

# **Daytime Support Review**

## **Engagement Report**

### **May - June 2016**

## **Background and approach**

### **Introduction**

This is the report on the engagement phase of the Daytime Support Review conducted by the Engagement Team on behalf of the county council. People with daytime support needs, carers and other stakeholders were able to provide their views in response to questions posed, either at workshops, focus groups or in writing.

All engagement feedback was read, themed and put into key messages. This report summarises the responses, which demonstrate the 'needs' of people who use services and their carers in Oxfordshire. This includes proposals for new and creative ideas for the way daytime support could be developed in the future.

The report is to inform the development of a future model for daytime support in Oxfordshire

### **Context**

The context of the review is that the council is required to make £69m of savings up to 2020. Adult social care is the council's biggest individual area of spending excluding schools. The council has a good track record over the last decade of investing in adult social care to cover increased demand. However, in order to continue to meet our statutory responsibilities with a reduced budget the council are having to cut back on provision for non-statutory services. These are services that the council is not required by law to provide.

The review covers services provided in the daytime for vulnerable adults. It includes support specifically based on eligible care needs, together with support that prevents care needs escalating.

### **Timescale**

The engagement phase was conducted from 10<sup>th</sup> May until 10<sup>th</sup> June 2016.

### **Process and Methodology**

A range of methods were used to engage people in this first phase of the Daytime Support Review:

- Workshops were arranged with carers and with people who have daytime support needs and organisations who support them e.g. Oxfordshire Community and Voluntary Action (OCVA). These were held in Oxford, Banbury and Didcot.
- Focus groups were held by providers of Daytime Support services in their own settings
- Communication has been by letter, phone, email and via the above face to face events

We asked for information from people who use daytime support services, from carers and from other stakeholders to find out more about their needs and what creative and innovative ideas they may have for developing daytime support in the future. This feedback will help us in shaping the future options for daytime support in Oxfordshire.

## Participation in and response to the engagement phase

### Focus groups

Internal (Tier 3) and external (Tier 2) providers of daytime support were invited to run focus groups with people who use their services and carers

**46 focus group meetings were held in total:**

Focus Groups	Number
Health and Wellbeing Centres (Tier 3)	8
Day Centres including Dementia specific Services (Tier 2)	28
Learning Disability Services including FarmAbility	9
Carers Oxfordshire	1
<b>Total</b>	<b>46</b>

**503 people attended focus groups:**

People	Number
Older people	488
People with learning disabilities	41
People living with Dementia using Dementia specific services	14
<b>Total number of service users who participated in focus groups</b>	<b>543</b>
Carers of older people	56
Carers of people with Learning Disabilities	17
<b>Total number of carers who participated in focus groups</b>	<b>73</b>
Attendees at Oxford workshop	28
Attendees at Didcot workshop	14
<b>Total number of people who participated in workshops</b>	<b>42</b>
<b>Total number of people who participated in the engagement phase</b>	<b>658</b>

### Workshops

Forty-two people attended workshops in May. People were not asked to disclose what services they used, and therefore a breakdown of people who used services and carers is not available.

### Analysis and reporting

The engagement phase was predominantly looking for qualitative responses which have undergone analysis. A summary of these responses has been included. In addition, responses have been split into particular groups, for example older people using services, people with learning disabilities using services, carers supporting people using services and those using specialist dementia services.

## Focus Groups

All providers of services were invited to hold focus groups with people who use their services and their family and friends who care for them within their own settings. A Focus Group pack was developed by county council officers and sent to all providers. Providers were supported to deliver these sessions with a number of Provider Briefing sessions. This supplied a framework for how focus groups could be run, however providers were encouraged to run groups appropriately for people using their services. Four specific questions were used in order to ensure that the feedback and commentary returned was consistent.

The first two questions concentrated on what people who use services and their carers need from daytime support; the third and fourth questions invited people to think about different options that could be developed and what barriers and problems might need to be considered in developing these services.

The 4 focus group questions were as follows:

### **Icebreaker:**

What one word comes to mind when I say daytime support?

### **Question 1:**

We have already spoken to people who have told us what difference daytime support makes to their lives. Is there anything missing from this list? Tell us what three things are most important to you?

### **Question 2:**

Imagine you are in charge of developing daytime support in a new area, where there isn't any. Think about creative and different ways to do this – what could you try?

