Annual Impact Review

1 April 2024 - 31 March 2025

Charity Number: 1120693
care-network.org.uk

You helped me to see things as manageable.

I received emotional support as I was able to talk to someone impartial about my situation. My mental wellbeing improved.

Family Carer
Community Navigators' Client

I felt very cheered up after talking to you.

I felt that I could do things to help myself and that things would get better.

Mr V
Wellbeing Client

I felt really alone and had given up and then you came and sorted me out,

Thank you doesn't seem enough.

Alan
Help at Home Client

People at the Heart of Everything

Introduction

Care Network was established as a charity in 1986, later becoming Care Network Cambridgeshire, recognising the need for our services across the county. Initially formed as a group of volunteers in the 1970s who worked with people in their own communities to support independent living and community collaboration, including transport, social groups, and befriending, Care Network Cambridgeshire has continued this work, developing a range of services that meet the demands of more complex ways of living in the 21st century, post-pandemic and during financial hardship. Our Charitable Objectives are:

To facilitate the relief of sickness and distress and improve the quality of life by reducing social isolation and improving independence for older and otherwise vulnerable adults, in Cambridgeshire and neighbouring counties.

We do this through our mission:
We support adults and communities to improve their health and wellbeing through a person-centred approach. Working alongside them to make informed choices that improve confidence and connection.

This annual report highlights our work and impact over the financial year from 1 April 2024 to 31 March 2025. We hope you will enjoy the read.

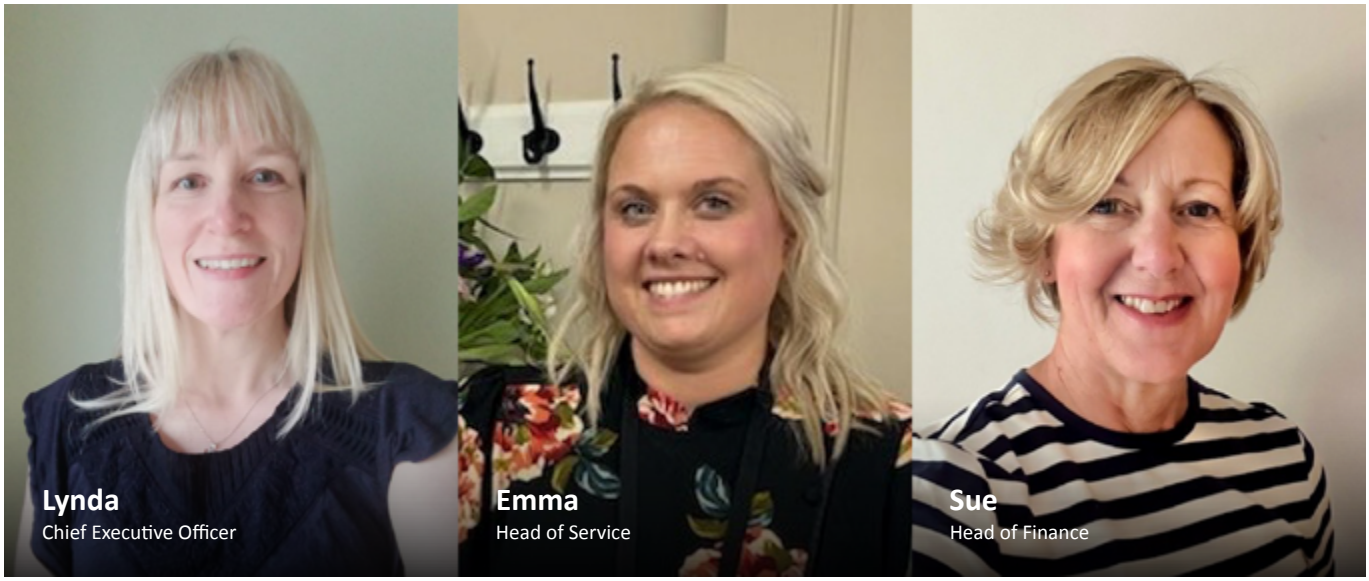
Leadership Team

Welcome

Thank you for taking the time to read our annual impact review of 2024-2025. This has been another year of increased demand for all our services, attributable to the backdrop of inadequate funding for our health and social care system in the UK. We have spoken to more people this year who have found it incredibly challenging to find the right professional health or social care support at the right time, and a larger number still have felt isolated and alone. Mental health in general continues to be at the forefront of many of our referrals, but the majority of our clients this year have asked us for support with multiple issues, with an increase in the complexity of those issues being seen daily.

