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**Going Local – Voluntary  
and Community Services  
supporting older people  
in Cambridgeshire to be  
happy, healthy and  
independent.**

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*Community services for older  
people delivered by the  
community*

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March 2013

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## Executive summary

Older people services provided by the voluntary and community sector (VCS) were surveyed in 2012. A sample of 73 of them 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.<sup>1</sup> Over half were already advertising their services on County Council’s [www.cambridgeshire.net](http://www.cambridgeshire.net) and just under half already had systems in place to accept referrals from statutory organisations, while another quarter were keen to integrate a referral system into their work. When the results were fed back to ten professional care teams all of them admitted that they had had no idea of the variety and complexity of services that were being delivered. More than ever it is agreed that investment needs to be made into services that maintain and improve older people’s health, well-being and independence. This will be achieved by

1. Supporting a system that connects care and health professionals with older people services that are being delivered in the community
2. Ensuring that professionals receive regular briefings to keep up to date with new community service developments.

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<sup>1</sup> Appendix A “Calculating economic value”

## Going Local Project Background

The Association of Directors of Adult Social Services in their *Personalisation and Safeguarding* report in 2008 had published their findings relating to the take up of self-directed support (SDS) in individuals who were offered it as follows:

50% individuals did not want changes to the services they received

35% made some amendments

15% made a complete change from their previous care package

Cambridgeshire County Council was involved in the pilot stages of self-directed support (SDS) and started offering it to individuals in April 2009. It was against this background that the Adult Services team of the Cambridgeshire County Council approached a small group of Voluntary Sector infrastructure agencies in 2011 (Age UK Cambs, Care Network Cambs, Hunts Forum, Voluntary Action East Cambs and Cambridge Council for Voluntary Service) to develop a project that would characterise which community and voluntary adult services in Cambridgeshire were available to individuals who were eligible for SDS. The population statistics for Cambridgeshire in 2011 revealed that around a quarter of the population was over 60. One of the objectives of the survey was to investigate how services for those older people were being provided by the voluntary sector. The focus was on services that were providing both on prevention and support services across the county.

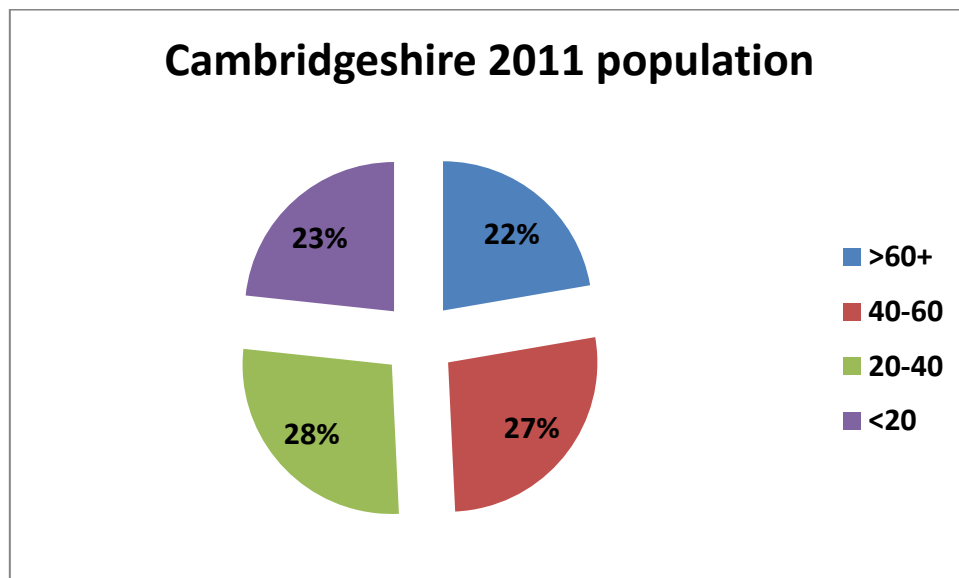


Figure 1 2011 Census statistics for Cambridgeshire - by age

*Going Local: From adult inquiry to local service* (CCVS 2012) reported on the survey of 100 Cambridgeshire groups, which were all members of the infrastructure agencies themselves and who were regularly in touch with them. These established relationships ensured a good return on the surveys of 73%. The size of the groups that completed the survey varied between small village groups, run and organised by volunteers on minimal funds to specialist volunteer organisations with County Council contracts staffed by professionals and volunteers. What was surprising was the equivalent cost of providing just the volunteer element of the services of the 73 groups, £1,423,350, according to Volunteering England (Appendix A), as reflected in the executive summary from this report.

