and NHS England will publish a revised evidence base for urgent and emergency services this autumn.

You can access the Urgent and Emergency Care Review here: www.england.nhs.uk/uec-england

This will take you to the

main web page where there are further documents and information as well as contact details for provision of documents in different formats.

Comments will be used to develop a national planning framework for urgent and emergency care. But in addition Shropshire and Telford & Wrekin CCGs will use this framework to organise local urgent and emergency care services, taking into account local issues and patient needs.

Tracey Jones strongly urged people to complete the survey and give their opinions 'in order that local views and learning are fed into the national agenda.'

Visit Shropshire Health and Wellbeing Stakeholder Alliance at:

http://shropshirehealth.ning.com/?xg_source=msg_mes_network

Workshop aims to help sight loss sufferers

A drop-in workshop for people suffering a loss of central vision is being held in Shrewsbury on 19 August.

The 'Daily Living Gadget' workshop will be at St Nicholas Hall, United Reformed Church, from 9:30 to 4:00.

Organisers say that 'If you or a relative or friend have macular degeneration or other loss of central vision come and see what help is available to help you continue your life.' For further information contact 01743 791044 or 01743 792256

Don't miss the big SDN tabletop sale!

SDN is holding a tabletop sale on Saturday 3 August at Radbrook Community Centre in Shrewsbury, with tables on offer at just £5. Each table sold comes with a raffle ticket, so some lucky group will get their money back in the draw at the end of the day!

Call Eirlys, one of our volunteers, on 01743 588790 to book your table, or if you would like to show support through donations of cakes, raffle prizes and tombola items.

Eirlys can also be contacted by email at eirlys36evans@gmail.com



Major mental health conference to be staged in Shrewsbury

A major conference on 'Mental Health and Wellbeing: How could we do better?' is being held in Shrewsbury on Thursday 31 October and Friday 1 November.

Sponsored by the University of Chester, Shropshire Council, Shropshire Clinical Commissioning Group, and South Staffordshire and Shropshire Mental Health Trust, the conference will include workshops, presentation of papers and poster design.

Organisers stress that they 'are particularly interested to consider new and innovative work irrespective of its origins.'

The conference will be held at the Royal Shrewsbury Hospital's Education and Conference Centre. Email inquiries to cptpc@chester.ac.uk or call 01743 341739.

New first aid course in mental health

Mental health first aid is the assistance you give to someone experiencing a mental health problem before professional help can be obtained. New training sessions will be held in Shrewsbury on 4 and 11 October, but places are limited so if you are interested act quickly.

The venue will be the Redwoods Centre in Somerby Drive, Bickton Heath. Parking is available. The course costs £190 per person, including the training manual, but the fee is negotiable. Lunch facilities are available on-site and drinks are provided. Contact 07874033042 or 01743361702 [From VCSA]

A debate about MS research is running on Twitter, sparked off by an article in an American medical journal on whether studying the history of HIV/AIDS - and the scientific response to it - can help those with MS early in the course of their disease.

In part the article says: 'AIDS activists explicitly crossed a vast chasm of expertise. They went to ... meetings and events ... prepared to offer concrete proposals to speed research, reformulate trials, and accelerate regulatory processes.'

'This approach went well beyond the traditional bioethical formulations of autonomy and consent ... AIDS activists, including many people with AIDS, served as collaborators and colleagues rather than constituents and subjects, changing the trajectory of research and treatment.'

'These new models of disease activism ... demanded involvement at every level of decision-making [and]

Twitter debate asks if MSers should be 'disease activists'

spurred new strategies among many activists focused on other diseases.' It then asks 'Where are the MS activists?' and goes on to end with a 'call to arms':

- ▶ We need MSer activists - the more militant the better
 - ▶ We need MSer advocates to raise their heads above the parapet - neurologists, nurses, health economists, politicians, scientists, etc, where are you?
 - ▶ We need philanthropists - as a start the community needs several million pounds to kick-start an MS prevention programme
 - ▶ Education - we need to get MSers and their healthcare professionals educated about these concepts
- Many of the contributions in the

Twitter debate are lengthy and strident, arguing for or against the AIDS comparison and the values of different approaches to MS.

Among those taking part is SDN member and MSer, Pam Newall, whose contribution was short and very relevant: 'I'll help as much as I can. Exactly what needs to be done?' As she included her real name and email address (the only contributor to do so), it would be good to think that someone will give Pam a clear and positive answer to her question and that MSers could start to become effective 'disease activists.' The debate is at <http://multiple-sclerosis-research.blogspot.co.uk/2013/06/adopting-hiv-model.html?m=0>

Council carer course online

Shropshire Council runs a Carer Aware online course to help raise awareness of the role of family carers and the support available to them. The course helps carers, people who work with carers, or anyone interested in learning more. To do the course, which takes an hour, go to shropshire.gov.uk/carers-aware-course. For more details contact Jackie.Taylor@shropshire.gov.uk

No email? Not a problem!

Readers who don't use email can still be fully involved with *YourVoice*. For instance, there may be members with MS who would like to respond to the article above or to contact Pam. Just write to the SDN Outreach Officer who posts *YourVoice* to you each month. The address is on the letter you receive. Any marked for Pam will be forwarded.



Launching Safe Places



As reported on page one, the innovative Safe Places scheme to help disabled people who feel threatened, is now a reality. Seen here are some of the participants and other guests at the launch in Shrewsbury's Guildhall. At top left, Kal Parkash of Shropshire Council introduces the guest speakers, Chief Inspector Paul Moxley and Councillor Mike Owen



Views of disabled sought on hate crime law changes

Some central aspects of the current laws covering hate crime and the sentences that can follow conviction are being reviewed. The first step in the process is a wide-ranging public consultation.

At present, a crime is recorded by the police and the Crown Prosecution Service as a hate crime if the victim, or anyone else, believes it was motivated by hostility based on one of five personal characteristics: disability, transgender identity, race, religion or sexual orientation.

But the way hate crime is prosecuted and punished is not the same for all five of these 'protected groups'. Racial and religious hate crimes are dealt with under the Crime and Disorder Act 1998, while the other three categories are dealt with under another Act.

Now the Law Commission is conducting a consultation, at the request of the Ministry of Justice, to look at two things:

(a) Extending 'aggravated offences' in the Crime and Disorder Act to include hostility demonstrated towards people on the grounds of disability, sexual orientation or gender identity
(b) Whether there is a case for extending the stirring up of hatred offences under the Public Order Act 1986 to include stirring up of hatred on the grounds of disability or gender identity

The consultation is also covering the current sentencing regime in respect of all five groups, particularly looking at these key questions:

- Do existing criminal offences provide adequate protection against the different types of wrongdoing occurring against members of the pro-

ected groups and the harm that the offences cause?

