



GAVO (Gwent Association of Voluntary Organisations)
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May 2011



This Happy Hog has been gracing the wall in the office of our Administration Manager, Anne Mould. Her 3 little piggies get several festive make-overs during the year with their absolutely unique seasonal costumes!

Child Sex Offender Disclosure Scheme A Sex Offender Disclosure Scheme has now been rolled out across all 43 Police force areas in England and Wales.

Following the death of Sarah Payne in July 2000 and the conviction of her murderer, who had a previous conviction for the kidnap and indecent assault of a 9 year old girl, a campaign was launched to introduce UK law similar to the US's 'Megan's Law', whereby details of registered sex offenders can be accessed on the Internet by concerned parents.

In September 2008 the Home Office launched the Child Sex Offender Disclosure Pilot Scheme through which parents, in certain pilot areas, were able to ask Police if anyone with access to their children was a convicted paedophile. In March 2009 it was extended force wide within the pilot areas.

Following independent evaluation, the Home Secretary announced that the scheme would be phased in across England and Wales in August 2010 and

March 2011 and there has been confirmation that the 4 Welsh Police force areas are now covered by the latest release of the scheme.

Under the scheme anyone can ask the Police to check whether people who have contact with children pose a risk. If the individual has convictions for sexual offences against children or poses a risk of causing harm then the Police can choose to disclose this information to the parent, carer or guardian.

The Association of Chief Police Officers lead on managing sexual and violent offenders Chief Constable Paul West said:

“As well as empowering parents, carers or guardians to take active steps to protect their children from harm, the cases in those Forces already using the scheme have also seen concerns being raised by extended family members and neighbours. Their actions have undoubtedly led to children being protected from potential harm”.

Donald Findlater, Director of Research and Development at the Lucy Faithfull Foundation, said:

“It’s vital that as many tools as possible are available to parents and carers to help them protect their children from sexual abuse and the Disclosure Scheme is one such tool. While we want people to go to the Police when they have a concern – we also want all adults to do what they can to ensure children remain safe at all times.

“Sex offenders are mostly not the monsters commonly portrayed in the media – they are people we know, often people we care for. Recognising that someone close to us could pose risk to children is not easy to think about. But, if we know what to look out for and where to go for help and advice we are much better placed to protect children from harm.”

A research report into the original pilot can be found at:

<http://www.homeoffice.gov.uk/rds/pdfs10/horr32c.pdf>

The website www.parentsprotect.co.uk includes a 30-minute learning programme. The video details some of the key issues around child sexual abuse, including: what sexual abuse is, who abuses children, why people abuse children, offending behaviour, signs to look out for in children and adults, how to put in place a family safety plan to help protect children and where to go for help and advice.

The Lucy Faithfull Foundation has provided training to all Police Forces so they can deliver child sexual abuse awareness seminars directly to their communities. The seminars provide factual information, such as who abuses children, how and why, and help people to recognise the signs to look out for.

More information about the disclosure scheme including leaflets and booklets being used by the Police Forces can be found at:
www.direct.gov.uk/keepingchildrensafe.

England and Wales operate Multi-Agency Public Protection Arrangements (MAPPA) to manage sexual and violent offenders and disclosure can be a tool in that management process.

The Police already disclose information about registered sexual offenders (RSO) and violent offenders in a controlled way to a variety of people including head teachers, leisure centre managers, employers and landlords, as well as parents. The difference in the Child Sex Offender Disclosure Scheme is that there is now a more formal mechanism for a person to make an application for information about a particular individual who has contact with a child or children, therefore alerting the authorities to an offender who may be having contact with a child which they may not previously have been aware of.

Crisis Cards Available for Newport Mental Care Service Users

Gavo Newport has developed a small concertina style card so that people in crisis can carry their details with them. These are designed to be handy in emergency situations where quick access to personal information may save lives. Card holders can choose what information to include though. As with any personal details, the card always needs to be carried securely.

For more details phone Linda Williams, Mental Health Development Officer
01633 241568 linda.williams@gavowales.org.uk



Osteoporosis Campaign

- 1 woman in 2, and 1 in 5 men, over the age of 50, will fracture a bone mainly as a result of osteoporosis
- The most commonly affected bones are hips, wrists and spinal bones
- Consequences range from lifestyle restrictions to death
- Over 4000 Hip fractures alone per year in Wales – one quarter will die within a year
- Hip fractures alone cost £84 million in Wales every year

Diagnosis and treatment is in the hands of your GP.

