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Introduction



This is the full report of the Open Space visioning event held on November 18 – 20 2015 in Plymouth's Guildhall.

The theme of the event was 'Your Needs. Your Service. What does a great multiple needs service for Plymouth look like and how can we work together to make it happen?'

The 2½ day event was attended by a total of 148 people (out of 178 who registered), of whom 40 were people who use 'multiple needs' services (homelessness, substance misuse, ex-offending & mental ill-health) across Plymouth.

The author would like to express his heartfelt thanks to all those who participated so enthusiastically and who gave their time as volunteer helpers so willingly and effectively. I would also like to express my gratitude to Plymouth Community Healthcare CIC for lending us five of their computers and a printer; the Harbour Centre for supplying our stationery needs and providing two brilliant volunteer helpers (Kris and Sophie) who managed the 'Newsdesk' IT stations; Plymouth City Council for providing us with the Guildhall (Main Hall) free of charge; the New Digital Design team from Plymouth University for bringing us into the 21st Century via Twitter walls, Sentiment Analysis and live YouTube feeds; and (especially) the Salvation Army/ Devonport Life House, the Salvation Army 'Journeys' Training Café and Plymouth House for working together to keep us all fed so amazingly well during the event!

It was a real privilege for me to be your event facilitator!

Please note: If there is anything at all in this report which you feel has been misrepresented, or if something you contributed during your discussion session(s) has been left out of the session report, please get in touch with me as soon as possible at: jan.bennett@protonmail.ch and I will make the necessary changes.

Keep the momentum going!!

Dr Jan Bennett
Independent 'Open Space' Facilitator





Discussion Group Reports

1. Topic: Training and learning opportunities/ journey

Session space: Pink Star

Who was there (name everyone who contributed)?

Carole (CASS PLUS - Convenor), Carol Rose, Chris, Kyri, Jasmin, Claire, Caroline, Mike, Beverley, Anna, Mo, Patricia

Main points arising from discussions:

- Join up Dual Diagnosis Resources, Assistance to the families to help the sufferer.
- There is no government funding at city college unless on benefits.
- No financial assistance from companies to help workers pursue higher qualifications.
- Transition through support can leave you vulnerable stop the fracture of support when moving from one system to another or back to employment.
- Need to stop the stereo typing.
- Education in schools, for young children about the effects of drugs and alcohol.
- Education at an earlier point in schools to encourage emotional health and wellbeing.
- Put it on the curriculum like maths as part of the education system, use a professional nurse in a teaching role and bring in survivors of drugs and alcohol abuse to take the fun factor out of social peer pressure.
- Joint education and health funding. (INTEGRATION!)
- Why do sufferers feel they need to commit a crime before they got attention and help?
- Shifting of funding into rehabilitation services! DCJ and MH (falling through gaps as the issues they suffer from don't seem to be serious enough.

Recommendations:

- Better communication and listening through organisations and service users.
- Training academy to be more joined up mixing all genders.
- Escape the GP “safeguarding” mode. GP’s don’t attend the courses which are for prisons, police, teachers, and social services. (They have their own safeguarding courses which isolates them from new best practice)
- Trained workers, but also bring in workers with life experience.
- More creative approach for personal funding (council social enterprise).
- Shared learning Shared accreditation for professionals and partners.
- Prevention, easier intervention I.E primary schools.
- Better integrated services at courts.
- There are models from Birmingham and Cornwall for some of these measures.

Three next steps:

1. Join education with health and criminal justice information services making them cross sector.
2. Multi agency crisis centre to which pupils and public can be referred.
3. Central hubs/ triage/whole network/multi agency representation to cover everyone. This should include community space which is open weekends involving families, socialising, and drop-ins (NOT JUST 9 TO 5 MONDAY TO FRIDAY)
4. Point of crisis



2. Mental Health Services

Session space: Blue Star

Who was there (name everyone who contributed)?

Mary (NHS - Convenor), Debbie, Carole, Becky, Mariola, Si, Stephen, Kelly, Roxy, Alice and Simon.

Main points arising from discussions:

- Frustration in accessing services.
- Difficulties in getting a CPN.
- Positive Experiences: Plymouth is better than other areas, More holistic wrap around service.
- Difficult to access statutory Services (not voluntary services).
- Autistic services- positive group in central Library.
- Dual Diagnosis now relabelled complex needs.
- Less Talking and more action funding at Commissioning level.
- Mental Health Services will not treat those with Drug and Alcohol issues.
- Need for Education across all levels, Majority of those with Mental Health issues do drink or use.
- Too long for people to get assessed.
- On waiting list for longer unless they commit serious offences.
- Detox/Rehab is not a cure all. Need help when enters back into society.
- No Diagnosis makes it difficult to access services.

Recommendations:

- More funding for GP specialising in Mental Health and Addiction.
- Mental Health education at young age.
- Support groups at local GP'S.
- Basic Education for GP's re Mental Health, Addiction and stereotypes.
- Mental Health seen as primary problem not secondary.
- More funding to equate to funding for Physical illness.
- More Mental Health training for Staff supporting Service users with Mental Health issues.
- Mental Health services need more funding and reorganising/ restructuring.
- Peer mentoring in Voluntary Sector.

Three next steps:

1. More funding for Voluntary services
2. Better Communication between services
3. Client representation at Commissioning
4. Not Tokenistic

3. Access to services and community engagement

Session space: Turquoise Circle

Who was there (name everyone who contributed)?

Debbie (Plymouth City Council – Convenor), Sam, Jacki, Star, Soo, Angela, Nicola, Aydin, Tina

Main points arising from discussions:

- We need to share good practice and recognise whats already going on in Plymouth
- We need ONE place that has information relating to ALL services across Plymouth – service users need to go to one place to access any service



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- One place for all referrals would mean that service users would not need to wait weeks in between appointments.
- We need to streamline current services
- Too many 'hubs' can be confusing – e.g. community hubs, health hubs, service hubs

Recommendations:

- Develop a Hub and Spoke model – one Super Hub (probably in the City Centre) with smaller accessible to all community based hubs (could be cafes/churches) where all services can be signposted from.
- The Super Hub will be run by multi-agencies working together
- Local hubs can be run by trained residents or services
- We need to map services and buildings available (note that the State of the Sector Report being run by POP is currently doing this)
- We need to secure funding to support the organisation/facilitation of Super Hub and smaller hubs
- We need to support local communities, residents and volunteers to support others in need in their communities as a first step, in a local hub.
- We need to keep building trust between agencies, to break down barriers, and to continue to ensure service users are working with us
- Look at good practice elsewhere in the UK

Three next steps:

1. As part of the mapping exercise, service 'leads' could be identified to work together to bring about the Hub model
2. Keep agencies (and service users) networking, must keep communication and momentum going
3. 'Linking the Thinking' ensure that debate links to commissioning strategy

4. What can we put in place for clients with needs higher needs than current services can provide?

Session space: Purple Circle

Who was there (name everyone who contributed)?

Rae (Homegroup – Convenor), Sean, Greg, Lindsay, Jenni, Angus, Tracey, Andy, Gerry, Martin, Ade, Vicky

Main points arising from discussions:

- We are currently 'hitting the target and missing the point'
- A multi-agency team is needed to work with individuals
- An in-house detox needs to be available
- Everything should be under one roof
- There needs to be a step-down process to promote independence
- At the moment, prison can be the ideal place for these people
- There needs to be a combination of medical and therapeutic interventions under one roof

Recommendations:

- Access to preventative services to reduce escalation of chaos
- Better information sharing protocols – ideally a universal database for the City
- Flexibility regarding time limits for access to services
- Multi-skilled accommodation based service available
- Access for adults for a generic drop-in type service similar to 'The Zone'



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- No separation of under and over 25's services so individuals are recognised throughout their journey

Three next steps:

1. A restructure of the homeless pathway
2. Greater partnership working as a result of redesigning provisions by Commissioners
3. Focus needs to shift away from outcomes and become about client need- less generation of competition between services

5. Food of Life

Session space: White Circle

Who was there (name everyone who contributed)?

