

Mapping the Contribution of the Tameside Voluntary and Community Sector to Health and Social Care

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1. Introduction

- 1.1 Get Heard is a consultancy organisation which provides research, project evaluation, and business planning and development services in the voluntary and statutory sectors. We were commissioned in September 2005 by Tameside 3rd Sector Coalition (T3SC) to map the contribution of the Tameside voluntary and community sector to health and social care.
- 1.2 Tameside is on the eastern side of the Greater Manchester conurbation bordering the Peak District and has a population of more than 213,000. There are nine towns and districts within the borough: Ashton-under-Lyne, Audenshaw, Denton, Droylsden, Dukinfield, Hyde, Longdendale, Mossley and Stalybridge. Tameside is served by Tameside Metropolitan Borough Council and Tameside and Glossop Primary Care Trust.
- 1.3 Tameside is ranked at 49 out of 354 local authorities in England in the Indices of Deprivation 2004 (1 was the most deprived area and 354 the least deprived). One fifth of the population (more than 44,000 people) has a limiting long-term illness. In May 2006 there were 267 charities in Tameside registered with the Charity Commission.
- 1.4 The role of the voluntary and community sector in Tameside is to some extent already recognised in documents such as the Tameside Local Compact.¹ But the aim of this mapping is to try to spell out in more detail how the sector contributes in the vital area of health and social care in the borough.
- 1.5 A local authority scrutiny review in 2004 acknowledged the effectiveness of T3SC itself and emphasised the importance of linking its activity to the goals of the Local Strategic Partnership.² We will pay heed in this report on how the sector contributes to these objectives. Nonetheless we must also emphasise that the voluntary and community sector is not an adjunct or offshoot of the statutory system – indeed to speak of a “sector” is shorthand to refer to a very diverse range of activities and organisations.

¹ “Tameside Local Compact”, 2nd Edition, 2004.

² “Scrutiny Review of the Tameside Third Sector Coalition (T3SC) on behalf of the Executive Board”, Tameside Metropolitan Borough Council, February 2004.

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- 1.6 Much depends on how this sector is defined. Unpaid activity of one kind or another is in fact the basis of care in the community. For example, more than 22,000 people in Tameside are providing some unpaid care, with more than 5,000 people providing unpaid care of 50 hours or more per week.³ It has been calculated that the replacement costs of such care would be similar to the costs of the NHS system as a whole.⁴ This contribution is literally irreplaceable.
- 1.7 Many voluntary and community organisations develop from the roots of self-help and community association. These organisations certainly have an impact on statutory goals, as we will show below, but fundamentally their role is to pursue their own charitable objectives. This is not stubbornness on the part of the voluntary sector, but just an acknowledgement of what such organisations exist by law to achieve.

³ "Table KS08: Health and Provision of Unpaid Care", National Statistics Online, 2006.

⁴ Carers UK, "Without Us? Calculating the Value of Carers' Support", Carers UK, 2002.

2. Methodology

- 2.1 It was agreed that the main data collection method would be via semi-structured telephone interviews during the first quarter of 2006. In all cases we sought interviewees who could act as spokespeople for their organisation – generally the most senior member of staff or the chair of trustees. In a small number of cases where this was not possible, we asked that interview notes were passed to the most senior member of staff or chair of trustees for approval. These organisations covered all the main client groups in health and social care and varied greatly in size and resources.
- 2.2 Examples of similar work to assess the contribution of health and social care in the voluntary sector have used largely quantitative, survey methods.⁵ Such work has proven valuable but needs to be interpreted with caution. For example, in the Leeds survey the response rate was just over 40% of those organisations contacted. On this basis it is far from certain that findings give an accurate picture of the voluntary sector contribution to health and social care as a whole.
- 2.3 We focused here on identifying a core group of organisations and worked intensively to make contact with as many as possible. The research is qualitative in so much as the main output is not statistical generalisations about the work of the sector but more detailed understanding of what they contribute individually.
- 2.4 An initial database of 119 organisations that make a key contribution to health and social care was identified by T3SC. There are estimated to be up to 300 additional groups in Tameside that make *some* contribution, but it was felt that this core group would provide a good understanding of what the sector has to offer and provide a manageable research project within the resources available.
- 2.5 Sadly, we found that some of these organisations no longer operated in Tameside. A further 8 organisations on the initial database were found to be duplications – that is, projects which on investigation were shown to be part of organisations that occurred elsewhere on the list. There were a small number of projects which interviews suggested were not actually the voluntary sector: we

⁵ Dr Steven Webster, "Valuing the Voluntary Sector: Health and Social Care in Leeds", Voluntary Action Leeds, 2000; Bryan Collis, "Supporting Voluntary Sector Arrangements in Rhondda Cynon Taff", Wales Council for Voluntary Action, April 2005.

found 2 projects that were part the health sector, 1 that was run by the local council, and 1 that was a private sector organisation. 7 appeared to operate exclusively in Glossop so were not included as the aim was to map health and social care in Tameside itself.

- 2.6 This left a core group of 92 organisations. 67 interviews were carried out. We sought to contact a further 25 organisations or projects by telephone and letter but were not able to carry out interviews due to non-response. Many voluntary and community organisations have limited resources and need to make tough decisions about the activity they carry out and how this is prioritised, so it is possible that some of these organisations decided on balance that they did not wish to take part.
- 2.7 However it also has to be said that a small minority of these organisations proved very difficult indeed to contact as no telephone number or contact person appeared to be available (indeed it is possible that some no longer exist). This makes it difficult to assess their contribution to health and social care – but, more importantly, would make it almost impossible for potential beneficiaries to make contact.
- 2.8 The interview schedule was drawn up in consultation with T3SC and was piloted in December 2005. The early version of the schedule was substantially revised and shortened to meet the needs of the sector. The final interview schedule aimed to obtain a general picture of work carried out, rather than focus on specific statutory targets around health or social care. All organisations taking part were given the opportunity to add to or amend the notes of the telephone interview.
- 2.9 For the most part, these organisations naturally fall into categories that largely correspond to those familiar to statutory providers in health and social care. The results are organised into relevant sections and discussed below.