Across all our services, we have directly helped just under 4,000 people over the year. Through our community development, and our partnership work, we have helped countless others. We have worked very closely with our Voluntary Sector Alliance partners throughout this year to increase our capacity and support patients being discharged from hospitals into their own homes. We have been actively involved in supporting the development of health and social care services and pathways through our work with local authority and health care boards.

As a charity, the landscape we are working in has become far more complex to navigate. Funding opportunities are scarce, making charities compete with one another for smaller pots of funding to support their much-needed work. Yet, as health and social care services are overwhelmed, demand for our services continues to increase. This shows the need for greater opportunities for voluntary sector organisations to be sustainable, and we have been heavily involved in discussions with existing and potential funders about the need for long-term funding commitments and the money following the client based on their needs.



Internally, we said farewell to our fundraiser who moved on to pastures new, leaving a huge challenge to find a replacement in current times. With fewer funding opportunities now available and with much greater competition within the sector, the decision was taken to bring fundraising back in-house. Fundraising continues to remain challenging as we look for alternative solutions to provide longer-term funding, which would enable us to plan and develop our services further with the knowledge that our core services are secure. The changes to employer national insurance provided a challenge. Fortunately, we were already providing our staff with salaries above the Real Living Wage, so we did not have to raise hourly rates, however, the considerable additional sum to cover NI costs in the coming year certainly impacted our service development plans.

We maintained our people base through staff and volunteers. The diversity of experience and expertise of the Board was strengthened in August 2024, when we welcomed Jane Stoner as a new Trustee to the Board. Jane has expertise in IT and extensive private sector and international experience as a Board Director. We said goodbye and thank you to long-term Trustee, Jill Worth, who retired in February 2025. Jill has brought a wealth of private sector experience, firmly and constructively challenging Trustees in Board discussions, and adding a real and much-valued diversity of view and opinion that has made a big difference to the charity.

Thank you to all of our supporters, donors, funders, and our people for another successful year.

Lynda, Emma, and Sue

The Leadership Team

Care Network's Strategy and Goals

Our focus over the course of this year was to:

- Fully embed our volunteers into our core services
- Review our systems and processes
- Recruit new staff and volunteers to extend our reach
- Develop a long-term strategy
- Work with our partners to remove barriers for clients|

We have diligently reviewed all of our processes and our activities to ensure they match the ever-changing environment within which we work. Our work is heavily reliant upon funding, which for the most part, comes through the Integrated Care Board and the Councils. The organisation has strived to understand the needs of our statutory partners and work with them to develop and deliver initiatives to support the Cambridgeshire population. Meanwhile, the needs of the community we serve have changed, with more complex health and social care needs, mixed with greater demand. As such our activities this year have included expanding our teams and building our knowledge through more training and development for all staff across all our services.

Throughout this year, we have also spent time developing our next five-year strategic plan. This has involved a wide range of internal and external stakeholders, gathering their knowledge and experience in their areas of expertise to help inform our planning. The final draft of our plan was signed off in February 2025 and went live on 1 April. We are pleased that despite the complexities we have faced this year, we have achieved all of our goals, which we hope will pave the way for us to further develop over the next five years.

Care Network's People

At the end of the financial year, Care Network has a staff team of 31, with three of these posts forming the senior leadership team, including the CEO, the Head of Finance, and the Head of Services. The CEO reports to a Board of Trustees, made up of volunteers who dedicate their time and knowledge to ensuring the organisation is meeting its charitable objectives, and ensuring proper governance. We are proud to have an operational volunteer team of 45 individuals, working across all our services and over the entire county. Our volunteer team allows us to extend our reach and provide enriched levels of support for our clients, whilst improving their own wellbeing and sense of purpose.

Over the year, our operational volunteers provided 386 hours of support, enabling us to extend the length of our provision and reach communities that are the most deprived. Our people have a broad range of skills and experience, including 18 different languages. They come from a range of backgrounds which adds to the knowledge within the organisation, including nursing, mental health services, leadership and management, employment services, disability services, and education. In addition, the majority of our people have lived experience of the issues that our clients are facing. Because we cover the entire county, we have an office base in Chatteris, in the North of the county and another in Hardwick, just outside of Cambridge in the South of the county.

We also have hospital-based staff who are able to work from hospital offices as part of their multi-disciplinary teams. At other times, staff work from their homes or community buildings. These working arrangements enable our people to work at locations that make access easier for clients.

