Service for all – making it happen

A report from the Service for All conference held on 18th June 2003 in Edinburgh

This is a report on the conference that brought together people with disabilities, people with mental health problems, older people and their families and staff in the NHS who are working to make services more accessible.

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Introduction

This is a report of a conference event called Service for all – making it happen, which took place on 18th June 2003 at the Edinburgh International Conference Centre (EICC) in Edinburgh.

About this report

The report has 5 parts.

- The introduction explains the purpose of the conference, who came and how it was organised.
- Part 1 gives some perspectives on 'Service for all' and making change happen.
- Part 2 reports from the workshops which were held and the exhibitions.
- Part 3 makes suggestions for what you can do next.
- Part 4 provides information on useful contacts and reading materials.

About the conference and this report

The conference venue, the EICC, is in a new area of Edinburgh called The Exchange. The address of the event sums up the purpose of the day. It aimed to bring people together to exchange information, examples of good practice and ideas about making NHS services more accessible.

The main elements of the event were to:

- understand access from the perspective of people with disabilities, people with mental health problems and older people. What helps and what are the main problems?

- identify good practice in Scotland and start a database of good practice
- share ideas around practical solutions and on ways to get advice and help from others
- inform ongoing development of policies and advice for the Scottish Executive and the NHS in Scotland on how the NHS and people who use services can work together to improve access.

Under the Disability Discrimination Act 1995, the NHS and other service providers have to think actively about how to make services accessible. This legislation is important but making this happen is not just about following legislation. It is about people sharing a vision of what a service for all looks like, of imagining better and working together to make it real.

In February 2003 the Scottish Executive published Partnership for Care, which gave a commitment to develop a strategy to help the NHS provide care to Scotland's diverse population.

> "In this European Year of Disabled People we will extend the principles set out in Fair for All across the NHS to ensure that our health services recognise and respond sensitively to the individual needs, background and circumstances of people's lives."
> (Partnership for Care, Page 20)

This conference was part of a series of discussions which are feeding into the development of a diversity strategy. Others have included:

- the joint conference, Improving Disabled People's Access to Heath Provision, held by the Disability Rights Commission, the Scottish Executive, NHS Quality Improvement Scotland and Scottish Human Services in February 2003
- work by NHS Education for Scotland to build diversity into training for health service staff
- specific discussions in local areas or led by organisations looking at the needs of people with a particular disability or circumstances.

This is not a report about plans or promises. This report aims to describe some of the practical discussions held on the day, to report on what people are actually doing and make suggestions about good practice approaches which others can copy.

How to use the report

The report, particularly Part 2, is packed with practical suggestions or examples for developing a service for all. It presents ideas which may set people thinking about the potential in their own area. Here are a few ways to use the report.

- Share the report and discuss some of the ideas or issues with people in your local area. Use it to check out whether there is local experience of similar problems or solutions.
- Look at some of the approaches to raising and discussing barriers to a service for all and to finding solutions and try them out locally.
- Read about some of the small, easy to implement, actions which make a difference and talk to people in your networks about similar ideas.

- Use the information and contacts in Part 4 to find out more about particular ideas or examples.
- Link up with people in other areas and at a national level to take forward suggestions for developing or improving local health services which require or would benefit from action at a national level.

Who came to the conference

A wide range of people came to the conference. They came from different backgrounds in the NHS and with different needs and experiences of health services. They came from every part of Scotland, from the Western Isles to Dumfries and Galloway and included:

- NHS estate managers and other NHS managers
- clinicians and health care professionals
- people who use health services including those who are physically disabled; have hearing or visual impairments or both; with learning difficulties; with mental health problems; older and younger people; and relatives and carers.

The different elements of the conference

This was a day for people to talk to people they didn't usually talk to, a day for people to tell stories and listen to stories. It offered an opportunity to mix with and learn from people whose views or experiences were new to them.

The conference was organised to give a choice in the ways people could take part, share views and experiences, or just chill out in front of a video.

- Brief presentations at the start of the day gave way to workshops focusing on practical issues.

- People were free to choose the workshops which interested them – there was no cap on the numbers attending.
- An exhibition area displayed examples of good practice.
- A video 'How is it for you?' ran continuously, reporting on a conference for deaf people, their organisations and health services.
- A computer display of the Scottish Executive Health Department's good practice website ran for the whole day.

Different sorts of support were provided to help more people take part such as:

- hearing induction loop systems
- British sign language (BSL) interpreters
- lip speakers
- encouraging people to bring someone to support them
- payment of expenses for people who use services and their supporters, and for people who came in their role as relatives or carers.

The lack of BSL interpreters nationally was unfortunately reflected at the conference. It had only been possible to recruit 3 BSL interpreters, yet there were 4 workshops. This meant those deaf people at the conference who rely on BSL had more limited choice than other people at the conference and could not be included in one of the workshops. It was a good illustration of what is meant by equal access and fairness and that it matters.

