Welcome to our Autumn Community Newsletter and this issue contains information on a training course being offered by Genesis plus an article by The William Merritt Disabled Living & Mobility Service about their vital work in the local community as they become a social enterprise. We also include news on the exciting community initiative, ‘Leeds Let’s Get Active’ which is being promoted by Area Active Lifestyles Officers and this gets underway in October 2014. There is also a feature on our Language Lab workshops for our second year students plus our regular community update and community news plus information on useful websites. We hope that you enjoy reading this issue as we wave goodbye to our brief summer.

Leeds Let’s Get Active - your step to a healthier life

What is Leeds Let’s Get Active?
A programme to encourage people who do not do any physical activity to do at least 30 minutes of physical activity, once a week.

Leeds Let’s Get Active supports inactive people becoming active through the provision of free access to leisure centre and community sports and activities within a supportive and welcoming environment. The opportunity is available citywide, and open to all.

WHAT IS THE OFFER?
Free use of all Leeds City Council leisure centres during selected activity sessions, daily. Typically one free hour every day (off peak) with an additional hour per day for 4 leisure centres that serve the most deprived areas of the city: John Charles Centre for Sport, Armley, Fearnville and Middleton leisure centres. In the first instance the free offer will be gym and swim, except at Middleton, where a bespoke programme will be developed. The offer may change as the programme develops.

Free use of community multi-sport sessions: activities will include beginners’ running, Health Walks and Active Family multi-sport activities and will be delivered in community park settings.

WHEN WILL IT START?
Leeds Let’s Get Active will launch in October 2013.

WHO IS WORKING ON THE PROJECT?
Sport and Active Lifestyles, Public Health and Sport England are partners in Leeds Let’s Get Active. The £1M programme has been funded by Sport England and Public Health.

HOW CAN I GET INVOLVED WITH THE PROJECT?
We need your help spreading the message about LLGA through any of your networks and contacts. If you know of any organisations or individuals who would benefit from attending the Leeds Let’s Get Active free activities then please get in touch with the team using the contact details below.

HOW TO FIND OUT MORE
Information will be available shortly on the Leeds City Council website at www.leeds.gov.uk/llga. In the meantime, if you have any questions then please contact Rachel Brighton at rachel.brighton@leeds.gov.uk.
appointed as our General Manager. He comes to the Centre Enterprise forward. On 1st April 2013 Mr. David Blythe was Manager was needed to drive the business and Social

As part of the business plan, it was recognised that a Business guarantee but all the staff are now employed directly by The Enterprise'.

NHS, the William Merritt Disabled Living Centre has developed after a challenging year and 30 years partnership with the

We continue to be a charity and a company limited by

suitability of powered chairs / scooters and walking aids for inclines and different surfaces clients are able to test the suitability of powered chairs / scooters and walking aids for outside environments.

After a challenging year and 30 years partnership with the NHS, the William Merritt Disabled Living Centre has developed a new business model and is now an independent 'Social Enterprise'.

We continue to be a charity and a company limited by guarantee but all the staff are now employed directly by The William Merritt Disabled Living Centre and Mobility Service. As part of the business plan, it was recognised that a Business Manager was needed to drive the business and Social Enterprise forward. On 1st April 2013 Mr. David Blythe was appointed as our General Manager. He comes to the Centre with a wealth of previous business development experience in industry and the Third Sector including being Regional Manager for Arthritis Care.

Although the Centre will be going through a period of change we will not lose our fundamental principles of our service. This past year has seen developments within the Centre including setting up a satellite service in York for driving assessments. This has been used by clients travelling from the east coast and York. A further satellite service has recently been established in Sheffield for driving assessments.

The range of technology at the Centre has extended and we regularly see adults and young people to access computers, iPad and other technology using switches, voice recognition and ‘Eye Gaze technology’. We continue to work closely with our partners and colleagues across the community to identify and expand future business opportunities, whilst at the same time raising the profile of the William Merritt Centre. Thanks must be extended to all those who worked hard in making the transition to a Social Enterprise, including Jenco the Project Team, the Trustees of the Centre, colleagues in the PCT/CGG and Leeds Adult Social Care. Thanks must also go to all our colleagues from Adult and Children’s services who wrote letters of support for the Centre. These not only served as a much needed boost to morale but were also instrumental in obtaining additional funding for the Centre to become a Social Enterprise. We have recently had a new telephone and IT system installed which has provided the organization with a greater level of freedom and increased efficiency within the Centre. We are open Monday to Friday 8:30 – 4:30 and have an appointment system to see a qualified Occupational Therapist or Mobility Assessment Therapist. However people are welcome to call in and see what equipment we have to recommend.

