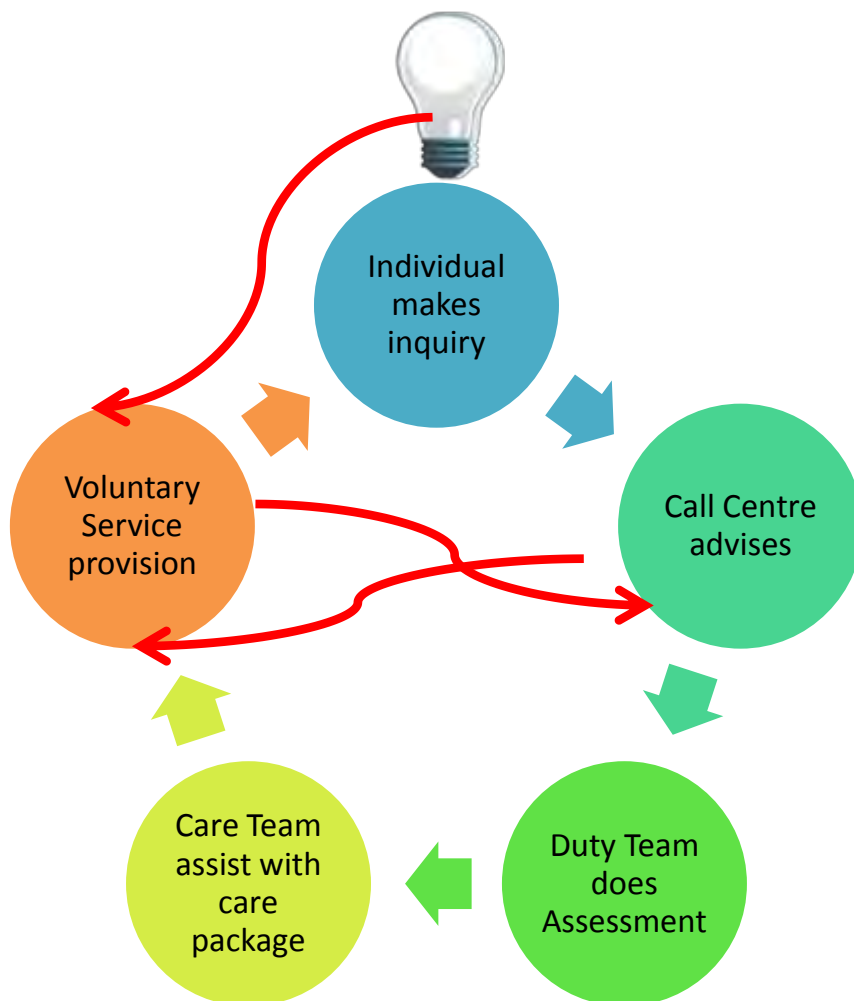


## Cambridge Council for Voluntary Service

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### Going Local: From adult inquiry to local service



## Going Local: From adult inquiry to local service

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### Executive Summary

One hundred community and voluntary groups of varying sizes, that deliver services designed for older people, were consulted, through voluntary membership organisations. Altogether the 73 groups, which were able to give substantial feedback, were found to be delivering services to 9,401 people with 216 paid staff and 1,289 volunteers; the volunteer time alone is valued at £1,423,350 per annum. Over half were already advertising their services on *www.cambs.net* and just under half already had systems in place to accept referrals from statutory organisations, with another quarter keen to integrate a referral system into their work. Eight of the original 100 groups had recently closed, reflecting the current volatile funding climate for small groups. The exercise has succeeded in characterising what types of adult care services community and voluntary groups deliver in Cambridgeshire as well as reflecting the culture of these services and some urgent issues.

## **Going Local: From adult inquiry to local service**

### **Background**

Cambridgeshire County Council Community and Adult Services commissioned a small consortium of voluntary support groups to gather information that would enable them to characterise the types of service available to older people that are currently being delivered by community and voluntary groups. Information about the readiness of such groups to accept referral from statutory organisations was a key component of the inquiry. Adult Services host a website called “Your Life your Choice”, (YLYC) which guides inquirers through information and help options that suit them. YLYC is linked to [camb.net](http://camb.net) to display details of local services to adult users who are searching on the web for local activities. The Going Local survey was designed to enhance access to services for adult enquirers. The YLYC service also enables adults who have substantial and critical needs to be provided with as wide a choice of pertinent services as possible through the processes of Care Assessment, Care Planning and Self-Directed Support. The Going Local survey was designed as a pilot project, with two distinct stages; Stage 1 to comprise consultation and research and Stage 2 to trial new communication and connection mechanisms developed from the research, to result in greater promotion and access to adult services delivered by local community and voluntary groups.

Against the background of increasing public sector cuts, most notably the termination of the Vulnerable Adult Small Grants Scheme the survey included a number of questions on how groups were currently funding their service delivery.

### **Methodology**

The project was designed to pilot an effective „local knowledge“ service to maximise the self-selection by users of community and voluntary services and activities. In order to characterise the types of services, how they were delivered and how accessible they are it was decided to survey 100 local groups. Five membership support groups identified 20 member groups each, that delivered relevant services, and targeted them to complete the survey form that had been developed by Adult Services staff and VCS members. These were sent out in early October and returned by 14<sup>th</sup> November. Each of the five membership groups, (CCVS, Hunts Forum, Voluntary and Community Action East Cambridgeshire, Care Network and Age UK Cambridgeshire) approached their 20 local groups separately and despite close relationships with their chosen groups not all were willing to take part in the survey.

## Survey Results

### Who responded

73% of the groups were able to make substantial responses to the questions on the survey. However eight had recently closed down and the remaining 19 either could not be contacted, chose not to reply or actively responded that the survey was not for them. Two of these groups felt that they were too small to engage in this type of survey:

*“We have enough members and feel that we do not want to increase, nor are we interested in any more help. We are able to cope.”*

*“We want to stay small and local and “rowing our own boat””.*

### Types of adult services

The types of services that they were delivering varied from lunch clubs and day centres, through customised therapy sessions and home care visits, to the provision of information and services through digital means, like the talking newspaper. (Figure 1). The greatest number of groups were organised around delivering lunch or café clubs, with other activities and opportunities for social interaction.