Part 1

What will it take to make it happen?

Three short presentations introduced ideas about a "service for all". Anne Connor, Scottish Human Services Trust, explained the context of the Disability Discrimination Act and spoke about what needs to be in place for change to happen in practice. Fernando Almeida Diniz, Non–Executive Director, Unified Lothian NHS Board, spoke about social justice and community services. Mary Boyle from NHS Education for Scotland (NES) described this organisation and its work to support development of responsive services.

Developing good practice

The Disability Discrimination Act is important. There are changes which service providers will have to make, for example to some buildings. However the message from this part of the conference was that enabling access to a service for all is not about following legislation. It is about developing good practice, from attitudes and manners to the way the reception area is laid out, to meet diverse needs.

Part 2 reports from four workshops which offered opportunities to share ideas and practical solutions.

Three parts to making change happen

> "We know that for any change to occur there needs to be three parts in place: people need to be willing, able and allowed."

Anne Connor reminded people that the Disability Discrimination Act 1995 gives rights to individuals and gives duties and obligations to service providers. Service providers must make "reasonable adjustments" for disabled people, such as providing extra help or making changes to the way they provide their service. From 1 October 2004, people will have additional rights in relation to physical barriers to access.

However many people who work in services are trying to speed up change and to widen their approach. They know that real change in practice will not happen because of legislation alone. Anne described the three parts which need to be in place for change to happen.

- People need to be willing: they need to understand why it is important for them be aware of and respond to diverse needs; given the host of demands on the NHS, people have to be willing to make this a priority.
- People need to be able: they need skills, knowledge and awareness. The work of NES will support this. People who plan or work in services also need to be able to tap into the ideas and experience of others. Events like this one offer opportunities to share and swap ideas with different types of people and organisations. Workshops create opportunities to look at good practice and work together to develop practical solutions. The Scottish Executive has

created a website to provide a forum for sharing ideas and good practice and with links to other organisations (see Part 2).

- People need to be allowed: they need to be allowed and to feel allowed – to contribute, to try something new, to get it wrong.

The Scottish Executive and NHS Scotland have been encouraging this in many ways, for example actively seeking disabled people and people from black and minority ethnic groups to work with them in creating a diversity strategy.

What does "A Service for All" mean anyway?

Fernando Almeida Diniz said that managers of all our public services face a big challenge if they are committed to developing an inclusive and equitable service for all.

1 Key Messages for Service Providers

He said that it was important to distinguish between two approaches when thinking about the design and delivery of statutory and voluntary services:

"Services for All"

This approach is based on the idea that there is a 'mainstream service for the majority', with additional 'specialist services' for particular groups (such as separate hospices for people with different impairments). Though this approach is often described as 'an integrated system', it has often resulted in a fragmented service which has led to the institutional exclusion of disabled people and other marginalized groups (e.g. ethnic minorities).

"A Service for All"

This approach is based on the idea that all citizens have the legal right to equality of opportunity and should be able to access any

services. Here we are talking about a unified and equitable service. It means that services providers:

- put diverse communities at the centre of policy and practice development
- understand that health, social care and education are matters of social justice
- tackle the institutionalised inequalities: doing more than disability or race awareness training, but by investing in changing professional behaviour and what happens on the ground
- reconfigure, redesign and transform Human Services from service led and driven, to community led and person centred
- learn to let go of the power and privilege held by professionals.

2 Towards developing community centred service provision

Fernando concluded by offering a community centred operational framework to respond to this challenge and described three main features that service managers should consider for future design and delivery of health, social care and other services.

Equity in provision and access: life chances

- Acknowledge the diversity which exists in local communities by taking account of demographic and social trends in service planning (e.g., monitoring for issues of disability, race, gender discrimination).
- Develop inclusive models of practice (e.g., person–centred planning which gives due regard to issues of disability, race, gender, sexual orientation, faith and other social factors).

- Ensure that the workforce reflects the whole of society by tackling current discrimination in employment practices (e.g., to increase the number of disabled people, ethnic minorities, bilingual workers).

Human relations: affirmation of multiple identities

- Train the workforce to avoid stereotypes by valuing individual difference and diversity in daily contact with service users (for example, a woman may define herself as Somali, multilingual, youth worker, wife and mother of child with speech impairment).

Democratic engagement: community 'voice' in developing and managing services

- Actively engage with all sectors of the public in matters about the design and delivery of services (e.g., beyond mere consultation about Health and other services).
- Develop partnerships with communities and with the voluntary sector.

What's in place to support change in practice

Mary Boyle spoke about the creation of a new Special Health Board, NHS Education for Scotland (NES), which was created in April 2002 to lead and promote education, training and lifelong learning for the 135,000 people who work for NHS Scotland.

