

# Community Newsletter

**Issue 47**  
**Spring 2017**

In this issue we include a number of RESS 2/3 student community placement articles and we thank all the organisations who took our students in December 2016 plus also all of the organisations and individuals who came into the School to run IDEALS 2 Inclusion Health – Valuing Diversity workshops in October and January. We also include a feature on 'The Emotional Labour of Care' the creative work in our School by the excellent Patient & Carer Community. In the RESS 2/3 Pre-Xmas Student Selected Projects the Sign Language Tutor (Ian Robinson) also gets the students to come up with their own ideas on how we could make the NHS better for Deaf people and we share a selection of student ideas here. There is also an interesting piece by a Leeds University law student who collaborated with The Access Committee Leeds on disability issues. We further include a community update and our regular community news item and hope that you will enjoy reading our Spring issue.

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Lord Mayor of Leeds, Councillor Gerry Harper, and Lady Mayoress Lynne Scholes cut the 25th Anniversary Cake at Leeds Occupational Health Advisory Service (LOHAS) on the 8th of March 2017.

For more information on LOHAS see:  
[leedsohas.org.uk/](http://leedsohas.org.uk/)

More photos - see page 7.

**A BIG THANK YOU** to all of the community organisations who took our year 2/3 medical students on placement in early December 2016 as part of the RESS PRE-XMAS Student Selected Project (SSP) Programme. Feedback from the organisations and students was very good and a full list of those who participated is: The Access Committee Leeds, Leeds City of Sanctuary, DOSTI, Emmaus, Inkwel Arts (Leeds Mind), Jigsaw Visitor's Centre (Leeds Prison), York Street Health Practice, People in Action, The Phoenix Health & Wellbeing Centre, BHA Skyline, South West Yorkshire Partnership Foundation Trust, St George's Crypt, The Big Issue in the North, Westroyd Infants School, Youth Point, Leeds Occupational Health Advisory Service (LOHAS), Change Grow Live, and Little London Primary School. We also wish to thank the excellent Sign Language tutor (Ian Robinson) for running 2 Basic Sign Language classes for 24 medical students in total which means in the last 5 years 120 or so medical students have completed this SSP option overall.

**INCLUSION HEALTH** - VALUING DIVERSITY PROGRAMME OF SMALL GROUP INTERACTIVE WORKSHOPS FOR MEDICAL STUDENTS (September 2016 and January 2017). We also say a BIG THANK YOU to the individuals and organisations who came into our School to facilitate these workshops which also proved very popular with the students and a full list is given below:

- An introduction to stammering and speech plus language therapy - Alex Wileman.
- Attention Deficit Hyperactive Disorder (ADHD) - Elaine Powell.
- Bereavement - the Great Taboo - Chris Wood.
- No Decision About Me Without Me: The Voice of Asylum Seekers and Refugees - Rose McCarthy, Jeff Morgan, Leeds City of Sanctuary.
- Deaf Awareness (plus lecture) - Howard Beck, Leeds City Council, Adult Social Care.
- Supporting People Living with HIV - BHA Leeds Skyline.
- Drug Addiction - Paul Sullivan and Fiona Dudley.
- Emmanuel Syndrome: One in Fourteen Million - Joanna Holmes.
- Living with Motor Neurone Disease - Sue Smith.
- Molecules of Emotion - Vivienne Crawford.
- Pets as Therapy - Ruth Boyes.
- Positive Approaches to Adoption and Fostering - Julie Pearmain.
- Religion and Health - Ghazala Mir.
- Severe Depression - Tony Frai.
- Trans & Non-Binary Identities - Kit Heyman.
- Understanding Autism - Julie Lambert.
- Valuing Diversity: Inclusive Practice - Robina Mir.
- Visual Impairment - Joan Marshall.
- What is an Alcohol Problem? - Miranda Powers.
- Working Class Doctors - Barry Ewart.
- Working with Perpetrators of Domestic Violence - Kath Grogan.
- LGBT Health Issues - Tanner Gibbins-Klein.
- The Right to Healthcare - Anna Miller, Doctors of the World.

