

Final report on the Community Consultation on Leeds Adult Social Care directly managed BME Day services for older people- September 2014

1. Purpose of this report

This report outlines the results of the consultation undertaken into future service delivery at Leeds Adult Social Care's two day services for BME Elders. The consultation was undertaken to ensure that Apna and Frederick Hurdle day centres and related BME Older Peoples services in the community are meeting the needs of both current and potential future service users.

Leeds Adult Social Care manages eleven day Centres for older people. Five of the Centres provide specialist care and support for people with Dementia, three provide more general support to older people and their carers and Apna and Frederick Hurdle day Centres provide specialist support to BME communities. One centre, Holt Park Active opened in October 2013 in partnership with Sport and Active Leisure.

2. Why the consultation is being carried out

A number of factors have led to the need to undertake a consultation on Leeds Adult Social Care day services for BME Elders:

- An anticipated growth in future demand. It is estimated that the BME population in Leeds will increase by 55% by 2030, with an associated increase in older people in this population. In Leeds the overall population has not grown substantially although, there are changes in age groups and minority groups. The BME population has increased from 8% to 15% and BME elderly people from 2.8% to 4.3%. In general people are living longer and there are as many people over 60 as there are under 16. It is predicted that the number of people in Leeds aged 65 and over will rise almost 40% by 2031 to around 20% of the population.
- Leeds is becoming a more diverse place and understanding the needs of specific diverse communities is very important. Leeds is now home to over 140 different nationalities. In 2006 the office of National Statistics (ONS) estimated that 15.1% of the total resident population was comprised of people from BME communities (including Irish and other white groups) a rise of 5% from the 2001 census. By 2030 the BME population in Leeds is expected to increase by 55%.
- The Social Care White paper 'Caring for Our Future' (2012) with its emphasis on giving people more control over their care, improving support to carers, improving service integration, increasing the focus on wellbeing and support to live independently for as long as possible, improving the quality of care and support services, ensuring greater consistency in access to services and providing better information to help people make choices about their care.

- The Leeds ASC Better Lives programme with its emphasis on:
 - (1) Better lives through enterprise-encouraging existing and new kinds of enterprise to develop in the Leeds care market.
 - (2) Better lives through housing, care and support -working in partnership with the public, private, and third sector to create different types of support suited to and adaptable to peoples changing needs.
 - (3) Better Lives through integrated services-developing a range of closely integrated adult social care and Health services to deliver a more positive experience for service users.

- A continuing trend of low service occupancy- 43% at Frederick Hurdle and 50% at Apna (April 2014), the limited centre programme and lack of emphasis on re-ablement, limited community engagement, lack of joint working with Neighbourhood Networks and other community groups and limited development of specialist services, particularly in relation to people with dementia and carers.

- ASC budget pressures which means that it is not sustainable to run expensive services that only cater for a minority of the BME community needing a service.

- The need to link more effectively ASC directly provided services with community based services for this population.

- The development of new day opportunities for individuals and more effective ways of delivering services.

3. Current service users

Both services cater for a relatively small group of service users (53 people at Frederick Hurdle and 27 people at Apna –Sept 2014).

The majority of users have been attending the centres for a considerable time (64% at Frederick Hurdle and 44% at Apna for 9 years or more).

Both centres have few new starters (6 at Apna and 4 at Frederick Hurdle in the period January-December 2013).

The majority of users at both Centres are women (62% at Apna and 77% at Frederick Hurdle).

The main reasons given for service users attending both Centres is improving social contacts (75% at Frederick Hurdle and 41% at Apna) and providing a break for carers (59% at Apna and 21% at Frederick Hurdle).

Service users require less support with personal care needs (34% at Apna and 20% at Frederick Hurdle compared to an average of 57% at other older people's day Centres).

The living situation of service users varies between the two Centres, with the majority (56%) of service users at Frederick Hurdle living alone while at Apna the majority of service users are living with their family (53%).

The majority of service users at Frederick Hurdle live in either post codes LS7 (67%) or LS 8 (16%) At Apna there is a slightly wider spread of post codes (34% living in LS8 and 16% in LS 28).

4. Consultation and involvement

The consultation process took place between May 2013 and July 2014 and focused on the following groups:-

- People who currently use services, their carers and family
- Staff
- Elected members
- Partner organizations
- Trade unions

The following methods were used to gain the views of key stakeholders during the consultation process:

- One to one meetings with service users
- Workshops
- Questionnaires
- Union briefings
- Staff briefings
- Letter to GPs
- Reference group

The consultation was undertaken jointly by Leeds Involving People, a service user and carer organization working to enable those who use Community Care services to take control over their own Health and Social Care needs and Leeds Adult Social Care.