You need to develop options that meet the needs of a range of different people (including older people, people with physical disabilities, people with learning disabilities and people living with dementia. *(The aim of this question was to hear people's ideas for how daytime support could work differently and how could people achieve these wants and needs in a different way).*

### **Question 3:**

Thinking about these ideas you've come up with, tell us what's most important to consider. What would make these ideas work? What could get in the way or what might stop this from happening? *(The aim of this question was to stay focused on creative and different ideas, whilst also bringing in people's experience of what does and doesn't work for them).*

## Workshops

The workshops followed the same meeting format as focus groups, to ensure consistent feedback.

## Key themes:

The key themes section is ordered by:

1. Older people using day services designed for people with lower levels of need
2. Older people using day centres designed for people with higher levels of need
3. People with learning disabilities who use a range of services
4. Carers
5. Specialist Dementia services
6. Feedback from other groups and sources

Those comments in **bold** were the most frequent.

Verbatim quotes are in *italics*; other comments are summarised

## Main messages and key needs:

Older people who use daytime support, people with learning disabilities and carers have some commonalities around need, but also some different priorities in what they need from daytime support.

**Commonalities** included getting out of the house and seeing friends, maintaining independence, being involved in meaningful activities and having a meal. However, there are also marked differences as follows:

Older people mentioned consistently that they see daytime support as getting out of the house (reducing isolation), seeing people and friends (reducing loneliness), participating in activities and having a meal as their main drivers for using daytime support.

People with learning disabilities mentioned going to work, getting a job, learning new skills, being independent and seeing friends as important reasons for using daytime support.

Carers see daytime support as a form of respite that enables them to continue to care, prevent escalating needs and prevent crises as their main priorities for using daytime support, whilst feeling confident that the people they support are being safely and appropriately cared for.

Volunteer Link-Up is a non-building based service which is a befriending scheme and supports older people to travel within the community, such as hospital appointments. The feedback from people who use this service is very different to feedback from older people who use other services and so stands alone in the feedback to prevent distorting messages.

People who use Volunteer Link-Up's main needs are around being able to remain independent and continue to get out of the home to attend appointments such as doctor, hospital and maintain links within their community.

### Carers' key needs:

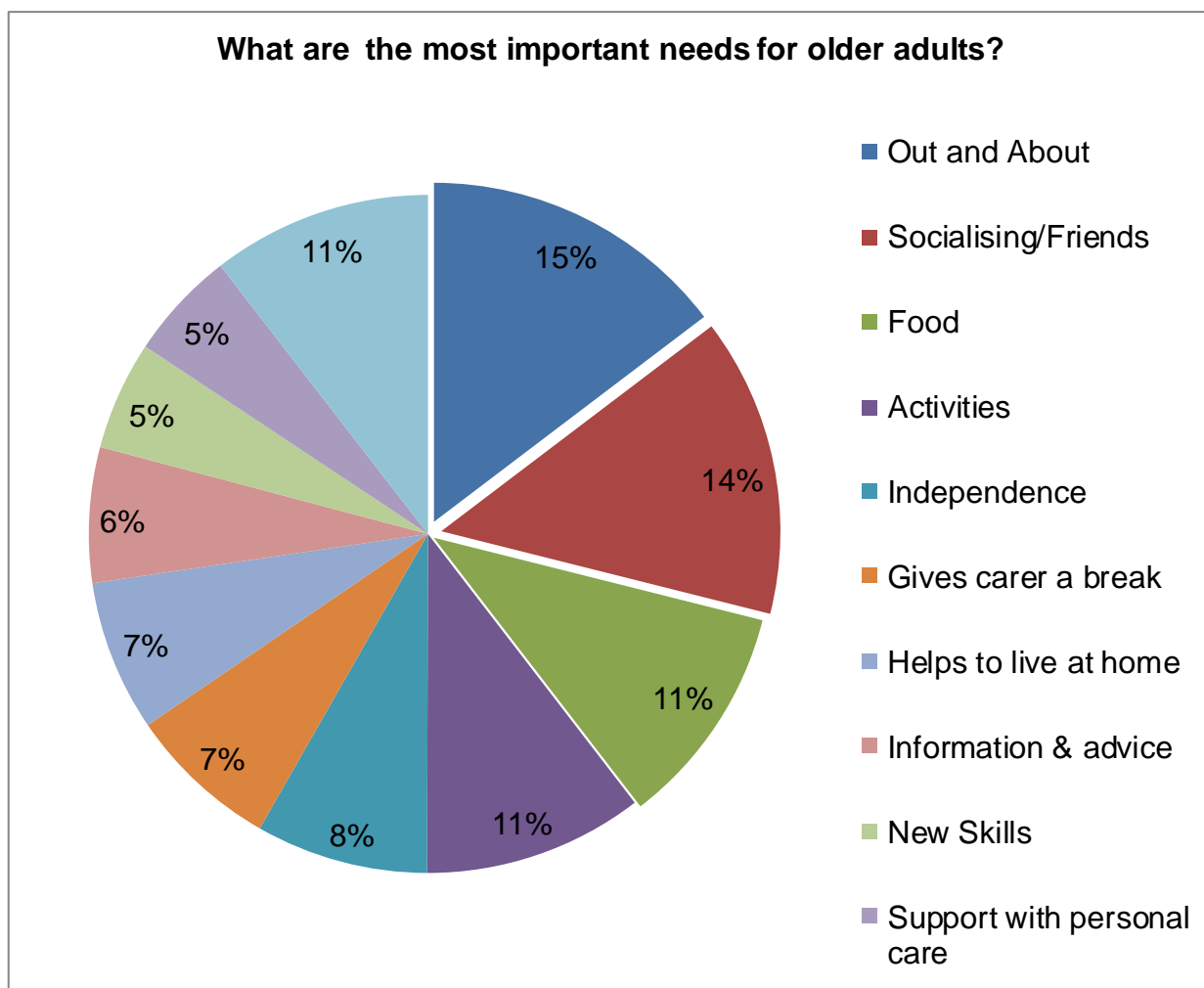
- Respite
- Friendship and social contact for the people they care for, so preventing loneliness
- Keeping active
- The person they care for is able to continue to live at home
- Prevention of escalating need
- Supporting carers to continue to care
- Prevents crisis

