

September 2013

yourvoice

Registered Charity No 1148256

Free: donations welcome!



Pull up a chair and get comfy....

... at the SDN AGM and quarterly Members' Meeting on Wednesday 11 September.

Excellent speakers will keep you entertained and on the edge of that comfy chair wanting to ask questions. And the Annual Meeting will give you a chance to tell the committee how they must try to do better next year!

So come along to the conference room at Mears Shropshire Home Services, Hartley Business Centre, Monkmoor Road, Shrewsbury.

Refreshments from 10.30, start at 11.00 and all finished by 1.00pm.

Our three speakers, who will inspire as well as inform, are Radio Shropshire's Jim Hawkins, who is also a dab hand with a camera - and photography will be his subject on the day. Linda Cox, Development Manager of Shrewsbury Dial-A-Ride and Chief Officer at the Community Based Transport Board, will talk about her work, what help is available and how the various transport schemes work. Haydn Jenkins, who holds many motoring qualifications

and is proprietor of Alpha Automatic driving school, will talk about driving and disability. You may think your driving days are over, but Haydn might surprise you.

There may be some exciting news about our new-look website and, as usual, we will have our great raffle.

We always make space for those who would like to book a table or bring along an information stand. Email info@shropshire-disability.net or call 01743 340832 for details or to book.

The door is closing on day care centres

Two years from now there will not be any day care centres in Shropshire. That is the reality which underlies the mountain of words that have been written or spoken about the future of the service.

Shropshire Council claims the transformation of day services is a critical part of the overall adult social care agenda and that it has 'been underway for many years with many people having benefited from a modern service'. The approach to transforming day services 'has been used successfully within Shropshire, managing the inherent stress associated with such a change process involving vulnerable people, their carers and staff.'

The council argues that the changes on which it is embarking will be both better for individuals and also save it money. While the full financial implications of the total process are an unknown at present, the council says savings in three key areas - building use, transport and staffing - will be something like £1.6 million.

'This convincingly shows both the success of sensitive engagement and planning with

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AND MUCH, MUCH MORE



Day care centres - why closure looms

continued

vulnerable people, many of whom have complex communication needs as well as identifying suitable and more positive outcomes,' writes the Director of Adult Services, Stephen Chandler, in a report to councillors.

He says there are a number of 'commercially focused' daytime services and the concept of combining commercial activities with appropriate levels of support 'is one that people felt was important to continue in the future but the sustainability of such services is only possible if they are able to attract individuals who want to attend such resources and they are able to secure income.'

The council accepts that it has a challenge on its hands to 'convince existing users of services and their families that the alternative to a ... programme of activities that focuses solely on a day centre are credible and possible.' There are a number of examples where this has happened, the report claims.

While acknowledging the serious impact that the changes will mean for staff and carers, the report says there be will be opportunities for people to undertake new roles, but they will have to be 'much more flexible and confident' than in the past.

Fewer staff will be required overall, with the council envisaging a 30-

40% reduction. This, it says, is 'in line with the council's experience of transforming other services and the council's overall staffing plan.'

Footnote: Stephen Chandler's lengthy report is one of 10 documents attached to the agenda for the meeting which made the final decision. Of necessity, we can only report in a highly selective way from all

of that and we apologise both to our readers and the council for any distortions or errors that result.

To read everything go to the Shropshire Council site.

This is the direct link:

<http://shropshire.gov.uk/committee.nsf/0/A0C40AA1BAAD716C80257B9D003D3B49?opendocument>

VCSA urges members to speak their minds

In response to the Shropshire Council announcement, the board of the county's Voluntary and Community Sector Assembly urged its members to send in their views so they could be collated and a broad picture obtained in time for a board meeting on 15 August.

Although that initial deadline has passed emails can still be sent to the VCSA at VCSAssembly@shropshire.gov.uk. In addition to board members, comments will also be considered by some of the Assembly's Forums on Interest - particularly the Shropshire Older People's Assembly and the Pan Disability Forum.

'Many of you play a vital role in working to support service users of all ages and working to provide health and social care services,' said the VCSA.

It was important that the VCSA as a whole should accurately reflect members' views 'so that representatives can more effectively communicate with, and work in partnership with, Shropshire Council and other partners. The financial pressures facing local authorities are widely recognised and it is now more important than ever to work across sectors to explore realistic and viable alternatives that will ensure users of services receive the support they need.'

YourVoice view: We don't often run editorials, but the editor is so angry about this whole shabby business of day centre closures that he wants to say so loudly!

The decision to close two Shrewsbury day centres - Hartley's and Sabrina Court - was taken behind closed doors, with public and press barred from the meeting.

To call this undemocratic and cowardly is an understatement, but there was a glimmer of hope when a public meeting - of Shropshire Council's Health and Adult Care Scrutiny Committee - reviewed the decision. But guess what? It thought closing four day centres (the two in Shrews-

bury and two in Oswestry) was absolutely right. Quite a few carers who turned up to hear councillors going about the business of running the county with care and compassion were of a different mind, as cries of 'disgusting', 'what a load of rubbish' and 'outrageous' bore witness.

Members from two political parties sought a cross-party commission on the future of adult day care, but were outvoted. There was much argument about how fair the consultation

process leading to the decision had been, and whether it was long enough. But more important is the question: Would it have mattered a brass farthing if there had been twice as much consultation?

You have to suspect that the decision to close the day centres had been made before the process of 'consulting' even began, and that it has everything to do with cost cutting and not a lot to do with those for whom day centres were a godsend.



Secretary search is over!

A recent press release by SDN about the need for a new secretary brought a great response. Seven people offered to volunteer, mostly with previous relevant experience. Although it was specifically the secretary's role that was advertised, most are willing to help in other respects instead.

Geographically speaking, Shrewsbury, Wellington and Oswestry are represented,

and there is a reasonable balance between men and women. So watch this space, and hopefully in the near future we will be able to introduce our new-look leadership team.