A co- production approach was adopted to gain the views of service users, carers and other key stakeholders:

“Coproduction is a simple idea: it’s about individuals, communities and organizations having the skills, knowledge and ability to work together, create opportunities and solve problems. Putting this into practice is not so simple, and for older people who need support in their lives is a relatively new phenomenon”.
(Bowers et al (2009) Personalization -don’t just do it- co- produce it and live it! National Development Team for inclusion and HSA)

4.1 One to one meetings with service users

The ASC consultation and Involvement Officer met with service users at both Apna and Fredrick Hurdle Day Centre’s to inform them of the consultation process and to gain their views. 187 Service users attended group sessions. The feedback from these sessions is included in the key findings section of this report.

4.2 Elected Member Briefings

Six Elected Members attended the workshops and Councillor Jane Dowson (Chapel Allerton) was a member of the Consultation Reference Group.

4.3 Workshops

Leeds involving people (LIP) facilitated a series of four workshops as part of the consultation process. The first two workshops on September 18th 2013 at Hamara Healthy Living Centre and Frederick Hurdle day Centre's were attended by 138 people. Participants included managers and staff from the centres, voluntary sector organisations, Elected Members, centre users, carers and members of the community.

A third workshop took place on January 14th 2014 at Host Media Centre, again facilitated by LIP, but on this occasion the participants were made up of Elected Members, staff, existing providers and representatives of voluntary sector organisations. 27 people attended the workshop.

A fourth workshop was held on 29th April at Woodsley Community Centre, attended by 8 representatives from the voluntary sector, local churches and one Elected Member.

A list of organisations invited to the workshops is included at Appendix 1 & Organisations represented at workshops is included at Appendix 2.

4.4 Questionnaires

A short questionnaire was designed to gain the views of users of the two day centres, carers, the wider BME community and organisations working with BME communities. The questionnaire was sent to 250 service users and Community Organisations.

69 questionnaires were subsequently returned. (65 individual questionnaires and 4 questionnaires completed in consultation sessions facilitated by the ASC Consultation and Involvement Officer which involved a further 35 individuals. Overall 100 individuals were consulted by questionnaire.

This represents a response rate of 40%.

A copy of the questionnaire is attached at Appendix 3.

Support was provided to service users and carers who needed help to complete the questionnaire by the ASC consultation and involvement officer.

4.5 Staff Briefings

The Head of provider services (Older People) and Head of Adult Social Care Commissioning briefed staff on the consultation process and invited their comments and involvement at a briefing held at Frederick Hurdle day centre on 12th April 2013 attended by six staff, a further meeting was held at Apna day centre on 17th April which was attended by four staff.

Further meetings with staff teams at the two Centre's were held on 14th July 2014 (Frederick Hurdle) and 18th July (Apna) to share issues raised during the consultation and provide an opportunity for staff to comment and express their views on the future of the services.

Frederick Hurdle Day Centre

Issues raised by staff:

- Staff wanted to see the centre offering a specialist service to people with dementia. Currently service users who attend the centre who develop advanced dementia have to move to specialist services. This can be disruptive to the service user and their carer and result in the loss of a culturally specific service. Staff felt that this service would be best developed in partnership with one or more local community groups.
- The service should work much more closely with Health in relation to wider BME health issues such as diabetes, High blood pressure, prostate Cancer etc.
- Staff were supportive of the idea of a Resource centre model of service delivery in recognition of the needs of the wide range of BME communities in Leeds.
- Staff felt that current staffing levels mean that the needs of some users are not being met. Working in partnership with other agencies would be one way of addressing this problem.
- It was felt that the Centre's referral process was inflexible and not fit for purpose.
- The provision of meals at the centre was criticized. Meals are currently provided by an external provider. Service users and staff said they were happier when meals were provided in the Centre's own kitchen. Staff felt that this provided a much more culturally appropriate service.
- Staff felt that the centre was in need of refurbishment and upgrading to make it more attractive to service users and the local community.
- The number of service users accessing the centre on Saturdays was reported to be very low. Week end opening is not viewed as being economic.

- Service user transport was felt to be inflexible and expensive.
- Much greater flexibility in how centre budgets are managed was requested.
- It was highlighted that a much stronger working relationship with Leeds Black Elders had existed when the Centre was first opened.
- Staff felt that the ASC charging policy was discouraging many service users from using the service.
- Staff expressed concern about the future of the service and their own jobs.

