A POST PANDEMIC RESPONSE

WORKING TOWARDS INCLUSIVENESS OF ALL DIVERSE GROUPS AND PEOPLE

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THIS DOCUMENT IS DEDICATED TO ALL THOSE PEOPLE AND GROUPS WHO ARE ISOLATED, LONELY, AND STIGMATISED, AND FIND THEMSELVES ON THE MARGINS OF THEIR COMMUNITIES.

FOREWORD

MICHAEL TOMLINSON

The publication of this report is well-timed and topical, as we move into what the title calls the 'post-pandemic'. While the pandemic has had undoubtedly had profound effects on all of us as individuals, it has also changed our understanding of others in our communities. As outlined in the following pages, many of us have become more aware of the importance of mental health, the issue of loneliness and the practical support needs of people whose daily lives are different from our own on account of age, health or financial difficulties.

The pandemic saw a surge in numbers willing to help those in need, and exploring new ways of doing so. This reflects the compassion that makes us human. Quite naturally, we look first to our family, friends and neighbours – in other words to our communities. More recently, the dreadful situation in Ukraine has caused many of us to lift our eyes beyond the immediate horizon, and seek to help those fleeing war and destruction. Whether it is welcoming a Ukrainian family into your home, delivering medication to an elderly neighbour, or simply checking if someone you haven't seen for a while is doing okay, the work of building and sustaining compassionate communities goes on. Though we are now in the post-pandemic period, the work of initiatives like GCC continues to be important – and should definitely be part of the 'new normal'.

INTRODUCTION

This document takes a grassroots approach to understanding emerging themes and issues as well unmet needs in our communities whilst exploring what our post-pandemic response should be. The conversations took place during the Growing Compassionate Communities 2nd Annual conference titled, A Post-Pandemic Response, on the 16th of October 2021.

This pandemic has invited us to reflect more deeply and how we can best serve communities in light of this new information and changes in community culture.

A key plank in our action plan is to discover ways how we can best reach marginalised groups and people who find themselves lonely and isolated in their communities. We have been working over the last 18 months with social prescribers in reducing loneliness and isolation.

The scheme has been very successful in reaching people on the margins of our communities. This conference's primary focus was to drill down into the reality of the pandemic and identify the challenges that need to be negotiated within a Post pandemic landscape.

PETER JONES

METHODOLOGY

The conference provided a window into local communities and organisations whilst providing the opportunity to reflect on several questions posed by GCC.

The exercise was conducted within the Conference, with over 30 delegates attending. During the morning, as part of the process, the delegates broke into small working groups with an agenda related to their own communities. They discussed their thoughts and experiences and recorded these in the different areas on flip chart sheets. These were then shared with the Conference, with opportunity to read through what other groups had put and to reflect upon and discuss outside the groups.

A thematic analysis was later conducted at several levels to draw out key themes and messages from delegate responses to these questions

Drawing together an overall summary of the responses to the 4 questions across the whole exercise, using percentages to show relative differences and size, priorities and challenges going forward.

Within each of these different areas of the exercise, themes began to emerge. These were analysed to identify primary key themes. These key themes were then explored separately in more depth, looking at each theme and the key finds, that had been identified within these.