But there are never enough volunteers – if you would like to be involved in SDN, even in a small way, please get in touch, every hour that people can spare us is priceless.

Radbrook tabletop success

SDN's recent tabletop sale at Radbrook Community Centre was very successful, both in terms of outreach to the community and financially. Our funds have benefitted by some £200 and we had the chance to speak to many people about our work. Six out of the 25 stallholders have already expressed interest in taking part when we do future tabletop sales.

Meanwhile, SDN is planning a two-day info stand and collection at Morrisons in Shrewsbury on Tuesday 19 and Wednesday 20 November. More details closer to the time - but please put it in your diary as something you would like to spend an hour or two helping at!

Charities concerned over 'missing' patients with learning disabilities

Mencap and the Challenging Behaviour Foundation have warned that many people in in-patient settings could be missing out on support to move into community-based settings.

NHS England has revealed that 1,317 people with learning disabilities or autism and challenging behaviour had been registered as being in NHS-funded hospitals as of 1 April.

Of these, 97% have had their care and support needs reviewed by clinical commissioning groups and councils with a view to them being moved into community-based care by the Government's target of June

next year. However, the number of people registered falls far short of the 3,400 people who were counted as being in NHS-inpatient learning disability beds in 2010.

'We are deeply concerned that the registers only record a fraction of the people whose situations need to be scrutinised,' said the chief executives of the two charities - Jan Tregelles (Mencap) and Vivien Cooper (CBF) - in a joint statement.

Beverley Dawkins, Mencap's national officer for profound and multiple learning disabilities, said she was concerned that people who had not been placed in assessment and treatment units may in fact not

even have been registered by clinical commissioning groups. 'My first reaction is that there may be some confusion [about who should be counted]. Just because someone is not in something called an assessment and treatment unit doesn't mean that they are not at risk. People have experiences in a range of settings that are pretty troubling,' she said.

A Department of Health spokesman said it was carrying out audits of the number of people with learning disabilities or autism and challenging behaviour in NHS-funded beds because the 'data available...is not as robust as we would like.' [Source: Community Care 19.07.13]

Diabetes charity seeks county's help

Diabetes UK is looking for people in Shropshire to join in a project aimed at improving the care received by people with diabetes.

A study by the charity shows just 47% of diabetes sufferers in Shropshire are getting the nine checks and services

recommended to manage their condition. The figure is below the national average of 54%, so the charity is now calling on local people affected by diabetes to join its Diabetes Voices Network of campaigners who work with the charity to help ensure everyone with the

condition receives good quality care wherever they live.

To find out more contact the Diabetes Voice Team at Diabetes UK: diabetesvoices@diabetes.org.uk or call 0207 424 1008 or visit the website www.diabetes.org.uk



The number of people receiving adult care services in 2012-13 fell to 1.3 million, down 9% from the year before and 25% from 2007-08, according to the latest figures for England.

Social services departments have reduced the numbers receiving services despite the fact that the volume of people coming through the door remains largely the same as in previous years, the figures published by the Health and Social Care Information Centre reveal.

The statistics show that of those receiving services, 1.1 million received community-based services, a fall of 10%; 209,000 received residential care, a 2% fall; and 87,000 received nursing care (less than 1% change).

According to the centre, feedback from councils suggests that the fall is due to an increase in the provision of reablement services outside of a formal assessment process, raised eligibility criteria for services, and

'Bleak reality' behind falling adult care numbers

reduced funding and resources.

Michelle Mitchell, charity director general at Age UK said: 'These figures provide yet more evidence of the bleak reality of the crisis in social care. It is wrong that older people

who desperately need help with everyday tasks such as washing, dressing, preparing food and cleaning their teeth will not receive help.'

Age UK estimates that there are 830,000 older people who need care and are yet are receiving no formal support.

A Department of Health spokesman said a new national eligibility criteria, to be introduced in 2015, 'will set a minimum threshold that will allow local authorities to keep current levels of access to care and support services.

For the first time, this threshold will set out the individual needs and circumstances in which every council in England must offer care and support for adults.

'This would put an end to councils tightening their own local eligibility criteria in response to budget pressures, which can currently see people live with the fear that they will be denied or lose their support.'
[Source: Community Care]

DWP slams down the phone on free calls

The Department for Work and Pensions has closed its freephone benefits helpline for carers and disabled people. Although there are still helplines for disability living allowance and carers' allowance these are 0845 numbers as opposed to the old free 0800 number and all charge up to 10.5p a minute from a landline and up to 41p a minute from a mobile.

But an organisation called Contact a Family says it may be still possible to call for free. Check the 'Say No to 0870' website for more information - <http://www.saynoto0870.com/>

Helpful advice from Contact a Family doesn't stop there. It offers free and impartial benefits advice and says it has long been a great source of information about the benefits system

but now also offers parents or carers of disabled children more intensive and personalised advice.

'We will offer you a telephone appointment with one of our welfare experts, who'll help you navigate the new system, they'll also be able to run through any other financial help you may be entitled to maximise your income,' says Contact a Family. 'We will also be offering a series of information sessions across England to raise awareness of the new benefits system. Get in contact with your nearest office to find out more.'

It has an e-bulletin and a range of resources to help parents make sense of the benefits maze. And unlike the DWP, Contact a Family still has a freephone helpline - 0808 808 3555.

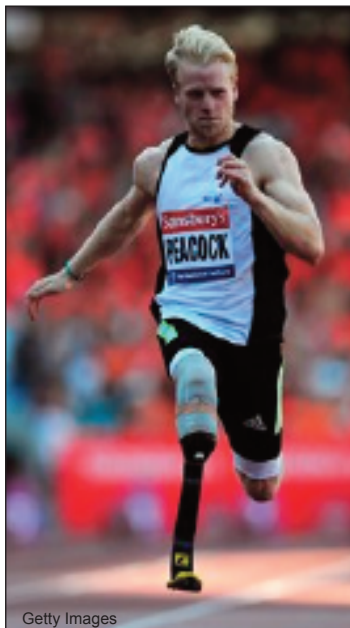
The Lake Vyrnwy Half Marathon is coming up on 15 September, and SDN's most famous pair of legs - belonging to member Vic Davies - are in training for the lakeside road.

