

City Bridge Trust – Monitoring Visit Report

Organisation: Bonny Downs Community Association	Grant ref: 10563	Programme area: Older Londoners
Amount, date and purpose of grant: 19/05/2011: £101,900 over three years towards the salary and on costs of the Fit and Healthy Project Co-ordinator		
Visiting Grants Officer: Carol Stone	Date of meeting: 3 rd April 2013	
Met with: Peter Laing, with project co-ordinators Diana and Mala		
<p>1. Introduction to the organisation:</p> <p>Bonny Downs is a community association which hosts most of its activities at the Wells Community Centre located in the heart of a residential area, on several bus routes. The association also runs activities at a nearby sports ground and other venues. The association is keen that all its programmes are linked, providing a holistic 'service' to its users, which spans age-ranges and need.</p> <p>The Café at the Wells Centre is apparently not making a financial contribution – but is seen as an essential service to attract those who might otherwise be reluctant to come in to the Centre and find out what is going on. The informal opportunities to talk in the café are seen as vital to the centre's overall success – but many of those who visit cannot afford to eat there, even at its very low prices.</p> <p>The Elders project for which this funding is given is the longest running of its programmes (14 years) and was initiated by those who relaunched the Wells Centre after a period of decline and closure.</p>		
<p>2. The project funded:</p> <p>The grant pays for the project co-ordinator post – currently filled by two job-sharers (seconded from other roles in the Centre), whilst the post holder is on maternity leave. The project's fundamental aim is to increase the health and well-being of older people, who will subsequently live happier, more independent lives for longer. They will thus make less call upon statutory and community services.</p>		
<p>3. Work delivered to date:</p> <p>The history of this programme – having been initiated by those who wanted to attend and benefit themselves – is probably the key to its sustainability and success to date. The demand for all the activities is high – and the participants initiate and volunteer to run some of them (e.g. arts groups), thus the programme can be enhanced easily, needing only the admin and support of the paid staff. The activities (lunch club, exercise, trips out etc.) are beneficial in themselves, but the significant value added by the skilled team is the advocacy/advice/support which they can offer. This includes assistance with benefits and allowances, getting social services support, mobility aids etc. An employment advice service for the over 50s has had to be cut due to lack of funds. The co-ordinators have acted as advocates for some of their clients – attending disability living allowance assessments or personal budget decision meetings with them and helping them with forms and correspondence. The co-</p>		

ordinators and volunteers visit members of the group at home/hospital if they are house-bound or ill.

The numbers attending have exceeded plans but there is more demand than can be met with the staff available. The Centre is only open Monday to Friday (because of costs) which is an unfortunate restriction, given the wishes of those who are alone all weekend.

4. Difference made:

The impact of this kind of project will always be difficult to measure but the association has gone some way to developing quantitative and qualitative indicators. They have case studies of individuals who have benefitted, and have done some work asking users to report on reduced use of medication/GP and clinic visits/home care etc. They recognise that this is essential in order to make the case for the funds to continue after this grant. This work has recently been recognised with a Communities of Health Award and they have a pilot project starting to work on taking GP referrals for patients with diabetes and heart problems. They are attending such external groups as the patient forums at local hospitals and clearly thinking 'laterally' about future support and finance.

The team is concerned that whilst they continue to become almost a non-stop shop for all the support that an older person needs, and are proud of the 'holistic' care, there is a risk (as they 'chase' the funding) of losing the original aims of the project which were to provide enjoyment and a social life for those who might otherwise be isolated.

The project attracts younger volunteers as well as the Elders peer-group and a specific programme including NVQs has been developed for them and some have then become employees. Social work students have been accepted on placements. These are real added bonuses and give credibility to the scheme with potential partners.

5. Concluding comments:

The organisation has begun a more robust approach to fundraising and this is going to be essential with such precarious local authority and health funding circumstances. They are considering the introduction of charges, or 'contributions' for those who can afford it, and to suggest that users may want to donate items for sale, or consider leaving legacies to recognise their appreciation of the Centre. This represents a huge change of mind-set but fits well with the way that individuals will – hopefully - be using their 'personal budgets' to buy their time at the Centre in due course.

A new healthy growing and eating project may help the café (if produce is grown to cook and sell there) as well as providing a companionable outdoor activity for the attenders of the Elders group. This, as with all the Association's work, is wholly dependent on the hugely committed staff and volunteer team.

The halving of the annual taxi allowance for many of the most vulnerable attendees will have a big impact on the project, along with the loss of community transport schemes. The Association will approach this by adding to their list of ideas and finding a way of avoiding the need for individuals to have to choose whether to come to the Centre *or* go shopping.