

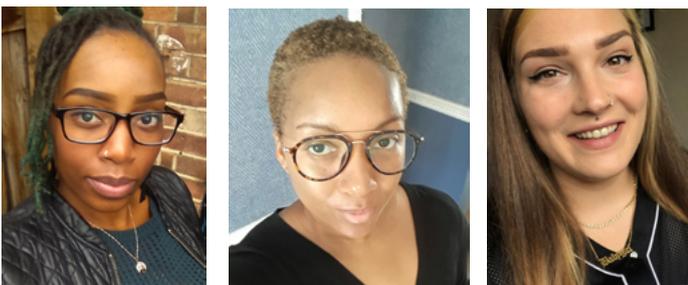
EMPOhWER LONDON

for staff, volunteers & supporters of POhWER in London, Medway and Thurrock



RHYANA EBANKS-BABB, DONELLE GRANT, ELEANOR JARVIS

Black Lives Matter



The last couple of months have shown us that human rights are still not available to everyone, and the most important human right – the right to life – is not valued by those who believe that black lives matter less than others.

Following on from the murder of George Floyd in the US, there was worldwide protest and an overwhelming outcry for justice. Many of us at POhWER wrote to our new CEO, Helen Moulinos, about how we were personally affected by the very public slaughter of this African

American man. As members of a human rights charity, silence is not an option for us, and we saw clearly that this is not just an American problem, but a British one as well. We met with Helen via Zoom and were given an opportunity to voice our concerns and be listened to. Following this initial meeting, a new working group was created, **EMPOhWERace**, to discuss and identify a set of recommendations for improving racial equality within POhWER as an organisation.

We are a diverse group of advocates, community managers, regional managers and senior managers who are on a mission to combat racism. Our structure consists of a Chair, Regional Representatives and team members across the whole organisation. In the long term we will work to promote anti-racism in our work and engagement with other organisations, and society at large. We will do this by educating staff and external

“We are on a mission to combat racism.”

individuals/partnerships on issues of race, and sharing our experiences along the way. We advocate for the implementation of changes for a more just working environment, identifying trends of racial disparity and using our internal and external data to support our arguments and findings. We will also create clear avenues of support for all staff to raise their concerns of racial abuse and the inequality they face.

One of our imminent aims is to have **EMPOhWERace** on every team meeting agenda so that staff are aware of us and the support that is available to them. Our representatives will be available for staff to approach for support and guidance, ensuring that sound advice is given and issues reported back to the whole group. Details of the representatives will be available on our Sharepoint page soon.

There are a few ways that POhWER employees can get in touch with us as we have a newly formed drop-in peer support group that consists of five members - Edna Oni, Joanne Blakey, Rhyana Ebanks-Babb, Donelle Grant and Emmett Holden-Carter. We will be sending out information in the coming weeks on how staff can get emotional support, advice and guidance when they have experienced a racial issue, and the best methods of reporting them.

If staff have a case study that they would like highlighted in upcoming blogs or social media then they will be able to contact a member of our Writing Team which consists of Ellie, Rhyana and Donelle. We will be working with the Senior Management Team around data gathering and use of information that

serves our clients and beneficiaries in the form of the newly rolled out National Development Team for Inclusion (NDTI) framework. We will use this to capture a wide range of information to better support our staff and clients. We are creating a new culture of communication and making an overt statement on anti-racism within the company and externally. **EMPOhWERace** is still a baby and we want to make sure it can walk with strength when we enter into a position to affect society.

To get in touch with us we have a team on Microsoft Teams where staff can meet with any of the members of the Peer Group for a drop in session. We are working towards a shared email address so that any issues can come directly to the group once our Sharepoint has been developed. We can be accessed via the intranet and also be contacted via the Chair directly.

POhWER
supported 11,152
BAME people
last year.

**BLACK
LIVES
MATTER**

ADVOCACY STORIES



DANIEL CHEEK, RPPR

Nashton's Story

Nashton is a 63 year old gentleman who has been diagnosed with dementia. He has lived in London all his life. He worked as a computer engineer until three years ago, was never married and never had any children. He had a fall outside his home and was admitted to hospital late last year. He was assessed by hospital staff as needing twenty-four hour care and transferred to a care home.

Nashton is able to express his wishes and needs. He has consistently said he does not want to be in the care home and wants to live in a flat, near to where he used to live before he went in to hospital. He was assessed as not having capacity in regard to his care needs while in the care home and placed under a DoLS. He was referred for advocacy as he had no family to provide independent representation while being deprived of his liberty.

