



Adult, Culture and Community Services

**Adult Services
People with Physical
Disabilities, HIV/AIDS and
Substance Misusers**

Annual Report 2006-2007

ADULT SERVICES – PEOPLE WITH PHYSICAL DISABILITIES, HIV/AIDS AND SUBSTANCE MISUSERS

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ADULT SERVICES – PEOPLE WITH PHYSICAL DISABILITIES, HIV/AIDS AND SUBSTANCE MISUSERS

Introduction

The Physical Disabilities Service provides support and care management to people with a sensory impairment, physical disability, HIV/AIDS, children in transition from the Children and Young People's Service into Adult Services, within Haringey, and to substance misusers.

We help people to manage their disability and to enjoy a stable and independent lifestyle in their own homes and in the wider community by providing support, help and advice for:

- assessment and care planning
- occupational therapy equipment and adaptations
- specialist commissioning agencies who provide services on our behalf for drug users, problem drinkers, their families and friends
- housing and tenancy issues via floating support services who visit people in their own homes
- day opportunities offering a social network, daily living skills and drop-ins
- training and employment.



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Outcome 1: Improved health and emotional well-being

- Enjoying good physical and mental health (including protection from abuse and exploitation).
- Access to appropriate treatment and support in managing long-term conditions independently.
- There are opportunities for physical activity.

Achievements in 2006-2007

- In line with the single assessment process (SAP), we worked in close partnership with colleagues in health to ensure service users received appropriate advice, treatment and support about their health and lifestyle. A representative from the Haringey Teaching Primary Care Trust (HTPCT) sat on the funding panel to ensure support is available from health services as well as social services. The Physical Disabilities Team worked closely with sickle cell services and a member of the team runs sessions at the North Middlesex and St Ann's Hospitals. Information was also given to people with sickle cell advising them on their health.
- Hospital discharges were carefully managed to ensure that service users received support in the community from health professionals and assistance with personal care as needed.
- Sickle cell drop-in sessions were run at St Ann's and the North Middlesex Hospitals with a housing worker and a specialist social worker. They offered advice and information and took up individual cases where necessary.
- We developed closer working links with specialist organisations to ensure that service user needs were met and they were provided with appropriate advice and support for specific conditions, for example, the Multiple Sclerosis and Huntingdon's Disease Societies, Headways and the Brain Injury Trust, Haringey Phoenix Group and Action for the Blind.

Getting a life back

We helped an HIV/AIDS service user to manage her own life, share her views and make her own choices after she survived a range of losses and domestic violence.

We worked with partners to support her physically and emotionally through the initial phases of recovery, providing assessment and care with housing, occupational therapy equipment.

She began to feel less vulnerable, more socially accepted and happier living in her new environment. She now enjoys a number of social outlets, has enrolled in education classes is doing some voluntary work. She has begun to feel less of a failure and is proud that she has survived and overcome so many difficult and traumatic experiences in her life.

- The Haringey Advisory Group on Alcohol (HAGA) saw increased demand due to the success of its outreach work especially among street drinkers, and we helped 25 people access this service.
- We placed 20 people with substance misuse needs into rehabilitation this year.
- We placed four people in residential provision for chaotic, higher need substance misusers as a result of improved access to better community-based support for people with lower needs. This compared with 2.5 placements in 2005-06.

A mural produced to celebrate World Aids Day which was sadly destroyed in a fire at the Winkfield Resource Centre in the summer of 2006. The Drop-In service continued to meet in alternative premises while their usual venue was repaired.



- The Drug and Alcohol Action Team (DAAT) made significant improvements to commissioning by improving Tier 4 provision.
- We successfully bid to the National Treatment Agency (NTA) for a North London detox facility to increase the availability, capacity and effectiveness of drug treatment. Numbers accessing treatment have increased year-on-year from 807 in 2002-03 to 1303 in 2006-07.
- We had rehabilitation worker representation on the Low Vision Committee. Additionally, two rehabilitation officers are now in post, one of whom regularly attends quarterly Enfield/Haringey Low Vision Committee meetings.