#### Community Education Development Officer Report, Barry Ewart

Since the last newsletter I have attended the following Steering Group/Management Committee Meetings:

- Leeds Men's Health & Wellbeing Network EC (9/8/16 and 11/11/16)
- City of Sanctuary Health Network (6/9/16 and 23/2/17)
- Jigsaw Visitor's Centre Management Committee Sub Group (15/9/16 and Committee 4.00pm – 6.00pm 27/9/16, 29/11/16 and 24/1/17 plus Tender Working Group 2/11/16 and 7/12/16)
- LHT Learning Disabilities Steering Group, St James' (12/10/16)
- Leeds City Council White Ribbon Campaign Planning Group (13/10/16)
- Year 1 & 2 Campus to Clinic CMT (31/10/16)
- LIME Green Team (24/11/16 and Medical Student Induction meeting 13/12/16 plus 30/1/17)
- LIME Developing Stories Together Exploratory Group (24/11/16 and 23/1/17)

#### Conferences/Seminars/Presentations/Teaching:

- Year 2 Campus to Clinic Lecture Theatre brief talk on Community Visits (22/9/16)
- RESS SSP Tutor Training Session (7/9/16 and Marking Moderation Meeting 25/1/17)
- RESS SSP Open Afternoon (21/9/16 and Community SSP Feedback Meeting 16/12/16)
- IDEALS 2 Inclusion Health – Valuing Diversity Workshops on Working Class Doctors 3/10/16 and 16/1/17)

- Support for IDEALS 2 Language Lab Workshops (31/10/16)
- Ian Robinson RESS Sign Language tutor (15/11/16)

#### Other Activities/Visits:

- Sayed Loonat re Leeds Men's Health Partnership North Leeds CCG third sector grant bid (17/8/16 and Steering Group 21/9/16)
- Tanya Matilainen, CEO, Healthwatch Leeds (12/9/16)
- Innovation Through Diversity Inclusion Conference, Leeds City Council, Civic Hall (27/9/16)
- Dr Rob Lane and Dr Jonathan Darling re a survey of F1's on the potential benefits of our diversity teaching for June 2017 (4/10/16)
- Leeds University lunchtime talk on 'An Eyewitness Report from the Calais Refugee Camp' (5/10/16)
- Jools Symons, LIME re potential student audio blogs (3/3/16)
- Alan Wallace, Men's Worker, Leeds Irish Health & Homes (7/11/16)
- LIME Communications Workshop on Social Media (9/11/16)
- Steve Hart & Leti Hawthorn, Leeds Occupational Health Advisory Service (16/11/16)
- Leeds Men's Health & Wellbeing Network stall, Winter Wonderland Health Event, Compton Centre, LS8 (1/12/16)
- With Leeds Men's Health & Wellbeing Network Officers meeting with Shaid Mahmood, Acting CO Communities, Leeds City Council (20/12/16)
- Leeds University Equality & Diversity Focus Group (26/1/17)

## IMPROVING THE NHS FOR DEAF PEOPLE.

As part of the RESS Year 2/3 Student Selected December projects in the Sign Language option the tutor, Ian Robison, asks the medical students to come up with ideas for improving the NHS for Deaf people. Here are some of the student's ideas:

