

## The VCSE Sector’s Contribution to Health and Wellbeing – Focusing on Rural Dorset.

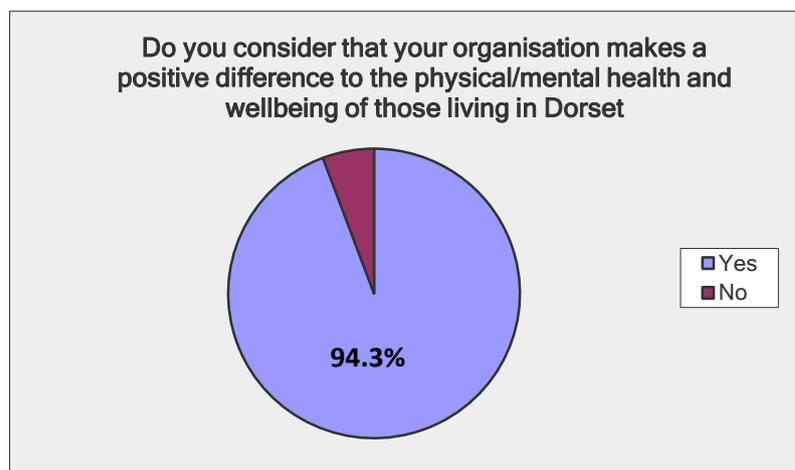
### The Survey

In May 2015 a survey was sent to 3155 contacts on the DCA database. It was opened by 1040 of these contacts. The survey was web based and was open until 15<sup>th</sup> May 2015. In total we received 176 responses. This is a return rate of 17%.

The aims of the DCA survey were;

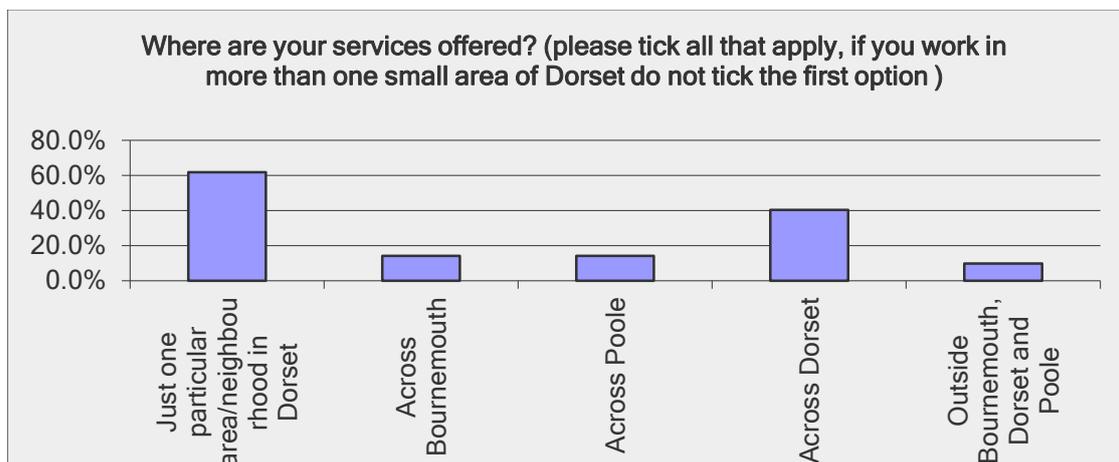
- to look at the contribution of the VCSE sector on the Health & Wellbeing of Dorset residents & communities.
- to look at rural issues and the impact of these on the services delivered by VCSE groups in Dorset.

### Making a difference to health & wellbeing of those living in Dorset.



The overwhelming majority of respondents felt they made a positive contribution to the health & wellbeing of those living in Dorset.

### Where do groups work?



The neighbourhood approach taken by the majority (61%) of VCSE organisations is a significant strength of the sector in Dorset. It allows for penetration into a community at much more local level than a more centralist approach. This becomes especially important when looking at the hardest to reach groups within a community.

The VCSE sector knows its community and services it locally to meet these needs.

## What do groups do?

A 'word cloud' of the range of responses given is shown below;



### Key Points Raised;

- Improving Confidence, Self-esteem, Self-worth and Wellbeing are significant aims of most of those who responded (over 75%).
- Physical health improvement, especially in the context of outdoor activity was also an aim of a large number of respondent groups.
- Groups offer direct health & wellbeing support (eg; befriender schemes) and offer indirect support (eg; through increasing confidence and reducing isolation).
- There were over 200 different activities cited by the 119 groups who responded.