IF you'd like to sponsor Vic, here's how (even if you're reading this after the event, it's never too late to part with your money in a good cause!) From a mobile, text "SHDN12 £1" to 70070. You can donate up to £10 in one free message and (if you're a taxpayer) Gift Aid your donation. If you prefer more traditional means, please send cheques payable to SDN to SDN-Fund-Raising Lead, c/o 26 Aldwick Drive, Radbrook, Shrewsbury, SY3 6BN.



One year since the London Games - and Paralympic action continues, both in this country and across the world.

Jonnie Peacock, the amputee sprinter who lit up the beloved stadium with a charismatic gold win on what they called Thrilling Thursday last summer, ran an even faster time in a recent 100m event – but came third!



Getty Images

Paralympic sport just keeps on coming

Jonnie Peacock in top form

And as summer turns into autumn the disability sporting fervour seems to show little sign of abating.

The 22nd Deaflympics – which have a longer history than the now much bigger and richer Paralympics – have been held in the Bulgarian capital, Sofia. The games also boasted more athletes - upwards of 4,600 took part in 18 events, compared to the London Paralympics total of 4,300.

Michigan State University in the US has hosted the World Dwarf Games. As the name suggests, the competitors are all people of restricted growth. There were fewer athletes registered for this event - just 400. Unlike deaf athletes, dwarfs do compete in the Paralympics.

Last year made stars of Team GB's Ellie Simmonds, and power lifter Zoe Newson. In the Paras, they inhabit a category called Les Autres (The

others, in French) where less easily definable people go.

In late August this country hosted the Special Olympics National Summer Games, with 1,700 athletes from England, Scotland and Wales competing in Bath. All athletes have a learning impairment, meaning they're below 75 on the IQ scale.

The Games are described as 'a grassroots sports programme only for athletes with intellectual disabilities, of all abilities and ages.' Some 2% of the population have a learning disability and one in three of those are obese. The Special Olympics training and competitions promote self-esteem plus good physical and mental health.

Competitors with the greatest ability may progress on to the Paralympics which has a class for athletes with intellectual disabilities. At London 2012 the events they featured in

were swimming, athletics and table tennis. The next Special Olympics World Summer Games are in Los Angeles in 2015.

Great Britain finished the recent INAS World Tennis Championships with an historic haul of three gold medals, a silver and a bronze, after victories in the men's singles and doubles finals capped a fantastic week at the competition in Rakovník in the Czech Republic.

And there was even a Shropshire interest just to make things even better – the team's physio, Megan Hyne, comes from Shrewsbury. Great Britain had never won a medal at the event before and team members said support from the Tennis Foundation and UK Sports Association had really contributed to their success.

(INAS stands for the International Federation for Sport for Athletes with an Intellectual Disability)

County GPs trial new scheme

Since last year, Community Care Coordinators have been placed in many Shropshire GP practices as part of a pilot scheme launched by the Clinical Commissioning Group. Their purpose has been to identify and support individuals who are frail and vulnerable and at risk of hospitalisation and/or loss of independence.

The project so far has been successful with 22 practices hosting a co-ordinator. But that

means there are around the same number of GP surgeries and medical centres without a coordinator.

Shropshire Clinical Commissioning Group is now looking to recruit members of the Voluntary and Community Sector Organisation to support smaller practices in a number of areas. Email VCSAssembly@shropshire.gov.uk by 13 September to find out more or to get involved.



New website is a work of art, of course

DASH, the Shropshire-based disability Arts organisation, has just launched a new-look website - <http://www.dasharts.org>. The elegant and simply designed site is bound to do a lot to help Dash fulfil its slogan of 'cultivating spaces for extraordinary artists'.

DASH does much to commission exciting new work by disabled visual artists and it also runs workshops and mentoring for artists and training. The new website features artist profiles, blogs with opportuni-



A page on the new website

ties, and the latest news on DASH projects, events and partnerships

with galleries, plus much else. DASH says it is 'particularly proud of our extensive interactive timeline, which charts the history of DASH from its beginnings in 1992, through to other milestones such as moving to the Hive in 2012.

'Please take a few minutes to browse the new DASH website; we'd love to know what you think too - send feedback to

paula@dasharts.org'

DASH is based at The Hive Music and Media Centre, 5 Belmont, Shrewsbury, SY1 1TE.

Stand-up comedian Lee Ridley is not like any other comedian you have ever heard - he has no voice. So his comic routines are spoken via an iPad app. In his first ever interview for a talk show, the BBC disability site Ouch, the comedian - generally known as Lost Voice Guy - uses this technology to chat about hecklers, his meteoric rise to comedy fame and why disability plays such a big part in his new Edinburgh show.

Photo: Caroline Briggs



Whitchurch roadshow success

Shropshire Community Health NHS Trust stepped up its campaign to eliminate all avoidable pressure ulcers when it held a learning roadshow.

Representatives from residential care homes, nursing homes and mental health services, as well as district nurses, ward staff and members of the public attended the drop-in roadshow at Whitchurch Community Hospital to learn more about all aspects of pressure care.

Sally Underwood, pressure ulcer prevention tissue viability nurse, said: 'It's been a very successful event and has been extremely positive for those attending.

'Everyone we've spoken to who came along has said how informative it has been.' [Source: VCSA July 2013]

Is Ekso the ultimate aid for walking?

Ekso Bionics was founded in California in 2005 and since then has sold more than 40 exoskeletons - the Ekso - to hospitals, outpatient centres and individuals across the US, Europe and Africa.

The Ekso is a bionic suit that enables individuals with complete paralysis, lower extremity weakness or hemiparesis (weakness or paralysis on one side of the body) to stand up and walk with a four-point reciprocal gait.

