

This feedback is from users, trustees and staff at Brent Mencap. It is based on supporting nearly 19000 Brent residents in 2023-24-it highlights their lived experiences and the challenges faced by staff to get them the right support. Initial feedback was presented to the Budget Scrutiny Task Group in November 2024. The headings in this report are based on questions asked by the Task Group.

Our full 2023-2024 annual report is available here:

<https://register-of-charities.charitycommission.gov.uk/en/charity-search/-/charity-details/3961687/accounts-and-annual-returns>

Key priorities/challenges for Brent Mencap over the next 12 months and beyond

- 1) **Lack of interim/long term for our wellbeing and creative activities**, delivered to people with a learning disability autism and mental health problems. Last year we supported 95 people to participate, meet their friends, engage with Brent Council and share their problems. We supported about 60 of them with complex safeguarding, DV and other issues, enabled them to meet support workers here and signposted them to other sources of support. They would not seek help digitally or at hubs The National Lottery Community fund has turned down 2 applications for longer term funding since 2023. We will need to find about 50K to continue with this service in 2025-26.
- 2) **The increase in employer NI and the lowering of the NI Threshold from April 2025.**
This will mean an increase of around 100k for us due to the number of staff employed. In previous years we were able to use part of our surplus to top up non funded wellbeing and creative activities. This is increasingly unlikely in 25-26.
- 3) **Competition for Charitable funding has increased dramatically**, and several big funders have suspended applications due to volume of need and applications.
- 4) **Length of time it takes us to get a response from Adult Social Care**, safeguarding, housing department re user/patients' issues. While some joint meetings have taken place to look at closer working, the level of demand and fewer staff is frustrating for staff and residents. Current processes for assessment are already not efficient, flexible or responsive enough to meet pressing needs and it will get worse. Please see detailed feedback below on pages 4 and 5 for examples of the kind of responses we get to serious issues.
- 5) **No prospect of anything improving for residents in near future. Our users' lived experiences, our evidence and expertise are not valued, recognised or listened to**
 - Recent reports highlight many problems eg the recent CQC Brent ASC report and a Healthwatch Brent ASC report. Our self-advocacy group's experiences and Brent Mencap efforts highlight gaps in service for PWLD, people with other disabilities and long-term conditions e.g. lack of ASC responses or support into employment. There is a long history of user experiences/views and voluntary sector expertise being ignored. We feel disrespected and not listened to by a Council that is unresponsive and dismissive.
 - This is a waste of valuable knowledge and capacity. E.g. Brent Mencap offers wellbeing activities to PWLD. We know that the Council has a duty to signpost people who do not qualify for ASC support to prevent any escalation. In 4 years, we have had few if any referrals through this route. It makes us wonder if any signposting happens at this post-assessment/screening stage.

- Some Council Officers have listened and made changes. After receiving feedback about service from the Hubs, one of the Hub managers did make changes to the process. This will have saved significant time for both residents and Hub staff. More generally, it feels like if something is not on the Council's agenda nothing will be responded to. Whilst we acknowledge the introduction of recent ASC Co-Production work, we have little confidence that overall anything will improve or change.

6) **Continued lack of specialist support for PWLD to get into work –**

Recent feedback from Brent Mencap resulted in a GLA employment support fund being targeted to neurodiverse people, including PWLD. However, this only lasts for 6 months until March 2025. This also followed 2 years of campaigning and repeated questions from our self-advocacy group – questions to which they have still not had any open/candid/straight answers to. Despite the evidence we have consistently highlighted, we recently received a list of organisations the Council says support PWLD who we know do not in reality offer support to this group. So, in cases like this it seems like the Council are not listening or trusting external/lived experiences, or just don't see this issue as important or worth even acknowledging.

Brent Mencaps Experience of Cost of Living on Brent People we support.

Our SPLWs have supported more patients with different enquiries, these still include housing, benefits, social care, mental health support, money and debt, access to food, employment, education, transport, family matters.

Social Care is the top enquiry for the year 23-24. Our SPLWs have supported patients with care packages, liaising with social services, requesting care needs assessments and reviews, OT referrals and supporting patients to get adjustments to their homes to better manage.

Housing and benefits have been one of our top enquiry types for many years now. The type of housing issues patients seek support with include homelessness, living in unsuitable accommodation and rehousing. The type of benefit enquiries our SPLWs have supported with includes eligibility checks, providing information and advice, making claims, supporting with application forms, and checking progress.

