

Mind in Croydon Vermont Lodge Report



Advocacy Provision March 2012

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Mind in Croydon Advocacy Provision For the Residents of Vermont Lodge

Introduction

Background

Croydon's Supporting People recently carried out a review (2010) of mental health services they fund within the borough. This included the services at Vermont Lodge (14 bedded supported housing unit for clients with mental health needs and learning difficulties.) The review concluded that, "shared supported housing services such as the one provided by Vermont Lodge are no longer seen as the best accommodation model."

Mind in Croydon (MiC) Advocacy Service was commissioned by Croydon's Supporting People (SP) to provide in the region of 45-60 hours of confidential, independent Advocacy (spanning a two month period) for the 14 residents of Vermont Lodge (VL), in order to ensure they, "could discuss any issues they have without feeling that the provider or the council were involved." As such, "it was agreed that Mind should remain as independent as possible during the stakeholder consultation process."

Breakdown of Advocacy Provision and Resident's Attendance

Overall, the Advocate engaged with 13 of the 14 residents at VL. This engagement fell into two categories: Group Advocacy Sessions (Workshops) and Individual 1:1 sessions.

- Letters were sent to each resident, inviting them to an initial Introductory Advocacy Workshop. 4 out of the 14 residents attended this Workshop. At this stage, none of the residents wished to meet on an

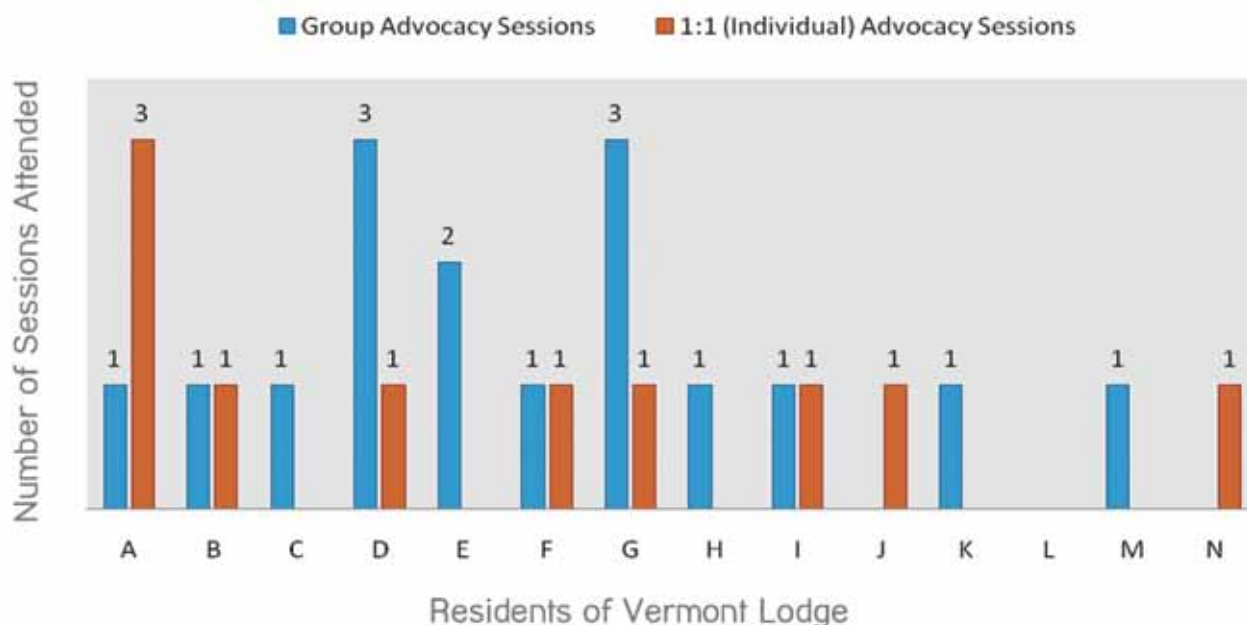
individual basis with the Advocate.