3. Older People

3.1 We have identified a number of organisations which carried out specific projects or activities with older people and played a role in promoting health and social care, such as:

- Advocacy in Mind
- Age Concern Tameside
- Carmel Christian Centre
- Cranberries Club
- Droylsden Phoenix Over 50s Club
- Khush Amdid Day Centre
- Tameside Elders' Association
- Tameside Citizens' Advice Bureau

3.2 In this section we will describe the activities of these projects. Promoting the independence of older people, and helping them to remain in their own homes, is a key target of the Tameside Older People's Partnership. The voluntary sector in Tameside has a significant impact on this goal.

3.3 **Age Concern Tameside** is one of the largest charitable organisations in the borough and runs many relevant activities. The **Hospital Aftercare Service** provides support with daily living activities for older people who have been discharged from hospital. The service is able to carry out a range of tasks, such as shopping, laundry and pension collection, that might otherwise be very difficult in these circumstances. **Gorse Hill Day Centre** is a facility for elderly people with high physical dependency needs. **St Peter's Community Social Group** is the only day care facility delivering support to older people with functional mental health problems, such as long-term clinical depression. The **Dementia Social Group** offers day care and carer respite to people with dementia, and once more it is the only facility of its kind in Tameside. The **Carers' Drop-In Service** allows carers of older people to access up to 4 hours of respite at a time to have a break from caring. **First Call** provides a Handyperson service to carry out small jobs around the home that can make a huge difference to older people's quality of life – such as changing light bulbs and plugs, fitting shelves or hanging curtains. The **Tea Bar** is a social project for elderly men to get together and build companionship, especially for the

widowed or single. The **Healthy Living Project** provides education on such issues as avoiding falls and backs this up with access to regular chiropody, eye checks, medication reviews, and safe exercise techniques.

- 3.4 All these services illustrate the principle that older people do not always require *more* support but simply *more appropriate* support to enable them to live their lives in their own way.⁶ Each in its own way makes a direct contribution to allowing older people to continue to live independently in their own homes.
- 3.5 These are backed up other services from Age Concern Tameside that help to promote independence and well-being. The **Advice and Information Project** helps older people tackle a range of issues such as income and benefits. Age Concern Tameside offers time-limited courses to promote active ageing through its **Activities Project** such as Tai Chi, yoga, arts and crafts, etc. There is a **Counselling and Loss Service** with one-to-one counselling covering all aspects of bereavement.
- 3.6 The role of independent advocacy and information for older people can be hugely important in ensuring that the voices of older people are heard and their independence recognised. **Advocacy in Mind** has an advocacy project specifically aimed at older people with mental health problems, working in both hospital and community settings.
- 3.7 If for some reason older people do need to consider moving out of their homes, it is equally important that their independence and capacity to make decisions is recognised. **Tameside CAB** recognises that people accessing care are often in a very vulnerable and traumatised state attention at the time the decision is made, with a massive change of lifestyle. Tameside CAB runs the **Choice Shop**, an independent information service for vulnerable people requiring care, primarily the elderly. Tameside CAB also has an **advocacy project** for older people in residential care homes to support individuals to have their needs and wishes heard.
- 3.8 There are a range of other services that offer low-level support to older people, giving an opportunity for social interaction together with information and sometimes gentle exercise. Many of these services are run by volunteers.

⁶ "Older People Shaping Policy and Practice", Joseph Rowntree Foundation, 2004, p.13.

Carmel Christian Centre in Denton runs a weekly group for older people. This is based around a lunch club but there are activities available such as games and gentle exercise. About 30 people attend each week, many of whom are elderly, with transport organised through dial-a-ride. **Droylsden Phoenix Over 50s Club** holds weekly meetings which are usually attended by about 80 people. The meetings have entertainment, such as quizzes and bingo, and speakers on health issues or benefits or other things of interest. The **Cranberries Club** is aimed at people aged 55 and over with weekly meetings and speakers, keep-fit sessions, sometimes bingo, card making, sharing information and any concerns. The group specifically aims to provide an opportunity for people to socialise who might otherwise be isolated.

- 3.9 Such groups clearly make a contribution to the social and mental well-being of their members, which has been identified as a component in good health.⁷
- 3.10 Tameside has a substantial South Asian community. **Tameside Elders Association** is aimed primarily though not exclusively at elders from this community, with a group which meets twice per week on Mondays and Tuesdays from 10am until 4pm. There are 40-50 members who socialise, play games, listen to music or watch videos, have a meal and then have a small meeting over tea or coffee. They often have speakers giving talks on keeping healthy or welfare rights etc. The group offers transport to anyone who needs it. People also come for informal help with things such as reading letters, understanding bills, or help to sort out day-to-day problems. 5 or 6 day trips are arranged yearly. There is also an opportunity to take part in exercise or a walk.
- 3.11 **Khush Amdid Day Centre** is aimed at older Asian women and provides an opportunity to get out of the house, to socialise and build companionships. The Centre is activity-led, with a mixture of exercises, speakers and educational courses, with up to 60 service users per week.
- 3.12 Other organisations make a contribution to the health and well-being of older people even where they are not aimed exclusively at this group. For example, **Volunteer Reading Help** provides reading support to children in schools using adult volunteers, many of whom are older people. It is reported that this appears

⁷ "Strategy for Adults with Physical and Sensory Disabilities, 2004-2005", Tameside Metropolitan Borough Council Social Services and Tameside and Glossop Primary Care Trust, p.4.

to be beneficial to older people as well as to the children who practise their reading skills. Many organisations working with disabled people have a high proportion of older users, such as the **Macular Disease Society**, the majority of whose members are women aged over 70.

- 3.13 Ensuring that older people remain active is vital to maintaining independence and well-being. As one person put it, “our group gives people a reason to get out and stops them becoming isolated.” But in some cases it appeared that demand is higher than resources can accommodate. Thus **Droylsden Phoenix Over 50s Club** was set up because similar groups had waiting lists but is now itself oversubscribed. There also appears to be unmet demand for more active ageing activities, based on the success of Age Concern Tameside’s Activities Project.

