



Harnessing Covid-19 Community Support across Shropshire

Shropshire RCC
October 2020



"HELPING HANDS WHITCHURCH"

DON'T GET STUCK - During Covid-19

Self Isolating, Isolated - Young, Elderly or Vulnerable
'Mutual Aid' For each other!



COVID-19

PLEASE DONATE TO YOUR
LOCAL FOODBANK

Shropshire's food banks are playing a vital role in ensuring that vulnerable people around the county can continue to access healthy food

HOW TO DONATE TO YOUR LOCAL FOODBANK

Thank you for everything you have done and the assurance that you are there when needed. Glad you will still be there for folk still shielding.



Funded by: Shropshire Council





Acknowledgements

Shropshire RCC would like to thank everyone who took the time to fill in the survey. Quotes from individual respondents are shared anonymously but their honesty and candour are much appreciated.

This survey and report have been made possible with funding from Shropshire Council.



Reproduction and Use Permission is granted to reproduce all or part of this report for personal and not-for-profit use only. Commercial copying, hiring or lending is prohibited without prior consent from Shropshire RCC. In all cases, acknowledgement of Shropshire RCC must accompany all copies and excerpts made

Executive summary

The COVID-19 pandemic has been a catalyst for an incredible amount of community support and the people of Shropshire have really “stepped up” to help those in their neighbourhood who faced significant disadvantage.

We expected that some of this activity would come to an end because people went back to work or had less time, or because it will no longer be needed. However we also anticipated that some groups would want to continue and develop new activity or grow their reach, but may need some help to do so.

A survey of groups was conducted in July/August to capture the extent of the Covid19 community activity and to understand the development needs of the groups that want to continue offering support to members of their community.

Sixty-seven of an estimated 120 groups responded and this report sets out their detailed responses and feedback on whether they intend to continue, what challenges they faced and what help they might need going forward.

- At least 64% of the groups had a main focus around immediate, practical help to those in their community who were shielding, vulnerable or disadvantaged
- 91% of the respondents plan to continue to operate after the immediate pandemic crisis has passed although of those, 27% have said that they won't do everything that they have been doing
- 51% feel that they need some help to continue operating:
 - 80% would like help with funding
 - 40% would like help with publicising their group, doing social media etc
 - 36% need help with DBS checks for volunteers
 - 30% would like training including safeguarding, budgeting, raising funds
 - 21% need help with co-ordination of volunteers
- 45% would like the support of a named person who could support them in thinking through organisational development and discuss day to day issues
- 75% would like to be part of a peer support group

Based on these early findings Shropshire RCC has secured some Lottery funding to provide extra support to those groups that need it for the next few months.

It is imperative that whilst harnessing the huge amount of willingness, enthusiasm and community spirit which delivered these vital activities across our county, that a balance is found to allow the various aspects of these groups to be sustainable in the long term, whilst remaining agile enough to respond in a crisis.

Introduction

This report is the result of a survey conducted in July and August by Shropshire Rural Communities Charity in collaboration with Shropshire Council, to capture the extent of Community activity as a result of the Covid19 pandemic. The objective of this research was to capture the nature and extent of this activity and to understand the development needs of the groups if this activity was to be sustained for longer than the initial stages of the pandemic and national lockdown.

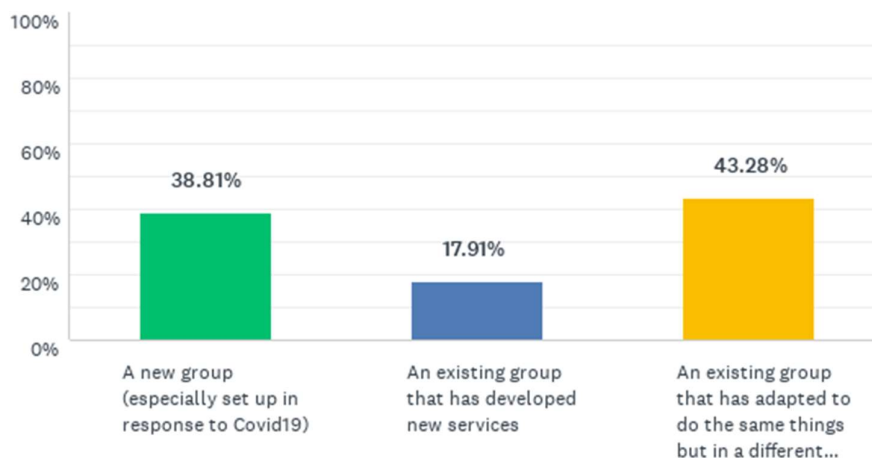
Methodology

The survey was conducted via an online platform (Survey Monkey) only. It was publicised widely in the VCSA newsletter but also sent to all Parish and Town Councils and directly to named persons linked with a wide range of groups offering support in their communities from a list that had been collated during the early weeks of lockdown a. It is estimated there were 120 groups operating for this purpose throughout Shropshire during lockdown.

Not all questions were compulsory to ensure respondents could skip those they deemed less relevant for their group.

Sixty-seven responses were received.

Geographical Location and origin



Respondents were asked what best described their group in the way that they had come about or adapted. All respondents answered this question. Respondents came from a mix of existing and new groups.

There was a good spread of geographical locations across those who responded. The groups who said they were new and set up for the specific purpose of Covid19 response totalled 26 and operated in the following areas:

Baschurch	Cleobury Mortimer	Radbrook incl R Green and Bowbrook
Bayston Hill	Clive/Grinshill/Sansaw	Shifnal
Bishops Castle	Highley	Stoke St Milborough
Bridgnorth	Llanymynech	Stoke upon Tern
Broseley	Loppington, Burlton Wolverly and Newtown	Whitchurch
Buildwas	Oswestry	WooreParish, Pipe Gate and Ireland's Cross
Cardington	Pontesbury & Reabrook	Worthen, Chirbury & Westbury (Parishes)

Those respondents who said they were an existing organisation which had adapted and were now doing things differently, totalled 29 and operated in these areas:

Bishops Castle	Market Drayton
Bridgnorth	Oswestry and borders
Caxton	Petton & Cockshutt
Cleobury Mortimer	Shrewsbury
	Wem
Llanymynech	Whitchurch
Ludlow	Whittington, West Felton and Haughton

It was noted that this group comprised a number of foodbanks, church groups and also countywide organisations such as Autonomy Shropshire, and local branches of the Alzheimer's Society, Age UK and Samaritans.

A further 12 responses came from existing groups who had developed new services as a response to the pandemic. Among these were a number of Good Neighbours groups. These 'adapted' groups were said to operate in the following locations:

Ashford Carbonell	Fauls, Tilstock & Whitchurch
Belle Vue and Coleham	Gobowen
Bicton	Llanymynech
Bucknell	Ludlow
Clun Valley	Melville
Edgton	

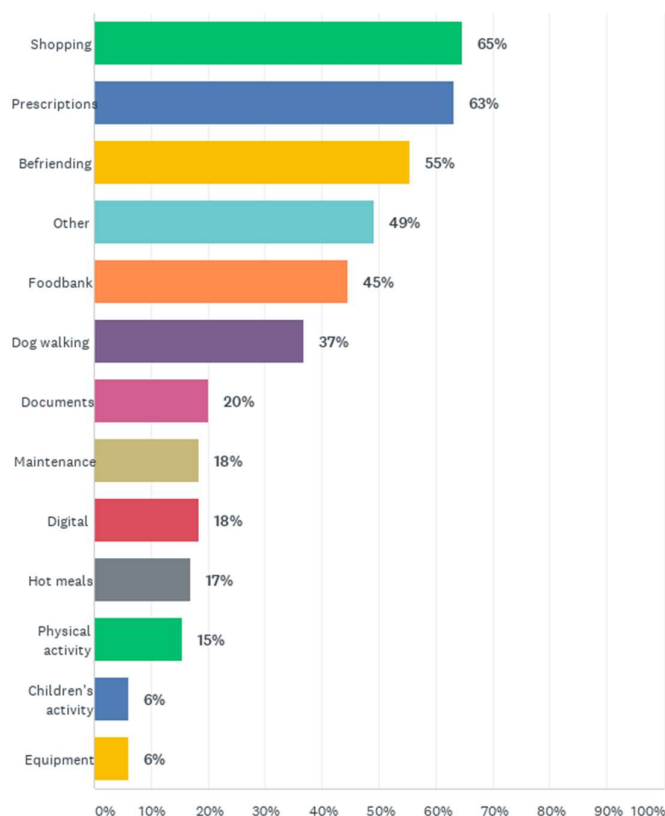
Priorities, services offered and gaps

Respondents were asked for their comments to describe their group's priorities as a result of the pandemic and during lock down.

At least 49 (64%) of the groups had a main focus around immediate, practical help to those in their community who were shielding, vulnerable or disadvantaged including collection of groceries, essentials, prescriptions and befriending. At least 10 of the responding groups offered services as a foodbank or around the supply of food and essentials. A small number of the groups also mentioned information sharing or keeping in touch with their members and partnership working and signposting.

The full list of comments can be found in appendix A.

The chart below shows the range of services being offered by the various groups.



The 'Other' category in the chart is made up of 32 comments respondents left. However, many related to the main categories above which they had already ticked also. A couple of comments stood out:

'Supporting the Village Store with delivery and crowd control'

'Referring and signposting to support agencies, liaising with support agencies such as domestic abuse teams and addiction teams and council.'

'Lifts for hospital visits and shopping'

'Prayer'

'We appealed for help to produce PPE. Early on when there was a shortage 2 local makers produced visors. These have been provided free to some volunteers and key workers and a few sold to members of the public @ £3.00 a piece. Other volunteers make cotton masks and these are mainly supplied to shopping and food bank volunteers''

'Volunteers have driven people to hospital appointments - the Dial-a-Ride bus has been used for this as it allows for social distancing'

The table below shows the number of groups offering the various activities and services as shown in the chart:

Shopping	65%	42
Foodbank / distribution of food and essential items	45%	29
Providing cooked food/ hot meals	17%	11
Collecting prescriptions/medicines	63%	41
Dog walking	37%	24
Activities for children	6%	4
Encouraging shielded people to remain physically active	15%	10
Assistance with form filling/reading documents	20%	13
Small property maintenance/ garden related jobs	18%	12
Telephone befriending	55%	36
Help with digital skills	18%	12
Equipment, vehicles and premises	6%	4

When asked 'What else is/was needed in your area that the group is/was not able to respond to' most respondents stated that their groups had been able to meet all requests made to them (either themselves or by referral). However, some shortcomings were flagged up and these included IT skills for streaming and promotion so members of the community know what help and support is available.

