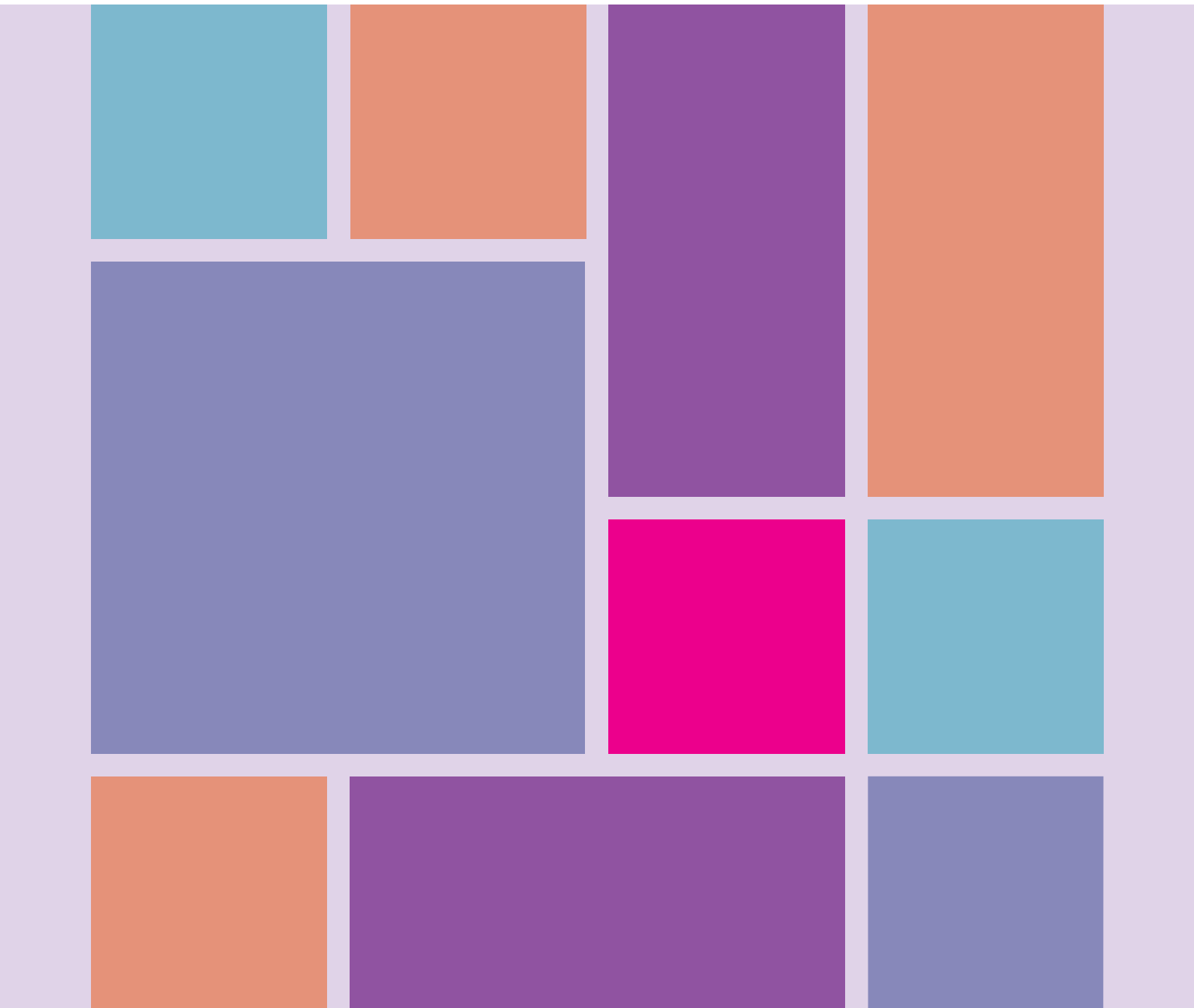




HM Government

# Summary of Responses to the Consultation on Valuing People Now: from progress to transformation



**DH INFORMATION READER BOX**

<b>Policy</b> HR/Workforce Management Planning Clinical	Estates Commissioning IM & T Finance Partnership Working
<b>Document purpose</b>	Policy
<b>Gateway reference</b>	<b>10531</b>
<b>Title</b>	Valuing People Now: a new three-year strategy for learning disabilities
<b>Author</b>	Department of Health
<b>Publication date</b>	19 January 2009
<b>Target audience</b>	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs, Local Authority CEs, Directors of Adult SSs
<b>Circulation list</b>	Medical Directors, Directors of PH, Directors of Nursing, NHS Trust Board Chairs, Directors of HR, Directors of Finance, Allied Health Professionals, GPs, Directors of Children's SSs, Voluntary Organisations/NDPBs
<b>Description</b>	Valuing People Now sets out the Government's strategy for people with learning disabilities for the next three years following consultation. It also responds to the main recommendations in Healthcare for All, the Independent Inquiry into access to healthcare for people with learning disabilities
<b>Cross reference</b>	Valuing People (2001); Valuing People Now: The Delivery Plan: Making it happen for everyone (2009); Summary of responses to the consultation on Valuing People Now: From progress to transformation (2009)
<b>Superseded documents</b>	Valuing People Now: From Progress to Transformation (2007)
<b>Action required</b>	N/A
<b>Timing</b>	N/A
<b>Contact details</b>	Social Care Policy and Innovation Department of Health Room 116 Wellington House 133-155 Waterloo Road email: <a href="mailto:scpi-enquiries@dh.gsi.gov.uk">scpi-enquiries@dh.gsi.gov.uk</a> <a href="http://www.Dh.gov.uk/en/Policyandguidance/Socialcare/Deliveringadultsocialcare/Learningdisabilities/index.htm">www.Dh.gov.uk/en/Policyandguidance/Socialcare/Deliveringadultsocialcare/Learningdisabilities/index.htm</a>
<b>For recipient use</b>	



HM Government

# Summary of Responses to the Consultation on Valuing People Now: from progress to transformation

Chris Hatton, Janet Robertson, Andrew Power, Susannah Baines &  
Eric Emerson

CeDR Research Report 2008:4

# Contents

<b>The Valuing People Now Consultation: A Summary</b>	<b>1</b>
– The consultation	1
– The big priorities	3
– Detailed proposals in Valuing People Now	3
– Key questions	4
– Conclusions	5
<b>Introduction</b>	<b>7</b>
<b>Who Responded?</b>	<b>9</b>
<b>Analysing the Responses</b>	<b>13</b>
– Quantitative analysis	14
– Qualitative analysis	15
– The structure of the report	16
<b>The Big Priorities</b>	<b>17</b>
– Top priorities: Service user consultation workshops	26
– Valuing People Now as a whole	27
– Summary	30
<b>Specific Sections of <i>Valuing People Now</i></b>	<b>31</b>
– Personalisation	32
– What people do during the day	37
– Better health	42
– Improving housing	46
– Advocacy and rights	50
– Partnership with families	53
– Including everyone	57
– People as local citizens	59
– Transition	63
– Improving the workforce	66

– National and local leadership	68
– Better commissioning	69
– Checking how we are doing	73
– Summary	75
<b>Key Questions</b>	<b>77</b>
– Key Question 1: Paid work should be at the centre of planning day service changes	80
– Key Question 2: There should be a focus on regular health checks	85
– Key Question 3: The focus of housing should be on assured tenancies and owning homes	89
– Key Question 4: Partnership Boards should continue and be helped to be effective	94
– Key Question 5: Funding and commissioning should move from the NHS to local government	99
– Summary	101
<b>Will Valuing People Now work for everyone?</b>	<b>103</b>
<b>Conclusions</b>	<b>105</b>
<b>Annex</b>	<b>107</b>

# The Valuing People Now Consultation: A Summary



## The consultation

Six years after Valuing People was launched in 2001, the Department of Health put Valuing People Now: from progress to transformation out for consultation in December 2007, with a deadline for responses by the end of March 2008. A total of 2,009 usable responses to the *Valuing People Now* consultation were received. The responses included:

- Full version questionnaires (856)
- Easy read questionnaires (849)
- Service user consultation exercise sheets (63)
- Other responses in different formats (241)

There were a good range of responses from people with learning disabilities (730 responses), family members (407 responses), professionals (375 responses) and 'others' (375 responses), which included groups and organisations. There was also good representation from men and women, although very few responses were from people from black and minority ethnic communities.

The Centre for Disability Research at Lancaster University analysed responses to the consultation for the Department of Health.

First, we counted the number of responses who agreed and disagreed with various aspects of Valuing People Now using a traffic light system:

**Green:** Less than 1 in 5 people gave a response which is negative about *Valuing People Now*.

**Amber:** 1 in 5 people gave a response which is negative about *Valuing People Now*.

**Red:** 1 in 3 people gave a response which is negative about *Valuing People Now*.

Second, we looked at what people wrote in their responses and assigned their comments to themes where several responses said similar things. We counted how frequently each theme had been mentioned in responses across the sample, and also produced more detailed narrative, with supporting quotes, to provide richer information on what people were writing in their comments.

## The big priorities

There was strong agreement across all stakeholder groups that the big priorities put forward in Valuing People Now are appropriate (overall over 90% agreement).

There were several suggestions for additional big priorities, most commonly:

- Transport
- Partnership with families
- Meeting the needs of people with complex needs
- Enabling relationships, friendships and a fulfilling social life

There was moderate agreement overall that Valuing People Now had got things right on the whole, although almost a third of responses took the view that there important issues missing from *Valuing People Now*. There were also consistent concerns about the capacity of Valuing People Now to deliver real changes to people's lives, particularly for people with complex needs and family carers.

## Detailed proposals in Valuing People Now

Overall, there were moderately high levels of agreement with most of the detailed proposals contained in 13 sections of Valuing People Now. In most instances respondents who reported concerns about Valuing People Now indicated that it lacked important details concerning implementation, rather than expressing disagreement about the proposals themselves.

Support was lowest (68%) and disagreement was highest (25%) for Valuing People Now proposals concerning what people do during the day, particularly amongst family members (40% disagreement). Respondents were particularly concerned about the emphasis on paid work and the future closure of day centres.

Proposals in all the other areas had moderately high levels of agreement (76%-83%) although with some differences across stakeholders. People with learning disabilities were most likely to be positive (93%-96%) and family members were likely to be amongst the least positive (54%-77%):



- Personalisation
- Improving housing
- Better health
- Advocacy and rights
- Partnership with families
- Including everyone
- People as local citizens
- Transition
- Improving the workforce
- National and local leadership
- Better commissioning
- Checking how we are doing

## Key questions

Part of the consultation asked for people's views on five key elements of Valuing People Now.

In response, there were uniformly very high levels of agreement with the focus on health checks (overall 99%) and with continuing and reinforcing the role of Partnership Boards (overall 96%).

There were also generally high levels of agreement that the focus of housing should be on assured tenancies and home ownership (overall 86%), and that funding and commissioning should move from the NHS to local government (overall 85%).

Consistent with responses to earlier questions in the Valuing People Now consultation, there were relatively low levels of agreement with the idea that paid work should be at the centre of planning day service changes (overall 60%), with family members expressing the lowest levels of agreement (32%).

## Conclusions

**Conclusion 1:** *The Valuing People Now* consultation process has been successful in generating a large number of responses from a very wide range of people, groups and organisations, including people with learning disabilities and family members.

**Conclusion 2:** There are some groups who are under-represented in responses to the consultation, particularly people from black and minority ethnic communities, and the representativeness of the pool of respondents in terms of other important characteristics such as age, sexuality and religion is unknown. The Department of Health may want to consider doing additional, focused consultations with under-represented groups.

**Conclusion 3:** Overall, there were relatively high levels of agreement for both the big priorities and most of the detailed proposals in *Valuing People Now*.

**Conclusion 4:** In general, people with learning disabilities were the most positive and family members were the least positive about *Valuing People Now*. This may partly be due to the likelihood that respondents with learning disabilities would have high levels of skills (where *Valuing People Now* was felt to be more relevant) and family members would be caring for people with more complex needs (where there were more worries about the suitability of *Valuing People Now*).

**Conclusion 5:** In the consultation, the biggest area of disagreement was with proposals about getting people into paid work as the central way of changing day services, especially amongst family members.

**Conclusion 6:** There were consistent worries about whether *Valuing People Now* will work equally well for people with complex needs, and some worries about its applicability to other groups such as older people and people from black and minority ethnic communities.

**Conclusion 7:** There were consistent worries about whether *Valuing People Now* will make a real difference to people's lives, particularly in terms of funding and legislative 'teeth'. Many respondents felt that *Valuing People Now* was strong on vision but short on the detailed implementation plans to make the vision a reality, particularly compared to the 'view from the ground' that many respondents were experiencing.

**Conclusion 8:** As well as indicating agreement or disagreement with the proposals in *Valuing People Now*, the majority of respondents also made creative suggestions for improving the implementation of *Valuing People Now*. These repay detailed inspection by the Department of Health.

# Introduction



Six years after *Valuing People* was launched in 2001, the Department of Health put *Valuing People Now* out for consultation in December 2007, with a deadline for responses by the end of March 2008. *Valuing People Now* aims to continue the work started by the publication of *Valuing People*, with a particular focus on high priority areas.

The Department of Health aimed to make the consultation process as inclusive as possible. To facilitate this, the Department of Health designed multiple ways in which individuals, groups or organisations could respond to the consultation. These included:

- 'Full version' questionnaires that could be downloaded or sent on request, containing a set of detailed questions about each section of *Valuing People Now*.
- 'Easy read' questionnaires that could be downloaded or sent on request, containing accessible questions about each section of *Valuing People Now*.
- A standard format for reporting on consultation workshops conducted with people with learning disabilities around the country.
- In addition, individuals, groups or organisations could send in their views on *Valuing People Now* in any format they chose.

To ensure that these responses to the consultation were analysed independently, the Department of Health put out to tender the analysis phase of the consultation. This was awarded to the Centre for Disability Research at Lancaster University.

# Who Responded?



A total of 2,009 usable responses to the *Valuing People Now* consultation were received. The responses included:

- Full version questionnaires (856)
- Easy read questionnaires (849)
- Service user consultation exercise sheets (63)
- Other responses in different formats (241)

In addition, 163 documents were received which have not been included in the present report. In 82 cases, these were easy read questionnaires which had been altered to such an extent that it was impossible to code them quantitatively or qualitatively. 15 did not contain any information (e.g. blank questionnaires). 49 were identical responses that had been received twice (e.g. by email and by post). 18 were documents with their own code number that originally were not attached to a questionnaire (“other” responses) but subsequently were paired up with the respondent’s questionnaire and allocated to the questionnaire code number.

Where the information was given, responses consisted of 1,014 responses from individuals, 659 from groups, and 63 from service user consultation exercises. Group responses were noted to have come from groups ranging from 2 to 638 people. From cases where the number of people contributing to the response was known, the total number of people involved in responses was 10,260, though it should be noted that this information is not available in 511 cases.

730 (39%) responses were from people with learning disabilities, 407 (22%) were from family members, 353 (19%) were from professionals, and 375 (20%) were from “other” respondents. The “other” category consisted mainly of representations from various groups and organisations.

Information on ethnicity was not available for 26% of responses. Where ethnicity was known, 1,208 (82%) were white British. Numbers from other ethnic groups were generally low, with 1% of respondents being Pakistani (19 responses), Indian (17 responses), Bangladeshi (15 responses), and Caribbean (16 responses). Less than 1% of responses were from White Irish (9 responses), White Other (3 responses), Mixed White and Black Caribbean (6 responses), Mixed White and Black African (1 response), Mixed White and Asian (3 responses), Other Asian (6 responses), African (4 responses) European (4 responses) and Chinese

(2 responses). In addition, 11% of responses were “other” which almost exclusively consisted of responses which were from groups consisting of people from a mixture of ethnic backgrounds (169 responses).

Information on gender was missing for 49% of responses. Where gender was known, 301 responses were from men (29%), 372 were from women (36%) and 355 (35%) were responses from groups consisting of both men and women.



# Analysing the Responses



We analysed the information contained in the responses in two ways, quantitatively and qualitatively.

## Quantitative analysis

The full version questionnaires, easy read questionnaires and service user consultation reporting formats contained detailed questions on specific aspects of Valuing People Now that we could analyse quantitatively. In total, this gave us a maximum of 1,768 responses available for quantitative analysis. However, the actual number of responses to specific questions that contained information we could analyse varied greatly, for several reasons:

- There were several differences in both questions asked and response formats used between the full version questionnaire and the easy read version of the questionnaire.
- The service user consultation reporting format was in many respects quite different to the questionnaires, with only a small number of questions being consistent across all three formats.
- People did not always answer every question, and in some responses clearly derived from photocopies only every other page of the questionnaire was present.

Where possible, we have merged these into one quantitative database with consistent codes for responses. As a result, the sample sizes for questions vary considerably. Percentages are given as a percentage of the particular sample who answered the question.

In this report, we report the quantitative analyses using a “traffic light system” to indicate where there may be concerns about the level of agreement with *Valuing People Now* among respondents. The system uses the following cut-off points:

Green: Less than 1 in 5 people gave a response which is negative about *Valuing People Now*.

Amber: 1 in 5 people gave a response which is negative about *Valuing People Now*.

Red: 1 in 3 people gave a response which is negative about *Valuing People Now*.

For questions where agreement with a question represents a positive view about *VPN* (e.g. what people do during the day is a right priority), Green is indicated where percentage agreement is over 80%, Amber is indicated where percentage agreement is 80% or under (1 in 5 negative about *VPN*) and Red is indicated where percentage agreement is 67% or under (1 in 3 negative about *VPN*). Conversely, for questions where agreement with a question represents a negative view about *VPN* (e.g. section on personalisation is missing something), Green is indicated where agreement is less than 20%, Amber is indicated where agreement is 20% or more and Red is indicated where agreement is 33% or more.

The quantitative results are given firstly for all respondents combined, and then separately for each of the four main respondent groups (service users, family members, professionals, and “other” respondents). As respondent group was not known for some responses, the sample size for all respondents is greater than the combined sample size for the four main respondent groups.

## Qualitative analysis

Our qualitative thematic analysis of the questionnaire data in the present report included all four response formats: full version questionnaires; easy read questionnaires; service user consultation exercise sheets; and responses in other formats, potentially a total of 2,009 responses. Because respondents were not required to write any extra comments in the questionnaires, the total number of responses with some text for qualitative analysis was 1,485. The type of respondent was known for 1,390 of the responses included in the analysis presented here. Of these, 583 were service users, 336 were family members, 248 were professionals and 223 were “other” respondents.

As not everyone wrote comments in response to every question, the sample size for qualitative analysis varied considerably across questions.

To conduct the thematic analysis, an excel spreadsheet was created for each specific area of questioning used by the full and easy read questionnaire versions, together with an additional spreadsheet for additional issues raised by respondents. For each respondent, the following procedure was followed for each written comment:

- 1) The relevance of the comment to the Valuing People Now consultation was examined.

- 2) If the comment was evaluated as relevant, the comment was summarized and assigned to the relevant excel spreadsheet.
- 3) Each comment was then assigned to one or more themes that emerged throughout the analysis. Depending on the comment's content, more than one theme could be assigned to a single comment. However, comments from the same respondent highlighting the same theme several times were only coded once (i.e. a theme could only be endorsed once per respondent).
- 4) Comments made in responses that used other formats were located according to their relevance to a specific area of questioning in the excel spreadsheet.

All themes were assigned and reviewed regularly by two qualitative data analysts, including a major review and refinement of codes at 450 respondents and at the end of coding. Once all the comments had been coded and assigned to themes, we analysed the data in two ways.

First, we counted how frequently each theme had been mentioned in responses across the sample. In this report, this information is given for all themes mentioned in 10 or more responses, broken down by respondent type (person with learning disabilities; family members; professionals; and others). The number of responses mentioning particular themes was too small to allow us to statistically analyse potential differences across respondent types. As the type of respondent was not known for some responses, the figures for the total number of responses mentioning a theme may be greater than the sum of the number of responses broken down by type of respondent.

Second, we produced more detailed narratives, with supporting quotes, to provide richer information on what people were writing in their comments. Only dominant themes are mentioned in this report.

## The structure of the report

The structure of the findings in this report will largely follow the structure of the consultation questionnaires. Each section will start with a summary of the quantitative data, followed by an analysis of the number of responses mentioning particular themes and finally a brief narrative description of the relevant qualitative data.

# The Big Priorities



There were high levels of agreement with the big priorities identified in the *Valuing People Now* (VPN) consultation, with over 90% of agreement for all questions in this section (see Table 1).

**Table 1: Levels of agreement with VPN big priorities**

*VPN should identify a small number of priorities:*

Agree (all)	91% (711/780)
Service users	99% (84/85)
Family members	85% (213/252)
Professionals	94% (225/239)
Other	93% (145/156)

*Personalisation is a right priority:*

Agree	(all) 95% (1492/1573)
Service users	98% (604/616)
Family members	86% (290/336)
Professionals	97% (303/314)
Other	98% (214/219)

*What people do in the day is a right priority:*

Agree (all)	92% (1449/1570)
Service users	94% (567/606)
Family members	86% (302/352)
Professionals	96% (304/316)
Other	93% (202/218)

*Better health is a right priority:*

Agree (all)	98% (1565/1600)
Service users	97% (599/618)
Family members	98% (345/352)
Professionals	99% (313/317)
Other	99% (219/221)

*Choice about housing is a right priority:*

Agree	(all) 95% (1450/1530)
Service users	97% (583/600)
Family members	89% (305/341)
Professionals	94% (296/314)
Other	98% (214/218)

**Table 1: Levels of agreement with VPN big priorities***Making Valuing People happen is a right priority:*

Agree	(all) 96% (729/756)
Service users	98% (82/84)
Family members	94% (232/246)
Professionals	98% (232/236)
Other	96% (150/156)

In the qualitative analysis of comments made on the big priorities, 24 themes were identified, 7 of which were mentioned by 10 or more of respondents and are shown below in Table 2, with both numbers (and percentages) of respondents who made comments reported. Most responses reported that it was a good idea to have four big priorities, yet many cautiously claimed, “as long as other areas are not forgotten about” (R.604). Some of these themes are described in more detail below.

**Table 2: Comments on the big priorities**

<i>Theme</i>	<i>Service users</i>	<i>Family</i>	<i>Professionals</i>	<i>Other</i>	<i>Total</i>
Not enough emphasis on people with complex needs	1 (0.2%)	11 (3.3%)	5 (2.0%)	7 (3.1%)	26 (1.8%)
Unrealistic aspirations	0	8 (2.4%)	3 (1.2%)	4 (1.8%)	18 (1.2%)
Not appropriate for all	1 (0.2%)	6 (1.8%)	3 (1.2%)	1 (0.4%)	14 (0.9%)
Funding for changes	1 (0.2%)	6 (1.8%)	3 (1.2%)	3 (1.3%)	13 (0.9%)
More choice of services	1 (0.2%)	3 (0.9%)	2 (0.8%)	3 (1.3%)	12 (0.8%)
Action	0	4 (1.2%)	3 (1.2%)	3 (1.3%)	12 (0.8%)
Help for families	0	7 (2.1%)	3 (1.2%)	1 (0.4%)	11 (0.7%)

### ***Not enough on people with complex needs/Not appropriate for all***

One of the major concerns voiced by respondents was that there was not enough emphasis on people with complex needs within VPN, and that some of the big priorities (particularly paid work and housing) were not suitable for people with complex needs.

*Emphasis on independence doesn't apply well to people with more complex needs e.g. independent living. 'Interdependence' should be what underpins the role of a valued member of society. 199*

*We are seriously concerned about the emphasis on work with the people in our Centres. The feeling is that VPN does not highlight the issues of adults with profound multiple learning disabilities and autism with challenging behaviour and the needs of parents. 617*

*Generally supportive of the Big Priorities on paper. These are undeniably desirable for those people with minor LD's but does not include those with more complex needs who require on-going care supervision and input. 642*

### ***Unrealistic aspirations/Funding for changes/Action***

In general, there was a real concern across all groups of respondents about whether the emphasis on the big priorities would result in real improvements in people's lives.

*Needs to have more impact and be enforceable as opposed to Best Practice Guidance. 791*

*The above priorities may still be too large an agenda for improved outcome within 3 years. 45*

*Need to be more specific about how VPN is going to be achieved, what is going to change, otherwise it will be just rhetoric. Need finances to be put in place. 94*

*It would be a comfort to all families if they could see actions rather than words. 481*

*We have serious concerns about how the priorities will be managed and what the real outcomes will be. Valuing People morphed into a vehicle for providers to reduce services. 54*



### ***Help for families***

Families in particular were concerned that Valuing People Now's focus on paid work and less day time activity could lead to much more caregiving responsibilities and less respite during the day. In addition the focus on personalisation was a concern for parents who felt it could lead to greater isolation away from day services and being tied to the home.