Some 60 highly skilled engineers and clinicians have worked to mimic normal gait, providing the user with

a very natural movement. The Ekso weighs 23kg and is strapped over the user's clothing, but due to the design, the user does not feel the weight.

It is powered by two high-capacity lithium batteries, which drive the hip and knee motors. The Ekso can be adjusted for different users and can accommodate users weighing up to 100kg, and between 5'2" and 6'2" in height.

Each step is initiated by the user's weight shift, enabling them to be in total control of their speed. A new feature, called 'Variable Assist', was presented at the European

Stroke Conference in London in May. It allows individuals with any lower extremity strength to contribute their own power, dynamically adjusting on each step.

Ekso Bionics has opened The Ekso Base Camp, a facility situated between London and Cambridge and run in partnership with Prime Physio.

For more information call 020 7060 3568 or visit www.eksobionics.com

Ekso Bionics can also be found on Facebook and Twitter, posting as @Ekso-BionicsUK [Source: Access Magazine August 2013]



Councils told to protect social care if they want part of extra £2bn funding

Councils must protect access to social care if they want to get hold of £2bn in additional funding from the NHS designed to promote integrated care, the Government has said.

In the spending review announcement three months ago, Chancellor George Osborne said a £3.8bn 'pooled budget' would be set up to fund integrated health and social care in 2015-16 to reduce hospital episodes for older and disabled people.

Of that £3.8bn, £1.8bn is already committed but the other £2bn is new funding that will be transferred from the NHS into the pooled budget.

'To access this funding, all areas will need to produce local plans, signed off by the NHS and local authorities, for how the money will be used across health and social care,' said health minister Earl Howe in a House of Lords debate.

Just for once the disabled may not be losing out, as funding from the NHS to support integrated care will be conditional on social care services being protected

'These plans must demonstrate that social care services will be protected.'

Half the £2bn will be paid to councils and NHS commissioning groups on the basis of outcomes achieved.

Part of this £1bn payment will be made in April 2015 on the basis of

outcomes in 2014-15 and the rest made during the year on the basis of outcomes in 2015-16.

It is not clear what would constitute protecting social care, but in a statement, a Department of Health spokesman said local areas would have to set out how they would protect access to social care.

This might mean that councils could meet the test by maintaining eligibility thresholds at 2014-15 levels even if they cut funding for social care in real terms in 2015-16.

However, all councils would need to implement the Government's new national minimum threshold for care in 2015, making comparisons with eligibility thresholds in 2014-15 problematic. The department has begun talks with the Local Government Association and NHS England to work out the details of how the money would be accessed.

But no let-up in cuts to council budgets

Even if all of the £3.8bn pooled budget were counted as money for local government, overall council budgets are set to shrink by 2.3% in real terms in 2015-16. This will add further strain to adult care budgets, which have been reduced by 20% since 2011, once inflation and demographic pressures have been taken into account.

This context led several peers to warn ministers of a substantial gap between public resources for social care and levels of need. Former Labour health minister and ex-social services director Lord Norman Warner said councils would face a funding gap of about £2.5bn in 2015-16, the year in which the most of the Care Bill comes into force, bringing

with it significant new duties for councils. He said this meant the resources were not in place to implement the bill's intentions. 'However you cut the figures, there is a pretty big hole in the base budget for adult social care in the year in which the first tranche of the bill's reforms begin,' he warned. [Source: Community Care 31.07.2013]

County's role in new app for Army

A network of NHS trusts has developed a free iPhone app to help soldiers who suffer from mental illnesses. The app, called 'Joining Forces', provides tailored information on 11 mental health problems including depression, post-traumatic stress disorder,

and anxiety. The creation of the app was led by South Staffordshire and Shropshire Healthcare NHS Foundation Trust.

The trust decided to design an app which would give all serving personnel, wherever

they were in the world, access to information and support on mental health disorders. The app, has been approved by the Royal College of Psychiatrists. Initially it is only available on iPhones, but an Android version is due later this year.



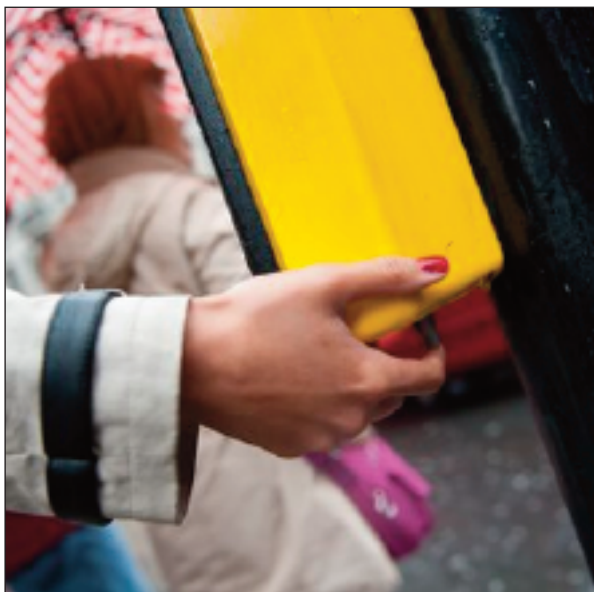
Saving lives, at the touch of a button!

There is a small device found on hundreds of streets in most parts of the country, but most people seem to be unaware of its existence ... and it saves lives.

It's an unassuming little plastic or metal cone which you can find on the underside of pedestrian crossing light control boxes.

When the green man lights up to show traffic should stop and it's your turn to cross, the cone (which has tactile ridges) starts spinning. It's there for visually impaired or blind people. When they feel the cone spinning they know they have the right of way.

When crossing a road you can stand near the control box with your hand on the cone and independently know you can cross when it spins, without having to get help from a passer-by, if there is one. Many crossings beep



for blind people, but not all. For instance, if two crossings are close to each other neither will beep, in case pedestrians are misled into walking out into oncoming traffic on the wrong road. And a tactile indicator helps deaf-blind people too - they can't hear audible signals.