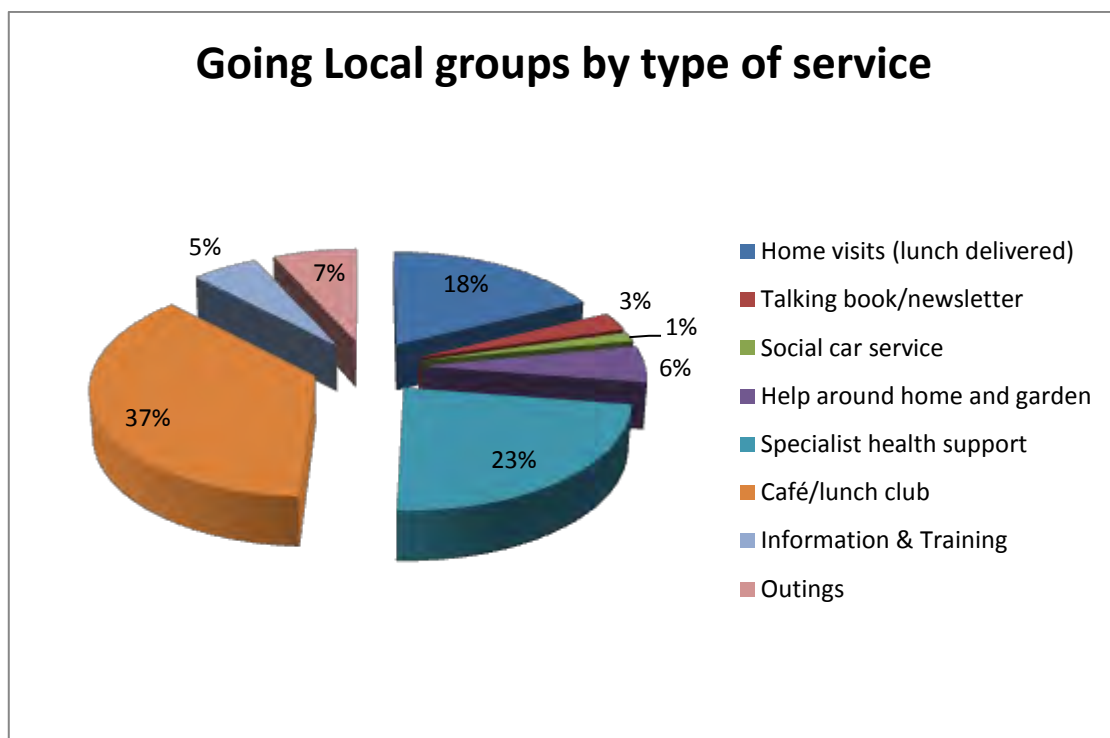


Figure 1 Going Local groups by type of service

### Where services are delivered

The survey population represented services that were delivered throughout the county. Most of the services were organised to respond to a geographical local need and were village specific, but others drew in users from a wider area, due to the specialist nature of the service that they were offering, particularly those that provided specialist health support. (Figure 2).

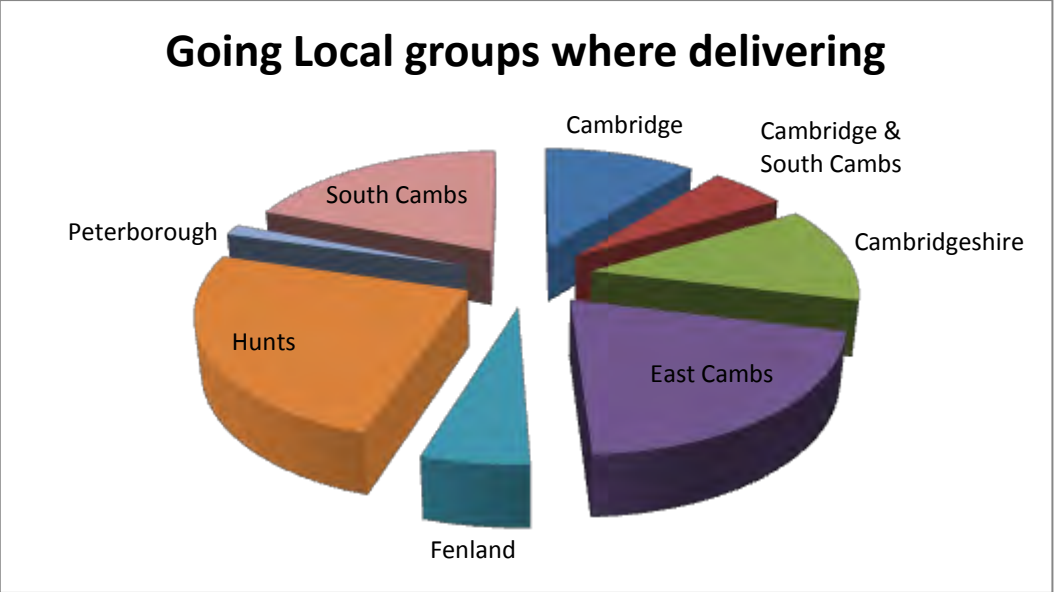


Figure 2 Going Local groups delivery areas

**Who delivers the service?**

Thirty-five groups, or just under 50% of the respondents delivered services using paid staff, whilst 66 (or 90%) of the population had services delivered by volunteers. The 31 groups that had paid staff all had volunteers delivering the service as well. The ratio of paid staff to volunteers varied depending on the type of service that was being delivered. For instance Red2Green, which delivers a variety of one-to-one support work, had a ratio of 35 paid staff to 50 volunteers, whilst CAMTAD, which provides hearing help session and home-visits does this with 4 paid staff and 100 volunteers. Altogether the 73 groups delivered services with 216 paid staff and 1,289 volunteers, (Figures 3 & 4).

