Bournemouth and Poole Voluntary and Community Sector Contribution to Health and Wellbeing (2016).

Summary
Two surveys were undertaken in September 2014 and November 2016 of voluntary and community groups working in Bournemouth and Poole about the contribution they make to health and wellbeing. Based on the results we can say:

- Almost all VCOs consider they improve health and wellbeing
- About 1 in 4 VCOs only operate at the neighbourhood level, but most work across Bournemouth, Dorset and Poole with 1 in 4 working beyond Dorset as well.
- About a third of VCOs work with the general public and about one in 5 with those with health related needs
- VCOs tend to offer a wide range of services and activities (an average of 3 per VCO), even to very specific users, aiming to work holistically and individually with their users often providing:
  - advice and information
  - opportunities to volunteer
  - social activities
  - basic requirements (such as food, clothing, money/benefits, often a determinate of good health)
  - healthy activities/behaviour, particularly diet and exercise.
- 75% of VCOs work with adults across the age range.
- The median number of users per month is between 52 and 80. If a figure of 50 is used then the 725 charities in Bournemouth and Poole are being used by 36,250 users per month.
- The most frequent differences VCOs see in their users are:
  - Reduced isolation and increased connectedness to their communities
  - Improved confidence and self-esteem
  - Increased independence, empowerment and resilience
  - Feeling better supported
  - Increase in fun, enjoyment and wellbeing.
  - Increase in healthy behaviours
  - Improved learning and employability
- 80% of VCOs state their work improves users’ experience of fun, enjoyment and feel-good factor
- Some VCOs find it difficult to identify the difference they make and although a third of VCOs say they are happy with the way they measure the difference they make and a quarter do not measure it at all, just over a half want to get better at it. It is encouraging that since 2014 the sector is showing some progress on being able to identify outcomes with a few VCOs now able to give statistics on the differences they bring about.
A significant investment is being made each year by VCOs in health and wellbeing:
- Spend about £14.5 million
- 783,000 volunteer hours (replacement value of almost £7 million)
- 1,140,000 staffing hours, equivalent to 592 full time posts.
- 4 out of 5 groups are planning, or would like, to expand their health and wellbeing services, however some are dependent on additional funding, people and premises.
- A clear majority of groups want further advice, support and information about the impact their work has on health and wellbeing and many are willing to be involved in any further research.

Other ideas for improving their work on health and wellbeing include:
- Better recognition (including monetary value) of the work VCOs do
- Better support of fundraising
- Improved networking and information on services out there and who provides them (for referrals, peer learning and working together)
- Better facilitation of partnership working (between VCOs and VCOs with statutory bodies).
- Clearer signposting to appropriate contacts in health bodies.

The CVSs can contribute to health and wellbeing as part of their core, continuing work (as long as current funding is maintained) they can assist VCOs by:
- Promotion of the contribution VCOs make to health and wellbeing
- Providing advice, training and support on administration and governance of VCOs to ensure longer term sustainability
- Providing advice, training and support on fundraising
- Providing advice and support on volunteer management
- Providing general support on outcomes based planning, monitoring and evaluation
- Providing generalist networking and signposting opportunities.

However with specific additional funding from April 2017 they could provide more of the above and more directly linked to health and wellbeing outcomes planning, monitoring and evaluation.

The Survey
In November 2016 a follow up survey to one carried out in September 2014 was carried out with voluntary and community groups in Bournemouth and Poole. The survey was sent to about 800 contacts within about 500 organisations held on the databases of Bournemouth CVS and Poole CVS. The survey was web based (using Survey Monkey, see Appendix 1), was open until 12 December 2016 and received 61 responses. Removing blank surveys and those who do not work in Bournemouth and Poole gave us 50 surveys (2014:104) for analysis. This is about a half of the number returned in 2014. This year the survey was open for a shorter time just prior to Christmas and only one reminder was sent out. We were looking for a snapshot of developments and issues from VCO’s to inform our current work and planning over the next year.