## Research into VCS services

The full report provided some useful insights into the range of VCS services (Figure 2) and the way in which they were delivered (Figure 3).

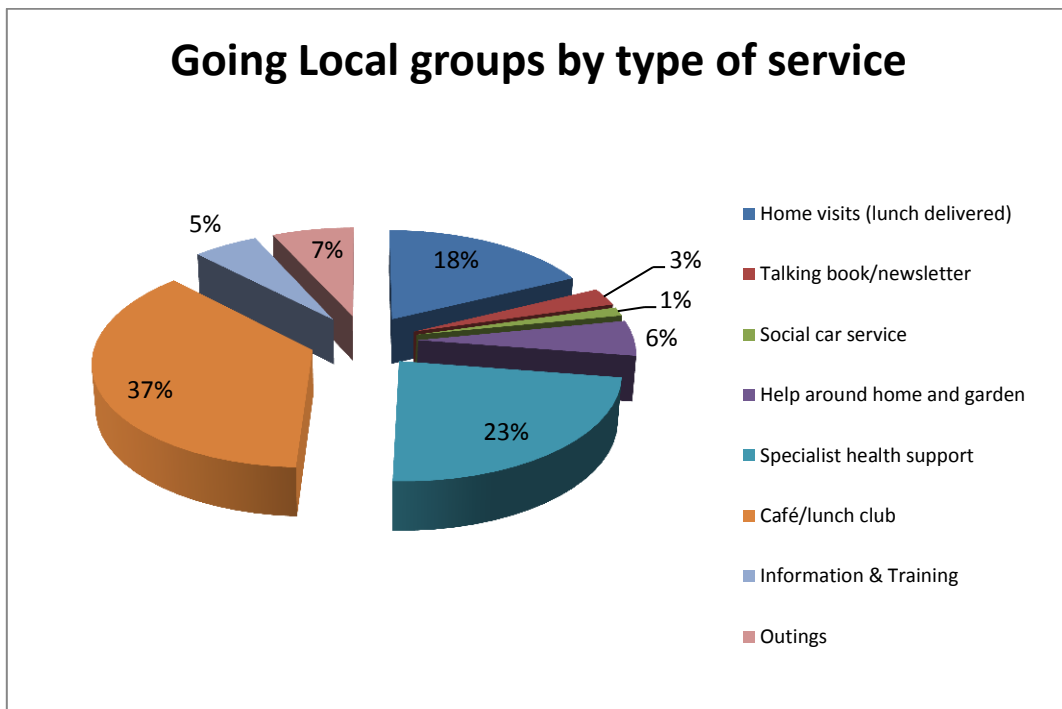


Figure 2 Going Local groups by type of service

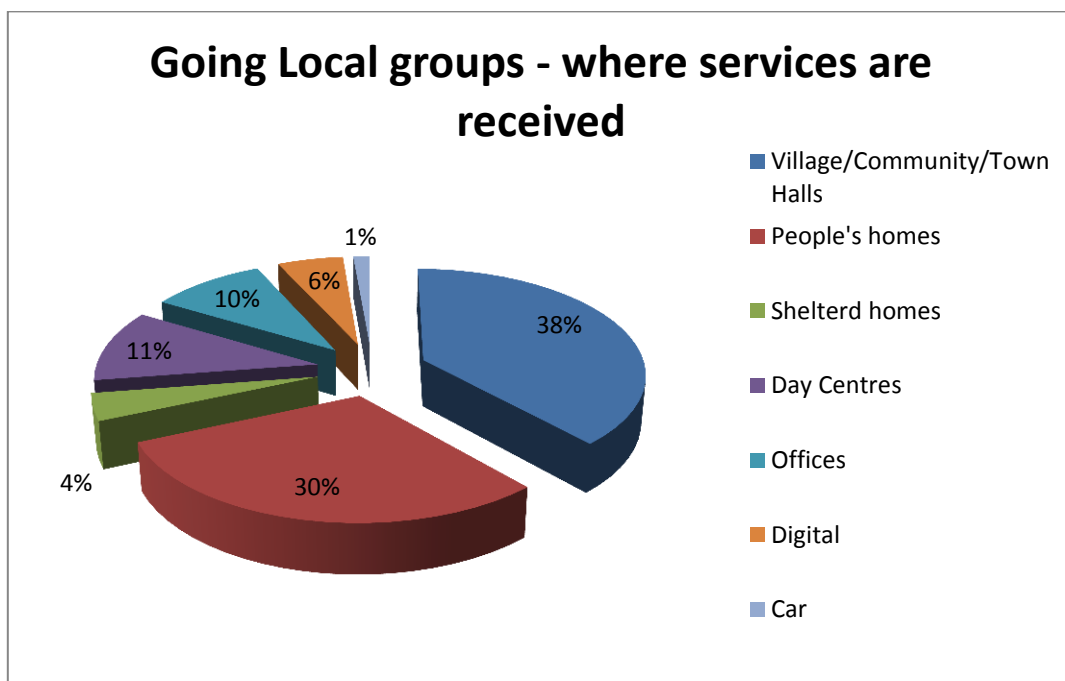


Figure 3 Going Local groups service delivery places

### Type of service

The largest type of service provision was the day centre or lunch club, which included the Over-60s 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.

