

Lambeth Joint Strategy for Services for People with Physical and Sensory Impairments 2010 – 2015

Deliberative stage consultation focus group with Lambeth Voluntary and Community Sector

Friday 31st July 2009, Accord Centre, 336 Brixton Road

In attendance:

Louise Mudie (Royal Association for Deaf People), Radha Manjeshwar (Royal Association for Deaf People), David Strong (Disability Advice Service Lambeth - Chair), Richard Farnos (Disability Advice Service Lambeth), Karen Morgan (Joy of Sound), Margaret Farrell (Disability Advice Service Lambeth), Janet Paske (Wheels for Wellbeing), Roger Lewis (Adults and Community Services, Lambeth Council) / Lambeth Pan-Disability Forum), Rod Goodyer (Parkinson's Disease Society), Rosario Mincher (Royal London Society for the Blind), Mulu Jemaneh (Lambeth Vision & Braille Group), Wole Asera (Mobility Help for Disabled People), John Adeniyi-Adegbite (Mobility Help for Disabled People), Fiona Sheil (Lambeth Voluntary Action Council - minutes).

1. Introducing the Strategy – David Strong

We want the strategy to reflect the views of users and those organisations that work to support users. We want to make sure that the needs of users and their organisations and community organisations don't get lost in the big agendas of the NHS and Local Authority. While this strategy is lead by the Council and NHS Lambeth, it is meant to be inclusive of all parties – including users and user groups.

The purpose of this focus group is to find out

- What the strategy means for your organisation and your users
- How it will impact on specific user groups – and what their unmet needs are currently
- Broader points impacting more widely

One thing we are aware of is that the voluntary and community sector working to support people with physical and sensory impairment needs is quite small and fragmented in Lambeth – and a number of the organisations involved in providing services in Lambeth are London-wide or national and are stretched over several authorities so may have limited resources to devote to working in individual boroughs . One of the challenges therefore for the sector is engaging with one another. Currently there isn't enough contact and support and shared working between groups.

This meeting will feed into the strategy at the 'deliberative' consultation stage. One of the key things we need to make sure is in the strategy is that it puts in place actions to build up the voluntary and community sector over the coming years so that they can work more effectively on behalf of their clients.

In Lambeth, the strategy is the responsibility of the 'Physical and Sensory Impairment Partnership Board'. The membership of the Board is made up of service providers including the voluntary and community sector, Lambeth Council and NHS Lambeth and service users. The Board is looking to expand its membership – and this is something in which you as the voluntary and community sector should consider as a committed way to becoming more involved in the direction and governance of services in Lambeth.

Today we won't read the strategy – it is too hefty. Instead, we will focus on key points.

When asked if this was just about commissioning, David said no, it is about capturing everything that is going on towards physical and sensory impairment, and everything that impacts on user's lives. However, we can expect the final document to focus on prioritising resources.

The strategy outlines services/resources for adults aged 18-65, but will also relate to the recently completed Older People's Strategy. The strategy is specifically about physical and sensory impairments, but also includes some long-term conditions that lead to physical and sensory impairments. The strategy is split up into a number of key areas.

The strategy is meant to be driven by 'outcomes' for people. We need to think

- What objectives do we want to see achieved for individuals?
- What services will best enable these objectives to be met?

Currently the strategy is at the 'deliberative stage'. It isn't too late to change the strategy: gaps; priorities; soundings; key issues.

For the past six weeks there has been consultation on this current draft. Richard Farnos at DASL has been facilitating a number of focus groups with users. Today's comments will be fed back into the strategy. But people should feel able to send in their own individual submissions.

After all these views have come in, the strategy will be rewritten in September. From then, there will be a three month formal consultation period. There will be a chance to feed in online, and in further meetings. In this period, we will look at creating other opportunities to feed in.

Points from discussion :

Roger pointed the importance of making the strategy accessible? Is there a plain language version?

Janet said that had been achieved in the previous strategy (2005-2009).

Rosario had said there wasn't one for the visually impaired at the Town Hall consultation event on 6th July .

David said there is an ambition to make it more accessible.

Richard said that with the Older People's Strategy, once an action plan had been drawn up, these had been made into an easy-access version. This means people could easily access the conclusions and key points.

Mulu enquired about Braille versions.

David said the Lambeth Council have a duty to provide a Braille version, if one is requested. To do so, contact Philippa Davey at the Council [on pdavey@lambeth.gov.uk or 020 7926 4556].

Rosario said that you shouldn't have to ask – it should automatically be made accessible to people with visual impairment.

Roger said that *accessible communications are a central concern in his work at the Council, and he wants it to improve.*

Roger also voiced a key concern: *dual sensory impairment – especially for older people.*

2. Initial Headline Views – key questions, issues and concerns – Richard Farnos

Rod said that people with Parkinson's often don't make use of direct social care services. They don't tend to use social services, but are managed by therapeutic interventions, and come into contact with social services very late. *There needs to be a change in the way these services have contact with people with Parkinson's, instead providing intervention / preventative support. Options need to be set in place for crisis points, especially in respite for carers.*

Rod is currently doing work on care in hospitals – and trying to build up user influence in the way that social services are managed to link in with Parkinson's earlier.

