

Anonymised feedback from discussion paper – Developing and Sustaining Chesterfields Community Resilience

Chesterfield Covid-19 Strategic Health and Wellbeing Group

A total of 14 responses were received from Chesterfield’s Health and Wellbeing Partnership, Community Safety Partnership, Place Alliance Group and Locality Children’s Partnership. Responses were a combination of individual, partnership or organisation thoughts.

Headline messages

- Create strong communication channels and clear messages
- Value joined-up working across partners and agencies, from voluntary and community through to statutory bodies
- Be data and insight led in developing solutions; listening to people and communities, as well as using technical data
- Develop accessible digital platforms to enable the delivery of joined up services – centralised accessible database for all partners
- Recognise the voluntary and community sector as an equal partner
- Key impacts on individuals and communities from the pandemic will be increased material insecurity, mental health difficulties and social isolation
- Identify resource gaps to ensure that all partners can support our community resilience network

Question	Themes	Comments/Examples
<p>Maximising and sustaining volunteering capacity and support – How do we work together to harness the huge increase in volunteering and community spirit that this situation has brought forward? What role do ‘digital platforms’ play in this going forward?</p>	<p>Communication</p> <ul style="list-style-type: none"> • Enable localised connections • Develop communication to understand communities (grassroots to strategic) • ‘Equal’ relationships 	<ul style="list-style-type: none"> • Communication with people who offer to volunteer (especially during dormant periods) • Digital platforms for centralised information, database, search access (group, location, topic) and links to social media • Clear ‘asks’ • Framed in a way with which people can identify • Social media and the instant contact (Facebook) / Apps (Next door) • Neighbourhood Watch • Holme Hall Unite as case study • Promotion of volunteering to the public (simple/informal volunteering)
	<p>Skills</p>	<ul style="list-style-type: none"> • Match specific skills to need • Match time available to need

		<ul style="list-style-type: none"> • Upskilling volunteers (courses, training, webinars, workshops, advice)
	Digital Inclusion	<ul style="list-style-type: none"> • Digital access • Digital skills
	Business involvement	<ul style="list-style-type: none"> • Closer partnerships and working
	Community engagement	<ul style="list-style-type: none"> • Community activities / events • Building on the mutual aid groups successes, supporting them to continue or taking best practise
	The 'system' valuing community connectivity and volunteers	<ul style="list-style-type: none"> • Collective strategic, community, organisation and individual structure • Investment and support for volunteer coordination and leadership • Recognition, acknowledgment and reward for volunteers • Links to social prescribing and other statutory roles/commissioned services (work coaches) • Links between Mental Health Services and community initiatives • Opportunity to increase connections with schools • Older people are a valuable resource
	Define what the ongoing needs of the community	<ul style="list-style-type: none"> • Shift from urgent food and prescription to isolation, financial hardship, emotional wellbeing etc.
	Role of informal volunteering	<ul style="list-style-type: none"> • Neighbours, streets • Non-constituted groups • Fast tracked or simplified verification (DBS type) where needed • Opportunity for a broader bank of volunteers • Part of mental health recovery • Recognise that volunteering is volatile (circumstances change)

Question	Themes	Comments/Examples
<p>Mental Health/ social isolation/ physical activity – How can we work across the statutory, community and voluntary sector to provide a joined up approach that supports individuals in need and makes sure that no one falls through the gaps? How do we begin to place even greater emphasis on preventative and proactive approaches rather than traditional statutory services?</p>	<p>Insight led</p>	<ul style="list-style-type: none"> • Local data matched with evidence and research, best practise • Community voice (individuals and community groups) • Understand and align existing insight methods – networks, surveys • Understand existing provision • Use points of contact • Maintain lines of contact and communication • Identify root causes • Build upon connections and information from pandemic period
	<p>Joined up system</p>	<ul style="list-style-type: none"> • Digital platform/database/search engine • Information sharing • Single point of access for referrals • Referrals into statutory services via preventative support • Increased community based outreach workers to engage with small geographical communities • Align resource and provision • Improved/increased signposting across support • Investment into VCS to ensure provision is there • Community safety services link in with mental health provision • Clear communication
	<p>Exercise</p>	<ul style="list-style-type: none"> • Motivated people will find their way

		<ul style="list-style-type: none"> • Online exercise sessions • Local activities and exercise opportunities • Improvements and introduction to local green space • Localised funding available through Active Derbyshire
	Isolation	<ul style="list-style-type: none"> • Regular proactive contact to vulnerable – neighbour check scheme • Digital access for befriending and support – Zoom, video-calls • Access and provision of community activities • Island programme – central source of reducing isolation • Door knock to check on people
	Mental Health and resilience	<ul style="list-style-type: none"> • Ensure courses are accessible e.g. Equipped to Succeed • Flexible approach to the support that may help people • Value of trusted local relationships and support, not just Mental Health services • Community groups and volunteers have more time than statutory services • DHCFT are keen to work more collaboratively with community and voluntary sector • Anxiety reported from parents in physical access and return to school
	Place Based approach	<ul style="list-style-type: none"> • Understanding communities • Delivery in a place based way
	Tackling inequalities	<ul style="list-style-type: none"> • Covid 19 is widening the inequalities gap • Identify and respond to the root causes