4. Services for Disabled Adults

4.1 Several organisations aimed to support disabled adults and/or their carers:

- Carmel Christian Centre
- Denton Blind Centre
- Inskip League Of Friendship For Disabled Persons
- Holidays with Help
- Kingfisher Riding For The Disabled
- Mossley Blind Club
- PHAB Group
- Shopmobility
- Tameside Blind Association
- Tameside Deaf Association
- Tameside Talking News Association For The Blind

4.2 The central goal of the modernisation of disability services in Tameside is that of developing “a wider range of local community resources for people with physical disabilities.”⁸

4.3 Part of the value of voluntary and community services is that they provide extra choices for people with disabilities who may not otherwise access services. It is estimated for example that there are 2,700 people in Tameside with a visual impairment who are unknown to statutory services. There are just over 2,000 people on the sensory register for people who are deaf and hard of hearing but 18,000 hearing aid users in the borough.⁹ These figures indicate a disparity between levels of disability and contact with statutory services. It appears likely that the community sector may be playing a crucial role in plugging this gap.

4.4 The voluntary sector appears to play a key role in providing these opportunities at present and its innovatory role in this field has to some extent already been

⁸ “Modernisation of Disability Services Consultation Report”, Tameside Metropolitan Borough Council, September 2004.

⁹ “Modernisation of Disability Services Consultation Report”, p.8.

recognised.¹⁰ Central to the goals of both statutory services and the voluntary sector is the desire to promote independence.¹¹

- 4.5 The **PHAB Group** aims to provide a leisure outlet for young adults with physical disabilities and others. The aim is to integrate disabled adults into the wider community. The group meets twice per month on Monday evenings in Loxley House in Ashton. There are a variety of activities such as barbecues, educational talks, etc. This provides an important opportunity for young adults to meet those in a similar age group. They are able to organise trips 2 or 3 times per year, such as activity weekends in the Lake District. The group also provides a break for carers. It was reported that young adults with disabilities who attend this group say they would like to see more similar opportunities
- 4.6 **Inskip League Of Friendship For Disabled Persons** is a social club which meets fortnightly on a Wednesday evening in Denton. 18 people come every fortnight and there is entertainment and also day trips.
- 4.7 **Tameside Blind Association** has been supporting visually impaired people in Tameside for 30 years and aims to encourage people to live independent lives, act on their behalf where appropriate and provide services to reduce isolation and develop independence. Its Community Support Project was established with funding from the Big Lottery. Support services include: a) information about eye conditions, who to contact, holidays, suitable hotels etc; b) befriending service which puts people in touch with each other using trained volunteers; c) advocacy; d) guiding people – for example to a GP or hospital appointment. Sometimes a volunteer “guide” who accompanies someone to the hospital can support the person to get an outcome more in tune with their wishes.
- 4.8 The Association supports 10-12 social clubs meeting weekly in different parts of the borough which make a big difference. The Association promotes the clubs, gives grants, provides advice and a framework but many are independent. Many users are over 65 but the Association has pioneered a club for younger people aged 20-45 which meets once per week in Dukinfield.

¹⁰ “Adults Unit Business Development Plan”, Tameside Metropolitan Borough Council, 2005/6, p.25.

¹¹ “Strategy for Adults with Physical and Sensory Disabilities”, Tameside Metropolitan Borough Council and Tameside and Glossop Primary Care Trust, 2004/5 (draft).

- 4.9 **Denton Blind Centre** receives some funding from Tameside Blind Association and holds a weekly meeting at St. Lawrence's Church Hall on Tuesdays between 12 and 4pm. Like many such groups, this provides an important opportunity for people who are blind or visually impaired to socialise and have some company. The Centre also organises day trips several times a year.
- 4.10 **Mossley Blind Club** provides a weekly drop-in group attended by about 18 people, including some members with learning disabilities. The group gives support, provides some activities such as handicrafts and gives social opportunities to people who may be isolated. Both Denton Blind Centre and Mossley Blind Club are run by volunteers.
- 4.11 **Tameside Talking News Association For The Blind** provides a free weekly news service by cassette tape to anyone who is blind or partially sighted in Tameside. The Association has around 200 beneficiaries and the work is carried out by 40 volunteers.
- 4.12 **Tameside Deaf Association** runs a day-long Deaf Club each Thursday attended by approximately 30 people. Fortnightly on Monday at lunchtime there is Lunch and Chat which attracts 10-15 people, including parents and children. On Wednesday evenings there is a Sign Language Circle to teach people about signing. There are about 50 members of the Association in total who pay a nominal membership fee. The Association has employed a new Development Worker and hope to put on computer classes and other activities.
- 4.13 **The Carmel Christian Centre** has a growing number of deaf people attending church and there is now a fortnightly meeting on a Tuesday with its own signing support from members of the congregation. It is attended by 15-20 people. The aim is to have a weekly coffee afternoon. The Centre has also run a sign language course for the local community that was attended by both adults and children.
- 4.14 **Kingfisher Riding For The Disabled** in Tameside is the only one of its kind in Greater Manchester. Kingfisher provides a service for 30 riders per week, aimed solely at disabled adults and children, with groups from day centres and special schools. Organisers say that riding is very good exercise, which would require many hours of conventional physiotherapy to achieve the same results. Riding

also gives the riders a social experience and boosts their confidence and self esteem.

- 4.15 **Shopmobility** is based in Ashton Town Centre and provides disabled clients with a practical means of transportation in and around Ashton town centre. This promotes more independent living, getting people out of the house to do tasks they can easily do with a little practical support, alleviating unnecessary dependency on others and the risk of being confined to the home.
- 4.16 **Holidays with Help** is a UK-wide voluntary organisation which organises two one-week holidays for disabled people and carers in Blackpool and Chichester each year. Approximately 10 people benefited last year in the Tameside area. Volunteers are recruited to travel to support disabled people or provide respite on the holidays and there is a voluntary Tameside coordinator.

5. Mental Health

5.1 Tameside has a range of voluntary organisations and groups contributing to the mental health of residents such as:

- Advocacy in Mind
- Age Concern (see above)
- Grief Centre
- Groundwork Tameside
- Making a Difference
- Mood Swings Network
- MIND
- Tameside and Glossop Mental Health User Forum.
- Vox Mental Health User Group

5.2 **MIND** offers a range of services to people with mental health problems in Tameside. There is a Duty System that provides face to face interviews and signposting to direct people towards appropriate further services. MIND runs a Social Club called Mind Your Head twice per week, offering companionship, social networking and the opportunity to build friendships. Approximately 26 people attend in each session. There is a Counselling Service run by a member of staff and 25 volunteer counsellors. MIND also plays a role in making available information about mental illness and providing training courses on-site to external organisations.

