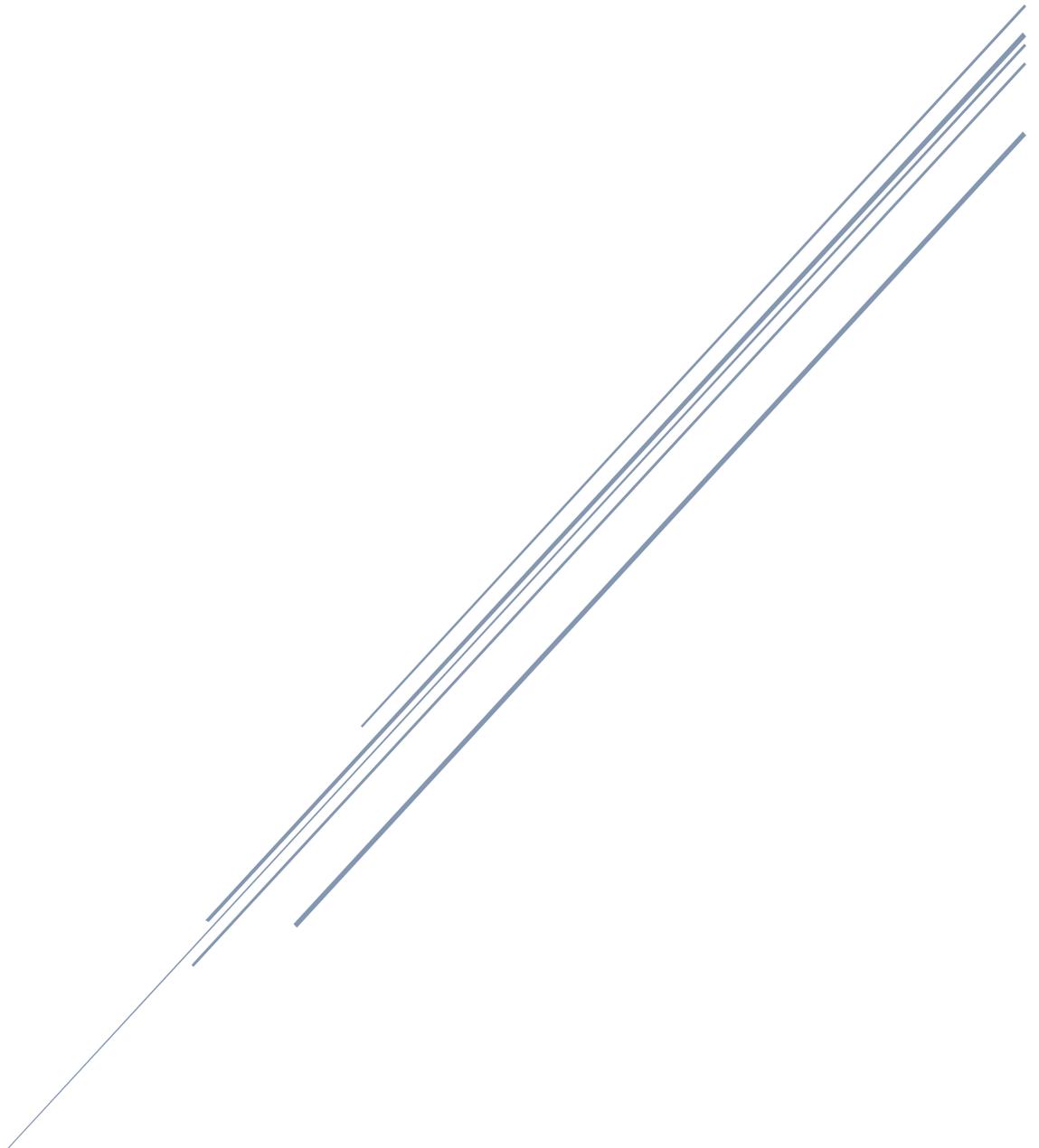


RMBC CONSULTATION

The review of the learning disability offer and future in-house services for adults with a learning disability and or autism



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1. Executive Summary

- 1.1. A consultation process on the future of in-house respite care and day services was approved at the RMBC Cabinet Decision Making Meeting on 10 July 2017. The consultation was undertaken and guided by best practice in co-production with people with a learning disability and their carers and undertaken in three parts.
- 1.2. 1) Part 1: A literature review was undertaken to inform best practice and legal compliance in the design and implementation of the consultation process;
- 1.3. 2) Part 2: the Pre-consultation period was shaped by consulting with people with a learning disability and their carers about the content, process and method for the consultation to ensure equity of access across the representation of all stakeholder groups. An online questionnaire was finalised after seventeen iterations with the engagement of 104 stakeholders; a set of flashcards were developed for people with complex needs and an easy read paper based questionnaire were developed between July and October 2017.
- 1.4. 3) Part 3: The 12 week consultation ran from 6 October - 22 December and was supported by a 'train the trainer' 'Consultation Champion programme, where 12 people with learning disabilities, carers and staff from across the service underwent a training programme to disseminate practical skills to engage as many people in the consultation process from within a standardised approach. In addition a set of engagement sessions were tabled and facilitated by RMBC and Speakup. An easy read report has been produced to document the issues raised in these sessions.
- 1.5. A sample of 473 consultation questionnaires were returned from 177 people with learning disability and or autism and either mental health or a physical disability; 112 carers; 99 staff and 85 members of the public.

- 1.6. An analysis of the data were undertaken by two independent social researchers (aceppe.com) who presented descriptive statistics of the quantitative data with accompanying slides and subjected all the qualitative data to a combined thematic analysis with a content analysis.
- 1.7. Limitations of the consultation process include: Minimal coverage across some post code locations in Rotherham to consult with young people, and people with a learning disability and or autism and mental health issues; Despite contact with colleges our strategy did not result in engagement with young people; There was also a lack of engagement with 'hard to reach' communities.
- 1.8. The findings from this consultation report that **Respite care services** are important to support carers in their caring role, however not all carers have access to respite care as the service is not accessible to all people with a learning disability. There is a need to make them accessible, fair and to enhance the skills of staff to support a wide range of support needs in a personalised way. 50% of people with a learning disability want to keep the respite service the same and 50% want the respite service to be more accessible to others with a learning disability including people with a physical disability. A fairer respite service is needed for access to all people with a learning disability including those with autism and physical disability. One third of members of the public wanted to keep respite services the same. Two thirds suggested modernising respite care services and looking at other local authorities to see what models are used elsewhere.
- 1.9. **Day Services:** The majority of people with a learning disability do not want day services to change and will need support through any change process to prevent distress and anxiety about change. One third of carers want the services to remain the same, while another third want the same and more investment and the final third want more integration into the community. One half of the members of the public either want to keep the services the same or invest in them further. While the other half wants to modernise day services. While approximately 22 out of 55 (40%) of the staff focused on advocating for the buildings and equipment in day centres, the majority 60% focused on the need to offer choice, personalisation and flexibility in the services provided.

2. Introduction

This report presents the data and analysis of the Rotherham Metropolitan Borough Council consultation on the future of in-house respite care and adult day services. The consultation process was approved following the planning meeting at the RMBC Cabinet Decision Making Meeting on 10 July 2017. A pre-consultation period ran from the beginning of **July - 5 October** and involved:

- A literature review on current best practice when consulting with people with a learning disability and their carers
- A review of case law and recommendations for legal compliance with public consultation and best practice in the design of an accessible consultation (with reasonable adjustments for people with a learning disability and their carers)

A twelve week consultation ran from **6 October - 22 December 2017**. This 12 week consultation process was supported with a 'train the trainer' programme to support and prepare 12 consultation champions (named in the acknowledgements section of this report). The 'Train the Trainer' programme consisted of a one-hour session every two

weeks for 12 weeks and repeated in each of the three day centres. This training programme allowed for regular feedback from the consultation champions to seek either adjustment to the online questionnaire or to review the process of face to face to support with the use of the paper-based version of the questionnaire. The consultation champions were then given an opportunity to feedback to RMBC at a 'Celebrating co-production' even in week 12 of the consultation. We were delighted that those who were unable to be physically present at the event, created videos to be shown at the event summarising the process of the consultation in their day centre.

3. Background and Context

The consultation built upon the lessons learnt from the previous consultation report presented in March 2017, with recommendations to address the following in any subsequent consultation:

- Consult with 'hard to reach' individuals and communities
- Consult with older people across Rotherham
- Consult with young people in transition from children to adult services
- Engage staff across health, independent and private sectors
- Apply a governance structure to ensure carer and service user engagement in the design and implementation of the consultation
- Commission a dynamic, flexible online survey tool that will create one questionnaire with several branches for bespoke consultation with 11 stakeholder groups
 - 1. People with a learning disability
 - 2. People with autism
 - 3. People with a learning disability and autism
 - 4. Young people in transition to adult services aged 13 - 18
 - 5. Carers of a person with a learning disability and or autism
 - 6. Members of the public living in Rotherham
 - 7. Members of the public who uses the facilities of in house services
 - 8. People with a learning disability and or autism and a physical disability
 - 9. People with a learning disability and or autism and a mental ill health
 - 10. Members of staff working with a person with a learning disability and or autism
 - 11. People living outside Rotherham and is a relative of a person with learning disability and or autism who uses learning disability services

This shaped the rationale and design of the methodology for the consultation, which would be a mixed methods consultation with an underpinning structure of co-design with carers and people with a learning disability and or autism (with a range of additional needs) across Rotherham.

4. Methodology

The methodology of co-design required a three-stage approach to the consultation process:

Stage 1 - Literature Review and Scoping of the Project

Stage 2 - Pre - consultation

Stage 3 - The 12 week consultation

Stage 1 - Literature Review and Scoping of the project

A literature review was undertaken to identify the core knowledge and research requirements to inform the design of the consultation. Emerson and Hatton (2008) undertook a major consultation with people with a learning disability and developed 'flashcards' to facilitate the consultation process. It is recommended by Nind (2008) that the use of photographs or flashcards can decrease the processing load in interviews with people with a learning disability and enable greater engagement and access to the consultation process.

Our literature review included tacit knowledge, which led us to listen to Rotherham MBC's vision for the 'three conversation model' to deliver personalisation within the constraints of austerity. This approach has been developed elsewhere in Adult social care with reported success (Kirin, 2016).

It is considered best practice to assess an individual's communication ability and preferred method of communication in any consultation process to ensure that there is trust and confidence in the data generated (Aylott, 2015). Research on 'communication profiles' elsewhere provided guidance on how to collect these data for the consultation process (Table 1):

Table 1: Extract from Autism Specialist Practice Guidance (Aylott, 2015)

TABLE 4	
An example of a communication profile	
(This is based on a real person who had a minimum of two male staff members on each shift to work with him in his flat. Staff often expressed difficulties they experienced in understanding his communication.)	
Question	Example
1. Does the person use verbal communication? If so, how is this used in communication with others and how effective is it as a means of communication?	John Brown makes his needs known by vocalising various sounds. The sounds used vary in loudness and pitch depending on his mood. John uses sounds that can communicate happiness and sadness. If staff do not attend to the noises, the sad ones will escalate and result in some form of negative behaviour. His most commonly used sad sound is 'na-na, na-na'. If the 'na-na' sound continues and he starts to grind his teeth and to rock back and forth, he is becoming even more unhappy about something.
2. What non-verbal methods of communication are used?	John claps his hands to let staff know that he wants something. If staff do not understand, he may take them by the hand to show them what he is trying to communicate. If staff have still not understood, he will become agitated and start to sit on his hands and rock backwards and forwards. He may then start to make a na-na sound if he continues to be unhappy. After grinding his teeth, he may become frustrated and try to attack a member of staff.
3. Does communication change when anxiety levels increase? If yes, how does this change?	As John becomes more anxious, his Makaton signing becomes more vague and difficult to interpret and understand. The sounds he makes become louder and higher pitched.
4. What is the person's special interest?	John loves garden tools; he likes the variation in form rather than using them. He likes to visit garden centres and look through catalogues.
5. What is the meaning of	John will point to the vehicle's keys and sign for you to give him some

A consultation process needs to be framed against the vision for future services and to ensure legal compliance to the cabinet office guidelines on public consultations (Cabinet Office, 2012). A consultation process should be informed by an evidence base that enables the consultation to be legally compliant. This requires consideration of case law which will in turn provide the basis for core principles that must be followed in any public consultation process. The principles are highlighted below:

1. *Fairness* - The underlying principle of ‘fairness’ should be at the forefront of any consultation process. This principle is defined by law and needs to be explained clearly in relation to the people likely to be significantly affected by any decision-making process.
2. *Participation* - The length of time to consult would normally be at least 12 weeks but this might be longer if it is considered that in being ‘fair’ to the service users involved in the consultation, a longer time period is required to process information, understand it and to be supported to respond appropriately.
3. *Openness* – Establishing a steering group where all information can be made accessible and the process is open and transparent, will help to build trust in the process of consultation. The steering group to be chaired by the Head of Adult social care with support from Speakup and Aceppe. This is a critical principle to engage all stakeholders in the consultation.
4. *Accountability* – producing a strategy for consultation that responds to all stakeholders and is inclusive and compliant with the Equalities Act (2010) will be critical for the consultation strategy.
5. *Effectiveness* – Ensuring the public consultation is robust and credible from the start will create a consultation that is resistant to legal challenge. This is an effective and efficient way to spend public money particularly in times of austerity.
6. *Proportionality* – of the type and scale of consultation, with planning for real engagement rather than as a bureaucratic exercise. Consideration needs to be given as to what is proportionate for the consultation exercise.

Rotherham is a borough with two thirds of the population living in deprived areas. Rotherham has a population of 236,438 (2011 census) with 91.9% white British and 29,842 (2011 census) BME. The largest BME group is Pakistani with 7,912 people (3.1% of the population). This data is 2011 census data and the BME figure is likely to now be 10%.

A summary of population numbers and postcodes in Rotherham is presented in Table 2:

Table 2: Areas of Deprivation in Rotherham and Postcodes

Table 2: Rotherham Postcode, Ethnicity and Deprivation					
Rotherham Postcode	Rotherham areas	Number of people	%BME	%White English	Position of Day or Respite service
S61 Affluent	Greasbrough	35,866 people			Treefields (S61 4AB)
	Kimberworth				
	Thorpe Hesley				
	Wingfield				
S62	Rawmarsh	19,772			

Deprived	Wentworth				
	Parkgate				
S63 (some parts are Barnsley)	Wath-upon Dearne			97.3%	Quarry Hill Respite (S63 7TD)
Affluent	Goldthorpe (Barnsley)				Oaks Day Service (S63 7BB)
	Thurnscoe (Barnsley)				
	Bolton on Dearne (Barnsley)				
	Brampton Bierlow				
S64	Swinton				
	Mexborough (Doncaster)				
	Kilnhurst				
S60	Brinsworth	38,007	18.9% Pakistani	63% White English	
	Catcliffe				
Deprived	Central Rotherham				
Deprived	Masbrough				
	Canklow				
	Broom				
	Treeton				
Affluent	Whiston				
Affluent	Moorgate				
S65 (Two thirds deprivation)	Herringthorpe	35,222	18.9% Pakistani	63% White English	Reach Day Service (S65 2QU) (Badsley Moor Lane)
	Ravenfield				
	Thrybergh				
	Eastwood				
	Dalton				
	Clifton				
	East Dene				
S66 (Deprived)	Maltby	45,857		97% White English	Addison Rd (S66 8DG)
	Bramley				REACH: Maple Avenue (S66 8AY)
	Hellaby				Park Hill Lodge (S66 8AZ)
	Thurcroft				
	Wickersley				
	Braithwell (Doncaster)				
	Stainton (Doncaster)				
S25	Dinnington				
	Laughton Common				

	Laughton en-le-Morthen				
	North Anston				
	South Anston				
S26	Aston				
	Aughton				
	Todwick				
	Kiveton Park				
	Wales				
	Harthill				
S81	Woodsetts				
	Firbeck				

Stage 2 - Pre-consultation

Pre-consultation stage

A pre-consultation process was undertaken over a period of 13 weeks (from July - 5 October) and involved 104 stakeholders from eleven different stakeholder groups (Table 3). The pre-consultation process produced seventeen iterations of the online and 'easy read' paper based version of the questionnaire. In addition, at this stage of the consultation, two people with a learning disability and their families were instrumental in the development of flashcards to accompany the questionnaire to enable large visual images to augment the online survey and the easy read document.

Table 3: Eleven (11) Different stakeholder groups for the Learning Disability and or Autism Consultation

1. People with a learning disability
2. People with autism
3. People with a learning disability and autism
4. Young people in transition to adult services aged 13 - 18
5. Carers of a person with a learning disability and or autism
6. Members of the public living in Rotherham
7. Members of the public who uses the facilities of in house services
8. People with a learning disability and or autism and a physical disability
9. People with a learning disability and or autism and a mental ill health
10. Members of staff working with a person with a learning disability and or autism
11. People living outside Rotherham and is a relative of a person with learning disability and or autism who uses learning disability services

One online questionnaire was developed, with specific branching for each stakeholder group (please see Appendix 1). The questionnaire consisted of 101 questions for people with a learning disability and or autism and these questions were branched according to the relevance for each stakeholder group.

To enable compliance to the Equality Act, 2010, and accessibility to specific learning difficulties of the questionnaire, it was agreed to use a number of ways to enable access to the consultation. These are listed in Table 4:

Table 4: Multiple access points to the consultation process

Method to access the consultation survey	Designed for	By whom
On-line survey on the council website	Members of staff, the public, carers	Direct access and promoted by letters, emails, telephone calls
Hard paper version of the on-line survey in 'easy read'	People with a learning disability and or autism, some carers, for staff assisting others to complete of the survey	To be made available by the Council and disseminated by the Council and speakup on request
One to one support with a trained 'Consultation Champion'	Anyone who has difficulty understanding how to engage with the online survey but would still like to have a say in the consultation	Carers, people with a learning disability and some staff within each day service
Pictorial flashcards to accompany the on-line questionnaire and the easy read	People with complex needs to enable a more personalised and adaptive approach to the consultation process	Consultation champions
Consultation information and engagement sessions during the 12 week consultation across Rotherham	Members of the public, staff, carers, people with a learning disability, and everyone who would like to know more about the consultation	RMBC

Stage 3 - The Twelve (12) week consultation process

The on-line questionnaire was designed with a facility to set up a log in name and password so that the respondents could have several points of access to the questionnaire over a time and period that suited them. It was only in the last week of the consultation that one of respondents flagged up that entry and re-entry to the questionnaire expired after seven days. As we were alerted to this the day before closure of the questionnaire we extended the time for those who had partially completed to complete them within a 24hour period. Any subsequent questionnaire design would be advised to extend the access to the questionnaire beyond 7 days. However too long a period of time may affect the reliability of the data as there is a risk of deteriorating recall over time or repetition of information.

Due to the complexity of the multiple routes of entry to the consultation process it was agreed to support and train consultation champions with a course based on the curriculum

of the City and Guilds Award: 'Independent Advocacy'. These sessions ran every two weeks during the 12 week period and were delivered in the three different day services locations to provide support to the consultation champions who were encouraging all customers and carers and staff to engage in the consultation and to have their say. The continued engagement with the consultation champions over the 12 week consultation also acted as a point of guidance and advice on several issues that were presented during this time. These issues were:

1. Slight differences in the easy read and on-line version of the questionnaire
2. Difficulties obtaining hard copies of the questionnaire for carers
3. Flashcards delayed by print services
4. Staff lacking internet access at their place of work to access the on-line consultation
5. The need to manually submit data from paper based versions of the questionnaire
6. Support for people with complex needs to enable a non-biased submission of the consultation

A Project Management team for oversight of the consultation process was led by the Head of Service, Provider Services and jointly between Speakup and Aceppe and this team received specific issues raised regarding the implementation of the consultation at weekly meetings. The action agreed from issues flagged is outlined in Table 5:

Table 5: Project Management Team and Governance for the Consultation process

Issue flagged in the Project Management meeting	Action
Slight differences in the on-line version and hard paper 'Easy Read' version	Speakup made amendments for alignment
Difficulties obtaining hard copies of the questionnaire	RMBC and Speakup resolved this Speakup printing copies of the flashcards and delivering them to the services. This created an additional cost to speakup.
Flashcards delayed by print services	Speakup produced flashcards x 3 sets and delivered to day services date
Staff lacking internet access	An internet bus was arranged to visit specific locations - insert date
A need to manually submit data from completions of the hard copy	Individuals in Oaks and Addison agreed to input the data and Speakup picked up any outstanding paper versions that required inputting
Support for people with complex needs to complete non-biased consultation submission	Carers and staff trained as consultation champions were available to support keyworkers and carers take part in a 'tripartite' 'mini-review' process to complete the consultation with the person with complex needs.

5. Limitations of the consultation

While Aceppe and Speakup worked with carers, customers and staff in the pre-consultation process and produced 17 iterations of the consultation questionnaire there were still limitations in the process. These are explored below:

1. Minimal coverage across some post code locations in Rotherham to consult with young people, and people with a learning disability and or autism and mental health
2. Despite contact with colleges our strategy failed to engage young people in the consultation process.
3. A lack of engagement with 'hard to reach' communities
4. A need for respondents to access the on-line questionnaire more times than the design allowed and to go back and add comments as they remembered information.

Our recommendations made on the basis of these limitations for any future consultation are:

1. Access GP practices in 'hard to reach' communities and have a 'live' presence at 'hard to reach' events in these communities as well as being based at the GP/Health practice
2. Work with schools with children in transition more actively in the pre-consultation stage and encourage letters home to parents advising them of the pending dates for the consultation
3. Work with RDaSH and Rotherham Foundation Trust to capture more people with a learning disability and or autism and mental ill health
4. Design an 'add in' facility with the on-line questionnaire for when people want to return to the questionnaire after they have finally submitted.

6. Findings

This section of the report will be presented in three sections: Section 6.1 will present a summary of the sample by postcode; Section 6.2 will provide a qualitative analysis of the feedback from the consultation and finally Section 6.3 will present the quantitative data and accompanying graphs.

6.1 The sample

Table 6 is a summary of the numbers of people who completed a consultation questionnaire (by any of the routes described in Table 3 above) and who provided a postcode or place name (where this was supplied¹). Staff were not asked for their postcode and a significant number did not insert the postcode or a place name.

Table 6: Sample by postcode

Stakeholder Group	S60	S61	S62	S63	S64	S65	S66	S25	S26	S81
PWLD	7	4	5	3	4	12	21	2	10	1
PW autism	2						2	2		
PWLD/A		3	3	1	2	4	6	3	1	

13-18										
PWLD/A/PD										
PWLD/A/MH	1	1	2			3	2			
Carers	13	5	5	5	7	12	13	7	7	3
Member Public	6	4	2	5	1	6	7	4	1	
Member of public who uses services						1				
Total	29	17	17	14	14	38	51	18	19	4

Q1f1 Qualifications

Forty seven (47%) of staff have qualifications, 36% have NVQ Level 2 or 3 in Health and Social Care. Four (4%) have NVQ in photography or horticulture Seven (7%) have NVQ level 4 and above. This level of qualification is higher than the average across the borough of Rotherham.

Customers are much less qualified with just 12 people with a qualification. The NVQs of customers are more vocational, while the NVQs of staff are in health and social care.

An NVQ in catering was the most popular:

“NVQ catering level 1” (11) “NVQ catering Level 1&2” (12) “catering” (6) “catering” (3)

Two had an NVQ in “animal care and gardening, level 1 (10) “computer/lawnmower safety” (1) “gardening” (8)

Others had NVQ in “information technology, level 1 & 2” (2) “motor vehicle” (4) “OCN leadership” (5)

6.2 Qualitative analysis

Question 3B What changes could we make to respite services to make them better?

1. People with a learning Disability

Summary: 53 responses, 13 replied “don’t know”. Those who responded to this question, 50% wanted to keep the service the same and 50% wanted the respite service to be more accessible to people with a physical disability. A fairer respite service is needed.

Other respite care services used by people with a learning disability were: Ladycroft (mentioned by two people) personal assistant through direct payment (one person) AdPro, Addison (mentioned by one person) and Broad Horizons (one person).

¹ People with a learning disability and others were invited to write a place name if they did not know the postcode for their address. Our co-researcher Michael Aylott, Speakup, converted the place names to postcodes in the data analysis stage

There were fifty three (53) Responses from people with a learning disability, thirteen (13) of who said they “don’t know” how the respite service could be made better and twenty one (21) wanted to keep the respite care services the same:

“I wouldn’t change anything. I enjoy going to respite” (24)

“stay open” (20)

“I don’t want any of them to go, really. I enjoy it at .. (25)

What people liked about the service was the building and the staff

“I love this respite centre the staff are really nice and understand me and make me feel welcome” (46)

“I really like ... the staff look after me and I feel welcome” (51)

“I don’t want any of them to go, really. I enjoy ...” (25)

Four of those who liked the service, felt they wanted more of the same:

“make them bigger and build more rooms so that they can have 15 residents and not 6” (3)

“bring more people in .. we want more staff, more seniors, more clients. The building needs decorating” (11)

However, several people commented on how the service could be improved:

“sometimes I cannot go out for the day every time and I would like to” (1)

“get rid of bedtimes let people go when they are ready”

“they could have more staff to support me” (19)

“technology could be improved such as teles and maybe have ipads” (53)

“more funding and include affordable holidays” (45)

“sometimes I would like to go somewhere else” (21)

There was a recognition that the respite care service needs to be more accessible to others:

For emergencies “availability for emergency situations” (11)

More people can access the services:

“more can go” (17)

“more people able to use them” (27)

or that people who use the current service can have more use of the service:

“ respite care service was taken away from me. Because I enjoyed it, I would like to have it back please” (23)

2. People with autism

Summary: Respite services need to be made more available and accessible

Five people with autism (from the sample of 12) responded to this question with one saying “I don’t know” (5) and two suggesting better accessibility as they could be improved by “make them more available” (1) and “help more older people such as parents with autism who hadn’t gotten the proper help when they were younger” (3). The remaining

two comments were suggestions as to how to improve the building: “star wars themed rooms” (2) “stair lift and more bedrooms downstairs” (4)

3. People with a learning disability and autism

Summary: The respite service should be more accessible and disabled friendly

Out of 32 people with a learning disability and autism, just 10 people used the respite services (3 used Treefields and 7 used quarry Hill). None used shared lives but five people mentioned they used respite services from

- Maple Avenue
- Direct payments
- Lady croft

Five (5) people suggested that nothing could be improved:

“none” (1) “none” (4) “I am happy as it is” (6) “nothing” (10) “I love it there” (11)

One person had not used the service so was unable to comment “I have not been offered any support so I am unaware of the above” (7). Two others had practical suggestions: “modernisation bigger and more disabled friendly” (2) “would like sky tv at quarryhill respite that he uses” (8).

4. Young person 13-18

From the two responses, neither used respite care services.

5. Carers of a person with a learning disability and or autism

Summary: Respite care services are important to support carers in their caring role, however not all carers have access to respite care as the service is not accessible to all people with a learning disability. There is a need to make them accessible, fair and to enhance the skills of staff to support a wide range of support needs in a personalised way.

Fifty four (54) carers provided a response to how respite services could be improved. Carers felt that respite care services were important to support families living with an adult with a learning disability:

“my son has never used respite services but as a general feeling, respite centres are a good idea for carers that really need a break and support from their son or daughter” (19)

“I don’t have experience of the respite services but would think they are for family’s of people with a disability and they are a lifeline for them” (53).

For those who used the services they liked them and wanted more of the same:

“nothing they are brilliant as they are” (3)

“no changes to be made as long as they are happy with the staff and the service I am happy with it” (7)

“no changes needed apart from a few more days” (12)

“Increase capacity” (14)

“stop cutting the allocated days down and changing them” (16)

One carer summarised her level of satisfaction as follows:

“quarryhill needs no changes. It is a brilliant service which meets our needs and our sons needs. We benefit from the respite and are able to rest knowing our son is happy and very well cared for. Dates are very flexible and we have a choice. The environment is clean, cosy and fit for purpose. Staff are very professional and understanding to the needs of both clients and carers. My son very much looks forward to going and sees it as a holiday with his peers. Without places like Quarryhill and The Oaks his social life with people he can relate to would be very limited. Staff at Quarryhill have gained a great knowledge about my sons day to day care. They understand his ways and I feel confident that they care for him well. The change of staff after a shift is good as sometimes a fresh approach is advantageous on both sides. My son enjoys his food there and is given the same choice as he has at home. He is allowed to purchase items which he can store in the fridge. I cannot speak highly enough of the service” (43)

But other carers suggested ideas to improve the services, suggesting more accessibility and flexibility in the service:

“modernisation - bigger and more disabled friendly” (1)

“from a personal viewpoint I am happy with the service currently being received. The only issue would be only one downstairs bedroom which can restrict access to the provision” (21)

“give it a lift, so my daughters wheelchair using friend could have respite at the same time” (8)

“Perhaps more flexibility” (2)

“could be more flexible such as short daytime or evening service” (9)

“To be able to use the day centre and council buses for trips on a night and on weekends” (4)

“more nights, easier accessibility, more respite centres” (10)

“more flexible” (13)

“be more aligned to the special needs of my daughter and me” (31)

Addressing the issues of accessibility of people with a physical disability and health needs one carer reported:

“My daughter uses Ten Acre due to her nursing needs. She temporarily lost her CCG funding last year and we had to look at Treefields and Quarryill and Shared lives. None were suitable as they could not provide the nursing needs required, i.e. giving medication covertly, being sufficiently accessible for personal care and giving one to one staff at personal care/dressing times and having the correct aids and adaptations for someone with limited mobility or ability. These factors need to be looked at to make any respite better. Also en suite rooms do help my daughter as she is in respite with males and females and is not totally aware of her own dignity” (40)

Another carer suggested the need for the service to be able to support people with a wider range of needs:

“make them more accessible. Allow staff to assist with bathing e.g. help get customers in and out of the bath. Have someone with nursing qualification to administer medicines etc” (46)

Others suggested alternative models:

“have more opportunities available with different venues and options. For example respite in environments with gardens, sensory rooms and people with similar disabilities and age ranges” (19)

While the respite care service was mostly underused by families, one of the carers who used it raised the point of a ‘respite care allowance’ for carers:

“I would like to receive my full allowance of respite as I still don’t receive this despite having a 15% cut already and emergency bed covering - which gets cancelled. Also as the respite is 1 evening a week there is not always a bed available” (Shared lives carer)

Another discussed a break down in trust:

“being told the truth and no lies regarding stays etc” (35)

6. Members of the public living in Rotherham

Summary: one third of members of the public wanted to keep respite services the same. Two thirds suggested modernising respite care services and looking at other local authorities to see what models are used elsewhere.

Thirty (30) members of the public gave a response to this question and eleven (11) one third were happy to keep the services the same:

“keep as they are” (5)

“put more into them” (6)

“keep them open” (7)

“more availability and cheaper” (8)

“nothing needs changing just spend more money on them”(15)

“more spaces available” (16)

“my friends daughter attends and is more than happy about the service. So no changes are necessary” (23)

“None” (27)

There was an understanding that respite care is an important part of a service to support people with a learning disability to live at home with their families. One wrote:

“Shared lives is a good idea, parents and carers need respite and a rest to let them have the energy to care for the rest of the time” (1) However this respondent added “ ... respite needs to be available for people who are wheelchair users too” (1)

“invest in services or run the risk of families collapsing” (21)

Accessibility to respite care services was a concern to members of the public and so too was the need for personalised services:

“fundamentally person centred and not viewed through the lens of budget constraints” (2)

“more choice personalised budgets” (9)

“accessible to all abilities and disabilities” (11)

“personalised choice options rather than set venues” (14)

Equality of access was also a concern:

“three centres across the borough” (4)

They wanted to see alternative models

“explore alternatives available. Look at what other local authorities do” (10)

“They need to be more flexible with the person and the family at the centre, I think there should be new resources built which are modern and meaningful” (19)

“have options where families can go away together as a family. But where the carers do not do the caring role as the people on the site do the caring role. For example Calvert Trust in Hexham have you all to stay as a family but calvert trust carers do the caring role so you can just have fun as a family in a different environment” (28)

And to use respite care as a model to build life skills:

“build independence skills with the person and communication with the carer” (17)

7. Members of the public who uses the facilities of the in house services

No data

8. People with a learning disability and or autism and a physical disability

Summary: this group are not able to access the in-house respite services and instead have to use alternative services.

Seven (7) people responded to this question with one suggestion that Treefields or Quarry Hill respite care service need to be “ more culturally appropriate” (1). This question wasn’t applicable to another person as they don’t use the service (7).

Due to this groups physical disability they were using Ten Acre or Sunnyside Respite care services. And one person reported “ my respite service has bought wifi for me which has made a big difference. I like having my own space but knowing were everyone is e.g.having an open door and being on the ground floor. There are staff available for me to help with assisted showering and giving me medication” (5)

9. People with a learning disability and or autism and a mental health issue

Summary: More information on respite services and what is available is needed.

While there were twelve (12) respondents from this group, none used the respite care services and reported that they “didn’t know” about what to propose to change. One young woman wrote:

“Make people aware who the service is for exactly. I think that I don’t qualify for example. But I don’t know what you offer. I would like the chance to help others and volunteer at a centre. I understand how it feels to be autistic and have mental health issues” (1)

10. Members of staff working with a person with a learning disability and or autism

Summary: Some staff are carers as well as staff members and one mentioned an alternative respite care service currently used.

Ninty nine (99) staff participated in the survey and out of this number there were seven (7) replies about the respite care service. One person replied they use Rainbow house respite care and one other replied that they “provide direct payment respite care”. Five (5) others commented on the relevance of the question being asked of them.

11. People living outside Rotherham and is a relative of a person with learning disability and or autism who uses learning disability services

Summary: A recognition that respite care is important to support carers

There was a small response to this question three (3) and these were favourable to supporting a respite care service, without specific mention to any particular service:

“For the staff and clients to be assured that the service was not in danger of closing” (1)

“Provide more” (2)

“Offer the help that people need - and assistance to organise suitable respite for carers” (3)

Q3H What changes could we make to day services to make them better?

1. People with a learning disability

Summary: The majority of people with a learning disability did not want day services to change and will need support through any change process to prevent distress and anxiety about change.

