

## CONSULTATION QUESTIONS

### Progress and Challenges

**Q.1 Do the findings of the evaluation broadly reflect your views about services for people with learning disabilities/carer?**

Yes  No

Please provide any comments, evidence and/or examples here

**Q. 2 Can you give examples, either locally or nationally, of what you think has worked well over the last 10 years of *The same as you?***

Please provide any comments and/or examples here

**Q. 3 Can you give examples of issues in current work and/or policies that still need to be addressed?**

Please provide any comments and/or examples here

### Good Practice – Organisations

**Q. 4 Can you provide examples of what you have done over the last 10 years, within your organisation, to improve services and access to services within your local area?**

Please provide any comments and/or examples here

## Good Practice - Individuals

**Q.5** What have you done, as an individual, to make positive changes within your local area?

Please provide any comments and/or examples here

## Future Priorities - Healthcare

**Q.6** What still needs to be done to ensure that people with learning disabilities have access to better and more appropriate healthcare?

The graphic below represents the key responses to the healthcare questions and were gathered from the 3 smaller focus group discussions which formed the basis of the event.



In addition to these key points the following issues were raised in the discussion groups.

### **Doctor appointments:-**

- People with LD feel left out- feel they are being ignored. Best to go with support worker, social worker or family member
- Some people go on their own
- Some would like to see their own GP and get to know them better
- It is important to have support from a worker to make appointments
- Sometimes there are language barriers and communication needs (bigger writing)
- Community nurses are very good- they listen
- Going into a planned appointment at the hospital- hospital find out individuals needs to make the experience a little more comfortable
- Doctors and nurses are on the whole kind but some adults with disabilities are overlooked- support staff can advise with support needs
- Signs and numbers to wards are not always easy to understand. BUT they are better than they used to be.
- Some support workers could do more in the events of medical care. Need training- not just once per year.

### **Eating healthily/ Exercise:-**

- Everyone understands about eating healthily and exercise
- Support workers help to make more healthy food, plan menus etc
- Ready- made meals are used too much in some cases Easier but not healthier!

- Menu planning, shopping, food prep is a package- but this is sometimes a luxury- often as part of the 24hr package.
- Sourcing locally and cooking healthily is actually cheaper
- Doesn't leave time anymore to think about healthy food or time to prepare it
- People could have cooking lessons make a batch of good food, freeze it, which gives a healthier ready meal- but these were external companies doing this.
- Someone cycles a tandem with a worker
- Sometimes there is not enough staff/support to go swimming and no hoist
- Activities can cost more if support worker needs to accompany
- Need support to feel safe when doing some activities- some facilities need a named person
- Social support has been cut back- get support that is needed not what is wanted "there is more to life than housework"
- Some find it hard to access things on their own without peer support or paid support
- Care packages have been slashed so this has had a huge impact
- Centres used to be used as a better resource: care support/general resource- but not as good anymore.
- Skills and experience are now missing, and are being missed
- Back to the generic model that has caused issues/ problems around lack of speciality
- Crisis prevention and resources to deal with them has been affected.
- Lack of understanding about autism and specific support that people need

- Front line staff need training
- Transport is a big issue
  - Rural issues
  - Getting to places, further apart
- Culture of perception of staff being at it then going out for meals eg on a Saturday, being chastised for going out- cynicism. When this benefits people, we all do it- the same as you!!
- Some people not valuing these parts of social life that are just as important. Trying to find the balance- practicalities- what you want.
- People with housing support couldn't go out 24/7 but staff ratio 1:3 so range of activities/accessing communities becomes impossible
- Going out with your peer group- not your paid support staff- you should be out with your friends
- Expectations on the time it takes to do all the things you need to do- for the carer it's hard.
- GP's don't take some people seriously- increase in suicide-mental health issues are not always identified
- Healthy eating/lives can prevent some of these mental health issues- big circle!