All the respondents considered that their activities made a positive impact to the physical/mental health and wellbeing of those living in Bournemouth and Poole.
Where do groups work?
Of the 50 voluntary and community organisations (VCOs) only 6% of respondees are
neighbourhood based groups, a much lower number than in 2014 (24%). This is
probably a reflection of lack of response rather then there having been closures of
such groups. Also this year we were not involved in a joint project with Faithworks so
did not benefit from their assistance in distributing it to their church contacts many of
which will be local service providers. As in 2014 most groups who responded work
across the boroughs and almost 1 in 4 also work outside the county of Dorset.

<table>
<thead>
<tr>
<th>Area worked in</th>
<th>% 2016</th>
<th>% 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>One single area/neighbourhood in Bournemouth or Poole</td>
<td>6</td>
<td>24</td>
</tr>
<tr>
<td>Across Bournemouth</td>
<td>64</td>
<td>56</td>
</tr>
<tr>
<td>Across Poole</td>
<td>60</td>
<td>47</td>
</tr>
<tr>
<td>Across Dorset</td>
<td>68</td>
<td>45</td>
</tr>
<tr>
<td>Outside Bournemouth, Dorset and Poole</td>
<td>24</td>
<td>23</td>
</tr>
</tbody>
</table>

What do groups do?
The survey asked groups to freely describe the activities that directly or indirectly
improved the physical/mental health and wellbeing of those they worked with. 47
VCOs provided some detail of at least 140 services and activities. The survey
respondents are undertaking a great variety of activities, even if their user group is
very targeted such as those with epilepsy. A ‘word cloud’ (the more often a word is
mentioned the larger the text becomes) of their responses is below.

Some examples from the responses:
“..offer activities and courses for the over 55s including computer courses, yoga, pub club, day trips and walking groups.”

“Teaching the tools of mindfulness.”

“We provide food at low cost to members of the community …a social supermarket.”

“We have a drop in service for anyone who wants to come in for a chat or get advice re housing, mental health, foodbank, etc.”

“We run social, learning and leisure services for adults with learning and related disabilities which supports them around; meeting and making friends within their peer group, peer support life skills - working on cooking, healthy eating, communication, healthy living etc. exercise and fitness - we hold...”
regular sessions that encourage exercise and promote movement and volunteering”

One group picked up on a reference to the 5 Ways to Wellbeing and wrote:

“**Connect** – Provide social meeting place; Network of friends with similar conditions

**Be Active** – Archery; Walking Group; Tandems; Skittles; curling; bowls; Extend exercises

**Give** – Peer support and advice; Guiding; Donate to Causes

**Take Notice** – Arts & Crafts Group; Emotional Support; Memory Box; Desert Island Discs

**Keep Learning** – Provision of Assistive Technology training; Arts & Crafts sessions; Archery; Educational Talks and Demonstrations; Quizzes”

Very interestingly 17 VCOs of the 47 (36%) mentioned that by using volunteers the volunteers themselves will receive health and wellbeing benefits from volunteering in addition to any benefits to the groups’ users.

The 2014 survey report grouped the activities into 9 categories and the 2016 survey asked respondees to choose from this list. 15 of the groups added to an ‘Other’ category of which group/peer support was the most commonly listed followed by advocacy and counselling. The table below shows the results of the 47 groups that responded compared with the 2014 results.

<table>
<thead>
<tr>
<th>Activities</th>
<th>% 2016</th>
<th>% 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice and information</td>
<td>77</td>
<td>27</td>
</tr>
<tr>
<td>Basic living requirements e.g. food, clothing, money/benefits advice</td>
<td>36</td>
<td>17</td>
</tr>
<tr>
<td>Diet/eating advice/information/classes</td>
<td>26</td>
<td>9</td>
</tr>
<tr>
<td>Exercise</td>
<td>28</td>
<td>27</td>
</tr>
<tr>
<td>Learning new skills/training</td>
<td>55</td>
<td>9</td>
</tr>
<tr>
<td>Mindfulness/self-awareness</td>
<td>47</td>
<td>8</td>
</tr>
<tr>
<td>Social activities</td>
<td>64</td>
<td>37</td>
</tr>
<tr>
<td>Transport</td>
<td>21</td>
<td>3</td>
</tr>
<tr>
<td>Volunteering</td>
<td>68</td>
<td>16</td>
</tr>
<tr>
<td>Other-group/peer support</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Other-advocacy</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Other-counselling</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

Because the methodology is different between the two surveys they should not be compared. By providing a list of activities it perhaps prompts respondees to consider all their activities rather then concentrate on describing perhaps only one or two specific activities.

