

COVID and Community Resilience
Learning Report
June 2021

“Resilience is more than just bad weather and sandbags”



A GLENKENS
HOGMANAY

1) Introduction

As part of a commission to support Glenkens and District Trust in the set-up phase of the Glenkens and District Community Action Plan, Sleeping Giants (on behalf of the partnership delivery team) were asked to undertake a programme of work to learn from local community resilience teams' experience of COVID-19, in order to:

- assess local COVID-19 related activity that took place, the value added and whether any initiatives need support to be continued and/or should be included in the Action Plan in its current or an evolved format; along with
- consideration of the scope and ambition of the Action Plan and whether it needs to be revised in response to the likely knock-on effects of the pandemic on our communities.

With this brief in mind, Sleeping Giants interviewed several community resilience teams¹ as well as members of the Stewartry Locality Hub which included local Ward Officers from Dumfries and Galloway Council, a Health Improvement Officer from the NHS locality team, and the locality Engagement Officer from Third Sector Dumfries and Galloway.

During these interviews, information was gathered around:

- the kind of activities run, during various phases of lockdown and the ongoing pandemic
- numbers of people helped and in what way
- what worked well and any particular achievements
- any challenges or frustrations teams faced
- any learning for the future, both for ongoing community resilience efforts and for the CAP.

The findings are presented below, alongside a summary of the key lessons learned and recommendations for the future.

2) Background to Community Resilience Teams

All community resilience teams interviewed were linked to their local community council in some way, although the degree to which community councils took an active role varied with several having been almost completely 'stood down' due to e.g. more vulnerable members self-isolating and difficulties meeting online etc. Some teams were much more informal, while others had much more robust infrastructure, more volunteers and wider range of activities.

Some teams were fully led and managed through the community council while in others, community resilience efforts began with active community members taking the initiative first, eventually linking with community councils to support infrastructure including insurance, ownership of the community resilience plans and access to funding. There were also community resilience teams who were supported by paid members of staff, who were partly redeployed by local organisations to help support community resilience efforts. In these communities, the range of support available to local communities was much wider.

Community resilience plans were also patchy, with some community councils having plans in place, and designated community resilience leads, while others had no plan in place and had to start from scratch. Even where community resilience plans existed however, none covered eventualities such as a global pandemic and were more targeted towards bad weather / accidents etc.

¹Balmaghie, Crossmichael, Corsock and Kirkpatrick Durham, Parton, Dunscore, New Galloway, Balmaclellan, Dalry and Carsphairn

The local authority and the Stewartry Locality Hub supported community resilience efforts by:

- providing a framework for the community resilience efforts through a new template for community resilience plans
- providing community resilience volunteers named on plans with ID to help identify them to community members, shopkeepers and the police during the height of stay at home restrictions
- providing funding to community councils to support community resilience efforts, focussed initially on the purchase of PPE
- linking volunteers and vulnerable people who contacted central numbers to local community resilience teams
- providing regular briefings and information through community resilience leads.

3) Activities Provided by Community Resilience Teams

The range of activities provided by community resilience teams varied greatly, depending on the size of the community, the voluntary capacity available and often dependent on whether there was support from members of staff from local organisations as outlined above.

That said, at the height of the COVID pandemic, particularly through the first lockdown, community resilience teams undertook a range of activities, many of which fell into the same broad themes.

- Planning, management and infrastructure
- Working in partnership
- Communications
- Provision of / supporting access to food
- Supporting acute health needs
- Reducing isolation / improving mental health
- Community events and activities

As time went on and the initial crisis response phase of the pandemic became less acute, some of the community resilience activities became less needed, but many of the same work themes above remained, just to a lesser extent.

Different community resilience teams reported supporting different numbers of people. This ranged from two that supported fewer than 10 people, three that supported 10-50, three that supported 50-100 and one that supported over 100 people at the height of lockdown restrictions.