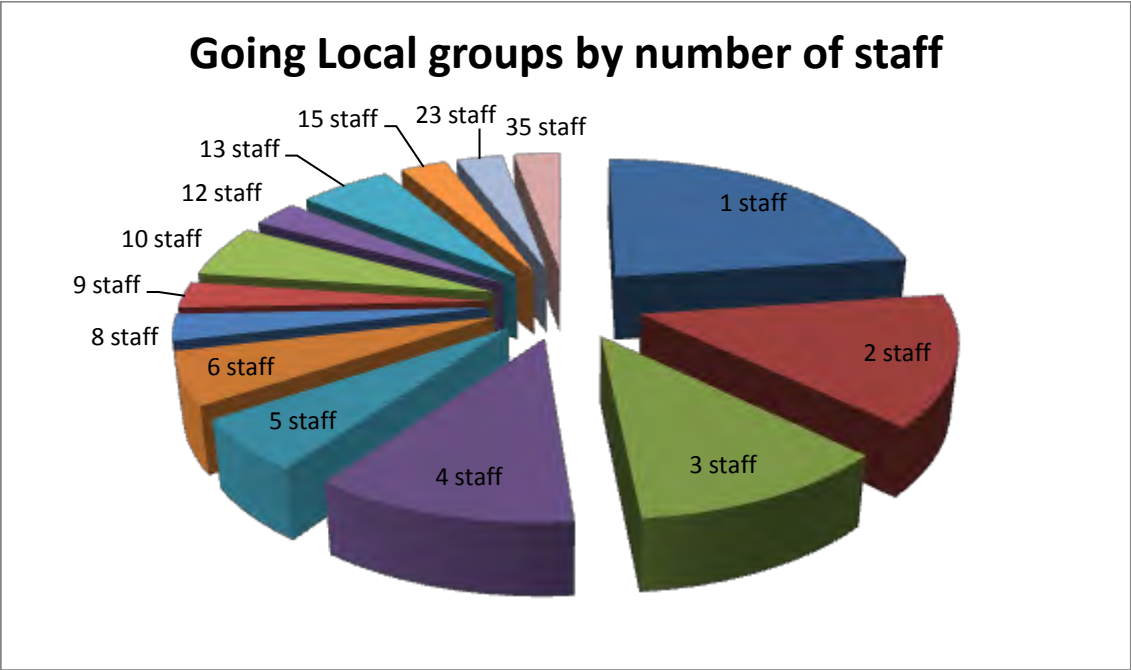


Figure 3 Going Local groups by paid staff

The estimated weekly contribution of specialist volunteer time per week across the 73 groups was 2,048 hours. If this figure is converted into a financial value

according to the recommendation of Volunteering England (see references) it equates to £28,467 worth of time per week. A cameo profile has been done of one of the lunch clubs, (Appendix D) which adds some flesh to this astonishing figure.

**Day Centre case study**

*Every week the day centre in Haddenham provides 14 people between the ages of 73 and 94 with a day of social activities, a home-cooked lunch and afternoon tea and a lift home for £5 each. They do this with a pool of 38 volunteers on 4 separate rotas, needing 11 on each occasion. They have no paid staff and £4,000 in the bank. They have been providing this service for 27 years.*

See Appendix D

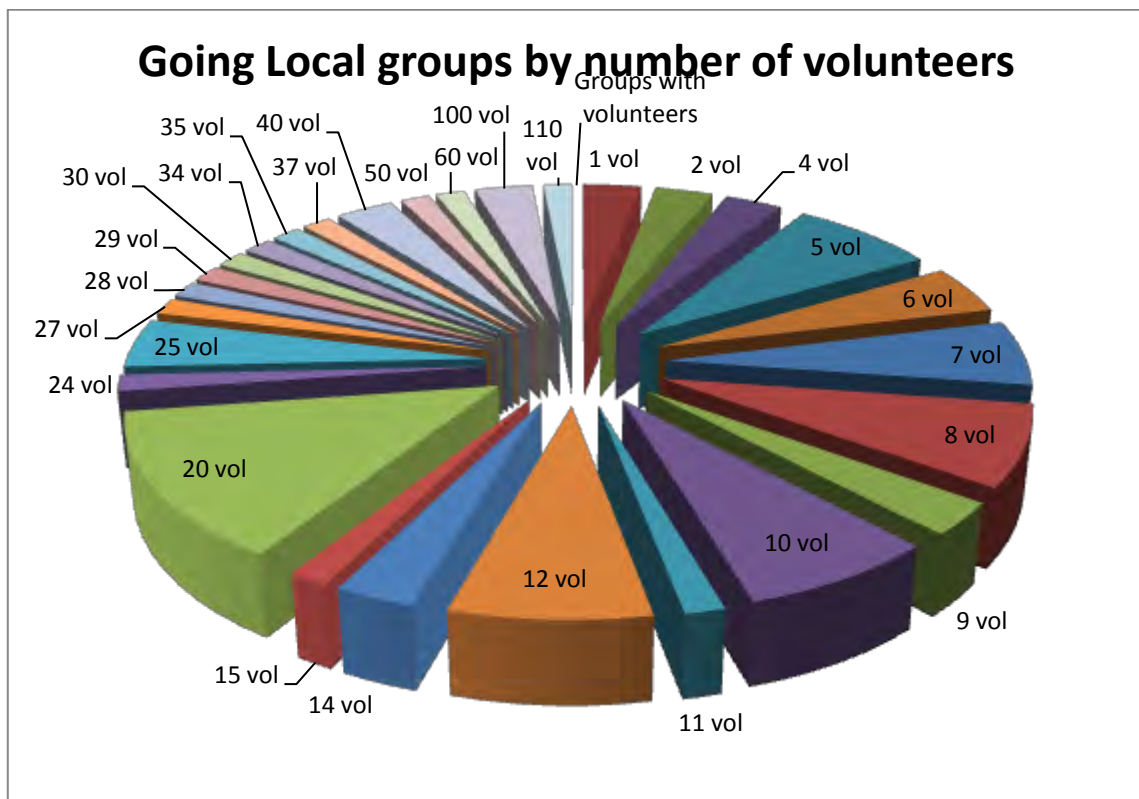


Figure 4 Going Local groups by volunteers

By the same token if the weekly value of specialist volunteer labour is £28,467 for the 73 groups, it would be worth £1,423,350 for 50 weeks service delivery.

**Where users received services**

It is clear that whilst nearly a third of the services reported by the survey respondents, were delivered directly to clients in their own homes, a greater number were delivered in village, town or community halls, close to the homes of the users. The mutual survival of the community facility and the locally delivered service is notable, (Figure 5). A full list of the services provided by the 73 groups has been compiled at Appendix E.