Claire (Plymouth University – Convenor), Adrian, Tony, Zac, Darryl, Darren, Sian, John

Main points arising from discussions:

- Health & Wellbeing
 - Nutrition
 - Mental Health/Social Interaction
 - Training/Education/Development Opportunities
- Importance of food in social outreach e.g. soup run
- Resources: church facilities, many churches have good kitchens
- Food as way to bring people together/break down barriers
- Lower income – higher proportion of spending on food (and affected by debt management/income going to service debt & pay interest)

Recommendations:

- Eating Needs: Food skills/Preparation/cooking
- Financial aspects: budgeting & getting value for money
- Training & up skilling of stake holders including service users
- More understanding/on-going research on the importance of food including:
 - social, psychological and cultural aspects
 - Types/quantities of food needed to meet nutritional needs

Three next steps:

1. Training in befriending & mentoring
2. Training in nutritional needs for providers to vulnerable adults in top tips in eating for health and wellbeing
3. Networking public resources effectively e.g. church facilities

6. Housing & finances, homelessness, support in to “Normal Housing”

Session space: Gold Star

Who was there (name everyone who contributed)?

Darren (convenor), Caroline, Gary, Andy, Vikki, John, Zac, Di, Kylie, Victor, Derrick Martin, Lisa, Sonia, Mark,



Main points arising from discussions:

- Rehab cutbacks lead to more Homelessness, initial support for Prisoners Upon release “Catch 22” Smaller Units of Accommodation for people who need it. Detailed information for people before they actually leave Prison, Smaller Units of Accommodation hostels do not work. Maybe more Wet Houses or Shooting Galleries for substance misuse. More hub units with up to date and tangible information and not being pushed from pillar to post.
- A simple payment method for benefits and other financial arrangements, monthly payments are no good and monthly payments increase the use of Substance misuse even further (More money to buy Drugs and Alcohol) A Single payment method is harder to budget increasing mental health and stressful causing a turn to substances and or crime.

Recommendations:

- Single Building for development of hubs with Multi-Agency combined, Access to all services and all under one Roof. Stop offering people financial incentives to move house as it ruins community cohesion. Moreover, cash payments are dangerous if you have substance misuse issues.
- When does my history Re: Crime and substance misuse no longer affect my housing?
- When will they recognise change?

Three Next Steps:

1. Hubs to provide this by all services being represented under one roof with honest non biased information with empathy for service users and not judgemental also the information has to be current and fit for purpose. People need information not excuses.
2. Prisoners need to go to hubs to get money (£58) and receive additional support to prevent re-offending. When people are bailed out of court they receive nothing-benefits stopped and no probation or support.
3. Could housing agree people with a spare room could offer it to someone who is looking for somewhere to live on a temporary basis?
4. Government pay £1000 per month to a hostel accommodation but will not pay housing benefit above £400 a month, this amount will not get you a home.

7. Meaning, purpose and expectations

Session space: Green Heart

Who was there (name everyone who contributed)?

Mike (PATH – Convenor), Mike, Kate, Karen, Lyndsey, Lynden, Mags, Hazel, Leon, David, Imka

Main points arising from discussions:

- Investing in activities and programmes to build meaning and purpose will save lots of money in the long term because people will not need the more expensive services if they have built meaning and purpose within their lives
- Occupational Therapy approach is underutilised in these sectors who see occupation as self-care, enjoyable activities and employment
- Being busy is good for you!
- We currently focus on problems but need to ask about and value strengths
- Voluntary work is great for giving meaning and purpose over a long period of time
- How do we move people into paid employment from voluntary work?
- How do we start people who have little motivation or experience or have personal difficulties?
- Community involvement is good!
- Working with job centres to provide positive meaningful voluntary opportunities for people who would normally struggle in mainstream placements
- Looking to comply with contracts sometimes lead us in the wrong directions



Recommendations:

- Look to develop mechanisms to maintain change
- Encourage training on the job
- Mechanisms for inter-agency working with service users and volunteers
- Joint training of volunteers
- Build voluntary positions – meaningful and safe with lots of supervision
- NURTURE A CORE OF AMBITION WITHIN CLIENTS/SERVICE USERS – especially when the client / service user first enters each service
- Solution focused approach
- VALUE ENJOYABLE ACTIVITIES
- Recognise what service users are already doing – their strengths, skills, abilities and dreams

Three next steps:

1. Ensure a philosophical shift within services and programmes – Nurture people for who they are not judge them on the services that they are using
2. Mind shift of the City – to build a collective understanding of responsibility as a City for shared resources – IT IS MY PROBLEM and I need to try to help at all levels. A positive improvement of a person is something that I am looking for whether they are my responsibility or not!
3. To try and think beyond outcomes – we need to be a system that values and builds people as individuals, working together with a person on their journey to a meaningful life.

8. Single assessment/shared data

Session space: Orange Heart

Stopping clients falling through gaps/ bringing agencies together through referral/shared assessments. Family Drug and Alcohol Court (FDAC) pilot in Plymouth, Devon and Torbay.

Who was there (name everyone who contributed)?

Russ (convenor), Liz Shaw, Jenny Thornton, Clair White, Bev Wakeham, Allen Gale, Briony Morrison, Tracy Parker, Gina Stacy, Jim Moore, Phil Dawes, Gasry Brown, Amy Haines, Ed Dixon, Will Smart, Nabs Mirza, Sharon Lamerton, Chris O'Sullivan, Leon Johnson, Louise Sharland

Main points arising from discussions:

- 1 shared and agreed assessment tool including risk
- 1 system database (shared assessment database – SAD)
- Co-location /drop-in sharing resources
- Single Coordinator, assessment hub
- PCC housing options

Recommendations:

Signed sharing agreement

Three next steps:

1. Draft signed agreement
2. Steering group for assessment tool
3. Design database
4. Sharing training
5. Crisis team



9. Services for LGBTQ (Lesbian, Gay, Bi, Trans and Questioning)

Session space: Turquoise Circle

Who was there (name everyone who contributed)?

Alice (Convenor), Tracy, Jill, Anna, Vicky, Andy, Gerry, Clair, Jina, Graham, Steve, Kylie, Caroline, Ria, Nabs, Val and Karen

Main points arising from discussions:

- No social, non-alcoholic places for the gay community.
- No services to aid sexuality and family/ support groups.

Recommendations:

- Education (local level):
 - Be careful in regards too different cultures.
 - Educate that some cultures do not agree with the gay community. Both sides need to be educated.
- Training- signposting.
- Want to know more? Just ask!
- Anonymous Groups.

Three next steps:

1. Café for the LGBTQ community (gay-friendly)
2. Information centre, family issues/ super hub.
3. Specialist Workers/ Volunteers.
4. Chill out!

10. Better Services re: Autism and ADHD

Session space: Blue Star

Who was there (name everyone who contributed)?

Leon (Convenor), Louise, Sharon, Stephen, Nicky, Vikki, Claire, Sonia, Lisa, John, Jasmin, Chris, Kate

Main points arising from discussions:

- CAMHS: lack of monitoring, parent had to chase it.
- PCCL lack of provision in schools and lack of investment.
- Self-harming.
- Medication.
- Lack of support for young person/ children and adults.
- Over stretched services CAMHS.
- Schools: Some good some not so good. Lack of awareness by teachers.

