

LINKs Event – June 13th 2008
Notes

Morning Workshops

PR and Marketing

Who are the key audiences for the LINK?

- LINK needs to send the right message to the right people
- Everyone
- Patients – mental health, within the Trusts, learning disabilities etc
- Local support groups – MS, Parkinsons etc
- Volunteer groups, community groups
- Migrant workers
- Travellers
- Schools
- Health visitors
- Travellers
- Pharmacies
- Benefits
- Adult social care
- Care homes
- Faith groups
- Parish councillors
- Homeless
- Youth groups
- Health centres and doctors' surgeries

The list the priorities are:

- GPs' surgeries
- Voluntary and Community groups
- Parish councils

What are the key messages?

For voluntary sector organisations

- LINKs are empowering – we need your voice
- Give them the facts
- Tell people what LINKs is doing and what LINKs can do for them – partnership
- Allow the LINK to evolve within the groups – filter information
- Tell people what has happened so far and identify what we are doing to pass information on

- Use plain language
- No abbreviations
- Facts
- We need your help
- Language – DVD
- Formats
- Can we help?

How do we handle the media and do we need a spokesperson?

- Handle with care
- Ensure the facts are correct
- Spokesperson – to deliver a clear message – needs to be trained
- Remember that the message can be edited
- LINKs Team to look at media – geographically covering the whole county
- Only speak to the press if you are the elected spokesperson – this should part of the constitution
- The Media need to be told who to deal with
- Logo
- Elect a spokesperson
- Working group to develop links with media

Branding – do we need a logo?

- Yes to identify – this would happen more quickly with a picture
- Would need a strapline
- Is there a generic logo in existence?
- Allow a designer to come up with ideas
- Encourage the target audience to influence the design eg people with learning disabilities
- Countywide competition

How could the LINK Communicate with Younger People?

- Engage with schools, colleges etc
- What communication systems do young people use – Bebo, U-tube, text, blog
- Be as creative as possible
- Link with local MCTIs
- Youth Work Partnership
- Listen to the young people
- Possible LINK sub-group for young people with training and communication
- Peer support necessary

- We need to ensure we listen and feed back to the young people
- Confidentiality – partnerships being open. Children’s Act NHS protocols for this.
- Rural isolation – outreach needed
- Lack/ decline of youth clubs
- Engage with Brownies, Scouts, Cubs, Youth groups and other clubs – use Youth Work Network, One Cornwall, extended schools, Youth Work Partnership, children’s centres, cadets, youth forums - parliaments, Young Farmers Clubs, Surf Clubs
- Disability is a barrier, and problems with transport – engage with young people’s disability groups. Audit of groups and set up communication systems and agreement to be two way. Use advocates where possible / available.
- Engage with Young Carers
- Look at using different methods of communication
- Don’t re-invent the wheel. Look at good practice that is out there – Barnardos, Young People’s Champions – the more local the better
- Having meetings during the day is a barrier
- Use schools etc – get them on board – curriculum, school health centres, school youth councils
- Push LINK as a volunteering opportunity for young people
- Link needs to be health and social care
- Use publications / websites already there – young people’s passport, EEFO. Share, Connexions, school magazines, specialist youth magazines, newsletters.
- Not just 11-18s, primary schools, up to 25 for deaf people
- Communicate with parents
- Gather information – receive info from young people, specialist clinics, GP surgeries, inpatient units, hospitals
- Remember YOT and excluded organisations, Dreadnought, HT etc.

How could the LINK engage with harder to reach groups?

What do we mean by harder to reach groups?

- Bedbound and housebound
- Those who care for others
- Do not use current services
- Isolated by circumstance
- Learning difficulties – with no service provision
- Supported only informally
- Homeless
- Migrant workers
- Language barriers
- Traveller / gypsy groups

- Transient groups
- Those who refuse services / do not recognise need
- Isolated by personal condition
- Hearing / sight/ mobility
- Disaffected / apathetic
- Poverty cycle / workless

What are the barriers that may stop them participating?

- Poor mobility
- Communication
- Transport – distance – links
- Literacy
- Not everyone listens to the radio
- Other alphabets – Macaton
- Lack of signing (deaf) – loop system used
- Empowerment
- Too ill
- Too busy (carers' needs)
- Do not use TV, radio, newspapers. Problem with digital TV access, set up
- Isolation
- Geographical issues
- Access – are 'one-stop shops' accessible?
- Poor self-esteem, lack of confidence
- Time of services
- Knowledge of services
- Lack of belief in system

What can we do about these barriers?

