

The Third Sector in Southend on Sea

Landscape review and critical issues
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SAVS

SAVS Centre

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The evidence base

- 360 SAVS members invited to participate, 41 responded including all the larger bodies
- The data is based on the 2014-15 financial year but the trends reported continue
- 23 respondents had income over £100k

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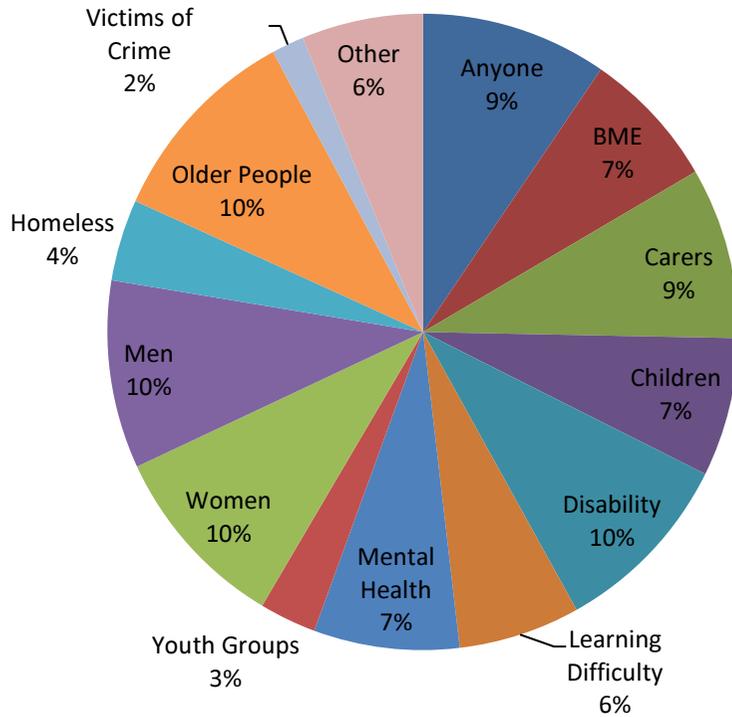
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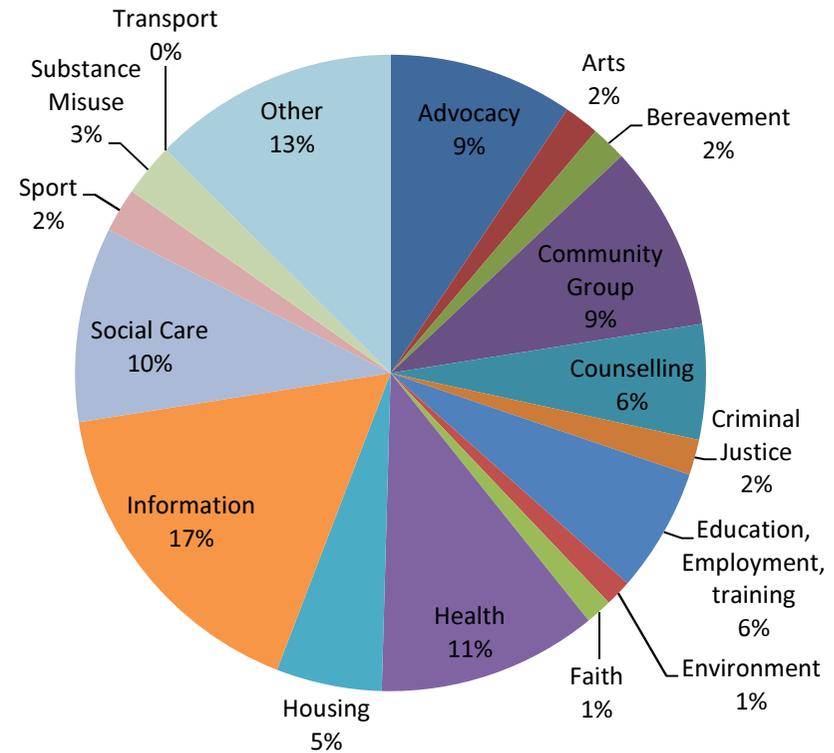
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Composition of the sector

Type of Organisation



Group worked with



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Selection of key achievements