## Going Local groups - where services are received

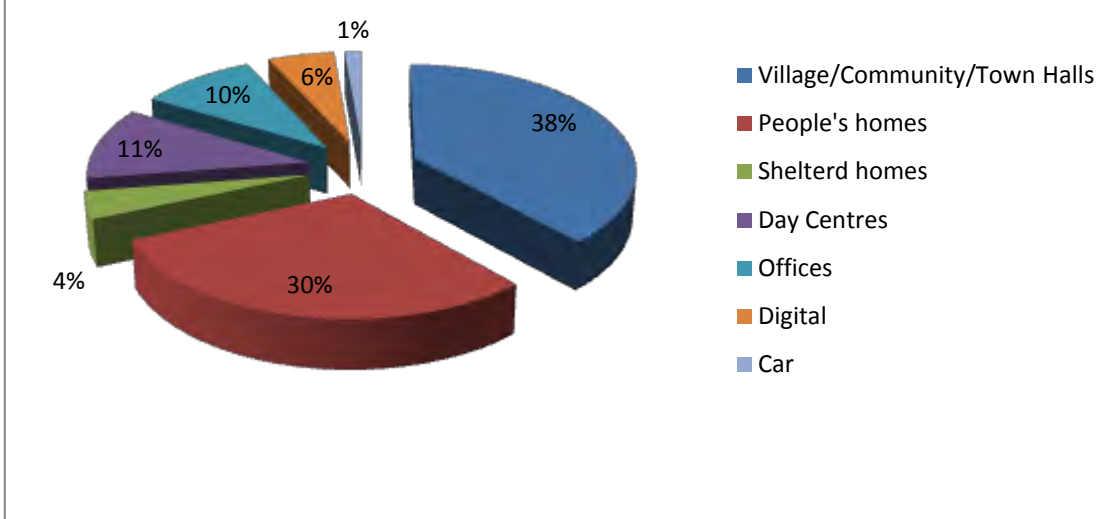


Figure 5 Going Local groups service delivery places

### Referrals from statutory agencies

Thirty of the groups were already accepting referrals from a variety of agencies and reported that they were receiving referrals from all the following sources. It is notable that the County Council department that commissioned the survey had a very low referral rate, only 2%.

## Going Local groups by referrals recieved

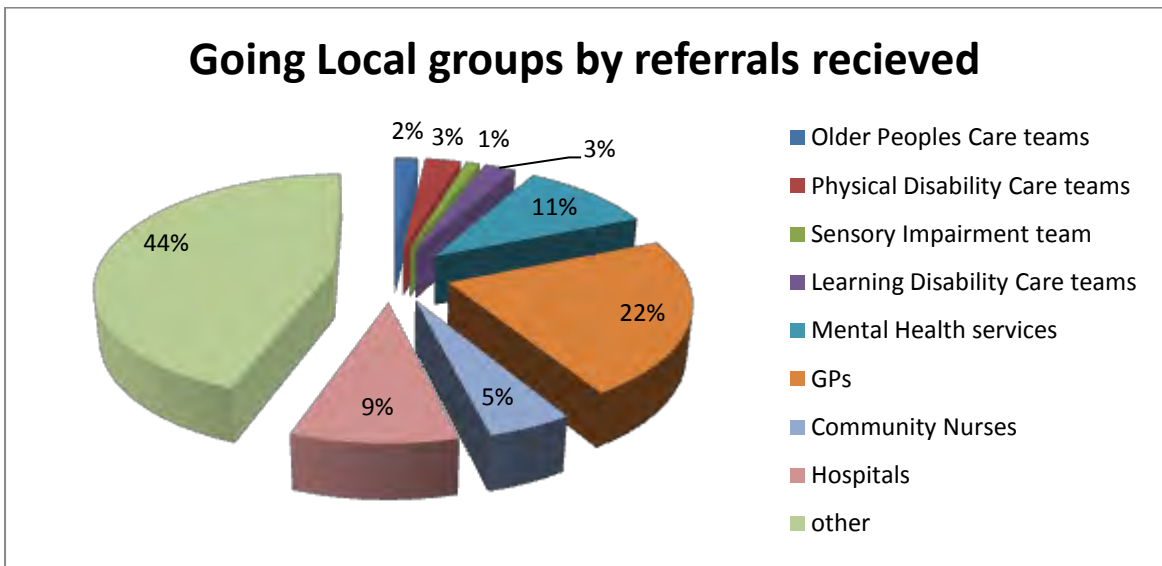


Figure 6 Going Local groups be referrals received

Another 22 groups indicated that they would be interested in accepting referrals from Health or Adult Services in the future.

### **Capacity and sustainability**

The respondent groups had the capacity to provide services for up to 9,401 service users. 56 of the groups had vacancies and 13 had people of the waiting list, 4 did not say. In terms of how linked in the groups were to the YLYC website offer, 40 of the groups were already listed on *www.cambs.net.*, (which is 40 of 70 of all lunch clubs and day centres listed on the site) and therefore available as an option for service users to select. The postcode search facility on YLYC , provides an easy selection tool for users that are looking for a facility close to their homes. The 33 groups that were not listed on *cambs.net* fell into 4 categories: 8 over-60 type clubs, 7 lunch club-type groups, 7 mobile warden-type groups and 8 therapy and learning for vulnerable people-type groups.

None of the local groups were charging for receiving referrals or had thought of charging for reporting back to referral agencies with any issues relevant to users. In general the user had nominal charges for using the services, except in the cases of complex service provision. The scale between the 40 groups which did charge for services was from £0.20 to £50.00 per day. 33 of the local groups did not charge at all. Even of the 31 local groups that offered or arranged transport to the service users only 12 charged their users. As mentioned above eight groups had recently closed and many are struggling with the public sector cuts and the need to change their accounting practices. The termination of the Count Council Vulnerable Adults Small Grant Scheme in March 2012 is adding to this pressure.

The various “free” services and reliance on unpaid specialist volunteers hide an enormous resource of social capital. This element of the survey requires further investigation to ensure that valuable local provision remains sustainable.

