

**Herefordshire
Disability
United**



Network News

March 2014

What have you got
to smile about?



We welcome articles from individuals and organisations to promote their stories or interests too. Please contact the Editor..... details on the back page.

Editorial: So what do you have to smile about?



Looking at the front cover, and turning time back to a year ago, this young lady Becky, had very little to smile about.

In January 2013 Becky has just moved to the USA with her family and had an accident on a trampoline affecting the cruciate ligaments in her knee. There are four. Becky had torn two and snapped the third, rendering her disabled for the rest of the year. Becky knew all about disability because she is my grand daughter, and had seen all the trials and tribulations which Roy my late husband endured.

Her operation was not possible until May, when the two torn ligaments were repaired and a transplant from a deceased donor replaced the snapped one, all through key-hole surgery. I understand that using a transplant in the UK is reserved for “private patients” for this type of injury, but in the USA is covered by health insurance, mandatory to cope in America. Following months of physio Becky was finally given the “all clear” in December 2013, when tentatively she returned to her beloved sport. (In the UK she belonged to an elite squad competing around the country). Currently Becky has around 40% of her original ability/strength but that does not deter her as she has a strong focus on what can be achieved and does not believe in negativity.

People that know me will be aware that whenever possible I bounce back, and that is exactly what Becky is doing....literally bouncing back on the trampoline again. She is teaching 6-16 year olds trampolining three times a week in Houston Texas, passing on her skills and giving great encouragement, and has recently passed the course to judge at competitions.

Now, what have we got to smile about here in Herefordshire? That depends and with so much uncertainty regarding the social care cuts we need to hold on strongly to whatever we can that is in our control!

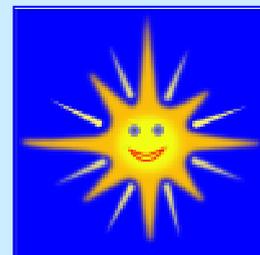
HDU are, and will continue to support disabled people with their focus on current trends and changes, bringing you up to date with the latest information such as PIPs.

Virtual Wards are something which the NHS has brought in nationally, utilised for a year to see how treatment at home is possible for some patients when appropriate. This is evident in Herefordshire as one of our committee has been a “guinea pig”.

Making It Real, another national trend, when “Personalisation” is being pushed to the limited. A Steering Group which includes service users is ensuring their voices are heard at Hereford Council.

Later this year look out for our next two seminars, on 21st May concerning **Strokes** and 25th June for our second on **Autism**.

The Editor





About

Herefordshire Disability United

Herefordshire Disability United is an organisation that has developed to voice the concerns of disabled people and to provide a platform where disability issues can be raised and policies developed.

Herefordshire Disability United (HDU) is an organisation run by people with disabilities for people with disabilities. It was started in January 2011 and its objectives are:

To promote the interests, welfare and social inclusion of disabled people living in Herefordshire by facilitating the following:

- Fostering understanding among policy-makers and practitioners of the needs and aspirations of disabled people.
- Taking part in consultations to make aware issues that affect persons with disabilities
- Raising awareness and debate on disability issues, stimulating the engagement of disabled people within that debate.
- Providing a platform where matters of concern to disabled people can be raised and policies developed.
- Making representations to public sector organisations, voluntary sector organisations, local and central government and local and national business to improve their policies and practices.
- Exchanging information with organisations providing services for disabled people, co-operating with but independent of such organisations.
- Providing information and sources of advice to disabled people.
- Combating discrimination on the grounds of disability by promoting equality of opportunity and a positive image of disabled people.
- Being a democratic, non sectarian, non party political organisation.

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A date for your diary!
21st May
Stroke Awareness and
Information Day
Hinton Community Centre,
10.30 am-2.30 pm

(In conjunction with
The Stroke Association)

Editorial or advertising queries: Contact the editor on 07817 473813 or email info@hdu.org.uk

Contact: Herefordshire Disability United welcomes any feedback on Network News, or any of the services it provides.

Disclaimer: The views expressed in Network News are not necessarily those of Herefordshire Disability United.

Personal Independence Payments...PIPs

Welfare

Reform

changes

Most of you will be familiar with the term P.I.P.s...Personal Independence Payments which are in the process of taking over from DLA...Disability Living Allowance, and possibly have started the procedure.