Our contact details are: The William Merritt Disabled Living Centre and Mobility Service St Marys Hospital, Green Hill Road, Armley, Leeds LS12 3QE Tel: 0113 350 8989 Email: info@wmdlc.org Website: www.wmdlc.org

training. Our trainers use a variety of techniques to ensure you have the most effective learning experience from case studies, games, audio and DVD’s. The Level 2 course is perfect for all front line staff and those that want to learn more about Child Sexual Exploitation. We take you through all the crucial learning steps from spotting the warning signs of CSE, impact, the victims voice, dealing with disclosures to understanding the best tools and resources to working with young people and action planning. For a full course breakdown please view: www.basistraining.org.uk/training The team will provide you with refreshments throughout the day and we’ll be stopping for a networking lunch, giving you the opportunity to relax and chat to colleagues from further afield. At the end of the training day you’ll have your Level 2 certificate in Child Sexual Exploitation and the opportunity 6 weeks later to join a live web-chat with your trainer to ask any further questions you may have.

For further information on our open courses please view: www.basistraining.org.uk/training If you would prefer bespoke, in-house training with full learning assessments and impact reports please contact Charlotte Nutland 0113 2430036 Charlotte.Nutland@Basistraining.org.uk

We provide impartial information and advice about equipment for disabled people, older people, carers and Health Professionals.

We offer advice and assessments on everyday living equipment such as:

- Stairlifts
- Kitchen Gadgets
- Mobility Scooters & Powered Wheelchairs
- Adjustable Beds - for all ages
- Telecare Equipment
- Bathing & Toiletting Equipment
- Electric rise/recliner chairs & High Seat Chairs
- Driving Assessments
- Passenger access vehicle assessments
- Car seat assessments.
- Trial of Vehicle Adaptions

We are also able to offer trials on powered scooters outside in our purpose built garden, shown above, supported and maintained by our very resourceful volunteers. With slight inclines and different surfaces clients are able to test the suitability of powered chairs / scooters and walking aids for outside environments.

Open courses | Available now | Child Sexual Exploitation
Basis Training and Education are pleased to announce our next set of open courses dates. Join professionals from across the UK to learn more about the most talked about topic – Child Sexual Exploitation. Come along and meet with our TAPs qualified trainers who are also frontline practitioners, they build on years of experience as specialist Child Sexual Exploitation professionals - their training is full of real life stories, case studies and experiences.

100% of delegates in 2013 would recommend our training to colleagues which highlights that we’re committed to bringing you the very best, engaging and quality training material in a supportive and interactive environment. Being a CPD member only strengthens our focus on high standards of
Barry’s Community Update

September is the start of our new academic year with a new intake of about 250 first year medical students. We are busy preparing for Year 1 & 2 Campus to Clinic where students (in groups of four) whilst on placement at Primary Care visit a voluntary group close to their practice to learn about the important role of this sector as potential partners in healthcare delivery. We are also preparing for the December Year 2 & 3 Community Pre-Xmas Student Special Studies Projects where just over 50 students will spend time over two weeks with mainly voluntary groups and some statutory sector organisations in the city.

In October we will also be bringing in Howard Beck from Leeds City Council Deaf Equality Unit to talk to the whole of the second year on Deaf Awareness as part of our Valuing Diversity Programme and this talk is followed by twenty small group interactive workshops on diversity topics which range from Mental Health to Domestic Violence, and Spirituality & Health. We will further be running our very successful Language Lab Workshops again in October and November on welcoming phrases for patients in ethnic minority languages common to Leeds and these workshops have been slightly adapted to take account of the student and tutor feedback from last year.

In July I was really proud to speak to Leeds City Council’s Health Scrutiny Board on Men’s Health and they have agreed to examine this in Leeds as part of their scrutiny programme which will look at ‘Narrowing the Gap.’ I was also busy on Saturdays in June and July helping Menspace and Leeds Men’s Health Network in the Menzone Tent at three Community Galas in South Leeds. We managed to get over 100 men to complete a men’s health survey. At the University I am helping in the development of MOOCs (massive open on-line courses) and these could have a lot of potential benefits such as sharing knowledge more widely as well as attracting students from around the globe to the University of Leeds courses. I have further given feedback on the University’s Equality and Inclusion Strategy which I think is a very positive development. I will be presenting a workshop on our work at the Third Annual University of Leeds Student Engagement Conference that is to be held in early January 2014.

Finally in September I will be attending an event in Leeds for the Third Sector at the St George’s Centre which will look at “The Social Value Act” and will address the question, “Is it the future for commissioning?”

So another lively start to another busy academic year and we welcome the new students plus the return of existing students.

