

## Engagement Overview

### Identified Health & Social Care Needs

Health & Social Care Needs	Services/Organisations Identified & Contacted	Confirmed Engagement To Date
Hearing Impairment	3	1
Visual Impairment	3	1
Physical Disabilities	6	4
Mental Health Needs	4	1
Dementia	2	3**
Learning Disabilities	7	4
Substance Use	2	1
Carers	3	1
<b>TOTAL</b>	<b>30*</b>	<b>16</b>

\*5 of these are services delivered by Plymouth guild

\*\* 2 of these groups are within Age UK Plymouth

**Table 1**

## Programmed Engagement

Group	Contact Name/Org	H&SC Need	Initial Mtg (if applicable)	Initial Engagement 1	Outcome/Notes	Follow Up Engagement 2	Outcome/Notes	FollowUp Engagement 3	Outcome/Notes
Patricia Venton Day Centre	Age UK Plymouth	Dementia (advanced)	7 <sup>th</sup> February	24 <sup>th</sup> February 1.30-3.30	Difficult to engage due to nature of condition				
Riverview Day Centre	Age UK Plymouth	Dementia (early onset)	7 <sup>th</sup> February	3 <sup>RD</sup> March 1.30-3.30	Interested in further engagement and having a voice				
Leadership Group	Alzheimer's Society	Dementia		28 <sup>th</sup> April, 2.30-3.30pm					
Dementia Carers Group	Carers Hub	Carers/Dementia	Meeting with Lee 11 <sup>th</sup> Jan, 12 noon	15 <sup>th</sup> March, 10.30 at Guild House	Interested in further engagement				
Plymouth People First Executive Committee	Highbury Trust	Learning Disability	n/a	21 <sup>st</sup> March, 1.30-3 St Barts	Interested in further engagement				
-	Plymouth Independent Living	Learning Disability		10 <sup>th</sup> March Friday's 9.30-3 Cobourg House	Interested in further engagement				
Autism Social Group	Autism Assemble	Learning Disability	3 <sup>rd</sup> Feb, 9.30 @ Freedom Cafe	Need to book after half term					
Centre Drop-In	SCOPE	Learning Disability	n/a	8 <sup>th</sup> March, 11am Cornwall Street	Interested in further engagement				

Group	Contact Name/Org	H&SC Need	Initial Mtg (if applicable)	Engagement 1	Outcome/Notes	Engagement 2	Outcome/Notes	Follow up Engagement 3	Outcome/Notes
MS Society	-	Physical		June, 3 <sup>rd</sup> 11-1 @ Colebrook Community Centre		Sept, 21 <sup>st</sup> , 11-1 @ Colebrook Community Centre		Ad Hoc Coffee morning??? DTBC	
PADAN General Meeting	PADAN	Physical		28 <sup>th</sup> April, Guildhall time 10.30-1 (spk 11-12)					
Drop-In Group	Headway	Physical/LD /MH		29 <sup>th</sup> March, 10.30am	Interested in further engagement				
Ehlers Danlos Syndrome	-	Physical		6 <sup>th</sup> March, 10.30-11.30 @ Jack Rabbit	Interested in further engagement				
Blake Lodge Social Group	Plymouth Deaf Association	Hearing	Tue, 7 <sup>th</sup> Feb 12-1	15 <sup>th</sup> March, 7.30pm	Interested in further engagement				
Macular Society	-	Visual		3 <sup>rd</sup> May, 2-3 Rear of St Andrews					
Bipolar Group	MIND	Mental Health		2 <sup>nd</sup> March, 11am @ MIND	Interested in further engagement				
Service User Group	Hamoaze	Substance Misuse	Weds 19 <sup>th</sup> April 1.00pm	TBA					

Table 2

## Overview of Additional Organisations & Groups Contacted

Group	Organisation	H&SC Need	Dates Contacted	Outcome	Notes
Plymouth Carers Forum	-	Carers	Email 10/1 - initial enquiry	Didn't hear back but advised they are more of a craft group now.	
Carers Group	Colebrook SW	Carers	Email 10/1 - initial enquiry	Received response advising they are not set up as a service user involvement group but available if we need them.	On hold
Borderline Personality Disorder	-	Mental Health	Face to face conversation with member 23/1 Email 24/1 - initial inquiry to group organiser Tel 1 <sup>st</sup> Feb - no answer	No response received.	
Drop-In	CHIL Plymouth	Mental Health	Email 10/1 Tel 19/1 - message left Tel 24/1 - suggested I speak to named person about their face to face groups. Advised they would bring my email to right person's attention. Email resent to ensure they have it. Tel 23/2 - spoke to named person who said they would speak to drop-in group on Tuesday 1-4 but advised they were busy right up til the end of March Email sent 23/2 - confirming telephone conversation and sending basic presentation across.		To be chased up
Ridleys	Plymouth Guild	Learning Disability	Email 10/1 - initial enquiry Tel 19/1 - spoke to member of staff	Suggested we speak to Plymouth People First (Jill Singh), which we already had.	
Adult	National Autistic Society	Learning Disability	Email 19/1 - initial enquiry Tel 20/1- left message to request a call back Tel 24/1 - left another message to call me back. Rec'd details of group organiser. Email sent 24/1 to Elinor Scott Reply rec'd 30/1 - confusing our purpose with guidance to their internal policies. Email reply sent 2/2 - explaining it is about giving service users a voice not about policies	No further response received to email sent explaining that we want to give service users a voice not advise about internal safeguarding policies.	