- Posters were then distributed at VL, detailing the times and dates of Advocacy Workshops and the Advocate's availability. The first Group Advocacy Workshop was held, with 9 of the 14 residents attending.
- This was followed by the provision of individual 1:1 sessions for 2 of the residents.
- A further Group Advocacy Workshop was held, with 3 out of the 14 residents in attendance. At this stage, residents' attendance in the Group setting was decreasing whilst interest in 1:1 sessions increased. Residents reported that they had "said everything they had to say" in the Group Sessions. However, their increasing familiarity with the Advocate allowed for further 1:1 Advocacy engagement, focusing on individual issues, relevant to personal circumstances, views and priorities.
- This was followed by the provision of a further 8 individual 1:1 sessions, shared amongst 7 of the residents.

Group Advocacy stimulated a lot of discussion and feedback from residents about their views on VL, their lives at VL and their opinions re: possible changes to VL. The Advocate aimed to support residents to voice their opinions and concerns, raise questions and provide a forum to express themselves and feed back into the decision making process.

1:1 sessions raised a range of resident-specific issues from concerns over finance and benefits (resulting in referrals to MiC Welfare Benefits Advice Service) to a resident's concern re: securing support during the period of transition between VL and their next placement (this resident wished to move onto different accommodation, more appropriate to their support needs.) During 1:1 sessions, residents also expressed their views re: VL, which they would like to have fed back to the decision makers, during the consultation process.

Number of Sessions Attended by the Residents of Vermont Lodge



Challenges

Time Restriction

Due to the nature and life-span of this piece of Advocacy work, there were limitations imposed by having a pre-determined 'start' and 'finish'. To overcome this challenge, the advocate had to be very boundaried and clear about the availability and duration of the advocacy support, whilst also ensuring that residents felt able to express themselves freely. Residents needing additional support could be referred to the MiC Advocacy Service which can provide on-going support, beyond the remit of this particular piece of advocacy work. The Advocate will also be following up with a closing letter and Advocacy leaflets/ contact information as they withdraw from the setting. The time limitations meant that it was necessary to build a good rapport with residents in a short period of time. The Advocate worked towards this by maintaining a regular and consistent Advocacy presence.

Engaging Residents

Initially, only 4 out of 14 residents responded to an invitation to meet with an Advocate. By making visits to VL (after requests to do so from residents), maintaining a consistent presence and committing to a visiting schedule that maximised client contact time (Visiting on

both week days and on Saturdays) as well as providing the option of meeting in alternative venues, the number of residents engaging with the service increased. By allowing the resident's feedback to shape the structure and delivery of the Advocacy, the Advocate was able to respond to the individual needs of the residents and therefore maximise the potential for engagement.

Maintaining Independence

Although the Advocate and the Advocacy Service Manager met with the staff of VL to introduce themselves and explain their roles prior to facilitating sessions at the home, the Advocate still experienced some initial challenges in maintaining the service's independence and creating a confidential space for residents to meet with the Advocate. With the support of the Housekeeper, the Advocate negotiated the use of a communal area. However, the landlord made attempts to join the session whilst it was in progress, by walking into the room and sitting down. To maintain confidentiality and independence, the session had to be stopped each time he interrupted. The advocate had to explain to the Landlord that he could not join the session. There were some initial difficulties, as he was reluctant to leave and felt the Advocate was promoting secrecy within the home. However, he later met with the Advocate and the Advocacy Service Manager

so that they could listen to his concerns and explain the importance of maintaining their independence as well as respecting resident's rights to confidentiality. After this meeting the interruptions stopped and this was no longer an issue.

Differing needs and views of residents

Due to the differing needs of the residents of VL, the Advocate had to ensure groups were facilitated appropriately, supporting residents to express themselves whilst negotiating difference and ensuring everyone had an opportunity to engage. The advocate also ensured that residents were aware of the availability of 1:1 sessions.

Structuring Feedback

Documenting and structuring residents' feedback without compromising their freedom of expression and choice of focus was a challenge, especially as some residents didn't know where to begin. The Advocate provided general themes, a starting point for residents to talk about the different aspects of their lives. The Advocate has also drawn upon the '8 Domains to a Quality of Life' (Watching Brief model) to structure/ document the feedback.

