

Merton Centre for Independent Living Business Plan 2015-18

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Section One: About Us

Our Vision:

To enable Disabled people to take control over their lives and achieve full participation in Merton and wider society.

Our Mission:

Merton CIL is a user-led Disabled people's organisation run by Disabled people, for Disabled people, across the full spectrum of disability.

We work in Merton to:

- promote the independence and inclusion of Disabled and Deaf people in Merton
- identify and challenge discrimination faced by Disabled and Deaf people
- encourage Disabled and Deaf people and supporters to achieve change locally

Our Values:

At Merton CIL, we will ...

Be Welcoming: This means being friendly to you when you come to see us or call us. It means we will try to help you feel comfortable and we will be positive and do our best

Be Compassionate: We will show empathy for what you are experiencing. This means we don't judge you. We don't do sympathy because it is judgemental. We work within the social model of disability, not the medical model

Be Person-Centred: This means we will put you first and we will take an holistic, whole person approach. We will use active listening to find out what you want to do and we will try to support you to make the choices that you want Be Fair and Inclusive: We will be there for people across the full spectrum of disability, no matter who you are or where you are from, across all strands of diversity. This means that no one gets special treatment, and no one gets worse treatment because of who they are or who they know.

Value people's lived experience: We are a user-led organisation. That means we are run by, and for, disabled people. We believe that our shared experience means we can support you better.

Learn: We will always try our hardest to get things right, but no one is perfect. If things go wrong, we will try to learn from that and do things better next time. We will take an evidence-based approach to our work

Fight for justice: We are passionate about supporting you to stand up for your rights. We will challenge discrimination. We will support you to say what you want and need.



Figure 1 Values Poster

What makes Merton CIL unique

- We are the only user-led pan-disability organisation in Merton.
 - Our organisation is controlled and led by Disabled people: over 75% of the Board of Directors are Disabled people. Merton CIL is a membership-led organisation and our work is informed by our members
 - The design and delivery of our services benefit from the lived experience of Disabled trustees, staff and volunteers
 - We give people who use our services choice and control over decisions affecting them
 - We co-produce solutions with our members and other local Disabled people
- The work of Merton CIL is underpinned by a commitment to the Social Model of Disability. This recognises that society creates disabling barriers through attitudes, environment, or organisational structures which don't consider Disabled people's needs. We recognise that some Disabled people require additional support to navigate the barriers created by society, claim their rights, and access services they want or need. Merton CIL's role as a Disabled led organisation is to challenge and remove the barriers and in doing so create opportunity, access and inclusion
- We look at needs holistically, and are able to offer highly personalised approaches including for example home visits, which is a distinctive model in the area
- We use peer-led models of delivery that support local people to work together as a community to break down barriers to inclusion
- Our core services are free for Disabled Merton residents

Skills and Experience

Board of Directors

Our Chair, Roy Benjamin, has worked in the social care field for most of his professional life. For the last 30 years he has been an ardent campaigner for equalities. Roy is a founding member of Merton CIL and has been Chair since our incorporation in 2011.

There are 12 board members bringing vast professional expertise in management, policy, campaigning and advocacy, transport, in a range of national and local charities, and working within the Local Authority, including as a social worker. Areas of strength identified in a 2015 skills audit are: decision making; fundraising; overseeing finances; leadership; local contacts and networking; working cohesively as a group; understanding the relationship between trustees and employees. The board contract in support with HR, IT, M&E and bookkeeping.

Staff and volunteers

Our CEO, Lyla Adwan-Kamara, has experience in community development and focusing on enabling people to be heard on the issues which they consider important using collaborative, participatory and community approaches.

Our staff team are mainly Disabled people or carers and bring enormous experience to the organisation including lived experience, over 20 years of experience in disability activism and campaigning, years of experience as advisors with Citizens Advice Bureaux and Advocacy experience from a range of Disabled people's organisations, as well as considerable legal experience. We continually invest in our team, identifying specialist training and development opportunities. Our volunteers also bring a wealth of experience. See Appendix 1 for an Organogram, and Appendix 2 for profiles of each staff member.

Section 2: What we do

Overview

Merton CIL is rapidly growing. Since starting our pilot services in 2013, we have consolidated our core services and expanded our provision greatly. From just a single member of staff in 2012, by 2017 we will have a team of 9 people (including part-time and seconded workers). In 2017/18 we anticipate providing up to 1,300 sessions of support to local disabled people.

Based on our expertise by experience we now deliver a range of support options to Disabled people in London Borough of Merton to enable us to exercise choice and control in our lives and live more independently.

Our Service Users

Our service is for any Deaf or Disabled person who lives in London Borough of Merton, with a particular focus on the East of Merton, where there is greater need and inequality.

We will support any individual who identifies as a disabled person. We do not ask for proof of disability such as receipt of benefits or doctors' letters, nor will we impose eligibility criteria which limit services to people with greater need. This is because we have identified that disabled people often struggle to access the support to which they are entitled, and that constantly asking people to demonstrate their disability is deeply disempowering.

We will work with people across the full spectrum of disability, including people with visual or hearing impairments, long term ill-health, learning disability, mental health service users and survivors, people with a physical disability, etc

We will also welcome people who are deaf, and people on the autistic spectrum if they want us to, even though they may actively identify as non-disabled people. It is important to us to ensure that disabled people have choice and control, and this means that we do not undertake uninstructed or best interests advocacy for people who lack capacity.

Our Advice and Advocacy Service

We offer the following appointments from 9am to 5pm Monday to Friday:

- a home-visiting service
- appointments at our offices in Mitcham
- representation at Benefits Tribunals (Sutton)
- support at Benefits Health Assessments (within a reasonable distance of Merton)
- support at other meetings and appointments such as housing appointments at Council Offices, or GP appointments in surgeries across Merton

We have 3 Caseworkers delivering this service (2.6 FTE).

Typical areas of support include Welfare Benefits advice and representation, support accessing and navigating community care, support with housing including homelessness.

Our service is specifically tailored to the needs of Disabled people and has been road-tested by us. The model of in-home visits of up to an hour each and being able to return as many times as the person needs, makes advice more accessible to disabled people who: may struggle to get out of the home (perhaps through anxiety or ill health); who may need to build up a relationship of trust before revealing their needs; or who have a number of complex and inter-related issues which need addressing holistically.

Our Volunteer Training and Support Programme

We have developed a core programme which trains Disabled volunteers in key topic areas including disability equality, the 12 pillars of independent living, and disability history and activism. We additionally offer a day of training to get volunteers 'volunteerready' whereby we cover the basics to enable them to start volunteering in the admin-reception role. Volunteers are typically expected to spend 6 weeks or more in this role, getting to know us as an organisation. For some volunteers reception duties will not be appropriate and the focus will be more on admin tasks or attending and supporting at events. Other volunteers for whom adminreception is not an appropriate route, will be supported to find other ways to get to know us.