A priority is to raise awareness within the NHS, so that it offers a more responsive service to people with disabilities or diverse needs. An event was held in March 2003, attended by disabled people who use health services and their families . They shared their experience of health services and gave their views on priorities for staff training in order to develop good practice. Key points which emerged showed that people needed to learn to

listen, not to make assumptions, to respect people and to know what resources were available (see Part 4 for some useful resources).

From this and other consultations, NES is identifying certain core skills, knowledge and awareness (called generic competencies) which everyone in the NHS should have, wherever they work and whatever job they do. NES intends to develop an educational resource on disability awareness to support this.

Next, NES will focus on specific areas where more detailed knowledge and further developed skills are required, for example in responding to the needs of people with sensory impairments. NES is collaborating with Scottish Council on Deafness, CACDP (Council for the Advancement of Communication with Deaf People) and the RNIB to develop resources. It will then roll out a programme of work.

Part 4 includes contact details for NHS Education for Scotland and other organisations which can support development of good practice in meeting diverse needs.

Part 2

Practically speaking...

This part has four sections, reporting from workshops which provided information on, and ideas for, practical solutions to delivering a service for all. They also demonstrated practical approaches to understanding the access issues and involving people in identifying the problems and coming up with solutions.

The four sections are about:

- services for people in remote and rural areas
- intelligent living – use of building design and technologies to improve access
- sharing best practice
- solution circles.

In addition to the workshops, exhibition boards showed examples of accessible services or projects and organisations which can support this. There was also a video area and a website demonstration area.

"How is it for you?"

A report of the "How was it for you?" conference for deaf people, their organisations and health services

This video, shown at the Service for All event, is a report of a conference which looked at deaf people's experiences of getting to use health services – the barriers they can face and some possible solutions. The video uses British Sign Language, spoken English and English subtitles.

The video can be used to:

- get ideas about ways to improve deaf people's access to services
- start off local discussions between deaf people and the NHS about ways to work together.

Contact Scottish Human Services Trust (details in Part 4) for a copy of the video or information about the conference in a different format.

Remote and rural

> "Four thousand two hundred journeys are made from the Western Isles to mainland hospitals each year. We wanted to think about the impact of these journeys on our lives..."

For people who live in remote and rural areas, such as the islands, distinct historical, geographical, religious and familial links form an important part of a person's multiple identities. Yet for NHS

patients this community identity may not be recognised when decisions are made about where and how they should be treated. Most people in the Western Isles have to go to Inverness or Glasgow if they need to see a consultant or have specialist treatment.

"The Price We Pay"

The patient's journey from remote and rural areas of Scotland

This is a video telling the story of the impact on people's lives when they have to travel to distant hospitals. It provides some possible solutions to help ease the emotional, financial and physical stress that travel can create and improve accessibility of services.

The video was financed by Western Isles NHS Board, Health Promotion and is a Partners in Change initiative. Contact details for a video copy, or further information can be found in Part 4.

Norma Neill, NHS Western Isles, Health Promotion and Mary MacLeod, Western Isles Association of Mental Health, described the benefits of using video to explore problems and solutions.

- Making a video is relatively easy.
- It was a practical way for professionals and people using services to work and learn together.
- Because travel problems are well known and discussed in the community, this was also a good way of exploring wider issues.
- The video is a useful tool for raising awareness of the issues – the challenge is to make sure that the decision makers see it and feedback on the possibility of changes to make services more accessible.

Identifying and sharing experience of the problems

The video led to discussion and the workshop participants shared experiences of the problems faced by those in remote areas.

- Sometimes there seemed to be a lack of communication between the patient and the service. This could mean wasted trips or frustrated hospital staff. For example, deaf people have difficulties because of a lack of interpreters; time is wasted travelling to a consultation or treatment if no meaningful communication can take place.
- There are practical and financial difficulties for patients and families who have to travel to the mainland for appointments. It is more difficult for family members to accompany the person who is ill. In the video, a local GP pointed out: "The cost of a plane ticket plus B&B can amount to 3 or 4 weeks wages for most of the people here."
- Illness can cause stress and anxiety. Some people, who have mental health problems or are older, are unable to cope with the anxiety which travel entails. Carers have the strain of coping with an ill person while also having to arrange travel, home commitments and dealing with their own anxieties.
- Hospital administration and clinical staff may be unaware of remote geographical locations and of the organisation and upheaval to normal life needed to keep what may turn out to be a 10 minute appointment.
- Transport companies are not always equipped to offer support and assistance to those who require it. Bad weather conditions can make it impossible to leave the island to get treatment or to get back after it.
- Most specialist services are not available locally. Many rural areas have suffered from a centralisation of services to the main towns, leaving many, especially older people

or those without private transport, cut off from ancillary health care. Difficulties in recruiting and keeping GPs and nurses add to the problem.

Developing practical solutions

> "What is needed often is a bit of compassion and common sense!"

