

# Business Mentor

*Inspiring change*

**CROSS  
ROADS  
CARE**



February 2012





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**CROSS  
ROADS  
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ARE THE  
PEOPLE  
CARERS  
TURN TO

## Why become a business mentor?

This is a prestigious volunteering role that requires experienced business professionals who can make a significant strategic impact on a short-term, high-profile pilot for a leading national charity.

It is a chance to become part of a small number of highly skilled mentors to lead individual member bodies of Crossroads Care Association through a pilot. It also presents a rare opportunity to work with other business mentors to draw on each others' collective skills and experience to deliver a superior outcome for a leading national charity.

The result will be a scheme clear on its priorities, with integrated decisions and actions focused on achieving their planned objectives. This will help them survive and grow in a challenging local environment.

The ability to think strategically, develop coherent business plans and inspire others through dynamic leadership are considered prerequisite skills for this crucial role.

## Who is Crossroads Care?

Crossroads Care is a national charity that supports over 43,000 carers and their families through a network of independent local Crossroads Care schemes across England, Wales and the Isle of Man. The organisation employs over 6,500 staff, mostly trained carer support workers, who offer personal care and support to men, women and children of all ages and with any disability, illness or condition.

**'As a charity, we care for people not for profit. Our carer support staff love their work. They understand what carers, and those they care for, need. They know the simple things that really matter, they do the hard jobs with a smile and they take pleasure in fitting into family life.**

**It's no surprise then, that Crossroads Care staff build long and trusted relationships and that more people turn to us for support than to any other social care provider.'** *Crossroads Care*



## Why is Crossroads Care changing?

Crossroads Care has made significant strides over the last seven years to build a foundation for the future so that it can protect and develop its services to carers. So far, the charity has consolidated its network from over 300 to 85 schemes. All schemes vary in their resources, capacity and capability to thrive as a result of challenges arising from external changes and the needs of individual carers.

The charity has now developed a self-assessment model so that individual schemes can determine their current position and work to maximise the accessibility and impact of their services for carers. The initial part of this process is a questionnaire to collect data about their current position and operating environment, including a community profile to assess local needs and their role in meeting these.

The outcome of this self-assessment process will form the basis on which each scheme builds its business plan. This will then inform the development activity and resource allocation. Both the self-assessment (a confidential process carried out between the mentor and the scheme) and the business plan will feed into both a separate quality assurance exercise conducted by the Association and the information that determines their membership status of Crossroads Care.

Clearly, self-assessment is a pivotal process on which the future growth of services to carers depends.

### Crossroads Care in numbers

During 2010/11 Crossroads Care:

- Carried out 17,849 carers assessments
- Provided 5,180,818 hours of service
- Supported 43,530 carers and their families

# The business mentor role in more detail

## Summary

To support Crossroads Care's network of schemes and the National Association to develop robust and sustainable service delivery organisations (SDOs) capable of delivering more services to more carers and those they care for across England, Wales and the Isle of Man. This work is key to supporting the delivery of the change outlined in the strategy document *Your Invitation to Shape the Future* and to the minimum level of service provision (MLSP).

Crossroads Care has developed a new self-assessment framework which is at the pilot stage. In addition to the core tasks, the initial intake of Mentors will help to assess, evaluate and if necessary revise the process ready for roll out to the network later in 2012.

This is a role that requires mentors to work at two levels:

1. With schemes/SDOs on an individual and confidential basis to create their development plan for inclusion into the overall scheme's business plan.

It is not the responsibility of the mentor to evaluate the goals of the scheme –

the mentor is not auditing the scheme. Rather, it is the responsibility of the Mentor to help the scheme to decide for themselves whether their goals and growth plans are feasible and appropriate and to expose their mentee schemes to new ideas, perspectives, and standards.

In carrying out this role, the mentor will offer challenge, patience, and enthusiasm that will guide the mentees (and therefore the organisations) to new levels of achievement; and

2. Work alongside the Association to feed back on the strengths and perceived gaps in capability regarding each organisation's development and business planning. This will help the Association to prioritise where to focus development resource according to need.