Janet said *parks are a priority – and access to car parking in parks.* There is a lack of available disabled car parking, and no one is taking responsibility for enforcing car parking regulations in parks so disabled people are discouraged from visiting.

Roger said that *roads and transport are crucial.* He drew attention to the planned pilot at Exhibition Road [where the road would be level to the pavement – so no curbs or designation of pedestrian and care space] where early intervention and consultation has prevented the plans early on.

Rosario said there is an issues around the *safety of tactile pavements and traffic lights* – and the proposed idea for *cyclists to turn left at traffic lights without stopping.*

Margaret said the *consultation on the strategy comes too late on in the process.* That physically and sensory impaired users need to be involved right at the start – not just left commenting on the views of professionals. Margaret pointed to the strategy's outlying ambition of 'co-production' and asked *how the strategy will action this.*

Rosario said that *services tend to concentrate on wheelchairs, rather than access and issues for people with other disabilities.*

One attendee said that *consultation is weak; that it is not accessible, supporting, or resourced to engage users.*

Roger said that there is a *lack of day centre services* – which enable people to access inclusive broad services.

Louise said there is a *problem with JobCentre Plus being unaware of how to communicate or support people who are deaf or hard of hearing.* No staff there are able to communicate with deaf people. As a result, *people have to wait weeks to see a signer.*

Radha said that there is a lack of recognition of sensory impairments. There is a lack for this and groups are restricted on who they can support. There is a real need for *more advocacy for deaf people* to support them overcoming communication barriers. There is also *an issue with people on phones refusing to talk to interpreters.*

David asked what people thought of deaf services in Lambeth specifically.

Rahda said that the Royal Association for *Deaf People (RAD) deal with a lot of legal queries from Lambeth.* A lot of people from the borough are seeing support and advice. [RAD are funded by Lambeth Council to provide legal advice and have recently also started providing Every Pound Counts benefits take-up work].

Rod said that *experiences in hospitals can be very disempowering* for people with physical and sensory impairments. The Parkinson's Disease Society is running the 'Get it on Time' campaign [<http://www.parkinsons.org.uk/default.aspx?page=7655>] *to make sure people are given their medication properly in hospitals. There is also a problem of staff taking away people's medication – a problem in primary care too. Staff also don't know the right questions to ask. The local hospitals need to be reaching higher standards.*

David said this opens up a particularly challenging area for the strategy – *the engagement of acute services.*

Rod pointed out that 'expert' clinicians don't always know best how to support people – particularly in medical wards. This can be very, very disempowering. However, in Parkinson's specific services, the standard of care is very high.

Richard summarised the recommended actions/priorities arising from the first part of the discussion :

- Communications need to be accessible
- Social services need to engage with long-term conditions far earlier
- Vital importance of the preventative agenda
- There needs to be better prepared crisis management; especially respite for carers

- Car parking and access in parks
- Street safety: tactile pavements; traffic lights; cyclists' right of way
- Consultation is weak. It needs to happen before a strategy is written and it needs to be accessible, and resourced to proactively engage
- How is the strategy going to action and support co-production?
- Focus on wheelchairs overlooks users with other types of mobility-related impairments
- Lack of day services
- JobCentre Plus needs to be made accessible and user-friendly for deaf people
- More advocacy for deaf people
- Better training for service staff on the rights and communication needs of deaf people
- Hospitals can be very disempowering
- Hospitals need to be better engaged with other, community and peer services

3. Working through the Main Areas of the Strategy – David Strong /Richard Farnos

a) Advocacy, advice, information and support

David began by talking about **advocacy and support services** – the kind that people look to the voluntary and community sector to provide best.

[Priorities, recommendations and actions are all set out in the bullet points.]

What situations do people need support in?

Rahda said

- A lot of people are confused about access and support from advocates
- There is little accessible information outside of specialist services for deaf people to access
- The main advocacy issue for deaf people is around housing – with the Council or with Housing Associations
- Benefits
- Poor interpreters
- Rights
- There is a difficulty for people using foreign versions of sign language

Louise added that

- People don't make services flexible ie the trouble caused for deaf people in having to attend the fortnightly sign-in at the JobCentre without proper support
- Lack of flexibility in JobCentre practice to allow for interpreting needs

David said that

- the strategy needs to make sure it tries to influence other providers' services in Lambeth ie JobCentre Plus, as well as the voluntary and community sector, Health and the Council. There needs to be a commitment from all parties.

Louise said

- all organisations need to be deaf aware
- there need to be more interpreters for deaf people
- information needs to be available in basic English
- there needs to be more widespread basic training in British sign language
- needs to be better promotion of deaf services

Rod said there should be

- a focus on early intervention and prevention – especially given the focus on inclusion
- there should be efforts to reduce reliance on services
- there should be an attitude that everyone has the right to an income
- an encouragement of self-responsibility for health
- the value of signposting cannot be over-estimated; early signposting to avoid dependence
- increased numbers of information support workers: early signposting as an intervention – which may then develop into advocacy
- more provision for the training of advocacy skills (there is a good model in Westminster)

Radha agreed with

- the importance of signposting, and said that organisations need to be doing much more to signpost between one another

Margaret said that

- contacts at services (such as phonelines) need to take responsibility for the person they are speaking, and make sure the issue/query is resolved, rather than passing people on to others

without any responsibility for the final outcomes

b) Preventing ill-health and rehabilitation

Richard asked what people thought around the areas of 'preventing ill-health and rehabilitation'. What should the strategy do?