From this whole analysis, an action plan was formulated, rooted in the emerging themes of the exercise to inform the next steps in the community.
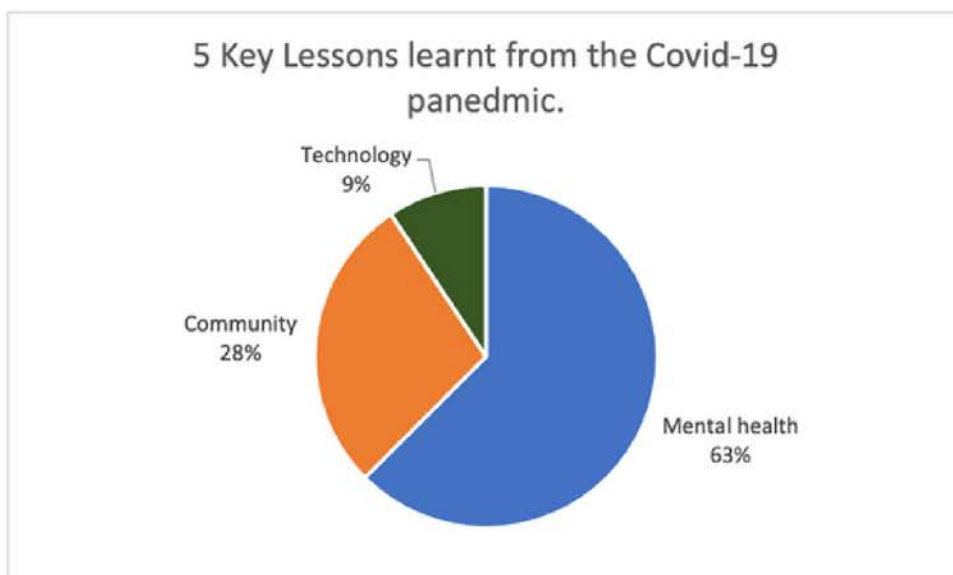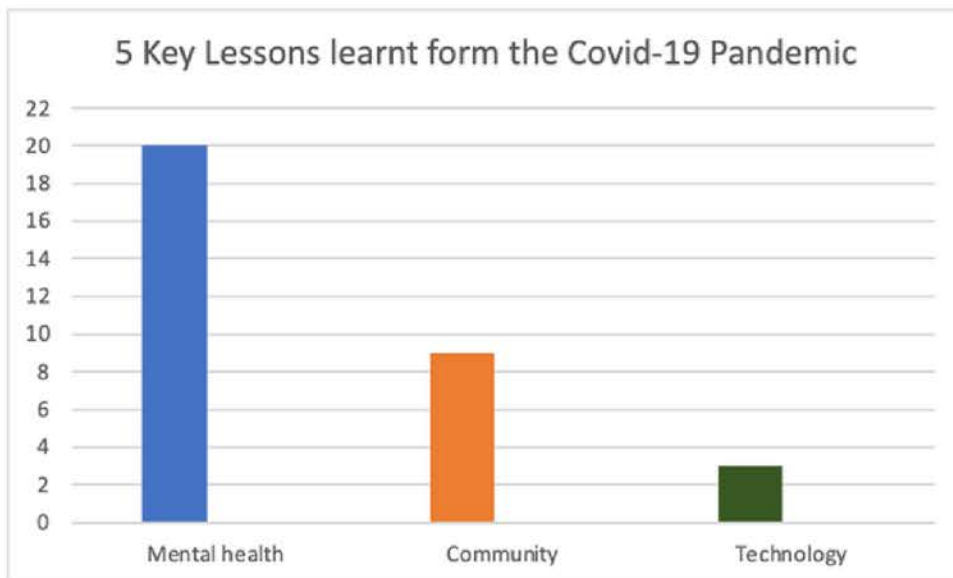

The questions given to the delegates were:

1 **WHAT DO YOU THINK ARE THE 5 KEY LESSONS WE CAN LEARN FROM THE COVID –19 PANDEMIC?**

2 **WHAT PREVIOUSLY HIDDEN NEEDS OR EXISTING NEEDS THAT HAVE BEEN EXACERBATED IN YOUR COMMUNITIES THAT HAVE EMERGED FROM THE PANDEMIC?**