Supported the elderly to remain safe, healthy and independent at home	Volunteer "form filling" programme completed 1300 successful benefit forms amounting to £4.3m income for older people in Southend	Saved 9 lives and rescued 140 people last year
Helped 15 women break through the barriers to exercise	Helped 5 clients become debt free in our first year	Helped children reconnect with separated parents
Helped people gain benefits and support that allow independent living	Transformed lives through helping with recovery and entry to employment	Brought diverse communities together through friendship projects

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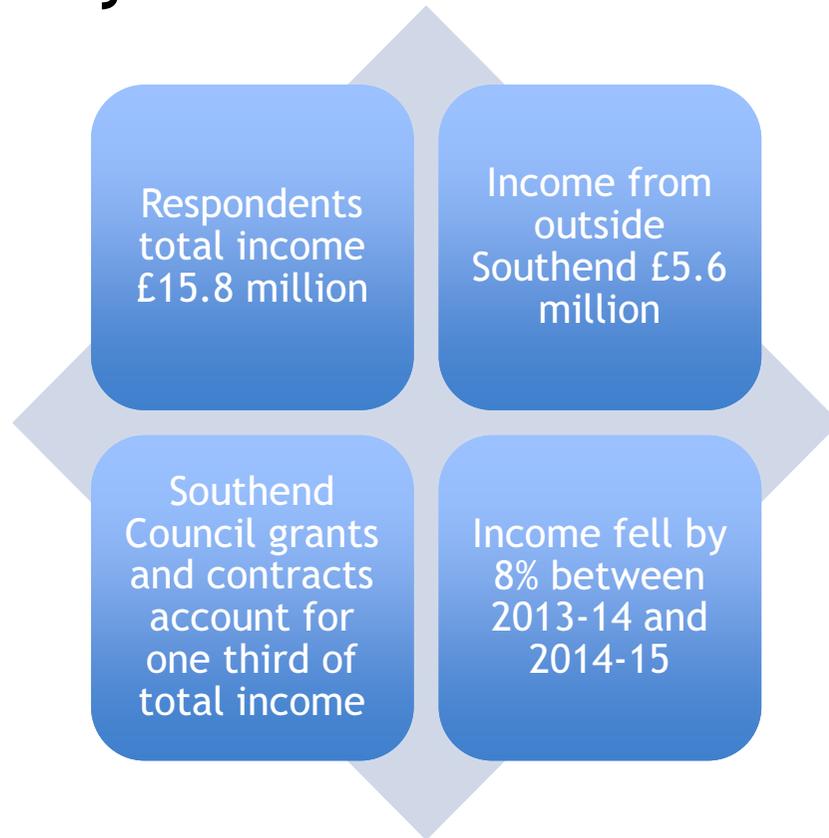
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Income - 2014-15

Key facts



Critical issues

- The sector is heavily dependent on income from public bodies which are themselves under funding pressure
- The CCG accounts for just 2% of the sector's income
- Funding for key work is being cut e.g. total Dementia Community contract was £210k now £150k

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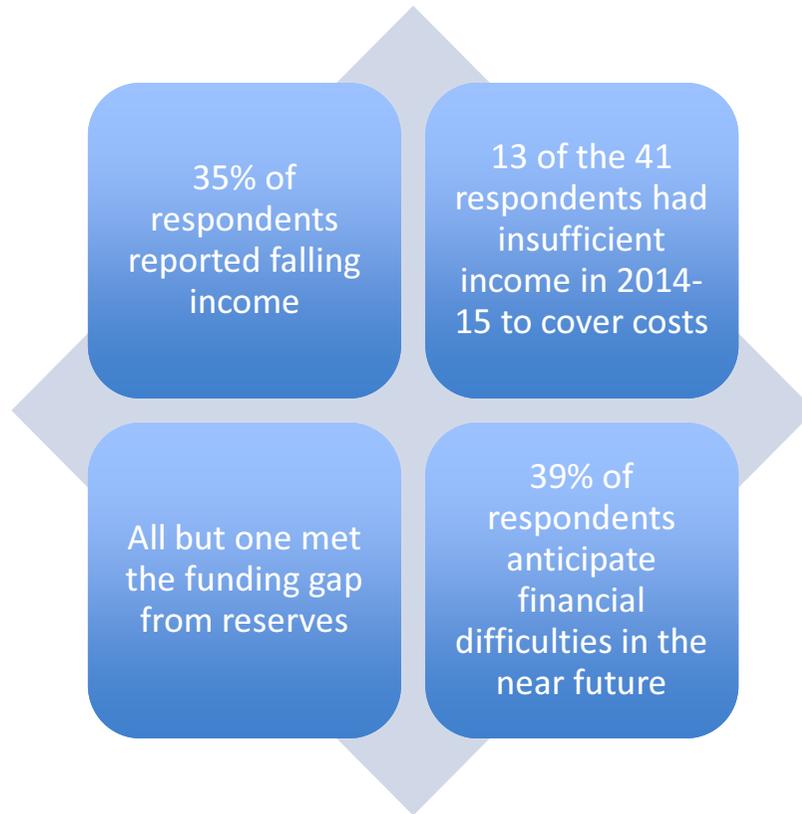
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Financial health of the sector