5.3 **Vox Mental Health User Group** has been running for 15 years and is a volunteer-led group meeting each week at Hyde United Church. The group is open to all age groups and according to the chair is regarded as an essential part of the week for 20-25 people who go along. The group has activities such as pool, table tennis, darts and bingo. People have lunch, meet friends and make new ones.

5.4 **Making a Difference** is a charity which works with people who have been mentally ill for a long time and may be “stuck in a rut”, without employment and on benefits. The main initiative is the Lifeskills Workshop. This runs from Mon-Wed, 10am-4pm and Friday mornings and includes a range of activities to help develop confidence and self-esteem – such as creative writing, learning

French, using calligraphy, making cards, music workshop, etc. Normally people have a 12-month placement. There are 13 people doing the Workshop at present and each has a 3-month review. People often become volunteers for the charity or other organisations or go on to college. The charity is run by 8 volunteers and has its own self-supporting café.

- 5.5 As we have noted above, **Advocacy in Mind** provides advocacy services to older people and to adults on enhanced care programmes. The project also plays a key role in supporting and developing **Tameside and Glossop Mental Health User Forum**.
- 5.6 **Groundwork Tameside** receives funding from the Department of Health to work with adults with mental health problems to develop skills and confidence.
- 5.7 The **Grief Centre** is a support service for people who have been bereaved, providing one-to-one counselling, a drop-in group, advice and signposting. The Centre had over 3,000 telephone enquiries in 2005 and is staffed by just 8 volunteers.
- 5.8 Also interviewed was the **Sign Project** in Manchester. This is a fully-staffed, registered residential home for deaf people with mental health problems. Tenants are supported to move on to more independent living. The **Mood Swings Network**, also based in Manchester, provides a telephone helpline available to people in Tameside and the North West whose lives are affected by severe mood disorders. The line offers information, advice and support to people, including carers.
- 5.9 The voluntary sector in Tameside is clearly contributing to the overarching goal of mental health promotion in the borough.¹²

¹² "Tameside and Glossop Mental Health Promotion Strategy, 2002-5", March 2002.

6. Drugs and Alcohol

- 6.1 Tameside has a range of voluntary organisations and groups supporting residents who misuse alcohol and/or drugs such as:
- Advocacy in Mind
 - Alcohol and Drug Services
 - Branching Out
 - Women in Supported Housing
- 6.2 **Advocacy in Mind** also carries out substance misuse development work.
- 6.3 **Alcohol and Drug Services** is a local charity which offers counselling, health advice and support to those experiencing difficulty in the area of drugs or alcohol misuse. There is a focus on early detection through partnership with probation services, referring those arrested for trigger crimes such as shop lifting and engaging them in Structured Day Care Programmes. The Programmes comprise a multitude of groups including relapse prevention, acupuncture, arts and crafts, women-only group, relatives' group, leisure support group, abstinence group, computer classes, 12-step group (similar to Alcoholics Anonymous) and a drop-in for already established/assessed clients. Satellite clinics have been newly established in Hyde and Hattersley.
- 6.4 **Branching Out** supports young people (up to age 19) with drug and alcohol related issues (see below).
- 6.5 **Women in Supported Housing** is a hostel for single homeless women, some of whom will have problems with misuse of drugs and alcohol (see below).

7. Children and Young People

7.1 Tameside's approach to children and young people emphasises the need for a preventative strategy to address risk factors as well as supporting those in acute need through specialist services.¹³ The voluntary sector seems to fit well with this model in its work with children and young people, with projects such as:

- Branching Out
- Home Start Tameside
- Information Shop for Young People
- Kickstart
- OKE
- Tameside Children's Fund
- Volunteer Reading Help

7.2 **Tameside Children's Fund** administers and monitors grants to 24 projects in the Tameside voluntary sector in conjunction with Tameside Metropolitan Borough Council. Tameside Children's Fund runs and manages a participation project, working with 51 children a quarter to increase their ability to have a say in the institutions which affect them. They run a young carers group and also work with school councils.

7.3 **Home Start Tameside** supports families with children under 5, where the families may be under stress due to illness, post-natal depression, disability, financial or other problems. Home Start recruits and trains volunteers to work with up to 90 families once per week. Home Start has 9 staff and receives funding from the Big Lottery and Home Start St Peters.

7.4 **OKE** is an entirely voluntary organisation that supports approximately 200 families with disabled children through a programme of sporting and social inclusion activities, such as swimming, arts and games, holiday clubs, social evenings and a support group.

¹³ "Tameside's Strategic Plan for Supporting Children and Young People 2003/6", Tameside Children and Young People's Strategic Partnership, December 2003.

- 7.5 **Kickstart** is a community education project working with 14 – 19 year olds, particularly those with challenging behaviour, offering a programme of accredited and non- accredited courses. Kickstart aims to look at personal and social development skills as well as educational outcomes. Topics include ITC, literacy, numeracy, and presentation skills as well as vocational outcomes.
- 7.6 **Branching Out** is a multi-agency project run by Lifeline with additional staff from Turning Point and supports young people (up to age 19) with drug and alcohol related issues, and their parents and carers via one to one and group work sessions. Approximately 700 young people on a one-to-one basis over the year.
- 7.7 The **Information Shop for Young People** runs a healthy living project which offers a sexual health clinic, anger management appointments, one-to-one self-harm and eating distress support and counselling. There is a Mentoring Project run in partnership with Branching Out which offers drug and alcohol support as well as mental health support. The service is aimed at young people aged 13-25 and has between 20 and 100 service users each week.
- 7.8 **Volunteer Reading Help** works with children in primary schools using adult volunteers. It aims to improve the children's reading ability but also to boost the confidence of the children who often have low self-esteem.
- 7.9 The **Glanzmann's Thrombasthenia Support Group** was founded in Tameside by a parent of a child diagnosed with this very rare blood disorder. Its main aim is to help parents of newly diagnosed children. The volunteer coordinator operates a database, puts people in touch with one another and gives help and advice through telephone calls and visits. The Groups supports approximately 50 families worldwide.
- 7.10 **Derbyshire Young Carers** covers Glossop and Derbyshire rather than Tameside itself and supports young people with caring responsibilities, such as those caring for someone with a physical disability or mental health problems. The service provides advice, one to one work, respite care (giving the young carers a break), workshops on bullying, self-esteem, recreational activities and holidays.