Three respondents mentioned financial support to run the groups and one said *'Perhaps more support for individuals with poor mental health - we have needed to recognise our boundaries when addressing individuals with these needs.'*

Four respondents mentioned transport related issues relating to for instance hospital visits and one highlighted the rurality of our county with the comment: *'Our community it spread over 40 square miles , unfortunately there are a lot of people who still don't get the help they need'*

A number of groups also mentioned money advice information and guidance for residents (incl fuel poverty payments and benefits). One mentioned laundry services and one group would have liked to have been able to provide hot meals in their area but could not.

Benefits of the schemes and start up support

When looking at the benefits/impact of the schemes as they emerged and adapted, we have to consider what would have happened if these groups had not 'stepped up'.

All of the 67 respondents gave their thoughts on this, the full list of comments is shown in Appendix B. Many of the comments highlighted simply that a provision would not have been available and people and local 'official' services would have been in real difficulty, with some residents 'slipping through the net' and services overwhelmed.

Many groups recognised that their 'organised' effort together with sign posting and being a trusted party were main benefits. Tackling loneliness and isolation, especially in relation to the rural settings these groups operated in, was another benefit frequently mentioned. Besides the mental health aspects like anxiety and worry, people living alone without nearby friends or family would have been forced to venture out, putting themselves at physical risk too.

Sometimes there are barriers to asking for help. Asking your neighbour can be more difficult for some people than asking a stranger, or a 'service'. However, equally, several respondents mentioned that the community effort brought people together, strengthening community spirit and building resilience. It appears that these groups and the way volunteers organised themselves meant they worked for different people in different ways. Possibly a benefit of adapting and shaping as time went on, creating a service to fit the community it served.

One very practical impact was described as [without this voluntary effort there would have been] *'A lot of lonely, hungry people'*

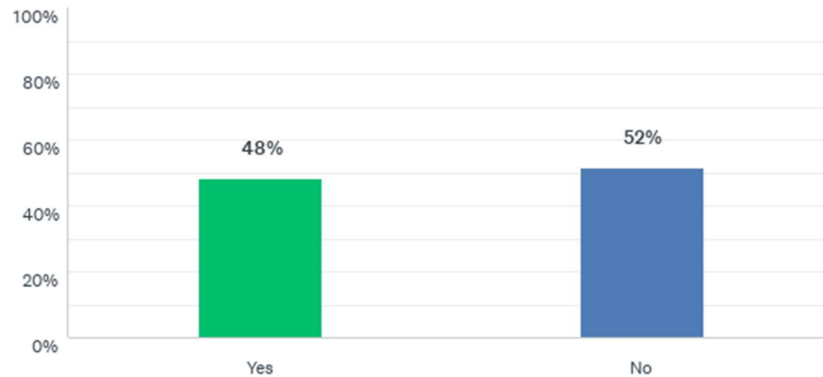
And the comment below sums up the additional benefits beyond the practical help volunteers were offering:

'Without our organisation many people in our community would have had real practical problems, BUT also levels of anxiety generally would have been much higher. Many volunteers said they felt better themselves for being part of an effort to help others. And certainly those seeking help were often anxious at the first point of contact and then quickly seemed relieved and reassured.'

One of the groups who responded supported mainly Eastern European residents. For them one of the main benefits is illustrated by their comment:

'Because of the language barrier and knowledge of Polish culture, understanding their mentality, it is easier for us to support this group.'

As mentioned previously, schemes adapted and morphed as time went on, even those set up in response to the Covid pandemic. Just under half (31 vs 33) of the groups had some support with their start up or changes.



Support took various forms including funding (used for leaflets or publicity or indeed practical goods (food and essentials) to distribute) or guidance and advice. The groups who had funding towards operational costs said it mainly came from their Town or Parish or Shropshire Council. Some Lottery and Awards for All money was also used, as were donations from individuals and local businesses. Some of the more established groups mentioned support and guidance from their parent or umbrella bodies.

The grass roots volunteer groups set up as a response to the pandemic cited guidance and support from their Parish or Town Councils, doctor's surgery or church. Shropshire RCC provided support to a number of Town and Parish clerks such as organisational templates and best practice guidance and material on volunteer management, which was then fed down to the local coordinators of the schemes. One of the schemes was directly supported with a staffing resource from Shropshire RCC.

Several schemes were sustained and successful through partnership working and collaboration:

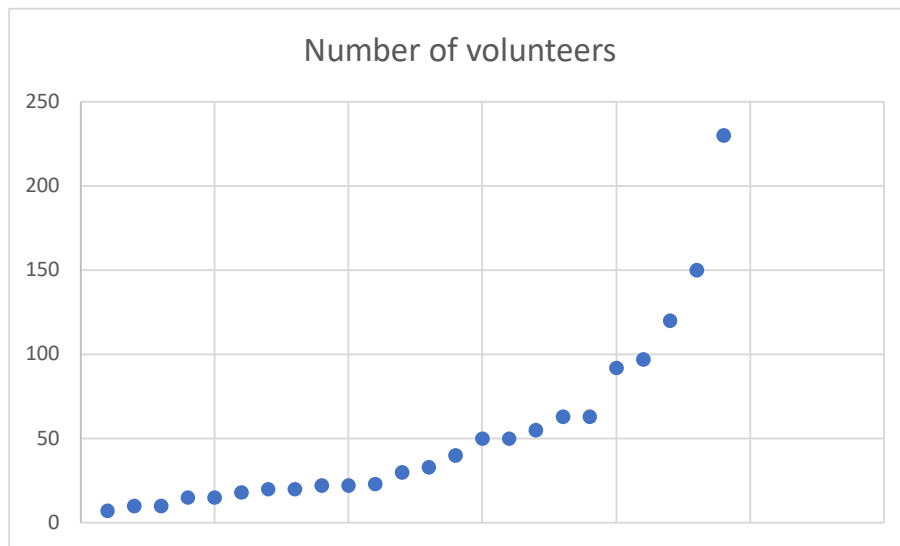
'Shropshire RCC provided the staff support to get started and develop. Tesco supplied us with PPE and funds for any outgoing costs. The Rotary donated £ towards the art competition prize. Whitchurch Town Council awarded us £ towards supplies, mobile phones, sanitizer, material for scrubs and they also purchased the art supplies. A local business man donated the travel cost to London for the winners of the art competition. Audlem Printers printed the flyers. Whitchurch Food Bank delivered the Art packs to vulnerable children. A local B&B owner provided admin support and set up a payment system. Kandy Toys made a donation to the art boxes. I'm sure there are others that I have missed.

Volunteers

The real heroes of these schemes are the volunteers who stood in line to collect prescriptions and medicines, did grocery shopping and provided a listening ear or a friendly face across the garden gate.

Adding all of the volunteers the 67 responding groups reportedly had 'on their books' at the height of lockdown comes to 3527. However, this is skewed by the contribution of 1025 volunteers registered by a Girl Guiding group who responded to the survey and also larger volumes at some of the county/ national organisations who took part.

Looking solely at those groups which started as a response to the pandemic the figures at the height of lockdown was 1255 (over 24 groups). The smallest number was just 7 (a Meals on Wheels project) and the largest 230 (a Covid-19 Mutual Aid group).



Whilst there were a few larger schemes among these respondents, most schemes had less than 55 volunteers (19 of the schemes shown) and many operated at the lower end of that scale.

The survey tried to ascertain how many hours of voluntary activity each group completed each week but like the number of volunteers each scheme had, there were huge differences in replies and on the whole, respondents found this hard to answer.

One respondent replied:

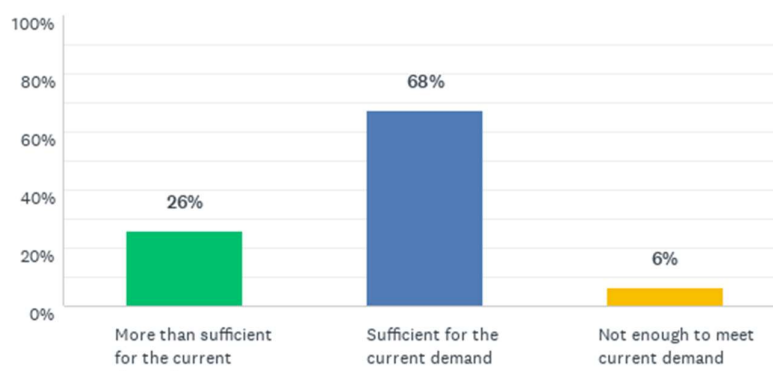
'Through lockdown and shielding support we would provide whatever was necessary on a daily basis using the volunteers we had. A volunteer coordinator would cover each 8 hour day. Other volunteers would then be used additionally to a max of

maybe 14 volunteer man hours per day. It is hard to say with the numbers of phone support calls also going on in the background to suit each volunteer and 'client'.
Another added:

'Difficult to capture as hours had not been recorded, that wasn't a priority for us.'

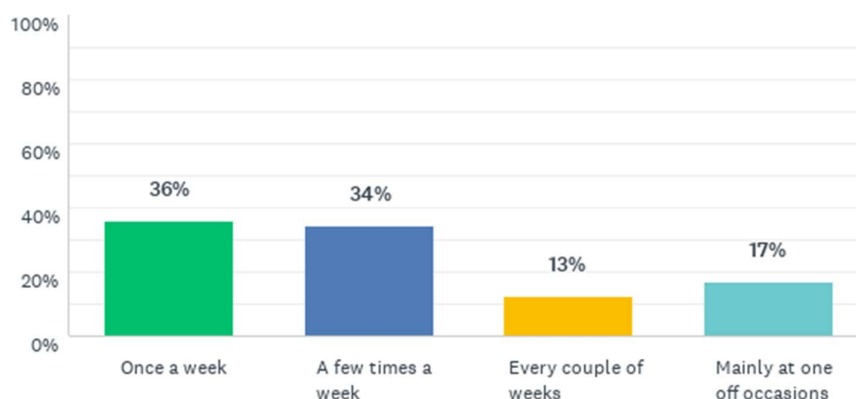
Those groups in the 'new group' category who did report figures said their volunteers spent between 10 and 50 hours a week with two groups reporting considerably more with 100 hours (a rural scheme with 30 volunteers) and 150 respectively (a scheme in one of our Market Towns).

The vast majority of groups reported that the number of volunteers/volunteer hours they had available was sufficient to meet their group's demand.



The survey attempted to ascertain the total number of people supported by each group but respondents found this very difficult to quantify too. Some groups simply did not record this kind of information. Others have given details of the number of individuals supported or counted families instead of individuals (often food banks quantify their assistance in that way). Some gave figures per week and some over a given time period. All of the responses are shown in Appendix C. The only thing that can collectively be concluded from this survey question is that a huge number of families and individuals benefitted from the support and assistance provided by these groups.

