TRACKING SUCCESS

Testing Services For People With Severe Physical and Sensory Disabilities

LIVING
OPTIONS
IN PRACTICE

Living Options In Practice
Project Paper No. 2

THE PRINCE OF WALES'
ADVISORY GROUP
ON DISABILITY

COMMUNITY LIVING
DEVELOPMENT TEAM
KING'S FUND CENTRE

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Barrie Fiedler

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CONTENTS

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Chapter 1. Tracking Success

Summary

Living Options In Practice believes that it is essential for all those who plan and provide disability services to review their work regularly. Based on the experience of the eight Practice Teams, *Tracking Success* proposes a systematic approach to testing that the best possible services are being developed for people with physical and sensory disabilities. Using a variety of practical methods to learn the views of service users and providers, *Tracking Success* is intended to help all those with a responsibility for or interest in disability services to work together and with disabled people to ensure that Living Options standards are being met.

Chapter 1, Tracking Success, discusses the concept of tracking, who it is for, and how it can help.

Chapter 2, Principles and Goals, reviews the Living Options principles and framework for a comprehensive service system, and shows how these values and goals can be translated into local mission statements and service plans.

Chapter 3, Standards and Action, proposes three key themes that need to be tracked: user satisfaction, user participation, and partnership; suggests essential tracking criteria; and gives examples from the Practice Teams of possible action plans.

Chapter 4, Feedback for Success, suggests some methods for obtaining feedback (tracking paths) with regard to each theme, and offers a checklist of key steps in the tracking process.

Readers already familiar with the Living Options documents and approach, and already working to agreed standards and objectives, may find a useful review in Chapters 2 and 3, or may prefer to turn to Chapter 4 for some ideas on testing the work in which they are currently involved. *Tracking Success* is designed to enable readers to select relevant material to help their current work.

What is Tracking Success ?

Tracking success is a way of finding out from users and providers of services whether the work of service development teams (Practice Teams) is making a difference, and helping to produce services that reflect Living Options values, answering the questions:

- Are services 'right' (or getting better), and empowering users ?
- Are disabled people appropriately involved in service planning ?
- Are service development teams working effectively to achieve results ?

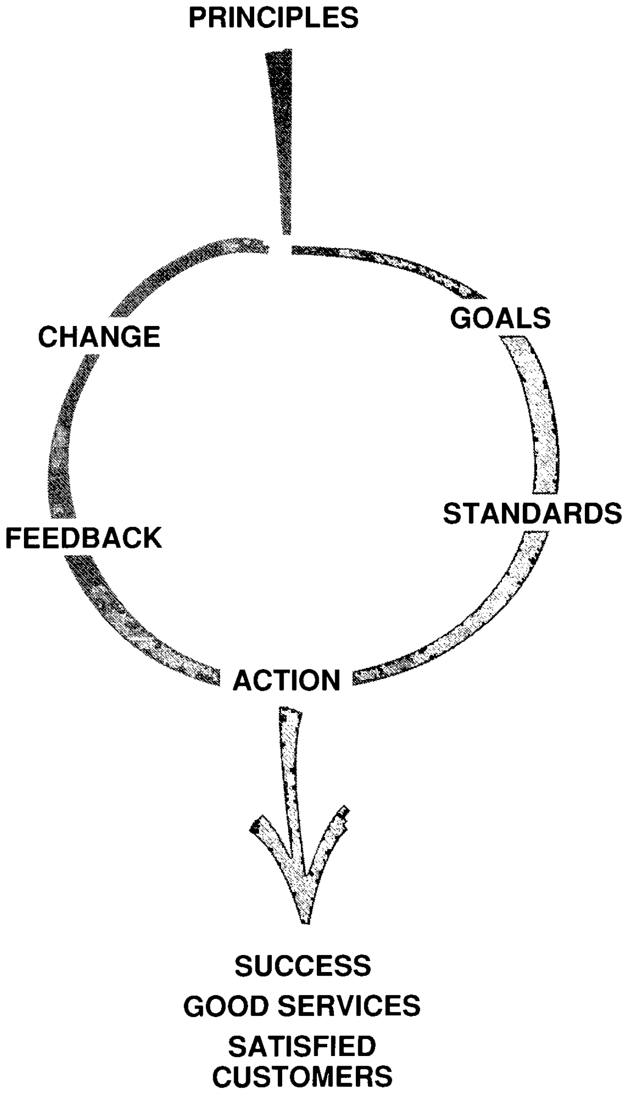
Living Options In Practice believes that there are some basic ingredients of a tracking cycle that can lead to 'success' — that is, good services and satisfied customers.

These components are:

- **Principles** — Shared values and vision
- **Goals** — Clearly defined long-term aims
- **Standards** — Clear criteria for measuring good practice
- **Action** — Short-term plans to reach goals and standards
- **Feedback** — Methods for finding out whether goals and standards are met
- **Change** — Improvements based on feedback.

Based on the fundamental Living Options principles and vision of a comprehensive service system, *Tracking Success* describes a practical way to set good practice criteria and service plans, and produce the feedback necessary to review progress and make changes.

Diagram 1. The Tracking Cycle



Tracking Success offers a systematic approach to monitoring within realistic resources; it proposes a way of thinking which should become a routine, regular part of practice, intended to help planners and providers find out whether the services they offer are the ones disabled people want and need. (In this paper, the terms 'users', 'consumers' and 'customers' are used interchangeably with 'disabled people'. Living Options In Practice recognises that informal carers are also users of services, and that their needs may be different, but believes that getting services right for disabled people will also benefit informal carers.)

Tracking success is *not* formal programme evaluation or academic research; it does not require external 'experts', computers, or a great deal of money; and does not result in weighty statistical reports. Most importantly, it is not a prerequisite for or alternative to practical action.

Who is Tracking Success For ?

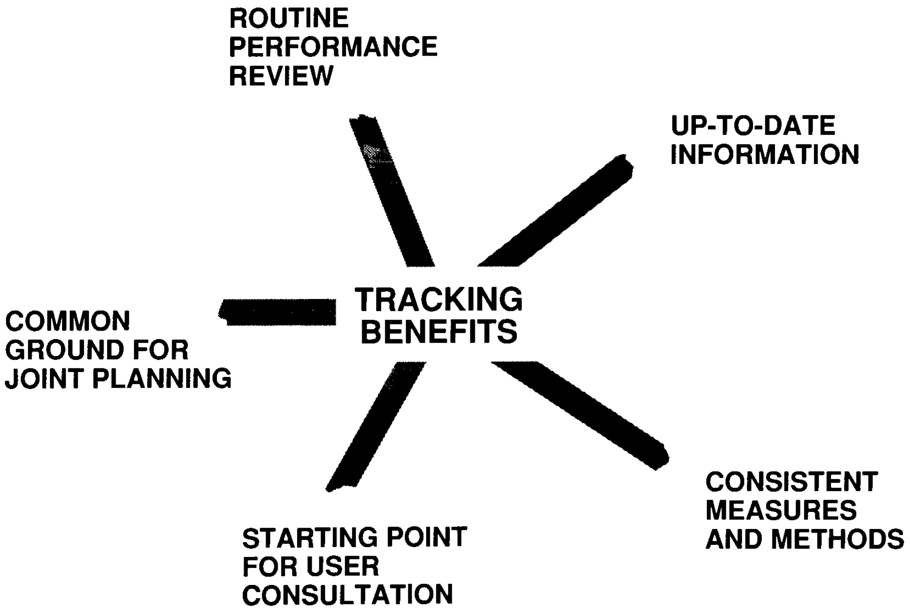
This document is intended as an aid for the Practice Teams and for others with an interest in or responsibility for physical disability services:

- **Directors and managers** — who want to balance competing demands on resources and meet requirements for consultation and assessment
- **Professionals and practitioners** — who want to demonstrate, and test, the benefits of the service they provide
- **Planners and researchers** — who need valid, mystique-free data on which to base their work
- **'Purchasers' and 'providers'** — who want to make informed decisions about future service requirements and offer the kinds of services people want to use
- **Disability organisations** — who want to lobby on behalf of the people they represent
- **Disabled people** — who want genuine opportunities to make their voices heard.

Tracking success helps planners, managers, providers and users of services to work together by providing:

- Quick, up-to-date information about services — what they offer, how they are used and perceived — to help validate assumptions and plan change
- Consistent measures for and methods of collecting information over time, so that results are comparable
- A shared approach to regular, routine review of performance against goals
- Common ground for joint planning and decision-making, by producing a set of facts that everyone can accept
- A starting point for consultation with users: agreement about what really matters, what needs to be tracked and how it will be done, and what will happen to the results.