8. Learning Disabilities

- 8.1 Several voluntary and community projects work to support people with learning disabilities and their carers:
- The Autistic Society
 - Groundwork Tameside
 - Mencap
 - People First
 - Tameside Link
 - Tameside Action for Social Communication and Autism Support Group
- 8.2 Tameside voluntary sector appears to have close links with the statutory sector through the Learning Disability Partnership Board, which is supported by **People First**.
- 8.3 People First carries out a range of other relevant projects to help equip people with learning disabilities with suitable skills to live independently. **Office Skills** enables people with learning disabilities to learn office skills and gain experience and confidence. People First carries out **advocacy** with individuals in the community and in Day Centres. There is a **Speak Up For Yourself Course** and a **Sexual Health** project to raise awareness of sexual health, advice and information, keeping safe, contraception, pregnancy advice, and sexually transmitted diseases. People First also carries out **Disability Awareness** training.
- 8.4 **Mencap** runs a Saturday Club that offers people with learning disabilities an opportunity to take part in a range of activities such as keep fit, dancing, walks, healthy living information, drama, karaoke, arts and crafts, and pool. Members themselves choose the activities.
- 8.5 **Tameside Link** runs a **Supported Living Project** with 17 beneficiaries to assist people with learning disabilities to live independently in their own homes. Tameside Link is also piloting the **“I am in Business Project”** to assist people with learning disabilities to set up their own business, helping them to move onwards from Day Centres towards more employment-based activities.

- 8.6 **Tameside Action for Social Communication and Autism Support Group** has close links with the Child Development Unit and provides informal support for parents of diagnosed autistic children and those with social communication difficulties. It is currently facilitated by two assistant psychologists but aims to become parent-led and to develop its own constitution. There is a library of relevant books and videos. The group also organises leisure trips and outings for parents and children during the school holidays.
- 8.7 The **Autistic Society** (Greater Manchester Area) runs the Aspirations Project to support individual with Asperger's Syndrome and their families in Tameside by providing social and leisure activities and one-to one-support, including a Youth Club for young people aged 10-16. The Society publishes a parents' information pack and Travel Training Pack, operates telephone support across Greater Manchester, and has an informative website.
- 8.8 **Groundwork Tameside** works with a special needs school to take people with learning disabilities walking and cycling.

9 Health and Long Term Conditions

9.1 Improving the health outcomes of their population has a high priority in Tameside, which is in the bottom fifth of local authorities for life expectancy.¹⁴ A number of organisations make a contribution to the health and well-being of residents, with many supporting people with long-term conditions or illnesses:

- Arthritis Care
- Asbestos Victim Support Group
- Asian Healthy Living Centre
- Bone Marrow and Thalassaemia Association
- Breathe Easy Group
- Colostomy Association
- Endometriosis Society
- Greater Manchester Neurological Alliance
- Groundwork Tameside
- Harmony Healing Group
- Haughton Green Community Centre Forum
- Ileostomy and Internal Pouch Support Group
- Lancashire and Cheshire Lupus Group
- Macular Disease Society
- Osteoporosis Society
- Prostate Cancer Support Group
- Red Cross
- MS Society
- Tameside Dysphasia Support Service
- Tame Valley Patients' Participation Group
- Urostomy Association

9.2 The **Breathe Easy Group** is for anyone with a breathing difficulty and is supported by the British Lung Foundation. The Group meets monthly and invites health professionals or others to talk on treatment and self-help. They have an exercise session, provide advice and help and always have a health professional available. The Group produces a monthly newsletter and sometimes

¹⁴ "Monitoring The Tameside Community Strategy: A Healthy Population", Tameside Strategic Partnership, Undated.

purchase pieces of specialist equipment for members or the hospital. This work is particularly significant given that rates of early death from lung cancer in the most deprived wards in Tameside are nearly twice as high as national averages.¹⁵ The Group has 30 members and is entirely self-funding.

- 9.3 **Tameside Dysphasia Support Service** aims to recruit and train volunteers to help people who have had a stroke and have communication difficulties as a result. Volunteers visit people at home, generally once per week for one hour. All volunteers are trained in the “conversational partners” model and the work is mainly around conversation to help with speech and communication problems. Volunteers receive very good induction and additional training as required. There are also two support groups, one in Dukinfield (2 hours weekly, attended by approximately 18 people) and a smaller one in Glossop (2 hours fortnightly). The majority of people who have home visits also come to the groups. Volunteers play a big part. The Service works very closely with the Speech Therapy department at Tameside Hospital and gets most referrals from there. Stroke is known to be one of the chief causes of early death in Tameside.¹⁶
- 9.4 The **Endometriosis Society** has a local volunteer coordinator who provides and information given by telephone and works with local groups and employers to raise awareness of the condition.
- 9.5 The **Prostate Cancer Support Group** meets monthly and provides an opportunity for people to talk about their difficulties and also get information about treatment from health professionals. The group is also a social opportunity and is not all “doom and gloom”.
- 9.6 The **Multiple Sclerosis (MS) Society** in Tameside and Glossop has 100 members and gives financial help to people with MS and their carers. This comes in the form of grants for equipment, contributions towards respite care/holidays for carers, or paying for therapy. For example, the MS Society branch has recently financed music lessons for a young carer. The branch holds fortnightly meetings attended by about 40 people and have a mini-bus of their own, plus access to two other buses. The MS Society nationally has houses which are available for carers and people with MS to have a break

¹⁵ Melanie Sirotkin, “Tameside and Glossop Health Improvement and Inequalities Strategy Booklet 2004-8”, June 2005 (Final Draft), p.3.

¹⁶ “Tameside and Glossop Health Improvement and Inequalities Strategy Booklet”, p.2.