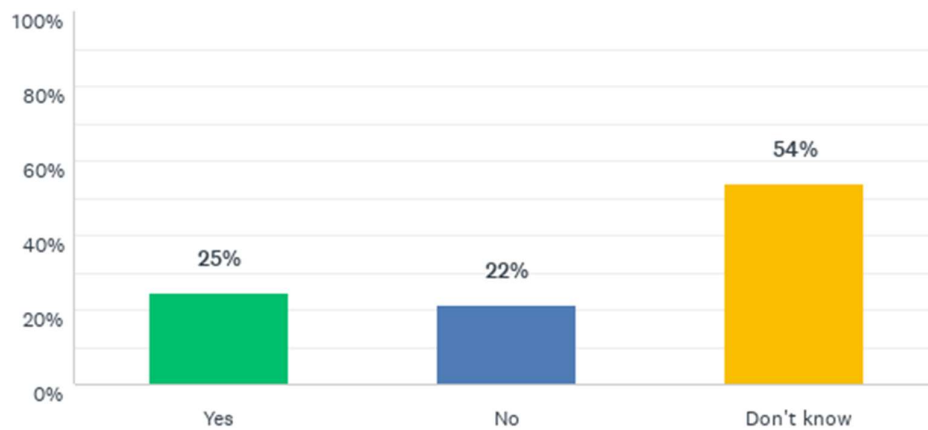
The frequency of support varied and is shown in the graph below.



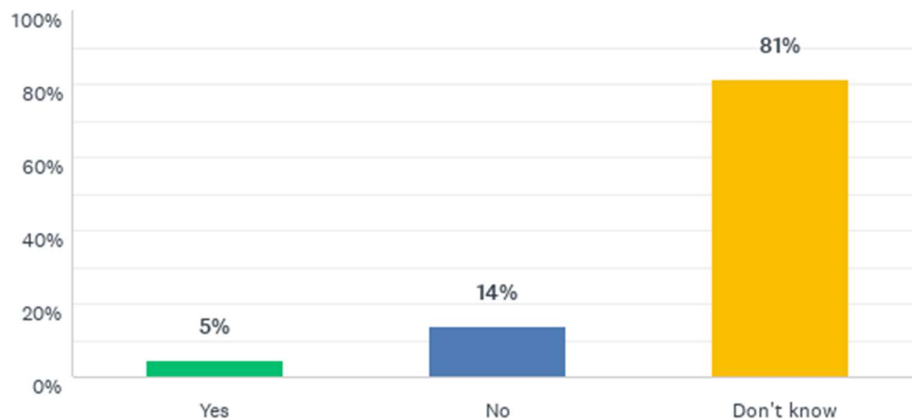
BAME residents

The survey explored two aspects of supporting people from Black, Asian or Minority Ethnic (BAME) communities, as research shows that these residents are at greater risk if they contract Covid-19.

When asked if respondents thought that there is enough information about this increased risk available and easily accessible, 54% were not sure. Respondents from 14 groups thought there was not, whereas 16 groups thought there was. Two respondents skipped this question.



When asked if respondents thought that people from BAME communities feel confident about asking for advice and support, 81% ticked 'Don't know'. Nine respondents said 'No' and three said 'Yes'. Three respondents skipped this question.

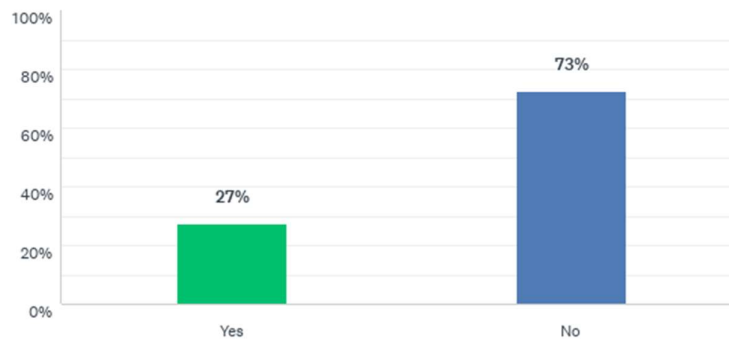


Respondents were asked to elaborate if they thought the answer was 'No' and twenty comments were left, these are shown below:

From my experience they are very reluctant to ask outside their own community for help/support. We need to try and build more connections and trust, however, I am not sure how.
I do not feel this is an appropriate question
I think there needs to increased intentional outreach to those who are at more risk of low mental health. Often we avoid exactly what we need
language barriers, cultural issues, different mentality
language can be a barrier and we live in quite a mono culture here with preconceived ideas of ethnicity and culture. As someone who came from London and who has a multi ethnic extended family, I see this misunderstanding frequently.
Mistrust
No experience of this issue
Not relevant to rural villages like ours
The geographical area in which we operate has a very low percentage of BAME persons and therefore any experience we have had would not be a fair and meaningful contribution.
They are not as fairly represented in groups and so do not feel as comfortable in asking for help.
this is something that we have not come upon directly.
Unfortunately many of these groups haven't integrated into our society, even though they may have been here many years, or even been born here. Females in particular may not have a good command of English.
unfortunately this area is home to very few people of BAME communities, so I do not feel I have the experience to comment.
Unsure
We are unaware of any BME in the area covered by our group. (Very rural).
We cover a rural area with very little BAME residents
We have a low level of BAME representation in Ludlow, so no relevant experience.
We have a very small BAME representation in our area so have insufficient information on which to base a response to Q16 or Q17. However, all the evidence from elsewhere seems to suggest BAME individuals may have difficulty requesting support in areas where their numbers are low.
We have very few BAME residents locally and none we are delivering meals to. However, I have noted that information about Covid19 risks is not available from the government in many community languages
We have very few people who are not white British or white European in Bayston Hill so this hasn't been a factor for us.
We need to reach-out to BAME communities, faith groups, sporting organisations and cultural groups etc more effectively to both involve them more in the Vol and Community Sector and make them aware of whats available to them as fellow Shropshire citizens

Challenges of running the group

Twenty-seven percent of respondents noted that they had experienced some issues in running of the group (17 groups). Five respondents skipped this question.



These issues took the form of a wide variety of aspects and included lack of access to data about vulnerable residents, credit card processing and lack of DBS checks which may have made dealing with financial issues better/possible, volunteer insurance, the growing number of residents in need of assistance, lack of financial support or general finance available to run the group, lack of leaders (to deliver activities), reducing volunteer numbers, working within social distancing guidelines both to get things done as a group and in working with recipients of the support especially if they have additional issues such as sight and hearing loss. Some of these additional requirements made digital communications a challenge for some. Safeguarding procedures particularly around disclosure of sensitive and potential harmful information during resident/volunteer interaction (e.g whilst being a telephone buddy) were also mentioned. Other procedural issues such as how to organise and run a central phone number and responding/adapting to changing national government guidance as things progressed, were also an issue for some.

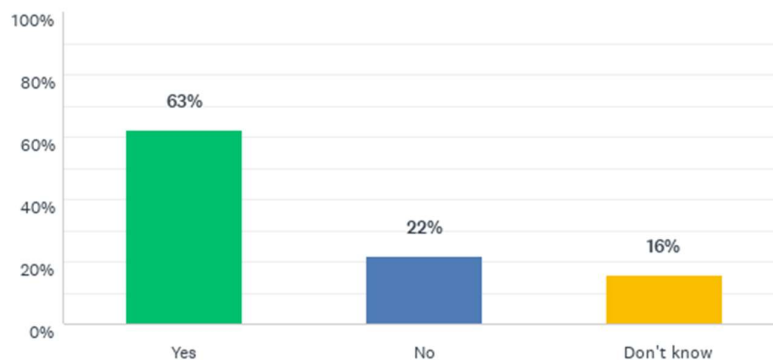
Two comments are shown in full below. The first one from a rural Covid Coordinating Group, set up as a new group in response to the pandemic.

'Inability to meet face-to-face, so all communications have needed to be by email, Whatsapp or Zoom - this has occasionally caused misunderstandings and friction in the group. Inability to put in place appropriate level checks on volunteers due to the emergency nature of the crisis. Initial expectations that the Town Council would take on the role we finally adopted were not met because of the Council's inability to respond without meetings being in place. Mission drift - i.e. the group initially formed to coordinate existing organisations but it very quickly emerged that much more was required - the volunteer list and helpline grew from this, then it emerged that some shops were having trouble with deliveries so this became a new focus, at one point someone who'd been supporting a number of older residents became ill, and we had to put attention in to deploying volunteers to help. Responsiveness to a changing situation became key.'

The second one from a Foodbank, an existing group that has adapted to do the same things but in a different way.

'With 70% of our normal Volunteer workforce being over 70yrs old, plus others with underlying health conditions, it reduced our usual number of available volunteers down from 40 to 8. However, the commitment of those 8 together with the addition of other temporary volunteers has meant it was possible to continue supporting those in crisis. Albeit with a change to operations to ensure social distancing is maintained. Had it not been for the support of St. Alkmund's Church PCC in providing us with the sole use of Bargates Hall (from where we normally operate two days per week) it would have been impossible to have provided the support we have given. The willingness of all to go the extra mile has been exceptional. As has the level of financial giving we have and continue to receive, enabling us to purchase replenishment food stocks and meet the additional cost of hiring the premises. As Bargates Hall lost all other sources of its usual 'hire income' our support has been paramount in ensuring the continued availability of the premises and the staff to maintain it.'

Sixty-three of respondents (40 out of the 64 that answered this question) feel that their group is able to safely support someone with Covid19.



Respondents were asked to elaborate if they thought the answer was 'No' and twenty comments were left, these are shown below:

Although for the service we provide this is not really applicable. Those really unwell would be in hospital and those able to be at home would have to keep their distance from any visitors. Our operation when delivering is for the food bags to be placed on the doorstep, ring the bell and retreat 3m awaiting a response. This same method would continue until we were advised by Central Government that the risk of COVID transfer had ended - which may be many months away or until a vaccine is available to all.

Everyone will have to be tested and not prepared to do this myself.