- Do the courts' existing sentencing powers provide a sufficient response in all cases?
- Would extending the existing offences to cover additional protected groups create uncertainty or have other unintended consequences?

The consultation period ends on 27 September and the Law Commission is urging people with disabilities to make their voices heard. It would like responses to be made using the form at this link:

http://lawcommission.justice.gov.uk/consultations/hate_crime.htm
Responses can also be submitted by email to hate.crime@lawcommission.gsi.gov.uk or by post to Catherine Heard, Law Commission, Steel House, 11 Tothill Street, London, SW1H 9LJ.



'Vital changes' to be made in law for young carers

The Children's Minister, Edward Timpson, says the Government intends to change the law to improve rights for young carers, after much campaigning from the Carers Trust and other charities.

Data in the most recent census suggests there are more than 166,000 young carers in England, but charities working in the field believe this shocking figure is just the tip of the iceberg.

Children are remaining hidden from view, missing out on the support they

so desperately need.

Dr Moira Fraser, chair of the National Young Carers Coalition, said: 'We particularly welcome the fact that the Minister has stated that he believes that taking a whole family approach will be the key to ensuring that young carers are protected and that he and the Care Minister will look at how children's legislation works with adult legislation to achieve this.'

'This is something that the National Young Carers Coalition has been calling for over some time.' She said it is 'vital that young carers

are identified, assessed and supported as early as possible to prevent them from having to take on inappropriate levels of caring that so often have a negative impact on their wellbeing.

'The introduction of the Children and Families Bill and the Care Bill represent significant opportunities to improve the long-term outcomes for young carers and we look forward to continuing discussions with government to ensure that this opportunity for meaningful and lasting change is not missed.'

Until 10 years ago disabled people were still driving 'invalid carriages' - motorised trikes with a glassfibre shell. But in 2003 they were banned for safety reasons. The cars were all called in and crushed, though a few survive in museums and private ownership.

Known generically as the Invacar, that was actually the brand name of just one of the models available.

In 1946 the first motor-driven trike was invented by engineer Bert Greeves for his paralysed cousin. Greeves then founded the Invacar company. The Ministry of Health began supplying and repairing Invacars.

They used tillers instead of a steering wheel, had a space to stow a folding wheelchair and were easy to get into. They were based on motor-

Cars just ain't what they used to be!



'Invalid carriages' waiting to be crushed

bike technology and driven by a chain, with top speeds anywhere from 40 to 82mph. Sir Bert Massie, a governor for the modern day accessible car scheme Motability, explains that those in charge didn't think of it as a service that gave you

independence: 'The Government ... saw them as a prosthetic. There was a strange logic to their thinking. They saw the role of the NHS as being to get you mobile. If you were not disabled, you'd be doing that with your legs. So, if you were disabled they gave you a one-person invalid carriage as a leg replacement to get you from A to B.'

By 1976, there were 21,500 invalid carriages in use. The scheme was meant to close in 1981 but some people really liked their trikes and kept on using them until the outright ban in 2003.

Rather than providing free vehicles, cash schemes like the mobility allowance and Motability gradually took over in the 1970s. More than 600,000 people presently use Motability.

[From BBC Ouch, 29 June 2013]

Isolated get a chance to be heard on travel

People with disabilities who live in isolated communities now have the chance to make their voices heard about transport, thanks to a call for evidence by the Commons Transport Committee. Chair of the committee, Louise Ellman MP, says: 'We are particularly interested in the provision of bus and rail services, as well as the role of Community Transport.' It would like to receive written evidence on: How government and local authorities identify

demand for transport in isolated communities; whether the needs of different groups of passengers taken into account; what are the main challenges to providing better bus and rail services?

Responses are requested by 2 September and should be sent by email to transev@parliament.uk. Questions can be emailed to the Committee at transcom@parliament.uk or call 020 7219 6263/3266.



Who wants a challenge?

In the words of Access Magazine, 'It is 145 pages long, somewhat drily written and doesn't quite give you the whole picture, but if you're curious ...' It is the PIP Assessment Guide, a Department for Work and Pensions publication which is intended to guide those who carry out assessments for Personal Independence Payment (most recently updated on 27 June 2013). Would any of our readers care to write a review? The link is: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/210722/pip-assessment-guide.pdf

River blindness

International charity Sightsavers has marked a big moment in its work to eliminate the parasitic eye infection called river blindness – its 250 millionth treatment to head-off the disease, which is caused by using infected water. The recipient was a six-year-old boy in Bali. Sightsavers' target is to eliminate river blindness by 2020.

VCSA info check

Shropshire Voluntary and Community Sector Assembly is asking organisations to complete an online questionnaire so that it can collate and update information and communicate more efficiently in the future. It says the Survey Monkey questionnaire is simple to fill in and can be found at www.surveymonkey.com/s/VCSMembershipForm. Returns need to be by 9 September. [From VCSA]

Public backs disabled

The Government's own research has revealed that only a tiny minority of people want to cut spending on disability benefits. Published quietly by DWP, the new survey shows that 47% of more than 2,200 non-disabled people who were questioned thought the Government should spend more on benefits for disabled people who cannot work, while only 4% thought they should spend less. [From Disability News Service]

Jobless ESA delay

The DWP says new rules which will force anyone who loses their job to wait for a week, rather than the current three days, before claiming jobseeker's allowance will apply to those on the means-tested, income-related version of ESA. The measure is part of another £4 billion to be cut from spending on benefits in 2015-16, on top of previous cuts of £18 billion a year. [DNS]

West Mercia Police has recently produced a new edition of its **Autism Card**, a postcard size item that enables police officers to realise that someone has an autistic condition. A sufferer, if stopped by the police, can produce the card to explain that their behaviour is the result of autism. The simple card can help avoid misunderstandings or confrontations. It has been updated by Ann Shaw, West Mercia's Tactical Equality and Diversity Advisor for Telford & Wrekin and Shropshire. She can be contacted on 01952 214637 or 0300 333 3000. Pictured here is one side of the card.

Autism Spectrum Conditions (ASC) and the Criminal Justice System

What might you find when dealing with a person with ASC?

They may:

- have difficulty understanding you;
- repeat things you say;
- not give eye contact or stare;
- be very honest and therefore appear rude;
- appear very anxious or agitated;
- lack understanding of the consequences of the situation they are in;
- find it difficult to talk and explain themselves;
- display obsessions and repetitive behaviour;
- seem confused about what is happening;
- not respond, rock, be in great distress, withdraw due to sensory overload or meltdown;
- not understand why their behaviour or actions are wrong;
- admit to anything if it removes them from the situation.