The cones provide the same

information as the beeping signal but in tactile form. Some crossings both beep and rotate.

But the cone isn't telling you it's safe to cross, it's simply telling you the light is on.

Crossings are maintained by local authorities, which are not legally obliged to make them accessible, although the Department for Transport says it 'encourages' their use.

The idea originally came from Nottingham University, which took it to the Department of Transport, as it then was, back in the 1980s. In 1989 they began to appear on our streets. Even now, the cones aren't built into the boxes at manufacture and have to be retro-fitted. Radix, the company behind the cones, says it has sold about 10,000 a year since 1995. [Source: BBC News, Ouch]

Is this the world's longest journey across a railway?

Steep stairs to a railway footbridge mean those with wheelchairs or crutches who want to cross to the other platform have to travel an extra 40 miles.

Despite promises of Government funding for a lift at Alfreton station in Derbyshire, the work is not expected to start for another year.

Marlene Bennett, who suffers crippling arthritis, is one of 212,000 passengers who use the station every year.

The alternative is to carry on the journey to either Nottingham or Sheffield and get another train back, a 40-miles

round trip which takes an hour.

Local councillor John Walker said: 'It's a 40-mile round trip for some to get from one side of the station to the other. There is no exit on the south-bound side.'

Campaigners had tried to secure funds to fit the footbridge with a stairlift for disabled people. But the council has recently been told that funds for the project had been 'redirected', he said.

MP Nigel Mills said the station was 'high up on the list' to receive funding due to to be announced next April. [Source: Access Magazine]

Entrepreneurs with disabilities can bid for major award

Application forms are now available for the Stelios Philanthropic Foundation Award for Disabled Entrepreneurs in the UK, which is run in partnership with Leonard Cheshire Disability. To obtain a form email innovation@lchdisability.org.

The eligibility criteria are that you have a recognised disability or long-term health condition, have at least a 25% management stake in your company, your business has a turnover in excess of £10,000, you own a UK registered business, and that your business has been trading for between one and five years

Return the completed form, along with a copy of your audited accounts, to innovation@lchdisability.org or send by post before the deadline of 5pm on 25 October to: Strategic Partnerships & Innovative Services, Leonard Cheshire Disability, 66 South Lambeth Road, London, SW8 1RL



Why I blew the whistle on Atos fitness-for-work test

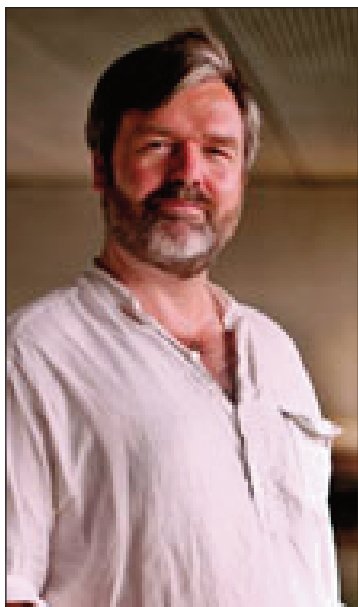
Greg Wood decided that he could no longer tolerate working for the fitness-for-work assessment firm Atos earlier this year when he was asked, for perhaps the 10th time, to change a report he had made on a claimant, in this case making it unlikely that the individual would be eligible for sickness benefit.

He had harboured concerns about aspects of the work he was expected to perform for several months, but finally decided to leave because he felt the company was unethical to put pressure on a doctor to change the conclusions of an assessment.

His decision to blow the whistle on practices within Atos made headlines in May, because he was the first Atos-employed doctor to put his career on the line and articulate concerns about a system that has been criticised by charities and claimants for years. Wood gave strong evidence to the BBC to suggest that the methods used to assess whether individuals are eligible for the new incapacity benefit – employment and support allowance (ESA) – were unfair and skewed against the claimant.

Purely by coincidence, of course, the Government has revealed that the quality of reports written by Atos assessors had fallen to 'unacceptably poor' levels.

Given the noise created by his whistleblowing, Wood thinks he can take a sliver of credit for the Government's subsequent decision to 'retrain' those Atos staff delivering the controversial fitness-for-work test and to start appointing new compa-



nies to take on the work, alongside Atos.

Wood joined Atos in 2010 after 16 years as a Navy doctor. He saw the job of helping the Government determine who was eligible for benefits as a respectable and important position, and wants to make it clear that he has no ideological dispute with the

underlying principle of assessing people. He was paid about £60,000 a year for a 37-hour week.

'I'm not complaining about the function of what Atos does. I'm all for rational assessments. I've never liked the idea that people can just say that they've got something wrong with them and you just accept that. I think you do need an objective assessment,' he says.

Atos was given the contract to perform the work capability assessment by the last Labour Government, and its team of doctors, nurses and physiotherapists are responsible for carrying out a computer-led test that looks at claimants' ability to perform a range of functions (walk 200 metres, sit down for extended periods, use their hands, for example).

In order to qualify for ESA, an individual needs to score 15 points. Since the company began reassessing former incapacity benefit claimants at a rate of around 11,000 a week, very high numbers of people have been unhappy with the results, and have appealed against them. The total number of people appealing every year – both inside and outside of tribunals – has risen from

279,000 in 2009-10 to 465,000 in 2012 13.

For the first two years, Wood had no complaints about his work, most of which was conducting less controversial assessments for a different benefit, the soon to be defunct disability living allowance. In May last year, however, he was sent on a one-day training course on how to carry out a slightly updated WCA, which had more stringent eligibility criteria, and several aspects of the training concerned him.

The trainer gave quick rule-of-thumb guidance on several areas of the test, which he believed deliberately traduced the more nuanced written instructions in the assessors' handbook on five critical areas, so that assessors were less likely to award points to claimants. He thinks the guidance is 'plain wrong'.

