

**Overview of Community Warden Scheme**

The Community Warden, Joanne Twinn, delivers 15 hours of warden service throughout the week, Monday to Friday. The warden scheme’s target capacity is 80% (this is based on the number of older people on the scheme, divided by contracted hours). The remaining 20% of the warden’s contracted hours are normally set aside to allow for the weekly administration of the scheme e.g. writing of case studies, data collection, assessments and reviews.

**Service Delivery**

As with the nature of the warden schemes, the number of older people using the scheme fluctuates throughout the year due to their circumstances changing. At present, Joanne is supporting 9 service users (SU’s) within 8 households (with a target of 12 SU’s).

Number of households	Male	Female	Couple
8	5	4	1

All 9 service users live in the village of Willingham with 0 service users living in the village of Over at present. The community warden makes over 50 phone calls each week and up to a maximum of 24 home visits. Home visits can increase when an older person needs extra support for a defined period. On average, each older person benefits from approximately 6 hours of community warden time per calendar month. The age range supported on the Willingham and Over scheme ranges from 71-80 through to 91-100.

**Referrals into the scheme**

Referral routes can be:

- Family member
- Self-referral
- Hospital Discharge Team
- Voluntary Sector Organisation referral

Referrals are predominantly self-referrals or made by family members, along with referrals received from social prescribers across all the Age UK CAP warden service schemes. The reasons for referrals are:

- To improve health and wellbeing
- To reduce social isolation
- To improve social inclusion
- To provide practical support

Referrals are received via the Age UK website, I&A and word of mouth/visibility within the community.

#### **The Role of the Community Warden**

In her role as Community Warden, Joanne:

- works directly with the Age UK Cambridgeshire and Peterborough I & A team to help older people to maximise their income, through benefits checks and applications.
- encourages and supports her older people and their families to be more physically active and to access resources within Willingham.
- navigates other services, ensuring that her clients can connect to their local community, enhancing their support network and wellbeing.
- provides consistency to the older person.
- reduces isolation and loneliness.
- delivers a person-centered and flexible service to meet the clients' needs.
- supports her older people in a non-judgmental manner.
- supports her clients' families to ensure the best care for their loved ones and themselves.
- makes a difference.
- doing small amounts of shopping
- collecting prescriptions
- reading post and making phone calls on your behalf
- spending time with her service users that may include a light touch i.e. simply to have a chat
- listen to any concerns and help you find a solution
- signposting to other services as needed which may be within Age UK or other multi-disciplinary agencies.

#### **Marketing**

Joanne has been actively promoting the service through:

- Posters
- Facebook posts
- Social media posts
- Age UK Cambridgeshire and Peterborough website
- Leaflet drop within the village
- Willingham village news which is delivered to houses in Willingham
- Willingham Pharmacy
- Owl's community car scheme
- St. Mary and All Saints Church Willingham
- Willingham Baptist Church
- Estate manager for supported housing
- Over day center
- Attendance at multi-agency meetings
- GP surgeries
- Social prescriber
- Village matron based at Willingham medical practice.

## **Signposting**

The following examples illustrate where the warden can signpost/externally refer to:

Age UK CAP Handyperson
Benefit Checks (Attendance Allowance Helpline)
Community Transport e.g. Volunteer Drive Scheme
Chiropodist/Ear Care
Age UK CAP Information & Advice (I&A)
GP Surgery/District Nurses
Cleaner/Gardener
Dementia Support Groups
Age UK CAP Hospital Discharge Team
Care Agencies/Micro Enterprises
Adult Social Care

## **Example of 'unseen' works**

As an example of delivering a person-centered, bespoke service, Joanne has been supporting a lady in the village living with dementia for the past few years. The service user lived with her husband, who was also her main carer. Through her twice-weekly visits, Joanne noticed the lady was experiencing back pain, even though she denied the pain due to her dementia. She encouraged the husband to take her to the GP and also asked the village Matron to visit, recognising that he needed additional support and that some mobility aids might help at home. The Matron visited promptly and initiated all necessary referrals. Sadly, the lady passed away at home the following week, in comfort and with her husband by her side. Joanne is now offering weekly support to the husband to ensure he does not become isolated and so he has some company, especially as his extended family do not live locally.

## **Financial Overview**

Below is an analysis of actual spend through to 28.02.26. Please note we are currently awaiting our ratified budgets for 2026/2027 and these will be forwarded under separate cover as available.

It is anticipated that there will be a negative balance carried forward as at 31/03/26. Support services are recharged to every warden scheme based on the number of delivery hours of the warden plus a slight increment for the hours dedicated by the Team Leader to each scheme. The Support Services recharge covers head office costs such as HR, Finance, Health and Safety, IT, Marketing and Management time.

