

CARERS' NEWSLETTER

OCTOBER 2001

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The WICCF is currently engaged in a number of projects which should be of practical benefit to carers and to those in their care. Foremost among those should be their entitlement to benefits and services. We hope that we will be able to identify some of those who do not claim their full entitlement through the **Registers of Carers** which is at present being compiled with financial assistance from the Princess Royal Trust for Carers, CnES and the WIHB. Those who provide details will be referred to agencies which will be able to provide them with practical support and represent their interests.

ADVOCACY

The Western Isles Community Care Forum is currently involved with other agencies in the development of an Advocacy service throughout the Western Isles. A draft plan will be submitted to the Scottish Executive by the end of October and the finalised plan will be submitted to the Health Board and the Council for their January meetings. Representatives of the Social Work Department, Education Department, Housing Department, Health Council, Mediation Service, NCH, Mental Health Association and the Community Care Forum have worked on the Plan on a number of occasions recently.

During the past ten years there have been two significant developments within the advocacy arena. Firstly, there has been a growth in the political and cultural acceptability of advocacy. What may have been seen as a fringe benefit in fields such as mental health and learning disability has now become

much more integral to all service planning. Secondly, there has been the stripping away of the mystery of advocacy and the recognition that individuals and organisations can and do provide help and support to people, ensuring that they remain in control of their lives. Advocacy is a free service and the aim is to provide an independent, confidential advocacy service to all residents of the Western Isles. When an acceptable scheme has been established overall control will initially be the responsibility of the Community Care Forum. Further details will be published in the Press and in the next Newsletter.

DISABILITY ACCESS PANELS

The Chronically Sick and Disabled Persons Act and the Disability Discrimination Act require that adequate provision should be made for disabled people in premises to which the public are admitted and the JCC on Disability has asked for a Disability Access Panel to be set up. It would be a panel of disabled people who would promote disability access issues, liaise with building control, act as consultees, visit development sites and offer advice. It was suggested that a Western Isles Panel should be set up with outreach groups to look at local issues and it was felt that the WICCF should be involved in taking the project forward. To that end, we are currently in discussion with representatives of the Council and of the Health Board. Further details will be published in the local press and members of the general public will be invited to join the Panels. The term access has a far wider meaning than access

to buildings and also includes issues relating to access to employment, public transport, information, etc. The Comhairle has an Access/Mobility officer available to give technical advice on issues relating to buildings and public spaces.

THE LEWIS BEFRIENDING SCHEME

In Lewis, just as in other parts of the UK, there are people who face loneliness and isolation in their daily lives. The Lewis Befriending Scheme provides a volunteer support service for islanders who live with such problems.

Befrienders provide company and friendship in a way that fits in with the client's own particular circumstances. Unlike other schemes of this kind, our befriending scheme has a wide remit. Older people, people with disabilities, mental health problems, learning difficulties and those suffering from poor health have all benefited from our service. Our volunteers come from all walks of life and are screened and trained for their suitability. Volunteers are not paid but do receive necessary expenses.

Established in 1997, the Befriending Scheme employs one full-time Project Worker and is based at the Lewis Voluntary Resource Centre in Stornoway under the auspices of Voluntary Action Lewis. Since the scheme began we have helped over 130 individuals and that number continues to grow in response to demand for this kind of service.

If you are aged 18 or over and have a few hours a week to spare or if you know of someone who might benefit from our service then contact: Diana Smith, Lewis Befriending Scheme, 30 Francis Street, Stornoway. Tel 01851 702632 or email: befriendinglewis@lineone.net

WESTERN ISLES COMMUNITY CARE FORUM

(Jointly funded by CnES and the WIHB)

WORKING TOGETHER IN COMMUNITY CARE

Old Hostel, Tarbert, Harris, HS3 3BG. Tel/Fax: 01859 502588

HARRIS CARERS' OUTING



Pictured above are a group of Harris carers' who enjoyed a recent day out at Gearrannan village and Callanish. They were very impressed with Gearrannan—particularly the 1950's style blackhouse, which evoked many happy memories. After a light lunch, they made their way to the Callanish centre and the day was rounded off with a very enjoyable meal at Tigh Mealrois.

The party was accompanied by Katie Macleod, Joint Organiser HVS, and Ethel McNally who was their bus driver for the day. The occasion was much appreciated by all.

LEAP IN SCOTLAND'S CARER NUMBERS

Recently published figures from the Scottish Household Survey show that the estimated number of adult carers in Scotland is 626,000—an increase of over 100,000 on the 1995 General Household Survey estimate. Figures are also produced for the first time in relation to children with caring responsibilities, with an estimated 6,000 young carers in Scotland.