Group	Organisation	H&SC Need	Dates Contacted	Outcome	Notes
-	Working Well With Autism	Learning Disability	Emailed 11/1 - initial enquiry Tel 18/1 - directed towards Autism Assemble & adult NAS group in central library	Didn't have any groups to access themselves but advised of other groups to contact.	
Insight Xtra	Plymouth Guild	Visual	Tel 19/12 with follow up Email sent 19/12 Email rec'd 20/1 - fully booked up for 12 months but offered to speak to group at next mtg in Jan Tel 24/1 - spoke to contact who offered 20 people in attendance if they wanted to get involved and they either feel content the council are already doing things or don't want to get involved	Essentially no interest in getting involved. Contact offered to put any info in connection with this in their resource centre (needs to be large print.)	
-	RNIB	Visual	Tel 14/2 - left message Phone call rec'd - 21/2 - explaining they are a small charity providing equipment only and not groups	Small charity, provide equipment no groups.	
DIAC	Plymouth Guild	Physical	Email 10/1 - initial enquiry Email rec'd 16/1 - DIAC do not run any specialist groups, suggested I contact Carers Hub 16/1 I emailed and asked if they had any service user groups at all	No further responses received.	
Long Term Condition Self-Management (Expert Patients Programme)	Plymouth Guild	Physical	Email sent 10/1 - initial enquiry Tel 19/1 - left message Tel 24/1 - Spoke to someone who said there weren't any groups that meet, they do run courses though. Suggested I speak to the manager, to see if she is aware of any suitable groups within Plymouth. Advised they would flag up my email with manager.	No further communication received.	

Group	Organisation	H&SC Need	Dates Contacted	Outcome	Notes
Hearing & Sight Centre (HAS)	Plymouth Guild	Hearing/Visual	Tel 19/12 - initial enquiry	Advised that no current groups exist and that people tend to manage themselves. There was a tinnitus support group but most people work.	
-	Action On Hearing Loss	Hearing	Emailed 10/1 - initial enquiry Tel 19/1 - message left Tel call rec'd 20/1 - only groups they run are in Kingsbridge and Liskeard.	With no groups themselves in Plymouth, they suggested we speak to Guild and Blake Lodge, which we had done.	
-	Harbour Centre	Substance Misuse	Tel 19/12 - advised no service user involvement groups Tel 24/1 - asked about any service user groups that meet face to face. Given a co-ordinator email address. Email 1/2 - info sent to co-ordinator Tel 28/2 - co-ordinator not available Email 28/2 - to ask if I can book a date	No further responses received.	

Table 3

## Safeguarding Feedback Round 1

### Day Centre

**H&SC Need: Dementia (advanced)**

**Organisation/Location: Age UK, Riverview**

**Number of service users: 6 plus a member of staff**

**Date: 24/2/17**

**HW Reflection:** first engagement with service users and provided a huge learning curve, adapting to service users level of involvement and engagement. These service users were all identified as having advanced dementia. Consequently, it was clear that discussion and questions needed to be limited and rephrased.

**Do you know what safeguarding is?**

No understanding.

**If someone was taking things from you or hurting you, who would you talk to?**

Each offered up a family member or friend that they said they would speak to.

**It was then posed to them, if this was the person taking things from you or hurting you, who could you speak to instead to get help?**

With encouragement, each then suggested either a different family member, a neighbour or the police.

**Asked if they might feel comfortable speaking to a member of the day centre staff?**

One service user responded that 'they might help' but the overall impression was that the service users didn't understand what safeguarding is or who they could speak to if they had a problem.

**General Comments:**

Police are not interested, they've got their own problems.

**HWP Observation:** is there a role for a mobile safeguarding trainer to visit groups such as this one?

## Bipolar Group

**H&SC Need: Mental Health**

**Organisation/Location: Plymouth MIND, Woodside**

**Number of service users: 9 plus a member of staff**

**Date: 2/3/17**

**HW Reflection:** very responsive group, engaged well and keen to be involved. Whilst most service users contributed, one or two didn't speak at all.

### What do you think safeguarding is?

- Identifying risk and reporting immediately, either as a victim or a professional.
- Reporting immediately any concerns.
- When issues are identified, how to prevent it happening again.
- What's a police issue and what's a safeguarding issue confusion?
- Sounds similar to advocacy services??