Community Education Development Officer Report, Barry Ewart

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

COMMITTEE MEETINGS:
- Menspace, Holbeck Community Centre (7/3/13, 25/4/13 and 25/7/13) plus Menzone Tent Cottingley Community Gala (18/5/13), Beeson Festival (8/6/13) and Hunslet Gala (29/6/13)
- Jigsaw Visitor’s Centre (12/3/13 and Away Day 2/5/13)
- Hospital Food Tasting Session, St James’ (21/3/13) and Meeting (9/4/13 plus 4/6/13)
- Leeds Men’s Health Network (24/4/13 and 19/6/13)
- Healthwatch Meeting, Heart, Headingley (14/5/13)

CONFERENCES/SEMINARS/PRESENTATIONS/TEACHING:
- Communication Skills Course Management Team (CMT) (4/3/13 and 20/5/13)
- Virtual Community Working Group (11/3/13 and 7/5/13)
- Access to University of Leeds (13/3/13)
- Massive Open On-line Courses Forum, University of Leeds (20/3/13, 2/5/13, 13/6/13 and 30/7/13)
- University of Leeds Equality and Inclusion Strategy (16/4/13)
- Campus to Clinic CMT (22/4/13) and Pre-Exam Board (10/6/13)
- Launch Academic Collaboration for the Third Sector, St George’s Centre (23/4/13) and Event at SHINE, Harehills (5/6/13)
- RESS Pre-Xmas SSP CMT (23/5/13) and Tutor Training (8/8/13)
- Together for Leeds Asylum Seekers Conference, Leeds Civic Hall, (18/6/13)
- Centre for Men’s Health, Leeds Met University, Talk on Male Suicide (24/6/13)
- Helping Men Get Help Event, Health for All Leeds (25/6/13)
- Men’s Health Week Darts and Dominoes Event, West Indian Centre (26/6/13)
- Black Men’s Health Dialogue Event, Tiger 11 (27/6/13)
- Together for Leeds Asylum Seekers Conference, Civic Hall (22/7/13)
- Healthwatch Meeting, Heart, Headingley (14/5/13)

OTHER ACTIVITIES/VISITS:
- Claude Hendrickson, West Indian Charitable Trust (26/2/13)
- RESS Team and Laura Stroud, Ethical approval for any research in community placements (30/4/13)
- Volunteer Patient at Year 5 OSCE (1/5/13)
- Steve Shaw, Leeds City Council Domestic Violence Team (9/5/13)
- Louise Walker, Active Lifestyle Officer, West North West (22/7/13)
- Leeds City Council Health & Well Being Scrutiny Committee (to scrutinise men’s health) (31/7/13)
- Richard Veitch, Leeds Organic Growers (1/8/13)
BACKGROUND
With increasing diversity of the local patient population and intake of international medical students at the University of Leeds, there is a growing need for doctors to develop skills for communicating with people from a wide range of cultural backgrounds. Exposure to different languages and cultures may enable doctors to build rapport with patients and families from backgrounds which are different to their own.

METHODS
In readiness for the autumn 2012 term, we decided to develop a series of “language labs” for undergraduate medical students at the University of Leeds Medical School. The aim was to teach students key phrases and principles of British Sign Language, Urdu, Punjabi (Mirpuri), Bengali (Sylheti), African (African French and Tigrinya), Chinese (Cantonese and Mandarin) and Polish. The work was not intended to make the students in any way proficient in the language but to enable a warm and professional start to a consultation. The languages were chosen following a review of the demographics of the local population and consultation with ethnic minority groups. Language labs were facilitated by a range of people from these backgrounds.

All second year students were able to select two workshops from the above languages, and video podcasts of all of them plus phonetically written handouts were made available to the students on our Virtual Learning Environment. The language labs enabled the students to practice eleven basic phrases/questions in the above languages so that as future doctors, they will be more welcoming to diverse patient groups and better able to build a mutual rapport, thus helping to facilitate the process of the capacity to live with difference. The session only covered the beginning and ending of a consultation as the middle part, working with an interpreter, is covered later in year three.