*Closure of specialist facilities is restricting choice. Control is not realistic for most people with learning disabilities. Families will be landed with burden or whole army of extra people will be needed. 211*

*More support for carers to manage individual budgets. What support systems will there be if a carer needs help or can't manage it? Many families need more money, e.g. to pay for two personal assistants. 61*

*New services may not allow carers/parents to have a life. 901*

*Whilst the emphasis is right, parents were very upset about issues about work and decommissioning of day services 977*

In the qualitative analysis, respondents also suggested a number of additional big priorities. A total of 26 suggestions were identified, 10 of which were mentioned in 10 or more responses and are shown in Table 3. Some of these themes are described in more detail below.

**Table 3: Other topics which should be one of the big priorities**

<i>Theme</i>	<i>Service users</i>	<i>Family</i>	<i>Professionals</i>	<i>Other</i>	<i>Total</i>
Transport	14 (2.4%)	6 (1.8%)	6 (2.4%)	6 (2.7%)	34 (2.3%)
Partnership with families	3 (0.5%)	18 (5.4%)	5 (2.0%)	7 (3.1%)	34 (2.3%)
Support/services/inclusion of people with complex needs	5 (0.9%)	8 (2.4%)	5 (2.0%)	7 (3.1%)	26 (1.8%)
Relationships/friends/social life	14 (2.4%)	2 (0.6%)	1 (0.4%)	1 (0.4%)	21 (1.4%)
Inclusion/community involvement	3 (0.5%)	3 (0.9%)	6 (2.4%)	3 (1.5%)	16 (1.1%)
Bullying/abuse	5 (0.9%)	1 (0.3%)	4 (1.6%)	3 (1.3%)	14 (0.9%)
Transition	0	5 (1.5%)	1 (0.4%)	5 (2.2%)	14 (0.9%)
Benefits and employment	5 (0.9%)	3 (0.9%)	3 (1.2%)	2 (0.9%)	13 (0.9%)
Improving the workforce	4 (0.7%)	4 (1.2%)	3 (1.2%)	1 (0.4%)	12 (0.8%)
More funding	2 (0.3%)	4 (1.2%)	5 (2.0%)	0	12 (0.8%)

### ***Transport***

People with learning disabilities were most likely to suggest transport as an additional big priority. This included firstly the use of disability bus passes before 9.30am, particularly when the overall emphasis was on work and independence. Secondly, there was a concern that public transport needed to be more accessible with easy-read timetables and information. Finally, there was an emphasis on trying to make public transport a safer place in terms of reducing occasions for abuse and bullying.

*Transport and being able to use bus passes before 9.30 because I can only leave the house between 9.30 and 4pm. It is difficult to make decisions without appropriate support. 198*

*Safety when using public transport. 245*

*Accessible transport and support to travel especially in the evening. 262*

*Transport and travel training. Transport is a big issue – they feel they would be more independent if they had training and were able to travel to jobs. 914*

*Transport – so I can go places when I choose 1188*

### **Partnership with families**

An additional big priority suggested mainly by family carers concerned improving partnerships with families. This included providing more help and appropriate support for families who had heavy caregiving demands as well as listening to and consulting with families more in relation to the roll-out of new initiatives. It was also noted that families needed help in planning for the future in terms of caregiving responsibilities

*Help the family with the appropriate support at the family home. 104*

*Greater emphasis needs to be placed on parental involvement especially in terms of monitoring and inspecting living conditions such as day care, work placements etc. 753*

*Inclusion of carers' views in decision making. 253*

*Parents/carers should be consulted and their views taken into account. They know their charges better than anyone else having usually done the caring for many years and any decisions affect them equally. 398*

*Partnership with families – supporting carers and planning with them for the future. 764*

### ***Supporting people with complex needs***

Identifying people with complex needs as an additional big priority was mentioned by a wide range of respondents.

*Profound and multiple learning disabilities needs to be a priority because of increased need. 93*

*Including people with complex needs. 211*

*The growing number of profoundly disabled young adults with profound learning disabilities. 676*

### ***Relationships/friends/social life***

People with learning disabilities were particularly likely to suggest relationships, friends and a social life for an additional big priority, as these were very important aspects of people's lives.

*Help making friendships and partnerships 668*

*Making friends and staying in touch 798*

*Being happy and having friends 1173*

*More outings and evening events 1117*

### ***Inclusion/Community involvement/Improving public attitudes towards people with learning disabilities***

Issues of inclusion, community involvement and improving public attitudes towards people with learning disabilities were suggested by a number of respondents as an additional big priority.

*Support in local community for people with learning difficulties. 17*

*Making sure all disabled people are treated equally. 305*

*People should be able to use the same services as other people. E.g. clubs, pubs, mainstream college courses with help. 460*

*How people with learning disabilities are treated (respect).124*

### **Bullying/abuse**

Improving protection from bullying and abuse, both within services and within local communities, was suggested by a number of respondents as an additional big priority.

*When I go to the pub people look and at me as if to say what is that? 80*

*Dealing with hate crime and improving the image of people with learning disabilities in society. 192*

*Making sure safety is a top priority. 238*

*Safety when using public transport. 245*

### **Transition**

A wide range of respondents suggested transition as an additional big priority, particularly in terms of increased and earlier support for transition.

*Transition. This would have given it more importance and put more pressure on cross government areas. 28*

*Transition from child to adult services is unfair, everything is available for children, but once in adult services it all stops. Education for adults. 677*

*Transition because of differing legislation and national policies guiding children's and adults' services. Likewise at the other end of the scale between adult and elderly. 751*

### **Benefits and employment**

The financial aspects of developing benefits systems that did not hinder employment opportunities was suggested by some respondents as an additional big priority.

*More understanding of what getting a paid job means, e.g. not losing benefits or being worse off financially. 93*

*Need to focus on finding more work in the right jobs. Encourage volunteering as a route to work. 268*

*People with learning disabilities should be able to do paid work and attend college/day centres. 461*

### **Improving the Workforce**

Although workforce issues have their own section in Valuing People Now, some respondents wanted these issues emphasised as an additional big priority.

*Getting training and keeping good staff. 101*

*Improving the workforce. 211*

*Being able to choose the carers. 304*

### **Funding**

As mentioned above, the issue of the funding needed to effectively support people with learning disabilities and family carers was suggested by some respondents as an additional big priority.

*Need to be more specific about how VPN is going to be achieved, what is going to change, otherwise it will be just rhetoric. Need finances to be put in place. 94*

*It would be a comfort to all families if they could see actions rather than words. 481*

*We have serious concerns about how the priorities will be managed and what the real outcomes will be. Valuing People morphed into a vehicle for providers to reduce services. 54*

## **Top priorities: Service user consultation workshops**

A number of consultation events with people with learning disabilities produced sheets (39 responses) on which votes were given for the top five priorities from the 13 areas of Valuing People Now. In some instances the overall top 5 was indicated, but in other instances "dot voting" was used to indicate the number of people voting for each priority. The total number of votes for each area (with a notional value of "1" given for an area noted as one of the top 5 where dot voting was not used) are given in Table 4 below in order of number of votes received.

**Table 4: Top priorities in the service user consultation workshops**

<i>Priority Area</i>	<i>Number of Votes for being in the "Top Five"</i>
Better health	160
Choice & control	156
Better housing	155
Day, evening and weekend activities	152
Including everyone	143
Good support	127
Advocacy	105
Working with families	93
Being part of the community	91
Leadership & support	80
Commissioning	63
Checking things	60
Young people	53

As Table 4 shows, the top 5 priorities rated by people with learning disabilities in these consultation workshops showed considerable similarities to the big priorities highlighted in *Valuing People Now*.

## Valuing People Now as a whole

Towards the end of the consultation questionnaires, respondents were also asked their views about *Valuing People Now* as a whole. The "traffic light system" has *not* been used for these questions as they were not simple "yes or no" questions.

First, respondents were asked if Valuing People Now has identified the most important issues for the next three years (see Table 5 below).

**Table 5: Has Valuing People Now identified the most important issues for the next three years?**

*Definitely or yes, on the whole:*

All	64% (933/1458)
Service users	75% (394/529)
Family members	45% (158/349)
Professionals	70% (215/308)
Other	62% (128/208)

*In some ways, but important things have been missed:*

All	31% (452/1458)
Service users	23% (122/529)
Family members	43% (149/349)
Professionals	28% (86/308)
Other	35% (73/208)

*No, it has got many things wrong:*

All	5% (73/1458)
Service users	3% (13/529)
Family members	12% (42/349)
Professionals	2% (7/308)
Other	3% (7/208)

As Table 5 shows, there was moderate agreement overall that Valuing People Now had got things right on the whole, with people with learning disabilities and professionals most likely to express this view and less than half of family members expressing this view. Relatively small numbers of respondents took the view that Valuing People Now had got many things wrong; instead almost a third of respondents overall took the view that there many important issues that were missing from Valuing People Now.

Respondents were also asked if the actions in *Valuing People Now* will help to change things (see Table 6 below).



**Table 6: Will the actions in Valuing People Now help to change things...**

<b>A lot:</b>	
All	51% (701/1382)
Service users	74% (378/509)
Family members	27% (86/321)
Professionals	40% (119/296)
Other	43% (84/194)
<b>A bit:</b>	
All	45% (620/1382)
Service users	23% (118/509)
Family members	61% (195/321)
Professionals	59% (174/296)
Other	55% (106/194)
<b>Not at all:</b>	
All	4% (61/1382)
Service users	3% (13/509)
Family members	13% (40/321)
Professionals	1% (3/296)
Other	2% (4/194)

As Table 6 shows, only just half of people overall (51%) felt that Valuing People Now would help to change things a lot, with people with learning disabilities most optimistic (74%) and family members least optimistic (27%). Overall, almost equal numbers of respondents (45%) felt that Valuing People Now would help to change things a little, with few respondents overall (4%) feeling that Valuing People Now would not change anything.

In terms of what other actions respondents would like to see in Valuing People Now, the themes of written responses here were similar to those reported in response to the big priorities and also reported in more detail in response to specific sections of Valuing People Now. A total of 42 themes were identified, of which 8 were mentioned by 10 or more respondents. These are shown below in Table 7, although as they are covered in other parts of this report these comments will not be described here.

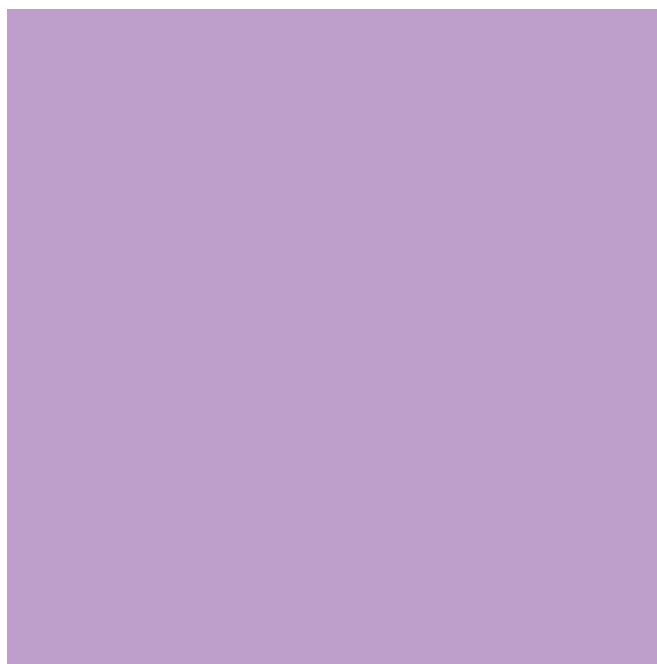
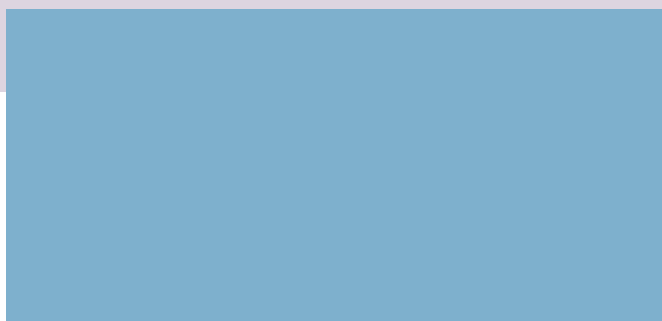
**Table 7: What other actions would you like to see?**

<i>Theme</i>	<i>Service users</i>	<i>Family</i>	<i>Professionals</i>	<i>Other</i>	<i>Total</i>
More funds	4 (0.7)	14 (4.2)	9 (3.6)	7 (3.1)	34 (2.3)
Action	2 (0.3)	10 (3.0)	8 (3.2)	10 (4.5)	31 (2.1)
More family involvement	0	14 (4.2)	2 (0.8)	5 (2.2)	22 (1.5)
Keep day centres	1 (0.2)	16 (4.8)	2 (0.8)	1 (0.4)	21 (1.4)
More about/support for people with complex needs or communication difficulties	2 (0.3)	10 (3.0)	6 (2.4)	2 (0.9)	21 (1.4)
Improved transport	5 (0.9)	2 (0.6)	3 (1.2)	4 (1.8)	15 (1.0)
Improved inspection	1 (0.2)	5 (1.5)	6 (2.4)	1 (0.4)	13 (0.9)
More staff/better training	1 (0.2)	5 (1.5)	4 (1.6)	0	11 (0.7)

## Summary

There is strong agreement across all stakeholder groups that the big priorities put forward in Valuing People Now are appropriate. There were several suggestions for additional big priorities, and some concerns were expressed about the capacity of Valuing People Now to deliver real changes to people's lives, particularly for people with complex needs and family carers.

# Specific Sections of *Valuing People Now*



Responses concerning specific sections of *Valuing People Now* are presented below in terms of the percentages of respondents who agreed that the particular section was “about right” or did not agree that the particular section was “about right”. Respondents could report that the particular section was not “about right” for two reasons, either that the section missed out something important, or that the section contained something that the respondent disagreed with. The percentages of respondents who agreed that there was “something they disagree with” or that there was “something missing” are also given.

## Personalisation

Overall there were reasonably high levels of agreement and low levels of outright disagreement with the proposals in *Valuing People Now* concerning personalisation (see Table 8). People with learning disabilities expressed the highest levels of agreement (96%) with these proposals and family members expressed the lowest levels of agreement (54%), with just over a quarter of family members expressing disagreement with these proposals.

Overall, almost a third of responses reported that the *Valuing People Now* proposals on personalisation were missing something (32%). This was reported by relatively few people with learning disabilities (12%), but by more professionals, family members and others (30%-37%).

**Table 8: Levels of agreement with VPN proposals on personalisation**

*Agree with VPN proposals:*

Everyone	78%
Service users	96%
Family members	54%
Professionals	73%
Other	72%

*Disagree with VPN proposals:*

Everyone	14%
Service users	5%
Family members	26%
Professionals	7%
Other	10%

*VPN proposals are missing something:*

Everyone	32%
Service users	12%
Family members	37%
Professionals	30%
Other	37%

In the comments made about these proposals, a total of 18 themes were identified, 11 of which were mentioned in 10 or more responses. These are shown below in Table 9. Some of these themes, for example better funding or including people with complex needs, reflect broader themes that come out throughout the consultation responses.

**Table 9: Themes for personalisation**

<i>Theme</i>	<i>Service users</i>	<i>Family</i>	<i>Professionals</i>	<i>Other</i>	<i>Total</i>
Person centred plans important	4 (0.7)	8 (2.4)	5 (2.0)	16 (7.2)	37 (2.5)
More information on means of payment and benefits	5 (0.9)	9 (2.7)	4 (1.6)	15 (6.7)	36 (2.4)
More support	5 (0.9)	3 (0.9)	6 (2.4)	17 (2.6)	35 (2.4)
IB/DP not suitable for all	1 (0.2)	18 (5.4)	2 (0.8)	2 (0.9)	24 (1.6)
Choice: include option to choose day service	7 (1.2)	8 (2.4)	2 (0.8)	1 (0.4)	18 (1.2)
More support for people with complex needs	0	4 (1.2)	3 (1.2)	9 (4.0)	17 (1.1)
Better funding	1 (0.2)	2 (0.6)	4 (1.6)	9 (4.0)	16 (1.1)
Personalisation hard to understand	3 (0.5)	4 (1.2)	0	6 (2.7)	14 (0.9)
Include everyone	1 (0.2)	3 (0.9)	4 (1.6)	5 (2.2)	14 (0.9)
More direct payments/ individual budgets	4 (0.7)	0	4 (1.6)	3 (1.3)	11 (0.7)

### ***Person-centred planning***

Person-centred planning was advocated by many families and advocacy groups, who felt it should be at the heart of personalised support for people with learning disabilities from a relatively early age.

*PCP's should be a statutory requirement from 14 years. Staff should be trained and be part of their job description. Direct payments are good if you have the choices in the community. I use ILF and it is a lot of work for me. 81*

*Providing that the PCP are acted on. We have to realise that we cannot have just what we want. 116*

### ***More information/Personalisation hard to understand***

Many respondents felt that more information and clarity could be given to make personalisation more transparent and easy to understand.

*People need to know the difference between direct payments, In Control and individualised budgets. 17*

*Needs to be more easy to understand information about individual budgets, In Control, Person Centred Planning. 471*

*Personalisation is a hard word. Choice and control, say what it is. 157*

### ***More support is needed***

Some respondents, particularly family members, reported concerns about the levels of responsibility and work loads associated with managing individual budgets, and said that more support would be needed for people with learning disabilities and family members to take on these responsibilities.

*Who will support people with learning disabilities to manage direct payments or individual budgets? Who will monitor quality of services/ employment? 89*

*Not all carers want responsibility of managing individual budgets of direct payments. 261*

*Too much emphasis on direct payments/individual budgets. These rely on family carers to provide support or just moving the budget from LA's to a company – which gives another tier of non-direct accountants to pay! Need to provide e.g.'s of what a good PCP is. 669*

### ***Individual budgets or direct payments are not for all/More support for people with complex needs/Include everyone***

Many respondents raised the issue of how well the personalisation agenda would work across the whole spectrum of people with learning disabilities. Some respondents expressed doubts that individual budgets or direct payments were appropriate for people with complex needs. Others expressed concerns that people with complex needs would be left out of the personalisation agenda, and wanted additional support to ensure that people with complex needs were included.

*Majority of people with LD and unable to effectively control their lives and services. 644*

*Some people could not manage individual budgets or direct payments. From reading this report, I think it only caters for those with mild LDs. 983*

*Personalisation, individual budgets and direct payments difficult for those with complex needs. 401*

*Not everyone is capable of understanding options, underlying pros/cons and choose. 618*

*Needs to be more guidance in relation to those with high support needs to ensure PCP is a reality and that they have access to IB/DP. Also need to ensure appropriate safety mechanisms in place to prevent this group being financially excluded. 768*

*This needs to happen for everyone not just those who can ask or have parents to fight for them. 101*

### **Choice: include the option to choose a day service**

Some people with learning disabilities and family members suggested that people should be offered the option of personalisation or remaining with their current funding arrangements, with people paying a particular emphasis on day centres in this respect.

*I believe that it is vital that PWLD should have a choice whether they want a) Direct payments, b) Individual Budgets or c) funding as they are at present. By insisting on new ways of funding for everyone, VPN is taking away the element of choice it prides. 713*

*Choices and decisions based on what I want. 1228*

*How can they have a choice if day centres are being closed down and that is where they want to be. 641*

### **More direct payments and individual budgets**

The final theme in Table 6 reflects positive comments about direct payments and individual budgets expressed across most types of respondent.

*Direct payments make my happy. 708*

*Direct payments has improved my life a lot. 694*



### ***What people do during the day***

The proposals in this section of Valuing People Now provoked the lowest levels of agreement and the highest levels of disagreement in the consultation (see Table 10 below). Overall, just over two thirds of responses agreed with the proposals (68%) and a quarter of the responses expressed disagreement with the proposals (25%). People with learning disabilities expressed the highest levels of agreement (90%) with these proposals and family members expressed the lowest levels of agreement (40%), with two fifths of family members (40%) expressing disagreement with these proposals.

Overall, two fifths of responses reported that the Valuing People Now proposals on what people do during the day were missing something (40%). This was reported by a quarter of people with learning disabilities (25%), and more professionals, family members and others (37%-54%).

**Table 10: Levels of agreement with VPN proposals on what people do during the day**

#### ***Agree with VPN proposals:***

Everyone	68%
Service users	90%
Family members	40%
Professionals	63%
Other	52%

#### ***Disagree with VPN proposals:***

Everyone	25%
Service users	15%
Family members	40%
Professionals	13%
Other	25%

#### ***VPN proposals are missing something:***

Everyone	40%
Service users	25%
Family members	39%
Professionals	37%
Other	54%

A total of 25 themes were identified, 16 of which were mentioned in 10 or more responses. These are shown in Table 11, and described below.

**Table 11: Themes for What people do during the day**

<i>Theme</i>	<i>Service users</i>	<i>Family</i>	<i>Professionals</i>	<i>Other</i>	<i>Total</i>
Keep day service/centre	17 (2.9)	31 (9.2)	7 (2.8)	11 (4.9)	70 (4.7)
More help and support	7 (1.2)	7 (2.1)	6 (2.4)	15 (6.7)	38 (2.6)
Want choice	9 (1.5)	11 (3.3)	1 (0.4)	10 (4.5)	33 (2.2)
What about evenings and weekends?	11 (1.9)	10 (3.0)	2 (0.8)	6 (2.7)	33 (2.2)
Unrealistic work expectations	2 (0.3)	16 (4.8)	3 (1.2)	7 (3.1)	29 (2.0)
Concentrate on daytime activities	9 (1.5)	5 (1.5)	1 (0.4)	8 (3.6)	26 (1.8)
More support for complex needs	3 (0.5)	4 (1.2)	5 (2.0)	13 (5.8)	26 (1.8)
More college/training courses	6 (1.0)	5 (1.5)	3 (1.2)	9 (4.0)	24 (1.6)
Ensure development of new services or training for work	5 (0.9)	7 (2.1)	4 (1.6)	6 (2.7)	23 (1.5)
More employment opportunities/info	6 (1.0)	3 (0.9)	1 (0.4)	8 (3.6)	22 (1.5)
More money for day centres	3 (0.5)	5 (1.5)	2 (0.8)	2 (0.9)	12 (0.8)
Benefit/direct payment issues	2 (0.3)	2 (0.6)	2 (0.8)	4 (1.8)	12 (0.8)
Meaningful employment	1 (0.2)	2 (0.6)	1 (0.4)	7 (3.1)	12 (0.8)
Transport	3 (0.5)	5 (1.5)	1 (0.4)	2 (0.9)	11 (0.7)
Employment not first priority	0	7 (2.1)	1 (0.4)	2 (0.9)	11 (0.7)
Might feel pushed into work	1 (0.2)	5 (1.5)	0	1 (0.4)	10 (0.7)

### ***Keep day services/centres/More money for day centres***

Many responses, largely from family members, reported that traditional day centre services should remain a choice, particularly for those with more complex needs. These respondents felt that day centres provided loving and caring environments and were places offering activities designed at promoting happiness and well-being, as well as respite for the family.

*Totally disagree with having no segregated day services. People in services now have high health and care needs. Where will people go if there are no specialist facilities? 617*

*Our local authority has closed a day centre which everyone loved and replaced it with a facility which has no activities (e.g. arts and crafts) and no hot lunches. The local authority call it out in the community but many sit in the same chair all day. 39*

*There seems to be inordinate focus on getting people into paid employment – not appropriate goals for everyone and day centres in many cases are more appropriate places for people to spend their days and also where they would CHOOSE to spend their day. 784*

*Exhausted families cannot take this role without support and will continue to demand conventional day care. 41*

*People who wrote this don't understand the need for a safe environment. Carers are struggling to cope with all the changes, and it is causing real fear. Why change it if it is working? We need council services which support us and our son. 901*

### ***More help and support/More college/training courses/Develop new services and training for work/More employment opportunities and information/Meaningful employment***

A wide range of respondents were in favour of paid work, as long as this emphasis was accompanied by sufficient support to ensure that people were appropriately trained, informed and prepared for meaningful employment

*College has reduced courses for people with learning disabilities – it is good to mix with the college and be part of the community. You cannot close day centres unless the community offers more for people with learning disabilities. 81*

*Need to focus on finding more work in the right jobs. Encourage volunteering as a route to work. 268*

*People with learning disabilities should be able to do paid work and attend college/day centres. 461*

*More backing to college courses. 163*

*More paid jobs available for those who want them. The barriers to getting a job are often so big that people lose heart. Need to do more to get people off benefits and encourage employers to create jobs. JobCentres need to help people to understand how to get jobs. 1031*

*More understanding of what getting a paid job means, e.g. not losing benefits or being worse off financially. 93*

*More government help for people to get jobs. 92*

*More opportunities for employment. 111*

*Need to focus on finding more work in the right jobs. Encourage volunteering as a route to work. 268*

*It should be a meaningful occupation with the opportunity to progress. Opportunity to set up their own business. 117*

## **Want choice/What about evenings and weekends?/ Concentrate on daytime activities/Employment not the first priority**

Many respondents from across the range of stakeholders reported that they wanted to have choices over how people with learning disabilities spend their time. This may mean choosing activities other than paid employment during the day (including voluntary work), and should also extend to support for activities during the evenings and weekends.