Plans for 2007-2008

- Strengthen the Drug and Alcohol Action Team's (DAAT) commissioning role by creating a better mix of block/spot purchasing in line with outcomes, resources and targets.
- Develop a long-term plan for an inpatient detox facility with Barnet, Enfield, Islington and Camden.
- Develop specific services to promote health and well-being as part of the reconfiguration of the Winkfield Resource Centre, such as alternative therapy sessions, holistic massage, Bowen technique and one-to-one physiotherapy sessions.

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Outcome 2: Improved quality of life

- Access to leisure, social activities and life-long learning and to universal, public and commercial services.
- Security at home, access to transport and confidence in safety outside the home.

Achievements in 2006-2007

- The Physical Disabilities Team made increasing use of the assistive technology available through the community alarm service to enable service users to have more security at home. For example, Telecare alarms were fitted in the home of a woman with multiple sclerosis who returned home after a stay in hospital to alert carers if she fell or wandered in the night.
- The Physical Disabilities Team arranged care packages to enable service users with complex needs to live independently in their own homes and avoid admission to residential care. The number of residential and nursing home placements remained at the same level over the past year.
- A single Adaptations Service was created, following the recommendations of a Scrutiny Review of Adaptations in 2005, to provide a seamless end-to-end service and managing both private and public sector budgets. To date, the service has:
 - Reviewed and reduced waiting lists with the help of additional funding.
 - Reviewed the duty system within the occupational therapy service, which led to a reduction of waiting times by achieving 90% of contact assessments within 48 hours from initial contact, 80% of assessments of clients' needs within 28 days, provision of 90% of care packages within 28 days of the assessment, and 94% of community equipment delivered within seven days of initial contact.

Getting out and about

A 40-year old woman who is registered blind requested specialist training from the Sensory Impairment Team to enable her to travel independently to work and to her local leisure facilities.

We did this through an initial functional visual and mobility assessment. We then designed and implemented a programme of long cane, orientation and mobility training. This led to a successful application to the services and training provided by Guide Dogs for the Blind Association.

Through intensive individual training, incorporating public transport, she was able to travel safely and independently to her workplace and to the local amenities provided by parks and leisure.

- Achieved the target time for the end-to-end adaptation process of 164 days with clients of Homes for Haringey (HfH), our arms-length housing management organisation, capturing the process on Frameworki.

Plans for 2007-2008

- Continue to develop the use of assistive technology in conjunction with the Community Alarm Team which is expanding the range of services they can offer by including equipment for monitoring falls, epileptic fitting in bed and service users' wandering.
- Continue to support people with high needs to live at home using all available resources to achieve this through the use of assistive technology, direct payments, Independent Living Funds and continuing care funding.
- Review the Adaptations Commissioning Strategy for major and minor works, and fully establish the service's role in providing a holistic package of services.
- Review Adaptations eligibility criteria and means testing of all clients to ensure that those most in need received the adaptations recommended, as demand is likely to exceed available funding.
- Review the Haringey Integrated Community Equipment Store (HICES), looking at the range of equipment, collection and delivery, size and layout of the store.
- Work in partnership with the North London Sub-Group to investigate the possibility of engaging with an equity release scheme for the Adaptations Service, which will enable clients in the private sector to proceed with work without waiting for grant aid.
- Set up a commissioning contract for lifts and hoists used in the Adaptations Service to include purchase, service, repair, emergency cover, collection/cleaning and storage/reuse.
- Review documentation used by Adaptations in line with the new single service and following feedback from the inspection of the Housing Service due to take place in mid 2007.

Multi-agency working

The Drug Intervention Team assessed a man of mixed race origin with a history of drug abuse. He also tested HIV positive and was diagnosed with cancer. We assisted in the multi-agency assessment.