I met with Nashton and he told me right away he did not agree with being deprived of his liberty or being placed in a care home. I appointed a solicitor on his behalf. There were a number of hearings at the Court of Protection. The Court requested that a Round table meeting take place, so all parties involved in this case could get together to discuss long term accommodation options for

Nashton. This meeting took place remotely via a video link using Microsoft Teams. I attended the meeting with Nashton, his solicitor and other professionals and helped ensure that the concept of the least restrictive option was considered for him and that his views were listened to. Nashton is able to express himself clearly. However, he did present with short-term memory problems. I found that talking to him about areas of interest such as computers built up trust and rapport with him. During the round table meeting I encouraged him to take the lead in conversations related to how he wanted to proceed with his care arrangements and explained clearly what was being discussed.

At the meeting, Nashton was offered an Extra Care sheltered placement at the meeting by the Local Authority, this meant having his own flat with carers. He seemed very keen on the idea and agreed to it. Using Microsoft Teams was an effective way of working, where the client was able to express his views to other professionals by video link in a clear way.

EMMETT HOLDEN-CARTER, IMHA

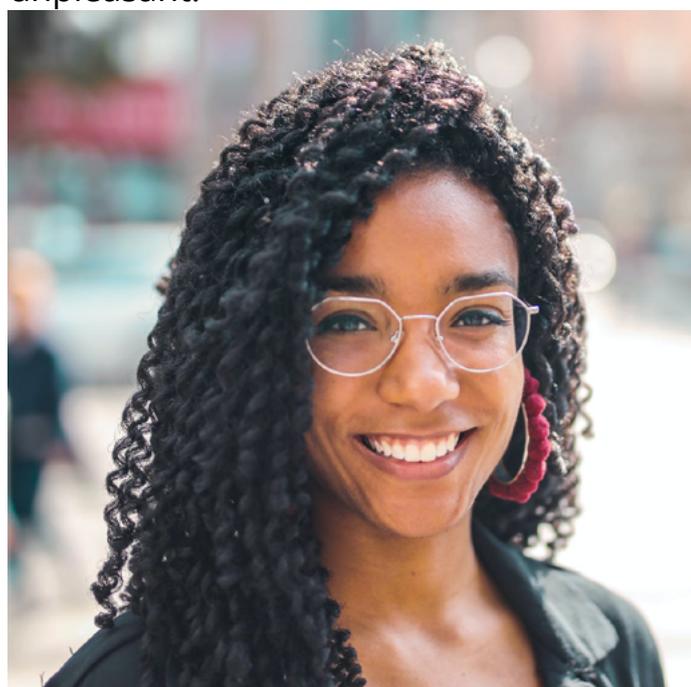
Sandra's Story

Sandra is a black woman in her twenties. She was admitted to the hospital after concerns from her grandmother about her mental health and her not taking her prescribed medication. After admission, she became ill with Covid-19 and was placed on the Covid ward of the hospital, and was later moved to an open ward after fortunately recovering. She was keen to be discharged from her section and moved to a place of her own to live as soon as possible. She was unable to return to live at her grandmother's as her grandmother was Covid-19 shielding. Sandra's father had offered her a place to stay but she didn't want to stay with him

if possible. She also wanted support to change her medication from a depo injection to oral medication which she prefers and has always taken.

Sandra requested I attend her ward round by speaker phone as she felt she wasn't being listened to in them, and she wanted to be supported to be discharged and helped to find other accommodation. Throughout my calls with her it was often difficult for her to concentrate as she was still recovering from Covid-19, and sometimes she was very fatigued. I decided it was best to call her in the afternoon to support her as she was more alert at this time.

I attended the ward round remotely and supported Sandra to ask about the change in her medication and discuss the reasons why she wanted to change it with the consultant. I encouraged her to speak for herself and also reiterated her wishes to the consultant. It was eventually agreed by the consultant that Sandra would take her medication orally from now on. Housing was also discussed and Sandra was appointed a Care Coordinator to help her find independent housing. Sandra thanked me for her support and was pleased she had been listened to at the ward round and no longer had to have a depo injection which she found unpleasant.



“He was able to express his views to professionals by video link in a clear way.”