Some of the issues raised were not unique to rural areas, such as the lack of BSL interpreters. In the video and at the workshop, practical ideas for resolving problems were sparked off by the sharing of experiences and knowledge. This is a summary of the suggestions made.

Improve appointments administration

It would help if:

- distant addresses were flagged up on computer or paper record systems
- 'joined up' appointments were made wherever possible with different specialists at the same hospital
- there was an accessible contact person.

Think about alternatives to a hospital visit

Consider:

- using tele–medicine to allow diagnosis to be made locally
- using video conferencing – an example was given about the use of this to assess dermatological conditions
- using local medical centres
- increasing consultants' visits to remote areas
- learning from other remote areas of the world, for example the feasibility of a 'flying doctor' service.

Introduce more practical and emotional support

It would help if:

- purpose built accommodation could be provided near major hospitals
- an 'on call' nurse was based in or near major airports who could be called on for assistance if a patient is delayed on their homeward journey by weather conditions
- a buddy system was developed
- administrative and clinical staff were more aware of distance and the stresses this imposes
- support was provided for those receiving bad news alone
- a helper was available for people travelling alone
- there was greater recognition of the needs of carers.

Get better at communication

Suggestions for improving communication included:

- use visual aids to help those who cannot hear or cannot read
- introduce a means of identifying that a patient needs support with communication – it could be as simple as a sticker on their hospital notes
- look at the Disability Rights Commission website for a host of information on communication support.

Taking it forward

The video highlighted that people valued the help and service they receive, but also made clear the barriers they faced in accessing services. The support of NHS Western Isles to make the video started a discussion and dialogue. People are not unrealistic – they acknowledge a 'price to pay' – but they want to:

- minimise the effects of travel to distant hospitals
- maximise use of local services, and
- further develop use of telecommunications.

Now they are looking for people who are willing to listen and are able and allowed to move forward.

Intelligent living

Technology and building design can help people to access buildings and services. They can also help people who work in services to give better care to more of the people they want to reach. Robin Burley, from Eskhill & Co. gave practical examples from a range of settings and encouraged discussion about possible applications by the NHS.

Responding to consumer demand

Robin pointed out that demographic changes mean that by 2020 there will be as many people over 50 years old as there are younger. So there will be a strong economic incentive for inclusive design as a standard approach. He gave examples where the private sector is driving innovation.

- B&Q has used the advice of their older employees to influence the design accessibility of equipment and tools.
- Quarter turn lever taps, designed for easier use by people who have difficulty with manipulation, used to be very institutional in design, but now stylish lever taps are available in most plumbers merchants and DIY stores. They are easier to use for everyone – so a wide market is developing.

However our homes and buildings are still full of physical barriers.

- Light switches and power points are at the wrong height if you have difficulty bending or stretching or are in a wheelchair.
- Door handles and locks are often designed in a way that makes them difficult to use for people with paralysis or arthritis.
- Doors are too narrow for a wheelchair.

Robin welcomed progress. The building regulations have changed so that in new properties doors will be wider and steps will be removed. However he also suggested that the emerging generation of older people and people with impairments expects more. People are becoming familiar with harnessing technology and adjusting design to meet their own individual needs, for example the computer screen with personalised settings.

New smart technology has the potential to help older people and people labelled as having a disability to live and continue living in their own homes. But Robin emphasised that any 'intelligent' solutions must be part of an overall approach to removing barriers. First the low technology, 'no stairs' solutions and the mid technology solutions such as big button telephones, have to be in place.

Seven ways smart technology can help people to live at home

Robin gave examples of the developing technological approaches to overcoming or removing barriers to accessibility. There were parallels here with some of the discussion in the last section about use of tele–medicine and remote communication approaches.

1 Enabling control of the physical environment

A smart home system can be used to:

- switch room lights on when someone comes in or off when the room is empty
- provide remote or infrared control devices to open or lock doors, open curtains and turn on taps.

2 Improving safety and security

- Passive infrared detectors (commonly used in burglar alarm systems) can be used remotely to monitor an individual's movement within their home, raising an alarm if the occupier becomes ill and unable to move.

- A heat detector connected to the gas supply above a cooker will both alert residents to a fire hazard and can also trigger a valve to close and cut the gas supply.

3 Compensating for impairments

- Speech or voice recognition is a rapidly developing technology. Voice commands can now be given to a hands free car phone. It is a small step to see how this can be developed to assist around the home.
- Technologies can be linked up to support people at home. For example, the camera viewer for the front door can be fed through the domestic television and linked to a remote door opener.
- One button dialing telephones with photos identifying the buttons can assist people with dementia and a range of other cognitive impairment to communicate with friends and family.

4 Reducing anxiety and improving self esteem

- Touch screen technology using pictures can help to encourage independent action and choices. For example, someone with dementia may be able to use a touch screen picture to activate a device or appliance.