Apna Day Centre

Issues raised by staff:

- More BME specific Services for people with dementia are required.
- Staff felt that the ASC charging policy was discouraging many service users from using the service.
- Staff felt that current staffing levels were preventing the development of a more varied centre programme and outreach work.
- Service user transport provision was felt to be inflexible.
- Staff would like to see the day centre kitchen providing meals to people living in the local community.
- It was highlighted that the day centre had initially been established and run by the local community and that there was scope for revisiting this service model.
- Staff at Apna day Centre were also concerned about the future of the service and their own jobs.

GP Consultation

Letters were sent to 20 GP practices in the Leeds 6 and 7 post codes where the majority of the users of the two day services live asking for their views on:

- Their experience of referring to ASC BME day services (or reasons for not referring) and any feed-back from patients using these services.
- Other services they refer BME Elders to in the area and reasons for doing so.
- Do the services provide adequate support to carers?
- How effectively do these services work in partnership with other providers in the area?
- Gaps in service provision to these communities
- Other BME Elder groups whose needs, in your view, are not being met by current services.

GP`s were also asked to comment on any additional issues they wished to in relation to the two services.

A total of 7 GP practices (35%) responded to the questionnaire.

- 3 practices said they were not aware of the service, while 2 other practices said that they were not aware of the services referral process.
- 5 practices requested more information on the services, with two indicating that voluntary sector agencies were more proactive in coming into the surgery to share information about the services they offered. One commented:

“They need to be more pro-active in letting clinical and social partners know what is available and how to access it”

Other issues raised by Gps:

- One practice commented that APNA day centre is: **“mainly used by the Sikh/Hindu community in our locality, the Muslim community tend not to use it(due to lack of male/female separation).This shows a lack of cultural awareness on the part of social care.”** A gap in service provision for elderly Pakistani patients was identified by the practice.
- One practice commented that paying for services is an issue for many patients(the cost of house repairs was specifically mentioned)
- One practice commented that many people are isolated and suffering alone with issues in BME communities.

- Another commented that services are needed that reduce loneliness and isolation and that many people are visiting their GP with social issues.
- One Practice commented that there was no dedicated diabetes service in Chapel Allerton and that diabetes is a major risk factor in dementia.

Reference Group

To ensure that we were able to get the views of a cross section of individuals and organisations, work collaboratively with service users and develop specific proposals a reference group was established.

The reference group, chaired by Mick Ward (Head of ASC Commissioning) met a total of 4 times during and after the consultation process. In addition the reference group visited Garforth NET Neighbourhood Network to see a successful community run service in operation. Membership of the reference group included service users, carers, staff, voluntary sector organizations, private sector care providers and a local ward Councillor.

A full list of reference group members is attached at Appendix 4

5. Key findings

The current services

- Older people got information about the two services from :-
 - Friends and Family
 - Local community Groups
 - Professional workers
 - Their own local knowledge
- Many people who responded to the questionnaire have been attending the Centre's for a considerable time, ranging from six years to 20 years.

Most people reported positive experiences of the two Centres':

"It is good, enjoy it here" (service user)

"Good to me like coming here" (service user)

"Like coming here it is OK-Treated with respect" (service user)

"I like it here-a mixture everyone gets treated the same- members are supportive. Would like to come more days if I can" (service user)

"Coming to the centre helps to pass the time much better than sitting at home being lonely and feeling isolated."(service user)

Five people however mentioned the limited range of activities at the Centre's:

"Same activities goes on all the time" (anonymous)

"Not appropriate activities for age of service users. Staffing ratio too low. Food not prepared in accordance with faith requirements" (Carer comment)

"Not the same, Kitchen, do not go on trips, used to have more craft that has been reduced. Tapestry-used to enjoy this" (service user)

"... would like to see more taking place at the centre re the garden" (service user)

The following activities are the most popular ones that older people would like to see happening in the Centre's: -

- Take part in preparing the food
- Yoga
- Embroidery
- Exercise
- One to one mental health support
- Outdoor recreation activities – even if it is a walk in the park
- Swimming
- To be able to go to the shop with support
- Gardening activities to keep active
- Other activities that keep the mind active to support people with dementia
- Some people said they did not want to do anything but sit and chat something they miss when they are at home on their own.
- Complementary therapies
- Benefits advice
- Men's & Women's groups

Gaps in current services

A number of respondents said that they would like to see a broader range of activities provided at the Centre's and that the current programme was not stimulating enough, one person commented –

“I have seen the same activities go on in the group day in and day out.

There should be some different activities to transform people's daily life such as poetry and music”. (Service User)

Another commented-

“I would like to see different activities at the centre but nothing happens. I live on my own in sheltered accommodation so do not meet many people”.