3.1) Planning, management and infrastructure

“A capacity for self-organisation is particularly important in disaster management, where citizen-led initiatives are often more timely, responsive to local needs, and effective over the longer term than external responses”²

² The Good, the Bad, and the Uncertain: Contributions of Volunteered Geographic Information to Community Disaster Resilience: Frontiers in Earth Science, 01 November 2018. <https://www.frontiersin.org/articles/10.3389/feart.2018.00183/full>

Community resilience leads (to a lesser or greater extent) undertook a range of activities to build the infrastructure of community resilience teams including:

- recruiting and supporting volunteers including allocating roles, ensuring good communication (including through holding community resilience team meetings), processing expenses, distributing PPE etc.
- developing / updating community resilience plans to more fully reflect activities during the pandemic
- liaising / linking with the Community Council re. plans, money, insurance, activity etc.
- developing databases, policies and processes to support the work (including GDPR / Risk etc.)
- setting up communication methods (to and from community / between partners / volunteers etc.)
- allocating funds to activity including the purchase of PPE etc.

Several challenges were identified in relation to the effective planning and management of community resilience teams and the development of their infrastructure. These included:

- a lack of clarity around:
 - who was leading the community resilience efforts (e.g. volunteers or the community council)
 - everyone's different roles
 - where decision making powers lay
- a disconnect between some community resilience teams and community councils, which was at times due to some community councils having been 'stood down' with many members vulnerable or lacking capacity to engage
- the lack of central co-ordination which it was felt at times led to disjointedness and duplication of effort
- community resilience plans either not being in place or not fit for purpose, often focussed more on bad weather
- some teams lacked the knowledge, skills or capacity to be very 'organised', and communities with no central 'hub' (shop / hall / funded group or organisation etc.) found it harder to co-ordinate
- teams sometimes lacked diversity leading to (at times) a lack of agreement on needs or focus of activity

3.2) Working in partnership

***"Collaborative disaster management is recognized as an important contributor to resilience but requires coordination and pre-existing trust between government agencies, third sector, private sector, and the community"*³**

Many local community resilience teams relied on a range of public, private and third sector organisations to support their work. Partnership related activities included:

- engaging with local community councils (challenges outlined above notwithstanding) who 'owned' plans, provided insurance, helped with local knowledge and connections, and distributed funds
- linking with Third Sector Dumfries and Galloway – receiving referrals for volunteers as well as vulnerable people in need of help
- linking with local Posties who supported leaflet distribution in some areas

³ As above

- engaging with local business (shops, cafes, supermarkets, take-aways, fuel providers etc.) who were often critical in supporting the community resilience efforts
- linking with other local groups and organisations including churches
- referring / signposting community members to other help (e.g. Food Train, food bank, NHS etc.)
- using individuals in the community who had good local knowledge to help identify people who were vulnerable etc.
- in one area, linking with a local GP who did some additional voluntary support to take pressure off NHS

There were however some things which got in the way of effective partnership work in some areas, including:

- not all areas having community shops, community facilities, or other community groups / organisations meaning they were quite isolated and had less local capacity and infrastructure
- not enough communication and cross working between community resilience teams which prevented the sharing of ideas, capacity, skills and resources
- some community resilience teams being unsure of how appropriate it is to refer people onto other help for fear of offending or breaching GDPR regulations etc.
- lack of clarity about who to ring with specific questions about COVID e.g. ward workers or Third Sector Interface
- it not always being clear who should be doing what (see planning, management and infrastructure above)
- a danger identified if communities were to over rely on postal workers, both because postal rounds don't map neatly with community council areas, leading to a risk of people being missed; and also because there can be the threat of disciplinary action for individual posties from Royal Mail management for providing informal deliveries, given the increasing workloads of their paid role.