There were 76 people from the sample of 104 who responded to this question with just two replying “I don’t know because I don’t use day services” (72) (78) and fifty (50) of them 66% wanted the day services to stay the same:

“its okay” (5) “happy as it is” (14) “I am happy at Addison, I go out and about and do a variety of activities” (15) “happy with how day services are” (19) “no” (21) “keep it open” (22) “I want to come” (23) “no changes” (26) “I like it how it is” (31) “I don’t want changes” (32) “KEEP THEM ALL OPEN AND DO NOT CLOSE THEM” (33) “nothing I am happy as it is” (40) “none happy with the they are” (42) “stay the same” (46) “I am happy at Addison and don’t need to change anything” (49) “I like coming to Addison and Kiverton outreach” (50) “nothing” (65) “nothing” (66)

while others wanted to invest more money in the day services:

“give them money” (1)
“put more money into day services rather than cutting it from those who need it most” (16)
“money to pay for it, rather than saying there isn’t any!”(17)
“spend more money on the building, some more staff” (6)
“money spent on the building and how it works” (24)
“They need to get more funding to keep them open” (25)
“spend more money retaining staff and maintaining buildings” (64)
“invest in the projects” (71)
“pay the staff more to improve moral” (74)

While there was a suggestion to invest more money into the day services, there was also a request to make the services cheaper:

“cheaper please” (48)
“Make them more financially accessible as most individuals who attend are on low benefits” (51)

There was the request for more staff as this was associated with improving the service:

“new staff and clients to come to the centre so more things can happen” (9)
“more staff to make us have more to do” (12)
“more staff so can go out better stay open” (13)
“Keep it open, I would like more staff to listen to me when I am upset” (29)
“put back the things we used to do and more staff” (43)
“higher staff ratio to accommodate swimming” (45)

or more resources:

“more tables and chairs so people can sit around it” (18)

or more of the same:

“would like to attend more days in the week” (11)
“offer me more days to attend” (35)
“a bigger building, more staff. More clients. More gardening” (39)
“same staff everyday” (44)
“they could make the day services bigger and get new staff in” (83)

While others wanted to do something else as a secondary issue:

“I would like to attend Kiverton outreach an extra day (Monday) so that I can do more sports” (2)
“I would like to ride a bike” (27)
“I attend Addison and would like to do gardening next summer” (41)
“day services should stay but they need to do more things outside of the day centre and more activities in the community” (57)
“more employment opportunities” (66)

"I like Oaks day centre as it is, however I volunteer at the Light Bite café which is run by the day centre, the kitchen is very small so maybe they could be some money spent on the kitchen to make it have more space" (69)

"there should be more outdoor activities, which needs in both the day centre and the community" (75)

Or that the model could be a different one

"have some groups about life skills, bus training, ironing, woodwork and do literacy groups" (3)

Be better accessible by 'hard to reach' groups

"better understanding of BME communities and people with an ethnic background" (4)

or more accessible generally:

"Addison centre change the door size I find it hard to get around" (60)

Others didn't know how day services could be improved "no idea" (7) "I don't know" (8) "cant think of anything"(10)"don't know" (47) while one person who was attending Addison and used to attend Oaks, reflected on his/her experience at Oaks: "I used to go to Oaks day centre, but don't go now, I think Oaks could do more activities out in the community" (57)

The fear of the loss of the day service was communicated in the potential loss of a place where they wouldn't be able to see friends:

"don't close it so I can keep integrating and make friends" (28)

"I like it here, I get on with everybody (30)

"I wouldn't change anything because I am very happy with the service I get ... we do a lot of different things and I see my mates" (34)

Others appeared upset:

"the council should stop messing and get their finger out. They shouldn't be telling people that they are shutting them down" (37)

"we want to fight for our country! Keep services open" (73)

2. People with autism

Summary: small sample with an emphasis of not wanting closure.

Eight (8) people from the sample of 12 people with autism respond to this question. Two people replied "don't know" (4) (5) and one reported that they hadn't used the service: "I don't know because I haven't used these services before" (7). One person stated "none, they are there for me and I chose my activities love the allotment, bowling, swimming and café" (1)

Two responses focussed on keeping the day service open:

"MAKE SURE THEY ARE NOT CUT AND THAT STAFF FEEL VALUED BY RMBC NOT JUST THE SERVICE USERS" (2)

"I only know about Oaks and the priority is to keep it open. Do RMBC know how the Oaks centre help people in the community be being helped by the facility. Its unfortunate that A... S ... has moved away. He has helped very good link between the oaks and people in the community of Wath. To close Oaks would undo all the good work" (3)

3. People with a learning disability and autism

Summary: people with a learning disability and autism want more of a structure in their week. This supports the evidence that people with a learning disability and autism benefit from a structured routine for most of the time and not some of the time.

Nineteen (19) people offered responses to this question and three reported that they didn't know "don't know" (16) (19) and "I don't know I have never used these services" (18)

Four (4) people didn't want changes to be made: "I enjoy reach and I don't want any changes to be made" (1) "none" (2) "At the moment everything is working for my son (4) "very good as it is" (5)

Or they want it to become bigger: " a bigger purpose built centre is needed - keep the Elliot centre the same but Maple needs a new building (3) "more staff s that I can go on more activities instead of stuck in base bored" (6) "more choice of activities 1:1" (7) "more staff so I could access more community activities" (13)

4. Young people in transition to adult services aged 13 - 18

No data

5. Carers of a person with a learning disability and or autism

Summary: One third of carers want the services to remain the same, while another third want the same and more investment and the final third want more integration into the community.

There were fifty nine (59) responses by carers who broadly fell into five categories.

5.1 The carers who feel the day services should remain the same (18)

5.2 The carers who want the day services to remain the same but have more investment (21)

5.3 Those who want flexibility and improvement (9)

5.4 Those who feel that the model of 'Day Services' needs to develop more integration into the local community (6)

5.5 Those who are unsure (5)

We will explore each in turn

Carers who want the day services to remain the same as they are:

"nothing they are brilliant as they are, excellent range of activities offered" (3)

"happy with the service, no changes, keep it open" (12)

"service is very good, cant fault it" (23)

"Addison day centre is excellent as it is and does not require altering" (24)

"Oaks is a great centre and works fine for my son" (25)
 "use for son and happy with service" (26)
 "keep it open" (29)
 "none" (30)
 "Happy with the service received from Oaks Day Centre for daughter and the support from staff etc" (31)
 "happy with the service provided" (37)
 "none" (34) "none" (40) "none" (42) "none" (46)
 "not sure as my daughter enjoys everything she does" (48)
 "nothing its perfect it meets all the needs of my daughter and us as a whole family" (49)
 "I am very pleased with the service my son receives from Addison" (57)
 "We need to keep them open and to keep them the same as working with some people with a disability change isn't something that they easily accept" (59)

Carers who want to keep the same model but more staff, money and resources:
 "a bigger and purpose built centre is needed - in terms of improving reach day services, you don't need to move reach but yes to maple avenue" (1)
 "improve management and staffing" (2)
 "more staff" (45)
 "more staff to allow extra activities" (47)
 "services need more money" (6)
 "Don't close - don't change apart from increased staffing" (8)
 "more staff to provide more activities, more money in general putting into the service" (10)
 "put more full time staff in" (14)
 "leave experienced staff to do their job and more full time staff needed" (16)
 "keep them open, upgrade the building" (17)
 "happy with the service provided at Oaks day centre. Nothing could be improved apart from the building" (36)
 "satisfied with the current service received. Only concern is the constant issues around staffing shortages which impacts on clients" (21)
 "invest in the service" (22)
 "get more experienced staff" (33)
 "give them more funds to do everyday things" (35)
 "stop cutting staff and activities and go back to how they used to be" (39)
 "keep them fully staffed as in the past" (50)
 "more staff" (51) "more permanent staff or more shared jobs" (34) "more staff" (55)
 "more staff" (56)

"Day centres are a vital part of our community. They mean different things for different people. For example for some people they may prefer to have more flexibility instead of attending 5 days full time, whereas others require routine. They like that familiarity and the changes being made can seriously upset users. Instead of taking away day centres, people should be given options. Instead of worrying that the familiar day centre will be closed, it should remain but be used differently. For example there could be services on

the premises to help maintain the premises i.e. community hubs, shops etc, but are also safe environments. Adapting to the current social climate is crucial but that doesn't mean closing services. First and foremost the service should not be closed. Instead alternative ways to maintain the premises should be made in the same way that a charity would be undertaken" (19)

Carers who want flexibility (person centred)in the day services:

"offer evening sessions/ social groups and same on weekends" (4)

"more activities (person centred)" (9)

"I would like more to choose from but the staff know me well and that is important to me, they do a good job with what they have got" (11)

"more flexible" (13)

"more activities trips. More feedback to carers on what ive done and eaten" (20)

"bring back swimming, horse riding and outdoor activities. Free transport. Weekend care" (32)

"more information out there to more accessible" (38)

"better communication" (41)

"could offer more varied activities" (43)

Carers who want more integration in the local community (or a different model):

"Putting money in day centres in the same way the council would with schools to make sure that those who attend are given the best opportunities in life. Make sure that carers are appropriately qualified. You need caring people who are suitably qualified. **I would make day centres integrated into the community.** Make sure those who attend the day centre have enough activities in the day centre but also integrate with the community. This will help ensure that everyone knows about the centre and supports the centre too. I.e local fundraising for the day centre, local events etc so that everyone supports the day centre" (5)

"Oaks is old fashioned. I took my daughter to an employment event at Addison and wished she could transfer there. **My daughter wants a job** and they could help her" (7)

"improve facilities, **more outreach** and increase provision for other community groups. Invest more money. It is also difficult to answer question 3J as it all depends on the individuals care plan" (15)

"more staff, **more opportunities to go out in the community**, more activities" (27)

"my son has never used day centres they can be good for other people but I prefer to have my son out of day centres and **be in college** with other students and do more community based activities" (18)

"I am writing as a carer of someone who attends Reach. I am thrilled with her progress with the staffs patience and persistence. They should continue with or have more

resources to continue to train customers in life skills and continue to **take them out into the community**.

Regarding all the day centres, I think the term 'day centre' should be dropped and whatever provision is provided it shouldn't just end at 3.30pm and not be available Monday to Friday. I do not know precisely about what happens at Oaks or Addison but there should be an ethos to promote life skills and be adequately staffed to promote **customers going out into the community**"(52).

Seeing the family unit when people have complex needs:

"You means 'we' in our case. My daughter uses Reach. Reach also provides me with emotional support" (44)

6. Members of the public living in Rotherham

Summary: one half of the members of the public either want to keep the services the same or invest in them further. While the other half wants to modernise day services.

There were thirty two (32) responses to this question and one quarter, eight (8) wanted to keep services the same:

"Do not reduce services" (6)

"nothing it's a good service" (12)

"no changes required" (14)

"cant be made any better. RMBC should be proud of their reputation" (15)

"don't get rid of them" (17)

"I know that we should stop all these cuts as they will hurt the most vulnerable" (20)

"my friends daughter is happy st Addison. She would like it to stay the same" (23)

"think they are very good" (27)

Another quarter of respondents suggested there should be more investment in the services:

"more funding" (7)

"more good quality staff" (11)

"higher staff ratio to clients" (16)

"more staff continuity" (19)

"continuity of staff" (21)

"more funding to improve services" (28)

"improve the finances and keep them open" (30)

While half of the respondents wanted to day services to improve in a particular way:

Two respondents felt there should be a focus on employment:

"I only know about Addison. My friends' daughter goes there. She is very happy and meets her friends there. I visit to have my dinner on a Tuesday. The dinner is cooked by people who go to Addison and it is very good. My friends daughter wants to get a job and the staff at Addison are training her to cook and serve people so that she can get a job in a café.

The ADPRO part of Addison is really helping her to get ready for work - she loves working and likes the people helping her" (1)

"make Addison into a employment resource for 16-25 year olds" (25)

Others wanted a more flexible and person-centred day service:

"Provide more activities from a central location to keep the routine and familiarity that most people with learning disabilities and autism need" (2)

"ensure people are treated as individuals, with their own needs and aspirations. Move away from the use of buildings and traditional services. Look at what other local authorities have done - what works well and what does not. Share positive stories to increase knowledge and confidence in what can be done differently with better outcomes for people" (9)

"start with the needs of the individual not on budget constraints" (3)

"more flexible hours so they do not clash with school opening and closing times" (13)

Others wanted to integrate services into the local community:

"Integrate services with community options. There needs to be smaller community opportunities" (31)

"smaller community based opportunities" (32)

"make them more human" (18)

While others suggested devolving responsibility to day centres for improvement:

"give day centres more control over their budgets so they can source services locally and competitively" (4)

"look after the buildings that are being used and bring them up to standard" (5)

and exploring a business advantage:

"concentrate on unmet needs not available in the independent sector" (10)

"allow them to income generate" (24)

One member of the public reflected on their experience as a customer:

"I cannot use Addisons because I chose to have a direct payment. Direct payments cannot be spent on in house services. So I cannot use any of the respite services because I have a direct payment".

Another was angry:

“get rid of the over paid council parasites in riverside. Then you would be able to fund these needed resources” (26)

7. Members of the public who uses the facilities of in house services

Summary: The luncheon club and café is used and valued by two members of the public.

Three members of the public responded to this question and while one person replied they “don know” (3) The two other respondents suggested: “extend lunch for the elderly 5 days a week” (1) and “I use Addisons Cafe and takeaway. To have this facility seven days would be good” (2).

8. People with a learning disability and or autism and a physical disability

Summary: the day service is important for people with a physical disability who will face more challenges accessing the community through public transport.

Nine (9) people responded to this question, with one third of the respondents wanting to keep the day services the same:

“I enjoy my time at Addison, its great and I cannot think of anything I would like to change” (1)

“I really enjoy attending Addison and cannot think of anything I would change” (2)

“no changes needed as it is good as it is. JUST KEEP IT OPEN” (9)

However two thirds suggested ways to improve the day service:

“keep them open, support can be better, more staff would be ideal” (3)

“we believe that this person is fully happy with the services provided by Oaks, although hydrotherapy would be great if this could be reinstated” (4)

“I really like the staff there. I enjoy the activities especially going out to some places on the minibus (it took my quite a few years to gain confidence to on the minibus but we eventually got there with the patience and expertise of the Reach staff). I’m not one for getting up early so its great that people seem ok about me coming in around 9.45am. Both mum and me have to take medication etc so more flexible hours are welcome, same for afternoons/early evenings” (5)

“more shows and plays including my favourite music because I love listening to music” (6)

“I get to do a lot of things at the day centre. The only think I would like to do is swimming. I used to go swimming with the people from Addison but I am not in the swimming group at the moment” (7)

“I would like evening services with my friends and Saturday club to start again” (8)

9. People with a learning disability and or autism and a mental health issue

Summary: people with a learning disability, autism and a mental health issue are not likely to know about what the inhouse day services offer.

There were seven (7) responses from people with a learning disability and or autism and mental health with half of this group not knowing what services are offered:

“say exactly who they are for, I don’t know” (1)

“I don’t know as I have never used them” (4)

“I don’t know as I have never used them” (5)

While two people suggested the day service should be “kept open” (2) or should be redecorated “decorations” (3), the remaining two responses were promoting the awareness of “non-epileptic seizures”(6) and to encourage more community based activities : “there should be more activities done in the community and not so much staying in the day centre all day” (7).

10. Members of staff working with a person with a learning disability and or autism

Summary: While approximately 22 out of 55 (40%) of the staff focused on advocating for the buildings and equipment in day centres, the majority 60% focused on the need to offer choice, personalisation and flexibility in the services provided.

Fifty five (55) respondents replied to this question with three (3) members of staff not optimistic about change

“There have been many cut backs over the past few years and this reflects in the service provision” (46)

“the day service has had a potential to develop and merge into the shape it is now pressured to become - taken over and managed by private sector as charities, social enterprises and private services - but it has been run down and neglected by poor management ad totally disgraceful lack of vision of people in charge. It had a potential of taking on board direct payments but it has missed the opportunity completely having on board highly qualified staff” (28)

“These are the vital life blood to adults with LD not only for our service users but their families. A lot of the families we work with are elderly and would not be able to provide the same standard of carer that we can (due to ill health and mobility issues). If these were to change in anyway I think more people would become vulnerable, more safeguarding issue would come to light and more pressure would be added to the social work teams, NHS” 47)

Seven (7) staff suggested the day services should stay the same:

“in the main they are fine as they are” (13)

“I know they need to be kept and not cut!” (14)

“none” (19)

“none” (29)

“Give them a more certain future” (36)

“keep them open” (39)

“keep it as it is” (43)

Others wanted to keep the day services the same but to invest in them:

“alright as they are, more staff” (7)

“more modern - gym onsite to improve well being” (8)

“new buildings” (12)

“invest some money to make buildings fit for purpose” (51)

“invest in the buildings instead of running them into the ground” (52)

“more funding” (15)

“improved funding; more staff; more choice of activities, a more flexible service” (21)

“spend some money on the buildings” (27)

“more staff” (37)

“stop blocking referrals in order to wind down the service” (41)

“none. These services are a lifeline for service users and their carers. Maintain the buildings rather than letting them fall into disrepair and end up not being viable” (42)

There was mention of investment in “equipment” but it was unclear as to what equipment was being referred to:

“day services need to be staffed adequately so that activities can run daily. Support should be given from higher management levels instead of negativity. More funds need to be made available for **equipment** to enhance activities that can be provided” (17)

“ensure the appropriate type of **equipment** is available for service users at these services” (20)

“invest more money, lose the 5 day service and make it accessible 7 days a week, update buildings and **equipment**, have specialised areas for complex needs, i.e. postural care management, sensory impairment workshops, memory clinics, health promotion drop ins”(30)

The view of flexibility in opening hours was shared by others:

“for day services to be open early morning breakfast clubs and evening services (32)

“more flexibility in opening times offer drop in session” (33)

“open building to other users, investment needed to further modernise and change, review” (31)

“offer flexible times, include weekends where needed, not just Monday - Friday” (38)

“longer hours and seven day service continue taking transitions” (10)

“not as structured hours” (11)

While approximately 22 out of 55 (40%) of the staff focused on advocating for the buildings and equipment in day centres, the majority focused on the need to offer **choice**, **personalisation** and **flexibility** in the services provided:

“day centres need to be more person centred and individualised” (49)

“day centres could be more person centred and look at the individualised needs, making them smaller could do this” (50)

“the people I work with are content with the services they receive at Oaks, Addison and Reach Day Services. In my opinion, I think the answer to Q3 J (*Should the council lower the amount of time people spend in day services and offer personal budgets?*) should be Yes, but only if the personal budgets are substantial and there are suitable / adequate services on offer to purchase. In the first instance the amount of time people spend in Day Services should not be lowered gradually over time” (1)

“more modernisation is needed within the day services, smaller focused groups within the community, rather than opposed to the larger old school places” (22)

“modernise services to meet the needs of the customer” (40)

“services should be more flexible with more peer support, people with learning disabilities should be able to support other people” (54)

“offer more flexible hours of service, bespoke packages, incorporate life skills training” (23)

“better breadth of services on offer” (9)

“put on large choice of activities across all sites” (18)

“have better activities” (3)

“have better activities, staff to get involved more and don’t just sit away from the kids” (4)

Staff also wanted services to become more accessible and equitable:

“provide adequate provision for all who need it” (16)

“able to meet all needs” (2)

“They should be there for those with complex needs and should have an enabling philosophy. They should not be those people who live in a 24 hour setting or who we could be more aspirational for and could be managed in a community setting or be supported into work” (56)

“modernise activities but keep the central focus of inclusion, along with the importance of social networking and friendships, that are vital to a person with learning disabilities and autism” (5)

“let more disabled people have access to day services and not restrict them to only one day a week. Employ more staff to give service users one to one who may require this” (6)

“I don’t use these services, but they could be more open to the community people who can use the facilities for e.g. the public could pay to use rooms in the day centres when they are not been used this could then pay for the day centre to keep running” (55)

Some staff were supportive of Direct Payments and personalising day services:

“self funding” (24)

“greater choices and options including retaining some traditional day services for those who choose that option. Increasing the number of people on personal budgets so they can choose whether they spend it on a traditional day service or something different” (25)

There was a commitment to support employment:

“get outside contracts for work projects and pay people a small wage. Working makes people feel valued” (26)

“more people to go to the service and do more outside work” (44)

There was a request for more openness in the communication about change:

“for management to be more open and honest about the need for change” (45)

12. People living outside Rotherham and is a relative of a person with learning disability and or autism who uses learning disability services

Summary: accessibility of day services is important

Four people who are living outside of Rotherham but wanted to have a say in the consultation process reported their concerns about a “threat of closure” of the day service:

“Security for staff and clients that the services were not under threat of closure” (1)

“More support for the person using the services including transport” (2)

“Spend money on the building which should have been maintained over several years” (4).

One person had concern about the accessibility of services:

“Provide more varied activities within each centre and cater for all needs of the people who use them” (3)

Q3P Is there anything else you would like to say on the Rotherham Council options for Respite or Day Services in Rotherham?

Where comments repeat points already made in this report, they will not be duplicated here. However where new points are made they will be presented.

1. People with a learning disability

Summary: People with a learning disability have a fear of change and need support in the consultation process to manage levels of anxiety and distress.

Seventy (70) people responded to this question and where comments repeated comments made to earlier questions, they were not repeated here. A summary of the core themes are presented here. There appears to be a lot of emotion expressed in the additional responses given to this question. It is evident that individuals with a learning disability need opportunities to learn and understand how services need to change and adapt over time. One person wrote: “I think the council are taking the piss out of all of us. I don’t agree with what they are doing. It causes me to get upset because I know that Quarry Hill

will go. I want Quarry Hill to stay the same but we need to have more staff on a weekend because we cant go to the pub like we used to” (p2)

It is evident that the day services and respite services have filled a major role in people’s lives for many years: “they provide purpose in my life .. I don’t know what I would do if they weren’t there” (p2)

Two people made specific comments about their experience of shared lives respite care: “”I need to be in a centre with people who care about me. I’ve tried shared lives and it does not work at all. I need to be in a centre where I can be looked after by more than one person” (p1)

“shared lives is not working, day activities are few and far between, Addison provides value for money, how do you quantify good care, please tell us” (p3)

There was a direct expression of fear from the potential loss of contact with friends if the day service was to close: “you cant close my day centre Addison, it’s the best, I can cook and do drama and the staff look after me well and I wouldn’t see my friends if it closed and that would be bad” (p2)

Another person stated “I am happy with the services provided and don’t want them to change as it would affect my wellbeing and quality of life. Why punish me for being disabled and different from others?” (p2) “we want to keep the place open, we have to fight for our services” (p3)

More work is required in co-production to support people with a learning disability and their carers not to feel personally aggrieved from the process of change, but to work together to shape a future service offer.

2. People with autism

Summary: A need to live meaningful lives and have access to qualifications.

Seven people responded with similar comments to those made to earlier questions. One person suggested that more could be done to help people obtain qualifications: “There should be more opportunities to help people gain certified qualifications through school or work ad focus on their strengths. More good news stories about what people can do and less of ‘people with learning disability or autism cant do this and cant do that” (1)

3. People with a learning disability and autism

Fifteen people responded with comments that repeated what they had already stated in response to previous questions.

4. Young people in transition to adult services aged 13 - 18

One comment which repeated what had already been stated in response to previous questions.

5. Carers of a person with a learning disability and or autism

Summary: Carers want to have an open and honest discussion about options for the future and to be central to any decision-making process that shapes alternative services to day services

There were fifty three (53) responses and many repeated points made to earlier questions. However carers were concerned to know what was on offer in replacement services: "There does not appear to be options for services at all only the option to close buildings, no plans for replacement of services - a very one sided document - very odd consultation!" (2). A lack of discussion about 'replacement of services' created speculation that "the council should not pass services over to private companies who want to make money" (1) and carers seeking reassurance that services would not close until other services were available : "don't close any without making sure that there's plenty of other options for them to do and at a cost that they can afford" (4). Carers were keen to be part of the discussion about alternative options: "you need to be more proactive in explaining what the options are and how they would benefit individuals and communicate (this) better" (8).

While most carers were carers of current service users one carer reported: "think every parent needs these respite services, at the moment I don't have any and finding it really hard on my own as I lost my husband" (43).

The carers were anxious about direct payments and personal budgets as they were worried about the calibre of the workforce and the experiences and training that the individuals would have "personal budgets are one example but if don't have the right people to employ it wont work" (16). "The quality of trained staff and the relevant safeguard monitoring means that adults can attend safely and in confidence. Who would control the personal budgets and ensure security and structure. Carers!!!!" (18).

With the above very practical concerns about an alternative model to day services, others still struggle to believe that an alternative to day services is even possible: "there are no other realistic options for the majority of the people who attend Addison Day Centre" (23). Many carers believe that there will be negative as opposed to positive outcomes should the day centres close reporting "cant understand that changes have to be made My son is happy ... he will have a lonely life if not able to mix with others in the day centre .. why should we suffer and our children?" (27) "The closure option should not be considered. These kind of services are vital to carers and attendees for any kind of quality of life" (31).

There is a dominant view that the drive to close day services is led by an economic argument as opposed to a personalisation agenda. One carer reported: "my daughter has attended Oaks Day Centre for 30 years and moving her would make her distressed and upset. There should be other ways of saving money than taking away the pleasures and needs of the disabled. Day services help me to have a life of my own" (35) "my son has been using these services for 48 years and enjoys the socialisation and has made friends over the years. Take these away and his life will change for the worse" (39).

6. Members of the public living in Rotherham

Summary: A concern that people with a learning disability don't lose the long term friendships they have made

There were forty three (43) responses from the public, many repeated the points they had already made to earlier questions. However where the responses are presented for the first time, they are summarised here. Some members of the public are relatives of people who are using the day services: “my brother has used day centres for over 40 years” (4) “my parents are in their 70s and my disabled brother still lives at home” (9) or as a niece “my auntie is disabled and respite and day centres help my nan so much and give her the break she needs” (17) “my family and friends both use respite and day services and would be lost without it” (41).

The emotion from members of the public was primarily related to the potential loss of friendships of people with a learning disability “... he loves the variety of activities and seeing his friends regularly. The worst time was the break up of friendships when leaving Eastwood” (4) “by closing all provision there will be a lot of vulnerable people without any respite / someone human interaction” (28) and the loss of support for the whole family.

In summary the key concerns communicated here are: “there should be more staff to help people into work” (2) “the Lite Bite Café at Wath, enables people to have responsibility, care and dignity” (5) “more imagination and flexibility in services” (6) “adults with Learning Disability and or autism will have changing needs as they get older, they need to be able to move on too, not ‘stagnate’” (15). Access to future services needs to be equitable and “ensure carers health and wellbeing is taken into account” (24) also important to recognise that the “luncheon club at Addison is a club for people from all walks in life” (37).

There are however extremes of views on how to move forward with the modernisation of services with one member of the public suggesting “to save money why not move people from reach and move them to Addison. It seems silly to have 3 buildings when you could move everyone into a fully functioning building” (40) to “everyone should be on direct payments so that they can choose places that they would like to go. Carers should not be allowed to choose for the person with a learning disability, only advocate. People who are in supported living or a residential setting should have activities put on by voluntary organisations in the place where they live” (42).

7. Members of the public who uses the facilities of in house services

Four (4) people provided comments, two of whom reported their pleasure participating in the lunch club for pensioners (raised earlier in this report). One member of the public communicated that they had no idea what the questions were asking. The fourth person made a suggestion to “produce more activities and make it less boring (4).

8. People with a learning disability and or autism and a physical disability

Seven people responded with comments that repeated points made in the earlier questions. However there was a general fear of social isolation from the respondents that suggests accessing the community is more difficult if you have a learning disability and or autism as well as a physical disability:

“I would not be able to get out if I didn’t go (to the day centre) as there are not enough staff on duty at home to take me out” (2)

“I love my three days at Addison and I would like them to continue” (3)

“I am worried about losing contact with long standing friends if the day service changes” (4)

“if Addison closed I would miss all my friends and staff. I would be bored” (5)

9. People with a learning disability and or autism and a mental ill health

One person replied to this question: “make people aware who it is for. I think that I don’t qualify for example. But I don’t know what you offer. I would like the chance to help others and volunteer at the centre. I understand how it feels to be autistic and have mental health issues” (1)

10. Members of staff working with a person with a learning disability and or autism

Summary: 50% of staff wanted to keep day services the same while the remaining 50% had a different view of day services that involved more personalisation and choice for people with a learning disability. There is a worry by staff that a risk of personalising services will result in a loss of friendships as there wont be such a chance for people to meet as a large group.

There were fifty three responses (53) to this question, with 26 (49%) responses repeating the same points expressed in relation to Question 3. The main points argued by the twenty six respondents were that “all people love coming to the day centre, so please do not change it, although a modern building would be good” (5) “day centres provide a quality service for people” (10) “to shut day services will be a crime” (12) “stop paying out high wages to people who have no idea about what the service does for people on a daily basis” (15), a “disgusted with the way learning disability services have been portrayed in the report” (16) “this is a very poor questionnaire and will tell the person nothing” (41) “they should always keep the staff who have known people for a long time, so that if change happens its not as scary for people” (46).

However 27 (51%) staff contributed new ideas in this section and were more positive in their view of the future for an alternative model of day services in Rotherham:

There was an emphasis on the need for people with a learning disability to have an opportunity to stay in contact with their friends and in the absence of “nothing else out in the community” the day service appeared to provide this service. Any future consultation or service model needs to outline how people with a learning disability will still be able to see each other if day service buildings are not this central meeting point:

“The service users who I look after have been going to the day centre for many years and **have many friends who they meet at the centre**. If they did not attend the centre their lives would be severely affected as there is nothing else out in the community for them again due to funding cuts” (4).

“The service that is provided is paramount to the well being of our service users. They have **friendship networks here** and have a purpose with what they access” (14)

“**friends are formed and should be maintained**” (25)

“people need to **keep their friendship circles**” (45)

“those living in residential care or supported living **need to be with friends** away from fellow resident for the sake of their health” (42)

“**protect friendship groups**, supporting the formation of inclusive communities for those with lower level needs is key. Need to review approach and be Care Act compliant to have an enabling approach” (53)

This was a continuing theme that staff wanted to protect people with a learning disability from social isolation:

“**don’t leave service users isolated**” everyone benefits by being part of a community” (6)

The theme of “protection” extended in the wish to protect people from utilising long term care placements: “when community based services don’t work, more expensive services may be needed. Stay true to the white paper and **prevent the need for people to have to utilise long term care placements**. I have worked in assessment and treatment centres and seen the damage this can do” (11)

Others recognised that the current day service model was not the right model to move forward with:

“day services need to be fit for purpose and offer a wide range of options for adult learners” (7)

“there needs to be good day centre provision but through person centred approaches and very individualised” (45)

“I believe that the day services activity schedule needs improvement” (8)

“I feel there should be a range of options available to people to allow for personal choice. I think the young people coming through services are more likely to opt for a personal budget but it is important to recognise the value of day services for others. Those in supported living should pay” (21)

“there needs to be a variety of activities or could be more person centred to the person for e.g. asking the person what activities they like to do and then tailoring this to the person or grouping people together who like the same activities e.g. going out swimming” (50)

“I feel the services we offer are quite dated and don’t meet the needs of younger people accessing these services. I also feel a lot of money appears to be wasted on continuously doubling up services i.e. service users going into respite but then still having Pas etc to come and take them out” (47)

And that any future model needs to be flexible to meet the needs of customers:
“need a more open service across 7 days” (9)

“day service should be able to offer places for complex and challenging behaviour and autism needs. And should offer separate activities for those with less challenging needs e.g drop in session” (30)

“although I have answered yes to day centre closure, out of the box day thinking needs to happen with some provision remaining” (45)

Although there was caution against creating a “Learning Disability HUB” in Maltby:
“I also think that the current options lead towards the creation of a Learning Disability Hub in Maltby, this goes against Transforming Care and Personalisation” (51)

In addition to flexibility and choice, there needs to be more equity in the services provided:
“reduce the amount service users attend to a limit of 3 days, supported living and residential shouldn’t attend at all. Some clients get too many services i.e. respite, daycare and a PA” (23)

“respite services are needed within Rotherham, we have a growing older community and the carers need that support where they know their relatives are safe and looked after. I think there would be people who benefit from a personal budget and those that wont. Merge the 2 respite to a suitable building” (48)

“respite services should be kept open, they are vital for families to have a rest. However respite services could be more personal for e.g. staff could possibly give more time on a one to one basis doing activities that the person would like to do during their time in respite services” (52)

Staff felt that the day service model was the best model: “the council need to look more carefully on what services provide as there is very good practice and value for money within our services. People need to stop wasting money buying in specialist organisations and use the knowledge and expertise that we already have” (36). Day services were felt to be the best to ‘safeguard’ service users:

“respite and day services provide outstanding opportunities for people attending ... they are at the forefront to support when issues arise with safeguarding issues and to provide vulnerable individuals with care, compassion and respect in a professional manner” (29).

There were suspicions of other service models that may take advantage of people with a learning disability:

“shared lives will not work for everyone and is *open to abuse* and there are few families willing to “share their lives” with someone with a learning disability” (18)

“There would need to be an *auditing process* in place to ensure people are living their lives to the full in the event there were closures” (28)

"I feel it would be difficult to monitor the services that people are receiving and *difficult to police how personal budgets are spent* e.g. not always in the customers best interest!" (32)

"personal budgets could be open to abuse as clients do not see some of their budgets and families use it as an income, day centres have been run into the ground, no money invested.." (49)

There was also an awareness by staff that people need to go through a transition and through a process of change and this might be difficult for some people: "Many of the people who attend are not looking for the positive outcomes proposed, the whole thing terrifies a lot of people. We should be looking to incorporate more life skills training for people" (19)

People wanted more discussion and debate about different models on offer: "the original consultation was about the need to modernise the services but nothing I've seen proposed actually modernises anything" (22)

They had questions to explore: "I wonder how long the personal budgets will last? All those service users having a personal budget will surely be more expensive than running the day and respite services. Yes they are all ready for updating but not closures, why do the council not listen to their staff and service users as they know best?" (27)

11. People living outside Rotherham and is a relative of a person with learning disability and or autism who uses learning disability services

Five (5) people provided comments that had been made in the earlier sections. One person made a comment that had not previously been raised: "If Addison is to be closed what is the plan for the people who at present attend? These people will have to be supported somewhere. The staffing ration at Addison is not 1:1 but if these people live in supported living they could be 1:1 or 2:1 and that in real terms could increase costs" (2)

Q2B1 If you have chosen another way that you communicate, please tell us what? People with a learning disability used "pictures and symbols" (1) "lip reading" (3) "People chatting to me" (4) "my phone" (5) "ipad" (6)

Carers replied: "sentence cards with simple sentences" such as 'can I have a drink please?' (1) "eye gaze" (2)

Q7e Where would you like to volunteer?

Seventeen (17) people with a learning disability answered this question and the two most popular response was with animals or in the service sector:

"I like animals, so somewhere with them" (5)

"Jurassic park" (8)

"RSPB" (10)

“working with horses” (14)
“I would like to do some volunteering with animals” (5)

The second popular response was in the service sector:

“I am happy at SENSE” (1)
“Office” (4)
“I work two days a week at a school” (6)
“blind charity - hopefully transitioning this year” (7)
“In a music shop stacking CDs” (12)

Two other people wanted to work in sport:

“Rotherham United” (2)
“Volunteer at Barnsley football club” (16)

Twelve (12) carers do volunteering with the most popular area to volunteer as ‘JDS social club’ (4 people), churches: “natter group, rawmarsh church and Rotherham hospice” (4)
“Todwick Church” (1) and delivering leaflets (12)

“Speakup and the National Autistic society” (2)
“my son volunteers at speakup, this organisation has really supported my son to do travel training, he is now more confident at travelling around, he actually is now able to show me how to get to different places” (5)

“I volunteered for Sova in Sheffield, Sheffield Mind, Rotherham Hospice and British Heart Foundation in Rotherham and Sheffield”

While carers are volunteering with health and social care organisations, staff volunteer across a mixture of health and social care organisations and girlguiding / scouts:

Eight (8) staff volunteer with three volunteering for scouts and girlguiding:

“girlguiding UK” (3)
“Scouts” (4)
“scouts” (7)

two volunteering at Nayhi Ziingadi

“Nayhi Zingadi, Rotherham” (1)
“Nayhi Zingadi, life act, hospice, Grimm and Co, Samaritans” (2)

Others at Speakup, and the hospice.