(service user)

“Greater flexibility is required both in terms of the centres providing a greater range of services and activities including transport arrangements”. (Service user)

“We need activities to encourage mind stimulation and also to keep in touch with what is around”. (service user)

Respondents mentioned a number of specific ways in which the service could be improved:

- Older people want to be consulted when things need to be change, they feel they are in the heart of the project and feel left out most of the time (service user)
- Healthy eating session (service user)
- It would be good to have children and young people who could come and see them and sometimes join in with the activities that are being organized. (service user)
- Need more information about what services are around and the activities that take place. (service user)
- More people need to attend the Centre's. (service user)
- Transport needs to be much better planned sometimes you get to the centre very late and then you have to get ready to leave, not much time is spent at the centre more on travelling to and from the centre. (service user)
- People should have more choice of when they arrive and leave rather than having to stick to set attendance times.

- The referral process should be broadened so that BME services were not restricted to those with dementia or a disability.
- Consideration could be given to merging some centres although access should be relatively local as the difficulty in travelling to e.g. the City Centre will deter many users.
- Costs need to be controlled as it was felt that present costs had already contributed to falling numbers.
- The desirability of meeting needs in community settings rather than specialist buildings in order to increase integration.
- Need activities in the centre that I can take part in
- Need more services for older women in the community
- Need funding to arrange different activities, the development of a garden area
- More person centered services – the model of the traditional day centre is not always relevant for BME elders. Respect and dignity needs to be assured for the take up of services. Good food preparation to suit cultural and individual needs, with transport arrangements to support families and carers. (Carer comment)
- Need better links with other community groups
- Appropriate activities in accordance with our age group

- A Multi-cultural centre that reflects the community which it serves, with male and female sections on the same premises so that couples can attend. The centre should be open to all communities with bilingual staff.

Carers Feedback

One carer commented:

“I was told I had to get an assessment for my mum to attend the centre. The assessment was not clearly explained by the worker. Need for the workers to explain clearly how the assessment works and how they

are carried out. Most of the time carers do not understand what is going on and why the assessment is being carried out. “

Carers also commented on the lack of transport provision to community groups, the need for additional funding from ASC to support community services for BME groups and emphasized that agencies should work more closely together, with the day Centre’s operating as community resource Centre’s accessible to a wide range of community groups.

Barriers to using the services

The cost of attending the Centre’s was seen by many people as a major barrier to people using the service.

“£29 per day is too much- due to older people withdrawing from using the service people are isolated and lonely” (Workshop participant)

“People who are more able to pay are the only ones that use the centre” (Workshop Participant)

“I pay to use the centre and pay the same for one day as I would for two days, but I only use the centre for one day” (service user)

“the cost of using the centre since the charging has come in I have stopped using the centre.” (service user)

Two people indicated that people were looking at cheaper alternatives as a result of the charging policy

“A lot of people who used to use the centre have found cheaper alternatives that is why the attendance has dropped” (Workshop participant)

“People can’t afford day Centre’s –need to look at another way to provide a service.”

(Workshop participant)

One respondent suggested that people switching to alternative community services was having an adverse impact on these groups-

“Small groups are feeling the pressure of the charges because they do not get any more funding to take on more number who attend their groups” (Workshop participant)

A number of people linked the cost of using the service to their concerns about transport to the centre-

“for the amount I was paying I was not using/attending the centre for long. Transport takes a long time to come and then by the time I get to the centre it is time to get ready to go home, I may only spend about 3 - 4 hours at the centre sometimes”. (service user)

“We have a charge to our service and with the transport this becomes too much”

(Service user)

“Too much to pay for a service at the centre and they have to pay for transport as well” (Workshop participant)

People reported that transport is important if they attend any of the services, due to their poor health

Two people mentioned specific cultural issues that might stop people using the centre-

“For the Asian community a lot of people feel unable to or want to attend any services, they believe the care should be provided by their children. That the children are responsible for them in their old age”
(Workshop participant)

“Activities not relevant, no assurance of prayer facilities, food not appropriate, staff not able to speak the language” (Carer comment)

Who should manage the services?

Workshop Participants were asked to consider and prioritise a number of potential options for delivering the services in future. Participants also had the opportunity to suggest additional options, none however were put forward.