Conclusion

Due to the range of issues raised and the varying opinions expressed by the 13 different residents who accessed Advocacy support, it is difficult to summarise the feedback without losing the context and compromising on detail. For this reason, a very brief summary (including direct, anonymised quotes from residents) has been provided below. These reports contain substantial feedback from the residents of VL, who wish to have their views and concerns acknowledged and taken into consideration during the decision making process, in relation to any proposed changes to their current accommodation.

Brief Summary of Feedback Received from the Residents of VL (8 Domains)

1) Individuality

- One resident said that he does not want to live in a flat. He said that he likes living

with other people. He went on to say that they would have to be the 'right people' and explained that he wants to "live with people who are not too clever and not too disabled. People who have the same problems as me."

- One resident was keen to point out the things in her room that make it personal to her, such as her ornaments.
- Re: cultural, religious needs "Some people like to watch Christian programmes on TV."
- "If someone had any special requirements they could speak to staff about it."
- "There are no baths. I love having a bath."
- One resident said he likes plantain and that he has had it a few times at VL, but other people might not like it- they might prefer English food. He said his favourite food is dumplings, which is on the menu. When asked whether he felt he could ask for the foods he liked e.g. Plantain, he said he felt he could.

2) Status & Respect

- "I am listened to here."
- One resident said that the 'resident's meetings' were successful at first and residents were able to talk openly about how they felt, but after a few months the Landlord started coming into the meetings and sitting down. The meeting was supposed to be private and take place prior to the general house meetings, which are attended by staff and residents. This meant he and other residents did not feel able to speak up and this forum was lost.
- Another resident said that there used to be a residents-only meeting but it doesn't really happen anymore. When AR asked her why she thought this was? She said, "Maybe people don't have time to go anymore. Sometimes the staff used to join in."
- One resident said there was another resident who called him a black b*****d, but the Housekeeper stepped in. He said that if there is a problem he can speak to a member of staff.

3) Partnerships and Relationships

- "You can relax here. There are friendship

groups and some people spend lots of time together, they go everywhere together.”

- One resident said that his Girlfriend is able to come and visit, she lives a bus ride away. They enjoy watching TV together, DVDs and drinking coffee, smoking cigarettes.
- “Without VL, without all those people, I wouldn’t be where I am today” Residents talked about the changes that have come about in their lives, which they attribute to the time they have spent at VL and the support they have received from staff.
- Residents reported that they consider themselves to be a family. They prefer to do things together and although they have their ups and downs, this is true of any other family.
- The atmosphere is relaxed but I go out to see friends and family a lot.
- “They are very strict about not allowing guests to stay overnight.”
- “Nobody can stay overnight. Leaving time is 10:30pm.” Whilst some residents were not bothered about this rule, others felt that it limited their independence and choice with regards to their relationships with their partners.

4) Well-being

- Residents reported feeling safe at VL, this is a feeling they value and do not want to lose.
- One resident said she used to scream and shout because she didn’t want to have her injection. She said that the Housekeeper helped her to receive the support from the nurse. “They see to it that we take our tablets and get our injections, get up and have breakfast.” Now she reports feeling ok about taking her medication.
- “There’s no lift. If there’s something wrong with your legs you have to leave. One guy stubbed his toe. It got infected and he didn’t tell anyone. In the end he lost his leg and had to move out.”
- One resident said that before she came to VL, she was in and out of hospital and that she couldn’t cope in her own flat. When she came to VL they did everything to help her. They made sure she took her medication and helped her to keep her

room clean.

5) Competence

- One resident said he takes part in various college courses such as, gardening, fitness, literacy and discussion groups.
- Residents said they are able to use the kitchen themselves, whenever they like, in order to prepare food.
- Residents reported that they are responsible for keeping their rooms clean and tidy but a cleaner comes in each day to make sure the communal areas are clean and tidy. If someone needs help with their room, support is available but residents are expected to be as independent as possible.
- One resident reported his previous difficulties at home and the positive changes he has experienced since living at VL. This particular resident felt that VL has given him confidence and supported him to live a fuller life.
- One resident reported that he would like support moving on from VL. He feels he has outgrown the support offered in this setting. He said that this is something the Landlord, the Housekeeper and the other staff at VL acknowledge and support.
- One resident said that his medication is one of the most important aspects of his illness and that he receives an injection every 2 weeks without fail. He now does this independently. The Housekeeper used to call and arrange the appointments, but now he can manage this himself and no longer needs all the support he was initially receiving.