39014/DTP/diversity

Keep patients' info flowing urges Forum

A research report highlights how providing information to patients and their carers improves outcomes, reduces costs and gives people a better experience of care.

The Patient Information Forum commissioned research to identify the benefits of investing in health information which looked at more than 300 studies. It found good business reasons to justify the investment of more time, money and training in health information provision and support.

These include positive impacts on service use and costs, substantial capacity savings, and significant returns on investment by increasing shared decision-making, self-care and the self-management of long-term conditions.

Given the unprecedented pressures facing the NHS, the forum believes that it is a clinical and financial imperative to give patients good information. If patients are not provided with the

right information at the right time, their experience of healthcare will be diminished, their safety and wellbeing compromised, and scarce public money wasted.

But surveys show a low level of commitment to information services in some NHS organisations. The Forum recently ran an online survey asking what's currently happening to information services within NHS organisations. A total of 80 organisations took part. The headline findings included:

- Almost half of organisations have no information staff or one member of staff, or it's a role combined with something else.
- A third said the information service in their organisation was at risk or was being cut.
- A third have no specific budget for information. For those that have, the average is around 0.006%.
- At a quarter, no one at board level has responsibility for information.

[From: Health Information News June 2013]



Atos short on assessment centres – by a mere 85%

The Disability News Service has uncovered a truth that Atos and the Government would rather keep buried – instead of the promised 740 assessment sites across London and the south of England Atos has only ‘up to’ 108. That’s a shortfall of some 85% on a contract worth £184m.

Getting the information did not come easily – it had to be forced out of the Department for Work and Pensions with a formal request under the Freedom of Information Act.

The crossbench peer Lord [David] Alton, who raised his concerns about the contract in a letter to the National Audit Office, said the difference between what Atos had pledged to

provide in the tender document and what it was now offering was staggering.

It ‘begs endless questions about the basis of the original tender; the grounds on which that contract was then awarded; and, now, how the DWP can say with any certainty that the radically reduced number of centres will be able to undertake the assessments with efficiency and expedition.’

Disabled Liberal Democrat MP Stephen Lloyd called for the DWP to re-open the tendering process. ‘This figure is shocking. Atos can only now offer a derisory 15% of the assessment centres originally promised.’

Because there are so many fewer assessment centres, thousands of disabled people with significant mobility and care needs will face longer journeys to reach their assessments.

Atos said in a statement: ‘Our success in winning the PIP contract was not based upon the number of suppliers or locations but instead on being able to meet the department’s needs for coverage, which we have. No pledges have been broken. It is absolutely usual for there to be changes between point of tender and delivery.’

The DWP, also in a statement, said it was confident Atos would meet its requirements.



You might be looking at the last, or one of the last, issues of the paper magazine published by Mencap for people with learning disabilities and their families. Mencap would not make such a decision lightly and, if it goes, Viewpoint will become another casualty in the war of attrition that many charities are having to fight as their funding becomes more and more precarious. Mencap is not alone, many other disability charities are feeling the screws tighten as an uncaring government forces them to make impossible decisions about how to spend their falling revenues. There will no doubt be a purely online alternative to Viewpoint, but the loss of the printed version is not just a loss to non-IT literate families, it is a loss to the disability community as a whole.

ME Group wins cash support

The Community Foundation for Shropshire and Telford has awarded Shropshire ME Group a grant of £800, which will be used to finance the printing and posting of its newsletter until next April. The group has also recently received support from the Shropshire Community Fund, which gave £500 to update IT equipment; from Waitrose in Shrewsbury, which gave the group £173 as one of its nominated charities; and Bridgnorth Co-op gave £11. The group’s own fund-raising efforts have raised £100 and a church table-sale in Malinslee raised £10.

Check out Home Start

Home Start North Shropshire and Oswestry runs a busy programme with much of interest to people in the disability community. For instance, it has recently completed training courses on children’s mental health, supporting parents experiencing depression, helping parents to understand their children’s behaviour, and much else. It’s well worth a call to Georgina or Dee on 01948 890 458 or email info@homestartnorthshropshire.org.uk.

Why we need to know our medicines!

Research by the Royal Pharmaceutical Society reveals a need for patients to understand their medicines better - to improve their health and reduce waste of medicines. Only 49% of those questioned were usually aware of side-effects of a medicine before they started taking it; just 44% checked how a medicine might react with other prescriptions; and only 42% always read the patient information leaflet included in the pack.

Wasted medicines cost the NHS £300 million every year - yet up to 50% of people don’t take medicines as recommended and over 70% of admissions to hospital for adverse drug reactions are avoidable. [Health Information News]



George Osborne announced even further tough changes to welfare benefits in his June Spending Review. For the first time, he introduced an overall limit on benefit spending - a welfare cap.

This will restrict the overall benefits bill to around £100 billion per year excluding State Retirement Pension and some benefits (including Jobseekers' Allowance). Actual amounts will be set in 2014.

Potential savings, on the face of it, could be worth billions - but are the savings all they seem to be?

It is claimed that a range of 'smaller' changes will save £350 million which will be reinvested to help claimants back to work from 2014-15.

These changes are on top the £21.6 billion of benefit cuts announced in 2010 and 2012 by the Government, 90% of which are now law.

PIP consultation

The Government is running a six-week consultation (ending on 5 August) about whether 'descriptor 2' of the PIP Mobility Component should be changed. Descriptor 2, or the 'moving around' criterion, allows points to be awarded according to the ability to walk a certain distance. It is stricter than the equivalent higher rate mobility test under DLA.

A challenge is being heard in the High Court about the adequacy of the original consultation which mentioned a distance of 50 metres for the enhanced rate, not 20 metres. In the meantime the existing PIP law will continue to apply to new claims made, pending any changes.

Universal Credit

The Government has estimated that the cost of introducing Universal Credit this year is £2 billion, and that 21% of that budget has been spent so far. It suggests that the budget is not due be overspent [according to Hansard]. Watch this space...

[Thanks to Social Welfare Training for much of the information on this page]

If the cap fits, well ... just check again you may be exempt, or perhaps not ...

A quick trawl through some of the recent bizarre offerings from the Government regarding disability and benefits reveals uncertainty and confusion - but still no compassion

How not to avoid confusion!

The Benefit Cap (not to be confused with the Welfare Cap) is being rolled out nationally between 15 July and the end of September.

But receipt of any of the following benefits by someone in the household may contribute to the cap not being applied - Disability Living Allowance, Attendance Allowance, Personal Independence Payment, support component of Employment and Support Allowance, Working Tax Credit, Industrial Injuries, War

Pension, and those earning over £430 topped up with Universal Credit. It also won't affect those over State Pension Credit age or those who lose their jobs having been in work for the previous 12 months (exempt for a period of nine months).