Diagram 2. Tracking Benefits



Chapter 2. Principles and Goals

Living Options Principles

All of the Living Options work is underpinned by the principles first set out in *Living Options Guidelines*[1] and further developed by *Living Options Lottery.*[2] These principles — which place the individual disabled person at the centre of service planning — are as follows:

- **Choice** as to where to live and how to maintain independence without over-protection, or the risk of unnecessary hazards, including help in learning how to choose
- **Consultation** with disabled people and their families on services as they are planned
- **Information** clearly presented and readily available to the most severely disabled consumers
- **Participation** in the life of local and national communities in respect of both responsibilities and benefits
- **Recognition** that long-term disability is not synonymous with illness and that the medical model of care is inappropriate in the majority of cases
- **Autonomy**: that is, freedom to make decisions regarding the way of life best suited to an individual disabled person's circumstances.

TAKING ACTION

Taking these principles as a starting point, each of the eight Living Options Practice Teams has produced a 'mission statement' or statement of intent, setting out the purpose and philosophy of the team. These statements reflect different local policy concerns and equal opportunities positions. Within teams, care has been taken to ensure that all local agencies and joint planning groups are working to the same broad aims and values.

Box 1. Living Options in Maidstone — Mission Statement

To plan and co-ordinate in partnership between health, social services, housing and other statutory agencies, voluntary and consumer groups, the development of a range of facilities to create an environment in which people with physical disabilities, irrespective of the source of their disability, can live, work and participate fully in the community.

Objectives

- To ensure the availability of adequate and flexible care and support facilities
- To protect and enhance disabled people's legal and personal rights
- To enable people with disabilities to exercise freedom of choice and personal responsibility
- To provide opportunities for disabled people to gain and maintain individual skills and independence
- To promote consumer involvement at every stage and to take into account the views and needs of carers
- To promote accessible information systems to enable people with disabilities to make informed choices
- To ensure the accessibility of the physical environment to all disabled people
- To promote the spread of public awareness of the needs of all people with disabilities

The example in Box 1 above illustrates one Practice Team's mission statement. Statements from the other Practice Teams are given in Appendix 1.

If mission statements have not been written in consultation with users they need to be reviewed when disabled people join the service development team.

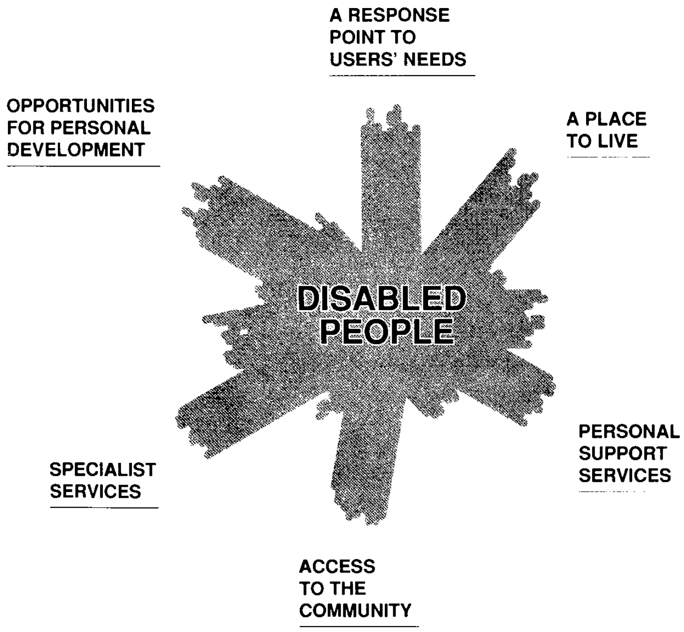
Such statements are just the starting point: they need to be followed by clear service objectives and action plans.

A Comprehensive Service Framework

The Living Options In Practice vision of a comprehensive service system is set out in *A Framework for Action.*[3] Based on the experiences of the eight Practice Localities, this Framework outlines the six basic components that are shared by any effective service system for people with severe physical disabilities (see Box 2).

Taking each of the elements in turn, the Framework creates a comprehensive picture of the service options that might be required by individual disabled people. As a starting point, localities can use the Framework as a reference point for taking a fresh look at their own service provision and setting long-term goals. The Framework encourages professionals to look at services from the perspective of users' needs, rather than simply charting what each agency currently provides.

Box 2. A Comprehensive Service Structure



(From *A Framework For Action*, p. 2)

TAKING ACTION

Each of the eight Practice Localities began its Living Options work by mapping or auditing existing services in this way, asking for each service category: 'which services help disabled people ?' The format for such an exercise is given in Box 3; and Appendix 2 shows the kind of composite service map that can be constructed from information provided by different local agencies.

In setting local action plans the Practice Teams, in consultation with service users, are refining and expanding these charts, building up a picture of local services and choosing priority areas for development and improvement.

Box 3. Mapping Local Services

	Existing Services	Planned Services	Service Gaps
Response Point			
Place to Live			
Personal Support			
Access to Community			
Specialist Services			
Personal Development			

References

1. *Living Options Guidelines for those Planning Services for People with Severe Physical Disabilities.* The Prince of Wales' Advisory Group on Disability, London, 1985.
2. *Living Options Lottery: Housing and Support Services for People with Severe Physical Disabilities — 1986 / 88*, Fiedler B. The Prince of Wales' Advisory Group on Disability, London, 1988.
3. *A Framework For Action: Developing Services For People With Severe Physical and Sensory Disabilities*, Fiedler B, Twitchin D. Living Options In Practice, London, 1990.

Chapter 3. Standards and Action

Living Options In Practice proposes three tracking standards which reflect the key themes of the project work.

- *User satisfaction with services: services should meet user and potential user needs, expectations and preferences*

  All the Living Options work is firmly committed to developing effective, appropriate services based on the principles of individual choice and autonomy. We believe that the best measure of good services is user satisfaction.

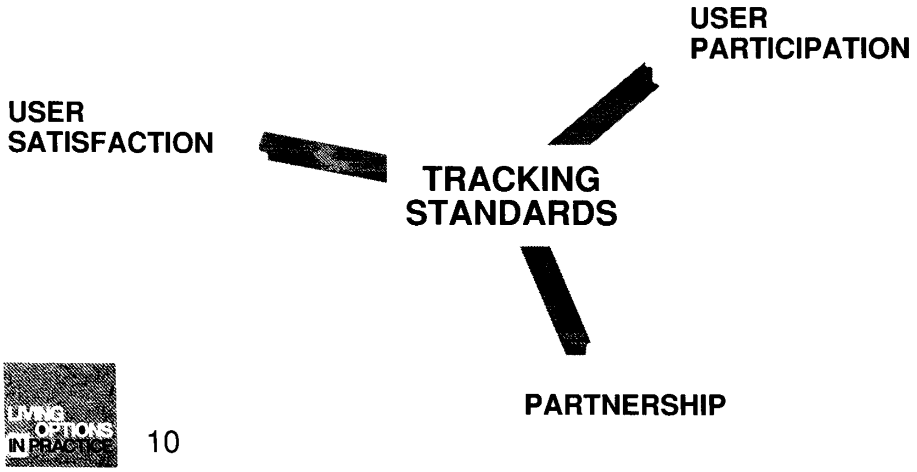
- *User participation in service planning: disabled people should have a measure of real power over the way services and policies are planned and implemented*

  The genuine involvement of disabled people in the service development process is fundamental to the Living Options approach. We believe that disabled people have a right to participate as citizens in this process, and that their involvement will lead to more effective services.

- *Partnership: service development teams should work effectively together and produce results*

  Multi-agency service development teams are the means by which the Practice Localities are working to achieve good services. We believe that such partnerships are essential tools in the planning, development and delivery of good services.

Diagram 3. Key Themes for Tracking



This chapter sets out essential criteria for testing progress against these three tracking standards, and suggests action programmes based on the work of the Practice Teams. These criteria are not sequential, nor are they presented in order of importance.

User Satisfaction with Services

Services should meet user and potential user needs, expectations and preferences.

Living Options In Practice has developed the following general criteria for measuring user satisfaction.

User satisfaction with services is unlikely to be achieved unless:

- Each of the key service elements identified in the Framework diagrams is reviewed, in consultation with users
- Services routinely survey user satisfaction
- Services actively facilitate and resolve complaints
- Written service goals and policies are publicly available and are included in community care plans
- Services promote user empowerment, self-determination and personal autonomy.