But, are you aware that around half a million working-age people out of the two million claiming DLA are expected to lose their entitlement after 2013, as it is replaced by a more rigorous system?

It would seem that with the disappearance of the lower care component when changing to PIPs, around 30% of claimants will lose out.

Having completed the form sent by the DWP the claimant will expect to be assessed using a face to face consultation with an ATOS or Capita representative. You may not know that on the Department of Work and Pension's Website (DWP) there is a document for anyone to view/ download entitled, "P.I.P Assessment Guide", which is for providers carrying out assessments for P.I.P.s. Yes it's a weighty document but sections may prove invaluable if read before you actually encounter these providers.

Anyway, I have taken the trouble to highlight below, some aspects to consider prior to any face to face consultation as a claimant or companion supporting you.

- ◆ Throughout the consultation, the HP (Health Professional) should be making informal observations and evaluating any functional limitations described by the claimant.
- ◆ Informal observations start from "meeting and greeting" (where HPs may be able to observe claimant's appearance, manner, hearing ability, walking ability) and continue throughout history taking. The claimant's mood, powers of concentration and ability to stand, sit, move around freely and use their hands should be observed. They may also be observed performing activities such as bending down to retrieve objects such as a handbag on the floor beside them, or reaching out for an object such as their medication.
- ◆ HPs should record how the claimant's health condition or impairment affects their day-to-day life and in particular any functional limitations as a result of this. An effective way of exploring this is by talking to claimants about their "typical day".
- ◆ The HP should invite the claimant to talk through all the activities they carry out on a normal day, from when they get up to when they go to bed. The typical day history is the claimant's own perspective on how they cope with everyday activities. What functional limitations do they have as a result of their health condition or impairment?

The role of companions

- ◆ In the typical day, the HP should explore all the PIP activity areas for daily living and mobility, focusing on the activities most likely to be affected by the claimant's condition.
- ◆ The HP may also want to explore reasonable activities that the claimant would like to be able to do in a typical day, but is unable to undertake as a result of their health condition or impairment.
- ◆ The HP's informal observations will also help check the consistency of evidence on the claimant's functional ability.
For example, there is an inconsistency of evidence if a claimant bends down to retrieve a handbag from the floor but then later during formal assessment of the spine, declines to bend at all on the grounds of pain, or states that they have no mobility problems but they appear to struggle to walk to the consulting room. In deciding their advice, the HP will need to weigh this inconsistency, and decide, with full reasoning, which observation should apply.
- ◆ Claimants should be encouraged to bring another person with them to consultations where they would find this helpful –for example, to reassure them or to help them during the consultation. The person chosen is at the discretion of the claimant and might be, but is not limited to, a parent, family member, friend, carer or advocate.
- ◆ The approach should be relaxed and unhurried, allowing the claimant time and encouraging them to talk about themselves and put across the impact of their health condition or disability in their own words. The claimant and any companion should feel fully involved in the process and feel that the consultation is a genuine two-way process.
- ◆ Currently there are no rules in relation to recording of consultations by providers, and there appears to be nothing in the guidance forbidding the claimant or companion from taking notes.

Under Daily Living Activities 5, (old care component) there are scores relating to toilet needs and incontinence. HOWEVER, the mobility action of reaching the toilet does not appear to be included anywhere.

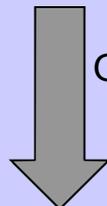
Also, using the Mobility and Moving Around descriptors it seems that no consideration has been given to any mobility issues except out of the home environment.

NOTE: Assessments where claimants are accompanied by companions, take twice as long, but are twice as accurate!



What's the colour of your money?

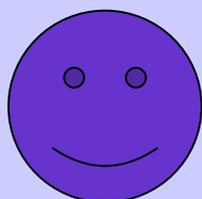
“What colour is your disability”, seems a strange phrase/ idea but once you understand its roots makes sense and refers to disposable income. Let me explain.



Grey/ silver is the colour we tend to associate with the older generation mainly due to the lack of hair colour pigmentation as we age. Hence the phrase “silver surfers” for those of a certain age who are computer users.