[Q7f What are the barriers to Volunteering](#)

Nineteen (19) people with a learning disability answered this question and the main barrier cited was a lack of information and support:

Three people did not know what the barriers were and two people said there were no barriers, however most of the responses suggested that if they had support then they would be able to do volunteering:

“sometimes places close down, I worked at a charity shop in the past that closed down and it left me struggling to find more voluntary work” (1)

“would possibly need support” (2)

“travelling, places can be difficult to find” (5)

“Travel, level of support I need” (6)

“staff support” (7)

“learning how to work in a kitchen” (9)

“finding placements”

“lack of communication with the organisation with horses” (14)

A smaller number of responses cited their disability as a barrier:

“limited abilities, no places available” (3)

“cant see” (4)

“Eyesight” (7)

“my epilepsy can be unpredictable and can stop me from going to volunteer for the day” (12)

Carers cited support as a barrier

“insufficient support” (4)

“support and adequate supervision” (3)

“companies that will come forward to offer one to one support” (1)

Physical barriers were

“my own health and transport as I don't drive” (2)

“health and safety rules” (9)

“age and disability” (10)

Finally the caring role was a barrier to volunteering:

“being the primary and sole carer for my son” (11)

“lack of care and support for my daughter having to transport her - these limit my hours available to volunteer” (8)

“if the day centre closed would be unable to do this as I would have son with me” (5)

“volunteering in the day is better for my son than at night” (6)

Q7g What support do you need to volunteer?

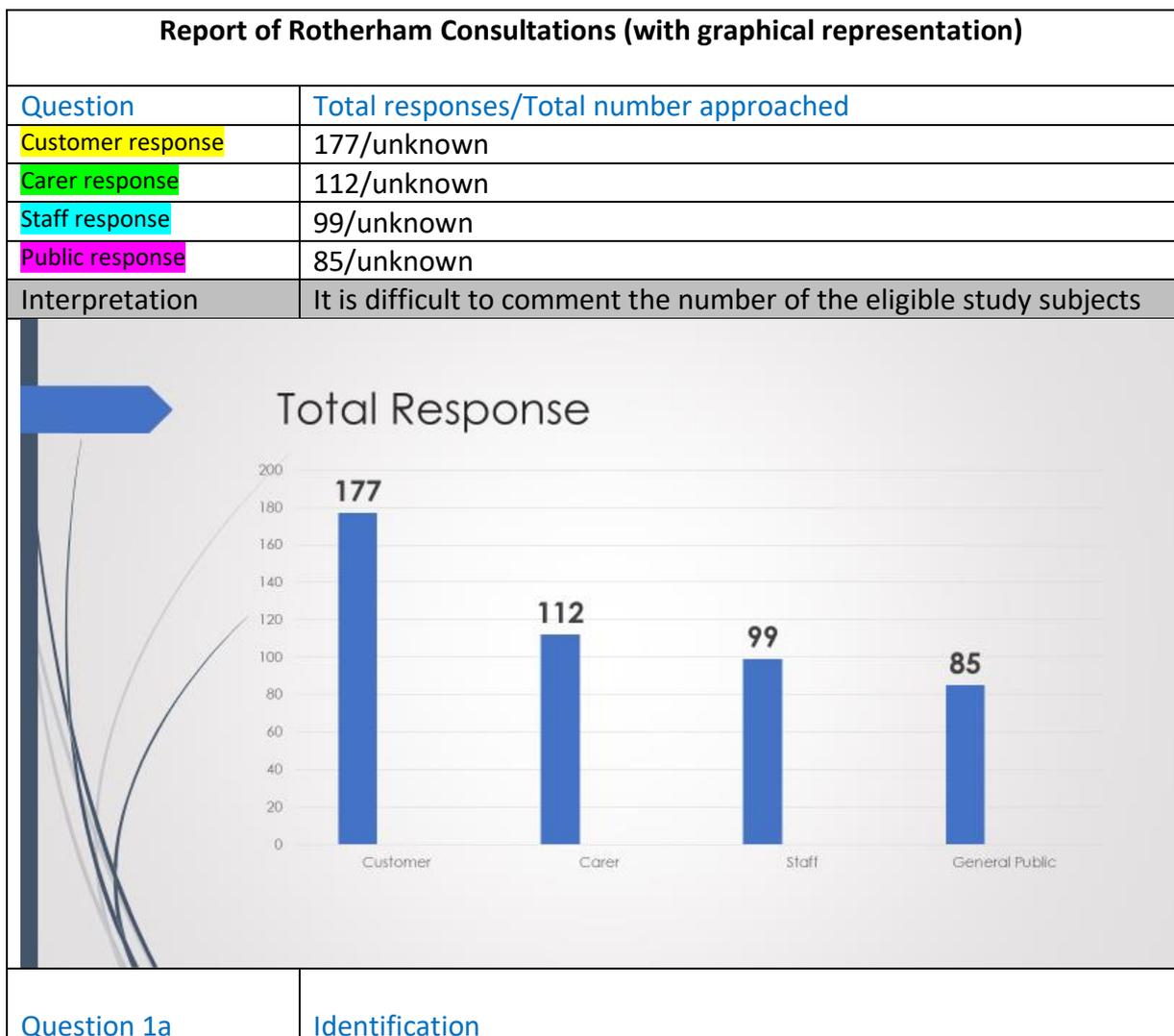
Twenty people with a learning disability ideas for support, with 4 people identifying that AD-PRO would be able to support them:

“support from Ad-PRO” (5) “AD-PRO” (7) “go to AD-PRO (8) “AD PRO Services” (14)

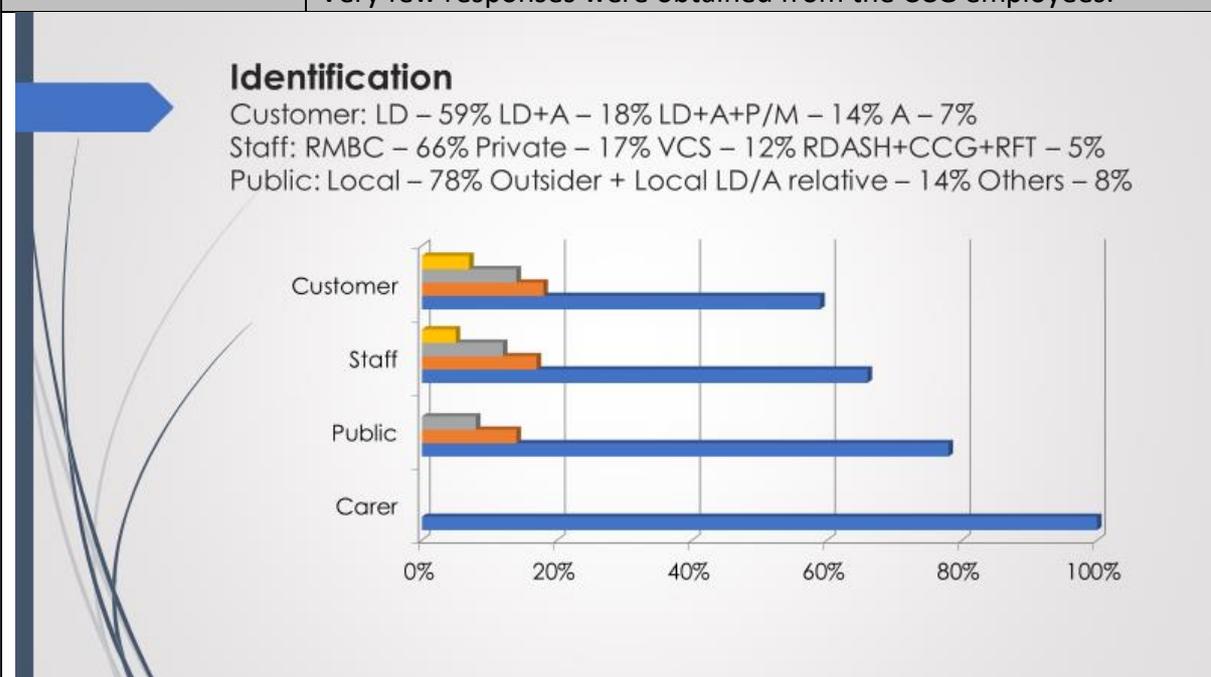
Others were less specific but requested support in a job buddy or in travel training:

- “support from staff and help learning the journey” (1)
- ‘someone to support me” (2)
- “someone who has a good understanding of my needs especially in relation to mobility” (6)
- “in work support” (10)
- “just to have someone around to check that I am ok and doin the right thing” (11)
- “transport, time, expenses” (12)
- “someone who understands me an knows about my epilepsy” (13)
- “I need support to read” (16)
- “direct payment worker to support me to volunteer” (18)
- “show me how to do new skills with animals and support to get a placement” (19)
- “to be patient and help me read. I want to learn how to tell the time so I need people to tell me what time it is so that I can go to placement on time” (20).

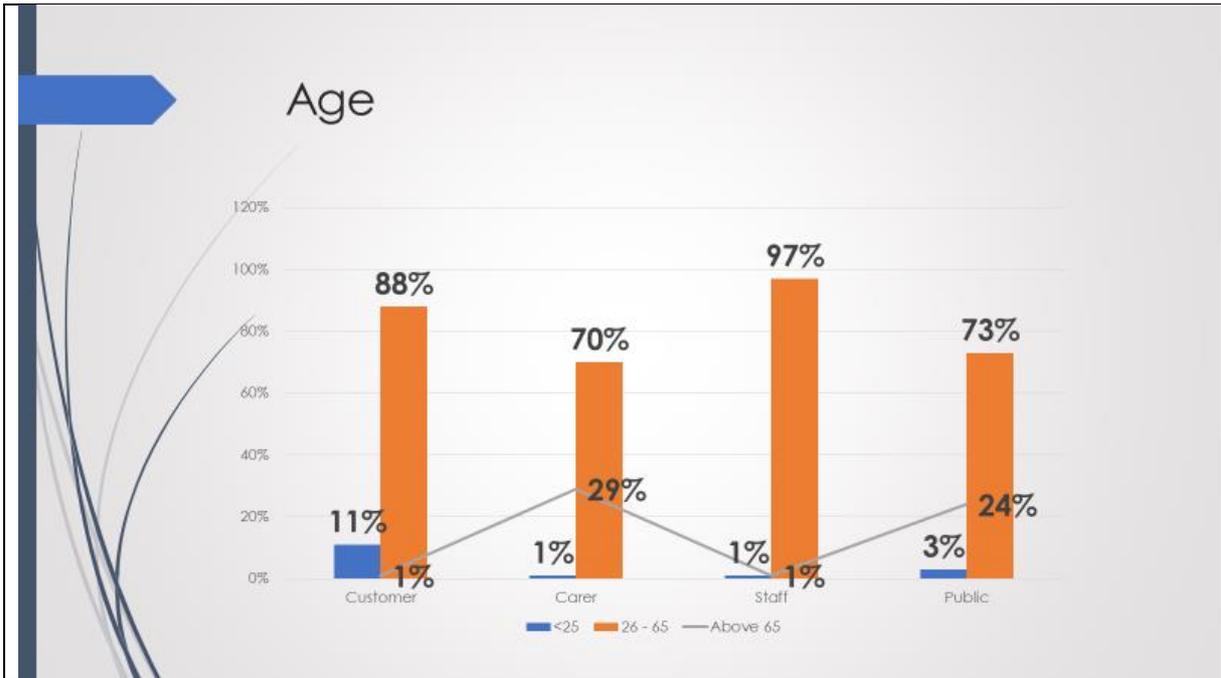
Section 6.3 Quantitative Analysis and Graphs



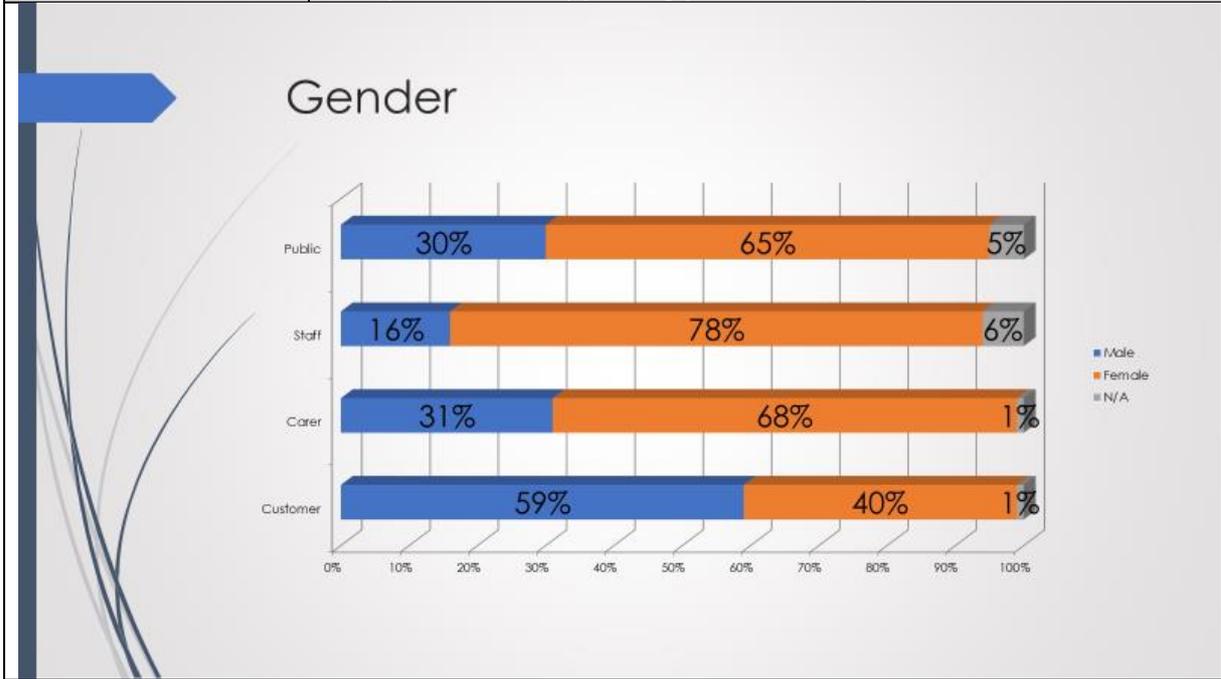
Customer response (177)	Learning Disability 104 (59%) Autism 12 (7%) Learning Disability+ Autism 32 (18%) Young 2 (1%) Learning Disability+ Autism+ Physical disability 15 (8%) Learning Disability+ Autism+ Mental Health issues 12 (7%)
Carer response (112)	Carer of a person with LD and/or Autism
Staff response (98)	RMBC – 64 (65%) Private provider 17 (17%) VCS 12 (12%) RDASH – 2 (2%) CCG 2 (2%) Rotherham Foundation Trust 1 (1%)
Public response (85)	I am a member of the public who uses the facilities of in house services 7 (8%) I am a member of the public living in Rotherham 66 (78%) I live outside Rotherham and I am a relative of person with a Learning Disability and/or Autism who uses Learning Disability Services in Rotherham 12 (14%)
Interpretation	*Most of the employees who responded are Local Authority staff. Very few responses were obtained from the CCG employees.



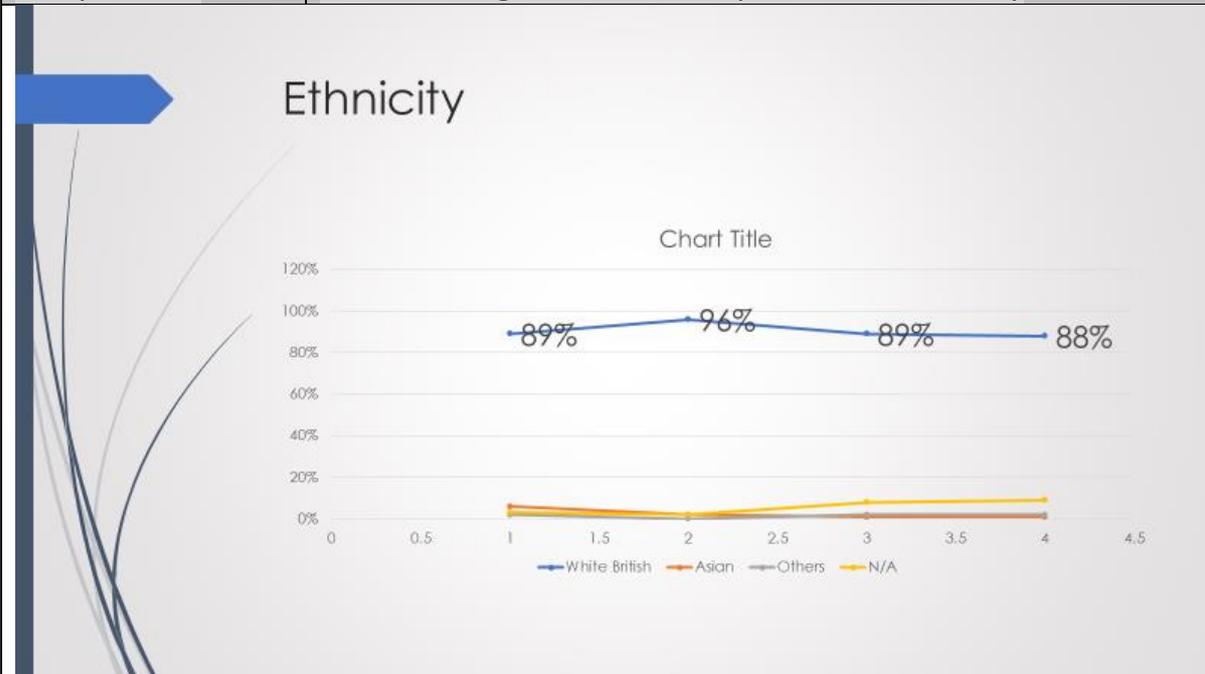
Question 1b	Which area of Rotherham do you live in? (please see Section 6.1)
Question 1c	Age
Customer response (171)	<18 2 (1%) 19 – 25: 18 (10%) 26 – 65: 150 (88%) >66: 1 (1%)
Carer response (110)	<18 1 (1%) 19 – 25: 0 (0%) 26 – 65: 77 (70%) >66: 32 (29%)
Staff response (96)	<18 0 (0%) 19 – 25: 1 (1%) 26 – 65: 93 (97%) >66: 2 (2%)
Public response (80)	<18 2 (2%) 19 – 25: 1 (1%) 26 – 65: 58 (73%) >66: 19 (24%)
Interpretation	There is a relatively young learning-disabled population against an ageing carer population.



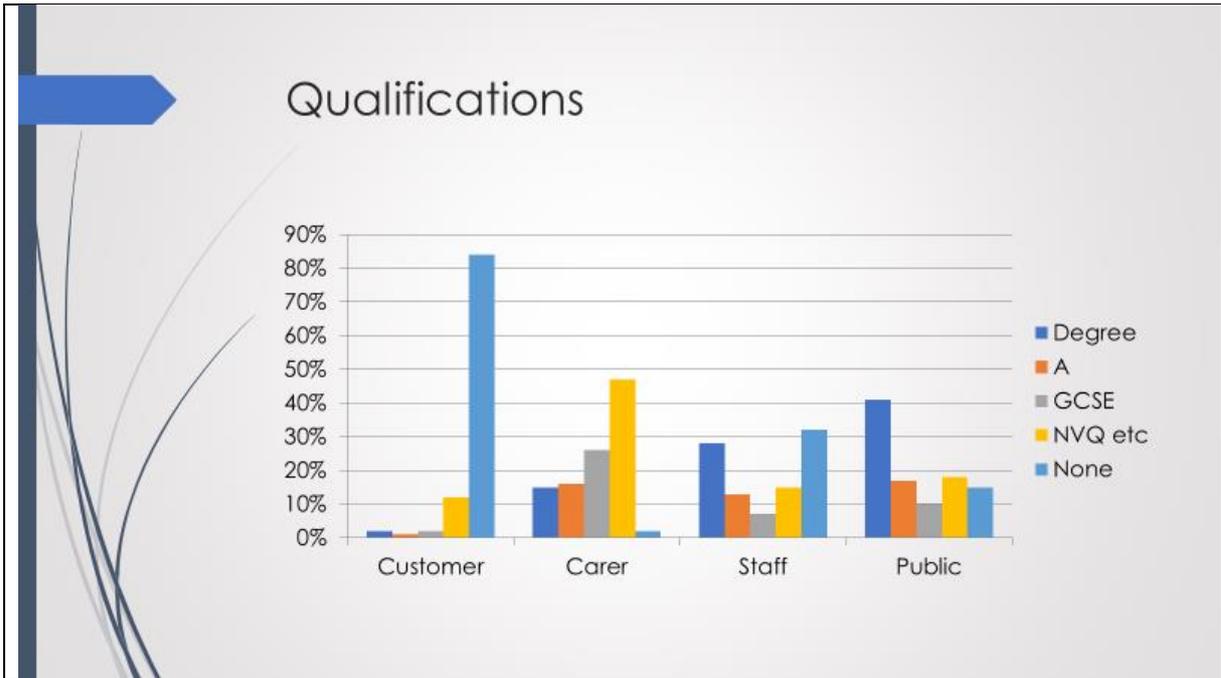
Question 1d	Gender
Customer response (170)	Male 101 (59%) Female 68 (40%) Prefer not to say 1 (1%)
Carer response (111)	Male 34 (31%) Female 76 (68%) Prefer not to say 1 (1%)
Staff response (98)	Male 16 (16%) Female 76 (78%) Prefer not to say 5 (5%) Own term 1 (1%)
Public response (80)	Male 24 (30%) Female 52 (65%) Prefer not to say 3 (4%) Own term 1 (1%)
Interpretation	There is a female preponderance among staff and carers. This may be a problem in supporting predominantly male customers.



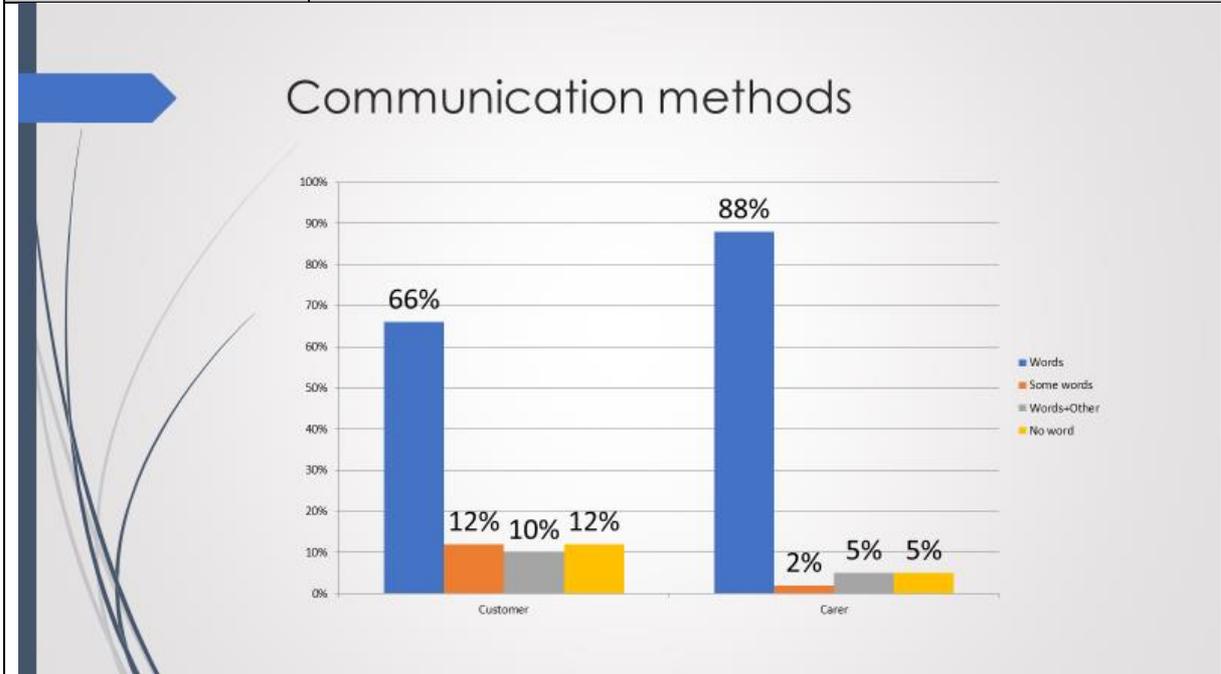
Question 1e	Ethnicity – White British (WB)
Customer response(172)	WB 153 (89%) Asian 10 (6%) Mixed 3 (2%) Chinese 1 Black 0 Not declared 5 (3%)
Carer response(111)	WB 106 (96%) Asian 2 (2%) Mixed 0 Chinese 0 Not declared 3 (2%)
Staff response (97)	WB 86 (89%) Asian 1 (1%) Other 2 (2%) Not declared 8 (8%)
Public response (80)	WB 70 (88%) Asian 1 (1%) Chinese 1 (1%) Other 1 (1%) Not declared 7 (9%)
Interpretation	Overwhelming White British responders to the survey



Question 1f	Qualifications
Customer response (163)	Degree/Masters/PHD 3 (2%) A level 1 (1%) GCSE 3 (2%) NVQ/City Guild/BTEC/OCN 19 (12%) None 137 (84%)
Carer response (103)	Degree/Masters/PHD 15 (15%) A level 15 (16%) GCSE 27 (26%) NVQ/City Guild/BTEC/OCN 45 (47%) None 2 (2%)
Staff response (96)	Degree/Masters/PHD 27 (28%) A level 13 (13%) GCSE 7 (7%) NVQ/City Guild/BTEC/OCN 15 (15%) None 33 (32%)
Public response (79)	Degree/Masters/PHD 32 (41%) A level 13 (17%) GCSE 8 (10%) NVQ/City Guild/BTEC/OCN 14 (18%) None 12 (15%)
Interpretation	<ul style="list-style-type: none"> High academic achievement among carers and general public are noticeable It clearly indicates that caring responsibility is likely to have an impact on the ability to work among the carers It may however indicate self-selection bias to the survey

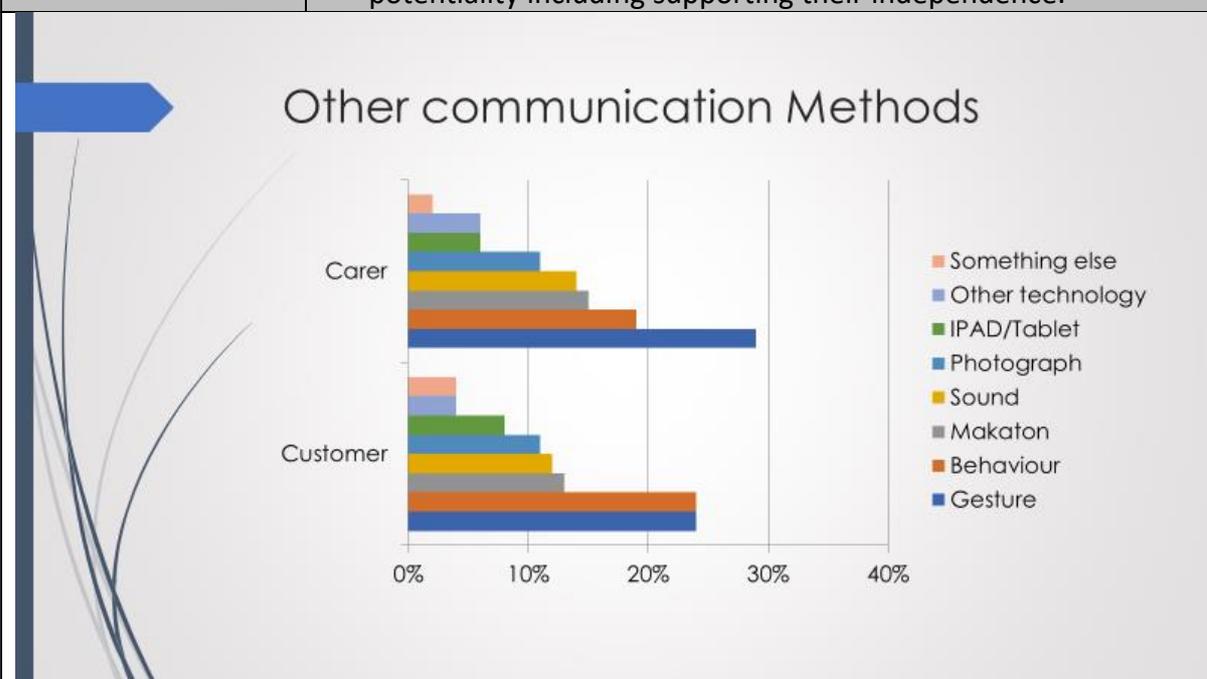


Question 1f1	If you have chosen NVQ/City and Guilds/BTEC/OCN as your qualifications, please tell us what subject (Please see Section 6.1)
Q2a	Do you use words to communicate?
Customer response (180)	Yes 119 (66%) No 21 (12%) Some words 22 (12%) Words + Other methods 18 (10%)
Carer response (106)	Yes 93 (88%) No 5 (5%) Some words 2 (2%) Words + Other methods 6 (5%)
Interpretation	

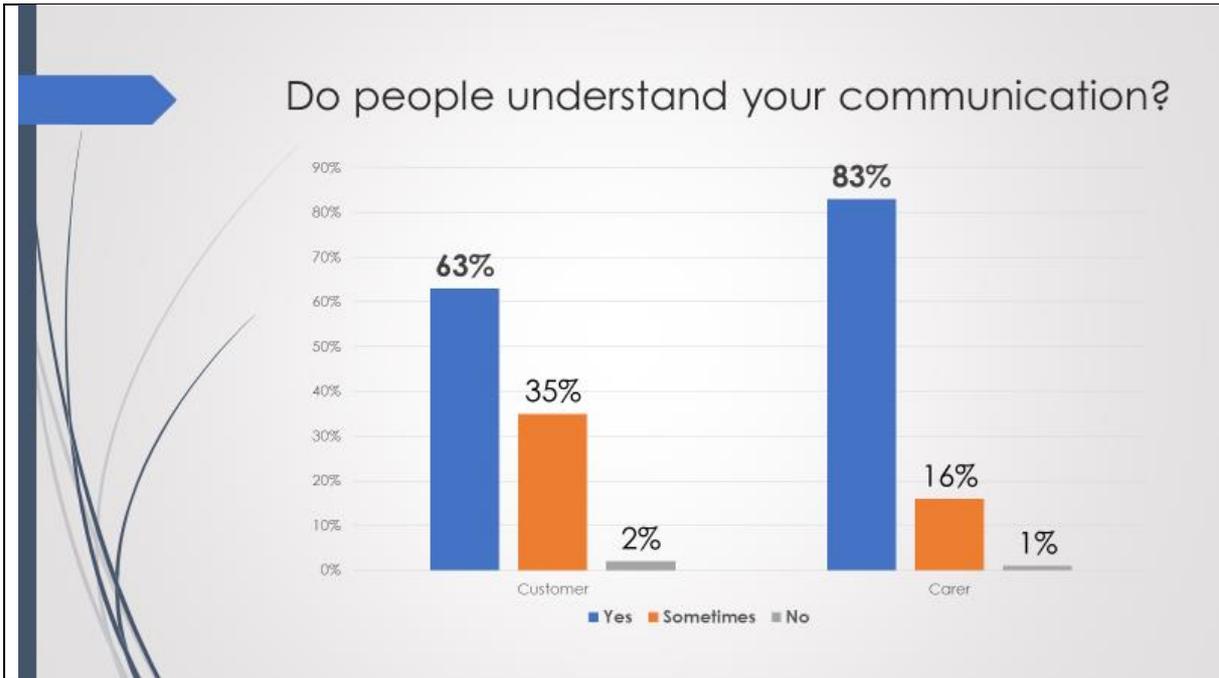


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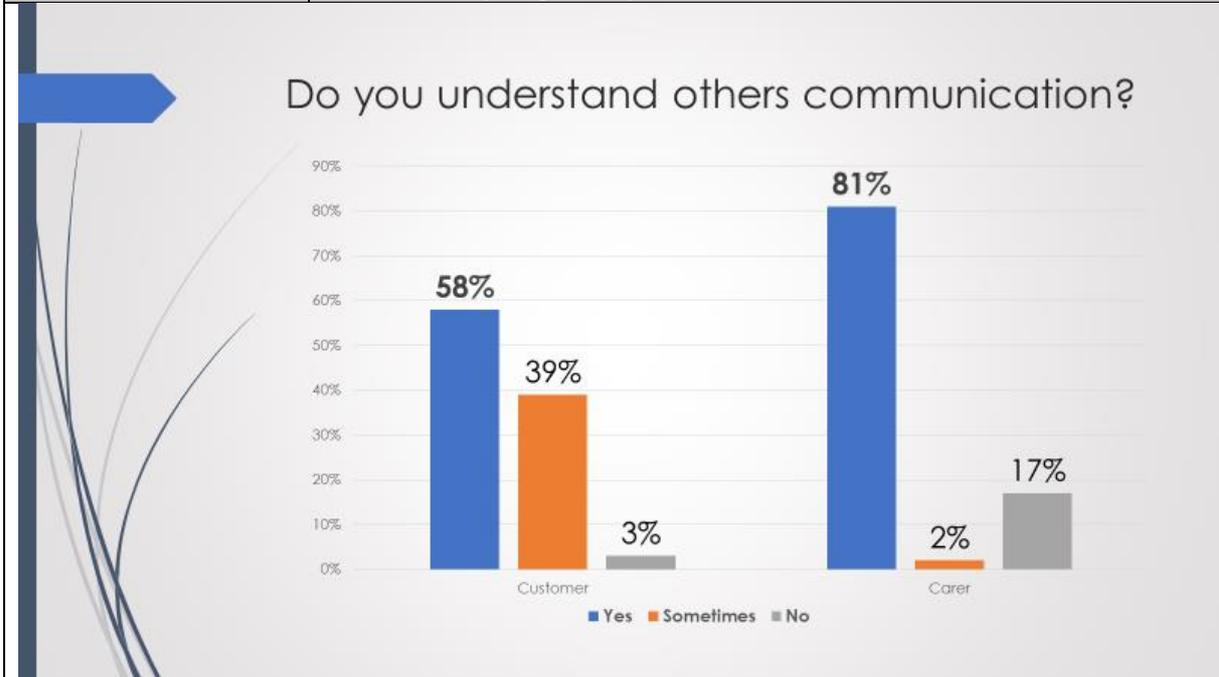
Q2b	Which other way do you communicate?
Customer response	Gestures 71 (24%) Behaviour 70 (24%) Makaton 37 (13%) Sound 36 (12%) Photographs 33 (11%) IPAD/Tablets 23 (8%) Other technology 12 (4%) Something else 11 (4%)
Carer response	Gestures 36 (29%) Behaviour 23 (19%) Makaton 19 (15%) Sound 17 (14%) Photographs 9 (11%) IPAD/Tablets 7 (6%) Other technology 7 (6%) Something else 3 (2%)
Interpretation and comparison	<ul style="list-style-type: none"> Lack of usage of assistive communication methods is thought provoking The effectiveness of communication through gestures and behaviour can be questioned It may also result in inability to develop customers to their full potentiality including supporting their independence.