### **General**

- Get doctor of choice- same doctor- get support
- Doctors don't know enough- training required
- Leaflets on every ward
- Local practice- special LD nurse.
- GP's don't have the right skills sometimes

- More training for healthcare professionals
- Write questions/ prepare for GP
- Learning disability nurse- key worker/social work/ GP People spoke to supporter

### Future Priorities - Education

**Q.7 What still needs to be done to ensure that people with learning disabilities have access to better educational opportunities?**

The graphic below represents the key responses to the healthcare questions and were gathered from the 3 smaller focus group discussions which formed the basis of the event.



In addition to these key points the following issues were raised in the discussion groups.

- Local day service had 2 qualified teachers- then retired (paid by Education dept , not social!)...their positions weren't filled...money was relocated elsewhere...no consultation
- Huge differences between schools - some fantastic at transitions, starting at 12 yrs, others have no transition workforce- there has to be leadership
- Difference between having involvement from 12, and not, makes the big difference once they hit 15/16- they need considerably more support at this stage from social workers
- Difference across areas is considerable
- Some special schools don't get it right either.
- Huge culture shock when a person hits adult services- with no preparation
- Impact on carers is huge. Can sometimes end up being a full time carer again because there is nothing out there.
- Have to speak up/ be loud enough/to find things out there
- Can be perceived as problem carers
- Again, no one taking the lead to support transitions
- Teachers sometimes just don't have the time- not enough resources
- Lack of focus on transitions- older people's services, other plans take over, social work can find a lack of focus. LD specialists are now dealing with everything. Senior management have made a mistake- but a new system is in place now
- Lack of specialism is now causing difficulties
- People with LD are not given the same support- bottom of

the pile.

- Focus from government on employability so because it takes longer- this has made an impact
- Vacancies/maternity leave posts not being filled/replaced
- Outcomes is a new buzz word- but it's not happening in practice
- Long term college placements same courses- no progress- no moving on- so now being cancelled. When placements were reduced/taken away, it wasn't replaced with an alternative
- Added problems to mental health due to lack of appropriate opportunities
- Things don't appear to be person centred with lack of reality coming behind being person centred (this doesn't mean getting what you asked- for what you want- guidelines on the interpretation is needed.
- College can be seen as a time filler not looking at what would work well for the individual- again, lack of forward planning.
- Early planning Looking at alternatives- rather than filling in with what's already out there
- Constantly fire fighting when a crisis occurs- when someone gets to adult services with no preparation
- Not thinking outside the box
- Each school / college should have a dedicated transitions sorter which should happen to a primary school
- People /children leaving school without basic skills- like reading and writing - this is wrong!. Can occur at college level also
- Would like to report feedback from people higher up in LA/NHS etc What are they saying??

- Some people have never heard of the SAY Doc- this is people practising today!!
- Better parent /carer relationships expectations that child is educated properly is paramount, and should be met.
- No opportunities in the scottish islands- 2 of the groups had to move to the mainland for college and other opportunities
- Need meeting with family and key workers to discuss
- Not enough social work and information given
- Transport an issue

### **Special/mainstream Schools**

- Difficult experiences in Mainstream- no additional support- couldn't catch up- not nice experience- the local specialist School was not available, but had excellent and kind teachers
- Mainstream was found to be disruptive- no support and bullied all the time- this still carried on from secondary

### **Leaving school - experiences**

- Went to live in a hospital- no choice- got a job in the grounds of the hospital
- Went to Red Cross House and started to learn new skills- got support to move into own house
- Worked in Police station with help of a support worker
- Went to college to do hairdressing at level 1 went on to level 2 but as there was no scribe I couldn't do
- Never went to school or college
- Still get bullied every day!