## Responsibilities

- To work with individual schemes/SDOs on an annual and *ad hoc* basis to create and review their organisation development plans. This will involve the following steps:
  1. Review, discuss and provide constructive feedback on the initial self-assessment produced by the scheme/SDO and work with them to create their individual baseline, establishing how they are performing against the self-assessment criteria. It is envisaged that this will take place over a series of meetings, alongside the review of the data and information that the scheme has gathered to support their self-assessment view.
  2. Develop the action plan to start to address the gaps once the baseline is agreed between scheme and mentor. It is possible that focused priorities are developed to ensure that the desired growth is delivered over a specified time-period (e.g. can support a three year business plan). The costs and time involved alongside any skills gaps to help deliver on these priorities needs to be addressed as part of this process. The mentor needs to be able to provide expert advice on how to achieve the development goals set out in the action plan.
  3. Support the scheme to ensure that the development goals are integral to the scheme's/SDO's business plan (if required).
  4. Work with the scheme at agreed intervals to review progress against the development goals – looking at what approaches are working and what are not.
  5. Review the plan annually as a minimum and work with the scheme/SDO to adjust accordingly.
  6. Provide feedback to the Association on the key trends that are surfacing concerning the support that the schemes/SDOs may need to help their growth and for the network to gain a deeper understanding about their skills strengths and gaps.

## Skills and experience

A track record/employment history that demonstrates:

- Proven leadership, management and/or consulting experience in supporting organisations and teams to develop and grow and have an impact in the sector that they serve.
- Ability to transfer skills and knowledge to a variety of people with different skills and experience.
- Experience working in a service environment in which ongoing service relationships are key to ensuring that high-levels of quality customer service are achieved. This could be in the public, voluntary or private sectors.
- Strong relationship management skills to be able to support and challenge the schemes you are working with.
- Development of business plans which reflect the constraints of the environment in which services are being delivered and a proven track record of where these have been able to support change and growth.
- Strong analytical skills to review scheme data and analyse the self-assessment results in order to effectively support and challenge schemes in their analysis of their own results.
- Troubleshooting skills – correctly diagnosing the problem/issue and knowing what action is required to resolve it

Time – mentors recruited on a voluntary basis need to have the time to work with schemes and develop lasting mentor / mentee relationships to create and deliver on their development goals.

## What is the timetable for applications?

Candidates will be invited for an interview and information events. The information events are in Birmingham on 12 March and London on 14 March. There will be individual discussions with applicants on 19 March in London. Interviews will include representatives from the networks who have helped design the SA process. Briefing events for mentors and pilots you to explain the process and plan the next steps will be held during the week of 23 April in London



## I'm really interested – how do I apply?

Please send a covering letter and your CV to [janet.thorne@reachskills.org.uk](mailto:janet.thorne@reachskills.org.uk) by Friday 17 February. You should explain why you are interested in the role and briefly outline your experience. We'll contact you within five working days. You can also ring us to discuss the role on 020 7582 6543 or email your questions. We will be delighted to hear from you.

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## *Appendix 1: Context to the business mentor role*

Crossroads Care has made significant strides over the last 7 years to build a foundation for the future through which services to carers can be protected, sustained and grown. We have so far consolidated our network from over 300 to 85 schemes, all with varying capacity, resources and capability to thrive in the external environment, to be responsive to the needs of individual carers and the external changes being faced and so remain relevant. Of these, 31 have recognised they do not have to capacity to survive and deliver their charitable aims without consolidating into larger operational units and are actively working towards consolidation into 8 Service Delivery Organisations (SDO). 21 are large schemes working to achieve this status individually or are without an appropriate merger partner. 31 are outside the consolidation process, 1 is closing down and 1 is leaving the membership.

A self assessment (SA) process has been developed through which schemes can appraise their current position against the criteria we have set for our minimum level of service provision (MLSP) and the criteria we see every scheme needing to fulfil to work to their maximum potential. The initial part of this SA process is a collection of data about their current operation and their operating environment, including a community profile so that they can assess the local needs in their community and their role in contributing to meeting these. The process itself is framed round a questionnaire that invites them to assess their current operation against each criteria.

We plan that when they review the outcome of this SA, it will form the baseline on which the scheme builds their business plan to address any shortcomings they identify or issues they need to address, which in turn is the basis for their development activity and resource allocation for the life of the plan. Both the SA and the business plan will feed into both a separate QA conducted by the Asscn and the information that determines their membership status of Crossroads Care.

Clearly, the SA is a pivotal process on which the future growth of services to carers depends; our managers and trustees need support to develop their role and services. We are looking to identify a series of volunteer mentors who could work with schemes to complete and review the SA and so to support the development of a robust business plan on which future activity is based.

This is a crucial role. Through our mentors we will be seeking to achieve our overall agreed strategic purpose to help sustain and develop a network able to survive the current economic climate, work with synergy to reduce costs in the development of service models and systems currently impossible given the diversity of scheme profile. It is imperative that Mentors grasp the external and strategic context and overall outcome their input is designed to achieve.