*Choice to do what we want. 131*

*There should be choice including the option of meeting up with other learning disabled people. 243*

*More choice in what we do and support to do it. 457*

*Lack of recognition of the importance of social activities. 1017*

*Needs to be a greater range of choices including voluntary work, training, going out at night is a big problem for PWLD. 768*

*Include opportunities for unpaid work, voluntary work as well as paid work, leisure and education. 283*

*Like more choice of activities to do in the evening. 357*

*Need to think about evening and weekend activities. 458*

### ***Unrealistic Work Expectations/More support for people with complex needs/Might feel pushed into work***

As already mentioned in the responses to the big priorities of Valuing People Now, some family members in particular felt very strongly that the emphasis on paid employment was inappropriate, unrealistic and potentially damaging for people with learning disabilities, particularly people with complex needs.

*In a utopian world, everyone would have work. In most cases our service users are not capable of doing paid work. Or alternatively employers are not prepared to offer paid work. 1014*

*Only a minority of people with LD will be able to get a job whilst all the resources are going to help 5% get a job, the other 95% are left with no services because of cuts. 449*

*Our daughter could never work like many others. Feel the emphasis is on work now and getting the resource and day centres emptied which would be fine if we had 100% of our 'normal' workforce in work but we haven't. 2*

*Must include a focus on meaningful activities that are not paid work. Not everyone can work and it will demean the position of those unable to work. 243*

### **Benefits/Direct payment issues**

Some respondents reported concerns relating to the lack of attention paid to disability benefit/direct payment issues in Valuing People Now. In

particular, many highlighted the benefit trap as an issue which could act as a disincentive to work.

*If we had DP we could arrange things to suit us. 245*

*More flexibility in direct payments to bring them into line with resource allocation. 52*

*What about benefit trap? 262*

*As long as we don't lose our benefits. 470*

### **Transport**

Finally the issue of accessible transport was raised as respondents felt it greatly affected what people do during the day. As in the earlier section, respondents felt that accessible and safe public transport was crucial in helping people with learning disabilities achieve greater independence:

*What about transport? 61*

*Transport needs reviewing. 196*

*Depends on cost of activities/transport. 246*

*In rural areas such as Suffolk there is a lack of public transport. 990*

*Local buses (day service buses) to open up evening or weekend activities with support. Transport needs to be more accessible and affordable. 1136*

### **Better health**

The proposals in this section of Valuing People Now drew high levels of agreement (82% overall) and low levels of disagreement (5% overall) (see Table 12 below). People with learning disabilities expressed the highest levels of agreement (95%), with other stakeholder groups expressing slightly lower levels of agreement (71%-77%).

However, almost a third of responses (32%) reported that the Valuing People Now proposals on better health were missing something, with professionals (36%) and others (40%) most likely to express this opinion.

**Table 12: Levels of agreement with VPN proposals on better health*****Agree with VPN proposals:***

Everyone	82%
Service users	95%
Family members	77%
Professionals	71%
Other	73%

***Disagree with VPN proposals:***

Everyone	5%
Service users	5%
Family members	8%
Professionals	3%
Other	4%

***VPN proposals are missing something:***

Everyone	32%
Service users	27%
Family members	25%
Professionals	36%
Other	40%

In the comments made about these proposals, a total of 26 themes were identified, 6 of which were mentioned in 10 or more responses. These are shown below in Table 13. Some of these themes are described in more detail below.

**Table 13: Themes for Better Health**

Theme	Service users	Family	Professionals	Other	Total
Supportive statement	18 (3.1)	17 (5.1)	6 (2.4)	11 (4.9)	55 (3.7)
Training for healthcare staff	12 (2.1)	5 (1.5)	8 (3.2)	15 (6.7)	43 (2.9)
Accessible information/ explanations	5 (0.9)	2 (0.6)	2 (0.8)	10 (4.5)	21 (1.4)
Staff training in health	0	1 (0.3)	3 (1.2)	8 (3.6)	13 (0.9)
Monitoring health checks	1 (0.2)	3 (0.9)	1 (0.4)	5 (2.2)	11 (0.7)
Dental care/optician/physio	3 (0.5)	3 (0.9)	1 (0.4)	4 (1.8)	11 (0.7)

### **Support for Valuing People Now proposals on better health**

The most frequent comments were broadly supportive of Valuing People Now's proposals for better health.

*Anything to increase life expectancy and health is welcome. 41*

*Very good and very welcome Government's commitment to consider the recommendations of the independent inquiry into health care for PWLD. Ignorance of LD and of the rights of PWLD are serious impediments to good healthcare. 767*

### **Training for healthcare staff/Staff training in health**

Many responses across the range of stakeholders reported that more training was required, mainly to improve the skills of healthcare professionals to work with people with learning disabilities.

*It should be mandatory for GPs to have training to work with people with learning disabilities. 117*

*Health staff need more education about the needs of people with learning disabilities. 133*



*Doctors and health service need a better understanding of disability. 77*

*All health professionals should receive LD awareness training. 929*

### **Accessible information/explanations/Monitoring health checks**

Some responses reported that accessible information and explanations concerning health issues, with additional support if needed, were crucial. Some respondents were also unclear how health checks would be monitored.

*There should be more support for filling in forms. Awareness training for doctors/nurses. 700*

*Information should be easy to understand. Need good explanations about health procedures. 92*

*I get taken to this big place and I don't know what will happen, doctors use lots of big words, I get scared, it's important to know what to eat. 1160*

*People need to understand if we are upset, unhappy or anxious this can really affect our health. Don't just give us tablets – try to sort out the things we are not happy with. 101*

*Targets reflect a medicalised view of health. We believe that many people experience poorer health because they do not have access to health and well-being information and therefore have poor health literacy. Would like to see better access to good quality and accessible health information and advice. 978*

*How will the health checks be monitored? 93*

### **Dentistry/Optical/Auditory/Physio part of all services**

Some respondents felt that the Valuing People Now plans for better health needed to include other health services, in particular dentistry, and to a lesser extent optical, auditory and physiotherapy services.

*VPN also needs to refer to associated health such as dentistry, optical and auditory as well as physical health. 751*

*Lack of dental care needs addressing. 115*

*Regular check ups important. Need greater provision of physiotherapy, dental and chiropody services. 129*

*Many people with learning disabilities have had bad experiences at dentists. 466*

### **Improving housing**

The proposals in this section of Valuing People Now drew reasonably high levels of agreement overall (76%) and relatively low levels of disagreement overall (11%) (see Table 14 below). However, this overall picture masks big differences across stakeholder groups. People with learning disabilities expressed the highest levels of agreement (95%), but only just over half of responses from family members expressed agreement (55%). Family members were also the group most likely to express disagreement with the Valuing People Now proposals on improving housing.

It is also important to note that over a third of responses (34%) reported that the Valuing People Now proposals on improving housing were missing something, with family members (39%) and others (47%) most likely to express this opinion.

**Table 14: Levels of agreement with VPN proposals on improving housing**

*Agree with VPN proposals:*

Everyone	76%
Service users	95%
Family members	55%
Professionals	72%
Other	64%

*Disagree with VPN proposals:*

Everyone	11%
Service users	13%
Family members	21%
Professionals	6%
Other	4%

*VPN proposals are missing something:*

Everyone	34%
Service users	10%
Family members	39%
Professionals	29%
Other	47%

In the comments made about these proposals, a total of 28 themes were identified, 8 of which were mentioned in 10 or more responses. These are shown below in Table 15. Some of these themes are described in more detail below.

**Table 15: Themes for Improving people's housing situation**

Theme	Service users	Family	Professionals	Other	Total
Need choice	27 (4.6)	14 (4.2)	8 (3.2)	17 (7.6)	69 (4.6)
More help and support	14 (2.4)	11 (3.3)	4 (1.6)	15 (6.7)	47 (3.2)
Supportive statement	11 (1.9)	7 (2.1)	2 (0.8)	5 (2.2)	27 (1.8)
Not for all	7 (1.2)	5 (1.5)	4 (1.6)	2 (0.9)	18 (1.2)
Not enough support	1 (0.2)	4 (1.2)	2 (0.8)	3 (1.3)	11 (0.7)
Tenancies not suitable for all	1 (0.2)	5 (1.5)	3 (1.2)	2 (0.9)	11 (0.7)
Purpose built housing or flats	4 (0.7)	4 (1.2)	0	1 (0.4)	10 (0.7)
Choice about who you live with	2 (0.3)	2 (0.6)	4 (1.6)	1 (0.4)	10 (0.7)

### ***Need choice/Supportive statements/Choice about who you live with***

Many respondents, particularly people with learning disabilities, expressed support for the Valuing People Now proposals for improving housing, emphasising the need for more choice in housing for the person with learning disabilities.

*We want to choose where we live and who we live with. 131*

*Independence, freedom of choice, learn more new things, Manage on my own? 793*

*Give people choice over where they live will help improve their self-esteem, behaviour may also improve. 187*

*To live with people I get on with. 1224*

*Trials of different living arrangements so people get a real choice. 133*

For some respondents, allowing more choice in housing options meant retaining other forms of residential services in addition to tenancies and home ownership, and also retaining the option of continuing to live with family members.

*Don't shut everything, retain the good residential homes and intentional homes. Look at need. 120*

*Why do we feel we have to live away from staffed residential care?  
167*

*Paul feels help living with a family or friends is good and needed. 391*

*Seems to be inordinate focus on getting people into their own home. Living at home with family may be the most appropriate for many people. 784*

### **More help and support/Not enough support**

Many responses mentioned that a wide range of supports would need to be made available and accessible if the proposals on improving housing were to become reality.

*Agree with supporting more people to live in their own homes. Need to think about the large numbers of people who live with their families. Want more accessible housing choices, including adaptations. Need more specialised housing advisors in each area. 1031*

*Contracts and tenancy agreements should be accessible. 832*

*As long as the right support is in place. 254*

*PWLD often have little experience outside their present environment to judge what type of housing they need. Home ownership and tenancies would only be possible with a large input from outside agencies. 644*

*The aims are good, however VPN includes little reference to how people can be supported within their living environment. In particular there is a lack of recognition of the difficulties that people can experience – e.g. isolation, relationships with neighbours. 767*

*Agree with direction. A guide explaining the confusing process and how much money (housing benefit) is available to people would help with choice and control. 1191*

### **Not for all/Tenancies not suitable for all**

A common response was that the Valuing People Now proposals to improve housing, particularly the emphasis on tenancies, were not necessarily suitable for everyone with learning disabilities. Some felt that the extra support needs of people with complex needs and older people used to a more secure environment were underestimated in Valuing People Now.

*Tenancies are not right for everyone. 53*

*Property ownership not an option for most because don't have basic understanding of their obligations. Assured tenancy needs councils to take supervisory/protector role. 618*

*Some people with LD are not capable of living on their own. 985*

*Older people with learning disabilities may need care which they could receive in a care home along with other older people. 187*

### **Group homes/Purpose built housing or flats**

Finally, some respondents felt that more purpose-built specialist residential services were needed, particularly for some groups of people with learning disabilities.

*More group homes required for those too learning disabled to live alone. 373*

*More residential care homes needed for mentally handicapped/autistic adults. 486*

*No acknowledgement that those with severe disabilities need the safety and support of a residential unit. Individual housing for these people is totally inappropriate. 1029*

### **Advocacy and rights**

The proposals in this section of Valuing People Now drew high levels of agreement overall (82%) and low levels of disagreement overall (5%) (see Table 16 below). People with learning disabilities expressed the

highest levels of agreement (95%), with lower levels of agreement from professionals (76%), others (75%) and family members, of whom two thirds expressed agreement (66%).

However, almost a third of responses (31%) reported that the Valuing People Now proposals on advocacy and rights were missing something, with family members (34%) and others (38%) most likely to express this opinion.

**Table 16: Levels of agreement with VPN proposals on Advocacy and rights**

*Agree with VPN proposals:*

Everyone	82%
Service users	95%
Family members	66%
Professionals	76%
Other	75%

*Disagree with VPN proposals:*

Everyone	5%
Service users	5%
Family members	11%
Professionals	3%
Other	2%

*VPN proposals are missing something:*

Everyone	31%
Service users	17%
Family members	34%
Professionals	30%
Other	38%

In the comments made about these proposals, a total of 25 themes were identified, 7 of which were mentioned in 10 or more responses. These are shown below in Table 17. Some of these themes are described in more detail below.

**Table 17: Themes for Advocacy and rights**

<i>Theme</i>	<i>Service users</i>	<i>Family</i>	<i>Professionals</i>	<i>Other</i>	<i>Total</i>
Supportive statement	25 (4.3)	14 (4.2)	2 (0.8)	12 (5.4)	59 (4.0)
More funding	6 (1.0)	0	5 (2.0)	9 (4.0)	23 (1.5)
More advocates	10 (1.7)	2 (0.6)	2 (0.8)	7 (3.1)	21 (1.4)
Include people with complex needs	4 (0.7)	2 (0.6)	5 (2.0)	7 (3.1)	19 (1.3)
Make access easier	5 (0.9)	0	1 (0.4)	7 (3.1)	13 (0.9)
Peer advocacy	2 (0.3)	0	2 (0.8)	6 (2.7)	10 (0.7)
Ignores family role	2 (0.3)	5 (1.5)	0	3 (1.3)	10 (0.7)

### ***Supportive statement/More funding/More advocates/Make access easier***

Many respondents, particularly people with learning disabilities, were supportive of Valuing People Now's proposals for promoting advocacy and rights. Comments mainly focused on the view that more resources in terms of funding and advocates were required.

*Need more advocates. 243*

*More advocacy groups needed so people can get support. 458*

*Should be more of a priority. 162*

*We need advocates to help us talk about sensitive issues. 198*

### ***Include people with complex needs/Ignores family role***

Some respondents expressed the view that the proposals for improving advocacy and rights may not be particularly effective for people with complex needs. Some family members in particular were worried about the extent to which advocacy groups accurately represented the views



of people with learning disabilities, and whether they ignored the family perspective.

*Should have the choice of advocate. Advocates should be regulated and CRB checked. Some advocacy groups express ideas which they may then coach people with learning disabilities in, putting words in their mouths. 491*

*Fine if individuals can articulate their wishes, others are being ignored or manipulated. 661*

### **Peer advocacy**

Finally, peer advocacy and self-advocacy were highlighted as particularly important by some respondents.

*There should be lots of different advocacy options and choices available. 809*

*Develop more self-advocacy groups. 830*

*Stronger voice for local self-advocacy groups. 832*

*Peer advocates in health. Give PLD top jobs in advocacy services. 154*

### **Partnership with families**

The proposals in this section of Valuing People Now drew reasonably high levels of agreement overall (79%) and low levels of disagreement overall (6%) (see Table 18 below). However, there were considerable differences across stakeholder groups. People with learning disabilities expressed very high levels of agreement (94%), with lower levels of agreement from professionals (80%) and others (69%). Family members were least likely to express agreement with the proposals in this section of Valuing People Now (57%).

Moreover, just over a third of responses (34%) reported that the Valuing People Now proposals on partnerships with families were missing something, with family members (46%) and others (45%) most likely to express this opinion.

**Table 18: Levels of agreement with VPN proposals on Partnership with families**

*Agree with VPN proposals:*

Everyone	79%
Service users	94%
Family members	57%
Professionals	80%
Other	69%

*Disagree with VPN proposals:*

Everyone	6%
Service users	1%
Family members	12%
Professionals	2%
Other	3%

*VPN proposals are missing something:*

Everyone	34%
Service users	18%
Family members	46%
Professionals	23%
Other	45%

In the comments made about these proposals, a total of 18 themes were identified, 5 of which were mentioned in 10 or more responses. These are shown below in Table 19. Some of these themes are described in more detail below.

**Table 19: Themes for Partnership with families**

Theme	Service users	Family	Professionals	Other	Total
Practical help for carers	9 (1.5)	18 (5.4)	10 (4.0)	18 (8.1)	57 (3.8)
Need to listen to families more	8 (1.4)	18 (5.4)	3 (1.2)	14 (6.3)	46 (3.1)
Supportive statement	16 (2.7)	12 (3.6)	7 (2.8)	1 (0.4)	37 (2.5)
More information	11 (1.9)	7 (2.1)	0	6 (2.7)	25 (1.7)
Need more support	2 (0.3)	2 (0.6)	0	7 (3.1)	11 (0.7)

***Practical help for carers/More information/Need more support***

Many respondents, and particularly family carers, expressed the view that the priorities of Valuing People Now would require greater support, practical help, information and advice to be accessible to family carers.

*Need to help families with their son/daughter to plan for the future. 257*

*Carers need access to their own budgets alongside the individual budget. 330*

*Carers need to be educated to allow the person they care for to have independence. 411*

*Authorities need to become more proactive in planning for the future for PWLD. 764*

*Essential to recognise high proportion of people enjoying the support of family and friends may face a time when this is no longer so. 906*

*Families need more information, especially older family members. 47*

### **Listen to Families More**

Some respondents felt that families need to be listened to and consulted more, with a concern that there was insufficient emphasis paid to family carers in Valuing People Now. However, some people with learning disabilities and advocacy groups expressed caution that the voice of people with learning disabilities still needs to be heard.

*Seeing families as a positive asset for change is an essential starting point for the next stage of Valuing People. 335*

*Not enough about carers and their rights. 761*

*Importance of ensuring that families and carers are integral to the decision making (as appropriate) and especially for the more disabled person is imperative if the mistakes of the past are to be addressed and that health and social care ensure that involvement is key. 110*

*Often views are dismissed as non-professional forgetting the wealth of experience. Carers have a right to an independent life too. 246*

*Carers have been ignored. No real consultation with families; just meetings to provide information. Carers are key to this as they understand the specific issues better than most and a decision should not be made without consultation with them. 618*

*It's my choice, not my family's choice. 1233*

*It is important what I think not what my family thinks. 155*

*Mum needs to listen to me. It's important mum and dad understand. It is important to talk to mum and dad as we want to move out and we don't want to upset them. 1160*

*Carers do need to be listened to but not at the expense of PWLD. 1210*

### **Supportive statements**

Finally, some respondents highlighted the importance of establishing good working partnerships with family members.

*You need to work with families. It is good for them to be involved. 29*

*It is good to work with families providing that they are listened to and notice is taken about what they are telling you. Honesty and integrity goes both ways. 116*

### ***Including everyone***

The proposals in this section of Valuing People Now drew reasonably high levels of agreement overall (82%) and low levels of disagreement overall (6%) (see Table 20 below). People with learning disabilities were more likely to express agreement (96%) than other stakeholder groups (69%-70%).

Just over a quarter of responses (27%) reported that the Valuing People Now proposals on including everyone were missing something, with others (44%) most likely to express this opinion.

**Table 20: Levels of agreement with VPN proposals on Including everyone**

***Agree with VPN proposals:***

Everyone	82%
Service users	96%
Family members	70%
Professionals	76%
Other	69%

***Disagree with VPN proposals:***

Everyone	6%
Service users	1%
Family members	11%
Professionals	5%
Other	3%

***VPN proposals are missing something:***

Everyone	27%
Service users	11%
Family members	26%
Professionals	25%
Other	44%

In the comments made about these proposals, a total of 22 themes were identified, 3 of which were mentioned in 10 or more responses. These are shown below in Table 21. Some of these themes are described in more detail below.

**Table 21: Themes for Including everyone**

Theme	Service users	Family	Professionals	Other	Total
People with complex needs	4 (0.7)	5 (1.5)	9 (3.6)	9 (4.0)	31 (2.1)
Black and minority ethnic communities	1 (0.2)	3 (0.9)	2 (0.8)	7 (3.1)	14 (0.9)
People with learning disabilities/family carers not listened to	4 (0.7)	3 (0.9)	0	2 (0.9)	10 (0.7)

### ***People with complex needs/People with learning disabilities/family carers not listened to***

Many responses expressed the view that Valuing People Now needs to pay more attention to people with complex needs, and that both people with complex needs and their families were not being listened to. It was felt that to ensure people with complex needs were included would require more trained staff, access, improved relations with the police, increased public awareness, language support, person-centred planning and more funding.

*Needs to be beefed up. More emphasis on including people with complex needs. If services develop communication and accessibility for this group of people they are probably getting it right for most people with learning disabilities. 56*

*Not enough attention for people with complex needs. 65*

*For people with complex needs the aims and objectives promoted in Valuing People should have a different emphasis. So stimulation, appropriate activities, quality of person care offered, interpretation of the needs and wishes of the individual. 199*

*Especially people with complex needs. Need extra staff and funding dedicated to this. 615*

### ***Black and minority ethnic communities***

Another group which respondents felt should be given more attention was people from Black and minority ethnic groups, including EU

immigrants. It should be noted that respondents from Black and minority ethnic groups were under-represented in the respondent sample.

*Inclusion of newly arrived ethnic minority people in education up to 19. Statementing up to 19. Assistance with language needs for newly arrived people with learning disabilities. 209*

*Need to do more for people from different backgrounds. Police and people in shops, doctors and nurses all need training. 219*

*Info on BME populations. 250*

*Support should be provided for immigrants with learning difficulties. 352*

### **People as local citizens**

The proposals in this section of Valuing People Now drew high levels of agreement overall (83%) and low levels of disagreement overall (6%) (see Table 22 below). People with learning disabilities were more likely to express agreement (95%) than other stakeholder groups (69%-79%).

Over a quarter of responses (29%) reported that the Valuing People Now proposals were missing something, with family members (32%) and others (35%) most likely to express this opinion.

**Table 22: Levels of agreement with VPN proposals on People as local citizens**

*Agree with VPN proposals:*

Everyone	83%
Service users	95%
Family members	69%
Professionals	79%
Other	74%

*Disagree with VPN proposals:*

Everyone	6%
Service users	5%
Family members	11%
Professionals	3%
Other	3%

*VPN proposals are missing something:*

Everyone	29%
Service users	18%
Family members	32%
Professionals	23%
Other	35%

In the comments made about these proposals, a total of 17 themes were identified, 6 of which were mentioned in 10 or more responses. These are shown below in Table 23. Some of these themes are described in more detail below.



**Table 23: Themes for People as local citizens**

Theme	Service users	Family	Professionals	Other	Total
Safety from hate crime	7 (1.2)	7 (2.1)	6 (2.4)	13 (5.8)	38 (2.6)
Help to be part of the community	12 (2.1)	6 (1.8)	3 (1.2)	9 (4.0)	32 (2.2)
Transport	9 (1.5)	5 (1.5)	0	9 (4.0)	24 (1.6)
Educate general public	6 (1.0)	3 (0.9)	5 (2.0)	4 (1.8)	19 (1.3)
Relationships	1 (0.2)	2 (0.6)	1 (0.4)	10 (4.5)	14 (0.9)
More socialisation between disabled and non-disabled people	3 (0.5)	0	1 (0.4)	5 (2.2)	11 (0.7)

### ***Safety from hate crime***

A clear message from respondents was that more needed to be done to alleviate and reduce hate crime and bullying if people with learning disabilities were to become full citizens.

*Hate crimes must stop, so everyone needs to be know about and feel confident to report it. 668*

*Need local police to deal with hate crime. 75*

*In terms of reporting crimes, it is unfortunately the case that some police officers are dismissive, inaccessible and/or unwelcoming towards PWLD. Training for police officers is likely to be an effective remedy to this problem. 767*

*Bullying and hate crime is a problem locally. 466*

### ***Transport/Help to be part of the community***

Poor public transport was again raised in this section as a potential barrier to full citizenship, with people reporting needing some support to become full citizens in their local communities.