Clearly providing advice and information and social activities continue to be the most common activities. Very interestingly volunteering is the second most common activity. There is increasing evidence that volunteering increases self-confidence and good mental health, reported life satisfaction and positive feelings about physical health, although the evidence for a direct impact on physical health is less clear. Social activities are the third most frequent activity. Also a third of groups state they
provide basic requirements (such as food, clothing, money/benefits advice) which impacts on good health and wellbeing. A quarter of groups this time report activities relating to diet/eating and exercise which are 2 of the 4 healthy activities promoted by Dorset Public Health and LiveWell Dorset. Only 2 groups (4%) mentioned support of smoke reduction and 1 alcohol (2%) activities.

**Who uses the groups?**

When asked how many people used their services per month 36 VCOs (2014:91) gave figures ranging from 10 (2014:4) to 2,700 (2014:30,000), giving a total of 7,980 (2014:79,000) and average of 222 per organisation (2014:868). The range in number of users is narrower this year than in 2014 but, because the range in figures was still wide, the median value of 52 is a better representative value and is close to the figure of 80 for 2014. Therefore it can be said that most VCOs are working with between 50 and 80 users per month improving their health and wellbeing. If this survey’s median figure is used and applied to the estimated 725 registered charities in Bournemouth and Poole the total number of users per month of VCOs is 36,250.¹

VCOs were asked for all the age groups they worked with and 43 (2014:102) replied as follows:

<table>
<thead>
<tr>
<th>Age group</th>
<th>% 2016</th>
<th>% 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5</td>
<td>23</td>
<td>27</td>
</tr>
<tr>
<td>5-14</td>
<td>42</td>
<td>44</td>
</tr>
<tr>
<td>15-24</td>
<td>77</td>
<td>74</td>
</tr>
<tr>
<td>25-44</td>
<td>81</td>
<td>78</td>
</tr>
<tr>
<td>45-64</td>
<td>86</td>
<td>75</td>
</tr>
<tr>
<td>65 and over</td>
<td>77</td>
<td>76</td>
</tr>
</tbody>
</table>

As in 2014 75% of groups who responded are working with adults across the age range, with only 1 in 4 working with under 5s.

**What difference does the groups work make on health and wellbeing?**

40 VCOs (2014:95) responded to a question about the difference their work had on those they worked with. A word cloud of responses is below.

Socialising Enjoy Safe Rebuild Confidence Wellbeing Health Food Self Esteem Funding Help People

Responses included:

“Our members are happier and feel part of the community. Our members make friends and do not feel so isolated. Our members eat healthy three

¹ Many VCOs are not registered charities. A crude estimate of the total number is 2,700.
course meals at our Day/Lunch Clubs. Our clients have trust in our services and open up and voice their concerns and hopes. Our members feel part of a family and join in with singing, exercise and various other activities with a smile on their faces. When we make a home visit to a client, and help them in some way they feel less concerned knowing that we will make a difference. All this helps with wellbeing and in turn also helps with their health.”

“Improvements in mental health, reducing stress, reducing social isolation, increasing education, self-esteem, confidence. At our group, we promote the importance of a healthy diet, exercise and staying healthy through regular body checks, understanding mood, anxiety triggers etc.”

“Reduces feelings of isolation; helplessness; unworthiness”

“More smiles and laughter.”

“….those taking part in some of our social and activity groups may also see an improvement in their physical health.”

