

# Soap Box: Funded or Fundraising to support Activity Provision?

This was a question we posed recently to our closed Facebook group and what a response we got! It saddens me to hear how many activity staff are still having to raise their own funding. I have tried to envisage the outcry in the press if a care home was running a Tombola to fund the food bill.



Of course one of the key barriers to overcome is the view that 'activity provision is a nice extra if we can afford it'. This places activity provision way down the list of priorities and with it the role of the activity provider. This accounts for the number of stories we hear about the activity team being used as 'extras' as well. Fetching prescriptions and being allocated as escorts for appointments are the two we commonly hear about. I fully understand that a hard pressed nurse or senior carer would see the activity staff as the solution to their problem in the short term but in the long term it can have a really negative effect on every resident in the care home. When this issue gets raised on training days I will often ask the care team what they would do if no activity staff were present – how would they deal with it then? By using the activity staff to run errands you inadvertently but automatically place their role in the 'unimportant box'. I was delighted recently to hear a manager say to a nurse – "No I will go to the surgery -the A/C has residents expecting to see her today".

So to get back to the subject of funding I believe that being asked to raise your own resources also puts activity provision in the 'unimportant

box'. The escalating costs of care are high on the agenda for most people but those costs have to include everything that leads to well-being and a good quality of life. The research evidence behind the My Home Life movement makes it quite clear that simply having personal care needs met does not lead to a good quality of life. Many other factors come into play including how a person spends their day, whether they have meaningful purposeful engagement and social relationships that matter. These are the areas that the activity staff should be the specialists in. If they have to spend large portions of their time on fundraising activities to support their own work then the service they can offer must surely be diminished.

I am also very concerned for the future when the cap on the cost of care comes into play. Will activity provision be viewed as a nice extra and included within the cost of hotel services or will it be funded within care needs as it is so vital to well-being? If the decision makers see that activity is still being funded by the Tombola income they may not recognise how important it is to the person-centred care of every individual.



One thing that does give me hope is this statement within the guidance to CQC inspectors in their document – Adult social care, residential – Characteristics of each rating level in the section Responsive: Good

‘The service protects people from the risks of social isolation and loneliness and recognises the importance of social contact and companionship. The service enables people to carry out person-centred activities within the service or in the community and

encourages them to maintain hobbies and interests. The service has good links with the local community. Staff are proactive, and make sure that people are able to keep relationships that matter to them, such as family, community and other social links.’

I’m fairly sure that an Inspector will expect this standard to be met from within the budget and not dependent on in-house fund raising. Many care homes do fundraising activities in order to support external

charities chosen by the residents and there are many benefits that come from doing that. That is a far cry from having to raise funds to support activity provision as described by the Regulator.

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