

ORAL HISTORY RECORDING TRANSCRIPT

'Fighting for our Rights' project

Surname	Kelly
Given name	Samantha
Date of birth	1967
Place of birth	Lambeth, London
Date of interview	24 May 2017
Length of interview	01:01:04
Number of tracks	1
Name of interviewer	Callistus Dywili, Zoe Perry, Jen Kavanagh
Copyright	© Kingston Museum and Heritage Service, courtesy of Sam Kelly

Q: This is an oral interview with Samantha Kelly by myself Callistus Dywili on Wednesday 24th May 2017. Also here present are my colleagues who are going to introduce themselves.

ZP: Zoe Perry.

JK: And Jen Kavanagh.

Q: The interview is taking place at the Guild Hall in Kingston as part of the Kingston Centre for Independent Living's Fighting For Our Rights Project. Please could you state your full name?

A: I'm Samantha Kelly.

Q: What is your date of birth?

A: [REMOVED] 1967.

Q: Okay brilliant. Could you tell us where you were born?

A: I was born in Lambeth in south London.

Q: What were your parents' names and what professions did they do?

A: My mother's name was Rosemary Ellen and she--, when I was born are you saying what her profession was? She was a carpet stitcher and my father laid carpets and his name is Michael Johnson.

Q: Brilliant. And where did you go to school?

A: I lived in Battersea up until 1982 and I went to a Catholic girls school there called Notre Dame and then moved from there at the age of 13 to Kingston where I then went to Tudor School which is now Tiffin Girls.

Q: What was your first job once you finished your education if you still remember [laughs]?

A: My first job was actually at Russell & Bromley which is a shoe shop in Kingston and I started off as a Saturday girl and got a full-time job until I went on to work for the travel industry.

Q: That's an interesting decision [laughs]. So what was your motivation then for wanting to work within the social care fold?

A: I worked in London. I worked with people in the travel industry. I arranged staff travel holidays for British Airways and then I worked for a travel newspaper and I just didn't really get anything out of it really I guess. It was quite shallow, appearance was everything but there was no depth to anything, and so I gave up quite a well paid job at the time and became a home-care assistant working for Kingston Council on 9th June 1986.

Q: Interesting. So when you say there was no depth, do you want to elucidate a bit more on that?

A: I liked--, I've always liked working with people but what I've always liked to do is not do *for* them but take people on I suppose a journey, that sounds a bit--, that's what I mean it's like, you know, taking people with you. And in the field I worked then it was all very much out for their self, it was about commission, it was about all of those things and so for instance, if somebody phoned up and their holiday had gone wrong nobody seemed to care [laughs]. So it was--, you know, I just thought, do you know, I don't know that I really want to do this. The travelling got me down and I became very interested in Kingston's history and I just sort of--, I went to the library and looked around and was learning about where I lived and then I just saw this job advertised for being a--, we need home-care assistants to work with older people and I just thought, do you know what, I'd love to do that. I didn't drive at the time so I went for the interview, got the job and cycled my rounds. So that's how I started, 30 years ago.

Q: Hmm, interesting. So you've pretty much touched on--, but if you could just--, so when you started working for the home-care services what year was that if you still remember the dates?

A: I just said it, 9th June 1986.

Q: So if you could expand a bit more as well on what that job involved?

A: So that was--, you got given your list of clients as they were called then, and you got given your rounds and I was actually one of the youngest, I was only just over 18 and I was one of the youngest care assistants at that time. And a lot of the women were middle aged, like myself now, and were--, they weren't appreciative of a young enthusiastic person coming in. And I had a bit of a sticky start to be honest because I went and did my visit and went back to the office early to ask for more work which didn't go down too well at the time. But what it entailed was visiting people in their own homes. And in those days we just did shopping and housework and then as time went on, the district nurses or the nursing assistants stopped doing bathing so then we then had to start taking over responsibility of doing bathing and personal care. So that developed for a couple of years and then they started doing split shifts so instead of being a home-care assistant where you went and worked five days a week, they then needed to cover a seven day service because people's needs were increasing. So what they did was they had like a four on/four off rota and you did like a morning shift, an afternoon/ evening shift and then you got four days off. And then you started working with people that needed their meals prepared for them and generally providing them low-level nursing care in their own homes. And what happened there was it became apparent that the people that we were working with, the other staff members of the teams who were lovely people and who were very caring, found it very difficult working with people with disabilities, physical disabilities, for all sorts of reasons. For communication maybe they were more used to communicating with older people and also at that time in the '80s, people with disabilities were just starting to find their voice about their rights and