- More NHS funding to cover the cost of equipment for the Deaf community.
- More sign language interpreters to be trained including more diverse interpreters and possibly more access to lip readers.
- Letting the Deaf patient know who the sign language interpreter will be to make sure they are happy with this person.
- More public deaf awareness campaigns.
- More training on deaf awareness for health professionals and all staff plus make this mandatory.
- Making Deaf patients' names visible on screens in health settings and receptionists could tap Deaf people on the shoulder if they don't notice their name has been called.
- Doctors to check that the Deaf patient fully understands the information that has been given.
- Information videos/healthcare videos with subtitles and subtitles in adverts on TV.
- Subtitles on TVs in waiting areas in the NHS and on TVs in wards plus on NHS websites.
- Clear signposting in hospitals and GP practices.
- Inform healthcare professionals that a patient is Deaf prior to appointments so reasonable adjustments can be made and to help healthcare professionals to prepare for the consultation.
- Clear communications concerning prescriptions during consultations.
- Extra time for Deaf patients during consultations.
- Provision of mini-coms for Deaf people in health settings.
- Healthcare professionals to maintain eye contact with Deaf patients in consultations.
- When providing food on the wards making sure Deaf patients know the food is there.
- Giving clear instructions to Deaf patients during consultations on what is about to happen.
- Not using young children as sign language interpreters in consultations on sensitive issues.
- Making sure doctors know the severity of pain/conditions so they do not miss anything.
- Highlighting methods of communication that are helpful to Deaf people.
- Explore using new technology such as an on-line video sign language interpretation service.
- Making it easier for Deaf people to book appointments for example through a text service and via the internet.
- Include in the Deaf patient's notes how they would like to be communicated with.
- Get information on health issues out to the Deaf community in more accessible ways such as in NHS leaflets.
- Doctors need to be more vigilant in identifying mental health issues among Deaf patients.
- Never assume a Deaf person's preferred method of communication, always ask.
- Deaf people use Facebook, Twitter and Instagram so explore these too.

## The Emotional Labour of Care Poetry Project

**by Philip Sheridan and Karen Hoffman Members of the Patient | Carer Community Leeds Institute for Medical Education**

The Emotional Labour of Care Poetry Project arose from a previous project I wrote and produced for the Patient | Carer Community (PCC) in 2014 called, Voices of a Patient. With the support of Jools Symons (Patient and Public Involvement Manager) and Nicola Womersley (Patient | Carer Community Coordinator) I went on to direct a short film with members of the PCC and Dr Kate Granger MBE. You can view the film here: <https://vimeo.com/135677241>

The project and film caused quite a stir. It offers a patient/carer voice on the experience of healthcare written by patients and carers and performed by them as well. From that project sprang the idea of a more ambitious project borrowing a theme called the emotional labour of care<sup>1</sup>.

The concept of the emotional labour of care describes the work an individual, a nurse most often, but I would suggest any role involved in healthcare, must put into maintaining a caring, compassionate, and brave face when confronted with the distress and adversity of looking after people in the most vulnerable moments of their lives.

This poetry project aimed to bring patients, carers, students and healthcare professionals together to explore via the lens of the art and humanities the concept of the emotional labour of care. I suggest that all those actors experience the work of the emotional labour of care. Rarely do we have the opportunity to acknowledge that work let alone share it with one another.

As a poet and workshop facilitator I use poetry with a diverse range of people, many of whom don't feel that they 'get' poetry, or that poetry gets them.' It doesn't take long for those same people to realise, with the use of simple exercises, to realise that we suffuse our everyday language with the building blocks of poetry - metaphor, similes, rhythm, and rhyme.

When I listen to my fellow patients and carers at the PCC I hear those very same building blocks as they describe the ways in which they experience the respective health conditions. When I listen to healthcare professionals I hear those very same building blocks as they describe the ways in which they experience their practice of healthcare.

This workshop aimed to offer the arts and humanities as a way to give voice to patients and carers, and health care professionals, from both acute and long term healthcare settings, as a way of connecting with and making sense of this shared emotional labour of care.

The medium of the arts and humanities would we hoped offer participants a shared platform to shine a light on healthcare as shared experience. What we encountered often surprised, raised questions, or sparked an affinity for a different way of looking at things.

I think the arts and humanities, paraphrasing the famous Heineken advert, can reach the parts of healthcare that the language of bio-medical can find hard to reach. The arts and humanities can give patients, carers, healthcare professionals and wider society another voice and medium to understand our experience of health from a wider narrative horizon.

In finding that voice or means of expression, all can gain renew a sense of perspective on healthcare. We can begin to describe what has happened in our own way and in doing so begin to explore the potential for shared understanding and shared decision making.

Just as significant, the arts and humanities enable us to share with others what we have experienced. To describe the path we have walked and the journey we face. It can also allow others to walk beside us too even if they can't walk in our shoes.