***“Club is at capacity now, but don't like to turn people down. People do not tend to leave until die. Funding is an issue - might have to increase charges. Currently use East Cambs. Car Scheme. Hard to arrange transport for people outside village - big issue” Triangle Day Centre***

***“We would appreciate help from CCC in developing pricing models to our Management Committee (75% users) for personalisation. We do not have the resources to administer an Invoicing system. Many of our users will not have personalisation budgets.” Lifecraft***



## **Conclusions**

The survey achieved the objectives of the agreed project design. These were to:

1. Survey c. 100 local community and voluntary service providers about levels of service, capacity, restrictions and accessibility
2. Generate a report that analyses the results of the survey, particularly gaps in service and the level of universal accessibility of services, including what's available on [www.cambs.net](http://www.cambs.net)

The survey has provided a real-time glimpse into the availability of voluntary and community-led adult services and raised some very important issues. Whilst the conclusions of the analysis of the data from the 73 respondents are enormously valuable in characterising the available voluntary-led services for adults, it should not be overlooked that 73 is only a very partial view of the available services in Cambridgeshire. The conclusions have been summarised under the section headings used above.

### ***Who responded***

The five membership support groups, CCVS, Hunts Forum, Voluntary Community Action East Cambridgeshire, Age UK and Car Network selected 20 groups from their contacts to approach to take part in the Going Local survey. None of the groups were able to get 20 completed responses, despite having built up a service relationship with them, (over many years in some cases). Eight groups had recently closed down, several said that they were too busy to complete a survey at this time and some remained unable to be contacted. The 73 completed returns still provided a good sample from which to extract data to characterise the sector.

One of the conclusions of this is to illustrate that when undertaking consultations or any sort there is a need for sensitivity and timing in approaching busy, volunteer-led organisations for information. If even those organisations with close relations cannot guarantee a response, how much less success is likely to be achieved by unsolicited requests from unknown organisations, like subcontracted private researchers.

### ***Type of service***

The largest type of service provision was the day centre or lunch club, which included the Over-60 type groups, and amounted to 37%, with 23 % providing similar services for people with specific health needs. Just under a quarter, 24%, in the sample were services delivered in the service users' home or premises, with a further 7% organising outings with transport. Thus 91% of the services in the survey group had been specifically designed to meet the needs of known individuals, with 9% offering relevant complementary services to those who needed them in the form of information, talking books and car services.

The conclusion of the analysis of the types of service shows that the services delivered by the voluntary sector are, for the most part, customised around the needs of local users and delivered at or as close to the user's homes as possible.

### ***Where services are delivered***

The sample group delivered services right across the county. However there was a smaller response for services in Fenland, which more reflects the fact that CCVS has only just started to develop working relationships with Fenland groups, than that there are fewer or less responsive groups in Fenland.

In consideration of how the findings of this survey can be applied to the understanding of voluntary sector service provision across Cambridgeshire, special consideration should be given to increase the feedback from Fenland groups.

### ***Who delivers the services***

Roughly half of those surveyed delivered their services with trained volunteers only and the other half with a combination of paid staff and volunteers. In just one week 216 paid staff and 2,048 volunteer hours contribute to delivering the services for the 73 groups. The social capital equation for the volunteer contribution is considerable, estimated at roughly £1,423,350 per annum. Without the contribution of these volunteers at least half of the services surveyed would have to close.

The conclusion from the analysis of who delivers the voluntary sector services is that the hidden value of volunteer time, expertise and commitment is enormous and is already is a vital structural element in the quality of life opportunities for older people in the county. Any cuts to grants, (like the termination of the vulnerable adults small grants scheme) and funding for volunteer-only led organisations could have a disastrous impact on vulnerable service users throughout the villages and districts of Cambridgeshire.

### ***Where users receive services***

60% of service users received their service via small lunch clubs, day centres or other local clubs. Another 24% had services delivered to their doors. Of the 60% of those services delivered in clubs, most of them used the local community facility to do this; the village or community hall or similar building. Obviously these community facilities are used for other purposes as well, however it should be noted that there is a mutual dependency between the older people services delivered locally and their local community facility.

The conclusions to where users receive services are that many users can only receive services in their own home via personal visits and that any changes to the use or viability of local community facilities would have a deleterious impact on most of the rest of older people who attend regular clubs and day centres.

### ***Referrals from statutory agencies***

There is already a healthy arrangement between statutory agencies and voluntary sector services, particularly at the local level between GP surgeries, community nurses and hospitals (36%). Most of the referrals are classed as “other”, which could bear further scrutiny.

Adult Social Care have an opportunity to increase their referrals to voluntary sector services, as most of the respondents indicated that they were willing to receive referrals from them (71%).

### ***Capacity and Sustainability of groups***

The analysis of what groups deliver, to whom and how has thrown up the huge reliance on trained unpaid volunteers. Many have vacancies for users, but others are working to capacity and have waiting list. Many expressed concern for the future financial viability of services, despite the fact that they are managing on minimal funds. The stress of having to instigate completely new accounting procedures to take in the implementation of the personally directed support scheme was also raised. More than half the groups did not charge users for services, or set levels at minimal, affordable amounts. Whilst from a full cost recovery point of view, or commercial business analysis this may seem to be self-defeating, it reflects the culture of the relationship between the charitable organisation and their users. The essence of this culture is one of “giving freely to help a neighbour or friend”. Many users were once helpers and see the act of volunteering as a way of giving something back or investing in the success of a service they or their loved ones might need to use themselves. With this in mind, the model for financial stability and sustainability of the service has to be engineered around the needs of both the users and the volunteers, a point made very clearly by Lifecraft, whose board is made up of mostly users with learning disabilities, who may not have refined business or accounting skills.

The conclusions regarding capacity and sustainability suggest that these will be maintained if the true value of volunteering is brought into the business planning for financial and operational sustainability. Furthermore, changes that affect the culture of service planning and delivery will have a negative impact on both users and volunteers, and presumably paid staff that are essential to many of the services.

### **Recommendations (by organisation)**

#### **Adult Social Care**

1. ASC referrals are at a low rate, despite a willingness amongst most of the respondents to take referrals from them.

**Action 1: C CVS to enable ASC to get in touch with the x51 surveyed local groups that want referrals from them- asap.**

2. The intelligence gathered about groups, how to approach them and what is on offer needs to be shared with Care Teams and the Contact Centre through briefing sessions.