THE PHRASES TAUGHT FOR A CONSULTATION:

**Beginning**
- Hello, good morning/afternoon
- Good to meet you
- Please sit down
- Thank you
- My name is Doctor....
- What is your name?
- What would you like me to call you?
- Is it alright to work with the interpreter now?
- I’m sorry, I don’t understand

**Middle**
Working with an interpreter – covered in year 3

**Ending**
- Thank you for talking to me
- Goodbye

We also provided sessions on speaking English in a medical setting, aimed at medical students for whom English is not their first language. This builds on our continuing work at Leeds to support international medical students who may experience difficulty with their communication.
**FINDINGS**

The new sessions were evaluated by the 290 students completing a written questionnaire, the response rate was an excellent 96%. In general, the evaluations were very good and 88% of students were extremely/very satisfied with the language lab workshops. 88% said the sessions were extremely/very engaging. 87% said the sessions were extremely/very good fun with a further 88% agreeing that the workshops were extremely/very relevant to them as medical students. They also stated that the group sizes (8-10) were about right and that the way the sessions were run was the most effective way to do the work.

**LEARNING AND DISCUSSION**

The feedback from the students was overwhelmingly positive and we plan to continue to run and develop these sessions for the new academic year from this September.

Group facilitators questioned if doing two workshops in one morning would confuse the students and detract from their learning; however this issue was not raised by many students in their feedback and so we intend to continue to offer two languages during the session.

A significant minority of the students wondered if there should have been a greater focus on medical terms and health enquiry however, we as authors felt that this missed the point of the sessions which was to enable an initial rapport and create a professional environment in which an interpreter can be effectively introduced.

In making the podcasts we learned that some of the English phrases chosen were inappropriate within the culture of the foreign language. An example being the use of different phrases to greet males and females or older people in African Tigrinya and Polish; in the Asian languages it was felt that welcomes should be more formal; and in Bengali the phrase, “Good to meet you” was felt inappropriate as the circumstances of a medical encounter are not usually good.

The immediate evaluations of the workshops were good and the sessions were shown to be engaging and perceived as relevant; the longer term evaluation in terms of ongoing usefulness and retention will show if the sessions were of lasting value. To evaluate this, students will be contacted when they are further on in the course and working in more clinical settings. Ongoing access to the video podcasts will also be monitored.

**RECENT DEVELOPMENTS**

Having been able to study the data as to which languages students selected last year, we discovered that the demand was extremely high, as expected, for the British Sign Language (BSL) workshops. Over half the year group (129 students) selected it as their first choice, with the remainder of the year group selecting it as their second choice. Three signers were booked for last year (all deaf speakers, not interpreters, which we thought was important as they bring the cultural aspect and the students have to overcome their fear of communicating with someone who is completely deaf).

Chinese Mandarin was the second most popular choice, with 29 students selecting it. The least popular choices were African Tigrinya, Cantonese and Punjabi. Bengali was poorly selected too. Nineteen students chose to attend the session on speaking English in a medical setting as their first choice, however, we discovered that some were English speakers who were shying away from a second language.

Our plan for the forthcoming academic year is to run the language labs again, but to aim to recruit more BSL facilitators, ideally enough so that we can offer every student a BSL workshop and then they can choose one other language workshop. We will also stipulate that anyone selecting the English in medical settings workshop must be an international student. This year’s students and facilitators will also be asked to evaluate the course, and plans are afoot for the longer term student evaluations. More support will be made available to the facilitators, in the form of new guidelines as to the structure of the workshops based on the student evaluations.

Andrea McGoverin
This booklet was written to fill the gap between the very basic information leaflets for carers and self-help books which are often too long to read for busy carers. The guide leads the reader through the different stages of the carer’s and patient’s journey through the experience of severe depression. The guide balances empathy with the challenges they are facing alongside clarity about what to expect and practical strategies for managing situations as they arise. There are key messages about the importance of the carer looking after their own health and well-being in order to be able to support the patient and work in partnership with them to overcome severe depression.

Whilst the emphasis is on the carer, it is a guide that is equally valuable to the patient themselves and their wider family and friends in helping them gain a better understanding of the experience of severe depression. The booklet has also been recommended by the Royal College of Practitioners as a training aid for trainee GPs and medical students.

SEVERE DEPRESSION

The Essential Guide for Carers by Tony Frais, M.A.

Review by Joannie Tate, Patient Carer Community Group.

I do wish I had read this some 20 years ago having suffered severe depression for many years and now being a carer for a sufferer. It would have been so helpful.

My journey could have been so different having struggled for many years before I got a diagnosis then treatment. Depression then was not really classed as an illness, I was just told, “It’s all in your head.”

I found this information for carers for a depressed person so interesting and very useful plus it was an easy journey to follow.

Through Tony’s experience this booklet is really well thought out and is very clear in helping us to understand the steps involved for both the carers and the depressed person and the paths that they should take to achieve the best results.

The start of the process for both carer and the depressed person is like wading through mud. In his introduction Tony states how it does affect, “Normal” social and family life which is so true.

Finding a positive meaning for a carer can be so difficult to achieve and this booklet explains the steps to help you achieve your goals.