Following core training, volunteers are then offered monthly skillsset training in eg note-taking, self-advocacy, basic advice skills, budgeting, etc.

In addition, a volunteer may choose, after core training and 6 weeks admin-reception, to focus on a more defined volunteer role with Merton CIL. This could include:

- An Information and Guidance role
- Peer Advocacy
- Monitoring and Evaluation Steering Group

In some areas, additional specialist training is available depending on the role they want to take on and 'on-the-job' shadowing and supervision.

The programme supports volunteers to recognise and share their own skills and experiences in a variety of roles. This improves their confidence and wellbeing as well as providing opportunities for developing personal skills, and skills for employment, whilst making a valued contribution to their local community. This supports our overall outcomes, and reflects one of the things people asked for in consultation which was to see more positive role models.

Our activities to support Disabled people to have a voice:

We run a monthly members group with topics designed to enhance experience-sharing and encourages people to share knowledge and skills, and gain confidence in their abilities. It is also a forum where we can host meaningful dialogue between Disabled people and local organisations and services and we regularly invite organisations to visit the members group, and facilitate members to respond to consultations.

Our Policy and Strategy Work:

We took a strategic decision when the organisation was formed to deliver services not only for the benefit of local Disabled people, but also as a way of collecting evidence of need and gaps, and of building up a picture of the significant issues facing Disabled people in Merton, through our lived experience.

As we gather more evidence, this approach is enabling us to build our influence on service providers in the Borough to the benefit of greater numbers of Disabled people in addition to those directly benefiting from service delivery.

In 2015/16 we launched a Policy and Strategy project which uses the evidence from our casework to identify systemic issues with the delivery of services for disabled people. The themes being addressed by this project are set annually in response to local need and include issues such as challenging inaccessible benefit assessment centres, or policies which discriminate against disabled people. We will also undertake preventative work in this area such as working with a local housing regeneration scheme to ensure disabled residents are heard, or working with the police to develop better protocols for hate crime reporting. In this way we will maximise our impact by using the evidence from our casework to secure change on a more strategic level which benefits a greater number of disabled people.

Recent achievements include:

- A benefits policy paper for our MP leading to an Adjournment Debate
- Merton Council investing £9 million into Adult Social Care following years of cuts
- Research identified an estimated 500 disabled people experiencing hate crime annually in Merton. We subsequently worked with the Council to develop a new Hate Crime Strategy.
- See Appendix 3 for the range of local decision-making bodies which we represent Disabled people on

User Involvement:

User involvement is the fundamental principle as to why we exist as a user led organisation. We therefore hold a range of activities to enable members to have a strong voice in shaping Merton CIL, as well as activities to support the voice of Disabled people externally:

Co-production of Merton CIL's services:

- Services are designed and trialled with the involvement of these who use the service, as we believe in a model which enables users to develop the services that reflect their own needs. This is why the initial idea for an advice service came from local Disabled people, it is why we conducted a pilot to refine the service based on user feedback
- Our AGM is designed to be informative and interactive with as many people as possible attending and contributing. We make it as social as possible and have it on different times and days across the years so than as many people as possible can attend
- We continue to hold regular events to gather feedback on the priorities for local Disabled people to ensure the input of other local people as well as our existing members. Our annual My Voice Matters consultation event includes accessible formats including BSL interpreters, graphic facilitation, easy read documentation to ensure as many people as possible can contribute. We also provide transport for those who need it
- Our quarterly newsletter invites and takes contributions from local Disabled people
- Our user-led Monitoring and Evaluation Steering Group supports our external M&E.

Disability Equality, Access Audit, and Research Services

We are developing our business model to provide charged for services.

• We intend to adapt our Disability Equality Training programme to be suitable for other organisations across the corporate, statutory and health sectors.

- In 2014 we ran a taster Disability Equality Training session for Circle Housing Merton Priory's Customer Service Team, following our expression of concern about their handling of calls from disabled people. This was very well received.
- We will be delivering pilot Independent Living Training to Local Authority Social Workers in 2017
- As part of our General Election 2015 work aimed at supporting disabled people to vote, we undertook 13 access audits of polling stations in Merton. Many of our recommendations were acted on.
- As part of our partnership work with other organisations we have been involved in supporting organisations to undertake research or consultation with Disabled People. Where this work is beyond our strategic / funding commitments we have in some cases been in a position to charge for the work. We are building up our knowledge and experience in this area, in particular, our CEO is an experienced market researcher.

The business model we intend to develop will be for increasing our income generating services as peer-led services which support local Disabled people to take an active role in achieving change

Section 3: The environment we work within

Demographics

The 2011 Census estimates Merton's population at 199,693¹. 48.4% of the population are white British. 35% of Merton's population is from a Black, Asian and Minority Ethnic (BAME) group. There are also significant Polish, Irish, and South African populations in Merton.

Compared to national averages, Merton is a relatively affluent borough, but the overall lack of deprivation hides stark inequalities in the borough between the more deprived wards in the east of the borough (Mitcham) and the more affluent wards in the west (Wimbledon). For example average life expectancy is 10-12 years lower in the East of the borough (Merton Resident Survey 2011)².

In the 2011 Census 13.8% of residents have a disability or long-term health condition, of which 4.2% receive disability allowance or disability allowance and attendance allowance combined. There were 25,875 people in Merton with a limiting long term illness, 15,141 people providing unpaid care, 6,090 DLA claimants, 3,792 Mental Health Service Users and 2,980 on Incapacity Benefit.

Need created by the political, economic and social policy environment

Disabled people are significantly disadvantaged in the UK across a number of inter-related areas.

Overview

- The austerity agenda has led to massive cuts in funding for public services. More rounds of cuts are expected as local authorities manage the pressures of reduced funding from central government. Public service cuts come together with unprecedented changes in the welfare and health care systems.
- Disabled people are impacted by austerity reforms 9 times

¹ Census 2011

² Merton Resident Survey2011

more than non-disabled people, 3 with Disabled people, (8% of the population) bearing 29% of all cuts⁴.

- Disabled people are twice as likely to live in poverty⁵ and die 10 years earlier due to worse care⁶. We are more likely to be out of work and face additional expenses including home help, adaptations, or extra heating. The number of Disabled people in poverty is increasing and disability benefits are targeted for further cuts⁷.
- In particular, the 2013/14 Merton Residents Survey⁸ evidences the need to improve services for local disabled people. On nearly every measure, Disabled people rate the council lower than the average rating. See Appendix 8 for our full analysis of the findings
- User led organisations also see the impact of welfare and social care changes on their own staff and volunteers. The increasing pressure on local Disabled people jeopardises their capacity to volunteer or otherwise get involved in the running of their local organisations and services

Social Care

 Fewer Disabled people meet tightening eligibility criteria for specialist social care support. Decline in social care packages impacts on people's ability to live independently and feel in control of their lives. Already, nationally, over a quarter of Disabled people say that they do not frequently have choice and control over their daily lives⁹. Cuts in eligibility will continue to increase demand for "universal" services and specialist services funded from other sources.