TAKING ACTION

In order to meet the Living Options standard for user satisfaction with services, service development teams will need to set local action programmes that tackle each of the service areas set out in *A Framework For Action.*

These are the service components that would represent 'ideal' comprehensive services, to which every locality should aspire. In order to be relevant at a local level, however, these general objectives need to be refined and timetabled further, in the form of detailed, measurable specifications.

Few localities will be in a position to consider offering all these service elements to Living Options standards immediately.

Many will be starting with a blank sheet. It is important that service development teams do not become overwhelmed by the size of the task, and are not tempted to tackle every area of need at once, meeting none to a satisfactory standard. Teams must set realistic, achievable short-term goals while retaining their commitment to 'ideal' services. Choosing just one objective to start with, and showing service users and providers alike that success is possible, may be the sensible approach.

A good service system demands that every disabled person should have:

A Response Point to Users' Needs

1. 'One door to knock on' for information and advice about services
2. Information clearly presented — in braille, on tape and in other languages — and readily available in places and forms that disabled people use
3. The opportunity to self-assess, and self-refer, for services
4. Help with co-ordinating service inputs ('case / care management')
5. The opportunity to be helped by a consumer-run organisation
6. The right to have an advocate of his / her own choice, or to act as his / her own advocate
7. An opportunity to give his / her views about services to those who plan and provide those services, and to have those views taken into account.

A Place to Live

1. The same rights and opportunities as non-disabled people to housing in the public, private or independent sectors
2. A choice of housing options, whether shared, residential, supported or fully independent
3. Recognition of extra space needs to accommodate wheelchairs and equipment, and occasional or permanent live-in personal helpers

4. Opportunities to change housing type, size and sector as individual needs change
5. Information and advice about options and help in arranging housing, including a co-ordinated approach to securing the necessary adaptations, equipment and personal support.

Personal Support Services

1. Appropriate personal assistance, domestic help and social enablement so that he / she can live as independently as wished
2. Sufficient support services so that unreasonable demands are not made on informal carers or other support workers
3. A reasonable choice of styles of support services, including social services home care, volunteer schemes and directly employed / managed help
4. Options for support services compatible with minority ethnic cultural and religious practices, and in a language of choice
5. Information and advice about options for personal support services
6. Flexible delivery of support services to enable him / her to meet the demands of employment and enjoy an ordinary social life
7. A reliable emergency back-up service to cover temporary breakdown of regular personal support arrangements
8. Security of support arrangements and funds to enable him / her to make long-term plans.

Access to the Community

1. Acceptance by the community as an ordinary citizen
2. Equality of opportunity to participate in all aspects of community life: including mainstream employment and education; religious, cultural and leisure activities; public transport; and health care services
3. Physical access to all community facilities: including shops; civic, sport and leisure centres; libraries, theatres and cinemas; religious and cultural centres; doctors' and dentists' surgeries.

Specialist Services

1. Access to a range of specialist services to supplement, not replace, ordinary community services
2. Information and advice about availability of special services, provided by appropriately trained advisers (including user-run groups)
3. Choice from amongst a wide range of aids and equipment, interpreters, facilitators and signers, at home and at work
4. Appropriate and co-ordinated rehabilitation services: including occupational, physio- and speech therapy
5. Prompt assessment for and receipt of specialist services.

Opportunities for Personal Development

1. Appropriate training and support in order to aspire to and reach potential and take advantage of opportunities available
2. Training for confidence, assertiveness and self-advocacy skills
3. Counselling and peer counselling for personal, psychological and sexual difficulties
4. Advice about and training for education and employment
5. Opportunities to experience increased independence without 'failure' judgement or loss of other options.

Box 4 gives examples of how the Practice Teams have addressed the needs of disabled people in the 'Place to Live' category, and demonstrates the range of activities that can address local needs and help meet Living Options standards.

Initially it is likely that action plans will target the *process* of changing services, but teams should also aim to *realise* changes that will become tangible to service users as soon as possible: for example, increasing the number of disabled people who receive a service, as in the last action point in Box 4.

Box 4. A Place to Live — Practical Action

- Invite a national housing association to discuss with the team the concept of integrated community housing and the role that housing associations can play in achieving it
- Convene a meeting of local housing agencies to talk informally with the team about how they might provide housing for disabled people
- Ask user committee for views on housing issues, and respond to each point raised
- Approach local estate agency re. providing information about accessible private dwellings for sale, and developing local network of user-friendly estate agents
- Encourage registration of disabled people on housing waiting list to establish need for accessible housing
- Set up an Independent Living Sub-group with representation from housing, planning and social services, and users, with brief to advise on and vet local housing plans
- Arrange interviews with severely disabled and vulnerable young people to help plan replacement Young Disabled Unit accommodation
- Increase number of disabled people receiving Independent Living packages

User Participation in Service Planning

Disabled people should have a measure of real power over the way services and policies are planned and implemented.

Living Options In Practice has developed the following criteria for measuring the success of user participation.

Genuine user participation is unlikely to be achieved unless:

- All important issues and decisions are fully discussed with disabled people and their organisations
- Plans and proposals change as a result of user involvement
- Disabled people are present on policy-making bodies and management committees that affect the services they use

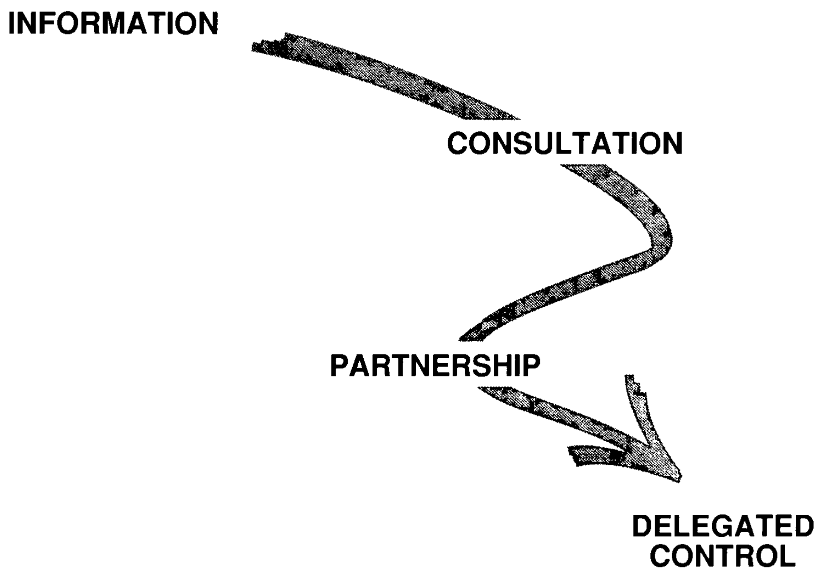
- Disabled people feel adequately involved in the planning process
- Disabled people are employed by key planning and service providing agencies
- Disabled people are involved in training professionals, and in recruitment and appointment procedures
- Disabled people understand planning processes and service structures
- Disabled people are satisfied with the process for consultation and power-sharing
- Disabled people's 'right' to participation is accepted, including the right to collective participation through local coalitions or associations
- Support and funding is provided for groups run by disabled people, including groups involved in lobbying and direct service provision.

TAKING ACTION

The involvement of disabled people in service planning and delivery varies along a continuum from receipt of information through consultation to partnership, and ultimately to delegated control of services (see Diagram 4). An individual locality's choice of action will depend on where it stands along the continuum of user participation. Each stage requires successful experience of the previous stage. Members of service development teams — purchasers, providers and consumers — are likely to come to the table with very different ideas about the purpose of user involvement. Teams, and the agencies they represent, need to be clear about their aims for user participation in relation to this progression of responsibility. The views of informal carers will need to be sought separately.

As many groups are discovering, genuinely involving disabled people in service planning is not as easy as just deciding to do so — though commitment to user participation is of course essential. Professionals need experience of power-sharing; disabled people need experience of 'the system' and of decision-making. Training will probably be needed by everyone concerned.

Diagram 4. User Participation Continuum



1. **Information** — Sharing and discussing information and plans about services with disabled people, including information about restrictions on options.
2. **Consultation** — Asking disabled people's views about plans, policies and services — with the expectation that these views will be seriously considered. Disabled people acting in advisory roles.
3. **Partnership** — Working with disabled people on an equal basis in setting goals, making plans, deciding how money will be spent.
4. **Delegated control** — Passing on authority and money to disabled people to plan and implement services (as in agency agreements, service contracts).

The tracking process will help service development teams revise targets as they gain confidence in and experience of sharing power with disabled people. Box 5 shows some practical action points that might be agreed by service development teams at three different stages of development.