CHARLIE ROWE, IMCA

Joaquim's Story

I received a referral for an IMCA Change of Accommodation for a young man, Joaquim. Joaquim lives with severe Autism, Learning Disability and Cerebral Palsy and would be unable to communicate over the phone or via video link. Joaquim's current accommodation does not meet his needs and there had been previous safeguarding concerns raised, it was therefore very important for consideration to be given for a change of accommodation for him to somewhere that better suited his needs.

Due to COVID-19 no face to face visits have taken place. However, this case was assessed as needing a face to face visit. After lengthy discussions with Social Services, Senior POhWER managers and completion of comprehensive risk assessments the meeting was scheduled at Joaquim's home with PPE provided by the local authority.

It was important for him to feel comfortable with me as his advocate despite adhering to the 2m distance rule and also with me wearing a face mask. I took with me a laminated photograph of myself with the face mask, which he took a good look at and seemed to accept as being me. The meeting went well and I am awaiting the final decision from the Decision Maker. I won't lie and say that I was not nervous about undertaking a home visit during the height of the

the COVID19 pandemic, but with the support of my Regional Manager and the protocols that were in place I felt safe and was pleased that I was able to support one of our more vulnerable clients in person.



MARILYN KABAMI-WILLIAMS, CARE ACT & COMMUNITY
Emil's Story

Emil is a 53 year old man that suffered from a stroke that left his left arm paralysed. He has a history of anxiety and panic attacks and sometimes displayed aggressive behaviour towards others. He was referred to POhWER for support during a safeguarding enquiry, because his family and friends were not able to support him through the process.

Emil speaks Polish and has some understanding of English. The referral was made because there were issues raised around placement suitability, Emil was not happy in his placement and alleged that staff had physically abused him. The care home put in a request to social services for a review of the placement as Emil often tried to abscond and was physically aggressive towards staff.

After assessing the client and establishing his views and wishes, a report was prepared and sent to his social worker. An investigation and assessment of his needs was carried out by the social worker, who agreed that Emil should be moved to more suitable accommodation. With the help of an interpreter, I was able to establish his views and wishes, and

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the level of support that was required for him. I ensured that staff and his social worker were aware of these at all times, and that he was involved in the decision making process at every step.

Emil wanted to return to Poland. However, after discussing his wishes with the social worker and his nephew he changed his mind. They explained to him that he did not have any support in place in Poland and no one there to care for him. Eventually, Emil decided that he wanted to move out of the care home to another placement as soon as possible. Sheltered accommodation was discussed with him as I felt that this would allow him more independence and privacy. The social worker held a meeting with the Social Care panel to put in a request for sheltered accommodation for him. However, it transpired he was unfortunately not eligible.

Eventually another more suitable care home was found for him but his placement there was unfortunately delayed due to the Covid-19 pandemic and this made him very agitated. He was finally moved to his new placement in May 2020 and I have been told by staff that he is settling in well and no longer behaving aggressively.

**If you wish to have your
client's story in EMPOhWER
LONDON please contact me at
Jeremy.Reed@POhWER.net**

EVENTS

JEREMY REED, RPPR

Bereavement Webinar

I attended a 90 minute webinar given by Cruse Bereavement Care via Zoom about Bereavement and how to engage people who have recently been bereaved. The speaker gave important tips such as how to avoid clichés like ‘time is a great healer,’ when talking to a bereaved person and how to best support them emotionally.

There was a particularly interesting part of the webinar that was about the ‘Dual Process Model’ of bereavement in which the speaker described how bereaved people tend to oscillate their behaviour and attitude between ‘grief orientated’ behaviour and ‘restoration orientated’ behaviour. Put simply, people frequently changing between focusing on the memory of their loved one and focusing on making changes to improve their own life and looking to the future. This is apparently what is considered the most psychologically ‘healthy’ way of dealing with grief, and a person who remains only in one mode of behaviour is likely to have longer term emotional problems relating to the bereavement.



REBECCA HIGGINS, HEALTH COMPLAINTS

BAME Carer's Forum

I attended a forum for BAME carers and it was really useful. A member of Healthwatch Lewisham and an MP for the area were both present. There was a lot of focus on caregivers as well as patients, and the Black Lives Matter movement was discussed.