*Accessible transport. Involve transport bosses in learning disability agenda. 262*

*People with learning disabilities often find it hard to make friends. Transport makes this difficult as on their own they are vulnerable and taxis are expensive. 116*

*Needs to be more support for people on buses. 354*

*Public transport can be frightening for people with LD if they are targeted for abuse. Single incidents can destroy confidence. 418*

*Better training for bus drivers about learning disabilities. 467*

### ***Educate general public/More socialisation between disabled and non-disabled people***

There was also reported to be a need for the general public to be educated concerning the inclusion of people with learning disabilities as citizens in their communities.

*The general public need to be educated to involve people with learning disabilities more in their local communities. 294*

*Again more raising awareness with the general public. 368*

*Society needs educating generally and from early childhood for inclusion to ever work. 619*

*People will have to be trained to deal with people with LD, shop assistants, bus drivers. 641*

### **Relationships**

Some respondents mentioned the importance of maintaining relationships with other people with learning disabilities, which were seen by some as more fulfilling and less liable to bullying.

*Don't forget that people with learning disabilities often want to do things together. They have established friendships and may not want to integrate. 81*

*People still need to mix in a safe environment if necessary. Need real participation. 120*

*People with learning disabilities should be allowed to socialise together where they feel safe. The wider community is not welcoming for those who are different e.g. hate crime/bullying. 243*

### **Transition**

The proposals in this section of Valuing People Now drew reasonably high levels of agreement overall (79%) and low levels of disagreement overall (7%) (see Table 24 below). People with learning disabilities were most likely to express agreement (95%) and family members were least likely to express agreement (64%).

Moreover, almost a third of responses (31%) reported that the Valuing People Now proposals were missing something, with significant numbers of all stakeholder groups (21%-35%) expressing this opinion.

**Table 24: Levels of agreement with VPN proposals on Transition**

*Agree with VPN proposals:*

Everyone	79%
Service users	94%
Family members	64%
Professionals	73%
Other	75%

*Disagree with VPN proposals:*

Everyone	7%
Service users	5%
Family members	14%
Professionals	4%
Other	3%

*VPN proposals are missing something:*

Everyone	31%
Service users	21%
Family members	34%
Professionals	30%
Other	35%

In the comments made about these proposals, a total of 21 themes were identified, 5 of which were mentioned in 10 or more responses. These are shown below in Table 25. Some of these themes are described in more detail below.

**Table 25: Themes for Transition**

Theme	Service users	Family	Professionals	Other	Total
Person centred planning	5 (0.9)	3 (0.9)	5 (2.0)	7 (3.1)	21 (1.4)
Transition for older adults	4 (0.7)	0	0	8 (3.6)	15 (1.0)
Needs choice	4 (0.7)	1 (0.3)	1 (0.4)	4 (1.8)	11 (0.7)
More commitment/ funding	3 (0.5)	3 (0.9)	3 (1.2)	2 (0.9)	11 (0.7)
Information from different stakeholders e.g. schools	0	4 (1.2)	3 (1.2)	3 (1.3)	10 (0.7)

Many responses recognised that the transition period at 18 years of age can be a difficult time for people with learning disabilities. Generally it was felt that not enough has been done to help the transition into adulthood. The role of person centred planning was seen as key at this period in a young person's life:

***Person centred planning/More commitment/funding/Information from different stakeholders***

Some respondents identified person centred planning as a crucial component of a successful transition process which needed greater support for transition to be a success. Such person centred planning would require information and input from a range of different stakeholders in the young person's life.

*Every young person in transition needs a PCP. 15*

*PCP needs reviewing regularly. Person centred working is a must. But not rigid. Must be explained that plan is flexible and can be reviewed. 418*

*It would be helpful for young people to have person centred plan so that services can start straight away. 419*

*PCP should be started in school – plan your life early. More training to support people to do a PCP. 354*

### **Transition for older adults**

While Valuing People Now is aimed at transition for young people with learning disabilities, some respondents reported that it could be applied very effectively to older people with learning disabilities.

*There needs to be a similar plan for older people as there is for teenagers, with adaption to health problems etc. 101*

*Gap within older person's service at 65 years. How are the needs of this group met? 791*

### **Needs choice**

Finally, some respondents reported that the transition process needed to include meaningful choices for young people over their future lives.

*Add in "choices" e.g. "young people will have choices to get a job or go to college when they leave school". PCP and the use of the PC Review Processes should be a 'must do'. 805*

### **Improving the workforce**

The proposals in this section of Valuing People Now drew reasonably high levels of agreement overall (79%) and relatively low levels of disagreement overall (9%) (see Table 26 below). People with learning disabilities were most likely to express agreement (96%) and family members were least likely to express agreement (61%).

Over a third of responses (34%) reported that the Valuing People Now proposals were missing something, with significant numbers of people with learning disabilities (20%) and higher numbers of other stakeholder groups (34%-40%) expressing this opinion.

**Table 26: Levels of agreement with VPN proposals on Improving the workforce**

*Agree with VPN proposals:*

Everyone	79%
Service users	96%
Family members	61%
Professionals	69%
Other	71%

*Disagree with VPN proposals:*

Everyone	9%
Service users	9%
Family members	15%
Professionals	5%
Other	7%

*VPN proposals are missing something:*

Everyone	34%
Service users	20%
Family members	34%
Professionals	34%
Other	40%

In the comments made about these proposals, a total of 17 themes were identified, 2 of which were mentioned in 10 or more responses. These are shown below in Table 27. These themes are described in more detail below.

**Table 27: Themes for Improving the workforce**

Theme	Service users	Family	Professionals	Other	Total
More training	16 (2.7)	11 (3.3)	7 (2.8)	22 (9.9)	58 (3.9)
Better pay in sector	3 (0.5)	8 (2.4)	2 (0.8)	6 (2.7)	19 (1.3)

### **More training**

By far the most common response concerned the need for more and better training for people working with people with learning disabilities.

*The workforce need to be well trained. 209*

*National training should be done for all providers. 257*

### **Better pay in sector**

*Some respondents also mentioned the need for better pay to attract a higher calibre workforce.*

*In order to get quality of staff and training, rates of pay need to be higher in this sector otherwise it will not attract the right calibre of person. 3*

*Remuneration should more adequately reflect the value of the work. 291*

### **National and local leadership**

The proposals in this section drew reasonably high levels of agreement overall (79%) and relatively low levels of disagreement overall (9%) (see Table 28 below). However, there were big differences between stakeholder groups, with family members least likely to express agreement (59%) and most likely to express disagreement (17%).

Almost a third of responses (30%) reported that the proposals were missing something, with significant numbers of people with learning disabilities (25%) and professionals (26%), and higher numbers of family members (33%) and others (35%), expressing this opinion.



**Table 28: Levels of agreement with VPN proposals on National and local leadership*****Agree with VPN proposals:***

Everyone	79%
Service users	93%
Family members	59%
Professionals	78%
Other	73%

***Disagree with VPN proposals:***

Everyone	8%
Service users	0%
Family members	17%
Professionals	3%
Other	4%

***VPN proposals are missing something:***

Everyone	30%
Service users	25%
Family members	33%
Professionals	26%
Other	35%

In the comments made about these proposals, a total of 15 themes were identified, although none of them were mentioned in 10 or more responses.

***Better commissioning***

The proposals in this section of Valuing People Now drew reasonable levels of agreement overall (76%) and relatively low levels of disagreement overall (10%) (see Table 29 below). People with learning disabilities were most likely to express agreement (95%) and family members were least likely to express agreement (57%). Family members were also more likely to express disagreement (16%) than other stakeholder groups (3%-8%).

Almost a third of responses (32%) reported that the Valuing People Now proposals were missing something, with significant numbers of people with learning disabilities (17%) and professionals (29%), and higher

numbers of family members (38%) and others (35%) expressing this opinion.

**Table 29: Levels of agreement with VPN proposals on Better commissioning**

*Agree with VPN proposals:*

Everyone	76%
Service users	95%
Family members	57%
Professionals	70%
Other	70%

*Disagree with VPN proposals:*

Everyone	10%
Service users	3%
Family members	16%
Professionals	8%
Other	5%

*VPN proposals are missing something:*

Everyone	32%
Service users	17%
Family members	38%
Professionals	29%
Other	35%

In the comments made about these proposals, a total of 14 themes were identified, 3 of which were mentioned in 10 or more responses. These are shown below in Table 30. These themes are described in more detail below.

**Table 30: Themes for Better commissioning**

Theme	Service users	Family	Professionals	Other	Total
More funding	2 (0.3)	3 (0.9)	1 (0.4)	7 (3.1)	16 (1.1)
More local checks	1 (0.2)	5 (1.5)	4 (1.6)	4 (1.8)	15 (1.0)
More guidance	0	0	5 (2.0)	6 (2.7)	12 (0.8)

### **More funding**

In general there was support for the commissioning priority of moving responsibility to local authorities, although an increase in funding was felt to be necessary if effective commissioning was to be achieved.

*I think a lot of the money given to the NHS is wasted. 461*

*The NHS should not be commissioning social care. 154*

*NHS should stop providing social care. 485*

*Services need to be funded properly instead of trying to save money. 467*

*It is clear from all the evidence that there will be increasing demographic pressures on commissioners. We are worried that without the necessary funds a lot of the improvements stated in Valuing People will not be achievable. 750*

*Commissioning teams need more resources to enable better and more robust commissioning. Clarification required around the role of the social worker/care manager as commissioners. An acknowledgement that there are going to be more contracts to monitor. 805*

*There any area of public service which is not receiving increased funding. Why if government is spending more on LD and has announced more for the next three years are [place] county working hard to cut back its services? 1014*

*Given current funding for SCC/LD, less people will be able to receive services. 1011*

*Should be buying the best quality not the cheapest care. If cheap then the quality will degrade over time. 116*

*Make sure commissioners buy the best services and not just the cheapest. 471*

### **More guidance**

Some responses expressed the need for more guidance about how the new commissioning arrangements would work, particularly in terms of ensuring accountability.

*Need clear information on what will be done with the money 217*

*Where is the money coming from? 761*

*Guidance needed. 250*

*Contracts need to be more accessible. 257*

*Make sure LA's spend the money and not save it because of budget pressures. 258*

*Clarification required around the role of the social worker/care manager as commissioners. 805*

*Stronger leadership regionally is needed. 1228*

### **More local checks**

Finally, some respondents the need for more robust monitoring systems to ensure that local authorities fulfilled their commissioning responsibilities towards people with learning disabilities.

*More checks should be done on the local authority commissioning by the local self-advocates and families to see whether the care packages are working correctly. 3*

*Expectation should be on Learning Disability Partnership Boards to regularly review demographic information and the proportion of services accessed by different communities. 749*

*I am worried about how local authorities will be monitored, how detailed will the national standard guidance be? 906*

*Regular checks should be done to make sure money is well spent into right service. 1223*

### **Checking how we are doing**

The proposals in this section of Valuing People Now drew reasonably high levels of agreement overall (78%) and relatively low levels of disagreement overall (7%) (see Table 31 below). People with learning disabilities were most likely to express agreement (95%) and family members were least likely to express agreement (61%).

Almost a third of responses (32%) reported that the Valuing People Now proposals were missing something, with family members (36%) and others (37%) most likely to express this opinion.

**Table 31: Levels of agreement with VPN proposals on Checking how we are doing**

#### ***Agree with VPN proposals:***

Everyone	78%
Service users	95%
Family members	61%
Professionals	73%
Other	71%

#### ***Disagree with VPN proposals:***

Everyone	7%
Service users	5%
Family members	12%
Professionals	6%
Other	5%

#### ***VPN proposals are missing something:***

Everyone	32%
Service users	17%
Family members	36%
Professionals	28%
Other	37%

In the comments made about these proposals, a total of 17 themes were identified, 2 of which were mentioned in 10 or more responses. These are shown below in Table 32. These themes are described in more detail below.

**Table 32: Themes for Checking how we are doing**

Theme	Service users	Family	Professionals	Other	Total
Regular checks	8 (1.4)	6 (1.8)	7 (2.8)	8 (3.6)	34 (2.3)
Evaluate effectiveness	2 (0.3)	2 (0.6)	6 (2.4)	1 (0.4)	15 (1.0)

### **Regular checks**

Due to the broad scope of Valuing People Now's priorities, most comments in relation to checking how government was doing mentioned the need for more rigorous checking than Valuing People Now recommended. Greater scrutiny was advocated by respondents across all stakeholder groups.

*Annual report to Health and Scrutiny committee. Greater involvement with the CSCI performance framework targets and managing the overview of how well we achieve best outcomes. 770*

*Information and services need to be checked more often, and should be clear to understand. 93*

*Evaluation of service important, assess strengths and problems. 102*

*Monitor agencies that take on these projects. Regular monitoring. 465*

*Support performance indicators around employment and accommodation. Consideration should be give to more performance indicators. 768*

*Standards poorly monitored at moment. Local 'hit squads' doing spot checks might help. 163*

*Monitoring of social services, PCTs and acute hospital provision. 261*

*Information and services need to be checked more often, and should be clear to understand. 93*

*More public accountability. Publish league tables? 266*

### **Evaluate effectiveness**

Some respondents also expressed the view that checking progress should focus on effectiveness, i.e. the impact on people's lives.

*It is important to check the smaller things as well because these things mean people have a good life, e.g. staff who drive so you can get out, enough staff on duty so you don't have to stay in on our birthday. 101*

*Should be qualitative and look at quality of life. 116*

*More standards relating to everyday needs and wishes. Concern about the nature of checks. 477*

*Must focus on quality of life and succession of care if current resident carer is no longer able to. 618*

*Checks should be made with families in depth because they are the ones who know best. 3*

*Auditors/monitors should ask a wide range of people their experiences of services. 56*

*More listening to what people are saying. Regular checks are needed. 70*

*People with learning disabilities should check/audit the services as they are the experts. 471*

### **Summary**

While there was strong agreement across stakeholder groups with the main priorities identified in VPN, there was less support for some of the detailed proposals. In most instances respondents who reported concerns about Valuing People Now indicated that it lacked some detail, rather than expressing disagreement about specific proposals

Support was lowest for Valuing People Now proposals concerning what people do during the day, particularly amongst family members.

Proposals in all the other areas had moderately high levels of agreement, although with some differences across stakeholders, again with people

with learning disabilities most likely to be positive and family members likely to be amongst the least positive:

- Personalization
- Improving housing
- Better health
- Advocacy and rights
- Partnership with families
- Including everyone
- People as local citizens
- Transition
- Improving the workforce
- National and local leadership
- Better commissioning
- Checking how we are doing

Overall, people with learning disabilities were more likely to be positive in response to questions about Valuing People Now than any other stakeholder group (more positive for 29 out of 50 questions). In total, 6 of 50 responses by people with learning disabilities were flagged as Amber and 0 responses were flagged as Red. In contrast, family members were more likely to give a negative response than all other respondents for 35 out of 50 questions, and gave a more positive response for only 1 out of 50 questions. In total, 10 of 50 responses by family members were flagged as Amber and 22 responses were flagged as Red. Professionals and 'other' respondents were usually some way between these two stakeholder groups in their responses.



# Key Questions



Respondents to the Valuing People Now consultation were also asked whether they agreed with a number of key questions. Responses concerning these key questions are shown in Table 33 below (only clear agree or disagree responses are presented; don't know responses or responses where yes and no are both ticked are not presented here).

The responses in Table 33 confirm and extend responses to the specific sections of Valuing People Now described earlier. There were uniformly very high levels of agreement with the focus on health checks (overall 99%) and with continuing and reinforcing the role of Partnership Boards (overall 96%). There were also generally high levels of agreement that the focus of housing should be an assured tenancies and home ownership (overall 86%), and that funding and commissioning should move from the NHS to local government (overall 85%), although in both these areas family members expressed lower levels of agreement (68% for housing; 74% for commissioning) than other stakeholder groups.

Consistent with responses to earlier questions in the Valuing People Now consultation, there were relatively low levels of agreement with the idea that paid work should be at the centre of planning day service changes (overall 60%), with family members expressing the lowest levels of agreement (32%).

These key questions also generated a considerable number of written comments, which are summarised below for each question.

**Table 33: Levels of agreement with key questions**

***Agree that paid work should be at the centre of planning day service changes:***

Everyone	60%
Service users	76%
Family members	32%
Professionals	61%
Other	62%

***Agree that there should be a focus on regular health checks:***

Everyone	99%
Service users	100%
Family members	95%
Professionals	100%
Other	100%

***Agree that the focus of housing should be on assured tenancies and owning homes:***

Everyone	86%
Service users	89%
Family members	68%
Professionals	94%
Other	92%

***Agree that Partnership Boards should continue and be helped to be effective:***

Everyone	96%
Service users	96%
Family members	92%
Professionals	98%
Other	99%

***Agree that funding and commissioning should move from the NHS to local government:***

Everyone	85%
Service users	87%
Family members	74%
Professionals	87%
Other	91%

## Key Question 1: Paid work should be at the centre of planning day service changes

**Table 34: Paid work comments**

Theme	Service users	Family	Professionals	Other	Total
Not for all e.g. Complex needs, low concentration, poor health etc	36 (6.2)	92 (27.4)	51 (20.6)	27 (12.1)	214 (14.4)
Choice to work or not	28 (4.8)	13 (3.9)	13 (5.2)	13 (5.8)	71 (4.8)
Need better daytime activities	7 (1.2)	22 (6.5)	13 (5.2)	5 (2.2)	48 (3.2)
Supportive statement	19 (3.3)	9 (2.7)	6 (2.4)	7 (3.1)	45 (3.0)
Keep day centre	9 (1.5)	17 (5.1)	3 (1.2)	7 (3.1)	37 (2.5)
Positive – currently employed/keen to work	22 (3.8)	1 (0.3)	1 (0.4)	5 (2.2)	29 (2.0)
Needs support for whole process	5 (0.9)	7 (2.1)	7 (2.8)	9 (4.0)	29 (2.0)
Benefit issues – cuts after 15hrs/losses	7 (1.2)	7 (2.1)	4 (1.6)	7 (3.1)	26 (1.8)
Needs supportive colleagues/employer	6 (1.0)	8 (2.4)	3 (1.2)	3 (1.3)	22 (1.5)
Unrealistic expectations promote failure	0	10 (3.0)	3 (1.2)	2 (0.9)	17 (1.1)
Limited availability of employment	1 (0.2)	9 (2.7)	1 (0.4)	4 (1.8)	17 (1.1)
Training needed to aid employment	6 (1.0)	5 (1.5)	3 (1.2)	1 (0.4)	16 (1.1)
Increases self esteem	5 (0.9)	6 (1.8)	4 (1.6)	0	15 (1.0)
Helps Independence	6 (1.0)	2 (0.6)	2 (0.8)	2 (0.9)	13 (0.9)
Voluntary work meaningful	3 (0.5)	1 (0.3)	1 (0.4)	4 (1.8)	11 (0.7)
Comment relevant to respondent's circumstance	10 (1.7)	1 (0.3)	0	0	11 (0.7)

A total of 36 themes were identified in the written comments, of which 16 were mentioned by 10 or more respondents. These are shown in Table 34 above, which also shows that this key question provoked the most comments in the Valuing People Now consultation. The themes described here mirror the comments described above in response to the section of Valuing People Now on what people do during the day.

### **Not for all**

By far the most common response, particularly from family members and professionals, was that paid work should not be at the centre of planning day service changes for all. With the presence of people with additional needs, it was felt that the mix of day time activities, specialist support, respite and opportunities to promote friendships and social activities was too important for people with learning disabilities and families to reform.

*No, no and no too much emphasis on trying to empty the day centres and push people into 'work' which is mostly 'manufactured' for them. Instead of this why not fill the day centres with wonderful activities? 2*

*I have very complex needs and would find it very difficult to work. 12*

*We must not forget those for whom it may not be possible and make sure they still lead fulfilling lives. 15*

*For those willing and able but many would not manage employment and many people actually enjoy day services, have a social life there and meaningful relationships. Beware of isolating people. 48*

*The focus should primarily on change and inclusion. Paid employment is only going to be achieved for a minority of people. Day services in my area are changing to become more person centred, but they could help people by promoting healthier lives/activities etc. 62*

*Is it realistic to expect all people with learning disabilities to get a paid job? The benefit system must be sorted out so that work does not make people worse off. 115*

*Not a major focus but a focus. Those who cannot do paid work should not be made to feel inferior. 283*

*Work proposals are not relevant to our children – OK for those with mild disabilities but not the ones with severe disabilities. The idea of work is a total joke. Who will employ our children? They need one to one support and people won't understand them. 901*

### **Choice to work or not**

Many people across all stakeholder groups expressed the view that people with learning disabilities should have the choice to work or not, with some respondents worried that people would be pushed into inappropriate paid work.

*People should have a choice if they want to work – may change their benefits. 25*

*We want to be with our friends and some of us don't want a job. 95*

*This should be done if it is the individual's choice. Our group is aged from 30+ to past retirement. 295*

*A balance is needed to support those that are able/wish to do so. But to support the dignity of others to play a meaningful role in society in a way suited to their personal abilities/interests. Paid work is not the answer to everything!. 619*

*Only if people are happy to get paid work. Should be well supported to keep working. 209*

### **Need better daytime activities/Keep day centres/Unrealistic expectations promote failure Voluntary work meaningful**

Many comments, particularly from family members, specifically stated that they felt that the day centre in its present form should remain part of the disability service landscape. Whether within reformed day centres or in other forms, respondents also felt more broadly that the emphasis should be better daytime activities, and encouraging voluntary work and social activity, rather than paid work per se.

*Concentrate on improving day care and staffing first. 190*

*This could be a covert way of closing traditional day centres which is a much needed place. It gives security, familiarity and routine. Closing centres takes away the choice for those who need the regularity of going to a day centre. 276*

*Many disabled people find day centres are the only place where they feel normal and don't feel inferior. Surely the disabled should have the right to create a safe space of their choosing. 491*

*Get real! For many, including Lynne, this is just not an option. It seems very unfair to raise expectations which are obviously unobtainable. If the focus moves in this direction many will lose out on the 'traditional day centre'. 675*

### **Supportive statements/Positive-currently employed/keen to work/ Increases self esteem/Helps independence**

Many people, particularly people with learning disabilities, expressed highly positive views about paid employment, as long as these opportunities were available to all.

*As long as people with high support needs are not left out. 154*

*One size fits all does not work. For those in paid work their self esteem and attitude to live is enhanced beyond belief. 161*

*Work provides people with learning disabilities with a daily structure provided they are happy with their jobs. 208*

*Gives a sense of meaning and contribution to their lives, structure to their day and a sense of being like other people. 248*

*Many people with learning disabilities have the desire and capacity for paid work. They need greater opportunities to show they can make a worthwhile contribution. 271*

*Very much agree with this initiative. We need to move radically away from traditional forms of day care provision and place more emphasis on paid employment/supported employment. For those unable to work then the emphasis should be on greater community inclusion based on their PCP. 487*

### **Needs support for whole process/Benefit issues – cuts after 15hrs/ losses/Needs supportive colleagues/employer/Limited availability of employment/Training needed to aid employment**

Many responses assessed the key question about paid work in terms of its feasibility and what would be required to make the Valuing People Now emphasis on paid work a success for people with learning

disabilities. Concerns here included the need for more support and training, both for people with learning disabilities and employers, and the impact of the minimum wage and the benefits trap on the availability of meaningful employment opportunities.

*Employers need to be trained in taking on adults with a learning disability and be supportive. 43*

*People need different types of support in different environments. 117*

*Number of important areas, adequate preparation, supported induction, and continued monitoring to ensure that individuals are treated properly in the workplace not victimised, bullied etc. 199*

*Need support, workforce is competitive. 479*

*Needs to be much more support to help people into employment. Should be much greater flexibility around benefits and transition into work. 768*

*Not at the heart. A great deal of work needs to be done to assist people with the ethos of work. 17*

*There is concern around where the jobs are going to come from and will they be meaningful. Many current jobs are short term. 913*

*There are not enough jobs in Weymouth that our service users could support themselves. 970*

*Quite often only menial tasks are available. 1120*

*Some work but get little or no payment. 116*

*Available jobs might not provide the right support and be lowly paid. 224*

*Minimum wage may be barrier to employment. 261*



## Key Question 2: There should be a focus on regular health checks

A total of 31 themes were identified of which 8 were mentioned by 10 respondents or more. These are shown below in Table 35, and once again confirm and extend the comments made in response to the section of Valuing People Now on better health.