Key facts



Critical issues

- The sector is struggling financially and drawing on reserves to make ends meet. This is not sustainable
- Financial pressures are exacerbated by funding insecurity
- Several respondents commented that local authority contracts do not cover costs

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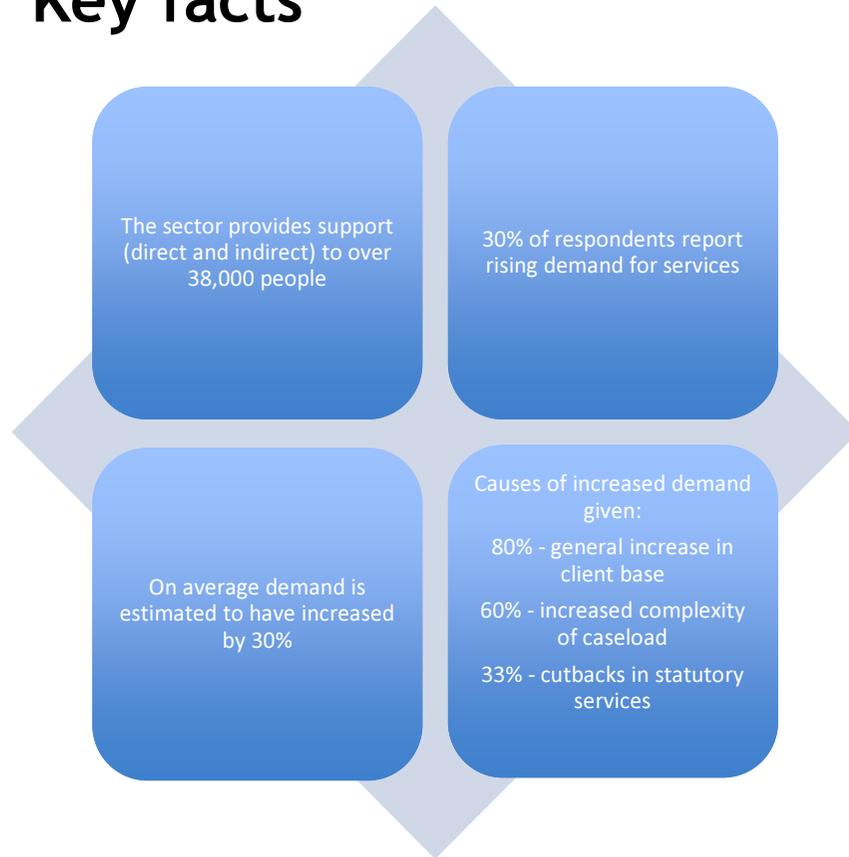
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Demand

Key facts



Critical issues

- If current trends continue the sector will not be able to meet additional demand for services
- Cuts to statutory services are increasing the complexity and volume of the sector's caseload