Recommendations:

- Consistency for the people.
- Need fun services.
- More peer mentoring services.
- More training for school staff and other agencies.
- Transition services for beyond 18.
- Learning legislation.
- Autism Act 2009 and think Autism strategy.



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- Care Act 2014.
- Children and Families Act 2014.
- Visit National Autistic Society web site.
- Lead worker to look at whole picture including leisure/ hobby and activities services.

Three next steps:

1. Organise for national autistic society to provide training to services about the law.
2. Pool knowledge of resources and services into a central tool booklet or website.
3. Support for carers, parents and families; find out what support groups.

11. Best way of creating shared understanding of clients' needs using and accessing services?

Session space: Green Heart

Who was there (name everyone who contributed)?

Stuart, Gary, Derrick, Debbie, Allen, Patricia, Jenny, Angus, John, Angela, Mark, Jacky, Mike.

Main points arising from discussions:

- Why is there not better care coordination, ie is you see one or the same people for all your treatment needs?
- Do we need a Hub?
- Colocation
- Shared understanding
- Staff outreach to other services
- Service user led – listeners doing outreach but have no base/location (lack of support for us)
- Support leaving prison – lack of accommodation
- Service user passport (regular info e.g. DoB etc.) Better experience for service users
- How much does a member of staff influence your experience?
- Cost – less available
- Are there too many agencies/duplication
- Service users wanting work
- How can we access information about services

Recommendations:

- Staff and service user co-working
- Point of access can be optional – service user choice
- Hub/s
- Single assessment/multi-access
- Offering housing to homeless/service user
- Hub/s reduces pressure and support worker when leaving accommodation
- Preventative work in prison/preparation for service user supporting
- Good information on leaving prison/incentives to act appropriately
- Needs to be unbiased/honest
- Right staff in the Hub/s
- Service user supporting/meeting/monitoring quality of care
- Appropriate training and support from workers/mentoring
- After care mentoring and programme better understanding current experience leads to training – going forward and giving back
- Volunteer/Mentoring good resource
- Service specialisms can work
- Move away from social working



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- Better joined up working leads to better experience by service users
- Leaving prison – wants to work
- Employment Pathway
- Mentoring training, combat stigma and discrimination
- Find it hard to access education
- All this access all areas, substances leaving prison
- Service User Groups
- Make the Hub part of the community
- GP Informed about Hub and local authority
- Social Care and health awareness

Three next steps:

1. Work with the council to deliver a shared system
2. Service user led: supported training & development
3. Hub

12. Information, cooperation and information/data sharing

Session space: Purple Circle

Who was there (name everyone who contributed)?

Nicola (BCHA/ George Hostel – Convenor), Lynden, Mariola, Adrian, Nabs, Becky, Debbie, Carole

Main points arising from discussions:

- Frustrations with finding other services involved with same people/not finding this out
- Clients will not always share information
- How do we share?
- Risks to staff with no information
- If information is shared more effective work done
- Which buildings can be used for assessments?
- Single Assessments needed and access to data
- Trust
- Quality of assessments
- Single tool
- Use volunteers as hand holder/navigator/mentor

Recommendations:

- Single Assessments – one that is accepted across services
- Expert Assessments – Staff trained/knowledgeable in one place
- One database – information accessible

Three next steps:

1. Map what databases are used now/what info is collected
2. Improve communication by having common understanding of what information can be shared (for staff and service users)
3. Agree what information is needed as a minimum for each client



13. Coordination of services and improving access

Session space: Orange Heart

Who was there (name everyone who contributed)?

Service users, staff from; drug services, social care, university, housing, SHEKINAH

Main points arising from discussions:

- Too much paperwork, can put GP's off referring to other agency
- Need better system for sharing information and prevent duplication, considering confidentiality ~ (shared agreement needed)
- Barriers: multiple needs difficult to coordinate, providers afraid of litigation re; sharing info between services, Different IT systems and quality of recording variable.
- Reviewing and updating info from shared assessments needed.
- Service users and professionals don't know what services are out there

Recommendations:

- Care coordinators needed for updating and sharing information and maintain contact with person
- Need to include client/service user, centered on their needs.
- Need internal communication within services. Smarter working. Cut waste and form partnerships with each other.
- Intervention needs to be timely – when needed by service users.
- Shared database between services, back up needed in case of IT failure
- Service culture needs to change to allow information sharing
- Hub: provide initial point of contact to multiple agencies. Have shared goals, central advice and information service
- Need for continuation of support beyond initial intervention, importance of a familiar face from beginning to end. Not time limited.
- Talking between professionals between core group meetings needed. Acknowledgement that persons needs not met by one professional/service.
- Service user involvement always.
- Reaching out and linking up between services. Join up to get a “whole life” perspective of individual
- Need clear responsibilities for each professional and care coordination/collaboration
- Professionals need to be holistic. See people as individuals, within constraints of service working in. Need to be creative and permission from this needs to come from managers/funding bodies.
- Drop in/open doors services
- Use volunteers, peer support and ex-service users as a resource.
- Need to fund areas of innovation we want to see.

Three next steps:

1. Advertising services – what's available. Accessible to service users/services. E.g. papers, billboards, public spaces, Drs surgery screens, pharmacy's, courts
2. Central point of contact e.g. phone line needed for service users.
3. Shared pool of money to reduce competition and promote collaboration/partnership
4. Training for professionals on how to overcome stigma when working with vulnerable people.
5. Need to “come into each other's worlds” e.g. through use of hub, shared training, student swap/inductions. Get together around a table, client forums
6. We would like a meeting to follow up from today – what has happened following all the discussions we've had? What has been actioned. Need a review.



14. Early intervention/flexible & responsive, long time to access a prescription

Session space: Gold Star

Who was there (name everyone who contributed)?

Sean Mitchell (BCHA/ George Hostel – Convenor), Greg Coley, Lynn McKenzie, Briony Morrisin, Gary Brom, Will Smart, Sam Platten, David Curry, Darren Pomfrett, Edward Dixon, Adrian Pengilley, Sian Ellyatt, Lindsey Drew, Hannah Rimes, Amy Haines, Hazel Roberts, Rae Power

Main points arising from discussions:

- Scripts for leaving prison are in place and adequate
- Always ready when they left. Mirrors scripts in jail.
- What difference does a script make – creates another dependency, more of the same?
- Length of time on scripts too long
- Group work, voluntary networks and social networks
- Early intervention and closer monitoring of scripts, time framed reduction, state sponsored addiction
- School – early intervention – look at exposure
- Curriculum associated – sex advice/substances

Recommendations:

- You can't prescribe recovery – over support clients – ready for recovery
- Parents need education around substances
- What can we do collectively
- Flexible and signposting to other services
- Solution based therapy
- Chemist to have input to adjust script rather than wait for review
- Getting into recovery earlier

Three next steps:

1. Using chemists to adjust script
2. Curriculum to school and parents
3. Mentors?
4. The social structure – not drugs
5. Teachers do proper training to deliver substance/mental health harm (don't use teachers but bring professionals to teach such subjects e.g. school nurse role enhanced and use service users with experience who are in recovery. Train teachers as well to understand such issues)

15. Using participatory action research (PAR) to effect change

Session space: Pink Heart

Who was there (name everyone who contributed)?