Expert in mental health

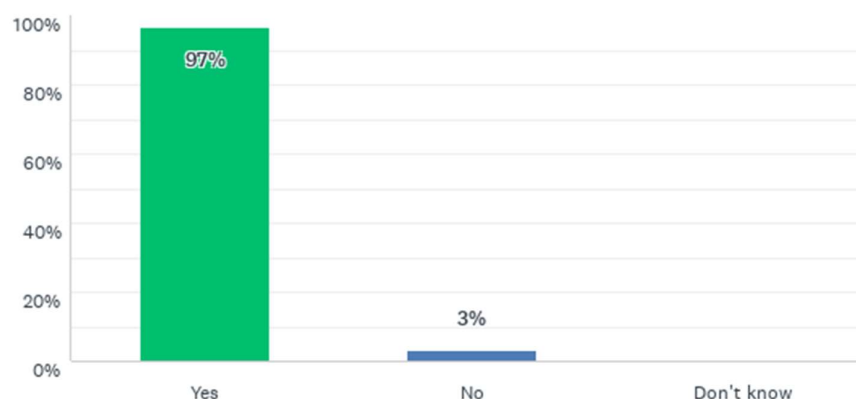
I am not able to support anyone face to face at the moment.

Many of us are over 70 and so must isolate from suspect contacts

No training provided/available to ensure safe working practice

Not come into contact with anyone who has Covid 19 - we have only helped with it effects on the community.
Not part of our role. We do not know of any member who has had it
Not sure what you mean! We're not clinically trained for medical issues but we can of course do chores etc and telephone/Zoom befriending
Not within our scope of activity, other than personal interactions - friends relatives etc.
Only confident up to a point. For example, we would still have difficulty ensuring the safety of volunteers because of the informal nature of the relationships we establish.
some communities are too proud to ask for help or feel ashamed to do that
To the best of my knowledge we have not been asked to do this. I think some volunteers would exclude themselves to protect others in their household. Others may well be willing to provide such support but might want some specialist instruction first.
Virtually all of the volunteer car drivers are themselves over 70 and vulnerable
We are not trained or have FFP3 masks or gowns. Delivering to people was a risk but no-one else there to do it. Transmission is not yet fully understood and surgical masks are minimal protection and not full protection, gloves are only as good as a one off touch, then potentially contaminated.
We are trying not to place volunteers at risk.
We can support people with Covid as we have done by the services described , but would not expect members to put themselves at risk by providing any personal support
we have delivered to people ill with Covid and we have risk assessments in place and actions to take on site if a volunteer becomes ill. Thus far, we have all remained healthy and well.
We have no experience

When asked if they felt confident to know where to find up-to-date guidance about the impact of Covid-19, e.g. on health, supporting people who have Covid-19 and changes to lockdown restrictions, respondents answered overwhelmingly positive. Just two groups ticked 'No'.

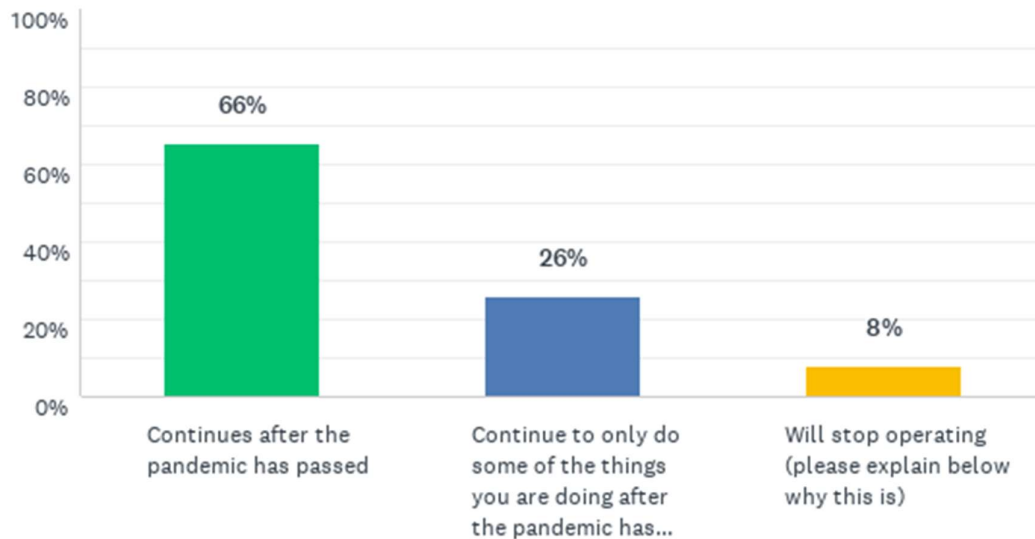


One of these respondents answered 'No' to the previous question (about supporting a person with Covid19) too and the other was unsure. The first respondent left contact details so this can be followed up but the other did not and indicated not to want to be part of a support network (see below). The question was skipped by two respondents.

The future of these groups

When considering if respondents (or others involved with the group) had the intention to continue with the group after the pandemic has passed we need to remember that 41 of the participating groups already existed before Covid19 and had adapted or added new services.

Overall this question was answered as per the graph below.



The 8% in the graph represents 5 groups, all of which were set up in response to the pandemic and were serving the Oswestry, Highley, Loppington (and Burlton, Wolverly and Newtown), Baschurch and Pontesbury areas.

It appears general neighbourliness will replace some of these more formal groups:

'Formally, at least, although there will be the semblance of an informal network because we're already becoming aware that the demand for our services has fallen off only because the informal neighbourly relationships have blossomed. It could also, of course, be because people are less afraid to go out for the essentials - at least to the local shops.'

'We are a very neighbourly area and any needs have always been met by informal contact. This will have increased as during the pandemic more people are relating even more with each other. Parish news will be covered by the re-publication of The Village News, currently suspended.'

One of these five groups indicated that they will *'continue to support whilst needed, but does not intend forming a permanent group.'*

And one of these five groups has already changed into a formal Good Neighbours/ befriending scheme (with support from Shropshire RCC) but their food share will cease at Christmas.

For the 16 groups who will continue to operate but will reduce services the table below shows an insight into their reasoning and priorities going forward in the context of the type of group they are (existing or new group). One respondent did not provide this information.

Are you:	Why will you only go forward with some of the services/activities?	What will the purpose of the group be going forward?
Existing group adapted	The hope is that when COVID restrictions and safety of our volunteers and clients can be assured, we shall return to the normal method of operation where Foodbank Clients visit Bargates Hall bringing their food voucher with them. They would normally sit with our 'meet and greet' team and have the opportunity of discussing their circumstances and for us to signpost them to specialist help relevant to their situation. During COVID the Bargates premises has not been open to Client's with all referral agencies advising us electronically of those requiring assistance.	Our purpose will remain as it was before and throughout COVID to provide emergency food to those in crisis. Sadly with the impending end of the furlough scheme we anticipate the number of people out of work and in debt will rise considerably. We are therefore steeling ourselves for a considerable rise in demand for our help.
Existing group adapted	Looking at how we digitalise some services, enabling customers to self serve and offer new services to facilitate this eg all new developments are public wifi enabled. Also looking at how our existing support team can expand services according to new demand as a result of the pandemic	
Existing group adapted	It is likely that we will have to continue to do more online	To develop girls and young women to be good citizens
Existing group adapted	Our rotary club has finished most of the emergency lockdown assistance. However we support and fundraise for local community projects on an annual basis.	
Existing group, new services	1 reduction in support via email from daily to weekly 2 shopping discontinued	will respond again should there be a second wave

Existing group, new services	Although the mobile shop stopped at the end of June, we have a plan to put it back into service if a further lockdown is implemented. we still deliver the hot meals to the elderly as we cannot yet open the Melville lunch club and recognise this provides an important service	As above A lot of work continues to be done by Red House trustees
Existing group, new services	we are stopping delivering newspapers and reducing the hours of our phone line	
Existing group, new services	The group is ongoing on Facebook and will help if people ask for help and the parish council also helped a lot with this and will continue to help the community as always.	Just community awareness and help when needed
Existing group, new services	Needs will differ - less shopping needed already Will modify electronic communications	
New group	We may offer a limited service post-pandemic (whenever that time may be!)	Make a positive change, collectively, to the village. Tackling projects that aren't of high importance to the council through fundraising etc.
New group	Our continuation will depend on local demand and the willingness of local residents to continue paying for food if we don't receive enough funding to offer meals for free. It will also depend on the village hall either continuing to allow the use of the hall for free or whether the current paid for model can sustain paying the hall hire fees.	To continue delivering hot meals to vulnerable and elderly residents if the demand is there.
New group	This has yet to be decided	Neighbours helping neighbours and supporting each other as a community is important and we hope to continue to facilitate that in some way.
New group	Need for shopping and help in the shop will cease. The amount of other services will decrease and therefore a number of volunteers we drop off.	Continue to be available to any anyone who needs assistance and maintain telephone befriending.

New group	It is our intention to continue with the befriending and personal support, plus maintaining a helpline, at least. However, we are an unconstituted and ad-hoc group which only came together to respond to the crisis, consequently the ongoing work will probably be taken up by an existing agency (which is a member of our group) - or a new, properly constituted group - and a new 'Good Neighbours' group which had been mooted before we started. Decisions have not yet been made.	
New group	Those who need assistance with shopping will continue to be helped, as per their own requirements. Much of this relates to advanced age rather than COVID vulnerability, so it will continue indefinitely.	To help everyone keep in touch in regard to mutual need.

Of those who said they would continue to operate after the pandemic has passed, those that were new groups set up as a result of the pandemic are of particular interest. Their thoughts and priorities going forward are shown below.

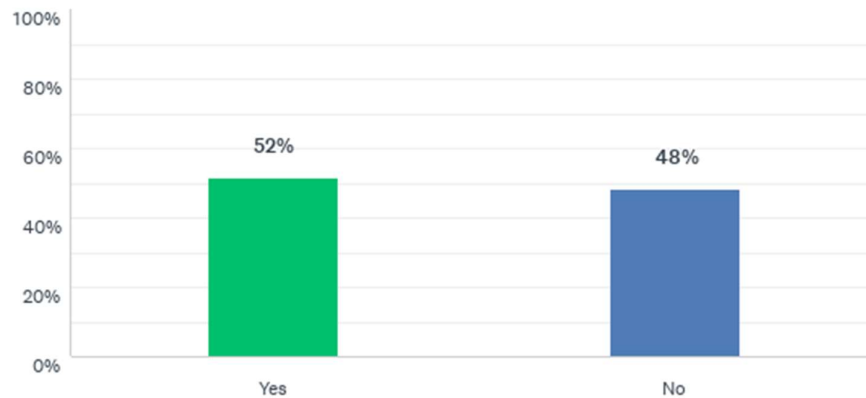
What are your intentions in carrying on?	What will the purpose of the group be going forward?
We will morph into a good neighbour scheme afterwards.	A good neighbour scheme. Shopping, prescriptions, telephone support- mostly what we're doing now.
We are winding down but still have weekly shopping deliveries. Unsure when we can stop.	Community.
The anticipated recession and increase in unemployment will mean many people will probably be in need of the foodbank	Providing food and other supplies to people in need
We are now finding that apart from prescription collections all other requests have ceased	To offer a community based helpline.