### Rural Points Raised;

#### Transport

- Community Transport Schemes – varied support on offer (eg; Bus2Go, Dial-a-Bus, Neighbourhood Car Scheme)
- Limited Public Transport – cited as a barrier to residents/communities accessing statutory services
- Outings, making use of existing Transport – extending reach

#### Rural Isolation

- Social Isolation – included in nearly all respondents services
- Small Villages & Hamlets – being serviced by a variety of schemes
- Services to older members of the community in social isolation
- Offering social interaction – especially important when no close neighbours
- Engagement with others in local community to elevate social isolation
- Reduce social exclusion
- Work alongside people in their own homes

### Community Development

- Helping neighbourhoods to thrive
- Increasing the impact and community ownership of local asset and services
- Support to residents in the community (everything from local food growing groups to support with domestic violence)
- Village focal point
- Networking opportunities
- Outdoor activities – making the most of natural environment
- Fresh-air activities in a variety of locations
- Better connectivity in rural areas
- Availability of Open spaces and play areas

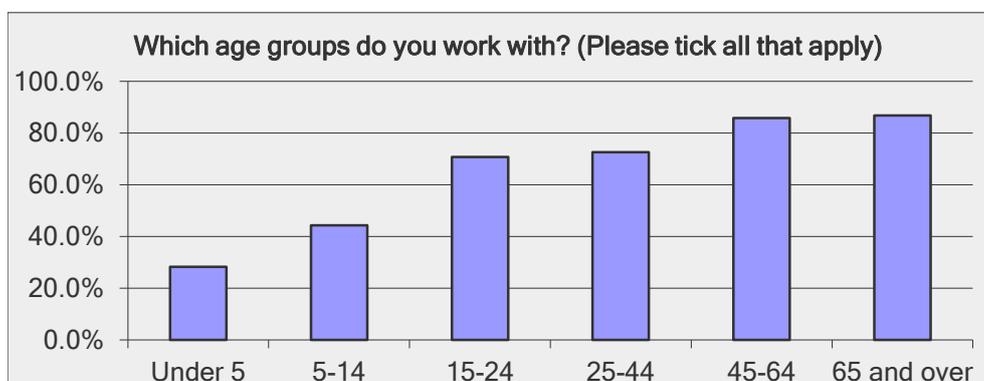
### Supporting Marginalised Groups

- Targeting of marginalised and disadvantaged groups in small rural locations
- Local self-help groups
- Local support for those with limited mobility (linked to community transport and local meeting places)
- Outreach services
- Supporting people to stay in their own homes, in their own communities
- Bringing together information and resources available to groups in their community
- Contact the “hard to reach” groups
- Groups to tackle the specific challenges faced by older men from rural communities
- Supporting attendance at hospital / doctors’ appointments for rural residents
- Enhance the resilience of young people, their families and older men who are isolated/ill/vulnerable
- Services for local people, who otherwise would not get a service
- Strengthening those relationships that are most vulnerable

### Who uses the groups?

The total number of people seen per month totalled 48,659 (from 106 respondents), giving an average total number of people seen per group of 512.

There was a diverse age range seen by the groups, many of them working with more than one age group. There was, however, a clear focus on older people. This older person focus would appear appropriate given that 26.9% of Dorset’s population is above retirement age, rising to 29.9% in East Dorset and 31% in Christchurch. This compares with 17.4% nationally (age data from DCC “Research matters issue 2” Sept 2014).



## Direct Rural Issues

Below is a Word Cloud, to highlight the issues seen as most frequently causing problems to VCSE sector groups working in a rural location. The larger the word, the more frequently it was cited as an issue.



The most common issues/barriers raised for VCSE groups in Dorset were;

- Transport – groups felt that this posed a barrier for; referrals, volunteer recruitment, access for service users, perceptions of funders and costs to organisations.
- Venue hire – this was especially an issue for remote providers. Coupled with access and affordability of venues available. Lack of effective promotion of some venues also leads to lack of take up by others.
- Funding – a common issue was that funding was often linked to areas of deprivation and ignored rural isolation as a depriving feature.
- Promoting Services – lack of good mobile/broadband coverage makes this harder. The size of Dorset also makes it difficult to get good scope of coverage when promoting services.
- Recruiting Volunteers – small villages/hamlets often have a limited population to recruit from; poor transport makes it harder to recruit from further afield. Better promotion, accessible funding, transport links would all make recruitment easier.

Issues/Barriers for Customers/Service Users were primarily the same as for the organisations themselves.

