



Gateshead Carers Strategic Plan 2019-22

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1.0 Introduction

This Strategic Plan is the result of consultation with carers, staff and volunteers which included a Strategic Planning Day (July 2019). Appendix 3 includes a SWOT analysis (Strengths, Weaknesses, Opportunities, and Threats) and a SOAR analysis (Strengths, Opportunities, Aspirations and Results) from our consultation

1.1 Our Mission

Our mission is to empower adult carers to be stronger and more confident, especially in:

- Controlling their life
- Claiming their rights
- Realising their potential
- Achieving their goals
- Staying healthy mentally, physically and financially'
- Being better connected with family, friends, neighbourhoods and communities

1.2 Our Aims

To work to ensure that;

- Carers have improved health and wellbeing
- Carers have an improved quality of life being better able to realise their potential through employment, education and training
- Carers are treated with respect and dignity and their role is recognised and valued
- Carers have improved financial health
- Carers have a life of their own outside of caring

1.3 Our Objectives

- To shape and influence local, regional and national strategies, policies and practice which impact on the lives of carers
- To focus on the wellbeing of carers using a strengths and assets based approach
- To provide short breaks from the caring for adult carers
- To develop services for adult carers from BME and LGBTQ communities
- To identify, engage with and support adult carers earlier in their caring journey
- To work with employers to develop carer friendly policies and practice
- To provide services which are of value to all adult carers across age range and condition of the cared for
- To develop the GP carer referral pathway across all practices in Gateshead
- To ensure that adult carers are listened to, respected and are able to influence and shape health and social care practice and policies
- To work in partnership with stakeholders

1.4 Our values

We value the following behaviours and attitudes and work towards demonstrating them in all our interactions with carers, colleagues and our partners and stakeholders.

- Enthusiasm / Positive attitude
- Communication that is open, fair and considered
- Self-motivation – wants to do well
- Relates well with others, respectful and fair to all
- Persistence – completes tasks
- Helpful – help those we interact with
- Resource conscious
- Dependability
- Passion for inclusion, equalities and diversity

1.5 Status

Gateshead Carers Association is a registered charity and a company limited by guarantee.

Registered Charity Number: 1118942

Company Number: 6133161

It is the linked charity John Haswell Memorial Trust which means that the trustees / directors of Gateshead Carers Association are the sole trustees of John Haswell Memorial Trust

1.6 Overview

A carer is anyone who cares, unpaid, for a family member or friend who due to illness, disability, mental health or substance misuse, cannot cope without their support.

The Association was established in 1996 in response to needs identified by carers with the aim of providing carers with information, support and training. GCA became a registered charity in and a company limited by guarantee in 2007. GCA is managed by a Board of Trustees with a Chairperson, Vice Chair, Treasurer and Company Secretary. Over 50% of board members are or have been carers. There are currently 19 FTE staff including the Chief Executive Officer.

2.0 Gateshead Carers Association and its' operating environment

2.1 Population

Gateshead has a population of around 202,500 people. The [Index of Multiple Deprivation \(IMD\)](#) measures multiple deprivation for each local authority area as a whole and also for smaller Lower Layer Super Output Areas within each local authority.¹ The index is made up of seven themed Domains or groupings of deprivation indicators including income, employment, health and disability, education skills and training, barriers to housing and services, crime and the living environ.

Overall, Gateshead is the 73rd most deprived local authority in England, out of 326 local authorities. Nearly 23,600 (12%) people in Gateshead live in one of the 10% most deprived areas of England. Nearly 49,800 (25%) live in the 20% most deprived areas.

At 64%, Felling ward is estimated to have the highest proportion of its population living in the 10% most deprived areas in England. This is followed by High Fell (51%) and Deckham (41%) wards. Low Fell ward is estimated to have the highest proportion of its population in the 50% least deprived areas in England. 86% of Low Fell's population lives in the 50% least deprived areas. This is followed by Crawcrook and Greenside (84%) and Whickham South and Sunnyside (83%)

The 2011 census showed that there were over 22000 carers in Gateshead. This represents 11.6% of the population which is above the national average (10.6%).

3.0 Carers and national / local policy context

3.1 National Carers Action Plan

The Government published the Carers Action Plan ('CAP') which sets out a cross government programme of targeted work to support carers over the next two years. The Plan puts a focus on delivery in the short-term and gives visibility to the work that is being done or is planned across government.

The action plan builds on the Care Act 2014, a historic piece of legislation which introduced important new rights for carers, putting them on the same footing as the people for whom they care. Carers now have legal rights to an assessment of, and support for, their needs where eligible. Alongside the Care Act 2014, the Children and Families Act 2014 extended the right to a needs assessment to all young carers, regardless of who they care for or the type of care provided. This means that when a child is identified as a young carer, the needs of everyone in the family will be considered, triggering both children's and adult's support services.