Rod said that

- although there has been a lot of development in health services rehabilitation and intermediate care, these are still deployed too late for people with disabilities/
- people shouldn't be so defined by medical conditions
- there should be fair and equal access to leisure services through
 - exercise on prescription
 - timely intervention
 - recognition of the benefits of social inclusion

Janet wants to see

- an acknowledgement of the positive impact of physical exercise on long term conditions and health
- the impact of physical exercise on mobility and movement in physical disabilities

Roger wants to see

- earlier intervention to combat sight loss
- recognition of the crucial need for early intervention of those suffering dual sensory loss
- need skills building a strategic focus on dual sensory loss
- recognition that when isolation comes, it is very hard to undo

Rosario called for

- regular eye tests for those with learning disabilities, children, and people with diabetes
- promotion of the importance of eye testing

Richard asked 'what the role is for the voluntary and community sector in preventative services?'

Janet suggested

- open days with tests, health promotion, and signposting of services between the voluntary and statutory sector

Rosario called for

- greater multi-agency working

Louise called for

- efforts to be made to halt the high turn-over of care workers

Fiona suggested

- more should be done to support joint working at Neighbourhood Resource Centres

David asked what the role is for home care services to support prevention.

Margaret said there should be

- better gateways into services, including diagnosis of long term conditions, and deploying home care services to support people ahead of crisis management.

Rosario said that

- there is a real lack of emotionally supportive services across all boroughs – yet it is critical to support people to take control of their condition
- we need much greater availability of one to one counselling
- greater capacity in peer support services

Roger said that management of conditions is about 40% technique and knowledge, and 60% confidence. That

- peer support services need to be better supported and linked in with statutory services
- there needs to be a place for practical training of basic skills alongside peers

Margaret said there is a

- clash between individualised ‘personalised’ services, and the strength in togetherness of peer support.
- People are strongest together, and that needs to be recognised
- People should be able to access their peer group without being told they are being ‘ghettoised’

Mulu agreed that

- Peer support is invaluable
- and that there needs to be more extensive training for staff working with disabled people.

c) **Arts, sport and leisure**

Janet said that

- at Brockwell Park there needs to be joined up responsibility and enforcement for car parking

Richard asked 'how the voluntary and community sector help in arts and culture?'

Roger said we must

- start with looking at mobility, overcoming the barriers to use of public transport and unreliable taxi card services

John called for

- universal recognition and enforcement of the rights of blue badges

Janet said that the Council cycling team is very good but

- more needs to be done to promote cycling to people who have physical and sensory impairments or long term conditions
- needs to be outreach and greater discussion on the benefits of cycling

David said that although bus services have improved there is still a frustration that poor transport services and mobility is still a key cause in exclusion and isolation.

Wole said that

- the Council has to take responsibility for Dial a Ride and Taxi Card, as commissioned services by better performance and contract management

Roger said that wheelchair services are good. As well

- there needs to be a sub-group of the Partnership Board looking at transport issues and driving them forward

Richard asked about

- the accessibility of the facilities offered by shops/restaurants/pubs which have joined the Lambeth Community Toilet Scheme.

d) On better access to employment services and support

Louise said for accessibility for deaf people :

- availability of interpreters needs to increase
- staff and services need to understand the importance of self-confidence to their service users
- 'Access to Work' need to pay for interpreters to those doing voluntary work
- 'Access to Work' needs to be better promoted to employers
- Rosario talked about the importance of
- Assistive technology
- Employers need to be more open minded and welcoming, and there needs to be more training for them
- Equality needs to be seen as everyone's responsibility, and the voluntary and community sector need to lead in this

e) How could the voluntary and community sector improve partnership working?

Rod said

- there needs to be better encouragement of local branches of national organisations to link in locally
- there is a role for the strategy to instil local activism and confidence
- the voluntary and community sector must take action to meet its roles and responsibilities in supporting local activism

Wole said we need

- an accessible forum over the internet [this does exist, and is the mailing list through which you received notice of today's meeting. Contact hsc@lambethvac.org.uk or 0207 737 9361 for further information].

David said

- the sector needs to promote and better understand its shared identity
- the strategy needs to reflect the issues and challenges faced by the sector in Lambeth

Roger added that

- the strategy should be used to realise what the outcomes of the personalisation agenda should be. Are they really sincere in this revolution? 'This strategy should be a route for holding Lambeth Council to account on this'.

Close

David thanked everyone for their attendance, and reminded everyone they can continue to comment individually, bringing in their service users and colleagues. David also said that we will come together again in Autumn to discuss the next stage of the strategy. Until then, please could everyone acknowledge emails and think about building communications with other groups and all those here today.

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