It was difficult to find him suitable housing with disability access and when he was allocated a one-bedroom self-contained flat, we provided equipment and adaptations to suit his needs and promote his independence.

Despite a poor initial prognosis of six months, he has continued to fight against the disease. Promoting independence was certainly a factor in his continuing survival and is a good example of the benefits and advantages of community care principles. His care package has now been reduced and he has been actively seeking training opportunities. We helped him complete an application for a grant to purchase a computer.

- Establish an Adaptations Register and the role of registered social landlords and medical issues associated with adaptations.
- Investigate the feasibility of an online self-assessment system for people wishing to apply for adaptations.
- Focus on moving people in residential care back into the community wherever possible by forging closer links with the Vulnerable Adults Housing Team to access suitable properties and in order to build a knowledge base of adapted properties in stock.



Service users, families, friends and staff celebrate at the annual Winkfield Resource Centre summer fete.

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Outcome 3: Making a positive contribution

- Maintaining involvement in local activities and being involved in policy development and decision-making.

Achievements in 2006-2007

- The Sexual Health and HIV Partnership Board met quarterly and membership included two service users. The Board led on the development of a HIV prevention strategy targeting African-Caribbean men and young gay men.
- A major consultation event for HIV service users in October 2006 resulted in service improvements in commissioning intentions, fitness, and efforts to combat stigma and promote social inclusion.
- Speaking for Ourselves, a user-led strategic, consultative and advisory forum facilitated by the local authority, improved its user input into commissioning and long-term planning. Around 30 service users met regularly at the weekly HIV Drop-In Centre.

Advocacy, support and training
Through a service user-led organisation called Bringing Unity Back Into the Community (BUBIC), a local group of former service users who provide advocacy and support for service users, was developed. It delivered a number of training empowering events in the community and supported individuals to better manage their situation.
- DAAT-commissioned services had active service user involvement, in line with their service level agreement. Two representatives from each service were part of the DAAT-level Service User Group; this led to representation at strategic level meetings. Service users fed into the annual needs assessment to inform the treatment plan. An officer ensured delivery of the service user strategy and oversaw processes, supporting and enabling service users to have an active voice.
- The weekly client forum at HAGA influenced policy on funding for infrastructure, potential relocation, and development of counselling services.
- The DASH treatment agency involvement group influenced the development of Haringey's Crack Service by consulting on what a crack service should provide and how it might deliver that support.

Plans for 2007-2008

- Increase user involvement in planning of services by holding consultation events, for example, we are planning an event for people who are deaf and for people with visual impairments to seek their views on the UK Vision Strategy which is currently being formulated through Vision 20/20. In October, we will also be organising an event for people with physical impairments.
- Support more people in the uptake of voluntary work and learning by creating partnerships and alliances with both statutory and voluntary organisations to share our vision of well-being, as part of our ongoing development of day opportunities.
- Launch a new young people's service with 'In-volve' targeting those up to the age of 21.

Community engagement

Somali and Turkish community engagement workers were appointed. As a result, 32 service users and two families received services after they made contact with HAGA and its specialist children's service, Cosmic.

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Outcome 4: Increased choice and control

- Through maximum independence and access to information.
- Being able to choose and control services and helped to manage risk in personal life.

Achievements in 2006-2007

- The team was reshaped to ensure that reviews, carers' assessments and overview assessments are completed with the designated timescales. Our performance indicators reflected these changes positively.
- We actively promoted the use of direct payments and making extensive use of the Independent Living Fund (ILF).
 - The number of service users choosing direct payments increased from 83 in 2005-06 to 97 in 2006-07. At December 2006, we had 80 service users accessing ILF.
 - Use of direct payments widened individual choice, for example, to access swimming pools, gyms and other community resources, and gave service users maximum flexibility and control over their own care package.
 - Service users choosing the direct payments scheme were given support on recruitment and employment issues by a member of the direct payments team. They also received support to manage the pay roll.
- The HIV group, Speaking for Ourselves, introduced a self-advocacy scheme and raised levels of awareness through narratives to make people aware that "exclusion was not a solution, nor integration a threat". The group continued to pay special attention to discrimination and to speak out to educate others and improve understanding of HIV.



