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The City Bridge Trust

Investing In Londoners: Application for a grant



About your organisation

Name of your organisation: Women's Health and Family Services (WHFS)	
If your organisation is part of a larger organisation, what is its name?	
In which London Borough is your organisation based? Tower Hamlets	
Contact person: Ms Sharon Hanooman	Position: Director
Website: http://www.whfs.org.uk	
Legal status of organisation: Registered Charity	Charity, Charitable Incorporated Company or company number: 1033764
When was your organisation established? 24/02/1994	

Grant Request

Under which of City Bridge Trust's programmes are you applying? Older Londoners
Which of the programme outcome(s) does your application aim to achieve? Older Londoners aged 75 years and over living more active and healthier lives Fewer older Londoners aged over 75 years with depression and more reporting improved well-being
Please describe the purpose of your funding request in one sentence. To improve the wellbeing and social inclusion of 300 minority ethnic older people through health and social activities, volunteer befriender support and volunteering opportunities.
When will the funding be required? 12/01/2015
How much funding are you requesting? Year 1: £44,538 Year 2: £48,210 Year 3: £50,132 Total: £142,880

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Aims of your organisation:

Women's Health & Family Services mission is to work for equitable healthcare for minority ethnic women and their families in Tower Hamlets and other East London boroughs through advocacy and awareness raising. We challenge discrimination; and we campaign for clients' rights and choices to ensure their health and wellbeing. Women's Health & Family Services aims and objectives are:

- a) To advance education among women resident in Tower Hamlets and surrounding Boroughs, in particular African and Asian women before during and after pregnancy.
- b) To preserve and protect the health of the inhabitants of the London Borough of Tower Hamlets and surrounding Boroughs.
- c) To promote equality and diversity by challenging discrimination and encouraging services which meet the diverse needs of the community and the sharing of experiences in order to bring about equality in health and well-being, and good relationships in the community.

Main activities of your organisation:

We fulfill our objectives by training volunteers and experienced staff as bilingual health advocates to work with Black, Asian and Minority Ethnic (BAME) communities to promote and access health care in Tower Hamlets and neighbouring boroughs. Our core activities include:

- a) Interpreting services, advocacy, advice and information on health and other issues; increasing access to, and sharing their user experience on health services
- b) BME Elders health and social care - providing healthy cook and eat lunch clubs for older Somali women and extending access to Chinese, Vietnamese and other minority elders to participate in ESOL, health education and keep fit classes.
- c) Volunteer befriending and advocacy--to support people within BAME communities on diabetes management and education; as Maternity Mates and Healthy Start Champions - supporting women and their children with their pregnancy, birth, MMR vaccinations, Vitamin D and breast feeding awareness.
- d) Training volunteers to consult and support residents on cancer awareness and screening and other health issues.

Number of staff

Full-time:	Part-time:	Management committee members:	Active volunteers:
2	12	8	52

Property occupied by your organisation

Is the main property owned, leased or rented by your organisation?	If leased/rented, how long is the outstanding agreement?
Rented	ongoing

Summary of grant request

We aim to support 300 Black, Asian and Minority Ethnic (BAME) older residents from Tower Hamlets to become more active and healthy through health and social activities, access to volunteer befrienders and volunteering opportunities. A three year grant will fund two part time workers, volunteer training and project running costs.

Tower Hamlets' Joint Strategy Needs Assessment (2011) highlights the lack of an overarching strategy to improve the health and wellbeing of older people. As a consequence they lack awareness of, or access to opportunities that could reduce their isolation and improve their welfare. These and other concerns were identified in our survey of 50 Somali elders in 2012, our participatory appraisal sessions in 2013 with over 300 people and through our everyday work with BAME communities. Our findings resonate with other research findings -- of being isolated; lacking social contact; depressed wellbeing; unaware of opportunities yet wanting to contribute to their community. The context is a borough that has high urban deprivation with 19,000 residents over 65 of whom 5,000 are over 80. 47% of the over 65s live alone and 80% are not undertaking the recommended level of physical activity, particularly so for the BAME communities.

A steering group will oversee the work of the project; this will include outreach to BAME communities, churches, mosques, lunch clubs and local agencies working with older people through a team of volunteers. We will work with other older people groups in community settings to deliver intergenerational activities, outdoor schemes and trips, health focussed sessions, talks, and meetings with health providers. We will build on our Somali older women's work to engage residents over 75 years, men and other ethnic communities. Volunteers will be recruited and trained as befrienders and activity helpers. They will also support older people wanting to volunteer. A bespoke volunteer training programme will be delivered to include personal development, befriending skills, working with older people and community development. Practice development and supervision sessions will be provided for volunteers.