## What can be done about education

- Stop bullying and discrimination
- Educate people to understand learning disabilities
- Anti bullying campaign in schools (mainly primary)
- Training for Staff-college staff and teachers
- Need to have progression
- Courses in mainstream classes- need to allow progression
- Right support for classes- scribes- adaptations-support workers- need for additional support

## Future Priorities – Independent Living

**Q.8** What still needs to be done to ensure that people with learning disabilities are able to live independently?

The graphic below represents the key responses to the healthcare questions and were gathered from the 3 smaller focus group discussions which formed the basis of the event.



In addition to these key points the following issues were raised in the discussion groups.

- Self directed support- Direct payments- support service should help everyone understand what this is. Not many people know about direct payments
- Some people never get a holiday due to lack of funding. Less money in the pot- don't have the resources
- Some people like their support the way it is.
- Idea- put a play on – swap place with the council so they can find out what it's like to have little support
- To live an independent life, you need the right level of support to achieve this, matching people to the right support/housing etc
- Appropriate housing, telecare, technologies, care and cluster
- NOT sure how well SDS might work yet.
- Issues around assessments and risk assessments- could be a barrier.
- Respite in an alternative way could be cheaper (than residential respite)
- Choice and control to the people
- It's a 24 hr day- not 9-5pm
- People are wary of change
- Worry that SDS is seen as another way to reduce care packages/support
- Still beyond the control of social work to allocate funds- 20% taken extra
- Impact of restricting someone's social life/choices
- Huge gap with people LD ending up in residential care-

people could easily be in own accommodation with more choices as to where. Huge amounts can be saved. Huge increase in quality of life

- Partnership working with housing needed/ Alternatives needed
- People being de-skilled
- Government directives needed to backup and support these changes
- Technology can reduce staff/input hours
- Life plan- Key Housing
- look back- annual review- person centred planning, Highland Council integrated
- Now in Key- have more choice
- “Can go where I want- in other house I had to be in by 10pm- much happier now in supported accommodation”
- Housing- waiting lists/no housing
- No support to go to activities- no funding
- Not a lot on for anybody/ young people. Just staying in. Need more funding
- Social Life- depends on area
- Internet for information
- Learning new skills

### **Could benefit if...**

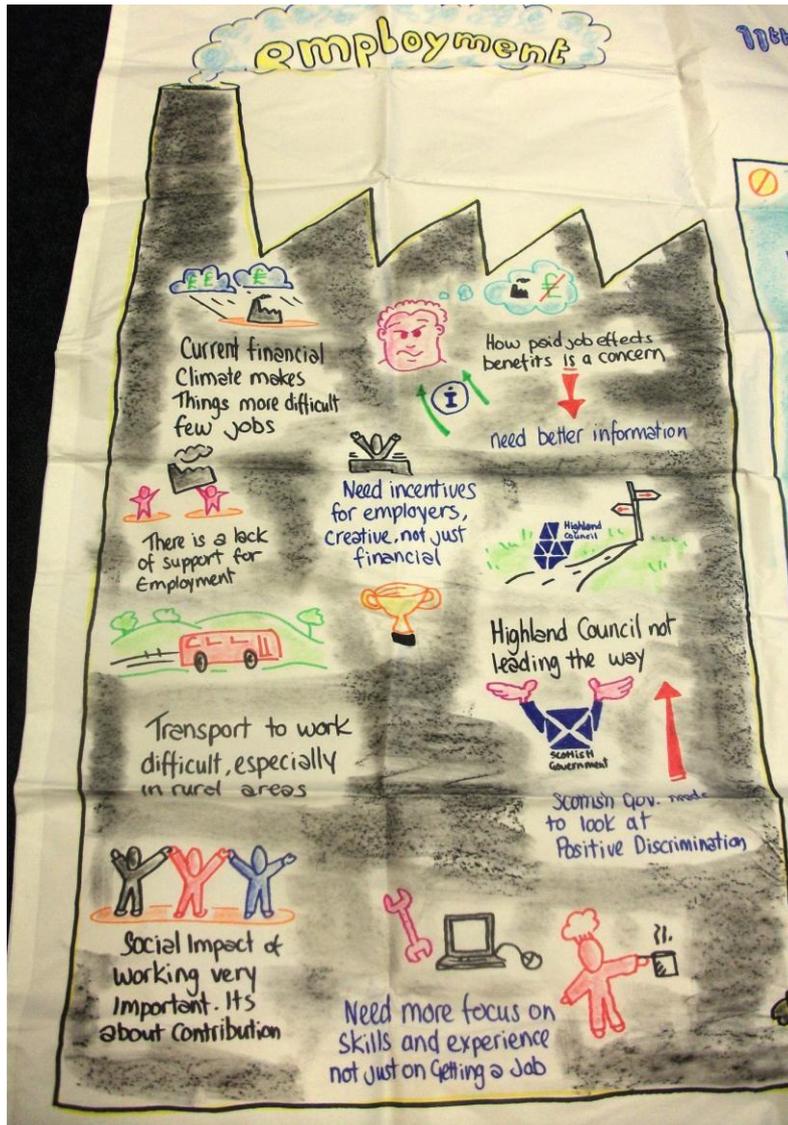
- Maximisation teams
- Funding/financial support eg. Sourcing right gas electricity tariffs
- Support to access/ deal with these- day to day living- the right support should work there!!