The options considered were:

1. Maintain status quo to remain operating as at present and staffed and managed by Leeds Adult Social Care.
2. Staff spin out with existing staff teams becoming 'not for profit' social enterprises contracting with Leeds Adult Social Care as well as being able to bid for new contracts and apply for grants and loans which are not available to the Council.
3. A voluntary sector provider with a proven track record taking over the management of the existing services as well as delivering a wider range of day support to BME communities in Leeds.
4. Competitive tendering exercise with a range of voluntary, faith and independent sector organisations being able to bid to run APNA and Frederick Hurdle day centres either as a single or two separate contract(s).
5. Personal budgets and direct payments with service users having the option of pooling their individual budgets if they so wished to meet their needs via group activities. Current day centre buildings may no longer be required as services would be delivered in community settings.

There was no total unanimity around these options although all groups were opposed to the centres being run primarily for profit rather than to meet the needs and preferences of users. People were very concerned about this prospect and that a particular faith group managing a centre might disadvantage those from other faiths and those with none.

Although some participants expressed a preference for keeping the services as they are currently, with centres being granted increased autonomy, the majority recognised that keeping things as they are is not really viable.

The personal budget option was felt not to be viable with many users having difficulty in coping with the complexity of managing personal budgets and the concern that it could lead to a closure of the centres.

In the Staff workshop there was support for exploring the possibility of using options two and three, it was felt that option one was not an option, although again

concerns about staff terms and conditions were expressed. Similarly option five was not thought to provide a viable basis on which to manage the centres. However it was felt, by one group in particular, that option four needed to be further considered.

In summary from the workshops there was support for selecting option three or a combination of options two and three although some participants felt that many staff would be opposed to option two.

Comparing what the two groups told us

	Option 1	Option 2	Option 3	Option 4	Option 5
Public	X	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	X	X
Professionals	X	Concerns	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	X

People completing the questionnaire were also asked for their views on how the services should be managed in future.

46% (46) of People completing the questionnaire stated a preference for the service to be run by the community rather than Leeds City Council.

Comments included:

- Community, those who know the problems of the area and have ways to solve it.
- Voluntary organisations know what are the needs of BME community
- Voluntary service organisations can use volunteers to meet the language requirements. Have better understanding/reach into the community. Can be CQC regulated and systemized.
- Voluntary organisations, they are more easy to approach, available also they are accessible and disciplined.
- They know the communities well and deliver a personal service.
- LCC and Social Services do not have sufficient funding and day Centre’s continue to be under review and at risk. It is time someone else took responsibility to ensure the continuance of such day Centre’s that are vital.
- Too much charges passed onto service users for not enough services.

28% (28) of respondents said they wanted the service to continue to be run by Leeds Adult Social care. A variety of reasons were given for this:

- Leave it with the Council because community mess it up.
- Leeds City Council without a doubt. One liaison person from each group to represent and convey to Leeds City Council. This system will save a lot of money for the tax payers and provide better and tension free Centre's for all the end users.
- I would still like to see Leeds City Council to deliver service, but please consider the cost to users, now. Present it is a lot of money for using the centre.
- Leeds City Council, best and safe service
- LCC have the knowledge and experience
- I believe LCC are the best to deliver the services because I feel the delivery of services will be much fairer and equal
- The Council have to be accountable to Government and public.

6% (6) of respondents said that the Centre's should be jointly run by Leeds City Council and the Community.

- Everyone working together
- Voluntary organisations jointly with Leeds City Council

9% (9) of respondents said the services should be run by a voluntary sector group if it would be cheaper

- Cost is a lot to much to attend the centre

7% (7) respondents said they were not sure or had no preference about who should manage the service

- Who- ever runs the service need to run it well. Does not matter who is on top.
- Not sure
- Which is the best and cheapest. Reasonable in your price line. I like to be relaxed.

4% (4) of respondents made no response

6. Summary

- Although some participants expressed a preference for ASC continuing to manage the services, the majority recognised that keeping things as they are is not a viable option. A voluntary sector provider taking over the management of the two centres and delivering a wider range of day support to BME communities in Leeds was the preferred future model for delivering these services.
- Most service users reported a positive experience of using the current services, although some also commented that the Centre's programmes were not stimulating enough and failed to meet peoples support needs.
- Many service users have been attending the service for a number of years.
- The cost of using the services is felt to be a factor in some people no longer attending or switching to an alternative service –often community run luncheon clubs.
- Many participants felt that better links should be established with local BME community groups and Neighbourhood Networks.
- There should be much more flexible transport arrangements, enabling people to get to the centres earlier or attend on a sessional basis, depending on individual needs.
- The centres should have a wider remit, providing a much broader range of services and activities and operate as Community Resource Centres, with extended opening hours, providing prevention, recovery and continuing support services. In particular opportunities should be explored for a wider range of BME communities and age groups to work more closely together.