Tina (The Eddystone Trust - Convenor), Clare, Mike, Mags

Main points arising from discussions:

- Accessible
- Accessible methods – creative/innovative
- Works well with complexity



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- PAR as a tool for evaluation
- Opportunity for better engagement of people
- Everyone is equal in the decision process
- Researchers as facilitators
- Action and change
- Research as an intervention to bring about change for people
- Flexible engagement/BENDING OF THE RULES
- Community owns it
- Telling the story

Recommendations:

- PAR is considered as on-going method of engagement
- Embedded contractually/strategically & operationally/workforce development
- Keep it simple

Three next steps:

1. Develop accessible PAR workshop
2. Set up community led research network
3. Set up community led ethics group

16. Breaking the homeless cycle

Session space: Blue Star

Who was there (name everyone who contributed)?

Will Smart (BCHA – Convenor), Stacey, Vicky, Hannah, Russ, Amy, Bryony

Main points arising from discussions:

- Local connection – is it a deal breaker? Moving between locations
- Move on's (Not enough) Appropriate accommodation (Shared Accommodation)
- How do you manage this accommodation? People not ready to change their lifestyle
- Lack of long term services for people in the communities
- What accommodation would be appropriate?
- Balancing the needs of others
- Staff training & knowledge
- Waiting lists for services

Recommendations:

- Housing for those who are ready to give up and for some of those who aren't!
- Better use of empty housing
- Use of people skills
- Better outreach services
- Clearer pathway/access to housing to permanent housing
- More activities/training in hostels
- Reduction of bureaucracy in services to allow staff to engage

Three next steps:

1. Engaging service users in more activities/training
2. Reducing paperwork to allow extra staff engagement
3. Sharing resources/multi agency approach for better practices (Co-location)



17. What does a 'super-hub' look like?

Session space: White Circle

Who was there (name everyone who contributed)?

Sean (BCHA/ George Hostel – Convenor), Mike, Mark, Will, Vicky, Alice, Graham, Simon, Jackie, Aydin, Ade

Main points arising from discussions:

- All under one roof: mental health, drugs, LGBT, super-hub next level, housing
- Superhub specialties
- Undertake assessments – access straight away
- Multi agency team – single assessment: use existing buildings
- Specialist workers/volunteers/train mentors e.g. probation etc.
- Welcoming place: travel to pick up script, travel to services
- Network of building groups, knowledgeable space, debt advice, LGBT, mental health, finance, funded transport/volunteer, learning/education, childcare. Training/mentors, regular sessions daily over 7 days a week!

Recommendations:

- Proper qualifications
- Move towards Hubs
- Addressing need and education

Three next steps:

1. Identify buildings and locations
2. Look at co-location (Plymouth Yourspace)
3. Work with PCC and service providers

18. What happens next? Where do I go once I have accessed the system?

Session space: Pink Heart

Convener: Soo Brizell-Hogg

Who was there (name everyone who contributed)?

Tony Stone, Liz Shaw, Andy Gething, Kellie Wall, Nabs Mirza, Carole Edwards, Tina Wilkinson, Adrian, Garry, Zac

Main points arising from discussions:

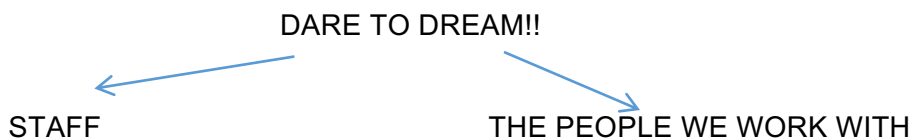
- Once you leave 'cocoon' of safety (rehab) you are left alone....where is the follow-up support?
- Post-treatment support/after-care is lacking.
- Lack of person-centred support
- Certain centres/projects tend to support certain groups of people (due to funding/commissioning) i.e people with addictions, ex-offenders therefore these centres/projects are not attractive if you don't want to socialise with this particular client group. Neutral/blended services/projects/centres needed.
- Lack of meaningful volunteering opportunities based on your own personal experiences
- Volunteering → paid employment there needs to be a progressive pathway(s) to employment



Recommendations:

- Help people find purpose! i.e. mentoring,
- Deal with the person not the problem!
- Realistic support into employment (not the work programme)
- Challenge limitations of job seeks allowance: too high expectations/too great a leap into employment for some
- Nurture responsible businesses to unlock opportunities for us!

Three next steps:



*REMEMBER THE PERSON AND THEIR STORY

LETS WORK WITHIN A SINGLE SERVICE!

19. Better legal services and advocacy for service users

Session space: Turquoise

Who was there (name everyone who contributed)?

Sharon (Care or Not - Convenor), Andy, Caroline, Val, Angus and Karen

Main points arising from discussions:

- Advocacy drop in service as cannot access advocacy at present.
- No access to immediate advice.
- Waiting at drop in for advice along time/ not getting the right advice.
- Waiting too long for appointments, for specialist advice.
- Worry about cost of legal services.

Recommendations:

- Advocacy drop in service/ multi services
- Getting right advice straight away
- Affordable legal services
- Face to face services
- Access to legal services

Three next steps:

1. Including consistent advocacy in any Hub.
2. Free/ cheap legal representation to be available at a hub- face to face.
3. Clear and consistent advice and support from social workers.



20. Children & Women

Session space: Not indicated

Who was there (name everyone who contributed)?

Tracey (Convenor), Hannah, Star, Angela, Claire, Rachel, Carol, Lynn

Main points arising from discussions:

- Why are women being ignored? Not easy access to support
- Women have different/special needs
- Coping with mental illness but caring for children
- No services for women. Re-integration into community from prison

Recommendations:

- Access to a number of services
- Safe space
- Female focused for women and their children
- Offered female worker/counsellor – not feeling judged
- Women's Recovery Centre
- Parenting courses
- How do we target help needed
- Youth groups for parents with children
- Teach people coping tools/support groups

Three next steps:

1. Proper consultation with the women in Plymouth
2. Targeting women's questionnaire
3. University Research
4. Open women's recovery centre – small peer grants, training, advice, health (child friendly)
5. Small social groups – the power of human connection

21. Family and friends support

Session space: Not indicated

Who was there (name everyone who contributed)?

Allen (T4C - Convenor), Barry, Jude, Jenny, Paul, Lisa, Steve, Zac and Mariola

Main points arising from discussions:

- Capacity & access special needs provision more support for family members with children with aspersers and ADHD.
- Help with understanding SDHD, Asperger's for parents, more support groups.
- More understanding in schools.
 - Less labelling.
 - More training in schools
 - Specialist schools.
 - Good practice in schools.



Recommendations:

- Earlier diagnosis
- Peer mentoring service
- Standardised training (schools, children services)
- Awareness rising for services available
- Multi agency sharing of information via shared media/ video screens in services.

Three next steps:

1. Develop training
2. Agreement with services to share advertisements

22. Building service user engagement

Session space: Purple Circle

Who was there (name everyone who contributed)?

Jackie (Convenor), Darren, Sian, David, Carole, Beccy, Lyndsey D. Lyndsey W., Dan, Derrick, Anna, Nathan, Patricia, Nathan, Mike, Patricia, Mariola, Royston, Zoe, Katie, Lynden

Main points arising from discussions:

- What do we call ourselves? Are we clients, Service users and customers?
- Service user voice is valuable and needed by organisations and the City Council!!!!
- All services have service user meetings – how do we get them together
- SURF is a current recognised service that should be developed further
- Service User voice is something that is required for the continued development of service provision. How do we ensure as a City that it has sufficient funding to operate efficiently?
- It would be good for current service user groups to have a pot of money where they can choose their own leisure activities and then plan and deliver them within the constraints of a budget
- It would be good to have activities where all service users get together to have fun led by service users for service users
- Service user meetings within services are fine, but it needs to have the clear options of actions being delivered to make it meaningful
- Service user input should never be tokenistic.
- Accredited training for service users would be good
- Having guaranteed further education places / inclusivity for people who are in services
- How do we build a consistent service user voice within the SOG

Recommendations:

- Meeting of interested people to take this forwards
- A paid position for a co-ordinator
- Build a co-ordinated team
- Funding / sponsorship / fundraising
- Starting some big meetings involving all services with actions being met
- Incorporate the SURF /service user organisation in any hub development alongside other services
- Build a Facebook page / website and any other techno stuff for service user representation maybe done by university or a techno service user



Three next steps:

1. Look into funding for the service user services
2. A telephone / computer / stationary / office for SURF
3. Starting some joint meetings with current service user groups to improve the overall service user voice across the City
4. Introduce the SURF representatives to the appropriate council contacts to start to develop further negotiations.