- Transport – increases the chance of social isolation in the first place and makes it harder to overcome this by joining activities. The perception of the difficulty was seen as just as much of a barrier as the real issues around transport. Lack of car parking and cost of car parking was also cited as a potential barrier.
- Benefits / Low Income – many service users are on a low income, which makes contributing to the cost of an activity (directly – fee or indirectly – bus fares) very difficult. Fear of losing benefits also can make people reluctant to take up an activity.
- Isolation – means people may not be aware of what is available or how to access what is available. There was also concern that lack of support could mean people don't get to access what they are entitled to or need from statutory provision.
- Access to Information / Connectivity Issues – Reduction in satellite provision and reduction in rural services (Post Offices / Libraries / Job Centres) has led to an

information deficit in some rural areas. Rural broadband/mobile connectivity can lead to a reduced ability to access digital services and information. It is currently estimated that 20% of the population has no internet access; these people are also often the hardest to reach groups. Better access is needed, but also alternatives to digital media to service these groups and recognition from funders of the additional cost involved in promoting services to the 20% who are offline.

## What difference does the groups work make on health and wellbeing?



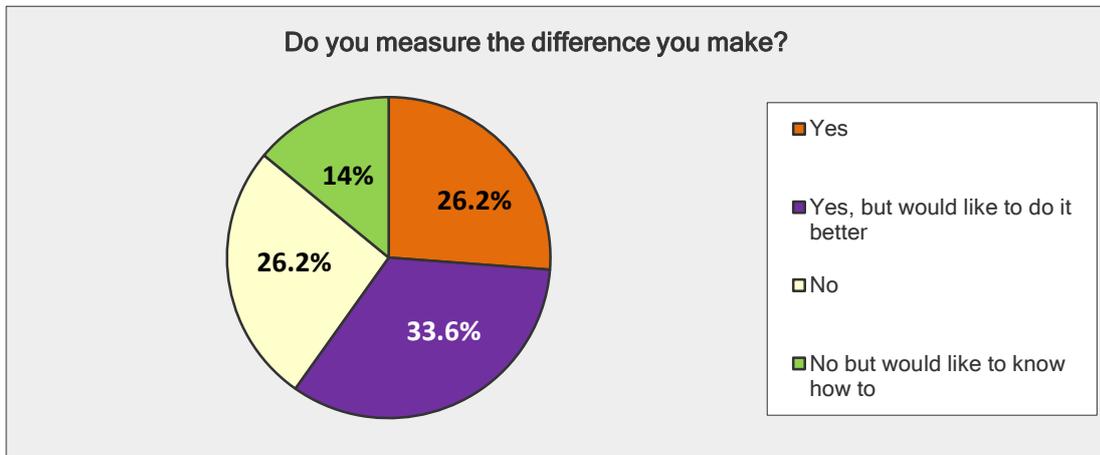
The range of differences cited can be seen in the word cloud above.

### Key Issues;

- Only 3 out of the 99 respondents used hard data in their response.
- 3 respondents stated that they could not evidence the difference they made.
- Only 4 respondents were able to cite feedback that they have received about the difference they have made.
- There appeared to be very little measuring of difference used by the groups who responded.
- Most of the differences cited were collected using non-quantifiable words eg; “it appears”, “we noticed”, “we hope”.
- Although nearly all groups cited that there was “improvement” only 3 out of the 99 were able to state how many had improved.
- None of the groups stated how improvements were measured and how much improvement had been measured

These responses are consistent with the issues raised by the following section.

## Are groups measuring the difference they make?



A significant proportion of groups are measuring difference, but what is clear from the responses is that they would like to be doing more and would like to be doing it better. This is largely in line with the Survey conducted in the conurbations.

This is a significant area where improvement in the sector is needed. For statutory services to have greater confidence in referring into the sector the evidence it produces needs to be robust and auditable. Training is one area where support can be offered by DCA/CVS's, but support is also needed from NHS England, Public Health Dorset, Dorset Healthcare & Dorset County Council to share their data collection of "patient" distance travelled and the contribution made by VCSE groups to their statutory health and wellbeing targets eg; reduction in emergency admissions.

## How much are groups spending on health and wellbeing?

When asked to estimate how much of their annual income did they spend on health and wellbeing 78 respondents gave a total expenditure of £8,366,975. This equates to an average annual spend of over £100,000 per annum per group.

When looking at staffing, the average volunteer hours given was 106 and the average number of paid staff was 205 per month per group. The contribution of the VCSE sector to the health & wellbeing economy is considerable, especially when linked to the localised approach of much of this work.