### Do you know what the Plymouth Safeguarding Adults Board is/do?

- Always thought it was just for children that were protected. This is nice to know and reassuring.
- Good to know that even neglect is considered as a safeguarding issue.
- Didn't know there was such an organisation.
- Never heard about them before.
- Everyone should get one of these safeguarding adults' leaflets.

### Are you interested in the work of the Plymouth Safeguarding Adults Board?

The consensus of opinion was a positive yes, however it is only fair to say that a minority of the group did not vocalise their thoughts concerning this, positive or negative.

### Why do you want the Plymouth Safeguarding Adults Board to hear your voice?

- Because we know what it feels like to be a service user.
- Because we experience services and situations where we are left at risk.
- As a service user it is difficult to know how to navigate the system for different types of abuse/neglect, where to go to report it and to seek help/advice.

### How do you want to be engaged with?

General consensus was open discussion like today but as previously outlined, a minority of the group did not vocalise their thoughts positive or negative.

### Do you have any comments regarding Plymouth Safeguarding Adults Board's identified priorities?

#### **Mental Health**

- The gaps in mental health provision due to lack of funding.
- We know what state the funding for mental health is in.
- They are just covering their \*\*\*\*\*. If you aren't suicidal, help is not there.
- The PSAB don't do enough to recognise and address emotional abuse.
- Very difficult to fit into categories and long waiting lists. You go round in circles and people with multiple problems are left vulnerable without support.
- You never see the same psychiatrist for long!
- I was lucky I got to see the same psychiatrist for 3 years and this is unheard of!



- I rang to inform that I was running late for my psychiatric appointment and was not allowed to have the appointment when I arrived and the psychiatrist wouldn't even come down to see me. They do not show the same respect to patients as they expect of us. Double standards!
- The whole framework of mental health needs adjusting, as it currently stands people are at risk.
- It's a big problem even if you do meet the criteria as you are then left out in the ether on your own. As whilst undergoing therapy I still feel alone with no CPN. I have not seen a psychiatrist in the last 12 months, even though I am supposed to have one!
- Surely it is better to spend money on community support than when an individual is at crisis point and in need of hospital or worse? Prevention is key!
- Been told I can't have a CPN but OT does same job. \*\*\*\*\* they do! OT's are about therapy.
- I'm very lucky to have a supportive GP who is offering support, my previous GP didn't do this.
- I am on the books with a psychiatrist but have seen no one.

### **Quality Assurance**

- Quality and consistency of services needs to be monitored across the city.
- There is massive disparity across the community health teams and no consistency and no one monitoring them.
- They've a lot of work to do concerning this!
- All depends on where you live! In Plymouth I am getting help but in Torquay I got nothing.
- Equality v. Equity...how are resources shared? Does Plympton get the same amount of funding as St Budeaux or more?
- There is inconsistencies across the city in terms of getting an appointment to see someone when you need help. For some they can see a GP today, for others they can be made to wait for 2 weeks! And that's before getting a referral for specialised services, when the waiting times are even longer!
- I know about safeguarding through my work in the care sector. However when I needed it, when I was being put at risk emotionally, financially and physically I was dismissed as needing safeguarding because I had the ability to say no! My only relief was that the perpetrator is now in prison for something else. Emotional abuse IS NOT recognised!
- The PSABs criteria for being at risk needs revising!
- I know of people who are drunk on the streets with a number of mental health issues, they are referred but told there is no CPN for them and given no help at all. However, people who are middle class are given a CPN and mental health support.

### **Learning & Development Strategy**

- What are the PSAB doing as service users don't know about them?
- They need to visit all the support groups! It's about prevention!! Better to spend 1 hour informing people about what safeguarding is, what abuse is, what is whistleblowing and how to report safeguarding concerns. That 1 hour can save money in the long term set against many different services!!!

### **What are your own comments concerning safeguarding? What would you like the PSAB to hear?**

- Feel only way to access care and support is to say I am suicidal as just being depressed is not enough.
- I was referred for CBT after a suicide attempt and then still had to wait 19 months to see anyone without any support in the interim.
- Plymouth Options will not address self-harm service users, it is left for voluntary/charity organisations to deal with this, such as MIND. Self-harm IS a risk!!!
- Information is required about where to go if you fall through the gaps and do not meet 'their' criteria. Not all people are able or in the right place emotionally/mentally to source information concerning where to access alternative support (private or charity) for

themselves. Such as where to go if you don't fit into the parameters set out by commissioners of services? What are the private/voluntary sector options?

- There is also very little support for dealing with services, i.e. advocacy support.

HWP Observation: no specific observations.