23. What outcomes should we really be focusing on when assessing if we've really made a difference in people's lives?

Session space: Pink Star

Who was there (name everyone who contributed)?

Caroline (Reader Org – Convenor), Louise, Rae, John, Kevin, Alia, Gerry, Hazel

Main points arising from discussions:

- Who should be deciding outcomes?
- Are clients aware of outcomes and if so would that impact on their engagement/experience with the service?
- How do we capture value added 'small steps' (outside of commissioned outcomes)?
- Conflict between agency outcomes versus outcomes for the individual?

Recommendations:

- Broaden outcome measurements beyond those of commissioned to include value added
- Argue for and promote the continual evaluation and development of measures
- Measure distance travelled (small steps again) instead of just the 'outcome.'

Three next steps:

1. Explore outcome tools that incorporate so called 'soft' outcomes such as distance travelled and small steps
2. Service providers focusing on soft outcomes as a valid form of measurement
3. Service users integral to determining and defining what is an outcome
4. Holistic, whole-life, person-centred philosophy embedded in measuring outcomes.
5. Talk to service users – what do they think is a quality service
6. Look at models which encourage 'right fit' between service user and worker to encourage successful outcomes
7. Allow individual organisations to define and develop what their successful outcomes should be
8. Explore self-determination for service users – free choice could drive up standards/improve quality
9. How do organisations need to 'pitch' their services to be more appealing to customers
10. High quality customer service!
11. Explore the concept of outcomes versus output – what does that mean for both service users and service providers.



24. How do people with complex needs access good quality/long term accommodation and what should this look like?

Session space: Green Heart

Who was there (name everyone who contributed)?

Sam/Nicola (Convenors), Jill, Gina, Greg, Gary, Duncan, Adrian, Tracey, Si, Leon

Main points arising from discussions:

- Simple pathway/through a 'super hub' using single assessment
- Should sheltered housing be provided for people with complex needs for life?
- A range of accommodation available depending on need
- What should this look like?
 - Hostels?
 - Street properties
 - Private rent/Housing associations?
- How is this paid?
 - Housing benefit
 - Support contracts
- Capacity – too long to wait
- Private landlords do not want to house people with complex needs
- People are pushed into poor quality accommodation
- Flexibility of services

Recommendations:

- Need for a mix/range of accommodation
 - Supported & affordable
- Need for a hub to access the accommodation based on need/through one stop shop for people with complex needs – New George Street – could that be based at existing housing options
- People need to stay in the most suitable accommodation for as long as they need it (avoiding dependence)
- Need for an accommodated offer for people who do not wish to change or engage in recovery
- Move on accommodation needs to be good quality/in community

Three next steps:

1. Existing supported accommodation providers to provide the housing with specialist services co-located.
2. Increase availability of good quality 'move on' available small houses in the community with support for needed.
3. Make available accommodation for people who do not wish to engage in recovery.



25. Detox (1)

Session space: Gold Star

Who was there (name everyone who contributed)?

Sian (Harbour Centre: Convenor), Carol, Angela, Kevin, Ade, Sian, Raystan, Juliet

Main points arising from discussions:

- How much detox training does a GP have?
- Some people are fearful of going to Harbour and seeing old associates
- Are drug services/prescribers drug dealers in a different form?
- No 'one size fits all' for community detox

Recommendations:

- Services should be more client focused
- People should have access to maintenance scripts if that is what works for them
- Expansion of mutual aid services/groups
- Access to mental health support post detox
- Access to information about detox
- Targeting treatment to the individual

Three next steps:

1. Improved pathways post detox to ensure aftercare needs are met
2. Service able to meet multiple
3. Designated counsellors in each area of service
4. Able to access services quickly when the time is right
5. Total abstinence group post detox
6. Mutual aid

26. Dispelling myths of detox

Session space: Gold Star

Who was there (name everyone who contributed)?

Sian (Harbour Centre - Convenor), Jeremy, Gary, Richard, Jake, Tracey, Jill, Carole, Jackie, Hazel, Becky, Kevin, Ade, Gina, Marirola, Sean, Duncan, Marcus, Linda, Hannah,

Main points arising from discussions:

- Not well advertised- people don't know about it
- One myth! You can't prescribe- yes we can
- Can you detox from any drugs in the community? I.e. Benzodiazepines
- Cost of detox- residential, lots of money
- Access to detoxification options
- Aftercare
- Difficulties to detox in the community
 - Safety
 - Support
 - Managing medication
 - DIY
- Home detox



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- Funding issues in Plymouth 3 weeks - does not seem right that access in the city to residential services for detox/ rehabilitation
- What happens after detox
- What help can happen/ be available from NA/ AA and DA? Mutual aid
- What helps me cope

Recommendations:

- Meetings (mutual aid in treatment services)
- Better advertisement on detox and NA/ AA and DA
- Better access to meetings/ detox conversations
- 24 hour sponsor/ support person that people can call on when vulnerable to relapse/ lapse
- Keeping busy! Ministry of joy- ministry of fun
- More workers, more people about
- Once a week appointments, 1 hour a week

Three next steps:

1. Pre detox group - the visible recovery
2. A sponsor list
3. Peer systems/ volunteering

27. How to make a website that will suit the needs of users of providers?

Session space: Not indicated

Who was there (name everyone who contributed)?

Vicktor (New Digital Design/ Plymouth University - Convenor), Will, Sam, William, David, Mike, Bob, Hilary, Chris and Lyn.

Main points arising from discussions:

Themed newsletters

- Online analysis- helps you find what you need/ give you self help
- Simplified main page, search, look at directory- analysis.
- British legion like website, with P.O.D (updated)
- Online HUB
- Each service is responsible for all information (keep it up to date)

Recommendations:

- Professional's page- posting to organisations/ individuals- notice board.
- Very simplistic
- Search engine optimised- people search for help through Google.

Three next steps:

1. Talk to P.O.D admin to make more accessible- advertised (though all services)
2. Communicate and make sure all information is up to date and readily available.
3. Online extension of the HUB, make help available everywhere.



28. Should sign language be more widely taught to help those who need it?

Session space: Purple Circle

Who was there (name everyone who contributed)?

Alice (Convenor), Karen, Val, Kylie, Scott and Jeremy

Main points arising from discussions:

- The lack of signers can cost lives
- It can be degrading for a deaf person to have to continuously rely on an interpreter.

Recommendations:

- Employ people (paid and volunteers) who can sign
- More affordable education in sign language
- Taught at school to students and teachers
- Younger people learn languages easier
- Services need the capacity to sign

Three next steps:

1. Incorporate sign language into services
2. Educate people early
3. Raise awareness

29. Volunteering and moving on ‘next step’

Session space: Not indicated

Who was there (name everyone who contributed)?