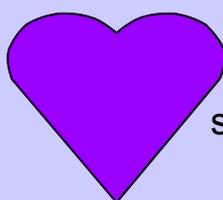


Pink denotes the purchasing habits of the gay/LGBT community also known as “the pink pound”. Pink is often seen too when promoting fund-raising for breast cancer.



Purple is now being used by campaigners, charities and the government to refer to the spending power of disabled people - but the colour doesn't seem to have any symbolic significance. Why was it chosen?

Its been very difficult to trace back the origins of purple as a disability colour, but there seems to be a general focus formed by various different movements in the UK. Most people believe it is rooted in the protest movement against benefit cuts. Launched in 2010 “Broken of Britain” started, using purple. This was followed in early 2012 by “The Spartacus Report” a publication on responsible reform, again with the hue of purple.



Some people believe there might be a link to the US veterans' spending power, a reference to the Purple Heart medals they are awarded for serving their nation.

Another link is to Baroness Tanni Grey-Thompson who wore a purple jacket during the House of Lords welfare reform debates, which campaigners took to be a symbol of solidarity.

In 2011 Philip Connolly, thinker and now policy and communications manager at Disability Rights UK, adopted the colour and started to refer to the spending power of disabled people as the purple pound in workshops. "It's about identity," says Connolly. "And building a way in which people can express that economic power. Colour is a very important way of doing this."

The DWP used the phrase purple pound to promote its 2012 campaign to get small and medium-sized businesses to attract disabled customers. The current minister of state for disabled people, Mike Penning, also uses the phrase.

Continued on page 7

Do disabled people have much spending power?

Do disabled people have much spending power?

The UK's 11.9 million disabled people are said to have disposable income collectively worth £80bn. Campaign groups regularly cite this figure and find it useful to remind businesses and politicians that disabled people are a sizeable economic force and should not be forgotten.

As with the colour purple, many people scratch their heads as to how the figure was derived. All seem to agree it came from the DWP in 2004, but even they say the maths has been lost in the 10 years since it was first suggested. DWP says it was created [using raw data](#) from the updated Disability Discrimination Act in that year, alongside data from the Family Resources Survey of 2002-2003. (D.W.P. 2005)

The £80bn figure is now 10 years old and the DWP say they have no plans to update it, and yet in 2000, three quarters of businesses had one or more entry problems for disabled people.

“OUCH” a BBC website for disabled people has considered colour as a topic for discussion. Speaking on a recent [talk show from Ouch](#), disability consultant Mary-Anne Rankin says that businesses should think inclusively from the very beginning of any product or service they're starting. She says: "You've got to think about the widest possible usage of your services and explore innovative ways of enabling everybody to benefit from them. Because after all if your customers can benefit you're going to make more money."

To check out other up to date debates and blogs, often going behind the headlines of disability news and lift the lids on topics not widely talked about see the OUCH website.



Here is the website address, where some of this information has been taken from:

<http://www.bbc.co.uk/news/blogs-ouch-25812302>

Born on a Blue Day by Daniel Tammet

On the topic of colour, have you read or seen this book? It's a "Memoir of Asperger's and an Extraordinary Mind" as stated on the dust cover.

Daniel sees everything in colour. The back cover of the book explains:

" I was born on 31st January 1979, a Wednesday. I know it was a Wednesday, because the date is blue in my mind and Wednesdays are always blue, like the number nine or the sound of loud voices arguing".

Published by Hodder & Stoughton ISBN 0-340-89974-3

The world we want...please listen to us!

The world



we want

In 2014 Herefordshire Disability United are promoting the tag line, “**The world we want**” to add pressure and emphasise our intentions that disabled people do have a voice and should be listened to. The initial thought mirrors that of the United Nations (UN) aiming to reduce inequality across the globe. Whilst HDU does not expect its ripples to radiate worldwide like the UN, with the Internet some things are possible as seen by checking the hits on our website!

But in local terms what do we want to achieve in 2014? The simple answer is “to be listened to”, as disabled people firmly believe they have a contribution to make not just in their own lives, but in what goes on around them. Believe it or not the first couple of months have already seen a difference made in two local areas.

Firstly autism...following the hugely successful seminar in November 2013, the formation of a steering group/autism partnership has been achieved with its inaugural meeting on 13th February....see pages 10/11 for further reading.