Janet Daby MP discussed the lockdown impact on BAME communities and how people in mental distress are affected by it, particularly people in poor housing. There is a big concern about how many people's mental health has deteriorated during the pandemic lockdown. People from BAME communities need to be listened to by government and third sector organisations so accurate support can be provided to them. BAME charities will be suffering a lot financially and they are needed more than ever so the right questions are being put to the government and the right funds can be distributed. The recent publicity on the Black Lives Matter Movement has highlighted how important it is for BAME communities to have a ‘seat at the table’



I found this webinar useful to my role as a Relevant Person's Paid Representative (RPPR) as I often advocate for older people who may be recently bereaved. I also found it useful to my personal life as I have a friend who lost their younger brother to Covid-19 very unexpectedly and the webinar was useful in advising me how to talk to him about his loss. I would encourage any colleagues who did not attend the webinar to attend one if they become available again.

when these discussions are had. Questions were raised about whether the government knows the difference between paid and unpaid carers as it was said unpaid carers are being ignored when it comes to outreach, opportunities and support. Janet Daby said she had been vocal about this in parliament. Members of the forum agreed that currently they are feeling exhausted because these issues have been going on constantly. BAME people who work in mental health care have been fighting for so long and so much good work has been done but it's tiring because there seems to be little progress. It was said that South London and Maudsley NHS Foundation Trust (SLAM) workers don't always listen to the needs of deprived communities and think that people don't know their rights. Janet Daby said she has raised these issues in parliament and that reviews have been done like the Windrush review and Lammy review, but there hasn't been enough positive change. A member of the forum said a review is not enough if it is not acted on

and recommendations put in place. The forum moved on to a discussion about people who don't have English as a first language accessing health care. Janet said hospitals must ensure that there is a way for communication to happen and it's up to them to make sure this is the case. She mentioned the possibility of raising complaints as a right if care wasn't to the standard expected. Healthwatch explained that it has two advocates for health complaints in Lewisham, as well as patient experience feedback groups. I left my details with the group in regards to getting advice for complaints from POhWER, and explained I could send leaflets or PDFs if anyone wanted to circulate these and to get in touch if possible.

A researcher from Kings College London (KCL) explained a survey she is doing and is looking for BAME participants who have mental ill health or are caring for someone with mental ill health. She said she is actively recruiting for other researchers within KCL as people of colour are very underrepresented in the sector. It was a really interesting forum and I'm glad to have attended.

“BAME mental health carers have been fighting for so long.”

ANDREA ST CROIX, HEALTH COMPLAINTS
Hackney Healthwatch

I attended an online meeting organised by Hackney Healthwatch. Amy Wilkinson from Public Health spoke about the monitoring of Covid-19 and how clusters were developing. She said there are two testing sites in the Borough that can be contacted ahead on 119 to get an allocated time slot.



Kate Wignall who is the Prevention Workstream Manager discussed the Hackney Helpline which is used to give advice to residents around foodbanks, befriending services and signposting. There is a new form available for those not digitally aware and training offered on the Track and Trace system.

Lisa-Raine Hunt from the council spoke about Policy and Strategy, how the council is working with the voluntary sector and the Community Partnership Network.

I spoke about how the NHS and Health Complaints was starting up again after pausing for a period during the lockdown. I explained the complaints procedure regarding Covid-19 and how the complaints are mediated via a separate government body. I gave out details of how to contact POhWER for any other health complaints to residents and other professionals.

SARAH TITMUSS, INDEPENDENT ADVOCATE

Skating Through Lockdown

During lockdown my pal and I decided actions speak louder than words, so we bought ourselves some rollerskates. We'd been talking about it for ages! After realising there were few women and femme appearing people taking up space in sportsgrounds, we formed a queer friendly, body positive rollerskating gang for people of all races, ages, genders and body types. We have regular meetups, mostly in East London, and we're planning some exciting events for Autumn. Check out our Instagram [@fatbratsroll](#) for more details. I hope to see you at a meet up soon!



“Two women a week are killed by their partner in the UK”

JEREMY REED, RPPR

Domestic Abuse Training

I recently attended training on domestic abuse given by Ayesha Fordham, Domestic Abuse, Vulnerability and Risk Policy Officer for the City of London Council. The training was very informative and involved a discussion (via Teams) on what domestic abuse is, what coercive control is, myths and facts about domestic abuse and how to spot domestic abuse.

There was also discussion on how cases of domestic abuse have gone up since the Covid-19 pandemic. There has been a 49% increase in calls to the Domestic Abuse Helpline, 16 women were killed by their partner or ex partner in the first week of lockdown and there has been a 22% increase in Domestic Abuse Service referrals.