3.3) Communication

“Resilience is intimately associated with good communication; whereby two-way dialog delivers both resources to communities and intelligence regarding community needs to relevant agencies”⁴

Effective communication was seen as the fundamental cornerstone of most community resilience efforts, and as such a whole range of activities were undertaken around this theme including:

- disseminating information via leaflets around door, on notice boards and in shops etc.
- using existing media channels such as the Glenkens Gazette to share information and highlight activities being undertaken
- setting up and using a whole range of electronic communication, including email lists, WhatsApp groups and social media pages, some which were new and dedicated only to the pandemic, others which utilised existing e.g. community council Facebook pages.
- talking to people at their doors (while ensuring social distancing) to pass on information and make connections
- using informal networks such as word of mouth / ringing around
- engaging people online through e.g. zoom meetings and events
- (where shops existed) using these as a useful focal point for communication
- using creative ways to get messages across e.g. sending out a spring bulb with information to raise spirits

⁴ As above

Again however, some key challenges which impeded effective communication were identified by community resilience teams and many worried that there were vulnerable people who were being missed. These included:

- fundamentally, not having contact details of community members (including those with vulnerabilities) and for many community resilience teams, these had to be quickly gathered
- a lack of knowledge and awareness about GDPR and ways in which to store people's data safely, which put some off from gathering information in the first place
- there being no central point for communication for many teams with no central mobile phone or central email etc.
- difficulties in reaching people in outlying areas (both in terms of knowledge of who was out there and where community council boundaries lay, as well as capacity to deliver information outside the main villages)
- community councils having to quickly adapt to new ways of working e.g. online
- broadband connectivity issues and other forms of digital exclusion, with not everyone online or able to use email / social media, not least some older and more vulnerable members of the community

3.4) Provision of / supporting access to food

In the early stages of the pandemic, with high levels of public fear causing panic buying and older and more vulnerable people being told clearly not to leave the house, there was an acute need for community resilience teams to support access to food and other essentials, and volunteers undertook a range of efforts including:

- distributing information to the community about who could deliver food and how to order. e.g. supermarkets, local shops, butchers, grocers etc.
- undertaking shopping for vulnerable people (lots of this also happened informally)
- undertaking various other ways of distributing food such as food parcels, sharing home grown food, supporting bulk-buying (e.g. cash and carry), providing hot meals, distributing cakes to the elderly, collective ordering from local take-aways, volunteers supporting delivery of food from local shops
- providing access to emergency food to tackle food poverty and to help with ease of access – engaging with food banks, referrals to Food Train, setting up community food / wellbeing cupboards where people replace food if and when they can
- linking with local shops, which again were instrumental in providing basic necessities for people in outlying areas
- offering access to cooking facilities (stoves, gas, flasks, food flasks etc.) if required

There were several challenges related to people accessing necessities (and community resilience teams supporting this access) including:

- difficulty getting Tesco and other supermarket orders
- some basic essentials not being available in supermarkets due to panic buying
- responding to instances of food poverty, which was more of an issue than anticipated
- concerns that some people were resistant to asking for help when they needed it and may have been going without

As the pandemic progressed, this need became less acute, with people becoming more self-reliant (e.g. more confident in using online shopping), panic buying slowing down, and more online slots becoming available for people to buy their own shopping.

3.5) Supporting acute health needs

The health of individuals within our communities during the pandemic was of primary concern to the community resilience teams, particularly those with underlying health conditions who required regular access to medication, treatment of other forms of support. Activities to support the acute health needs of communities included:

- collecting prescriptions for vulnerable people – this was a common request from community members and many volunteers were involved in doing this
- taking people to medical appointments where appropriate, while ensuring safety using PPE etc.
- helping to people access appointments in new ways e.g. by phone or using NHS Near Me
- referring and signposting to other agencies (including providing emergency care)
- purchasing PPE and hand sanitiser etc. to distribute to volunteers / community members (or selling it cheaply to cover costs, enabling more to be purchased)
- supporting the wellbeing of pets e.g. dog walking, medicine collection from vet etc.
- ensuring emergency equipment such as first aid kits and defibrillators were in good working order
- as stated above, a local GP offered to be first point of contact for health concerns to take the pressure of the NHS
- undertaking other practical tasks such as basic DIY, house cleaning, lawn mowing etc. to keep people safe and well

The challenges identified in relation to supporting the acute health needs of individuals across the community included:

- long queues at pharmacies meaning that volunteers were often called out for long periods
- some issues with collecting controlled drugs
- community resilience teams picking up some care of elderly tasks that should have been provided by care at home or social services

3.6) Reducing isolation and improving mental health

Although not quite as acute in the early days of lockdown, as the pandemic continued (and still continues) the isolation felt by many and the general stresses associated with COVID was exacerbated and has had negative impacts on the mental health of many people, of all ages. Several community resilience teams undertook some specific activities designed to try to reduce isolation and promote mental health, which included:

- lots of small acts of kindness by community members to each other – many of these happened out with formal community resilience activities, but contributed strongly to the overall resilience of people and communities
- formal and informal check-ins with vulnerable community members including going to people's doors to connect with them personally
- informal telephone buddying systems, often connecting people who were isolated with each other for chats over the phone
- offer of specialisms by trained and qualified local people including 'laughter yoga' and free counselling

- circulating information about helplines and other mental health support
- lots of community events / activities to reduce isolation (see number 7 below)
- Corsock and KPD community resilience team supporting Lothlorien therapeutic community and its residents in a number of different ways

Isolation and mental health as outlined above has been an increasingly challenging area for many over the pandemic, and community resilience teams highlighted some specific challenges in this area including:

- mental health issues of people increasing, including anxiety around becoming infected or infecting others; a lack of access to usual support mechanisms, boredom leading to increasing depression
- anxiety for people (not least those shielding) around 'getting back to normal' with a huge amount of uncertainty around safety and security remaining, not least with new variants of COVID continuing to appear
- stress caused by schisms between community members around who is (or isn't) following 'the rules'
- a significant amount of pre-COVID isolation / wellbeing / care issues identified for older people in some areas, exacerbated by COVID

3.7) Community events and activities

"Involvement in activities that engender a sense of community (feelings of belonging and attachment for people and places), efficacy, and problem solving, strengthen peoples' disaster-resilience"⁵

During lockdown particularly, given the isolation and increasing mental health issues outlined above, many community resilience teams felt it was important to undertake activities designed to reduce isolation, promote connections and lift spirits. Activities included:

- programmes of socially distant and safe challenges such as window competitions, quiz sheets, anagrams, treasure hunts, scarecrow competition, sunflower growing, knitting challenges, orienteering etc.
- getting people together online through virtual quiz nights, bingo, church activities, live streaming of war memorial event, virtual Hogmanay etc.
- getting people together face to face in socially distant ways e.g. soup and biscuit event with people chatting over walls, VE day celebration (tables in drive), Santa parades etc.
- activities to make the villages look brighter such as stone painting, flowers planting etc.
- linking to activities run by other local organisations – Glenkens food month etc.

This was an area of delivery that some community resilience teams found particularly difficult to deliver, with challenges identified such as:

- not all teams having the voluntary capacity to run activities and events such as this
- a disparity between budgets available – e.g. between teams which could link with funded organisations
- a need demonstrated (and want articulated by some communities) for these to continue but many voluntary teams not having the capacity to continue them
- a lack of knowledge, skills and capacity to ensure risk assessments were undertaken and safety concerns were mitigated

⁵ As above

4) Key lessons / recommendations

This work has been wide ranging and has generated suggestions/recommendations for a number of different organisations across the area. Some are within the area of influence of GDT as they work with community groups on the development of the CAP, namely those in 4.2. Some suggested recommendations, namely those in 4.1, are more for the statutory groups who were involved in responding to COVID to consider.

Representatives of the CAP oversight group plan to arrange a meeting of all the Community Councils, the Ward Officers and Locality Hubs to feed back on the report, gather their reflections, and to garner buy-in from these organisations to develop an agreed plan to progress any actions identified.