We want to recruit a team specifically for this task. Initially, we will ask the team to help us pilot and test the process, evaluating it after a three month trial before making the process available to the network as a whole. The team will be briefed and supported throughout the process so that Mentors can feed back to us any strategic issues their work with schemes (which would otherwise be confidential)

identifies. We also see the team potentially working with schemes on a team basis, so that different skills are offered at the right point in the process. The team must be credible in the scheme's eyes, and able to encourage transparency in the process, achieving an honest assessment with a realistic plan of action as the outcome. We are looking for people across all sectors to provide the mix and richness of skills, and who can come to an information event in Birmingham (March 12<sup>th</sup>) or London (March 14<sup>th</sup>), come for an individual discussion in London on March 19<sup>th</sup> and offer 5 days, possibly more, from mid April to end July 2012.

The following information is offered to give a sense of why this is necessary.

Last year we helped 43,500 carers and their families, an increase of 5% on the previous year. However;

- Typically schemes help less than 2% of the carers in their areas of benefit.
- The largest 10 schemes by income in 2009/10 grew their services on average by 39% in 2010/11. They account for 26% of all Crossroads Care clients.
- The smallest 10 schemes by income for 2009/10 saw their service provision drop on average by -8% in 2010/11. They account for 2% of all Crossroads Care clients.

The top ten schemes in terms of income have a shared income of £22million.

- 25 schemes have an income over £1million.
- 31 schemes have an income between £500,000 and £1million.
- 28 schemes have an income of less than £500,000.

The income ranges from £4million to £162,000. Income from non- statutory sources ranges from 0.1% to 50%.

15 schemes have less than 2 months operating costs in unrestricted reserves.

- 9 schemes have reserves of over 7 months operating costs held in unrestricted reserves.

## *Appendix 2: Context to Crossroads Care*

### **1. History of Crossroads Care**

In 1973, the soap opera “Crossroads” featured a storyline where the son of the motel owner had a car accident and was paralysed. His mother had to care for him at home. Noel Crane, a local man from Rugby, who was being cared for by his mother, saw the programme and wrote in complementing them on their portrayal of the needs of someone with a disability. They took him on as an adviser on disability issues and shared his concerns about the lack of support for people like his mother whose life had undergone significant change as a result of his accident. ATV, the programme makers, donated £10,000 to set up a pilot project in Rugby with the aim of helping Carers in a practical way in order to relieve the stress the majority of them experience. This was a major innovation at a time when the word “Carer” was not even recognised.

In its first year of operation, more than 37 years ago, Crossroads Care supported 26 families. Today Crossroads Care supports over 43,000 carers and their families through a network of independent, local Crossroads Care Schemes across England, Wales and the Isle of Man. We employ over 6,500 staff, mostly trained Carer Support Workers, who offer personal care and support to men, women and children of all ages and with any disability, illness or condition.

### **2. Key achievements**

- Growing a national charity to deliver carers breaks services. Over the past 37 years Crossroads Care has grown and developed, continuously increasing the number of carers reached and supported, giving them the vital break they need. The organisation continues to innovate and find new ways of supporting carers to have a break.
- From the very beginning, Crossroads Care introduced and took the approach of caring for the whole family. Today, whole family working is seen as the key to supporting families where one or more family members are sick or disabled – taking care of the carers as well as the person with care needs.
- Crossroads Care ran its first ground breaking young carers project in 1994 when adult carers were barely recognised, let alone young carers. The following year, BT funded young carers’ roadshows around the country and young carers services started to take off.
- Providing care in someone’s home requires sensitivity, imagination, planning and attention to detail. Crossroads Care has been at the forefront of setting high quality standards for social care and also in ensuring that local services have the tools to meet continually changing policies designed to keep vulnerable men, women and children safe. Crossroads secured the funding to develop its own Quality Assurance framework specifically for carers break services. This has ensured that local services continue to be in a position to deliver high quality care and meet increasingly stringent Care Quality Commission inspection standards.
- Anticipating the future, Crossroads Care has embarked on a considerable change programme to help the Crossroads Care network use their resources

to greater effect within an increasingly challenging external environment. Although we help a lot of people, a lot more remain outside the reach of our services and we need to find ways to help them access our care whilst dealing with the changes taking place around us. We have to use our precious resources to greater impact and effect. In future, breaks services will be delivered by a smaller number of robust, highly efficient organizations (Service Delivery Organisations – SDOs) working to the same high quality standards as ever.

- Working in partnership with the Princess Royal Trust for Carers and many other voluntary sector organisations, Crossroads Care has fought to get carers recognised and put them on the agenda. In 2008, this finally led to the recognition by government that carers are “at the heart of 21<sup>st</sup> century families and communities”. Crossroads Care is a recognised national Strategic Partner of the Department of Health through which it acts as a friendly critic, holding them to account for carers policies.