Most of a GP's financial rewards are through a scheme known as QOF (Quality and Outcomes Framework) where incentives to the GP's practice are provided by measuring a range of standard care and treatment under the QOF agreement. At present Osteoporosis is not part this scheme

The National Osteoporosis Society is campaigning to have osteoporosis included in the QOF scheme – but YOUR help is needed

NICE (National Institute of Health and Clinical Excellence) controls GP's incentives

PLEASE send a letter to NICE appealing to them to include Osteoporosis in the next QOF agreement (a suggested template letter is attached)

NICE will make its recommendations for the next QOF in June 2011 – so please act now!!

National Osteoporosis Society celebrated its 11th anniversary with a £1200.00 donation to the Panteg Hospital Osteoporosis Clinic after 9 years of lobbying politicians and the NHS, which was eventually commissioned in March 2011

The Support Group will seek to make further donations to the clinic in the future, in order that people with osteoporosis in Gwent will receive the quickest diagnosis and then the best treatment available

The Society need helpers to assist in our fundraising activities and the various events they hold throughout Gwent to make people aware of osteoporosis, its consequences and the steps that can be taken to control the condition. Please go to one of the meetings to find out more. There are regular meetings throughout the year providing osteoporosis information and social activities. For further information please Sheila Fox (Chair) 01495/763008 or Pauline Lewis (Secretary) – 01873/830513 www.nos.org.uk



In April, Age Concern Gwent officially became part of the merged organisation becoming a partner with Age Cymru, formerly Age Concern.

The organisation has produced a new information booklet designed give helpful advice about taking medication.

Click to see it here



You and Your
Medication.pdf



Health and Social Care Facilitator's Event

Just before Easter my GAVO colleagues from the other Gwent Boroughs were joined by Pat Powell from TVA in Torfaen, to organise a voluntary sector event on change in the NHS.

Senior Aneurin Bevan Health Board (ABHB) managers, Angela Jones (Monmouthshire Director) and Angela Fry (Service Planning and Improvement) talked about the policies taking the NHS forward since the NHS reorganisation, particularly *Setting the Direction*. Mark Gardner (Chair of the Stakeholder Reference Group and Director of Melin Homes) spoke about the role of the SRG in providing independent advice on any aspect of ABHB business on behalf of stakeholders and citizens. Martin Davies (Communities and Third Sector Officer with the Primary and Community Health Strategy Branch of WAG) and Sarah Lamberton (National Health and Social Care Care Facilitator with the WCVA) spoke about the new Health Care Standards which have been designed to incorporate the delivery of voluntary sector services. The event was chaired by Wendy Burton the Voluntary Sector Representative on the ABHB Board.

Delegates were enthusiastic about the opportunities to present questions about current and future arrangements and could also choose to submit written questions which are also being answered.

A report of the day is being prepared, please contact Kate for further details and other information, including policy documents.



Statistics on Loneliness and Social Isolation

Research carried out over the last few decades has consistently shown that 10% of older people often feel very lonely. Recent estimates place the number of people aged over 65 at over 1 million.

Feeling lonely can be fleeting, felt for just a day, or for some it can be a longer term emotion. It is useful to think positively about doing something to help

yourself out of loneliness, while remembering not to blame yourself for feeling this way.

- 12% of older people feel trapped in their own home
- 6% of older people leave their house only once a week or less
- Nearly 200,000 older people in the UK don't get help to get out of their house or flat
- 17% of older people are in contact with family, friends and neighbours less than once a week and 11% are in contact less than once a month
- Over half (51%) of all people aged 75 and over live alone
- 36% of people aged 65 and over in the UK feel out of touch with the pace of modern life and 9% say they feel cut off from society
- Half of all older people (about 5 million) say the television is their main company

Feeling lonely is a normal human emotion that is simply a sign of wanting contact with people and is often something that happens because of your circumstances, or your external situation. If you have been feeling lonely for a while, a first step is to notice and identify this so you can think about what you could do to help yourself, or how to ask for help from others.