Q2b.1	If you have chosen something else above please tell what? (Please see Section 6.2)
Q2c	Do people (who you relate to) understand how you communicate?
Customer response (171)	Yes 107 (63%) Sometimes 60 (35%) No 4 (2%)
Carer response (94)	Yes 78 (83%) Sometimes 15 (16%) No 1 (1%)
Interpretation and comparison	<ul style="list-style-type: none"> Whilst customers may understand the carers; understanding their communications remains an issue. Better usage of available technology may make a difference here Advocacy might help here.

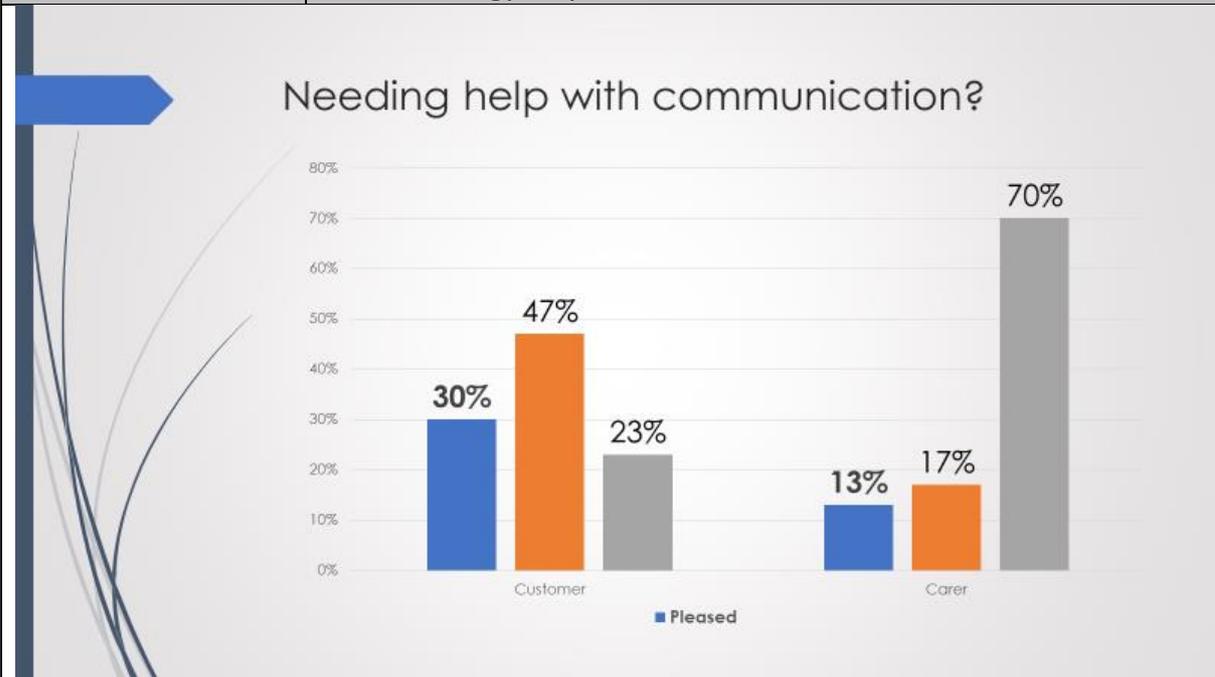


Q2d	Do you understand how others communicate with you?
Customer response (168)	Yes 97 (58%) Sometimes 65 (39%) No 6 (3%)
Carer response (93)	Yes 75 (81%) Sometimes 2 (2%) No 16 (17%)
Interpretation and comparison	<ul style="list-style-type: none"> Whilst customers may understand the carers; understanding their communications remains an issue. It may hinder their development. Better usage of available technology may make a difference here Advocacy might help here.

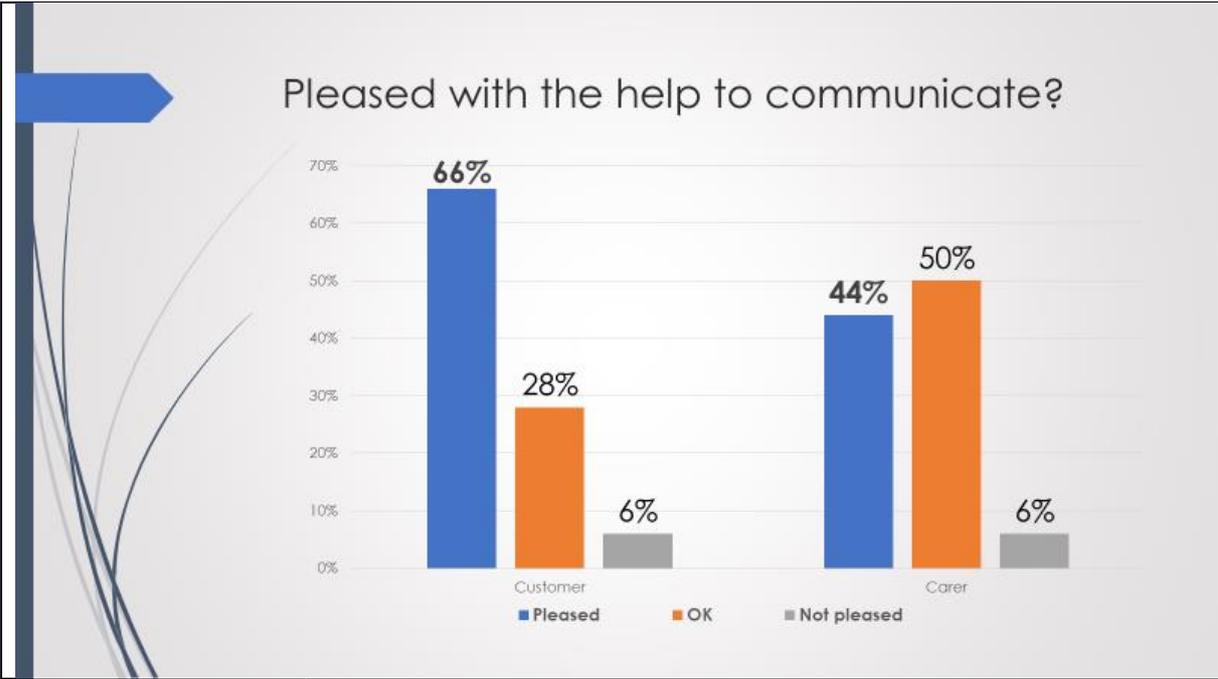


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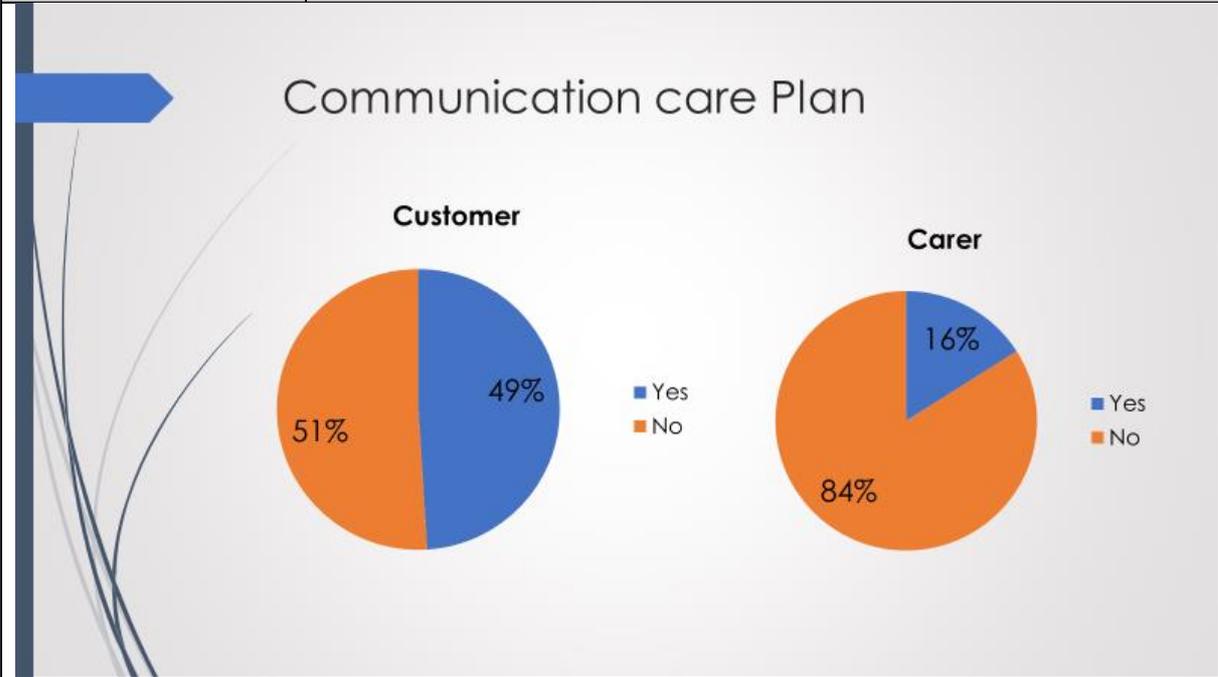
Q2e	Do you need someone to help you communicate or speak on your behalf?
Customer response (170)	Yes 51 (30%) Sometimes 79 (47%) No 40 (23%)
Carer response (90)	Yes 12 (13%) Sometimes 15 (17%) No 63 (70%)
Interpretation and comparison	<ul style="list-style-type: none"> Here customers are more realistic and they understand that they need help But even family carers may need advocacy support Technology may be a solution here.



Q2e1	How pleased are you with the help that you get to communicate?
Customer response (151)	Very pleased 50 (33%) Pleased 51 (33%) OK 43 (28%) Not pleased 5 (3%) Not pleased at all 2 (1%)
Carer response (56)	Very pleased 12 (21%) Pleased 13 (23%) OK 28 (50%) Not pleased 1 (2%) Not pleased at all 2 (4%)
Interpretation and comparison	<ul style="list-style-type: none"> Agreement between carers and customers. But it is clearly evident that more needs to be done with the support

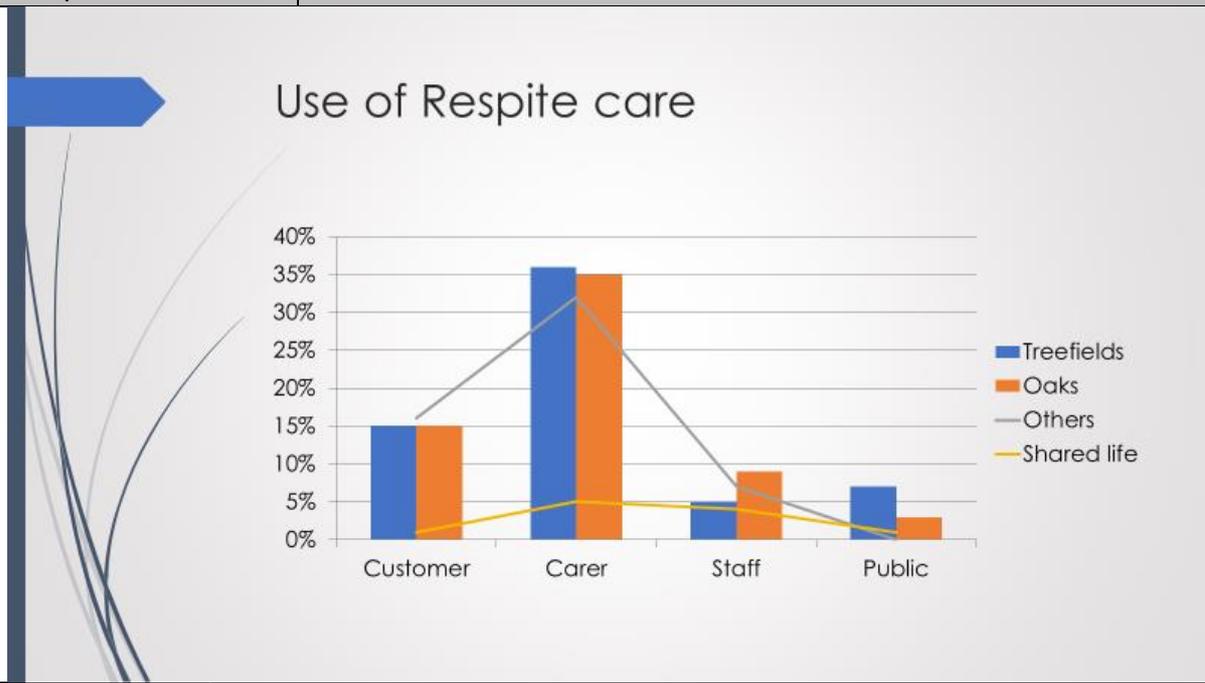


Q2f	Do you have a communication care plan that helps everyone understand how you communicate?
Customer response (158)	Yes 77 (49%) No 81 (51%)
Carer response (74)	Yes 12 (16%) No 62 (84%)
Interpretation and comparison	<ul style="list-style-type: none"> • Significant discrepancy between carers and customers response. • Does it indicate that the customers could not understand the question? Or, • Are these not shared with the carers?



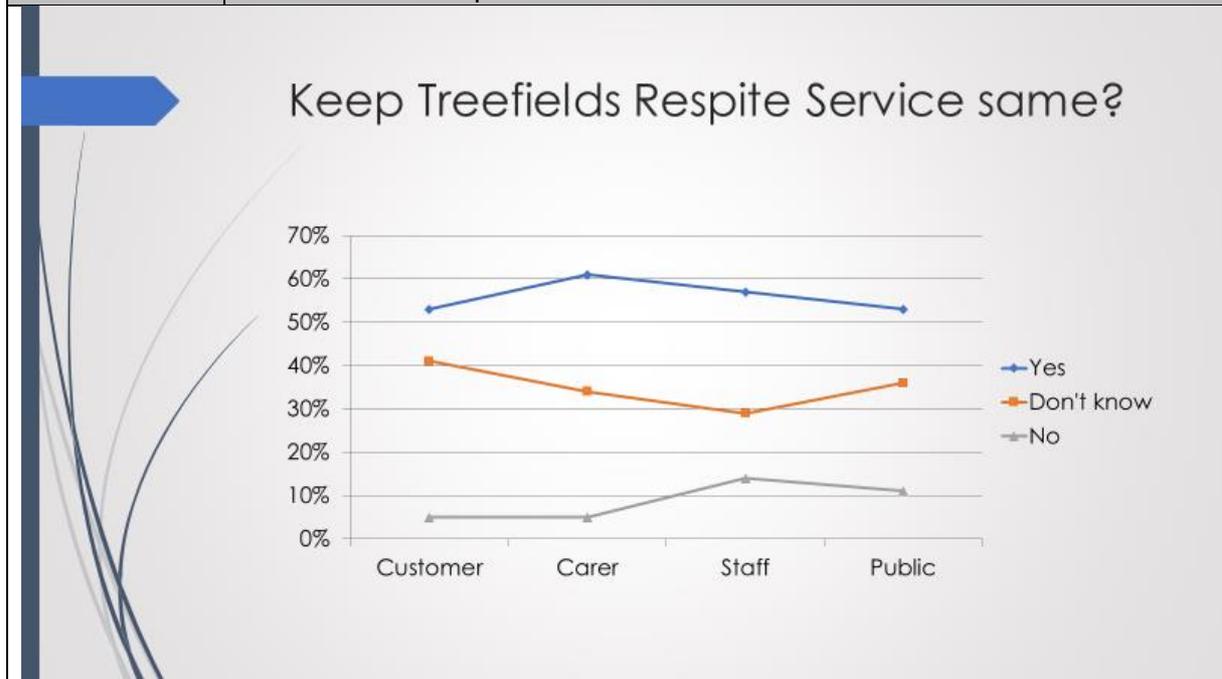
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Q3a	Do you use Respite Care Services in Rotherham
Customer response	Treefield; Yes 22 (15%) No 120 (85%) – Total 142
	Quarry Hill; Yes 21 (15%) No 21 (15%) – Total 140
	Shared life; Yes 1 (1%) No 132 (99%) – Total 133
	Other; Yes 16 (16%) No 81 (83%) – Total 97
Carer response	Treefield; Yes 23 (36%) No 41 (64%) – Total 64
	Quarry Hill; Yes 19 (35%) No 36 (65%) – Total 55
	Shared life; Yes 2 (5%) No 42 (95%) – Total 44
	Other; Yes 14 (32%) No 30 (68%) – Total 44
Staff response	Treefield; Yes 4 (5%) No 75 (95%) – Total 79
	Quarry Hill; Yes 7 (9%) No 71 (91%) – Total 78
	Shared life; Yes 3 (4%) No 73 (96%) – Total 76
	Other; Yes 5 (7%) No 62 (93%) – Total 67
Public response	Treefield; Yes 5 (7%) No 65 (93%) – Total 70
	Quarry Hill; Yes 2 (3%) No 67 (97%) – Total 69
	Shared life; Yes 1 (1%) No 66 (99%) – Total 67
	Other; Yes 0 (0%) No 51 (100%) – Total 51
Interpretation and comparison	<ul style="list-style-type: none"> Respite care facilities are largely unutilised. More so the Shared life



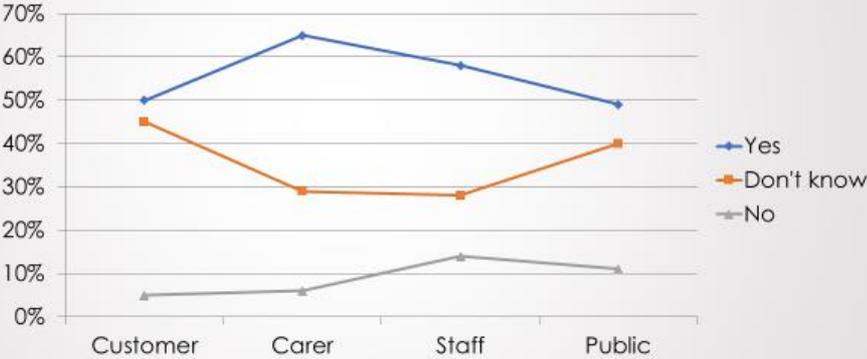
Q3a.1	If you use others please state (Please see Section 6.2)
Q3b	What changes could we make to respite services to make them better? (Section 6.2)
Q3c	Should we keep the Respite Services the same as they are?
Customer response	Treefield; Yes 79 (53%) No 8 (5%) Don't know 61 (41%) – Total 148
	Quarry Hill; Yes 75 (50%) No 8 (5%) Don't know 66 (45%) – Total 148

	Shared life; Yes 57 (40%) No 11 (8%) Don't know 75 (52%) – Total 143
Carer response	Treefield; Yes 46 (61%) No 4 (5%) Don't know 26 (34%) – Total 76
	Quarry Hill; Yes 43 (65%) No 4 (6%) Don't know 19 (29%) – Total 66
	Shared life; Yes 32 (53%) No 2 (3%) Don't know 27 (44%) – Total 61
Staff response	Treefield; Yes 49 (57%) No 12 (14%) Don't know 25 (29%) – Total 86
	Quarry Hill; Yes 48 (58%) No 12 (14%) Don't know 23 (28%) – Total 83
	Shared life; Yes 39 (50%) No 10 (13%) Don't know 29 (37%) – Total 78
Public response	Treefield; Yes 38 (53%) No 8 (11%) Don't know 25 (36%) – Total 71
	Quarry Hill; Yes 35 (49%) No 8 (11%) Don't know 29 (40%) – Total 72
	Shared life; Yes 29 (42%) No 4 (6%) Don't know 36 (52%) – Total 69
Interpretation and comparison	<ul style="list-style-type: none"> • Although these services are underused there is minimum impetus among all the groups to close them. • As the sample did not incorporate HARD TO REACH users these findings may be biased • Staff are most supportive of change among all the groups • Public on the other hand are reluctant to change as are the customers and carers • Shared life responders are not sure

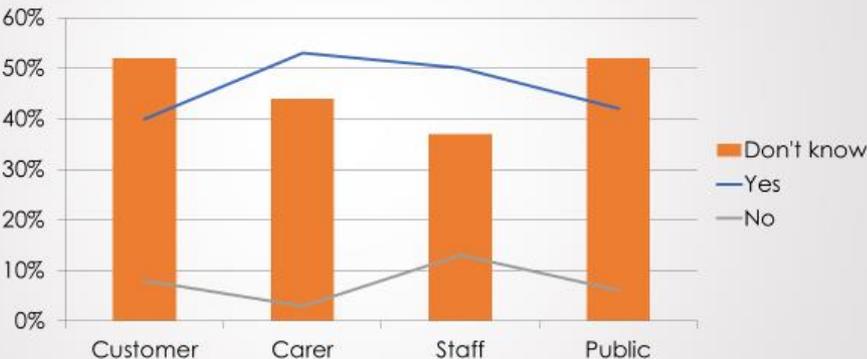




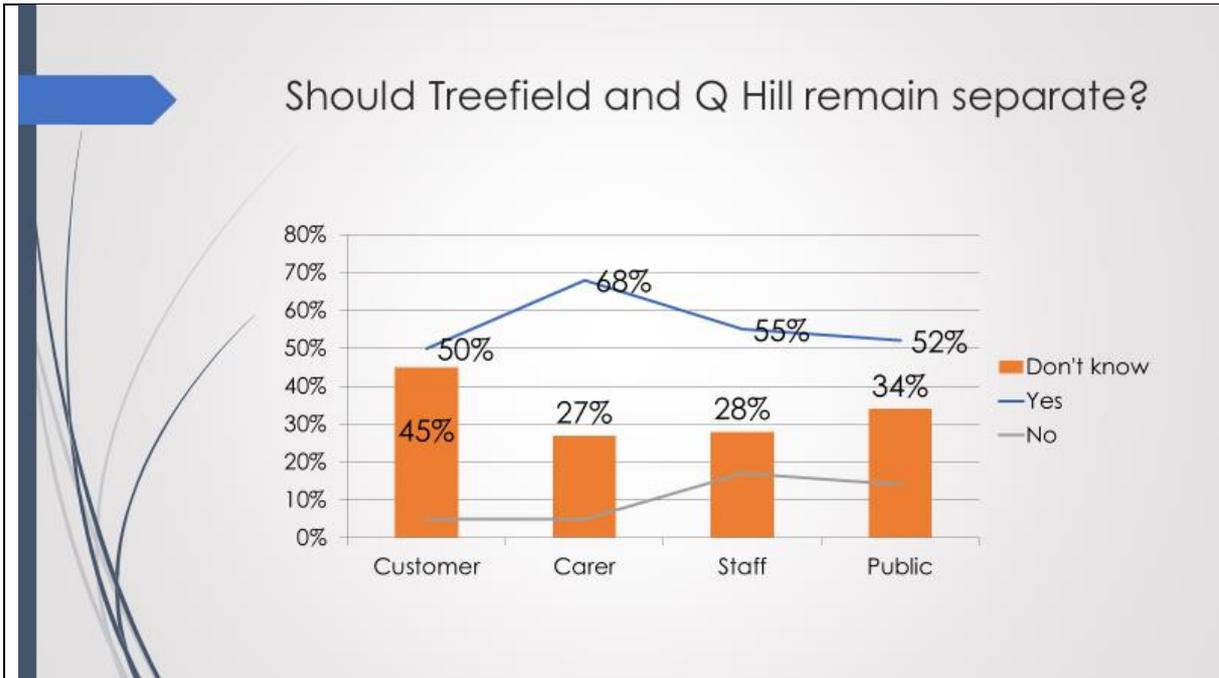
Keep Quarry Hill Respite Service same?



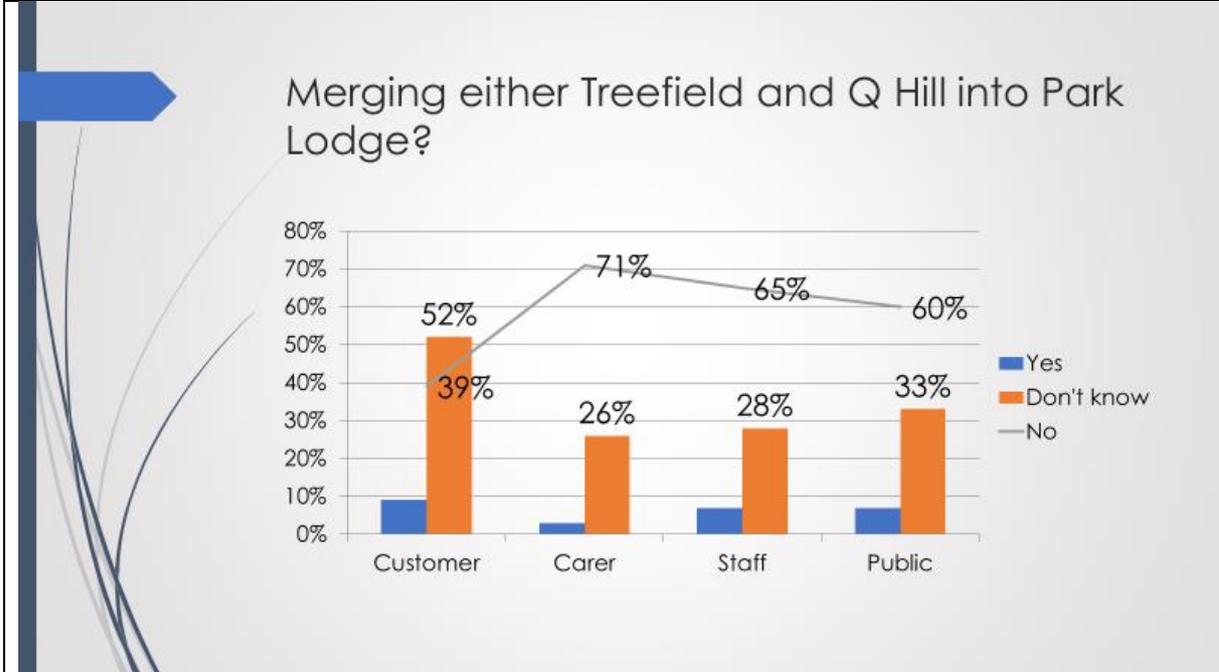
Keep Shared life Respite Service same?



Q3d	Should we keep Treefields and Quarry Hill separate?
Customer response (152)	Yes 75 (50%) No 9 (5%) Don't know 68 (45%)
Carer response (85)	Yes 58 (68%) No 4 (5%) Don't know 23 (27%)
Staff response (88)	Yes 48 (55%) No 15 (17%) Don't know 25 (28%)
Public response (73)	Yes 38 (52%) No 10 (14%) Don't know 25 (34%)
Interpretation	Again overwhelming support to continue with present facilities

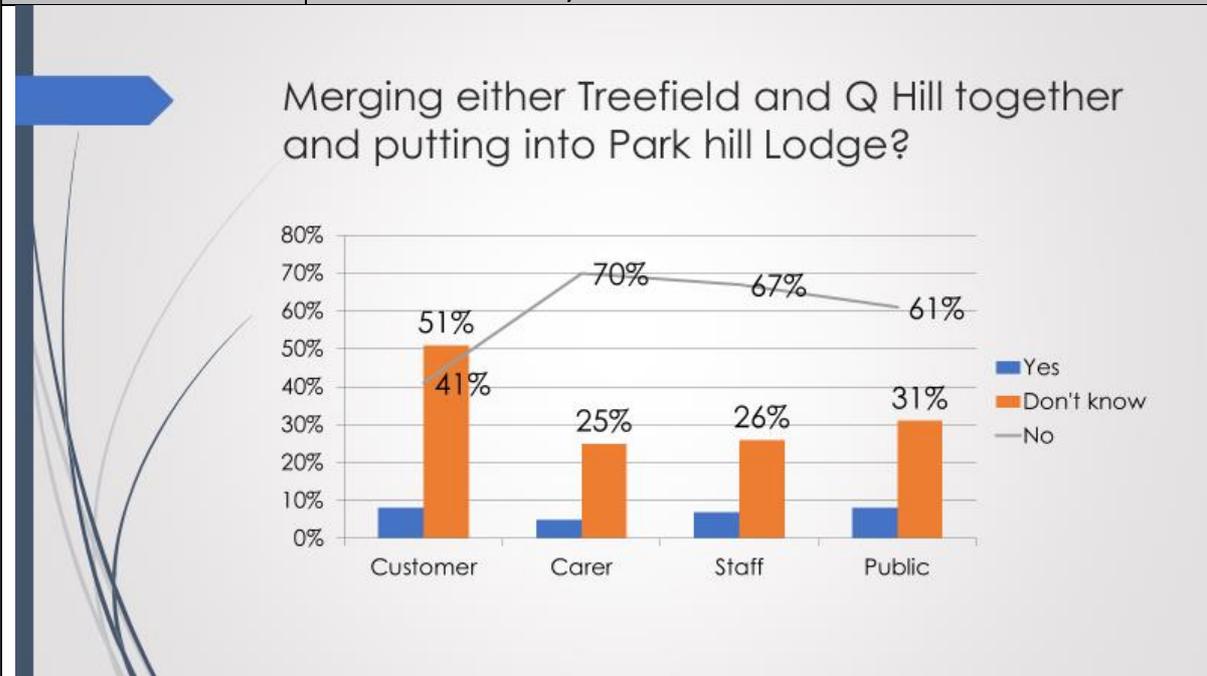


Q3e	Shall we put either Treefields and Quarry Hill into Park hill lodge?
Customer response (154)	Yes 14 (9%) No 60 (39%) Don't know 80 (52%)
Carer response (85)	Yes 3 (3%) No 60 (71%) Don't know 22 (26%)
Staff response (90)	Yes 7 (7%) No 58 (65%) Don't know 25 (28%)
Public response (73)	Yes 5 (7%) No 44 (60%) Don't know 24 (33%)
Interpretation	Customers were unsure but other groups did not wish change

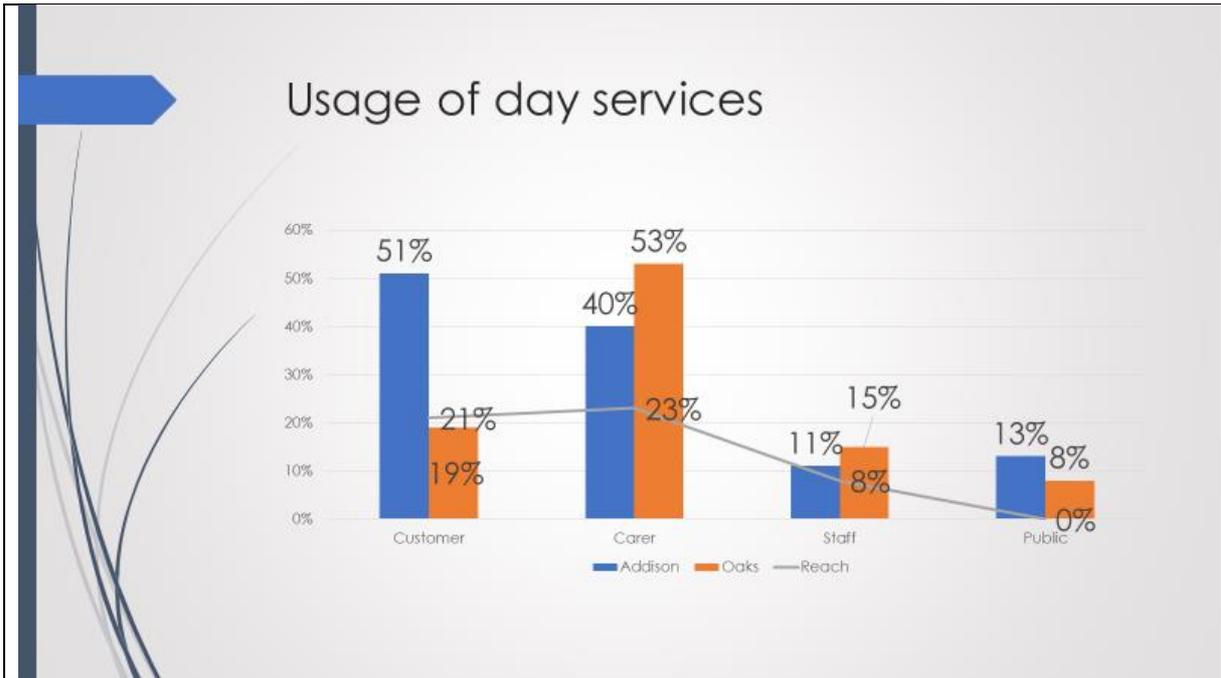


Q3f	Shall we put both Treefields and Quarry Hill together and put them into Park hill lodge?
Customer response (155)	Yes 13 (8%) No 63 (41%) Don't know 79 (51%)
Carer response (86)	Yes 4 (5%) No 60 (70%) Don't know 22 (25%)

Staff response (88)	Yes 6 (7%) No 59 (67%) Don't know 23 (26%)
Public response (72)	Yes 6 (8%) No 44 (61%) Don't know 22 (31%)
Interpretation	Again customers were unsure but other groups were decisive in favour of continuity



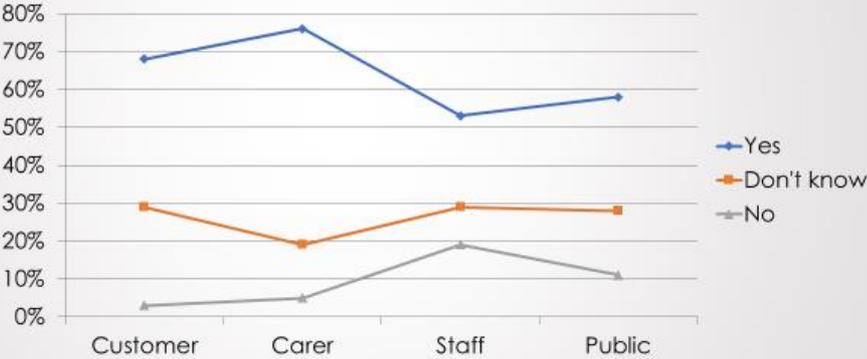
Q3g	Do you use Day Services in Rotherham?
Customer response	Addison; Yes 69 (51%) No 65 (49%) – Total 134 Oaks; Yes 25 (19%) No 106 (81%) – Total 131 Reach; Yes 29 (21%) No 107 (79%) – Total 136
Carer response	Addison; Yes 25 (40%) No 37 (60%) – Total 62 Oaks; Yes 32 (53%) No 28 (47%) – Total 60 Reach; Yes 11 (23%) No 37 (77%) – Total 48
Staff response	Addison; Yes 8 (11%) No 68 (89%) – Total 76 Oaks; Yes 11 (15%) No 64 (85%) – Total 75 Reach; Yes 6 (8%) No 66 (92%) – Total 72
Public response	Addison; Yes 9 (13%) No 58 (87%) – Total 67 Oaks; Yes 5 (8%) No 58 (92%) – Total 63 Reach; Yes 0 (0%) No 62 (100%) – Total 62
Interpretation	<ul style="list-style-type: none"> Both Addison and Oaks are well used The discrepancy in response among Customers and Carers merit revisiting



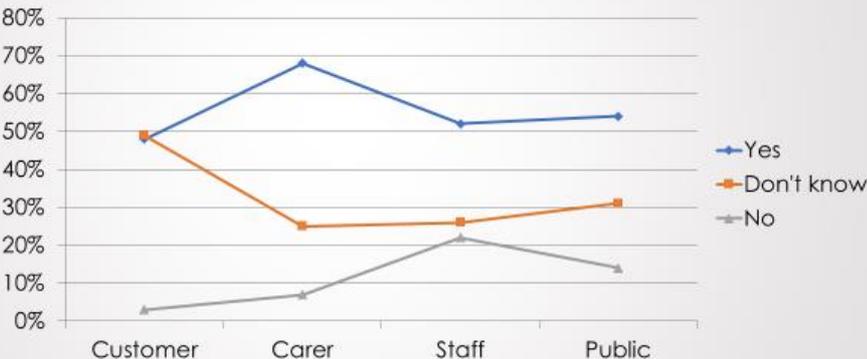
Q3h	What changes could we make to the day services to make them better? (Section 6.2)	
Q3i	Should we keep Oaks and Addison the same as they are?	
Customer response	Addison: Yes 107 (68%) No 4 (3%) Don't know 46 (29%)	Total 157
	Oaks: Yes 72 (48%) No 5 (3%) Don't know 73 (49%)	Total 150
Carer response	Addison: Yes 63 (76%) No 4 (5%) Don't know 16 (19%)	Total 83
	Oaks: Yes 47 (68%) No 5 (7%) Don't know 17 (25%)	Total 69
Staff response	Addison: Yes 42 (53%) No 15 (19%) Don't know 23 (29%)	Total 80
	Oaks: Yes 43 (52%) No 18 (22%) Don't know 21 (26%)	Total 82
Public response	Addison: Yes 38 (58%) No 9 (14%) Don't know 19 (28%)	Total 66
	Oaks: Yes 37 (54%) No 10 (15%) Don't know 21 (31%)	Total 68
Interpretation	<ul style="list-style-type: none"> All the groups expressed their desire to continue with present service as it is Customers were a little unsure about Oaks 	



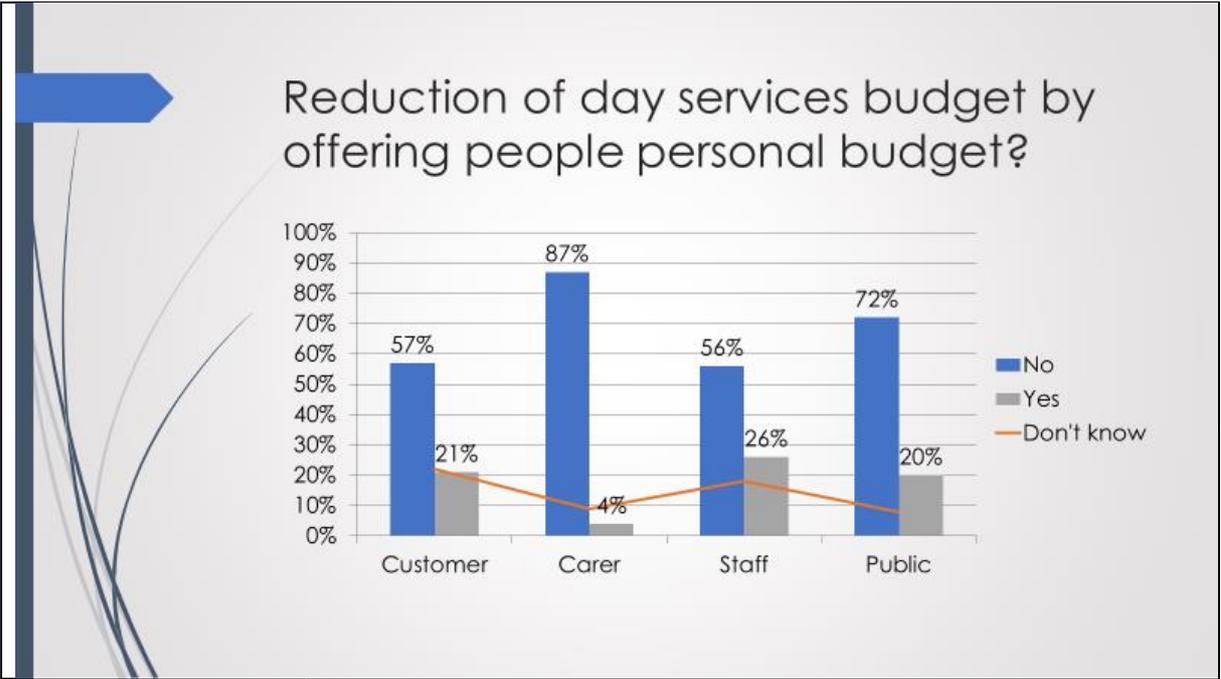
Keep Addison day services as it is?