- Resources within BME communities themselves should be used more effectively, in particular, more opportunities for volunteering should be offered. This would allow for the range and type of support being provided to be extended.
- There is a need to develop services particularly for people with dementia, carers and groups for male and female elders.
- The consultation process was viewed as a positive experience by participants (based on feedback to Leeds Involving People)

7. Recommendations

- ASC DLT is asked to note the outcomes of the consultation exercise on the future delivery of services at Apna and Frederick Hurdle day centres.
- A project group should be established to develop detailed proposals, undertake further consultation with all stakeholders and produce a timetable for the transfer of the management of these services to a voluntary sector organisation.
- The model of service users, carers, staff and the wider community working in co- production with Leeds Adult Social Care to develop proposals for these services should continue into the delivery phase of the project.

APPENDIX 1 ORGANISATIONS INVITED TO CONSULTATION WORKSHOPS

	<u>Organisation</u>	
1	Shantona Women’s Centre	Bangladeshi women centre
2	African Families Support Network	African community
3	Touchstone Support (Leeds)	Older people; Mental Health
4	Angel Homecare Service	Carers and older people with disabilities
5	Leeds Irish Health & Home	Irish community
6	Bethel Day Centre	West Indian community – older people
7	People in Action (Leeds)	Physical Disabilities and Learning Disabilities
8	Apna Day Centre	Asian Elders
9	Fire Protection Officer - West Yorkshire Fire & Rescue Service	
10	Fredrick Hurdle Day Centre	Caribbean and West Indian older peoples centre
11	Leeds Partnerships Foundation Trust	
12	Leeds Gypsies and Travellers Exchange (GATE)	Gypsies and Travellers older peoples group
13	Chapelton Young People’s 10 – 2 Club	Carers and Mental Health
14	Feel Good Factor	Health and Wellbeing
15	Voluntary Action Leeds	Connection with wider BME groups
16	Association of Blind Asians	Blind Asians an Physical Disabilities
17	Advocacy Support	
18	Ramgarhia – Leeds Sport Centre	Sikh Elders luncheon club and support group

19	Volition	Mental Health
20	HAMARA Healthy Living Centre	Older People , Carers , Learning Disabilities and Health Wellbeing
21	Guru Nanak Nishkan Sewak Jatha	Sikh Community - older people
22	Asha Neighbourhood Project	Gujarati community (women and older people)
23	Leeds Involvement Project	Physical Disabilities, Blind and hard of hearing
24	Catholic Care	Older people
25	West Indian Family Counselling Service	Older people disability and dementia
26	Kashmir Muslim Welfare Association (Hardy Street)	Muslim Elders
27	Women's Group & IAG	Arabian women's group
28	Leeds Concord Multifaith Forum	Hindu older peoples group
29	Leeds West Indian CTR Carnival	Caribbean community
30	Leeds Older People's Forum	Representatives from wider older peoples group
31	Leeds Black Elders Association	West Indian Older peoples service
32	Bangladeshi Community Education Training Centre (North Leeds)	Bangladeshi Community - older people; women and children
33	Leeds Education Achievement Project (LEAP)	Education for Muslim communities
34	Nari Ekta Ltd	Training centre for Asian women
35	Leeds Advocacy	Advocacy service
36	Rising Notes Project	West Indian women's group (older women)
37	Leeds Jewish Welfare Board	Jewish Community
38	Hindu Charitable trust	Older peoples luncheon club and support group
39	Al- Hassan Education Centre	Muslim Community
40	Barbados Association	Barbados community

41	Bethel Church	West Indian and Caribbean community
42	Cardigan Centre	Asian Women's and older peoples group
43	Carers Leeds	Carers centre
44	Church of Jesus Christ Apostolic	African and West Indian community
45	Gaelic Athletic Association	
46	Hamwattan Elderly group	Muslim Older people group
47	Indian Workers Association	Sikh Community
48	IQRA Centre	Learning centre for Muslim community
49	Islamic Girls School	Training
50	Jamaica Society	Carers, older people and mental health
51	Justice for Travellers	Gypsies and travellers
52	Ladies Sanjh Group	Sikh and Hindu women's group
53	Leeds Chinese Community Association Ltd	Chinese community
54	Leeds Counselling Service for Asian People	All Asian community support
55	Leeds Union of Sierra Leone	
56	Leeds West Indian Centre Women's Group	Luncheon club and support group
57	Mary Seacole Nursing Association	
58	Milan Group	
59	Pakistani Community Centre	Muslim community support
60	Sikh Girls Group	Young Sikh women's group
61	South Sudan Welfare Association	
62	St. Kitts – Nevis Association	