A 'Facts about Carers' briefing sheet is available on request from Carers' National Association Scotland, 91 Mitchell Street, Glasgow G1 3LN. Tel: 0141 221 9141; Fax: 0141 221 9140. Alternatively, e-mail: policy@carerscotland.demon.co.uk

CARER SUPPORT GROUP—LEWIS

A meeting was recently held at Grianan at which it was agreed that a carer Support Group should be established. It was envisaged that, in due course, the lead role would be taken by carers with support from the CCF. Further information from the CCF office, Katie MacPherson (Alzheimers—01851 702123); Ishbel Graham (Crossroads—01851 705422); Chrissie MacRae (01851 704670) or Eta Smyth (01851 70 5844).

UIST CARERS' SOCIAL EVENING

On 14th June, Uist Community Care Forum and Tagsa Uibhist organised a social evening for carers in Carinish Inn. Personal invitations were sent out and the occasion was publicised in Am Paipeir, but the response was fairly low.

However, those who did manage to attend spent an enjoyable evening with a buffet supper, entertainment and the opportunity to meet old and new friends. The theme was "storytelling" or "sgeulachdan" led by Uisdean Robertson, Carinish. In a very relaxed atmosphere every one related old stories and personal recollections, some of which caused much amusement. Especially interesting was the account by A. A. Macdonald of his recent visits to South Korea with the Uist contingent who had travelled there for a music festival. Music throughout the evening was provided by A. A. Macdonald on the 'box'. It is hoped that later in the year similar functions will be organised in other parts of the Uists.

MOTOR NEURONE DISEASE ASSOCIATION



The photo on the left is of Robert Maclean of Inverness and Borrisdale, Harris who in Spring completed a sponsored cycle run from the Butt to Borrisdale in order to raise funds for the Motor Neurone Association. Motor Neurone disease claimed the lives of his mother, grandmother and great uncle. He raised the magnificent total of £4,800.

It is an illustration of the fact that though care must ultimately come to an end, the caring aspect continues.

Robert wishes to thank all who contributed so generously to this worthy cause and he hopes this contribution will assist in finding a cure for the disease.

A QUICK GUIDE TO BENEFITS FOR THE OVER 60s (FROM APRIL 2001)

The Minimum Income

Guarantee (Income Support)

If you are not working more than 16 hours a week, income can be topped up to:

	£ p.w
Single 60+	92.15
Couple 60+	140.55
Extra if severely Disabled	41.55
Extra if carer	24.40
Residential Allowance	63.30

Savings below £6,000 are ignored.

There is **no entitlement** above £12,000. If you are permanently living in residential care, ignore savings below £10,000, and there is no entitlement above £16,000.

On the Minimum Income Guarantee you can get

- Full Housing Benefit
- Full Council Tax Benefit
- Help with dental treatment, hospital fares, glasses etc
- Mortgage interest/interest on home improvement loans
- Social Fund grants for funeral expenses, community care needs, cold weather payments, budgeting and crisis loans

Housing Benefit and Council tax Benefit

For every £1 above Minimum Income Guarantee levels,

- Housing Benefit is reduced by 65p per week
- Council Tax Benefit is reduced by 20p per week

Savings below £6,000 are ignored and there is **no entitlement** above £16,000.

For the Minimum Income Guarantee (Income Support), Housing Benefit and Council Tax Benefit, savings above £6,000 are assumed to give an income of £1 for every £250. Actual income from savings is disregarded.

Non Dependent Deduction

If an adult other than your partner lives in your house, Housing Benefit and Council Tax Benefit may be reduced, dependent on their income.

Second Adult Rebate

You can get up to 25% off your council tax if a second adult living in the house has a low income, or if living alone.

Benefits for people with disabilities

£ p.w

Attendance Allowance

(aged 65+) If attention or supervision is needed for the last 6 months

- Higher rate 55.30
- Lower rate 37.00

Disability Living Allowance

Care Component if attention or supervision is

needed for the last 3 months

- Higher rate 55.30
- Middle rate 37.00
- Lower rate (if some care needed or if unable to prepare a cooked meal) 14.65

Mobility Component

- Higher rate if unable/virtually unable to walk

38.65

- Lower rate (if you need help getting about) 14.65

Industrial Disablement Benefit

If you are disabled through work, up to

112.90

Incapacity Benefit

Short Term

Under pension age

- Lower rate (first 28 weeks) 52.60
- Higher rate (next 24 weeks) 62.20

Over pension age

- Lower rate 66.90
- Higher rate 69.75
- Partner Addition 32.55

Long Term (after 52 weeks)

- (Not available to new claimants over pension age) 69.75
- Partner addition 41.75
- Age allowances if you become disabled
- Aged under 35 14.65
- Aged 35-44 7.35

Invalidity Allowance (transitional)

Higher rate (disability began aged u 40) 14.65

Middle rate (disability began 40-49) 9.30

Lower rate (disability began 50-59) 4.65

Winter Fuel Payment (single payment)

For each household with a member aged 60+ 150.00

The WICCF has updated the [Directory of Care Services](#) and it is available from the office at Tarbert. It includes details of agencies and voluntary organisations in each of the four island areas as well as information on benefits and access to aids and equipment.