On another section of the test, he was told: 'If they can wash and get dressed, they have enough drive and concentration to do a job.' He describes this logic as 'medical nonsense'.

In January, his reports began to be audited. His patience ran out when he was instructed by his line manager – the clinical performance lead – to reduce the number of points awarded to a claimant with serious mental health problems.

'It was clearly wrong, medically,' he says. 'I had more mental health experience than most of the staff at Atos; I was supposed to be a lead on it. The two people who were telling me to change my report weren't. I had seen the person; they hadn't... She fully deserved points. I was specifically told to amend the report. ... I was sent two emails both telling me: 'You need to amend the report', he says.

He resigned within the hour.



Disabled people get used to lugging extra bits of kit around, but Rebekah Owens has discovered the unexpected difficulties of having to go out hooked up to her personal oxygen supply.

Since falling ill a while ago, my mobility has been limited. I have to be accompanied on my travels by a portable oxygen tank. I say 'portable'. I mean an object made of metal, weighing almost 4kg and containing just over 400 litres of air. It is housed inside a smart, narrow black rucksack fitted with straps and buckles. These are designed so that you can carry it on your back between your shoulders, the strap clipped around your midriff, cannula discreetly snaking over your shoulder and perching under your nostrils.

The image I had when first told I would be required to carry this stuff was that it would be like carrying a handbag - albeit one that hisses and has a 'no smoking' sign.

It was not that way at all. Wear it backpack-style, as is the intention of the oxygen supplier, and you can spend an awful lot of time apologising. Some days, it is all I seem to do. The tank feels heavy and awkward on your back so your co-ordination is affected. I have knocked shop displays over, backed into people, swept people aside as I turned around, and all I seem to be saying is 'Sorry' or 'Excuse me'.

This did not work wonders for my self-esteem. For the first few weeks of using the tank, I was apologetic. Then I was in an absolute rage. It made me angry having to be the person who was at fault. Why was I apologising to the person behind me who appeared not to have noticed that cumbersome, hissing beast on

All tanked up and ready for (nearly) everything ...

my back? When I was sprawled on the floor because my balance was not good, why on earth was I the one saying sorry?

This was the moment when I realised that I now had a problem with access. It did not occur to me in the first instance. I accepted that I had limited mobility because I needed oxygen to get around. I even accepted that I would not be able to get very far. It did not occur to me that an oxygen tank can cause you difficulties with access. But if you are ill enough to require oxygen, then by definition you are lacking in energy and strength. You have slowed down, no longer able to pop to a shop, nip across the road, or dash to the loo... you need space to move at your own pace and to be able to turn around comfortably.

Nowhere have I found access problems more apparent than when I have stopped for a coffee. As many of the more popular coffee shops don't offer table service, this presents all sorts of problems. In places where the tables and chairs are packed tightly, the sheer lack of



space means it is not easy to manoeuvre yourself through them. So you end up apologising again.

Going to the counter and ordering and then trying to get back to your table becomes an obstacle course. All of which was accompanied by a chorus of tutting. In fairness,

no one so far has been abusive, but they have certainly been rude. Aside from the tutting, there is the exasperated sigh and the half-stifled groan... The best way around this is to cultivate a sense of humour. Getting the tank trapped as a door swings shut is a lot less embarrassing when you see the funny side. And never be afraid to ask to be given special consideration. Most of the time people will help, but you have to let them know. Tell a member of staff of your difficulties and ask if they will take your order at a table... If you use cash, you won't even have to go to the counter to use the machine because you just pay when you order and your change is brought over with your food and drink.

[Source: DisabilityNow July, edited]

Meeting to hear about social inclusion element of cash bid

Shropshire's VCS Assembly is working closely with Voluntary and Community Sector colleagues in Telford and Hereford to support the Marches Local Enterprise Partnership, which is seeking EU funding under the Structural and Investment Fund Growth Pro-

gramme. Shropshire VCS Assembly has organised two events to bring VCS members together to explore the social inclusion element of this funding. One of these was held in August and the second is on 10 September at Craven Arms Community Centre.



An Israeli company has developed a camera-based system to give the visually impaired the ability to both 'read' easily and move freely.

Until now reading aids for the visually impaired and the blind have been at best cumbersome. The OrCam device is a small camera connected by a thin cable to a computer in the wearer's pocket. The device clips onto the wearer's glasses with a small magnet and uses a bone-conduction speaker to read aloud the words or object pointed to by the user.

The system is designed to recognise and speak 'text in the wild,' a term used to describe newspaper articles as well as bus numbers, and objects as diverse as landmarks, traffic lights and the faces of friends. It is for sale through the company's website for \$2,500.

OrCam says the device is different from other technology

'Seeing' with a tiny camera

that gives some vision to people who are blind, like the artificial retina system called Argus II, made by Second Sight Medical Products.

That system, which was approved by the US Food and Drug Administration in February, allows visual signals to bypass a damaged retina and be transmitted to the brain.

On a broader level, the OrCam system is representative of a wide range of rapid improvements in the field of artificial intelligence, in particular with vision systems for manufacturing as well as fields like autonomous motor vehicles.

Speech recognition is now routinely used by tens of millions of people on both iPhones and Androids, computer systems can 'read' documents, and there are at least six competing approaches in the field of computer vision.

[From: www.nytimes.com/2013/06/04/]

DWP refuses to update information on deaths of claimants

The Department for Work and Pensions has refused to release an update to its figures on the deaths of people in receipt of incapacity benefits (including Employment and Support Allowance).

Last year, when the initial figures were released, they showed that more than 70 people were dying every week after being denied ESA or put in the work related activity group – more than double the previous figure.

The outcry was such that the DWP clearly thinks it better to cover-up such unwelcome statistics in future. It says last year's figures were 'on the department's website as an ad-hoc statistical analysis publication. As such there is no intention of releasing an updated version of these statistics.'