Chris's Story:

Volunteering at Care Network Cambridgeshire

Chris carries out a few roles in a voluntary capacity, including check and chat, trusted friend, and fundraising. Chris's desire to care for others stems from a lifelong inclination, influenced by his mother, who was a nurse. Following the passing of his wife and a move to Cambridgeshire in 2019, Chris sought an opportunity to connect with and support people, leading him to Care Network's advertisement for Check and Chat volunteers.

Chris found the Check and Chat role immediately rewarding due to the variety of clients and their diverse needs. He enjoys the process of befriending individuals, understanding their problems (ranging from social isolation to practical needs like dehydration), and utilising Care Network's resources to find solutions. Winning the trust of clients is particularly satisfying for Chris, enabling him to make a real difference in their lives.

Living alone, Chris acknowledges the potential for loneliness. His involvement with Care Network provides a significant boost to his well-being through regular contact with others. The satisfaction he gains from helping people overcome their challenges contributes positively to his sense of purpose and combats feelings of isolation. He views Care Network's services as vital in improving the quality of life for individuals in the community.

Becoming a Trusted Friend in 2022 allowed Chris to deepen his impact by visiting clients in their homes and engaging in activities like walks and library visits. He finds this work, supporting individuals with disabilities, anxiety, and emotional needs, exceptionally rewarding. He shares a powerful example of a lady who had been housebound for months, regaining her independence through his support, highlighting the profound sense of fulfilment he experiences.

Chris's involvement extends to fundraising, where he utilises his woodworking skills to create and sell 3D art and hand-painted items at events like the Northstowe Run. As an arthritis sufferer, he finds the physical manipulation involved in his crafting to be beneficial for his hands, turning a pastime developed during Covid-19 isolation into a way to contribute to Care Network's vital funds. The social interaction at fundraising events also provides a positive boost to his wellbeing.

Chris emphasises that being part of Care Network has been a positive and enriching aspect of his life, providing him with opportunities to meet many people and feel a sense of purpose at 85 years young. He wholeheartedly encourages others who enjoy talking to people and want to help to get involved, highlighting the potential to make a real difference in their community, regardless of age.

Our Services

Help at home

Our Help at Home service ensures people can be discharged from hospital, as soon as they are medically able, to a safe home, equipped for their needs, with the right support and resources to enable independent living and reconnecting with the community for post-recovery.

The service also prevents the need for admission to hospital or longer-term adult social care, ensuring retention of independence following a period of ill-health or a change of personal or health-related circumstances.

Our Help at Home service continued to work alongside our Voluntary Sector Alliance (VSA) partners, Age UK Cambridgeshire and Peterborough, and Caring Together. Through this partnership, we have been able to help hospitals discharge patients quicker, with referrals to the VSA coming through our virtual referral system which enables the three charities to work together to support the same client. We have worked hard with Cambridgeshire and Peterborough Integrated Care Board to develop this opportunity so that more wards are able to refer into the partnership in this way, increasing the reach and further reducing pressure on each of the acute hospitals. The VSA celebrated its first year of operation in November 2024, and the partnership continues to develop as the needs of the community and the hospitals change.

***Roberta** , 85 had a fall in her home and the ambulance crew raised a safeguarding concern over her home environment. We met with Roberta on the ward and arranged for us to carry out a home assessment. We arranged for a clean of her home, which was paid for using the Discharge Support Budget. We fitted a key safe for Roberta so that carers could access her property easily. Once Roberta was discharged, we spent time with her at her home to establish her future needs. We organised for a falls alarm to be installed, which gave Roberta peace of mind. Roberta's chair and undercounter fridge were not fit for purpose, so we sourced a donated replacement from our community connections. To get Roberta back up to speed, we supported her with food shopping for the first few weeks. Our wellbeing team continued to support Roberta in the following weeks, calling her regularly to check she was well. They also arranged for the Bobby Scheme to visit to arrange improved security for Roberta's home to make her feel safer. Roberta told us she felt we had gone over and above to help her get back home quickly and safely, and she was very pleased with everything we had done.*

In the last year, our Help at Home service has helped 1,148 people (32.5% more than the previous year), with nearly half of these coming through our VSA referral route. The complexity of our referrals has increased this year, with many clients presenting with multiple needs, requiring greater involvement from us. We are averaging 5-12 hours spent with each client, as their needs seem to be more complex. This equates to around 1539 hours of contact with clients by the team.