- All HIV/AIDS service users were encouraged to access mainstream local and national advocacy services and employment and we also provided specific services for Black and Minority Ethnic communities. We did this by supporting and funding projects for African and Caribbean women and men, HIV prevention for faith communities and the Living Well project for people from the Horn of Africa and the Caribbean. All these projects promoted social inclusion and provided advocacy support. We also funded a Citizens Advice Bureau worker for people with HIV and a drop-in advocacy service two evenings a week, one of which is a women-only session. The service provided support with housing, welfare rights and benefits, debt and arrears. It was well-attended, often with positive results for service users. The two caseworkers saw around four pre-booked appointments per week with additional drop-in sessions.

Real-life choices

A woman with multiple sclerosis who lived with her family was assisted to recruit a carer using her direct payments. She was also been given support to apply for funds from the Independent Living Fund (ILF). The care package relieved her husband as her main carer, and she was also given help to attend the Community Alarm Consultation Group. She used her direct payments to enable her to visit her family in Portugal and employed a local carer.

Increasing independence, minimising risk

A 38-year old blind man, living alone, experienced difficulty in dealing with his correspondence and with preparation of meals and hot drinks.

As he was unable to read bills/reminders and his bank statements, he was at risk of having utilities disconnected and was unable to manage his budget accurately. The Sensory Impairment Team enabled him to deal with his own affairs by sending him his bills, bank statements, and other information in large print. He had been unaware that it was his right to ask organisations to provide information in an accessible format to meet his needs.

There was a considerable risk that he would burn or undercook foods as he was unable to set temperatures on oven. Scalding himself was also a high risk as he had no way of telling when the cup was full. We provided kitchen adaptations and equipment as well as training. He can now prepare meals and hot drinks independently and with minimum risk to himself.

- The DASH Drop-In developed a new service for crack cocaine users to provide support, advocacy and interpreters for users where necessary. BUBIC, a local group of former service users who provide advocacy and support for service users, was consulted extensively and were influential in designing service improvements around crack cocaine use.
- HAGA's work involved advocacy, in particular for those in danger of losing their homes or benefits, signposting to other services such as the CAB, services for black and minority ethnic communities and mental health advocacy. It also enabled service users to advocate for each other at their weekly forum.
- We marked World Sight Day on 12 October 2006 with a service information and equipment stall for blind/partially sighted people in Wood Green Shopping City and Wood Green Library.

- We produced a public information leaflet entitled *Do you have a visual impairment?* available from low vision clinics and other organisations containing information about our Sensory Impairment Service for visually impaired people with self-referral forms users.

Plans for 2007-2008

- Produce a comprehensive service user pack by the beginning of September 2007 containing a pack containing a wide range of information on services and how to access them.
- Continue to promote the use of direct payments and the ILF. We will review how day services are delivered with a view to promoting the take-up of direct payments to access universal services.
- Provide training to continue to improve the teams' skills in undertaking risk assessments and using resources to minimise risk.
- Closer partnership working between the DASH Drop-In and BUBIC to strengthen service user and former service user participation in service provision as well as further developing advocacy and support for current service users.
- Continue to meet the eligible needs of people with complex needs including their carers. We are increasingly developing creative ways of providing respite care, for example, remodelling respite services for people with learning disabilities from residential-based to a more flexible community-based model.
- Establish rehabilitative strategies to prevent unnecessary admissions to residential care:
 - o by negotiating with the Housing Service and Supported Housing to increase the stock of adapted properties and
 - o through greater use of our floating support services.