5 Monitoring people's health and welfare

- A person's physical status can be monitored from a remote location. For example, a pressure pad can monitor if someone is out of bed for a prolonged period during the night, which might indicate they have fallen or need help.

6 Assisting formal and informal carers to provide support and care

- Tele–conferencing can allow doctors and carers to monitor people who are physically remote or who would find it difficult regularly to visit a health centre.

- Memory joggers equipped with sensors, which remind people to take medication or put on a coat in the cold, have been piloted.

7 Assisting in maintaining a range of community contacts

- Currently a level of computer knowledge is required to do even simple tasks like shopping or banking. As digital television technology becomes more common, along with the simplified internet service that it will offer, people can stay connected to the community services they need and maintain control of them.

The workshop groups felt that these technologies had widespread possible applications in NHS community and hospital settings. Within hospital settings people felt that some of the technology would be useful. They pointed out the need for assessment of the risks of interference between equipment which relies on digital broadcast, such as mobile phones, and delicate hospital equipment. Some people felt that the technology is or appears expensive. However others suggested that it needs to be compared to the cost of institutional living – in financial and human terms. Robin added that an increasing interest in inclusive design is making accessible products more desirable to the general public and this will reduce costs.

Digital institutions and ethical dilemmas

The workshop participants spoke about the dangers and ethical issues to be considered. Some felt that remote monitoring could be seen as intrusive and dehumanising – a Big Brother approach. Others noted that it could be easy to get carried away by the use of intelligent technology in people's lives, leading to social isolation. Simple human interaction is needed and technology is no substitute.

Robin summed up these risks as "the risk of replacing the Victorian bricks and mortar institution with a 21st century digital

institution." People discussed practical ways of eliminating or minimising these risks so that it is used to improve access and opportunities.

- People must be involved in the choice of which devices are used and if or when they want to use them.
- People who use services and their carers have to be involved in the process of introducing new systems or they will vote with their feet and switch them off or avoid using them.
- Technology has to be used sensitively and harnessed as a way of helping individuals, families and communities to continue to provide support.

Part 4 has details of Robin Burley's website, useful articles on this subject and organisations to contact to find out more about smart technology and intelligent living.

Sharing best practice

In this session Lynn Waddell, Disability Nurse Advisor, Forth Valley Primary Care Trust, facilitated a discussion about best practice in working towards a service for all. Participants also offered examples of best practice happening in their local area.

What do the words 'best practice' mean?

> "What professionals think are best practices aren't necessarily what people with disabilities or mental health problems think."

Participants gave different points of view about best practice. However there was common agreement that best practice is:

- recognising diverse needs

- responding to the need for targeted investment, such as training for all health care professionals in disability awareness and for increased numbers of trained and available British Sign Language interpreters
- listening to people who use services, to their families and to staff as a basis for practice
- joined up services providing points of access, guidance and information.

Making it happen – practical help to support the development of best practice

> "Obviously we need help to remove straightforward physical barriers. But we also need to create accessible environments – places where people with any sort of impairment will be able to communicate with those involved in providing the service."

People in workshops came up with lots of ideas for practical help to support the development of best practice. Here is a summary of their suggestions.

Support with talking to people, listening and sharing experiences

- Hold more conferences which provide good practice examples and space to share experience.
- Develop different kinds of networks – local, regional,

cross region, national – sharing information on the best practice which already exists.

- Develop databases with information about courses, reading or reference materials, useful contacts and so on.

One person spoke about an area which is producing a database of initiatives and projects for older people so that information can easily be shared and disseminated. Access will be improved because people who use services, and the people they are in contact with, will be more aware of what is available.

Involve people who use or might use services

- It helps to involve people who use services in thinking about best practice, for example using consultation processes and working groups.
- Practical help and support is needed to involve those staff and people who use services whose views on practice are often missed.
- People who use services can support continuous improvement and fine tuning of good practice.

Help with raising awareness and improving skills and knowledge

- It would be useful to have support and information on creating accessible environments.
- Everyone should receive disability awareness and interpersonal skills training – especially, but not only, those dealing directly with patients.
- Staff need better information about where support and expertise can be found if needed, for example to support someone with mental health problems.
- Alternative learning approaches such as video and theatre could be used more widely.

One person shared the experience of their NHS Board which helps raise awareness and skills by providing communication training, open to all staff. The course has run for three years and been incorporated into induction training.

Improve availability and awareness of information

- Support is needed to make information more accessible and visible.
- People need to know where training or information packs are available.

Lynn explained that NHS Forth Valley has produced guidelines for staff on communication and on support services which staff can call on for advice and support. If staff are informed and supported, the service is more accessible and responsive.

Demonstrate what change can do

There are many ways of encouraging change – one way is to show people what change can do.

For example, one person commented that awareness training has affected services in simple ways. There are now photographs displayed of all staff working on a shift in the hospital so that patients can easily identify nurses and doctors.