3.2 Sustainability and Transformation Plan (STP)

STPs are five-year plans covering all aspects of NHS spending in England. Forty-four areas have been identified as the geographical 'footprints' on which the plans are based, with an average population size of 1.2 million people (the smallest covers a population of 300,000 and the largest 2.8 million). A named individual has led the development of each STP. Most STP leaders come from clinical commissioning groups (CCGs) and NHS trusts or foundation trusts, but a small number come from local government.

The scope of STPs is broad. Initial guidance from NHS England and other national NHS bodies set out around 60 questions for local leaders to consider in their plans, covering three headline issues: improving quality and developing new models of care; improving health and wellbeing; and improving efficiency of services. Leaders were asked to identify the key priorities needed for their local area to meet these challenges and deliver financial balance for the NHS. The plans needed to cover all aspects of NHS spending, as well as focusing on better integration with social care and other local authority services. They also needed to be long term, covering October 2016 to March 2021.

STPs represent a shift in the way that the NHS in England plans its services. While the Health and Social Care Act 2012 sought to strengthen the role of competition within the health system, NHS organisations are now being told to collaborate rather than compete to respond to the challenges facing their local services. This new approach is being called 'place-based planning'.

This shift reflects a growing consensus within the NHS that more integrated models of care are required to meet the changing needs of the population. In practice, this means different parts of the NHS and social care system working together to provide more co-ordinated services to patients – for example, by GPs working more closely with hospital specialists, district nurses and social workers to improve care for people with long-term conditions.

It also recognises that [growing financial problems](#) in different parts of the NHS can't be addressed in isolation. Instead, providers and commissioners are being asked to come together to manage the collective resources available for NHS services for their local population. In some cases this may lead to 'system control totals' – in other words, [financial targets](#) – being applied to local areas by NHS England and NHS Improvement.

Within Gateshead STA area there is a projected £902million funding gap by 2021. The funding short fall is reflected nationally and this is leading to key strategic decision makers / influencers advocating for new ways of supporting people.

The Social Care Institute for Excellence states the need for 'a focus on what organisations and citizens can do for themselves'

The Association of Directors Adult Social Care argue for 'A new type of personalised conversation taking into account the strengths and resources of the individual service user, their friends, families and the wider community. This enables a much more innovative asset based approach to addressing needs'.

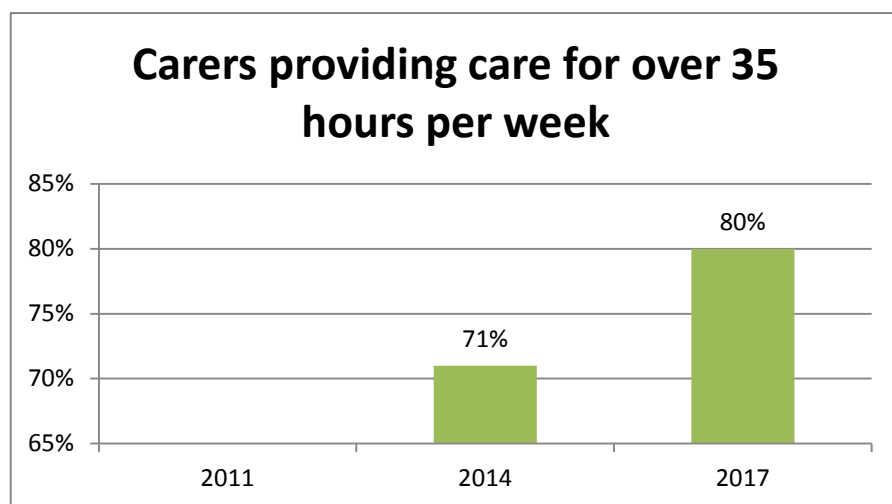
4.0 Profile of adult Carers in Gateshead

There are 22,220 carers in Gateshead or 11.1% of the population of Gateshead have a caring role which is significantly higher than the national average of 10.6% (2011 census).

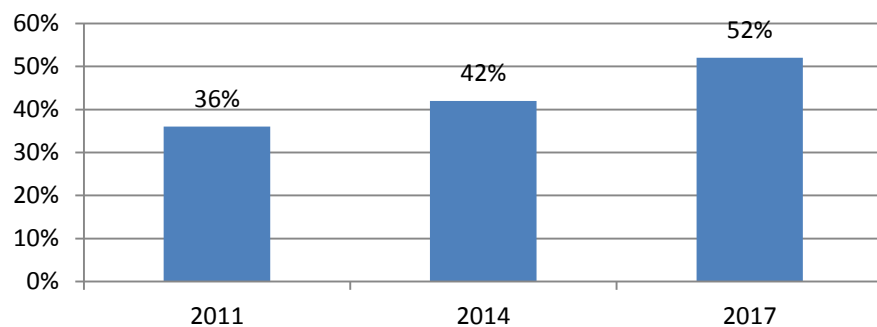
The number of carers in Gateshead has increased by 5.1% over the last 10 years (around 1000 more than that recorded in the 2001 census)