were challenging things and people struggled with that. There was also feminine issues so obviously a younger person would still be having a monthly cycle and some people felt very uncomfortable caring for somebody with those issues going on when they'd been used to dealing with older people. And there was also men, young men, and they were having to cope with dealing with having to use sheaths and things like that so it was kind of--, the people that hadn't come across this kind of client group before were now having to deal with this and they struggled. And you kind of had to go away and find out about how to work with people. Some people were really good at explaining and if you were a good listener you could really provide a good service to somebody because you got to know what their needs were. And if you didn't listen, then it became a bit of a struggle and people resented it because you were going into their homes and dealing with their body, you couldn't do it your way otherwise it wasn't going to work.

JK: Did you have to do any qualifications when you first joined this sector?

A: No. No. We had courses, training courses and things. I mean, you know, you had to do things like health and safety and things like that but no, at the time there was no ask for any qualifications other than basic English and maths and things like that, because you're dealing with people's pensions and things I guess.

Q: With that I'm thinking like if you're safeguarding and so were there any DBS checks?

A: Not 30 years ago. There was--, it was difficult times in a lot of ways because you were given an awful lot of responsibility dealing with people's lives and their money and things like that and it did go wrong. There were people that unfortunately did steal from people but on the whole, you know, because you weren't--, with younger disabled people particularly, because you weren't dealing with dementia they were very much in control of their--, you know, there was the odd few that maybe weren't very good with money but they knew. But you were very much aware of the risk of going to the post office to get their DLA or something like that. I always got receipts for everything and, you know, made sure that it was counted out and everything so I guess what I'm saying is, you kind of had to do your own safeguarding because--, but it was actually more prevalent in people that were older because they would go "well I never saw anyone" and "I asked her to get my pension and it's got £10 missing" and in fact, if you picked up the mattress or looked in the wardrobe you'd find the money in there somewhere. But with younger people under the age of 65 it was--, there wasn't so much of that. What tended to happen later on was when the direct payments came in, people got direct payments and started employing their own staff, that's when things got a bit sticky at stages for people in the fact that, you know, they'd sometimes employ not very scrupulous people. And there were times when they overpaid their selves and things like that. But no, not when I started, there was nothing like that. I mean if you worked for the Council and you did something wrong you were disciplined, you know. Luckily I was never disciplined [laughs].

Q: You said earlier that when you started you were given, you know, at the beginning of the week you'll be given a few clients or a few service users to work with so was it, the caseload, was it the same people or it was whoever you got given that week?

A: No it was the same people, very much continuity, yeah. I mean in the early days when I worked five days a week Monday to Friday, you had the same people every week. When you did the split shift you would have a mixture of older people and younger people and sometimes you would have to cover other people's shifts if they'd gone sick or something like that. So you would have a variety. So for instance, if I did Monday to Thursday split shift and then somebody was sick, on Friday and Saturday I would do somebody else's round that would be different people.

Q: So--, 'cause you said you did four in and four off so who then catered for your clients when you were--,

A: So we had--, there was a team, we were a team so we were a team of four. At first we started off at one each and then due to lone working and things like that we became doubled up teams. And also manual handling started coming in then, not to the extent that it does now but so you had two of you to lift people or to deal with heavy people. So there was two of you on the round and there was four of you on a team and so that covered the whole year on a four on/four off basis.