Theme	Service users	Family	Professionals	Other	Total
Supportive statement	72 (12.3)	50 (14.9)	33 (13.3)	37 (16.6)	205 (13.8)
Training necessary for healthcare staff	4 (0.7)	14 (4.2)	14 (5.6)	13 (5.8)	48 (3.2)
Communication problems	6 (1.0)	7 (2.1)	8 (3.2)	3 (1.3)	29 (2.0)
Healthy living/diet/exercise	7 (1.2)	8 (2.4)	4 (1.6)	3 (1.3)	24 (1.6)
Services could promote healthier lifestyles	3 (0.5)	3 (0.9)	3 (1.2)	3 (1.3)	16 (1.1)
Ensuring implementation	1 (0.2)	3 (0.9)	5 (2.0)	3 (1.3)	13 (0.9)
More specific guidance needed	0	3 (0.9)	4 (1.6)	5 (2.2)	12 (0.8)
Dentists	3 (0.5)	6 (1.8)	1 (0.4)	1 (0.4)	12 (0.8)

### **Supportive statements**

By far the most common responses across all were comments supporting the importance of regular health checks for people with learning disabilities.

*Yes, yes, yes – if people do not have good health they cannot keep a job nor use public transport. Full regular checks are vital – some people are unable to express verbally how they feel. 17*

*It is essential that regular health checks are offered to people to make sure people are ok. 77*

*It would improve health and highlight early problems. 90*

*We welcome these improvements. 617*

### **Training necessary for healthcare staff**

Many responses reported that healthcare staff including GPs, nurses and hospital staff needed greater disability awareness training and specific training in dealing with communication difficulties.

*GPs should ensure each person with a learning disability has a health action plan. Need for more learning disability awareness training. 49*

*Need compulsory training for nurses, midwives, health visitors, dentists, GPs on how to explain things in an easy to understand way. 94*

*Essential. Must be done by someone used to dealing with the condition in the case of those with no communication ability. 108*

*Doctors need to understand people with learning disabilities better. 124*

### **Communication problems**

Some respondents across stakeholder groups expressed the concern that some people with learning disabilities would find it difficult to communicate their health problems in ways that were accessible to health professionals.

*I may not be able to tell you if I am feeling poorly. 12*

*My son doesn't like to say if he is hurting or uncomfortable. 33*

*People with learning disabilities often do not get appropriate health care because of their inability to explain their health problems. 172*

### **Healthy living/diet/exercise/Services could promote healthier lifestyles**

Many responses reported the view that Valuing People Now should broaden its definition of better health to include support for healthy living initiatives such as training in better diet and exercise.

*Advice on healthy living, exercise. 283*

*Help promote a healthy lifestyle. Treat conditions before they become a problem. 481*

*Health should be seen in the context of people's lives as a whole, therefore there should be emphasis on promoting healthy lifestyle (sport, healthy eating), better training for NHS staff on communication for all the community. 894*

*Would like to know more about keeping fit and healthy and exercise. 97*

### **Ensuring implementation/More specific guidance needed/Dentists**

Across stakeholder groups, respondents raised a number of worries about whether Valuing People Now would be effective in making a real difference to the health of people with learning disabilities. This included various ideas concerning implementation, the need for more specific guidance, and a broader focus on health across a range of health professionals and health services.

*More resources are required to facilitate annual health checks and HAP for all learning disability clients. All services are struggling to achieve this. 45*

*PCTs and Health authorities need to be made to make people with learning disabilities a primary target group in offering good, appropriate services. Need to invest in training and resources to make it happen. 56*

*The national standards need to be clearly established and implementation has to be monitored. 906*

*You should be specific about what you mean by 'health checks' to enable checks to be universal. A checklist would be useful. 115*

*What about the follow up to health checks, i.e. health action plans (HAPs)? Only good if they have some positive benefit to help people get healthy and keep healthy and not just a paper exercise with no real outcomes. We would like VPN to clarify this. 750*

*Information must be easy to read. 288*

*Should be enforced, target driven, health checks should also be easy to understand. 1215*

*More specialist services, physiotherapy, speech therapy etc. 211*

*Mainstream health services cannot be as expert as necessary in all the associated medical problems that are connected with some syndromes. We still need specialists – and much more regular access and ongoing support from a range of therapists. 776*

*Breast examinations, smear tests, hearing and sight tests are still not happening regularly and someone needs to be accountable in each authority for this. 94*

*Dentist and opticians should be regular and compulsory. 128*

*Some of the issues about healthcare are the same for any other citizen, e.g. NHS dentist. 462*

*Health, chiropodist and dentist checks. 476*

### Key Question 3: The focus of housing should be on assured tenancies and owning homes

A total of 31 themes were identified, of which 12 were identified by 10 or more respondents. These are shown in Table 36 below, and once again confirm and extend the responses to the section of Valuing People Now on improving housing.

Table 36: Tenancies and home ownership					
Theme	Service users	Family	Professionals	Other	Total
Need appropriate support	14 (2.4)	31 (9.2)	20 (8.1)	31 (13.9)	104 (7.0)
Choice is important	23 (3.9)	27 (8.0)	17 (6.9)	21 (9.4)	90 (6.1)
Supportive statement	26 (4.5)	14 (4.2)	19 (7.7)	17 (7.6)	81 (5.5)
Not possible for all	3 (0.5)	31 (9.2)	11 (4.4)	10 (4.5)	58 (3.9)
No, for respondents own situation	13 (2.2)	13 (3.9)	2 (0.8)	4 (1.8)	32 (2.2)
Should be based on individual need	3 (0.5)	9 (2.7)	5 (2.0)	5 (2.2)	23 (1.5)
Would like independent living	17 (2.9)	1 (0.3)	0	3 (1.3)	22 (1.5)
Is it affordable?	0	10 (3.0)	8 (3.2)	2 (0.9)	21 (1.4)
Capacity and consent	1 (0.2)	9 (2.7)	2 (0.8)	1 (0.4)	13 (0.9)
It is a right	1 (0.2)	6 (1.8)	2 (0.8)	3 (1.3)	12 (0.8)
Good info inc Easy-read contracts	1 (0.2)	2 (0.6)	2 (0.8)	5 (2.2)	11 (0.7)
Open to abuse and exploitation	0	6 (1.8)	2 (0.8)	1 (0.4)	11 (0.7)

### ***Need appropriate support/Supportive statements/Would like independent living/It is a right***

Many responses were in support of an emphasis on assured tenancies and home ownership, although there was a clear view that these arrangements would require considerable additional support, with a range of ideas for how this support could be provided.

*Should be given the choice and helped to live as independent as possible life. We strive for this and our own freedom with peace of mind. 33*

*As long as the support is given properly. 848*

*Carers need to be helped to manage tenancies as do people with learning disabilities. People need much more information. 61*

*Real concern that LD adults may not understand. They have the same rights as everyone else, but may need protection and an advocate or support from local council. 901*

*There needs to be housing organisation who can work with people who have a learning disability to gain shared ownership. 28*

*There should be enough outreach support available for things like, paying bills, getting to know your local community. 700*

*People will need support with budgeting, cooking, travel etc. 245*

### ***Choice is important***

Another common theme from respondents across all stakeholder groups was the need for choice in housing options. For some people this meant the choice over where a person lived and who (if anyone) they lived with; for other respondents this meant retaining a range of residential service options alongside tenancies and home ownership.

*You should be given choice as to who you would like to live with and not just 'dumped' into a home simply because it offers a cheap service. I once had to share a home with someone I didn't get on with and it made me very upset and I became depressed. It wouldn't happen to someone without a learning disability so shouldn't be any different for me. 24*

*I think every person should have a choice where they live but some people do not have this choice. 21*

*Need for company and not being isolated. Supported living and intentional communities should be part of the options available. 248*

*There are currently not enough options available to meet differing needs and wishes. More consideration should be given to shared ownership schemes. 768*

*To maximise independence and choose their neighbours/home sharers. Too many vulnerable people are expected to live alone. It is not normal to live such a solitary life. 192*

*Some people like to live communally so they don't get lonely. 466*

***Not possible for all/No, for respondent's own situation/Should be based on individual need/Capacity and consent/Open to abuse and exploitation***

Consistent with responses to other sections in the Valuing People Now consultation, many respondents expressed a concern that the emphasis on assured tenancies and home ownership would not work for most people with learning disabilities. These comments were mainly from family carers, although some people with learning disabilities also expressed the view that assured tenancies or home ownership would not suit them personally.

*I wouldn't want to own my own home as I am happy with mum and dad, the thought of being on my own really frightens me a lot. 7*

*Excellent for independent minority. Not suitable for those unable to care for their basic needs. 129*

*Should be increased but will apply to only a minority of people with learning disabilities. 246*

*Not suitable for everyone. High quality residential, inspected home is not an institution. 120*

*Yes, but only those who are able to look after themselves. For those who are less able, small residential homes would be more suitable. 965*

*Don't agree with home ownership, there are too many pitfalls. 270*

*Where applicable – not to be expected all to have individual homes/ supported living if not appropriate or desired. 619*

*On the fence with this one. Yes, if the person is very able, understands the concept of home ownership and has the support to fulfil the contract to the end. Of which I sadly believe this kind of person is very few and far between. I do however believe supported living is a good move forward for those people to be safe! 664*

*Assured tenancies – yes. Home ownership – no. Again lots of unobtainable expectations will be presented to impressionable adults. 675*

*This is open to exploitation. Not everyone wants to leave residential care. 115*

*For some. With rules, regulations, fire hazards, floods etc it is hard enough for the so called normal folk to cope. Too much help needed for authorities to handle and pay for. 42*

### ***Is it affordable?***

Some respondents also were worried that the emphasis of assured tenancies and home ownership was not affordable, either by the state or by individuals.

*This could turn into a financial/administrative nightmare. Who pays for home, mortgage etc? Assured tenancies should be a matter of course to protect both sides from unreasonable expectations. 232*

*In the long term I have my reservations. There is no mention of a safety net should the tenancy terminate for whatever reason, or funds can't cope. I can see a high level of support being needed for a lot of people. Is that financially feasible? 665*

*Security essential, needed funding for a decent house in a safe neighbourhood. All tenants rights need to be respected e.g. tackling anti-social behaviour. 479*



**Good information**

Some respondents reported that information was crucial to the success of these proposals.

*Easy-read contracts. Packages of care to allow people to live in their own home. Look at housing needs. 107*

*Need good information in order to make choices. 148*

*It can work for some people. Need information on the options available. 478*

*Yes We agree if sufficient support and funding is available. PWLD are being asked to sign agreements that they do not understand and therefore are not legally binding – emphasis therefore needs to be placed on writing agreements in accessible language. 749*

## Key Question 4: Partnership Boards should continue and be helped to be effective

A total of 24 themes were identified, of which 14 were mentioned by 10 or more respondents. These are shown below in Table 37, and described in more detail below.

**Table 37: Partnership boards to continue & be helped to be effective**

<i>Theme</i>	<i>Service users</i>	<i>Family</i>	<i>Professionals</i>	<i>Other</i>	<i>Total</i>
Supportive statement	23 (3.9)	19 (5.7)	7 (2.8)	7 (3.1)	63 (4.2)
Helped to become more useful	10 (1.7)	21 (6.3)	12 (4.8)	14 (6.3)	60 (4.0)
Need more power	3 (0.5)	15 (4.5)	11 (4.4)	17 (7.6)	47 (3.2)
More practical focus	4 (0.7)	16 (4.8)	14 (5.6)	8 (3.6)	43 (2.9)
Less professional and more service user input	17 (2.9)	1 (0.3)	12 (4.8)	6 (2.7)	38 (2.6)
Currently ineffective	1 (0.2)	15 (4.5)	8 (3.2)	5 (2.2)	30 (2.0)
Include other stakeholders	3 (0.5)	7 (2.1)	3 (1.2)	6 (2.7)	23 (1.5)
Listen to families	0	15 (4.5)	3 (1.2)	2 (0.9)	21 (1.4)
What are they?	8 (1.4)	9 (2.7)	1 (0.4)	0	18 (1.2)
Better dissemination of information	6 (1.0)	5 (1.5)	1 (0.4)	2 (0.9)	14 (0.9)
More information for board members	5 (0.9)	4 (1.2)	3 (1.2)	1 (0.4)	13 (0.9)
Newer guidelines	0	2 (0.6)	5 (2.0)	2 (0.9)	11 (0.7)
More training and support to improve	2 (0.3)	2 (0.6)	4 (1.6)	2 (0.9)	10 (0.7)
Monitor their effectiveness	1 (0.2)	2 (0.6)	4 (1.6)	3 (1.3)	10 (0.7)

***Supportive statements/Helped to become more useful/Need more power/More training and support to improve/Newer guidelines***

Most comments were broadly supportive of Valuing People Now's proposal that Partnership Boards should be helped to become more useful and should be given more power:

*More training so we can work better. 75*

*Partnership boards need support to work. 257*

*They need more power to influence decisions. 609*

*Needs access to decision makers and fund holders and be respected and listened. 676*

*Yes Partnership Boards need more authority to be effective and should have a higher status within Local Authorities. They need to reflect the "make up" of the local community. 749*

*Some boards may need clear guidelines to ensure they all work effectively. 765*

*More commissioning power. More feedback needed. 722*

*Mandatory and stronger voice in commissioning. 31*

*Services need an incentive to put Partnership Boards at the centre of Learning disability services. There should be an obligation to consult. 56*

*Should be given executive powers and they should be allowed to work. 623*

### **More practical focus**

Many respondents reported that Partnership Boards were not as practically oriented as they should be to be maximally effective.

*PBs are not involved at grass roots level. 239*

*Most of the time the conversation goes the same way, going over the same things. A lot of theory not a lot of practice. 37*

*Until recently had very little idea of local concerns and the effects of government policies on the ground. 54*

*Local authorities should listen to boards and act on their suggestions. 490*

*Hard guidance to partnership boards requiring us to concentrate on these areas in terms of time and money, above all others. Otherwise dilution with routine work and pre-set agenda will hamper real change. 41*

*Partnership boards need to be more focused and not waste time on unimportant issues. Focus on issues in their area. 111*

### **Less professional and more service user input/Include other stakeholders/Listen to families**

Many respondents expressed the view that Partnership Boards needed to change the way they work to enable the meaningful involvement of a wider of stakeholders.

*More actions and less chat by professionals. Service users need to be supported fully to achieve results. 4*

*More user involvement and more solution focused. 49*

*Inclusion of people on board with learning disabilities so pitch the discussions to accommodate people with disabilities level of understanding. 102*

*More consultation with those using services. 158*

*We want to see adults with learning disabilities on these boards. 254*

*Needs rotating membership to avoid monopoly of agendas. 224*

*Important they represent a cross section of people and that there is a regular review of members – need to bring in carers and those coming through transition. 484*

### **Currently ineffective**

Many respondents with experience of Partnership Boards felt that these bodies were currently ineffective.

*At the moment they are completely ineffective. Until recently had very little idea of local concerns and the effects of government policies on the ground. 54*

*They have been a very ineffective body to date. 58*

*As a member, I have concluded that in our county they are totally ineffective. PB's are not consulted on major changes in policy prior to their implementation. They need to be smaller in numbers, more focused on important issues and less bureaucratic. 1131*

### **What are they?/Better dissemination of information/More information for Board members**

Some respondents commented that they did not know what Partnership Boards were, reinforcing comments from other respondents that information and communication needed to become much better organised for Partnership Boards.

*They should make their meetings more transparent and publish agendas. People they are taking about are often not aware of the role of the Partnership Board in their area. 278*

*Help should be given so reps can feedback to local groups. 289*

*We would like to be told what happens at partnership and network meetings. 457*

*Not sure who they are or what they do. Need to publicise themselves more. 462*

*More easy-read feedback. 673*

*I am co-chair of our board. We should be more informed than we are about issues affecting us. 29*

*More information and better communication. 90*

### **Monitor their effectiveness**

Some respondents felt that it was important to have more rigorous systems in place to monitor the effectiveness of Partnership Boards.

*I am dismayed by their lack of impact and influence. There needs to be some research to work out why they haven't been effective, otherwise we won't know what to fix. 917*

*But they need to have statutory duties and powers and they need to be accountable. They need to be monitored and their performance needs to be subject to inspection. Otherwise, they are a waste of time & money. 784*

*Someone needs to check things are being done – and properly! 1118*

*We need greater focus on quality and achievement supported by/ through measurable outputs and outcomes. 63*

## Key Question 5: Funding and commissioning should move from the NHS to local government

A total of 21 themes were identified, of which 9 were mentioned by 10 respondents or more. These are shown below in Table 38, and both confirm and extend the comments made in response to the specific section in Valuing People Now on shifting funding and commissioning. Although there was an overall endorsement of the proposed change, there was also considerable uncertainty, disagreement and anxiety about the potential implications of the shift.

**Table 38: Commissioning**

<i>Theme</i>	<i>Service users</i>	<i>Family</i>	<i>Professionals</i>	<i>Other</i>	<i>Total</i>
Supportive for local authority	13 (2.2)	16 (4.8)	14 (5.6)	5 (2.2)	51 (3.4)
Money should be ring fenced	4 (0.7)	19 (5.7)	6 (2.4)	10 (4.5)	42 (2.8)
No, NHS supportive statement.	6 (1.0)	10 (3.0)	4 (1.6)	1 (0.4)	21 (1.4)
Will the LA be an improvement?	0	10 (3.0)	7 (2.8)	2 (0.9)	20 (1.3)
Yes, the NHS is ineffective	4 (0.7)	3 (0.9)	4 (1.6)	3 (1.3)	15 (1.0)
More money	2 (0.3)	10 (3.0)	2 (0.8)	1 (0.4)	15 (1.0)
Focus on local need/PCP	5 (0.9)	1 (0.3)	4 (1.6)	1 (0.4)	14 (0.9)
Joint commissioning	1 (0.2)	5 (1.5)	1 (0.4)	4 (1.8)	11 (0.7)
No idea	5 (0.9)	4 (1.2)	1 (0.4)	0	10 (0.7)

### **Supportive for local authority/Yes, the NHS is ineffective**

Many respondents were supportive of the proposed change in funding and commissioning arrangements, sometimes on the basis that existing arrangements were ineffective.

*Local authorities should have a better idea of what is available and needed. 17*

*The NHS is consistently failing to provide care/service to its patients and has no budget. Allow local authorities to commission their own care services to provide for their service users. 19*

*Local government is better, more services, and voted for by local community. NHS does not understand 'care in the community'. 193*

*This should bring better value and effectiveness. 266*

*A better level of support would be achieved and could be tailored around the facilities that are offered in each area. 1156*

*A big yes! This will clarify who pays for what and clear up grey areas. 1191*

### **Money should be ring fenced/More money/Focus on local need/PCP/Joint commissioning**

Although broadly supportive, many respondents also expressed the view that funding for people with learning disabilities should be ring fenced in local authority budgets to avoid being swallowed up by competing local authority priorities, and there should be sufficient funding made available to make Valuing People Now happen. Some respondents also emphasised the importance of local transparency and accountability when it came to funding and commissioning decisions.

*Unless it is ring fenced it will still be used to balance overspends. 28*

*Not sure. Concerned about learning disability monies being swallowed up by local authority overspend. 36*

*NHS money being transferred to LA must be ring fenced for learning disabilities. 127*

*Only if money is ring fenced and properly monitored. 243*



*Yes but money has to be transferred if they have health responsibilities. 966*

*Provided remit is clear and unequivocal. 232*

*Yes it means that commissioning decisions are made more transparent to local people – those with disabilities and their carers. Much local confusion about allocation process of LDDF funds. 1162*

### **No, NHS supportive statement**

Some respondents supported some funding and commissioning arrangements staying with the NHS, with particular concerns about specialist NHS support remaining within budgets controlled by local authorities.

*I have my fears that the local authority would use the money for other things or will mismanage it. 113*

*NHS has more understanding of LD. 218*

*I am concerned that the health aspect of caring for people with learning disabilities including learning disability nurses, would be maintained in social care, including mental health difficulties and challenging behaviour. Not all people who have these difficulties will remain in a healthcare setting if commissioning is moved. 48*

*Should not result in a reduction in the service provided. Some provision will need to remain within the NHS, for those who need it. 894*

## **Summary**

There were uniformly very high levels of agreement with the focus on health checks (overall 99%) and with continuing and reinforcing the role of Partnership Boards (overall 96%). There were also generally high levels of agreement that the focus of housing should be an assured tenancies and home ownership (overall 86%), and that funding and commissioning should move from the NHS to local government (overall 85%), although in both these areas family members expressed lower levels of agreement (68% for housing; 74% for commissioning) than other stakeholder groups.

Consistent with responses to earlier questions in the Valuing People Now consultation, there were relatively low levels of agreement with the idea that paid work should be at the centre of planning day service changes (overall 60%), with family members expressing the lowest levels of agreement (32%).

# Will *Valuing People Now* work for everyone?



In the easy-read version of the consultation questionnaire, respondents were asked if they felt Valuing People Now had given enough thought to a number of groups of people with learning disabilities. The percentages of all respondents agreeing that enough thought had been given to the groups are given in Table 39 below.

**Table 39: Has Valuing People Now given enough thought to...**

***Women with learning disabilities:***

Agree (all) 80%

***People with complex disabilities:***

Agree (all) 61%

***People from black and minority ethnic groups:***

Agree (all) 80%

***Older people with learning disabilities:***

Agree (all) 65%

***Gay people with learning disabilities:***

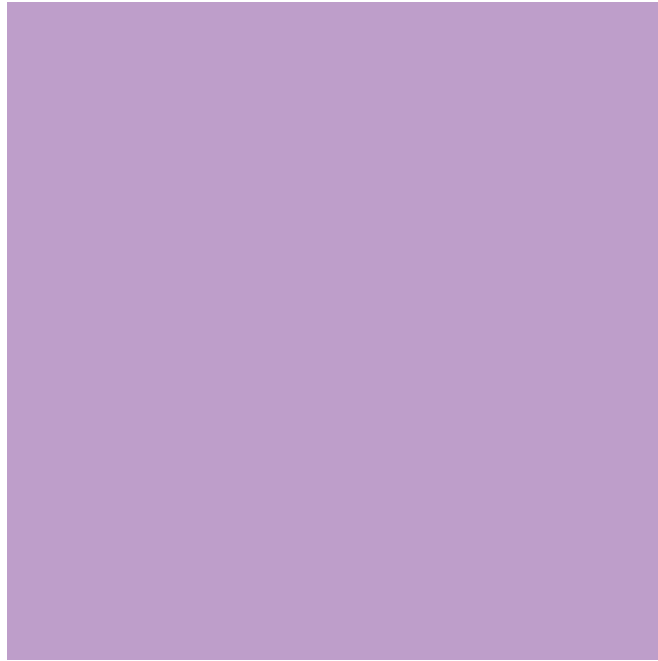
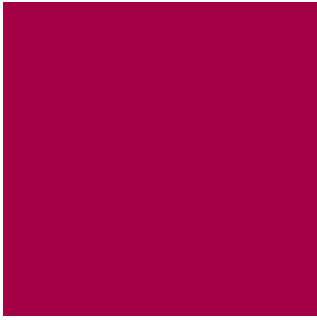
Agree (all) 66%

***Religious people with learning disabilities:***

Agree (all) 74%

Table 39 shows moderate levels of agreement that Valuing People Now will work for everyone, although it is important to note that some of the groups mentioned are under-represented in respondents to the consultation (e.g. people from black and minority ethnic communities), and the representativeness of the pool of respondents in terms of the other characteristics listed in Table 39 is unknown. The lack of engagement with these questions in the consultation is reflected in the lack of comments written in response to any of these consultation questions.

# Conclusions



**Conclusion 1:** The *Valuing People Now* consultation process has been successful in generating a large number of responses from a very wide range of people, groups and organisations, including people with learning disabilities and family members.

**Conclusion 2:** There are some groups who are under-represented in responses to the consultation, particularly people from black and minority ethnic communities, and the representativeness of the pool of respondents in terms of other important characteristics such as age, sexuality and religion is unknown. The Department of Health may want to consider doing additional, focused consultations with under-represented groups.

**Conclusion 3:** Overall, there were relatively high levels of agreement for both the big priorities and most of the detailed proposals in *Valuing People Now*.

**Conclusion 4:** In general, people with learning disabilities were the most positive and family members were the least positive about *Valuing People Now*. This may partly be due to the likelihood that respondents with learning disabilities would have high levels of skills (where *Valuing People Now* was felt to be more relevant) and family members would be caring for people with more complex needs (where there were more worries about the suitability of *Valuing People Now*).

**Conclusion 5:** In the consultation, the biggest area of disagreement was with proposals about getting people into paid work as the central way of changing day services, especially amongst family members.