4.1 Key findings from our most recent survey in 2017.

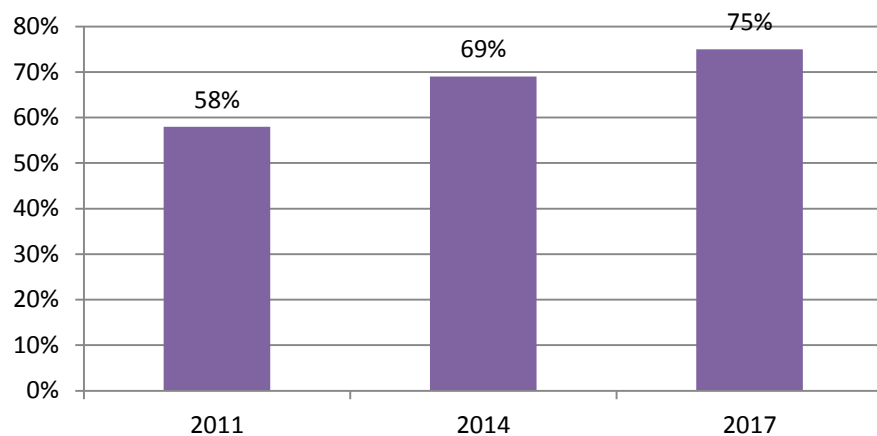
Every 3 years we conduct an in depth survey of carers in Gateshead. This allows us to do see what is changing for carers over time. Our most recent survey in 2017 showed that;



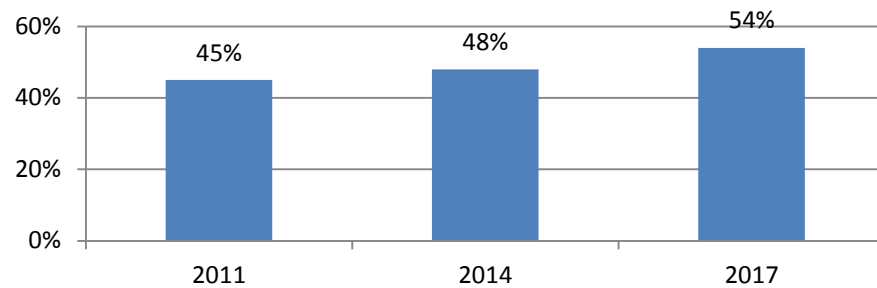
Carers reporting they have a disability or long term health condition