Secondly, concerns the Direct Payment specification when service users were given the opportunity to make comment at a drop-in event arranged at the Kindle Centre, Hereford on 6th February. The lead time to this was a week, but having been advised of the date, I immediately contacted commissioners stating that this would be insufficient time for many service users to make arrangements and attend asking if an alternative date could be organised? HDU stressed that whilst acknowledging that time was short to complete a consultation with service users, their voice should be heard and perhaps an extension could be given.

The drop-in was in fact changed to 12th February, and I would like to thank the authority for listening, and trust that the comments made on the new Direct Payment scheme by the service users did make a difference to the end product.



HDU have always advocated that disabled people need 2-4 weeks notice to respond and juggle their health /care appointment/ life and that six weeks is a better period for the most important meetings in terms of planning ahead. Unfortunately, we are encouraged to react when authorities say “jump”. If only disabled could their needs would not be so intense.

Continuing with our plans for 2014 I need to give you information on the next two meetings. 21st May focuses on Stroke awareness and TIAs, whilst 25th June is the second autism seminar. Both of these will offer workshops, speakers, display stands and the opportunity to network. We will work in collaboration with national organisations and public services to bring up to date with developments, and keep you involved on things which may affect your future.

Virtual wards open in Hereford



This information is taken from the press release which the Herefordshire Clinical Commissioning group issued in October 2013.

Hereford's "virtual ward" is being trialled for one year focusing on the patients of city GPs. They will be staffed by a team of healthcare professionals who will work closely with patients' GPs, consultants and social care professionals to deliver healthcare in people's homes. They will have three key aims:

- ◆ To prevent patients having to go into hospital in the first place
- ◆ To treat certain patients at home rather than in hospital, taking hospital type care out into the community
- ◆ To help patients get back home more quickly after receiving hospital treatment, as part of a round the clock service, seven days a week.

Key to the project's success has been the establishing of a local, multi-disciplinary clinical team consisting of matrons, nurses, physiotherapists, occupational therapists and healthcare assistants.

Patients on our virtual ward will have access to fully-qualified staff delivering personalised health care. It will be the same standard of care they could expect on one of our hospital wards. The only difference will be that they'll be in the comfort of their own home.

To ensure the best use of the virtual ward is made, two teams have been established. An admission avoidance and early supported discharge team will work with patients under the care of Wye Valley NHS Trust consultants. This "rapid response hospital at home" team will be available to carry out clinical assessments and patient visits 24 hours a day, seven days a week. It will serve patients in Hereford city.

The success of the scheme will be measured in terms of improved recovery rates and improved experience of patients. There should also be some knock on effects, such as a reduction in avoidable hospital admissions, that will free up A and E and bed spaces and help improve the experience for those in whom admission is unavoidable.

A 40-strong team swung into action taking the kind of treatment normally experienced on hospital wards, into patients' homes. New staff members have been recruited over the summer and, following several weeks of training and familiarisation, were ready for when the virtual wards were opened for action. "This is a very exciting project for Hereford - our vision is that we work with patients and their doctors to educate and care for patients in their own homes, whenever it is possible to do so", said Herefordshire Clinical Commissioning Group's Primary Care Lead Dr Crispin Fisher.

Autism in Hereford.....what's been going recently?



A great deal has happened since the autism seminar we held in November 2013, including three different meetings to which HDU has been invited:

1. A Safeguarding workshop for professionals, and parents of pupils with autism.
2. The inaugural meeting of the "Steering Group/ Autism Partnership".
3. A Department of Health delegation to discuss autism in Herefordshire.

All three events were notified via John Gorman, Support Commissioning Officer, with whom we have maintained a working relationship since the seminar. This has proved useful as HDU have contacts that we were able to recommend to attend especially for points two and three, enabling a greater voice for those deeply involved in dealing with autism.

1. Safeguarding workshop commissioned by the Department of Education.

A touring theatre company (all four of them) presented a very realistic Play "The Boxer" featuring a familiar situation in the world of schooling and autism. This was presented in partnership with the National Autistic Society (NAS) who are in the early stages of making an on-line video on safeguarding.