3 **CAN YOU SUGGEST ANY POSSIBLE INTERVENTIONS TO MEET THESE EMERGING NEEDS?**

4 **HOW HAS THE PANDEMIC SHAPED OR CHANGED WHAT YOU WOULD NORMALLY DO?**

These questions were designed simply to facilitate the conversations as well providing a framework that gives some shape to the exercise.
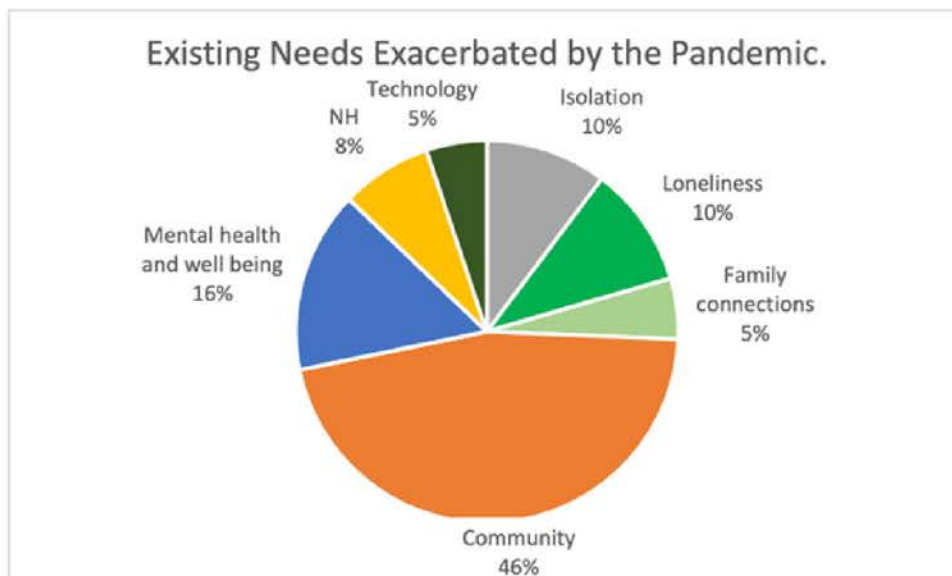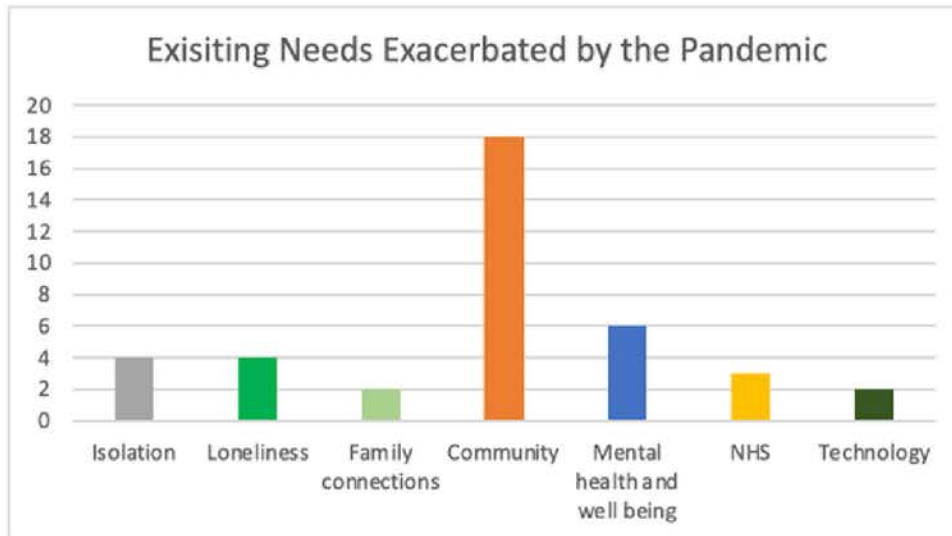
ANALYSIS OF THE THEMES

1 **WHAT DO YOU THINK ARE THE 5 KEY LESSONS WE CAN LEARN FROM THE COVID –19 PANDEMIC?**

5 Key Lessons learnt form the Covid-19 Pandemic

5 Key Lessons learnt from the Covid-19 panedmic.

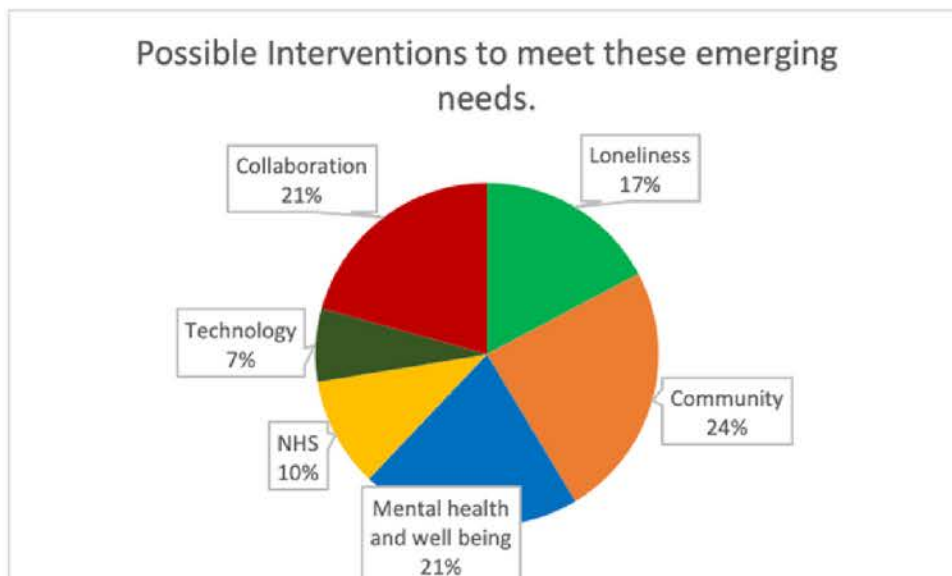**2** **WHAT PREVIOUSLY HIDDEN NEEDS OR EXISTING NEEDS THAT HAVE BEEN EXACERBATED IN YOUR COMMUNITIES THAT HAVE EMERGED FROM THE PANDEMIC?**

Exisiting Needs Exacerbated by the Pandemic

Existing Needs Exacerbated by the Pandemic.