63	United Caribbean Association	Caribbean elders
64	UK Islamic Mission	
65	United Armley Muslim Forum	
66	West Indian Day Centre	Luncheon club, older people
67	Woodsley Road Community Centre	Older peoples luncheon club Muslim women's group
68	BME HUB	All diverse BME communities
69	Volition	
70	Chapelton Development Trust	
71	BME Network	
72	DOSTI	Asian women Mental Health Drop-in
73	Migrant Access Point	Refugees and Asylum Seekers Project
74	Voluntary Action Leeds	
75	Behno (sisters) Group	Asian (Muslim) women(carers; older ; disability)

APPENDIX 2 ORGANISATIONS / ELECTED MEMBERS ATTENDING WORKSHOPS

1. Care and Repair
2. Leeds Black Elders
3. Ramgarhia Centre/Board
4. Feel Good Factor
5. Sunnycare Services
6. Cllr Ron Grahame
7. Cllr Mick Coulson
8. MHA
9. MHA- Moor Allerton Centre
10. TPS Healthcare
11. Barbados Association
12. New Testament Church of God
13. Dynamic Complete Care
14. Cllr Taylor
15. Horsforth Live at Home Scheme
16. Sikh Elders Service
17. Touchstone support centre
18. Jamaica Society
19. Cllr Jane Dowson
20. West Indian Centre Charitable Trust
21. Leeds Federated Housing Association
22. Health for All
23. Hamara Healthy Living Centre
24. Cllr Akhtar

25. St Kitts and Nevis Association
26. Robert Ogden Macmillian Centre –Leeds Cancer Support Service
27. Bramley Elderly Action
28. St Martins Church
29. Cllr Ted Hanley
30. Leeds City Council Adult Social Care

APPENDIX 3 COPY OF CONSULTATION QUESTIONNAIRE

BME Day Services - Community Engagement Questionnaire

Purpose of the Questionnaire:-

We are carrying out a consultation during June and August 2013 to gain the views of service users, carers and the wider BME community on how BME day services managed by Leeds Adult Social Care should be delivered in the future. The services that we are consulting on are APNA (Woodhouse) and Frederick Hurdle (Chapelton) day centres.

We are keen to ensure that these services continue to meet the needs of the communities they serve, both now and in the future.

It is anticipated that the BME population in Leeds will increase by 55% by 2030, while the numbers of people with dementia are also increasing. At the same time, the way services are being delivered is also changing with more people wanting to use Direct Payments to purchase their own care and support. The Local Authority is also becoming more of an enabler rather than a direct provider of services with a growing number of organisations in the voluntary and independent sectors now providing services.

Time scale

June/August - Focus group meetings and questionnaires circulated

June- User and Carer standing group established to advise on the consultation

Process:

Report produced outlining key issues arising from the consultation and recommendations on the future delivery of BME ASC day services for older people.

Are you a:

ASC Service User Day Centre User Potential Day Centre User Carer |

How/where do you find out about services?

GP practice	<input type="checkbox"/>	Local library	<input type="checkbox"/>	One stop centre	<input type="checkbox"/>
LCC website	<input type="checkbox"/>	Health worker	<input type="checkbox"/>	Friends/family	<input type="checkbox"/>
	—				—

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Current day centre user Community centre Local community group

If Other (please specify)

Other

What local services/local groups do you attend/use at present?

(please put a cross in as many boxes as necessary)

Local community group Carer support Healthy eating

Day care/centre Complementary therapy None

Home care Mental health Other

Physical activity Counselling

Other (please specify)

Do you attend or have you heard of any of the following day centres?

Attend Heard of Not Heard of

Apna Day Centre

Frederick Hurdle Day Centre

What activities would you like to see taking place in any BME day services that you attend?

Complementary therapy

Carers support

Benefit advice

Healthy eating

Physical activity

Arts and crafts

Other

Other (please specify)

What do you think are the current gaps in services? (Please specify)

Do you have experience of using BME day services?

Yes

No

Not Sure

If yes, what is your experience?

From any of the following, what stops you from using these services?

(please put a cross in as many boxes as necessary)

Opening times

Transport

Cost

Other

Location

Lack of awareness

None

If Other (please specify)

**As a potential user of day services, what do you consider to be important to you when you need a service?
(e.g. multi-cultural centre, women only; food)**

Who do you think would be best placed to deliver the service you require?

(e.g. community; Leeds City Council; voluntary organisation – please discuss the different options)

Why do you think this?