Box 5. User Participation — Practical Action

Team A: Just embarking on participation

1. Identify disabled people, and their local organisations, interested in participation; co-opt three disabled people onto team
2. Share plans with disabled people, seek their views
3. Secure budget for equality training for team
4. Provide training in committee skills for disabled people
5. Secure funds for practical help for disabled people (transport, facilitation)

Team B: Further along progression

1. Formally establish user committee and elect user members to team
2. Reconsider and revise mission statement in consultation with users
3. Ask users to set agendas for team meetings
4. Provide equality training for all team member agencies
5. Develop teamwork / partnership skills

Team C: Advanced stage

1. Ask user committee to draft community care plan for physical disability services
2. Ask user committee to vet all planning applications
3. Secure budget to train local disabled people as equality trainers, to provide training to local statutory and voluntary agencies
4. Secure long-term funding for user committee

Partnership

Service development teams should work effectively together and produce results.

In order to meet the Living Options standards for user satisfaction and user participation, service development groups need to consider how they are performing as teams.

Effective partnership is unlikely to be achieved unless:

- Active team membership includes, at minimum, social services, health, housing, voluntary sector and user groups
- Mechanisms for involving other key agencies (e.g. education, employment) are established
- Commitment from top management is secured, and members have the authority to effect change
- Links with Joint Planning and other formal planning structures are clarified
- Teamwork skills are developed
- A budget exists to enable appropriate administrative arrangements, training, accessible venues, transport and support for members
- Structures enable the active participation of disabled people
- Membership is on a genuine partnership basis
- All team members are committed, share a common purpose, and feel the work of the team is a priority
- Clear strategies are agreed for planning and reviewing the team's work.

TAKING ACTION

All of these points need to be considered at an early stage by a service development team, as the starting point of the Living Options approach to developing effective comprehensive services. The 'Service Strategy' outlined in *A Framework For Action* suggests some ways to begin.

Eighteen months on, the Living Options Practice Teams are looking again at their teamworking criteria and setting new action targets. They are, for example:

- Changing team membership to reflect organisational changes in the statutory agencies, including purchaser / provider roles and changes in the strength of user groups
- Continuing to verify commitment from senior management as posts and lines of accountability change
- Returning to their early work on 'allies and blockers' to update and seek help as new action targets are set
- Seeking mainstream, long-term funding for Living Options work (Joint Finance, local businesses, etc.)
- Reviewing local joint planning mechanisms to ensure Living Options team links remain strong
- Checking that aims and mission statements remain valid for team and member agencies.

At the end of its first year in action the South Warwickshire Practice Team carried out a thorough review of progress, and subsequently initiated a policy of clearly documenting, at the end of each meeting, the team's achievements since the previous meeting and its objectives for the next two months. An example of the team's approach is given in Appendix 3.

Box 6 illustrates another Practice Team's clarification of team membership.

Box 7 summarises some elements of partnership between professionals and service users as formulated by a Living Options In Practice workshop in July 1991.

Box 6. Living Options in Redbridge — Guide to Membership

The Living Options Project aims to promote the full participation of disabled people in service planning, design, implementation and monitoring. It will thereby support the development of a comprehensive / flexible range of services which meet disabled people's requirements and needs, enabling them to maintain the lifestyles of their choice.

Membership of the Living Options In Practice Team is primarily based on the understanding that members fully embrace the project's objectives and are committed to their achievement, commitment being reflected in the work contribution made in pursuit of the project's goals.

The focus on individual commitment does not negate the need for organisational support. This project is founded on the principles of collaborative working between all sectors as the foundation of comprehensive co-ordinated service provision. Therefore team members need to be able to represent / commit their employing agency and promote the project within their respective organisations.

The Core Team is aware of the need to balance its membership by ensuring that fundamental service areas, skills and interests are represented on the team. Additional specialist skills will be co-opted as and when necessary, for particular aspects of the project. The emphasis is upon a flexible task-oriented approach to addressing the issues, and to multi-disciplinary, inter-agency co-operation.

Box 7. Aspects of Partnership

— Equality of input and accountability
— Common purpose, and seriousness of purpose
— Listening and sharing
— Learning to work together and to disagree
— Mutual respect of individuals and of their experience and views
— Getting the power base right: money, jargon, venue, facilitation

Chapter 4. Feedback for Success

The previous chapters of *Tracking Success* have set out Living Options standards for three fundamental themes, and shown how service development teams might use these standards to set local action plans.

Living Options In Practice believes that it is essential to find out whether goals are being achieved and standards being met. This chapter presents:

- Tracking paths — Practical ways of obtaining feedback about user satisfaction with services, user participation in service planning, and effective team partnership
- A tracking checklist — Some suggestions for starting the process of testing results against targets.

Tracking Paths

There are a number of ways of finding out whether services are meeting the needs of disabled people, and whether user participation structures and service development partnerships are helping to produce appropriate services.

There is currently little testing of services, and the research that does take place is usually in the form of written questionnaires. However, preparing questionnaires, carrying out surveys and compiling results can be expensive and time-consuming. Results are frequently out of date before they are made available, and much of the information gathered by major surveys is not acted upon. Evidence from the Living Options work indicates that many disabled people are angry and frustrated that services do not change despite their having been asked again and again to provide exhaustive information, often of a personal nature. Some feel that authorities carry out surveys in lieu of taking direct action to improve services.

Tracking Success suggests some alternative feedback methods, most of which involve direct contact with disabled people, to supplement or replace traditional quantitative surveys. The

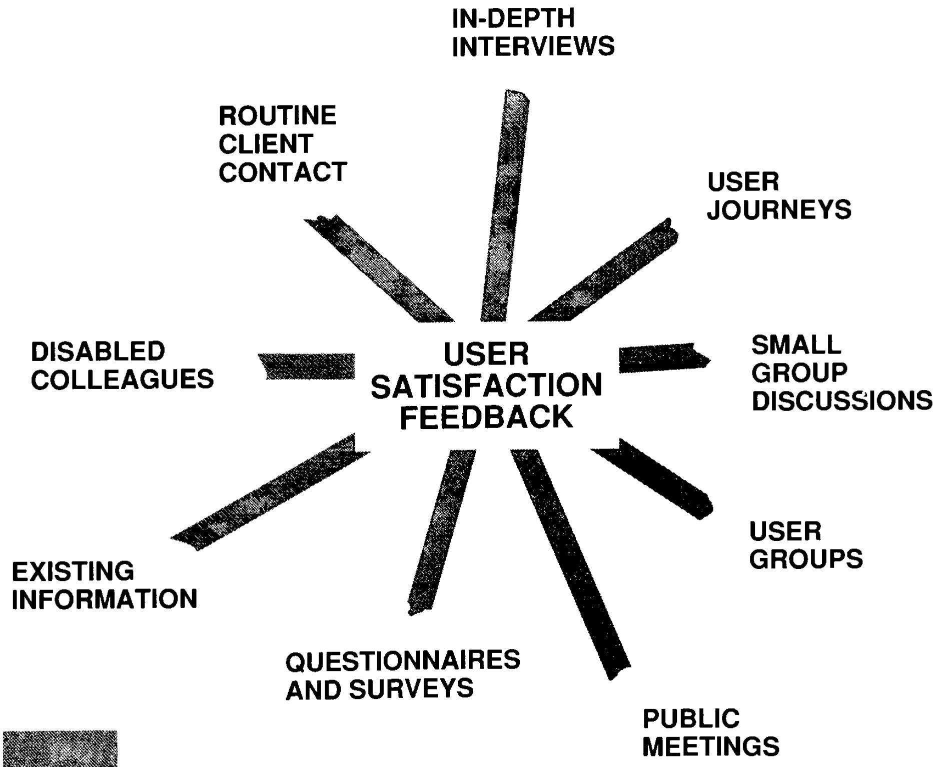
Living Options experience shows that these methods are often quicker, easier and cheaper ways of obtaining useful and reliable information to help professionals produce the kind of services that disabled people want and need.

TRACKING USER SATISFACTION

Living Options In Practice suggests nine tracking paths for obtaining feedback about disability services (see Diagram 5).

The Practice Teams are currently testing some of these approaches, which involve learning the views of non-users and potential users of services as well as those of current customers. Of course, services need to work for providers too: this section focuses on feedback techniques for disabled people, but includes a few ideas for tracking 'provider satisfaction'.

Diagram 5. Tracking Paths



Existing information

Most service providing agencies already have on record a great deal of information about disabled people and their services, including results of previous monitoring studies, but much of this information is not used constructively or shared beyond the individual agency. Practical ways of sharing and comparing information while respecting confidentiality can be explored. Current record-keeping can be modified so that agencies ask the same questions, collect similar information in a similar way, and carry out joint comparisons and reviews of services.