### **3. Key challenges**

The bulk of our services are paid for through local authority funds. In the past this has been paid through grant aid but this is now relatively rare. Most local authorities contract us to deliver care to carers and the people they care for. The way this is being done is changing. Previously we have received block contracts, paid through the delivery of a contracted number of hours. This is changing in dramatic ways and our network needs support in identifying how to respond.

- Personalisation – the Government wants all social care funded by local government to be paid for through personal budgets to individual clients, paid for through direct payments to those clients. Schemes will no longer get a block contract and block funding; they will now have multiple people to negotiate contracts and manage financial relationships with; intermittent income; multiple potential clients to market themselves to rather than professional commissioners.
- Outcomes – contracts have been paid to deliver outputs, the number of hours of care delivered to a specified client group, often through referral from social services. Now, clients and social services determine the outcomes a personal budget is designed to achieve and a provider must develop flexible packages of care to help deliver each of these on an individual basis.
- Tendering - what contracts remain are awarded following EU procurement protocols. This is a highly technical, legalistic, costly process, increasingly competitive, increasingly becoming a gate-keeping activity to keep or exclude providers from a local authority area. Contracts are being consolidated to include services beyond carers, into new service user needs; across multiple local authority areas as they strive to reduce tendering costs; requiring higher thresholds of corporate ability and financial depth to be able to compete.

### **4. Current facts: Crossroads Care in 2010/11:**

- Supported 43,530 carers – an increase of 5% on the previous year
- This includes 3,351 young carers through 31 young carers projects
- Provided 5,180,818 hours of care – allowing 2,059,171 breaks

- Supported 42,757 adults and 10,190 children and young people – total of 52,947 men, women and children(12% increase)
- The network provides services currently through 85 Crossroads Care Schemes (currently consolidating into fewer, larger Service Delivery Organisations)
- It employs 6,500 staff, has over 700 trustees and over 500 other volunteers.

See attached 2010/11 Statistics for more details

## **5. Crossroads Care - our distinguishing features**

- The one thing every carer says they need is a break. Crossroads Care is the only national charity set up to provide breaks services to carers.
- Crossroads Care offers breaks to carers by providing high quality care to people of all ages and with any condition or illness – we act as a replacement carer. Our regulator, the Care Quality Commission, states that “the quality of Crossroads Care is second to none”. This is because Crossroads Care takes quality very seriously. All of our services work within a national quality framework and are supported at every step of the way to meet the high standards set and required.
- Carers will only take a break if they trust the person stepping into their shoes and the believe they understand what it is like to be a carer. Crossroads Care care staff have the training and support to do just this. And because we are a charity, we care for carers and not for profit. Carers trust us to provide the care they do. Care staff build long and trusted relationships and more people turn to us for support than to any other social care provider.
- The expertise and knowledge that Crossroads Care has built providing services for 37 years, means that it is well placed to inform and influence government policy and practice at national, regional and local level to ensure carers get the support and services they need to carry on caring.

## **6. What Crossroads Care delivers**

As a minimum Crossroads Care provides a break for carers through caring for someone in their own home or by providing care to groups of people in day centres or other settings. However, depending on local need and other services in the area, we develop many other activities which provide support for carers. For example;

In Suffolk, Crossroads Care has teamed up with the Fire Service to provide firstly, a home safety check and secondly, to compile a database of clients needs so that if there is a fire, the fire service know what support will be required at the home.

Emergency Care is also the theme of a service offered by Crossroads Care Cambridgeshire. Carers register with the Individual Carers Emergency Respite service through assessment by the County Council and drawing up an emergency plan. This is lodged with the Council and in times of emergency, such as the carer becoming ill or admitted to hospital, a care support worker will be provided within a maximum of two hours.

Redbridge Crossroads Care has developed a Homeshare Scheme specifically for people with dementia, where people with dementia go for a “day out” to a trained, professional care support worker’s home for the day, giving family carers a break. The success of this scheme lies in the quality of the time the people with dementia have on their day out, where they decide what they want to do and are matched with people with similar interests. This model is being promoted through national grant funding to four other Crossroads Care Schemes.

Crossroads Care South Thames has a very successful mentoring scheme where former carers offer mentoring to new carers or newly bereaved carers. Mentors provide fixed term practical support and advice to support carers to re-connect with life and their community or, where new to caring, to access the support they need and how to “use the system” effectively. As former carers themselves, mentors have in-depth knowledge and advice is taken as they “have been there”.