Advice about how to treat and deal with someone who is suffering depression is very good advice such as “when to talk, when not to talk” plus, “don’t blame yourself” is also very encouraging. Tony’s additional point about looking after your own wellbeing is a very good piece of advice.

Getting the depressive person to recognise and take the first steps to seek help is, and can be, a very difficult first step to take. This is often due to denial that there is a problem at all and then to take on board that they are suffering.

This booklet I would argue is full of useful help, advice and awareness for a carer and the depressive person once the symptoms have been recognised and diagnosed. If everyone concerned is on board then the path will be an easier one to achieve a very positive outcome.

It would have been helpful if there had been a little bit more depth for example in talking to long-term carers who have struggled with a sufferer who has not been diagnosed.

A bigger problem arises when there is no proper diagnosis. Denial can go on for a long time and then it becomes a way of life. Life then takes a different route with the adoption of coping mechanisms such as drink and drugs and self-harm leading the depressive person into alcohol and a drug addiction. Even the carer can take these routes. Depression, in many cases, continues undiagnosed and consequently untreated, only the addictions are treated not the underlying illness and carers, family and friends become resentful and the depressive becomes more depressed and the symptoms become acute.

It is a very lonely life for a carer who has a partner or a member of their family suffering with undiagnosed depression. You learn to adapt, you don’t live, you function, and all the advice in the booklet is very hard to achieve.

A person who has suffered or is suffering with depression can spot the signs in others when others cannot. After reading this booklet I have now passed it on to a person who is suffering but is in denial for all the reason stated such as the associated stigma and the false belief that it does not happen to me and a failure to accept that it is an illness not a way of life.

Hopefully Tony’s booklet will provide food for thought so that carers and sufferers alike will seek professional, non-judgmental help.

Joannie Tate
Community News

TRANSFORM LEEDS
The Transform Leeds commission formed part of the Transform Leeds agenda for change. In July 2013 the Commission published its final recommendations on the future of the third sector support and development in Leeds. See www.val.org.uk for the full recommendations.

BECOME AN ADVISOR TO THIRD SECTOR LEEDS (TSL)
TSL is looking for volunteers to be TSL Advisors. The role of a TSL Advisor is to be available, ready and waiting to lend their knowledge and experience, into big issues facing our city. The contact is: Annette Morris, Voluntary Action Leeds. E Mail: annette.morris@val.org.uk Tel. 0113 297 9720.

HEALTHY LIVES LEEDS (HLL)
HLL has a membership of 110 Third Sector organisations with a health or health and wellbeing related remit in Leeds. The network facilitates and supports the involvement of the Third Sector in health and wellbeing decision making processes and delivery of services in Leeds. Contact: Razwanah Alam E Mail: Razwanah.alam@val.org.uk Tel. 0113 297 9720.

THE SOCIAL VALUE ACT
The Public Services (Social Value) Act 2012 became “live” on 31st of January, 2013. Social enterprises have social value at their heart and believe public services should be delivered in a way that provides maximum public benefit to the local community; to them commissioning and procurement should take social value into account, “to ensure that the full weight of the public sector’s purchasing power is directed at achieving social and environmental benefits alongside financial efficiency.” ‘The Social Value Guide’ argues that value for money is the over-riding factor that determines all public sector procurement decisions and under this Act, for the first time, public bodies are required to consider how services they commission and procure might improve the economic, social and environmental well-being of an area.
This Act, which has cross-party support, applies to England and some Welsh bodies. Those needing to comply are local authorities, government departments, NHS Trusts, fire and rescue services, and housing associations. It applies to contracts for central government over £113,000 and contracts over £173,000 for other public bodies.
USEFUL WEBSITES

Doing Good Leeds
www.doinggoodleeds.org.uk/

Healthwatch England
www.healthwatch.co.uk/

Healthwatch Leeds
www.healthwatchleeds.co.uk/

Voluntary Action Leeds
www.val.org.uk

North Leeds Clinical Commissioning Group (CCG)
www.leedsnorthccg.nhs.uk/

Leeds West CCG
www.leedswestccg.nhs.uk/

Leeds South & East CCG
www.leedssouthandeastccg.nhs.uk/

Volition
www.volition.org.uk

Leeds University Union
www.leedsuniversityunion.org.uk/yourreps/

Leeds Community Foundation
www.leedscf.org.uk/

Community Fund Leeds Rag
www.leedssrag.org.uk/

Leeds City Council Small Grants Voluntary Groups
www.fit4funding.org.uk/support-pages/in-your-area/west-yorkshire/leeds-funding/

“Don’t forget Barrys blog at http://communityppd.blogspot.com”

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