Health

 Health service funding structures have fundamentally changed. This can represent potential opportunities for new sources of funding, but with the challenge of having to

³ Centre for Welfare Reform, A Fair Society?, 2013

⁴ Facts and statistics on the impact of welfare benefits cuts on disabled people. Inclusion London. November 2013

⁵ The Disability Review. Leonard Cheshire Disability. 2009

⁶ Improving Health & Lives. Department of Health. 2010

⁷ Poverty by Household Disability Status. Joseph Rowntree Trust. July 2014

⁸ http://www.merton.gov.uk/council/performance/residentssurvey.htm

⁹ http://odi.dwp.gov.uk/disability-statistics-and-research/disability-facts-and-figures

engage with different commissioners and make sense of new commissioning processes

Welfare

- Disabled people are particularly affected by changes in welfare systems, phasing out of the Independent Living Fund, and replacement of DLA with PIP.
- We estimate roughly 2000 DLA claimants in Merton risk losing the benefit in the change to PIP. Furthermore we are witnessing increasing hardship due to benefits delays and sanctions, with some people waiting over a year for PIP and considerable problems with ESA processes including poor information and assessment processes.
- Worsened health, deaths and suicides have been repeatedly linked to flawed Work Capacity Assessments, PIP Medical Assessments, Sanctions and the Work programme¹⁰

Housing

- Meanwhile a severe lack of accessible housing affecting people's health and independence¹¹
- In Merton, through our casework we are witnessing an escalation in evictions and homeless episodes for disabled people.

Employment

- Unemployment rates remain particularly high for Disabled people. ODI note that, nationally in 2012, there was a 30 percentage point gap in employment between Disabled and non-disabled people, with only 46% of working age Disabled people in employment¹².
- Regional and local strategies such as the London Enterprise Panel Jobs and Growth Plan 2013 mirror national policy agenda which aims to reduce poverty and reliance on welfare benefits by improving sustainable employment. However current national employment support programmes such as Work Programme and Work Choice are performing extremely

¹⁰ MS Society Survey September 2014 and Mind Survey September 2014

¹¹ Muscular Dystrophy Report. September 2014

¹² http://odi.dwp.gov.uk/disability-statistics-and-research/disability-facts-and-figures

poorly in relation to job outcomes for Disabled people and fail to take into account structural difficulties such as poor education outcomes; low skills profile; low aspirations; poor transition planning that fails to address employment; lack of part time and flexible working opportunities; discrimination in the workplace; and employer attitudes to employing Deaf and Disabled people¹³

Inclusion

 Barriers to inclusion go far beyond employment. Around a third of Disabled people experience difficulties related to their impairment in accessing public, commercial and leisure goods and services¹⁴ and Disabled people remain significantly less likely to participate in cultural, leisure and sporting activities than non-disabled people¹⁵.

Democracy

• The participation of Disabled people in political life has decreased¹⁶. A quarter of Disabled people struggled to vote in the General Election 2015¹⁷

Hate Crime

 The welfare reform agenda has led to a media demonization of Disabled people as benefits "scroungers" or "fraudsters", and a general devaluing of the contributions that people make to society beyond paid employment. This corresponds to an increase in incidents of disability related hate crime.

User Involvement

There is a strong evidence base for the value of user and peer provided services. Peer support has been found to produce positive outcomes for people with mental health needs and long term health conditions.

¹³ Trotter R. Work in Progress: Rethinking employment support for disabled people. 2013

¹⁴ http://odi.dwp.gov.uk/disability-statistics-and-research/disability-facts-and-figures

¹⁵ Life Opportunities Survey Wave 3 Final Report. ONS. September 2015

¹⁶ EHRC. September 2015 <u>http://www.equalityhumanrights.com/commission-urges-action-boost-number-disabled-people-politics</u>

¹⁷ http://www.localgov.co.uk/Quarter-of-disabled-people-struggled-to-vote/38695

Research indicates that peer supporters report benefits in empowerment, recovery, confidence and reduced stigmatisation, whilst those supported by their peers report improved quality of life, higher satisfaction, community inclusion, better social support and functioning. The wider system benefits for example through reduction in costly hospital and care admissions, and reduced workload for social care staff¹⁸,¹⁹

It is therefore intended that as much as possible we will secure and further develop our user- and peer-led services.

Priorities for local Disabled people

There is a diverse range of service provision available to Disabled people in the borough, provided directly by the Local Authority, NHS, or voluntary and private sector partners. However there are clearly evident gaps in meeting local Disabled people's priorities. "There is a lack of consultation, support and resources at all levels" "I am being told there are no resources available to help me"²⁰

Between Oct 2013 to Jan 2014 we undertook consultation with local disabled people, in particular at our My Voice Matters debate in December 2013. Other consultative approaches during that period included:

- Learning Disability Conference
- Merton CIL Team Day
- Peer Support Review
- Partner meetings
- Board strategy day

This consultation led to our initial strategic plan, which was refreshed in 2015 through My Voice Matters 2014, and an organisational Strengths Review process in 2015.

More detail of local need and specific service gaps are highlighted later in this Business Plan, under each strategic priority. These represent

¹⁸ Using Personal Experience to Support Others with Similar Difficulties. Repper R and Carter T 2010

¹⁹ Peer Support In Long Term Conditions. Mental Health Foundation. 2013

²⁰ Quotes from My Voice Matters 2013

opportunities for Merton CIL to grow current services; expand into new service areas; and to collaborate more closely with partners to improve the local offer to Disabled people.

Section 4: Our Key Strategic Priorities

Having taken into account priorities highlighted by local Disabled people, the current context we are working in, and our own particular strengths and weaknesses, Merton CIL has decided on 9 strategic priorities for the next 3 years. Each of our strategic priority areas fits under one of our organisational objectives. There is also an overarching objective to continue to develop as a sustainable and accountable organisation.