A therapist I worked with once said of my poetry, 'You know what Philip, your poetry isn't just for yourself. Your poems also offer a window into your experience.'

It didn't matter if the participants felt they knew anything about poetry or even liked all poetry. We aimed to show that healthcare professionals, patients and carers use the building blocks of poetry, metaphor and simile, all the time when we talk about health, life and death. We just don't recognise it sometimes.

We await evaluations from the workshops and plan to create a learning resource for students across the School of Medicine.

We hope that we build on this project to continue to offer innovative and well conceived projects to students that support the appreciation that healthcare and our respective experience of it happens within a wider context.

1. <https://www.nursingtimes.net/roles/district-and-community-nurses/the-emotional-labour-of-nursing-1-exploring-the-concept/2002711.article>



## Voices of a Patient - A poem by Philip Sheridan

I began work on Voices of a Patient in November 2014. I felt inspired to write the poem from the conversations I had with and heard from my peers in the Patient | Carer Community (PCC) based at Leeds Institute of Medical Education (LIME), University of Leeds.

This community of people struck me with their knowledge, skills, experience, and most of all passion to bring the patient and carer voice into the education of Tomorrow's Doctors. I dedicate this poem and film to them, and to all those people who work in the health services who see the human being first, not a condition.

It goes without saying that such a project can't come together without the hard work and support of some key people.

First of all I would like to offer my heartfelt thanks to the PCC members who appear in this film:

Jonathan Eyre; Ian Horbury; Robina Mir; Cynthia Rover; Effie-Jane Wallis; Kenneth Watson; Sharron Winn

Special thanks must go to Dr Kate Granger MBE founder of the #hellomynameis campaign. Despite her busy schedule, Kate made time to visit and read the poem when she had so much on. I hope that this poem, that you like so much Kate, will help spread your message about the importance of good introductions for compassionate, high quality care and patient safety.

Find out more about Kate's campaign at: [hellomynameis.org.uk/](http://hellomynameis.org.uk/)

For their incomparable advice, coordination and hard work in the production management of this film a big thank you to: Nancy Davies – Learning Technologist and PCC Ambassador and Nicola Womersley – Patient | Carer Community Coordinator [medhealth.leeds.ac.uk/info/830/patient\\_\\_carer\\_community//](http://medhealth.leeds.ac.uk/info/830/patient__carer_community//)

For being such warm, generous and hospitable hosts at the Centre for Innovation in Health Management (CIHM) Leeds University Business School, thanks go to:

Lizzie Bushby - Programme and Events Coordinator and Lisa Chapman - Finance Officer and P.G. Cert. Coordinator [cihm.leeds.ac.uk/](http://cihm.leeds.ac.uk/)

Written, Produced, Directed and Edited by Philip Sheridan; Director of Photography and Editor - Matthew Wilson; Sound Engineer - Jack Wood; Title Design - Matthew Wilson and Philip Sheridan; Colour Grading - Matthew Wilson and Philip Sheridan #VoicesofaPatient

You can enjoy two audio only versions read by Jonathan Eyre and Cynthia Rover on SoundCloud: [soundcloud.com/philipsheridan/sets/voices-of-a-patient](https://soundcloud.com/philipsheridan/sets/voices-of-a-patient).

Would you like to find out more? Please get in touch at: [philip-sheridan.com/](http://philip-sheridan.com/) [twitter.com/madeofbeauty](https://twitter.com/madeofbeauty) or [linkedin.com/in/philipsheridan888](https://linkedin.com/in/philipsheridan888)

## Barry's Community Update

It has been an interesting last 6 months and working with Leeds Men's Health & Wellbeing Network in partnership with The West Indian Centre Charitable Trust and the Al Khidmat Centre they are now looking at putting in funding bids. It is also an interesting time at The Jigsaw Visitor's Centre (Leeds Prison) as visitor centres are now being put out to tender. Last year's White Ribbon Campaign (which also gets men to address issues of domestic violence) in November was once again very successful in the city and I became one of the ambassadors for this in Leeds. I am now part of the national group Diversity in Medicine and Health (DIMAH) and have already attended meetings in London, Liverpool, and contributed ideas plus I will be attending their next meeting in Sheffield in May 2017. Unfortunately the launch of the School's latest community artwork by Age