3 CAN YOU SUGGEST ANY POSSIBLE INTERVENTIONS TO MEET THESE EMERGING NEEDS?

Possible Interventions to meet these emerging needs.
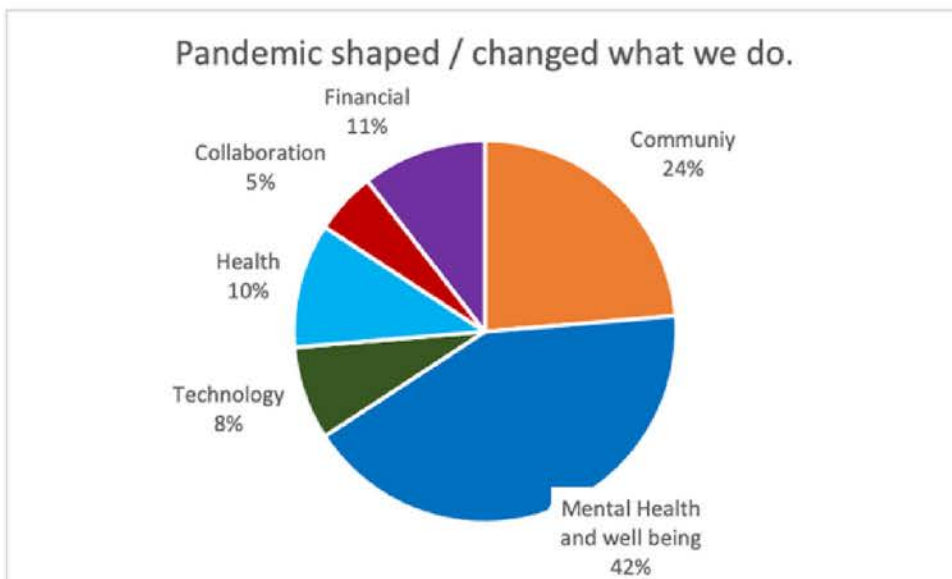

Possible Interventions to meet these emerging needs.

4 HOW HAS THE PANDEMIC SHAPED OR CHANGED WHAT YOU WOULD NORMALLY DO?

Pandemic shaped / changed what we do.

Category	Value
Communiy	9
Mental Health and well being	16
Technology	3
Health	4
Collaboration	2
Financial	4

Pandemic shaped / changed what we do.

Category	Percentage
Financial	11%
Collaboration	5%
Health	10%
Technology	8%
Communiy	24%
Mental Health and well being	42%

DISCUSSION OF THEMES

This section will seek to explore in depth the analysis of the themes, drawing out key findings and next steps. This discussion will also contain comments and quotes made during the conversation stage in the Conference. It will be based on the four questions posed to the delegates, giving structure and substance to the discussion process.

Q1: What do you think are the 5 key lessons we can learn from the covid –19 Pandemic?

Q2: What previously hidden needs or existing needs that have been exacerbated in your communities that have emerged from the pandemic?
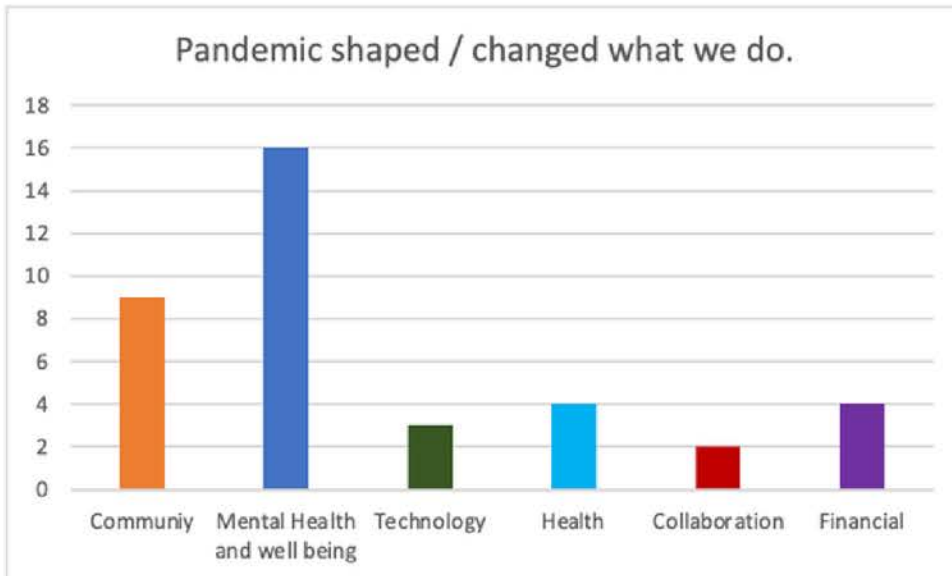
Q3: Can you suggest any possible interventions to meet these emerging needs?