Build in feedback and evaluation

As practice develops, a systematic approach is needed for checking that it is leading to a service for all. This could mean auditing or independent assessment as well as self assessment. Evaluation has to involve people who provide and receive services and it has to involve more than ticking boxes.

Practical help is needed to build confidence that developing a service for all is the right thing to do.

A new 'best practice' website

The Scottish Executive Health Department, assisted by the Disability Rights Commission and other support groups, has created a website featuring articles and information on good or innovative practice in improving access to health services for disabled people and meeting the requirements of the Disability Discrimination Act.

Go to www.show.scot.nhs.uk/hddda to browse the site. If you have or know about good examples in your area, here is a way to share the knowledge with others. You can share your good practice or give feedback on the site using the special Health Department Disability Mailbox on the site by clicking on the Feedback/Contacts heading within the site.

Developing 'SHOW' to help people achieve best practice

Here are some of the ideas put forward during the conference for development of the new SHOW best practice website.

- Enter good practice examples, such as using simple courtesies like flashing the lights before going in to the room of someone who is deaf to alert them to your presence.
- Provide information on telephone helplines, useful literature and websites, training and awareness courses and other resources.
- Give practical guidance and ideas on subjects such as different types of loop systems and how to use them; or when to use an interpreter and how to find one.
- Include guidance on developing accessible information and websites (or links for this).

- Include links to other organisations, including the English Patient Advice Liaison Service (PALS).
- Set up a chat room to stimulate debate and to enable people to share best practice and experiences – it may be a way of finding solutions.
- Have a bulletin board where information can be posted about services or training or events and flagging up where new guidelines or guidance is to be found.
- Provide information on ways people can get access to the types of support they want, such as person–centred planning, direct payments and local area co–ordination.

The range of ideas gave a sense that in some aspects of developing a service for all, people are willing, able and allowed and can share their experience and enthusiasm. In others, support is needed for people to be able or to have the confidence to make it happen. Part 3 offers some suggestions for developing confidence and continuing to share ideas.

Solution circles

Telling and listening to stories

The conference gave people opportunities to learn from the real difficulties that people are facing when trying to use health care services.

The solution circles approach is about telling stories and allowing more stories to be heard by more people. It is an approach which can inform perceptions about practice and policy at an operational or strategic level. It shapes these by direct experience of human problems, in whatever sphere. It allows individuals to have an influence, to be part of the solution and to take actions which will make a difference, often not just for the individual but for the broader community.

A simple and different approach

A solution circle is a very simple approach to exploring possible solutions to a problem. This section explains how solution circles work and then gives a few examples of problems discussed at the conference workshops.

No one person has all the answers to a problem and circles are not a solution to all problems. However they do demonstrate a different way of tapping into the resources, and the power, of unstructured and informal personal or community capacity for problem solving. It is a very accessible approach, as one person said "it's like talking to people in the pub."

Here's how it works

People volunteer to explain a problem. Different problems are collected and one is selected as the focus for a solution circle, which includes the person who has the problem. If there are sufficient people to have several circles, then several different problems may be selected. The approach recognises that in real life problems are messy, and there may be a number of issues which interact with each other.

People are invited to be part of solution circles. Normally the invitation 'net' should be cast as widely as possible to involve many possible points of support or assistance and to gather relevant knowledge.

There is an assumption that everyone has something to offer and everyone can contribute.

Within the circle, members suggest solutions or put forward knowledge that might lead to a solution.

The person who 'owns' the problem says what she thinks will be a good idea to try in her situation, and the group help her come up with practical next steps. It helps if someone in the group

volunteers to be a buddy for putting it into practice – phoning up and giving the person encouragement to stick with it.

Workshop groups can look at 2 or 3 problems at each session. These are gathered together and the circle then joins with the other circles to make a bigger group. The problem is again explained very briefly together with solutions suggested so far. The new participants bring fresh ideas and learn how they could also help tackle similar problems in their own locations.

Two short examples

My problem is...
Adam does not fit neatly into one type of service or another. He has mental health problems and needs support with these from a health point of view and he needs social care and support. He also has a physical disability and is in touch with different health care staff for specific health problems. He finds himself being batted from one service to another and has difficulty accessing more than one service at a time. He also struggles financially and wonders if there are other benefits he should be receiving.

Suggested solutions or actions for Adam were:

- find out about direct payments to have more control in choosing and paying for services
- speak to a Citizen's Advice Bureaux about a benefits check
- find out if there are any private care agencies in the area
- take a first step, speak to social services about getting an assessment.

And my problem is...
Brenda is a young woman with learning difficulties. She doesn't understand written letters which use long or unfamiliar words and needs someone to read them to her. She doesn't like always having to ask. Also, if she knew what the letter was about, she

would choose different people to read it to her depending on the subject. She has started using symbols in communications with her support worker, and would like her GP to use these too. Suggested solutions included:

- get people at the GP practice to phone instead of sending a letter if possible
- find out what symbols would help her to understand the letter or its general subject. Teach people at the practice these basic symbols and ask them to use them on letters.