6) Community Presence

- One resident said that she goes to the church centre on Mondays, where there is art and other activities and she can also eat lunch there. She said she takes the bus there by herself. She used to go to a different place but it closed down and she was referred on to the church centre. She said that she was given information and directions to go to the original service by the Housekeeper, who encouraged her to go.

- “I do literacy at college.”
- “We go shopping together.”
- “We go on holidays together. This year we are going to Disneyland in Paris.”
- “Children are welcome, we have BBQs in the summer and family and children come along”
- “From my personal perspective, I would like to travel on my own, live more independently but generally speaking I have a good social life, I suppose.”

7) Continuity

- One resident reported that VL is one of the best places he has lived. He reports having been at VL for seventeen years. This is the longest period of time he has ever lived anywhere. He said that he moved around a lot before he came to Vermont Lodge.
- “The Housekeeper is always there, 24 hours.” The Housekeeper was mentioned frequently throughout the session and is reported to be a consistent presence in the lives of the residents at VL.
- One resident said that if VL closed, “it would affect me in a way because I’ve known them (the residents and staff of VL) for a few years now. Even if we moved elsewhere I would want to keep in touch with certain people in the house. I would want to phone them or visit.”

8) Choice and Influence

- One resident said he can make his own choices about his daily routine and that he chooses to do a lot of different things. He said he can choose when to get up or go to bed.
- “I can come and go as I like.”
- “The menu is made out of suggestions that everyone makes.”
- “We are encouraged to give feedback.”
- House meetings take place once a month. “We can raise concerns and complaints, health and safety. We can raise concerns or things we want to change.”
- “They ask us, “Where would you like to go?” and then they see if it’s possible.”
- “We make our own choices about our daily routine, individuals decide. Re: getting up and going to bed- They are very relaxed

- as long as they know where you are and that you are safe. They are very relaxed. Everybody has different support needs.”
- One resident said they would like to have access to the internet at VL. This is not something that is currently available. He felt that he was the only person who raised this with staff, even though he is not the only person who really wants it.
- “You can personalise your own room so long as you don’t damage the walls. You can bring some of your own furniture. I have a chair in my room that was given to me as a gift by a family member.”

This feedback covers some of the resident’s views about their current life at VL and the services/support provided there. Additionally, it can also provide a useful insight into the preferences, priorities, opinions and concerns of residents in relation to any number of proposals re: changes to VL and any subsequent decisions which could impact their lives.

With a few exceptions, residents were keen to convey that they value living together as a group and the continuity of care they feel they have at VL, with many residents having become settled there over a substantial period of time. Residents spoke about the network of support they have built and their familiarity with the area.

Questions Raised by Residents

In order for MiC to maintain the independence of its Advocacy Service, it was acknowledged by SP from the outset, that the Advocacy service should remain as independent as possible during the consultation process. As a result, the Advocate has not been involved or engaged with the process beyond the work it has undertaken directly with residents. The Advocate has worked under the instruction of the residents and has not been given any information beyond that requested by the residents themselves.

Information requested by residents: The Advocate has outlined questions residents wish to raise with the Decisions Makers

below. Although the Advocate has explored these questions with the residents, it is difficult to provide detailed or definitive answers when final decisions have not yet been made about the future of VL. Residents have expressed a strong desire to have these questions acknowledged and responded to. Once these questions have been acknowledged and answered, the information could be fed back to the residents of VL directly or via an Advocate.

A Summary of Questions Residents Wish to Raise

- “Why would someone want to close Vermont Lodge?”
- “What will happen if it gets closed?”
- “Where will I go?”
- “Can’t they (the decision makers) come to Vermont Lodge and see how hard the staff work?”

Having made a connection with MiC’s Advocacy Service, residents are more aware of the services available to them and can go on to access MiC’s Advocacy Service again in the future, should they wish to do so. For example, in relation to the outcome of this consultation process and the impact it may have on their lives. Additionally, residents may wish to receive further support in understanding their rights and their options.