



**Service User/Carers Engagement &
Participation**

**Report for Plymouth Safeguarding
Adults Board**

April 2017

Healthwatch Plymouth is the consumer champion for health and social care in England. We give children, young people and adults a powerful voice to influence and challenge how services are provided in the city by making sure their views and experiences are heard by those who run, plan and regulate local health and social care services.

In 2012 the Health and Social Care Act set out that each local authority should establish a local Healthwatch. In 2013, Plymouth City Council undertook a competitive tender process and awarded the contract to an established local organisation called Colebrook (SW) Ltd.

Experienced in public and patient involvement, Colebrook launched Healthwatch Plymouth in April 2013, ensuring independence through its governance structures and a memorandum of understanding between those working in and delivering the services, and the organisation itself.

Background

As defined in the Care Act 2014, the Plymouth Safeguarding Adults Board (PSAB) are required to involve existing local groups with care and support needs, in the work of the board.

In agreement between the PSAB and Healthwatch Plymouth (HWP), it was established that HWP would conduct a 12 month project to identify and establish links with existing local service user groups. The agreed purpose of the project is to raise awareness of the PSAB's work around adult safeguarding, facilitating consultation and to establish a two way communication between groups and the PSAB around its agenda and strategic plans. It was established that HWP would report quarterly to the PSAB Executive Group providing updates on the project to date. The final report will also contain HWP recommendations from the outcome of the overall engagement process.

Mapping Process

HWP conducted a comprehensive mapping process starting services known to us that met the outlined health and social care needs criteria set by PSAB (Appendix A, Table 1). HWP also made full use of Plymouth's Online Directory (POD) to identify other potential groups, but to ensure other groups were not overlooked an online search was also conducted. HWP were conscious that the list was not exhaustive, as some groups may not have an online presence. However, as the process of engagement commenced, we became aware of additional groups through networking with contacted services/groups and made contact with them as well.

From the outset HWP also identified there were very few groups that met the criteria of being set up for the purpose of shaping and influencing health and social care services. Consequently HWP widened the scope and included any groups that

met the identified health and social care needs criteria that expressed an interest in having a voice within the PSAB.

Additionally, the mapping process identified that there were very few groups at all, support or otherwise, for visual impairment and a low number of groups representing hearing and substance use (Appendix A, Table 1), either through existence or interest in getting involved.

Engagement Overview & Challenges - Round 1

To date, HWP has made contact with 30 organisations/services/groups to explore potential engagement opportunities (Appendix A, Table 1). All fall within the defined range of health and social care needs, as denoted by PSAB. This has resulted in setting up initial engagement opportunities for round 1 with 16 different groups. To date HWP have conducted 5 (6 by the time the Board meet) of these with dates booked up over the next few months for the remaining 10 (Appendix A, Table 2).

HWP have met a number of challenges to engaging with service user groups, which include:

- Initially trying to engage and make contact with groups, some proving more difficult than others (Appendix A, Table 3)
- Interpreters required for engagement with service users at Blake Lodge (PSAB have met this additional cost)
- Additional staff support required to take notes in challenging communication environments i.e dementia, learning disability
- Identifying groups and securing engagement with some of the identified health and social care needs; particularly, visual, hearing and substance misuse
- Barriers to engaging with some groups due to having their own scheduled programme, booked up for the next 12 months (Appendix A, Table 3)
- Communication with advanced dementia and learning disability service users
- Fitting in with group's meeting frequency and existing schedules has meant that some of the round 1 engagement opportunities are scheduled up to May and June (Appendix A, Table 2)

Consultation Focus & Observations - Round 1 (to date)

Without specific criteria for initial engagement set by PSAB, HWP decided to focus the first round of engagement on sharing with service users the role of PSAB and their priorities for this year. Consultation was focused on what service users understood about both the PSAB and their priority to engage with them; inviting service users to take up the opportunity to have a voice. The key questions used for consultation were:

- What do you think safeguarding is?
- Do you know what the PSAB is/do?

- Are you interested in the work of the PSAB?
- Why do you want the PSAB to hear your voice?
- How do you want to be engaged with?
- Do you have any comments to make regarding the PSAB's current priorities?
- What are your own comments about safeguarding?/What would you like the PSAB to hear?