### Users of dementia specific services' key needs

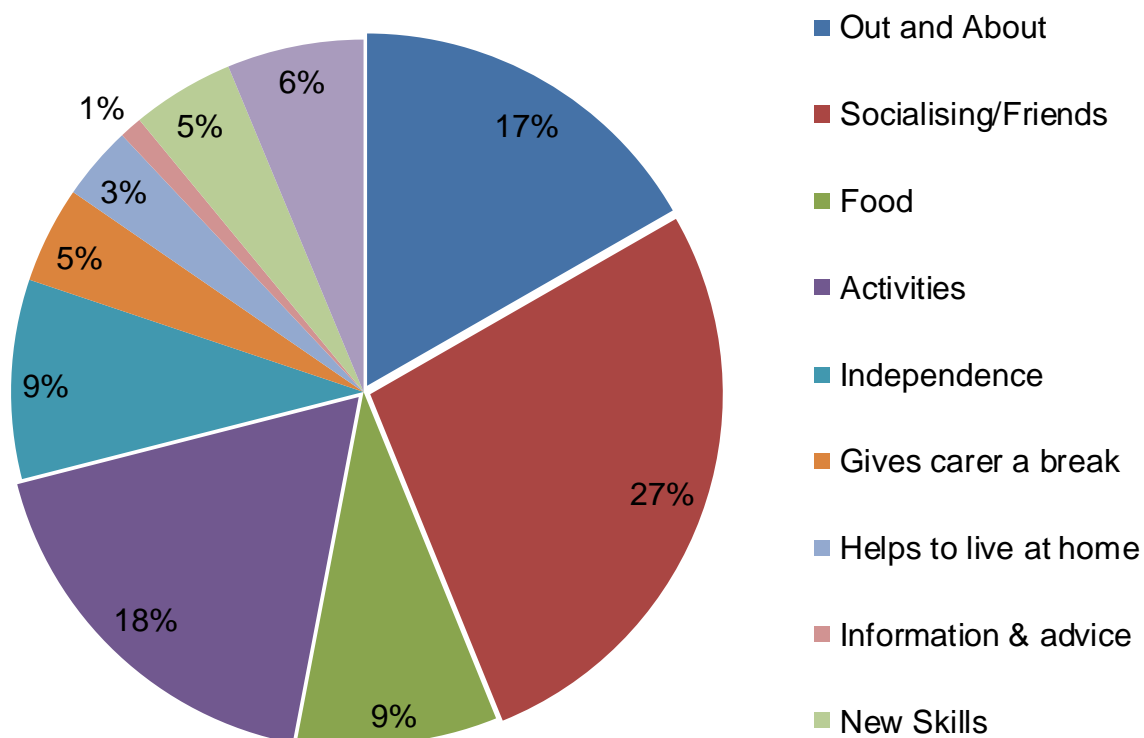
- Getting out
- Spending time with other people
- Activities
- Independence

### Carers also mentioned:

- Information
- A cooked meal
- Giving their carer a break



## What are the most important needs for people with learning disabilities?



Findings from this engagement phase of the Daytime Support Review regarding the needs of people who use services remain consistent with previous findings.