UK's over 55's LGBT group Out in Leeds has had to be rearranged due to the refurbishment of the School not being finished but we hope to have this later in the year. We also hope in future to work on this arts initiative with the School's excellent Patient and Carer Community and in the meantime people can see the excellent painting by Out in Leeds on display in the Age UK Bradbury building café in the city centre. It is good that in this academic year we added some new workshops to IDEALS 2 Inclusion Health – Valuing Diversity and these were 'The Right to Healthcare' by Doctors of the World, and one on LGBT health issues. There were also two new RESS 2/3 Pre-Xmas December Community Placements at The Street Outreach Service in Leeds, and one at Little London Primary School.



## THE BIG INTERVIEW

*We spoke with Nic, Carly and Joe at Big Issue North to learn the ins and outs of what goes on in their Leeds office. In this exclusive interview they describe what it's like to work with their vendors and gave us tips and tricks as to how the care we deliver can be improved. <https://www.ted.com/>*

### ***Why would you recommend working for The Big Issue?***

**Joe:** Working with vulnerable adults is very rewarding and there is never a boring day.

### ***What are the difficulties and downsides of the job?***

**Carly:** Initially I found it really difficult working with younger people because you'd find yourself getting hopeful when it seemed like they were turning their life around, but then 6 months later I'd be disappointed when they slipped back into old habits. I've learnt now that what's important is that these services are here for when they come back around.

### ***What are the common misconceptions of vendors?***

**Joe:** That they are not hard working people, some of the vendors are the most hard working people I've ever met.

**Nic:** "Smackheads", homeless and they get their magazines for free.

### ***Would a partnership with a medical practice be beneficial for the vendors?***

**Carly:** There's a really long wait for people to get scripted. You can see the importance of immediacy when people make a sudden decision to get clean, but often they have to wait up to 3 weeks and this can be too late. If there were a partnership, we might be able to fast track our vendors to get them on the road to recovery straightaway.

### ***We've noticed a few of the vendors have a negative view of healthcare. Why do you think this is?***

**Carly:** A lot of our clients are already being pushed around from service to service and they don't have much stability. People in a more stable situation often have a different frame of mind whereby they understand what's going on in the NHS, can appreciate not having to pay for care and understand long waiting times. This is more difficult for our vendors who have a lot going on and are often very stressed. However, we've performed a number of surveys and, despite appearances, people are grateful for their care and say nothing but good things about the staff.

### ***What could be done differently to better accommodate the needs of vulnerable adults?***

**Carly:** It would be great if we had the chance to have onsite services, such as eye tests or dental check-ups. This would remove the stress and stigma of seeking medical advice and may discourage people from going straight to A&E. If they're already engaging here it would be great to provide frontline care to avoid them feeling as though they are being passed from service to service.

### ***Do you think a medical column in the Big Issue North could be valuable to vendors?***

**Carly:** Actually many of the vendors can't read or write and even those who can don't often read the issue. But it could be really useful to have a column for people buying the magazine, for example "Myth Busters" on heroin abuse or signs to look out for in a crisis. I really do believe in empowering the public to take responsibility for the people around them.

*By Anastasia Adams and Emily Galloway.*

## THE DFG PROJECT

*Disabled young people and research by students at the School of Law, Leeds University.*

William is 14 years old (not his real name) is a big lad: tall and much loved by his family. Because of his autism he is non verbal, has incontinence, he eats stones and dirt from the back yard and is always suffering from sickness with severely challenging behaviour. William has two younger sisters who suffer from his unpredictable aggression and often can't get to sleep at night because he is awake shouting at the top of his voice. His family could cope if there was more 'space' in their home – where William could spend time on his own to calm down and the family could have some private space and time to relax and have a friend round like normal families. Their house is small and they are unable to afford this building work: it would cost about £45,000 for a small extension to provide him with the necessary space (a bedroom and bathroom). Without this adaptation work they will be unable to cope. It looks like the only option is for the local council to provide residential full time care. This will cost a minimum of £3000 per week to £9000 – times by 52 weeks a year the costs are alarming. The loss to the family will be devastating as will be the impact on William.