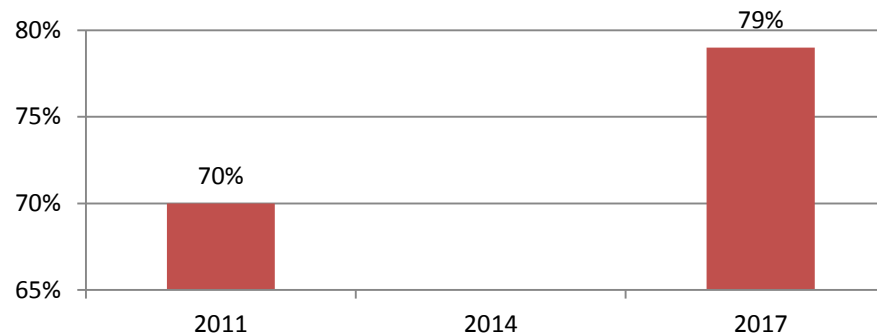
Impact of caring on general health

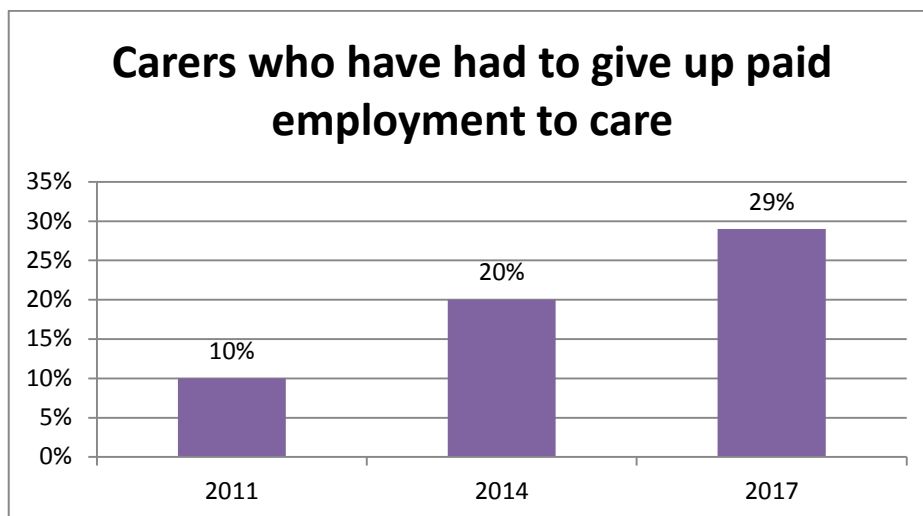


Carers reporting that health problems are affecting their ability to care



Carers reporting their quality of life as average, poor or very poor





5.0 Key Achievements over lifetime of previous Strategy (2014 to 2018)

- Our key priority between 2014 and 2018 was *'to increase the number of carers we were engaged with from 2500 to 5000'* which we described at the time as *'a bold, brave and ambitious aim'*. We are pleased to report that at the end of 2017 we were engaged with 4600 carers which is 92% of our target.
- We said we *'would achieve the Preliminary Quality Assurance Standard for Small organisations (PQASSO) accreditation at Level 2'*. We achieved this in 2015.
- We said that *'we would achieve Carer Services Centre of Excellence status'* which we did in 2016
- We said that *'We will ensure we have accessible office space which allows us to expand our staffing levels and support more carers. We will consider all options including the renewal of the current lease and sourcing further accommodation or moving to one new site which meets all our needs'*.

We achieved this by moving to John Haswell House in 2016. The premises are larger than our old Regent Terrace base with more one to one rooms, more meeting rooms, a staff dining area, car park, excellent disabled access and we remain close to the centre of Gateshead.

- We said that:
'We will be open to and consider all means of increasing our efficiency and effectiveness including partnership working, collaborative working, merger with and acquisition of organisations, community groups, social enterprises where that;
 - 1. Is in the best interests of this organisation and carers living or working in Gateshead and the surrounding areas*
 - 2. Does not breach our articles / memorandum of association'.*

We achieved this in 2016 when we became the linked charity to John Haswell Memorial Trust (JHMT). This means that the board of Gateshead Carers are also sole trustees of JHMT. We now have control over our premises for the first time in our history.

- We said we would *'prepare and submit a tender for Gateshead Public Health contract for the Carers Drug and Alcohol Service'*. We submitted an application through the open tendering process and were successful in winning the contract in 2015
- We said *'We will prepare and submit a continuation funding application to the Big Lottery Reaching Communities Project to enable the maintenance and development of our project supporting working carers.'* We did this and were successful in our funding application in 2015
- We said that *'we would achieve the Better Health at Work Gold Award by 2016'*. We achieved this in 2016
- We said *'We will increase our administrative support by developing an apprenticeship offer'* We appointed an apprentice administrator in 2014 who is now a permanent member of the staff team.
- We said *'we will establish a work place pension scheme and have that in place by December 2015 ready for our staging date of February 2017'*. We achieved this and met our staging date.
- We said we would *'Ensure that we have staffing levels to meet the current and projected growth in demand for our services'*. We achieved this with our staffing levels increasing from 11.8FTE staff in 2014 to 17FTE over the period of the previous Strategic Plan. This represents a 44% increase in staffing.

- We said '*We will use our reserves wisely and appropriately and will at all times maintain a minimum reserves level of 12 weeks*'. We achieved this by maintaining our reserves to at least a 12 weeks throughout the term of the previous Strategic Plan

Over the course of our last strategy we achieved the following awards

- **Better Health at Work Gold Award 2016**
- **Centre of Excellence for Carer Services 2016**
- **North East Equalities Winner (small and medium sized enterprises) 2017**
- **Equality Standard Gold Accreditation 2018**

Our biggest success was winning, through the competitive tendering process, of Lot 2 of the Gateshead Council / Newcastle Gateshead CCG All Age Carer Services contract.

The tender was released in January 2018 and Lot 2 was for services for adult carers with a start date of April 1 2019. The contract had a value of £3.2million and a contract term of 5 years. The outcome of the tendering process was announced and we learned that the contract had been awarded to another organisation. It was decided to challenge this award decision and the local authority / CCG , the winning organisation and ourselves agreed to be bound by the outcome of an independent expert panel's reevaluation of the winning tender and our own tender. The expert panel unanimously scored GCA's tender the highest and as a result the contract was awarded to Gateshead Carers with a commencement date of 1st May 2019.

This new contract replaced our previous contracts with Gateshead Public Health and the Gateshead Council / Newcastle Gateshead CCG.

6.0 Where Gateshead Carers Association is now

6.1 Staffing

Our team of committed, passionate and expert staff are the heart of this organisation. We currently employ 21 staff (16 FTE). In 2017 we began an internal consultation process with staff which looked at our existing organisational structure. Feedback from staff was that the structure was flat with limited scope for staff progression. Carer Support Workers also reported that there was a need for a practicing support worker to manage carer support staff. As a result we created a Leadership Group made up of Team Leaders across the areas of Core Services, Carer Wellbeing and Stakeholder Engagement. Posts for the Team Leader positions were advertised internally only.