**Conclusion 6:** There were consistent worries about whether *Valuing People Now* will work equally well for people with complex needs, and some worries about its applicability to other groups such as older people and people from black and minority ethnic communities.

**Conclusion 7:** There were consistent worries about whether *Valuing People Now* will make a real difference to people's lives, particularly in terms of funding and legislative 'teeth'. Many respondents felt that *Valuing People Now* was strong on vision but short on the detailed implementation plans to make the vision a reality, particularly compared to the 'view from the ground' that many respondents were experiencing.

**Conclusion 8:** As well as indicating agreement or disagreement with the proposals in *Valuing People Now*, the majority of respondents also made creative suggestions for improving the implementation of *Valuing People Now*. These repay detailed inspection by the Department of Health.

# Annex



## Valuing People Now: names of respondents to consultation people with learning disabilities

### Groups

Advocacy Group Bamcroft Day Service (Nottinghamshire)	Dudley Voices for Choice (West Midlands)
Advocacy Group Emhale Lea Day Service (Nottinghamshire)	East Lancashire Service User Network
Advocacy Group Ley Street Day Service (Nottinghamshire)	East Riding Action Team (Yorkshire)
Agree Together-Hambleton and Richmond Partnership Board (North Yorkshire)	Eastham Centre Service Users (Wirral)
Alice Burrell Centre (London)	Health Access Champions Group (Essex)
Allan Tobutt (Hampshire)	Hearsay Service User Consultation Group (Yorkshire)
Almey Perry (Merseyside)	Henshaws Problem Solving Group (North Yorkshire)
Alyson Groat (Cleveland)	Hertfordshire Valuing People Working
Andover Mencap (Hampshire)	Heswall Centre Service Users (Wirral)
Anna Kirby & Tony Milgate (Essex)	Holt Advocacy Group (Norfolk)
Aona Group (West Midlands)	Housekeeping at Larkfield Resource Centre (Cambridgeshire)
Attleborough Day Services (Norfolk)	Howard Webber, Jeremy Brotmacher, Moshe Halstuk (Berkshire)
Batias Independent Advocacy Service (Essex)	Innage Lane Day Service Committee (Shropshire)
Be Heard United Voices (Berkshire)	Ipswich Road Day Services (Norfolk)
Bedfordshire County Council Consultation Event	Jupiter Bramington Centre (Bedfordshire)
Better Lives in Swindon (Wiltshire)	Keyring Sleaford North (Lincolnshire)
Bradford People First (Yorkshire)	Keyring South (Lincolnshire)
Bromley Partnership Board Reps (London)	Keyring Southwark Nunhead Service Users (London)
Bodmin Forum (Cornwall)	Keyring Honeywell (South Yorkshire)
Bognor and Chichester Voice (West Sussex)	Kings Lynn Day Services (Norfolk)
Bolton Adult Services Network House (Lancashire)	Kingsthorpe Lighthouse (Cambridgeshire)
Caister Day Services (Norfolk)	L.T. Clacton Community Resource Centre (Essex)
Cambridge Centre Service Users (Wirral)	Learning Disability Service User Forum (Lancashire)
Illegible (County Durham)	
Drama Group, Bentley Day Centre (Surrey)	



Leeds People First  
Lewisham Speaking Up (London)  
Life Skills Students (Teeside)  
Linda Wickens etc (Berkshire)  
Longslade Community College  
(Leicestershire)  
Macclesfield Library CDS (Cheshire)  
Macclesfield Speaking Up Speaking  
Out Volunteer Centre (Cheshire)  
Macintyre Talkback Partnership Board  
(Buckinghamshire)  
Making Our Choice Self-advocacy  
Group (West Midlands)  
Making Our Choice Walsall (West  
Midlands)  
My Voice, My Choice, Our Voice  
(Berkshire)  
Re House Day Services (Essex)  
Readbridge People First (Essex)  
Regworth Self-advocacy Group  
(Cleveland)  
Respect (Kent)  
2 Groups in Trafford (Manchester)  
RETC The Hart Group (Berkshire)  
Rievaulx Self-advocacy Group  
(Cleveland)  
Riverside Centre (Wirral)  
Roots Training and Consultancy  
Service Users (North Yorkshire)  
Salisbury Independent Self-advocacy  
Group (Wiltshire)  
Self-advocacy group facilitated by  
Talkback (Berkshire)  
Caterham Community College  
(Surrey)  
Service Users Representative Group  
(Nottinghamshire)  
Service Users Peterborough PCT  
(Cambridgeshire)  
Shadow Partnership Board  
(Manchester)  
Skillnet Group Thanet (Kent)

Skills for People Programme  
Committee (Tyneside)  
Southern Focus Trust Service User  
Reference Group (Hampshire)  
Speak Out Group North Hampshire  
Speak Out Self-advocacy Group  
(North Yorkshire)  
Speak Up Group Accrington Road  
Blackburn (Lancashire)  
Speak Up Sutton (Surrey)  
Speak Up Yourself Group Response  
(East Yorkshire)  
Spowston Day Services (Norfolk)  
Wheatfields Day Centre (Manchester)  
Staple Hill Keyring Tenants (South  
Gloucestershire)  
Stockton Helps All Self-advocacy  
Forum (Cleveland)  
William Knowles Centre (Somerset)  
Sun Group West Lancashire Advocacy  
Sunshine Group Cornwall People First  
Supported Housing Tenants (London)  
Equal Treatment Involvement (Tyne  
and Wear)  
Eretz House Ravenswood (Berkshire)  
Eskdale  
Fareham Self Advocates (Hampshire)  
Flitwick Friends Self-advocacy Group  
(Bedfordshire)  
Friday Network (Hampshire)  
Friendly Group at People First  
Lambeth (London)  
Full Circle Advocacy Group  
(Cleveland)  
David and Bobby (Middlesex)  
Day Opportunities Service User  
Forum (South Yorkshire)  
Day Services User Group (Derbyshire)  
Dereham Day Service Student  
Council (Norfolk)  
Camden People First (London)

Chase Day Service Advocacy (Staffordshire)

Choice for All Doncaster (South Yorkshire)

Citywide Grapevine Advocacy Project (West Middlesex)

Conover College (Shropshire)

Copper Beech Service Users (Berkshire)

Coton Hill Day Service (Shropshire)

Craven Speak-easy Task Group (Yorkshire)

Culture Speak Out Self Advocacy Project (West Midlands)

Grace Eyre Foundation Day Centre Group (East Sussex)

Grapevine H Team (West Midlands)

Great Yarmouth Day Services (Norfolk)

Greenwich Citizen Advocacy Project (London)

Hackney People First (London)

Halton Speak Out (Cheshire)

Manchester Learning Disability Partnership Advocacy Groups Consultation (Lancashire)

Mencap Northumberland

Mid Sussex Speak Up

Millenium Care Services Service User Partnership Board (West Yorkshire)

Moorcroft Wednesday Gateway Club (Middlesex)

Moreton Service Users (Wirral)

New Openings Group (Lancashire)

Newham People First (London)

North Hertfordshire People First

North Ipswich Community Resource Unit (Suffolk)

North Skelton Base Service Users (Teeside)

Northfield Day Resource Centre Speak Up Group and Advocacy Group (Lancashire)

Northgate Hospital Committee Group (Tyne and Wear)

Norwich and Norfolk Scope (Norfolk)

Oak Farm Day Services Committee (Shropshire)

Options for Life (West Midlands)

Our Voice Forum Self-advocacy (Lincolnshire)

Oxcroft Lane Day Services Focus Group (Derbyshire)

Parents with Learning Disabilities at CHANGE

Partners Power Group (London)

Paul Matthews and Phillis Hume (Essex)

People who use day services (Cleveland)

People First Kensington and Chelsea (London)

Perth Green Base, Jallow Base, Bolden Base (Tyne and Wear)

Peterborough Learning Disability Network (Cambridgeshire)

Phil Ward House Day Services (North Yorkshire)

Pluss Four Seasons (Devon)

Pluss Workable Trainee Group (Devon)

Portsmouth Self-advocacy (Hampshire)

Side by Side Peer Advocates, Bristol and South Gloucestershire People First

Swallow Court Base Service Users (West Yorkshire)

Swindon Support Team (Wiltshire)

Taking Part Advocacy (Shropshire)

Tamina Hussein and Kate Haigh (Lancashire)

The Cambridgeshire Parliament  
 Farmhouse Service Users Ravenswood  
 (Berkshire)  
 The Link Up Group (Lancashire)  
 The Lonnen Base (Tyne and Wear)  
 The Map Squad (London)  
 Abingdon Day Service (Oxfordshire)  
 The Southdowners Group (East  
 Sussex)  
 The Wednesday Comet Group  
 (Worcestershire)  
 Thrybergh Keyring Group (Yorkshire)  
 United Voices (Berkshire)  
 Upsall Hall (Cleveland)  
 Upside Project (Bedfordshire)  
 Users of Dimensions Services  
 (Hampshire)  
 Users Voice (Shropshire)  
 Millhouse Resource Centre  
 (Manchester)  
 Vauxhall Drive Residents Association  
 (Surrey)  
 WAC Walsingham Service User  
 Group  
 Waltham Forest People First (London)  
 Watford Self-advocacy Group  
 (Northamptonshire)  
 West Walpole Street (Tyne and Wear)  
 Women's Group at Southill Day  
 Centre (Dorset)  
 Working for Justice Group (Midlands)  
 Working Together Group (Lancashire)  
 Worthing Speakabout Committee  
 Group (West Sussex)  
 Wyre Forest Self-Advocacy Group  
 (Worcestershire)

Consultation events in Bournemouth,  
 Cambridgeshire, Haringey,  
 Hemel Hempstead, Lancaster,  
 Merseyside, North East/Bolsover,  
 Tendring (Essex), West Midlands,  
 Willow Woods Day Service  
 (Nottinghamshire), York People First  
 Parliament.

**Individuals**

2 Groups in Trafford (Manchester)  
 Abingdon Day Service (Oxfordshire)  
 Advocacy Group Bamcroft Day Service (Nottinghamshire)  
 Advocacy Group Emhale Lea Day Service (Nottinghamshire)  
 Advocacy Group Ley Street Day Service (Nottinghamshire)  
 Agree Together-Hambleton and Richmond Partnership Board (North Yorkshire)  
 Alice Burrell Centre (London)  
 Allan Tobutt (Hampshire)  
 Almey Perry (Merseyside)  
 Alyson Groat (Cleveland)  
 Andover Mencap (Hampshire)  
 Anna Kirby & Tony Milgate (Essex)  
 Aona Group (West Midlands)  
 Attleborough Day Services (Norfolk)  
 Batias Independent Advocacy Service (Essex)  
 Be Heard United Voices (Berkshire)  
 Bedfordshire County Council Consultation Event  
 Better Lives in Swindon (Wiltshire)  
 Bodmin Forum (Cornwall)  
 Bognor and Chichester Voice (West Sussex)  
 Bolton Adult Services Network House (Lancashire)  
 Bradford People First (Yorkshire)  
 Bromley Partnership Board Reps (London)  
 Caister Day Services (Norfolk)  
 Cambridge Centre Service Users (Wirral)  
 Camden People First (London)  
 Caterham Community College (Surrey)  
 Chase Day Service Advocacy (Staffordshire)  
 Choice for All Doncaster (South Yorkshire)  
 Citywide Grapevine Advocacy Project (West Middlesex)  
 Condover College (Shropshire)  
 Consultation events in Bournemouth, Cambridgeshire, Haringey, Hemel Hempstead, Lancaster, Merseyside, North East/Bolsover, Tendring (Essex), West Midlands, Willow Woods Day Service (Nottinghamshire), York People First Parliament.  
 Copper Beech Service Users (Berkshire)  
 Coton Hill Day Service (Shropshire)  
 Craven Speak-easy Task Group (Yorkshire)  
 Culture Speak Out Self Advocacy Project (West Midlands)  
 David and Bobby (Middlesex)  
 Day Opportunities Service User Forum (South Yorkshire)  
 Day Services User Group (Derbyshire)  
 Dereham Day Service Student Council (Norfolk)  
 Drama Group, Bentley Day Centre (Surrey)  
 Dudley Voices for Choice (West Midlands)  
 East Lancashire Service User Network  
 East Riding Action Team (Yorkshire)  
 Eastham Centre Service Users (Wirral)  
 Equal Treatment Involvement (Tyne and Wear)  
 Eretz House Ravenswood (Berkshire)  
 Eskdale  
 Fareham Self Advocates (Hampshire)  
 Farmhouse Service Users Ravenswood (Berkshire)  
 Flitwick Friends Self- advocacy Group (Bedfordshire)

Friday Network (Hampshire)  
Friendly Group at People First  
Lambeth (London)  
Full Circle Advocacy Group  
(Cleveland)  
Grace Eyre Foundation Day Centre  
Group (East Sussex)  
Grapevine H Team (West Midlands)  
Great Yarmouth Day Services  
(Norfolk)  
Greenwich Citizen Advocacy Project  
(London)  
Hackney People First (London)  
Halton Speak Out (Cheshire)  
Health Access Champions Group  
(Essex)  
Hearsay Service User Consultation  
Group (Yorkshire)  
Henshaws Problem Solving Group  
(North Yorkshire)  
Hertfordshire Valuing People  
Working  
Heswall Centre Service Users (Wirral)  
Holt Advocacy Group (Norfolk)  
Housekeeping at Larkfield Resource  
Centre (Cambridgeshire)  
Howard Webber, Jeremy Brotmacher,  
Moshe Halstuk (Berkshire)  
Illegible (County Durham)  
Innage Lane Day Service Committee  
(Shropshire)  
Ipswich Road Day Services (Norfolk)  
Jupiter Bramington Centre  
(Bedfordshire)  
Keyring Honeywell (South Yorkshire)  
Keyring Sleaford North (Lincolnshire)  
Keyring South (Lincolnshire)  
Keyring Southwark Nunhead Service  
Users (London)  
Kings Lynn Day Services (Norfolk)  
Kingsthorpe Lighthouse  
(Cambridgeshire)  
L.T. Clacton Community Resource  
Centre (Essex)  
Learning Disability Service User  
Forum (Lancashire)  
Leeds People First  
Lewisham Speaking Up (London)  
Life Skills Students (Teeside)  
Linda Wickens etc (Berkshire)  
Longslade Community College  
(Leicestershire)  
Macclesfield Library CDS (Cheshire)  
Macclesfield Speaking Up Speaking  
Out Volunteer Centre (Cheshire)  
Macintyre Talkback Partnership Board  
(Buckinghamshire)  
Making Our Choice Self-advocacy  
Group (West Midlands)  
Making Our Choice Walsall (West  
Midlands)  
Manchester Learning Disability  
Partnership Advocacy Groups  
Consultation (Lancashire)  
Mencap Northumberland  
Mid Sussex Speak Up  
Millenium Care Services Service User  
Partnership Board (West Yorkshire)  
Millhouse Resource Centre  
(Manchester)  
Moorcroft Wednesday Gateway Club  
(Middlesex)  
Moreton Service Users (Wirral)  
My Voice, My Choice, Our Voice  
(Berkshire)  
New Openings Group (Lancashire)  
Newham People First (London)  
North Hertfordshire People First  
North Ipswich Community Resource  
Unit (Suffolk)  
North Skelton Base Service Users  
(Teeside)

Northfield Day Resource Centre Speak Up Group and Advocacy Group (Lancashire)	Roots Training and Consultancy Service Users (North Yorkshire)
Northgate Hospital Committee Group (Tyne and Wear)	Salisbury Independent Self-advocacy Group (Wiltshire)
Norwich and Norfolk Scope (Norfolk)	Self-advocacy group facilitated by Talkback (Berkshire)
Oak Farm Day Services Committee (Shropshire)	Service Users Peterborough PCT (Cambridgeshire)
Options for Life (West Midlands)	Service Users Representative Group (Nottinghamshire)
Our Voice Forum Self-advocacy (Lincolnshire)	Shadow Partnership Board (Manchester)
Oxcroft Lane Day Services Focus Group (Derbyshire)	Side by Side Peer Advocates, Bristol and South Gloucestershire People First
Parents with Learning Disabilities at CHANGE	Skillnet Group Thanet (Kent)
Partners Power Group (London)	Skills for People Programme Committee (Tyneside)
Paul Matthews and Phillis Hume (Essex)	Southern Focus Trust Service User Reference Group (Hampshire)
People First Kensington and Chelsea (London)	Speak Out Group North Hampshire
People who use day services (Cleveland)	Speak Out Self-advocacy Group (North Yorkshire)
Perth Green Base, Jallow Base, Bolden Base (Tyne and Wear)	Speak Up Group Accrington Road Blackburn (Lancashire)
Peterborough Learning Disability Network (Cambridgeshire)	Speak Up Sutton (Surrey)
Phil Ward House Day Services (North Yorkshire)	Speak Up Yourself Group Response (East Yorkshire)
Pluss Four Seasons (Devon)	Spowston Day Services (Norfolk)
Pluss Workable Trainee Group (Devon)	Staple Hill Keyring Tenants (South Gloucestershire)
Portsmouth Self-advocacy (Hampshire)	Stockton Helps All Self-advocacy Forum (Cleveland)
Re House Day Services (Essex)	Sun Group West Lancashire Advocacy
Readbridge People First (Essex)	Sunshine Group Cornwall People First
Regworth Self-advocacy Group (Cleveland)	Supported Housing Tenants (London)
Respect (Kent)	Swallow Court Base Service Users (West Yorkshire)
RETC The Hart Group (Berkshire)	Swindon Support Team (Wiltshire)
Rievaulx Self-advocacy Group (Cleveland)	Taking Part Advocacy (Shropshire)
Riverside Centre (Wirral)	Tamina Hussein and Kate Haigh (Lancashire)

The Cambridgeshire Parliament  
 The Link Up Group (Lancashire)  
 The Lonnen Base (Tyne and Wear)  
 The Map Squad (London)  
 The Southdowners Group (East Sussex)  
 The Wednesday Comet Group (Worcestershire)  
 Thrybergh Keyring Group (Yorkshire)  
 United Voices (Berkshire)  
 Upsall Hall (Cleveland)  
 Upside Project (Bedfordshire)  
 Users of Dimensions Services (Hampshire)  
 Users Voice (Shropshire)  
 Vauxhall Drive Residents Association (Surrey)  
 WAC Walsingham Service User Group  
 Waltham Forest People First (London)  
 Watford Self-advocacy Group (Northamptonshire)  
 West Walpole Street (Tyne and Wear)  
 Wheatfields Day Centre (Manchester)  
 William Knowles Centre (Somerset)  
 Women's Group at Southill Day Centre (Dorset)  
 Working for Justice Group (Midlands)  
 Working Together Group (Lancashire)  
 Worthing Speakabout Committee Group (West Sussex)  
 Wyre Forest Self-Advocacy Group (Worcestershire)

### **Individuals**

A Stewart  
 A Still (Central England People First) (Northamptonshire)  
 Aderlaid (Lincolnshire)  
 Adha Young, People First Lambeth (London)  
 Adrian Connect Advocacy (Hampshire)  
 Ageza Johnson (Cleveland)  
 Alan Brenchley (Hampshire)  
 Alan Payne  
 Alison Riley (Lancashire)  
 Amy Bishop (Hampshire)  
 Andrew Blackwell (Lincolnshire)  
 Andrew Brownbill (Cheshire)  
 Andrew Fleming (Hampshire)  
 Andrew Gandry (Lincolnshire)  
 Andrew Snelling (Cambridgeshire)  
 Angela Fromly  
 Angela Jestilo (Hampshire)  
 Angela Johnson (Cleveland)  
 Angie Best (Surrey)  
 Ann Penney (Derbyshire)  
 Ann Vincent (Hampshire)  
 Anne Pouvner (Berkshire)  
 Annie Corsham (Oxfordshire)  
 Annie Hill (Lancashire)  
 Anthony Arnold (Yorkshire)  
 Anthony Brooker (Buckinghamshire)  
 Anthony Cawley (Lancashire)  
 Antigua Anderson (Middlesex)  
 Audrey Cooper (Cleveland)  
 Benjamin (Bedfordshire)  
 Beverley Ede Connect Advocacy  
 Bhagya Patel (Middlesex)  
 Billy Clements (Lancashire)  
 Billy Lowe (Tyne and Wear)  
 Billy Stockford (Merseyside)  
 Boston (Lincolnshire)  
 Brenda Hill (Merseyside)  
 Brendon Wood (Leicestershire)

Brian Stocker (London)  
Bryony Smith  
Carl Bygrave (Norfolk)  
Caroline Ellis (Surrey)  
Cathy Pascoe (Cornwall)  
Charles Wells (Cheshire)  
Chris Sloane (Lancashire)  
Christina Ray (Lincolnshire)  
Christina Wells (Lincolnshire)  
Christine Middleton (Hampshire)  
Christine Williams (Cheshire)  
Claire Henderson (Surrey)  
Claire Higgins (Cleveland)  
Claire Pinckhard (Essex)  
Clare Rue (Cleveland)  
Clifton Wright (London)  
Colin Green (Wirral)  
Craig Hughes  
Dana Brown (London)  
Daniel Blackburn (Leicestershire)  
Daniel Pine (Cleveland)  
Danielle Atkins (Hampshire)  
Darren Hartshorn (Cleveland)  
Darren James Freer (Berkshire)  
Darren Lockwood  
David Bark (Lincolnshire)  
David Carr (Cleveland)  
David McCulloch (Suffolk)  
David O'Mahoney (Lincolnshire)  
David Silver (Cleveland)  
David Trickett (Shropshire)  
David Ward (West Midlands)  
David Wilson (Cleveland)  
Dawn (Connect Advocacy)  
Dawn Shepherd (Leicestershire)  
Debbie Shepherd (Hampshire)  
Deborah (Lincolnshire)  
Debra Earrey (Essex)  
Debra Hudson (Leicestershire)  
Deeba Ahmed  
Delroy Reid  
Dennis- Nature's World  
Derek Jones (Cheshire)  
Derek Morris  
Diane Hurstfield (Merseyside)  
Diane Lay (Cambridgeshire)  
Diane Siddon (Leicestershire)  
Dianne Edge (Surrey)  
Donovun Lewis (Herefordshire)  
Dorothy Foss (Lancashire)  
Dorothy Zietarski (Hampshire)  
Douglas  
Duane Fisher (Cheshire)  
Dyana Raks (Surrey)  
Edna Wilson (Cleveland)  
Eh from Huddleston Way Group  
(Bedfordshire)  
Elaine Duke (Berkshire)  
Elizabeth Oldfield (Lancashire)  
Elizabeth Tensey (Lancashire)  
Ellen Charnock  
Ellen Charnock (Lancashire)  
Emma V  
Eric Boyland (Leicestershire)  
Eric Burden (Hampshire)  
Eric Edney Connect Advocacy  
(Hampshire)  
Eric Lugner (Cleveland)  
Eric Williams (Lincolnshire)  
Euan Jacus (London)  
Francis Grimshaw (Lancashire)  
Freddie Biddle  
G. Brown  
Gabrielle Birch  
Gail (Tyne and Wear)  
Gareth Archer (Surrey)  
Gareth Ash (Cheshire)  
Gareth Bailey (Buckinghamshire)  
Gary Bell (Buckinghamshire)  
Gary John Artis (Middlesex)  
Gavin Harding York People First  
Ged Chapman (Cleveland)  
Gemma Thompson  
Geoff Richards (Leicestershire)