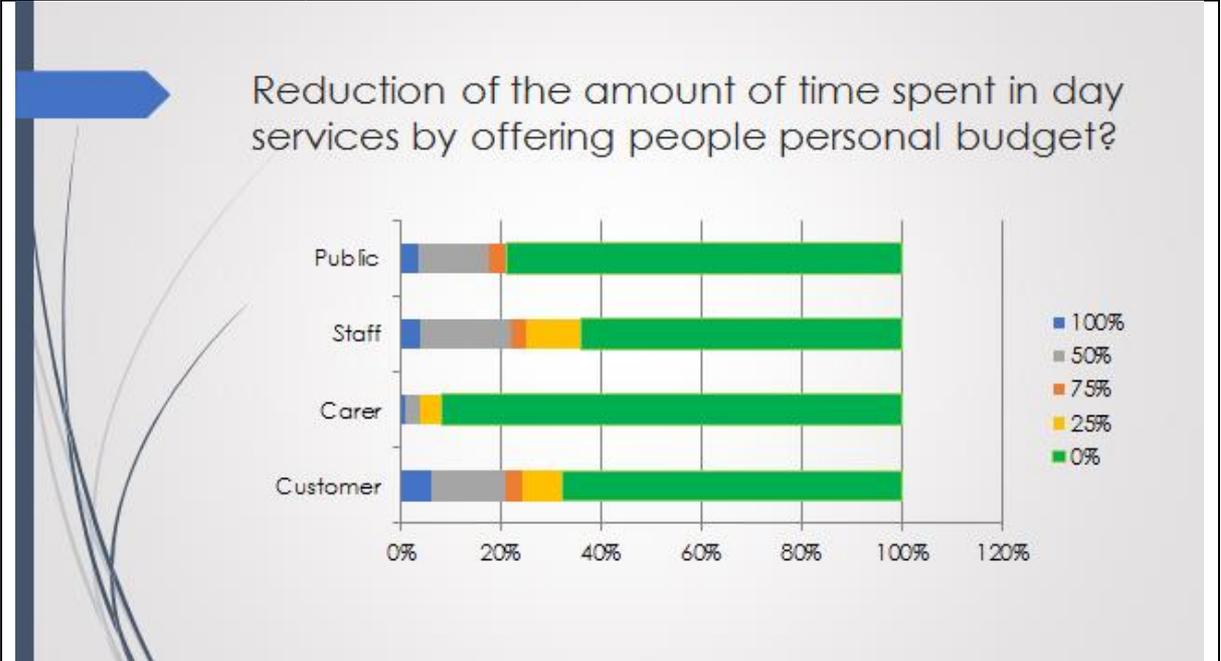
Keep Oaks day services as it is?



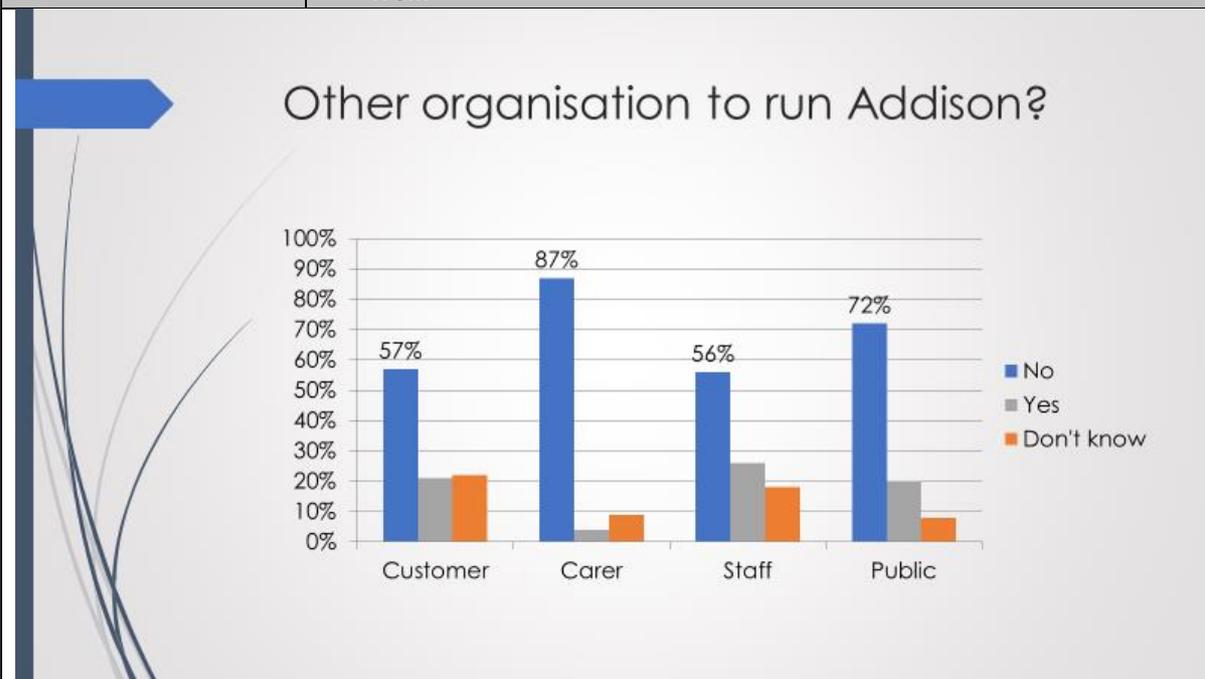
Q3j	Should the Council lower the amount of time people spend in day services and offer people personal budgets?
Customer response (164)	Yes 35 (21%) No 93 (57%) Don't know 36 (22%)
Carer response (91)	Yes 4 (4%) No 79 (87%) Don't know 8 (9%)
Staff response (82)	Yes 22 (26%) No 46 (56%) Don't know 14 (18%)
Public response (65)	Yes 13 (20%) No 47 (72%) Don't know 5 (8%)
Interpretation	<ul style="list-style-type: none"> The overwhelming response is negative, however very little information is currently available on how people manage personal budgets in Rotherham.



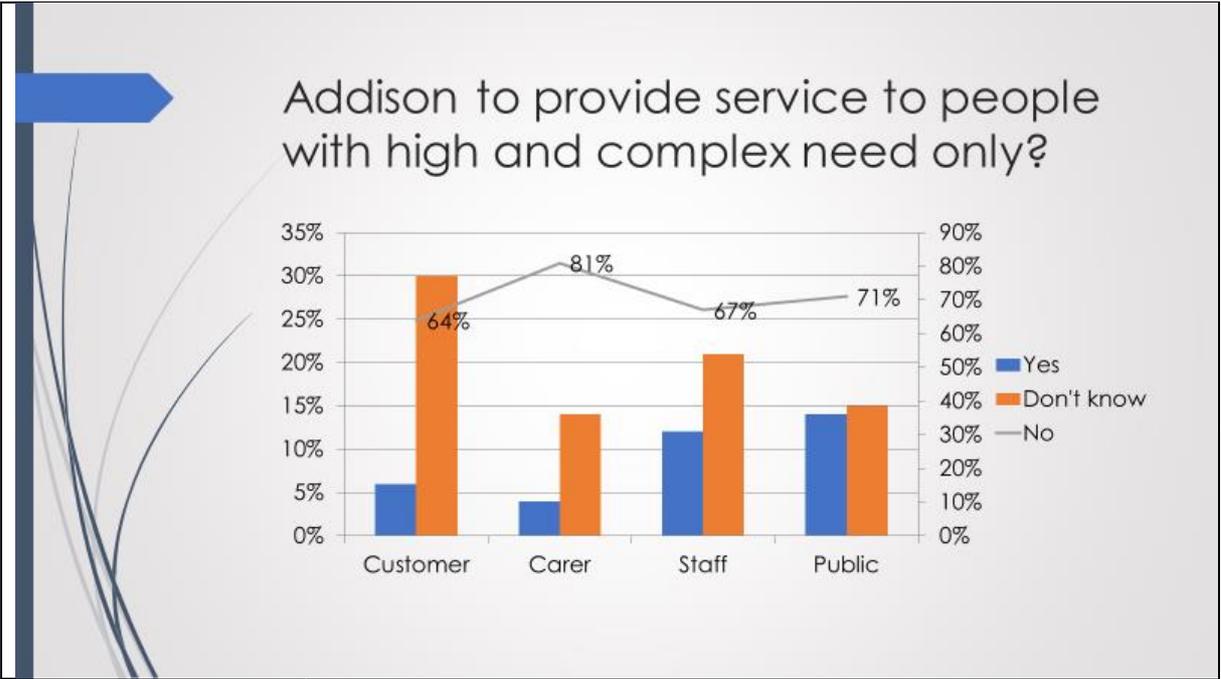
Q3j1	How much should we lower it by?
Customer response (117)	100% - 9 (8%) 75% - 3 (3%) 50% - 17 (15%) 25% - 9 (8%) 0% - 79 (68%)
Carer response (72)	100% - 1 (1%) 75% - 0 (0%) 50% - 2 (3%) 25% - 3 (4%) 0% - 66 (92%)
Staff response (71)	100% - 3 (4%) 75% - 2 (3%) 50% - 13 (18%) 25% - 8 (11%) 0% - 45 (64%)
Public response (57)	100% - 2 (3.5%) 75% - 2 (3.5%) 50% - 8 (14%) 25% - 0 (0%) 0% - 45 (79%)
Interpretation	Again no support for lowering the amount of time people use day services if they currently reside in residential care.



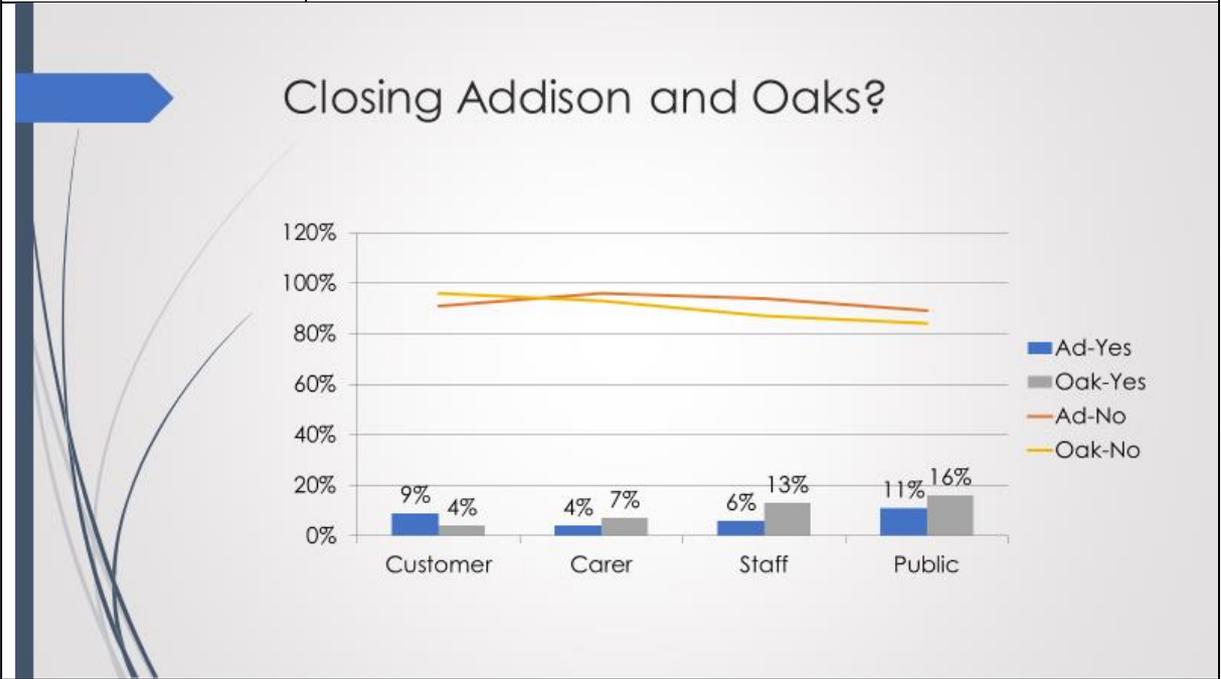
Q3k/j	Should the Council look for other organisations in the community to take over and run Addison?
Customer response (164)	Yes 17 (11%) No 78 (49%) Don't know 63 (40%)
Carer response (90)	Yes 7 (8%) No 55 (61%) Don't know 28 (31%)
Staff response (84)	Yes 16 (19%) No 45 (54%) Don't know 23 (27%)
Public response (67)	Yes 10 (15%) No 42 (63%) Don't know 15 (22%)
Interpretation	<ul style="list-style-type: none"> Groups were not enthusiastic about changes, however, they seem to be unsure about the pros and cons of this change as well.



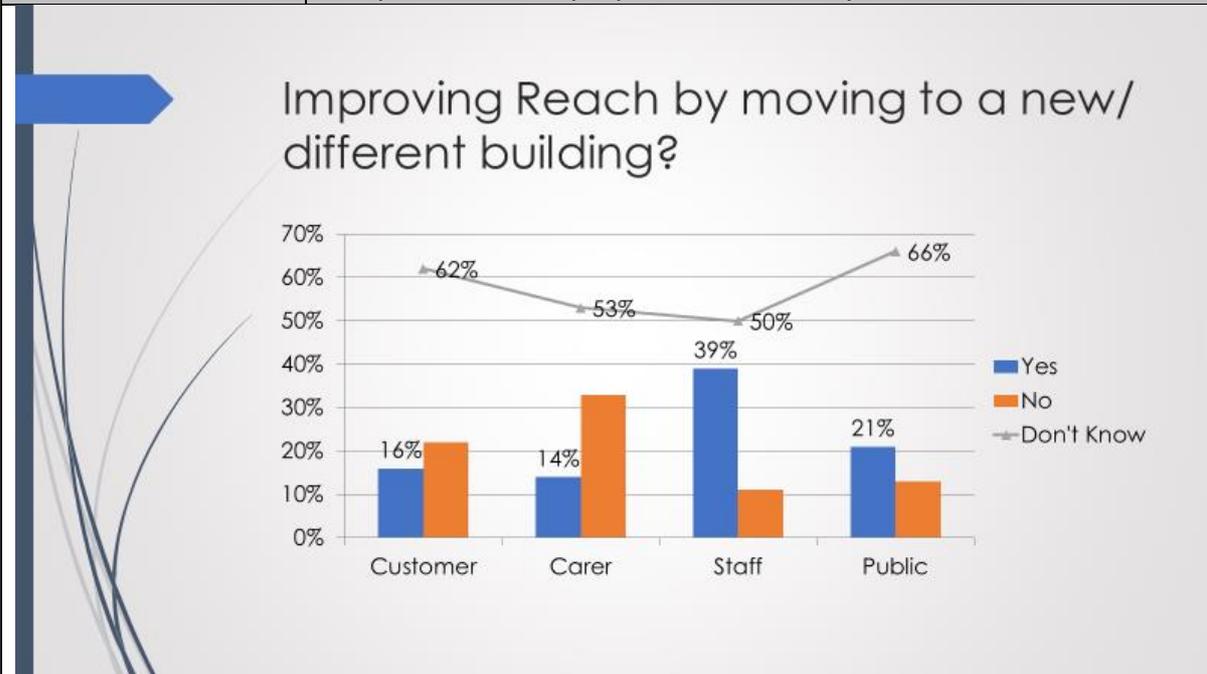
Q3l	Should the Council move Addison and only provide a service to people with high and complex needs?
Customer response (162)	Yes 9 (6%) No 104 (64%) Don't know 49 (30%)
Carer response (91)	Yes 4 (5%) No 74 (81%) Don't know 13 (14%)
Staff response (83)	Yes 10 (12%) No 56 (67%) Don't know 17 (21%)
Public response (66)	Yes 9 (14%) No 47 (71%) Don't know 10 (15%)
Interpretation	Decisive response – no support for the proposed change



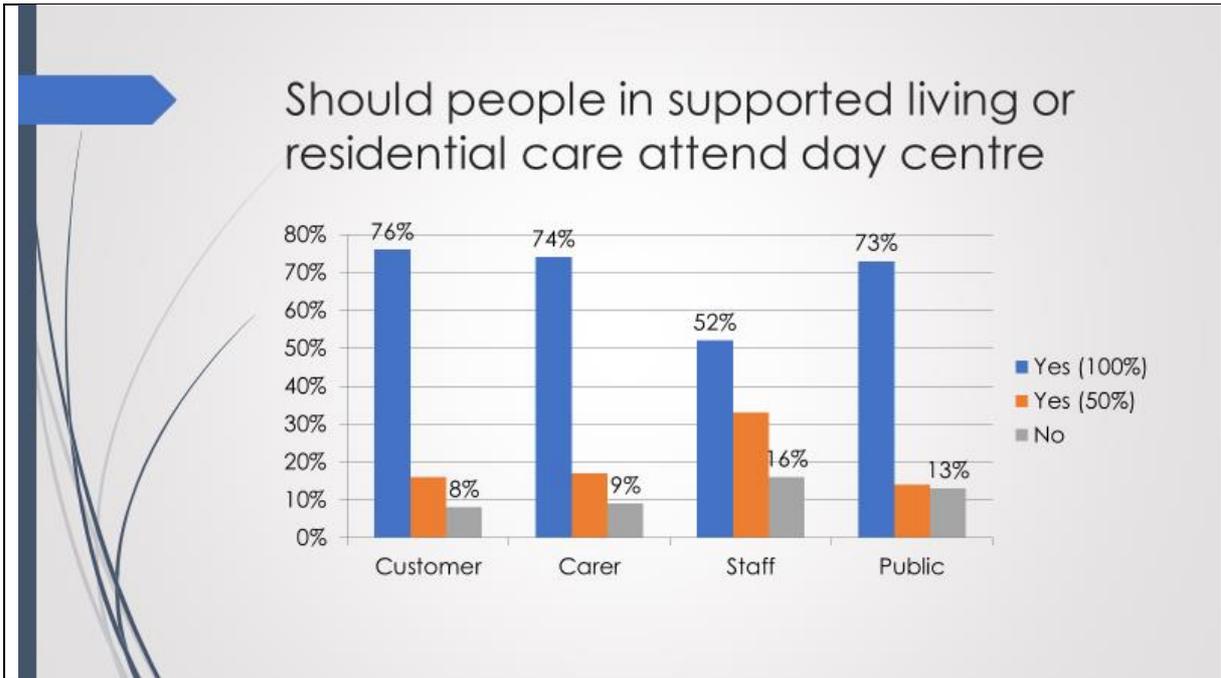
Q3m	Should we close Oaks and Addison Day Centre?
Customer response	Addison: Yes 12 (9%) No 119 (91%) - Total 131 Oak: Yes 4 (4%) No 109 (96%) - Total 113
Carer response	Addison: Yes 3 (4%) No 74 (96%) - Total 77 Oak: Yes 5 (7%) No 70 (93%) - Total 75
Staff response	Addison: Yes 4 (6%) No 65 (94%) - Total 69 Oak: Yes 9 (13%) No 61 (87%) - Total 70
Public response	Addison: Yes 6 (11%) No 51 (89%) - Total 57 Oaks: Yes 9 (16%) No 47 (84%) - Total 56
Interpretation	Decisive response – no support for the proposed closure



Q3h	Could we improve Reach Day Services by moving into a new/different building?
Customer response (154)	Yes 24 (16%) No 34 (22%) Don't Know 96 (62%)
Carer response (87)	Yes 12 (14%) No 29 (33%) Don't Know 46 (53%)
Staff response (82)	Yes 32 (39%) No 9 (11%) Don't Know 41 (50%)
Public response (67)	Yes 14 (21%) No 9 (13%) Don't Know 44 (66%)
Interpretation	Contrary to other changes proposed responders here were more receptive with this proposal. Council may wish to look into it.

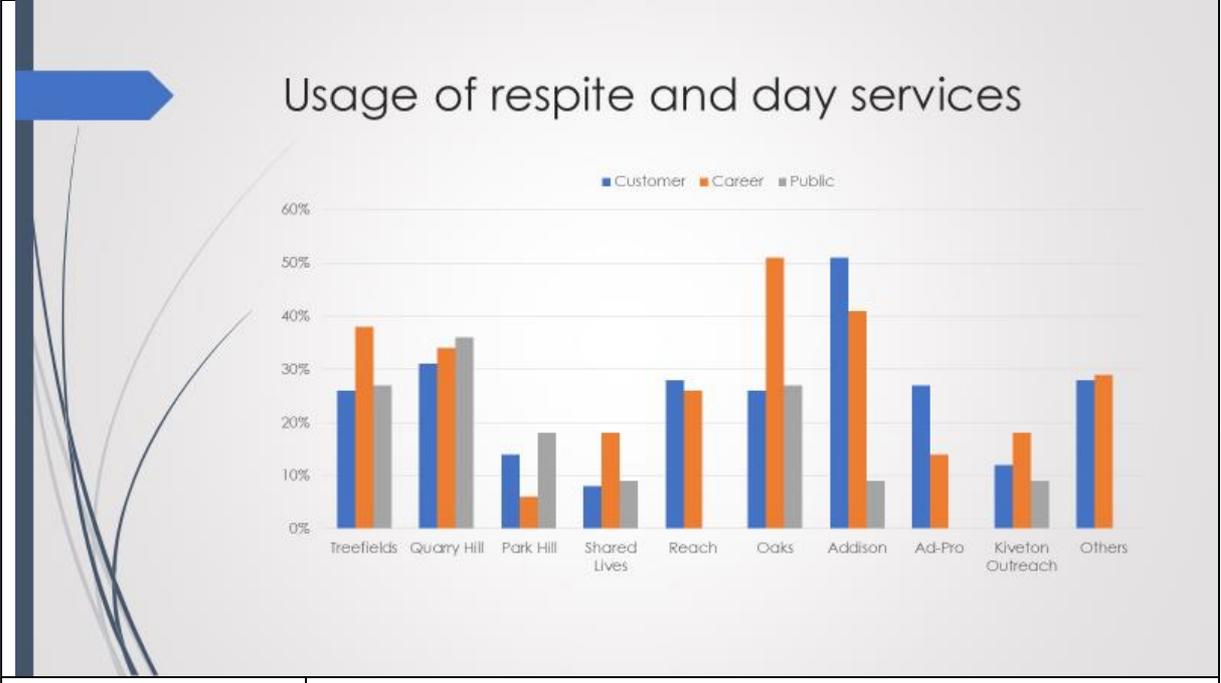


Q3o	Should people who live in Residential Care or Supported Living be able to attend a Day Centre?
Customer response (162)	Yes (100%) 106 (76%) Yes (50%) 23 (16%) No 11 (8%)
Carer response (88)	Yes (100%) 65 (74%) Yes (50%) 15 (17%) No 8 (9%)
Staff response (83)	Yes (100%) 43 (52%) Yes (50%) 27 (33%) No 13 (16%)
Public response	Yes (100%) 47 (73%) Yes (50%) 9 (14%) No 8 (13%)
Interpretation	All the groups are supportive of this dual service, however, the rationality of these support mechanisms combined needs to be studied.



Q3p	Is there anything else you would like to say on the Rotherham Council options for Respite or Day Services in Rotherham? (Section 6.2)
Q4a	Please tell us what you do each day of the week?
Q4b	What would you like to do with your time? (If you don't know please leave blank)
Q5a	Do you use any of these services?
Customer response	Treefields (124) Now 18 (15%) Past 14 (11%) Never used 92 (74%)
	Quarry Hill (131) Now 20 (15%) Past 11 (8%) Never used 100 (76%)
	Park Hill (126) Now 11 (7%) Past 9 (7%) Never used 106 (84%)
	Shared Lives (123) Now 4 (3%) Past 6 (5%) Never used 113 (92%)
	Reach (126) Now 28 (22%) Past 8 (6%) Never used 90 (71%)
	Oaks (136) Now 25 (18%) Past 11 (8%) Never used 100 (74%)
	Addison (136) Now 60 (44%) Past 10 (7%) Never used 66 (49%)
	Ad-Pro (123) Now 21 (17%) Past 12 (10%) Never used 90 (73%)
	Kiveton outreach (122) Now 13 (11%) Past 2 (1%) Never used 107 (88%)
	Others (112) Now 25 (22%) Past 7 (6%) Never used 80 (71%)
Carer response	Treefields (60) Now 18 (30%) Past 5 (8%) Never used 37 (62%)
	Quarry Hill (59) Now 18 (31%) Past 2 (3%) Never used 39 (66%)
	Park Hill (50) Now 1 (2%) Past 2 (4%) Never used 47 (94%)
	Shared Lives (51) Now 4 (8%) Past 5 (10%) Never used 42 (82%)
	Reach (54) Now 8 (15%) Past 6 (11%) Never used 40 (74%)
	Oaks (65) Now 32 (49%) Past 1 (2%) Never used 32 (49%)
	Addison (64) Now 25 (39%) Past 1 (2%) Never used 38 (59%)

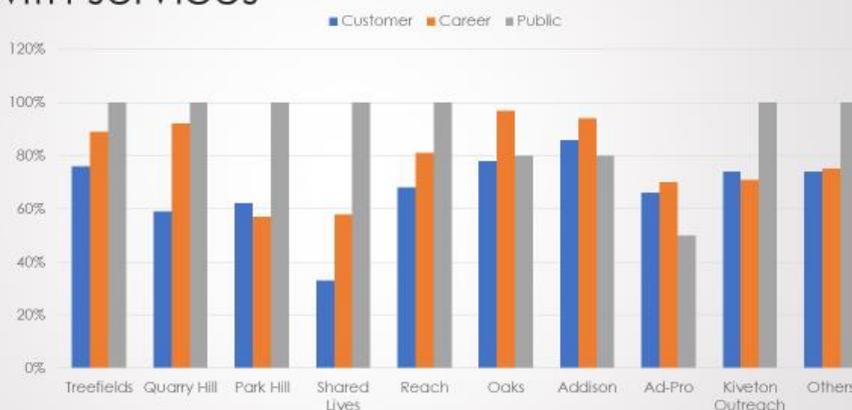
	Ad-Pro (52)	Now 4 (8%)	Past 3 (6%)	Never used 45 (86%)
	Kiveton			
	outreach (56)	Now 8 (14%)	Past 2 (4%)	Never used 46 (82%)
	Others (48)	Now 11 (23%)	Past 3 (6%)	Never used 34 (71%)
Staff response				
Public response	Treefields (11)	Now 1 (9%)	Past 2 (18%)	Never used 8 (73%)
	Quarry Hill (11)	Now 1 (9%)	Past 3 (27%)	Never used 7 (64%)
	Park Hill (11)	Now 0 (0%)	Past 2 (18%)	Never used 9 (72%)
	Shared Lives (11)	Now 1 (9%)	Past 0 (0%)	Never used 10 (91%)
	Reach (11)	Now 0 (0%)	Past 0 (0%)	Never used 11 (100%)
	Oaks (11)	Now 3 (27%)	Past 0 (0%)	Never used 8 (73%)
	Addison (11)	Now 3 (27%)	Past 0 (0%)	Never used 8 (73%)
	Ad-Pro (11)	Now 1 (9%)	Past 0 (0%)	Never used 10 (91%)
	Kiveton			
	outreach (11)	Now 1 (9%)	Past 0 (0%)	Never used 10 (91%)
	Others (10)	Now 0 (0%)	Past 0 (0%)	Never used 10 (100%)
Interpretation	<ul style="list-style-type: none"> Whilst the services by and large seem to be underused; these answers are not easy to interpret – Here an individual had 10 choices and it is impossible for them to access more than one or two services at a time. Addison and Oaks seem to be mostly used followed by Treefields, Quarry Hill, Ad-Pro and Reach. Shared life and park Hill does not appear to be that popular. Reason for this response worth exploring. 			