Most recently (2019) we have appointed to new roles within the organisation. We have for the first time a FT Volunteer Coordinator and a FT Apprentice in Digital Marketing.

Our current organisational structure can be found at **Appendix One** of this Strategic Plan

6.2 Services Provided

We currently provide;

- One to one case work
- Facilitated Care to Share sessions across the themes of Emotional Resilience, Connectivity, Personal Development and Health
- Befriending Service
- Short breaks for carers through the Wellbeing Fund (up to £200 per break)
- Activity groups e.g. walking
- Carer interest groups e.g. Needles and Pins
- Social groups
- BME support
- LGBTQ support
- Carers Allotment
- Volunteering opportunities

6.3 How we support carers

In 2017 we recognised that with the increasing demand for our services, the prospect of static or reducing resource to meet that demand and strategic developments at a national level (e.g. Sustainability and Transformation Plans) we had to move away from our traditional carer support model. Our focus was on the current presenting issues carers came to us with.

A 'present focused' approach to support work is often described as a deficit support model. It has been an approach that has prevailed in social work and across large parts of the voluntary sector for a number of years.

We recognised that we needed to be more future focused so our work was not just about a carer's presenting needs but also about their strengths, their hopes and their aspirations. Rather than asking 'What's the matter?' we needed to be asking 'What matters to you?' We also wanted to align our offer with carer wellbeing which is at the heart of the Care Act.

Our new approach, following a period of consultation with carers and staff, is to move to a strengths and assets based approach to supporting carers which focused on carer wellbeing. We work across the themes of;

- Emotional Resilience
- Health
- Personal Development
- Connectivity

6.4 Demand for our services

We project that demand will continue to rise each year of this strategy as a result of;

- The rationalisation of carer support for adults aged 18 plus following the LA / CCG commission process which led to the award of Lot 2 of the All Age Carers contract to GCA.
- Demographic trends. It is estimated that the number of carers in Gateshead will increase by 38% by 2030.

6.5 Competition

There are two competitive elements which we are conscious present a risk which we need to mitigate.

1. Larger organisations which have no history in carer support are increasingly seeing it as a market which they can enter. A number of Carers Trust network partners have lost their commissioned contracts over the last three years to organisations who previously

did not provide carer support. E.g. South Tyneside Carers

2. Emerging 'hub and spoke models' (i.e. one lead contractor sub-contracting work to other organisations within a partnership or consortium). Again this can include non-expert carer support organisations. An example is Bromley. This had a Carers Centre which was a member of the Carers Trust but this year lost its' contract, through the competitive tendering process, to a consortium of Mind, Age UK and Citizens Advice. The three organisations established a community interest company (CIC) called 'Third Sector Enterprises Ltd' with the CEOs of these organisations becoming the board of Third Sector Enterprises. The attraction to commissioners is that all advice and guidance for local residents is in one place. The Bromley Model, which a version of also exists in Manchester, Nottingham and Liverpool has been mentioned already by Commissioners in Gateshead.

We are aware that Carers Trust have changed their criteria for accepting members from 'carer dedicated organisations only' to include 'partnerships or consortia' to allow Third Sector Enterprises Ltd to become members of the Trust.

7.0 Where Gateshead Carers Association wants to be in 2022

7.1 Our focus over the next three years

On 1st May 2019 we began our 5 year contract commissioned by Gateshead Council and Newcastle Gateshead CCG. With a value of £3.2 million this is the highest value contract GCA has secured in its' history. However we are conscious of:

- The need to diversify our funding streams as currently we are effectively wholly dependent on this contract.
- Within the Gateshead Council / Newcastle Gateshead CCG contract the value of the contract reduces every year as shown below.

CONTRACT LOT	Year 1	Year 2	Year 3	Year 4	Year 5
Well-being fund	£150,000	£150,000	£150,000	£150,000	£150,000
Adult Carers Provision	£660,000	£570,000	£401,000	£391,000	£380,000
Total Contract Value	£810,000	£720,000	£551,000	£541,000	£530,000

The value of the contract for Adult Carers Provision falls by 43% between Year 1 and year 5. The steepest single fall occurs in year 3 of the contract (30%) which follows a Year 2 fall of 14%

At the same time we are aware that, whilst possible, it is becoming more difficult to secure the level of funding we need from grant giving charitable trusts. There is increasing competition for funding and the amounts available are reducing. There is some concern that if and when the UK leaves the EU significant amounts of EU funding currently received across the third sector will cease. Organisations that have benefitted from EU grants, typically larger national charities, will increase their applications to UK based grant giving charitable trusts.