## Day Centre

**H&SC Need: Dementia (early onset)**

**Organisation/Location: Age UK, Patricia Venton Centre**

**Number of service users: 5**

**Date: 3/3/17**

**HW Reflection:** Age UK were very accommodating, bringing together a lovely group of service users to find out more about safeguarding. The group engaged well, although one member of the group contributed much less than the others. We were accompanied by a member of staff who encouraged group participation.

**What do you think safeguarding is?**

- Thought it was about safeguarding your home. Including easy access to your room, care if using ovens and smoke alarms.
- I thought it was making sure you know who people are that come to your door, are who they say they are i.e. window cleaners.

**Do you know what the Plymouth Safeguarding Adults Board is/do?**

- In contact with the police.
- Look out for the welfare of people vulnerable like us.
- Are you interested in the work of the Plymouth Safeguarding Adults Board?
- Interested but don't want to join. (thought they had to attend)
- You're coming out with some interesting stuff and asking things that's making us think, so why not!
- Yes if we've got something to say.

**Why do you want the Plymouth Safeguarding Adults Board to hear your voice?**

- Because they get ideas from us that will broaden your ideas in looking out for us.
- We are very old members of the community and have always served the community.

**How do you want to be engaged with?**

- As we are today but with biscuits and cheese!

**Do you have any comments to make regarding the PSABs current priorities?**

- Living Alone - hang phone up on scam calls.
- I know a lady who opened up her post and sent money off. I act the idiot when they call, it soon gets rid of them.

**If someone was taking things from you or hurting you, who would you talk to?**

Each offered up a family member they said they would speak to.

**It was then posed to them, if this was the person taking things from you or hurting you, who could you speak to instead to get help?**

There was a general consensus of opinion that it would either be another family member or they would speak to the police.

**HWP Observation:** no specific observations.

## Ehlers-Danlos Syndrome Group

H&SC Need: Physical Disability

Organisation/Location: none

Number of service users: 4

Date: 6/3/17

HW Reflection: Small group, mixed locations but 3 were users of Plymouth services. 1 member was a mum of someone with EDS.

What do you think safeguarding is?

- Didn't realise adults were safeguarded, thought it stopped at 18 and I know about safeguarding because I am/was a teacher.
- Didn't realise safeguarding was outside of establishments.

Do you know what the Plymouth Safeguarding Adults Board is/do?

- Yes now!

Are you interested in the work of the PSAB?

- Yes definitely.

Why do you want the Plymouth Safeguarding Adults Board to hear your voice?

- I don't feel we are properly being listened to and think services could be improved across the board by listening to our needs and experiences.
- We shouldn't have to beg for support.
- Fine line defining between ignorance of public and systematic neglect & abuse.
- I was asked how I would cope when I get home after a complex operation putting rods into my shoulder. I was high on strong pain killers at the time and I simply said my mum (who's in her 70s as my husband works full time). However, when being discharged I asked about a reablement package and was told this was not available to me whilst in a cast. The attitude was 'we don't care, community social services will pick it up, we need the bed' but community social services don't work that fast. I was also advised by the OT at the hospital that next time I ask, I shouldn't have my hair and make-up done, as I look too well to need the support!!! I fell down the stairs 2 weeks after discharge and ended up back in hospital in ED. I questioned the reablement package with the nurse when having my cast taken off and I was simply given the 668000 number, no information about who to ask for. When I did get visited by the OT from social services, she was astonished.
- I have been waiting since October for a community OT to visit me.

How do you want to be engaged with?

- Informal like this!

Do you have any comments to make regarding the PSABs current priorities?

### **QUALITY ASSURANCE**

- Not enough time given for carers to care, often leaving one patient abruptly to get to another patient.
- Carers are not given enough travelling time either.
- People without care qualifications are being taken on due to high need for carers. They are not trained or qualified with little experience if any.

- We are paying for a service that is not being delivered. I requested a carer to prepare my meals for me and often they are asking me what to do. Very often I have to throw it away because it is inedible.

### **RISK MANAGEMENT**

- This is not happening. We are not getting the service and we are being put at risk.
- When I fell at home, the handrail was only on the bad arm side. I was not assessed at home by the OT, my husband had to put one in for me. However, the community OT said I should have a lift because of my level of need.

### **MENTAL HEALTH**

- We are not assessed fully about the strain of coping with our condition and having to put up with service provider ignorance and brush offs.
- It is stressful having to fight for recognition from doctors and care services, meeting our kids needs who often have this condition also, and somewhere in there meeting our own needs.
- Grey areas creates the problem in trying to get recognition.
- Relying on someone else to push you in a self-propelled wheelchair, because services won't let me have an electric one, takes away my independence.
- My mum was in a care home on a temporary basis and they were not functioning appropriately and so I contacted CQC, which raised issues of safeguarding and they came and did an inspection. As a result of this, both my mum and I have been punished by the management at the care home (it is management more than the carers themselves). Some people were moved but being only there temporary, my mum didn't want to be moved. However, this has severely affected my mum's mental health. Following contacting CQC, there has been emotional abuse to me, where I have been threatened with being banned from visiting my mum, glared at by staff, whispering, talking to my mum about me and my mum is constantly being victimised. Carers have been told not to speak to my mum outside of general care and to only enter her room in pairs. It is worse now than before reporting them to CQC. Thankfully my mum is now moving out.