### Referrals from statutory agencies

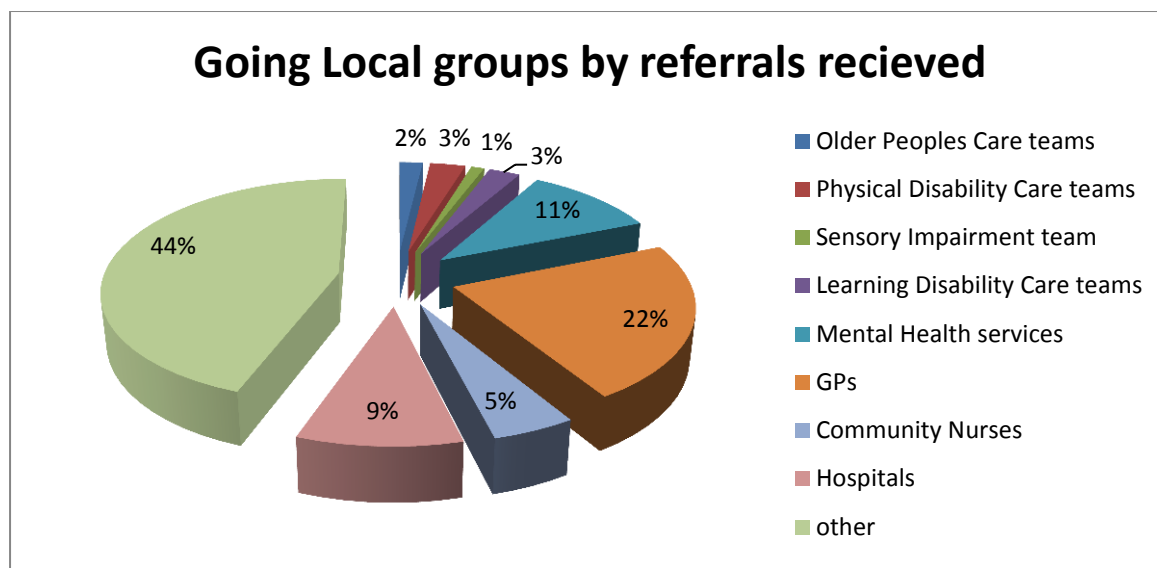


Figure 4 Going Local groups by referrals recieved

There already was 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 (Figure 4).

Adult Social Care have now had 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 had vacancies for users, but others were working to capacity and have waiting lists. 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 half made up of users, who may not have refined business or accounting skills.