- Touch screen in local meeting places (post office, library)
- Campaign
- Contact GP and arrange contact with those who do not access services
- Flag identified groups by GP services
- Promote individual responsibility for own health and social care
- Single access point for information about services
- Promote empowerment – not a victim
- Local level support – parish led?
- Individual communities
- Link info to local billing – water, community charge
- Use all conventional methods plus think outside the box – isolated group reached by workers of different organisations

- Tradesmen
- Delivery services
- Landlords
- Local charity shops, supermarkets, soup kitchens, village shop
- Kite mark organisation
- Volunteer signposters (face to face service)

Seek evidence as to why groups are hard to reach – is there an ‘easy’ solution?

- Deprivation – multiple reasons
- Culture, sense of self, personal choice, tradition (look at new modules of delivery)
- Different faiths
- Gender issues
- Small volume groups
- Shame / low self-esteem
- Men and women aged 16-45 in full-time employment
- Freshfields
- St Petrocs

How can we involve these groups beyond expecting them to come to meetings?

- Freepost / leaflet
- Media – local media slots – radio, newspapers, TV
- Email
- Action – see the results!
- Use Inter-Link Cornwall contacts / membership
- Proactive use of existing networks
- CRCC social inclusion work
- Business card size contact info
- Shopping bags with LINK info – logo
- Video library – add a sticker
- Public toilets
- Info at pubs / service stations

How can we improve the accessibility of LINKs activities?

- Consult with specialist groups – what are the barriers?
- Disability Cornwall, Cornwall Deaf Ass and Blind Ass, CDA, Cornwall Dyslexia Association, People First, Pentreath, Red Cross (need a large portfolio of groups)
- Accessibility is not just physical – it is access to information in appropriate forms – communication
- Language

What are the best venues for large and small meetings in terms of accessibility?

Good:

Mobility Centre
County Arms, Truro
Eden (Bees Knees!)
Pensilva
Carnon Downs
Carleen
Trevenson
Camborne Wesley
Sedgmoor Centre

Bad:

Shire House – carpet too deep, loo not fully accessible

PLEASE – DO ACCESS AUDIT FIRST!!!!!!

How do we improve the accessibility of LINK literature and printed materials?

Not all communication formats will suit everyone. There is a limited budget.

- Take advice from specialists
- Know your audience
- Prepare and be appropriate to the group
- Listen / learn / progress
- Varied methods
- Respond when issues are raised
- Be inclusive
- Roving microphone / loop that works

Any other points:

- Disability and equality training needed
- Powerpoint background could have been cream
- 'White space' around writing on Powerpoint
- Handouts were all white paper
- Comic sans – for dyslexics more inclusive
- Look at gold standard websites for intranet set up

Afternoon Group Discussion

Health

- People are being discharged from hospital earlier than they should – social care implications
- Chronic conditions – hydrotherapy is given for 6 weeks and then it stops – this needs to be consistent and not stopped
- Long term conditions as a whole need to be on the agenda – eg ongoing care in hospitals and home is difficult for individuals having to cope
- The provision of wheelchairs and consideration of environmental needs of Service Users must be reviewed. There is a 42 week wait for people who need wheelchairs
- There are no reasons given why people do not qualify for wheelchairs, there is a 'top down' approach rather than a 'bottom up' approach – the service should consider the needs of the client first. Need to look at individual needs (not perceived needs of service provider) – possible services redesign? – triggers other problems (often more than cost of wheelchair)
- Physiotherapy sessions – people need it to continue beyond the allotted time
- People who need care for a short period of time are not always given it, resulting in chronic health and a crisis situation
- Future of cancer services / outcomes – learn the lessons from what is happening right now
- Centralising of services (note: ambulance care trust not attending today)
- Children and young people – Every Child Matters – how can Link support this process?
- Access issues for GPs, dentists etc, hospitals
- Adult social care problems today are NHS problems tomorrow
- Research re those who have had care withdrawal / impact – Look at the impact for services and individuals
- Dentists must be remembered in the LINKs process
- Lost 22 bed rheumatology unit, smaller unit now in place (5 beds) – always a waiting list, people not seen as acute enough so people end up in A and E to get a place, people ending up on wrong wards with non-specialist staff, spine injury etc the same – needs recognising
- The care of patient after discharge from specialist treatment units eg Capio Bodmin and Peninsula Plymouth, needs a review