HWP Observation: no specific observations.

## SCOPE

**H&SC Need: Learning Disability**

**Organisation/Location: none**

**Number of service users: 12**

**Date: 8/3/17**

**HW Reflection:** It was held in a very open setting in their shop front location on Cornwall Street. Whilst most of those attending that day gathered to listen, some sat quite some way away from the presentation itself. There was a sense of disjointedness. Consequently, it was clear that some engaged more than others but it was also difficult to gauge how much was understood, however those few that were vocal in the group expressed interest in being engaged with.

**What do you think safeguarding is?**

- Keeping yourself safe from nasty people, from anywhere.
- Not getting yourself beaten up and carrying something like an umbrella to protect ourselves.

**Do you know what the Plymouth Safeguarding Adults Board is/do?**

- General sense of not knowing! (despite having just had a presentation outlining this)
- Two then said they had heard before but only a little.
- Asked how they know that things are being done within the city to keep them safe, the response was 'nothing becomes of anything'.

**Are you interested in the work of the PSAB?**

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

***Sub question 1: who might you talk to if you felt someone was hurting you or stealing something from you?***

- Parents or friend.

***Sub question 2: if your friend told you that someone was hurting them or stealing things from them, who would you tell them to talk to?***

- Staff at SCOPE or a social worker.

***Sub question 3: so what would you advise your friend if they said they were afraid to tell because they didn't want to get someone into trouble?***

- That they should tell.
- The result of this conversation was a general consensus amongst the vocal members of the groups, in wanting to know that there are people responsible for making sure they are safeguarded.

**Why do you want the Plymouth Safeguarding Adults Board to hear your voice?**

- We want some assurance that the PSAB are going to listen to us.
- It's good for us to be more aware of who we can speak to.

**How do you want to be engaged with?**

- Just like today (informal chat with a cup of tea and biscuits).

**Do you have any comments to make regarding the PSABs current priorities?**

- More awareness. People need to get confidence back so need to do more of this.

**What are your own comments/thoughts about safeguarding? What would you like the PSAB to hear?**

- I want to know about assurance they are going to protect me and how accountable they are.
- Are they going to listen to us?
- Hard to report because I feel I am getting them into trouble.

**HWP Observation:** is there a role for a mobile safeguarding trainer to visit groups? More awareness required about recognising abuse and neglect, how to keep themselves safe, who they can speak to and to know that it is the right thing to do to speak up.

## Cobourg House Drop In

**H&SC Need: Learning Disability**

**Organisation/Location: Plymouth Independent Living**

**Number of service users: 7**

**Date: 10/3/17**

**HW Reflection:** Took a while for the group to warm up as at first I felt they were wary of engaging. As with all groups, some engaged more than others but staff were supportive and encouraged members to participate and help break down what they were wanting to say, offering their own comments too.

**What do you think safeguarding is?**

- Keeping ourselves safe from rape.
- Keeping safe from abuse, mental and physical.
- Keeping safe when going out.

**Do you know what the Plymouth Safeguarding Adults Board is/do?**

- Help you out with safeguarding/managing abuse.

**Are you interested in the work of the PSAB?**

- Yes - 2
- Don't care - 1
- Don't know - 2
- Not bothered - 2

**Why do you want the Plymouth Safeguarding Adults Board to hear your voice?**

- So we can get it into their thick skulls.
- So we can get people to take notice of what we are saying.
- Yes, to stop people looking right through us and being invisible.

**How do you want to be engaged with?**

- Like this but bring biscuits! (informal)

**Do you have any comments to make regarding the PSABs current priorities?**

- Mental health services are so behind, people are waiting ages for appointments and consequently people are going into crisis. (staff member)
- Self-neglect and service users becoming more vulnerable because mental health takes a dip when their needs are not being met. It impacts on many areas of their life, including being susceptible to abuse and neglect due to their vulnerability. (staff member)
- Corporate neglect is an issue to, when organisations do not take on board what people are saying to them about their needs.

**What are your own comments/thoughts about safeguarding? What would you like the PSAB to hear?**

- I don't feel safe around the public, getting on the bus and being verbally abused.
- I don't like people who are perfectly well taking funding from us.
- I didn't like what I heard in the news about how the police dealt with a boy with LD and he died. I wouldn't want to go to them because of that.
- Police and other organisations need to learn how to treat people and deal with those with LD.