If you are working with people feeling like this, perhaps this advice could help them:

- **Think about yourself** - think about what you would like more of - maybe time with friends or family, if so invite them to visit. Often if you are lonely you think people do not want to visit. This is understandable but often people will respond to an invitation and will come and spend quality time with you.
- **Look after yourself** - if you can do something to improve your health, take small steps to eat well, take gentle exercise and keep active, all of these things can help you to relax more fully in your own company.
- **Share your skills and time with others** - you can offer time or specific skills by helping out in your street, neighbourhood or with local organisations. You could volunteer with [WRVS or Independent Age](#) who support older people.
- **Your community and neighbourhood** - find out what local activities are being planned and book them up: walks, singing groups, book clubs and bridge. For example, the [University of the Third Age](#) has a wide range of activities in many local areas.
- **Speak to a health worker if you feel very lonely** - long term loneliness could contribute to later depression and other health problems. Your GP should be able to direct you to local services.

For further information, visit our [useful links](#) page. If you are looking for ideas and inspiration from what others are doing to end loneliness, both individuals and organisations, visit our ['help to end loneliness page'](#).

Are you deaf or hard of hearing?

Read this important information about the Ambulance Service in Wales.



The Welsh Ambulance Service has made a Medical Information card for people who are deaf or hard of hearing.

The card will help you give important information to paramedics and other emergency staff if there is an accident or emergency.

To get a card visit the Deaf and Hard of Hearing section of the website.

www.ambulance.wales.nhs.uk

You will need to fill as many details as you can on the card and keep it with you at all times. Remember to give the card to the emergency service when they arrive.

(If you fill in the Welsh side of the card please fill in the English side too as the paramedic who helps you may not be able to read Welsh).

The information inside the card will include your name, any medical problems and allergies and any medication you take.

If you need to contact the Ambulance Service in an emergency you can now contact the Ambulance Service using text messages through a service called **emergencySMS**. You must be registered to use this service. **To join, text the word 'register'** to 999. You will get a reply - then follow the instructions you are sent.

GAVO Training in Newport

Jan Billingham and Daryl Harries have started working at GAVO's office in Newport after relocating from our Caerphilly office. They are busy putting together a programme for the voluntary sector. Where possible the suggestions for courses which many organisations sent to me earlier in the year will be included.

For more information contact Jan 01633 241571 or Daryl 01633 241575
janet.billinghurst@gavowales.org.uk

help! Sensory Needs
Newport 25th May 2011 10am-2.30pm



help! Sensory Needs is a one day Family Support Seminar and provides information and advice to families of children and adults affected by Autism.

- Consider sensory systems and how effective these may be
- Examine how sensory information may be processed differently
- Discuss how people with Autism may experience different senses
- Suggest support strategies
- Provide a *help!* resource pack of information

Families can book two places on a one day *help! First Steps* seminar for £30 which includes a full resource pack of useful information, advice and support guidelines. *Help! First Steps* is delivered by experienced and trained professionals of The National Autistic Society (NAS).

For further details of forthcoming seminars and to book a place contact;

07425 624 592 help.programme@nas.org.uk. Website
www.autism.org.uk/help!

Congratulations to Rebecca Evans, from the NAS, who has become one of Wales's new Assembly Members. She has been a great facilitator for the Assembly's Cross Party Autism Group.



Deputy Minister publishes guidance to improve the lives of carers in Wales

The draft regulations and guidance for the Carers Strategies (Wales) Measure 2010 have been published for by the Deputy Minister for Social Services, Gwenda Thomas. This Measure is a key step in the 'One Wales' commitment to provide accessible, relevant and up to date information to help carers in undertaking their caring role.

New duties will be placed on the NHS, local authorities and other statutory bodies in Wales, to work on their own or in partnership, to prepare and publish a strategy which will provide for the provision of information and advice to carers and for the relevant authorities to consult with carers both about the broader planning of their services and before making decisions about the provision of services to carers and the people they care for.

Gwenda Thomas said: "I greatly value the enormous contribution that carers make to their families and friends they care for, and more broadly to our communities. I am therefore delighted to publish for consultation the draft Regulations and Guidance that

support the Carers Strategies (Wales) Measure. This Measure addresses some of the most important concerns that carers and carers organisations have shared with me over the years. It will ensure when the NHS and other statutory bodies provide services to people, they consult and engage with their carers be they family or friends.

“I am opening the consultation on the draft Regulations and Guidance now but it will be a matter for the new National Assembly to take these forward for introduction later this year”.