Jenny (T4C – Convenor), Jude, Amy, Will, Vicky, Russ, Steve, Lisa, Rachel, Katie, Patricia

Main points arising from discussions:

- Guild, Timebank, Colebrook, food bank, Time4Change, mentoring, Ocean Quay, SURF, Hamoaze, Shekinah, Do It website, Social housing

Recommendations:

- Housing officer
- Travelling and food (expenses) Value for volunteers

Three next steps:

1. Mentor for volunteers and forum
2. Transport – explore strength
3. Trial periods
4. Training for volunteers
5. Agencies share information



30. Volunteers: working in a more meaningful way

Session space: Not indicated

Who was there (name everyone who contributed)?

Lynden (Salvation Army – Convenor), John, Jacky, Andy, Allen, Louise, Mike, Gerry, Rae, Carole, Soo, Adrian, Jay, Martin, Claire, Lyndsey, Aydin, Caroline, Vikki,

Main points arising from discussions:

- How to get a better service for Plymouth? We need to work with volunteers to enhance quality of service.
- Volunteers to enhance quality of service
- Volunteer Bureau at Plymouth Guild can be clearing house.
- Groups already volunteering (e.g. soup run, street pastors) may extend provision to new areas at little cost as already 'trained'
- Voluntary work as a way of individual development for service user (but need to be aware of employment/TU issues) as pathway (back) to work...and give back
- Student placements – time banks
- Costs of training and placing volunteers who are volunteering 'from scratch'

Recommendations:

- A volunteer hub
- Progression and accreditation
- Assurance of quality
- Funding for training & project start ups
- Process of review/service users feedback
- Volunteer training package (essential/generic skills & competencies)
- Open to all, free at point of delivery; encouraged to acquire this basic accreditation (kite mark)

Three next steps:

1. Involve Volunteer Plymouth and Our Plymouth (and Cities of Service)
2. Develop the Plymouth Volunteering 'kite mark'
3. A communication hub/steering group

31. Young Peoples' Services

Session space: Blue Star

Who was there (name everyone who contributed)?

Stacey (Convenor), Darren, Barry, Daryl, Leon, Ava, Hannah, Nabs, Sharon, Briony, Steve, Mark, Katy, Lyndsey

Main points arising from discussions:

- Transition to Adult Services
- Flexibility in services
- Linking services together
- Care leavers – legality and funding
- Crucial age group 16-18 GCSES
- Shared data
- Improved services for young people



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- YP motivation to engage
- Services taking responsibilities for their roles, improved relationships with YP services
- Quality of work needs to be valuable & meet needs

Recommendations:

- Looking at young people's individual needs ref age group
- Continuation of CAFF process post 18
- Bridging gaps between 16-25
- Transition service between 18-25 depending on needs of individual
- Better networking generally
- Less trying to fit young people in boxes
- Comprehensive assessments – what point should that be passed over to single assessments
- Generic support for extended families
- Person centred way
- More generic counselling services

Three next steps:

1. Look at long term care coordination
2. More focus on generic support for 18 year olds to bridge gap
3. Multiagency working needs to be improved for transition periods
4. Being more flexible ref age versus individual needs



Top priorities from the ‘dot democracy’ exercise:

Rank order	Priority	Dots
1	What does a super hub look like?	71
2	Single Assessment/Shared Data	61
3	Training and learning opportunities/journey	54
	Breaking the homeless cycle	
4	Mental Health	52
5	Access to services and community engagement	50
6	Children & Women	44
7	Food of Life	40
	Family and friends support	
8	Volunteers: Working in a more meaningful way	29
9	Building service user engagement	28
10	What outcomes should we really be focusing on when assessing if we’ve really made a difference in people’s lives?	27
11	Housing & finances, Homelessness, Support in to “Normal Housing”	26
12	Better Services re: Autism and ADHD	25
	Using Participatory Action Research (PAR) to effect change	
	What happens next?	25
13	Early intervention/flexible & responsive, Long time to access a prescription	24
	Volunteering and moving on ‘next step’	
14	Best way of creating shared understanding of clients’ needs using and accessing services.	23
15	How do people with complex needs access good quality/long term accommodation and what should this look like?	22
16	Young People Services	20
17	What can we put in place for clients with needs higher needs than current services can provide	18
18	Meaning and purpose and expectations	17
19	Services for LGBTQ	16
	Better Legal Services and advocacy for service users	
20	Coordination of services and Improving Access	15
21	Dispelling Myths of Detox	10
22	Information, Cooperation and Information/Data Sharing	9
	Detox (1)	
23	How to make a website that will suit the needs of users of providers?	7
24	Should sign language be more widely taught to help those who need it?	5



Action Plans

1. Access to services and community engagement: mapping/networking/linking the thinking

Convenor: Jacky Clift (Zebra Collective/ POP)

Who was there (name everyone who contributed)? Andy Gething, Vicky Reeve, Adrian Sutton

Tasks (what next?)	Constraints	Who?	When?
'Map' Link up what is already happening for a Social Purpose audit in Plymouth Churches Together in Plymouth Audit Plymouth Social Enterprise Audit State of the Sector Report (Plymouth Octopus Project/PCC/Marjon)	Needs ALL agencies to feed in what they do Needs to be brought together/published/kept up to date and used to show what is happening in each service (eg Complex Needs) Costs	Churches Together in Plymouth POP PSEN Jacky Clift to co-ordinate	Aim for March 16 (but depends on how quickly people input data)
Build Co-operation through joint projects 'Work Shoulder to Shoulder' Eg: • Work together to build volunteering in complex needs sector. • Kite mark • Joint training – essential skills and competencies, empathy, legal position etc (see also Volunteer Group input) • Co-ordination. Start by calling existing volunteer support groups together like Volunteer Plymouth and Our Plymouth, existing services like soup run and street pastors. • Link with DWP to protect benefits	BIG Task – will need organisation and wide involvement	Stage 1 Convene meeting of stakeholders Jacky Clift (POP)	January 15 for meeting. Other actions to follow.



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Tasks (what next?)	Constraints	Who?	When?
Community Liaison What is available to people in their community to join in with? Some Pilots to get information out (maybe later linked to neighbourhood hubs) Mutley and Greenbank Trust – get list of community groups and see how to get it known St Budeaux Community Centre. Get existing list out to people. George House. Compile list for use of residents and make links	Get the information out! How to make sure that everyone knows. Will this build to part of Hub? Link to existing information will help – POP can hold central city wide lists Possibly use community radio (starting 2016)	Mutley and Greenbank Adrian Sutton St Budeaux Andy Gething George House Vicky Reeve	March 16 to have list in place and out Will then need updating



2. Children & Women/ Men

Convenor: Lynn McKenzie (Harbour Centre)

Who was there (name everyone who contributed)? Angela, Lyndon, Rachel, Lisa, Sonia, Vicky, Angus, Nicki

Gaining support/other agencies – time/other professionals experiences: law students/sex health/etc./council to set up

Tasks (what next?)	Constraints	Who?	When?
Research – uni		Volunteers to staff	3 month administrator
Questionnaires (M/F)	Staffing/cost/delivery/collection	Service users	
Building	Cost/geography/suitable/safe Staff it, council		
Get together a steering group (m/f)	Commitment Funding	Lisa Townsend Lynn McKenzie Nikki Collard Rachel West Angela Helliard Vicky Henill Linda Spencer Sonia Stephenson	3 months
Facebook	Interaction - monthly Suggestions Blogs/forum		



3. Food for Life

Convenor: Clare Pettinger (Plymouth University)