“Participants have reported the following average increases (taken from approx 160 users) 55% in Confidence 43% in Motivation 16% in Physical Wellbeing 44% in Emotional Wellbeing 41% in their Optimism for their future 36% in their readiness to look for work 25% in feeling active 37% in feeling useful 30% in dealing with challenges positively Participants feel more positive, ready to embrace change and progress towards positive, sustainable life choices.”

“….recently installed a new procedure to measure outcomes. Using the Warwick Edinburgh Mental Wellbeing scale (WEMWBS) (we) take responses to this questionnaire at the beginning, middle and end of the course … Since the implementation of this procedure we have been able to identify …. overall wellbeing has increased by up to 20% as well as specifying areas in which the majority of girls have improved. For example 71% of girls felt their confidence increased and 72% felt happier.”

One group provided a mini-case study:

“Helping a family move into private rented accommodation from B&B meant that they were able to eat home cooked meals, children had space to do their homework, children had a proper night sleep and were not disturbed by other family members, had somewhere to play. The mother was able to wean her baby and sterilise bottles and the baby gained weight. The father became less stressed and was able to obtain employment which improved their income.”

Based on the analysis of the 2014 responses respondees were asked to indicate which of 17 differences their work made to users. 39 groups responded:

<table>
<thead>
<tr>
<th>Difference made</th>
<th>% 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel more part of the community</td>
<td>97</td>
</tr>
<tr>
<td>Increase in self esteem</td>
<td>95</td>
</tr>
<tr>
<td>Reduced isolation</td>
<td>95</td>
</tr>
<tr>
<td>Increased confidence</td>
<td>90</td>
</tr>
<tr>
<td>Increased empowerment/feeling in control of their own life</td>
<td>90</td>
</tr>
<tr>
<td>Decreased anxiety/worry</td>
<td>90</td>
</tr>
</tbody>
</table>
As this question was additional to the 2014 survey it is difficult to directly compare the two results. However we can say the following:

- The most frequent difference was feeling more part of the community (97%) and is likely to be associated with reduction in isolation (95%), the joint second most frequent difference. In 2014 text analysis of the open question showed that feeling part of the community was the equally most frequent difference mentioned (33% of VCOs) and reducing isolation (27% of VCOs) which was the third most frequent.
- Increasing users’ self-esteem (95%) was the joint second difference and increased confidence (90%) was the joint fourth most frequent. In 2014 33% of VCOs considered that they improved confidence and self-esteem (joint most frequent difference). These attributes are often seen as a prerequisite for people looking after themselves better.
- Increased empowerment/feeling in control of their own life was the joint fourth most frequent difference (90%) with increased independence as the tenth (77%). This matches the results in 2014 where improved independence, empowerment and feeling in control of their own lives (including better self-management of any health conditions they might have) was the fourth most frequently mentioned (24% of VCOs).
- Decrease in anxiety was the joint fourth most frequent (90%) closely followed by increase in self-worth (87%).
- 82% mentioned they felt better supported again mirroring the 25% of VCOs mentioning it in 201 where it was the fourth most frequent difference.
- In the open text question in the 2014 survey 11% of VCOs stated their work improved users’ experience of fun, enjoyment and feel-good factor. When prompted in the 2016 survey 80% of VCOs identified this often overlooked element of health improvement work and perhaps evidence of wellbeing.
- In terms of behaviours prioritised by Public Health to improve health and wellbeing VCOs reported:
  - Improved healthy eating/diet: 44% of VCOs (2014:6%)
  - Increased exercise: 41% of VCOs (2014:11%)
  - Decreased addiction/consumption of alcohol and drugs: 18% of VCOs (2014:8%)
  - Reduced smoking: 15% (2014:0%)

Overall VCOs are creating a wide range of differences for their users. As in 2014, for some they find it difficult to identity and articulate the differences or outcomes, often
describing a service and its activities instead. However it is encouraging that many this year do describe the differences made with some providing statistics. When prompted this year VCOs are identifying differences with a very similar pattern in frequencies to 2014. Prompting probably also accounts for more mention of the four Public Health healthy activities. Looking at the two surveys we can say that VCOs activities are contributing to:

- Reduced isolation and increased connectedness to their communities
- Improved confidence and self-esteem
- Increased independence, empowerment and resilience
- Feeling better supported
- Increase in fun, enjoyment and wellbeing
- Increase in healthy behaviours
- Improved learning and employability

Are groups measuring the difference they make?
We asked VCOs if they measured the difference their work made. Just over 37% (2014:33%) of 43 VCOs (2014:102) said yes and another 42% (2014:40%) said yes but would like to do better. Of the 21% (2014:25%) who said no 9% (2014:15%) said they wanted to know how. Therefore, again as in 2014, just over half of all VCOs recognise that they should get better at measuring the difference their work makes.

How much are groups spending on health and wellbeing?
When asked to estimate how much of their annual income was spent on activities that improved health and wellbeing 29 VCOs (2014:72) gave figures between £50 (2014:£120) and just over £1 million (2014:£5 million). This gives a total figure of just under £2.6 million (2014:£20 million) with an average of £90,656 (2014:£276,409) and a median of £20,000 per VCO (2014:£20,000).

If the median of £20,000 is applied to the 725 registered charities in Bournemouth and Poole then the total investment of the sector in health and wellbeing is £14.5 million a year.

In response to asking how many hours of volunteer time were given each month 35 VCOs (2014:84) gave figures ranging from 0 (2014:0) to 12,000 (2014:2,500). This gives a total of 8,243 hours per month (2014:45,548) and an average of 236 per VCO (2014:542) giving a total of 2,033 hours per week (2014:24,432). This gives an average of 70 hours per week (2014:309) and a median of 40 hours (2014:50). However 4 of the VCOs who responded do not use
paid staff at all, therefore excluding these gives an average of 136 (2014:414) hours and median of 55 (2014:100).

45% of registered charities have incomes of less than £10,000 and so unlikely to employ staff. Therefore if we apply the median number of staffing hours per week spent on improving health and wellbeing (55) to 55% of the 725 registered charities in Bournemouth and Poole it gives a total of 21,931 hours per week or 1.14 million hours per year. This is equivalent to 592 full time posts.

Future Plans
VCOs were asked about any plans or hopes for the future to expand or develop their current health and wellbeing services. 32 VCOs (2014:87) responded.

81% (2014:80%) of groups gave an indication how they wished to expand:
- 41% (2014:34%) want to deliver more of what they currently provide
- 22% (2014:21%) want to develop new specific services
- 19% (2014:6%) want to start providing services to new geographical areas
- 3% (2014:5%) have plans to work with others

It is encouraging that as in 2014 so many groups want to develop, many with quite specific plans in mind, however, again as in 2014, a significant minority identified the barriers of funding (6%), people (volunteers, staff and trustees) (9%) and resources such as premises (3%).

“*We want to prepare more lunches for the members but at the moment are charging and this tends to make some members not turn up as they are struggling to buy food let alone have a meal as well.*”

“*We are looking to start a dance class.*”

Of the 19% (2014:20%) of groups who had no growth plans nearly all (a third in 2014) were concentrating on maintaining their current services, usually because of uncertain funding.

Comments and suggestions.
A final question asked VCOs for any comments or suggestions about how they could be better supported to improve health and wellbeing. 16 VCOs (2014:27) responded. As in 2014 funding was the most frequent need identified by 38% of VCOs (2014:30%). A few respondents made the point that the savings to statutory services needs to be recognised and translated into funding of these preventative services. A few respondents also stated that demand is increasing with little recognition by statutory organisations and that more could be done to financially support local groups rather than larger national voluntary and private sector concerns (e.g. Slimmer’s World). Sharing what others are doing (to learn from each other, develop links and refer users) and easily find out what is available was identified by four groups (25%). Three groups (19%) suggested facilitation of partnership working, both with other VCOs and with statutory agencies for improved bidding and training.
Staying in touch
37 VCOs (2014:91) answered a few questions about staying in touch and 95% (2014:87%) want to be kept up to date with this project. 73% i.e. 63 organisations (2014:69%, 63 organisations) said they were willing to take part in further research.