## Feedback from health and care team professionals

Following from the publication of the Going Local report (CCVS 2012) the Adult Services team commissioned the next stage of the project to promote and embed the knowledge that the characterisation part of the project had achieved. In particular this second stage was designed to raise the awareness in professional care teams of the opportunities for referring to local community and voluntary groups and to brief staff on how to keep in touch with the vital, but ever-changing community resources. The first stage had highlighted that not all the sampled community and voluntary groups were registered on [www.cambridgeshire.net](http://www.cambridgeshire.net). This website holds the data that is used to populate the Cambridgeshire County Council's website for adults who are looking for services: [www.yourlifeyourchoice.org.uk](http://www.yourlifeyourchoice.org.uk). Since the initial survey most, but not all, of these groups have been encouraged to register and are now on [www.cambridgeshire.net](http://www.cambridgeshire.net).

As part of the survey all the participants were asked whether they were registered on [www.cambridgeshire.net](http://www.cambridgeshire.net). At the completion of the survey 40, or just over half were already registered. During the second stage of this project the voluntary sector infrastructure agencies approached all the groups that had not registered with a view to convincing them of the benefits of registering. This was successful to some degree and by December 2012 81% of the groups had registered on [www.cambridgeshire.net](http://www.cambridgeshire.net). However 14 groups still preferred not to register, maintaining that they had their own ways of filling places and some actively did not want to use the internet to advertise their services, sometimes due to the fact that the services was run from their own private residential telephone lines. The breakdown of groups choosing not to register on [www.cambridgeshire.net](http://www.cambridgeshire.net) bears this out as lunch clubs, mobile wardens schemes and over 60s clubs are more likely to be run by volunteers in the community than charities for specific purposes.

Lunch club	Mobile Wardens Scheme	Over 60s club	other (specific)
75%	50%	45%	25%

VCS groups choosing NOT to register on [www.cambs.net](http://www.cambs.net)

The issue of self-definition and determination is one to consider closely in analysing why VCS groups prefer to stick to their own methods of promotion. In the cases of village charities the VCS groups may be very successful at maintaining services at capacity for their users and are not looking to change the scale or area of benefit of their work. In fact many are not in a position to do this without breaking away from the trust or charitable foundation of their particular service. This does not mean that they are unresponsive to inquiries though. One of the questions in the survey was about how long it would take to receive a response to an inquiry about service provision. Whilst there were none that were available "24/7", many had answer-phone facilities. Their response times varied as follows:

"ASAP, in a few days, next working day (except at weekends), 24 hours, 48 hours, quite quickly"

## Care team briefings

The briefing presentation that was given to the ten professional care teams was designed to stimulate discussion about the opportunities that exist for adult services delivered by the voluntary sector. Audiences were invited to complete a feedback form (Appendix B) after the presentation to record their current referral process, what they already knew about the voluntary sector services and their ideas for improvements. Initially the briefings were limited to County Council care teams, but half way through stage two of the project it was extended to National Health care teams.

Most of the briefings of County Council care teams (Appendix C) were completed by June 2012, with the National Health teams being completed in February 2013. The presentations were accompanied by copies of the *Going Local Report: From adult inquiry to local service*. There was no significant difference between the responses from the County Council teams and the National Health teams. From the discussions following the presentations and the feedback forms all of the attendees acknowledged that they had learnt something new about the types of adult services delivered by community and voluntary groups. 88% of them recorded that they would change the way they went about finding out about community and voluntary adult services in future, in particular that they would be using [www.cambridgeshire.net](http://www.cambridgeshire.net) and [www.way2go.org.uk](http://www.way2go.org.uk), showing that some of the professionals were not already using these links. Just under half were already in touch with county-wide and specialist voluntary sector adult services such as: Ability.net, Age UK, Alzheimer Society, AOHL, Camsight, Camtad, Cambs Meals, Care Network, Citizen's Advice one stop shop, Crossroads Cambs, DBUK, Dial-a-ride, FACET, Hunts Society, Hunts Soc for Blind, Hunts Society, Isle of Ely Society, IT can help, Oasis Day Centre, Home from Hospital (Care Network), Owl, Red Cross Advocacy, Sense, St Augustus Day Centre, Voiceability,

### [List of Cambridgeshire Community and Voluntary groups mentioned in feedback](#)

Despite the fact that the whole thrust of the presentation was to illustrate the diversity of local groups of various sizes and the fact that some are working at full capacity and not willing to have their details circulated on the internet, there was an overwhelming desire for all details of all groups to be made available through one directory or through [www.cambridgeshire.net](http://www.cambridgeshire.net).