There is one further exemption - for those who are in supported accommodation (most would be, in effect, exempt as Housing Benefit does not count as income for these clients in the Benefit Cap).

Getting assessments on the record

The Government has again confirmed its policy that the Work Capability Assessment carried out by ATOS can be recorded. A request needs to be made in advance.

Some clients have complained about the inaccuracy of reports and what was said during them. This is what Hansard says: 'The present policy is that claimants can ask for their assessments to be recorded, either by means of the service offered by the Department for Work and Pensions and Atos Healthcare or through the use of their own recording equipment.'

Requests for an audio recording, whether through the use of Atos

Healthcare's equipment or through the use of equipment provided by a claimant, must be made in advance when a face-to-face assessment is arranged. The purpose of that is to provide adequate notice so that recording equipment can be made available and ready for use.'

As a by the way, the figures below (which are also from Hansard) give the Government's estimated value of the contracts to deliver disability assessments. Atos was awarded about two-thirds of the cake.

PIP (lot 1): 31 July 2012 - 30 July 2017 - £206,703,507

PIP (lot 3): 31 July 2012 - 30 July 2017 - £183,894,556

When Vic put his best foot forward...

When Vic Davies responded to a tweet on our account shropdisnetwork and offered to run the Lake Vyrnwy Half Marathon for SDN, he didn't realise that he was very soon also going to run the first Shrewsbury Marathon for us as well - and raise some £300.

Grace Hough, paralympian games maker, experienced marathon runner, athlete and SDN volunteer, said: 'Well done Vic, you did well on a very difficult course.'

SDN committee member Ruby Hartshorn said: 'We are proud and grateful to him for doing this. We all

echo Grace's words and want to thank those who supported Vic. We must all get behind him now for the Lake Vyrnwy Half Marathon.

'If there are other runners out there who would like to run for us, please email me at rbhartshorn@gmail.com as it would be marvellous support not just for SDN but for Vic.

'It was an amazing atmosphere in the Quarry on the marathon afternoon. It was an honour to meet Vic, runners for other local charities and to get a "thumbs up" for SDN from Jon Tandy and his wife,

the Mayor and Mayoress.' You can sponsor Vic by sending a text message to 70070 with this message SHDN12 £1 (or any amount up to £10) or you can send a cheque made payable to Shropshire Disability Network with 'Vic 2' written on the back and post to Fundraising Lead, SDN c/o 26 Aldwick Drive, Radbrook Green, SY3 6BN or contact SDN to find out how to make a contribution via BACS or to get a form for collecting sponsors among your contacts.'

How marathons can bite you on the bum

'I am finding it very hard to put down my feelings about the Shrewsbury Marathon (writes Vic). I was very excited with the build-up, and really pleased to be running for Shropshire Disability Network. My training had gone pretty well, and I felt strong and was running pretty quickly. I felt confident that I would run well and I was excited about it being a local race.

On the day I felt I ran really well, but just ran out of energy at about 21 miles, which is really unusual for me. This was two and a half hours into the run. I did consider walking for a bit and then running again - but I just couldn't muster the emotional energy!

Although I felt I ran well, I did find the race very hard. This was not due to the hilly nature of the course, that really suited me, as I train on hills all the time. What I found really difficult was passing people on the very narrow roads and the lanes. I found this absolutely draining!

To my mind there were far too many people on the course and laps two and three were demoralising. Many of the slower runners did not need appreciate the need to keep to the left and many were wearing headphones so could not hear requests

to move over. The stretch up to Kingsland was a nightmare. You had fast runners passing slow runners going up and fast runners passing slow runners coming down, all running on one half of the road, I was constantly dodging bollards, other runners and cars. How there weren't any accidents on the day I don't know.

For me this type of course was made more difficult as I cannot see to my left because I have severe visual impairment. After a while, and after a few abusive comments this all made me rather angry and quite despondent.

There were many other teething issues with the race: the delayed start, the chips (or rather the information about the chips), lack of water on the final lap, inexperienced marshalling and the finish. Hopefully, all these issues can be resolved for next year. The major one is the route and the number of people running on it!

However, none of this is an excuse for not finishing! I had forgotten the fundamentals of running marathons and that is to pace yourself properly. My favoured distance is the half marathon and I simply went off too

quickly and blew up! I needed to have run some more longer runs at race pace.

I will make sure I do this for the Snowdonia Marathon in October. Marathons have a nasty habit of biting you on the bum if you don't take them seriously, and that is exactly what happened to me. I was over-confident! I knew I had the speed, but I lacked the stamina and endurance to see the race through.

On the positive side the atmosphere in the Quarry and the town was just amazing. People had come out in large numbers to cheer on the runners all round the route. Up through Kingsland and Coleham the streets were packed. This bodes really well for the future. I do hope they continue with the race as Shrewsbury showed that it really deserves a good marathon





It's a long wait if you're hungry...

Charities are warning that the extra days people must wait to claim unemployment benefit will squeeze poor working families, force some low-income claimants to rely on loan sharks and food banks and increase child poverty.

Official data suggests the average wait for benefit claims to be processed is 16 days, though food banks report that in some areas claimants can wait for up to 25 days.

Adding another seven days to that would mean some claimants trying to survive a month without an income.

The Child Poverty Action Group and Crisis are among the charities that have sounded alarm bells over Chancellor George Osborne's bright idea.

Overall welfare spending is also to be restricted by a cap, which will enable the Government to restrict eligibility for housing benefit, tax credits and disability allowances.

The overall welfare cap will be introduced in April 2015. It will be set as a cash limit, and if the Government looks set to breach the limit, the Office for Budgetary Responsibility will issue a warning, obliging ministers to cut welfare spending.

The state pension and Job Seeker's Allowance are not included in the cap [From The Guardian]

A4U, a charity that provides information and advice to the disabled in Shropshire and Telford & Wrekin, has asked us to publicise this factsheet which guides people through the switch from DLA to PIP

Factsheet – Personal Independence Payment (PIP)

PIP is replacing Disability Living Allowance from 10 June 2013. It applies for people between 16-65 years of age who have been living with a disability for 3 months that is likely to continue for at least a further 9 months. The process for claiming is as follows:

New Claimants: New claimants will need to phone the DWP for a PIP claim pack. Initial telephone contact will be about 12-15 minutes, but a Third Party can make this call on behalf of the claimant. There is no requirement to obtain Third Party authorisation.