The training emphasised how domestic abuse is not always violent and can involve coercive and controlling behaviour such as intimidation, isolation, withholding resources, using children against the victim etc. Attendees to the training were asked why they believed people (mostly women) don't leave their abusive partners, and a TED talk was shown from a woman who endured a years-long abusive marriage.

Although domestic abuse is not always violent, attendees to the training were told the shocking statistic that two women are killed by their partner in the UK every week. The training ended with details on services and helplines related to domestic abuse and how to contact them or refer other people.

INTERVIEW

JEREMY REED, EDITOR

Marcus Muir, Project Manager of Elfrida Society



London POhWER have been partnered with the **Elfrida Society**, a Learning Disability charity in Islington, for the last four years. I sat down for a Zoom chat

with their project manager **Marcus Muir** to talk about the services they provide for people with learning disabilities, the importance of face to face contact and the future of advocacy.

How have you found the lockdown, has it affected your ability to provide advocacy?

We deliver 3 strands of advocacy: Care Act, Community and Specialist Parenting advocacy. I manage the Community and Care Act work we partner with POhWER to deliver in Islington. In terms of Care Act, overall, it has been really challenging, especially at the start of the pandemic. Straight away at the start of lockdown we found that our assessments and reviews were put on hold. We were worried about easements, but we have not seen a huge impact on that. One thing we would have liked to have seen more of is to have been more involved in emergency care packages. We are pushing the commissioning and social work teams to be involved in the reviews of the appropriate packages.

In terms of our Community Advocacy it's also been very challenging but also great as we've had a massive impact on the Islington Covid-19 response work. We worked with the local social services to change the way we work to include

welfare calls. These referrals have opened new pathways. We have been getting referrals from Mutual Aid groups and GPs for example. We've also made new partnerships with new charities like SVP who provide food packages, so it's been really challenging but it's been important as an organization to have such a big impact during an emergency situation.

What kind of services do you provide at Elfrida?

We work exclusively with people with learning disability. Our charity is steering more and more to specialising in advocacy provision. We deliver Care Act and Community Advocacy alongside POhWER, and we are also a recognized parents advocacy provider, working with parents who have LD going through Child in need and Child Protection cases alongside peer support groups. This is a London-wide service, but occasional advocacy work is delivered outside of London.

The Consultation Project is a service user led project run by 20 supported employers who have learning disability. The User Led Monitors (ULM), work with Carers View to monitor supported living and day services commissioned for people with learning disabilities in Islington. Our team of five people with lived experienced and four parent carers interview service users, support workers, family carers and the management teams alongside checking the buildings for issues such as accessibility. This is a powerful service which has great outcomes for Islington's residents and family carers.

We also run a team called the Power and Control team. They represent the learning disability community by co-chairing all the sub-groups across

Islington including; health, education and safeguarding. They also run big meetings across the borough to share issues and collect views from the community.

And finally, we have a well-known Sports project. We deliver cricket alongside Middlesex CCC and run football and tennis sessions for people in Islington and surrounding boroughs.

“We’ve had a massive impact on the Covid-19 response.”

How have service users been finding the lockdown?

I think it’s been really varied. People living in supported living placements are often less isolated as they have more contact with other people, depending on how the provider works with you.

We work with a lot of people who live independently and who have mild learning disability. Sadly, we have seen a stark rise in mental health needs, a lack of support accessing services or support understanding the pandemic. Amongst varied support, we have helped to understand their rights, organise food package delivers, access health support and befriending services. Digital inclusion is an issue, especially for people with mild LD living on their own who may not have access to the internet, a tablet, or a mobile phone. We have been working in partnership with other organisations to see how we could challenge that, and we continue to work with Local Authorities to look at funding streams. It has been challenging supporting the people we work with to understand Covid-19, such as the changes in guidance, their rights and what is expected of them. Community Advocacy has enabled us to have an impact on this.

How did you become interested in advocacy?

I have been very lucky to have worked with people who are marginalised for 14 years in large and small charities, in many different roles. Whether I have been working in education or with Paralympians I have always been passionate about people’s rights, accessibility, and opportunity.

I joined The Elfrida Society four years ago to run the last year of a health facilitation project. It was there I learnt all about The Advocacy Charter and how basic advocacy worked. I really took to it. Advocacy is incredibly empowering. Outcomes can be life changing. It’s a great field to work in.



What has been your biggest challenge in the role?