The department can hardly be accused of springing into action, even when saying No. The request for an update was sent in November last year! No doubt the subject of driving people to suicide was a sensitive one in the

corridors of power last November because in that same month Iain Duncan Smith flew into a rage on BBC TV's Question Time when challenged about the case of a 57-year-old man, paralysed down one side, blind in one eye and unable to speak. He died one day after being found 'fit for work' by Atos.

A request for the updated information has now been made under the Freedom of Information Act by the Vox Political website, which urges readers to do the same. Sent to ministers@dwp.gsi.gov.uk with the title 'Freedom of Information requests', it runs as follows:

'Please provide the number of Incapacity Benefit and Employment and Support Allowance claimants who have died in 2012. Please break that figure down into the following categories:

- Those in the assessment phase
- Those found fit for work
- Those placed in the work related activity group
- Those placed in the support group
- Those who have an appeal pending

[Source: Vox Political 13.08.2013]

Unique film archive captures deaf history

The BDA Film Archive contains more than 600 films and videos that capture the activities of the deaf community from the 1920s to the present - even featuring rare footage of the 1935 and 1939 Olympic Games for the Deaf.

Many of these films have not been viewed in more than 50 years and require preservation as they are extremely fragile.

Unless the films are transferred to a digital format quickly this precious material could be lost forever. With donations, the BDA can transfer these films and put them online. The BDA Film Archive has a match-funding target of £80,000, and thanks to wonderful support has already raised 40% of this figure.

Read more about the project, view a selection of these rare and important films, and donate at <http://www.justgiving.com/BDA-Film-Archive>



Blind footballer finds his way to the Hall of Fame

England's record goal scorer in blind football, David Clarke, is being inducted into the National Football Museum's Hall of Fame. He says that the honour confirms the high esteem in which disability football is held.

'When I was born in 1970, there was no opportunity to play football as a blind person for your club, school, district county or your country,' he said.

'Then having worked for 17 years on and off the pitch to get the sport recognised as a Paralympic sport and then by the English FA and UK Sport, to have retired and to look back on that is great for me.

'But to have someone recognise my influence with something as mainstream as the Hall of Fame, and going in there with Peter Schmeichel and Matt Le Tissier is unbelievable.'

The museum's hall of fame boasts legends including Sir Alex Ferguson, Alan Ball, Gordon Banks, Cliff Bastin, Jimmy Greaves and Sir Tom Finney.

Clarke, who retired after the 2012 Paralympics and who scored 128 goals in 144 international appearances, will be inducted in September with Cliff Jones who played for Tottenham's double-winning side, Mike Summerbee, one of the 'Holy Trinity' in the great 1968-70 Manchester City team, Ray Wilkins and Sheila Parker, the first women's England captain.

The status of disability football, according to Clarke, is one he could never have dreamt of as a 12 year old at Worcester College for the



David Clarke, about to enter the Hall of Fame

Blind where he honed his skills playing against older and more powerfully built players who had more sight than him.

'We now know through the number of disabled football courses done, and the fact that the basic coaching course that the FA runs includes a module on disability football, that coaches are being educated on how to coach disabled footballers.

'Any blind child who wants to play, can'

'There are pathways available for disabled kids to play football from the age of five for fun or to reach an elite level. It's testament to the work of many people that we're in a position that any blind child who wants to play, can,' said Clarke.

But although the opportunities are there, Clarke says that making sure that they are exploited is another

issue. 'I was very fortunate in that my parents were important in encouraging me to get out there and be a part of sport. It's probably up to the likes of you and me and the blind community to make sure that people get out there and do it now. Another challenge is how you make people aware of how they can participate. Marketing that is difficult.'

Does the fact that more disabled young people are being educated in mainstream schools rather than special schools make it harder to develop teams and nurture football among blind and disabled pupils?

'It's difficult to track people down, but it's not beyond the wit of man to go through the sensory teams in local authorities. Let's not forget that last year Sainsbury's got two million kids playing blind football by approaching mainstream schools.'

As well as writing a book and acting as an ambassador for the FA, Clarke coaches a mainstream under-eights team, Harpenden Colts, and trains once a week with his old coach.

But before his 17-year football career, he had already been playing for 10 years. Now he is enjoying his retirement.

'I'm considering a number of options to get involved with disability and mainstream sport. But I gave up football to give more time to my family. I don't miss playing at all.

'There's a lot to not miss about training six days a week and holding down a job. I'm still keeping myself fit but it's nice to do it for fun.'

[Source: Disabilitynow, July 2013]



Here's a simple sum, even members of the Government could do it if they wanted to

Austerity+disability = poverty

Recently I read an article which suggested that by 2018 disabled people, through cuts in our benefits and services, will have contributed £28 billion to deficit reduction. If this figure is accurate then poverty is about to make an unwelcome return into the lives of many disabled people.

Of course throughout history poverty has always been a close companion of disabled people and our families and in the 1960s its constant presence was responsible for the first stirrings of modern disability politics as we know it today.

The Disablement Income Group was formed to advocate for a national disability income to banish poverty from the lives of disabled people for ever ... a few years later the Union of the Physically Impaired Against Segregation was formed. It argued that poverty was not the cause of disabled peoples' problems but was merely a symptom of our exclusion from society which required a much broader range of solutions.

The leading advocate of what might be called 'the income approach' was

As cuts to social security, disability benefits and services bite yet more deeply, Professor Mike Oliver calls for the kind of lobbying, campaigning and access to shaping policy which brought results 30-40 years ago



the late Peter Large who spent many years working tirelessly behind the scenes in Parliament to ruthlessly demonstrate to policy makers the effects of poverty on the lives of disabled people and their families.

The leading advocate of what might be called 'the integration approach' was the late Vic Finkelstein who worked tirelessly with organisations controlled by disabled people to establish a wide range of support services and legislation to end the segregation of disabled people from society.

While their views on the relationship between disability poverty were different, between them and their supporters they established a network of financial benefits and support mechanisms to facilitate independent living. So much so that by the end of the 1980s one of Margaret Thatcher's ministers was able to proudly claim that poverty no longer existed in Britain.