## What help, advice and support do groups need?

The support/training topics offered were chosen as areas which could both support groups in their everyday business and as a partner in the LiveWell Dorset Health Improvement Hub project. Groups were able to select more than one area they would like support with.

| Would you like to receive help/advice/training on the following to improve your work? |                  |
|---|------------------|
| Answer Options  | Response Percent |
| <b>Recruiting volunteers</b>  | <b>41.9%</b>     |
| Managing volunteers   | 18.9%            |
| <b>Funding advice</b>   | <b>47.3%</b>     |
| <b>Bid writing</b>  | <b>28.4%</b>     |
| Writing tenders   | 12.2%            |
| <b>Proving needs</b>  | <b>25.7%</b>     |
| <b>Measuring the difference you make</b>  | <b>56.8%</b>     |
| Business planning   | 13.5%            |
| <b>How to promote your services</b>   | <b>41.9%</b>     |
| Managing staff  | 2.7%             |
| <b>Working in partnership</b>   | <b>25.7%</b>     |
| Health and safety   | 9.5%             |
| Safeguarding  | 8.1%             |
| Lone working  | 9.5%             |
| Behaviour change  | 6.8%             |
| <b>Assessing the health/lifestyle needs of your customers</b>                         | <b>25.7%</b>     |
| <b>Talking about Health &amp; Wellbeing with customers</b>                            | <b>23.0%</b>     |

Funding is always an issue for VCSE groups and so it is not surprising to see it as a training/support need request.

More surprising is that nearly 60% of the requests made were for support around evidencing meeting outcomes/measuring difference made. LiveWell Dorset has set one of its main aims is to support the groups involved in the project to evidence how many of those referred in to the service achieve their outcomes. This could be a useful way in to support VCSE groups to both get involved in the service and to support groups to evidence the work that they do.

Recruiting Volunteers is always an issue in more rural areas (Volunteering England “from barriers to bridges”). LiveWell Dorset could be a new way to recruit volunteers. Many people accessing behaviour change support from LiveWell Dorset will be looking for new; Replacement, Distraction & Incompatible Activities. Volunteering can be an excellent new “activity” to replace or distract from an unwanted behaviour. It can even be used as an

incompatible activity (an activity that can't be done at the same time as the unwanted behaviour) eg; Coaching a swimming group to replace evening drinking behaviour. With careful management, to ensure the right checks and support are in place – this could be another useful route to engagement between LiveWell Dorset and the VCSE sector.

Promoting services can be very difficult for small groups and many can get lost in an area the size of Dorset. Through good partnership working with LiveWell we could see many of these small groups gaining both kudos and promotion from their activities with the project. This could be emphasised through the promotion of partner groups on the home page of the LiveWell Dorset website.

Training is an excellent way of adding value for groups participating in the LiveWell project. Either from LiveWell/Optum staff eg; Coaching, Social Media training or via DCA/CVS staff eg; Making Every Contact Count, Fundraising, Outcomes & Measuring Impact training.

## **Future Plans**

### **Key Issues;**

- 43% of respondents have plans to improve their current service and/or expand.
- 57% of respondents are concentrating on maintaining current provision and/or securing further funding.
- Lack of funding appears to be the main reason for not expanding current provision; it was also cited as a concern by those that were hoping to expand.

### **Rural Issues;**

- Transport was cited as a limiter and barrier to expansion.
- Promotion of services to statutory providers/commissioners was also raised as a need if expansion of service was to occur.
- Current funding cuts by Dorset County Council were raised as an issue of concern.

## **Comments and suggestions.**

### **Further Information / Advice / Support**

- Insurance advice wanted
- Funding to improve digital inclusion needed
- Information about what funding support LiveWell could provide
- Information about new initiatives
- Support to improve evidencing outcomes and understand commissioning structure
- More networking, training & funding opportunities

### **Transport**

- Further information about transport solutions
- Better bus services
- Transport Strategy
- Better joined up working around transport issues

### **Greater Visibility of VCSE Sector**

- Increase in opportunities for community led groups to take the lead on health & wellbeing needed
- Better networking of all agencies involved in health & wellbeing
- More support from statutory services

- VCSE representation at all decision making boards/committees
- Access to commissioners
- Central point for accessing information on services
- Elimination of multiple databases – cost effective central database

## Staying in touch

The vast majority of respondents would like to stay in touch and work further with us in this area.

| Answer Options   | Response Percent |
|--|------------------|
| You would like to see the results of this survey   | 76.2%            |
| You would like to be kept in touch about meetings, training, information, advice/support on contributing to health and wellbeing in Dorset | 71.4%            |
| We can contact you to ask if you would like to take part in further research about your health and wellbeing work                          | 67.9%            |
| You might be interested in being included in a database of health and wellbeing activities   | 81.0%            |

Participation in this survey will be followed up, through inviting all those who contributed to events organised across Dorset to promote LiveWell Dorset.

**Finally – A Big Thank You to all the groups across Dorset who took part in this survey. The invaluable information that you have given will allow us to better tailor the support we offer to groups in Dorset, in order to, overcome barriers to supporting the Health & Wellbeing of our Communities.**

**Thank you.**

**PB - June 2015**