Well, most recently our biggest challenge has been remodelling the service local authority cuts in December took our community service down by nearly 50%. The remodel aims to ensure we can maximize on the remaining time and make sure we can support as many people as possible. We’ve had to look at different referral streams and start signposting services. We have started a short open and close referral process, which can be challenging when you are working with someone who has specific communication needs. This all needs to

be done so the bulk of our hours can be protected for crisis prevention work.

In truth, we are receiving more referrals than ever in our four-year partnership. We just have to respond to them in a very different way, and the hardest part is saying 'I'm really sorry we can't support you with this' and signpost them somewhere else. Sometimes for people with learning disabilities, they're either too anxious about accessing that service independently or perhaps don't have the skill sets to access the service and explain the severity of their needs. So in a nutshell, yeah, the cuts in December 2019 have been by far and away the most challenging aspects of my role.

What achievements are you most proud of?

When I first took over the project three years ago we were getting little-to-no Care Act referrals from the Local Authority. So as a strong experienced team, and by working with POhWER, we've done a lot of awareness work with the local authorities to ensure they know their responsibilities when working with Advocates and making sure they are appropriately referring people.

Another one to highlight is our current impact on the way Islington process their care charges contributions. Since last summer we have had 10 referrals for people who've requested support to challenge the system. They have all received an inaccessible invoice out of the blue, without a financial reassessment, a needs assessment, accessible information or even a phone call explaining what charges are. They have all just been reassessed remotely and dumped with this bill.

Our first landmark case went through to The Ombudsman following an Islington investigation in which no wrongdoing was found on their part. We appealed the process using accessible information standards. The local Authority were

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not keeping accessible information standards or providing accessible information for people to understand the care charges and make an informed choice. The Ombudsman overturned Islington's decision, waived the care charge fees and instructed Islington to review their processes and ensure they are accessible. Since then we have had multiple successful cases where we have had fees waived and more importantly ensured the local authority have had to provide accessible information. We are now in discussion with commissioning, finance and social service teams to review their systems to ensure they meet accessibility standards.

Finally, we've we get a lot of welfare benefit cases where people have been turned down for benefits and have asked us to help them appeal it. In the four years of our partnership, we have never failed in a Mandatory Reconsideration or Tribunal in overturning the DWP's decision to not give someone a benefit. I am really proud of this, but more importantly it shows that the assessment process doesn't work at all for people with a learning disability. The emotional, mental and financial stress people can go through to get their benefits reinstated is unfair and not considered by the decision-makers. Also, the cost to the state to take these cases to appeal and tribunal would have cost a fortune!



What do you find most rewarding about the job?

Whenever I run a project, I make sure that I get to deliver frontline services. This is important and rewarding for me. I deliver a day a week of direct advocacy. Working face-to-face with service users is easily the best part of my work.

Any tips for advocates, specifically about engaging people with learning disabilities?

Yes, good question. Always work in a person-centred and strength-based way. Find out what their individual communication needs are and build on these. Be patient and don't overcomplicate things, utilise their circle of support if you have their consent, this is particularly helpful when working on non-instructed cases.

Often, it's about thinking on your feet. Get the pen and paper out and start drawing, draw on your shared interest in 80's tennis or theme show music! Anything to build a rapport, build a communication profile, think dynamically and work with the individual's strengths. Also, make good use of the Easy Read information out there. Make sure you're using these resources as much as you can.

Do you think Covid will change how advocacy is delivered?

I think it will, sadly. We may be expected to work remotely even when lockdown is finished to save on travel time, and even

to save on what may be seen as unnecessary face-to-face time.

I don't like it, I think with advocacy it is so important to have contact with people and to deliver it properly, face to face. So if you're working for us on a big assessment, to do that remotely is so challenging and I don't think we'll have the same level of positive outcomes or the same level of person-centred support. In fact, I think you'd see the opposite, you'd see assessments not cover the details. There's also no way we're able to gain the same rapport with individuals remotely in order to support them. In the long run, we'll see missed information, reviews or assessments not being delivered accurately and that will impact the individual/service providers later down the line. So yes, I think we should push back on that and highlight the need for face-to-face advocacy, definitely.

Thank you for talking me today Marcus.

Thank you, finally I'd just like to highlight what a great partnership we've had with POhWER. A big juggernaut of a charity like yours has helped our little charity in Islington so much over the 4 years, and it's very much appreciated.

If you wish to be interviewed for EMPOhWER LONDON please contact me at Jeremy.Reed@POhWER.net