ORAL HISTORY EXTRACT TRANSCRIPT

'Fighting for our Rights' project

| Surname | Kelly |
|------------|---|
| Given name | Samantha |
| Copyright | © Kingston Museum and Heritage Service, courtesy of Sam Kelly |

Extract 1: Creating care packages

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. 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.

Extract 2: Direct Payment improving lives

I think they improved people's lives. 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--. 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.

Extract 3: Team effort

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.

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.