Stroke re-ablement services have been introduced in Coventry & Warwickshire where care support workers become part of the hospital discharge team when someone has had a stroke. The care support worker highly trained by the physiotherapy team will have the details of the re-habilitation programme so that they can work with the person in their own home when providing support to give the carer a break. This is particularly effective as the time of discharge is particularly difficult and stressful for a carer who is trying to come to terms with the new situation impacting the whole family and their new caring role.

Crossroads Care East Lancashire has recently received NGS funding to develop a new Therapeutic Singing Service for people with dementia and their carers. This project will train volunteers to train carers in the use of singing while caring. Work in Sweden has demonstrated the impact that singing can make on people with dementia if carers sing while undertaking daily tasks. The impact on the relationship between carers and cared for will be significant which in turn will reduce the stress and anxiety felt by carers. The volunteers will also support carers to re-connect with their local community.

There are 31 young carers projects in the network provide services such as after school clubs, emotional and mentoring support, activities and trips. This includes a project in Norfolk currently managed by the national Association but likely to revert to local Crossroads Care management. With funding from the Government’s Think Family Initiative, the project has extended its work to support young carers with the most complex needs either as a result of their family situation, housing, income or other issues. Providing intense one-to-one support to children, they also work with the family as a whole to ensure the young carer gets the support they need.

In addition, there are group services such as day centres and dementia cafes, provision of information and emotional support, carers and employment projects and black and minority ethnic projects.

## **7. What people say about us**

“I care for my wife Judy who has young-onset Alzheimer’s... nearly three years ago it just got too much so I had to give up working to be her full-time carer. In a very short space of time my life changed completely. The stress and strain have been

enormous. I got so depressed at one point I considered suicide as a way out of the hell we were going through. It is so physically and mentally and emotionally draining watching the one you love slowly slipping away. Thankfully with the help and support of fellow carers, Crossroads Care East Midlands, professionals and antidepressants I have now come through the worst and hopefully cope better than I did." (Malc)

'When my mother could not cope on her own any more, I became her full time carer, I must say it is the hardest job I have ever done. My social life and life in general came to a standstill.

After three years of just getting by and being exhausted for most of the time, Social Services put me in touch with Crossroads Care, my goodness what a difference, Crossroads Care gave me back my life and I seriously do not know how I ever managed without them.

Sadly my mother passed away and Crossroads Care were there to support me again, then I was left with an awful lot of time with nothing to do, so, I decided to give something back for all the support I had been given and went to work with Crossroads Care as a volunteer. I trained as a carers' mentor and I can honestly say it is the best job I have ever done, it is so rewarding knowing I am there to help carers' when they need it most and what a feeling of 'a job well done' when I go to visit a carer and they open the door with tears but on leaving I go with a smile. It just feels so good" (Pat Markey)

Having experience of other care agencies in the past I cannot emphasise enough how this agency has changed my life. The professional, confidential and constant approach to caring fills me with confidence and helps me to cope with my difficulties. I cannot see how it could be improved. I just wish other agencies would put such good practice into action." *Crossroads Care Coventry & Warwickshire*

I was almost at the end of my tether. In caring for my mother-in-law over a period of twenty years, her illness was getting worse, which meant I had to be there 24 hours a day. How was I going to manage? Thankfully the district nurse contacted Crossroads. The Carer Support Worker was allocated immediately and support was provided. My husband and I are both in our 70's, Crossroads support was invaluable and was exactly what we needed. I was able to have a few hours for myself each week to take a bath and to sleep."

The level of care my husband received went way beyond what I could have hoped for: being both professional but also deeply compassionate and I always felt that the care staff were friends rather than people just coming to do a job. Without Crossroads there is no doubt I could not have kept my husband at home and the last two years would have been very bleak indeed, seeing the man I loved slowly succumbing to this horrible disease. Your staff enabled me to go out with complete peace of mind and altogether made my life tolerable."

I was struggling to cope and the support worker helped me through. She is very understanding and I felt that I had a friend and a counsellor and an expert in a

situation that I found extremely hard to cope with."

*Provided by Crossroads Care West London*

My husband knows he can go to work knowing I am in safe hands."

Crossroads has helped me and my wife of 66 years to again live a life. "Sandra", my care worker, who we have known since she was young' is the old peoples' dream girl. She cares like a daughter, when she is ill or in trouble we feel it.

For me to be able to get out and know that she was in the good hands of staff she liked, made the difference to make it possible for me to continue keeping my wife at home where she wanted to be."