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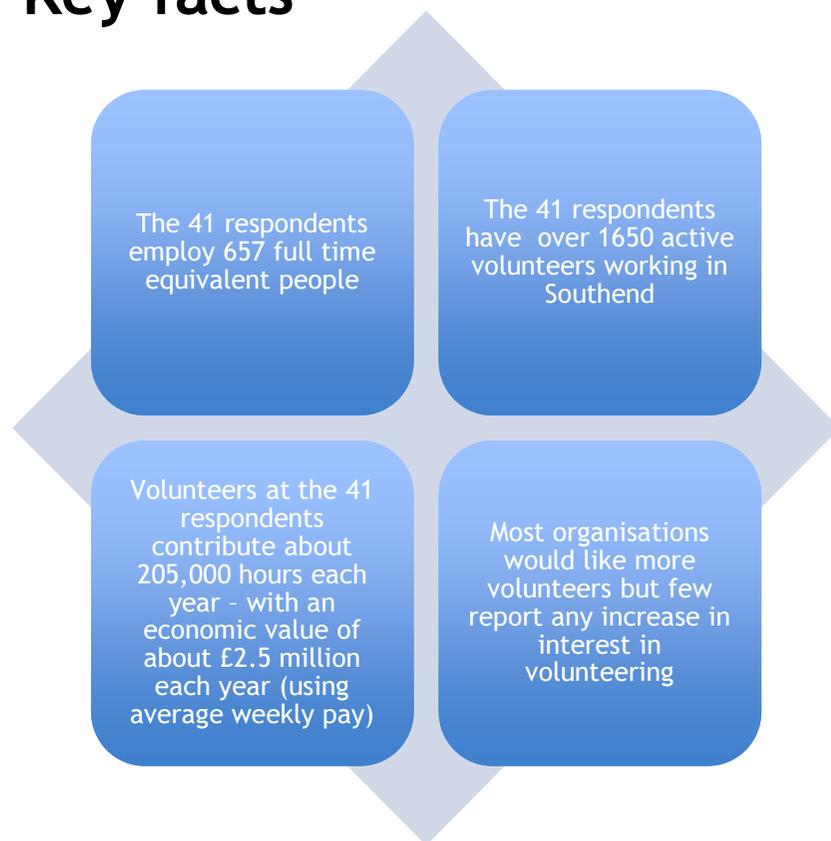
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Workforce

Key facts



Critical issues

- The sector makes an important contribution to the local economy but there are real concerns about the volunteer workforce.
- Many volunteers are elderly themselves and it is difficult to attract younger people
- As casework becomes more complex volunteers need different skills, which are often in short supply
- Younger people are using volunteering as a pathway to paid work which impacts on the sustainability of some service provided

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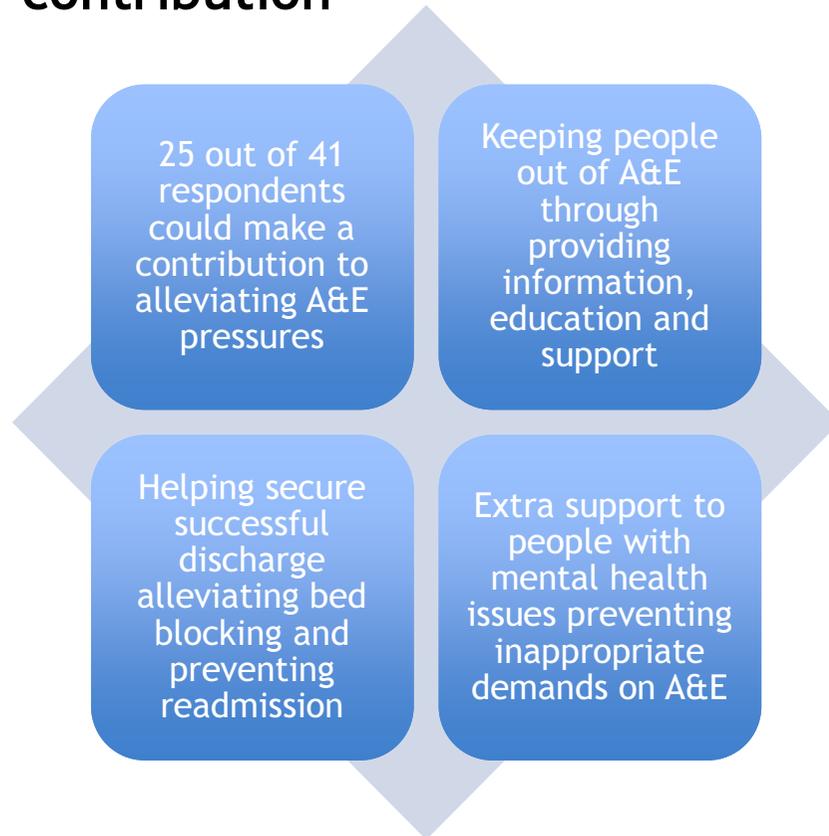
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Tackling the A&E crisis