For further information contact Glenda Lloyd Davies on 02920 825641

For information on the consultation:

<http://wales.gov.uk/consultations/healthsocialcare/carers/?lang=en>

The Aneurin Bevan Health Board has been planning its delivery of support to carers, along with representatives from carers themselves, the voluntary sector and local authorities throughout the region.

In Newport, the Carers Contact centre are now offering a home visiting service on a Monday afternoon. This will enable Carers who are unable to access their office at the indoor market to book a home visit where the staff can offer them advice and support. To book the service ring them on 258 376 or email carers.contact@newport.gov.uk

Answers to those burning health questions

- What travel vaccinations do I need?
- Can I get help to pay for my dental treatment?
- I've got diabetes, what do I need to know?

<http://www.nhsdirect.wales.nhs.uk/onlineenquiry/generalenquiry/>

This free and confidential service is offered by NHS Direct Wales.
0845 46 47

Advice for People with Dementia and their Carers

New advice for people diagnosed with dementia and their carers, developed by the Welsh Assembly Government and the Alzheimer's Society in Wales, has been published.

The National Dementia Vision for Wales highlights the support that is available in Wales. This will ensure advice will be available to anyone diagnosed with dementia to help them find the services they need. In addition, a dedicated helpline and website has been launched to offer emotional support and advice to anyone who has been diagnosed with dementia or for relatives and carers of people with dementia.

The bilingual helpline 0808 141 0043 is available 24 hours a day, 7 days a week, 365 days a year, manned by staff that have been trained specifically to offer advice on Alzheimer's disease.

www.dementiahelpline.org.uk

Eating Disorder Support

Beat Cymru have set up and created a Wales Wide Eating Disorder Forum.

The Forum is an opportunity for those who have an interest in eating disorders to have their voice heard within the new eating disorder service development across Wales. All comments and feedback received via the Forum will be fed back directly into the new Clinical service development in Wales. It will be a safe and confidential environment and the opportunity to opt out at anytime.

If you feel you know anyone that would like to get involved and be a part of the Forum, then please ask them to email l.hislop@b-eat.co.uk, expressing your interest and why, whether a professional, carer, sufferer, recovered sufferer or volunteer, contact telephone number and email.

NHS Dentistry Charges

Dental patient charges in Wales have been frozen for the fifth year in a row to help maintain wider access to NHS dentistry.

The current level of patient charges in Wales has remained the same since April 2006 and is set to stay at the 2006 level for 2011/12

The charges are:

- Band 1 – Diagnosis, treatment planning and maintenance: £12
- Band 2 – Treatment: £39
- Band 3 – Provision of appliances: £177
- Urgent treatment: £12

Optical voucher values

Optical voucher values are being frozen for 2011/12. There are 9 voucher bands currently ranging from £36.20 to £200.10, depending on the strength of the prescription.

LINGERIE & SWIMWEAR HAS MOVED!

Lavender Lingerie and Swimwear, the specialist service provided by South Gwent Breast Cancer Support Group for ladies who have undergone surgery, has moved premises and is now located in Beechwood House, Room F5, Christchurch Road, Newport NP19 8AJ. Telephone 01633 840202.

Eat Well, Feel Fine

Food could be the answer, or at least a very big part of warding off feeling grotty from a range of complaints from brittle bones, high blood pressure or hangovers. Don't make the medicine cabinet the first stop, head for the fridge.

Eat to beat... depression

Meat, fish, eggs, lentils and other sources of protein are all good for beating the blues. Adding a building block of protein, tryptophan can help people with depression can improve their mood. Eat more oily fish, too. The brain needs Omega-3s, also found in nuts to function properly and people who don't eat enough have been found to be

more prone to depression. Wholegrains are important and everything from oats to wholewheat bread are a great source of slow-release energy that will prevent your blood sugar taking a nosedive and leaving you feeling low. You'll find fruit and vegetables will plump up your diet with zinc and folate, without plumping you up and are important avoiding depression. And very importantly, cut out processed foods. People who eat fresh foods have much lower rates of depression.

Eat to beat... hangovers

Any meal eaten before you start drinking helps prevent a hangover and fatty foods are particularly good at slowing down the absorption of alcohol because they stick to the stomach lining longer. Don't even think about the morning after fry-up. Fatty foods and coffee will probably just irritate your stomach and dehydrate you. Eat fruit instead, bananas and kiwi fruit can restore potassium levels in your body. Also, eggs contain large amounts of cysteine, the substance that breaks down the hangover-causing toxin acetaldehyde.