Objective 1: to promote the independence and inclusion of disabled and deaf people in Merton

Strategic priorities:

- 1. Better Access to services and information
- 2. Have positive role models in employment
- 3. Support the independence of young disabled people in education

Objective 2: Challenge discrimination facing Disabled and Deaf people in Merton

- 4. Better support and accountability around services
- 5. No Hate Crime
- 6. Address workplace discrimination
- 7. Enforce Equalities Law

Objective 3: Encourage disabled and deaf people and supporters to achieve change locally

- 8. Nothing about us without me²¹
- 9. Involve disabled people in design to improve access

Objective 4: To develop a sustainable and accountable organisation

²¹ There is a well-known saying by disabled people "nothing about us without us", our members adapted this saying to "nothing about us without me" because they felt there had been a move towards asking so-called representative organisations for input rather than talking to individual disabled people directly

Objective 1: To promote the independence and inclusion of Disabled and Deaf people in Merton

Evidence of need

Advice and Advocacy

The social care and welfare environment has become even more confusing for Disabled people and leaves people feeling vulnerable: "I feel really insecure about the changes happening"²²

The massive changes in benefit and social care entitlement and processes have already lead to increased demand on Merton CIL for services, as Disabled people struggle to understand and advocate for their rights. Yet there are significant local barriers in accessing information about rights and services.

Citizens Advice Bureau have estimated that benefits advice saves £8.80 for every £1 spent, because it prevents bigger more costly problems developing and reduces the need for more intensive advocacy support²³. Yet advice services locally have been reduced with the Mitcham branch of the CAB now only an information hub. The only CAB advice centre now is in Morden which frequently has queues down the street. National CEO Gillian Guy said CAB is "buckling under volume of calls over new benefits" and the "already overstretched service pushed to breaking point"²⁴.

In addition, Disabled people require advisors who understand the complexities of the issues they are facing, and services that can meet their access needs. CAB recently launched a disability advisor post but this is office-based, and they will not accompany people to assessments or tribunals.

²² Quote from My Voice Matters 2013

²³ "Towards a Business Case for Legal Aid". Citizens Advice Bureau, 2010)

²⁴ Guardian. July 2012

Continuing our home visiting advice service is essential for Merton CIL to ensure that local Disabled people have access to high quality accessible advice. It is also an essential feature of our holistic approach to people's needs, which local people value highly.

Advocacy services in Merton are limited to very tight eligibility criteria or specific impairment groups. For instance VoiceAbility offer Independent Mental Capacity Advocates; Rethink offer Independent Mental Health Advocacy to users of Springfield Mental Health Hospital (there have been suggestions that this is under threat).

There is no local organisation apart from us taking on non-statutory disability advocacy work in Merton. This gap is so significant that in 2013, local partners Merton Mind, Go4M and Merton Mencap wrote letters of support for our funding bids for this work.

Locally, Disabled people are experiencing increasing difficulties accessing services. Mental health services have seen considerable cuts over the past few years, including the closure of Merton Mind, while Adult Social Care in Merton is targeted for substantial cuts in 2015-19.

Overall our intention is to enhance the resilience of local Disabled people by ensuring they have knowledge of their rights, can access and negotiate the support to which they are entitled nationally and locally, and can better deal with problems and issues in the future.

Employment

Employment is seen as difficult to achieve: "Disabled people have fewer pathways in to work because volunteering, is less well supported"²⁵. Merton JSNA emphasises the link between income and employment and mental and physical health, and the need to support people to be productive (in paid or unpaid work) to reduce demand on health services. Local strategies put emphasis on the need to support people with employment and skills development²⁶ whilst mainstream approaches such as Work Programme and Work

²⁵ My Voice Matters 2013

²⁶ <u>http://www.merton.gov.uk/health-social-care/publichealth/jsna.htm</u>

Choice fail to achieve significant success in supporting Disabled people into employment , with job outcome rates as low as 2.2% and 29% respectively $^{\rm 27}$

Specific objectives:

1.1 Improve access to services and information

- Deliver a Merton CIL Advice Service
- Deliver a Merton CIL Advocacy Service
- Deliver a Merton CIL Peer Support Programme

1.2 **Provide positive role models in employment**

- Deliver an expanded Peer Support Programme focussing on accessing employment opportunities
- Employ disabled people to deliver our services.
- This objective was put on hold in May 2015 due to a lack of resources

1.3 Support the independence of young Disabled people in education

- Engagement with schools and colleges
- Young person's peer support.
- This objective was put on hold in May 2015 due to a lack of resources

²⁷ Work in Progress. Rethinking Employment Support for Disabled People. Trotter R. 2013

Objective 2: To challenge discrimination facing Disabled and Deaf people in Merton

Evidence of need

The 2013/14 Merton Residents Survey²⁸ and our own My Voice Matters debates both identify that local Disabled people feel they do not have equal access to local services and rights; and are not listened to in their concerns.

Particular difficulties have been highlighted in our My Voice Matters debates and our advice and advocacy casework around equality of access to health care and housing, and the unequal impact of changes in welfare benefits on Disabled people: "Despondent. That's how I feel. I have to put a lot into getting ready to go out. Travelling is hard and then you get to where you're going and can't get in.²⁹"

In addition local people identify a need for improved disability equality awareness amongst professionals and agencies working with Disabled people and within the community. For instance our 2014 My Voice Matters debate identified the need for disability equality training and improved awareness amongst health professionals.

NHS England has developed a new accessible information standard. The standard aims to ensure that Disabled patients and service users with communication access needs have these met by health and social care services and organisations. All NHS Trusts have to also ensure compliance with The Equality Delivery System (EDSII); a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.

²⁸ <u>http://www.merton.gov.uk/council/performance/residentssurvey.htm</u>

²⁹ My Voice Matters 2013

We already provide some Disability Equality Training and Access Auditing but marketing of this service is undeveloped currently. There are many providers in the market but not many where Disabled people are delivering the programmes themselves. We could generate unrestricted income by marketing and selling these courses to local agencies.

We also have experience of challenging breaches in Equalities Law. Changes to Legal Aid make this increasingly difficult as fewer people are eligible for free legal help, and there are fewer solicitors doing the work. We have been building links with solicitors and referring cases, particularly with housing issues.

In addition people face active discrimination and hate crime from the public. "Sometimes I feel really frightened. It's not just being able to get out and about it's also about the lack of care and concern people have. Some people don't want to see disabled around. You get called names and worse.³⁰"

We have developed our role and expertise in this area, working with partners such as the police, Go4M, and local bus company to identify and address Hate Crime. We now sit on the Safer Neighbourhood Board and Stop and Search monitoring group, and have a police liaison officer working closely with us. Disability Hate Crime statistics are now reported. We have participated in a Hate Crime workshop hosted by Trust for London and run members groups on hate crime experiences, hate crime and meeting the police, and mediation and resolving conflict. Based on this research on local experiences of hate crime we have developed a model for a Disability Hate Crime Pilot.

³⁰ My Voice Matters 2013

Specific Objectives:

2.1 Better support and accountability around services

• Develop our role in influencing local policy and decision making

We will employ a Policy Worker who can:

 Collate and analyse information we have about problems in services provided by LB Merton and other providers. Initial policy areas we will focus on are housing and impact of welfare reforms. We will keep track of emerging issues like quality of social care, residential care, charging issues, and safeguarding.