- Lack of understanding of how to support and work with those with LD by Plymouth Community Homes.
- This place PIL (Plymouth Independent Living) is the only place that's helped me and I've lived in Exeter and I only found this place by chance. We are independent people who need a little bit of help now and then or reassurance/signposting/encouragement regarding who/where we need to go to sometimes to help ourselves.
- Best training I ever received was assertiveness training, 'learning to say no' was really helpful to me.
- PIL helped me.
- I can't read so it's no good giving me a leaflet, there needs to be other ways of letting people know about things.

**HWP Observation:** concern that when service users are more independent, that they miss out on safeguarding training due to less contact with support workers or network supports. Is training with these groups offered? Future consultation needs to be tailored, broken down for ease of understanding and relevance to service users.

## Carers

**H&SC Need: Dementia Carers**

**Organisation/Location: Carers Hub**

**Number of service users: 25**

**Date: 14/3/17**

**HW Reflection:** Emotive session with engagement from the whole group, sharing passionate feelings concerning safeguarding for their loved ones and themselves as carers.

**What do you think safeguarding is?**

- Looking after someone you love.
- Protecting ourselves as carers, loved ones and others.
- Protecting 'care for' from ourselves, keeping them out of danger and making sure their environment is safe.
- No one safeguards the unpaid carers. We are just as vulnerable but who safeguards for us? No one can keep me safe as an unpaid carer.

**Do you know what the Plymouth Safeguarding Adults Board is/do?**

- Never heard of them before today.
- We were totally unaware of them.
- Think they are part of a team looking out for the 'care for'.
- I don't know what they do.

**Are you interested in the work of the PSAB?**

- General consensus of a 'yes'.

**Why do you want the Plymouth Safeguarding Adults Board to hear your voice?**

- We need a voice, we need safeguarding too!
- Carers are 'grey' people, they have no help!
- If 'unpaid carers' downed tools, this country would be bankrupt!

**How do you want to be engaged with?**

- A large open group for discussion like we are today.

**Do you have any comments to make regarding the PSABs current priorities?**

### ***LEARNING & DEVELOPMENT***

- When loved ones are diagnosed we are told nothing.
- We were told nothing about safeguarding when our loved ones were diagnosed or since.
- One member of the group said she had attended safeguarding training but that was due to her job.
- Someone else only found out about safeguarding when their 'cared for' went into a care home.
- No one expressed that they had been informed about any aspects of safeguarding as unpaid carers.

**What are your own comments/thoughts about safeguarding? What would you like the PSAB to hear?**

- At discharge meetings unpaid carers should be present. Currently only the OT and SWs but there should be a united approach to discharging and safeguarding the 'care for' and 'unpaid carers' should not only be aware of decisions being made but also have our voices listened to

- When my husband was diagnosed I was told I should make sure that I also look after myself. I was given a load of literature and phone numbers to ring but never had the energy to do so. It was all too much.
- What I would have liked is some training to support to help me understand and know what I am entitled to both financially and day care etc. Trying to care for our loved ones and do our own research to find help is frustrating and time consuming. Time I don't have.
- Help for 'unpaid carers' does not knock on the door to give us a comprehensive overview of available support. We have to fight every inch of the way. Carers Hub is all we have.
- I am so tired I can't be bothered after fighting for advice and support.
- 'Respite care' needs to be changed to 'planned care', where 'unpaid carers' are given a break to look forward to.
- We need respite breaks!
- When respite beds were not being used (paid for each year by PCC), they were withdrawn 2-3 years ago but people didn't know they were available. I spoke to Rachel Silcotts (Commissioner), who said she was going to review carers' needs but I haven't heard anything since and that was 12 months ago.
- We are not told what the condition is and how they impact on us as carers
- My wife was diagnosed 10 years ago and I've never heard of 'respite care' before today.
- I'm having hospital tests and I was advised that I need to have someone taking care of me afterwards for 48 hours but have no family and as an 'unpaid carer' I was concerned about my husband. Our SW advised my husband was entitled to 'respite care', however when I rang with the dates I was advised I can't book 4 weeks ahead, maximum 5 days but then you aren't guaranteed where that bed will be. I have now taken it upon myself to organise somewhere for my husband to have respite but PCC will only pay up to £495 and I am responsible to pay the short fall. It's ridiculous that you can't access help until you are in crisis. And I still have to sort out someone to care for me after the tests. SW advised that lots of people have tests and go home and look after themselves. Respite care only makes me accessing healthcare for myself very difficult.
- We need crisis care!
- I am living on my own savings to care for my father.
- I would never have survived without Carers Hub and I call them 'my friends' now.
- I have no control!
- I only found out about Carers Hub because I saw a poster on my GP surgery's notice board. I was out there alone before I came here.
- There used to be a 'pack' given out to 'unpaid carers' on diagnosis, what happened to this pack? It contained lots of useful information, such as understanding dementia and about support and groups available.
- I have no choices, I have to put up with violence from the person I care for.
- If dementia is not an illness how can we get help?
- Authorities refer to it as a 'condition' not an illness, therefore you die 'with' dementia but not because of it. Yet on my father's death certificate it said 'cause of death, dementia'.
- I suffered a number of strokes and contacted an agency to care for my husband. The CSW told me to cancel this care as they refused to pay for it. I discharged myself as soon as I could and when I got home a carer turned up on the doorstep. I asked who had booked her services and she didn't know. It turned out it was the CSW. I asked why I had not been informed that this had been done and the excuse given was that she had rung the hospital but it was too noisy to be heard, she said she rang a second time and spoke to someone 'foreign' and this time she was not understood!!! This is a complete lack of sufficient communication!