The scenario saw the parents of an autistic teenager torn apart by a school which did not understand autism, and excluded "Crystal" after she cut off another child's plait. The whole saga of support/ inclusion/ equality/ resulted with both children in the family being taken away by Social Services under the heading of physically abuse.

The audience were invited to become actors as they put across their points to those watching whilst the actors did their best to retort in supporting their roles of Head, SENCO, parents and of course Crystal. (We never did meet the brother referred to as Piggy by his sister).

Much passion was portrayed by those present, many of whom could identify with the story unfolding before them. Heads, SENCOs and support staff also "acted/spoke" often with great fervour. The complex situation of autism was portrayed with true understanding, where it is evident there is a huge void of support for those who are on the autistic spectrum with high intelligence, and as they are deemed not to have a "learning disability" don't get the support they need. A contentious point with many.

The Theatre group are called "Tender acting to end abuse", a charity which works to promote healthy relationships based on equality and respect. Tender, highlight safeguarding issues and combating abuse.

Contact them on: [0207 431 7227](tel:02074317227)



And what is planned for the future?

2. Inaugural meeting of the Steering group/Autism Partnership 13th February.

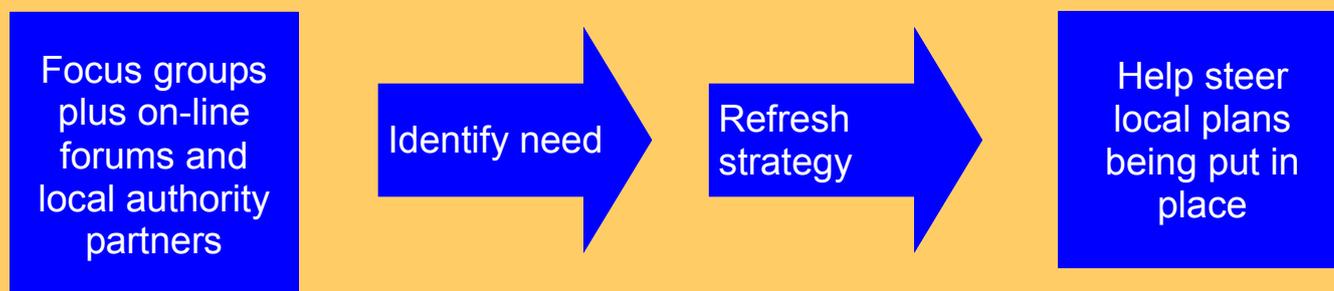
This saw volunteers (who came forward at our autism seminar), service users, carers, health professionals and commissioners meet at the council's Brockington Offices, to discuss how to take forward the Autism Plan, and consider Terms of Reference for the group. Twenty three people sat round a table, ten of whom were either on the autistic spectrum or were their family carers. This was a really good representation amongst the many professionals present, alongside those from support groups.

The meeting was chaired by Bob Parker, Interim Director for Safeguarding and Transformation, with Commissioning Support Officer John Gorman taking the notes. Each person on the spectrum was encouraged to share their story of living with autism and the trials of gaining support and recognition for their condition. Family carers too gave insight into the extremes of coping with autistic sons and daughters, and this depth of knowledge proved pivotal for why an autism action plan is absolutely necessary, not just in Hereford. Statutory guidance benchmarks will provide the basis from which to gauge improvements as time goes by and plans are updated.

Two things became prominent features in the lack of current provision locally. Little understanding at job centres of autistic behaviour, and the lack of opportunities for high academic job seekers on the spectrum. HDU offered a solution and are currently seeking funding, to set up a virtual job centre training site where skills can be learnt to enable greater employment take up. We will keep you posted on results, plus the next meeting of this Steering Group and its minutes via our website.

3. Department of Health visit to Hereford to engage with those on the spectrum.

On 19th February a delegation arrived to speak to those with profound knowledge/ personal experience of autism, when members of the above group were invited too. Beforehand we were provide with 16 points of the autism strategy which are needing to be refreshed. (Details are on the HDU website autism page). Below is how the team are working/speaking to people in nominated areas of the country.



The Department of Health delegates are also speaking with other groups which include the Criminal and Justice System, Education partners and the Department of Work and Pensions (DWP). We did focus on employment and assessment issues. It would be difficult to say exactly what was achieved at this session apart from being told it had been “ a very useful day In Herefordshire”. It is hoped the new strategy will be published in April 2014, and when received it will be on our website to view.