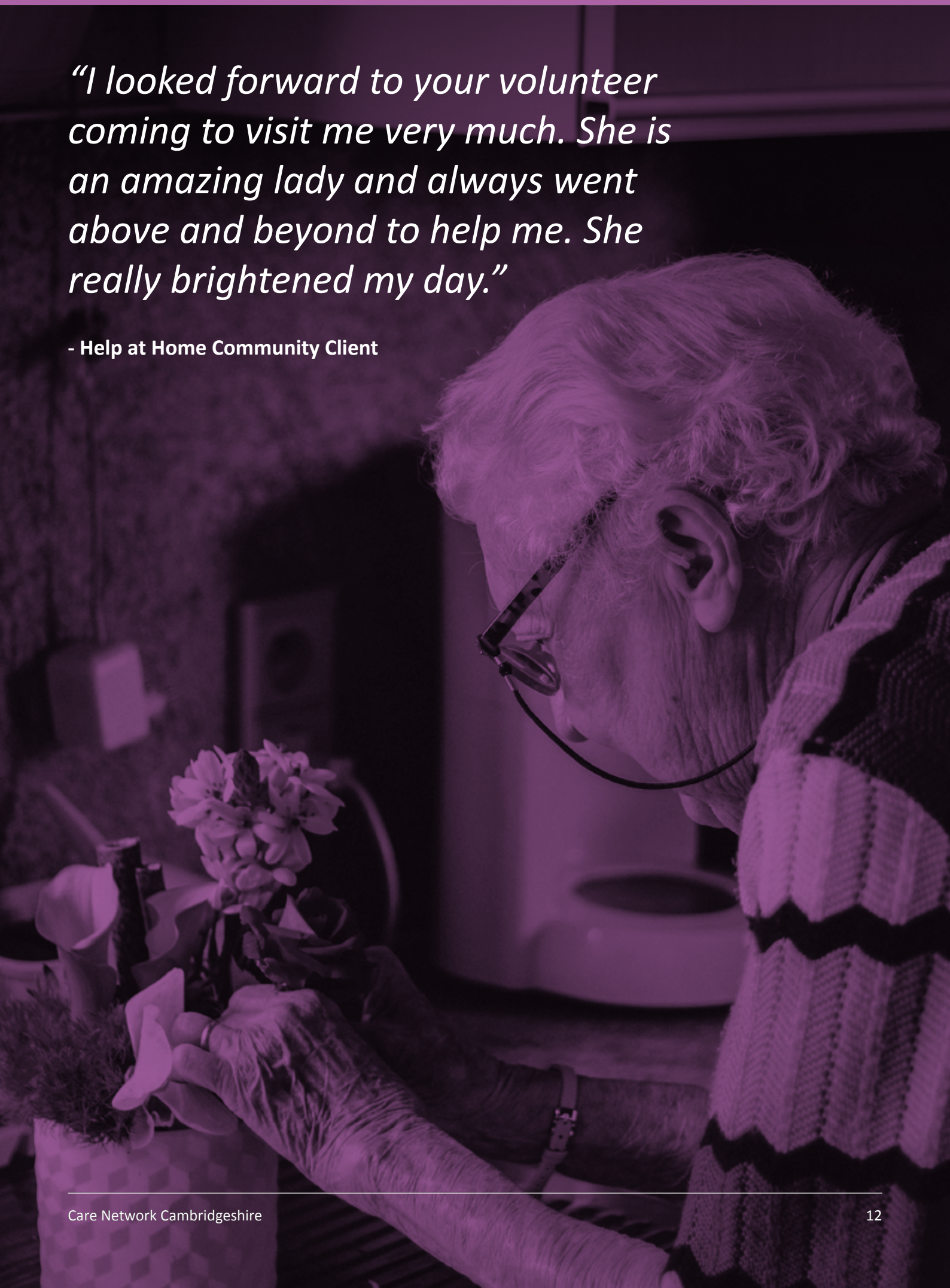
32% of our Help at Home services came directly from the community, supporting people to remain safe and independent at home and avoiding hospital admission.

Our work with the clinical teams in community and acute settings has continued to strengthen the pathways for our clients this year. Working together means that we can join up the support to a client, and reduces the number of people a client needs to deal with to retain their independence. It means we can get people back on their feet quicker, supporting their family and carers in the process.

"Just to say a huge thank you to the Help at Home Team. You have been a great help from the start to the end of this process, and this could not have been achieved without you both!! Thank you for keeping me in the loop and for making such a big difference to this gentleman's life. I am so grateful for your support with this case and I am so pleased with how it has worked out, as I'm sure P is too. You have both been brilliant!!"

-

Occupational Therapist



“I looked forward to your volunteer coming to visit me very much. She is an amazing lady and always went above and beyond to help me. She really brightened my day.”