The PIP claim pack consists of 12 questions, 10 relate to daily living and 2 to mobility

1. All new claims for age 16-65 will be for PIP commencing 10 June 2013
 2. Capita has the contract to deliver medical assessments
 3. Most claimants will have a compulsory, face to face, medical assessment conducted in their own home.
 4. Capita will ensure medical experts conduct assessments, and will match experience with a claimant's medical condition; there will be a script of questions. Descriptors and scoring system – less than 8 no award, 8-12 – standard rate, over 12 enhanced rate
 5. DWP/Capita urge claimants to have a representative, carer or family member with them during the medical assessment.
 6. New claimants will have to telephone for a PIP claim.
 7. Initial telephone contact will be about 12 minutes, but a Third Party can make the call on behalf of the claimant. No requirement for Third Party authorisation.
 8. Booklet will be sent to claimant (like a story book) and will answer questions on daily living requirements and/or mobility issues.
 9. The DWP urges claimants to include any medical evidence of condition or to send details downloaded from internet to support claim.
 10. Capita has a 30 day turnaround time from receiving a referral from the DWP to sending it the medical assessment report
 11. Scores and recommendations from assessments are passed to a 'case manager' (decision maker) at DWP who will make a decision on the award.
 12. First claimants for PIP will not get scores included in their decision letters – these will not be included in the letters until the second phase (October)
- The above may be subject to change following the roll out of a pilot in Merseyside from April 2013

Existing Claimants:

1. Migration will take place from October 2013 and continue until 2016
2. Claimants will be invited by letter to claim PIP
3. If no response from claimant then DLA is automatically stopped.
4. Over 65s and on DLA will probably be left to the end of migration

A4U, The Guildhall, Frankwell Quay
Shrewsbury, Shropshire, SY3 8HB
Advice Line: 01743 256218
Fax: 01743 365659
email: advice@a4u.org.uk
www.a4u.org.uk



Getting the disabled back behind the wheel

I'm in the fortunate or unfortunate position of being in a triangle of three assessment centres - North Wales, Derby and Birmingham. I have previously visited Derby DrivAbility and the North Wales satellite centre in Newtown. This was my first visit to the Glan Clwyd Hospital, Bodelwyddan.

The day started with introductions to Gary Jones, ADI centre manager; Louise Barr, admin; Chris Jones, ADI; and Caroline Holt, ADI. It was very rewarding being able to discuss and exchange ideas with likeminded ADIs who work in the same sector of driver training as myself.

CH showed me around the centre and its extensive range of vehicles - 11, ranging from small and medium saloons, MPVs and WAVs (wheelchair accessible vehicles) and set-up in varying ways - standard automatic, push pull, left foot accelerator, over-ring/radial electronic accelerators, infrared secondary controls, hoists for wheelchairs and scooters, ramps for WAVs.

CJ and CH took me out in a Nissan Note fitted with Elap over-ring/radial accelerator with push brake, for a short assessment drive similar to what they would do on an assessment. It was interesting controlling the vehicle in two different ways.

One problem I had was maintaining acceleration while turning the wheel with the over-ring. Although operation was very light, there was a similar problem with the radial accelerator that, unlike the standard push/pull, if you maintained acceleration while braking the system cut power to the accelerator until the brake was reapplied without gas. This caught me out a couple of times. Even though I had some initial problems with both types I can see

SDN member Haydn Jenkins, an experience driving instructor with his own school, Alpha, introduced the North Wales Mobility and Driver Assessment Service, in YourVoice two months ago. It is one of several Mobility Assessment Centres around the UK, offering impartial and professional advice that enables the disabled or elderly to achieve their optimum level of independent outdoor mobility. Here, Haydn reflects on the day he spent at the centre, which included 'sitting in' on a real assessment.

the benefit for some clients. During the drive I noticed that even as an experienced driver, with adapted controls and using a different set for the first time, you do forget the odd mirror check and speed limit.

Before the assessment I was required to sign a non-disclosure agreement so I cannot refer to the client in detail. During the assessment, watching the two ADIs work together was very interesting. The Q&A was thorough but sensitive and professional. You could see that CJ has more experience in this field his manner was effective and he allowed CH to conduct most of the Q&A. She was also professional and empathetic but her technique differed slightly from CJ. Both were professional throughout.

The client - let's call them X - was asked for their hopes and expectations the assessment would bring. X was typically worried about being told independent driving would no longer be an option. Spinal surgery had initially left X with quadriplegia but with physiotherapy X had improved, now having use of the right arm and leg, and limited use of the left arm hand but no viable use

of left leg. X is now presenting left-sided hemiplegia, enabling the use of a vehicle with automatic transmission fitted with steering aid plus possibly parking brake adaptation, with gear selector adaptation or choosing a vehicle without transmission lock button. X could also consider secondary controls.

After the initial assessment in the centre we moved to the on-road session. X was introduced to the vehicle and controls and after getting used to the vehicle on the hospital grounds was taken onto public roads. The usual exercises were carried out, including controlled stop and then back to the centre. The staff had a discussion with X about their thoughts and possible plan forward, after which the staff needed to prepare a report. On this occasion the report would go to the client because they had self-referred, although they would be required to inform DVLA and insurers of their disability and any adaptation required.

As an observer I didn't take any verbal part while the client was present, but while X was out of the room, both instructors included me in their discussions and asked for my assessment of the client and for my training recommendations.

Because of the confidentiality, I can only tell you that the client, with some small adjustment to the vehicle and their driving style, and with some training, should be able to drive again.

I found the day rewarding and felt that I learned quite a lot, giving me an insight into their much-undervalued work. Most people don't want to go to an assessment centre but if you do visit I'm sure you won't feel the same afterwards.



Claudia Wood, deputy director of the think-tank Demos, wrote an article for The Independent on why a cumulative impact assessment was essential to understand the real effects of benefit cuts. It was published on 10 July, the day that MPs voted against doing any such thing. The Independent's headline says it all...

On 10 July Labour used its Opposition Day Debate to focus on the impact of the Government's welfare reforms on disabled people. Shadow Minister Liam Byrne demanded a cumulative impact assessment of its changes to benefits.

But if the Government carried out a cumulative impact assessment, each of its welfare cuts would get a much-needed reality check.

Currently the Government assesses how a policy change affects people by carrying out a one-off impact assessment. So when the so-called bedroom tax was drafted, ministers knew roughly how many people would lose out, and by how much per week. Similarly, when Disability Living Allowance was replaced with Personal Independence Payment, the impact assessment showed how many DLA claimants would not be entitled to PIP, and how much income they would lose as a result.

BUT, many people receive more than one benefit at a time. You get a small sum for being in poor health, another for being unemployed, another if you have a child, another if you have high housing costs, and so on.