Requests for support with transport (supporting patients with blue badge, taxi card, dial-a-ride application process).is more common now (26 In this current year), as are requests for support with Council tax discounts (also 26) and debt than previous years.

Safeguarding referrals increased to 87. Issues include neglect, financial abuse, emotional abuse, and domestic violence. Many of the patients referred to our team are vulnerable (due to their health conditions, mental health, or age) so we ensure that all are staff are well trained to pick up safeguarding matters. Many of these are referred to the safeguarding team, however, some require attention from other services such as the police, or mental health team who we liaise with to ensure patient gets the support they need. Our SPLWs have also dealt with many suicidal patients, so we ensure they receive suicide awareness training.

Our SPLWs report more enquiries related to Immigration. In the year 23-24 157 patients came to our SPLWs for immigration advice and support. Our SPLWs cannot provide legal advice or deal with immigration matters, however, they can provide information and refer to specialist services

Brent Mencap Areas of concern in the Draft Budget 2025/26, and why

CHW01 25.26 wider re-enablement service

Please see feedback above in bullet 4 and 5 above about the challenges we and our users face. We would like to know how this proposal would have improved things for the users cited in the example below. We suggest using these examples when developing any service proposals to see what difference such a system would have made to them

We appreciate the better project planning detailed in the proposal , but it is lacking detail in what kinds of therapist would be involved, how many people would benefit from the change.

This proposal doesn't recognise the need for an EIA and also pays scant regard for the need for accessible information to meet the customers communication needs as laid out in the Accessible Information Standard regulations, in force now for 7 years, which both Brent Council and the local NHS continue to ignore.

CHW02 -25-26 Shared lives respite

We are familiar with the scheme and know several people who lived with Shared lives carers and benefited from it. The proposal aims to provide more respite care but again, as above is vague about the number of people who would benefit and whether people would miss their previous respite places.

The sentence under Equality screening contradicts what is in the chart below, here it is recommended as needing to be done

CHW03 25-26 Modernise ASC assessment and review

The proposed options include "tunnelling" them to Brent Carers Centre. How does the officer know they have the capacity needed? (NB is tunnelling a new form of channelling?)

On-line assessment is likely to be difficult for many people with disabilities due to lack of digital and literacy skills, data.

Using community venues sounds great on paper but there are limited confidential spaces available in these places or in NHS GP practices

In the milestones there is talk of a project team including community organisations, as usual assuming we have the time and capacity to get involved in numerous meetings. We are likely not to be listened to nor our input valued. Engagement with organisations and residents is not done well and people do not feel listened to.

CHW04 Charges for Telecare

It's hard to imagine how the proposed income of 500k will be achieved without actually knowing how many people are likely to be charged and how much. It's unlikely, given the proposed project plan that any significant amount will be raised in the first year. We imagine that current users will be surprised and worried about the extra cost and may struggle to pay it. The charges letters sent out to users /customers we have seen in the last year are written in accountant speak and are difficult to understand. The letters and any communication about this would need to have regard to the Accessible Information Standards Regulations as mentioned before. It's possible some people will struggle with online payments systems.

CYP01 reduction of use of Gordon Brown Centre, CYP 02 cuts in discretionary payments

Sad and regrettable cuts. There seems to be no mention within this and other proposals to cut support to LAC about seeking external charitable funding, using NCII funds or finding corporate sponsorship to maintain support to this vulnerable group of young people.

There need to be clarity about who would provide the benefits advice and practical support to the young people. There should be an EIA as Disabled young people are a significant amount of LAC.

The impact the draft budget proposals are likely to have on service users/residents, if any

Realistically nothing in these proposals will make the lives of Brent residents any better, given the level of poverty and need in Brent. We expect some of the proposals will make getting the right support even harder for vulnerable people, given the examples shared below and on page 5 showing how long it can already take us to resolve issues for residents.

The necessary council tax increase will affect many people, and the proposed reduction in council Tax support will affect a significant number too. Other Vol Sector colleagues will provide detailed evidence of the likely effect .