Fewer findings were available for people with learning disabilities. However, whilst people with learning disabilities were clear in their message about their needs which were very similar to older people, there were also the additional needs of being independent, learning new skills and getting a job. Ensuring that people with learning disabilities were engaged in a meaningful way was met by collaborating with Power-up Champions from My Life, My Choice to produce easy read versions of engagement documentation. However, for people with more severe learning disabilities, this format was still challenging for them and required further work on ensuring understanding of the review. During the consultation phase of the review, we will work with providers to ensure that the format of documentation and the method of engagement is appropriate for the needs of the people with whom we are consulting.

Carers needs are different to the above, although it is clearly important the person they care for enjoys attending daytime support and carers are reassured that they are being cared for safely and appropriately. Carers see daytime support as a form of respite as well as allowing them to be able to work. Working carers see daytime support as essential to enable them to continue to work as well as being important for the mental well-being. It also enables them to continue to care for their family member and prevents crisis. Carers of people with learning disabilities have said that the people they care for learn new skills at

Daytime Support Services and this enables them to maintain their independence and maintain those skills.



## **New ideas for Daytime Support**

Almost all people who use daytime support continue to envisage a service that is delivered from a building base. The overriding desire is for a service delivered from a venue that was suitable to meet the needs of the people who would use it and suitable for a range of different people with a range of different abilities.

There were suggestions that the opening hours of centres could be examined to reduce the length of time buildings were left empty, which could include weekend and evening opening.

People who currently use services struggled to visualise a different sort of service to the one they are currently receiving. Feedback concludes that this is mainly because people are generally very happy with their current service and do not wish to see any changes.

However, a number of creative ideas were mentioned such as:

- Lots of activity choices to cover large range of different people's needs and age groups
- Expand services in a controlled way so that breakfast club, morning care, lunch, afternoon tea, afternoon care, for example, could be offered?
- Have separate days for different ages or separate times of day am/pm
- Care Umbrella - joined up day and night is economic
- Elderly - multipurpose facility so people can live independently, like extra care housing, but wider - someone always there.
- Develop the Extra Care Housing model further
- Take Extra Care Housing one step further so people outside (non-residents) can access facilities
- Central provision is in place for daytime activities and respite

## **Barriers**

Many people expressed concern and anxiety about any proposed changes as people who use services and their carers see Daytime Support as an imperative service to maintaining independence, socialisation and respite for carers.

However, it was also acknowledged that funding is essential to maintain services as they are currently delivered.

Transport was consistently mentioned as an area of both frustration and concern. Whilst recognising that enabling people to utilise services by transporting them there was important, there were also frustrations around how journeys are planned, how transport is fully utilised and how people using services could be better supported to attend services, whilst also recognising that transport was a costly expense.

## Developing new ideas for daytime support

1. Older people using day services designed for people with lower levels of need – Tier 2 services

### Main responses:

- **Socialising and seeing/meeting friends**
- **Staff and continuity of care**
- **To have a meal out**
- **Learning new skills**
- **Must be in local venues (ties in with lack of affordable transport)**
- **More stimulation**

### Barriers

Transport was acknowledged as a stumbling block for many people and so this became a significant part of people's responses when trying to consider new ideas.

- **Sufficient, funded & specialised transport**
- **Day Services should be open more days each week**
- **Trained staff and good volunteers**

2. Older people using day centres designed for people with higher levels of need - Tier 3 services

### Main Responses:

- **Integrate Health and Wellbeing services. (bring together services and save money or provide more outside activities (trips and activities))**
- **Mix certain client groups together; e.g. the elderly and those living with learning disabilities.**
- **Be a part of the community - have close links to local community and schools**
- **A very large building would be needed with lots of different sections and rooms**
- **Location would be important, don't want to travel miles in my bumpy wheelchair**
- **Keep the service local**
- **Support with funding - other organisations have fundraising or collect funds**
- **Voluntary transport provision**
- **Lots of qualified and consistent trained staff and supportive volunteers to help run it well:**
- **Professionals come into the service like Occupational Therapy, podiatry, physiotherapy, teachers, speech and language.**
- **Health professionals based in the service; i.e. in the same building**
- **Lots of activity choices to cover large range of different people's needs and age groups such as:**
- **Utilise the building more - joint ventures, volunteers and charity trusts**