Conclusion
Although the 2016 survey had only a half of the respondees of 2014, with far fewer local, neighbourhood focused groups, there is enough similarity between the results to suggest that the two surveys together give a good picture of the contribution the local VCO sector makes to health and wellbeing.

Nearly every VCO considers that their work has a positive impact on health and wellbeing and the survey results show that the sector makes a considerable input in terms of cash, volunteers and staffing. VCOs very often take a holistic view of their users, their needs and services but will almost nearly always be user centred. However many in the sector feel this contribution is not recognised as valuable and that it creates saving to the statutory sector, either directly or by preventing future demand (i.e. preventative).

Very often the differences made by VCOs will be on emotional health and wellbeing rather than physical health (although the 2016 survey shows more contribution to these than 2014). The sector specifically recognises that by offering opportunities to volunteer that this will positively impact on those individuals, and that improving fun/happiness and feel good factor is an important difference their work makes. VCOs are clearly interested in learning how to better measure the difference they make to health and wellbeing and to expand their services. However they need continuing support to:

- Learn/explore methods of outcome reporting
- Better support of fundraising
- Improved networking and information on services out there and who provides them
- Facilitation of partnership working
- Clearer signposting to appropriate contacts in health bodies

The CVSs are currently funded to provide some targeted work supporting VCOs to develop work on health and wellbeing. However as part of their core work they can assist VCOs by:

- Promotion of the contribution VCOs make to health and wellbeing
- Providing advice, training and support on administration and governance of VCOs to ensure longer term sustainability
- Providing advice, training and support on fundraising
- Providing advice and support on volunteer management
- Providing general support on outcomes based planning, monitoring and evaluation
- Providing generalist networking and signposting opportunities

However with appropriate additional funding from April 2017 they could:

- Target advice and support sessions, for individual VCOs and groups, on funding streams that support health and wellbeing outcomes.
• Continue to provide specialist bespoke advice about health and wellbeing planning, monitoring and evaluation
• Targeted support of VCOs wishing to expand their work
• Identify and facilitate links with appropriate services provided by VCOs and statutory agencies
• Develop specialist networking opportunities for those interested in health and wellbeing
• Facilitate individual and group partnership working to:
  ➢ improve outcomes for people
  ➢ provide sustainability for services
  ➢ seek additional funding
• Encourage and support VCOs to improve their impact on the health and wellbeing of their workforce (both paid and voluntary) e.g. becoming a Mindful Employer.

Steve Place
Bournemouth CVS
January 2017
Appendix 1: Copy of Survey
Bournemouth and Poole VCS Contribution to Health and Wellbeing

Please do take part in this survey as it will help:
• you, as Public Health will be more aware of what you do, could lead to more people using your services and influence how the Health Hub (see below) will work, and support you, in the future
• us, to make the case for the contribution you make to health and wellbeing.

Bournemouth CVS and Poole CVS are working with Public Health Dorset to identify voluntary and community groups working in Bournemouth and Poole that are contributing to health and wellbeing.

Contributing to health is easy to identify if your work directly relates to a medical condition such as cancers, brain injuries, HIV, mental health, addictions, MS, etc. However your work may prevent people from becoming unwell by encouraging exercise or increasing confidence or self-esteem for example. These activities start to fall into the concept of wellbeing. Wellbeing can be influenced by many things such as income, housing, education, social networks, personal health, etc. Most voluntary and community groups will be contributing to wellbeing which includes individuals feeling good and functioning well.

Your work may be contributing to wellbeing if you help people to:
1. Connect with others, e.g. groupwork, social gatherings, befriending, reducing isolation
2. Be active e.g. sport, play, exercise, walking, anything that will make people more active
3. Take notice e.g. offering new and different experiences, helping people to think about how they are feeling
4. Keep learning e.g. classes and groups learning new skills
5. Give e.g. using volunteers, joining in, befriending, opportunities to donate

This short survey aims to identify which, and how, organisations contribute to health and wellbeing in Bournemouth and Poole. We originally undertook a similar survey 2 years ago and we now want to update, and compare, the findings. We would like you to start the survey as the first question asks if you think you do contribute and if you say No the survey will end. If however you say Yes the rest of the survey should take you about 20 minutes.