This claim was ridiculed at the time but the fact remains that poverty disappeared from the political agenda shortly afterwards. Only now ... do we see poverty being rediscovered as our politicians begin to realise the real consequences of their heartless austerity policies.

As the cuts bite deeply into the lives of disabled people, debates about whether poverty is a symptom or a cause of our current problems don't really matter. We urgently need new leaders of the calibre of Peter Large and Vic Finkelstein or this round of cuts, scheduled to end in 2018, will not be the end of a horrible nightmare but the start of something even more unimaginable and unendurable. [Source: disabilitynow]

Residential care: making homes more valued

Former care minister Paul Burstow has launched a commission to rehabilitate the standing of residential care and make it a positive choice for older people with high support needs.

Burstow is chairing the year-long Commission on Residential Care, established by think-tank Demos, to examine how care homes can become a more valued part of the spectrum of care.

The commission's starting point is that an additional 239,000 people

aged over 85 will require round-the-clock care, meaning there must be a future for residential care. It will examine issues including the current financial pressures on the sector, driven by squeezes on local authority fees; negative stereotypes of residential care fuelled by media reporting; and the extent to which care homes can diversify into providing intermediate care for the NHS

The commission will also look at how older people can be provided with a range of housing options as support needs increase.



self help
SHROPSHIRE

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-rcc.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

continued next page



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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, Harlescott, 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
mhishopshire.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

Carers are missing out on assessment of their needs

Though carers are involved in all stages of the personal budgets process for service users, separate assessments of their own needs are uncommon and seldom conducted before service user support is planned, according to research carried out by York University and funded by the Department of Health.

In the study, researchers based their findings on a survey of 16 councils, in-depth research in three of these and interviews with carers and service users.

Carers were commonly involved in supporting service users who had cognitive or communication impairments during assessment and this role was valued by service users and practitioners alike.

Managers and practitioners said carers were routinely asked about their willingness to continue providing support at this stage, and some asked carers about their own support needs. But service user assessment forms had limited space to record carers' needs.

Most of the carers interviewed could not remember being asked in detail about their own needs during user assessments.

While carers providing a substantial amount of care have a right to a full assessment, these were uncommon and sometimes conducted some time after the service user assessment so they could not inform support plans.

Such assessments should go beyond the consideration of the carers' willingness and ability to continue to provide care to cover their needs for support to access work or leisure activities. Though carers were heavily involved in support planning for service users, there was no evidence of carers having their own support plans.

From April 2015, councils will have a duty to assess the needs of carers if it appears they need support, and then provide support if they meet a defined eligibility threshold, under the Care Bill currently going through Parliament. This lowers the threshold for a carer's assessment and, for the first time, provides a right to support for those who meet eligibility thresholds. For further information contact one of the researchers, Wendy Mitchell, at wendy.mitchell@york.ac.uk or on 01904 321 971. [Source: Community Care 14.08.2013]



The Paralympics brought prosthetics such as running blades into the limelight. But what about the body parts that keep them attached?

After an amputation, the bit that's left beyond a healthy joint is called a residual limb, or more commonly, a stump. People born without all or part of an arm or leg, are said instead to have a 'limb difference'.

How is a stump created? To amputate, surgeons cut through skin, muscle, blood vessels, nerves and bone. The exposed bone then gets filed smooth, with rounded edges. Nerves are cut slightly higher than the main amputation area and retracted up into the muscle, to prevent potentially painful bundles of nerve cells from forming close to the stump's surface.

The remaining muscle gets re-attached to bone, providing protective padding and helping to shape the stump. Skin is sewn together in such a way that once healed, the scar won't rub against an artificial limb.

Stumps shrink so much during their first months, that the sockets of prosthetic limbs - which are measured before surgery - become too big and need replacing. In the meantime, thick stump socks are worn to keep the prosthesis in place.

Once stable, stumps are checked at least once a year for potential problems. Growing children may need surgery to trim the bone.

Skin wasn't designed to spend hours

Living with a 'residual limb' (aka, a stump)



CBeebies presenter Cerrie Burnell was born with a limb difference

each day inside a plastic socket. Diane Mulligan, who lost her leg above the knee in a motorbike acci-

dent eight years ago, likens wearing a false leg to wearing the same pair of 80s jelly shoes, every single day.

'My skin rubs against the plastic and breaks down very easily,' she says. 'I get sores and cracked skin as a result.'

She uses an anti-chafing cream that works 'like Teflon on a non-stick saucepan'.

Diane says she tried Botox to reduce sweating because her stump smelled so badly. When ingrowing hairs became infected, she couldn't wear her prosthesis for weeks.

Like many amputees, she gets pain in the place where her missing limb was - known as phantom limb pain.

Diane's top stump care tips are to 'keep it really clean and take your prosthesis off as much as possible'.

Between five and six thousand major limb amputations are carried out in the UK every year, with the most common cause for leg amputation being loss of blood supply to the limb. Trauma is the most common reason for upper limb amputation

Diabetes sufferers are 15 times more likely to need an amputation than the general population, because high blood glucose levels can damage blood vessels, leading to restriction in blood supply.

More than half of all amputations are performed in people aged 70 or over, with men twice as likely as women to need an amputation.

[Source: BBC Ouch]

Online health communities and the future

Online Health Communities (OHCs) are being studied as a means to facilitate high-quality and affordable health care for future generations.

OHCs are Internet-based platforms that unite either a group of patients, a group of professionals, or a mix-

ture of both. Members use modern communication technologies such as blogs, chats, forums, and wikis.

For instance, ParkinsonNet is a professional network for Parkinson's disease whose participants, both patients and professionals, use vari-

ous types of OHCs to deliver patient-centred care. Researchers say that OHCs are a powerful tool to address some of the challenges chronic care faces today. For more information:

<http://www.jmir.org/2013/6/e115/>

[From Health Information News]