- "More up to date database of current VCS and links to their sites"
- "Contact centre workers having greater awareness and time resources to search and signpost more effectively"
- "SS use a vast number of vol. organisations - relating to people with sensory loss but it's always useful to have new groups"
- "a booklet with organisations"
- "All group information being available on [www.cambridgeshire.net](http://www.cambridgeshire.net)"
- "Everyone on one website"
- "More organisations details on cambs.net"
- "Single point of access to our services whether health or social care"
- "One resource link which is used by Contact Centre Call handlers, duty teams and voluntary sector and service users and professionals"

### List of comments referring to access to voluntary sector adult services

None of the attendees raised the issue of how the voluntary sector adult services were funded or how the issue of sustainability was being considered during this period of devolution. There was a universal feeling that the voluntary sector adult services were a resource that could be used to make the jobs of the professionals easier and all that was required was for the voluntary sector to advertise themselves to these professionals. In providing the briefings and being part of the associated discussions afterwards I observed that there were often incidences within the group of attendees where one of the team knew about a certain voluntary group, but they had not shared this information with their colleagues, until the briefing session.

The case study of Haddenham Day Centre, a village weekly lunch club, had been used at the end of the presentation to illustrate how a local volunteer-led service worked and was funded. Whilst the Day Centre had reported that it had received referrals from the GP surgery and local hospital it had not received referrals from District nurses or social services. The representative from Planned Care East Cambridgeshire had not heard of the lunch club either. Haddenham Day Centre is registered on [www.cambridgeshire.net](http://www.cambridgeshire.net) and in local village publications and at the Haddenham GP surgery as its charitable area of benefit is limited to this catchment area. This example clearly characterised one of the main problems, that of communication; the Day Centre feels that it has promoted its services widely enough, but is still not being picked up by the local district care services and the local district care services have not been actively searching for local adult services, even on [www.cambridgeshire.net](http://www.cambridgeshire.net).

One of the attendees made a particularly salient comment about the need to keep new staff informed of what is available:

- "More training, as there is quite a fast turnover of staff"

The issue of tracking changes in VCS groups and the need for constant renewal of knowledge sets is an endemic problem in monitoring the scale and scope of community and voluntary services. All the voluntary sector infrastructure agencies do this, at least annually. With a combination of voluntary sector infrastructure agency annual monitoring, registration of services on [www.cambridgeshire.net](http://www.cambridgeshire.net) and regular briefings of care and health professionals a system of mutually beneficial planning could be established that ensured that adults in Cambridgeshire in need of services would be able to access the widest possible choice.

Most of the attendees at the briefings knew how the Contact Centre worked (81%) and a few made the point that the Contact Centre would need to have access to the same level of knowledge about voluntary sector services as the teams themselves.

## **Healthy, Happy and Independent – new ways of working**

The characterisation of voluntary sector adult services proved to be a successful and realistic exercise. It shone a light on the amount of expert community action that is involved in maintaining a variety of care and support services for adults. The whole project, including the professional team briefings, has emphasised how professional and voluntary teams are



all working to provide services under the prevention agenda, to keep people happy, healthy and independent.

Not all the voluntary support services, which might be used by those with self-directed support, were known to the professional teams. There are weaknesses in the way information about voluntary services is accessed and maintained. Many of the specialist voluntary sector services were larger than the professional teams realised and working to the same compliance regimes.

What resources the voluntary groups wanted and needed to keep their services going was not of particular concern to the professional teams. The professional teams appreciated the opportunity to receive a briefing about the voluntary services, as delivered in the Going Local project, in particular how to get in touch with specific groups. They were enthusiastic about using the Cambridgeshire County Council [www.cambridgeshire.net](http://www.cambridgeshire.net) database to find relevant groups in their areas. However there is still a gap in knowledge between the professional teams and those local services that do not register on the County Council database. This could be resolved in discussion with the groups themselves through the infrastructure agencies of which they are members.