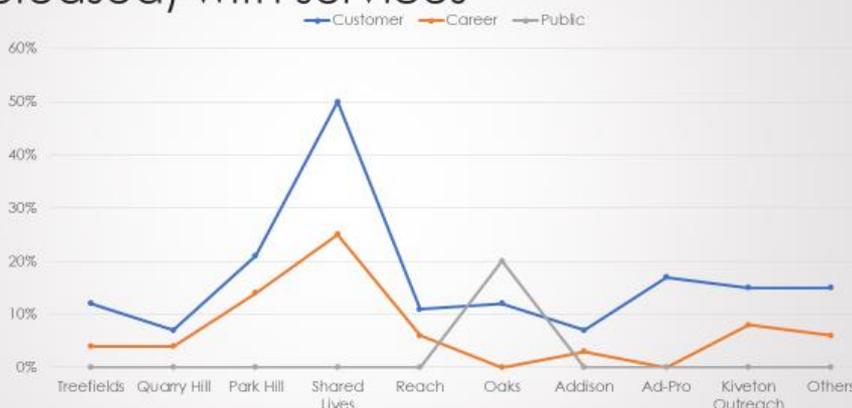
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Q5b	How pleased are you with this service? (Very Please/Pleased; OK; Not pleased/Not at all pleased)
Customer response	<p>Treefields (33) VP/P 25 (76%) OK 4 (12%) NP 4 (12%)</p> <p>Quarry Hill (32) VP/P 19 (59%) OK 11 (34%) NP 2 (7%)</p> <p>Park Hill (24) VP/P 15 (62%) OK 4 (17%) NP 5 (21%)</p> <p>Shared Lives (12) VP/P 4 (33%) OK 2 (17%) NP 6 (50%)</p> <p>Reach (34) VP/P 23 (68%) OK 7 (21%) NP 4 (11%)</p> <p>Oaks (40) VP/P 31 (78%) OK 4 (10%) NP 5 (12%)</p> <p>Addison (67) VP/P 57 (86%) OK 5 (7%) NP 5 (7%)</p> <p>Ad-Pro (35) VP/P 23 (66%) OK 6 (17%) NP 6 (17%)</p> <p>Kiveton outreach (19) VP/P 14 (74%) OK 2 (11%) NP 3 (15%)</p> <p>Others (27) VP/P 20 (74%) OK 3 (11%) NP 4 (15%)</p>
Carer response	<p>Treefields (27) VP/P 24 (89%) OK 2 (7%) NP 1 (4%)</p> <p>Quarry Hill (24) VP/P 22 (92%) OK 1 (4%) NP 1 (4%)</p> <p>Park Hill (7) VP/P 4 (57%) OK 2 (29%) NP 1 (14%)</p> <p>Shared Lives (12) VP/P 7 (58%) OK 2 (17%) NP 3 (25%)</p> <p>Reach (16) VP/P 13 (81%) OK 2 (13%) NP 1 (6%)</p> <p>Oaks (34) VP/P 33 (97%) OK 1 (3%) NP 0 (0%)</p> <p>Addison (29) VP/P 27 (94%) OK 1 (3%) NP 1 (3%)</p> <p>Ad-Pro (10) VP/P 7 (70%) OK 3 (30%) NP 0 (0%)</p> <p>Kiveton outreach (14) VP/P 10 (71%) OK 3 (21%) NP 1 (8%)</p> <p>Others (16) VP/P 12 (75%) OK 3 (19%) NP 1 (6%)</p>
Public response	<p>Treefields (6) VP/P 6 (100%)</p> <p>Quarry Hill (5) VP/P 5 (100%)</p> <p>Park Hill (7) VP/P 3 (100%)</p> <p>Shared Lives (2) VP/P 2 (100%)</p> <p>Reach (2) VP/P 2 (100%)</p> <p>Oaks (5) VP/P 4 (80%) OK 0 (0%) NP 1 (20%)</p> <p>Addison (5) VP/P 4 (80%) OK 1 (20%)</p> <p>Ad-Pro (2) VP/P 1 (50%) OK 1 (50%)</p> <p>Kiveton outreach (2) VP/P 2 (100%)</p> <p>Others (1) VP/P 1 (100%)</p>
Interpretation	<ul style="list-style-type: none"> • By and large the responders are happy with the service that they receive • Shared life seems to have worst reputation among the customers

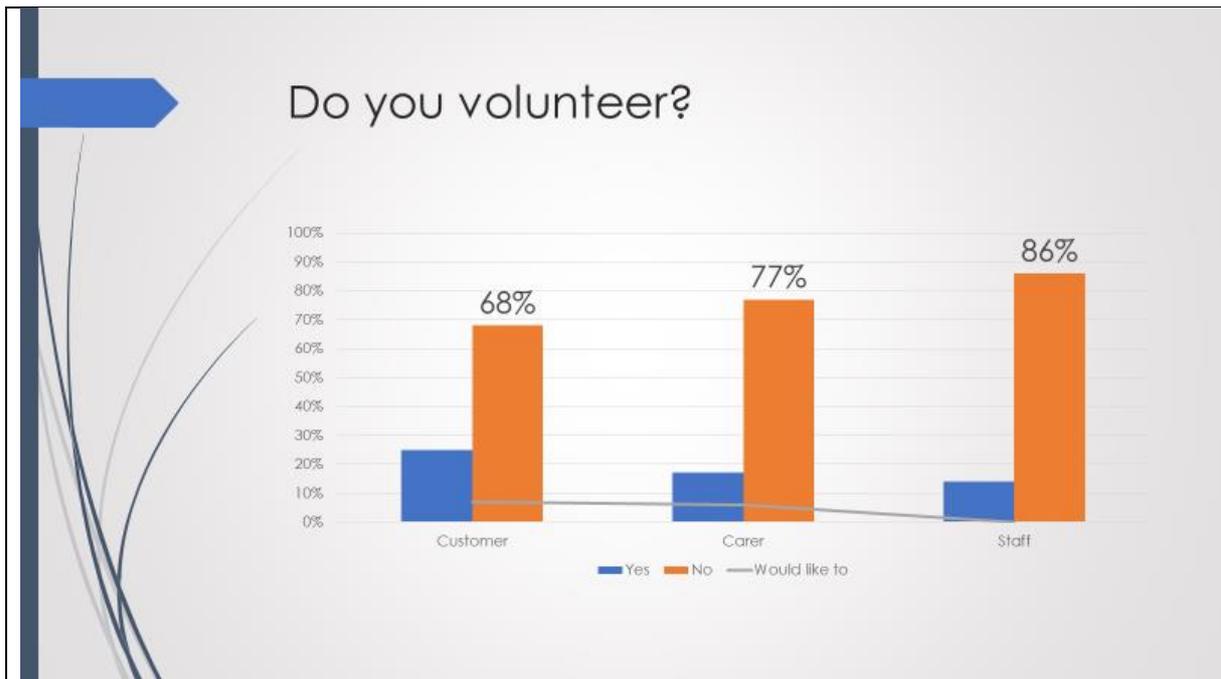
Satisfaction (Pleased or very pleased) with services



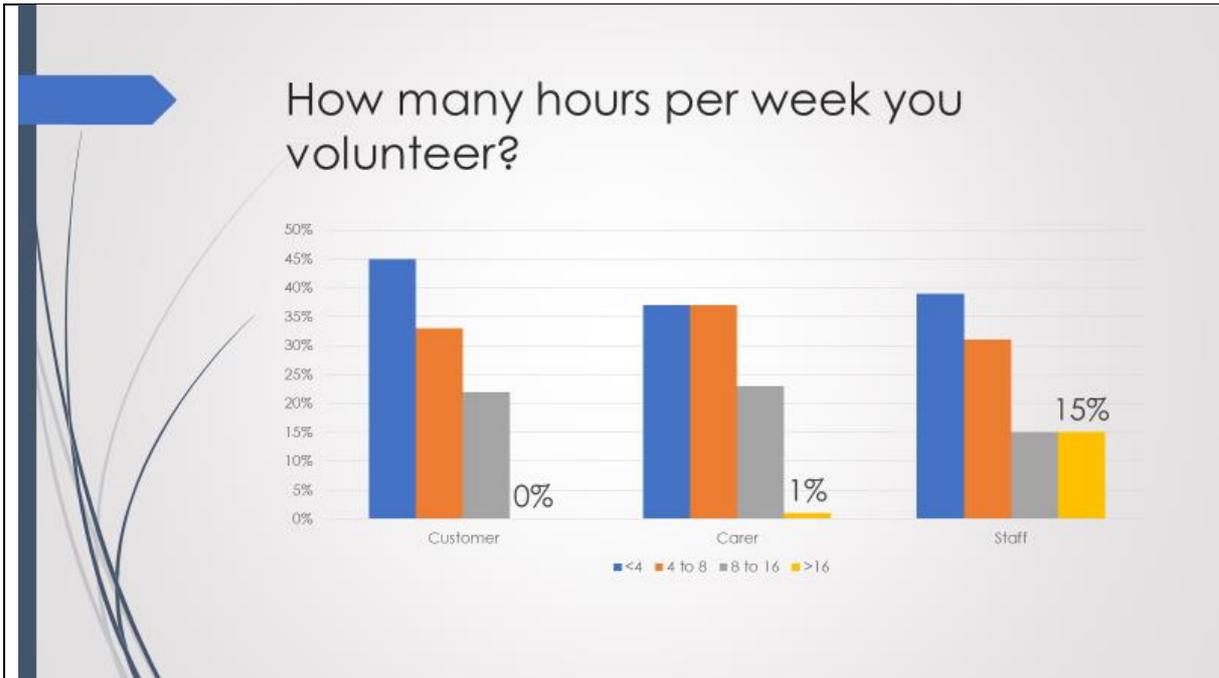
Dis-satisfaction (Not pleased or not at all pleased) with services



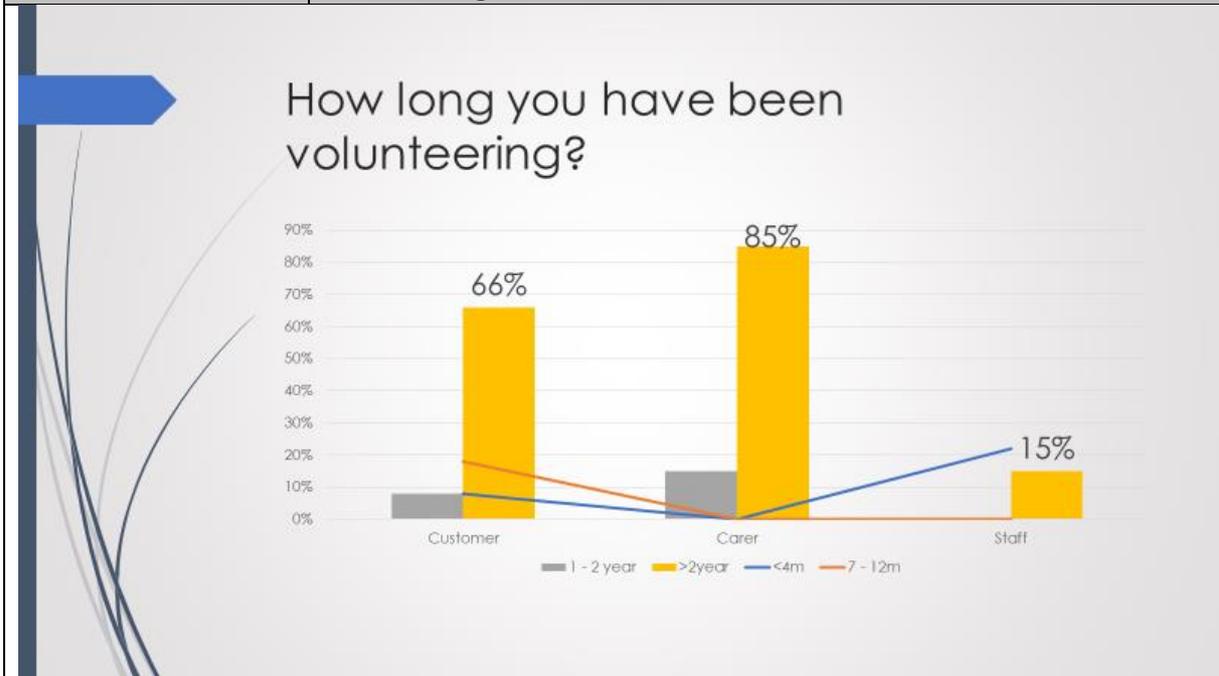
Q7a	Do you volunteer?
Customer response (160)	Yes 40 (25%) No 109 (68%) Don't volunteer but would like to 11 (7%)
Carer response (83)	Yes 14 (17%) No 64 (77%) Don't volunteer but would like to 5 (6%)
Staff response (80)	Yes 11 (14%) No 69 (86%) Don't volunteer but would like to 0 (0%)
Public response	
Interpretation	Customers would love to keep themselves engaged Even carers are interested. Not high in Staff agenda



Q7b	If you volunteer, please tell us where you do volunteering? Please tell us the name of company and location. (Please list all) (Section 6.2)
Q7c	How many hours do you volunteer per week?
Customer response (40)	<4 hours – 15 (37%); 4 – 8 hrs – 15 (37%); 8 – 16 hrs 9 (23%); >16 hours – 1 (3%)
Carer response (13)	<4 hours – 5 (39%); 4 – 8 hrs – 4 (31%); 8 – 16 hrs 2 (15%); >16 hours – 2 (15%)
Staff response (9)	<4 hours – 4 (45%); 4 – 8 hrs – 3 (33%); 8 – 16 hrs 2 (22%); >16 hours – 0 (0%)
Public response	
Interpretation	Most responders are doing volunteering up to 8 hours which seems to be realistic

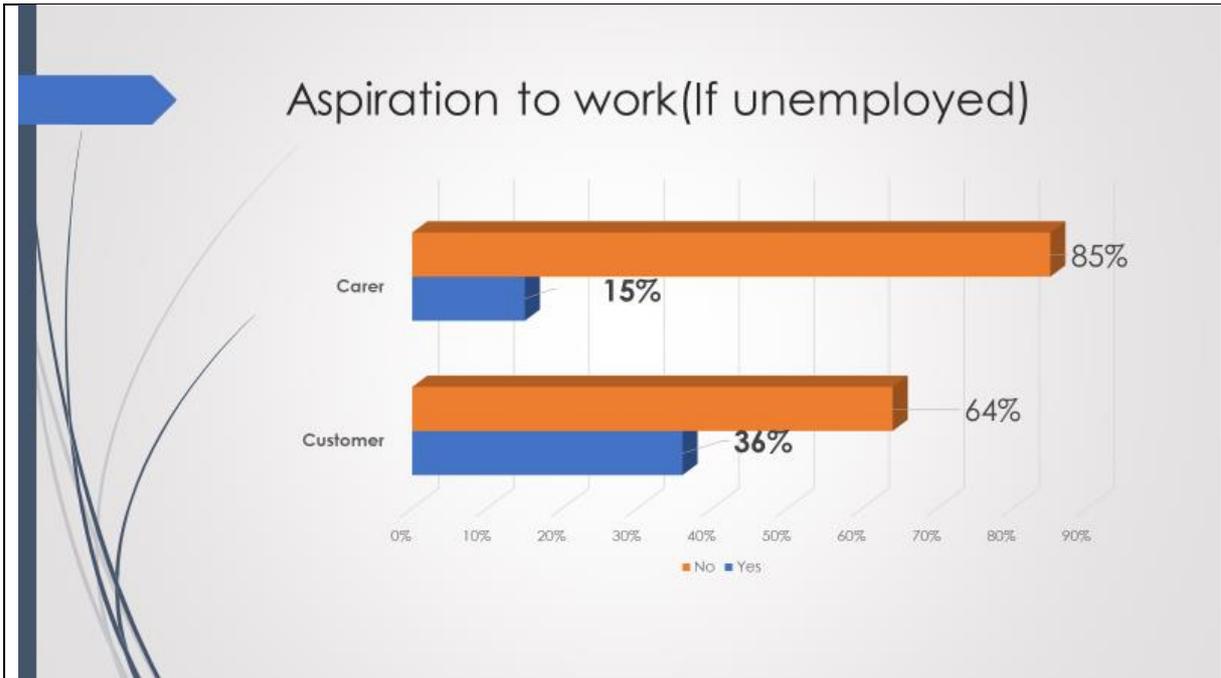


Q7d	How long have you been volunteering?
Customer response (40)	<4 months – 3 (8%); 7 – 12m – 7 (18%); 1 – 2 years 3 (8%); >2 years – 25 (66%)
Carer response (13)	<4 months – 0 (0%); 7 – 12m – 0 (0%); 1 – 2 years 2 (15%); >2 years – 11 (85%)
Staff response (9)	<4 months – 2 (22%); 7 – 12m – 0 (0%); 1 – 2 years 0 (0%); >2 years – 7 (78%)
Interpretation	It is encouraging that more and more customers are starting volunteering

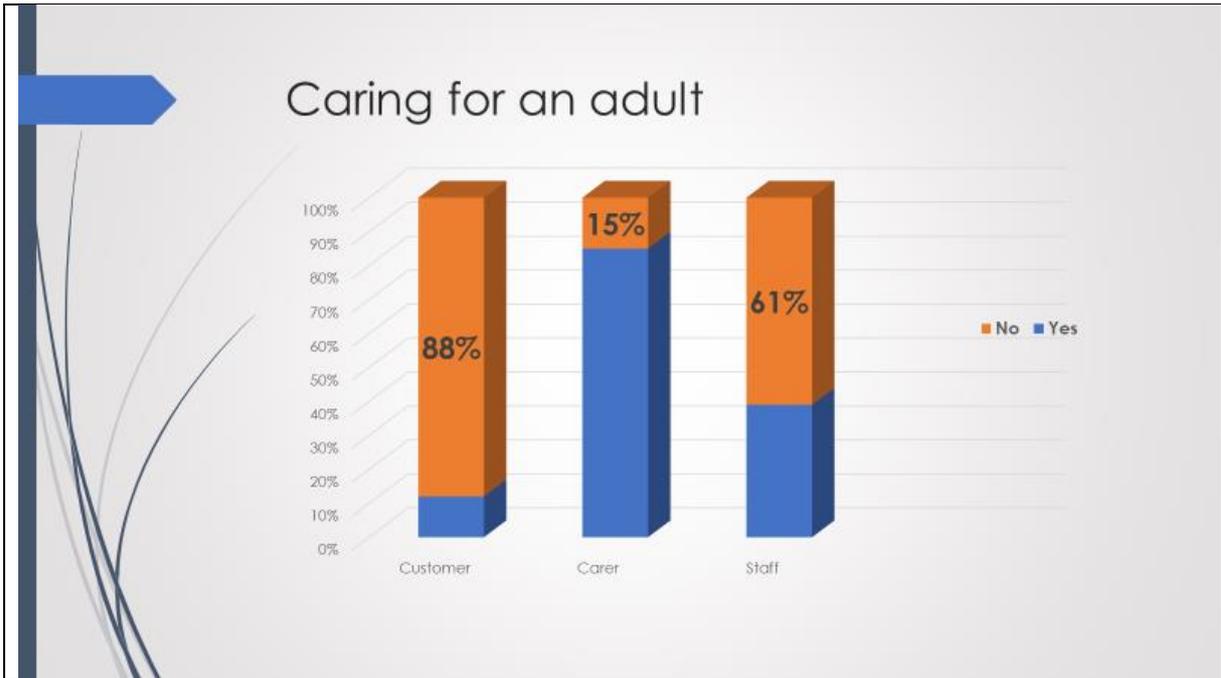


Q7e	Where would you like to volunteer? (Section 6.2)
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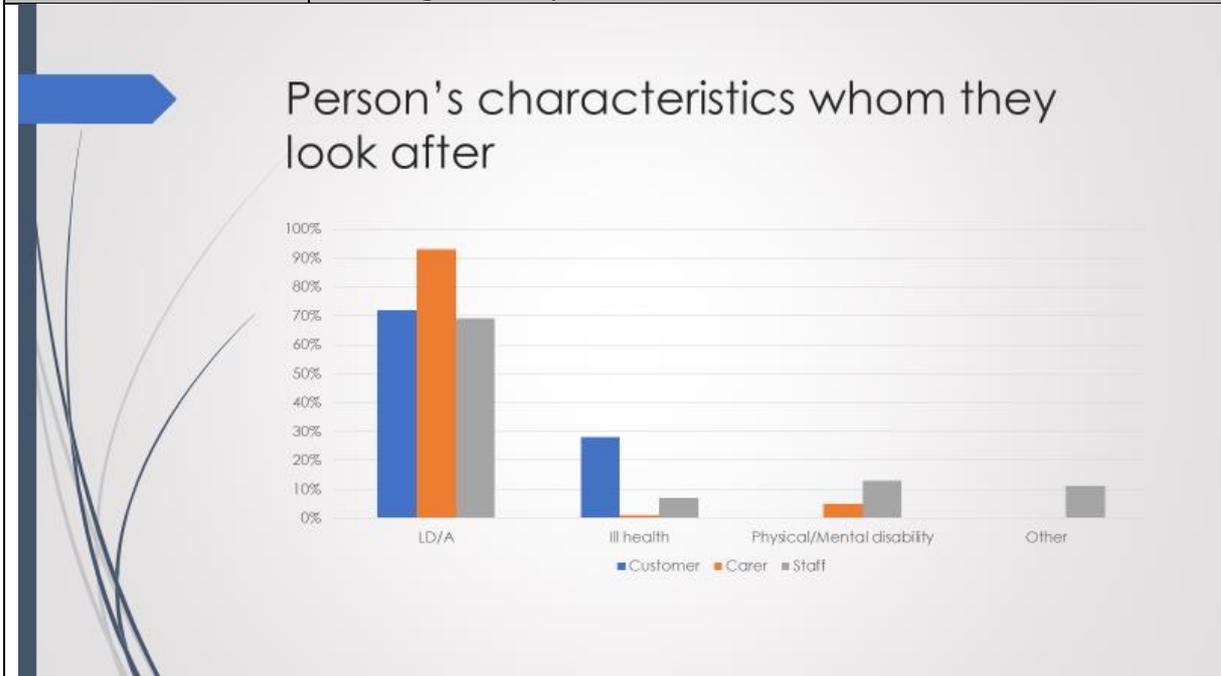
Q7f	What are the barriers to volunteering? (Section 6.2)
Q7g	What would need to be in place to support you to volunteer? (Section 6.2)
Q7h	What qualifications do you need to move from volunteering to work?
Q8a	Are you in paid work?
Customer response (156)	Yes 23 (15%) No 133 (85%)
Carer response (81)	Yes 21 (26%) No 60 (74%)
Staff response (84)	Yes 84 (100%)
Public response	
Interpretation	<ul style="list-style-type: none"> The response from the customers seems to be high as national average is around 6%. This could be explained by 11 people who are employed by Speakup and those who work for AdPro The numbers of people with a degree or higher level qualification does not relate to the national statistics on this and needs further exploring.
Q8b	If yes, please tell us where you work? Name and location of the company
Q8c	How many hours do you work and get paid per week?
Customer response (3)	<4 hours – 2 (67%); 4 – 8 hrs – 1 (33%)
Carer response (2)	<4 hours – 2 (100%); 4 – 8 hrs – 0 (0%)
Interpretation	<ul style="list-style-type: none"> The discrepancy between Q8a, 8c and 8d needs exploring
Q8d	How long have you been in paid work?
Customer response (3)	<6 months – 1 (50%); 1 – 2 years – 1 (50%)
Carer response (0)	<6 months – 0 (0%); 1 – 2 years – 0 (0%)
Interpretation	As above
Q8e	If you do not do paid work would you like to?
Customer response (100)	Yes 36 (36%) No 64 (64%)
Carer response (33)	Yes 5 (15%) No 28 (85%)
Interpretation	<ul style="list-style-type: none"> One third of customers want to do paid work



Q8f	Please tell us where would you like to work?
Q8g	What was/is good about your previous/current work experience?
Q8h	What were/are the problems with your previous/current work experience?
Q9a	Do you look after an adult?
Customer response (156)	Yes 19 (12%) No 137 (88%)
Carer response (89)	Yes 76 (85%) No 13 (15%)
Staff response (77)	Yes 30 (39%) No 47 (61%)
Interpretation	<ul style="list-style-type: none"> • Confusing question may be interpreted in different ways • It is however clear that some of the customers are taking up caring role in spite of their own requirement • The carers may have responsibility of caring more than one individuals

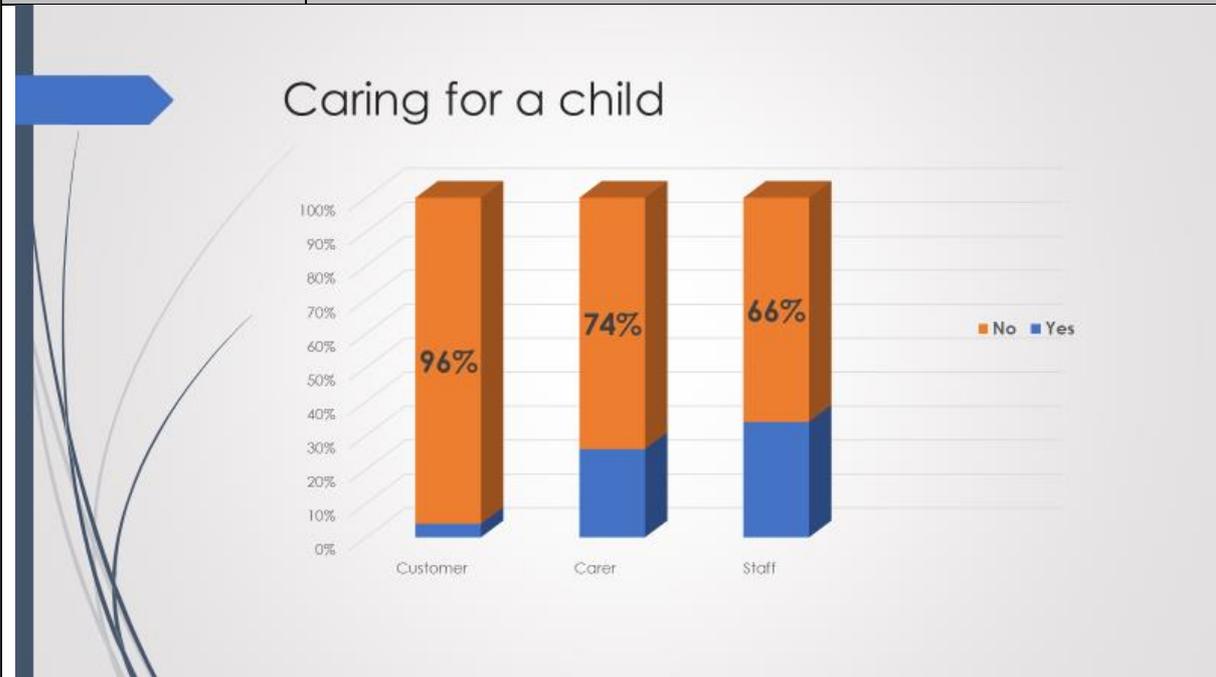


Q9b	Which term best describes the adult you look after?
Customer response (158)	Learning disability/autism 13 (72%) Ill health 5 (28%)
Carer response (75)	Learning disability/autism 70 (93%) Physical disability 4 (5%) Ill health 1 (1%)
Staff response (29)	Learning disability/autism 20 (69%) Physical disability 3 (10%) Ill health 2 (7%) Mental Health 1 (3%) Other 3 (11%)
Public response	
Interpretation	It seems that most of the individuals who have care need have Learning Disability/Autism

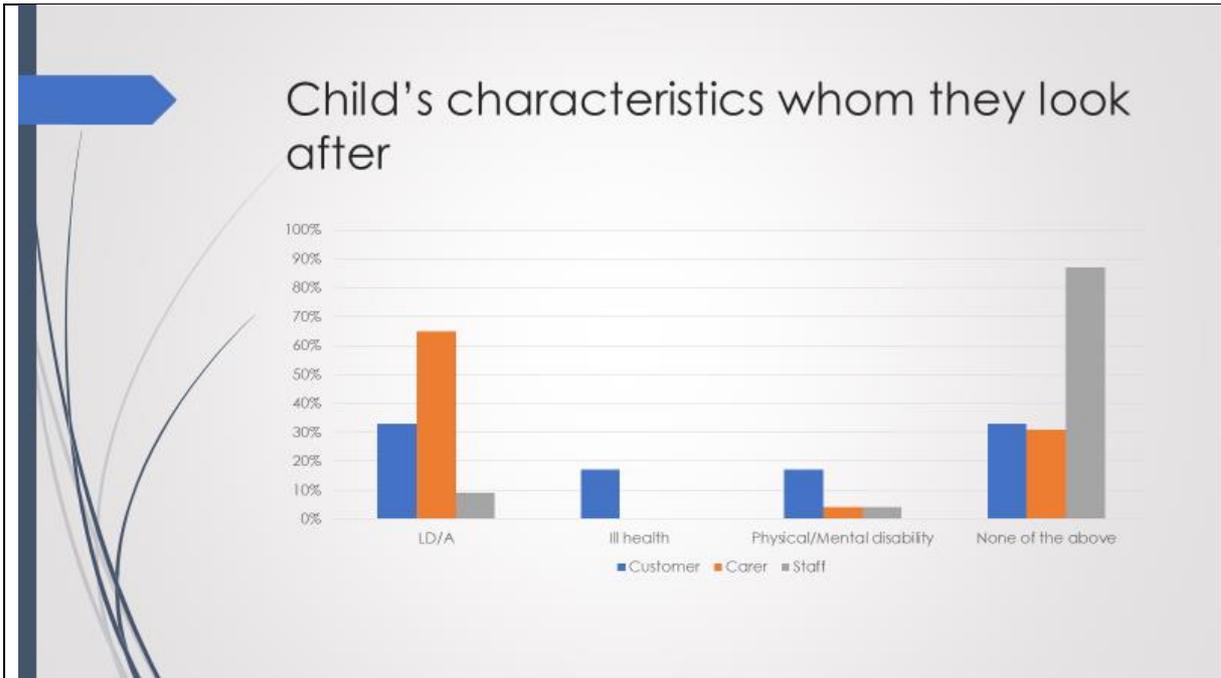


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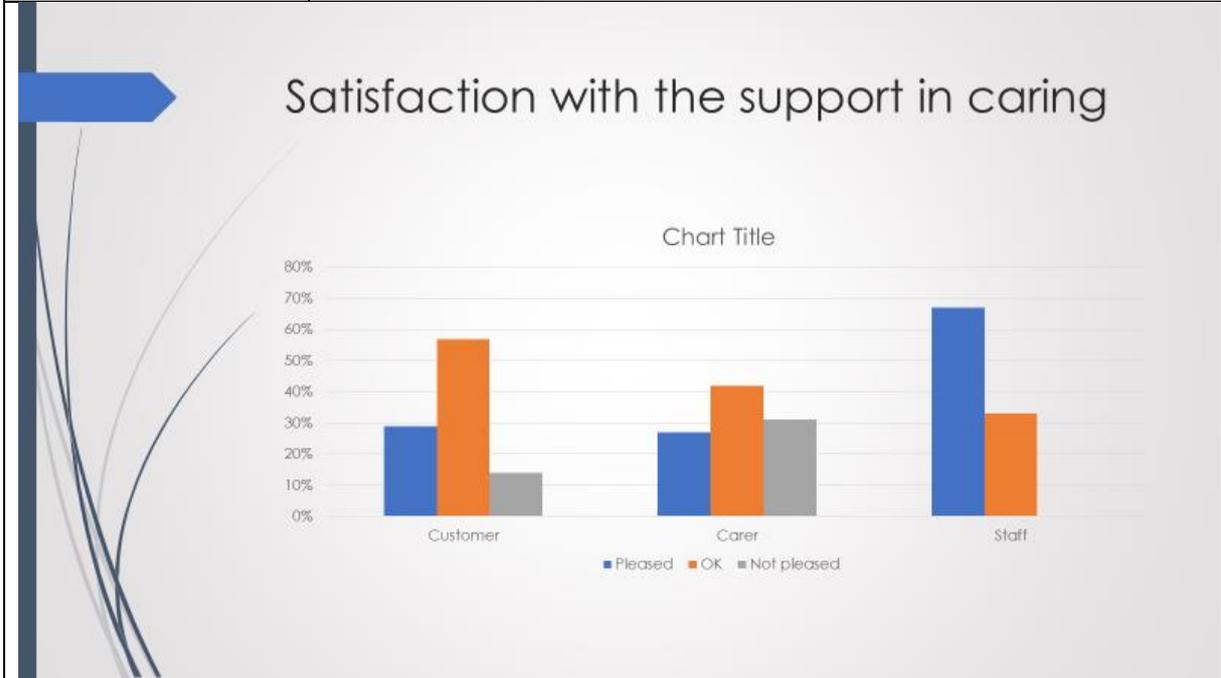
Q9c	Do you look after a child in your home?
Customer response (156)	Yes 6 (4%) No 150 (96%)
Carer response (85)	Yes 22 (26%) No 63 (74%)
Staff response (76)	Yes 26 (34%) No 50 (76%)
Interpretation	<ul style="list-style-type: none"> Some customers are taking up caring role despite their own requirement The carers may have responsibility of caring more than one individuals



Q9d	Does the child have?
Customer response (6)	Learning disability/autism 2 (33%) Mental ill health 1 (17%) Other 1 (17%) None of the above 2 (33%)
Carer response (23)	Learning disability/autism 15 (65%) Mental ill health 0 (0%) Physical disability 1 (4%) Other 0 (0%) None of the above 7 (31%)
Staff response (23)	Learning disability/autism 2 (9%) Mental ill health 0 (0%) Physical disability 1 (4%) Other 0 (0%) None of the above 20 (87%)
Interpretation	<ul style="list-style-type: none"> It seems that most of the individuals who have care need have Learning Disability/Autism. It however does not apply to the staff

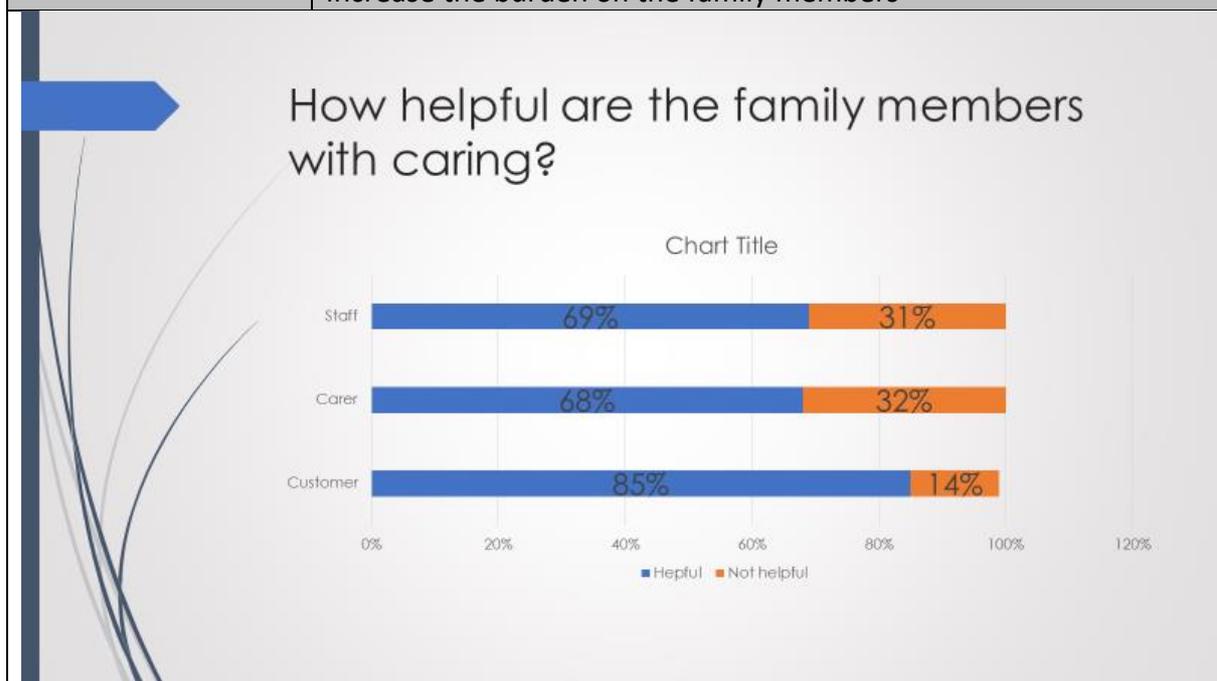


Q9e	How pleased are you with the support you get in your caring role?
Customer response (7)	VP/P 2 (29%) OK 4 (57%) NP 1 (14%)
Carer response (26)	VP/P 7 (27%) OK 11 (42%) NP 8 (31%)
Staff response (15)	VP/P 10 (67%) OK 5 (33%) NP 0 (0%)
Public response	
Interpretation	Neither the customers not the carers are very pleased with the support that they receive with their caring role

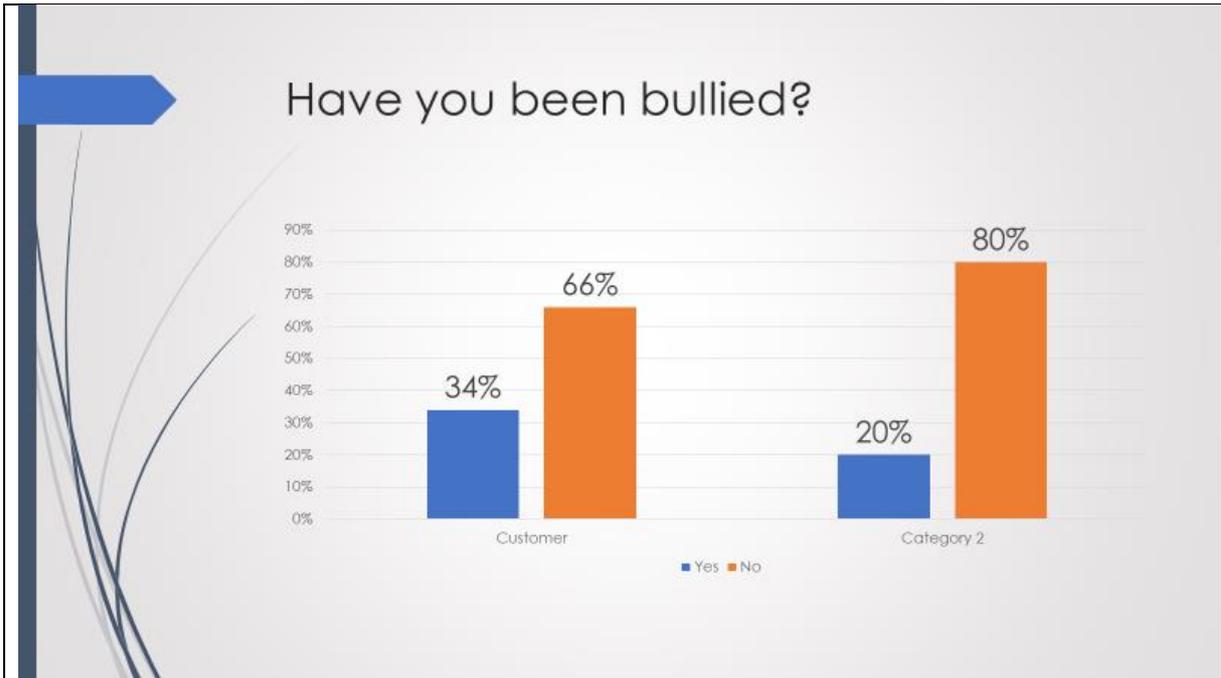


Q9e	How can the Council support you in your caring role?