2.2 No Hate Crime

- Work with partners to identify disability hate crime
- Develop a Disability Hate Crime Reporting and Prevention model

2.3 Address workplace discrimination

- Engage with local businesses
- Market our Disability Equality Training to local businesses and public sector providers
- This objective was put on hold in May 2015 due to a lack of resources

2.4 Enforce Equalities Law

- We will identify test cases which highlight breaches of Equalities Law. We will collaborate with other Disabled people's user led organisations to build up evidence and patterns of breaches
- We will build more links with solicitors able to take on these cases

Objective 3: to encourage Disabled and Deaf people and supporters to achieve change locally

Evidence of need

Merton Residents Survey 2013-14 identified that local Disabled people feel that the council isn't involving or listening to us. Historically, local consultations have been conducted in inaccessible ways. We have already done a lot of ground work highlighting the issues with consultations with the Leader of the Council and the Director of Community and Housing and both have publically committed to improving consultation.

Specific Objectives:

3.1 "Nothing about us without me"

- Influencing work to make consultations by statutory and other bodies more accessible for disabled people
- Run our own consultations with Disabled people and feed these back into local planning and decision making bodies (4-6 per year)
- Respond to consultations on behalf of members

3.2 **Involve Disabled people in design to improve access**

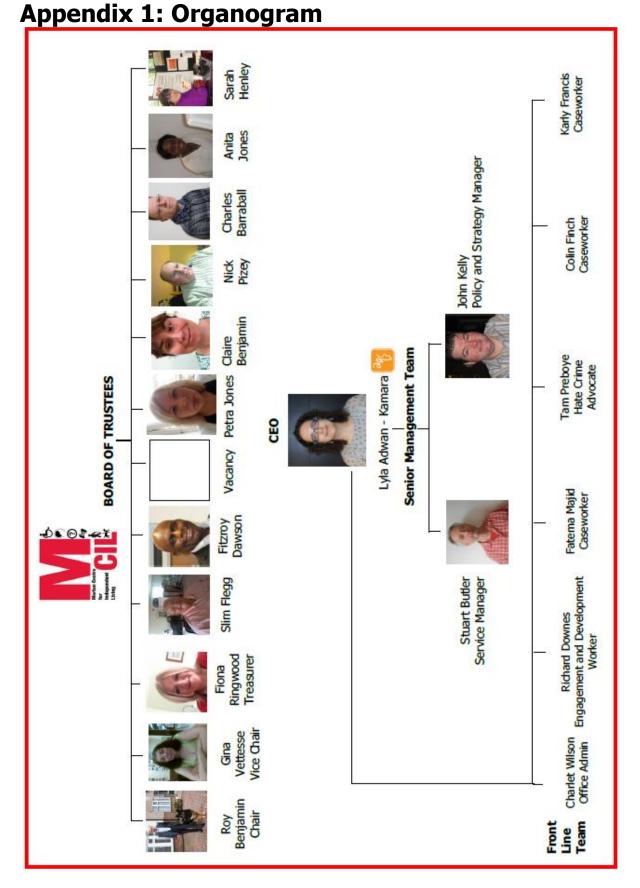
- Support local disabled people to challenge poor design
- Ensure planning becomes more accessible

Objective 4: to strengthen the sustainability and accountability of Merton CIL

A detailed organisational strengths review was conducted in July-August 2015, involving trustees, employees, volunteers and members. This found that Merton CIL is a strong organisation going through a period of immense growth. The skills, knowledge and commitment of the trustees, staff and volunteers are widely respected in the borough. It identified a range of areas the organisation needs to address, mostly linked to its growth and having management capacity to deliver everything the trustees have committed to do.

Specific Objectives:

- 4.1 Increase Governance Skills
- 4.2 Increase Management Capacity
- 4.3 Increase Partnership working
- 4.4 Increase Quality Assurance



Organogram: Valid at 20/02/2017

Merton CIL Business Plan Version (6) 2015-18

Appendix 2: Staff profiles

Lyla Adwan-Kamara – CEO (0.9 FTE)



Lyla is CEO of Merton CIL and has been in post since August 2012. She has a background in marketing, research, and international development. She has worked with local disabled people to grow Merton CIL from a team of 1 to a team of 9 in just a few years. Lyla lives in Merton with her

husband and two children under 6.

Stuart Butler – Service Manager (0.7 FTE)



Stuart joined the team from Citizens Advice where he worked as an outreach advisor. He worked for Merton CIL as an Advice Case Worker focusing on housing, and also has an extensive background in advocacy. He read

classics at Kings and has a degree in Law from Birkbeck, as well as Postgraduate Diploma in Legal Practice from the College of Law. Stuart has been Service Manager at Merton CIL since April 2016 with responsibility for quality and supervision of service delivery.

John Kelly – Policy and Strategy Manager (0.4 FTE)



John was a co-founder and trustee of Merton Centre for Independent Living and has now stood down from the board and joined the team as Policy & Strategy Manager. His background is in developing Social Change. He has been an active member of the Disability Movement for

over twenty years. John is a professional artist and musician and performs nationally and internationally.

Richard Downes – Development & Engagement Worker (0.6 FTE)

Richard has been active in the Disability Movement as an Advocate and Activist for more than 20 years. Richard is proud to define as a disabled person. He is currently using his talents to lead our volunteer team and to direct and provide training.

Colin Finch – Caseworker (1 FTE)

Colin joined Merton CIL in September 2015 from Greenwich, where he worked for over five years as an advocate. Colin has a degree in Law from Oxford Brookes University. He has varied working experience – spending time working for a trade union as well as Customs and Excise (now known as Revenues and Customs).

Karly Francis – Caseworker (0.7 FTE)

Karly joined in May 2015 as an advocate. Karly and Colin make up the advocacy service. Karly has past experience in advocacy as well as having graduated from Hull University with a degree in Physics. Karly trains in disabled water skiing and plans to take part in the world competition next year.

Fatema Majid - Caseworker (0.7 FTE)

Fatema is our newest member of the team. Fatema comes from Bradford, Yorkshire and has a Law degree from Bradford university. She has a background in both advice and advocacy. She has experience within mental health as a support worker, giving debt advice for disabled people and was a generalist outreach advice worker at Citizens Advice Bureau. Fatema is OISC level 2 qualified in Immigration advice. Fatema will be going on maternity leave in 2017 and her role will be covered by a temporary member of staff.

Tam Preboye – Hate Crime Worker (secondment, 0.6 FTE)

Tam has been on secondment with Merton CIL since June 2016 as a hate crime worker. Tam is employed by Stay Safe East who are a userled disabled people's organisation who specialise in dealing with hate crime and domestic violence affecting disabled people.

Charlet Wilson – Office Administrator (0.9 FTE)



Charlet joined Merton CIL in May 2015 along with Karly. Charlet is Merton CIL's first administrator and acts as the organisation's front of house. She has a degree in Law from Brunel University.