Q: You said something as well about, you know, like when everything transitioned some of your colleagues were struggling to work with the newer clientele and the younger clientele so how did you feel about that process of them, you know--,

A: Well it was a funny thing because what actually happened was staff tended to kind of, you know, they would--, at the beginning before we did the split shift they would say "oh I can't work with that person" and then what tended to happen was the managers, the home-care managers, would kind of know the person, people you could work with and you kind of got those sort of people. So say for instance, I worked with a lovely lady who was an absolutely wonderful lady but she wasn't that keen on working with younger disabled people. She preferred working with elderly people but she had a heart of gold. So I ended up--, I would tend to get the younger disabled people. And then what happened in the late '80s and very early '90s was that there was this funding put together to put together a team which was called the Young Disabled Persons Team which was run by Brenda who I believe you're going to be going to interview, and she was new--, she'd just come out of being newly qualified. She was a--, I mean she'll tell you, she was a home-carer herself back in the day, and so she set up this team of people. And so then what happened was there was men employed which the home-care service had never had men and then we were a lot younger group of--, staff group and we worked with these people. And she would go out and interview people before we were placed with them and she would match us to the point where one of the ladies that I was first introduced to, I still visit now every day--, every week. I still see her every week on a Monday and so, yeah, she was very good at that Brenda.

Q: That's very interesting. Do you know what criteria they--,

A: What she had?

Q: Yes

A: You'll have to--,

Q: What criteria she used to pair you with the service users?

A: Honestly? Instinct I think, instinct. She got to know the person, what their needs were and then she kind of worked out which one of us would be best working with that person. And this particular lady was not--, was absolutely not accepted into service so she needed somebody that maybe was going to be a bit more patient and a little bit more, I suppose, would try and understand what was going on. And she was very good at that Brenda, it was a talent of hers, you know, matching us. But you'll have to speak to her, she will probably tell you differently but I just think she had a natural ability of doing that.

Q: Thank you very much. And you know with the introduction of gentlemen within the services, how did you find that transition with men, you know, getting into the--,

A: I thought it was great 'cause we had men in their--, so I was say 20 by this stage and we had men in their--, you know, 46 or 47 who were professional men. We had an architect, we had a chemist who suffered with MS and were having to be surrounded by women all the time and I think they struggled. And also there's a personal point about having to be cared for and looked after with male genitalia etc that you don't necessarily want women--, you're married, you're in this situation and I think the men--, the male

aspect was the best thing that could have happened for them and the development of it. It was what was needed for that person, so I think it was a long time coming.

Q: Okay, thank you very much Sam. And then you moved on to home-care services so do you want to tell us a bit more about that, when you joined and how old you were and what the job involved?

A: So what--, are we talking about the young disabled person or the--, 'cause I've already mentioned how old I was and when I started so--,

JK: So yeah sorry, so maybe moving on to talking us through from that role until when you became a support co-ordinator?

A: Yeah okay so I worked in, worked for the young disabled--, so I went from home-care assistant to personal care assistant, as we were called then, then I went on to work for the specialist young disabled persons team which took me up to '92. And then I became pregnant with my son and so I didn't want to go sick and because we were lifting and I had had miscarriages, they wanted to put me sick and I didn't want to go sick, I was only pregnant [laughs]. So I asked them to find me another job, which didn't go down too well I think at the time. So I was then asked to cover social services reception which in those days was downstairs where you were, so I did that while I was pregnant with my son and then--, so that took me to '93 then I came back working for the YPD team but in the evenings and so I just did the nights, the late nights and putting people to bed. But just to go back on something, the one thing when we were working with the YPD team that we were able to do, which I think is really worth mentioning, is that we did things with people that weren't just about personal care. We did things about their lives and what they liked. For instance, we did things like went to France for the day and instead of people meeting up at the Crescent Resource Centre which was the facility like a day-care, we would, all of us, the group, would pick people up from their respective homes, pick a pub central that we could all walk to, 'cause not all of us had cars or could fit people with disabilities in our cars, and we would meet on a Friday and have like a lunch club on a Friday. And we would go out in the evenings and in fact, some of the teams actually went on holiday with people. So we did do a bit more, you know, than the average keeping people clean, tidy, fed, watered because I think that's what people need more than that. So anyway, going back to that--, after I had my son I then realised that I'd like to be more involved in putting together care packages. And at that time it was really innovative because you were able to have this direct payment, you could give people money and you could work with them setting up their care packages. So when I came back I got a job, I was really lucky very fortunate, from maternity leave I got a job part-time, 18 hours a week, as a support co-ordinator or a social work assistant as we were called then and that's what I did. I did work in older people services but I also worked with the disabilities team and did care packages and assessing for people to get direct payments. And in fact, managed to persuade a few older people to take up the mantle which was really difficult at the time because they didn't want to be responsible for their own, you know, paying people, being employers.