Disabled colleagues

A great deal of information can be fed into the tracking process by disabled people employed within the service planning and providing 'system'. Employing more disabled people within statutory and voluntary agencies — particularly at senior / management levels — and appointing more disabled people onto management boards and policy-making committees, would ensure greater sensitivity to disabled people's needs from the outset of service planning. Professionals can enlist the help of their disabled colleagues immediately, to discuss and review plans — but it must be clear that this is not an alternative to feedback from those who experience services (or their absence) directly.

Routine client contact

Feedback from users should be collected routinely by service providers. Useful information can be discovered without undue stress or cost by:

- Regularly talking to a small number of services users at three or six monthly intervals
- Conducting occasional random spot checks of a sample of service users.

Sample questions are suggested in Box 8. Occasional routine checks will probably yield more useful results than a grand one-off service evaluation. Interviewers who are not part of

Box 8. Routine Client Checks — Sample Questions

- Is your reason for wanting this service still the same as when you began using the service / when we last spoke ?
- Does this service (still) meet that need ?
- Have your needs changed ?
- How can the service be altered to be more helpful ?
- What else would meet your requirements better ?

'the system' may evoke more honest answers. And most importantly, the information obtained should be fed back into the service, so that users see changes over time.

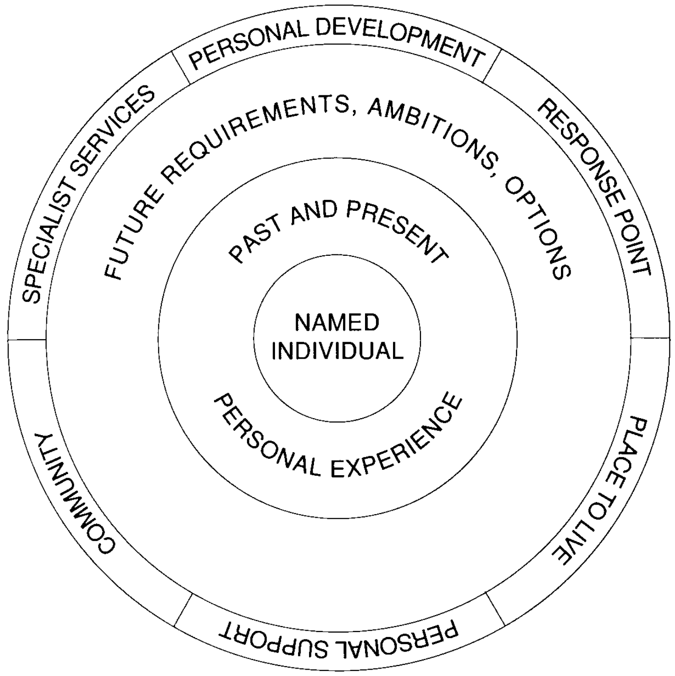
In-depth interviews

From time to time service providers may find it useful to undertake a detailed personal interview with a client. For example, they may be carrying out a full review of a service with a view to fundamentally changing the nature of that service. In such cases the interview will probably be quite structured and be part of a wider piece of research or evaluation.

Another approach is to use an individual interview as an opportunity to take a fresh look at services from the user's perspective. The Living Options Framework for comprehensive services offers a way to shift the focus of an interview from an assessment of existing services to the creation of a picture of a disabled person's present circumstances and long-term lifestyle options, priorities and ambitions.

Box 9 shows a 'service wheel' based on the Living Options Framework, which places the individual at the centre, charts his / her personal experience in the six Framework categories, and explores what may be needed or preferred in each category. The Wirral Practice Team is experimenting with the service wheel and discovering that feedback on existing services revealed by this exercise can be startling.

Box 9. Living Options Framework Interview



User journeys

A user journey provides a once-only picture of an individual's experience of a service, starting from the point of initial contact and tracking how the system responds to, deals with and refers on the client, delivering (or failing to deliver) a service. Depending on the depth of questioning, a user journey can be a small or complex exercise. It can check the effectiveness of a single service, or compare several agencies' approaches to providing a similar service. For example, five or ten people could be interviewed at three advice centres — a DIAL, a social service day centre and a GP surgery. (See sample questions in Box 10.)

Box 10. User Journey — Sample Questions

- Why did you contact this agency ?
- What did you want ? Advice ? Information ? A service ?
- Who did you speak to ?
- What happened ?
- Did you get what you came for ? What was that exactly ? (prompt)
- Were you referred somewhere else ?
- What happened next ? And next ?
- How many people did you see altogether ?
- Did you ever get a service response ? Was it what you initially came for ?
- Were you satisfied with the response you received ?

Small group discussions

Bringing together small groups of disabled people can be an extremely effective way to get fresh, common-sense information about expectations of and satisfaction with services. Groups (5–10 people) can be asked to discuss plans for new services as well as existing services, or to amplify written surveys to clarify or 'humanise' quantitative data. Small groups of people who do not know each other (sometimes called 'focus groups') but who share a service, or need / desire for a service, can be particularly effective. Groups can be convened on a one-off basis, as part of a series involving the same people, or as a regular or occasional event using different participants (e.g. different users of the same service).

The dynamics of groups can be complex, and a great deal can depend on the group leader. A number of professionals — including a growing number of disabled people — specialise in facilitating groups of this nature, and it will be worthwhile bringing in an expert so that both those seeking feedback and those participating will feel the group has had maximum impact. While it may be very useful for service providers to meet with groups of service users, the feedback is likely to be

Box 11. Small Groups — Sample Questions

- What was it like trying to get this service ?
- What could be done to make the process easier for others ?
- What is it like being a user of the service ?
- What is most important to you about this service ?
- How would you improve the service if you were in control ?

very different from that of groups run by independent, neutral facilitators.

Topics for consideration by the group will obviously depend on the service under discussion. Several small groups can be organised together into workshops or conferences. Box 11 lists some sample questions.

User groups

One of the easiest and most useful means of obtaining feedback from a sample of disabled people is contact with existing representative groups run by disabled people. This can be done through:

- Participation on service development teams by user group members who represent the views of other disabled people
- Inviting a delegation of group members who are users of the service under discussion
- Asking the user group to organise / undertake the market research exercise themselves. (Groups would expect to be paid appropriate fees for carrying out professional work.)

Service development teams in localities with established user-run groups will discover that one of the benefits of such groups is access to the views of disabled people who are not service users or otherwise known to those seeking feedback.

Public meetings

Large scale, one-off meetings of disabled people — 'consumer days', roadshows, fairs — have their place in the participation process, but are probably of limited value as a way of collecting feedback on particular services. Unless carefully structured, such events can lose their focus, become side-tracked onto individual grievances, involve heated exchanges, frustrate participants, and produce no constructive outcomes. At their best, public meetings can entice disabled people who are not known to service providers, provide a two-way flow of information, give instant feedback, and provide an opportunity to 'sign up' for further involvement. Disabled people's confidence and willingness to state their views will grow when they realise that others share their concerns.

As with interviewing and groupwork, running successful large-scale consumer events requires skill, and an experienced, neutral organiser may produce better feedback.

Questionnaires and surveys

Written surveys can be a useful feedback tool, and an effective way to track change over a period of time. As with all feedback methods, researchers need to be clear about their reasons for collecting information, and only ask questions that will yield answers that can and will be used. Questionnaires need to be brief and for a very specific purpose: for example — Why did you use this service ? Were you satisfied with it ? How could it be better ? Was it better than last time we asked ? Talking face to face with disabled people will often result in more useful feedback. Written questionnaires do not need to be anonymous, and might be followed up with a personal visit to discuss the replies. Without the opportunity to prompt and discuss, responses to questions that ask 'why' and 'how' may be difficult to assess. There is rarely any need to ask for information about a person's type of disability or their ability to carry out daily living tasks.

Many of these feedback techniques can be used in tandem, and the edges between one method and another are often blurred: interviewees can also be asked to fill in a written questionnaire; public meetings can include small group discussions. Ideally, a variety of feedback techniques will be in use constantly in any given locality.

Encounters between consumers and providers of services can degenerate into anger, frustration, defensiveness and negativism if procedures do not exist for dealing with individual complaints about service delivery or staff behaviour, or if existing procedures are not fully understood by those concerned. Both interviewer / facilitator and interviewee / group participant need to be clear about the purpose of any tracking exercise and about how legitimate complaints can be positively channelled without the focus of the feedback being lost.