The second is that the Government's ambition around welfare reform knows no bounds. There isn't a single benefit that hasn't been cut, or scrapped, or made harder to get.

These two facts combined mean that almost everyone receiving benefits

The Government has no idea how cuts are impacting on disabled people - and no intention of measuring

will be affected by more than one cut.

For disabled people, this multiple cut effect is even more significant, as they are far more likely to rely on several benefits to make up their income, due to their disability and their higher risk of being unemployed or on a low income.

Demos and Scope have carried out a cumulative impact assessment - 'the results are striking'

There are hundreds of thousands of disabled people across the country facing four, five, even six separate cuts to the benefits they receive, as the Government makes sweeping reductions to welfare spending.

This is why a cumulative impact assessment is so important. At the moment, the Government has no way of knowing how much that disabled person facing six cuts stands to lose.

They know how many people are affected by each separate cut, but have no idea how these might hit one individual, or the impact the combined cuts might have on a family's budget.

The Government says a cumulative impact assessment is too difficult to carry out— but Demos, with the support of Scope, carried out its own cumulative assessments with readily available public data. The results are striking.

A total of 264,000 disabled people in social housing will lose in total over £6,300 each by 2017.

Households facing a combination of six simultaneous cut are to lose £4,600 a year

For disabled people these are life changing – life endangering – losses. They often have higher living costs: taking taxis when public transport is inaccessible, spending more on heating and specialist food, having to buy specialist clothing – the list is endless.

For those surviving on benefits (bear in mind half of disabled people in this country are unemployed) losing £10 a week makes heating, electricity, rent, lifesaving equipment or a

Continued next page



'No idea how cuts are impacting on disabled'

Continued

medical appointment too much to cover. Something has to give.

Disabled families we spoke to during our two year Disability in Austerity Study showed us clearly what that meant. For the parents of a disabled child, it meant skipping medical appointments because they couldn't afford the diesel.

For a disabled man and his wife caring for him, it meant stuffing the window with newspaper in the winter because they couldn't afford the repair. For a young woman in a wheelchair, it meant getting further into debt when a tyre needed replacing.

The Government cannot persist with the piecemeal analysis currently

used to estimate the impact of welfare reform – which measures only one cut at a time.

Without a cumulative analysis we have no way of knowing who is worst affected, and by how much. How can we judge the fairness of cuts without knowing their impact?

[From The Independent 10 July 2013, abridged]

The more disabled you are, then the harder you're hit

An analysis carried out for the Campaign for a Fair Society shows that the most severely disabled (2% of the population) are taking around 15% of the Government's cuts in benefits and services for the disabled, while all disabled people (8% of the population) take 29% of the cuts.

The study was done in January and more cuts that impact on the ability of local authorities to help their disabled communities have been introduced since then.

A particular concern about people on low DLA care is that they are likely to lose this when it changes to PIP as there is no low care rate in PIP which will then mean they lose the

protection from the cap on Universal Credit, says the Campaign for a Fair Society.

'This in particular should be being assessed for its impact, as there will be significant knock-on effects on individuals' ability to cope and hence on other budgets (eg, local authority, housing, NHS, police) and is likely to push people who currently need little into more substantial or critical need, at a time when we should be encouraging self-reliance, which is what the low rate has done,' it goes on.

More and more people assessed as having substantial needs will be forced to turn to their local authorities as Government funding dries up, and local authorities are

already hard pressed on all sides.

'We know that for many people at the lower end of earnings (and certainly in social care), their salaries have either stayed the same or reduced and their terms and conditions have been eroded including more zero hours contracts being issued. Last years' inflation was 4%,' says the Campaign for a Fair Society.

Visit these links:

<http://www.centreforwelfarereform.org/uploads/attachment/354/a-fair-society.pdf>
<http://www.disability-equality.org.uk/news/disabled-people-will-be-worse-off-whether-they-work-or-not/n92> Alternatively try:
<http://sn.im/27eudz0>
<http://carerwatch.com/reform/?p=1697>

Canadian takes our case to the UN

The shameful way the Government is treating people with disabilities has come under attack from Canada, from where a disability studies specialist is trying to make the UN aware of what is going on here.

Samuel Miller, from Montreal, wrote to the Shadow Secretary for Work and Pensions, Liam Byrne, before the July debate, asking for his help in making the Department for Work and Pensions provide key statistics.

He also urges that sustained pres-

sure be put on the Government to conduct a cumulative impact assessment, something that Cameron and Co are obviously afraid to do.

Mr Miller says he has been reporting to senior UN officials on the crisis for the UK's sick and disabled. He wants to know how many sick and disabled benefit claimants have died, committed suicide or become destitute as a result of austerity measures, but is 'experiencing difficulty procuring ... statistics from the Department for Work and Pensions.'



You are not alone

Going to our site is all it takes to meet others who understand what you are going through:

www.shropshire.gov.uk/community.nsf

Shropshire Self Help Groups
Telephone
01691 656882

Sponsored by Shropshire Council, Telford & Wrekin Council, and the NHS



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Names and numbers that might help

If your organisation or cause is not listed here please let us know. Email the editor at newsletter@shropshire-disability.net or write to him: Peter Staples, 8 Gorse Lane, Bayston Hill, Shrewsbury, SY3 0JJ

Shropshire Council Disability Services -
www.shropshire.gov.uk/disability.nsf

Telford & Wrekin Adult Social Care Directory - services available and how to access them
http://www.telford.gov.uk/site/scripts/download_info.aspx?fileID=116&categoryID=100010

A4U Disability Advice Centre - Guildhall, Frankwell Quay, Shrewsbury SY3 8HQ; 01743 256218; advice@a4u.org.uk

Autonomy - self-help and social for Aspergers in Shropshire, Telford and Borders - autonomyschropshire@yahoo.co.uk

Care Farming West Midlands - www.carefarmingwm.org.uk; stewart.scull@carefarmingwm.org.uk or Mobile: 07957 839634

Carers Direct - 0808 802 0202
www.nhs.uk/carersdirect/Pages/CarersDirectHome.aspx

Community Council of Shropshire - www.shropshire-ccc.org.uk/
4 The Creative Quarter, Shrewsbury Business Park, Shrewsbury, SY2 6LG; 01743 360641; fax: 01743 342179

Community Directory for Shropshire, Telford & Wrekin
<http://www.shropshire.gov.uk/community.nsf>

Disability Arts in Shropshire - 01743 272939/271676; www.dasharts.org

Disability Directory - Information, aids and mobility services
www.ableize.com/Disabled-Groups-and-Clubs-by-County/Shropshire/