Who was there (name everyone who contributed)? Lyndsey W, Star, Jan B

Tasks (what next?)	Constraints	Who?	When?
- Continue to use food and food activities to engage 'hard to reach' individuals - FOOD 'AUDIT' (to capture 'snap shot' of all current food activities, facilities etc) in Service provider centres - Identify barriers and 'hidden corners' (most needy – how to reach/engage) – Ethnography? - Identify local food champions - Education (food and nutrition choices) – make this relevant to needs identified above - Food/nutrition training for professionals (e.g. medical, dental), service provider support staff & service users	- Human capacity - Funding - Accessing relevant individuals (25,000) - Food system (production – consumption) - Policy level (lack of) awareness - High level food/nutrition leadership and expertise	Clare Jan Star Lyndsey Others interested in food	Food Audit (Jan 2016) FLM project on-going Education materials and training (scoping 2016) Other ongoing



4. Hubs

Convenor: Mike Taylor

Who was there (name everyone who contributed)? Vicky, Simon, Sean, Carole, Gary, Jenny, John, Soo, Allen

Themes

- Coordination and promotion of hubs and services
- hubs don't replace services but give access to them
- need a few hubs in centre and outside
- vols involved
- drop-in access
- MCN and general

Tasks (what next?)	Constraints	Who?	When?
Shared assessments: instant triage and assessment, as needed	Service contracts Different services need different info Training required Info-sharing agreements	John H & Sean M	31 Jan 2016
Person-centred	All services working together for, with and around the person. (Culture and training)	All services	By start of hubs
What in the hubs	Core services: • Benefit advice • Housing advice • Health (triage) • ETE (training opps) • Drugs (inc alcohol) support Access to / occasional services: • Debt • Volunteering • Community links	Services involved in hubs	By start of hubs



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Promotion of hubs (access to info)	• Probation / offenders Churches Courts Education Health centres Pharmacies Community centres Fellowships Job centres Libraries Hospitals The POD!	Joint management group	From start of hubs
Where could they be	Hamoaze House Shekinah (Bath St) Disused buildings (Your Space) Harwell Centre Scott Business Park Inter-City House North Prospect hub	Mark B John H Aydin Mike T PCH	From Jan



5. Joint planning across priorities #12 and #8 – Information cooperation/ information data sharing & Single assessment and shared data

Convenor: Hazel and Liz

Who was there (name everyone who contributed)? Gerry, Hazel, Liz, Ade, Andy, Ed, Bev, Kevin, Alia, Rachel, Claire

Tasks (what next?)	Constraints	Who?	When?
1) Information and consent agreement across agencies (health, social care, voluntary sector, housing, education, criminal justice)	- Existing policies and processes - Getting general agreement from all the right people - Data protection and legal constraints - Training for all staff (applies to all 3 points)	Execs from all organisations involved Involvement from SOG Liz, Hazel, Rachel, Ade, Mark N, Gerry, Richard Byng (Hazel to ask)	Convene a meeting before Christmas. Pilot Jan / Feb 2016
2) One data system or one that can talk to the existing ones	- Cost - The enormity of the task - Agreeing the minimum data set required by services (PBR) - Meets the needs of both services and service users - Accessibility (including for Services Users)	Existing group from the Alliance: Hannah, Russ, Hazel, Sean, Ade, Richard, Nabs, Claire and Kas	
3) Trusted single assessment passport for clients to take from one agency to another. The 'tell us once philosophy'	- Has to lead to person centred plan (goals, recovery, outcomes) - Length of the assessment - Getting the questions right - Has to take account of risk - Needs to be able to respond to clients in crisis		
- Explore models which are working well or who could inspire us - Determine whether an assessment HUB			



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rather than a virtual hub would be a better option for service users / services, may be with assessment pods in key locations around the city • Set up a passionate group of people to lead the change • Determine what staff will need to be trained in and this is best delivered • Service user involvement in the development and the design of the assessment • Think about how the effectiveness of the new tool can be reviewed; build in risk assessment, recovery planning, goal attainment. This needs to be built into the implementation plan. • Stream line existing information sharing policies / consent policies so there is a consensus across the city to enable information sharing. • Explore possibility of whether there is funding available to turn this into a research project			
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6. LGBTQ (lesbian, gay, bi, trans, questioning)

Convenor: Alice

Who was there (name everyone who contributed)? Clair, John, Rae

Tasks (what next?)	Constraints	Who?	When?
The first step is to raise awareness of the ideas to help the LGBTQ community. Secondly we will be linking in with as many services as possible (The Zone, Eddystone, Omg, The Swallow, The Library, Salvation army journey café, Other cafes with a social conscience, The Laurels, The University, Intercom Trust, The Police and other smaller groups). Thirdly we will be developing an information packet and spreading it around as much as possible. If needs be we will also be creating a volunteer advice service.	Finance may be a fairly large constraint, however this can be overcome by incorporating various services. Homophobia may also be a constraint as the people promoting our ideas may be targeted by people who do not necessarily agree. Another constraint would be the fact the we will need a base of operations.	Alice+ friends+ Abi can go about contacting who they can and gathering information. Clair can pass the information packet round once it is done.	A.S.A.P Once the information packet is complete.



7. Service user involvement

Convenor: Lynden

Who was there (name everyone who contributed)? Anna, Patricia, Derrick, Amy, Will, Carole, Mariola, Jill, Rae, Dave, Lynden, Nabbs, and quite a few more!!!

Tasks (what next?)	Constraints	Who?	When?
• Get SURF information out to organisations through visiting services and talking to service users • Build a list of interested service users • Explore the issue of subscribing to SURF and other aspects of funding • Start a forum of interested service users which will act as an 'operations group' • Start a facebook page initially, moving onto a website • Start to collate information and opinion to be able to feed into relevant groups • Build a co-operative		SURF	Monthly for now to get to all organisations by the end of March+
		Patricia	Starting from NOW
		Lynden	End of January 2016
		Derrick, Anna, Patricia	By end of January 2016
		Amy, Will, Anna	By end of January 2016
		Service user forum	By June 2016
		Service user forum	By March 2017



8. Training for paid workers, service users, volunteers – participatory action research as a means of identifying and bringing about change

Convenor: Louise/Tina/Leon

Who was there (name everyone who contributed)? Val, Karen, Mags, Debbie, Aydn

Tasks (what next?)	Constraints	Who?	When?
1. City Wide co-ordinated volunteering training	Coordinating numbers, venue, funding	Aydn	
2. Training hub			
3. Training research officer across the alliance to coordinate training courses & share research and good practice locally & nationally	Co-funded by alliance members?	<u>Alliance</u> /Eddystone	
4. Central Training database for training providers, service users, church groups, public sector (to offer free training opportunities)	Louise to identify possible existing examples	Louise	
5. Audit with in alliance members of existing qualifications, training skills, areas of special interest	Part of training research officer role?		
6. Audit of training requirements and needs for workers and service users – community led ethics	As above		
7. Movement towards more accredited training for service users	PAR – new ways/flexibility of accreditation/testing for service users		



9. Young People – Transition to adult services

Convenor: Katy

Who was there (name everyone who contributed)? Patrick, Hannah, Imke, Sian, Vicky, Tommo

Tasks (what next?)	Constraints	Who?	When?
• Create a multi-agency hub that has good links with other services (flexibility) • Educating 'all' professionals regarding young people's needs • Peer support (knowledgeable) • Fun & safe activities • Create early intervention • Learn from pilot schemes • Single assessment • More education for young people re life skills	• Funding • Strict Criteria • Waiting times • Ability to work flexibly & face to face • Lack of training • Accessibility • Consistent worker • Commissioning to set up • Access to info varies between schools etc	• A designated link worker/ care co-ordinator • Young people themselves • Jeremy Pritchard (Shirley Sinclair) • Mike Jarmin • Wendy Hanna	• Plan by March • Implement by May



Annex One – Full List of Participants

Surname	First name	Organisation	Email address
Adams	Caroline	Reader Org	carolineadams@thereader.org.uk
Andrews	Pat	Shekinah	pat.andrews@shekinahmission.org.uk
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Ash	Lee	Trevi House	lee@trevihouse.org
Bennett	Jan	Independent Facilitator	jan.bennett@protonmail.ch
Bignell	Mark	Hamoaze House	mbignell@hamoazehouse.org.uk
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Boyacigiller	Aydin	WEA	aboyacigiller@wea.org.uk
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Annex Two – Client feedback to be fed into *Big Buzz*

Service user feedback - Devonport House group (16.11.15)

Criminal Justice

- They do education inside. They can choose to do it or not. If they want to and are in long enough they can come out with all sorts of qualifications and certificates.
- They made their choice to offend and therefore have to live with that. A few of my mates and my brother say that it's lovely in there – lots of modern things available.