JK: Could you just talk through how that--, who you were working with then in terms of that direct payments--,

A: Well that was Kingston Association of Disabled People which is now KCIL so I became a member. So I used to go to the meetings and I also used to support some of the--, your members who when you had your annual general meetings and things like that, I always used to go and help out with people like Kay and Ann Macfarlane and people like that. And so we worked with KCIL and we worked with our finance department. But in those days because of the way legality-wise, the money had to go through KADP. So the Council would give the money to KADP and KADP once we'd applied for a direct payment, so six hours or seven hours a week say, they would then pay the person to be able to pay for the staff that they had coming in. So I suppose it was money laundering really [laughs] for want of a better way of putting that. And so KADP ran that and then they would check and help them employ--, they did the contracts and then they would go back and check that people were coping okay. There were timesheets, had to keep

timesheets and send them in once a month. So people who could cope with it their self did it their self, some people got their family members to do it and if you didn't have somebody like that, then your support co-ordinator or social work assistant would do that for you.

Q: Okay. So you just said some people involved their family members, so were the family members assessed and who was doing that to like hand out the funds for those particular service users?

A: Yeah, no--, we tried to get direct payments to people that could manage it their self because there was a lot of situations where people, well-meaning enough carers but they tended to do--, you know, it's very important when you're in a relationship to take each other's needs into consideration. But when you're in that position where you're reliant on somebody you kind of lose that capacity of being able to say "no I don't want that" because for you and I we can get up and go somewhere else, they can't. So it was very much about making sure that whoever you got the direct payment for, where as if they could manage it their self they did, if not we introduced KCIL to support them but we tried not to have too much of the family member or carer being responsible in--, you know, so hopefully we would encourage the service users to be able to decide what they wanted and not to fit whoever and that they would literally do--, and sometimes what we would do is pay a bit extra and have somebody to go in there and manage the accounts for them. So we would get somebody else to go in there and do the timesheets and run that bank account for the--, I think it's the independent living fund--, scheme now but for the direct payments.

JK: Would you mind talking us through how you'd put together a care package?

A: Well, no not at all. You would go out and meet somebody and the funny thing was at that time when you went to meet somebody, they would expect you--, "you're coming from the Council, what are you going to do for me?" So you had to get the measure of someone to kind of find out whether--, what was important to them and you normally quite early on could see that their independence was very important to them and they wanted to do things their way and they just happened to be reliant on somebody else to do it. So once you'd got the gist of that you would then say to them "well have you ever thought about...?", you know, "would you be interested in being able to set this up yourself?" and if you got a good interest then it was easy. And what you would do is you would discuss with them what their needs were, you know, when do you get up, what do you need about bathing, things like that and you would then--, what time they went to bed. Because what was happening before when you had the Council carers that were coming in or agencies as now, they get told when to go to bed and when--, whereas well in an ideal world if you could employ somebody to come in, you could choose your bedtime or when you get up, whether you have a lay-in on a Sunday, whether you have a bath in the evening or the morning. I mean these are all pretty--, things we take for granted but to somebody else if they have a bath at night that could relax them, that means they get a good night's sleep, it gives them the capability of coping with the next day. Or it could be for pain relief or anything. So you got to know what their needs were and then you would go back to the office and you would put together an assessment which explained that, what their medical needs, whether they had mental health issues, or physical, did they need to have equipment, did they need a referral to OT. Then you would fill in a form and send it to KCIL who would then check that you've put all the information right and then they would organise--, there was--, if somebody didn't have a bank you would have to set up a bank account which we used to do then, help them go to the--, I think the Lloyds Bank at Tolworth must have thought I went out kidnapping people just to open bank--, 'cause I was often there with somebody opening a bank account. And so they would have that and then the money would be paid in quarterly and they would be expected to manage their budget on a quarterly basis when they were paying their staff. There were headaches at first, as there is with everything. I always used to say, the first six weeks are the worst. Once you get your staff in place and the bank starts rolling and everything else, after that it's a lot easier. It wasn't always like that but most of the time it was.