Disability Football Directory 01952 407198
<http://www.disabilityfootball.co.uk/Madeleysports.html>

Disability-friendly holiday accommodation
www.friendly-places.com/categories/disability-friendly/disability-friendly.asp?Location=Shropshire

Disability Resource Centre, Lancaster Road, Shrewsbury, SY1 3NJ
01743 450 912; robin.durham@shropshire-cc.gov.uk
www.the-svab.org.uk. RNIB:
www.info.rnib.org.uk/exe/Agencies/Details.pl?480

Disabled and Wheelchair Athletics Directory
www.apparelyzed.com/disability-directory/adaptive-sports/disabled-athletics/

Enable - supported employment services for people with disabilities in Shropshire and Telford, Unit 4, Owen House, Radbrook Road, Shrewsbury, SY3 9SR enable@shropshire.gov.uk. 01743 276900

Headway Shropshire (brain injured and families)
Holsworth Park, Oxon Business Park, Shrewsbury, SY3 5HJ
01743 365271; www.headwayshropshire.org.uk

Healthwatch
Shropshire - 4 The Creative Quarter, Shrewsbury Business Park, Shrewsbury, SY2 6LG; 01743 237884; enquiries@healthwatchshropshire.co.uk; www.healthwatchshropshire.co.uk
Telford & Wrekin - Suites A & E, The Place, Oakengates, TF2 6EP; 01952 384990; info@healthwatchtelfordandwrekin.org.uk; <http://www.healthwatchtelfordandwrekin.org.uk>

Parent & Carer Council Shropshire

www.paccshropshire.org.uk/parent-and-carer-groups
PACC provides an index of support groups for children with disabilities in Shropshire. The following groups are listed on the PACC site. Where possible we list direct contacts, but refer to the PACC site for full details)
Allsorts (South Shropshire, for behavioural conditions) 07813043841
www.paccshropshire.org.uk/parent-and-carer-groups/71-allsorts
Bridgnorth Buddies (Parent-led, Special Needs) 07968 544182 or 07790 780631; email Buddies20@yahoo.co.uk
www.paccshropshire.org.uk/parent-and-carer-groups/72-bridgnorth-buddies
Haughton School, Telford, drop-in for parents of pupils with more complex special needs) 01952 387551 or 01952 387552; www.paccshropshire.org.uk/parent-and-carer-groups/83-haughton-school-drop-in
Onevision (visual impairment) 01952 385269
[/www.paccshropshire.org.uk/parent-and-carer-groups/77-onevision](http://www.paccshropshire.org.uk/parent-and-carer-groups/77-onevision)
STACS (Aspergers, 16+) 01952 254594 or 01939 260273; email louise.griffiths@carerscontact.org.uk
www.paccshropshire.org.uk/parent-and-carer-groups/76-stacs
Autistic Supporters (if you suspect your child is autistic, or has recently been diagnosed) 01743 356298
www.shropshireautisticsupporters.co.uk/?q=node/2
Deaf Children's Society 01952 770019; email: nat4sdcs@aol.com
www.ndcs.org.uk
Down's Syndrome 01743 233802, 01948 880110 or 01588 640319
www.dsa-shropshire.org.uk
Dyslexia Association 01743 231205; www.thesda.org.uk
Wheelchair Users 01743 350460 or 01952 252243
SKiD (Shropshire Kids Insulin Dependent, associated with Diabetes UK) 01743 873724 or 01743 364366; email: home@morkot.go-plus.net
SPECTRUM (Autistic Support group) email: netgriffiths@fsmail.net
www.spectrum.t83.net/
Telford STAA (supports parents/carers of children with ASD, ADHD, and challenging behaviour) 01952 457439 or 01952 617758; email: julie@parentpartnership-shropshireandtelford.org.uk or lesley@parentpartnership-shropshireandtelford.org.uk
Steps (help for parents/carers, lower limb abnormalities) 01743 355363
PODS (Parents Opening Doors - Telford, forum for views on services) 01952457439; email: julie@parentpartnership-shropshireandtelford.org.uk

Landau - supported employment services for people with disabilities, 5 Landau Court, Tan Bank, Wellington. TF1 1HE, 01952 245 015, admin@landau.co.uk

Listen Not Label - User Led Organisation for disabled and carers in Telford and Wrekin (Tina Jones, manager), 01952 211421
Meeting Point House, Southwater Square, Telford, TF3 4HS

Marches Community Enterprise
01584 878402 or 07891094901

ME Connect - Helpline 0844 576 5326 between 10.00-noon, 2.00-4.00 and 7.00-9.00; meconnect@meassociation.org.uk

Motor Neurone Disease Association - MND Connect 08457 62 62 62
mndconnect@mndassociation.org

Multiple Sclerosis Society - 01952 250038;
www.mssociety.org.uk/telford

NHS Choices - www.nhs.uk/Pages/HomePage.aspx

Omega (National Association for End of Life Care) - www.omega.uk.net/

OSCA Citizen Advocacy - Roy Fletcher Centre, 12-17 Cross Hill, Shrewsbury, SY1 1JE; 01743 368370; info@oscacitizenadvocacy.org.uk; www.oscacitizenadvocacy.org.uk

Parent and Carer Council (PACC) Shropshire - making parents and carers aware of developments that affect their children and giving them a voice - www.paccshropshire.org.uk; PO Box 4774, Shrewsbury, SY1 9EX; 0845 661 2205; enquiries@paccshropshire.org.uk

Parent Partnership Service - www.parentpartnership-shropshire-andtelford.org.uk/#!/useful-links/4551168089

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PODS - independent forum in Telford for families of children with disability or additional need; Jayne Stevens 0777 534 2092 or 07824 631 297; info@podstelford.org; www.podstelford.org

Primary Care Trust www.shropshire.nhs.uk/Get-Involved/

Scope (Cerebral Palsy) - www.scope.org.uk/services/shropshire

Shrewsbury Dial-a-Ride - Sundorne Trade Park, Featherbed Lane, SY1 4NS. Enquiries 01743 440350; Direct Line 01743 440744; Mobile 07891094901, linda@shrewsburydialaride.org.uk

Shrewsbury Hard of Hearing Club - URC Church Hall, Coleham Head, Shrewsbury, SY3 7BJ; Contact Erica Horner 01743 873540, ericahorner2@googlemail.com

Shropshire ME Group - www.shropshiremegroup.org.uk; 07516 401097

Shropshire MIND - www.shropshiremind.org
Observer House, Holywell St, Shrewsbury, SY2 6BL 01743 368647

Shropshire Peer Counselling and Advocacy Service
www.shropshirepcas.co.uk/default.htm

