

A Community Project to Supplement Social Care Services

Barker, Frances H.; Roach, Mollie

Veröffentlichungsversion / Published Version
Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Barker, F. H., & Roach, M. (2024). A Community Project to Supplement Social Care Services. *Social Inclusion*, 12. <https://doi.org/10.17645/si.7896>

Nutzungsbedingungen:

Dieser Text wird unter einer CC BY Lizenz (Namensnennung) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier: <https://creativecommons.org/licenses/by/4.0/deed.de>

Terms of use:

This document is made available under a CC BY Licence (Attribution). For more information see: <https://creativecommons.org/licenses/by/4.0>

A Community Project to Supplement Social Care Services

Frances H. Barker and Mollie Roach

Solva Care, UK

Correspondence: Frances H. Barker (contact@solvacare.co.uk)

Submitted: 28 November 2023 **Accepted:** 28 November 2023 **Published:** 25 January 2024

Issue: This commentary is part of the issue “Community Development and Preventative Care With Older People: New Values and Approaches” edited by Fiona Verity (Brunel University / Swansea University), Frances Barker (Solva Care), Mark Llewellyn (University of South Wales), Simon Read (Swansea University), and Jonathan Richards (University of South Wales), fully open access at <https://doi.org/10.17645/si.i403>

Abstract

Solva in West Wales, UK, is a small community with about 700 people on the electoral roll. In 2013, Solva Community Council faced the fact that things were not going well for the elderly in our village. Many had to leave home and go “into care.” They didn’t want to go and we didn’t want to lose them. A community councillor at that time, author Mollie Roach, did some research and decided that the village could look after its own. A small working party including first author Frances Barker was set up to plan the way forward. The original idea was not a volunteer service. We wanted to set up a local domiciliary care service, where the carers would live locally and not have to spend their precious time travelling between wide-spread destinations. We soon found that there were several administrative and monetary barriers in the way of setting up such a scheme, especially for a small community. Registration needed money and qualified people. and the “rules” were such as to prevent rather than encourage individual response to individual circumstances. However, we could see that there was a need for a local volunteer service. It is disturbing when you discover you cannot go up a ladder and change a light bulb. It is devastating when you are told you cannot drive anymore because of an eye problem. It is worrying when you cannot take the dog for a good walk or collect your prescription because of arthritis. All these problems are under the radar of statutory services. This is a gap that can be alleviated by a local community-based volunteer scheme. Solva Care evolved with a paid co-ordinator to mediate between volunteers and those needing help. We are now getting closer to the original idea, doing our best to integrate domiciliary and social care, working with agencies, private carers, families, and individuals, as well as continuing to run the volunteer service.

Keywords

community integration; local action; rural area; village activities; volunteer service

1. In the Beginning

Our starting point in 2013 was a report from a community councillor concerning the difficulties experienced by the elderly of the community in trying to secure adequate care. Older people found it difficult to stay in their own homes, remain part of the community, and the Community Council considered the idea of setting up a local care company to meet a local need. It was decided to take the idea to the community; to find out if there was a need and the nature of that need. A survey was devised and distributed to every house. Eighty-five percent of the surveys were returned, and the community was very much in favour of the idea. Analysis of the responses told us who was already receiving care, from whom, how much, and how it was financed. We also found out who would be willing to volunteer to help with social care. At Solva Care, we have never had fewer than 30 volunteers. We were fortunate to have a supportive Community Council. They helped with financing the survey and with our early financial problems. A survey would be a useful starting point for every community since every area is different and will have different assets available and different needs.

Our next step was to acquire some funding to put the ideas into practice. We decided that we needed to pay a co-ordinator. Research carried out showed us that projects wholly reliant on volunteers tended to fail after a while. The situation is volatile and the volunteer organiser finds the load very heavy. A paid co-ordinator gets to know the volunteers and their preferences and can distribute the work equitably, getting the right person helping the right person. In this way, friendships and patterns develop and no one need be overloaded. Our co-ordinator also secures training for our volunteers and organises an “away day” for them each year. She makes sure that people are being helped and encouraged to attend existing activities in the village such as coffee morning and luncheon club, and initiates new activities and events such as the regular Friday Club.

Solva Care started off as serving only the Parish of Solva and Whitchurch; we have tried to keep to this fairly small area despite requests from people further afield. They are very welcome to come to our village activities and we help as much as we can, but we prefer that the local, personal touch is maintained. *Small is beautiful.* With this commentary, we hope to inspire and encourage other communities to set up their own schemes, suitable to their particular requirements.