You might think that councils across the country would go out of their way to help with adaptations of this kind – but the research being undertaken by students at the School of Law, Leeds University (funded by

Cerebra - a National Charity that supports children with neurological disorders and their families) suggests that this is not the case.

The law entitles families to grants for such work (Disabled Facilities Grants (DFGs)) and the Government has significantly increased the allocation of these funds. And yet families throughout England experience great difficulty in obtaining support of this kind because Councils (contrary to the law) often refuse to provide extensions for autistic children who don't have any mobility problems.

The student researchers working with a local Disabled People's Organisation – the Access Committee for Leeds – are assessing the cost effectiveness of DFGs when families with autistic children are successful in obtaining DFGs to cover the cost of providing home adaptations. They are visiting and interviewing families who have had adaptations, and families who are in desperate need of such grant support. Their report will be published in February 2017.

For further information contact:

Joseph Hilton - Leeds University Law School

See also

<http://w3.cerebra.org.uk/research/new-students-join-our-leap-project/>

## The Invaluable Work of the Access Committee for Leeds

The Access Committee for Leeds (ACL) is a purely voluntary run charity who provide a highly experienced and invaluable advocacy service for people and families of those who have physical or learning disabilities. They have particular expertise advocating for those who are struggling to find or get funding for home adaptations necessary to aid their conditions. These adaptations can range from a hand-rail to get up-stairs to a large house extension with a fully padded room and concrete 'safe garden'. The adaptations are designed to make the daily running of their lives considerably easier and improve the quality of life of not only the individual, but also the rest of the family living in the home.

The Committee have particular expertise to assist families with autistic children, especially those who are at the severe end of the spectrum, who are often non-verbal with fluctuating violent tendencies, frequently requiring multi-person supervision. The ACL have been successful in gaining funds for major projects which have allowed these children to remain at home, looked after by their own parents rather than become institutionalised at an earlier age. Examples of projects include padded rooms: to prevent injury to the child and damage to the family home, wet rooms: to assist in hygiene maintenance of the child, and concrete gardens: to provide a safe outdoor area to play, particularly useful for children who exhibit signs of Pica (eating non-food items as a sensory stimulus) to prevent illness.

These adaptations come at an large price, often in the tens of thousands of

pounds, therefore funding grants are extremely sought after. Fortunately local councils provide disability facilities grants (DFGs) of up to £30,000 which can be used for the materials and labour involved for the adaptations. For children these are not means tested. DFGs therefore have the ability to greatly improve the quality of life of the individual, and also reduce disruption to the rest of the family, especially other children in the home.

This may appear to be a lot of public money spent on a single private home, however the adaptations provided can delay the need for potential institutionalisation as a last-resort for the severely autistic child. Institutionalisation is not only detrimental for the family life involving the child, but is also an extremely expensive outcome. It can cost around £10,000 a week for a child to remain in a fully adapted and staffed home, consequently it can be easily seen how these adaptations quickly pay themselves back.

It is considered that any £1 spent on DFGs on a whole, can save the public purse £3 in the long-term, therefore are a money-saving yet invaluable entity. However, due to the initial expense, it can be difficult to obtain the grants from local authorities as they are constantly under-pressure to spend less.

This is where the fantastic work of the ACL comes in to use their first-hand experience to advocate and support these families who are struggling to obtain these vital grants, improving the family life while being an efficient way to reduce public spending. *Ella Louise Bulgen*



## Community News

### PA Community Visits

The School of Medicine for the last two years has also been teaching the new 25 Physician Associates (PAs) and these students also did community visits as part of the course. We would like to thank the following organisations for helping with this: Basis Yorkshire, Emmaus Homeless Charity, and Leeds Food Bank.