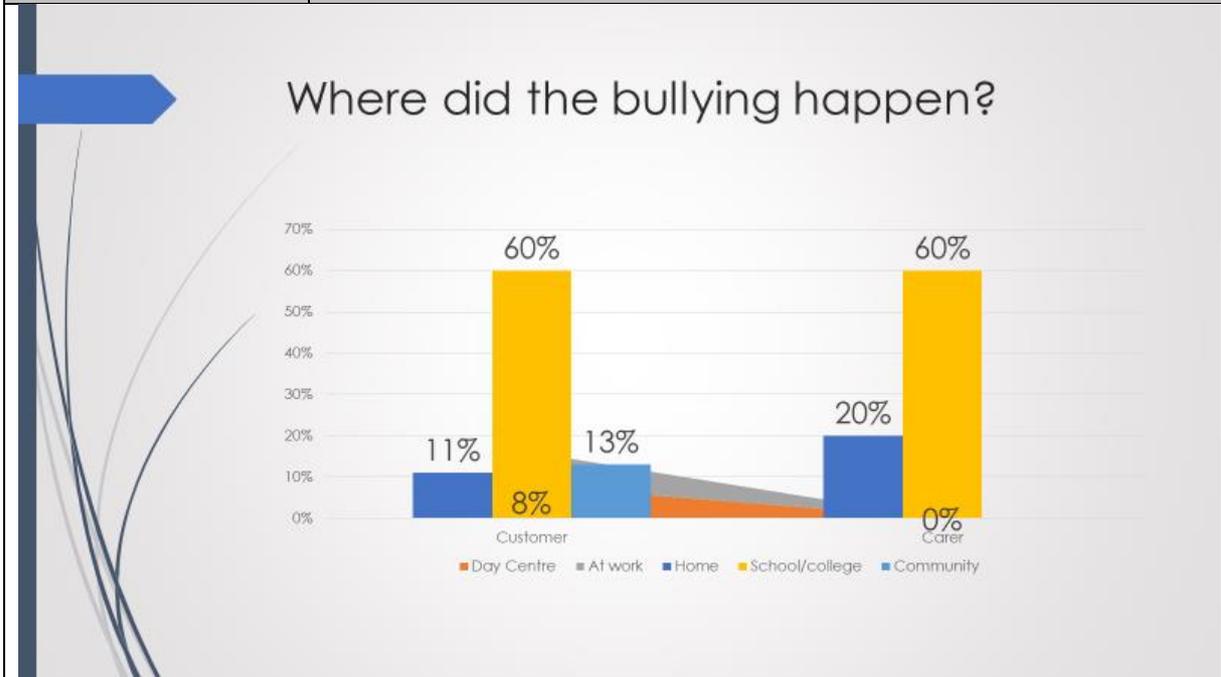
Q9g	How much do your family help you in your caring role?
Customer response (20)	Very helpful 5 (71%) Sometimes helpful 1 (14%) Not helpful 1 (14%)
Carer response (25)	Very helpful 10 (40%) Sometimes helpful 7 (28%) Not helpful 8 (32%)
Staff response (16)	Very helpful 3 (19%) Sometimes helpful 8 (50%) Not helpful 5 (31%)
Interpretation	Neither the customers nor the carers are very pleased with the support that they receive with their caring role however they receive some support from their other family members which may increase the burden on the family members



Q10a	Have you been bullied?
Customer response (154)	Yes 53 (34%) No 101 (66%)
Carer response (74)	Yes 15 (20%) No 59 (80%)
Interpretation	<ul style="list-style-type: none"> Bullying remain a problem. At least one fifth of the service users were bullied at some stage. One fifth of their carers had same unfortunate experience

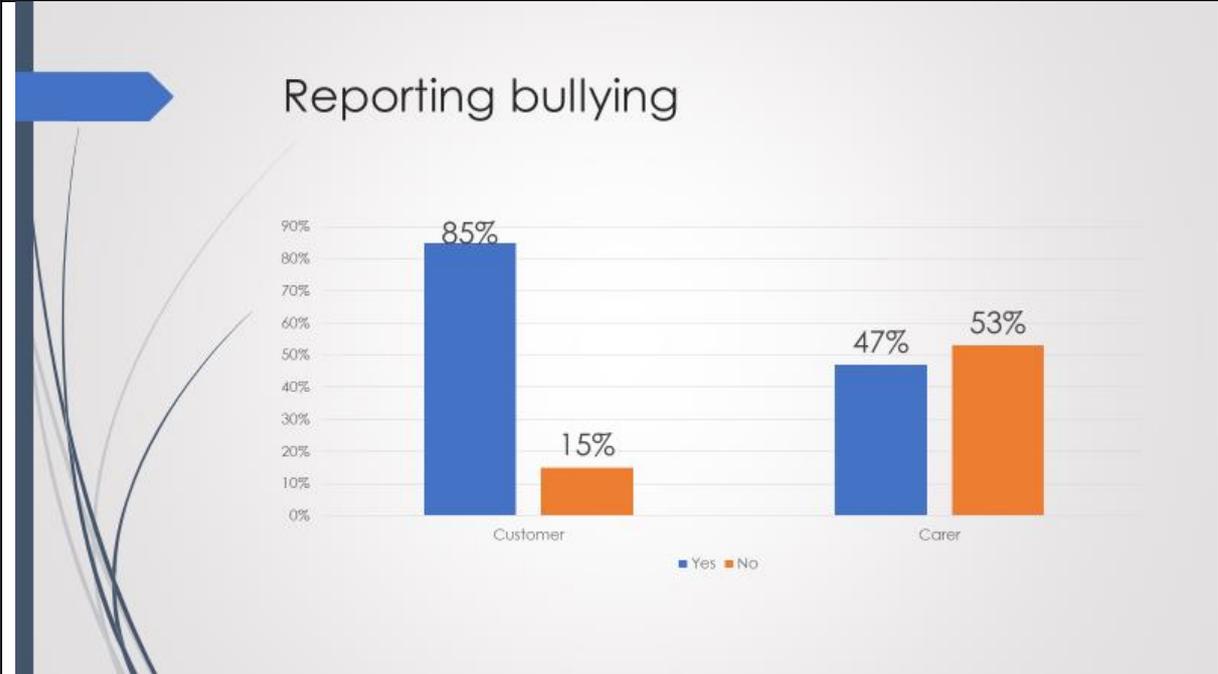


Q10b	Where did the bullying happen?
Customer response (52)	At home 6 (11%) Day Centre 4 (8%) at work 4 (8%) At School/college 31 (60%) In the community where I live in 7 (13%)
Carer response (15)	At work 3 (20%) At School/college 9 (60%) In the community where I live in (20%)
Interpretation	Worryingly bullying is spread across the society including home environment



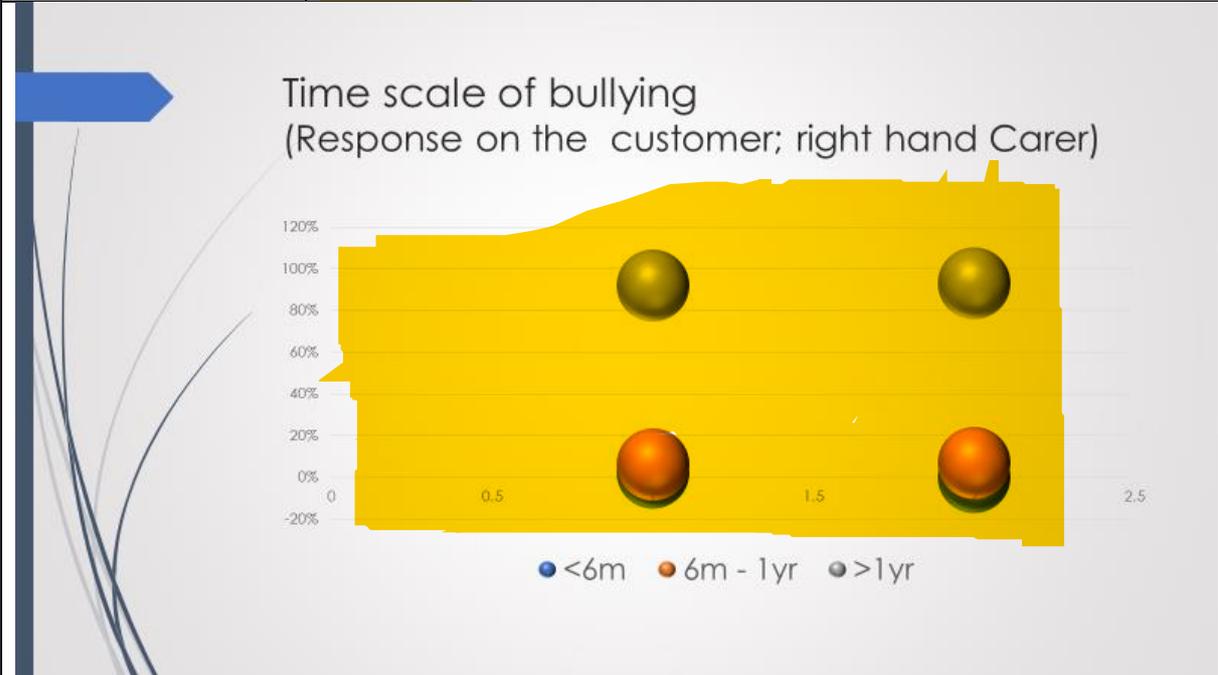
Q10c	Did you report the bullying?
Customer response (53)	Yes 45 (85%) No 8 (15%)
Carer response (15)	Yes 7 (47%) No 8 (53%)

Interpretation	<ul style="list-style-type: none"> • Customers are more confident in complaining about bullying • Carers seem to be more tolerant which reflects real life experience
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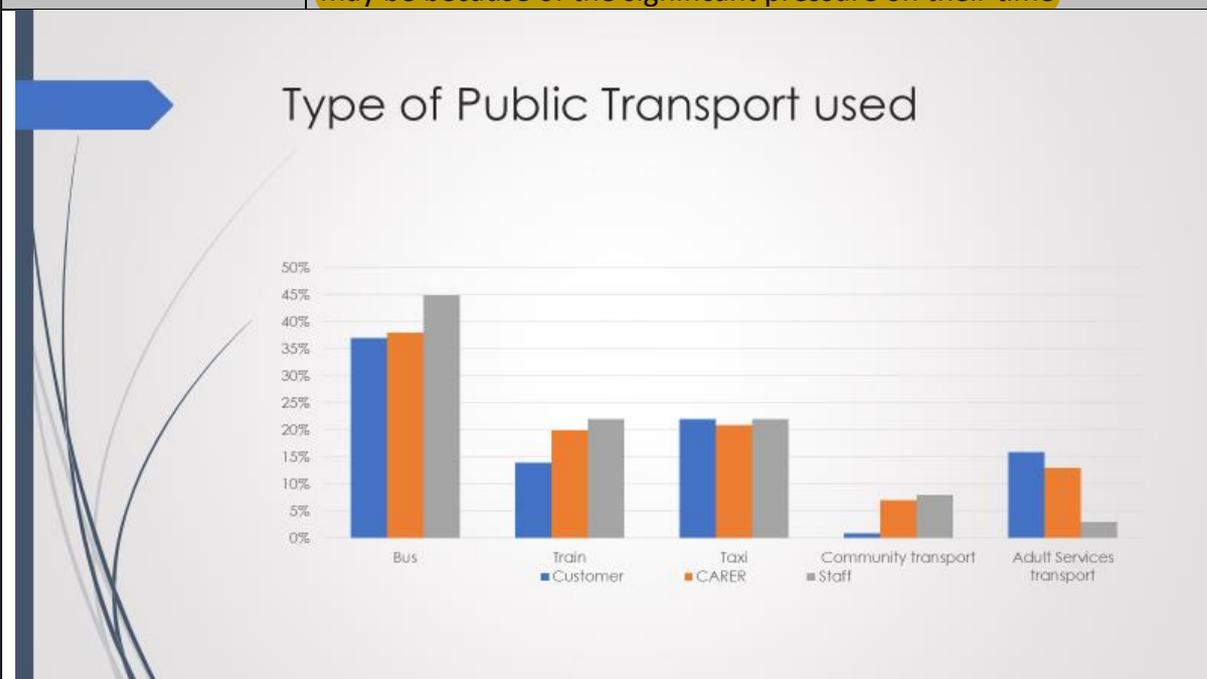
Q10d	When did this happen to you?
Customer response (53)	In the last 6 months 1 (2%) 6m – 1 year 3 (6%) Over a year ago 47 (92%)
Carer response (14)	In the last 6 months 0 (0%) 6m – 1 year 1 (7%) Over a year ago 13 (93%)

Interpretation	Fortunately situation has improved considerably recently
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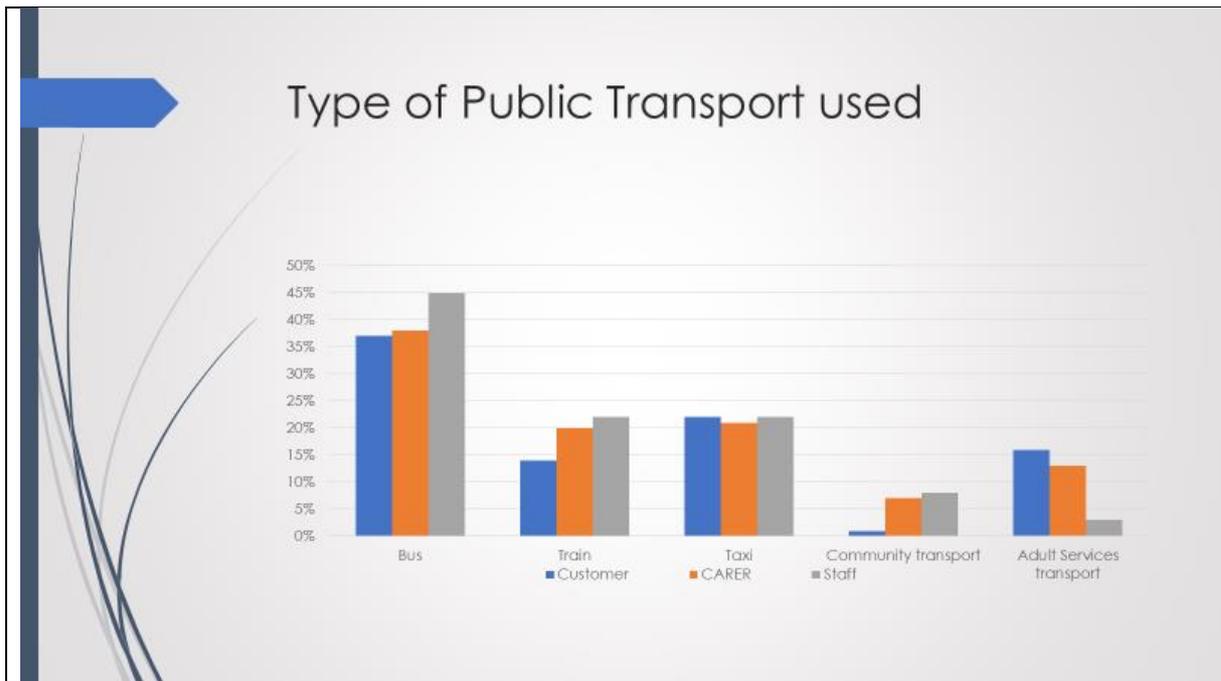


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Q11a	Do you use public transport to get to places?
Customer response (160)	Yes 129 (80%) No 31 (20%)
Carer response (80)	Yes 41 (51%) No 39 (49%)
Staff response (73)	Yes 38 (52%) No 35 (48%)
Interpretation	Customers frequently use public transport which may indicate to their inability to drive or financial difficulty in buying a car Both staff and carer are more reliant on their own transport which may be because of the significant pressure on their time

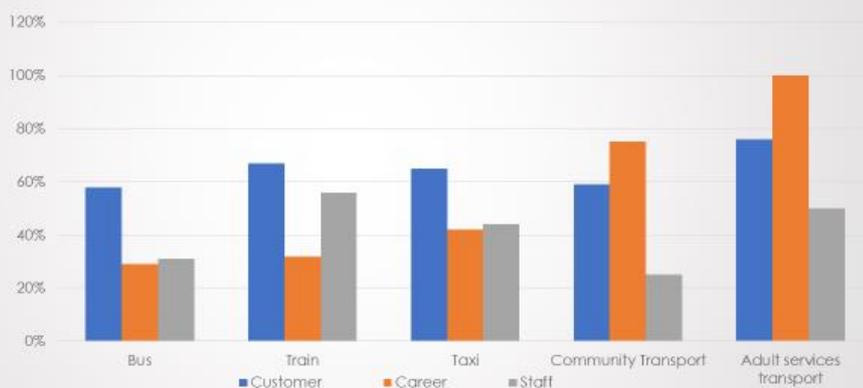


Q11b	What type of transport do you use?
Customer response	Bus 108 (37%) Train 42 (14%) Taxi 64 (22%) Community transport 31 (11%) Adult Services Transport 46 (16%)
Carer response	Bus 36 (38%) Train 19 (20%) Taxi 20 (21%) Community transport 7 (7%) Adult Services Transport 12 (13%)
Staff response	Bus 33 (45%) Train 16 (22%) Taxi 16 (22%) Community transport 6 (8%) Adult Services Transport 2 (3%)
Interpretation	The choice of public transport possibly indicates towards the availability of services which is available locally

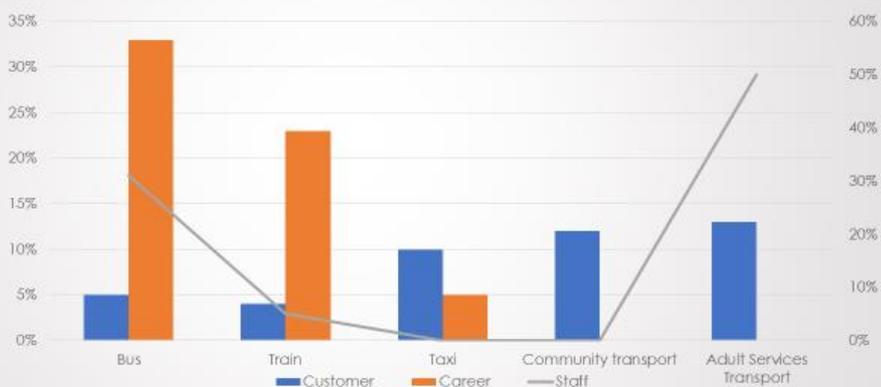


Q11b.1	How pleased are you with the public transport that you use?
Customer response	Bus (110) VP/P 64 (58%) OK 41 (37%) NP 5 (5%)
	Train (49) VP/P 33 (67%) OK 14 (29%) NP 2 (4%)
	Taxi (69) VP/P 45 (65%) OK 17 (25%) NP 7 (10%)
	Community Transport (42) VP/P 25 (59%) OK 12 (29%) NP 5 (12%)
	Adult Services Transport (54) VP/P 41 (76%) OK 6 (11%) NP 7 (13%)
Carer response	Bus (34) VP/P 10 (29%) OK 13 (38%) NP 11 (33%)
	Train (22) VP/P 7 (32%) OK 10 (45%) NP 4 (23%)
	Taxi (19) VP/P 8 (42%) OK 10 (53%) NP 1 (5%)
	Community Transport (8) VP/P 6 (75%) OK 2 (25%) NP 0 (0%)
	Adult Services Transport (12) VP/P 12 (100%) OK 0 (0%) NP 0 (0%)
Staff response	Bus (32) VP/P 10 (31%) OK 12 (38%) NP 10 (31%)
	Train (18) VP/P 10 (56%) OK 7 (39%) NP 1 (5%)
	Taxi (16) VP/P 7 (44%) OK 9 (56%) NP 0 (0%)
	Community Transport (8) VP/P 2 (25%) OK 6 (75%) NP 0 (0%)
	Adult Services Transport (6) VP/P 3 (50%) OK 0 (0%) NP 3 (50%)
Interpretation	<ul style="list-style-type: none"> The customers were by and large happy with the public transport facility The carers and staff were clearly not pleased with services and buses came out as the worst mode of transport. Identification of its root cause is beyond the remit of this study but in view of its wide coverage it merits exploring Adult Services Transport had the highest approval rate

Satisfaction (Pleased or very pleased) with public transport



Dis-satisfaction (Not pleased or not at all pleased) with transport



Q11c

What stops you from using public transport?

Q11d

Do you need support to travel?

Customer response (161)

Always 102 (63%) Sometimes 37 (23%) Never 22 (14%)

Carer response (65)

Always 23 (35%) Sometimes 11 (17%) Never 31 (48%)

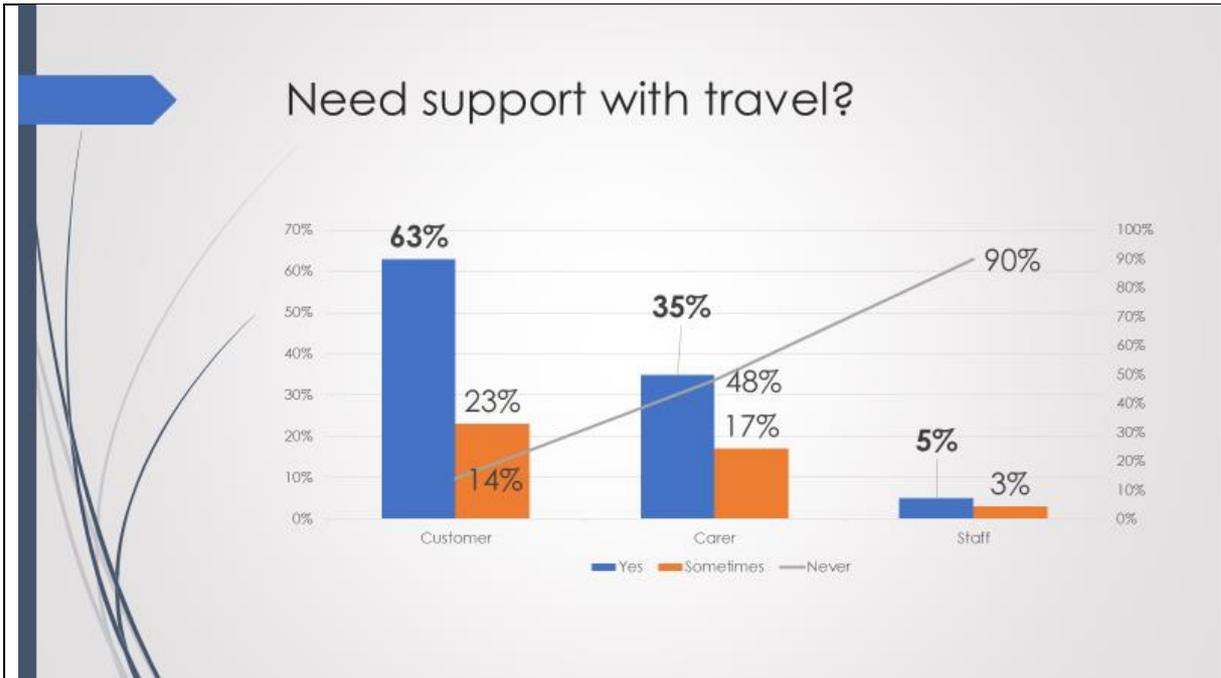
Staff response (63)

Always 3 (5%) Sometimes 3 (5%) Never 57 (90%)

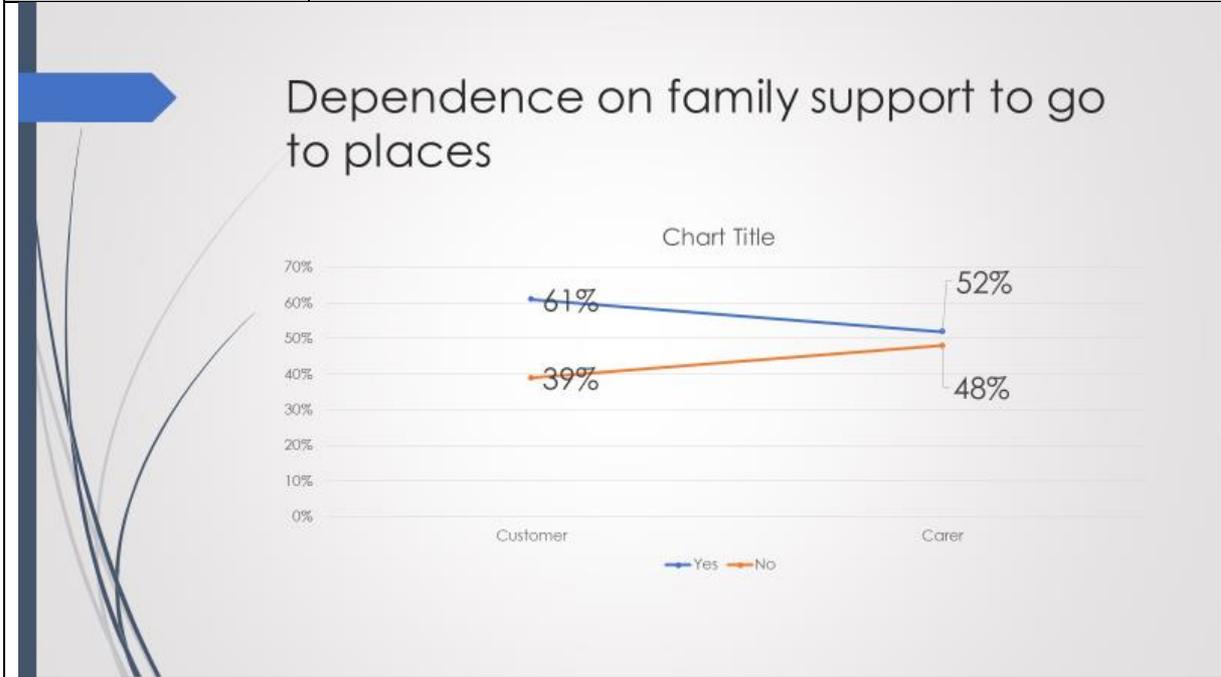
Public response

Interpretation

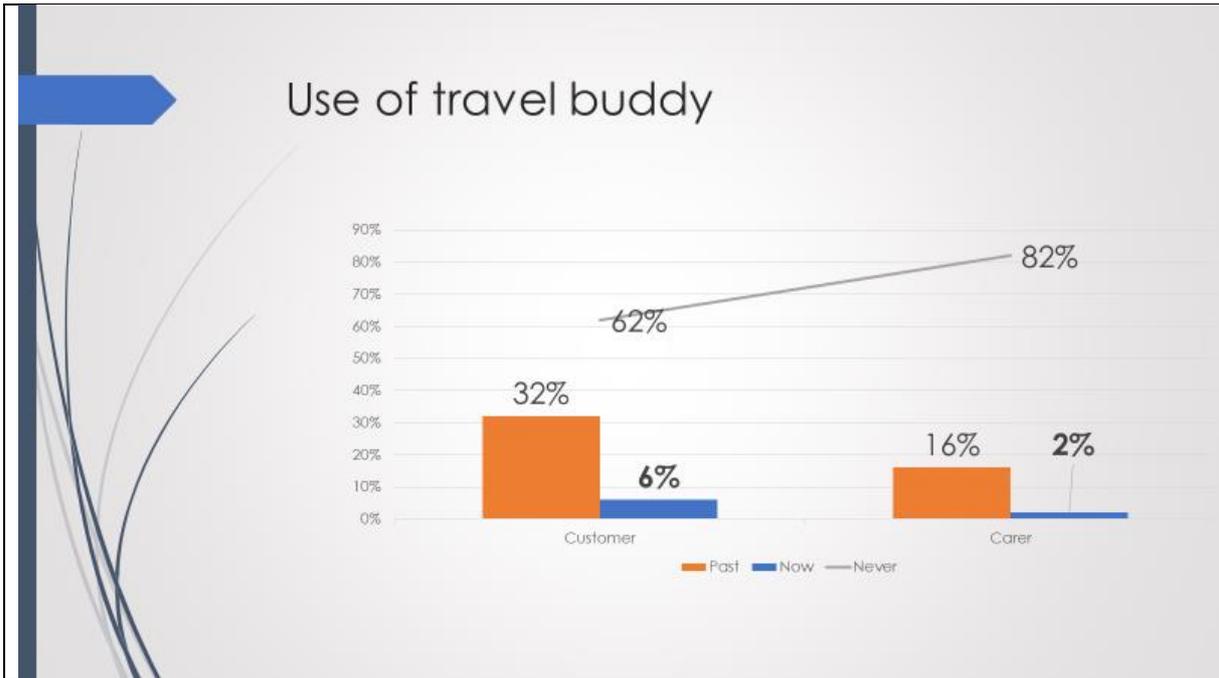
- Customers are rarely independent. 63% of them relies on support all the time; 23% sometimes.
- Even 1 in 3 carers need support all the time with transport to fulfil their caring responsibilities.