Personal choice

A 27-year old man with a rare condition was housebound and very isolated. He is now using a direct payment to employ a carer to take him out in a specially adapted bus. He was also given assistance with his personal care, which has alleviated the pressure on his mother who was his main carer.

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Outcome 5: Freedom from discrimination and harassment

- Equality of access to services.
- Not being subject to abuse.

Achievements in 2006-2007

- An Asylum and Failed Asylum Team (for those who have not failed to comply with deportation requirements) was established to deliver a more effective service to people presenting for assistance under Section 21 of the National Assistance Act 1948 and Human Rights legislation. The team provides a single point of access for this group of people when they seek support from the Council.
- We merged the HIV social work service with the Physical Disabilities Team. The new larger team is better placed to respond to the range of disabilities and long-term conditions, allowing individual team members to retain a specialist caseload.

Plans for 2007-2008

- Expand on the training on sensory awareness, in conjunction with OD&L, to raise awareness of people with sensory impairment.
- Reduce the stigma attached to HIV/AIDS and promote social inclusion by promoting relevant and focused information, including the benefits of complementary therapies.
- Develop effective transition services by developing closer links with a range of partners in order to:
 - enhance the “transition to adulthood” scheme at the Winkfield Resource Centre
 - improve relationships with the 14+ pane to ensure continued dialogue and appropriate service provision.

Listening to service users

A service user accused her husband of domestic violence, but did not want to leave him or involve the police. However, action was required to ease the stresses in the relationship.

We arranged for her to attend a day centre; her key worker monitored the situation and worked to build her self esteem. The number of days she attended the centre were increased to five and she had regular respite away from home - which she enjoyed – with the care agency providing personal care and closely monitoring the situation. There have been no further incidents of violence reported.

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Outcome 6: Economic well-being

- Access to income and resources sufficient for a good diet, accommodation and participation in family and community life.
- Ability to meet costs arising from specific individual needs.

Achievements in 2006-2007

- We made regular use of floating support services to ensure that service users with housing need or in financial difficulty receive assistance with accommodation, managing debt and applying for benefits and other means of financial support. A small specialist floating support service for people with physical disabilities and/or long-term conditions provided support to 251 people.
- We established a forum with colleagues in the Vulnerable Adults Team in the Housing Service to exchange information about specific cases and to try and resolve housing issues quickly.
- In partnership with a local voluntary group, an employment service was established as part of several services emanating from our Disability Resource Centre.
- Employment opportunities were supported through the Welfare to Work programme. Supported services have assisted people to adjust to disability, regain confidence and independent functioning to allow them to access mainstream training and volunteering. Agencies include:
 - Kinesis, run by HAGA and funded by the Council, HTPCT and Safer Communities, for people misusing substances
 - a dedicated Supporting People service for people with significant physical disabilities
 - the Deaf Job Club with a drop-in helping deaf people with job finding, application and recruitment, as well as awareness-raising and education services for employers. This service is primarily for profoundly deaf users who are most marginalised in the employment market.

Meeting housing need

A service user with HIV living at the YMCA for five years moved into a flat which had previously been set aside for people with HIV. If the specialist housing worker had not intervened to secure this flat for him, it would have returned to the general housing stock and the service user would have remained in the YMCA.

- Specialist visual impairment assessments identified benefit maximisation needs and supported service users to claim benefits. Employment needs were also identified, with provision of information and referral to jobcentre-plus. Rehabilitation programmes offered outdoor mobility training and referrals to guide dogs for the blind, if required and suitable, to enable service users to sustain employment.
- We reduced health and safety risks in the homes of deaf and hard of hearing service users by installing appropriate equipment for fire and door alerts, ensuring carers and health professionals could access the property and care packages were maintained. This included establishing a link with the Fire Brigade for the provision and installation of specialist smoke alerts. We referred fifteen people to the Fire Service.
- A Haringey Equalities Service event was held on 5 July 2006 for people with sensory impairments at Tottenham Hotspur's Football Stadium and included service information and equipment stalls, one for deaf/hard of hearing people and one for blind/partially sighted people.