Social Care

- Transport
- Care of carers – loss of funding for Carers Forums
- ECM issues re young people and LINK – LSCB scrutiny role for LINK?
- Ensure LINK has good links with children and young people services
- Clarify LINK covers children (note - yes, children and young people are involved in the LINKs process)
- Access issues (eg spaces to park, ramps etc) at doctors, dentists
- Impact of 'low' and 'moderate' needs and removal of care – research needed (in the past and what will happen in future) – eg future employment of carers. Role for advocates (or have an advocate to help access services?), possibly voluntary and commercial sector
- Benefits issues – carers' allowance /pension
- Isolated people – low / moderate withdrawal of services – daily visits no longer there (for some a lifeline).
- User satisfaction of Treliske important to capture.

Need to listen to REAL stories.

Afternoon Workshops

Training issues for the LINK

How could training be applied to the LINK?

- Working with young people
- Monitoring visits
- Public engagement
- Governance
- Standard of conduct
- Updating training needs
- Media representation
- New developments within DASC, healthcare and others providers
- Train the trainers

What would be needed?

- Young people – identify what training is available
- Skills audit – pick out gaps, address biggest gaps
- Steering group training needed
- Inspections, CRB, monitoring training as appropriate
- Flexible to start with
- Training needs to be pitched to individuals
- Training if required – be aware of budget limitations

- Access additional funding eg LSC
- Will training put people off? eg internet access – other systems need to be put in place
- Training will be dependent on the individual, interests and role they have within the LINK
- Supporting and mentoring each other within the group
- Monitoring, diversity – July 2nd, Dr Baker

Where and how should training be delivered?

- Geographically if possible, dependent on funding
- Delivery should be flexible
- LINK members with training - capacity building courses already taking place in the districts
- Training for visits St Austell/ Roche
- Dependent on level of interest and subject

Venues:

Liskeard Town Hall – long room – 20/30
 Annexe at Landulph
 St Neot Sports hall
 Pensilva Millennium Hall
 Colleges/schools
 Cornwall Mobility Centre – 20
 Chacewater
 Bude – Park Centre
 Venues to be checked by wheelchair user
 Astro Park
 Ludgvan
 Pendeen Parish Members Institute
 Treloweth
 Red Cross Centre

What training would be useful for research skills?

- Design a questionnaire
- Creative
- How to research
- Identifying research projects
- Identify what is already available
- Code of practice
- Diaries/ scrapbooks
- Listening skills
- Ethics/ beliefs

- Equal opportunities
- Knowledge of social disability
- Open/ closed questions
- Qualitative/ quantitative information
- Depends on who it is for
- Language skills / correct wording
- Language for visitors / migrants workers etc
- Report writing
- Template format is needed for monitoring
- Sensitivity of language
- Ensure that it is **their** thoughts and not your own

Volunteer Expenses and the LINK

- Does the Host have a system for expenses?
- Budget is given and LINK needs to work within it
- How much? What for?
- And who pays? If another organisation asks for a volunteer, they should meet the cost. Who is the volunteer 'working' for?
- LINKs Steering group will look at a piece of work and decide if a member should take it on.
- Travel, parking, subsistence (receipts for this) to be paid. Volunteers are giving their time as volunteers.
- When not officially representing an organisation, expenses paid by LINK.
- Smaller voluntary groups who do not have an expenses fund should be helped.
- Care for cared-for should be paid if it enables someone to be involved who may otherwise be excluded.
- Consideration must be given to how many members are needed for a piece of work.
- Those selected to represent should provide feedback in some way (report form?) – could be posted on internet.
- Fees? For pieces of research etc if formally commissioned by the LINK membership. Not an hourly rate, it would be decided at the time and be a lump sum allocated to work.
- Rates? Mileage 40p a mile at the moment.
- Resources (eg paper, cartridges) reimbursed to those preparing work.

Overview and Scrutiny Committee – their relationship with the LINK

- Relationship with LINKs should be established as a matter of priority.
- No formal link, need to include CYP scrutiny committee – needs to be built.
- Leadership panel formed urgently to work with OSC.

- URGENT – LINK to appoint representatives to liaise with CYPOSC and OSC and draw up protocols
- Enlist panel of volunteers to have training in the OSC and CYPOSC then formal links could be made/ set.
- This could and should be done within one month to report back – OSC to initiate.