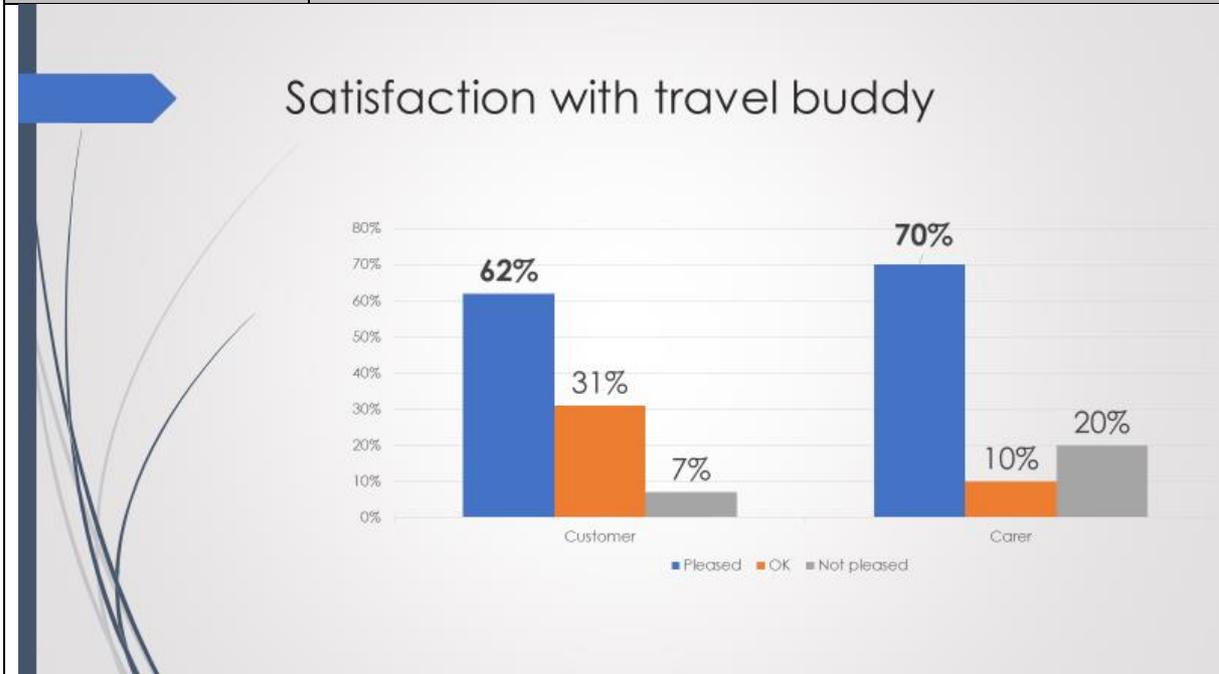
Q11e	Do you depend on family member to take you to places?
Customer response (161)	Yes 99 (61%) No 62 (39%)
Carer response (62)	Yes 32 (52%) No 30 (48%)
Interpretation	It is the family members who provide maximum support. Invariably it is likely to have an impact on their life, work and wellbeing



Q11f1	Have you ever used a travel buddy or had travel training?
Customer response (155)	Now 9 (6%) In the past 50 (32%) Never 96 (62%)
Carer response (61)	Now 1 (2%) In the past 10 (16%) Never 50 (82%)
Interpretation	Travel buddies had a role in supporting the customers when they were available



Q11f2	If you have used a travel buddy or had travel training, how pleased were you with the service?
Customer response (58)	VP/P 36 (62%) OK 18 (31%) NP 4 (7%)
Carer response (10)	VP/P 7 (70%) OK 1 (10%) NP 2 (20%)
Interpretation	Travel buddies and travel training may have had a significant role in the customers life. Their contribution has been highly praised

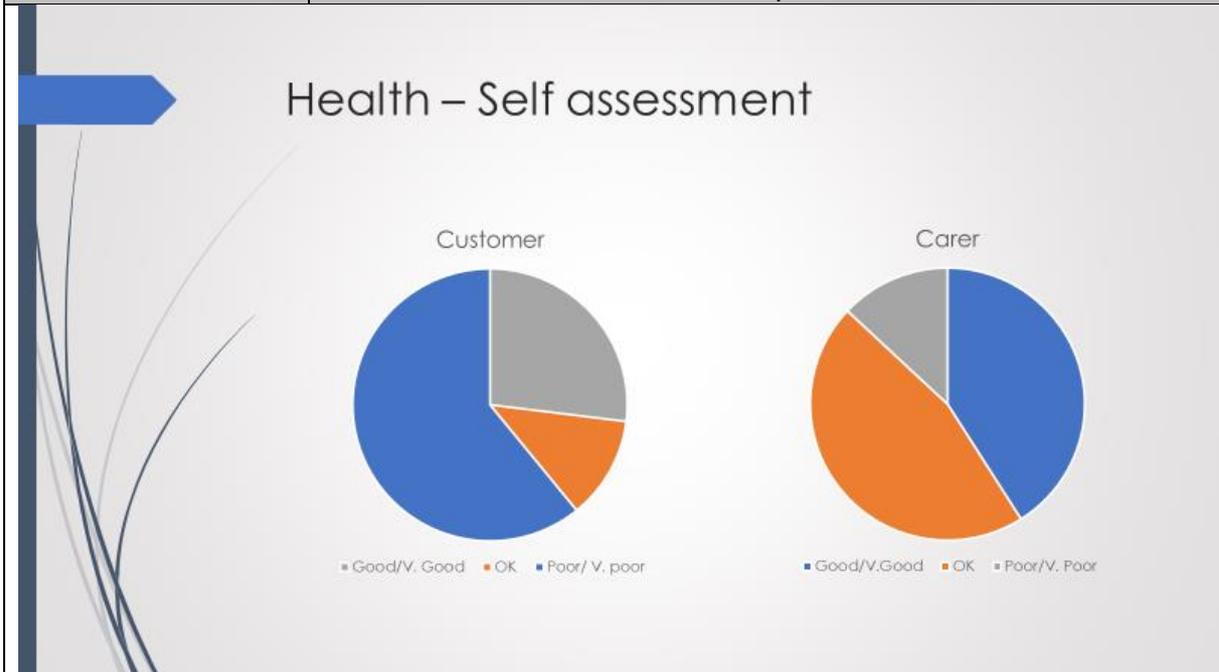


Q11g	Do you need further travel training?
Customer response (138)	Yes 31 (22%) No 64 (46%) I don't know 43 (32%)
Carer response (47)	Yes 6 (13%) No 25 (53%) I don't now 16 (34%)

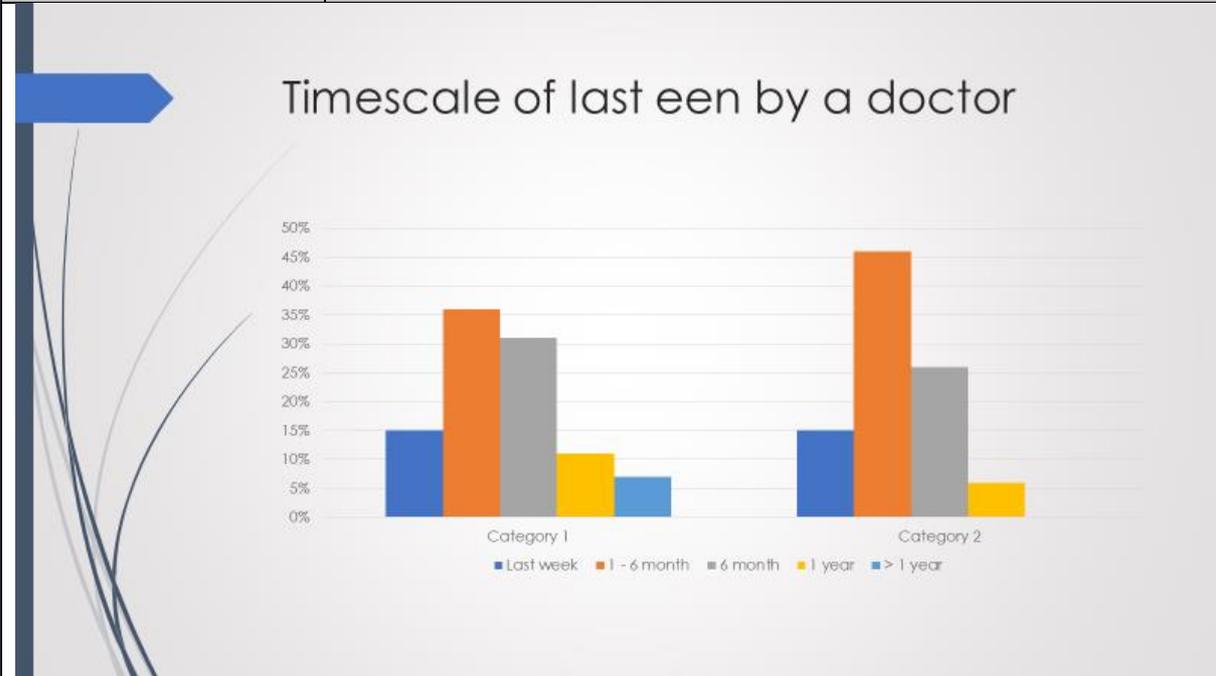
Interpretation	Neither customers nor the carers believed that the customers will require further travel training. However, a large number of customers were not sure of their requirement
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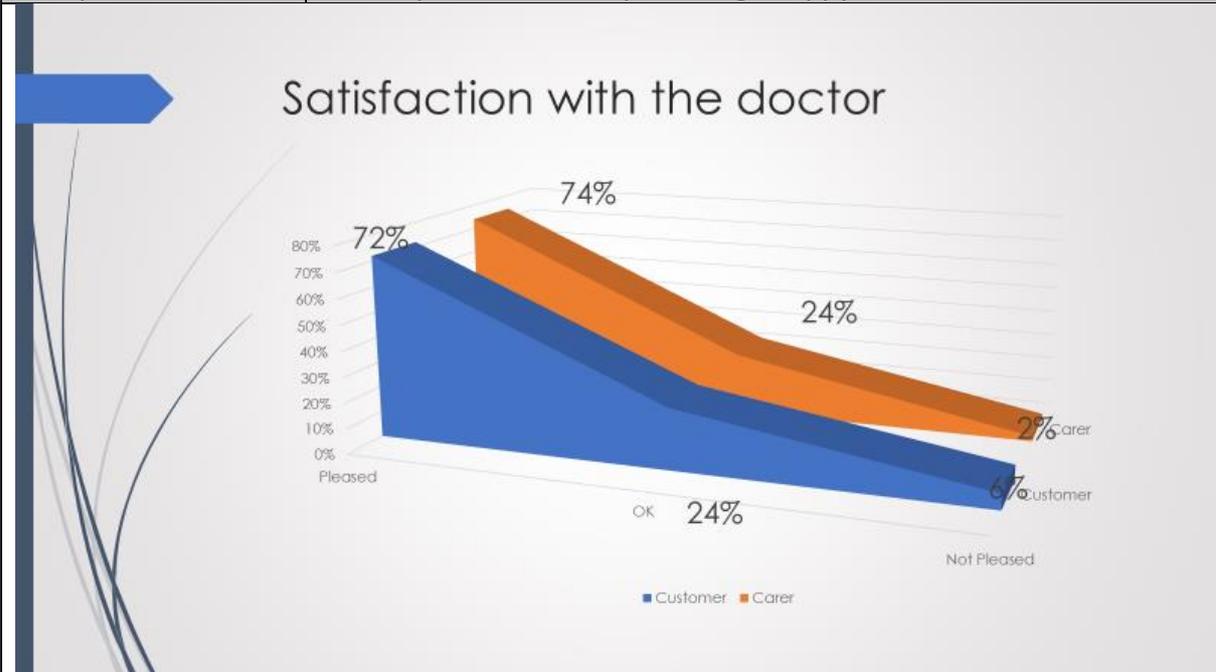
Q12a	How would you describe your health?
Customer response (156)	Very Good 49 (31%) Good 49 (31%) OK 43 (28%) Poor 12 (8%) Very poor 3 (2%)
Carer response (74)	Very Good 8 (11%) Good 22 (30%) OK 34 (46%) Poor 7 (9%) Very poor 3 (4%)
Interpretation	<ul style="list-style-type: none"> No significant health concern was expressed by the customers. Carer however were not that optimistic



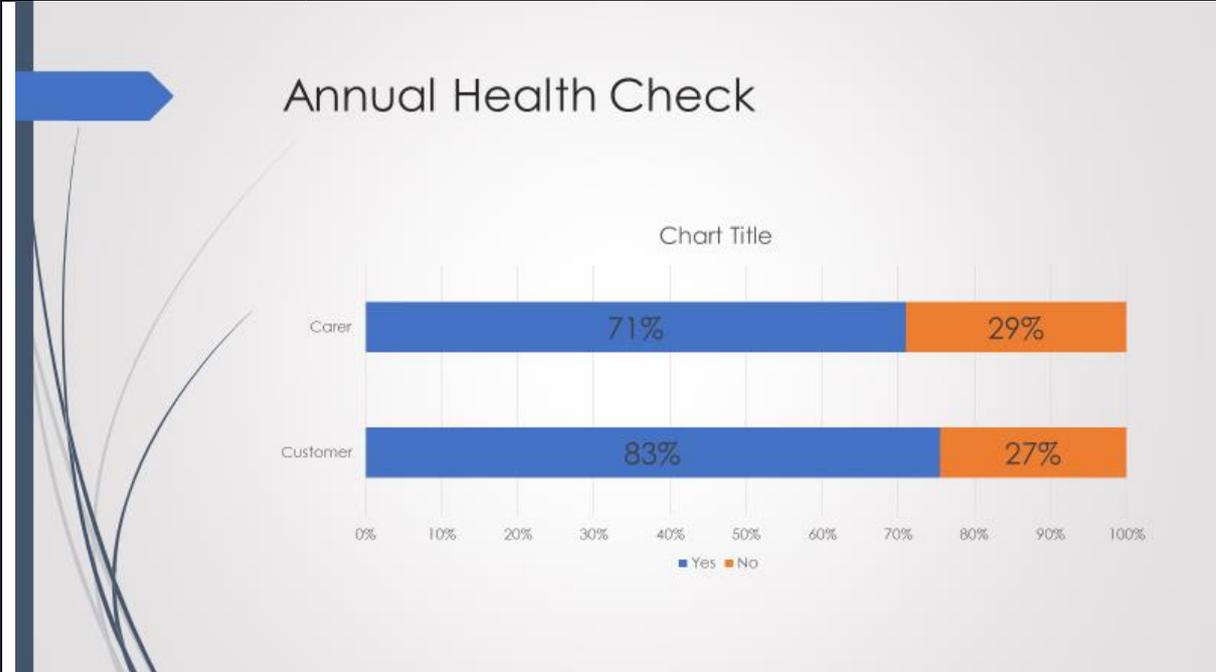
Q12b	When was the last time you saw the doctor?
Customer response (158)	In the last week 23 (15%) 1 week to 6 months (36%) 6 months ago 49 (31%) A year ago 18 (11%) Longer than a year ago 11 (7%)
Carer response (72)	In the last week 11 (15%) 1 week to 6 months 33 (46%) 6 months ago 19 (26%) A year ago 4 (6%) Longer than a year ago 5 (7%)
Interpretation	Most of the responders had a visit with their doctors within last year



Q12c	How pleased were you with your doctor?
Customer response (159)	VP/P 114 (72%) OK 39 (24%) NP 6 (4%)
Carer response (70)	VP/P 52 (74%) OK 17 (24%) NP 1 (2%)
Interpretation	The responders were by and large happy with their doctors



Q12d	What stops you from visiting the doctor?
Q12e	Have you had annual health check last year?
Customer response (158)	Yes 131 (83%) No 27 (17%)
Carer response (69)	Yes 49 (71%) No 20 (29%)
Interpretation	Most of them had a health check last year. This is higher than the national average which is 52% (Learning disability observatory reference)



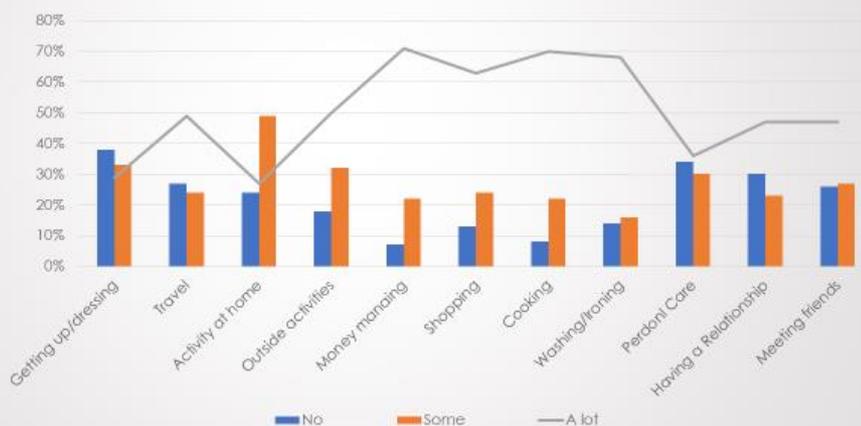
Q13a	Please tell us where you live?
Customer response (161)	A house 73 (45%) A flat 9 (6%) A bungalow 32 (20%) Residential service 21 (13%) Supporting living 24 (15%) Other 2 (1%)
Interpretation	1 in 5 customers were residing in a residential setting



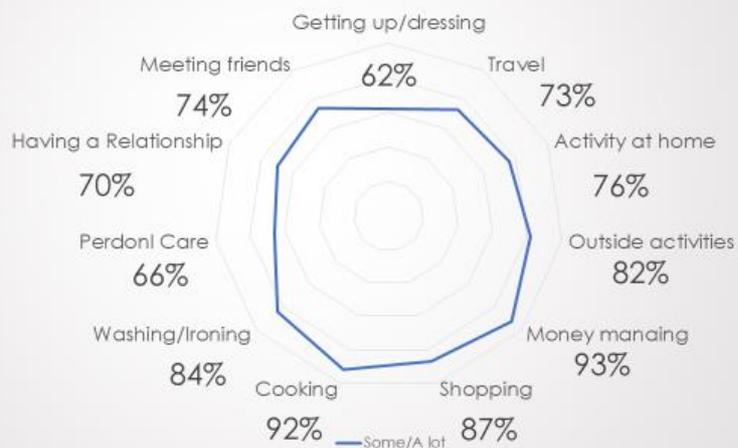
Q13b	How pleased are you about where you live?			
Customer response (159)	VP/P 138 (87%) OK 17 (11%) NP 4 (2%)			
Interpretation	The responders were very pleased with their residence			
Q14a	What help do you need?			
Customer response	Get up in the morning, get dressed and have breakfast (158)	No help 60 (38%)	Some help 52 (33%)	A lot of help 46 (29%)
	Travel to work, day centre or voluntary placement (156)	42 (27%)	37 (24%)	77 (49%)
	Do activities in the home (157)	38 (24%)	77 (49%)	42 (27%)
	Do activities outside of the home (159)	29 (18%)	51 (32%)	79 (50%)
	Manage money (158)	11 (7%)	34 (22%)	113 (71%)
	Shopping (157)	20 (13%)	38 (24%)	99 (63%)
	Cooking (154)	13 (8%)	34 (22%)	107 (70%)
	Washing and Ironing (146)	21 (14%)	26 (18%)	99 (68%)
	Personal Care (158)	53 (34%)	48 (30%)	57 (36%)
	Having a relationship (133)	40 (30%)	31 (23%)	62 (47%)
	Meeting friends (153)	40 (26%)	42 (27%)	71 (47%)
Interpretation	<ul style="list-style-type: none"> The responders were largely struggling with their confidence Highest level of confidence was expressed in their ability to dress and have breakfast but that too was only 1 in 3. They required most support in managing money and cooking (93% and 92%). 			

- 4 out of 5 required support with Ironing/cleaning, shopping and outside home activities
- 3 out of 4 required help with travel and household chores

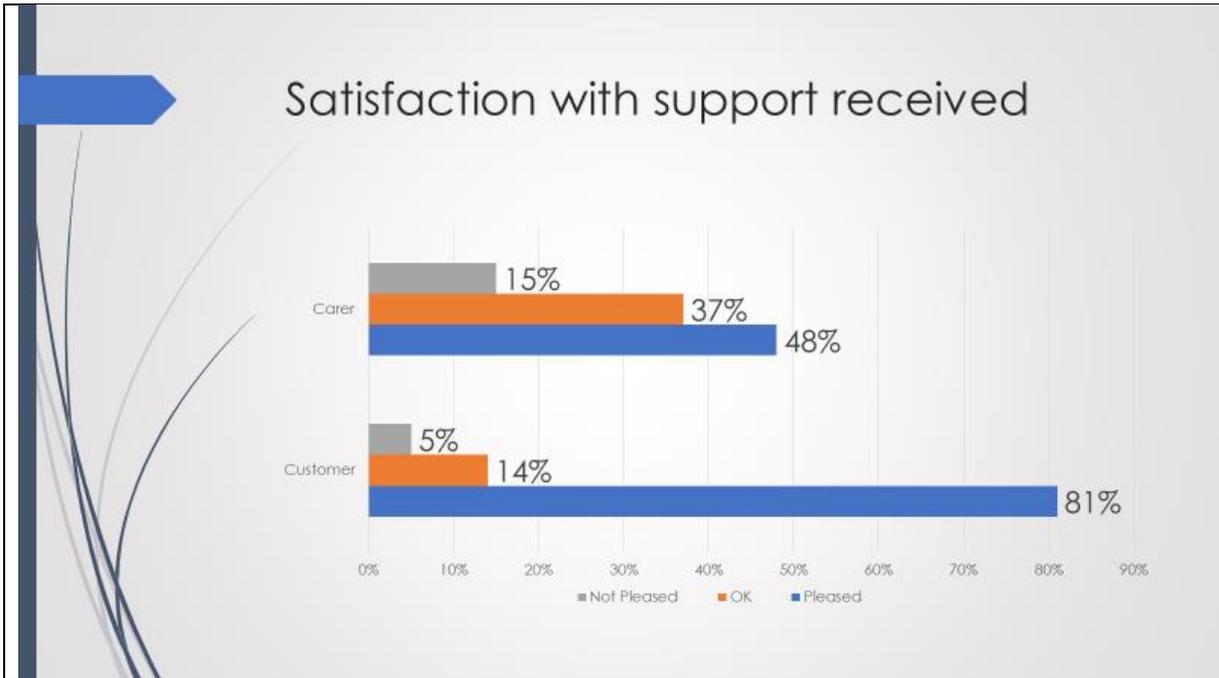
Level of help needed – no/some/a lot



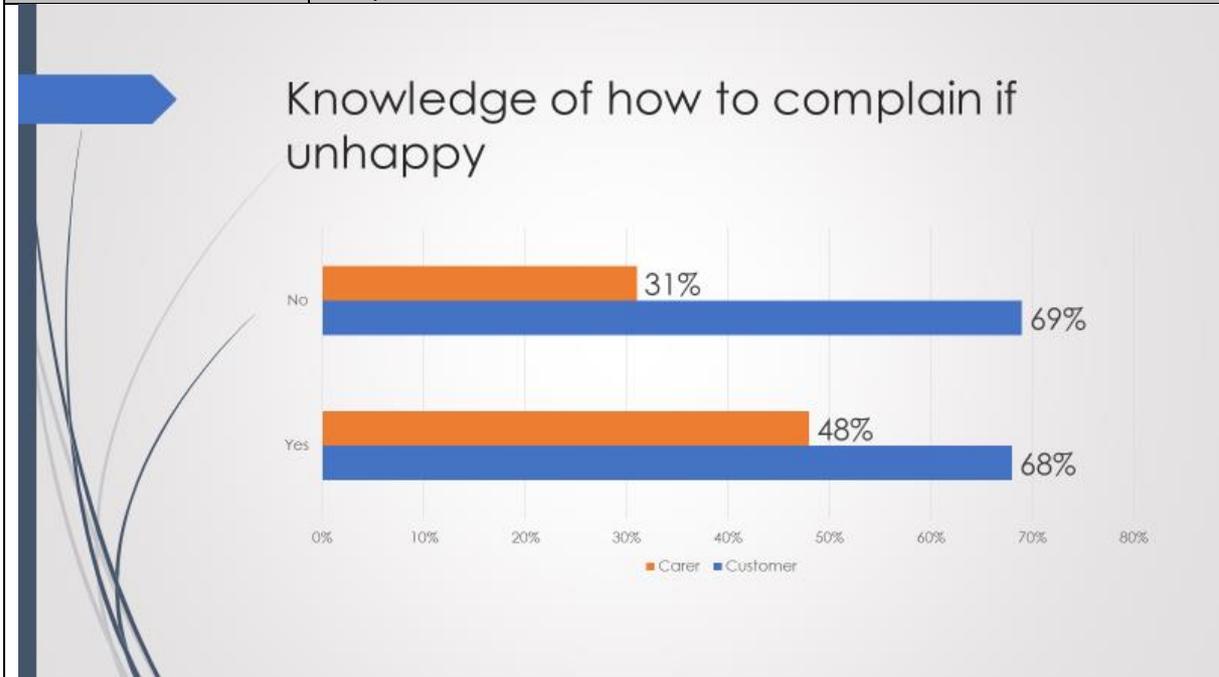
Services where help is needed



Q14b	How pleased are you with the level of support you get?
Customer response (154)	VP/P 125 (81%) OK 22 (14%) NP 7 (5%)
Carer response (65)	VP/P 31 (48%) OK 24 (37%) NP 10 (15%)
Interpretation	<ul style="list-style-type: none"> • 4 out of 5 customers were pleased with the level of support that they receive • In case of carers it drops down to 1 in 2 only

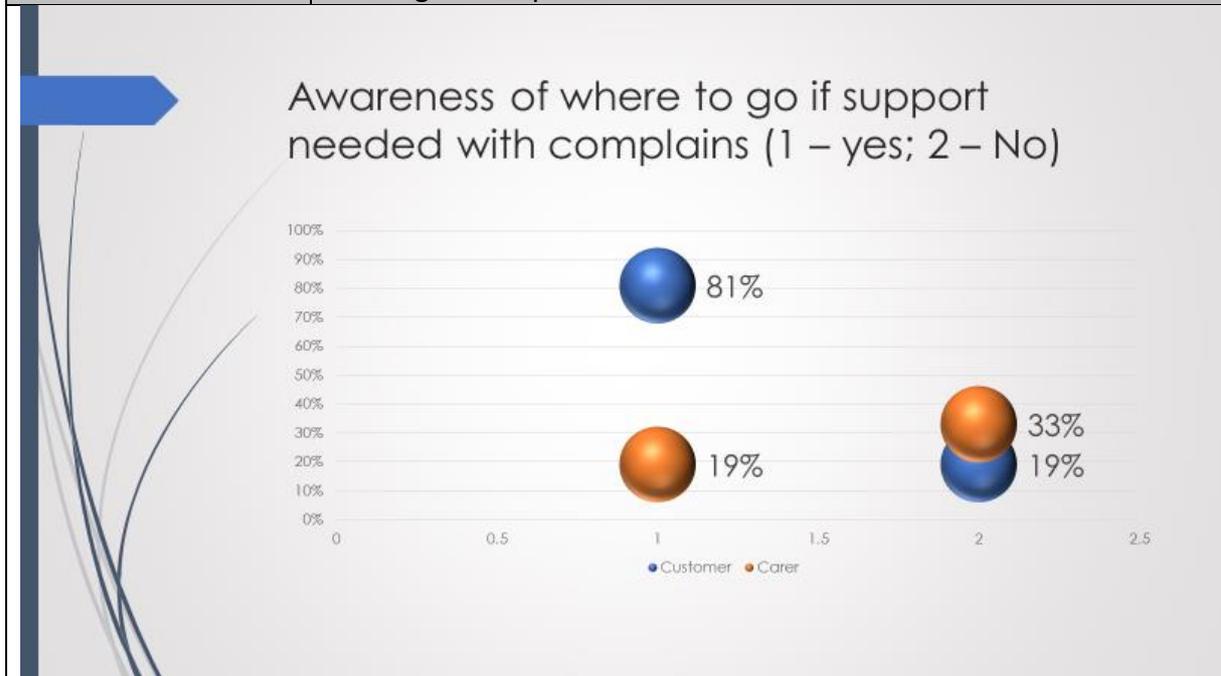


Q14c	Is there anything else you need support with – Please tell us what?
Q14d	Do you know how to complain about a service if you are not happy?
Customer response (150)	Yes 102 (68%) No 48 (32%)
Interpretation	<ul style="list-style-type: none"> 2 out of 3 customers and carers were aware of the complaint procedure



Q14e	Do you know who to go to if you need support to complain?
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Customer response (148)	Yes 120 (81%) No 28 (19%)
Carer response (67)	Yes 45 (67%) No 22 (33%)
Interpretation	<ul style="list-style-type: none"> 80% customers and 67% carers were aware of where to go to lodge a complain



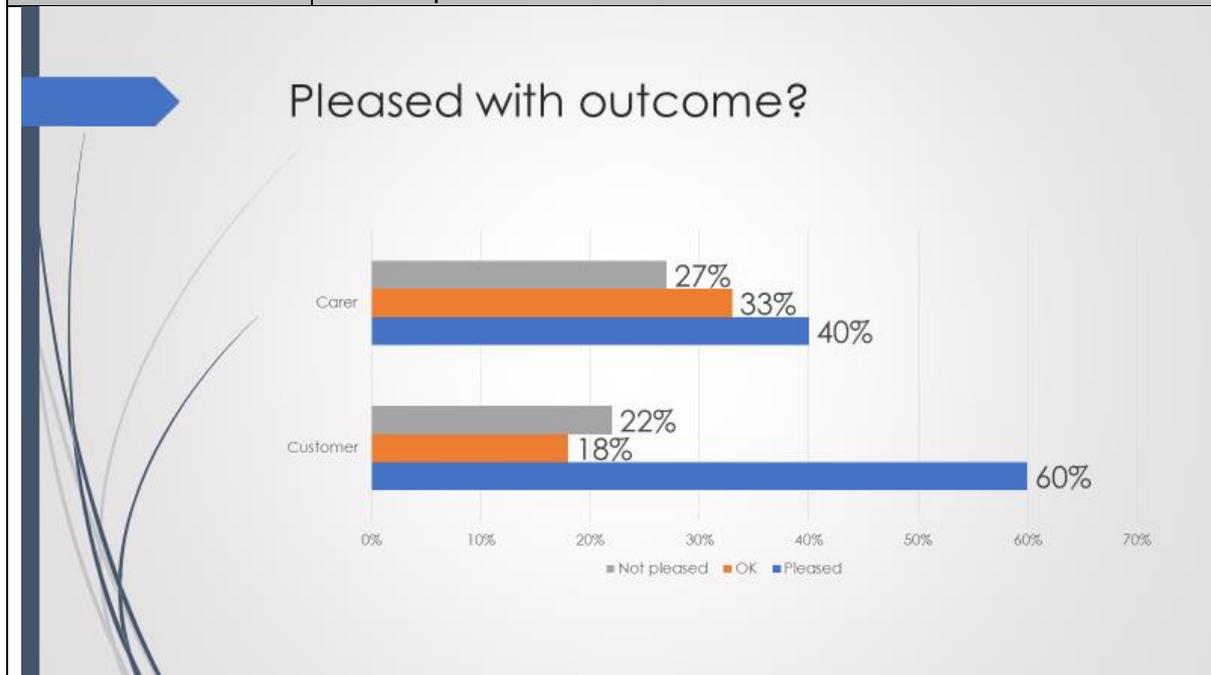
Q14f	Have you ever complained about a service?
Customer response (149)	Yes 35 (23%) No 114 (77%)
Carer response (71)	Yes 24 (34%) No 47 (66%)

Interpretation	<ul style="list-style-type: none"> Carers made more complaints than the customers which may indicate their increased level of confidence over the customers
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Q14g	How pleased were you that your complaint was dealt with?
Customer response (45)	VP/P 27 (60%) OK 8 (18%) NP 10 (22%)

Carer response (27)	VP/P 11 (40%) OK 9 (33%) NP 7 (27%)
Interpretation	Similar theme was identified with the level of satisfaction on how the complaints have been handled



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Appendix 1 - Questionnaire and Questions for each stakeholder group

	A person with a LD	A person with Autism	A Person with a LD/Autism	A young person 13-18	A Person with a LD/Autism & PD	A Person with a LD/Autism & Mental Health need	A carer of a person with a LD/Autism	A member of the public living in Rotherham	A member of the public who uses in house day services	A member of staff	Live outside Rotherham and a relative of PWLD/A
1. Please tell us about you											
1A Are you?	x	x	x	x	x	x	x	x	x	x	x
1B which postcode/area?	x	x	x	x	x	x	x	x	x	x	x
1C How old are you?	x	x	x	x	x	x	x	x	x	x	x
1D What is your gender?	x	x	x	x	x	x	x	x	x	x	x
1E What is your ethnicity?	x	x	x	x	x	x	x	x	x	x	x
1F What are your qualifications?	x	x	x	x	x	x	x	x	x	x	x
2. Communication											
2A Do you use words to communicate?	x	x	x	x	x	x	x				
2B Which other ways do you communicate?	x	x	x	x	x	x	x				
2C Do people understand how you communicate?	x	x	x	x	x	x	x				
2D Do you understand how others communicate?	x	x	x	x	x	x	x				
2E Do you need someone to help you communicate or speak on your behalf?	x	x	x	x	x	x	x				
How pleased are you with the help you get to communicate?	x	x	x	x	x	x	x				

2F Do you have a communication care plan that helps everyone understand how you communicate?	x	x	x	x	x	x	x				
3. Your views on the Consultation of Respire, Day Services and Residential Services in Rotherham											
3A Do you use respite care services in Rotherham?	x	x	x	x	x	x	x	x	x	x	x
3B What changes could we make to respite services to make them better?	x	x	x	x	x	x	x	x	x	x	x
3C Shall we keep respite services the same as they are?	x	x	x	x	x	x	x	x	x	x	x
3D Should we keep Treefields and Quarryhill separate?	x	x	x	x	x	x	x	x	x	x	x
3E Should we put either Treefields or Quarryhill into Parkhill Lodge?	x	x	x	x	x	x	x	x	x	x	x
3F Should we put both Treefields and Quarryhill into Parkhill Lodge?	x	x	x	x	x	x	x	x	x	x	x
3G Do you use Day Services in Rotherham?	x	x	x	x	x	x	x	x	x	x	x
3H What changes could we make to day services to make them better?	x	x	x	x	x	x	x	x	x	x	x
3I Should we keep Oaks and Addison the same as they are?	x	x	x	x	x	x	x	x	x	x	x
3J Should the council lower the amount of time people spend in day services and offer people personal budgets?	x	x	x	x	x	x	x	x	x	x	x
3K Should the council look for other organisations in the community to take over and run Addison?	x	x	x	x	x	x	x	x	x	x	x
3L Should the council move Addison and only provide a service to people with high and complex needs?	x	x	x	x	x	x	x	x	x	x	x
3m Should we close Oaks and Addison Day Centre?	x	x	x	x	x	x	x	x	x	x	x

3N Could we improve Reach Day service by moving it to a new/different building?	x	x	x	x	x	x	x	x	x	x	x
3O should people who live in Residential Care or supported living be able to attend a Day Centre?	x	x	x	x	x	x	x	x	x	x	x
3P Is there anything else you would like to say on the Rotherham Council options for Respite or Day Services in Rotherham?	x	x	x	x	x	x	x	x	x	x	x
4. A week in the life											
4A Please tell us what you do each day of the week?	x	x	x	x	x	x					
4B What would you like to do with your time?	x	x	x	x	x	x					
5. How Pleased are you with in house services?											
6. School / College				x							
6A Please tell us what you do at school or college?				x							
6B Please tell us what you would like to do when you leave school / college?				x							
6C Is there anything that will stop you doing this?				x							
7. Volunteering											
7A Do you volunteer	x	x	x	x	x	x	x			x	
7B if you volunteer please tell us where	x	x	x	x	x	x	x			x	
7C How many hours do you volunteer?	x	x	x	x	x	x	x			x	
7D How long have you been volunteering?	x	x	x	x	x	x	x			x	
7E Where would you like to volunteer?	x	x	x	x	x	x	x			x	
7F What are barriers to volunteering?	x	x	x	x	x	x	x			x	
7G What would need to be in place to support you to volunteer	x	x	x	x	x	x	x			x	
7H What qualifications do you need to move from Volunteering to work?	x	x	x	x	x	x	x			x	

8. Work											
8a Are you in paid work?	x	x	x	x	x	x	x				
8B If please tell us where you work	x	x	x	x	x	x	x				
8C How many hours do you work and get paid a week?	x	x	x	x	x	x	x				
8D How long have you been in paid work?	x	x	x	x	x	x	x				
8E If you don't do paid work would you like to?	x	x	x	x	x	x	x				
8F Please tell us where you would like to work?	x	x	x	x	x	x	x				
8G What was/is good about your previous/current work experience?	x	x	x	x	x	x	x				
8H What were / are the problems with your previous/current work experience?	x	x	x	x	x	x	x				
9. Caring, Family and Friends											
9A do you look after an adult?	x	x	x	x	x	x	x			x	
9B Which term best describes the adult you look after?	x	x	x	x	x	x	x			x	
9c Do you look after a child in your home?	x	x	x	x	x	x	x			x	
9D Does the child have a disability?	x	x	x	x	x	x	x			x	
9E How pleased are you with the support you get in your caring role?	x	x	x	x	x	x	x			x	
9F How can the council support you in your caring role?	x	x	x	x	x	x	x			x	
9G How much do your family help you in your caring role?	x	x	x	x	x	x	x			x	
10. Keeping safe											
10A Have you been bullied?	x	x	x	x	x	x	x				
10B Where did the bullying happen?	x	x	x	x	x	x	x				
10C Did you report the bullying?	x	x	x	x	x	x	x				
10D When did this happen to you?	x	x	x	x	x	x	x				
11. Transport											
11A Do you use transport to get to places?	x	x	x	x	x	x	x			x	

11B If yes what sort of transport do you use?	x	x	x	x	x	x	x			x	
11C What stops you from using public transport?	x	x	x	x	x	x	x			x	
11D Do you need support to travel?	x	x	x	x	x	x	x			x	
11E Do you depend on family member to take you places?	x	x	x	x	x	x	x			x	
11F Have you ever used a travel buddy or had travel training?	x	x	x	x	x	x	x			x	
11G Do you need further travel training?	x	x	x	x	x	x	x			x	
12. Health											
12A How would you describe your health?	x	x	x	x	x	x	x				
12B when was the last time you saw your doctor?	x	x	x	x	x	x	x				
12C How pleased were you with your doctor?	x	x	x	x	x	x	x				
12D What stops you from visiting the doctor?	x	x	x	x	x	x	x				
12E Have you had an annual health check in the last year?	x	x	x	x	x	x	x				
13. Where you live	x	x	x	x	x	x	x				
13A Please tell us where you live?	x	x	x	x	x	x	x				
13B How pleased are you about where you live?	x	x	x	x	x	x	x				
14. Where you live and the support you get											
14a what help do you need	x	x	x	x	x	x	x				
14B How pleased are you with the level of support you get?	x	x	x	x	x	x	x				
14c Is there anything else you need support with - please tell us what	x	x	x	x	x	x	x				
14D Do you know how to complain about a service if you are not happy?	x	x	x	x	x	x	x				
14E Do you know who to go to if you need support to complain?	x	x	x	x	x	x	x				

14F Have you ever complained about a service?	x	x	x	x	x	x	x				
14G How pleased were you that your complaint was dealt with?	x	x	x	x	x	x	x				