JK: Thank you very much.

Q: So do you feel then, you know, 'cause you're part of the care packaging team, so do you feel that the introduction of those on the direct payments, do you feel they improved the services?

A: I think they improved people's lives. I don't think--, I think it took pressure off the home-care service because if you're paying someone direct you haven't got to keep all these staff. I think in the early days it was really well managed, really well managed. I think it also showed stuff up like, and this isn't a criticism, but people that have got severe disabilities if they go into hospital they still need their carers to visit them because the nursing staff are not trained to deal with specific disabilities. And I have been in a situation where I was in A&E with somebody and that person was quite physically disabled and the doctor or the nurse were not aware of disabilities and what that was. And so I had to stay there until eleven o'clock at night and wait for that person to be allocated a bed because they didn't know how to move that person onto an electric bed. And it was because of their specific needs, it wasn't just an elderly lady who had to be, you know. So we used to have to incorporate people's needs in case if they did go into hospital, services wouldn't stop. They would still have somebody to go in there and feed them with their specific food, some people couldn't communicate so you needed somebody to go to tests with people, so you really had to try and cover all bases. And I think it improved people's lives for that reason. And it gave them autonomy and it gave them the strength and resilience to be able to cope with life but still be in control of it.

Q: That's really interesting, thank you Sam. So you seem pretty much to be an advocate for person centred care and--,

A: I always think to myself, how would that be for me? And I met--, I was eighteen and I'd had quite a little--, quite a good start with life in my jobs. I'd had quite an exciting time working in the travel but I met people who were doing really well, who were very well educated who had everything going, had money and then suddenly MS arrived on their doorstep and completely not only wrecked their lives but their family life and their children's lives. To the point where it didn't matter how nice we are or how lovely and understanding we are, you are walking into somebody's home, that's their family environment, and you're going in there two or three times a day that's bound--, you can't get up and walk around without your clothes on or nip to the loo because you need a wee because you don't know who's going to be in the house. And I think I am very much an advocate of people--, because I think if you give people what they need to manage their self, they'll tell you to go away and leave them to get on with it. But that's what you've got to do. You've got to make sure they can move from room to room, you've got to make sure that they've got the access to what they need to keep them going and what's important to them and then I think you just go away and just double check that they're okay. And I absolutely do believe in that, yeah.

Q: Thank you very much. And you mentioned something about your situation at the A&E. So how, as a nursing student myself, how do you think it can be incorporated in our training to improve our service delivery when it comes to disabled personnel?

A: Okay. Well first of all forget about whether they're disabled or not. What you need to do is--, you are incredibly well educated and you get taught all sorts of things that I'll never understand but when it comes down to it, what keeps that body working and everything else is spirit and mind and you have to get to know that person and you have to listen to them because they will--, not everybody is a hypochondriac and some people don't understand what's happening to them but they'll know it's different or it's their body or whatever. And, you know, I--, one of the people I've worked with knows that if she has an operation and has an injection which knocks her out because they want to deal with something that's happening in her uterus, that she will lose muscle tone because she will be out and on her back for 2 or 3 days because she's got stitches, so therefore she will refuse to have that operation. She's taken that as an informed choice. She or--, you know, she can get on a bus and go to Kingston Hospital to have her blood tests but when she gets there she can't reach the ticket machine 'cause it's too high. You know, so that's the sort of--, so what I would honestly say to you is don't be afraid to ask questions to somebody, not whether they're disabled or not but just ask the questions and listen to what they're saying back to you. I

mean, really listen. And if you don't understand, ask them again because that experience will go away with them. You will see another 700 more in your life but you will have that impact on that person and that is what I would say to anybody, district nurses, nurses, doctors and social workers as well. I think what people should do is actually do a stint in A&E, social workers should do that, I think district nurses should go out and work with social workers, I think everybody should try and get an understanding of each other's--, in fact I think everyone should just be in the same room [laughs] and work together but that's not possible. But yeah, listen and understand and ask questions.

Q: Thank you Sam. You mentioned something, just to take you back a little, you know like the holiday visit with the service users could you just briefly tell us who funded those?