2. Progress

The volunteer service provided by Solva Care has slowly evolved and is now fully integrated into village life. We were able to get a two-year grant from the National Parks Sustainability Fund and thereafter obtained a five-year Big Lottery grant. The Big Lottery representatives were impressed with what we were doing and subsequently gave us a further grant to research how our model could be spread to other communities. The research group produced a toolkit that sets out how we proceeded and what we learnt. It is available in hard copy and online (<https://www.solvacare.co.uk/our-research>). Co-operation with other communities is still in progress. We have had other smaller grants to investigate the “direct payment” scheme and are being approached by research groups with particular projects in mind.

Because the volunteer scheme is now an integral part of our village, we would hate to see it have to come to an end for lack of funding. We are therefore taking measures to become more self-sustainable and are building up the reserve fund whenever we can. In addition to grant money, revenue also originates from donations, legacies, and fundraising events. We have also started a pop-up shop that sells donated goods at low prices,

saves them from landfill, and puts some funds into Solva Care and other village assets like the play parks and Memorial Hall. We need to be able to plan ahead and are in negotiations with our Local Health Board, our County Council, and the Welsh Assembly Government in our efforts to secure a permanent funding base.

We have learned much over the five years that we have been operating and have become aware of the wider needs of the community as a whole. Responding to individual needs has made us aware of the group needs that might exist in communities. In helping solve the problem for one individual or family, we become aware that the problem might exist, unspoken, for others too and can devise ways of meeting that need, if and when people seek help. We have always enjoyed the full support of our Community Council and they are represented on our Trustee Board. The Covid crisis confirmed our community spirit and our willingness to work together. During the Covid crisis, we met with the Community Council every week so that we might all be fully aware of any local difficulties. We work closely with our local surgery, holding a drop-in session every Friday (prior to Covid), and are working with the Community Council and local groups to support the development of a preventative approach to health, social care, and well being that covers everyone, not just the elderly. We have found that this preventative approach extends our understanding of “well being” to include all aspects of daily life, not just health and social care. To this end, we also work closely with our local community and activities groups, third-sector groups, the social services, and the hospitals that serve this area.

The co-ordinator and her assistant (also paid) keep abreast of developments in social care and benefits and are ready to help people in these areas. It is not easy to secure domiciliary care and we have compiled a list of local privately employed carers, so that we can respond when asked for help.

We find that being able to respond immediately to individual needs is much appreciated. The “top down, one size fits all” approach, which is what we currently have from the County Council, the Health Board, and the Welsh Assembly Government, responds in general to the group rather than in particular to the individual. Local communities can respond more swiftly to individual needs.

On the research side, we are supporting two local communities seeking to set up their own similar projects and a Ceredigion Community also seeking to establish community care. There is also a local example of the successful establishment of a fully domiciliary care scheme.

Communities differ in their makeup and in what assets are available to them. Not all town and community councils are willing to take the lead and there are communities of age, interest, and place. That being said, Covid showed us that community groups can get together to respond to local needs and such groups could continue to respond to social needs when the health crisis ended.

We have not had much success in getting individuals to take the direct payment option when considering social care. Under this scheme, in place of a care package, funds are paid directly to the individual, who can then pay for the services they need. The bureaucracy of the system seems to cause more concern than the freedom offered by being in charge of one’s own care. We are, however, seeking to encourage individual carers in the community to work in small groups to offer care to two or three individuals living in the area. This approach may help secure more integrated domiciliary and social care on a local community basis.

3. The Future

Working closely with agency and private carers goes some way towards creating the holistic, integrated response to care provision that we were unable to provide at first. We were keen to stay local and the costs involved in setting up and running a care agency made it impossible for us to contemplate it. However, we are now considering the possibility of securing funding to set up a domiciliary care agency that will operate across the whole of the peninsula, covering several communities. A locally based care company would be of real benefit to those needing care. Locally based carers could be employed and travel times would be reduced. We could also offer support to any communities interested in establishing a social care project similar to Solva Care, to work jointly with the domiciliary carers, and to provide a much more integrated response to individual needs.

We have found that the work of Solva Care has made our community more aware of itself. Many houses here are second homes and holiday lets, and many neighbouring communities have lost their surgeries, schools, shops, and bus services. We have a Community Land Trust in Solva, which has secured funding to build houses to let and for local people; and though most of our youngsters travel to school, we still have our shops, our surgery, a post office, play areas, a bus service, and public houses. Solva Care has shown us that we can work together to achieve our aims; it has boosted our self-confidence and given us a belief in the power of the local community.

About the Authors



Frances H. Barker was employed as an information manager with the Royal Society of Chemistry, and subsequently as a European Agent for Chemical Abstracts Service, giving training on computer-based information retrieval. Since retirement she has been vice-chair, Solva chair, and is now an associate member of Solva Care.



Mollie Roach is a parent and a former teacher. After retirement she was the founder and chair of Solva Care. She continues as a trustee of Solva Care.