Appendix 3: List of Memberships and Groups

Merton CIL are members of:

advice uk www.adviceuk.org.uk



www.disabilityrightsuk.org



www.londonbrokeragenetwork.com/



https://www.inclusionlondon.org.uk

Mentoring+ **Befriending** Foundation





Merton CIL sits on the following local bodies:

- ASC Task Group (VSC & Council partnership)
- Charging Group (Council-led)
- Direct Payments Forum (Council-led)
- Disability Health Needs Assessment Steering group (VSC & Council partnership)
- Hate Crime Task Group (Council-led)
- Health and Social Care Forum (VCS-led)
- Independent Advisory Group (Police-led)
- Mental Health Forum (VSC-led)
- Safer Neighbourhood Board (Council-led)
- Stop and Search group (Independent)
- Merton Access and Transport Alliance, MATA (VSC-led)

Appendix 4: Historical Background and Context

Context of the CIL (Centre for Independent Living) Movement:

CILs have been part of the independent living movement of Disabled people worldwide since the 1970s, and have been integral in ensuring Disabled people have a voice. In the UK Derbyshire and Hampshire Coalitions of Disabled People identified certain basic conditions essential to achieving independence: information; advocacy; peer counselling/support; personal assistance; housing; access; appropriate and accessible health care provision; technology; transport; education; employment; and income/benefits.

The Independent Living movement was given a boost by the introduction of Direct Payments, seen as an opportunity to increase choice and control available to Disabled people. The Improving Life Chances report 2005 called for user led CILs to be formed in every borough and was followed by "Putting People First"³¹ and "Fulfilling Potential"³² emphasising principles of independence and self-directed support. It is recognised that user led organisations are effective in engagement and empowerment; service innovation and design; community development; and economically³³,³⁴.

Merton CIL also recognises the significant unmet needs of people living with mental health and wellbeing issues. Merton CIL aligns is work to the "Recovery Model" (Deegan, 1988, Anthony, 1993) which emphasises that, while individuals may not be able to have full control over symptoms of mental illness, they can have full control over their lives: people "can achieve not only affective stability and social rehabilitation, but transcend limits imposed by both mental illness and social barriers to achieve their highest goals and aspirations."³⁵

³¹ Putting People First. Department of Health 2007

³² Fulfilling Potential. ODI and DWP 2013

³³ Confident Commissioning. Building Relationships Between Local Authorities and Disabled People's User Led Organisations. Williams. SENDPO. 2014

³⁴ A Commissioner's Guide to Developing and Sustaining User-led Organisations. SCIE Guide 36. Updated July 2013

³⁵ The Recovery Model. Contra Costa County California.

History and Track Record of Merton CIL:

We have demonstrated considerable resilience and determination to get a CIL set up with limited resources.

In August 2007, Go4M, a campaigning group of Disabled people in Merton proposed the idea of a CIL for the borough. Following workshops with local Disabled people organised and facilitated by Merton Council, a Steering Group was established in September 2008 to progress the CIL development. This group engaged a Business Development Manager to work with focus groups involving hundreds of local Disabled people and numerous local organisations and identified particular issues influencing CIL development most importantly: the absence of a local user led organisation; services which did not match local people's needs and aspirations or access needs; gaps in good quality advice, advocacy and peer support for local Disabled people.

This development process led to formal launch of the organisation in March 2011. The CIL was registered as a Limited Company in May 2011 and as a Charity in 2013, and is supported by LB Merton with Strategic Partnership Funding until 2015.

Merton CIL's first AGM was held in July 2012 with a range of new directors joining the board. The Merton CIL Manager (now CEO) was appointed in August 2012 and Merton CIL's service delivery began in early 2013 with an outreach advice service. This was later refined with a home visiting focus and large range of case work and continues to be a highly valued core service. Advocacy and peer support have been running since September 2013

Within our values of "nothing about us without us" our development has been continually led by local Disabled people. Annual formal consultation with local Disabled people, supporters, our members and service users through our 'My Voice Matters' debates, as well as reviews with staff and trustees, have allowed us to identify and discuss key issues for local people and use them to refine our strategic goals.

We take a cyclical "consult, pilot, reflect and improve" approach. All our projects are developed and refined based on the needs and wants of local Disabled people.

Appendix 5: Merton CIL 2017 Summary of strengths, opportunities, weaknesses and threats

The strengths and weaknesses columns reflect our internal position and what we have learned from our experiences to date while the opportunities and threats column reflects external pressures and what we anticipate in the future.

<u>Strengths</u>	<u>Weaknesses</u>
User-led organisation, run by Deaf and Disabled people, so we have greater understanding of issues and possible solutions for disabled people	Demand is high which means we have to operate a waiting list and can't help everyone
We are open to all Disabled people across the full spectrum of disability and do not apply eligibility criteria	We need to be clearer how we prioritise case allocation, and be confident enough to say if we can't address something
Our holistic approach means people can work through different areas they need support with; because we give	Our building can be hard to find and isn't 100% accessible
time and build trust	We struggle to engage the Deaf community despite offering BSL
Home-visiting makes services more accessible to disabled people	We don't work with very many young people
Support at assessments and tribunals means people are supported in formal situations	We need to better manage people's expectations, anxieties and enable people to be more
We are seen as approachable, friendly, helpful, understanding	involved in their own solutions
Our staff have considerable depth of knowledge, skills and commitment.	We are often crisis solving and need to spend more time enabling
We give staff the support they need and provide lots of training opportunities	Trustees want more involvement, skills and diversity on the board

	Need to strengthen
Supportive of our volunteers and	measurement and
offer training and development	communication of our impact
opportunities	and value for service users
Offer a place of learning and	Our current funding ends
	-
connection through members group	31/03/2018 and we need to
and events promoting different points	obtain more
of view and shared perspectives	
	We need to develop an income
Strengths in collective voice and	generation model
influence	
	We need to consolidate our work
Funded from a range of sources	and grow more slowly
Opportunities	Threats
We have a very good reputation	Welfare Reform and Austerity
within the community. We get many	lead to increasing financial
	-
self-referrals through word of mouth	pressures for Disabled people
and signposting from past service	
users, we are referred to by	Cuts to local services by Merton
professionals	Council lead to reducing
	independence and dignity
We could build on our track record to	
grow our reach and develop more	Housing crisis means it is difficult
long-term support models for people	to get people into the right
	homes
The Social Model allows us to build a	
collective voice across needs and	The planned integration of Social
identity groups. We could use this	Care and NHS could lead to re-
collective voice more effectively by:	emergence of the medical model
-being more involved in decision-	and devaluing of Social Model of
making by the Council and influence	Disability
the choices they make	
-building links with Solicitors in key	Cuts to Legal Aid mean less
areas like Housing, Community Care	access to legal knowledge,
-engaging with the CCG and Public	services and justice
Health teams and explain the social	
model to them	Cuts to adult education reduce
- doing more work with local Councils	opportunities for well-being
and MPs to convince them of the real	