WHAT IS OCCUPATIONAL THERAPY?

Occupational Therapists assess and treat clients/patients with the aim of enabling them to reach their maximum level of function and independence in all activities of daily life.

WHO CAN OCCUPATIONAL THERAPISTS HELP?

A few examples include people with: Rheumatological conditions: eg Rheumatoid/osteo arthritis; Orthopaedic conditions: eg hip/knee replacements; Medical, neurological and surgical conditions: eg stroke, heart and chest problems, MS, Cancer and amputations; Paediatrics: eg children with learning difficulties, developmental delay, physical disabilities and elderly patients with multiple disabilities.

OCCUPATIONAL THERAPY INTERVENTION

This may include some of the following:

Activities of daily living eg. Washing/dressing, eating/drinking, cooking, transferring. The occupational therapist can practice these activities with the individual, advise on different methods of performing the activities, recommend and supply appropriate equipment to facilitate independence.

Orthotics (splints). Splints can be made to fit an individual to prevent pain, deformity and increase or maintain function.

Wheelchairs. Assessments for manual wheelchairs and cushions can be carried out. More complex assessments are carried out in conjunction with the wheelchair service from Raigmore Hospital.

Home Assessments. Assessments of an individual's functional ability may be carried out in their own home and appropriate equipment and adaptations arranged as necessary. In paediatrics home/school assessments may be carried out.

Work resettlement. An individual's functional ability to remain at or return to work may be affected by illness/disability and advice can be given where necessary in liaison with the employer.

Sensory re-education/pain management. Advice and training on coping with sensory problems following peripheral nerve injuries and pain management can be given as specialist treatments.

Perception and cognition. An individual's perceptual or cognitive ability may be affected by neurological conditions, eg. CVA. Occupational therapists can retrain or teach compensatory techniques to promote independence.

Education on management of a condition or caring for a disabled person and resources available. Occupational therapists provide education and advice to carers, parents, relatives and other staff. This may take place in individual or group settings.

Health promotion/joint protection. Occupational therapists advise on Health promotion, on joint protection and prevention of deterioration, and about safety in the home. They can also help the individual to understand their condition and their disability.

HOW CAN OCCUPATIONAL THERAPISTS HELP?

Occupational therapists adopt a holistic approach to their patients/clients and may assess each person's individual skills in the following areas:

Bio-mechanical, eg physical strength, range of movement, endurance;

Sensory motor, eg sensation, perception, motor planning;

Cognition, eg memory, insight, learning;

Intra/interpersonal skills, eg coping skills, self esteem.

They then assist the person to relate these skills to activities relevant to daily living ie: **Self care,** eg personal care, functional mobility; **Productivity,** eg home management, employment, performance at school; **Leisure,** eg sports, hobbies and play; **Coping in the Community**—assessment for provision of equipment or adaptations to facilitate coping at home, work or school.

REFERRAL FOR OCCUPATIONAL THERAPY IN THE COMMUNITY/HOSPITAL

Referrals in the community can be taken from anyone identifying the needs of the individual with that person's knowledge and permission. (if the individual is under-age, with the parent's consent). In hospital, referrals are only accepted from other professionals, eg nurses, doctors, physiotherapists.

OCCUPATIONAL THERAPY STAFF

Head of Department—Meg Gordon (also covers community including Harris)

Senior Occupational Therapists—Audrey Pye (Western Isles Hospital Medical/Care of the Elderly); Rhoda Mackay WIH (Rheumatology/Splinting/Hands); Janet Gordon/Aline Mackenzie (Community ie Point, Uig, Stornoway, West Side plus Day Hospital); Ann Wilson (Community ie Ness, Lochs, Tolsta, Stornoway); Liz Middlemiss (Paediatrics)—All of Western Isles; Sanja Smit (Stroke/Neurology); Chris Mitchell/Val Dix—Uists and Barra.

Occupational Therapy Assistants—Cathy Bruce (Lewis Community); Frances Lawrie (WIH/Community Admin); Gillian Macdonald (Day Hospital/Hospital); Flora Macdonald (Uists and Barra).