Planning and providing agencies will also want to get feedback from front-line staff about how services are working, and whether consumer and provider perceptions of services differ. Information can be collected on a routine or 'spot check' basis; verbally or in writing; individually or in staff groups. Many agencies will already have strategies for learning staff views. Box 12 lists a few questions that could be asked to learn how staff feel about the services they provide.

Box 12. Questions for Service Providers

- Are we providing an effective service / the best possible service within existing resources ? How do we know ?
- Are we providing the kind of service our clients want ? How do we know ?
- Are there other disabled people who may need / want the kind of service we provide, who do not use our agency ? Why ?
- Does our service promote user independence / choice / control ? How can we tell ?
- Do we take users' views on board ? What changes have taken place as a result of user feedback ?
- Do we and (potential) users share expectations / standards for services ? How do we know ?

TRACKING USER PARTICIPATION

Many of the techniques suggested for finding out how people feel about services are also relevant for finding out how much influence and control disabled people exercise on the design and delivery of the services they use. Individual interviews, small group discussions, user groups, public meetings, surveys and 'the system' will all produce useful feedback. However, it may be confusing to track both user participation and user satisfaction with services during the same exercise.

Tracking questions (see Box 13) should relate directly to local action targets set for user participation, and reflect the Living Options criteria outlined above (p. 15).

Box 13. Questions for Disabled People

- Do you know how / where to put forward your views about services ?
- Are you aware of any local user group / service development team ?
- Do you get regular feedback from the user group / service development team about local service planning issues ?
- Have you been offered any training (personal development, committee skills, assertion training) ?
- Do you know whether your locality has a policy document / mission statement / community care plan relating to disability services ?
- Does lack of transport / money / personal support prevent you from joining a user / planning group, attending public events, etc ?
- Do you think users' views are listened to by those who plan / provide services ?
- Do you know how to use the complaints procedure ?

Feedback from planners and providers can also shed light on the influence and impact of disabled people on service planning (see Box 14, overleaf).

Box 15 (overleaf) shows key responses to the question 'How do we find out when we have user participation right ?' asked at a Living Options In Practice workshop in April 1991.

Box 14. Questions for Service Planners and Providers

- Do you always seek users' views on documents, plans, etc ?
- Where would you go to get feedback from disabled people ?
- Do you think things have changed as a result of user participation ?
- Have you had awareness / equality training ?
- Do you include disabled people in the selection process when appointing someone to a disability-related post ?

Box 15. How Do We Find Out When We Have User Participation 'Right' ?

- When we get results as defined by users; when disabled people get the services they need; when users see changes in their services / quality of life
- When Living Options principles spread through the system (when the Living Options Team is no longer necessary!); when authorities automatically involve disabled people, and community care plans reflect this
- When disabled people are routinely asked whether services and particular structures are 'right' — Is it working ? How could it be better ?
- When progress — results and process — is regularly reviewed
- When disabled people share decision-making and help to set agendas

TRACKING EFFECTIVE PARTNERSHIP

Living Options In Practice has highlighted the importance of multi-agency partnerships, that include disabled people, for advancing the development of effective disability services. In order to help the Practice Teams find out how successfully they were working together as teams the following simple exercise was devised:

- In small groups or pairs, brainstorm the questions that team members will need to ask themselves to determine how they feel about their cohesiveness and effectiveness

- Prepare a composite list of questions and make arrangements for team members to answer the questions individually (and anonymously if wished)
- Feed results back to the team, and discuss and review any negative feedback
- Set goals for improvement
- Review / repeat exercise at regular intervals.

Box 16 shows a composite list of some of the questions from the Maidstone, Redbridge and Wirral Teams. (There was considerable overlap of questions among all the Practice Teams that carried out this exercise.)

Box 16. Teamwork Questions

— Do we listen to and respect each other's views ?

— Do I feel there are hidden agendas ?

— Is this a good use of my time, a high priority ?

— Do all members participate in the meeting — and follow up outside ?

— Am I happy with the team structure and processes ?

— Are we achieving the mission ? Is the pace of development satisfactory ?

— Do I feel confident to express my opinion, raise confidential issues, or disagree strongly ?

— Do we feel constrained as representatives of our agencies ?

— Do we give and take ? Readily reach consensus ? Do we resolve conflicts before leaving the meeting ?

— Do we look back and recognise achievements ?

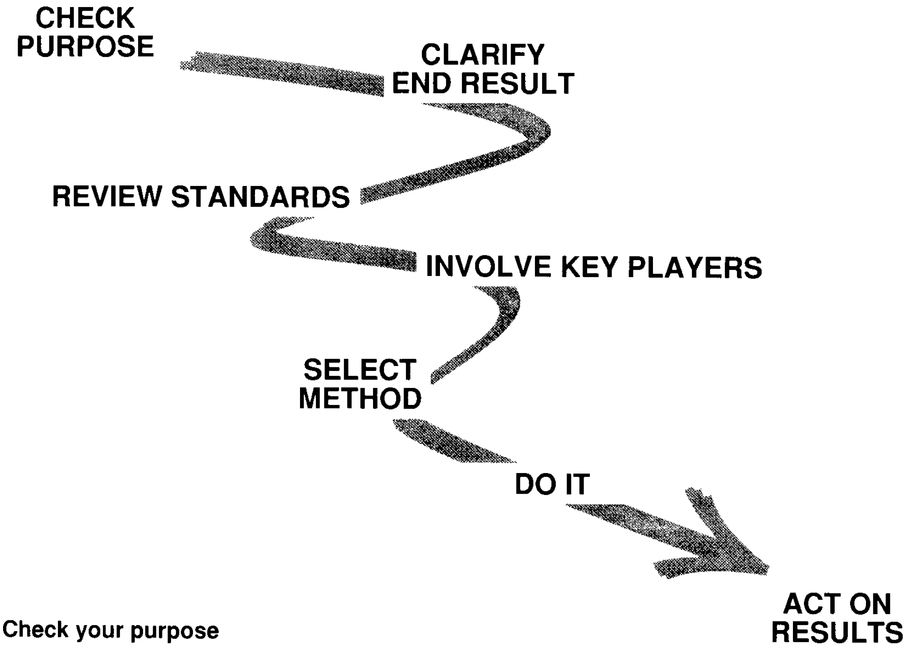
— Do other staff in my agency understand Living Options In Practice ?
(Does my boss ask me what happened at yesterday's Living Options meeting ?)

— Are we clear about our objectives / vision ?

Tracking Checklist

To help begin the process of getting feedback about services, user participation or partnership Living Options has identified a checklist of seven key steps (see Diagram 6).

Diagram 6. Tracking Checklist



1. Check your purpose

- Agree, and describe exactly, what the feedback exercise will achieve: what do you want to find out, and why is it important ?
- Set a timetable for completing the exercise (one month, three months …), and decide whether it is to be a one-off exercise or a process taking place over a period of time (six months, one year …).
- Only collect information that can and will be acted on. Concentrate on information about use of and satisfaction with services, not about personal circumstances.

- Decide which / how many disabled people will be involved, and why. Make sure those who will participate understand why questions are being asked and 'what's in it for them'.
- Focus on success: look for information about what works, and ways to learn from 'failure'.

2. Clarify the end result

- Demonstrate your commitment to act on the results. Be able to describe who will do what exactly with the information collected, and what will happen given different results. Failure to be seen to take the results seriously will hinder the next attempt.
- Plan, before you begin, how the findings will be analysed, shared and publicised. Make these plans public.
- Agree in advance all questions related to 'ownership' of the information.

  — Who owns the findings (the funders, the service development team, the researcher) ?
  — Who makes the final decisions about method and choice of respondents ?
  — Who determines the nature and scope of resulting reports / presentations ?
  — Who decides what will / will not be made public or shared with particular stake-holders ?
  — Who monitors the quality of the exercise to ensure it meets expectations ?
- Clarify confidentiality issues and policies at the start.

3. Review standards

- Review principles, standards and service goals: concentrate on the factors that will have the most impact on users and services in the locality, and that will promote Living Options standards of good practice.
- Develop local service criteria, objectives and feedback questions.

4. Involve key players

- Involve from the start those who will be expected to act on or pay for the results. Find named individuals with the interest, commitment and ability to use the results to effect change, and ensure they understand the tracking approach and purpose.

- Involve disabled people (users and non-users) at all stages. Use the tracking process as the basis for working with disabled people to establish common priorities and success criteria, to consider the results, and to plan action based on these findings. Remember that potential and ex-users of services need a different approach, and are hard to reach.