Question	Themes	Comments/Examples
<p>Health, community care and social care – How can we do to build on the fantastic growth of community resilience with volunteers and communities supporting each other? How can we support volunteers to add value to statutory services to provide more/extended help for residents, client and patients? How can we work with our local voluntary and community sector to extend the reach of health and social care services, social activities in a way that we may not have done in the past?</p>	<p>Communication</p>	<ul style="list-style-type: none"> • Digital platforms for centralised information, database, search access (group, location, topic) and links to social media • A live database for use by staff and organisations • Make contact and engage all community organisations • Understanding communities – need and gaps • Communication of what’s available to communities • Incentives for volunteering • Leaflet drop to raise awareness of support
	<p>Visibility in communities</p>	<ul style="list-style-type: none"> • Activities and events • Using different points of contact to promote awareness (schools, care homes, sports clubs, churches, local people, Cllrs) • Intergenerational e.g. schools and care homes • Local businesses
	<p>Keep the success fresh</p>	<ul style="list-style-type: none"> • it could soon be lost and focus again on NHS, build on momentum and invest in VCS • Build on the newly engaged volunteers • Build on the Good Sam App model of engaging volunteers in Derbyshire
	<p>Insight led and Joint working</p>	<ul style="list-style-type: none"> • Community involvement throughout • JUCD, AD insight work • Support, advice and training for volunteers • Close work with statutory sector teams • Joint commissioning • Spaces for joint support to be provided

		<ul style="list-style-type: none"> Physical activity is a common thread – prevention, prehab and managing conditions
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<p>Financial inclusion/ hardship (including food bank capacity) – Is there more work to do to support community café’s, school holiday programmes and food banks? Are there other ways that we can work with the voluntary sector and local communities to coordinate the offer in Chesterfield? How do we best do this?</p>	<p>More investment</p>	<ul style="list-style-type: none"> Expansion of community café’s and holiday programmes Ensure there is provision in each community Simplify grant schemes to enable easier access for voluntary organisations Ongoing support for Food Banks and Community Cafés Support organisations to have structure and solidity and processes/procedures
	<p>Joint working</p>	<ul style="list-style-type: none"> Liaison and coordination between groups Consistent offer of food distribution – consistent form or monitoring Opportunities for tenants to support each other Insight and community led Support community venues to re-open Using existing links to promote support (e.g. DCA, schools) Engagement of local shops and supermarkets Collaborative development of school holiday programmes Avoid competition for resources
	<p>Employment / Unemployment</p>	<ul style="list-style-type: none"> Projected recession and unemployment affecting household income Increased demand on support services – CAB etc.

		<ul style="list-style-type: none"> • Possible transition to self-employed – how do we support? • Proactively identifying people who may benefit from support e.g. those with rent arrears • Taking support to people e.g. benefits advice, tenancy support, food access
	Communication and Promotion	<ul style="list-style-type: none"> • Ensure that people are aware of what support is available • Consider a single point of contact/access in communities • Impact on health (eating, exercise etc.)

Question	Themes	Comments/Examples
<p>Vulnerable families – safeguarding/ domestic abuse/ homelessness – How do we make sure that we are joined up around these services? How can we target the additional resources allocated from government to support domestic abuse victims and the homeless in the best way?</p>	Joint Working	<ul style="list-style-type: none"> • Joint role of voluntary sector and local authorities • Joint working with local organisations e.g. Elm Foundation • Develop a key worker system /group assign to each vulnerable category to forge positive relationships of trust. • Integrate collaborative role of early help workers • Grading of risk for domestic abuse cases to support partner responses
	Communication	<ul style="list-style-type: none"> • Communication on the offer of support and access points • Communication, awareness and promotion
	Resource	<ul style="list-style-type: none"> • Commission local services to support these groups separate to statutory services and statutory buildings.