*Provided by Crossroads Care Richmond & Kingston upon Thames*

Until my husband became ill some two years ago I had never heard of Crossroads. Now we could not do without them. We have used Crossroads for the past 18 months. To be fair, when I was first given the opportunity to use this service I was very sceptical. How would they get on with both me and my husband? What would it be like having people coming into our house every day? I need not have worried. The staff are wonderful. They are hardworking, cheerful and discreet and we look forward to their visits. Without their help I would not be able to continue to work. Knowing they are there gives me peace of mind when I have to leave my husband at home"

*Provided by Crossroads Care Cheshire East, Manchester & Tameside*

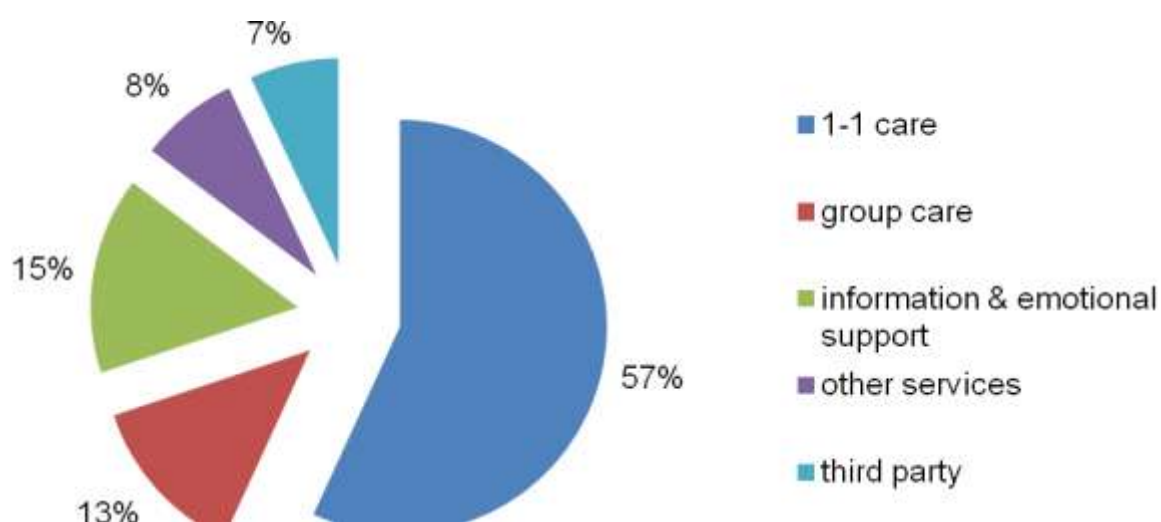
## Appendix 3: Statistics 2010/11

### Services and hours

Crossroads Care schemes and the Association's Norfolk Young Carers project supported 43,530 carers and their families in 2010/2011 (an increase of 5%), with each individual carer able to access a wide range of services.

In total, Crossroads Care provided 5,180,818 hours of services in 2010/2011 – equivalent of more than 591 years.

Ninety-three per cent of services were delivered directly by the charity, with the remainder provided by a third party on its behalf, covering areas such as gardening and DIY.