5. Select method

- Choose feedback methods that will elicit information that is 'good enough' to do the job, that will be easy to implement, that will get quick results, that can be repeated. Consider which information is best collected routinely over time and which lends itself to periodic 'snapshots'.
- Look for alternatives to lengthy surveys and questionnaires: look for quality not merely quantity of response. Check the information already available. Consider one-to-one interviews or small group discussions to explore disabled people's perceptions and experiences.
- Choose appropriately trained disabled and / or 'neutral' interviewers or group leaders. Service users and providers will be more likely to speak freely and honestly if the person asking questions is not seen to have a stake in the answers.

6. Do it

- Carry out the feedback exercise to plan and to timetable.

7. Act on results

- Ensure that all the key players and their agencies, and all those who participate in the exercise, receive feedback or copies of the final documents, and involve them in de-briefings.
- Consider presenting the results differently for different audiences (policy-makers, front-line staff, service users).
- Use the findings to ensure things change for the better !

APPENDICES

Appendix 1 — Mission Statements

Mission Statements from the Living Options In Practice Teams

Appendix 2 — Mapping Local Services

A Sample Service Audit based on the Living Options Framework for Comprehensive Services

Appendix 3 — Charting Progress

Charting Achievements and Objectives in South Warwickshire

Appendix 1. Mission Statements

Mission Statements from the Living Options In Practice Teams

Living Options in Maidstone

(See p. 7)

Living Options in Northallerton

Fundamental values underlying the provision of services

- People with a physical disability have the same rights as other members of society, and should have the opportunity to live in the same way as other people.
- Services should enable disabled people to achieve their maximum potential and to lead full and purposeful lives, if possible in the community, and prevent or reduce the effects of their conditions.
- It is the role of the statutory and voluntary service to make real choices available so that individual people with a disability can receive services appropriate to their needs.
- Services should be devised with the active participation of disabled people.

Key principles of service provision

- Choice about where and how to live without over-protection or the risk of unnecessary hazards. This requires skill in making choices which must be nurtured from the onset of disability.
- Autonomy: freedom for all disabled people to make decisions about their own lifestyle, suited to their own personal circumstances.
- Consultation with disabled people and their carers, families and voluntary organisations, when services are planned, including recognition of the views of people from different ethnic backgrounds.
- The needs of carers, both informal and statutory, must also be recognised, and service planners should be sensitive to these needs.

- Information about all aspects of services and disability should be readily available to disabled people and their families, service providers and planners.
- Participation by disabled people in both the benefits and responsibilities of local and national communities. Full integration requires equal opportunities in all spheres, including access, housing and employment.
- Recognition that disability is not an illness: although disabled people may need medical care, the medical model of care is only appropriate to medical needs and should not govern the provision of all services.

Living Options in Redbridge

Redbridge Health Authority / London Borough of Redbridge / Voluntary Sector / Family Health Services Authority

It is the aim of the above agencies jointly to develop a comprehensive range of services that enable people with physical and sensory disabilities to maintain a lifestyle of their choice. In working towards this aim the agencies recognise the following principles.

- People have the right to clearly presented information in forms readily accessible to consumers with any disability, in all relevant languages. Help in gaining access to this information should be readily available.
- Services should be planned in close consultation with people with disabilities and their families / carers.
- Where resources are limited people with disabilities should participate in making choices about realistic options.
- People with disabilities have the right to make decisions regarding the way of life best suited to their circumstances. They have the right to support and to advocacy in expressing this choice.
- People with disabilities have the right to make choices as to where to live and how to maintain independence, including help in learning how to choose.
- People with disabilities have the right to take a full part in the life of the community in respect of use of facilities, responsibilities, and benefits.
- Normal hospital and community health services should be available for people with disabilities and should be appropriate to their needs.

Living Options in South Warwickshire

Working together, the South Warwickshire Health Authority, the Stratford-upon-Avon and Warwick Division of Warwickshire County Council Social Services, representatives of housing departments, voluntary agencies and users will seek to develop a comprehensive range of local, effective and appropriate services for people with severe physical or sensory disabilities.

The work of the Practice Team will show a commitment to the Living Options principles of choice, consultation, information, participation, recognition and autonomy, and will inform development strategy. Users of services will be involved in service planning and delivery.

Living Options in West Dorset

The West Dorset Living Options Practice Team holds as a fundamental premise that disabled people should enjoy the same rights as other members of society, and have the freedom to control what happens to them and to make decisions about their own lifestyle.

The West Dorset Living Options Practice Team accepts the key principles of a comprehensive service for physically disabled people, which are choice, consultation, information, participation, recognition and autonomy.

The West Dorset Living Options Practice Team will focus particularly on consultation, participation and information, and will endeavour to develop and test models to achieve better practice during the life of the project.

Living Options in West Essex

The mission of the Living Options In Practice for West Essex Project will be to promote the adoption and implementation of an Equal Opportunities Policy that has regard for people with physical and sensory disability.

Equal Opportunities Policy

People who are handicapped by physical and / or sensory disability should be recognised at all times simply as members of the community. The consequence of such recognition means therefore that:

- People with disabilities should be enabled to live in the community as independently as they wish
- The civil rights, individual needs, personal dignity and rights to self-determination of disabled people should be respected at all times
- Disabled people should be afforded opportunities in every aspect of life which are equal to those available to the community in general
- The personal independence of disabled people should be encouraged through integrated, multi-agency services providing appropriate accommodation, personal support and health care.

In making choices about all such services individual clients must be closely involved in reaching decisions.

Consumers should be able to participate actively in the design and provision of services to ensure that they meet both general and individual needs.

Access for disabled people to social support, health care, appropriate employment and education, and all leisure facilities should be readily available. Where necessary suitable public transport arrangements should be provided to meet individual needs.

All agencies — statutory and voluntary — should collaborate, with the active participation of disabled people, in the assessment and delivery of supportive services.

Equal opportunities in all aspects of community life should be a priority objective of all agencies.

Living Options in Wirral

The Wirral Living Options In Practice Team is committed to working together in consultation with service users to influence attitudes in the planning, provision and streamlining of services for people with severe physical and sensory disabilities:

- By educating itself in relation to the needs and aspirations of individuals with disabilities
- By providing information to people with disabilities about issues which affect their lives
- By influencing statutory authorities to affirm the right of users to be represented on all planning groups
- By encouraging and enabling people with disabilities to

participate in and take responsibility for prioritising, planning and monitoring the process of service provision

- By adopting and promoting the six key principles of Living Options, which state that in service planning for people with severe disabilities there should be: Choice, Consultation, Information, Participation, Recognition, Autonomy.

Living Options in Wycombe

The aims of the project are:

- To adopt a multi-agency approach to developing and improving comprehensive services for people with physical and sensory disabilities
- To involve users (consumers and carers) in this task by consulting with them throughout the planning process
- To establish systems for monitoring and reviewing the effective planning and delivery of services, which are based on users' needs and views.

The values underlying the aims are:

- Autonomy: i.e. that individuals should have the freedom to make decisions regarding the way of life best suited to their circumstances
- Independence: i.e. that individuals should be enabled to fully undertake any responsibilities that will allow them to benefit from life in their local and national communities
- Recognition: i.e. the recognition that long-term disability is not synonymous with illness and that the medical model of care is inappropriate for most people.

The methods for achieving the aims are to include:

- The establishment of a local multi-disciplinary Practice Team, including users, to progress the planning task
- The definition of goals for service provision for people with severe physical and sensory disabilities
- The establishment of partnerships and consultation systems with local users of services
- The dissemination of clear information about services to local users of services and senior managers in relevant agencies.