Where do you live? Please enter postcode

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Gender Male Female

Ethnic Origin (please put a cross in one box)

Asian or Asian British-Bangladeshi	<input type="checkbox"/>	Mixed White and Black Caribbean	<input type="checkbox"/>
Asian or Asian British - Indian	<input type="checkbox"/>	Roma Gypsy	<input type="checkbox"/>
Asian or Asian British – Pakistani	<input type="checkbox"/>	Traveller	<input type="checkbox"/>
Asian or Asian British - Kashmiri	<input type="checkbox"/>	White British	<input type="checkbox"/>
Asian or Asian British – Other	<input type="checkbox"/>	White Irish (UK and Eire)	<input type="checkbox"/>
Black or Black British - African	<input type="checkbox"/>	White Scottish	<input type="checkbox"/>
Black or Black British – Caribbean	<input type="checkbox"/>	White Welsh	<input type="checkbox"/>
Black or Black British – Other	<input type="checkbox"/>	European (please specify)	<input type="checkbox"/>
Mixed White and Asian	<input type="checkbox"/>	Mixed Other or Other (please specify)	<input type="checkbox"/>

Mixed White and African

If European or Mixed Other or Other (please specify)

Sexual Orientation (please put a cross in one box)

Hetrosexual/straight

Lesbian

Transexual

Prefer not to say

Gay man

Bisexual

Other

How old are you? (please put a cross in one box)

16 – 24

35 – 44

55 – 64

75 – 84

90+

25 – 34

45 – 54

65 – 74

85 – 89

Do you consider yourself disabled? (please put a cross in one box)

Yes

No

If you have said yes, you consider yourself to be disabled, what is the nature of your impairment?

Physical impairment (such as using a wheelchair to get around and/or difficulty using your arms)

Sensory impairment, (such as being blind/having a serious visual impairment, Glaucoma)

Hearing impairment (such as being deaf or hard of hearing)

Mental health condition, (such as depression, anxiety or schizophrenia)

Learning disability, autism or head injury

Long standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease or epilepsy)

Other

If other (please specify)

Carers

The Council considers that a 'Carer' is someone who looks after, or gives unpaid help or support to family members, friends, neighbours or others on an unpaid basis because of either:

- long term physical or mental ill health/disability
- problems related to old age
- substance misuse/dependency

Please indicate whether you consider yourself to be a carer:

Yes No

APPENDIX 4 - REFERENCE GROUP MEMBERSHIP

Name	Organization
Azra Mohammed	Behno Group
Maimoona Fismal	Behno Group
Harbans Singh Sagon	GNNSJ
Aisha Butt	Touchstone
Vaishali Shah	Dosti
Mr G S Kundi	Samgan Group
Saiqa Iqbal	Hamwattan Elderly Group
Balwinder Osahn	Apna and Fredrick Hurdle Day Centre (manager)
Santokh Singh Matharu	Apna Day Centre
Jim Mulhern	Irish Health and Homes
Shindo Dahri	Leeds Involving People and Sikh Elders
Kusum Choham	Vandan Group
Saroj Patel	Vandan Group
Audrey Johnson	Leeds Black Elders

Pam Charles	Leeds Black Elders
Pauline Williams Mark Harwood	Leeds Black Elders WIFCOS/Roscoe Methodist Church
Mrs Maynard	West Indian Women's Group
Lynette Martin	Staff Member Fredrick Hurdle Day Centre
Gurpreet Gill	Health For All
Rhonda Ward	Leeds Involvement Project
Ripaljeet Kaur	Touchstone
Kehinde Babalola	Dynamic complete Health Care Ltd
Tony Williams	Leeds Black Elders
Fareen Haxan	Health for All
Mrs Bek	Service User Frederick Hurdle Day Centre
Shamim Hussain	Behno Group
Rachel Sambartlo	Sunny Care Services

Jag Passan	Leeds Involving People
David Miles	Change Manager, ASC
Mick Ward	Head of Commissioning, ASC
Kuldeep Bajwa	Consultation and Involvement Officer ASC
Sinclair Martin	Social Worker, ASC
Mr. Ryatt	Baba dal Centre
Mr. Dugal	Baba dal Centre
CLlr Jane Dowson	Ward Member -Chapel Allerton

What makes a good day centre?

Leeds City centres are

The Leeds Media
21 Saville Mount,
9-10.30am



Council's BME day changing

Centre

Leeds LS7 3HZ

9.00am – 9.10am

Sign in and Refreshments

9.10am – 9.15am

Background (Mick Ward)

9.20am - 9.30am

Statistics (Richard Graham)

9.30am - 9.45am

Options (David Miles)

9.45am – 10.00am

Question 1

10am – 10.15am

Question 2

10.15am – 10.30am

Way Forward