		<ul style="list-style-type: none"> • Provide grants to groups that will provide more informal support to the homeless ie, local churches and pastoral groups. Have a 'directory of services' for financial, practical and social support for these areas of need. • Allow some resource to support homeless people who have previous been declined for re-housing due to intentional homelessness/ rent arrears/ evictions/ ASB to get them into settled accommodation.
	<p>Safeguarding Awareness</p>	<ul style="list-style-type: none"> • Everyone aware and alert about safeguarding • Safeguarding training and support for volunteers • Familiarity and confidence to report Domestic Abuse or safeguarding concerns (culture)
<p>Derbyshire Community Safety Response</p>	<p>Multi-agency governance structures co-ordinate our responses to the priorities identified in the <u>Derbyshire Community Safety Agreement 2020 to 2023</u>. Where appropriate we link into other forums and boards to co-ordinate this work.</p> <p>For example, we have been extremely successful in gaining significant levels of additional resource through having a county-wide joined up approach to applying for external funding bids to enhance commissioned services for domestic abuse. The County Council has also agreed to underwrite additional resources to increase provision of domestic abuse services post lockdown, where we may see an increase in need. This will be offset by any external funding ourselves or partners are able to apply for.</p> <p>Commissioned or Co-commissioned Services by Community Safety Unit:</p> <ul style="list-style-type: none"> • Syrian Vulnerable Persons Resettlement Programme • Modern Slavery PRE- National Referral Mechanism (NRM) support* • Domestic Abuse: Helpline, Domestic Abuse Support Services (Community outreach, children's service and accommodation), Independent Domestic Violence Advisors (IDVA) services for high risk victims*. 	

	<ul style="list-style-type: none"> • Sexual Assault Referral Centre (SARC), including Independent Sexual Violence Advisor (ISVA) service. We also commission the Childrens ISVA service (CHISVA) with the Office of the Police and Crime Commissioner* • Stop Hate UK – hate crime support service and helpline* <p>We jointly commission some services* with a variety of partners, these include, the Office of the Police and Crime Commissioner, Health, Police, Derby City Council. All of the providers of these commissioned services are third-sector organisations, some of which offer volunteering opportunities to support service provision, alongside paid staff members.</p> <p>During this time all our commissioned services have adapted the way their services provide support to clients, to ensure that provision can continue, whilst maintaining social distance. For example, this include moving some face to face services to telephone and online support. We will work closely with providers to adapt their services further as lockdown is eased.</p>
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Other Comments

<p>From a community safety perspective, strategic governance and decision making is done via the Safer Communities Board, which has representation from all key stakeholders including political and officer representation from all local authorities.</p>
<p>Whilst it has been a dreadful time for many families and individuals, the pandemic has brought out lots of good things in people and communities, and we need to build on this for the future. We need to encourage people be open to helping their neighbour, and not always rely on ‘the state’ to take up the role. Equally, the statutory bodies need to know who the groups are and acknowledge and recognise what is being done by volunteers and groups – and support them. The right approach is important as some groups may fear that statutory intervention is being dismissive/interfering rather than supportive. It really shouldn’t be ‘either’, ‘or’, but ‘both together’. It’s about building relationships to support our communities – and we all need to work together to see our communities transformed!</p>
<p>Just to restate that the impact of worklessness is still yet to hit many people. In the coming months the number of families seeing their earned income disappear is going to be significant. That will place additional pressures on services such as foodbanks, but it will also see a big increase in demand for advice and support in getting back to work through whatever means:</p> <ul style="list-style-type: none"> • Help in applying for jobs for people who’ve maybe not had to do that for years

<ul style="list-style-type: none"> • Identifying training that will help people to move into new careers in new sectors • Advice and support in working for themselves
<p>Having asked social care colleagues for feedback about the positive joined up working that has happened under COVID, the feedback was that they didn't feel part of any increased joined up working and felt their relationships with partners had not changed, or they felt 'out of the loop' with some of the work that has been taken place.</p>
<p>DHU provide overarching health services to the Chesterfield Place patients. When providing patient care we are well placed to signpost to services where there is a clear need via a 'Directory of Services' referral system that could be linked to Adastra.</p>
<p>I moved to this area five years ago having worked in the Third Sector for over 30 years as a volunteer and paid worker. I found it very frustrating trying to gain information about volunteering roles that were available. I hope that this crisis will see a swift change in the way we work across the area.</p>
<p>As Joe Wicks reduces his free PE classes to 3 days a week and ultimately finishes this initiative as schools return it would be great for there to be a co-ordinated county wide approach to signposting to an alternative that families can access to do collective workouts at home. There are of course as lockdown eases wide provision in the community at leisure centres and beyond. 30 minutes at home however has been very accessible to many families, it free, there is no travel time and for many has been key family time together. Accessing the work outs on Facebook and tube has been great as it can be done at a time to suit and has been varied, adaptable for all capabilities and Joe has been a great role model to follow, it would be great to harness families desire to continue this exercise at home beyond COVID-19.</p>
<p>Things are working well but Coronavirus has now spread a fear throughout our community. The work that follows will be extremely hard as we try to get past the anxiety after the pandemic. The lockdown will last a lot longer than it is put in place. We need to make sure communities don't shut down all together.</p>
<p>Improved communication between agencies and schools.</p>