On 26/7/20 I emailed all volunteers to check they were still happy for me to keep their contact details. I had 2 replies strongly in favour of keeping in touch with each other and none asking that I delete them. I meet volunteers quite often and believe there will be a majority in favour of retaining our structure, even if functions change. This is an assumption on my part, I haven't specifically consulted on it.	1. I have discussed the possibility of a 'shopping club' with people who have used the collated shopping order service. At least 6 are interested in sharing lifts (when safe to do so) to Churchstoke Co-op to keep the benefit of reduced car use. In addition other activities we might expand into are 2. Building community support initiatives - there is interest in setting up a community hub/cafe 3. Local food sustainability and resilience - this could interest quite a number of our volunteers
To early to say but we envisage that the economic fall out will change of emphasis etc. We are embedded within the community we support so in many forms the support was there before and will be there afterwards - I would say its too early to say what that might look like - but we remain responsive and try to be proactive.	Support the community
We are looking to pass the running of the group over to a local community hub called the Beechtree	To continue supporting local peoples needs with befriending, shopping, medication collection, hopefully, create more socialisation with some of the people that have used us.
We are looking to re-establish ourselves as a new charity which would replace the Shifnal Help and Live at Home but maintain all services, and include any that may arise moving forward. we would be ready to step in for any crisis.	We plan to establish a volunteer database and on receipt of a call to our number we can signpost to the correct volunteer for support, whether it be shopping done and delivered or help with a new CV. we will have a manager on a salary to oversee H&S and policies and procedures and general running of the service. Any problems we are unable to solve we can sign post .

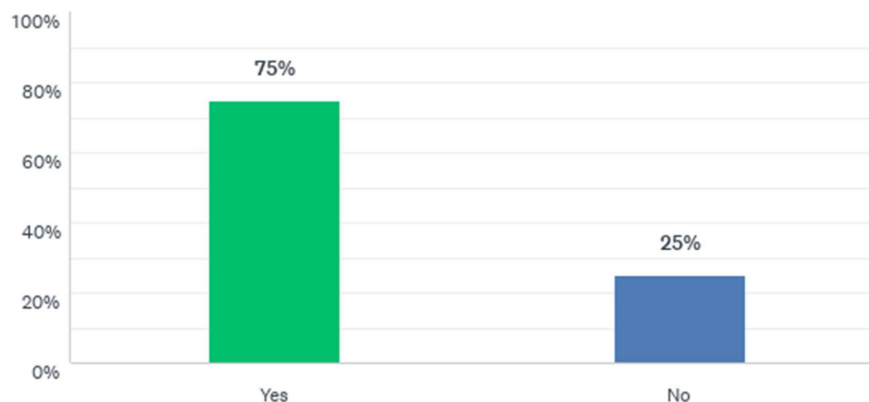
These are the groups which future support could be focussed on and in fact ten of these new groups that are continuing have said they would definitely like help going forward.

Future support and guidance

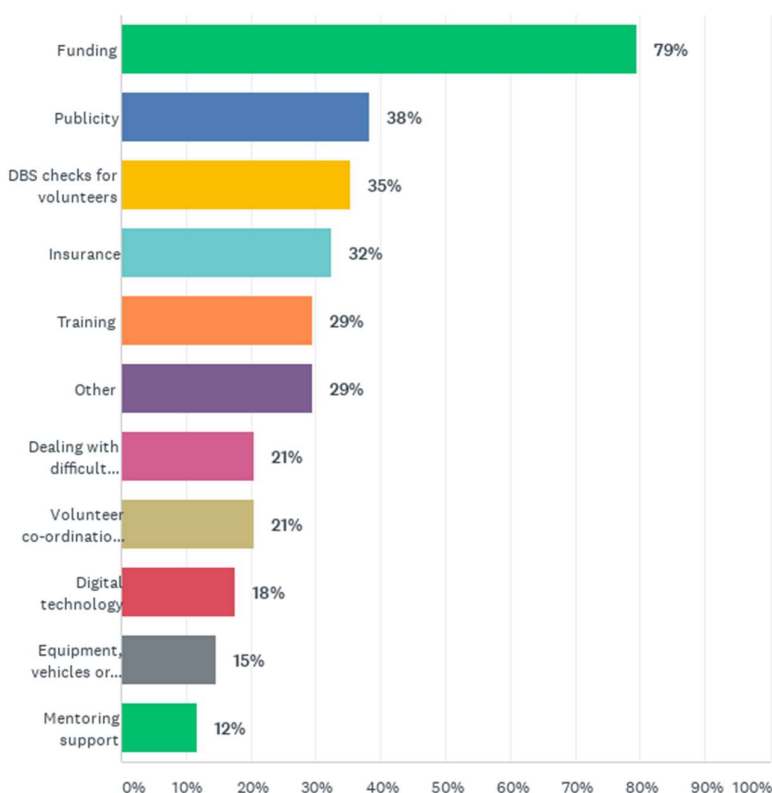
Irrespective of whether these groups are new, have adapted or added services, 52% said they would like support (32 groups out of the 62 that answered this question) going forward.



Seventy-five percent would like to be part of a network of groups. Such a network could support a more formal programme of training and mentoring in offering additional peer support and good practice sharing.



The chart below shows the aspects the respondents would like help with, funding being the most popular choice (nearly 80% of groups). Many of these aspects lend themselves to assistance via training such as sessions on how to make successful funding bids, publicity hacks, dealing with difficult 'clients', volunteer recruitment and management. Others may need more practical guidance such as DBS checks and info on insurance and premises/ equipment.



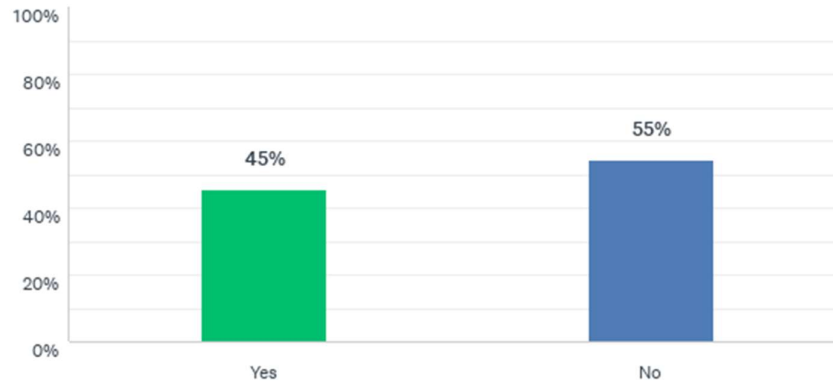
The 'Other' category was ticked by 10 respondents but in fact 22 comments were left and these are shown below:

Please give further details about any of the support your group might require.
A long term strategy should Covid-19 turn out to be something we have to live with.
As alluded to earlier, I believe the group could evolve into a long-term community resource, but it might merge with others, or become affiliated to another existing group (e.g BC Community Land Trust) in so doing. A wider consultation about the group's future is necessary. For all these reasons I have not indicated ANY support we might require, because the group needs to consider its aims and any alliances it could form first.
At present we are under the umbrella of St Andrew's Church, but we are planning to become freestanding and will need many of these aspects at that time.
Funding is important to replace income lost through using premises for the storage and distribution of food. There are also the 'incidental' costs to cover, like a float for the shopping errands.
I am currently furloughed from live at home and awaiting redundancy. I am experienced in all the above but under the guidance of Live at Home up to now. We have a good volunteer support group of whom most have valuable skills to support us, and although I have ticked all of the above we are sorting most among ourselves. I would like to be able to go over things we have done and have the reassurance I am doing things correctly. Our first obstacle is funding in order to get charity status and a salary for myself. we have been fundraising all along and have had donations. I have done a rough budget and business plan based on very vague definates.
If the group continues as a new, constituted group, it will need support in all areas, as would any new group. However, the future direction is unclear at present.

Local council setting up
Mostly funding. We have applied for a £10000 covid19 community fund grant from The National Lottery but due to the large volume of applications they've received, they are now estimating applications will take 6-8 weeks to process. As we applied in early June this means we are now expecting to hear the result of our application, but we could have done with the funding far sooner. However, we are still expecting demand to be there over the next few months as more residents may be made redundant as firms have to start paying furloughed staff and may not be able to afford to do so. We are looking to run our project up to the end of November initially and then review to see if we can continue on a self-sustaining basis.
Need to know local infection rates so as to judge safe opening.
Never had help before
Our Foodbank is part of the Trussell Trust network of foodbanks and therefore gets tremendous support in virtually all the boxes above. We are therefore confident that as long as continue to receive the support of our food donors, financial donors, our professional referral agencies and of course our volunteers (all of who give their time and energy free) then yes we will be there to help those in crisis. RE Q. 22 We already are part of a number of support forums / groups so would continue to contribute once it is possible for such groups to meet again. - some of course have continued in Zoom form.
Promoting the support available and how to access it through other networks would be helpful
Promotion to let people know there are other services outside of the NHS
Residents who have volunteered have spent their own money to support vulnerable people in the village and some have put themselves under financial hardship to do so. Although no one has complained about this it would have helped if incidental expenses could have been reimbursed.
Still working on Hut to bring up to good repair for other community groups to use. Beaver and Scout leaders are a real issue. We get parental help but need adults in uniform.
The Beechtree are already set up to support the community so I presume they are able to apply for an additional funds should they need them
The difficulty we face in our community is the huge area involved. People in town have absolutely no conception how challenging just getting information around can be, let alone getting people involved. The amount of people who move into a rural situation and who do not want to get involved in any way at all, is a real issue.
Volunteers
we are in process of setting up a group
We have expertise and voluntary resources - we intend to have a light touch with regard to structure, Zurich have extended their insurance for the Parish Councils to include volunteers, safe guarding we see a signposting issue, DBS is not a requirement as we do not interface and it is a neighbourly support, many have DBS but it's not a panacea, we have quite a sophisticated robust IT and comms systems.
we have need for more storage space in an industrial unit . we are looking at ways to fund this. we have one unit in Beatrice street which we have been in since 2011. we need another unit as we have outgrown our 40ft shipping container.
We need financial help to meet our rent, help to finance further training and cpd. We need help pay supervision costs for our voluntary professional counsellors. We need help with someone to do funding bids and do administrative work.