- Help at Home Community Client

Community Navigators

Our Community Navigators work with people to identify their needs and connect them to community services, events, and activities that will support those needs and reinforce independent living. During the last contract period, the navigators' team have adapted the service to support more complex needs, as statutory services and the public purse are further stretched, and people are dealing with greater challenges, often juggling many life-changing events at the same time.

Our Navigators work hard to build their knowledge of the geographical area they cover so they can always find services to best support the needs of the clients. The relationships they build with other agencies, voluntary groups, and statutory services is key to this success, enabling them to provide warm handovers to avoid clients dropping through a gap due to lack of confidence or a feeling of exclusion.

Onsite Housing Officers from Housing 21, a retirement housing provider, contacted Care Network for help for their tenant who had no family or friends to support him. The client had recently moved from out of the area. He suffers from PTSD and is mostly housebound. He needed help to unpack his boxes into his new home, support to complete his benefit claim forms, register with a GP, arranging food deliveries, and social and emotional support. He also wanted to nominate someone to take on care of his cat, should he become unable. Due to the Navigators' connections and understanding of the local area, we provided details of a variety of services that could help with each of the client's needs, linking both the client and the housing officer so the client could be supported in-person to make the connections he needed. We also spoke to the Housing Officer about support for other residents' needs, connecting them to be able to support all their residents in the future.

"Hi Community Navigators. Please tell your team thank you so much for all their help this week. It has been amazing! You really have a wealth of information, and it has been really appreciated! You have made such a difference to the lives of my residents, and I cannot thank you enough!"

-

Samantha Oliver
Local Housing Manager, Housing 21

Tereina Mehr
Assistant Housing Manager, Housing 21

The service has taken in 2477 referrals over this year. Each referral resulted in just over three signposts on average, where our Navigators were able to put the client in touch with the right expert to help them to meet their needs. We also identified that throughout this time, due to the complexities of the issues being raised, our Navigators are spending much more time with clients to unpick their needs and identify the best solutions for them. In this year, Navigators have spent an average of 72 minutes per client, focusing on longer consultations and assessment of need. Over the course of this year, the top three needs most commonly addressed were:

Home

This includes housing and homelessness, safety, security, mobility, scams, cleaners, gardeners, adaptations, and furniture.

"I'm now able to have people round and have friends as I don't feel ashamed of my home now. I'm not as lonely now." - Information provided on domestic support

Care and health

This includes mobile services, social care assessments, care agencies, respite, home care, care homes, and visiting care

"You really have a wealth of information, and it has been really appreciated! You have made such a difference to the lives of my residents, and I can't thank you enough!" - Housing officer

Social connection

This includes loneliness, isolation, befriending, groups, activities, and companionship

"Made it easier for me over Christmas, being alone I really appreciated it." - Connected client to local business delivering Christmas meals

For some clients, this is the first time they have reached out for support, and they benefit from the opportunity to be heard, and to find confidence in the support they are being signposted to.

Frank has diabetes. He has had a quadruple heart bypass and more recently a double leg amputation - both below the knee. He was struggling to come to terms with his situation, especially being housebound for the last two years and being desperate to get out of the house. He had low mood, saying ***"I just don't know where it's all going to end."*** *He was concerned about his benefits. He was concerned about the impact on his family.*

Navigators referred him to a disability support charity to help with his benefits. As Frank enjoys watching sports on the TV, despite some initial reluctance we spoke about the potential for him to take part in some sport in the future, signposting him to para swimming and adapted cycle schemes in his area. We also signposted him to a charity providing support for amputees, explaining they have lived experience.

On a follow up call, Frank had contacted the amputee charity, and found out about social activities for the whole family to help them all come to terms with their new situation. He just needed to resolve the matter of being housebound due to his lack of motivation and not having the right mobility equipment to access outside. We referred him to a mobility support organisation, who contacted him straight away.

Upon our next contact with Frank he advised he is now going to the gym every week, with the support of the amputee charity who are providing a taxi to get him there and back.

We mentioned that his voice sounded so much brighter, and he said his wife says that too. Frank said **"I think I'm getting there. Thank you so much for all your support."**

The Navigators' service has a huge impact on the health and wellbeing of the public, ensuring people can retain their independence and connection with their communities. Research shows that being able to access information enables people to manage their lives, preventing or delaying the need for more intensive care and support services. We also know that community belonging is associated with better health outcomes, in particular, mental health outcomes.

96% of our clients say they feel more independent and able to access support and information when needed.

90% of our clients say they feel more connected to their community.

The extensive information and connections our Navigators have mean that they can help inform whole communities at any one time, bridging gaps in provision to support a larger number of people.