### Barriers

- **Lack of space**
- **Lack of capacity**
- **There could be problems with opening to other groups out of hours, like security, locking up, cleaning, damage, etc.**
- **Lack of finance**
- **Travel is expensive and difficult**
- **Transport services essential**
- Right staffing levels
- Inadequate staffing structure & ratios
- Lack of skills in staff team
- Amalgamating centres means we would need more staff/provide more transport for longer journeys, this could cost more and we will be sat on a bus for longer - could the service expand in a controlled way so that breakfast club, morning care, lunch, afternoon tea, afternoon care, for example, could be offered?
- Some clients might not understand the different needs of other clients - could cause friction if older people had to mix with younger people
- Provide a service for the user not to suit the provider

### 3. People with Learning Disabilities using daytime support

- **Money to pay and use facilities**
- **Well-organised outdoor activities.**
- **Well-trained staff who specialise in different needs**
- **A nice venue (or hub) to meet and organise outings from**
- **Staggered times for the disabled people to meet**
- **Activities such as: working with animals, gardening and growing vegetables, pool table, group discussions, day trips, computer sessions, volunteering, develop our skills and independence, trying new things, music, choice of activities, music, animation, work, swimming, bowling, horse riding , golf, sensory room**

#### **Barriers:**

- **Respite is so important to avoid the far more expensive cost of residential care.**
- **Transport (minibus/cars) are important to help collect some disabled people, if their carers do not drive, or cannot meet the time deadlines due to work pressures.**
- **A lack of money is the main thing which always prevents much needed improvements.**

### 4. Carers

- **Care Umbrella - Joined up day and night is economic**
- **Elderly - multipurpose facility so people can live independently, like extra care housing, but wider - someone always there.**
- **Develop extra care housing model further**

- **Take extra care housing one step further so people outside (non-residents) can access facilities**
- **Central provision is in place for daytime activities and respite**
- **Provide a person-centre approach, irrespective of client group**
- **Provide preventative approaches**

#### **Barriers:**

- Concerns were expressed about mixing people who use daytime support, particularly those with more challenging behaviours
- Concerns about people using services currently becoming socially isolated

#### **5. Users of Dementia Specific Services**

- People need to become more aware of the service
- Singing activities
- Exercise activities, walks (accessible) for all
- Accessible service for all:
  - accessible building and toilets
  - wheelchair access
- Chiropodist
- We are of an age that we have done most of the new things we want to learn
- Dancing (tea dance)
- External entertainment

#### **Barriers**

- Money
- Staff with expertise
- A person centred approach
- Should be quality time

#### **Feedback from Workshops**

Feedback from workshops remained consistent with focus group feedback. Attendees at the workshops were mixed groups of people with learning disabilities, older people and carers.

The Oxford workshop had 28 attendees. However, attendees were predominantly people with learning disabilities who use the ICE Centre; therefore the findings of this workshop have been collated separately as it would not be representative with overall feedback.

The Didcot workshop had 14 attendees. This was a mixed group of carers of people with learning disabilities, people who use daytime support and other carers.

The main themes of ideas are as follows:

- **Location of daytime support hubs**
- **Transport to enable people to attend**

- **Create links with other centres and other organisations**
- **Different groups in one place**
- **Activities including sport and activities that don't cost money such as raising chickens or gardening**
- **Skilled staff and volunteers including matching volunteers to people**
- **Information that is easily available and accessible**
- **Utilising buildings such as schools after hours and day centres in late afternoons, evenings and weekends**

## **Barriers**

Consistent with feedback with people who use services concerns and perceived barriers were:

- Creating an appropriate space
- Location - ensuring that building bases were in the right places for people to get to
- Money - funding was acknowledged as an issue for the council
- Red tape and bureaucracy
- Recruiting and maintaining quality and skilled staff
- Transport - without transport to be able to get to services, people are unable to access services easily

## **Feedback from individuals**

Six responses were received directly from individuals during the engagement phase of the review and two from representatives of organisations.

Whilst the letters and e-mails did not feed directly towards feedback towards the review, it should be noted that in all instances respondents highly valued daytime support services and expressed concerns regarding the possibility of reduced funding and the impact that would have on people who use those services and their carers.

All the individual responses were from carers who stated how highly they valued the services for themselves as they considered it as respite, but also for the people they care for who are able to see friends and maintain independence.