These comments are of such a varying and individual nature we recommend that they are used to make contact with the respondent (if they have indicated that they would like to be part of a network and left contact details) and pursued on a case by case basis.

Forty-five percent of respondents said they would like to be able to discuss issues their group faces with an experienced named person and 30 of them left contact details.



And finally....

We asked the groups if they had any words of wisdom to share with others and 46 left a comment, these are shown in Appendix D.

We also gave respondents the opportunity to feed back any other issues or comments not covered in the questions in the survey. Some of these comments are best picked up directly with the respondents who made them (if contact details were left) but the following general comments and tributes form a fitting end to this report.

'We are just waiting and holding on - treading water - till we can all meet up again - but this is looking less likely for a long time. Sadly.'

'The council were extremely responsive with the grant applications & answering any queries. The local councillor Ruth Houghton has been very active in supporting & promoting local business through the pandemic.'

'The help and support from Hannah Thomas (CST) was excellent and help a lot- particularly with regard to co ordination.'

'This has brought our village together massively and some of the volunteers I have worked with need a medal!!!'

'We are incredibly grateful to the 'giving community' and the positive communication between agencies. We have not stopped working at all through lockdown and , despite tiredness, it has been a joy to be part of the solution and to see households being helped and , most importantly, in our work - fed and safe.'

'Well done to Shropshire Council employees for their quick response and good support in a difficult situation. It would be helpful if the cohort of NHS and British Red Cross volunteers could be accessed by the council so those volunteers could help out with local projects such as ours.'

'We need to celebrate and thank everyone within our communities who have pulled together to bring us this far. The authorities mustn't forget this when we move to a safer place. We must also remember this has all been done by communities themselves - not by local authorities or large charities.'

Appendix A

Full list of comments received to the question: *What are/were the priorities in your area as a result of the pandemic and lockdown?*

- many elderly and vulnerable residents who couldn't get access to food / unable to cook for themselves / were lonely and needed regular contact to check on their welfare
1. food deliveries 2 daily information bulletin via email list 3 direct support to 1 family with coronavirus suspected - not in Edgton 4 direct support to 2 families in crisis following loss of incomes
1. Providing local contacts for people needing help - it was thought prescription and shopping collection and delivery would be priorities. 2. Recruiting and co-ordinating volunteers to provide the help 3. Producing protocols for volunteers to reduce possibility of transmitting the virus AND to ensure safeguarding of the public we aimed to help
Anything yo help get our community through Covid
Connect neighbours with neighbours to support each other as a community during the pandemic, with shopping, errands and emotional support.
Continued communication; practical help; emotional and spiritual support
continuing to be a face to face service albeit with restrictions ; delivering emergency food parcels around the wide area we work in(Oswestry is our central area but we go up to Baschurch,,llanymynech, Overton, Wem , & all the border villages surrounding Oswestry our main town), liaising with other support agencies to ensure people were getting the help they needed, referring people for welfare checks, medical assistance and mental health, housing assistance etc
Continuing to provide services
delivery food, essential items, prescriptions, PPE
Emergency shopping, collecting prescriptions,telephone befriending
Ensuring the safety and wellbeing of local vulnerable residents.
Ensuring we stayed open Providing crisis support throughout the pandemic when others had closed
Fetching prescriptions
Food and prescription deliveries
Food delivery as we had to close our shop. It was our only source of income as a small business as our other business is B&B which was also closed.
Get help to those who need it. We didn't know to begin with what people needed help with. There were just a lot of volunteers wanting to help, leaving random comments over Facebook, "I'm going to the shop if anyone needs anything". I realised there are too many people not seeing these messages so I organised how to get help to the people who needed it by setting up a telephone number anyone with access to a phone could call; I created flyer with my work number on it. Everyone who was offering to help did the leaflet drop that contained the 'VOW' number. The number one priority was to tell those who were vulnerable and without internet or access to the internet that they are not on their own and help is at hand.
Giving members up to date info to keep safe and to support them during this period of change.
Helping people who were shielding, helping those in need
Helping vulnerable people obtain food and medicines and anything else they needed. Often elderly people requested help with daily newspapers. Also rocks were painted and hidden in the village for local children to find and encourage to enjoy the outdoors.

Isolation; distancing
Just keep in touch with members
Keeping in touch with post, telephone calls and zoom.
Linking volunteers with demand. Providing reassurance to the community from the start of lock-down. Ensuring food, medication and support for shielding and vulnerable people.
Maintain facilities for U5 group who were providing childcare for key workers children
Maintaining core telephone and email service 24/7 and developing new/improved services in partnership with statutory and community sectors
Making sure people affected by dementia, both those with the condition and those caring for those with dementia, are able to access support, information and advice around managing dementia during the crisis, as well as support accessing support from social care and navigating the systems they need to get the support they deserve. Our welfare calls were prioritising making sure that people had contact either weekly or up to monthly and checking they were getting the supplies, contact, and activity they needed and helping as required.
Making sure the parish are fed, kept safe, kept healthy, not isolated and mentally stimulated.
making sure the shielded and vulnerable residents were helped to get essentials inc. food and medication. Helping to gain access to medical help and advice, telephone support and reassurance. Also supporting Carers, people with learning disability and mental health issues. Providing food vouchers to people who needed them.
Medication and Shopping
Mental Health
organised a rota of 2 members to deliver medication 5 days a week over the lockdown period. Support local foodbank with food donations, financial donations, and practical help after they were broken into. Provide emergency financial help to local hospice to buy a piece of medical equipment urgently needed. Donation to local Free meal provider 'Os Nosh' to enable purchase of food containers for delivery of meals. Shopping for local people who were shielding Helping to make PPE Telephone support to individuals
Our immediate priorities were food shopping for those shielding (and anyone else who didn't feel comfortable going out), food aid to those struggling, signposting, and an incredible amount of prescription collections.
Partnership working with local organisations to ensure the impact of Covid 19 is as minimal to our community as possible
Physical and emotional support for those shielding, housebound, vulnerable etc.
Prescription collection and some shopping
Prescription deliveries, local shop deliveries, extra help in the shop due to increased demand. Telephone befriending.
Protection and assistance of vulnerable and usually elderly people
Providing food and other supplies to people in need
providing food and other supplies to people suffering hardship
Providing food and prescription deliveries to those self-isolating and a listening service to those feeling anxious or alone
Run Virtually
Shopping deliveries from the local Coop, linking the community via a Facebook page, phone calls and dog walking.
Shopping, delivery signposting, Pharmacy collection and delivery, Phone support, dog walking (not required)
Shopping, prescriptions, during the lock-down and for vulnerable people since. Food parcels for those not able to access a food bank. Reassurance and emotional support.
Support to isolated people. Prescription collection. Shopping

Supporting people staying in at home. Providing information.
Supporting practical, social and emotional support to vulnerable and self-isolating individuals and families within our community.
Supporting those who need help with shopping etc
To ensure people had help shopping, collecting prescriptions and food if needed
To ensure that anyone who needed any assistance for daily tasks eg shopping, collecting prescriptions etc could get support. Also to ensure that locals had one point of contact to get support or get signposted for help.
To ensure that elderly and vulnerable who were shielding could get food and other essential supplies, including prescriptions. we also wanted to ensure that hot cooked meals were delivered safely
To help ANYONE who need help, either shopping or providing food through our Food Bank (in reverse)
To identify, support and utilise volunteer residents and to coordinate existing groups to ensure vulnerable and at risk people were able to access food, services, help and support.
To make sure our residents were well and had all they needed
To meet the increased need of those struggling to feed themselves and their families. Also to assist the vulnerable in lockdown with the provision of suitable food parcels.
To offer help to anyone who needed it. This includes shopping, prescription collection, dog walking, gardening and advice
To provide assistance with essential shopping and medical prescriptions
To provide support for the vulnerable in our communities.
to shop, collect prescriptions and to be able to help with food for those in hardship
To stay in touch
To support those in need and vulnerable.
To support those isolating and shielding
To try and keep contact and engagement with the young people in our area
We continued to collect surplus food from supermarkets and distribute it to our community partners.
We could tick all issues in question 2 as they all apply to the group - Food Bank has had the most service - Signpost has a degree of self service, hence level of need unknown - Prescription delivery and Shopping errands through informal relationships.
We had to suspend our activities due to clients and some volunteers being vulnerable.
Welfare of customers with vulnerabilities, those who are shielding and needing support ensuring they have food, medicines and the support they needed

Appendix B

What are/were the main benefits/impact your group achieved working with the community?

- vulnerable and elderly residents are able to have a daily hot meal that they may have otherwise not been able to cook for themselves as their usual carers (be that social workers or family members) were not available to help as they were self isolating or ill themselves - reduction in loneliness as elderly and vulnerable are having regular contact with their volunteer delivery drivers
1 prevented any coronavirus infection in Edgton 2 better community cohesion 3 information service
1. It quickly became apparent that the pharmacy service was being overwhelmed and that multiple local contacts over a wide area were needed. We connected with similar groups in Clun, Edgton, Churchstoke and Montgomery AND promoted the formation of groups (through volunteers who came to us) in Norbury, Lydbury North and White Grit. Contacts in all these locations were provided to the pharmacy allowing arrangements for multiple prescription collection and delivery to be set up. 2. For a while we supplied volunteers to help the pharmacy manage socially distanced access, to free up staff to manage demand 3. We liaised with local shops encouraging them to take customer payment over the phone where possible to minimise cash transactions which have virus transmission potential and safeguarding issues. We agreed systems for order collection. 3. We were a source of reassurance and practical help to individuals who were shielding, or just anxious about going out. 4. Some volunteers worked from home phoning people to reassure them. 5. A FOOD BANK was quickly identified as a means of supporting those in the community likely to be affected by reduced hours/unemployment/low income/reduced access to assistance like (free) school meals 6. Without our organisation many people in our community would have had real practical problems, BUT also levels of anxiety generally would have been much higher. Many volunteers said they felt better themselves for being part of an effort to help others. And certainly those seeking help were often anxious at the first point of contact and then quickly seemed relieved and reassured.
50 existing volunteers were utilised and 100 new volunteers came forward. We were able to self support without need for external support other than food boxes coming in. I am quite confident that most who needed to, knew about the service in good time and were happy to use it to very good effect. Within a few weeks we began working with the local Co-op who had not offered delivery service before and our volunteers made their deliveries on a daily basis then until July 4th.
Being a well known agency we were often the first point of contact for many vulnerable people, both new service users and those already known to us. Not only were we able to help but could put people in contact with their local community support groups that could offer much needed local support.
Bringing together disparate groups and co-ordinating the activities of the church, parish council, local GP surgery, pharmacy, and coordinating an otherwise informal selection of local volunteers via a formal network of telephone based contacts made available on a duty rota for shopping and prescription delivery. Also made available the parish hall for the storage and distribution of food collected from supermarkets and other donors.
Brought the community together helping each other, some people would have slipped through the net if there wasn't help
Collecting prescriptions and shopping were the main activities. Not clear how anyone would have managed without our service. Some people would have had to go out despite the advice I guess.
communities came together donating food, following on we are setting up a befriending group
Continued childcare provision to continue
continuing to see people who had had most of their support agencies working via telephone support only - we could keep them in touch with their support worker as many were confused as to how to get help. we referred people who became more vulnerable or distressed during lockdown to medical or mental health or social welfare support. we ensured those who became ill received a free parcel when they were too poorly to organise food for themselves. we worked closely with the council to