### Women and Girls Forum

Women's Lives Leeds launched the Women and Girls Forum at an International Women's Day event at Leeds Town Hall on the 8th of March. The first Forum meeting was due to take place on the 29th of March 2017.

See <https://womenslivesleeds.org.uk/2017/01/25/forum/>

### £380k for Mental Health in Leeds

The ASDA Fund has given £380,000 to support mental health projects in Leeds. Leeds Community Foundation is to identify relevant projects and has set up The Leeds Fund to distribute grants to help address the city's greatest areas of need. For more details on how to support The Leeds Fund or to apply for funding see: [www.theleedsfund.org.uk](http://www.theleedsfund.org.uk)

### STOP PRESS

North Leeds CCG has just awarded The Boyz to Men Project in Leeds LS7 £25K from its latest round of third sector grants. It is to help with social prescribing and healthy activities for men in the area and it is a partnership between The West Indian Community Centre Charitable Trust, The Al-Khidmat Centre, and Leeds Men's Health & Wellbeing Network.

## MORE PHOTOS FROM THE LOHAS 25TH ANNIVERSARY EVENT

The Lord and Lady Mayoress with on left -  
Dr Martin Schweiger (Director) and  
right - Dr John Papworth-Smith (Director)



The Lord and Lady Mayoress  
with Mary Thompson (left)  
Noreen Metcalf (right)  
directors form LOHAS

## Street Outreach Service - Community Based Project Article

The Leeds Street Outreach Service is a dedicated team who engage with those rough sleeping, at risk of homelessness and street begging within Leeds. Their aim is to enable some of the most vulnerable in our society by providing support, working as an advocate and helping them to create real and sustainable change. With over 40 years of experience between them, the outreach staff act as a crucial provider of information when navigating from unstable or non-existent housing into private rented accommodation or council properties.

The Service operates a comprehensive schedule; including out of hours outreach, daily outreach to street beggars around Leeds, floating support to those who have just found accommodation and extensive work with other agencies. The team also operate a late night outreach when the cold weather warning is issued by the Leeds City Council, and will endeavour to bring as many rough sleepers as they can to emergency accommodation.

An important feature of the team is the Peer Mentor scheme, where a former service user who has personally experienced homelessness now acts as an example to those currently in crisis. Potential service users who feel left behind or patronised by traditional models of support may find this to be an effective method of accessing help. The Peer mentor also feeds back any criticism or concerns from service users to the rest of the team, allowing a more grounded approach of developing a service that truly works for those that need it.

As stated earlier the service does not work in isolation and has many key partners in its efforts - the St Anne's resource centre on York Street hosts a breakfast club on Monday, Tuesday and Fridays where a street outreach team member can be found who can answer any questions, and offer help to those struggling with benefits and housing. The team maintain good working relationships with private landlords so that they can find suitable accommodation for service users, and also with Forward Leeds (a dedicated Drug and Alcohol service) who can offer specialist help when appropriate.

The street outreach operates three out of hours sessions a week, finding rough sleepers on the streets of Leeds on late nights and in the early hours of the morning. This is crucial in identifying those most acutely in need, offering emergency accommodation if appropriate, making sure they know help is available and if nothing else then at least providing a hot cup of coffee.

If you're worried about anyone sleeping rough, then make a referral to [www.streetlink.org.uk](http://www.streetlink.org.uk) - the street outreach team will endeavour to contact them the very same day. Alternatively, anyone can contact them directly at 0113 245 9445 be it for themselves or anyone else. All matters discussed are completely confidential, and the service is entirely free.

Ben Cooper Drake

### Useful Websites:

West Yorkshire & Harrogate Sustainability and Transformation Plan (STP)

See Healthwatch Leeds: [www.healthwatchleeds.co.uk](http://www.healthwatchleeds.co.uk)

**Men's Health Forum Beat Stress UK**

<https://www.menshealthforum.org.uk/beat-stress-feel-better>

**Doing Good Leeds**

<https://doinggoodleeds.org.uk>



“  
*Don't forget Barrys blog at  
<http://communityppd.blogspot.com>*  
”

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