**Action 2: C CVS to draft a costed project that includes VCO steering group members in delivering relevant briefing sessions to Care teams and scripts for the Contact Centre for ASC to approve and commission as Stage 2 of the Going Local research by 14 February.**

#### **VCO steering group**

3. Most of the 73 groups are plugged into cambs.net, which is the engine behind the Your Life Your Choice website, but more could be.

**Action 3: CCVS & others to approach Going Local groups that are not loaded onto cambs.net to encourage them to get registered, asap.**

**Action 4: CCVS, with steering group, to plan a promotional campaign that targets the rest of the sector with customised messages as part of Stage 2 of the Going Local research by 14 February.**

### **Cambs VCS & CCC**

4. The evidence of this research shows that local groups are vulnerable to the current economic climate, specifically removal of local authority subsidies. Many are reliant on village charities with finite resources and will be affected by the termination of the County Council Vulnerable Adults Small Grants Scheme.

**Action 5: CCC should investigate the re-introduction of the Vulnerable Adults Small Grants Scheme or similar to support the continuation of local services, as a matter of urgency.**

**Action 6: CCVS to investigate how to follow-up the research with some economic modelling to evaluate the sustainability of VCS delivered services over the next 5 years.**

5. A communication plan needs to be delivered that ensures that elected members, health officers, the Shadow Health and Wellbeing Board

**Action 6: Steering group to agree a communication plan for the report to Councillors, GPs, CCC and NHS-Cambridgeshire.**

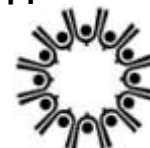
### **References**

Volunteering England, *Is there any way of measuring the economic value of the work our volunteers are doing?*

<http://www.volunteering.org.uk/resources/goodpracticebank/Core+Themes/Volunteer+Managers+and+Coordinators/Is+there+any+way+of+measuring+the+economic+value+of+the+work+our+volunteers+are+doing>

extracted 13<sup>th</sup> Dec 2011

Jez Reeve, CEO, CCVS January 2012



## Going Local Survey

### Adult Services delivered by Community groups in Cambridgeshire

Your group delivers an essential service to adults in your area. Maybe you could do with some help to advertise your service or find new ways of funding it; maybe you have the capacity to take on more users? We are trying to find ways of helping you to help your users. This survey is a chance for your group to promote what you do and make sure that you can receive referrals from other bodies, if that is appropriate. Please work with your research organisation and return the survey on time.

<b>Research organisation</b>	CCVS
<b>Other research partners</b>	CCVS, Age UK, Care Network, Hunts Forum, VCAEC, County Council Adult services
<b>Your group name</b>	Group Therapy Centre Cambridge
<b>Date for return of survey</b>	31 October 2011

*Please answer the questions below as fully as you can, make estimates if necessary*

#### **About your group**

1.	Organisation website address (if any)	29
2.	Your contact details (email/ telephone number)	
3.	What services do you provide?	
4.	Number of paid staff working for your organisation (actual number and/or full time equivalents)	216
5.	Number of volunteers working for your organisation	1,289
6.	Estimate of number of volunteer hours contributed to running your services in an average week.	2,048
7.	What is your policy on CRB checks for staff and volunteers?	49
8.	Are you registered on Cambs.net?	40
9.	Which of these organisations are you a member of? CCVS, Hunts Forum, VCAEC, Age UK, Care Network	
10.	Please list any other support organisations of which you are a member	
11.	Please add any leaflets or publicity	

#### **About your services**

12.	Where do your services take place?	
13.	When, and how often, are your services	

	offered?			
14	How long does each activity/session last?			
15	How many people can your service take?	<b>9,401</b>		
16	Do you have any vacancies now?	No	Yes <b>56</b>	
17	Do you have a waiting list?	No	Yes <b>13</b>	
18	Have you specific criteria for accepting people for your service?			
19	What charges (if any) do you make to a user for each of your services?	<b>40</b> charge between <b>20p</b> and <b>£50</b> per day		
20	Do you offer/arrange transport to your service users? If so, is there a charge?	<b>31</b> of whom <b>12</b> charge		
21	Please say how accessible your service is for someone who is or has:- (please tick a box)		Very accessible	Not very accessible
		Reduced Mobility		
		Wheelchair user		
		Mental health issues		
		Deaf/hearing loss		
		Blind/partially sighted		
		Speech difficulties		
		Little spoken English		
22	Please say whether you can offer services to adults who need help with the following:- (please tick a box)		Yes	No
		Feeding themselves		
		Taking medication		
		Going to the toilet		
23	What process do you use to manage the situation when a user's needs become too great for your service?			

**About referrals to your service**

24	Do you have a system for accepting referrals from other agencies?	<b>30</b>	Yes	No
25	Have you had any Social Care referrals from the following? If yes, please put number last year in Yes box	Older Peoples Care teams	<b>23</b>	
		Physical Disability Care teams	<b>35</b>	
		Sensory Impairment team	<b>13</b>	
		Learning Disability Care	<b>31</b>	

		teams		
		Total		
26	Have you had any Health referrals from the following? If yes, please put number last year in Yes box	Mental Health services	<b>130</b>	
		GPs	<b>274</b>	
		Community Nurses	<b>59</b>	
		Hospitals	<b>116</b>	
		other	<b>546</b>	
27	If yes, who is the contact for your service?			
28	What are the contact details for referrals?			
29	What days and times can these contact details be used?			
30	Do you have a 24/7 answerphone		<b>44</b>	
31	If yes, how soon might a referrer expect to have their call returned?		<b>24 hours to 7 days</b>	
32	How long would it take between a referral being made and taking on a new user, (if there was a vacancy)?		<b>Next working day to 7 days</b>	
33	Do you charge referring organisations when you accept a new user? If so, how much?	<b>No</b>	Yes	££
34	(With the consent of the user) would you be able to report back to the referral agency on any issues raised? If so how much would you charge for this report?	No	<b>Yes 32</b>	££
35	Would you be interested in accepting referrals from Health or Adult Services in the future?	No	<b>Yes 52</b>	Would like to discuss
36	Please add any comments or issues that you would like to send back to the research organisation or referral agencies, particularly CCC Adult Services.			