Geoffrey (Bedfordshire)  
Geoffrey Hudson (Cleveland)  
Geoffrey Thomas (Essex)  
George Copeland  
Gerald Kimber  
Gina Walton (Cheshire)  
Gino (Lincolnshire)  
Glenis Proud (Cleveland)  
Gordon (Herefordshire)  
Gordon Gardner (Wirral)  
Graham Smith (Lincolnshire)  
Greg- Bishop Waltham Gateway Club  
(Hampshire)  
Hayley Flatters (Lincolnshire)  
Heather Grant (Northumberland)  
Heather McGurit (Surrey)  
Helen Littlemore (Cheshire)  
Helen Smith (Cheshire)  
Helen Smith Push Group Service User  
Helena Lant  
Howard England (Surrey)  
Hummer (Hampshire)  
Ian Allardyce (Cheshire)  
Ian Findlay (Cleveland)  
Ian Hooks (Teeside)  
Ian Hurst (Hampshire)  
Ian Lansbury (Lincolnshire)  
Ian Morgan (Bedfordshire)  
Ian O'Rourke (West Yorkshire)  
Ian Scott (Tyne and Wear)  
Ian Tiffin (Cleveland)  
Ingrid Hansen (Cleveland)  
Irene Evans (Merseyside)  
Ismail Kader  
Ismail Kadar (Cleveland)  
J (Merseyside)  
J Eliffe (Essex)  
Jackie Baird (Surrey)  
Jackie Bolton (Lancashire)  
Jackie Elmer (Hampshire)  
Jackie Felton (Hampshire)  
Jackie Salter (Cleveland)  
Jackie Sully (Lancashire)  
Jaeblyke (Hampshire)  
Jainne Flynn (London)  
James Douglas (Tyne and Wear)  
James Oxenford (Surrey)  
James Richard Parsons (Surrey)  
Jamie Griffiths (Merseyside)  
Jan Lee (Lancashire)  
Jane Icing (Devon)  
Jane M (Lincolnshire)  
Jane Pardoe (Essex)  
Jane Vausea (Lincolnshire)  
Jane-Connect Advocacy (Hampshire)  
Janet Hind (Tyne and Wear)  
Janet Kirwen- Nature's World  
Janet Raines (Lancashire)  
Jason Stuchbery (Herefordshire)  
Jean Hilson (Cheshire)  
Jennifer Oates (Cheshire)  
Jennifer Riseborough (London)  
Jeremy Brown (Hampshire)  
Jeth Barrie Band frb  
Jo  
Joan Blackburn (Lincolnshire)  
Joan Garrett (Berkshire)  
Joan Scarfe  
Joanne Dais (Dorset)  
Joanne Turner (Hampshire)  
John Burton (London)  
John Candish (Tyne and Wear)  
John Cunliffe (Lancashire)  
John Dawes (Essex)  
John Greener (Lancashire)  
John Simms (Hampshire)  
John Taylor (Lancashire)  
John Tudball (Devon)  
John Welsh (Northamptonshire)  
Joseph Diakanna (Leicestershire)  
Judith O'Dell (Bedfordshire)  
Judith Reveley (Cleveland)  
Julie Anne Shepherd (Lincolnshire)  
Julie Harris (Lancashire)

Julie Lambert (Surrey)  
Julie Mills (Cambridgeshire)  
Julie Sandford (Avon)  
June Keenleyside (Tyne and Wear)  
Junie Callender (Bedfordshire)  
K Potts (Tyne and Wear)  
Karen Bennett  
Karen- Connect Advocacy  
(Hampshire)  
Karen Halsall (Cheshire)  
Kate Demoilly (Cleveland)  
Kate Hillman (Surrey)  
Kate-Bishop Waltham Gateway Club  
(Hampshire)  
Kavitha Tarcisius (Middlesex)  
Keith Capon  
Keith Shortman (London)  
Keith Skelton (Tyne and Wear)  
Keith Williamson (Devon)  
Kelvin Stuchters (Herefordshire)  
Ken Steele (Derbyshire)  
Kerrie Cheesman  
Kerry Avery  
Kevin (Middlesex)  
Kevin (Surrey)  
Kevin Beirne (Hampshire)  
Kevin John MacWilliams (Hampshire)  
Kevin Young (Surrey)  
Kimberley Swindon (Cheshire)  
Kirsty Bland (Cheshire)  
Korine T (Lincolnshire)  
Kristian Zennides (Oxfordshire)  
Laurane Cook  
Lauren Evelyn Simpson  
(Leicestershire)  
Lianne Boley (Essex)  
Lindsay Crooks  
Lindy Williamson (Devon)  
Lisa Southworth (Lancashire)  
Lloyd Page (London)  
Lorraine Burgess (Lincolnshire)  
Lorraine Coddington (Lincolnshire)  
Louise Chierchia (Hampshire)  
Louise Jones (Derbyshire)  
Louise Weeks (Northamptonshire)  
Lynn Easton (Tyne and Wear)  
Lynn Fullick (Hampshire)  
Lynne Marshall (Lincolnshire)  
Lynne Skelton (Lincolnshire)  
M. Skett (Lancashire)  
M. Stenrw (London)  
M. Wesley (Lincolnshire)  
Mah Murray  
Malcolm Gibb (Herefordshire)  
Malcolm Marshall (Hampshire)  
Malcolm Sadler (Cleveland)  
Malvina Webber (Cleveland)  
Mandy Davies (Derbyshire)  
Margaret Krowich (London)  
Marinne Simpson (Herefordshire)  
Mark Crearer (Bedfordshire)  
Mark Greenhalgh (Lancashire)  
Mark Lannon (Bedfordshire)  
Mark Simcock (Lancashire)  
Mark Sleight (Lincolnshire)  
Mark Squire (Surrey)  
Mark Wilkinson (Cleveland)  
Martin Boulton (Lincolnshire)  
Mary Pegg (South Yorkshire)  
Matthew Robinson (Cambridgeshire)  
Matthew Swain (Surrey)  
Matthew Williams (Devon)  
Melyn Green (Berkshire)  
Michael Burt (Gwent)  
Michael Chapman (Suffolk)  
Michael Fisher (Bedfordshire)  
Michael Grebby (Lincolnshire)  
Michael Miculson-Nature's World  
Michelle Bowland (Devon)  
Miriam-Connect Advocacy  
(Hampshire)  
Moya Smith (Cleveland)  
Naila Akhtar (Lancashire)  
Neil Burton (London)

Neil Cunningham (Buckinghamshire)  
Nick Harris  
Nick Muston (Dyfed)  
Nicola Lord (Merseyside)  
Nicola Reilly (Leicestershire)  
Nicola Twells (Nottinghamshire)  
Nicola Watkins (Oxfordshire)  
Nicsim Moses (Berkshire)  
Nigel Young (Somerset)  
Nikki Clark (Bedfordshire)  
Norman Lindo (Cleveland)  
Norman Moore (Tyne and Wear)  
Olna Garnett (Cleveland)  
P Youngman (Berkshire)  
Pam Page (Hampshire)  
Pamela Charlton (Tyne and Wear)  
Panul Patel  
Patricia Thornhill  
Paul Buckley (Merseyside)  
Paul Butters (Cleveland)  
Paul Dale  
Paul Gallagher (Tyne and Wear)  
Paul Granger (Cheshire)  
Paul Master (Lancashire)  
Paul Robson (Essex)  
Paul Scott (Herefordshire)  
Pauline Dench  
Pauline Silver (Berkshire)  
Peter Clement (County Durham)  
Peter Danson (Merseyside)  
Peter Dobos (Lancashire)  
Peter Francis Flynn (Lancashire)  
Peter Gatward (Surrey)  
Peter J Jacion (Lincolnshire)  
Peter Jeffries- Nature's World  
Peter Lightbound (Merseyside)  
Peter Robertson (Cheshire)  
Peter Sutton (Avon)  
Peter Tucker (Avon)  
Peter Ward (Devon)  
Phil Moores  
Philip Harper (Hampshire)  
Philip Mills  
Philip Pravington (County Durham)  
Pippa Wade (Lincolnshire)  
Rachel Monk (Dumfriesshire)  
Ranana Saddia (Lancashire)  
Rashid Hussain (Cleveland)  
Raymond Kettle (Tyne and Wear)  
Raymond Richard (Lincolnshire)  
Rebecca Smith (Hampshire)  
Rebekah Kate Taylor  
(Nottinghamshire)  
Richard Crook (Herefordshire)  
Richard Hill  
Richard Morgan (Hampshire)  
Richard Smith (Lincolnshire)  
Ricky Day (Middlesex)  
Robert Absalom (Avon)  
Robert Allan (Leicestershire)  
Roberta Sherry (Merseyside)  
Ron Longworth (Herefordshire)  
Royce Packer (Devon)  
Rushna Chaudri  
Russell Lowler (Leicestershire)  
Ruth Brader  
Safina Biala (Cleveland)  
Sally Bedford (Cheshire)  
Salmon Mir  
Samantha Johnson (London)  
Sandra Rowe Bentley  
Sarah Jane Ritchie (London)  
Sarah Maley (Leicestershire)  
Sarah Mellor (Derbyshire)  
Sarah Woosb  
Sean Duffy (Berkshire)  
Shagufta Nasreen (Lancashire)  
Shakir Aziz (Cleveland)  
Shalva (Berkshire)  
Sharon Biddle (Bedfordshire)  
Sharon Russell (Cheshire)  
Shaun Bright (Cheshire)  
Shaun Seller (Devon)  
Sheila Barling (Lincolnshire)

Sheila Waring (Lancashire)	Walsingham Turnbull Close on behalf
Shelley Fisher (Buckinghamshire)	of service user (Kent)
Simon Leegott (Lincolnshire)	Walter Taylor (Berkshire)
Simon Mepshed (Devon)	Wasic Bhatti (Middlesex)
Simon Moreton (Avon)	William Pratt (County Durham)
Simon Ratcliffe (Nottinghamshire)	Ysanne Brown (Lincolnshire)
Simone Matthews (Cheshire)	Yvonne Owens (Merseyside)
Soraya Freeman (Essex)	Zara Fryar (North Yorkshire)
Stephen (Shropshire)	Zebland (North Yorkshire)
Stephen Bates (Bedfordshire)	Zena Manser
Stephen Crowe (Essex)	Zue Baker (Leicestershire)
Stephen Fi (Lancashire)	
Stephen Parkinson (Lancashire)	4 Illegible Names
Stephen Regan	4 unnamed people from Cornerstone
Stephen Waterfield (Cleveland)	Advocacy Services (Leicestershire)
Steven Hull (Hampshire)	5 from Push Group
Steven Overington (Surrey)	24 Unnamed Individuals
Sue Halton (Cleveland)	
Susan Hooks (Cleveland)	
Susan Pattinson	
Susie Payne (Lincolnshire)	
Suzannah Winsborrow (Oxfordshire)	
Suzanne Lonsdale (Cleveland)	
Terry Birlenson (Tyne and Wear)	
Thomas Swindon (Cheshire)	
Thomas Vidlar (Wiltshire)	
Timothy Rolf	
Tom Beaumont (Hampshire)	
Tony Cook (Avon)	
Tony Rose (Hampshire)	
Tracey Anderson (Surrey)	
Tracey Jones (Herefordshire)	
Tracey Scrivener (Avon)	
Trevor Coates (Lancashire)	
Val Hamey (Essex)	
Valerie Davidson (Merseyside)	
Vera Britton (Cleveland)	
Victoria Leaver (Hampshire)	
Victoria Mander (Cheshire)	
Vincent Browning (Surrey)	
Vivian Farrar	
Waheeda Barkat (Cleveland)	

## Family Carers

### Groups

Bedfordshire Carer Support Network  
 Bestwood Day Service Family Carers (Nottinghamshire)  
 Bishop Waltham Gateway Club (Hampshire)  
 Brent Day Care Club (London)  
 CAPE (Carers and Parents of Persons with a learning disability in Enfield Carers (Tyne and Wear)  
 Carers Group (Buckinghamshire)  
 Carers Group (South Tyneside)  
 Carers Leadership Group (Shropshire)  
 Carers United Bexley Mencap (Kent)  
 Caring Solutions  
 Chorley and South Ribble Valley Family Carer Network  
 Church Stretton Carers Group (Shropshire)  
 Dale Farm Centre (Wirral)  
 Doncaster Mencap  
 Eastham Centre Carers Group (Wirral)  
 Erimus Carer Support Group (Cleveland)  
 Essex Carers Network Family (Lincolnshire)  
 Family Carers Reference Group (London)  
 Foxfield School Parent Carers (Wirral)  
 Friends of the Blexham Centre  
 Greenacre Parent Carer Association (Nottinghamshire)  
 Group of 126 Carers (Somerset)  
 Harborne Day Centre Carers Group (West Midlands)  
 Helping Hands Committee (Suffolk)  
 Hertfordshire Learning Disability Carers Forum  
 Heswall Centre Carers (Wirral)  
 Hillingdon Parent Carer Support Group (London)  
 Hitchin Letchworth Baldock and District Mencap  
 Hucknall Carers Group (Nottinghamshire)  
 Lambeth Learning Disability Carers Forum (London)  
 Linc Forum Group Respite Care (Suffolk)  
 Local Parents and Carers Support Group (York)  
 Market Drayton Carers Group (Shropshire)  
 Marian Delve and Rebecca Green (Devon)  
 Mumford (Surrey)  
 North Norfolk and Broadland Locality Group  
 North Nottinghamshire Learning Disability Carers Network  
 North West Regional Family Forum  
 O'Toole Family (Buckinghamshire)  
 Parent Carers (Suffolk)  
 Parent/Carers Forum (Berkshire)  
 Parents (Lincolnshire)  
 Parents and Carers of People with Learning Disabilities (West Yorkshire)  
 Parents/Carers Springwood Centre Mapperley (Nottinghamshire)  
 Patient and Public Involvement Learning Disability Forum for Ridgeway Partnership NHS Trust (Oxfordshire)  
 Plymouth Carers of People with Learning Disabilities (Devon)  
 Carers Consultation Event (Liverpool)  
 Riverside Centre Carers (Wirral)  
 Scarborough Mencap  
 Selby District Mencap

St Ives Cambridgeshire Youth Club  
 Suffolk Family Carers Learning  
 Disability Project  
 Summerwood Day Service Family  
 Carers (Nottinghamshire)  
 Thanet DOS Carers Forum (Kent)  
 Umeed and African Caribbean Carers  
 Group (Yorkshire)  
 West Berkshire Independent Parent  
 and Family Carer Group for Adults  
 with Learning Disabilities

4 Unnamed Groups

### ***Individuals***

A Chase (Oxfordshire)  
 A Rackley (Kent)  
 Advocate for Philip Appleby  
 (Warwickshire)  
 Alan Arkell (Lancashire)  
 Alayne Carer (Devon)  
 Alison Wilkins (North Yorkshire)  
 Andrea Jackson (Avon)  
 Anjna Manck (Middlesex)  
 Ann Ashmore (Lincolnshire)  
 Ann Cegington (County Durham)  
 Ann Pak (Berkshire)  
 Anne Roberts (Warwickshire)  
 Anne Tombs (Bedfordshire)  
 Audrey Rose (Warwickshire)  
 Audrey Wright (West Yorkshire)  
 B & D Davis (Essex)  
 B & P Cragg (Lancashire)  
 B J Thompson (Lincolnshire)  
 B M Brooks (Suffolk)  
 B Middleton (North Yorkshire)  
 B Rose (Essex)  
 Barbara Lang (Kent)  
 Barbara Wood (Devon)  
 Belinda Irwin (Hampshire)  
 Benjamin Albert Parish (Kent)  
 Bing Boast (Suffolk)  
 Blanche Homes & Julian Thornington  
 (Kent)  
 Brenda Ridont (Devon)  
 Brian & Catherine Dear (Surrey)  
 Brian Collinge (Lancashire)  
 C Allington (Surrey)  
 C Mackerras (Somerset)  
 Carol Bromley (Warwickshire)  
 Carol Pratt (Cheshire)  
 Carol Webster (North Lincolnshire)  
 Carole Winter (West Berkshire)  
 Carolyn Dereky (Kent)  
 Cath Williams (Avon)  
 Catherine Wells (London)

Chris and Denise Mitchell (Surrey)  
Chris and Sue Wright (Suffolk)  
Chris Roper (Essex)  
Christine Stewart (East Sussex)  
Christine Stringer (West Midlands)  
Claire Leigh (Avon)  
Claire Roffey (Surrey)  
Colin Freer (Berkshire)  
Craig Mortimer (Wirral)  
Cross (Cambridgeshire)  
D Aldred (Somerset)  
D Beavis (Devon)  
D C Dempsey ( )  
D Goddard ( Berkshire)  
D Halls  
D I & L J Buchanan (Cheshire)  
David Archer (West Midlands)  
David Dolan (Lancashire)  
David Nunley (Nottinghamshire)  
David Sugden (Suffolk)  
David Towell (London)  
David West (Cornwall)  
David Wilks (Cheshire)  
Debbie Norman (Suffolk)  
Debbie Rosaman (Essex)  
Derek Hill (London)  
Dick Samuels (Worcestershire)  
Dorothy Ann Jump (Cheshire)  
Dorothy Fraser (Cleveland)  
Dorothy Garside (Lancashire)  
Dr Caroline Paliner (Lancashire)  
Dr Hilarie Williams (London)  
Dr Maurice Brook (Surrey)  
Dr W Murdoch (Lincolnshire)  
E Surridge (Berkshire)  
Edwina Reil Biggs (Lancashire)  
Eileen Gledhill (Lincolnshire)  
Elaine Freer( Berkshire)  
Elaine Leslie (Avon)  
Eleanor Borkett (North Yorkshire)  
Frederick Family (Middlesex)  
G Waters (Cambridgeshire)  
Gaynor Gibbins (Surrey)  
Gerry Haines (East Sussex)  
Gillian Amber (West Yorkshire)  
Graham Flatt (Buckinghamshire)  
Grunhild Doluson (Berkshire)  
Harold Wilson (Yorkshire)  
Helen Phillips (Devon)  
Helen Sayers (West Midlands)  
Ian Douglas Stewart (West Sussex)  
Indrani Wimalaratnam (Middlesex)  
Iris Bull (Kent)  
J A A Swallow (Warwickshire)  
J Bowsher (Berkshire)  
J Cadman (Derbyshire)  
J Edwards (Devon)  
J Foulger (Berkshire)  
J Stevens (Avon)  
J Sugars (Somerset)  
Jackie Johnson (Tyne and Wear)  
Jackie Spigel (London)  
Jane Heywood (Derbyshire)  
Jane Vivian (Cambridgeshire)  
Janet Brooking (Devon)  
Janet Butler (Essex)  
Janet Chierchia (Hampshire)  
Janet Little (North Hertfordshire)  
Janet Nesbitt (Warwickshire)  
Janice Champion (Cornwall)  
Jean Johnson (Lancashire)  
Jeff Wheat (Nottinghamshire)  
Jennifer Haidri (Cleveland)  
Jeremy & Imelda Entract  
(Bedfordshire)  
Jill Jukes (Birmingham)  
Joan Appleby (Warwickshire)  
Joan Dearn (West Midlands)  
Joan Rick (West Midlands0  
Joan Studdart (Wirral)  
John & Mary Routledge (County  
Durham)  
John & Rita Jarvis (Surrey)  
John & Sonia Miles (Shropshire)

John & Susan Kirkman (Yorkshire)  
John Head (West Berkshire)  
Jonathan Holder (Berkshire)  
Jonathan Perkins (Suffolk)  
Joyce Braithwaite (Tyne and Wear)  
Joyce Buckley (Lancashire)  
Joyce Smith (Surrey)  
Judith Goldstein (Surrey)  
Julie Corbett (North Humberside)  
June Elizabeth Dyas (Lancashire)  
June Holt (Teeside)  
K A Hendy (London)  
K F Nunley (Nottinghamshire)  
K Ridgwell (Suffolk)  
Kate Beresford (Berkshire)  
Keith Elliott (Tyne and Wear)  
Ken Mullen (Merseyside)  
Ken Taylor  
Kezia Singleton (London)  
Kirsty Alexander Stewart ( East  
Sussex)  
L Aiken (Devon)  
L Stott (Derbyshire)  
Lewis (Avon)  
Linda Whaley (Oxfordshire)  
Liz Wade (Nottinghamshire)  
Louise Wood (Devon)  
Lynne Maire Blackburn (Essex)  
Lynne Prior (Northamptonshire)  
M Stephenson (North Yorkshire)  
Madeleine Cowley (West Midlands)  
Marcella Cooper (Essex)  
Margaret Gibson (Suffolk)  
Marguerite White (Essex)  
Mary & David Howarth (Suffolk)  
Mary Bowers (Suffolk)  
Mary Harris  
Mary Wells (London)  
Maundy Todd (Surrey)  
Mavis Smith (Middlesex)  
Michael Lowe (Nottinghamshire)  
Michael Pound (Devon)  
Mike Claydon (Wiltshire)  
Monica Murphy (Suffolk)  
Moreton Family (Wirral)  
Morton Family (Lincolnshire)  
Mr & Mrs Clements (Cambridgeshire)  
Mr & Mrs Crabbe (Bedfordshire)  
Mr & Mrs Deadman (Devon)  
Mr & Mrs Fowler (Sussex)  
Mr & Mrs Gage (West Midlands)  
Mr & Mrs Kelham (Cornwall)  
Mr & Mrs Mowbray (Berkshire)  
Mr & Mrs O'Sullivan (Middlesex)  
Mr & Mrs Pratley (Avon)  
Mr & Mrs Smart  
Mr & Mrs Swaffield (Berkshire)  
Mr & Mrs Winder (Nottinghamshire)  
Mr & Mrs Wood (Surrey)  
Mr and Mrs Gooch (Norfolk)  
Mrs Crews (Surrey)  
Mrs Fisher (Warwickshire)  
Mrs Kelly (Warwickshire)  
Mrs Lewis (Avon)  
Mrs Mills (Kent)  
Mrs Staudhammer (Essex)  
Nina Emeruwa (London)  
Norma Archer (West Midlands)  
Norma Gregory (Essex)  
O Walder (Kent)  
Owen Hooker (Suffolk)  
P Crisp (Essex)  
P F Fulbrook (Essex)  
P Rogers (Dorset)  
P Sloots (Suffolk)  
P Thomas (London)  
P W Pybus (Lancashire)  
Pam Cornish (Hertfordshire)  
Pam Jackson (West Midlands)  
Pam Sexton (Wirral)  
Pancrace Family (London)  
Parents of Kim Wiltshire (Derbyshire)  
Parents of Richard Abbott (Suffolk)  
Pat Below (West Yorkshire)



Pat Mearing (Cheshire)  
Pat Wilkinson (West Midlands)  
Patel Family (Middlesex)  
Patricia Pearce (London)  
Patricia Price (West Midlands)  
Patricia Smith (Kent)  
Paul C Butler (Hertfordshire)  
Paul Chambers (Suffolk)  
Pauline Clutterbuck (Berkshire)  
Pauline Rogers (Yorkshire)  
Peter Andrews (Suffolk)  
Peter Williams (Nottinghamshire)  
Philip Thornley (Herefordshire)  
R Sewter (Cambridge)  
Raymond Pope (London)  
Rhona Bywater-Smithson (Yorkshire)  
Richard & Dinny Cope (Devon)  
Rita Kinsey (Hampshire)  
Robert John Davey (Suffolk)  
Robert Martin (West Midlands)  
Robin & Susan Smith (Berkshire)  
Robin Hockings (Somerset)  
Rodney Fisher (Suffolk)  
Roger & Gillian Pratt (Warwickshire)  
Ronald Franklin (Middlesex)  
Rosemary McLean (Lancashire)  
Rosemary Napier (Devon)  
Rowena Fowden (Cambridgeshire)  
Roy & Jean Crowcroft  
Ruth Clatworthy (West Berkshire)  
Sallie Judge (Essex)  
Sandra Nelson (London)  
Sarah Lloyd (Lincolnshire)  
Shah Family (London)  
Sheila Jones (Avon)  
Shirley Quemby (Surrey)  
Shoshana Foster (London)  
Simon Burdis (Cumbria)  
Spooner (Kent)  
Stephanie Chapman (Leicestershire)  
Stephen Greenwood (Suffolk)  
Stephen Jeffery (Berkshire)  
Sue Crabbe (Bedfordshire)  
Sue Hammond (Bedfordshire)  
Sue Hibbery (London)  
Sue Jones (Cambridgeshire)  
Sue Seabridge (Lancashire)  
Suresh Tanna (London)  
Susan Picton (Worcestershire)  
T J Simcock (Cheshire)  
T Nadar (Suffolk)  
T Scarff (Suffolk)  
Terry Hickson (Norfolk)  
The Williams Family (Berkshire)  
Thelma Scott  
Thomas Head-Rapson and wife  
(Merseyside)  
Thomas S Hicks (Lancashire)  
Toni Homes (Devon)  
Tony Martin (Devon)  
Tony McDermott (Cheshire)  
Tracey Mears (Cornwall)  
Unnamed Family Carer from West  
Berkshire Independent Parents and  
Family Carers Group  
Ursula French (Merseyside)  
Val Mercer (Devon)  
Valerie Fitch  
Victoria Harris (Cambridgeshire)  
W Eborn (Essex)  
W H Alecock (Cheshire)  
Wendy Berry (Middlesex)  
Wendy Brimmicombe (Devon)  
Wendy Fletcher (West Yorkshire)  
Wendy Magee (West Midlands)  
3 Family Carers from People First  
Lambeth  
32 Unnamed Family Carers