Please take note that feedback to date (Appendix B) is a mix of relevancy to both the PSAB and Adult Social Care. Therefore, a copy of the report will also be forwarded to the Head of Adult Social Care for consideration. A notable observation that HWP have made throughout engagement to date, is the surprise from service users that adults are actually safeguarded.

 *Always thought it was just children that were protected. This is nice to know and reassuring.*

The reality of engaging with different client groups, presenting different needs and understanding, required HWP to respond sensitively and adapt the overall approach to engagement to the specific needs of each group. One of these occasions in particular, was instigated by the following comment from a service user at SCOPE (Appendix B-8):

 *It's hard to talk about abuse because I am concerned about getting the person into trouble.*

Furthermore, at times this required limiting and rephrasing the questions asked but also altering the questions to find a more suitable focus for consultation to be able to feedback relevant information concerning that specific health and social care need group for the PSAB. Where this occurred, it is noted within the feedback (Appendix B).

Another notable group comment from service users with Learning Disabilities, in response to being asked if they want to have their voice heard by the PSAB, was:

 *Yes, to stop people looking right through us and being invisible.*

All the groups engaged with to date have expressed an interest in having a voice within the PSAB, however HWP observation is that some groups better understood the role of the PSAB and offered up some meaningful feedback in relation to the Board's current priorities. In contrast, other groups may require a different approach in round 2.

Another area of significance is communication for service users that may have learning difficulties, or hearing or visual impairments.



Deaf people do not always have a full grasp of the written English language.

Worthy of note, the deaf community made the point that it should not be assumed that all deaf people are able to read English, even though they may communicate with British Sign Language standards, thus text services are not always suitable. It was suggested that a video relay service (VRS) would serve to help accessibility if made available at various services and associations, speeding up and improving communications. Additionally, whilst there is easy read information available through the PSAB webpage, not all people have access to or are comfortable with going online. The standard leaflet does not detail how to access information in different formats.

Future Engagement

Moving forward with follow on engagement, HWP would like to request that the PSAB consider the following, to enable round 2 of engagement and consultation to be of value:

- Which of the current priorities in particular, would you like to focus further consultation on?
- What else you would like to consult with service users about?
- Reflection on feedback to date, considering further consultation with individual groups regarding what is uniquely relevant to them concerning safeguarding.

To date, HWP have secured initial engagement with 16 different service user groups. However, it is clear that progressing into round 2 the number of groups may need to reduce, particularly within the identified health and social care needs groups that are well represented. Whilst some reduction may occur organically, HWP invite the PSAB to comment on those groups they would like HWP to pursue further engagement consultation with. To support that review, HWP make the following observations for consideration:

- Engaging with the advanced dementia group at Age UK did not appear to be beneficial to the service users or greatly beneficial in terms of consultation.
- Engagement with learning disability groups was at times complex and challenging.

HWP's suggestion is to consider an alternative angle for consultation with Age UK; focusing instead perhaps on their carers' at home and maybe even staff within the day care centre. Furthermore, when engaging with service users identified as having a learning disability, the consultation needs to be very specific and focussed on what is relevant to them.

Interim recommendations

1. Healthwatch Plymouth recommend consideration of providing safeguarding awareness training for service users/carers.

It would seem that where a service user identifying a having a learning disability but is reasonably independent, they seldom have access to a support worker or network and are potentially missing out on accessing essential knowledge and understanding concerning safeguarding. This training would need to be tailored to meet their needs and support them in recognising abuse and neglect, how to keep themselves safe, who they can speak to and comprehending that it is the right thing to do to speak up.

Additionally, service users with a learning disability that are less independent, need also to be receiving appropriate tailored safeguarding training and through training, discussion or promotional literature, to be frequently reminded how to keep themselves safe and that speaking up is crucial.

Learning and understanding more about safeguarding, as service users or carers, would be beneficial both to themselves, others and services.

2. As we move into the second round of engagement with some groups, and encounter questions from others; it would be prudent for the Board to identify specific topics for engagement and involvement.
3. Communication outgoing and incoming for those with additional needs to be considered, acknowledging issues faced when trying to use current methods.

Healthwatch Plymouth

April 2017

Appendices:

- A. Engagement Overview
- B. Safeguarding Feedback