### **What's next**

1. An accessible directory of just voluntary sector services should be created, containing the sorts of information that would be useful to professional teams. This needs to be checked annually and regularly updated; and it needs to be searchable in a way that makes it useful to professionals looking for specific types of service , or services in a specific location This could be created by commissioning the CVS-type organisations, which already have directories, to generate this as a shared on-line directory. After development costs this could be maintained by charging the organisations, such as professional care teams, doctors' surgeries, etc., that need access to it an annual license fee.
2. Regular briefings about services in the voluntary sector, how these work and how to access them needs to be scheduled for new staff in professional care teams.

**For more information contact:**

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March 2013

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Cambridge Council for Voluntary Service

## References

ADASS (Association of Directors of Adult Social Services) (2008) *Personalisation and safeguarding* ([www.in-control.org.uk/DocumentDownload.axd?documentresourceid=665](http://www.in-control.org.uk/DocumentDownload.axd?documentresourceid=665))

CCVS (Cambridge Council for Voluntary Service) (2012) *Going Local: From adult inquiry to local service*, Cambridge, CCVS

## Appendix A - Calculating economic value

“Is there any way of measuring the economic value of the work our volunteers are doing?”

The simplest method is to use the following formula to calculate the economic value of volunteers' time;

**The number of volunteers X average number of hours X average hourly wage**

To work out the wage equivalent of time given by volunteers you can use a number of different approaches:

The gross average hourly wage for full-time employees in England in 2008 was £13.90. This figure can be found in the Annual Survey of Hours and Earnings (ASHE) which is available on the website of the [Office for National Statistics](#).

A more accurate method is to use average local rates of pay. For example, the figure for Surrey is £19.42, in Durham it's £11.91. You can quickly obtain averages for other parts of Britain by using the regional or local authority tables in the ASHE results.

[Read the ASHE results on the Office for National Statistics website](#) (external link)

Volunteering England (2009) *Is there any way of measuring the economic value of the work our volunteers are doing?* [Here](#)

## Appendix B – Feedback form

### Going Local – from adult enquiry to local service

*Community services delivered by the community*

*Team name*

*Your name*

*Date*

***You have just heard a presentation by one of the Going Local voluntary sector team. Please answer the following questions to help us with the research***

		Yes	No
1	Did you learn something you did not know from the presentation or in the questions afterwards?		
2	Do you think you will change the way you find out about local VCS groups in future?		
3	Are you currently referring individuals to VCS orgs?		
4	If so, which VCS orgs		
5	Do you know how the Contact Centre guides people to your team?		
6	Can you think of any improvements that might help this process?		
7	Have you any questions still unanswered? Please let us know what they are:		

Thanks for your feedback!

## Appendix C – briefings delivered

<b>CCC LEARNING DISABILITY TEAMS</b>			
City Team Learning Disability	18-Jun-12	10:30	Ruth McCallum
South team Learning Disability	12-Jun-12	09:30	Jez Reeve
East team Learning Disability	12-Sep-12	13:00	Ruth McCallum
Fenland team Learning Disability	14-Jun-12	10:00	Ruth McCallum
Hunts team Learning Disability	06-Jun-12	11:00	Ruth McCallum
<b>CCC PHYSICAL DISABILITY TEAM</b>			
County team Physical Disability	03-Jul-12	02:30	Ruth McCallum
<b>CCC TRANSITIONS TEAM</b>			
County team Transitions	20-Mar-13	11:00	Julie Farrow
<b>NHS-CAMBS</b>			
CCS-NHS East/Fenland team	17-Oct-12	09:00	Jez Reeve
CCS-NHS Hunts team	26-Feb-13	13:30	Julie Farrow
CCS-NHS City & South team	15-Jan-13	14:00	Julie Farrow
CPCT Mental Health team	15-May-12	15:00	Jez Reeve

Jez Reeve

Julie Farrow

Ruth McCallum

CEO of CCVS

CEO of Hunts

Forum

CEO of Care Network

Cambs