- On May Bank holiday weekend 2016 my wife disappeared. I went to the police and various other services for help to find her. She was eventually found thankfully. I was advised by the police at the time that a report of this would be sent to ASC and they would be in touch with me. I've still not heard anything over 9 months later. What resources do the council actually have to respond to those being cared for, let alone the needs of 'unpaid carers'? Without resourcing properly, nothing is going to happen positively to improve safeguarding for either the 'cared for' or the 'unpaid carer'!!

**HWP Observation:** a fundamental trend here is lack of knowledge concerning safeguarding, both for the 'cared for' and the 'unpaid carer'. HWP recommend that further consultation should not only be generic work related to what PSAB are looking at but also to focus some specific consultation concerning what is relevant to each individual group. Perhaps looking at feedback from this first round of consultation to determine this.

## Blake Lodge Social Group

H&SC Need: Hearing Loss

Organisation/Location: Plymouth Deaf Association

Number of service users: 8

Date: 15/3/17

**HW Reflection:** A fascinating session with 8 services users and two signers. Really good feedback about the issues that deaf people have in communicating and accessing services.

**What do you think safeguarding is?**

- Looking out for family and/or neighbours who are having issues around abuse/neglect.
- Knowing who to engage with to pass on concerns.
- Deaf people being sworn at recognising that this is a form of abuse.
- Evidence of issues being experienced by deaf people is hard to gather unless proper communications are available through an interpreter using British Sign Language.

**Do you know what the Plymouth Safeguarding Adults Board is/do?**

- Ensuring services work together.
- Taking feedback from the public.

**Are you interested in the work of the PSAB?**

- General consensus of Yes.

**Why do you want the Plymouth Safeguarding Adults Board to hear your voice?**

- To understand issues faced by deaf people around communication

**How do you want to be engaged with?**

- Further group discussion.
- Accessible leaflets.
- Communication with those that are house bound.

**Do you have any comments to make regarding the PSABs current priorities?**

- Access needs to be improved for all disabilities.
- Understanding the unique needs of specific condition groups.

**What are your own comments/thoughts about safeguarding? What would you like the PSAB to hear?**

- Access to information/services that recognises the difficulties faced by deaf people.
- How does a deaf person contact PSAB as information given is phone numbers for ASC and Police?
- How to report safeguarding issues as the phone is not an option either in general or crisis circumstances.
- Is texting an option?
- Is a web based contact available?
- Use of a video relay service via an interpreter?
- Use of Skype/Facetime although an interpreter would need to be available.
- Access to an interpreter is an issues for deaf people and therefore it can take longer to work through information or issues.
- A computer or laptop available with VRS accessible at council offices/helplines and at various services and associations to speed up communications.

- PSAB to provide education about safeguarding/abuse for at risk groups.
- Online access to information in British Sign Language, which is the first language for deaf people. Deaf people do not always have a full grasp of the written English language.
- Text services rely on a good understanding of the English language, which a deaf person may not have.
- Online access to information is equally relevant for individuals with Learning Disabilities.
- Problems in phoning to acknowledge appointments unless able to text type (not available to all).
- Development of an app for smart phones to allow deaf people to contact services.
- PSAB need to work on communications with the Deaf Association around reporting/accessing services.

**HWP Comment:** HWP recommend that PSAB work with the Deaf Association to make communication more accessible and easier for deaf people by acknowledging the issues they face when trying to use current methods. The point about written English NOT being a deaf person's first language needs to be noted.

## Plymouth People First Executive Committee

**H&SC Need: Learning & Physical Disabilities**

**Organisation/Location: Plymouth People First/Highbury Trust**

**Number of service users: 8**

**Date: 21/3/17**

**HW Reflection:** I was very grateful to have the support of a professional from Plymouth People First, helping to ensure people understood the presentation, words used and safeguarding itself. However, this took up a lot of the limited time available and at times I felt feedback was heavily focussed on issues the professional saw as a priority, such as the leaflet and safety video. Consequently, feedback about safeguarding itself was limited and there was no time to explore the wider priorities the board are focussed on.

**What do you think safeguarding is?**

- Making sure you as an individual are kept safe.
- Looking after yourself.
- Keeping yourself safe.

