

ORAL HISTORY EXTRACT TRANSCRIPT

'Fighting for our Rights' project

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Extract 1: first involvement with KCIL

After working as a social work assistant for some time, probably three or four years, I decided I wanted to qualify as a professional social worker. So I took myself off and did a course, a two year course which you could do in those days because I had a previous relevant degree. After two years I came back and was lucky enough to get another job within Kingston working as a professional social worker within the Disability Team so specialising in supporting people with a physical impairment or health condition. And at that time two disabled people came on the scene, you've heard of them already but their names were Ann Macfarlane and Jane Campbell who approached the Council and said--, made a proposition really. They didn't want services from the Council, they wanted money to organise their own care and support 'cause they felt they could do it better and they would be more in control of their support and it would help them to become more empowered and independent. So luckily the Director of Social Services and the Assistant at that time were very receptive to this, they were very clued up and switched on with the disability movement and those kinds of principles and they said 'Great, this is a great idea. Let's go for it, let's try this out'. So we set up an experiment, a trial if you like not really an experiment but a trial, to see how it could work and volunteers were asked for and I put my name forward to help develop this new scheme, this new way of working. And that's how I came to be first involved with Kingston Association of Disabled People as KCIL was called then.

Extract 2: trialling direct payments

At the time it was unlawful to give people, service users, disabled people in the community, money directly from the Council. So to avoid that law but still enable us to provide the kind of support people wanted we, I suppose effectively laundered the money through Kingston Association of Disabled People. It was lawful to do that, so you could pass the money on to a third party, an organisation, and they would pass the money on to those individuals who were part of this we called it an Independent Living Scheme. So it was Jane and Ann initially and then a few more people joined and because we had to set this up in a very proper and transparent way, we had to set up some systems so that people--, we could show, you know, the audit trail of money, where the money was coming from, who it was going to, how it was used. So if anyone asked us we could demonstrate that we were using the money properly, correctly. I was involved in setting up that, those kinds of financial systems but probably more importantly supporting people to become a good employer, you know, to recruit personal assistants, to manage them, to train them. I was involved in working alongside Ann and Jane setting up a system that would enable people to recruit people, personal assistants to support them. And we set up various training programmes and a peer support group so disabled people supporting other disabled people to become good employers.

Extract 3: understanding the individual

It's quite a difficult way of working because the way we are, the way we're organised, health and social care services are organised in very separate camps and we've each got our own organisational cultures and processes and systems so it's really hard to get past that and just think about the individual. And that's going to take some years to achieve I think. But the essence of it is really understanding the person and their-- , what they want to do with their lives, what their aspirations are. Not just saying 'do you need help to get up in the morning', you know, 'do you need help to wash and dress'. What is that about? What do people really want support with? What are they trying to achieve and maybe getting up in the morning is part of a step along the way but it's not-- , people don't live and exist just to get up in the morning do they so it's-- , we need to change our vision and that's what's happening now I think across health and social services.