A: The direct payment. So the service user if he wanted to go to New Orleans he paid for the trip and for his carer but the direct payment paid for their wages while they were there. So, you know, this guy was disabled--, I mean I'm sure Brenda will tell you the story but what happened was this guy, we'll call him Mickey, Mickey was a successful man. He had MS and we were going into his family home and it put a strain on the family and his son struggled with it with what was going on and seeing his dad and everything, and because we had two guys going in there they kind of engaged with his son and in the end his son ended up working with us. And his son is now a very successful paramedic in the London Ambulance Service and that was the kind of effect meeting people had. It made you want to try and achieve things, to do things better for them. And I think, yeah, that was it. You could be really innovative with the money. If somebody didn't want to go out for two weeks but then wanted to have a weekend away, they could save up that money and pay for somebody to go with them, so yeah. It was quite shocking at the time but now people do it all the time.

Q: Thank you Sam. So what would you say then, you know, is your--, during your time as a support coordinator, what would you say were your greatest challenges in that role?

A: [pause] Hmm. Trying to get the people that made the decisions to listen, I would say. Working with the people I worked with--, you had the odd one or two who liked to make your life difficult but I actually found that amusing 'cause I always say if they're still fighting, there's still life, that's good. That was my biggest challenge I think, trying to get services in the right place at the right time and get in the people that were the decision makers to put the money in the right place and yeah, that was the biggest challenge.

Q: So would you say it's changed now compared to then?

A: No, not at all. In some ways I think it's worse because we've got austerity, everybody's thinking about money and we--, I mean I suppose in a way like there is a pendulum right and it goes, the longer you're in the business or the longer you're involved with things you see it go and come back and go and come back. And I think the problem is that that's what we need to stop with the health service and with adult social care, I think we need to stop the pendulum. I think we need to decide a plan and keep on that road because the people don't change and I think moving on--, I mean now no, I think the challenges are even worse because in those days we had a woman that was head of our service called Jenny Webb who was very proactive and into people's disability rights and she got disabled people onto committees and she did all that. And there's still been some really good senior people that have worked like that but now they're having their hands tied where now what we're doing is guiding people to not even come near the Council. Well that's fine, that's great but then we need to invest in KDP and all the other voluntary organisations to make sure that they're there to support what's going to happen in the future. Because I don't think that the way we did that may--, what we did back then may necessarily suit now because I think younger disabled people are much more savvy than they were then and you don't need someone who's a bit more cheerful and is going to sit and listen to you more to get you where you're going, they can do it their self. But I think we still need to invest in that, whether it be technology--, I mean my role now majorly is to do with technology. I try and develop technology in the Council to do with Telecare. And, you know, if

you've got something like that where you've got sensors that'll open doors, if you've got sensors that may have been, you had that investment, this is really my dream world coming out here, people could really look after their selves. They might just need the odd person to reach, stretch, whatever but things have moved on so much more. I think we just need to make sure that we try and keep up with it.

Q: Okay and thanks again Sam. Well you've already touched on your current role so do you want to now talk us through how you transitioned from support co-ordinator to what you do now?

A: Oh wow, now there's a story. So I was in the long term teams as a support co-ordinator for quite a few years and I ended up with three children so it paid for me to be flexible working and everything. Kingston have always been brilliant for that, very supportive in those days. My son's 24 and I had twin girls, they're 21 now. And then I then got very involved in the system, our IS system, and was then asked to come and do a secondment where I was helping a colleague who was doing an upgrade on the system. And then while I was over here from the teams the Telecare lady left, she went back to Australia, so I applied for the job and I got that. And then I was asked--, the role wasn't, at the time, wasn't as full on as it is now so I was asked to do some other bits and I organised a consultation in the Borough for health and service users, carers, called The Voice of the Customer which kind of looked down into what people were thinking and how their experiences were. And then we were asked to put together a design team and we looked at the system. We looked at how many steps we need to do this, how many steps we need to do that and we came up with some solutions and we've also promoted that we needed one system, one system that spoke to each other so that we could all share each other's information. So for instance, if you've got somebody on a ward and you need to know whether they've got a social worker and what's going on in their life in the community, you could look onto this site and see what's going on and vice versa. So that's just come into fruition. I didn't do the technical side but we did like the developmental bit of it. And there's lots of changes going on, some of which may be implemented from the team some may not. But basically what we learnt working in the design team, that by putting everybody in the same room, sharing information and sharing budgets, gives you an overall more effective service and gives the person that you're working with choices because it's very person-centred then. So I was doing that and now--, that finished last July and I've been working a little bit with the system, 'cause we've got upgrades coming bearing in mind some of the stuff I've learnt so I can influence that, forms and such. I'm developing the Telecare so I've just restructured--, we're going to now use wireless Telecare reablement so we're not putting hardwired units straight in so we're just about to get--, I've got a meeting this afternoon about that. And then I'm also doing some service development stuff getting things like DOLS put on the system and a bit of that really. So yeah, it's been quite a journey and here I am today.