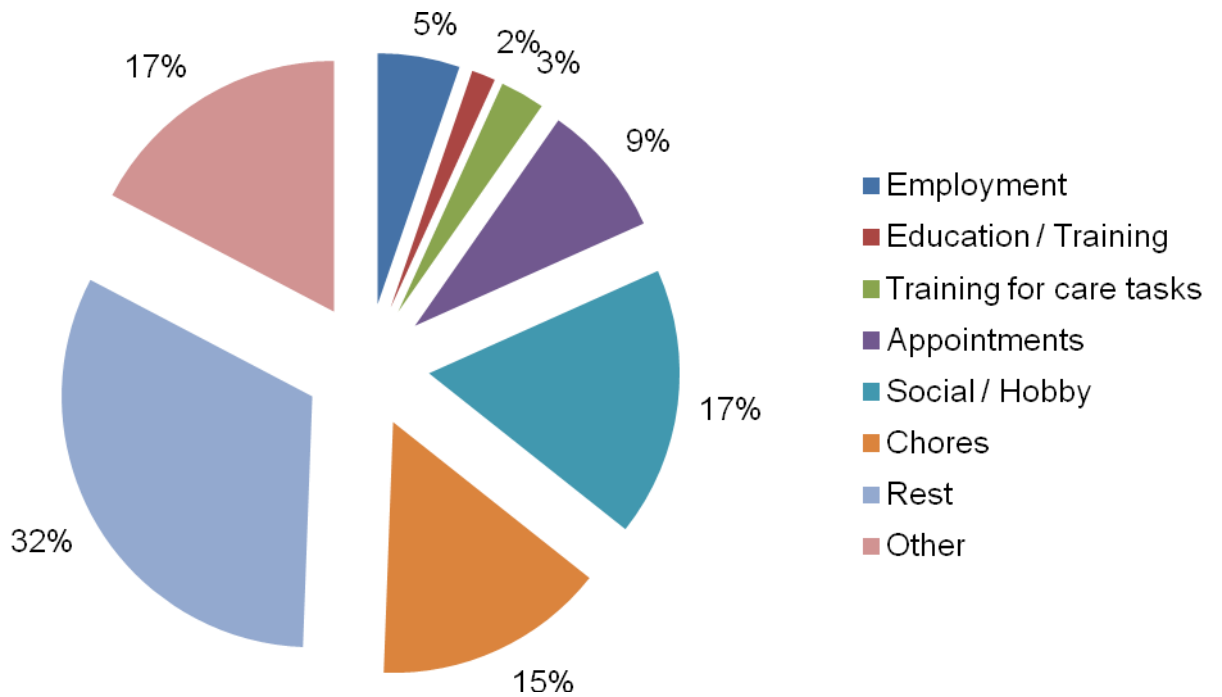


### Assessment and reviews

During 2010/2011 Crossroads carried out 17,849 carers assessments and 19,245 assessment reviews. The total time taken on assessments and reviews is estimated to be an additional 56,468 hours on top of the hours of service provided, or the equivalent of almost 6.5 years.

### How carers use breaks

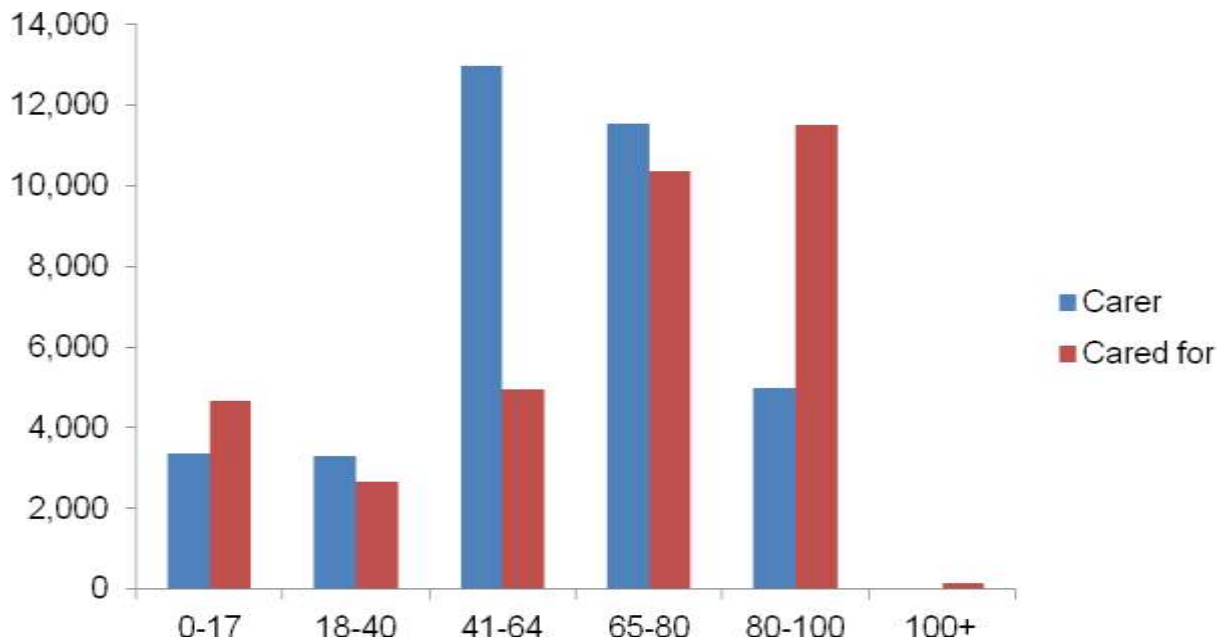
Carers use breaks for a number of reasons, and often for more than one reason over the course of a year.



**Equal Opportunities**

35.2% of all carers served are male and 64.8% female. Of the people these carers care for, 47.0% are male and 53.0% female.

As the following graph shows, Crossroads Care provides services to all ages of carers and the people they support.