The sector wants to make a contribution



But there are barriers which need to be overcome

- Funding is rarely available for preventative work
- There would need to be investment in skills
- Volunteer workforce would need to expand as already working at full capacity
- True costs of care need to be met by commissioners

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Outcomes delivered

Improved safety, understanding of risk and provided safe accommodation to prevent further incidents of domestic violence	Increased motivation, quality of life, social interaction and effective management of health condition	Increased referrals of individuals living in most deprived areas or who have multiple risk factors
Asylum seekers feel more secure and valued and able to contribute to community	People remain at home and are independent	Less social isolation
Greater community cohesion	People becoming free of debt and learning to budget for the future	Improved child welfare

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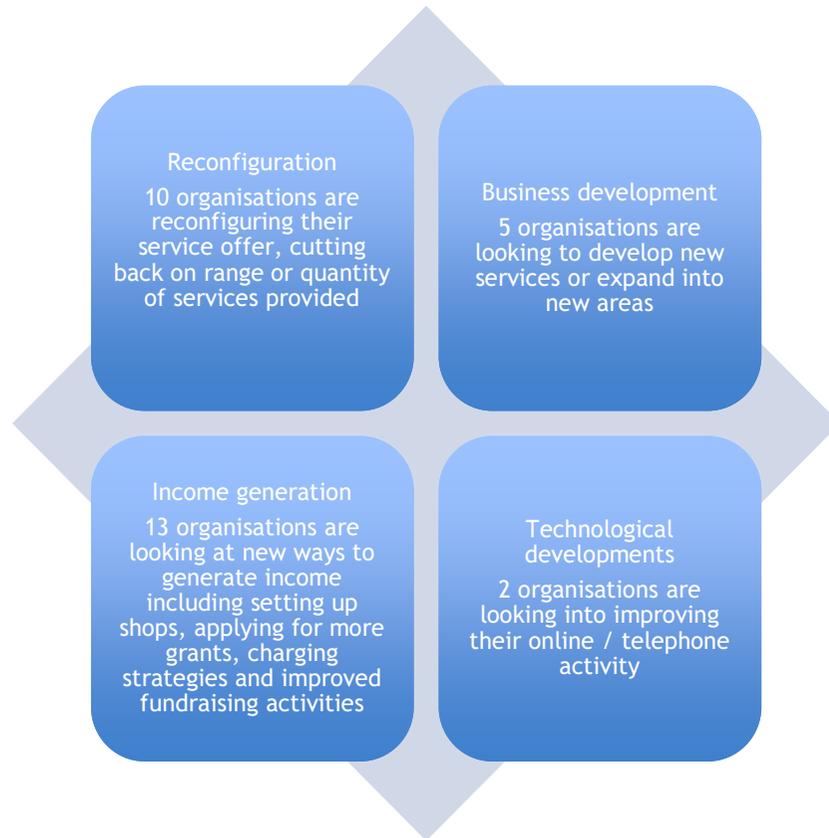
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The sector is changing

Strategic response



Critical issues

- Reconfiguration could mean a reduction in services to harder to reach groups
- Organisations may be drawn to areas where there is funding thus increasing competition
- All organisations are fishing in the same pool for funds whether that is the Council, charity shops or donations