**Thanks for your help – you will receive a copy of the final report – due out early 2012**

*For admin only (please do not complete)*

Received by 31 Oct 2011	
Input date	
Checked	

## Going Local Survey Respondents' Comments

<p>Would be interested in working in partnership with Cambridge CC to provide arts and social care projects to specific groups.</p>
<p>We offer a personal support (companionship, guidance, mentoring) service. We are happy to get involved providing we are not expected to do care professionals' job for them.</p>
<p>Would like to discuss referrals from Heath and Adult services. We operate from a room attached to the Day Centre at Burwell. We charge £8 per year. £5 of this goes to the Day Centre re: expenses. Clients pay £1 for transport extra.</p>
<p>Would like to discuss referrals.</p>
<p>Would like to discuss referrals. As a charity works with deaf to maximise access to information - so people can make informed decisions. Also raise awareness of deafness/deaf culture.</p>
<p>Referrals are made to us on a regular basis by telephone from a variety of bodies or service users self-refer. It is essential to us that this is informal to keep our cost low and maintain open access. Would like to be better known to Older People Team.</p>
<p>Set up to cater for most everyone that would like to enrol in FE. A satellite of our accredited college. Small enough for students to cope with people in a unique commercial atmosphere, interacting with the clients of Camtrust and growing in confidence.</p>
<p>We are a specialist org. carry out building work so people can stay at home and be safe, secure and more independent.</p>
<p>Current waiting list for new members to join is 12, so it is closed until number has reduced. No capacity for new members at present.</p>
<p>Lack of funds. Need funding for core costs. Many referrals from GPs/mental health but no opportunity for funds. Would like to develop contacts with them and NHS/Primary care trusts. Need continuity of funding.</p>
<p>Would like to discuss referrals from Health and Adult services. Some referrers see us as a free option. Would like to develop package structure around service provision to include cost.</p>
<p>Do not target health issues. Aims listed on hard copy.</p>
<p>Would like to discuss referrals. Referrals made via word of mouth at present time. No charge made first time to venue.</p>
<p>Would like to discuss referrals. Need more money. Council cut-backs have really affected us.</p>




<p>As a very small Voluntary self-help group with limited knowledge &amp; resources - much of this survey does not apply. Membership restricted to Fibromyalgia sufferers but able to assist people with complex medical, physical, mental or emotional problems.</p>
<p>Would NOT like to discuss referral. Service is advertised in local newspaper, library etc. Mrs Hufford is willing for clients to turn up.</p>
<p>Would like to discuss referrals. Remember we are a small Mobile warden scheme.</p>
<p>Would like to discuss referrals.</p>
<p>We would only accept local people as we are a small group and cannot cater for more than 40. Clients and volunteers come by word of mouth. We rarely have more than 2 vacancies.</p>
<p>Have never been contacted by social or medical teams for referral and would like to discuss.</p>
<p>This is a dual aspect project. We take referrals for gardening tasks plus referrals for volunteers to join the gardening team.</p>
<p>Would like to discuss referrals from Health and Adult services.</p>
<p>Would like to discuss referrals from health and Adult Services further.</p>
<p>Would Like someone to call down and explain verbally to committee</p>
<p>We would appreciate help from CCC in developing pricing models to our Management Committee (75% users) for personalisation. We do not have the resources to administer an Invoicing system. Many of our users will not have personalisation budgets.</p>
<p>Would like to discuss referrals. Concerned about lack of communication, cooperation &amp; recognition by other services listed in Q25/26.</p>
<p>Many of these questions are not really applicable to village halls but rather to the people who hire the hall. The hiring and preparation is what we offer.</p>
<p>Would like to explore referrals. May explore charging for referrals and report back. Would be keen to discuss the framework in which this could be done.</p>
<p>Always welcoming to new members.</p>
<p>Would like to discuss referrals.</p>
<p>Would like to discuss receiving referrals from Health or adult services in future.</p>
<p>Would like to discuss referrals from Health and Adult Service.</p>
<p>Please note; change of venue is now the Council Offices in Link Road</p>

<p>Transport to club is very difficult. Soham is a long village and no buses.</p>
<p>Client states that she has enough members and feels that she does not want to increase, or is interested in any more help. She is able to cope.</p>
<p>We accept referrals from any source who need support for cancer sufferers and their carers</p>
<p>Mrs Hookham (Secretary) wants the group taken off the Age UK Data Base. They want no outside persons or groups involved.</p>
<p>We might be able to arrange for 'friendly visits to someone e.g. 'elderly and lonely' or recovering from a spell in hospital etc. if required.</p>
<p>Referral possibly from GP surgery. People come from village from wider area. Most hear about centre by word of mouth, but they would be happy to welcome referrals. E.g. Doctor's surgery. They are not set up for formal referrals from statutory or health</p>
<p>Lack of transport to the lunch may be preventing people attending, but I do not hear about it. Getting more users would be good.</p>
<p>Would like to discuss referrals. Transport is essential for members as lack of public trans. Attendance is not dependant on parents or carers and allows the respite space.</p>
<p>Club is at capacity now, but don't like to turn people down. People do not tend to leave until die. Funding is an issue - might have to increase charges. Currently use East Cambs Car Scheme. Hard to arrange transport for people outside village - big issue</p>
<p>Fuller explanation of our group included on ACD survey.</p>
<p>Would Like to discuss accepting referrals from Health or Social Care.</p> <p>Club is run voluntarily with no outside help. We have a large group of people attending. Would like Age UK to contact so we can show them exactly how the club is run.</p>

## Appendix C

Barrington Forget Me not club  
Benwick Over 60s club  
Bluntisham luncheon Club  
Burwell Over 60's Club  
Cambridge Pensioners Fellowship  
Chatteris and Distric ladies Club  
Chesterton Senior Citizens  
Earith and Colne Over 60 Club  
Farcet Silver Lining Club  
Gamblingay Dat centre  
Godmanchester Senior Citizens Club  
Holywell and Needingworth Over 60 Club  
Indian Cultural Over 60's Club  
Leverington Over 60's club  
Littleport Day centre  
Manea Over 60s Club  
Meldreth Good Companions  
Murrell Over 60s club  
Ramsey Senior Citizens Club  
Romsey Mill Over 60's  
Sawston senior Citizens Club  
Soham Over 60s Club  
St Andrews Over 60's club  
St Ives Darby and Joan Club  
Warboys 55+ Club  
Willingham Community Group