ensure as people got the help they needed. our main role was to deliver food or be available for people to collect food from us directly. we saw a large increase in need and this is continuing as the 'fall out' from lockdown continues. we worked closely with 7 supermarkets to ensure we received donations from them to go out in parcels. we had an incredible response from the giving community to ensure we remained buoyant throughout as a charity .
Enabling contact info to be centralised and disseminated as required to ensure that those who are isolated both geographically and socially have an emergency point of contact. Previously, nobody knew who exactly who was vulnerable or where they were.
Ensuring the needs and well being of the vulnerable in our community were looked after. Many have just needed befriending due to loneliness and isolation
Friendly contact for many now living alone
Getting food to those who were isolating. Giving a safety net to those who were alone and seeing what we could do to help for those who needed it.
Helping to relieve loneliness. People unable to get out got their medication
Keeping Scouting Alive
Maintaining public health
Many of the people we visited felt totally alone, we were able by visiting almost daily to provide a service , not just delivering food and other services but reassurance and comfort to elderly/vulnerable people. After a few weeks some had no money (plenty ion bank but no means of getting it and although soem systems had been put in place these were not widely known and often not trusted. we were able to literally give food to those people. we also delivered parcels on behalf of the foodbank
New and improved services - e.g the new county-wide Bereavement Service, revised and new versions of our workshops on Listening and on Suicidality to support other Shropshire charities and services, advice and support for organisations and their staff/volunteers suddenly working on the phone and handling people in distress or worse and rapid and sustained promotion of our core telephone and email services for people in a very challenging time
Our group was operating at least three weeks (possibly a month) before Shropshire Council began any local actions. We recruited over 100 offers of help (via Facebook) by the first day of lockdown. We established a Facebook group to ensure information was circulated widely, we established a helpline to deal with requests, we circulated leaflets, emails and posters to publicise the availability of support, we deployed volunteers to help with deliveries and collections from local shops. Over 400 requests for assistance have been dealt with. If the group hadn't been established it is unclear what would have happened - potentially someone else may have taken up the task because people do in a time of crisis.
Our history available to all, especially schools. Place for ietesting archives and artefacts to be left by those unable to keep them themselves.
Over 115 households have been helped locally with 450 tasks completed in total to date. Without us, those people would've had to risk going out themselves when they'd been told to stay home for their / others' safety.
People felt valued and supported and not alone
People in vulnerable groups have been able to have access to food and medicine during lockdown. Family and friends outside of Bridgnorth (and surrounding villages) were comforted knowing there was a network of people helping each other, so they knew their loved one would not go without the essentials. People who were experiencing stress or loneliness as a result of the pandemic had people to talk to. We were able to refer people through our 'esculation resource team' which consisted of safeguarding and mental health professionals, to get people the support they needed. We believe that without our group being able to mobilise so quickly, people in our community would have struggled to access food and medicine.
Raising awareness of Parkinsons
Reassurance that help was available. Community spirit - meeting new people (on WhatsApp)

Setting up a means of communication so that those who needed support could access it quickly. Those uncomfortable to ask neighbours would have struggled to pick up prescriptions and food and felt more isolated
Sourcing materials, finding people to make face masks. Finding sources for those making visors Sourcing gloves, cleanser and aprons. Supplying Doctors surgeries, District nurses, care home and care companies with PPE Doing shopping. Collecting and delivering 150 plus prescriptions. Collecting samples and delivering to Doctors surgeries. Delivering baby milk. Working with Morrisons Community Champions and other groups in town. Supplying PPE to schools.
Support delivered to all customers needing it as above, working with partners particularly LA to identify the vulnerable in need of our help. Using staff unable to work from home or resume full duties to do this and cover areas of work needing additional staff such as support and care teams, eg trades to deliver shopping, supply of a driver to local food bank
Suspension of service
The benefit was building resilience within the community by demonstrating how we can create a safety network for those who needed it. Volunteers came forward very quickly, hopefully, they now feel more confident and connected with the people in the community they live. The impact was we built relationships with people and services from the community that they trusted. If the group had not been in place some people would of been left without supplies and medication. Careers would of had to risk taking the cared for out or leaving them home alone. Their could of been an impact on peoples mental health with some people feeling cut of and isolated.
The care coordinator is at the heart of the surgery and at the heart of the community. By having the other support groups that were set up so well inc. council, voluntary groups , local shops and companys and nhs vols. I was able to ensure the community within the caxton surgery were contacted and given the most up to date information. I continue to do this on a daily basis .
The community have advised us that they are grateful that they know that we are there if needed.
The group helps promote understanding about the power of the subconscious mind by helping people remove the feelings they attach to the destructive stories they tell themselves everyday. Promoting confidence, self-esteem, self worth. Specialising in Anxiety and PTSD
The main benefits were that people weren't worrying about anything. We had a huge uptake in requests for assistance. We found that people were struggling by on what they had in their houses because they were frightened to go out (especially the elderly). The effect on the community here has been brilliant. So much so, that we took on referrals for surrounding villages too.
The members would have been putting themselves more at risk and they would not have understood the Govt guidance and the changes etc
The response from individuals within both local communities offering support was amazing. The response from those needing support was huge. There would have been a lot of lonely, hungry, unchallenged people in both villages.
The. Nearest functioning food bank would have been Craven Arms
There were 5 times as many needs identified as in the same period twelve months ago. Had we not been able to respond to this situation many adults and children would have suffered through food poverty. By delivering direct to their homes they have felt reassured re safety during COVID.
They are very lonely and some are depressed at not being able to go out.
To ensure that anyone who needed help however big or small was supported. Supported the Village store with a volunteer based delivery service and crowd control. Set up a daily phone call using the Woman's Institute to vulnerable residents. Arranged Prescription runners for each GP Surgery to collect repeat prescriptions and deliver as required. Offered a daily email to those not on social media. I think the Parish Council would have had to set up a similar service.
To offer an outlet for girls and young women when they could be subject to anxiety and mental health issues

To offer assistance and practical help to our vulnerable residents. Also, to help businesses access help and advice.
To provide shielded, aged and venerable with prescriptions and groceries delivered to the door. If this service had not been available, it is not certain how they would have been able to have the these essentials. Many said that just knowing that that they had a contact to refere to if the need arose.
Very quickly contacts were established to assist those self isolating. Probably most would have established informal arrangements with neighbours but we did pick up some who could not.
We continued to provide counselling via phone. Counselling was so important during this time as people were afraid, loosing loved ones, loosing jobs, having their world as they have known it entirely altered. As time has gone on people have lost their jobs and continued to work in horrible conditions in the NHS and care. Without our support our clients say they would have been lost.
We created a volunteer database of names, activities and matched with community activity or people. Created risk assessment and safety procedure as well as volunteer forms. We set up shopping delivery with a group of volunteers and created a directory of local businesses able to provide a delivery or collection service. We worked in partnership with our local Spar and the local church and volunteers to cordinate Spar deliveries. One of our coordinators even volunteered her time to help organise the shopping service. Set up communications with residents including those off line. Our community newsletter was a valuable communication tool. Prescription delivery service with the GP practice. Making scrubs and gowns for GP surgery and care homes. Newspaper deliveries. One of our volunteers supported the makeshift A&E restroom at the RSH by donating furniture, cups, glasses, throws, coffee tables and cakes. Making masks. Book service set up to collect donated books, toys, art materials and clean before delivery or collection. VE day care packages for the most vulnerable. Dog walking Linking people up in the community. Befriending Reacted to requests from family members who live outside the community to support their loved ones in the community. Care packages for families in need of support and vulnerable people which included cleaning materials, soap, food, activity packs, stationery, books and tinned foods etc. Set up a Facebook page as a source of accurate information that was monitored to ensure factual information was shared. It also acted as a good medium for communications from local groups to link with the community. Used the facilities at the village hall for storage and to maintain covid -19 secure practices. Community spirit and morale boosting activities e.g. Dance on your doorstep, banners around the community, public recognition on the community pages and clapping for front line workers.
We felt we had supported the community and provided a service. Helping to deliver medications meant that people received their repeat and other drugs on time. The foodbank would have struggled to provide food for those who needed it. Plus we were able to repair a padlock after the foodbank was broken into. Our donations helped with that. Osnosh could not afford to buy a large amount of food containers. The hospice needed a syringe driver for end of life care, as they were dealing with more patients than usual due to the covid crisis. All of the services we provided made a difference, and we fulfilled our Rotary motto, 'Service above Self'
We had a good network in place which was not there previously
We have been able to give away many food parcels to people who either couldn't afford food or had problems accessing food for various reasons
We have been able to talk regularly with people about strategies and support needed to manage the difficulties of dementia in lockdown, especially around lack of understanding, increase in dementia symptoms, and difficulties in managing care support decisions.
We have provided a backstop and where necessary, have redeployed food where delivered to people who did not need them. I guess we are doing the detail and making sure blanket national/county solutions are focused on the ground to tailor services.
We have supplied bags of food to anyone who needs help, from single parents, couples, families, older people living on their own