300 older people from BAME communities will be more socially connected, active and confident with 10 volunteering within their community. This will achieve a measurable improvement in their health and wellbeing, as well as improving the skills and confidence of 30 local people who have volunteered.

We have a strong track record and over 32 years experience of reducing health inequality, recruiting local volunteers and improving the health and well being of vulnerable people from BAME communities including older people. We have robust systems in place to support our volunteers and established relationships with informal and informal community networks and organisations that help us reach out to isolated people in BAME communities. We received the GlaxoSmith Kline IMPACT Award 2012 as "the bronze overall winner of the Champions Award for excellence in their work and making a real difference to the health of the community".

By providing the space and activities to encourage older people to be more active, to make use of their skills, take up opportunities to connect with and contribute to their community and to feel more fulfilled, with an increased sense of wellbeing.

Our project steering group, social gatherings and feedback forms will involve and support older people in running the project. We value diversity through the inclusion of older people, men and people with disabilities as volunteers and users. We have broadened our reach to Eastern European communities and promote our projects and volunteer opportunities in culturally and socially appropriate ways. We are reducing our carbon footprint through reduced power consumption, recycling paper and encouraging and providing instructions for staff and clients to cycle.

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If you need any planning or other statutory consents for the project to proceed, what stage have the applications reached?

Do you have a Vulnerable Adults policy? **Yes**

What Quality Marks does your organisation currently hold?

Advice Quality Standard

Outputs and outcomes

What are the main activities or outputs you want to deliver? Please include no more than 5. By activities or outputs we mean the services, products or facilities you plan to deliver. If you plan to deliver work over more than one year you should include activities over the full grant period requested. Try to be specific.

Volunteer Recruitment, training and support: of 30 volunteers -- 10 each year, with at least 65% from the Black, Asian and Minority Ethnic communities (BAME) to be confident in volunteering, befriending, communicating and supporting activities. 9 practice development and supervision sessions provided each year.

Community activity programme: for 300 older people over 3 years At least two activities each week such as dance /exercise session, outdoors (walk or trip), clothes and sewing intergenerational project with local schools; talks and discussions and volunteering opportunities. As local as possible to minimise transport usage.

Befriending support: for at least 60 older participants, especially the most vulnerable and those with mobility issues; to receive at least one befriending session per week.

What main differences or outcomes do you hope the activities you have described above will achieve? Please include no more than 5. By differences or outcomes we mean the changes, benefits, learning or other effects that result from the work your project would deliver. These might be for individuals, families, communities or the environment.

100% of older BAME participants have improved quality of life, physical and mental wellbeing and social relationships as well as access to support, advice and activities that reduces their experience of poverty and isolation.

At least 30 local people access opportunities to develop and use their skills through training and placements as volunteers/befrienders to older residents.

At least 60 older people feel less isolated and lonely, and more confident in accessing local services and activities as a result of their befriender support.

Increased awareness of the needs of BAME residents over 75 years by health and social agencies in planning and co-ordinating services for older people and BAME older residents have improved knowledge of local services that improves their standard of living.

Do you plan to continue the activity beyond the period for which you are requesting funding? If so, how do you intend to sustain it? If not, what is your exit strategy?

We want to continue by working with community and statutory agencies to support an overarching strategy for elders to include commissioning of our project activities. We will explore future funding from Integrated care and Personal Budgets and work with partners to expand their provision to assimilate users and activities within their programmes for older people.

Who will benefit?

About your beneficiaries

How many people will benefit directly from the grant per year?

150

In which Greater London borough(s) or areas of London will your beneficiaries live?

Tower Hamlets (90%)

Hackney (10%)

What age group(s) will benefit?

25-44

45-64

65-74

75 and over

What gender will beneficiaries be?

All

What will the ethnic grouping(s) of the beneficiaries be?

Mixed/ Multiple ethnic groups (including White and Black Caribbean; White and Black African; White and Asian; Any other Mixed/ Multiple ethnic background)

Asian/ Asian British (including Indian; Pakistani; Bangladeshi; Chinese; Any other Asian background)

Black/ African/ Caribbean/ Black British (including African; Caribbean; Any other Black/ African/ Caribbean background)

If Other ethnic group, please give details:

What proportion of the beneficiaries will be disabled people?