Priority One

- **Generate more income ourselves and**
- **Diversify our income streams**

There is a clear need not only to diversify our income but to look at ways in which we can generate our own unrestricted income. This would complement and support traditional applications to grant giving charitable trusts and secure the sustainability of the organisation and our independence as a carers association. Our aim is to have no more than 70% of annual income from any one source by 2022.

In terms of generating our own income within this strategy's Operational Plan (Appendix reference is made to the Carers Innovation Fund which seeks to invest in services for carers which are outside of statutory carer services, are brand new and scalable across England. Our idea is to launch the first ever national radio station for carers. If successful, this has the potential to generate over £80,000 pa of unrestricted funds through advertising revenue.

Within this strategy Operational Plan reference is made to an application for funding for a new website which has the potential to significantly increase our on line donations. Currently 42% of all charitable donations are on line. Our current individual giving donations represent less than 0.1% of our annual income. The new web site will have its own integrated donations functionality, one click donations journeys, social media donor acquisition tools and drive increased revenues through crowd funding campaigns and online appeals.

We will seek to raise further unrestricted income by firstly market testing and then, if a positive response is achieved, introducing a membership fee for the association. This should generate a further £30,000 pa of unrestricted income.

Our general Fund Raising Plan (2019 to 2022) is linked to this strategy and it will be updated as new opportunities arise. Only current (at the time of writing) funding applications are specifically mentioned in this document.

Priority Two

The digital transformation of Gateshead Carers Association

We need to continue to increase our efficiency and effectiveness by looking at new and different ways of supporting carers. This includes 'digital transformation'. In a recent digital skills report (The Charity Digital Skills Report 2019) 68% of charities said that digital will change the voluntary sector by 2027 – more than believed the same thing in both the public and private sectors. A key starting point for many charities (42%) is to deploy digital to increase income, to improve service delivery (48%) and to improve their impact (67%).

There is a clear link between being digital and increased revenue with 42% of donations now being online giving. In terms of staff recruitment currently 86% of people want to work for a charity that is progressing in digital. We cannot ignore changing user needs and behaviours. 53% of charities report that their beneficiaries are increasingly 'time shifting'. People want support on demand at a time that suits them. People's attitudes are changing and we need to move with them. Artificial Intelligence is here now; BOTS are accepted and can now respond with appropriate human tones to specific questions from service users. If GCA ignores 'digital' we will be irrelevant in 5 years'

time. We need to ensure our support offer to carers is a mix of the traditional and the digital.

Our current fundraising bids represent the start of GCA's digital journey as both (new web site and a national radio station for carers) are digital, innovative and transformative.

Priority Three

To successfully deliver our new carer services contract, reach more carers and enable more carers to live their life well

We need to continue to develop our volunteer offer, the growth and development of our facilitated peer support groups for carers and increase our presence across Gateshead. These actions are related to increasing our efficiency and effectiveness and our drive to be fully asset and strengths based in our approach to carer wellbeing.

Our Marketing Plan (2019 to 2022) sits alongside this Strategy.

7.2 What we need to do to achieve these priorities

We have included within the appendices (**Appendix Two**) an Operational Plan which outlines the work we will do to meet our priorities and timescales.