As reassessments for PIPs take place there may well be changes for those people who no longer qualify for a Motability vehicle or support in purchasing a wheelchair.

This of course takes in the change to 20 metres (from 50) as the qualifying distance for the enhanced rate of the mobility component for PIPs. After a lengthy period for consultation a package has been finalised by Motability for those customers who need transitional support.

The question and answers below are taken from the Motability website, and reproduced here to aid your understanding of the changes being made due to PIPs:

1. I'm not eligible for the Enhanced Rate of the Mobility Component of PIP, what happens now?

If you are not eligible we will write to you once the DWP has informed us that you are no longer eligible for the Motability scheme, giving you more information specific to your situation. This will include a personalised letter which outlines the transition support package that may be available to you, as well as the purchase price of your vehicle. Motability will also enclose the "Staying Mobile after Motability" guide, which includes advice on buying a second hand a car, information on insurance, maintenance and other mobility solutions.

2. What are the timescales for taking back the car?

The DWP will continue to pay your existing level of DLA for four weeks after their decision that you do not qualify for the Enhanced Rate of the Mobility Component of PIP. Once Motability have been informed of the DWP's decision, Motability will write to you with details of how to return the vehicle. You would be able to keep the car for a maximum of 21 days after the DLA payments stop. This will give you approximately six weeks from when you receive the Motability letter to plan for your car's return. It is very important that the car is returned within the 21 days of the DLA payments stopping or you will not qualify for the one-off transition support package.

3. How will Motability know about the outcome of my reassessment?

Once you are informed of the decision by the DWP, they will also let Motability know. There is no need for you to contact Motability.

4. I am unable to return the car within these timescales, can this be extended?

No, unfortunately you must hand the vehicle back within 21 days of the DLA payments stopping in order to qualify for the one off transition support package.[next page](#)

What happens if you lose your vehicle?

5. I can't get to my dealership, will I still get the support package?

In order to qualify for the transition package, you must return your vehicle to a Motability dealership within 21 days of the DLA payments coming to an end. Alternatively if it is more convenient, you can arrange with Motability to return the car to a different Motability dealership which is closer to you.



If you need to speak to a Customer Service Advisor then call: 0300 456 4566.

PIP payments from April 2014

These rates start from the beginning of April 2014

Rate	Daily Living component	Mobility Component
Standard Rate	£54.45	£21.55
Enhanced Rate	£81.30	£56.75

Visit Naidex 2014



Opening hours are:

Tuesday 29th April 10.00– 17.00 pm

Wednesday 30th April 10.00– 17.00 pm

Thursday 1st May 10.00– 16.00pm

Naidex held at the NEC Birmingham is an exhibition specifically for people concerned with disability. It show cases up to date equipment from Motability vehicles, to intricate innovations for both adult and child.

Naidex National provides you with the largest conference for Occupational therapists on topics which matter most to you.

You can attend seminars on a wide range of issues including the impact of the Care Bill, home adaptations, budgeting and problem solving, and all for FREE.

Naidex is the home of the independent living market, which opens the window to showcase equipment and information for greater independence.

Check out the website: www.naidex.co.uk

Experience on a Virtual Ward

Am I just cynical or is it really true that there is no such thing as both better **and** cheaper? Surely things cheaper things are tawdry, poor substitutes as corners are cut? Can good quality go hand in hand with good value for money? No, surely not? Well I am here to tell you that I have found a chink in my armour of cynicism. It is called the Virtual Ward. I had the pleasure of experiencing this phenomenon when I was extremely ill in January. My GP referred me to A&E with an infection count of 332 (normal is apparently between zero and four), and a kidney function of 22 (normal is between 60 and 90). I was impressed enough by these figures to obey. I had cellulitis.



I was whisked straight from triage in A&E to a new assessment unit, being told that I would be assessed to see if I was an eligible candidate for the Virtual Ward. This is a system which allows patients to be treated at home under certain circumstances, thus saving the considerable cost of admitting them and using up a valuable hospital bed. And who wouldn't rather be at home than in a hospital ward? I was sceptical, but the reassuringly thorough investigations done by the assessment unit made me feel more confident that I was not just going to be dumped at home with inadequate care. I was seen by a consultant, the sister, several nurses and a rather sweet new boy whose duty it was to write down my life history for the record.