1-10%

Funding required for the project

What is the total cost of the proposed activity/project?

Expenditure heading	Year 1	Year 2	Year 3	Total
Staffing	26,592	27,122	27,662	81,376
Project activity costs	13,080	16,180	17,520	46,780
Management costs	2,066	2,066	2,066	6,198
Admin/Office costs	2,800	2,842	2,884	8,526
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
TOTAL:	44,538	48,210	50,132	142,880

What income has already been raised?

Source	Year 1	Year 2	Year 3	Total
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
TOTAL:	0	0	0	0

What other funders are currently considering the proposal?

Source	Year 1	Year 2	Year 3	Total
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
TOTAL:	0	0	0	0

How much is requested from the Trust?

Expenditure heading	Year 1	Year 2	Year 3	Total
Staffing	26,592	27,122	27,662	81,376
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	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
TOTAL:	44,538	48,210	50,132	142,880

Finance details

Please complete using your most recent audited or independently examined accounts.

Financial year ended:	Month: March	Year: 2014
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Income received from:	£
Voluntary income	231,221
Activities for generating funds	1,555
Investment income	124
Income from charitable activities	0
Other sources	0
Total Income:	232,900

Expenditure:	£
Charitable activities	281,484
Governance costs	4,233
Cost of generating funds	13,629
Other	0
Total Expenditure:	299,346
Net (deficit)/surplus:	-66,446
Other Recognised Gains/(Losses):	0
Net Movement in Funds:	0

Asset position at year end	£
Fixed assets	3,658
Investments	0
Net current assets	104,650
Long-term liabilities	0
*Total Assets (A):	108,308

Reserves at year end	£
Restricted funds	40,000
Endowment Funds	0
Unrestricted funds	68,308
*Total Reserves (B):	108,308

* Please note that total Assets (A) and Total Reserves (B) should be the same.

Statutory funding

For your most recent financial year, what % of your income was from statutory sources? 91-100%

Organisational changes

Describe any significant changes to your structure, financial position or core activities since the date of your most recent accounts: In September 2013 we appointed a new Director. WHFS was awarded a three year contract to deliver our Maternity Mates project with funding from Tower Hamlets Clinical Commissioning Group.
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Previous funding received

Please list the funding received by your organisation from the following statutory sources during the last THREE years.

	2012 £	2013 £	2014 £
City of London (except City Bridge Trust)	0	0	0
London Local Authorities	97,911	137,287	64,814
London Councils	0	0	0
Health Authorities	208,244	176,879	161,502
Central Government departments	0	0	0
Other statutory bodies	0	0	0

Previous grants received

Please list the grants received by your organisation from charitable trusts and foundations (other than City Bridge Trust) during the last THREE years. List source, years and annual amounts. Please include the 5 largest only.

Name of Funder	2012 £	2013 £	2014 £
Kings Fund	0	5,000	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0

Declaration

I confirm that, to the best of my knowledge, all the information I have provided in this application form is correct. I fully understand that City Bridge Trust has zero tolerance towards fraud and will seek to prosecute and recover funds in every instance.

Please confirm: Yes Full Name: **Ms Sharon Hanooman**

Role within **Director**
Organisation:

Revised Detailed Budget Breakdown

	Year 1	Year 2	Year 3	
Staffing Costs				
Volunteer Co-ordinator	17718	18073	18434	3 days pw
Support Worker	6581	6712	6846	1.5 days pw
Training	100	100	100	
Total Salary costs	£24,399	£24,885	£25,380	
Project Costs				
Project outreach	200	200	200	
PR/Advertising	200	100	100	
Volunteer Recruitment, Support & Expenses	1400	2240	2800	
Insurance and DBS	100	100	100	
Project Evaluation	500	500	1000	
Volunteer training	1000	750	750	
Activities: Healthy Living	3100	3350	3350	
Activities: Cultural/events	1500	1500	1500	
Project Steering Group meetings/planning	130	150	150	
	£8,130	£8,890	£9,950	
Support Costs				
Management/Finance	1550	1550	1550	1.5 hrs pw
Admin/Office Costs				
Rent/office costs	911	925	939	
Stationery & Printing	194	197	200	
Telephone & mobiles	417	423	429	
IT	812	824	837	
Audit	194	197	200	
	£2,528	£2,566	£2,605	
TOTAL PROJECT COSTS	£36,607	£37,891	£39,485	TOTAL 3 YEARS: £113,983