## Others

### Groups

ACE Advocacy Organisation (Suffolk)  
 Action Space (London)  
 ADASS Southern Region  
 Adult Community Services Resource Workers  
 Advocacy Matters (West Midlands)  
 Age Concern/the Carers Centre/ Family Carers (West Midlands)  
 Ahara-Michael Banbury, Chris Davies (Berkshire)  
 Amber Valley Consultation Event (Derbyshire)  
 Ashton House Resource Centre (Wirral)  
 Autism West Midlands Learning Disability Students University of Manchester  
 Bath and North East Somerset Integrated Learning Disability Services  
 Berkshire Care Association  
 Bestwood Day Services Staff  
 Social and Community Services, Oxfordshire  
 Andover Mencap  
 Bracknell Forest Borough Council  
 Bradford District Care Trust  
 Bramington Centre Jupiter Area  
 Brandon Trust (Avon)  
 Brent Adult Placement Service  
 Bristol South Learning Disability Team  
 Brookhurst Care Ltd (Surrey)  
 Brothers of Charity Services (Lancashire)  
 Bury Employment Support and Training, Bury Council  
 Bury Metro Mencap  
 Calderdale Metropolitan Borough Council  
 Centre for Health and Social Care Research (Yorkshire and Lancashire)  
 Changing Our Lives (Devon)  
 Chelmsford Local Action Group (Essex)  
 Cheshire Partnership Boards and Cheshire Valuing People Champions  
 Colchester Local Action Group (Essex)  
 Community Learning Disability Team (Cambridgeshire)  
 Community Learning Difficulties Team (Somerset)  
 Community Team for People with Learning Disabilities, Slough Borough Council  
 Connect in the North (West Yorkshire)  
 Connexions Advisers (South Tyneside)  
 CVS Community Partnership (Leicestershire)  
 Carers First (Kent)  
 David & Cath Maratos (Conwy)  
 David & Maureen Walters (Avon)  
 Day Service Staff and Service Users (Berkshire)  
 DGS Mencap (Kent)  
 Dimensions (Berkshire)  
 East Cheshire Advocacy  
 East Kent Mencap  
 East Leeds Locality Network Scheme  
 East Midlands Learning Disability and Race Equality Network  
 East Midlands PCP Group  
 East Midlands Transition Network  
 Eastleigh Borough and Romsey Mencap  
 Ed Sexton Advocate (South Yorkshire)  
 Edward Radon (Kent)

Ealing Mencap  
East Midlands Positive Practice Event  
Entrust Care (West Midlands)  
Essex Learning and Skills Council  
Exeter and District Mencap  
Friends and Family Forum (Lancashire)  
Gayati and Anja Manek (Middlesex)  
Gateshead Carers Association (Tyne and Wear)  
Gateshead People (Tyne and Wear)  
Greater Manchester Passenger Transport Executive  
Greenwich Council  
Health and Adult Social Care Overview Scrutiny Committee (Kent)  
Health Focus Group South Tyneside  
Health Task Group  
Helping Empower Lincolnshire People  
Herefordshire Mencap  
Housing Options (Surrey)  
Hull University  
Intensive Support Team (Lincolnshire)  
Isle of Wight Council  
MHILD and Estia Centre (London)  
Joint Health Key Objective Group Shropshire, Telford and Wrekin  
The Papworth Trust (Cambridgeshire)  
Keeping Up Forum South Staffordshire and Shropshire Healthcare NHS Trust  
Hastings and Rother Specialist Trust  
Kettering and District Mencap and Gateway Society (Northamptonshire)  
Keynsham Network Bristol and North East Somerset Forum (Avon)  
Keyring Boscombe Network (Dorset)  
Keyring Living Support Network (Warwickshire)  
Keyring Living Support Network (West Midlands)  
Keyring Wales Forum  
Kirklees Involvement Network Meeting  
Lambeth Mencap  
Larkfield Hall Ltd  
Learning Disability Services at Leeds Partnership  
Leicestershire and Rutland Health Action Planning Subgroup  
Lewisham Speaking Up Advocacy Project  
Local Implementation Group Southampton  
London Borough of Barking and Dagenham Adult Trust  
Monday Club Maidenhead Mencap  
Making Changes Advocacy Group  
Maldon Local Action Group  
Meadows Sports College (West Midlands)  
Merton Mencap  
Mulberry Carers Consultation Group (Cheshire)  
New Horizons (Manchester)  
Newberry Cottage Monkwearmouth Service Users and Staff (Tyne and Wear)  
Norfolk Advocacy Advisory Group  
Norfolk Housing Group  
North East Regional Forum on Learning Disability  
North East Workforce  
North West Community Services (Merseyside)  
North West London SIG  
North West Regional Task Force  
North West Training and Development Team Health and Learning Disability Network  
Northallerton and Dales Mencap  
Northumberland Tyne and Wear Trust

North Radstock Network Bristol and North East Somerset (Avon)  
 Norwich Day Services Student Council  
 Nottingham City Council  
 Nottinghamshire Mencap  
 Nugent Care in Liverpool  
 Parents and Professionals in Partnership (Independent Special Needs Consultants (Cornwall))  
 Partnership in Action Barnsley  
 Patient and Public Involvement Forum Carers Federation (Leicestershire)  
 People's Parliament REACH (Staffordshire)  
 POhWER the Advocacy Group (Hertfordshire)  
 Postural Care Skills (Staffordshire)  
 Princess Royal Trust for Carers (Avon)  
 Prospects Access to Life (Berkshire)  
 Reading Education and Training Centre (Berkshire)  
 Redcar Satellite  
 Regional Network for Person Centred Planning (West Midlands)  
 Ridgeway Partnership NHS Learning Disability PPI Forum (Oxfordshire)  
 Riverside People's Centre (Merseyside)  
 Rochford Local Action Group (Essex)  
 Rowe Family Trust (Cheshire)  
 Safeguarding Adults Policy and Performance Group (Surrey)  
 Sanctuary Housing (Worcestershire)  
 South East Regional Family Carer Network  
 Skillnet Group from Lindas Group (Kent)  
 Slough Learning Disability Providers (Berkshire)  
 Southeast Workforce Network  
 South Gloucestershire Council  
 South West Day Opportunities Group  
 South West Ethnicity Network  
 South West Yorkshire Mental Health/ Learning Disability NHS Trust  
 South Wiltshire Mencap  
 Southeast Health Network (Surrey)  
 Speak East Now (Worcestershire)  
 Spoke Advocacy Organisation (Bedfordshire)  
 Sprowston Day Services Forum (Norfolk)  
 Steps Advocacy Group (Norfolk)  
 Sunderland City Council  
 Taking Part (Shropshire)  
 Tameside Metropolitan Borough Council  
 Tendring Local Action Group (Essex)  
 The Caroline Walker Trust (Hertfordshire)  
 The Judith Trust (London)  
 The Makaton Charity  
 The Quality Company  
 The Ruby Group at Larkfield Resource Centre (Cambridgeshire)  
 The Skillnet Group South East Jobs Action Network  
 The Skillshop Ltd (Yorkshire)  
 Thera Trust (Lincolnshire and Derbyshire)  
 Thorne Road Day Services (South Yorkshire)  
 Tonbridge and District Mencap (Kent)  
 United of Slough Self and Peer Advocacy  
 Unlimited Company of Storytellers (Somerset)  
 Valuing People Regional Employment Network  
 VCS Leicestershire Learning Disability Forum  
 Voluntary Sector Learning Disability Provider Forum (West Midlands)

West Berkshire Citizen Advocacy Service  
West Midlands Learning Disability Workforce Network  
West Sussex County Council  
Who Cares for Us Project  
Wokingham and District Mencap (Berkshire)  
Wokingham Borough Council  
Yellow Group at Larkfield Resource Centre (Cambridgeshire)  
Yorkshire and Humber Regional Forum and Rotherham  
Yorkshire and Humber Workforce Group  
Your Say Advocacy for People in Bath and North East Somerset  
Zetland Day Services (North Yorkshire)

### ***Individual***

Adde Edge (Lancashire)  
Adult Disabilities Service Manager (London)  
Alan Leyin (Essex)  
Alan Reilly (Bedfordshire)  
Alan Sinclair (Oxfordshire)  
Alan Sugar (Leicestershire)  
Alison Love (London)  
Alison Woodhead (Derbyshire)  
Amanda Kent (Hampshire)  
Amanda Whittle Darrock (Lancashire)  
Amimul Islam (London)  
Andrew Heeran (Cleveland)  
Andrew Miller (Surrey)  
Andy Chevous (Suffolk)  
Anjalika Baler (Wiltshire)  
Anna (Berkshire)  
Anne Hill (Lancashire)  
Anne Jackson (Tyne and Wear)  
Anne Sefton (Lancashire)  
Anthony McCallum (Surrey)  
Ashley Ralphson (Lancashire)  
Aviv (Berkshire)  
Ben (Berkshire)  
Bentley Day Centre Officer (Middlesex)  
Bernie Crough (Lancashire)  
Beverley Wyatt (Berkshire)  
Brian Sangster  
Brigid Mieleney Smith  
Carol Jaffray (Cleveland)  
Carole Ford (Cambridgeshire)  
Chris Spybey (Nottinghamshire)  
Chris White (Lancashire)  
Christina Collymore Skills for Care (East Midlands)  
Christina Gibson (Lincolnshire)  
Christopher Walker (Yorkshire)  
Clare Walker (Essex)  
Clare Wightman Director Grapevine (West Midlands)

Colin Hewitson (Nottinghamshire)  
David Bell  
David Fogarty (Lancashire)  
David Locke (Cleveland)  
Debbie Phipps (London)  
Deborah Isley (Cleveland)  
Deborah Parker (Lancashire)  
Digby James Townsend (North  
Yorkshire)  
Dorothy Leary (Yorkshire)  
Dot Ashton (Merseyside)  
Dreenaagh Lyle  
Ellen Alcock (West Midlands)  
Esta Newson (Suffolk)  
Felicity Glass  
Fliss Shires (West Yorkshire)  
Francis Becky (Lancashire)  
Gange Road  
Gemini Care (Hampshire)  
Gillian Middleditch (Kent)  
Hazie Downes (Cheshire)  
Helen MacDonald (West Midlands)  
Hemel Campaigners Volunteer  
Facilitator (Hertfordshire)  
Isable Jenkins (Suffolk)  
Ivy Charlton (Lancashire)  
Jackie McKie (Lancashire)  
Janet Cobb  
Jess Mortimer (Lancashire)  
John Delaney (Herefordshire)  
John McKeown (Lancashire)  
Julian Spurr (Surrey)  
Justine Embleton (Cleveland)  
Kate Holt (Merseyside)  
Kerry Thomas (Nottinghamshire)  
Linda Jackson & Shirley Mallon  
(West Midlands)  
M Wells  
Majorie Green (Lancashire)  
Manita Shad (Middlesex)  
Marion Price  
Martin Barkley (Hampshire)  
Mary Horsfall (Lancashire)  
Mary Settle (Lancashire)  
Mary Westhead  
Mavis Grundy  
Miaahed M  
Michael Muldoon  
Morag m.e.p.p (Essex)  
Mrs B Rose (Essex)  
Mrs Kelly (Warwickshire)  
Muskan Support Worker (Lancashire)  
Nanette Mellor (Cheshire)  
Paula Cooper Enable Housing  
(Derbyshire)  
Pauline Grainger  
Peter Liement ( County Durham)  
Peter Mawson (Shropshire)  
Petula Marriott (Nottinghamshire)  
Philippa Fitch (Essex)  
Prior Woods School (Cleveland)  
Ray Burston (West Midlands)  
Richard D Heynes (Lancashire)  
Robert Ebanks (London)  
Rosie Acton (Nottinghamshire)  
Roy Hutchinson (  
Shahidur Rahman (London)  
Sharon Kinsey  
Shaun Pavique (Kent)  
Sheila Killick (East Sussex)  
Sheila Murthy (Lancashire)  
Sherry Cunningham  
Shirley Booth (Teeside)  
Shumila Begum (London)  
St Giles (Essex)  
Stephanie Baines (Herefordshire)  
Stephen Birds (Bedfordshire)  
Stephen Mardell  
Steven Dymond (Cornwall)  
Susan Godwin (West Sussex)  
Susan Hope (Northamptonshire)  
Sylvia Hanna (Bedfordshire)  
Terry McClatchey (Powys)  
Trent Mills (Lancashire)

Valerie Bosley (Berkshire)  
 Vicky Robinson (Lancashire)  
 Wendy Hicks (Norfolk)  
 Wendy Sullivan

## Professional and Managers

### **Groups and Individuals**

17 Scowcroft Street (Lancashire)  
 2 Blackwood Road (Sunderland)  
 Abbey Care Nursing Home (South  
 Yorkshire)  
 Adult Nursing Team Central  
 Lancashire PCT  
 Adult Social Care, Cambridgeshire  
 Ashton Leigh and Wigan PCT  
 At Home in the Community (Tyne  
 and Wear)  
 Autistic Spectrum Disorder  
 (Hampshire)  
 Bentley Day Centre Officer  
 (Middlesex)  
 Berkshire Care Association  
 Bestwood Day Service Staff  
 (Nottinghamshire)  
 Beverley Wyatt, Team Manager  
 Berkshire  
 Bristol North Community Learning  
 Disability Team  
 Calderstones NHS Trust (Lancashire)  
 Cheshire and Wirral Partnership Trust  
 Child and Adolescent Learning  
 Disability Service (Hampshire)  
 Children with Disabilities Team,  
 South Tyneside  
 Children's Disability Service Torbay  
 (Devon)  
 Chris Williamson (Cleveland)  
 Chrissy (Surrey)  
 Christabel Shawcross (London)  
 Clair Waterman (Surrey)  
 Claire Cummings (Cleveland)  
 Colin Grooves (Middlesex)  
 Coventry and Warwickshire  
 Partnership Trust

Cleveland Community Learning Disability Team  
Community Nurses, Cambridgeshire  
Community Team Managers Network (London)  
Crossroads (Dorset)  
Durham County Council WorkAble Solutions Service  
Daniel Marsden (Medway)  
David Marsden, Director NHS East Midlands  
Day Services (Shropshire)  
Day Service Staff (South Tyneside)  
Dean Row Day Centre (Cheshire)  
Debbie Bull (West Midlands)  
Debbie Whittenbury (Surrey)  
Deidre Finn (Kent)  
Derby City Learning Disability Team  
Derbyshire Adult Social Services  
Derek Goldsmith (Tyne and Wear)  
Derrick Francis (West Sussex)  
Diana Rayner (Warwickshire)  
Dominique Rawlings (Hampshire)  
Dorset Healthcare NHS Foundation Trust  
Dr Suzanne Conboy-Hill (Sussex)  
Dr Teresa McCarthy (Hampshire)  
East Midlands National Network Learning Disabilities Nurses  
Eileen Pickering (Merseyside)  
Ezra Staff (Berkshire)  
Farmhouse Staff Team (Berkshire)  
Fiona MacDonald (Tyne and Wear)  
Fits Staff (Berkshire)  
Freeways (Avon)  
Gary Bye (West Midlands)  
Gary O'Brien (East Sussex)  
Gill Cameron (Leicestershire)  
Giselle Parkin (West Midlands)  
Hampshire County Council Adult Services Department  
Hampshire Partnership NHS Trust  
Hampshire PCT  
Helen Randall (Berkshire)  
Helen Saunders (Cleveland)  
Hepslott Bungalows NTW NHS Trust (Northumberland)  
Hertfordshire Partnership NHS Foundation Trust  
Hesley Group (Derbyshire)  
Heswall and Pensby Wood Staff (Wirral)  
High Skills (Cleveland)  
Hilary Binyon (London)  
Hilary Hubbard (Hampshire)  
Holly Street Day Centre (West Yorkshire)  
Innage Lane Support Staff and Managers (Shropshire)  
J L Lawrence (Kent)  
Janice Wood (Lancashire)  
Jean Bull (Lancashire)  
Jean Olley (Hertfordshire)  
Jennifer Wheeler (Warwickshire)  
John Marshall (Lancashire)  
John Mason (Middlesex)  
Julia Young (Hampshire)  
Kadima Staff Team (Berkshire)  
Karen Carpenter (Northamptonshire)  
Karen Lewis (London)  
Kathy Wright (West Yorkshire)  
Kelly Congreave (Nottinghamshire)  
Kent and Medway NHS and Social Care Trust  
Kingwood (Oxfordshire, West Berkshire and Hampshire)  
I Anderson (Tyne and Wear)  
Learning Disability Commissioning Managers (West Essex)  
Learning Disabilities Forensic Team (Cleveland)  
Learning Disability Nurses in Teignbridge, Torbay, South Hams and West Devon



Learning Disability Service Nottinghamshire	Pennine Magpie (Yorkshire)
Leigh Court Day Centre (Avon)	Person Centred Planning Network (London)
Les Shan (County Durham)	Peter Earl (West Midlands)
Linda Scott (Surrey)	Peterborough PCT
Linda Swan (Merseyside)	Physical Disability Team Day Centre Officers (Cambridgeshire)
Lionel Smith CLDN (London)	Positive Steps Care Services Ltd (Cambridgeshire)
Lois Greenhalgh (Oxfordshire)	Rachel Ashton (Nottinghamshire)
Louise Hixon	Rachel Barber (Yorkshire)
Lynn McIntyre, Brenda Hennessy (Cambridgeshire)	Ravenswood Village (Berkshire)
Lynda Coy (Berkshire)	Regional Strategy Group (West Midlands)
Lynn Sprague (West Midlands)	REACH (Rehabilitation Education and Community Homes Ltd (Buckinghamshire and Berkshire)
Maggie Beat (Norfolk)	Richard Graham (Berkshire)
Mars Day Care Officer (Bedfordshire)	Rikki Wardally (London)
Martin Jackman (Nottinghamshire)	Roadall Rosenwood Village (Berkshire)
Mary Holbrook and Fiona Miller Groups (Derbyshire)	Robin Boucher (Warwickshire)
Mental Health Services (Gloucestershire)	Roger Fitzhugh (Northamptonshire)
Mental Health/Learning Disability Services West Yorkshire	Rosanne Tyas (London)
Mersey Care Trust Learning Disability Healthcare Workers	Royal Borough of Kensington and Chelsea
Mike Greenway (Oxfordshire)	Rubicon Rise (Sunderland)
Mike Hogan (Merseyside)	S Archer (Bedfordshire)
Mohammed Irfan (Bedfordshire)	S French (Tyne and Wear)
Murdoch Trevithick Day Centre (Redruth)	St Anne's Community Services (Yorkshire, Lincolnshire and Humber)
New Ideas Advocacy (Warwickshire)	Salford Learning Disability Service
North East Essex PCT	Sandwell Metropolitan Borough Council
North Humberside Community Team for Learning Disabilities	Sarah Browning (Somerset)
Norwood (Berkshire)	Sarah Gimson (West Midlands)
Ormerod Group (Lancashire)	Sarah Hall (Northumberland)
Outlook Care Service User Committee	Sarah Jayne Davies (Warwickshire)
Parin Robbins (Middlesex)	Shalva (Berkshire)
Pat Ready (Isle of Wight)	Slough Borough Council-communiyt care management team
Paul McNally	
Paul Rogers (Somerset)	
Pauline Evans (Essex)	

Social and Residential NTW NHS Trust  
(Tyne and Wear)

Social Care Forum (Norfolk)

South Devon Healthcare Trust

South Essex Partnership NHS  
Foundation Trust

South East Health Network, Kent  
Surrey and Sussex Nurses

Southdown Housing Association  
(Sussex)

Southill Centre and 15 Mount  
Pleasant (Dorset)

South Staffordshire and Shropshire  
Healthcare NHS Foundation Trust

Staff in Wallasey Town Hall

Stuart Mitchelmore  
(Buckinghamshire)

Sue Fox (Oxfordshire)

Sue Hewitt (Northamptonshire)

Sue Hill (North Yorkshire)

Suffolk PCT

Suffolk Mental Health Partnership  
Trust

Sutton and Merton Learning  
Disability Services

Supported Living Outreach Team  
(Birmingham)

Suzanne Brindley (Suffolk)

Tees Esk Wear Valley NHS Trust

Terry Eric Simmonds (Cornwall)

The Elms (Dorset)

The Oaks Ridgeway Centre (Dorset)

The Willows (Bedfordshire)

Tracey Whittan

Travtole Clinic (London)

Tristan Palmer (Norfolk)

Turnstone Support (Berkshire and  
Buckinghamshire)

Valerie King (Kent)

Vauxhall Drive Residents Association  
(Surrey)

Vincent Bottomley (London)

West Midlands ADASS

West Midlands Regional Learning  
and Skills Council

Wilf Ward Family Trust (Yorkshire)

Yates (Yorkshire)

York Lodge (Surrey)

48 Social Workers in Somerset.

## Learning Disability Partnership Boards

Barnet  
Berkshire  
Birmingham  
Blackburn and Darwen  
Blackpool  
Bolton  
Brighton and Hove  
Buckinghamshire  
Cambridgeshire  
Camden  
Central Lancashire  
Cheshire  
Coventry  
Craven and Harrogate  
Derby City  
Devon  
Dorset  
Dudley  
Durham  
Ealing  
East Lancashire  
Enfield  
Essex  
Hackney  
Hertfordshire  
Fylde and Wyre  
Hambledon and Richmondshire  
Hampshire  
Halton  
Hull  
Isle of Wight  
Kent  
Kirklees  
Knowsley  
Lancashire  
Leeds  
Leicester City  
Leicestershire  
Lincolnshire  
Luton  
Medway  
Merton  
Milton Keynes  
Newcastle City  
Newham  
Northamptonshire  
Norfolk  
North East Lincolnshire  
North Somerset  
North Tyneside  
Nottinghamshire  
Oldham  
Oxfordshire  
Peterborough  
Plymouth  
Portsmouth  
Reading  
Redcar and Cleveland  
Redbridge and Waltham Forest  
Rutland  
St Helens  
Sefton  
Sheffield  
Slough  
Solihull  
Southampton  
Southwark  
South Area Partnership (Shropshire)  
South Derbyshire  
South Gloucestershire  
South Tyneside  
Staffordshire  
Suffolk  
Surrey  
Telford and Wrekin  
Thurrock  
Trafford  
Tyne and Wear  
Wakefield  
Wandsworth  
Warwickshire

Westminster  
 Wigan  
 Windsor and Maidenhead  
 Wokingham  
 Worcestershire  
 York  
 Yorkshire

2 London LDPBs  
 Karen Ahmed on behalf of unnamed  
 LDPB

## National Organisations

ADASS (Association of Directors of  
 Adult Social Services)  
 Age Concern  
 ARC (Association for Real Change)  
 Association for Supported Living,  
 Housing Options and Mencap  
 Association of Optometrists and  
 Association of Dispensing Opticians  
 British Computer Society  
 BILD (British Institute of Learning  
 Disability)  
 British Psychology Society  
 British Society of Rehabilitation  
 Medicine  
 Camphill England and Wales  
 Cancer Research UK  
 Castleback and Swanton Care and  
 Community  
 Challenging Behaviour Foundation  
 Choice Support Board of  
 Management  
 College of Occupational Therapists  
 Craegmoor Healthcare  
 Down's Syndrome Association  
 Education Otherwise  
 English Community Care Association  
 Family Planning Association  
 Family Welfare Association  
 Foundation for People with Learning  
 Disabilities  
 Golden Lane Housing  
 HFT  
 Heritage Care Provider  
 Inspired Services  
 L'Arche UK  
 Learning Disability Coalition  
 Learning Disability Task Force  
 Mencap  
 National Autistic Society

National Advisory Group on Learning  
Disabilities and Ethnicity  
National Co-ordinating Body for  
Home Improvement Agencies  
National Family Carer Network  
National Forum of People with  
Learning Disabilities  
National Housing Federation  
NCH  
NHS Confederation Mental Health  
Network  
NIACE (National Institute of  
Continuing Adult Education)  
Norah Fry Research Centre  
Paradigm  
PMLD Network  
Rescare  
RNIB  
RNID  
Royal College of General Practitioners  
Royal College of Nursing  
Royal College of Physicians  
Royal College of Psychiatrists  
See-ability Seeing Beyond Disability  
Sense  
Shaw Trust  
Skills National Bureau for Students  
with Disabilities  
SCIE (Social Care Institute of  
Excellence)  
Social Firms UK National Support  
Agency  
Turning Point  
United Response  
Values into Action  
Voice UK, Ann Craft Trust, Respond  
Voluntary Organisations Disability  
Group  
Walsingham  
Working Together with Parents  
Network



© Crown copyright 2009

29056h 1p 0k Jan 09

Produced by COI for the Department of Health

[www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)