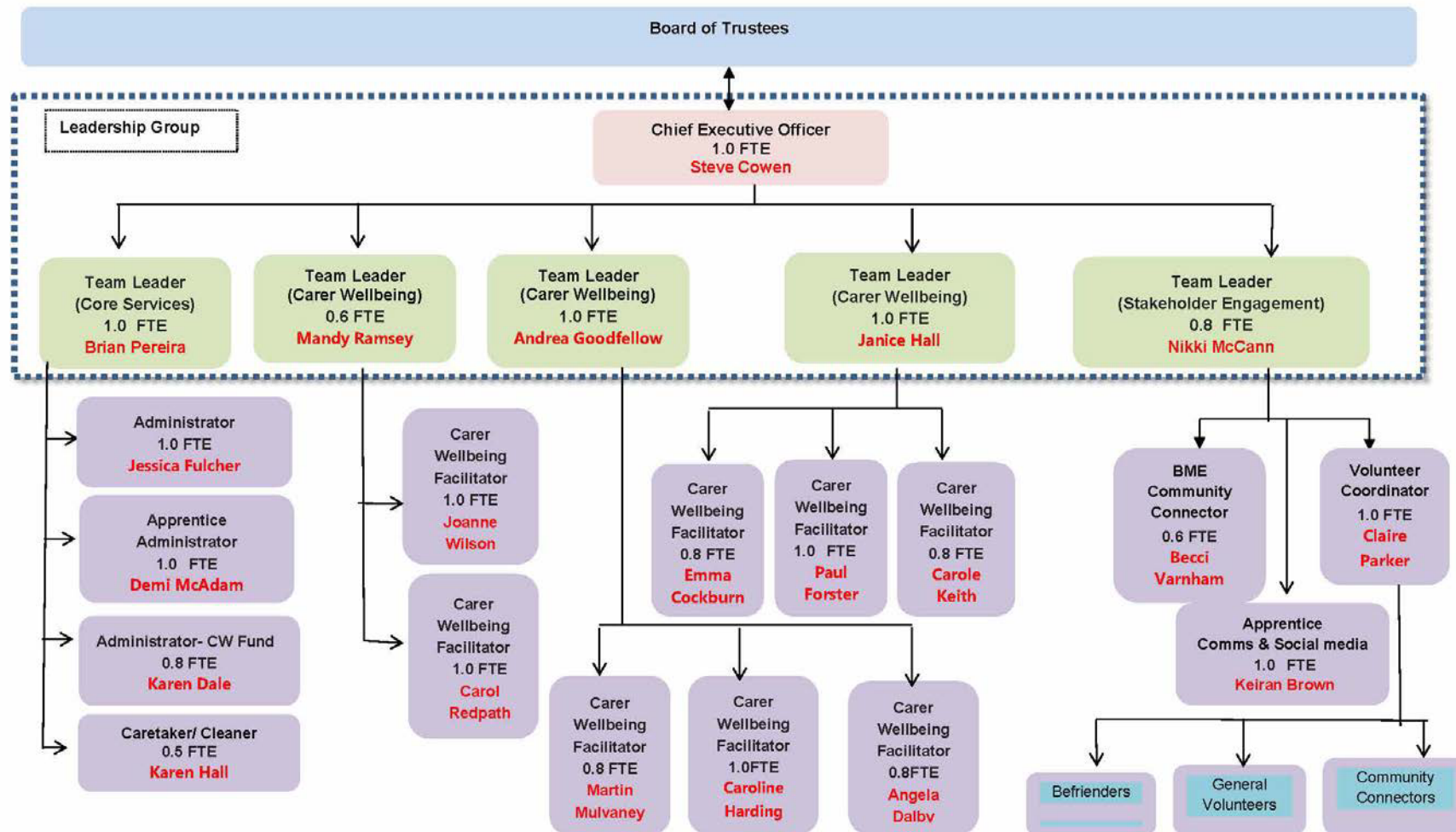
Steve Cowen

Chief Executive Officer

September 2019

Appendix One: Organisational Structure

Gateshead Carers Planned Organisational Structure September 2019



Appendix Two: Operational Plan 2019 to 2022: Delivering Our Strategic Priorities

TASK	LEAD	Oct– Dec 2019	Jan– March 2020	April – June 2020	July – Sept 2020	Oct – Dec 2020	Jan – March 2021	April – June 2021	July – Sept 2021	Sept – Dec 2021	Jan – March 2022	April – June 2022	July – Sept 2022
Priority One: Generate more income ourselves / diversify income													
Submit Funding application to Carers Innovation Fund and delivery if successful (Together Radio)	CEO	X	X	X	X	X	X	X	X	X	X		
Market test membership fee and introduce if successful	CEO			X		X	X	X	X	X			
Launch new website through funding from the Transform Foundation	CEO	X	X	X									
Priority Two: Digital transformation of GCA													
Develop Digital Strategy / Monitor progress	CEO		X	X	X	X	X	X	X	X	X	X	X
Develop internal Digital Culture and Skills	CEO		X	X	X	X	X	X	X	X	X	X	X
Priority Three: Deliver our new carer services contract, reach more carers and enable more carers to live their life well													
Develop our assets based approach and awareness raising through volunteer ward based community connectors for carers	CEO	X	X	X	X	X	X	X	X	X	X	X	X

Increase our carer reach through rolling programme of ward based Care to Share and GP / community venue drop ins for carers	CEO	X	X	X	X	X	X	X	X	X	X	X	X
Increase our carer reach through social media campaigns (See Marketing Strategy)	CEO	X	X	X	X	X	X	X	X	X	X	X	X
Embedding of strengths based approach to carer support across all activity	CEO	X	X	X	X	X	X	X	X	X	X	X	X
Linking Carer Wellbeing Facilitators with specific wards and community connectors to identify under the radar groups and support of interest to carers	CEO	X	X	X	X	X	X	X	X	X	X	X	X

Strategic Planning Away Day: Feedback from Staff, Carers and Trustees - SWOT ANALYSIS