JK: So that description about the system, is that what was called the Co-ordinated Care Programme?

A: Kingston Co-ordinated Care Programme. So what they were trying to do is, there was the shake-up of the voluntary sector and looking at what we were offering, what they had to offer, how they offer it, would it be better if we all got together instead of going "no, that's hers, this is mine, we don't go over there". And also the same with the bigger organisations, getting them to work together and, you know, so that basically we are all here for the same reason but we just do it in different ways. And we need to kind of--, we need to support the community and understand their expectations and "no, we can't help you but we know a man who can". So yeah, that's what Kingston Co-ordinated Care was. Is, is.

JK: Who initiated that, where did that all stem from?

A: That's a really good question. It was--, I think it was through--, we had a lady here Sue--, oh God what was her other name? It's gone which is ridiculous, she was a director for a while and she I think, went to the CCG and they were just having a look at how things were moving. I think they'd done it in other boroughs and so she I think, initiated it and got some of the consultants to come in and do the Voice of the Customer stuff and then they went to the Committee and then if they agreed it, it went down that road. But what it was is when I went out on the Voice of the Customer stuff because we've been consulted to

death in Kingston to be fair, when I went out on the Voice of the Customer stuff it was--, what was different about it when they did the--, when we went on home visits and when we had people in the workshops was they didn't just say "so what's important to you then?". What they did was they asked "what was important to you and how would you feel if it didn't happen?" So somebody could turn round and say "it's really important for me to have fish and chips on a Friday" and then they'll turn round and say "so what if it didn't happen this Friday?" "oh well, there's next Friday." But if it was something that was really important like having a bath in the evening or going to church or going to see their grandchild, they would be really upset. So you kind of got a real insight as to what was important to that person. And I think if we could do that, we could concentrate what little resources we've got on what that person needs to make their wellbeing be good because if you've got good wellbeing, the rest of it you can manage. I think that's, yeah, that's--, but yeah I think that was it. I know the CCG and the Borough paid for a lot of the stuff that's happened and, as you know, it's still happening, it's still rolling out, it's still developing so--,

JK: What's the CCG sorry?

A: Kingston--, the commissioning group, the--, oh my God--,

JK: [laughs]

A: Clinical Commissioning Group, Clinical Commissioning Group. So it's responsible for pharmacies, it commissions all of the health services that you have.

JK: Thank you.

ZP: Can I just ask about The Voice of the Customer. How was that process organised?

A: Well, I did it. So they gave us criteria of the type of people they wanted. So people that had been discharged from hospital, people that had been seen by primary care [been so many 0:51:26]. And then I organised different workshops in day centres, hotels, we had staff ones, we had ones with NHS, one at Kingston Hospital and then the consultants would go and do this workshop and it was kind of--, they had brown paper on the wall and we kind of had to map a journey of what their journey was and what was important to them. And then they took statistics out of that and came back with figures and statements, very powerful statements. Things like, you know, "nobody listens to me" and staff would say--, the one amazing thing was is that when they did the staff part of it and they did the resident part of it, patient part, they actually matched. They actually matched, every bit of them actually matched. It said, you know, "nobody listens to me when I'm upset" and staff put "we don't have time to listen to crying people" - you know, it absolutely matched. So, yeah.

JK: How many people did you work with?

A: In The Voice?

JK: Yeah.

A: It was [sighs], I think it was about 110, something like that. Maybe 115, something like that.

JK: Yeah.