Appendix 2. Mapping Local Services

A Sample Service Audit based on the Living Options Framework for Comprehensive Services

	EXISTING SERVICES	PLANNED SERVICES	SERVICE GAPS
RESPONSE POINT	● DIAL — one district only ● CAB — general information ● SSD 'Advice Desk' — for three districts (SSD services only) ● Local branches of national organisations (Spastics Society, Arthritis Care) ● GP surgeries	● 'Resource Centre' scheduled for 1985, but purpose not yet agreed	● No co-ordinated information service ● DIAL underfunded ● No 'one door' to services ● No user-run groups (CIL in neighbouring district)
PLACE TO LIVE	● *n* wheelchair standard local authority / housing association homes ● Sheltered scheme for elderly — two young disabled tenants ● Out of county residential placements (voluntary sector)	● Replacement YDU — five person group home	● Insufficient independent housing units ● No supported housing options ● No local statutory or private high-care facilities for under 65's ● No record of adapted / adaptable housing
			(Continued)

	EXISTING SERVICES	PLANNED SERVICES	SERVICE GAPS
PERSONAL SUPPORT	● Home care service — *n* clients (limited to *n* hours daily) ● District nurses — *n* clients ● Crossroads — for carers of over 60's only ● Voluntary sitter service (day-time only) ● Meals on wheels (elderly only) ● Private domestic help agencies	● Pilot high-care 'Independent Living' packages for two severely disabled men	● No night-time cover ● No co-ordination between care providers ● All services financially stretched — no new clients this year ● Limitation on number of care-hours offered ● Inconsistent criteria for choosing clients (first come, first served; ability to pay)
ACCESS TO COMMUNITY	● Sports centre partly accessible ● Limited accessible vocational education ● Voluntary holiday schemes (WRVS, Red Cross) ● Community nurses, health visitors ● Mobile dental clinic ● Mobile library	● FHSA plans schedule of alterations to GP surgeries for access, toilets ● New SSD post for audio-visual services, 1992	● Volunteer transport schemes only — insufficient, inappropriate ● No local driver training ● Adult education in neighbouring districts only (no transport) ● No local job training ● Very limited community therapies (referral by consultant only) ● Poor community leisure services for *all* residents
			(Continued)

	EXISTING SERVICES	PLANNED SERVICES	SERVICE GAPS
SPECIALIST SERVICES	● Disabled Living Centre / communication aids in neighbouring district ● Interpreters available through hospital ● Local courses for signers ● Sheltered workshop ● Disablement Resettlement Officer	● New wheelchair service	● Few local services — must travel considerable distances ● No local rehabilitation facilities for younger disabled people ● No services targeted at younger physically disabled people
PERSONAL DEVELOPMENT	● CAB — citizens advocacy scheme ● OTS (DHA & SSD) — skills training ● Counselling services through Samaritans, RELATE, social workers ● Assertion training through adult education centre (neighbouring district)	● None	● No user-run groups in locality ● Critical need for counselling services ● No *local* services ● No services targeted at people with physical / sensory disabilities

Appendix 3. Charting Progress

Charting Achievements and Objectives in South Warwickshire

Achievements: July – September 1991

1. Four hundred questionnaires sent to consumers in relation to perception of services by Development Worker.
2. Publication of the Development Worker's role in surgeries, clinics, local papers, radio and media.
3. Perception from disabled people that through the Development Worker's questionnaire they had been given an opportunity to have a voice in future service planning.
4. Initial negotiation with housing associations for development in South Warwickshire of housing specifically for people with a physical disability. A scheme is already up and running in the Alcester area.
5. Development Worker Council of Disabled People moving to Bath Place, which is an accessible venue.
6. DIAL is now established and will be set up at Bath Place.
7. CWR has publicised the role of the Development Worker. JS has made contact with DSS in relation to better ways of making information accessible to disabled people in relation to benefits.
8. Links made with West Midlands Council for Disabled People and the Open University to establish appropriate training programmes for people with physical disability.
9. RADAR approached to fund advocates for people with a physical disability.
10. Roadshow carried out at Newlands.
11. Bid submitted to the Department of Health for funding of Information Officer for South Warwickshire.
12. Personal development courses set up at Saltway.
13. A PHAB has been set up at Southam by the Resource Manager of Saltway.
14. Impact objectives completed for the Client Group Planning Team.

Objectives: September – November 1991

1. RM and CH to attend and report back on Co-ordinators' / Development Workers' Workshop on 30th October. [Action: CH & RM]
2. Find suitable date, venue and programme for Disability Workshop. [Action: JS]
3. Initial summary of responses to Development Worker's questionnaire. Report to September meeting. [Action: RM]
4. Nominations to JS of those people who would like to give or take part in education and training in relation to people with a physical disability, by November meeting. [Action: All team members]
5. Bid for advocates to be submitted to Joint Funding. [Action: JS]
6. Disability Arts Group to be invited to South Warwickshire. [Action: JS]
7. Roadshow sub-group to meet and report back on the future of the roadshow and its objectives. [Action: RC, DC, RM & JS]
8. Preparation of a paper outlining care package. [Action: JC]
9. Preparation on behalf of Personal Support Sub-group in relation to the District Council Housing list and access to it. [Action: DW]
10. Outline of personal development training. [Action: JS & SM]
11. Register Living Options in relation to the Data Protection Act. [Action: CH]

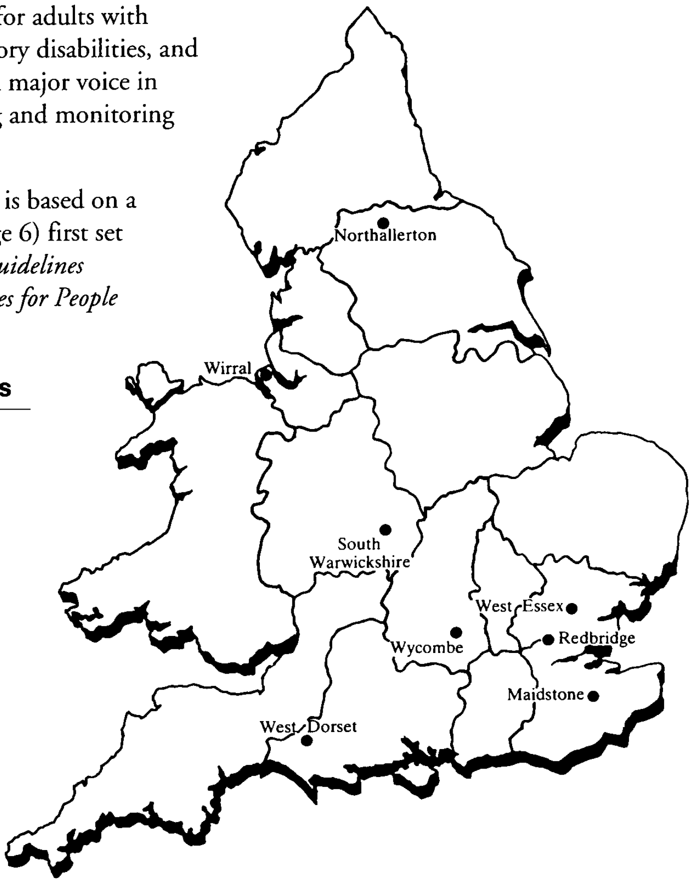
The Living Options In Practice Project

Living Options In Practice is the most recent of the Living Options initiatives seeking to heighten awareness of the needs of people with severe physical disabilities and to assist the development of more and better service options. This work has been undertaken by a consortium of voluntary organisations (the Living Options Working Party), in association with The Prince of Wales' Advisory Group on Disability.

Funded through a three year grant from the Department of Health, with additional support from the King's Fund Centre, Living Options In Practice aims to encourage the development of local comprehensive services for adults with severe physical and sensory disabilities, and to enable users to have a major voice in planning, implementing and monitoring those services.

The work of the project is based on a set of principles (see page 6) first set out in *Living Options Guidelines for those Planning Services for People with Severe Physical Disabilities* (1985), and further developed in *Living Options Lottery: Housing and Support Services for People with Severe Physical Disabilities* (1988).

Since January 1990, eight Practice Localities have been working with the project to consolidate multi-agency teams, establish systems for user participation, and embark on action planning towards good practice services. To aid this work Living Options In Practice published its first Project Paper, *A Framework For Action: Developing Services For People With Severe Physical and Sensory Disabilities* (1990),



● Practice Localities

- Maidstone
- Northallerton
- Redbridge
- South Warwickshire
- West Dorset
- West Essex
- Wirral
- Wycombe

The Living Options In Practice Project (continued)

setting out the elements of a comprehensive service structure, and a strategy for achieving effective services. Project Paper 2, *Tracking Success: Testing Services For People With Severe Physical and Sensory Disabilities* (1991), takes these ideas further, outlining a process by which planners and providers of services can test their progress towards building better services.

Project Paper 3 will consider issues of user participation, drawing on the different approaches of the eight Practice Teams. In future papers Living Options In Practice intends to review in more detail the teams' experiences of developing local services, with particular regard to their responsibilities under the NHS and Community Care Act, and to analyse their experiences of tracking achievements. A quarterly newsletter, *Network*, continues to report regularly on work in progress.

Further information about Living Options In Practice and copies of Living Options publications are available from:

Living Options In Practice
126 Albert Street
London NW1 7NF.

Living Options Publications

(Cheques payable to 'KEHF' please.)

Living Options Guidelines	£1.00
Living Options Lottery	£3.00
A Framework For Action	£2.50
Tracking Success	£4.00

Copies are available at £4.00 inclusive from :

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126 Albert Street
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