- Individual/appropriate support is vital!!

## Future Priorities – Employment

**Q.9 What still needs to be done to ensure that people with learning disabilities have access to better employment opportunities?**

The graphic below represents the key responses to the healthcare questions and were gathered from the 3 smaller focus group discussions which formed the basis of the event.



In addition to these key points the following issues were raised in the discussion groups.

People with learning disabilities and family carers said:

- People with learning disabilities need to be treated fairly. Even if we do get skills, we do not get employment as we have learning disabilities.
- Employment shouldn't affect my benefits; some people volunteer rather than having paid employment.
- There is a lack of support in employment. Job coaches have laughed at me.
- I volunteer but I get travel expenses. I get to meet people and it keeps me busy.
- There is a lack of support to get into employment.
- 'The same as you?' report put the focus wrongly on getting jobs. There needs to be more focus on skills and experience – all these things need to come before getting the right job.
- It is about my outcomes, not the Job Centre's. They didn't give me a choice because it didn't suit them.
- Disability officer at the Job Centre was helpful.
- Some people think of the day centre as work. It gives some people a sense of achievement but we should have a choice about whether we want to attend or not.
- Some companies do not have insurance to cover people with learning disabilities.
- I am not sure what work I can do because of benefits.
- My health can make it difficult to get work; employers need to be flexible.
- Transport is an issue; buses are not frequent and not accessible

Health/Social Care professionals said:

- Labour intensive to get people supported employment.
- Getting over the local authority's threshold is the first difficulty
- A certificate of work readiness could help.
- SDS is developing in this area
- We need creative incentives for employers to take people on. Companies need to see the benefits.
- Local authorities and employers need to be more approachable.
- Good links with community help.

- There is a lack of support from the top down. We are told to find placements but there is no support from the local authority
- We go back to the same companies time and again (e.g. Co-op) where good success has been found. But others are hard to access.
- The social impact when an individual is successful is very important. It links to confidence.

## **Future Priorities**

**Q.10 What other future priorities do we need to focus on?  
(Please list these in order of importance with the most important first)**

Please provide any comments and/or examples here

## Inverness Graffiti Wall

- There needs to be a process for senior managers within Local Authorities and Health to feedback views about SAY and future strategy.
- Decisions not to fill/replace vacant posts has a big impact.
- Sometimes the course you wanted to do isn't offered locally but moving/travelling to a new area has a big impact/costs a lot.
- Some practitioners haven't heard about SAY. We need to increase awareness of the policy.
- Jobs made easier to get for disabled people.
- There's a lack of consistency about transitions across Highland.
- Person Centred Planning can seem unrealistic but can work – need guidance and clarity from senior managements about the process.
- Disability-R-Us: chatroom for disabled people.