A: Yeah. Different--, mental health people, people with dementia, people who'd just been discharged from hospital, staff, district nurses, all sorts of people.

Q: So how was that training programme received by other healthcare professionals?

A: Well it wasn't a training programme--, you mean The Voice stuff or--, it was a consultative exercise it wasn't a training programme. It was to gather what people were feeling about the services and what staff were feeling. And it was to get a basis on what we were trying to achieve. And what we did then was we went on to another part of it that was we did paper testing. So we got cases which we anonymised and we literally went through the whole thing, through each phone call, it was painful, who contacted who, how this happened. And we came across stories which were basically down to lack of communication, down to services not communicating and saying "that's not my job, that's their job" so there was a breakdown. And all of these situations were doable and everything we need is already in the system but it's how we harvest it and deliver it that needs sorting out.

Q: So would you say then the goal has been achieved, you know, The Voice's goal to--,

A: [pause] Not yet... I hope--, [sighs]. I think there's some scepticism. I won't go into where or who, but I see movement and I hope that we do because we need to sort this out.

Q: Another thing, I was just going to ask like what is Telecare 'cause you've been--, [laughs]. What is it and what--,

A: It's like Careline. So, you now, pendants and--, but they call it Telecare Assisted Technology because it's things like exit sensors, it's gas sensors, it's slip mats, care assists, it's all sorts of things but there's a wider remit like GPS watches and all of that we're just developing and looking into. Just trying to research it and find out what's out there.

JK: How do you spell that, sorry? Telecare.

A: Telecare?

JK: Yeah.

A: T-e-l-e-c-a-r-e.

JK: Oh care sorry, I misheard you.

A: No that's okay.

Q: That sounds interesting. Obviously the idea is for you to improve the service to service users, do you think it's going to affect employability as far as carers are concerned when you've got all this technology now do you need them?

A: Well no, Telecare's never going to replace being washed or being given dignity or being cared for. It might replace the brute strength of being able to get a hoist to lift somebody up which means you only need one person to do the delicate stuff. But I think it will help to refocus where we put our human beings when they're dealing with people in the right place.

Q: Thank you.

[pause]

JK: Do you want to move on to the future bit 'cause I'm just aware of time.

Q: Yeah. So thanks again Sam. So what's your projects then into the future as far as what you're doing and the services are concerned?

A: [sighs]... I can't really predict that in a real way because things change, we've got an election coming up. What's happening today may not be happening in six months time. What I would hope will happen is that health and social care and the voluntary sector and all the people that are there for good reason, start understanding that they're all reliant on each other. And the only way that we're ever going to move forward is by making sure that we respect and listen to our colleagues and the other people we're working with, but most of all that we respect and listen to the people that we're giving services to.

Q: Okay. In closing, you seem to have done quite a lot which is very commendable and I'm proud to be doing this interview with you, but what would you say has been your proudest achievement from the time you got into care?

A: [pause] Meeting the people I worked with, definitely. Meeting those people that I think--, taking the experience of the people that I worked with on in everything I've done since, is what I think is my biggest achievement because I learnt so much from them and still do. And I think that that's the only way that you can ever do anything in this field, is by having somebody, a group of people, at the heart of why you're trying to do something otherwise you're in the wrong job.

Q: Thank you so much. In closing, is there anything that you'd like to mention that maybe we haven't touched on--,

A: Yeah I think the development of--, I've mentioned the people that I worked with who taught me an awful lot but there's also a lot of recognition that should go to some of the people that, you know, like Brenda who you're going to meet and other members of the team that we worked with and maybe counsellors at the time that sort of protected us and kept us going. And the people in the disabled field who've battled and fought for--, unfortunately maybe it's not exactly what they want now but they did so much at the time. And I think it's never about just one person, it's about everybody and none of it would have been achievable back then if it wasn't for everybody. So yeah, it was a joint team effort [laughs].

JK: Thank you so much. Do you have any--,

ZP: Just a couple of acronyms which I need to clarify - DOLS?

A: Oh sorry, Deprivation Of Liberty.

ZP: And DLA?

A: Disabled Living Allowance.

ZP: Okay thanks.

JK: Wonderful, thank you so much.

[END OF RECORDING – 1:01:04]