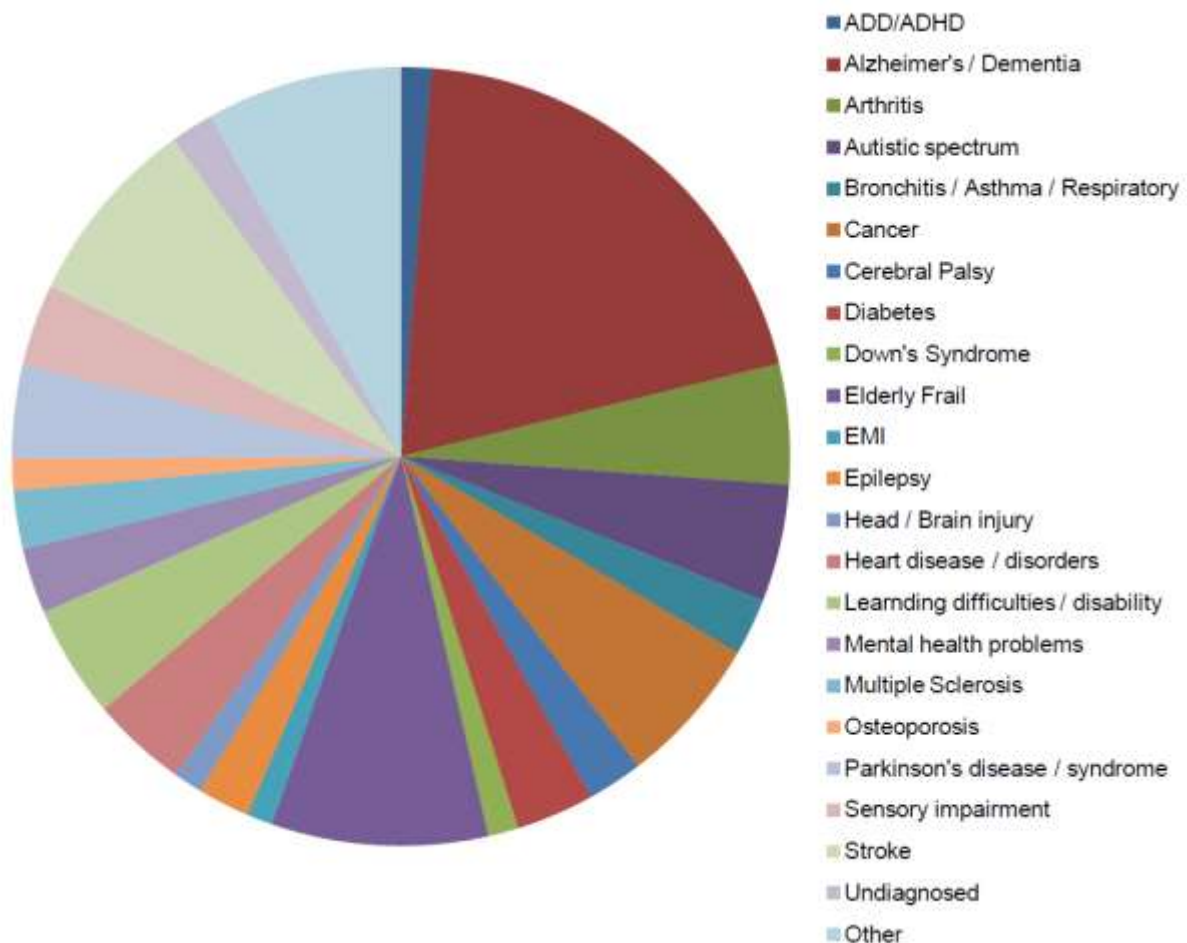


Crossroads Care staff have a ratio of 88.4% female to 12.6% male. The majority are aged between 18 and 64 years old, with 11 aged under 18 and 402 over 65.

49.2% of trustees are male, and all trustees are over 18 years old. 76.3% of volunteers are female, and 97.5% are aged between 18 and 80 years old..

## Conditions

As well as providing services to carers and cared for of all ages, Crossroads Care provides services for an extensive range of disabilities and health conditions.



Other conditions includes: Abdominal conditions, Blood disorders, Cystic Fibrosis, Fatigue disorders such as ME, Fragile X Syndrome, HIV/AIDS, Huntington's disease, Motor Neurone disease, Muscular dystrophy, Renal disease, Spinal injury and Substance misuse.

**Multiple conditions:** 8,751 people had multiple conditions, which accounts for a more than a fifth of those we provided care to.

## Referrals

In 2010/2011 Crossroads Care received 20,538 new referrals, which is more than 56 for every day of the year. The highest referrers being Social Services who referred 8,050 to Crossroads Care, with health services (GPs, PCT/LHBs, District Nurses etc) providing 3,156, friends and family accounted for 3,465 and other voluntary organisations referred 1,732 carers.