Maximising income

We successfully helped a 70-year old man, registered blind with no functional vision and with additional health problems including diabetes and a heart condition, to claim Attendance Allowance.

This was the result of a benefits health check we carried out with him when it emerged he had twice been refused this allowance. We helped in the reapplication by identifying specific problems, needs and issues as they related to his sight loss.

After a further refusal by the Department of Social Security, followed by an unsuccessful appeal, we eventually helped him to a successful Appeals Tribunal.

He was then able to use the money in a variety of ways of his own choosing, increasing his level of independence and involvement in his community.

Plans for 2007-2008

- Continue to develop links with colleagues in the Housing Service with regular meetings between the specialist housing worker in the team, a practice manager and the Vulnerable Adults Housing Team to discuss cases.
- Develop the work of the Deaf Job Club to support more people into paid employment. The Renate Campbell Trust Deaf Job Club, based at the Winkfield Resource Centre, is due to be launched in June 2007.
- Explore how income maximisation assessments might be provided for people who visit the occupational therapy assessment clinic. Through the provision of public access internet services at the Winkfield Resource Centre, people will be helped to use existing software to check their entitlement to benefits. Complex cases will be referred on to specialist caseworkers.

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Outcome 7: Maintaining personal dignity and respect

- Keeping clean and comfortable.
- Enjoying a clean and orderly environment.
- Availability of appropriate personal care.

Achievements in 2006-2007

- We worked in partnership with the Mental Health Service to benefit from the A Team, a business set up by service users at Six8four Centre and re-launched in December 2006, to undertake blitz cleans.
- Our Safeguarding Adults Champion regularly attended the Safeguarding Adults Forum and shared updates and guidance with the team.

An A Team “blitz”

We used the A Team to assist a woman with physical disabilities living in the same room as her frail elderly mother. The room was very small and in a poor state of repair and cleanliness. It was difficult for carers to work in this environment. The A Team cleaned and completed minor repairs, moving furniture so that the two women had more space which improved the environment for them and their carers.

Plans for 2007-2008

- Review a number of policies with service users. The review process will be extended to all adult services to ensure that all generic issues are dealt with in a consistent way.
- Prioritise for improvement the following areas to embed a multi-agency approach to vulnerable adults:
 - Strengthening shared ownership and responsibilities by partner agencies (including police and GPs) at the strategic level in particular for complex cases requiring more input for a longer period
 - Greater involvement of the voluntary and community-based organisations, especially the small ones
 - Agreement on an information-sharing protocol, addressing the lack of an over-arching policy especially across boroughs
 - Access to service users’ electronic social care records due to multiple recording systems
 - Referral to the Protection of Vulnerable Adults (POVA) register of unregulated services and health.

Home from hospital

A man with cancer was unable to return home because his flat was in a state of disrepair, infested, dirty and the kitchen partially burnt out.

We arranged respite for him and liaised closely with his housing association to have his flat repaired, refurbished and blitz-cleaned.

**ADULT SERVICES – PEOPLE WITH PHYSICAL DISABILITIES,
HIV/AIDS AND SUBSTANCE MISUSERS
Abbreviations**

BUBIC	Bringing Unity Back Into the Community
CASSR	Council with Adult Social Services Responsibilities
CAB	Citizens Advice Bureau
DAAT	Drug and Alcohol Action Team
DASH	Drugs Advisory Service Haringey
HAGA	Haringey Advisory Group on Alcohol
HfH	Homes for Haringey
HICES	Haringey Integrated Community Equipment Service
HTPCT	Haringey Teaching Primary Care Trust
ILF	Independent Living Fund
LAA	Local Area Agreement
NTA	National Treatment Agency
POVA	Protection of Vulnerable Adults
SAP	Single Assessment Process
SIT	Sensory Impairment Team