Eat to beat... brittle bones

Childhood is a crucial time to stock up on milk and dairy products, which provides the calcium to improve the strength and density of your bones. "We deposit around 150mg of calcium into our bones every day until we're around 20 says Azmina Govindji, a dietician with the British Dietetic Association. If you don't get enough calcium during this time, when bones are growing and developing, they may never reach full strength,"

Diet remains important to bones in adulthood, she says. One in two women and one in five men over the age of 50 in the UK will break a bone, mainly because of osteoporosis.

The sunshine vitamin D can also be found in foods such as oily fish, milk, fortified margarines and breakfast cereals and is essential in enabling your body to absorb calcium. Meanwhile, Vitamin K, found in foods such as broccoli, plays a role in moving the calcium we ingest from the arteries to the bones. Magnesium, found in chickpeas, nuts, lentils and potatoes, and protein are also essential for building bone tissue.

Eat to beat...high blood pressure

Aim not to consume more than 6.25g of salt a day. Cutting down can help to reduce blood pressure. Potassium and magnesium found in spinach, bananas, wholegrain cereal and nuts, can also help lower blood pressure too. Don't focus too much on individual food types; a varied diet of foods containing anti-oxidants, wholegrains and fatty acids could bring blood pressure down by nearly one-tenth.

Eat to beat... epilepsy

The power of the right diet is highlighted for epilepsy. A radical high-fat, low-carbohydrate diet has been found to reduce seizures in up to two-thirds of children. More ketones help prevent seizures but tell the GP first. The Lancet Neurology journal published a study three years ago proving its success. Professor John Duncan, medical director of the Epilepsy Society, says more research is needed to establish why this diet helps some children and not others.

Eat to beat... cancer

The World Cancer Research Fund has found that more than one-third of the most common 12 cancers may be preventable through simple lifestyle and diet changes. No one food can prevent its onset, but nutrients from a combination of mainly plant-based foods work together to provide extra protection via health-promoting nutrients and antioxidants. Foods we should eat more of, according to researchers, are tomatoes, beans, onions and garlic, cruciferous vegetables (broccoli, cauliflower, cabbage, Brussels sprouts), berries, dark green leafy vegetables and wholegrains. Some of the more surprising cancer-beating foods include peanut butter and baked beans, whose high fibre content can protect against colon cancer.

Eat to beat... low energy

Twenty per cent of adults don't eat any breakfast and many dieters skip breakfast to lose weight but this will leave you lacking energy and impair concentration and performance throughout the morning. The best breakfasts are high in fibre and contain protein, making you feel full and helps with appetite control - wholegrain breakfast cereal, muesli or porridge with milk or a poached egg.

A heavy lunch can cause an afternoon slump. Light lunches and healthy afternoon snacks are a better option. Even slight dehydration, where you may not feel thirsty, can leave you tired and lethargic.

More Evidence Linking Childhood Well-being to Future Well-being

Researchers at Cambridge University have studied the link between a positive adolescence and well-being in later life and say one has a direct effect upon the other. Those who have a happy upbringing are 60 per cent less likely to suffer mental problems and also perform better at work and socially. But they are also more likely to end up divorced. Researchers found they were more likely to get divorced, with one possible explanation being a higher level of self esteem so a greater ability to leave an unhappy marriage.

Professor Felicia Huppert said: "The findings support the view that even at this time of great financial hardship, policymakers should prioritise the well-being of our children so they have the best possible start in life."

Co-author Dr Marcus Richards added: "Most longitudinal studies focus on the negative impact of early mental problems, but the 1946 birth cohort also shows clear and very long-lasting positive consequences of mental well-being in childhood."

The Communities First Trust Fund (CFTF)

Funding is available which aims to support small voluntary organisations that are based in a [Communities First](#) area, in activities that involve local people and provide a positive benefit in their community. (You can click on highlighted links)

Please [click here](#) for Guidelines and Application Forms for groups wishing to apply to the Communities First Trust Fund 2011-2012.