- 9.7 The **Macular Disease Society** has a Tameside group which provides support for sufferers of macular disease and their families and carers. There are fortnightly meetings, trips out, a Christmas party, speakers and help to buy visual aids which can be shared amongst the Tameside group. The members decide what the group does. Head office puts people in touch with the local branch. The majority of members are women aged 70 plus.
- 9.8 The **Asian Healthy Living Centre** aims to promote good health amongst the Bangladeshi community (this is also discussed below).
- 9.9 **Groundwork Tameside** has several relevant projects. It has a programme funded by the NHS is called “Conditions Management” which helps people with chronic conditions move into work or volunteering and helps to build skills and confidence. Groundwork works with a local GP to develop a career-planning pack for adults who have been unwell. There is a further large project funded by the EU to support people on Incapacity Benefit. Groundwork also runs a walking course to train people to lead walks.
- 9.10 Other organisations make a difference to health in Tameside by working with health practitioners to improve patient experience. For example, **Tame Valley Patients’ Participation Group** aims to improve practice and facilities at the local medical centre. The Group publishes a newsletter for patients, holds open days and training in issues such as resuscitation. They have installed a loop system and a computer for patients to use for self-diagnosis and information about health issues.
- 9.11 **Haughton Green Community Centre Forum** has many projects that promote health and well-being in Denton South. Volunteers work within the community centre to organise activities and services such as podiatry, a baby clinic, chair-based exercise, Tai Chi, coffee mornings, bingo, a walking club, essential skills training, community safety and the provision of equipment such as smoke alarms. The Centre has a fully accessible kitchen which can be used for cookery sessions and a fully accessible shower room where people who need help to shower can come along.
- 9.12 **Harmony Healing Group** offers holistic healing to a wide variety of people, some of whom may be suffering from stress, bereavement, loss of a job, family

problems, arthritis or other conditions. Based in Ashton Town Hall, the Group has over 30 beneficiaries per week and is run by volunteer healers.

- 9.13 Several organisations cover Greater Manchester or wider areas and make a contribution to health in Tameside.
- 9.14 The **Asbestos Victim Support Group** has 250 members across Greater Manchester. The Group visits people with asbestos-related disease to give advice on benefits and compensation and to give support, and campaigns on relevant issues.
- 9.15 The **National Osteoporosis Society** (Manchester Central Branch, including Tameside) has approximately 200 members and offers telephone advice and signposting to people with osteoporosis following a diagnosis. There are monthly meetings with informative speakers, such as consultant physicians, physiotherapists, nutritionists, experts in pain management & complementary therapists.
- 9.16 The **Lancashire and Cheshire Lupus Group** carries out monthly visits to 3 different hospitals including Tameside to talk to lupus patients and to put up display boards (more hospitals are planned). The group has recently published a new poster on how to live with lupus which has been delivered to over 1000 GP surgeries and 66 hospitals. Each member receives a magazine from Lupus UK 3 times per year and a newsletter from the region 3 times per year.
- 9.17 The **North of England Bone Marrow and Thalassaemia Association** supports patients with thalassaemia and their carers through counselling and advice about treatments, complications and reactions. The association pays for travel costs to make it possible for patients to attend meetings and conferences. The charity also organises day trips and holidays for patients and their families whenever possible.
- 9.18 The **Ileostomy and Internal Pouch Support Group** has 320 members covering Greater Manchester. The Group visits patients and gives psychological support either at home or in hospital. The group also give offers telephone advice and holds two meetings per year.

9.19 The **Colostomy Association** aims to help anyone with a stoma: providing peer support, running a 24-hour helpline, attending stoma clinics, giving help with practical things and listening to people's concerns:

- “We are there when the stoma nurses have finished their role. We can give support and listen to concerns.”

The Association also runs an e-mail support service and is developing a web site.

9.20 Until recently, **Arthritis Care North England Region** provided self-management training courses and also support groups to about 80 people with arthritis in Tameside. The funding was provided by Tameside and Glossop PCT but this has now come to an end. Arthritis Care will now run training courses in Stockport which may be accessed by Tameside residents.

9.21 The **British Red Cross** (Greater Manchester) does not operate any specific projects in Tameside but people can borrow medical equipment such as wheelchairs etc from any of its depots in Greater Manchester.

9.22 The **Urostomy Association** (Greater Manchester and North West) has no specific activity in Tameside, although there are members in the borough who can benefit from support and advice from the branch.

9.23 **Greater Manchester Neurological Alliance** uses the opinions of people with neurological conditions and their carers to improve and influence services.

10. Black and Minority Ethnic Communities

10.1 Black and Minority Ethnic communities make up approximately 5% of the population in Tameside, mainly South Asians (Indian, Pakistani and Bangladeshi). Evidence shows that South Asians are more likely than the general population to live in deprived areas and suffer ill health. For example, death rates from heart disease are significantly higher and there is a much higher rate of Type 2 diabetes.¹⁷ There are a small number of organisations working with these communities to support health and social care such as:

- Asian Healthy Living
- Indian Community Centre
- Khush Amdid Day Centre
- Tameside African Refugee Association
- Tameside Elders Association

10.2 The **Asian Healthy Living Centre** aims to promote good health amongst the Bangladeshi community through targeting Bangladeshi women and their families. It aims to improve health through a variety of activities such as aerobics, swimming, men's exercise, healthy eating classes, diabetes awareness and "your community your health" training. Staff have worked with organisations such as Sure Start and the Bangladeshi Welfare Association. Staff recruit and train volunteers to lead and run activities, both on-site and outreach.

10.3 The **Indian Community Centre** is run by 25 volunteers with support from the Indian community and is able to offer a range of services:

- Luncheon club and meal delivery service (120 service users)
- Youth club for young adults to build self esteem (30-40 service users)
- Women's club, providing companionship and activities such as yoga (20 service users).
- Computer centre supporting skills training (20 service users)
- English language classes for older people (8 service users)
- Fitness for older males (20 service users)

¹⁷ Kate Wooff, "Ethnic Health and Social Care Strategy Recommendations", Ethnic Health and Social Care Joint Strategy Group, April 2004.

- 10.4 **Khush Amdid Day Centre**, discussed in Section 2 above, works with Asian women and is entirely volunteer-led, supported by funding from Tameside Metropolitan Borough Council.
- 10.5 **Tameside African Refugee Association** organises a number of annual events on Tameside on a voluntary basis. Particularly relevant is the **Health Workshop**, which promotes understanding of the NHS system amongst African refugees with speakers from hospitals in Tameside and Manchester. **African Culture Month** in April aims to promote diversity in the community and knowledge of African artists, food and music. It is attended by approximately 300 people. **Refugee Week** in June aims to promote cohesion and tolerance between different communities, explaining why refugees come to Britain and describing their experiences.
- 10.6 The work of **Tameside Elders Association** was described above and is also relevant here.