Mental health services

- I needed counselling but you had to arrange it all pretty much yourself. It would be great if the doctor could have done more of the arranging for you.
- When you are dealing with mental health you need more support because you just don't feel well enough to go out and make things happen. I didn't get enough support.
- I walked down to Scott Hospital somewhere for an appointment. That took me an hour. I then waited around two and a half hours for a counselling appointment – they didn't give me a set appointment – and when I got in to see him all he said was 'get yourself some treats'... I wanted counselling not being told that after all that time. I didn't bother to go back. It was a waste of my time.
- I am messed up and want to see my daughters but can't see them feeling like this. They wouldn't understand and I couldn't explain what's going on with me, so until it's sorted out better I'm not seeing them. It's killing me.
- Working links give you a voucher that you can exchange on the bus for a day rider. Not sure how that works or who pays for that but it does mean that you can get to an appointment and back again without too much hassle.

Addictions

- I think the addictions work in Plymouth is really excellent
- The guy who is my addictions worker had been through it. He understood it. That's always good.
- There isn't a great deal of help for drinking. That could be better.
- I haven't got an addictions problem... oh apart from alcohol. I suppose you could count that as an addiction but it's not the same.
- I have asked for a home detox from alcohol but I haven't had any response yet.
- I drink because it helps me forget my personal stuff

Homelessness

- I have found it good
- The staff didn't care. Some appeared to be under-qualified and just didn't seem like they knew what they were doing.
- They didn't really ask what was going on for me right from the start and nobody really grasped what I needed – because they didn't ask – and now I'm here when I don't really need to be. I would say that it's at that first point that you need to spend some time



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getting to the bottom of the problem and what's going on so that I don't waste yours and my time being sat in the wrong place in a bed that could be used by someone else.

- You need to make sure that you give a guy the service that he needs not a different one!
- People need much more to do in the hostels. More structure to keep you busy and active. That way you will cut down on the trouble and other stuff as it's the boredom that gets you.
- We need to see our keyworkers more often. In some places you hardly ever see your keyworker. In one place I told them to stay away from me because I was in a bad place so they did. I didn't see them for the rest of my stay there. Although that was what I wanted it didn't get anything sorted as I probably needed to see a specialist to improve things but actually things just gradually got worse.
- No point offering services if people don't want to change
- The move-on houses need to be an affordable rent. There is no point them having a rent that I can't afford if I get a job. I haven't got any problems I just need somewhere to live and a job
- The quality of some of the move-on housing that I have seen has been shocking. I don't want a shared house or bedsit – I've been there and done that before. I want a flat – somewhere that I can just be on my own so that I can have my kids over without them having to see the place all messy... shared houses are always messy because nobody else clears up. Why would I want to take my kids into something like that?

Service user feedback from Hamoaze House open day...

- Lots of activities to fill my day
- Especially working out in the gym
- Activities
- Positive environment
- Encouraging staff
- Group work
- Somewhere to come regularly
- AA has been very helpful
- Coming to Hamoaze – especially the music groups
- 12 step programme
- having a sponsor / mentor
- engaging in music
- doing things for other people – it's all about giving as well as receiving
- being able to speak to people who have already done it
- somewhere to go to gain confidence
- meeting new people
- having a family environment – they are my extended family
- having the support from staff
- having the support from other service users
- Feeling safe – the safest place I have ever felt
- Employment is helpful for me
- Voluntary work to move me forwards
- Need a reasonable place to live as my neighbours are noisy and drinking all the time
- Need flexible services as some days I am not up to going
- Mentors are helpful
- Somewhere to go



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- Football
- Someone available to just chat
- My problem is in the morning and gets better during the day. Others are ok at the start of the day and then get worse.

Feedback from Shekinah Clients (22.10.2015)

Lynden attended Shekinah breakfast / drop-in from about 08.30 until about 09.30 on Thursday 22nd October 2015. Although I started off looking to follow a set format of questions it was soon obvious that this was not going to work. The client group were not interested in a formal intervention but were happy to chat and drift from subject to subject. I did try to ensure that I covered homelessness, addictions, mental health and criminal justice whenever possible.

It was interesting that long term mental health was a continuing factor for a large portion of those that I spoke to.

Housing / addictions

- You are asked to join up to Devon Homes Choice, and then you bid on properties but you never get them. I have even been the only one to bid and yet I still didn't get it. What's the point?
- I would take anything... I haven't got rent in advance... I haven't ever lived in a shared house.
- Drugs seem to have spiralled out of control in the hostels... it's in your face... some people won't go in because it exposes you to risk
- Maybe having some areas in the hostels that are full of people who are trying hard to stay off drugs would be helpful – like a small community with lots of support from each other and from staff
- I was clean for quite some time and then a dealer moved in opposite to me and was selling. I just got dragged into it.
- I went into restart but they were all using – they were bang at it in there. I didn't stand a chance. They mean well but just haven't got the staff to police it.
- I stay away from the centres because with my mental health I can't handle people. I feel safe out. I am now getting help from the mental health team at Mount Gould, but it took ages.
- It does seem that people just go around and around in circles. What's that all about? They just go around the system too much. They should get out of there, but a couple of years later they are still in one of the hostels or that sort of thing. They need to get out of there!

Criminal Justice / addictions

- I was released NFA from prison. It was even after the 1st April when that should never happen
- They come out of prison clean and are then released homeless without anywhere to live and some money in their pocket. Surprise surprise, they use.
- I was clean in prison for 15 months but was released NFA and have slipped now. Prison is a great place to get clean, and if I'm struggling I know that I can just get inside and sort myself out. It's not so easy when you get out though!



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- It's usually about 5 weeks before you get any money after having been released from prison. That's a long time and puts you under quite a bit of pressure!
- It seems that you can get better mental health support inside than out. You just think about doing something to get yourself the support that you need – so that you can access services
- I am really struggling because I want access to my daughter... my missus is being difficult and so I went to a solicitor but I can't get legal aid and they are wanting money that I just haven't got. How is that right? I can get legal aid if I do something bad, but if I'm trying to do something good and take some responsibility I can't. It's really destroying me not being able to see her and not being able to do anything about it.

Mental health

- I have a really bad temper that I struggle to control
- Ben Jamieson is a brilliant GP. He gets good access to mental health services and understands addictions. He just sits and listens
- When I was trying to get my mental health sorted out I was just sent from place to place. I was suicidal and even took an overdose and went to see people and they still didn't help. What more do you need to do to get help? In the end my GP managed to get me into the system.
- When I'm sleeping out it calms me down because I don't have to worry about anything. The only thing I would be able to have is a one bedroom flat because with my mental health I just can't share.
- It would be good to have some smaller hostels like shared houses to go to so that we could not be so stressed with lots of people around