Coming together

When the groups came together, people discussed the particular problems and extended the range of solutions. However at this stage, the solutions started to broaden out so that the solution to one problem would be benefiting many more. For example:

- social work and health staff need to be more informed about direct payments
- people wanted to hear more stories about direct payments
- one person suggested using a Local Area Co–ordinator to help access services and bring them together
- others had not heard of local area co–ordination and wanted to seek out more information on this
- people thought the idea of symbols had potential for lots of people who found written communication difficult.

Gathering knowledge

Sometimes people within the solution circles will be able to contribute specific knowledge. Sometimes they know they need to gather more information. Here, people wanted to know more about direct payments and local areas co–ordination.

Direct payments

A Direct Payment can be made instead of a community care service if a person consents and is able to manage the payment,

with or without assistance. If someone is offered a service, they should also be offered a Direct Payment. The person is then able to purchase their own services and tailor these to their own needs and situation. For example they might decide to employ their own personal assistants.

A person can decide to use a mixture of Direct Payments and arranged services, and if they do decide to manage their own services, they can still buy these from established service providers. There are also agencies which can help with the legal processes and administration involved in employing staff.

For further information about Direct Payments, contact Direct Payments Scotland (details in Part 4).

What is local area co–ordination?

Local Area Co–ordination is a concept that was first developed by the Disability Services Commission in Western Australia. Local Area Co–ordinators can be from any profession.

They operate from local offices and work within the community to assist people with disabilities and their families and carers to plan, select and receive the support and services they need. They get to know people personally, building and supporting relationships and making connections within the community. They are co–ordinators rather than service providers. They help people to make plans and decisions about the services and ordinary community resources and opportunities they want and helping them to choose who will provide these.

For more information and stories, read the Partners in Change report, 'New models for supporting children and families and exploring the Local Area Co–ordination model'. SHS and the Scottish Consortium on Learning Disabilities are providing training and learning support on Local Area Co–ordination (details in Part 4),

Information about the Australian schemes is available from www.dsc.wa.gov.au

Part 3

What to do next

"Oh I never thought of that!"

Having a mix of people in one room or at one event challenges perceptions. People at the conference were able to think about accessibility and service for all in the widest sense possible. They saw and heard about barriers to accessibility and choice, not just for physically disabled people but for many others. They heard about what it would take to overcome them. As much learning took place outside the presentations and workshops as within them.

"They listened to my story and they understood, they just hadn't thought before about how it is for deaf people. I think they will now."

Here are some suggestions about what to do now.

- Carry on talking. Talk to different people in your own area. If you always talk to the same people, you will always get the same ideas.

- Don't just talk to the people who provide health services. People in the private sector – banks, website designers, Boots, B&Q – are all considering accessibility issues and developing approaches which work for their customers. Talk to people in other public or social services. Housing agencies and voluntary organisations can offer insights and ideas.
- Find solutions – you can, by talking to different people.
- Look for practical examples – they are probably there in your own area. Use them to demonstrate what change can do and encourage more.
- Follow up some of the good practice you have heard or read about. Contact the people involved and build up networks.
- Tell people about the SHOW website, use it and help expand it by nominating examples of good practice.
- Organise your own local event, use the conference event and the material in this report as a starter. Remember a mix of people is essential. You want to get perspectives on accessibility from as wide a variety of people as possible, so invite people with physical disabilities, with sensory impairments, with learning difficulties, with long term chronic conditions such as arthritis, and others.
- Use the resources in the Part 4 to find out information or to get support and find out more about useful databases, contacts and networks.
- Take a first step. In Part 2, people gave examples where even small changes made or could make a difference. Enlist some local support and make a change which will improve the accessibility of your service.

Part 4

Useful things to read and places to contact

Books, tapes and videos

A range of useful publications is available from Partners in Change at Scottish Human Services.

Checklists for Meetings, Nos. 1 – 4 (2001)
Practical resources for people who use or provide health services and who arrange or attend meetings.

Guide to Shadowing (2002): supporting people in touch with health services and people who provide health services in working together to improve health and health services.

How is it for you? (2003)
A report from a conference bringing together people who are deaf or hearing impaired and people who work or want to work in partnership with them and the Scottish Executive. A video is also available.

New models for supporting children and families and exploring the Local Area Co–ordination model (2002).

The Partners in Change approach and directory (2003)
This reports on the Partners in Change approach and contains contact and other information on projects which follow its principles.

From the Scottish Executive

Building Strong Foundations – Involving People in the NHS. Scottish Executive Health Department and Scottish Human Services Trust (2002). Can be downloaded from www.shstrust.org.uk

Our National Health – A plan for action, a plan for change. Scottish Executive Health Department. (2000).