Shropshire Volunteering Team - Promote your volunteering opportunities. http://shropshirevcs.org.uk/site/volunteering/

Shropshire and Staffordshire Heart and Stroke Network
Lambda House, Hadley Park East, Telford, TF1 6QJ
Email: yuen-ting.cheung@shropshirepct.nhs.uk 01952 228490

Sight Loss Shropshire (formerly Voluntary Association for the Blind) The Lantern, Meadow Farm Drive, Harlescote, Shrewsbury, SY1 4NG; 01743 210808; SVABadmin@shropshire.gov.uk

VCSA - Voluntary & Community Sector Assembly
www.shrop.net/shropvcsassembly

Voluntary Association for the Blind (see Sight Loss Shropshire)

YV services directory

This is a 'bulletin board' of services to the disability community. Any service that is genuinely for the benefit of people with disabilities is welcome to up to 40 words free. If you have a logo or artwork we will try to include it, but can't promise. Email your text to the editor at newsletter@shropshire-disability.net or write to him: Peter Staples, 8 Gorse Lane, Bayston Hill, Shrewsbury, SY3 0JJ

Sign as you speak: 1Starfish - to become a better communicator learn how to sign as you speak. Total Communication Training Courses for private, public and voluntary sectors. Also Makaton courses. Contact Mandy at www.1starfish.co.uk or 01743 891885 or 07939 600126

Used medical and mobility equipment: The British Red Cross sometimes has donated medical and mobility equipment for sale for a reasonable donation. Call Christine Hunt on 01743 457810 for further information. The donations received help maintain the medical loan department, which is an invaluable service offered by the Red Cross.

Shropshire Handyperson Service: Small jobs at £15+ VAT per hour, no call-out fee, 01743 458 347
mhishropshire.enquiries@mearsgroup.co.uk

All SDN members and supporters - and anyone who wants to criticise us - are very welcome to express opinions or promote events in YV. Email us at newsletter@shropshire-disability.net or write to the editor at 8 Gorse Lane, Bayston Hill, Shrewsbury, SY3 0JJ

Energize Award are back - so name your sporting stars

The county's 2013 Energize Awards, now in their seventh year, are open for nominations - so it's time to put forward your local sporting heroes.

The Energize Awards recognise the people who are currently taking part, working or volunteering in sport or physical activity in Shropshire and Telford & Wrekin. There are also awards to celebrate top quality community sports clubs, innovative sports projects and local employers who are supporting their workforce to be more active.

There is an award for someone who has taken up more sport or physical exercise, resulting in dramatic positive effects on their health and life as a whole. Finally, one special person will be awarded the Outstanding Contribution to Sport and Physical Activity award for their dedication and commitment to sport over a number of years.

Energize Shropshire, Telford & Wrekin, the County Sports Partnership, run these awards in conjunction with the Shropshire Star. The award categories this year are:

- Coach of the Year
- Volunteer of the Year
- Young Volunteer of the Year
- Sports Person of the Year
- Young Sports Person of the Year
- Community Club of the Year
- Senior Team of the Year
- Junior Team of the Year
- Community Project of the Year
- Employer of the Year
- Active Lifestyle Award
- Newcomer of the Year
- Outstanding Contribution Award

If you know people, teams, clubs, organisations or businesses that deserve to be recognised for their achievements or contributions to local sport, or if you know someone who has become more physically active and made a dramatic change to their health as a result, then nominate them for an Energize Award.

To nominate, go to www.energizeawards.co.uk where you will find an online nomination form, as well as forms that can be downloaded and filled in by hand, or electronically. Alternatively you can telephone 01743 453495 or email info@energizestw.org.uk and the details will be sent to you. The deadline for nominations is 4pm on 13 September and the awards will take place on 7 November at the Greenhouse Meadow. This year's special guest speaker will be Tessa Sanderson.



Health consumer champion now in action for county

Healthwatch Shropshire has been set up to act as the county's independent consumer champion for health and social care. Its remit covers hospitals, GPs, pharmacists, opticians, community health services, residential care, mental health and children's services.

Healthwatch Shropshire is responsible for gathering information and opinions from patients, carers, service users and the wider public about health and social care

services across Shropshire, then making sure those views are used to improve services for all.

The organisation also has a role in providing information and signposting services to support the people of Shropshire on health and social care services

Healthwatch Shropshire has statutory authority to visit locations where health and social care services are being delivered, to observe what is happening, and then

to report on its findings. It is keen to hear from anybody who is interested in volunteering for this opportunity, as well as for the roles of community champions and specialist leads.

Individuals and organisations are also encouraged to become associate members of the organisation.

Email: enquiries@healthwatchshropshire.co.uk;

tel: 01743 237884

Website: www.healthwatchshropshire.co.uk; Twitter: @HWSHropshire

A recent 10-part BBC Radio 4 series has uncovered personal accounts of disabled people's lives, stretching back to the Middle Ages. These challenge the idea that all stories were of triumph or tragedy.

It is often assumed that prior to World War One, when the return of thousands of disabled servicemen forced disability onto the political agenda, disabled people were hidden from history, shut away behind the walls of asylums with their voices silenced.

Now this silence is being broken by a new generation of disability historians. Diaries, letters, advertisements and memoirs are used to access the voices of our ancestors, voices that challenge our preconceptions of how disability was treated and about what it meant to be disabled.

Dr David Turner, author of the programme, is from the University of Swansea, where he specialises in social and cultural history. He is the author of *Disability in 18th Century England*, published last year.

In the 18th century, disabled people with the highest profile were 'freak show' performers who profited from



First person singular: disabled people from the past

public fascination in the varieties of the human body. We often think about such people as the victims of cruel exploitation, but it seems this was not necessarily the case.

Disabled performers could also be successful entrepreneurs, in control of their image and destiny. For example, Matthew Buchinger - known

as 'the little man of Nuremburg' - lived from 1674 to 1739 and achieved fame in England during the 1720s as a highly skilled artist, musician and card player, despite being born without arms or legs.

Born in 1695, William Hay had a curved spine and restricted growth, but he became an MP and wrote 'Deformity: An Essay' (1754) in which he described the casual insensitivity of others towards him and the mockery he had to endure as a disabled person.

Hay sought to fashion a positive identity that made a moral virtue of physical difference. He challenged those who might see 'deformity' as an illness by highlighting his own good health. Living with difference acted as a spur to self-improvement, making him better able to cope with life's adversity and more sensitive to the torments of others.

Direct, humorous and strikingly modern, his account shows how the search for identity has long been an important part of disabled people's history. His primary concern was with disciplining the able-bodied poor and using the workhouses to make them economically productive. [From BBC Ouch]