It was decided that I could be treated at home. I would need four hour-long doses of powerful intravenous antibiotic a day. This would probably take three to four days. The team would come that night to set up the drip. Hospital staff put in a cannula to enable home nurses to fit me up to a new bag of goodies four times a day, attaching the drip to the cannula.

They came cheerily, on time, in ones or twos, expertly administering the meds until the cannula went wrong, and I returned to hospital for a new one to be put in by trained staff. Then merrily onwards, until it was time for a blood test to see if my infection rate had dropped enough to finish with the intravenous treatment. My veins are dreadfully uncooperative. After several unsuccessful attempts it was decided I would have to go back to hospital. Luckily I live quite near the hospital so it was not a hardship, but had I been a rural patient, this could have been quite a problem.



Meanwhile my leg had become like a Margarita pizza, so dressing it was another task for the nursing team. I did see the same nurses several times, but inevitably there were different people on duty at 7am and 11pm, for example. They were, however, very good at keeping each other in the picture and whoever visited me always knew the latest news as they had been briefed by colleagues.

This system has only been running since October 2013 and I am told it has already saved the hospital several hundred thousand pounds. This despite having to recruit a whole new team, and all that newness entails. They were still waiting for their laptops, which meant a lot of time was wasted writing up notes. For me, the scheme and its staff get top marks. Long may it last.

Sara Siloko

Article from the NAS website

Posted on the NAS National Autistic Society website
Thursday, 6 February 2014



A new autism agenda in Herefordshire

One of the exciting but sometimes frustrating elements of local campaigning is that you are never entirely sure how far things will get when you start pushing. When I started looking at the picture in Herefordshire it did not seem hopeful. There was no Autism Partnership Board, an unclear picture over who the Autism Lead was and hardly any action since the Autism Strategy was published in 2010.

Nine months down the line we are looking at a very different picture. In a week's time the first meeting of the Autism Partnership Board will be held in Herefordshire to develop and deliver an implementation plan. There is a local strategy signed off by the Council and a clear Autism Lead who is pushing things through on a priority basis. A senior County Councillor has taken on the role of advocating for autism to ensure the issue is given the support it needs at the higher levels of the Council. A short survey of adults with autism and their parents/carers has underlined the urgency of the need for change.

What has been most effective in moving things along in this way has been connections. When I first started to engage with the county there was very little in the way of a local autism network. I was lucky enough to come into contact with [Herefordshire Disability United](#), an excellent pan-disability organisation, who decided to devote some time and money to autism. An event was held bringing together people with autism, parents, providers and other professionals to try and map what support was available and report from the day, with a set of recommendations, will now go towards guiding the work of the Partnership Board. The NAS has also now opened a branch operating across Herefordshire and Worcestershire and I have made contact with a user-led group called Aspie Link who are now seeking to get involved.

These connections and networks are essential to successfully push forward progress at a local level, especially rural counties like Herefordshire. For anyone who wants to Push for Action where they live and start seeing the Autism Strategy make a difference, build a network, find out who else is active in your area and speak to us about how we can help you make an impact.

Tom Purser

This information was passed on to those heading up the Autism Steering group meeting on 13th February, by Jane Clayton one of our members, who has a keen eye on the NAS website to benefit both her and her son who is on the autistic spectrum. Thank you Jane.



The NAS' Campaigns Team

This is your life

This notice was seen in a shop window in Davos, Switzerland. Strangely it was written in English although in a German speaking town. Maybe as it says,
"We should be united in our differences"