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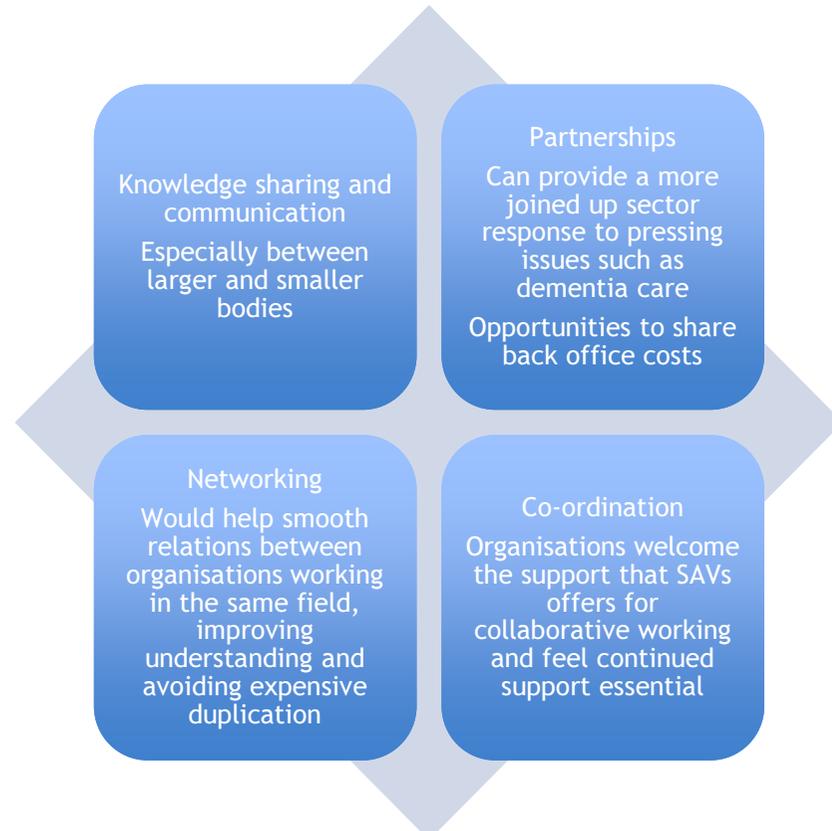
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Collaborative working

The sector understands the benefits of collaboration



But cites common barriers to increased collaboration

- Commissioners reducing funding and expecting more collaboration which itself incurs a management cost
- Lack of trust between organisations
- Lack of time to invest in building relationships
- Disparity between large and small organisations when they collaborate or where one is lead partner
- Too much competition for the same pool of funds

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Innovations introduced

Social prescribing, linking voluntary sector to primary care	Establishing a support framework for young adult carers	Working in schools to raise awareness of sexual violence
Leading the Recovery College as a local independent charity	Started a Christmas Day lunch for 60 with 24 volunteers and lots of community support	Conference on welcoming refugees
Developed “financial abuse of the elderly” programme and returned £553k to victims of crime	Provided tax support for deaf people by working with HMRC	Becoming more accessible through use of hubs at local surgeries

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Little known facts about the sector

We provide a wholly free news service to blind and partially sighted people	We provide the largest community event in Southend	We have 80 volunteers and only 7 full time staff - charity at its best
Our drivers donate 18000 hours of their time each year	We have received 7 awards from the Community and Business sector for our work helping improve the quality of life of our older people	Over the past 4 years we have brought £4.2m into the Borough in Benefits for older people to help them stay independent in their own homes for as long as possible
24 of the 40 respondents have or are working towards an external quality award	8 organisations are accredited by PQASSO, several are working towards Quality for Health	Our volunteers contribute over £20k to help us deliver our services

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Core messages from the sector to commissioners

The sector is attuned to local needs and offers cost effective solutions which prevent problems escalating and requiring expensive treatment	Many charities believe they are funding services the local authority and health bodies should be funding	The outcome based commissioning model does not provide sufficient core funding to enable local bodies to function effectively
The fees paid by commissioners are unacceptably low and do not take into account the demands on suppliers made by the regulators	The local sector is at a disadvantage to large national bodies in the contracting process - this means local capacity is eroded over time	The local sector needs to upskill (e.g. new Care Act requiring C&G Level III) but investment is difficult without guarantee of income
Trend towards amalgamating different strands of care into a single contract / lead provider models will exclude some local bodies	The cuts in funding to statutory bodies cannot be absorbed if passed on to the voluntary sector	We would welcome true co-production when planning new services or changes to service delivery - we have the grass roots expertise - please listen to us!

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