Please complete the survey by Monday 5 December 2016.

If you have any queries please contact Steve Place on 01202 466130, steve.place@bournemouthcvs.org.uk

1. Do you consider that your organisation makes a positive difference to the physical/mental health and wellbeing of those living in Bournemouth and/or Poole?
   • Yes
   • No

2. There is no universally accepted definition of a voluntary or community group but Bournemouth CVS and Poole CVS use the following:
• Independent of government and constitutionally self-governing, usually with an unpaid voluntary management committee (or where at least over half are unpaid)
• Value driven, they exist for the good of the community (as understood by a person in the street), to promote social, environmental or cultural objectives in order to benefit society as a whole, or particular groups within it
• Not run for financial gain they reinvest any surpluses to further the ‘good’ they create for the community and usually have an enforceable ‘asset lock’ to prevent private profit (e.g. charities and Community Interest Companies have this in law)

This definition will include charities (registered and unregistered), community groups, Community Interest Companies, friendly societies, social clubs, many sports clubs, churches and other faith groups, and voluntary organisations.

Are you a voluntary or community group operating in Bournemouth and/or Poole?
• Yes
• No

3. Contact details
• Your name:
• Organisation:
• Postal Code:
• Email Address:
• Phone Number:

4. Where are your services offered? (please tick all that apply, if you work in more than one small area of Bournemouth and Poole do not tick the first option)
• Just one particular area/neighbourhood in Bournemouth or Poole
• Across Bournemouth
• Across Poole
• Across Dorset
• Outside Bournemouth, Dorset and Poole

5. Please tell us what activities you carry out that directly or indirectly improves the physical/mental health and wellbeing of those you work with.

6. Please tick any of the kind of activities you provide below which contributes to health and wellbeing.
   Advice and information
   Basic living requirements e.g. food, clothing,
   money/benefits advice
   Diet/eating advice/information/classes
   Exercise
   Other (please specify)
   Mindfulness/self awareness
   Learning new skills/training
   Social activities
   Transport
   Volunteering

7. Please estimate the number of people who use your services in Bournemouth and Poole you have described each month

8. Which age groups do you work with? (Please tick all that apply)
• Under 5s
• 5-14
9. What difference does your work have on those you work with?

10. Do you measure the difference you make?
   - Yes
   - Yes, but would like to do it better
   - No
   - No but would like to know how to

11. Please tick all the following differences your work makes to your users.
    Better readiness for work or training
    Decreased anxiety/worry
    Decreased consumption of alcohol
    Decrease in smoking
    Feel better supported
    Feel more part of the community
    Improved healthy eating
    Improved interpersonal relationships
    Reduced isolation
    Increased confidence
    Increased empowerment/feeling in control
    Of their own life
    Increase in exercise
    Increased level of fun/enjoyment/happiness
    Increased independence
    Increase in self esteem
    Increased self management of any medical condition
    Increase in self worth
    Other (please specify)

12. Please estimate how much of your annual income you spend on activities that improve health and wellbeing.

13. If you use volunteers for your services please estimate how many hours per month they give (please use whole figures).

14. If you use paid staff for your services please estimate how many hours per week they work (please use whole figures)

15. Do you have any plans or hopes to expand/develop your current services that would improve health and wellbeing?

16. Please tick if:
   - You would like to see the results of this survey
   - You would like to be kept in touch about meetings, training, information, advice/support on contributing to health and wellbeing in Bournemouth and Poole
   - We can contact you to ask if you would like to take part in further research about your health and wellbeing work

17. Do you have any comments/suggestions about how the voluntary and community sector can be better supported to improve health and wellbeing in Bournemouth and Poole?

Many thanks for taking the time to complete this survey, your answers are important and will be extremely valuable to helping the two CVS’s make the case about your contribution to health and wellbeing in Bournemouth and Poole.