STRENGTHS	WEAKNESSES
<p>What are we doing really well? Recovering and stabilisation.</p> <p>What are our greatest assets? Depth of experience of staff, passion and flexibility</p> <p>What are we most proud of accomplishing? Winning the contract</p> <p>What do our strengths tell us about our skills? Broad based, carer, managing change, recovering and stabilising well</p> <ul style="list-style-type: none">• Depth of experience with staff• Passion• Carer related experience with workforce• Seeing a smile on the carers face• Broad base of skills• Strengths and skills + empathy• Ability to develop an operational response• Managing personal and professional “change” Organisational flexibility• Great people – Lots of support, Volunteers, vast skills, specialists – IEG, Diverse• Building - Location – Wide reach, Own building, Accessibility, Free• We are Carers• Morale• Steve’s presence• Support all, not specific• Direction Focussed Staff – resilient	<ul style="list-style-type: none">• Advertise – related resources• Biggest weakness is limited resources• Inward facing organisation• No dedicated fundraiser• Resource allocation to be improved• Generic Services• Don’t sell ourselves• Not too many institutes to give support to specific skills• Wide reach of local areas• Clarity of ‘Carer’ - our services• Advertised – presence – digital - young adult carer• Possibility of stagnation with veteran staff• Engagement• Young Adult Carers

OPPORTUNITIES

- Networking more
- Best meeting the needs of carers working in group
- Using media to reach more carers
- Joint funding to best partner with others
- Develop spoke and wheel model
- Develop robust engagement with other agencies
- Apply to all pilot schemes
- Volunteer development
- More group interventions
- Allow more time to develop interventions (case work dominated by Wellbeing Fund applications)
- Funding
- Innovation Fund – Digital
- Clarify our services
- Increase presence
- Planning days
- Fulfilling contracts
- Young carers – get what they want – new programs - skills training

THREATS

- National Charities and CIC's
- Lack of resources over 5 year period and cuts
- Carers Needs Assessment - can we cope when already stretched?
- Loss of Contract – non performance
- Growth of other projects
- Losing people (staff)
- Contract goal and outcomes fulfilling it
- Losing Steve
- High demand, not enough supply, maintain
- Funding - Diminishing over 5 years
- Contract
- Not enough advertising

Strategic Planning Away Day: Feedback from Staff, Carers and Trustees - SOAR ANALYSIS

STRENGTHS	OPPORTUNITIES
<ul style="list-style-type: none"> Supporting Carers Keeping promises – deliver on what we promise Great team – spar well with each other Greatest asset is staff → knowledge/skills From Carers → central location point Building is an asset - <ul style="list-style-type: none"> 1:1 rooms / friendly / events / groups Accomplish good quality of support Genuinely care about Carers Understand Carers – Carers at work too (staff) Greatest asset is experience, knowledge and skills of staff 	<ul style="list-style-type: none"> Stop → Start to implement some things discussed today / celebrate our successes Continue → Keep being “us” Staff recognition <p>Top 3 Opportunities</p> <ol style="list-style-type: none"> Building a bigger network More accessible – extending the reach / evening work / more flexible approach Clear engagement strategy <ul style="list-style-type: none"> Utilise Charity Log / Netshare more Needs → Clear engagement strategy Reach → Bus <ul style="list-style-type: none"> → Outreach → Social Media → GP's Teaching others about what a Carer is Partner → Get others involved <ul style="list-style-type: none"> → Crossover with partner organisations / work with each other building contacts and work Start getting volunteers out into the community Stop worrying about the future of the Charity start developing our strategies and keep talking Improving communication with Carers – expanding our IT contact and expanding knowledge of what Carers want

ASPIRATIONS	RESULTS
<ul style="list-style-type: none"> • Passionate about carers and doing our best • Carer listened to / promises kept • We are needed / important / wanted • Opening horizons – electronic world • Becoming more: <ul style="list-style-type: none"> • Forward facing • Look at opportunities out there • We are outside of the box • BE BRAVE • FUTURE - Out and about in the community more • Workers out of office • Other sources of funding • Utilise our own resources more • RESILIENCY → look at how we care for our employees • Corporate Social Responsibility - could a large company fund GCA or a bus? <p>COMPELLING ASPIRATION: Doing the best we can</p> <p>STRATEGIC INITIATIVES</p> <ul style="list-style-type: none"> • Extend our funding base • Speculate to accumulate • Deeply passionate about the positive Carers journey • Reach more Carers via outreach projects and digital presence 	<ul style="list-style-type: none"> • Our caring ethos for Carers • Most proud of <ul style="list-style-type: none"> • Never say no • Each other • Strength – positivity/knowledge/skills • Know your job <p>UNIQUE SELLING POINT</p> <ul style="list-style-type: none"> • Approachable • Central • Can say / be ourselves • Large range of Carers e.g. BME / Rural / Parents / Working <p><u>Achievements</u></p> <ul style="list-style-type: none"> • Winning the Contract • Steve did not give up • Staff resilience <p><u>Results</u></p> <ul style="list-style-type: none"> • Work together • Pool resources • Not give up – resilient • Be inspirational <p>What make us unique? Principle point of contact for adult carers in Gateshead</p> <p>Our Proudest Achievement Won 2 great awards</p> <p>What do we want to be known for? To be the principle organisation for adult carers in all of Gateshead</p>