Our Navigators visited a sheltered housing complex to let residents know about Care Network's services and discuss any barriers they were experiencing to living independently. The residents felt isolated as they could not walk the distance into the city. Because of our work with community transport providers, we were able to speak with a new flexible transport scheme for rural areas, who immediately added a new stop to their route to cater for staff and residents at the complex, connecting them with public facilities and ensuring accessibility for all of them.

Wellbeing

“It’s been very helpful to have a woman to talk to. Your help has made a lot of difference to how I have been feeling”

-
Mrs L

Our wellbeing service enhances people’s quality of life across the county, empowering people to work through transitions and challenges in life, building on good physical, mental, and emotional wellbeing through a focus on building self-confidence and resilience whilst retaining independence, and ensuring everyone has access to the resources they need to thrive.

We use the ‘five ways to wellbeing’ model with each client, supporting them to connect with their community, improve self-esteem, and feel a greater sense of belonging. The service combats anxiety, depression, and loneliness through a person-centred and goal-focused approach.

The service had a transformative and high-impact year in 2024. We successfully supported 315 clients across all areas of Cambridgeshire. **This was a 28% increase in referrals when compared to the previous year.**

Sarah self-referred due to ongoing mental and physical health challenges, including anxiety and depression, with anxiety feeling particularly debilitating. She is also working on weight management and quitting smoking with the aid of nicotine patches.

After moving back to England in 2020 following the death of her spouse, Sarah faced significant hardship, including a period of homelessness and living in a caravan. She later secured a council home, where she has focused on rebuilding her life. Despite her challenges, she is committed to improving both her mental and physical health.

Sarah expressed a need for emotional support to help manage her anxiety and depression, and practical assistance in acquiring household items, specifically a cooker with low running costs. We matched her to one of our volunteers who provided regular check-in calls, helping her to manage anxiety and loneliness and providing encouragement for positive steps in her mental and physical health. We helped Sarah to find grants to help towards the cost of a cooker, and helped her apply for the Household Support Fund so she could purchase an energy-efficient hob. We helped her to speak to her energy provider about support with cost-of-living increases. We signposted her to local community groups. Sarah reports feeling less isolated and more motivated to work on improving her mental and physical health.

Sarah expressed gratitude for the support received, particularly regarding the application for the Household Support Fund and the regular check-in calls. She has stated that the volunteer support has been a great support in helping her manage feelings of isolation and anxiety. She has also expressed excitement about the voucher which enabled her to purchase a hob, as it will significantly improve her ability to cook meals. She said ***"This is just brilliant, thank you soooo very much."***

Sarah also appreciated the information provided about local groups and is looking forward to exploring these options once she feels ready. She mentioned that it feels good to have a plan in place for both practical and emotional support.

Our wellbeing service can help clients to get more involved in their own communities, talking to clients about the benefits to their own wellbeing of giving something back. Volunteering has been particularly beneficial as an activity that supports people through challenging times, to give them a new positive focus, to build confidence, and meet new people. It is a great way for people to connect with their community and find common purpose. Several wellbeing clients have gone on to volunteer within their community following their intervention, which means that many more people are helped showing the broader impact our wellbeing service has to the public.

The majority of clients receiving support are in the 45-64 age bracket **(38%)** and those over 75 representing **30%**. As with our other services, the wellbeing team have found a greater need for support for those dealing with more complex life situations. Our volunteer team are well-utilised to deliver our wellbeing services, including for check and chat calls and befriending. The volunteer support here enables the team to deliver longer-term support to the clients, who often require this due to the length of time they have been experiencing issues without obtaining the right help at the right time. The main reasons for referrals into this service are for mental health support **(88%)**, however there are a large number of underlying reasons or consequential reasons that require our team's help too, including social inclusion, which applied to **58%** of our clients, and physical health, which applied to **48%**. Over the course of this year, we have sadly received a greater number of calls from people at crisis point with their mental health. Our team are trained to identify those at risk of suicide and provide appropriate intervention to ensure the person's safety and wellbeing.

Anil's wife had recently passed away. He had cared for her for several years and was struggling to accustom himself to his changed circumstances. He described feeling very lonely and how his life no longer had any purpose. He described himself as "a waste of space". The client also has physical health challenges and was often experiencing high levels of pain. Most days, he would not get out of bed, and he was not eating or drinking regularly.