The CFTF team of the WCVA can be contacted on 0800 587 8898

You can also follow the team on Facebook www.facebook.com/walescva & Twitter www.twitter.com/walescva for regular updates about the CFTF. On Twitter, look out for #CFTrustFund and [you are welcome to](#) use this if you also 'tweet'

Information Day for Younger People with PARKINSON'S (under 65)

Saturday May 21st

10.30am – 3.30pm

The Green Meadows Golf & Country Club, Cwmbran

Find out about research and support in your area

Register for a free place 0844 225 3784/3712

or email: wales@parkinsons.org.uk

Cardiff Eye Expert Warns of Ethnic Eye Test 'Catastrophe'

Professor Tim Wess Head of the School of Optometry and Vision Sciences at Cardiff University says hundreds or even thousands of people from ethnic minorities are going blind unnecessarily because they don't take-up free eye tests. Black minority and ethnic (BME) groups are up to six times more likely to suffer conditions which could lead to blindness, but three times less likely to seek treatment. Stress and economic deprivation are also thought to be risk factors, in common with all ethnic groups.

Prof Tim Wess said this must change. It's no exaggeration to say that we're teetering on the brink of a health care catastrophe if nothing is done."

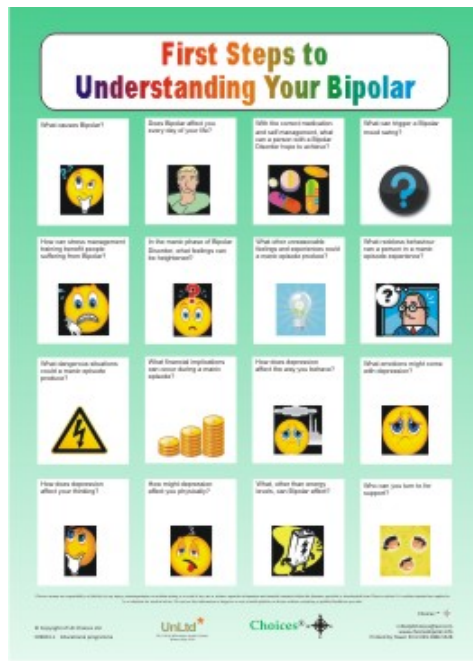
People from a Southern Asian background are six times as likely to develop a diabetic eye disease, which can cause blindness. Southern Asian people are more susceptible to diabetic retinopathy owing to a genetic inability to produce the amount of insulin required for a high-sugar, high-dairy western diet. African/Caribbean groups are not only three times more prone to diabetic retinopathy, but also have triple the chance of contracting glaucoma, a group of eye conditions in which the optic nerve is damaged because of their thicker corneas. The traditional Somali diet, rich in meat protein and starchy carbohydrates, is well suited to an active life in Somalia, but is too rich for the more sedentary jobs found in Wales.

Free eye tests since have been available since 2000 but take-up of preventative care remains unaltered. Since £79m has been invested, giving Wales the shortest waiting times, lowest consultant-to-patient ratio, best patient outcomes and widest access to screening in the UK.

Prof Wess is so concerned that he has formed Megafocus (Minority Ethnic Groups Association for Ophthalmic Care Uptake and Service Improvement in Wales), bringing together health care professionals, community leaders and politicians, to spread the word about preventative medicine.

"Our early indications have been that there are as many reasons for staying away as there are people with sight problems. There's the obvious language barriers and lack

of access to information, but it's more complex than that. Many people we've spoken to are simply confused between opticians, optometrists and ophthalmologists. They weren't aware that they could access a free sight test and have problems diagnosed by an optometrist at any high street opticians, without a referral from a GP. Issues of males examining females, a fear of officialdom and a perception that sight problems diminish men's masculinity were all also common concerns. It's not just with issues of eyesight, we see the same with cancer treatment, heart disease, dental care, and on and on." He said.



New Approach to Helping People with Mental Health Problems

The Award Winning 'Home Education Learning Packs' (HELPS) aid understanding of a bipolar disorder. The A3 board is placed flat on a table. It has sixteen squares, each containing a question and a picture. There are 16 answer cards and participants place the cards in a random order around the board, they then match these answer cards to the questions posed on the board. This exercise encourages discussion.

The **methodology** of using a board, answer cards and a question and answer sheet for training purposes has been evaluated by Glamorgan University and health officials plan to pilot it in the community.

The board has been developed to promote better understanding of a bipolar disorder and how it affects sufferers. Jocelyn Duncan from Caerphilly, lived with a bipolar disorder for over 50 years before it was diagnosed. The condition was triggered aged eight by a major trauma in her life. She finally received her diagnosis at the age of 57 and describes it as one of the best days of her life. She now had a face to her enemy.