THIS IS YOUR LIFE.
DO WHAT YOU LOVE,
AND DO IT OFTEN. **LIFE.**
IF YOU DON'T LIKE SOMETHING, CHANGE IT.
IF YOU DON'T LIKE YOUR JOB, QUIT.
IF YOU DON'T HAVE ENOUGH TIME, STOP WATCHING TV.
IF YOU ARE LOOKING FOR THE LOVE OF YOUR LIFE, STOP;
THEY WILL BE WAITING FOR YOU WHEN YOU
START DOING THINGS YOU LOVE.
STOP OVER ANALYZING, ALL EMOTIONS ARE BEAUTIFUL.
LIFE IS SIMPLE. WHEN YOU EAT, APPRECIATE **EVERY LAST BITE.**
OPEN YOUR MIND, ARMS, AND HEART TO NEW THINGS
AND PEOPLE, WE ARE UNITED IN OUR DIFFERENCES.
ASK THE NEXT PERSON YOU SEE WHAT THEIR PASSION IS,
AND SHARE YOUR INSPIRING DREAM WITH THEM.
TRAVEL OFTEN; GETTING LOST WILL
HELP YOU FIND YOURSELF.
SOME OPPORTUNITIES ONLY COME ONCE, SEIZE THEM.
LIFE IS ABOUT THE PEOPLE YOU MEET, AND
THE THINGS YOU CREATE WITH THEM
SO GO OUT AND START CREATING.
LIFE IS LIVE YOUR DREAM
SHORT. AND SHARE
YOUR PASSION.

Stroke Awareness and Information Day 21st May

This is advance notice of our next event on Wednesday 21st May at Hinton. HDU are in collaboration with the Stroke Association to bring a combination of information, and training for those families affected by Strokes and of course the survivors.

This year the Stroke Association are focusing on TIAs (Transient Ischaemic Attacks), and we will be showing **video clips** to establish and educate on the subject.

T. I. A. is a **Transient Ischaemic Attack**

Known as a **Mini Stroke**

.....

T.I.A. means **Take Instant Action**



**Prevent a Stroke
and the misery it brings**

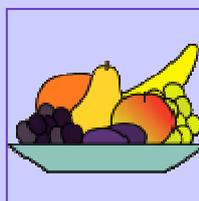
I have come up with a different interpretation of the initials T.I.A, which hopefully will give a better understanding of the seriousness of them.

T = Take

I = Instant

A = Action

Too many people consider TIAs to be “a funny turn”, but basically they are danger signals to act immediately before matters get worse. A bit like the non– action around the floods, nothing, until homes and livelihoods are lost as the waters bury all normal life.



There will be **training for family carers** whose loved ones are affected by strokes, and **healthy eating advice** too. We will have qualified professionals on hand to offer **blood pressure checks** to anyone present as part of the stroke prevention campaign also.

With the evolution of **technology** we can bring you up to date with new gadgets and gizmos which are seen as aids to those with disabilities after a stroke (and other conditions too). Tablets are a useful way of communication when speech is impaired, and ease the frustration this condition brings.

Coming into reality after April 2014 will be the introduction of **Personal Health Budgets**, and a speaker will explain how these can be utilised for those with continuing health care needs, such as stroke survivors.



So join us from 10.30– 2.30 pm at Hinton Community Centre, Hereford.

The editor

Useful Contacts

NHS Herefordshire

Patient Advice and Liaison Service (PALS)

The County Hospital, Hereford

Mon-Fri 8.30-4.30

Office Tel No: 01432 372986

Mobile Tel No: 07825 681801

Email:

makingexperiencescount@wvt.nhs.uk

Equality and Human Rights Commission

Freepost RRLL-GHUX-CTRX, Arndale House,

Arndale Centre, Manchester, M4 3AQ

Tel: 0808 800 0082 Website:

www.equalityhumanrights.com

RADAR, now at Disability Rights UK

12 City Forum, 250 City Road, London, EC1V 8AF

Tel: 020 7250 3222 Minicom: 020 7250 4119

Email: enquiries@disabilityrightsuk.org

NHS Direct Tel: 111 (free service)

Wye Valley NHS Trust

The County Hospital

Union Walk

Hereford

HR1 2ER

Tel: 01432 355444

Wye Valley NHS Trust

Community Health

Vaughan Building

Ruckhall Lane

Belmont

Hereford

HR2 9RP

Tel: 01432 344 344

Herefordshire Council and NHS Herefordshire

Social Services Adult Duty Desk

Office hours 9am - 5pm

Office Tel No: 01432 260101

Out of hours: 0330 1239309 adults

01905 768020 children

Email:

Two dates for your diary

21st May

Stroke Awareness and Information Event

25th June

Autism Seminar

**To see what has evolved in the last six months
and how we can improve what is planned**

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