Over several coaching sessions, we helped the client to gain an understanding of how his isolation could be impacting both his mental and physical wellbeing. We helped him understand the grieving process and how his feelings are perfectly normal, and how grieving is different for everybody. We also talked about how it was unlikely that he would feel this way forever, how things can change and the things that he could do to help himself. We helped him to understand how a lack of food and fluids could actually be making him feel more unwell, and gave him encouragement and support to contact his GP when required, helping him to compile a list of his symptoms, and a clear idea of what he wanted the GP to do. We gave him encouragement to get up at a regular time, and ensure he had regular meals and fluids.

The client feels that things are improving for him. Although he is still struggling with low moods, they are no longer every day. He is now getting out of bed, and is eating and drinking throughout the day. He is feeling hopeful about the future and looking forward to warmer weather. He has set a goal to make the best of a good day, when it comes along, by making the effort to go out, even just for a drive in the car.

"I felt very cheered up after talking to you. I felt that I could do things to help myself and that things would get better."

A large quantity of our wellbeing referrals are made by other professionals working with our clients, which highlights the need for the wellbeing service to fill gaps in existing provision. Despite this, the wellbeing service is not fully funded and is at risk of closure from the next financial year.

"I really don't know where I would have gone with this client as the waiting lists for other services were excessive. I was so grateful that you supported this elderly client following bereavement and equipped her with the tools that she needed to access some social activities. She now has a new friendship group as a result of your help."

-

Claire
P3 Charity

Jaakob came to us feeling worried that he didn't have any essential items. This was quite late on a Friday afternoon. A member of the team worked outside of office hours to visit the client with a food parcel to ensure that he had enough food to see him through the weekend. A follow-up appointment was arranged for the following week and a referral was put through to other support services.

Lesley had been made redundant, and was finding that her confidence was at an all time low. Her anxiety was being exacerbated by her regular calls to Universal Credit. She found these very stressful and felt unable to cope. We assisted her with a capability to work assessment which confirmed that this was limited. As a result of this she no longer needed to keep uploading documents to her account. This assisted in reducing her stress and anxiety levels. We then went on to support with a PIP application and assessment which was successful and means that she now doesn't need to worry about her debt or income. She can now focus on her wellbeing and mental health and can get the help and support needed from a drug and alcohol support group to address her low-level drinking. The wellbeing support enabled her to address some of the other stressors on her life and think about how these could be balanced in a measured and prioritised way.

As our team are experienced in dealing with a wide variety of social care matters, such as financial worries, community connections, housing, and addictions, they are able to support clients holistically, meaning our clients can be supported by one person. Although our support isn't an emergency service, we find people contact our wellbeing team in desperation, having tried and failed to find support elsewhere. The team always ensure someone is being supported during moments of crisis, and have been involved in providing support outside of the scope of the wellbeing service's aims. We also know people aren't always able to access the right support, and we have therefore spent time developing a 'warm handover' pathway for any clients that need specific support outside of the remit of our wellbeing team. This ensures they can get the right help and support without having to go through yet another referral process. Having a robust relationship with other providers and services is important to break down the perceived barriers to accessing mental health support.
This can involve us dealing with the immediate crisis and then ensuring a warm handover is given to the specialised service if needed when they are available.

"Care Network Wellbeing serves as a backdrop for Talking therapy as there is a long waiting list. There are lots of patients who are isolated and using the befriending service which is very helpful. It has not been possible to refer any patients to other services they do not have capacity. Patients have found Care Network support very helpful and supportive at the time of need."

-

Salome
Social Prescribing Link Worker, St Ives

Community Transport Infrastructure

Our infrastructure support for community car schemes, funded by South Cambridgeshire District Council, continues to support 26 volunteer community car schemes to assist the elderly and vulnerable, who have no other means of transport, in South Cambridgeshire. We support a further 18 schemes outside of South Cambridgeshire, using our reserves. We do this because we know the difference these schemes make. Many of the car schemes assist local people with getting to and from medical appointments. Some of the schemes also assist with transport to the shops, or to social activities. There is a significant need for these schemes across Cambridgeshire; due to its rurality and areas of deprivation, they are a lifeline for many. As such, in this year we have started discussions with key stakeholders to explore extending our infrastructure support to ensure sustainability of these schemes which are more often than not, run purely by volunteers with big hearts and limited time.

"Thank you so much for your support, and for the publicity materials for our Open Day on Saturday 25th. Also for the biscuits, which were very well received by people visiting our stall (and us!) We had quite a few people who seemed to be interested in volunteering, and who have taken away our contact details, so we will see how many of them now come forward to us. It was actually interesting to meet visitors to the exhibition who were not actually Fulbourn residents."