hardships faced by local Disabled people	External factors mean there is greater demand for services, but	
-being more active in campaigning	also fewer ways to support	
	people. Our case work is	
We could use our links with other	becoming more complex as	
like-minded organisations, using	people present with multiple and	
	interlinked issues	
greater partnerships to increase the	IIItelliikeu issues	
voice of Disabled people	These is an increase in monthal	
	There is an increase in mental	
We need to grow and broaden range	health service users accessing us	
of services to improve independent	as other services close	
living, and/or work in partnership		
with other organisations to take	It can be difficult to signpost	
advantage of new opportunities and	people elsewhere for support as	
fill gaps	other services close	
	Grant funding is likely to reduce	
	and Council may move to a	
	commissioning model which	
	imposes eligibility criteria	
	We may be forced to consider	
	eligibility criteria to manage	
	demand, which is not our model	
	or in line with our values	
	Widespread expectation that	
	volunteers can be used to	
	replace staff	
	Our current premises may be re-	
	developed	
	We do not have dedicated capacity	
	for fundraising	

Appendix 6: Funding Strategy 2015-18

This strategy should be read in conjunction with the Business Plan 2015-2018

Fundraising statement

- Merton CIL needs to grow and diversify its services and funding sources, in order to meet local need, and to ensure its sustainability
- Merton CIL needs to grow in a planned way, within the objectives set out within its Business Plan 2015-18. Financial modelling has been undertaken for current services and those prioritised for three years of the business plan. Fundraising for further growth needs to be informed by robust Business and Financial modelling of proposed new services, or for expansion of current services. The Board of Trustees should consider the risks highlighted in the Risk Register, and new risks posed by a particular service or funding stream
- Merton CIL is currently funded by The Big Lottery, London Borough of Merton and Henry Smith Charity from April 2015 to March 2018. The organisation will need to start planning and developing further grant funding opportunities by September 2016
- Merton CIL needs to increase its unrestricted grants and generated income in order to build up unrestricted income that can be used on innovative service development, and on building up a reasonable level of general reserves in line with our Financial Control and Reserves Policy
- Merton CIL needs to improve its knowledge of tendering opportunities in the public sector by building relationships with commissioners in neighbouring boroughs as well as in this borough, and by building its knowledge of new health commissioning structures. In addition it needs to register on the public sector funding portals used by this and neighbouring boroughs
- In the current funding climate there are fewer opportunities for small providers. We need to build experience of working in consortiums or legal partnerships to deliver, and it would be advantageous to be large enough to be able to compete for public sector contracts, alone where this is appropriate, or as a lead contractor. To make this realistic Merton CIL needs to plan

increase its annual income to around £500K within the 2018-2021 period.

Funding criteria: a guide to help our organisation make the right funding and contract decisions

Below is a list of ten criteria that Merton CIL will use to help our organisation make the right decisions about what funding and contracts to apply for.

The criteria is a guide that sets out the things Merton CIL needs to be able to do to ensure our work reflects the values of our organisation. Funding and contract opportunities will be compared against this criteria and a judgement will then be made as to whether to apply for the funding or contract.

Funding or contract opportunities that Merton CIL apply for should enable our organisation to:

- 1. meet a range of access needs including producing information in different formats and other support such as providing personal assistance and British Sign Language Interpreters when required.
- 2. carry out regular outreach & engagement work to ensure we reach marginalised groups of Disabled people.
- 3. provide sufficient staffing / volunteering levels to ensure we can welcome people and give people the support and time they need.
- 4. have enough flexibility to meet needs in different ways and provide a range of support
- 5. have enough flexibility to provide genuinely personalised service delivery for example providing support over a longer period of time if needed.
- 6. have enough flexibility to set realistic output targets that enable us to deliver high quality, personalised support.
- 7. deliver free high quality services
- 8. have enough flexibility to actively recruit disabled people and meet the access needs of disabled staff and volunteers
- 9. engage service users and members in monitoring, evaluation and planning, and gather evidence of impact.
- 10. carry out, without restriction, our role as an independent champion and advocate of disabled people

Appendix 7: Financial Projections

The organisation has grown rapidly in recent years. Merton CIL's turnover in 2012 was £3,387 and has grown to £288,267 in 2015/16. The budget for 2016/17 has a projected turnover of \pounds 340,000.

To ensure our long term financial sustainability we will:

- Maintain a Fundraising Strategy (Appendix 6) which aims to sustain or grow our current income levels for core services, diversify into income generation opportunities and build our unrestricted reserves
- Develop systems for marketing services and managing payments for income generating services
- Annually review our Reserves Policy to take into account risks identified in the Risk Register

Merton CIL Budget		
	Annual Budget	Annual Budget
	2016/17	2017/18
Advice & Advocacy	188,000	195,000
Hate Crime	43,000	56,000*
Inclusion & Supported Volunteering	70,000	98,000
Policy and Strategy	35,000	35,000
TOTAL Expenditure	336,000	384,000

*unsecured as at 20/02/2017

Appendix 8: Merton CIL Review of 2014 Resident's Survey Data

Background

The Annual Residents' Survey is a survey of residents over 18 years old in the borough. Merton residents are interviewed face to face by independent researchers, about their personal concerns, attitudes to the council, and council services. Over a thousand local people are interviewed in their homes and public places. Most of the questions are comparable across London, while some are Merton-specific

The Residents' Survey 2014 was carried out in September and October 2014. The survey covers the following issues:

- Personal concerns of residents
- Image of the Council as a whole
- Satisfaction with local services
- Other local matters and services

In 2014, Merton Council scored highly on a number of measures. However, these high scores are not reflected in the responses from disabled people surveyed. It should be noted that the survey responses from people were gathered before the full scale of cuts to adult social care and other services was communicated, so responses from disabled people were negative, even before cuts were revealed.

Disabled people say Merton isn't listening

- Merton Council says that a record number of people think the council involves residents in decision making (56%, up by 4% since 2013).
- However, just over a third of disabled people (34%) say that the council **doesn't** involve residents in decision-making. Although this is better than in previous years, when it comes to listening to the concerns of local residents, only just over half of disabled people agree that the council is listening (53%) compared to 60% of non-disabled people.

Disabled people feel that service delivery is poor

• Fewer than two thirds of disabled people said that the council is efficient and well run (63%). Although that is more than in 2012, it

is less than in previous years. This compares to nearly three quarters (72%) of non-disabled people saying that the Council is efficient and well run.