After a serious adverse reaction to prescribed mood stabilising medication, Jocelyn began researching ways of controlling her condition without using medication and established a bipolar self-help group in March 2009. Whilst setting up the group she realised that there was a need for an effective communication tool to explain the complex nature of the illness. Often sufferers found it hard to pass information about the illness on to family and friends and this inspired her to come up with the idea for the education boards.

Jocelyn says, "If I could be granted one wish it would be for everyone with a bipolar disorder to have the knowledge to understand their illness in the way

that I do. With a clearer understanding there would be large numbers of people who could have help to control their lives. The board teaches you ways to cope and helps you understand more effectively and quicker than many other systems or books and is intended to allow people to learn about the illness and talk about it as a family or group."

Feedback is that the boards have helped individual sufferers to manage their illness and improve their quality of life. The testimonials can be viewed on her website.

Dr Anne Fothergill, a principal lecturer in mental health research at the University of Glamorgan said the boards have been evaluated with nursing and social work students and qualified staff and initial results were "extremely promising indeed."

Jocelyn has produced a whole range of boards to help communicate many different mental health conditions and drug/alcohol abuse.

www.choicesbipolar.info



The Simplest Soup Recipes Ever

Most vegetable soups don't need a recipe. Here are easy-to-follow instructions for making vegetable soups with common ingredients, a variety of choices and terrific flavour.

There are 4 categories: creamy (vegetables puréed with dairy); brothy (a strained vegetable stock, with quick-cooking ingredients added); earthy (with beans); and hearty (the vegetables sautéed first, to deepen their flavour). All of these recipes serve four, and need a large saucepan. Most will taste as good or better the next day, so think about making a double batch and refrigerating (or freezing) the leftovers but never boil a soup after you've added dairy products to it; instead, reheat gently. Many measurements here are in cups. A cup is 225ml, and you can use a measuring jug. Any of these soups can be puréed for a super smooth soup but let the soup cool a bit first (I've cracked a plastic food processor bowl rushing that bit of the process).

CREAMY - Creamy Spinach Soup

Put 1 chopped onion, 2 peeled garlic cloves, 3 cups water and salt and pepper in a pot over high heat. Boil, cover, lower the heat and simmer until the onion is tender, about

10 minutes. Add 280g chopped spinach and half a cup parsley leaves; cook until the spinach is tender, 2 to 3 minutes. Add 1-cup Greek-style yogurt and purée. Garnish: a spoonful of Greek-style yogurt and chopped parsley.

Squash and Ginger Soup. Substitute 1 tablespoon of minced ginger for the garlic and 4 cups chopped butternut squash for the spinach. Miss out the parsley and swap half cream or single cream for the yogurt.

Curried Cauliflower Soup. Substitute 1 tablespoon minced ginger for the garlic, 2 cups cauliflower florets for the spinach, 1-tablespoon curry powder for the parsley and coconut milk for the yogurt.

BROTHY - Vegetable Broth With Toast

For the stock, put 2 chopped carrots, 2 chopped onions, 1 small chopped potato, 2 chopped celery ribs, 2 garlic cloves, 10 sliced mushrooms, 1 cup chopped tomatoes (tinned are okay), 10 parsley sprigs, 15g dried porcini mushrooms, 8 cups water and salt and pepper in a pot over high heat. Boil, then simmer until the vegetables are soft, 30 minutes or longer. Strain. Serve over toast.

Egg Drop Soup. Beat 4 eggs. Boil the strained stock, lower the heat so it simmers and add the eggs in a steady stream, stirring constantly until the egg cooks in 1 to 2 minutes. Stir in a quarter cup chopped spring onions, 1-tablespoon soy sauce and 1-tablespoon sesame oil. Skip the toast.

Rice and Pea Soup. Boil the strained stock, lower the heat to a simmer and add 3/4 cup white rice. Cook until tender, then add 2 cups fresh or frozen peas; cook for a minute or two. Skip the toast.

EARTHY - Bean Soup

Put one-and-a-half cups of dried beans, 1 chopped onion, 2 chopped carrots, 2 chopped celery stalks, 2 bay leaves, 1-tablespoon fresh thyme leaves and 6 cups water in a saucepan over high heat. Boil, lower the heat, cover and simmer until the beans are soft, at least 1 hour, adding more water if necessary. Season with salt and pepper.