-

Fulbourn Community Car Scheme
January 2025

We have once again delivered numerous activities to support the retention and development of car schemes including:

- The Wellbeing session, delivered by Care Network's Wellbeing Team, which helps volunteer drivers to assist passengers who are anxious or have concerns around their appointments. The session also focused on how volunteers can support each other, building resilience within their community and looking after their own health and wellbeing. The Wellbeing Team is available all year to support car schemes with wellbeing queries for passengers and their volunteers.
- Communications about events, such as the Community Transport Association's conference and regional events, information about changes to parking at major hospitals, local transport consultations, surveys, and newsletters. We produce a bespoke newsletter for car schemes to share relevant information, articles written by car schemes themselves, and to celebrate milestones and achievements.
- Meet ups, for volunteers to get together, share experiences and gain support from each other. We also hosted talks on subjects such as driving mobility, and guidance on moving and handling.
- Liaison with groups and local and national associations. Liaising with the car park management and travel office teams about ensuring appropriate parking arrangements for volunteer transport in major hospitals (Addenbrooke's, Hinchingbrooke, and Peterborough City). We also took part in Cambridgeshire and Peterborough Combined Authority's consultation which aimed to identify how proposed changes might affect community transport schemes. Through our work with many volunteer schemes, we were able to appropriately represent and advocate for all schemes to support future sustainability.
- Finally, we have provided promotional materials and practical support to volunteer transport schemes to support their running and ensure they are able to not only make the public aware of their services, but also to recruit more volunteers to keep their schemes going. This includes information that we send out to groups and associations to promote the use of community transport.

Help Payments

A new Wellness project run by the East Cambridgeshire Integrated Neighbourhood team was set up, originally for the 23-24 winter period, to provide small personal care grants of up to £250. These could be given to eligible individuals where it was identified that purchase of a particular item or service to fill gaps in support, address inequalities, fix issues, or deliver aspects of the care plan that no other services could, would make a significant difference to their personal circumstances and improve their quality of life.

Care Network acted as a partner to administer the scheme, holding the fund that was provided by the local Primary Care Networks, and arranging all payments within an agreed timeframe. We were able to administer the personal budgets within 48 hours so that people got the timely, responsive support they needed, thus reducing the likelihood of the identified risk taking place.

The scheme was so successful that it was extended and is now also being replicated in Cambridge City and South. To date 107 grants have been distributed, providing £21,737 of assistance. In 2024/25, a total of 61 grants were given, using £10,527.

To support our hospital discharge support work, Care Network manages a discharge support budget on behalf of the Voluntary Sector Alliance. This is a fund that enables us to purchase essential items to allow a quick discharge from hospital, such as bedding and cookware. Having Care Network manage this budget means we can act quickly to purchase the items, take the items to the client's home, and help the client to settle back in at home quicker. We are extremely proud to say that in 2024/25, the budget allowed us to support 337 people. We estimate this alone saved the NHS 1,262 bed days; a cost saving of around £567,450 for the NHS.

Actions for the **Forthcoming Year**

Our strategic plan for the next five years went live on 1 April 2025. The plans sets us some key objectives for the forthcoming year which include:

- Retention and development of our existing staff and volunteer base, matching skills and experience to need and identifying gaps.
- Developing further partnerships to adapt and build our existing services to fill gaps and ensure the right person with the right expertise is there at the right time to support our clients.
- Promoting our services to deepen public awareness and improve access.
- Strengthen our systems and processes to better evaluate our social return and impact.

These elements will form the foundation of our five-year plan, which is ambitiously set to develop Care Network Cambridgeshire's offer deep into communities through its volunteer base, creating a Caring Network of support.

Our Supporters

Over the year, we very gratefully received financial support from:

- Cambridgeshire and Peterborough NHS Integrated Care Board
- Cambridgeshire Community Foundation
- Cambridgeshire County Council
- City & University of Cambridge Masonic Charitable Trust
- East Cambridgeshire District Council
- Huntingdon Forum of Voluntary Organisations
- National Lottery Community Fund
- South Cambridgeshire District Council
- The Betty Lawes Foundation
- The Pye Foundation

We were very thankful for the support of our individual donors who raised a total of £1,603.91.

Thank you

If you or someone you know could benefit from our assistance, we are ready to help! Please contact us today telling us where in the county you live and what sort of help you need by using one of the methods below

care NETWORK CAMBRIDGESHIRE
People at the heart of everything

Head Office
01954 211919

Help At Home
01223 714433

Community Navigators
Click here for contact details

Wellbeing
0330 0945750

Charity Number: 1120693
care-network.org.uk