11. Housing

- 11.1 **Women in Supported Housing** provides an 11-bedded hostel for single homeless women, who might have problems with drugs or alcohol or issues such as self-harm. The women are sign-posted to other teams where appropriate (e.g. the drugs action team) and we have connections with the health service and especially have input around sexual health issues. Project staff also teach daily living skills. The project has four “move on” flats in Hyde and provides a re-settlement service to the women for a 6-month period.
- 11.2 **Tameside Women’s Refuge Project** supports women and children fleeing domestic violence, rebuilding their lives and self-esteem by offering guidance in positive parenting, educational and qualification opportunities, steering the children back into schools, and rebuilding relationships between the women and children both via group work and one to one counselling.
- 11.3 **Emmaus** is a community providing employment and housing for homeless people, known as “companions”, who must agree to work full time in the community and abide by the “no drugs or alcohol” policy.
- 10.1 The **Sign Project** in Manchester, mentioned above, is a residential home for deaf people with mental health problems

12. Other

- 12.1 Several other organisations were interviewed in the course of the research and carry out work that does not fit readily into the categories above but clearly has some impact on health and well-being, broadly understood.
- 12.2 **Tameside CAB** plays a role in reducing stress and improving well-being through the provision of advice and information – for example through money advice to those with debts or supporting people through information which helps them to understand how they can move on from situations.
- 12.3 **Victim Support and Witness Service** offers support and information to victims of crime.
- 12.4 **Relate Greater Manchester** offers one to one counselling for adults with relationship problems and children who may be affected by this.

13. Discussion

13.1 There is, clearly, huge variability in the voluntary and community sector in Tameside. The projects discussed range from small, entirely voluntary projects with no funding such as the PHAB Group to large-scale enterprises such as Age Concern or Groundwork Tameside.

13.2 It is extraordinary to consider that approximately half the organisations interviewed had no staff at all. The majority utilised volunteers, but one fifth said they did not (though it has to be borne in mind that all voluntary organisations will have unpaid trustees). The chart opposite summarises these results for the 67 organisations interviewed.



13.3 The interviews also revealed obstacles in delivering projects in the voluntary sector. By far the biggest single factor related to funding. 46% of respondents said that securing or maintaining adequate funding was a problem. Typical comments were:

- “We have no guaranteed funding after April”.
- “It is difficult to get grants as we don’t always fit funding categories”.
- “We have not been able to continue our self-help group in Tameside due to funding”.
- “Core funding is hard to obtain”.
- “Our small grant from the council has been withdrawn”.
- “Funding is not enough after a cut by the PCT”.
- “We operate on a shoestring but can really make a difference to the lives of disabled people”.

13.4 Several organisations stated that they had benefited from the support of local voluntary sector umbrella organisations:

- “We found T3SC very helpful in applying for grants” (Macular Disease Society).
- “T3SC and the Volunteers’ Bureau have been very helpful” (Volunteer Reading Help).
- “T3SC helped us obtain a small grant for equipment” (Harmony Healing Group).

13.5 7 organisations mentioned obstacles relating to premises, either that they were too small or that there was a difficulty in securing suitable premises at a reasonable rent.

13.6 11 organisations mentioned some aspect of their relationship with statutory agencies as an example of an obstacle they had encountered in making a contribution to health and social care.

- “Nurses have not always enabled us to have a presence in hospitals”.
- “We found it difficult to get health professionals to refer people for support”.
- “It was a struggle in the beginning to be taken seriously by social services”.
- “Statutory agencies agree that adults with disabilities should reach their potential but there seem to be few mechanisms to make this happen. Sometimes services get watered down rather than improved. There is a brand-new residential resource but one disabled adult has to be in by 7pm each night, otherwise there will be no staff available to hoist the wheelchair. Things are being restricted and this is a source of frustration.”

13.7 In addition to benefits to service users, the voluntary sector also benefits the community by providing opportunities for people to become involved in meaningful volunteering activity:

- “It’s good to be able to put something back into society as a volunteer” (Chair, Denton Blind Centre)
- “We are a benefit to our volunteers, who are often retired, as volunteering can help them increase their social opportunities and get

back into the community” (Volunteer Services Manager, Volunteer Reading Help).

- “We make a contribution to the community through training advisers, who may have no qualifications but potential for employment, as well as through providing a way of airing grievances and helping to inform the public” (District Manager, Tameside CAB).

13.8 In spite of the fact that volunteers play a key role in these organisations, just 6 mentioned that getting suitable volunteers was a problem for the organisation:

- “Lack of funds means we rely on volunteers, who may not stay”.
- “There is a big time commitment for volunteers in our project. Volunteering agencies refer new volunteers but they are not always suitable”.
- “We have had three changes of trustees since the New Year”.

13.9 4 organisations working with disabled people mentioned that transport was an obstacle to people taking part in their activities.

- “We want to secure transport for all service users, but some seem to qualify for transport from the council and some do not”.
- “Transport can be a problem as we are only allowed one vehicle from social services”.
- “Visually impaired people are at the mercy of someone else to transport them. Public transport can be used but people don’t always feel safe, and taxis can be expensive.”

13.10 Several of the groups contacted were user-led or had service user involvement at the heart of their activity – for example, Cranberries Club, Droylsden Phoenix Over 50s Club, OKE, Khush Amdid Day Centre, PHAB Club, Prostate Cancer Support Group, Tameside Elders Association and the Vox Mental Health Users’ Group. As one person put it:

- “Young people with disabilities are the real decision-makers here” (Voluntary Coordinator, PHAB Club).

13.11 Many of these organisations provide a service that directly or indirectly benefits carers:

- “We are the only charity for people with learning disabilities to offer a weekend activity. This gives parents and carers a break on a Saturday” (Project Manager, Mencap).

14 Conclusion

14.1 The findings illustrate that many voluntary organisations in Tameside are contributing significantly to health and social care in the following areas:

- Older People
- Services for Disabled Adults
- Mental Health
- Drugs and Alcohol
- Children and Young People
- Learning Disabilities
- Health and Long Term Conditions
- Black and Minority Ethnic Communities
- Housing
- Other

14.2 Many organisations provide specialised information, advice and support; others provide day care; still others make a contribution to the well-being of service users that is less directly related to health and social care but is no less valuable.