**Do you know what the Plymouth Safeguarding Adults Board is/do?**

- We don't know.
- We've not seen any action!
- Do people know about them?
- How do they promote themselves?

**Are you interested in the work of the PSAB?**

- Yes.
- There are 1000 people in Plymouth with LD, 800 of which are not in contact with Highbury Trust. (professional comment)

**Why do you want the Plymouth Safeguarding Adults Board to hear your voice?**

- People have to hear our voice!
- We want to make the board more aware of LD, how people communicate and the importance of easy read information.

**How do you want to be engaged with?**

- Consultation event/focus group with food so that more people with LD can be invited to attend and have their voices heard.

**Do you have any comments to make regarding the PSABs current priorities?**

*Note: Due to amount of time, this question was not followed up with clients after presentation.*

**What are your own comments/thoughts about safeguarding? What would you like the PSAB to hear?**

### **MISC**

- What happened to the easy read leaflet that was being put together following a visit and consultation from Gloria? Cornwall have good easy read stuff available.
- We don't get a choice about who is supporting us which creates anxiety.
- We get used to a carer and then they leave and we get another. (JS advised that they can address this issue making most of advocacy service).

- They are taking for granted that people can talk - how are they encouraged to have a voice/report?
- Makaton Signs support people who are non-verbal and ALL services need to know this and be trained.

### **SAFETY VIDEO**

- SAFE Video - safety advice for everyone, is this available on PSAB Web page?

### **SAFEGUARDING LEAFLET**

- Leaflet is poor.
- We do not like dark background.
- People with visual impairments can only read bold.
- Leaflet needs pictures.
- Leaflet is shocking.
- Doesn't say about how to obtain leaflet in different formats.
- Doesn't say who to contact if it's out of hours.
- Leaflet not clear about keeping self safe.
- It needs to link up with the 'safe places scheme logo' so that is recognisable and consistent with understanding for this group's needs.

**HWP Comment:** Safeguarding project worker invited to attend a series of different group meetings but due to HWP resource limitations, project worker suggested a consultation/focus group event to invite wider LD community. Group welcomed the idea. However, some work needs to go into ensuring there is both easy read information available and streamlined and unambiguous questions that keep smaller groups focussed. Independent facilitators on each table will be a must.

Whilst easy read is available online, it would be great to have versions available to distribute at future engagement with LD client group. However, not sure if this is just a glitch but currently audio associated with PSAB webpage and easy read leaflet does not work.



## Headway Drop In

H&SC Need: ABI inc Learning Disability, Mental Health and Long Term Physical

Organisation/Location: Headway

Number of service users: 7

Date: 14/3/17

HW Reflection: Very varied understanding.

What do you think safeguarding is?

- Making sure people are safe depending on what needs they have.
- Being safe in a hospital.
- Not being taken advantage of when vulnerable.
- Not just for everyone else but for me and everyone else.
- Aware of my personal safety, keeping myself safe 'self awareness'.
- Tailor made to every individual as we all deserve to have the life we wish to have so long as it doesn't encroach on anyone else's.
- A fine line that people shouldn't cross.
- Financial.
- Taking sexual advantage of someone.
- Generally mistreating a human being.

*Note: not aware of self neglect. Group did not understand. Manager suggested she and staff run more regular safeguarding awareness sessions for clients.*

Do you know what the Plymouth Safeguarding Adults Board is/do?

- Protection for us and everyone
- I now have awareness

*Note: Some knew, most did not.*

Are you interested in the work of the PSAB?

- A general consensus of yes.

Why do you want the Plymouth Safeguarding Adults Board to hear your voice?

*Note: initially, the group did not understand what it meant to have a voice.*

- Because everyone has opinions and views.
- Because if we need help we would go to them.
- Yes it is important to have a PSAB
- We have a right to express our voice.

How do you want to be engaged with?

- As we are.

Do you have any comments to make regarding the PSABs current priorities?

- Everyone should be treated respectfully and equally given care according to their needs.
- It's hard to say things sometimes and speak up.

What are your own comments/thoughts about safeguarding? What would you like the PSAB to hear?

- Everyone should be treated respectfully and equally given care according to their needs.
- It's hard to say things sometimes and speak up.
- Can there be an audio disc available? Particularly for those that cannot read or require unfeasible size font to necessitate one letter per page.

**Headway Staff Comments:**

- Reaching people who aren't connected to a service
- Getting the message out about safeguarding and keeping people safe who don't know how/or like to have a voice.
- Put info about safeguarding on Big Screen in town - everyone goes shopping!

**HWP Observation:** Again, it's about raising safeguarding awareness, concerning recognising abuse and neglect, how to keep themselves safe, who they can speak to and to know that it is the right thing to do to speak up. Query role for mobile safeguarding trainer to visit groups? Service group professionals can also be trained in order to maintain regular awareness sessions for clients.