Chickpea and Pasta Soup. Substitute chickpeas for the beans and rosemary for the thyme and add 1 cup chopped or tinned tomatoes. When the chickpeas are almost tender, add half a cup small pasta. Cook until the pasta and chickpeas are tender, 10 to 15 minutes.

HEARTY - Minestrone

Sauté 1 chopped onion, 1 chopped carrot, 1 chopped celery stalk and 1 teaspoon minced garlic in 3 tablespoons olive oil for 5 minutes. Add 2 cups cubed potatoes and salt and pepper; cook for 2 minutes. Add 1 cup chopped or tinned tomatoes and 5 cups water. Boil, lower the heat and simmer for 15 minutes. Add 1 cup chopped green beans; simmer for 20 minutes.

Mushroom Soup. Substitute 750g sliced mushrooms for the potatoes; sauté until they are brown, 10 to 12 minutes. Substitute half a cup white wine for the tomatoes, skip the green beans and add a fresh thyme sprig with the water.

Tomato and Garlic Soup. Use 2 tablespoons minced garlic and substitute 2 tablespoons tomato paste for the celery. Skip the potatoes and green beans; use 3 cups tomatoes and 3 cups water. Cook the tomatoes for 10 to 15 minutes.

Americans suffer more chronic disease than British

Each year the US spends twice as much per head on health care as Britain but sees higher rates of nearly every chronic disease, even among children. Despite the spending, over 50's Americans are in worse health than Britons and have shorter life expectancies though this trend also does not appear to be related to the fact that people in the United States tend to be fatter than the British.

"Our findings suggest that body weight is not the driving force behind the observed health differentials between the United States and England and that, if weight plays a role, it is a complicated one. Differences between the two countries are statistically significant for every condition except hypertension," said the study in the American Journal of Epidemiology.

The US survey reported fewer cigarette smokers and heavy alcohol drinkers than in Britain, but the study cautioned that "respondents tend to underreport substance use in surveys... (so) the rates of smoking and heavy drinking should be interpreted with caution."

Previous studies by health insurers, comparing data for people aged 0 to 80, have not found any clear evidence for the difference when looking at behaviours, obesity, socioeconomic status or race and ethnicity, leaving researchers puzzled as to why such variations could exist among otherwise similar populations.

A possibility for further investigation could be how residents of the two countries use health care resources differently. Despite the greater use of health care technology in the US, Americans receive less preventive health care than people in the UK and have fewer physician consultations per year.

Chronic conditions included diabetes, asthma, heart attack, stroke, high cholesterol and high C-reactive protein, which can be a general indicator of inflammation and disease.

Stiff Opposition to Town's Tribute to Birth Control Pioneer

Thought you might enjoy this story, although the challenge of trying to out-do the Council's spam blocker may prove too much!

It is without doubt that hundreds of thousands of lives which may otherwise have experienced unwanted pregnancy, disease or death have been saved directly by one invention and a recent stunt honoured Julius Fromm, who invented the modern 'french letter'. With a place in history as the town in which the inventor was born, it has been embellished with a prominent, suggestively- shaped municipal fountain which, as would have been expected, has acquired an appropriate nickname; Many might argue that Konin, in provincial Poland, was more or less asking for a controversial celebration to happen.

Last month a group of artists stormed the fountain and covered the structure with a mammoth transparent plastic wrap stamped with Fromm's name and date of birth, causing moral outrage among some officials and conservative Catholics in the town of 80,000 inhabitants halfway between Berlin and Warsaw.

"This is not an advertisement for birth control," insisted Waldemar Duczmal, who carried out the action with fellow members of the Action Konin group, which says it pulls off provocative stunts to encourage tolerance.

The group said the stunt was also a serious attempt to pay respect to Julius Fromm, Konin's former resident who invented the modern latex item, which he patented in Germany in 1916.

Dariusz Wilczewski, the Deputy Mayor, joined local religious leaders and complained in an interview with Poland's Rzeczpospolita newspaper that the stunt had turned Konin into a laughing stock. In deeply Catholic Poland, the Church continues to take a dim view of contraception.

Fromm, who was Jewish, was forced to sell off his booming business to Hermann Göring's godmother in 1938. He died penniless in London in 1945 – 4 days before Germany's capitulation.

Articles on health and social care are always welcome for this newsletter.

*If you would like to have a copy of this newsletter in another format – please contact me.
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