Burwell & District Day Centre  
CAMMs Ltd  
CARESCO  
Cottenham Mobile Warden Scheme  
Fulbourn Day Centre  
Gamlingay Good Neighbours  
Great Shelford Mobile Warden Scheme  
Harston & District Village Warden Trust  
Harston Monday Lunch Club  
Haslingfield Mobile Warden Scheme  
Linton Initiative For the Elderly (LIFE)  
Melbourn Mobile Warden Scheme  
Meldreth & District Mobile Warden Scheme  
Milton Mobile Warden Scheme  
Mordens and Littleington Mobile Warden Scheme  
Soham Causeway Day Centre  
Soham Community Support Scheme  
St Neots & District Voluntary Wlfare Association  
Stapleford Mobile Warden Scheme  
Steeple Morden Lunch Club



AGE UK
CCVS
Hunts F
CN
VCAEC

Trumpington Elderly Action Group

Waterbeach Day Centre

Alzheimer's Society - Fenland

Arts and Minds

Breathe Easy Fenland

Burwell Community Print Centre Ltd

CAM SIGHT

Cambridge Cruse Bereavement Care

Cambridge St Raphael Club

Cambridgeshire Deaf Association

Cambridgeshire Mencap Befriending Service (March)

CAM-MIND

CAMTAD(Campaign for Tackling Acquired Deafness)

Camtrust

Contact - The Student Visiting Service for Older & Housebound People in Cambridge

Crossroads Care Cambridgeshire

Group Therapy Centre Cambridge

Headway Cambridgeshire

Lifecraft

Peterborough and Fenland Mind

Red 2 Green

Scaldgate Club

Rowan Humberstone

Alzheimer's Society

Beds, Cambs Rural Support Group

CRUSE - Bereavement Care

Dialdruglink

Disability Huntingdonshire

Earith Day Centre

Fibromites Support Group

Hospice at Home Volunteers Huntingdon

Huntingdon & District Multiple Sclerosis Society

Huntingdon, Peterborough & Cambridge MS Therapy Centre

Huntingdonshire Community Group

Huntingdonshire Society for the Blind

Hunts Breathe for Life

Hunts MIND

Hunts Parent Carer Forum

Older People's Advocacy Alliance

Ramsey & District Day Centre

Ramsey & District Stroke Support Group

Small Steps Down Syndrome Support Group

St Ives & District Mencap Society

St. Ives Acorn Cancer Support Group

Warboys & District Day Care Centre

COPE

Soham Town Forum

Isle of Ely Society for the Blind  
Burwell Car Scheme  
Burwell Carers  
Burwell Village Help Scheme  
Care and Repair  
Dementia Carers support group  
East Cambridgeshire Neighbourhood Watch  
East Cambs Social Car Scheme  
Fenprobe  
Haddenham Day Centre  
Helping Hands gardening scheme  
Little Downham Access Point  
Manea Village Hall  
Mepal Friendship Club  
Soham community support scheme  
STRADA  
Sue Ryder Care  
Triangle day care club  
U3A  
WI

**Case study: Weekly day Centre**

*Advert from the local village magazine*

Haddenham Day Centre was founded in 1984 for the benefit of people over the age of 60 to regularly meet and enjoy a day of social activities, and a good, home-cooked lunch. This was originally the idea of Amelia Everitt, a Health Visitor working in Ely, who thought that Haddenham would be an excellent location as it has such a good village hall and facilities. In 1987 a constitution was adopted and the Day centre became a registered charity, managed by a group of trustees. Today we are lucky to still have an independent Day centre run by volunteers for the local community, who give their time to provide everything from transport to meals and activities.

We hold the Day Centre on Tuesdays at the Arkenstall Centre, from 9.30am to 3.30pm. every week, apart from December when we close over Christmas. The day begins with tea or coffee, a look at the daily papers, and a chance to chat. Activities range from domino playing, doing jigsaw puzzles, gentle keep-fit from the armchair, music or craft making. Lunch, which is always very good, is cooked on the premises, and there is time to relax afterwards. During the afternoons there is sometimes a quiz, game of bingo, and always a cup of tea with homemade cakes. During the year we usually have an outing in the summer, and maybe a meal out, or visit to the village Pantomime in the winter.

Do you know of anyone living in Haddenham, Aldreth, Wilburton or Stretham who might like to come to the group? Maybe a friend, neighbour, or relative who lives alone, or is unable to get out and about as much as they would like to, would enjoy some company for the day? We would welcome anyone who would like to give us a try! The cost for the day is £5.00 which includes all meals. If you would like to help as a volunteer we would also welcome you.

For any information.....please contact.....

A quick run-down of information gathered from an interview:

<b>Question</b>	<b>Answer</b>
<i>When started</i>	1984
<i>Catchment</i>	Mirrors Haddenham surgery catchment: Haddenham, Aldreth, Wilburton and Stretham
<i>Average no. regular users</i>	14
<i>Ages of users</i>	73-94
<i>How many with chronic needs</i>	All, a lot have carers, who get time out whilst the user is

		here.	
<i>No. volunteer drivers</i>	<i>No. needed each week</i>	10	4
<i>No. volunteer supervisors</i>	<i>No. needed each week</i>	6	2
<i>No. volunteer cooks</i>	<i>No. needed each week</i>	8	2
<i>No. volunteers for laying out and tea</i>	<i>No. needed each week</i>	7	1
<i>No. on Committee</i>		7	
<i>No. committee meetings per year</i>		6	
<i>No. paid staff</i>		0	
<i>Annual turnover</i>		£4,000 in bank	
<i>Main funder</i>		Haddenham Charities	
<i>If CCC small grants, what for?</i>		To take users on short trips, e.g. for coffee at the local garden centre	
<i>Assets</i>		16 armchairs, cooking equipment, crockery and cutlery	