There was also a response from Age UK that provided useful information regarding suggested idea for modelling of services.

## **Feedback from staff**

Staff from a number of services sent in their views and ideas towards the Daytime Support Review. Whilst this phase of the review and the engagement was to obtain the views of people who use services, family, carers and friends, the views and ideas of staff are important and provide valuable insight. These ideas have been fed through to the Working Group and towards the modelling phase of the review so that these ideas can be captured.

## **Working Group**

All attendees at focus groups and workshops were informed about the formation of a Working Group and invited to become part of the group. The Working Group has been formed and consists of a range of people who use services and carers including people with learning disabilities, older people, people living with dementia and carers of all the aforementioned who use a different variety of daytime support in different ways in different areas of Oxfordshire. Participants represent only themselves and bring to the group a wealth of experience and idea to support the design of the model. The Working Group have met during June and will meet during July to discuss idea and models of thinking with commissioners to inform the model.

## **Summary**

The main needs of people who use services remain consistent with findings in previous engagement and consultation activities conducted in Oxfordshire. People who use services value existing services highly. Social contact, getting out of the house, maintaining independence and having a meal remain high on people needs when using daytime support. This is consistent for both older people and people with learning disabilities.

Carers needs are predominantly for respite, but the support and opportunities that daytime support provides to those they care for is very important to them too.

As a possible consequence of valuing the service so highly, looking at ways of creating a new service was a challenging conversation for many people who very much embraced their existing service and did not want to see it change. Most people view daytime support as an opportunity to get out of their home and visit a service based in a building.

Whilst some people, particularly carers, were aware of other models of daytime support, and shared their knowledge, the anxiety around change was prevalent.

Some interesting ideas during the engagement phase were discussed, although predominantly most people expressed ways of improving their existing service as opposed to creating something new and different.

## **What happens next?**

The council will give full consideration to the findings of this report and any other pertinent information in making a decision about the future of Daytime Support.

A report by the Director of Adult Social Services with recommendations about the course of action will be brought to Full Council in February 2017.

## **Annex A: Additional comments and responses recorded by participant groups**

### **1. Older people using day services designed for people with lower levels of need – Tier 2 services**

#### **Main responses:**

- **Staff and continuity of care**
- **To have a meal out**
- **Socialising and seeing/meeting friends**
- **Learning new skills**
- **Must be in local venues (ties in with lack of affordable transport)**
- **More stimulation**

#### **Most significant ideas and possible barriers**

##### **Ideas**

- **Community-minded volunteers to help organise outings**
- **Well-trained staff**
- **Local community should get more involved**
- Management function could be taken on by local volunteers to keep costs down
- Ideas are needed to bring in finance
- Advertise locally and create expansion

##### **Barriers**

- **Motivation**
- **Commitment**
- **Bureaucracy**
- **Prejudice**
- **Safety issues**
- Staff need to be able to trust the decision makers
- Lack of motivation, suitable premises, staffing, money, transportation
- Will we have to move buildings again?
- Will we still have a building?
- I can't walk far so miss the vehicle to get to Benson for café trips
- The sadness and worry caused that we may be losing our funding

### **2. Older people using day centres designed for people with higher levels of need - Tier 3 services**

#### **Main Responses**

- **Location is important**
- Plenty of parking
- Close to town in good surroundings
- Variety of rooms needed due to such a wide range of needs
- Improve the current accommodation - having a base is vital for people
- Look for new premises (unit on a business park?) partition off different areas - have it all on one level

- Smaller groups are nicer

### **Transport services essential**

Could cut back need for service vehicles if all services are provided within the same building

### **Be a part of the community - have close links to local community and schools**

#### **Use facilities in the Health & Well Being Centre in Launton Rd, Bicester:**

e.g. integrate Health and Wellbeing services. (bring together services and save money or provide more outside activities (trips and activities). Help and complement each other.

*"If we need to save money we could amalgamate some of the centres together, we could also mix certain client groups together; e.g. the elderly and those living with learning disabilities. We attend an art group where this happens and we have developed a lovely relationship" - Didcot HWBC*

A very large building would be needed with lots of different sections and rooms

### **Possible barriers**

Transport was acknowledged as a stumbling block for many people and so this became a significant part of people's responses when trying to consider new ideas.