<b>Willingham and Over Community Warden Service</b>					
Extracted from the Management Accounts as at 28/02/2026					
	<b>Actual YTD 28.2.26</b>	<b>Budget YTD</b>	<b>Variance</b>	<b>Budget Full year</b>	<b>Full year forecast</b>
<b>N/C Name</b>					
Grant - District Councils	£ 5,458	£ 5,003	£ 455	£ 5,458	£ 5,458
Grant - Parish Councils	£ 3,000	£ 2,750	£ 250	£ 3,000	£ 3,000
Donations	£ 30	£ -	£ 30	£ -	£ 30
Charges - Warden Fees	£ 6,503	£ 9,075	-£ 2,572	£ 9,900	£ 7,300
<b>TOTAL INCOME</b>	<b>£ 14,991</b>	<b>£ 16,828</b>	<b>-£ 1,837</b>	<b>£ 18,358</b>	<b>£ 15,788</b>
Salaries + Oncosts	£ 14,619	£ 12,784	£ 1,835	£ 13,946	£ 15,800
Disclosure & Barring Service	£ 45	£ 92	-£ 47	£ 100	£ 60
Recruitment Costs	£ -	£ 92	-£ 92	£ 100	£ -
Travel	£ 868	£ 1,100	-£ 232	£ 1,200	£ 950
Mobiles	£ 109	£ 103	£ 6	£ 112	£ 121
Bad & Doubtful Debt Provision	£ -	£ 46	-£ 46	£ 50	£ 25
Meeting Costs	£ 43	£ 73	-£ 30	£ 80	£ 60
Bank Charges & Interest	£ 92	£ 92	£ 1	£ 100	£ 100
Events General	£ -	£ 138	-£ 138	£ 150	£ -
Marketing	£ -	£ 92	-£ 92	£ 100	£ 15
Sundry Expenses	£ 1	£ -	£ 1	£ -	£ 20
Support Services	£ 5,408	£ 5,408	-£ 0	£ 5,900	£ 5,900
<b>TOTAL EXPENDITURE</b>	<b>£ 21,185</b>	<b>£ 20,018</b>	<b>£ 1,167</b>	<b>£ 21,838</b>	<b>£ 23,051</b>
Surplus/-Deficit	-£ 6,194	-£ 3,190	-£ 3,004	-£ 3,480	-£ 7,263
Balance b/f 1/4/25	£ 2,139			£ 2,139	£ 2,139
Transfers between departments	£ -				£ -
<b>Balance c/f (£0 if -ve)</b>	<b>-£4,054</b>			<b>-£ 1,340</b>	<b>-£ 5,123</b>

**Willingham and Over Case Study Q4 2025-2026**

The purpose of a case study is to show how the intended outcomes are being met by the Community Warden service. All case studies are assessed, comparing the intended outcomes of the warden service with an older person’s needs:

Mark with X	Intended service outcomes in agreement with the service user
	Improve social inclusion/isolation
X	Improve safety at home
X	Provide preventative support
	Improve money matters
	Improve equality/human rights
X	Provide practical support
X	Improved health/wellbeing

**Extract from case study:**

<b>About the person</b>	
Dorothy is 93 and lives alone. She has become frailer since being discharged from hospital, her mobility is failing and she has walking aids to support her in the bungalow. Two of her sons live away and one son lives in the village who visits regular but works nights, I normally pop in each day for a welfare check, since being discharged from hospital. Dorothy has had carer 4 times a day.	Age, district, live alone, general well-being, support network etc
<b>What was the situation?</b>	
Dorothy could not administer her medication from her dosset box anymore, as she got confused on the number of times she needed to administer her medication. Dorothy didn't feel like she needed or wanted carers 4 times a day long term at present, but due to medication timings this was not something she could do without unless there were other medication options for administering.	Why and how referred, what challenges, issues were faced, what is affecting daily life
<b>What did Age UK do to make a difference?</b>	
I spoke to Dorothy’s son and suggested an assessment for independent medication aids, offering tools such as a automatic pill dispenser with alarm. An automatic pill dispenser (also known as automatic medication dispenser) has 28 compartments for medication, and is lockable, so the user doesn’t have access to their medication until the programmed alarm time. The dispenser will alarm and rotate at the programmed alarm time, presenting the correct dose for the user. This makes them an excellent aid for those with Alzheimer's, Dementia or confusion. The user should pick up the dispenser and tip the tablets into their hand, or a cup, and then take the dose with a drink. This cancels the alarm sound and the flashing light. The dispenser will not present another medication dose until the next programmed alarm time.	What action did we take to support and help – in bullet points

<b>What outcomes were achieved?</b>	
<p>The medicine team came out to do assessment, I was visiting at the time so was present when they came and explained the medicine dispenser to Dorothy and how it worked, we also encouraged Dorothy to try it to see if she could manage it herself. I also liaised with the medicine team on collection and return of the empty box weekly from Willingham pharmacy, which was something I could do every Wednesday.</p> <p>As the sons lived away, they were happy I was involved and able to collect the medication dispenser and put it in the stand each week. I also emailed the day centre which Dorothy visits twice weekly to update them and to ensure she took it with her each visit.</p>	<p>Describe the impact and any service specific outcomes – how did it change things, e.g., safety, socially, independence, confidence etc</p>
<b>Quote from service user</b>	
<p>Dorothy's son thanked me for being about for the assessment and arranging collection weekly, also for contacting the day centre on his behalf.</p>	<p>What difference and/or impact did our support give. Ask open ended questions to determine how.</p>
<b>Our learning</b>	
<p>All our service users have a voice, and we should listen to them, families often set up things to give themselves peace of mind if they don't live locally.</p> <p>This isn't always best for the service user, on this occasion everyone listening to Dorothy's wishes has had a positive outcome.</p>	<p>Our learning outcomes and future actions we could take to improve and/or develop our services</p>
Completed by - staff name	Joanne Twinn
Completion date	20/02/26

*(The name of the older person is anonymised)*