Brent Mencap's Priorities for Council Investment over the next 3 years

- 1) Interim funding for our creative and wellbeing services to continue
- 2) Development of meaningful, long term employment related support for people with a learning disability
- 3) Use of NCIL funding to support vol sector groups extra workload as a result of the cuts, NI increases faced by vol sector and barriers vulnerable people face getting the right support detailed below.
- 4) Payment to vol sector for engaging in project planning groups, You pay others as consultants, why not your own voluntary sector?
- 5) A top-down commitment and strategic plan to fully implement the Accessible Information Standard in Brent

Recent Adverse Adult Safeguarding and ASC experiences of Brent Mencap Users

Here is some feedback from our wellbeing co-ordinator re his experiences of recent efforts to safeguard vulnerable people who come to our wellbeing and creative activities

N. Called with his wife who is his carer. Diagnosed with LD. No Adult Social Care input.

1. Financial abuse – people colleagues convincing him to transfer money - taking him for lunch and making him pay.
2. Unfairly treated at work as a security guard, compared to his colleagues – frequent changes of workplace – no reasonable adjustments e.g. less changes or support to learn new journeys.
3. Given additional work shifts, but the pay given to others who didn't work.
4. Indications he needs ASC support (wife has caring duties for their new child).

This came to the attention of his wife's support worker – children and families. She brought them to me due to her lack of LD knowledge. I raised a safeguarding alert. S/guarding wrote back instructing me to –Report to the Police, Help him with work issues, Signpost him to ASC assessment.

I wrote back letting her know of my limited areas of expertise, my current role and capacity AND reminding Council of their duty to respond to these issues/needs/concerns.

They wrote back to say they know their duties – but also that Safeguarding is ‘everybody’s business’. Which is true, to a degree. I agreed to report to the Police and attempt to signpost him to Work Rights Centre, if the s/guarding team assure he is assessed by ASC.

Post-script – The family did not want to report to the Police because extended family were involved in the financial abuse – so they felt vulnerable. I helped them to report it to CATCH – London Assembly initiative – on advice from voluntary sector experts.

Work Rights could not support him. Fed this back to s/guarding as an outstanding concern. the wife’s support worker brought him to me – but she should have reported straight to safeguarding.

In contrast, following another s/guarding alert re P, the s/worker asked why I was trying to resolve the concerns – I should have reported it and done nothing else.

S/guarding referrals now seem to be dealt with by duty social workers who are given a 5-day working week to **close** these. With 2 recent concerns sent to s/guarding they have tried to push the responsibility back to us. In both cases I reminded them of the severity of the issues and that they are duty bound to investigate. In one they said they would try to hand it on to an investigating officer, but due to shortage of staff they could not promise that! I reminded her that since –

- She is a highly vulnerable person with a history of safeguarding interventions.
- Someone has taken £12000 from her.
- Partner is being controlling & abusive, including trying to isolate her from safe places like BM.
- She has absolutely no money and no food.
- ‘Seeing what you can do’ is not in any way an appropriate action.

In each case they have finally taken some action. When that is by an investigating officer, we hear nothing. When it is passed to a s/worker they do get in touch – to find out what’s happened.

In P’s case an investigating officer did explore, taking 3 weeks and providing no feedback – then handed it over to a social worker, who took 2 weeks to arrange a meeting with concerned parties. On arrival she appeared to have no details of the case, despite the investigation.

She said she would – Assess the person’s needs, in about 2-weeks’ time, Recommend a care package for approval. A non-ASC Council Officer reminded the s/worker that –P has no money, Cannot manage her money, Needs food. So cannot wait for weeks.

All this time P has a keyworker who discovered the money was missing. Knew about the abusive partner. Knew she had no food. Did not raise a s/guarding concern. Then said she would when I told her she needed to and still did not report it. I knew she wouldn’t, so I raised it myself. It took 13 weeks for another support worker to be put in place.

M needed support to attend a valuable activity after a safeguarding alert. Allocated to a social worker. This took over 16 weeks Support is still not in place. We don’t know if our recommendation to refer to the Behavioural Intervention Team at Kingswood was actioned, despite many calls to social worker. The emotional and mental impact on M will be significant.

We expect all these cases to re-emerge in the future, needing more urgent and costly statutory involvement when more timely, less expensive preventative action could have been taken now. It’s worrying Brent Mencap’s skilled workers find it so hard get the right support at the right time.

Ann O’Neill Executive Director Brent Mencap January 2025