Partnership for Care. Scottish Executive Health Department. (2003).

Patient Focus and Public Involvement. Scottish Executive Health Department. (2001).

You can download most of the Scottish Executive Health Department publications from its website, www.scotland.gov.uk/library3/health or contact them for copies of more information at the address on page 32.

On producing information

Standards for Disability Information and Advice Provision in Scotland. Scottish Accessible Information Forum (1999). Published by the Scottish Consumer Council or look at www.saif.org.uk.

Or look at the Royal National Institute for Blind people's website for useful information and learning packs, www.rnib.org.uk

On smart technology

Conference papers by Robin Burley can be downloaded from his website www.eskhill.com

- Care beyond walls (2001).
- Making IT mainstream (2002).
- Smarter housing and care for the silver generation (1999).

Useful contacts and websites

Burley, Robin, Eskhill & Co
Eskhill House
15 Inveresk Village
Musselburgh EH21 7TD
Telephone: 0131 271 4000
Fax: 0131 271 7000
Email:robin@eskhill.com
www.eskhill.com

Centre for Accessible Environments
Nutmeg House
60 Gainsford Street
London SE1 2NY
Telephone: 020 7357 8182
Email: info@cae.org.uk
www.cae.org.uk

Direct Payments Scotland
27 Beaverhall Road
Edinburgh EH7 4JE
Telephone: 0131 558 5200
Helpline: 0131 558 3450
Textphone: 0131 558 5202
Email: info@dpscotland.org.uk
www.dpscotland.org.uk

Disability Rights Commission
Helpline
FREEPOST
MID 02164
Stratford upon Avon CV37 9BR
Telephone: 08457 622633
Textphone: 08457 622644
Email: enquiry@drc–gb.org
www.drc.org.uk
www.drc.org.uk/scotland

National Resource Centre for Ethnic Minorities
NHS Health Scotland
Clifton House
Clifton Place
Glasgow G3 7LS
Telephone: 0141 300 1010
Email: rafik.gardee@phis.csa.scot.nhs.uk

NHS Education for Scotland
22 Queen Street
Edinburgh EH2 1NT
Telephone: 0131 226 7371
Email: enquiries@nes.scot.nhs.uk
www.nes.scot.nhs.uk

NHS Quality Improvement Scotland
Elliott House
8–10 Hillside Crescent
Edinburgh EH7 5EA
Telephone: 0131 623 4300
or
Delta House
50 West Nile Street
Glasgow G1 2NP
Telephone: 0141 225 6999
Email: comments@nhshealthquality.org
www.nhshealthquality.org

NHS Western Isles
(Norma Neill, Health Promotion)
42 Winfield Way
Balivanich
Benbecula HS7 5LH
Telephone: 01870 602588
Email: Norma.Neill@wihb.scot.nhs.uk
www.show.scot.nhs.uk

Contact Norma Neill for a video copy of The Price We Pay

RNIB Scotland
Dunedin House
25 Ravelston Terrace
Edinburgh EH4 3TP
Telephone: 0131 311 8500
www.rnib.org.uk

RNID Scotland
54a Fountainbridge
Edinburgh EH3 3AP
Telephone: 0131 478 7800
Textphone: 0131 478 7803
Text direct: 018002 0131 478 7803
www.rnid.org.uk

Scottish Accessible Information Forum (SAIF)
Royal Exchange House
100 Queen Street
Glasgow G1 3DN
Telephone: 0141 226 5261
Textphone: 0141 226 8459
www.saifscotland.org.uk

Scottish Association for Mental Health
SAMH
Cumbrae House
15 Carlton Court
Glasgow G5 9JP
Telephone: 0141 568 7000
Email: enquire@samh.org.uk
www.samh.org.uk

Scottish Consortium for Learning Disability
The Adelphi Centre, Room 16
12 Commercial Road
Glasgow G5 0PQ
Telephone: 0141 418 5420
Email: administrator@scld.co.uk
www.scld.org.uk

Scottish Council on Deafness
Central Chambers, Suite 62
1st Floor, 93 Hope Street
Glasgow G2 6LD
Telephone: 0141 248 2474
Textphone: 0141 248 2477
Email: admin@scod.org.uk
www.scod.org.uk

The Scottish Council on Deafness (SCOD) website has a useful searchable database of resources throughout Scotland, for example if you are looking for a deaf awareness trainer or a BSL translator in Aberdeen, you can search the Directory

Scottish Executive Health Department
St Andrews House
Regent Road
Edinburgh EH1 3DG
Telephone: 0131 244 3076
www.scotland.gov.uk/health

Scottish Health on the Web (SHOW)
www.show.scot.nhs.uk

Scottish Human Services Trust
1a Washington Court, Washington Lane
Edinburgh EH11 2HA
Telephone: 0131 538 7717
Textphone: 0131 477 3684
Email: general@shstrust.org.uk
www.shstrust.org.uk.