- **Sufficient, funded and specialised transport**
- Day Services should be open more days each week
- Trained staff and good volunteers
- **Lack of space**
- **Lack of capacity**
- **Location would be important, don't want to travel miles in my bumpy wheelchair**
- **Keep the service local**
- There could be problems with opening to other groups out of hours, like security, locking up, cleaning, damage, etc.
- Support with funding - other organisations have fundraising or collect funds Lack of finance
- Would cost more if someone went into care
- Costs for attending
- Surprise was expressed that these have not gone up again; £3 an hour for care doesn't reflect true costs when some councils charge double
- Travel is expensive and difficult
- Essential that its in town with transport otherwise we wouldn't be able to get to the centre as we don't drive and our families work.
- Lack of skills in staff team.

Ideas for additional activities were:

- **Music, theatre outings, gardening, film shows, dancing.**
- **Regularity of venues and activities (not having to travel to different venues)**



- **Being part of a community**
- **Build up existing services**
- **Should be open to more people / offer expanded service**
- Teach people new things
- Stimulating games
- Sensory garden
- Good car parking
- A helpdesk/answering service
- More frequent days for the centre to be open
- Trained staff to go out into the local community (coffee shops?) to provide information and help to older people
- Help me to find a job
- Get more staff so we can do more in the community
- More skills-based courses
- More volunteers

**Amalgamation** - *"This is a county wide review and in Wantage there are four individual services - Could the council amalgamate them into a more effective wide ranging service?"*

Amalgamating centres means we would need more staff/provide more transport for longer journeys, this could cost more and we will be sat on a bus for longer - could the service expand in a controlled way so that breakfast club, morning care, lunch, afternoon tea, afternoon care, for example, could be offered?

- Variety of activity choice
- Wouldn't want it to be too noisy
- Have separate days for different ages or separate times of day am/pm practicality of this?
- *"If didn't have enough professional trained staff it could stop this from happening, also if the building wasn't easily accessible and car parking wasn't adequate this could cause problems."*
- *"What about voluntary transport provision through our local Independent Advice Centre? People generally were in favour of using them more in future" - Wantage HWBC*
- Out and about in the community does not suit everyone
- It has to work - if there was no DTS families could not cope and then Oxfordshire County Council would have two lots of people to care for (service users and carers) If people stay at home the government will have to pay to look after people.
- Some clients might not understand the different needs of other clients. Could cause friction if older people had to mix with younger people.
- There is no choice for people in Bicester, no respite and little housing. Availability is low. People have to use services outside of Bicester

**Lots of qualified and consistent trained staff and supportive volunteers to help run it well:**

- Professionals come into the service like Occupational Therapy, podiatry, physiotherapy, teachers, speech and language.
- Health professionals based in the service; i.e. in the same building

*"It would be more than just daytime support, more of a supported living service."*  
Staffing structure and adequate ratios

**Lots of activity choices to cover large range of different people's needs and age groups such as:**

- Exercises / yoga/swimming pool (hydrotherapy)
- Massage / relaxation classes / walking groups
- Communal areas / bar /
- Gardening facilities / grow your own fruit and veg to sell
- Small animals / mouth organ band to start / more musical entertainment / choir
- Lots of arts and crafts groups to learn new hobbies

*"They could make more money out of the buildings at the weekend too - could be extra income for the council."*

- Restaurant and café so you have a choice of cooked meal or socialising for a coffee and snack in café
- Microwave meals - simple cooking or cookery book with large glossy pictures
- Shopping list with picture of items

**Quotations**

*"One relative said this centre is the epitome of what is needed in a daytime support centre"*  
- Bicester HWBC

*"Councillors/Commissioners need to listen to the people using the service; Good infrastructure i.e. a well-functioning services around is that people using our service may also need to have access to: e.g. Learning Disability Teams."* - CITY DTS

A lot of these could apply to the different needs and dementia depending on the severity

*"If we put prices up people might not take the places".*

*"Work more with GP services so that they refer more people, perhaps 'champion' the service to co-work with them?"* Wantage HWBC

*"It was unanimously agreed by the users that they like the centre as it is. That all their needs are met at this centre and there is nothing that can improve the running of the centre"*  
- Bicester HWBC

*"Volunteers would not be an option, they do the very minimum and join in with clients more than help to the staff, they are not trained to help us"* - Didcot HWBC

Provide a service for the user not to suit the provider. Don't change, but increase the service that's on offer.

There is a lack of funds and knowledge by people making the decisions.

Making changes for the sake of saving money.

By pushing the fee up could this be a viable option to keep it open?