14.3 We know that social activities can have an impact on mortality rates that is as significant as fitness activities.¹⁸ This is well understood by many of the organisations we spoke to:

- “Our group aims to provide an opportunity for people to socialise who might otherwise be isolated. We aim to try to raise people’s self esteem and their interest level and get them back into the community again” (Chair, Cranberries Club).
- “For some people our meetings are the only time they get out of the house. We provide reassurance. There would be a massive vacuum if we weren’t here” (Treasurer, MS Society).

¹⁸ Thomas A. Glass, Carlos Mendes de Leon, Richard A. Marottoli and Lisa F. Berkman, “Population based study of social and productive activities a predictors of survival among elderly Americans”, *British Medical Journal*, 319, pp.478-483.

14.4 Many of these organisations know the real impact of their own work at grass roots level. As one interviewee put it:

- “The voluntary sector makes a vital contribution to health and social welfare”.

14.5 Some projects referred explicitly to their perception that their contribution to health and social care was not sufficiently recognised:

- “We would like some recognition for what we do!”
- “If we could involve local councillors in what we are doing they would see the contribution the voluntary sector makes”.

One of the consequences of this report will hopefully be that the contribution of the voluntary and community sector to health and social care will be better appreciated.

Interviewees

Vivienne Abbott, Tameside Coordinator, Stroke Association (Tameside Dysphasia Support Service)

Sarwar Abraham, Chair, Khush Amdid Day Centre

Stacey Adams, Health Development Worker, Information Shop for Young People

Manzoor Ali, Trustee, Tameside Elders' Association

Les Ayres, Chair, Prostate Cancer Support Group

Jo Bains, Volunteer Services Manager, Volunteer Reading Help

Ms Beswick, Local Area Representative for Tameside, Endometriosis Society

Mr. Buie, Trustee and Former Secretary, Ileostomy and Internal Pouch Support Group

Marilyn Buxton, Founder, Glanzmann's Thrombasthenia Support Group

Mr Chanin, Manager, Shop Mobility, Ashton-Under-Lyne

Gerry Cooper, Coordinator (Volunteer), PHAB Group

Margaret Downs, Chair, Haughton Green Community Forum

Linda Dunn, Senior Health Improvement Manager, Asian Healthy Living Centre

Joan Entwistle, Chair, The Inskip League of Friendship For Disabled Persons

Chris Etchells, Project Manager, Tameside Link

Kim Farr, Development Manager, Groundwork Tameside

Maureen Fitzmorris, Administrator, Tameside MIND

Mapping the Contribution of Tameside VCS to Health and Social Care

Sonia Flint, Manager, Derbyshire Young Carers

Jan Forbes, District Manager, Victim Support and Witness Service

Lorraine Gilmore, Project Manager, Tameside Women's Refuge Project

Annette Goodfellow, District Manager & Company Secretary, Tameside Citizens' Advice Bureau

Mary Griffin, Project Coordinator, Alcohol & Drug Services

Emma Hawley, Team Leader, Branching Out

Jack Hansford, Chair, Denton Blind Centre

Anne Hewitt, Coordinator, Home Start

Keith Hinds, Trustee, National Osteoporosis Society

Janice Hogg, Manager (Volunteer), Making a Difference

Yvonne Holt, Founder and Leader, Harmony Healing Group

Patricia Hornby, Project Manager, Advocacy in Mind

Philip Horrobin, Treasurer, Multiple Sclerosis Society Tameside & Glossop

Mary D Hulme, Coordinator (Volunteer), Vox User Mental Health Group

Sheila Hynes, Manager, Kingfisher Riding for the Disabled

Katie Jackson, Facilitator, Tameside Action for Social Communication and Autism Support Group (Assistant Psychologist, Pennine Care)

Robert Jackson, Project Coordinator, Kickstart

Valerie Jackson, Vice Chair, Tameside Deaf Association

Mapping the Contribution of Tameside VCS to Health and Social Care

Ian Kenworthy, Chair, Tameside Breathe Easy Group

Paul King, Chief Executive, Autistic Society Greater Manchester

Mrs Lee, Acting Manager, Women in Supported Housing

Harry Lee, Branch Secretary, Urostomy Association (Greater Manchester and North West)

Jules Mambu, Chair, Tameside African Refugee Association

Sylvia Martin, Group Leader (Volunteer), Mossley Blind Club

Tom McAlpine, Chair, Mood Swings Network

John Meade, Chair, Tame Valley Patients' Participation Group

Paul Misik, Project Director, Emmaus

Mr Morarbhai, Coordinator, Indian Community Centre

Tony Murray, Training Service Manager, Arthritis Care

Sue Parkes, Chief Executive, Relate Greater Manchester

Ann Perry, Chair, Tameside Deaf Association

David Price, Chair, Lancashire and Cheshire Lupus Group

Mrs Zanib Rasul, Coordinator, North of England Bone Marrow and Thalassaemia Association

Mr. Ritson, Secretary, Tameside Talking News Association for the Blind

Sue Schofield, Chair, OKE (Our Kids' Eyes)

Philip Singleton, Manager – Community Support Project, Tameside Blind Association

Mapping the Contribution of Tameside VCS to Health and Social Care

Roger Spurling, Senior Service Manager, British Red Cross Greater Manchester

David Stannage, Team Leader, The Sign Project

Mark Thomas, Executive Minister, Carmel Christian Centre

Yvonne Trace, Development Worker, Greater Manchester Neurological Alliance

Frank Vickerman, Treasurer, Droylsden Phoenix Over 50s Club

Rachel Walker, Volunteer, The Grief Centre

Roger Walker, Treasurer, Macular Disease Society

Sheila Walker, Trustee and Organiser, British Colostomy Association Greater Manchester

Tony Whitson, Project Worker, Asbestos Victims Support Group

Robert Williams, Administrator, Tameside Children's Fund

Ian Williamson, Acting Services Manager, Age Concern Tameside

Audrey Wood, Chair, Cranberries Club

Kath Wood, Trustee, Holidays with Help

Karyn Woods, Project Manager, Ashton Under Lyne & District MENCAP Society

Liz Wright, Project Manager, People First Tameside