- In addition, compared to non-disabled people, fewer disabled people said that the council is doing a good job. Although that is more than in 2012, it is less than in previous years. In fact, a quarter of disabled people specifically said that the council is **not** doing a good job.
- Far fewer disabled people than non-disabled people agree that the council responds quickly when asked for help, and this measure is getting worse over time.
- Looking specifically at adult social care, only a quarter of users of adult social services rate the service positively. Apart from parking, adult social care was the worst-rated service by its users.

Access to recreation and leisure for disabled people emerges as a significant issue

- In terms of attitudes to local services, the following services are all rated worse by disabled people, even though satisfaction is high among non-disabled people:
 - Parks, playgrounds, and open spaces
 - Leisure and sports facilities
 - o Libraries
 - $\circ~$ Services and activities for young people
- Our hypothesis is that a range of factors are affecting these scores, but that lack of access to facilities (physical, financial, transport, etc) is driving the poor satisfaction.

Disabled people are more likely to feel discriminated against

- Residents were asked whether they agreed that the Council treats people in a fair and non-discriminatory way and write ups of the survey results announced that the majority of residents continue to agree that the Council treats them in a fair and non-discriminatory way.
- However, disabled people were more likely to disagree with this statement (14% compared to 7% non-disabled people). To put this in to context, this is on a par with the level of disagreement voiced by residents from Black/Black British ethnicities. So this response by disabled people sticks out as very significant.

Disabled people have low wellbeing scores

- Disabled people score themselves less positively across all the wellbeing measures in the survey
- Compared to non-disabled people, disabled people are less satisfied with life, less happy, and more anxious.
- When asked to what extent they feel things done in life are worthwhile, there was a stark difference between disabled and non-disabled people.

A note on understanding the data

We have mainly focussed on analysing the differences between responses from disabled people compared to non-disabled people. We have highlighted where those differences are statistically significant. Statistically significant means that the difference is most likely to be because the different groups of people represented really do hold different views, rather than because of some kind of bias in the data. However, we have noted that the profile of disabled people spoken to for the survey does not appear to fully mirror the profile of disabled people in the borough. Specifically, there is a lack of representation from disabled people from BME communities or who are younger people.

Conclusions and recommendations

Disabled people are less satisfied with council performance and services. A significant number of disabled people feel they aren't listened to, and some feel actively discriminated against. This all adds up to lower wellbeing scores for disabled people which could indicate a broader negative impact for health services, for example.

The lower scores across a number of key measures raise significant concerns about the quality of service disabled Merton residents are receiving, and the level of engagement undertaken by London Borough of Merton.

As the 2014 residents' survey was done prior to the announcement and implementation of cuts to services, scores from disabled people are likely to worsen further over the coming years as disabled people's experience of services and access to the community worsens We strongly recommend measures are put in place to better involve and listen to disabled people. This should include greater consultation and engagement with disabled people in the borough, including more indepth work with disabled people to explore some of the attitudes and opinions of disabled people in more detail.

We also recommend a booster sample for the residents survey to ensure that the profile of disabled people surveyed matches the profile of disabled people in the borough.

Appendix 9: 2017-18 Service Delivery Targets Advice & Advocacy Service

What we will do:

1000 face-to-face sessions for approximately 280 people

What we will achieve:

Disabled people in Merton will have improved access to budgeting, benefits, and grants, giving them greater financial security and resilience

- 75 successful benefit applications
- 20 successful grant and money saving product applications, debt reductions, and budgeting improvements
- 115 service users reporting they feel more financially secure

Disabled people in Merton will have increased confidence and selfesteem, enabing them to improve their quality of life and build community relationships

- 20 successful housing band appeals, rehousings, and improved home conditions
- 150 service users reporting they feel more confident and optimistic about their life

Disabled people in Merton will have improved understanding of rights and options, and be more able to speak up, giving greater control over their lives

- 150 service users supported through medical assessments, benefits appeals, social services assessments and reassessments, housing interviews or other formal processes
- 140 service users reporting they feel their voice has been heard
- 140 service users reporting they feel more able to speak up for themselves in the future

Inclusion & Supported Volunteering

What we will do:

1 round of core training for 20 disabled people planning to be volunteers at Merton CIL or elsewhere locally

9 volunteer placements and 108 face-to-face sessions of support to our volunteers

Support our volunteers to deliver peer advocacy to 3-6 local disabled people

Monthly volunteers' group & monthly members' group

6 consultations (with policy & strategy)

What we will achieve:

Disabled people in Merton will have improved access to budgeting, benefits, and grants, giving them greater financial security and resilience

• 10 service users reporting they feel more financially secure

Disabled people in Merton will have increased confidence and selfesteem, enabing them to improve their quality of life and build community relationships

- 20 service users engaging more with community activities like attending groups, volunteering, or moving into education or jobseeking
- 10 service users reporting they feel more confident and optimistic about their life

Disabled people in Merton will have improved understanding of rights and options, and be more able to speak up, giving greater control over their lives

- 10 service users reporting they feel their voice has been heard
- 10 service users reporting they feel more able to speak up for themselves in the future

Policy and Strategy

What we will do:

Attend 20 external meetings on behalf of our members

6 consultations (with Inclusion)

What we will achieve:

Disabled people in Merton will have improved understanding of rights and options, and be more able to speak up, giving greater control over their lives

- Address 2 social policy issues
- 150 members will agree that issues they identified have been addressed

Appendix 10: Resources Summary

The organisation maintains a Risk Register which covers resources in detail. The following is a short summary of our key resources

Financial Resources:

We are well resourced until 2018 and are taking the opportunity to consolidate our team and improve service quality while applying for further funding.

We are also building up our reserves.

See Funding Strategy for further details

Physical Resources:

Building: We have a tenancy at will in a local community building where we have 2 offices, a small interview room, and access to meeting rooms.

We are currently looking for new premises.

However, any move is unlikely to affect service users as the vast majority of our work is in home, or, at 3^{rd} party venues eg for assessments or tribunals.

Equipment: We have furniture and equipment with a replacement value of over £32,000 which is insured.

Human Resources:

We have a dedicated team including trustees, staff and volunteers. The majority of our team are disabled people who bring a range of skills including lived experience.

We have spent 2015 and 2016 capacity building the team following additional funding from Big Lottery to undertake a strengths review, which has been very helpful and which led to a restructure and recruitment of a service manager, as well as governance training.

Appendix 11: The 12 Pillars of Independent Living

To help clarify what Independent Living means in practice, the disabled people's movement has identified a range of issues that need to be worked on and improved to make Independent Living a reality. These "12 Pillars of Independent Living" are:

- appropriate and accessible information
- an adequate income
- appropriate and accessible health and social care provision
- a fully accessible transport system
- full access to the environment
- adequate provision of technical aids and equipment
- · availability of accessible and adapted housing
- adequate provision of personal assistance
- availability of inclusive education and training
- equal opportunities for employment
- availability of independent advocacy and self-advocacy
- availability of peer counselling