*"Facilities for personal care here are excellent as we have no facilities like this at home - these facilities need to be used more." - Oxford DTS and HWBC*

*"Utilise the building more - joint ventures, volunteers and charity trusts"*

**Other comments:**

- **Transport is vital for those of us in wheelchairs**
- **Very important for me to socialise**
- **Desperately need the company.**
- **It's a huge part of my enjoyment and happiness**
- **It's a wonderful service don't know what I would do without it**
- CITY DTS - People with varying needs need different specialities within staff – 'one size fits all' doesn't work
- CITY DTS - Recognition that a larger building would have certain advantages but there would be a lot of disadvantages (e.g. people could miss out) - we've been here before and we should recognise the advantages of smaller services.
- CITY DTS - Services used to be much bigger and groups were much larger. Why were decisions made at that time to change and make things smaller? Are we just going back to what was wrong in the first place...?
- CITY DTS - This is a lifetime service, so cutting services / money doesn't work- *"no-one here is going to get better, they need this service for life"*
- It currently works the way it is, it's not broke so don't fix it - Didcot HWBC
- The savings you make will only need to be spent in a different area - Didcot HWBC
- Cost - a lot more beneficial and cheaper than a private carer. - Didcot HWBC

**1) People with learning disabilities using daytime support**

- **Money to pay and use facilities**
- **Friends**
- **Well-organised outdoor activities.**
- **Well-trained staff who specialise in different needs**
- A nice bright and big venue, or staggered times for the disabled people to meet
- Activities such as: pool table, group discussions, day trips, computer sessions, volunteering, trying to better ourselves, trying new things, music, choice of activities, music, animation, work, swimming, bowling, horse riding , golf, sensory room , Zumba, dancing, cooking
- Transport to the centre
- Building on confidence & self-esteem
- Having our own say  
A nice venue (or hub) to meet and organise outings from  
Staff/parents/disabled meet and recognise, as their own special venue is important.

**Barriers:**

**Respite is so important to avoid the far more expensive cost of residential care.**

**Transport (minibus/cars) are important to help collect some disabled people, if their carers do not drive, or cannot meet the time deadlines due to work pressures.**

A lack of money is the main thing which always prevents much needed improvements.

**Other comments:**

We are concerned about the cuts.

Worried about local transport, including buses, bus cuts, changes in timetables, relied upon by lots of people with

- *"Our sons and daughters are adults for far longer than they are children and us carers are not getting any younger."* Moorlands DTS
- *"I wonder if the Carterton and Witney services could move into the Moorland building?"* - Moorlands DTS

**5) Carers**

- **Care Umbrella - Joined up day and night is economic**
- **Elderly - multipurpose facility so people can live independently, like extra care housing, but wider - someone always there.**
- **Develop extra care housing model further**
- Take extra care housing one step further so people outside (non-residents) can access facilities
- Central provision is in place for daytime activities and respite

**6) Users of Dementia specific Services**

- **People who need to come are aware of the service.**
- **Singing activities**
- **Exercise activities, walks (accessible) for all**
- **Accessible service for all:**
  - **accessible building and toilets**
  - **wheelchair access**
- Chiroprapist
- We are of an age that we have done most of the new things we want to learn
- Boat trip would be nice
- Dancing (tea dance)
- External entertainment

**Barriers**

- **Money**
- Staff with expertise
- A person centred approach
- Should be quality time.

## **Annex B: Demographic information about engagement participants**

All participants were invited to complete an equality monitoring document. Of the 544 participants, 128 completed and returned a form.

Details of those respondents are listed below:

<b>Gender</b>	
Male	41
Female	80
Prefer not to say	2
<b>Total</b>	<b>123</b>

<b>Sexual Orientation</b>	
Heterosexual	72
Gay or Lesbian	2
Bisexual	0
Other	1
Prefer not to say	22
Blank	30
<b>Total</b>	<b>127</b>

<b>Age Group</b>	
Under 11	0
12 -- 17	0
18 -- 24	8
25 -- 34	9
35 -- 44	10
45 -- 54	21
55 -- 64	8
65 -- 74	11
75 -- 84	15
85 Plus	23
Blank	23
<b>Total</b>	<b>128</b>

<b>Ethnic Group/Background</b>	
British	52
British/Italian	2
Caribbean	1
Chinese	11
Greek	1
Zimbabwean	1
Prefer not to say	20
Blank	33
<b>Total</b>	<b>121</b>

<b>Religion</b>	
Christian	52
Ancestral Worship	5
Bahai	1
Greek Orthodox	1
Methodist	4
Don't know	1
None	6
Prefer not to say	3
Blank	45
<b>Total</b>	<b>118</b>