We offer help to everyone, our organization was set up to support Eastern European residents. At this moment we are helping mainly the Polish community, 95%. Because of the language barrier and knowledge of Polish culture, understanding their mentality, it is easier for us to support this group.
We operated from just before lock-down and have done 1400 tasks for people, many of whom were frightened and unsure of how they would obtain shopping or medicines.
we provide food and other goods to an average of 47 people at each of our two weekly sessions
We provided a helpline (local number) what has answered over 1300 calls since the start of lockdown. We delivered medication and food. Without these activities, many people in Ludlow would have been in real difficulties. We have an elderly demographic which often does not have local family support.
We provided essential avenues of support to people who suddenly felt very alone and worried about how they were going to cope. As time has gone on, new people have been referred to us by local medical practices; these people would have had difficulty accessing any kind of support if our group wasn't in existence. As a result of our service, many warm and supportive relationships have developed between volunteers and the people they visit and support.
We set up a community hub to keep in contact with the whole parish. Initially we did a leaflet drop with 4 nominated individuals who were available to be called upon to help. This 4 developed into 30 volunteers and a community email was sent out everyday to update parishioners on the changing circumstances. Once the daily bulletin started, volunteers emerged to collect and distribute food, medicines etc this was based at the Village Hall. Several of the volunteers phoned around and developed a weekly news letter to update on restaurants, shops, doctors and local food suppliers. This is still very much on-going. A group of individuals also make friendship phone calls so people do not feel alone. I personally checked that every individual was catered for by asking neighbours to go to more isolated individuals and make sure they were in good spirits. Without this in place many people would have been left vulnerable.
We set up a local food bank to help anyone who needed food and was struggling to get any due to lack of finances or through shielding. We also delivered medicines, newspapers or any other requests to those who were shielding. Any food left which was donated by our community we took to the larger food bank in Shrewsbury to help others. This helped people feel safe that help was there and they didn't have to travel and stopped people running out of essentials of going hungry. It also brought our community together and got some people to meet and help others they hadn't previously known.
We sought to offer support for the communities of West Felton, Whittington and Haughton in conjunction with the local schools and other stakeholders in the community.
We stayed open offering face to face, when most people closed. Supported many people who had never used us before plus offering support to the many people losing their job or facing hardship due to a reduction of income.
We supported many new food initiatives which were initiated in the pandemic. Although many of our partner groups were closed, our remaining partners adapted so the food could get used to its maximum potential.
We were able to support all vulnerable residents with prescription delivery and food. We set up a food bank working alongside Telford food banks and supplied all goods needed in our area. We were able to give emotional support and deliver puzzles and goodies to maintain moral.
We were very well received doing home deliveries especially in the height of the lockdown as isolated people and the elderly were struggling to get their food supplies. The service has continued & expanded to people who now see it as a treat and to share with family & friends as they slowly get back together. Local people were brilliant at recommending us and sharing our Facebook posts and emails. For some time we were the only prepared food service in BC as all other businesses were closed.

Appendix C

How many people has your group supported? (those that received or are receiving support from your group)

3	during lockdown
5	
20	
20	
22	Adults and 12 Children - plus occasional persons
24	members and families
24	+
25	+
30	
30	families
30	(though not all at the same time)
30	+
30	+
35	each week
45	
45	per session
46	households + 1 in Lydbury North
47	
50	
50	
50	+ As a partnership
60	
60	households per week (not the same 60 each week)
100	
100	
100	
100	s
100	s
115	
150	
183	people registered for help at the height of the crisis. we are now supporting 40 people with shopping
200	
297	
300	+
320	
350	
400	difficult to say a number. But we delivered 400 medication packages over 150 hours
400	I have personally supported 160 people (approx)
400	calls to helpline responded to. Additionally, an unknown number of people were assisted through our initial requests for neighbours to help their more vulnerable neighbours - hence informal support arose rather than through the helpline which came later.

500	
500	
500	We have made over 500 medication drops for the surrounding areas. And massive amounts of shopping- small and large amounts.
733	since 01/01/2020
750	individuals as calling the helpline.
1000	
1115	Since 24 March to date 1115 persons have been helped with food provision
1344	calls to date
1500	
1500	weekly
2478	people since lockdown on 23 March to 14 July
	appx 50 households per week; between 150-400 people. these are not the same households every week although some are supported regularly.
	C&CC supports in excess of 13,000 patients
	can't say
	Current figure unknown to me but many!
	It's difficult to quantify
	No official count taken but runs into the many hundreds.
	None recorded since early June. Informal arrangements are working. However we have set up a weekly e newsletter to pass on advice received from agencies and local news such as take-a-way/delivery services, pub opening, funeral arrangements, library, church opening in fact anything of local interest.
	Ongoing need to support a range of vulnerable adults. Numbers can change weekly
	Some statistics may be available via the Town Hall Trust. However I am not sure the enquiry form has been widely used by volunteers, who just like to get on and do the job! I would estimate that the numbers helped would be in the low to mid hundreds. Some have only needed help on one or two occasions, but most have been supported regularly with shopping, newspapers or prescriptions, or attend the food bank
	That is hard to quantify. The food bank helped at least ten households I would suggest. A number of people needed medicines delivering and at least three people just wanted a newspaper each day
	The whole community of Baschurch Parish electoral division and wider because family members live outside the parish. Difficult to capture the exact number. We know that the Facebook group has 432 members. We supported the surgery and thereby all patients and staff. Newsletter delivered to 1,173 households and businesses.
	Unknown - food bank ranged 7 to 14 households, regular shopping (unknown) but through the group may be 20 households, other probably another 20 regular prescription deliveries. So in one way or another 50 to 70 people and others supported but not known.

Appendix D

If you could provide a few bits of key advice to a new group who was setting up to respond to a similar situation in the future, what would they be?
- check and double check advice - check advice is from reputable sources e.g. gov.uk - don't reinvent the wheel - look at what other successful projects have done and copy those. Adapt pre-existing policies / procedures etc. - publicise well via many channels e.g. the press (newspapers and magazines), social media, marketing (e.g. posters and leaflets), word of mouth etc. And be consistent with your messaging and send constant reminders. - have a clear ethos, aims and objectives and keep it simple! Don't try to do too many things at the same time - have a key person that people can contact if they have any questions / complaints; and a key person for accessing the service
1. Send out a leaflet to every household with contact numbers of key personell. 2. Set up a community hub with daily bulletins. 3. Find key volunteers to research and update information and get the information to individuals pronto. 4. Find volunteers with Vans to collect and distribute goods. 5. Find Volunteers to act as befrienders. 6. Find a key person to run it all.
Act fast. Don't wait for Local Authorities.
Act quickly. Don't plan ahead too much. Maintain an up to date set of contact details.
Although we have a reasonably supportive committee it seems always to fall on one person, don't attempt to be too ambitious without plenty of help, from experience it is detrimental to that persons mental wellbeing.
Appoint "one" person to be the focus for all information both input and out to avoid duplication and to keep everyone informed and engaged.
Ask for help!
Be able to move swiftly and make decisions quickly - not easy!
Be aware of what others are doing
Be familiar with technology yourself before trying it with others
Be organised make sure people know what is expected of them
Be prepared to get involved
Be prepared to respond to a changing situation. If it's a crisis, don't be concerned with petty rules like DBS and GDPR. You can do this kind of thing with very little cash.
Cleobury Youth Partnership meet regularly but needs new members. This group is there to help new community groups.
Difficult to say. Pop up groups definitely seem to get more support than those established voluntary services
do your due diligence - what is already out there in the community so you don't double up on providing a service already in existence. maybe join an existing service to add value and support. Communicate with the charities and enterprises already operating in the community - they will be supportive and helpful.
Don't do it on your own seek advice from others who are ahead of you on the journey
don't have too many rules and establish your core principles from the outset
Ensure you are sustainable
Establish an email network of everyone intended to support and contacts for elderly people without internet. Divide into zones for peer to peer support should another lockdown be needed ensure food supplies
Find out if there are similar groups in the community, connect, join and agree on a service plan. Decide who is responsible for what. Engage the community as much as you can. Have one enquiry number, text and email address. Secure funds for posters, flyers, printing and running costs.
Get a good team around you

Get a phone line set up straight away (using your own mobile isn't ideal!) and use Facebook groups to get a team of volunteers together.
Have a good team and don't do it all yourself.
Have a plan, include the whole community, thank volunteers regularly
Have a public meeting early on and invite as many people with an interest in your aims to that meeting as possible. In our case we got Councillors, medics, shop managers, (the pharmacist was too busy to come, but was closely involved from then on), a housing support officer, representatives of Friends of the Hospital, Patients Group and others. This meant we got many different perspectives and input and guaranteed support from various directions from the start.
Have one key contact phone number only - we used parish clerk who passed support request on to coordinator of the day. Use Google pages, or some other live document for smooth, efficient transfer of information. Have a coordinator on call for each day to pick up all referrals and contact suitable volunteers to respond that day.
I have a presentation which established our objectives and I think that in a fluid situation it is essential to workout the principles so that everyone is clear as to the remit of the group
Identify a small group of individuals to co-ordinate the setting up of the group and establish a clear purpose for the group, open a bank account, hold regular meetings at every stage to address issues as soon as they arise, engage the help of someone with good IT skills
Just go for it. We just said if there are people in need, no criteria, we help
listen to the community and encourage kindness and consideration .
Look to age group involved and judge infection risks; possibilities of safe working according to current guidelines
Plan ahead, and have equipment available
Plan carefully and have good community links Don't promise too much Have an exit strategy
Plan for the unthinkable?
Plan plan plan. Get things sorted as we did at the very start. Make sure everyone is aware of you. We leaflet dropped the whole village before lockdown and registered with every doctors/pharmacy and agency.
Please utilise this time to put in place a detailed action plan to deal with any future incident. A template would be most useful (similar to a disaster recovery plan used in ISO 9001) . Look at having a draft letter ready to go, identify as far as possible where elderly/vulnerable people live and establish communication with them NOW
Remember people are frightened and need to see a confident, smiling face or friendly voice at the end of the phone.
Secure a core support group who inspire others in their commitment to help others - it's infectious! If you are a Foodbank, join Trussell Trust they are second to none with their level of support.
speak to volunteers and find out exactly what time they want to give and what they are prepared to do. Be clear when someone phones about things work and what is expected.
Take immediate action and don't wait for others to step in. Acknowledge that not everyone can access online information. Know the geographical area. Find different ways to communicate. People are proud, speak to people on their level and wrap up the offer of support in a way that is easy for them to accept. Communicate with local businesses early on. Use local resources. Recognise confidentiality and work with organisations that can offer your support in a GDPR compliant way e.g. care packages delivered to the school for them to contact the families directly.
take your time, and do things in the correct order
The most important one would be to use any existing local networks that already exist, like the church. We're lucky in having a parish as large as the village boundary, so the network of church-based groups was already pretty well homogeneous. (And I'm an atheist!!)

The most important thing is to support people as quickly and as safely as possible. Just get started, be adaptable, agile and flexible. Recognise that people have different skills, experience and knowledge and working without hierarchy means everyone can contribute which benefits everyone.

Work as closely with other charities and services to focus on what's really needed and on the people in need. to avoid duplication, to share expertise and learning and identify ways of providing new/improved services in partnerships - it's a cliché but we really are "stronger together"

You will get a great response from a lot of people at the beginning but find that the same few people actually do anything in the long term Give people a set job