4.1 Areas for consideration by Dumfries and Galloway Council, Locality Hubs and Community Councils

- I. The Local Authority and Community Councils should clarify the governance for community resilience teams including accountability, decision making and spend etc.
- II. The Local Authority, Locality Hubs and Community Councils should enter into honest conversations as to whether Community Councils have the capacity / skills / infrastructure to manage the wider demands of community resilience over and above their statutory responsibilities, and if not, how will this be supported in the longer term.
- III. The Local Authority and Locality Hubs should support local Community Councils and their resilience teams to link governance of community resilience efforts to climate action, given that the climate crisis (and associated impacts) will present communities with the next big 'disaster' which will require community resilience efforts. Across the Glenkens and District, this could be linked to the work of the Loch Ken Trust into climate resilience.

Community Councils across the locale should discuss with each other and with Locality Hubs how the following recommendations might be progressed, supported, and resourced:

- IV. More collaboration and co-ordination for community resilience efforts is required. This might include creating 'hub venues', creating a central (Glenkens and District) printing resource, and improving joint working between Community Councils, community resilience teams and other key partners to help build capacity, share resources and avoid duplication. This would also help support effective communication across the locale and avoid people 'falling through the gaps'.
- V. Linked to the point above, co-ordinated communication is key. Mapping the area would be useful, as would developing central (Glenkens & District) communication points and resources (e.g. phone, email, Facebook, GK Gazette, printing facilities etc).
- VI. To add vital capacity and assist with co-ordination, paid roles (community co-ordinators / facilitators) covering areas across the Glenkens could provide capacity and help to ensure safety, quality and equity of provision across the locale – these roles could be responsible for e.g. co-ordination, managing plans, policies and systems, recruiting and supporting volunteers, leading community development activities and building partnerships etc.
- VII. Locality Hubs should work with Community Councils to identify how the unmet care / other needs of vulnerable and elderly community members (revealed by community resilience teams during COVID) can be better and more quickly identified, and should facilitate easy ways in which community resilience teams and local people can easily refer people on to help and support.

4.2 Recommendations for the Glenkens and District Community Action Plan Oversight Group

As well as feedback relating directly to community resilience efforts, those interviewed were also given the opportunity to mention anything else they deemed important, including ideas for future projects that could be taken forward by Glenkens and District Trust or other local partners through the CAP.

It is recommended that the Glenkens and District Community Action Plan Oversight Group consider the following points in the future development of the Community Action Plan:

- VIII. More focus should be given to work to address the digital divide, such as lobbying for faster broadband speeds, widening access and encouraging the willingness and skills to use IT.
- IX. Poverty and access to affordable food / basic essentials is an issue for some within our community and continued efforts must be made to ensure community members have access to what they need without stigma. This should be a key focus for the CAP, and the CAP Oversight Group might consider recommending that GDT ringfence a pot for small emergency funds which could be used to respond to this need.
- X. Members of our community continue to be isolated, lonely, and fearful of social situations. Improving mental wellbeing, alleviating loneliness and isolation, building connections between people, and building community spirit and pride could offer a key focus for the CAP.
- XI. Not all our communities have the same access to buildings, activities, services and support. The CAP should consider how to support equity of access across the locale.
- XII. The CAP must be promoted so that people know it exists and communication and joint planning are important in its development and implementation to ensure that it is meeting community needs, not least as these needs are still emerging given the multi-layered impacts of COVID. Thought should also be given to how people are kept up to date on progress, both in terms of activity and impact. The CAP oversight group should consider how capacity can be built into the CAP to ensure this happens.
- XIII. The issues of wrap around childcare, gaps in terms of care of the elderly, lack of affordable and fit for purpose housing, gap in provision for young people, schools closures and the lack of working age people in our area should all be issues that should continue to be given priority in the future iterations of the CAP.

The recommendations in 4.1 and 4.2 above fit broadly with the themes identified by Third Sector Dumfries and Galloway in their report, *South of Scotland Third Sector: A Partnership Approach to COVID-19 Response and Recovery Planning* (August 2020, <http://thirdsectordumgal.org.uk/wp-content/uploads/2020/10/200923Third-Sector-Recovery-Planning-FINALREPORTv3.2.pdf>).

The report identified four common themes that affect all and will continue to affect all third sector organisations into the future:

- Dynamic partnership working
- Financial viability
- Volunteering and community spirit
- New way of working