Q4: How has the pandemic shaped or changed what you would normally do?

Following the thematical analysis three key themes emerged as lessons to learn from the Covid 19 pandemic:

- **Mental health**
- **Community**
- **Technology**

A key lesson from this thematical analysis was that the Covid pandemic has impacted on people's well being in a number of ways. These included isolation, loneliness, the importance of activity. All of these are key components of wellbeing:

The following illustrations are taken from the feedback from delegates and suggest the nature of these challenges to a person's wellbeing:

These quotes also suggested possible action in the light of these insights.

The rationale of this question was to draw out an action plan shaped by delegates' experiences of the pandemic.

1 Mental Health Isolation
- More mindful of those who live in isolation
- Adapting to isolation
- Isolation. Loss of contact with people.
- People's need for people rather than things.

2 Mental Health Loneliness
- Accepting loneliness.
- Loneliness and socialisation are endemic more that is realised.
- The importance of social interaction, even in lockdown.
- Vulnerability. Isolation.
- 'It's good to talk' and an opportunity to bring more
- people together via different mean.

3 Mental Health Activity
- Important to be more creative with your time.
- The outdoors has so much more to offer.
- Outdoor activities, exercise, fresh air.
- Lockdown helped people to explore nature and outdoor walks and times to stop and think about life in general .

4 Mental Health
- You never know what you truly need until your freedom is denied.
- Respecting individuals' fears/beliefs in relation to their experience.
- Nothing is a given. Change can happen in a heartbeat.
- Need each other and be more appreciative.
- People need people rather than things.
- Need to understand the scope of and the number of vulnerabilities in the community.
- People want to help.

5 Community
- Communities can pull together and make a difference.
- There is a huge amount of co-operation and collaboration in the community.
- Community resilience. Neighbourliness. Shopping, prescriptions.
- We can rely on our community in times of need.
- We don't know our communities well enough.
- Power of communities E.g. clapping, Sir Tom
- Local community response is quicker and simpler.
- Communities are more flexible to change and need without red tape and endless meetings, cheaper, and more effective than the local councils.
- Doing things to protect/help others E.g. vaccinations

6 Technology
- Scams. Not believe everything you hear! Awareness.
- Zoom. New technology.
- Power of science (vaccines) and technology (Zoom, / WIFI. etc) IT

Q2:

What previously hidden needs or existing needs that have been exacerbated in your communities that have emerged from the pandemic?

1   ISOLATION
- Isolation of the elderly and disabled

2   LONELINESS
- Loneliness
- Fellowship
- Family connections. Visits. Life events. Weddings. Funerals

3   MENTAL HEALTH AND WELLBEING
- Access to healthcare. Diagnosis.
- Mental health. Pandemic driven anxiety.
- Suicide
- Domestic abuse

4   COMMUNITY
- Access to healthcare. Diagnosis.
- Enough community groups to step up in times of crisis.
- Lack of sufficiency in local community resources.
- Post covid. numbers of volunteers have reduced (Age profile of volunteers).
- The need for stronger communities. More resilience!
- Community
- Car sharing
- Importance of social groups e.g toddler groups, and elderly activity groups. Still not opening or gone bust.
- Need to reopen community hubs.
- Need for community transports
- Suicide
- Domestic abuse

5   WIDER COMMUNITY
- Poverty
- Financial issues. Lack of money, Choosing if they can feed or clothe children or heat house
- Food for children and families especially those of low income (free school meals etc)
- Unemployment
- Social divide
- Housing appropriate

Q3:

What previously hidden needs or existing needs that have been exacerbated in your communities that have emerged from the pandemic?

COMMUNITY

Opportunities to reconnect	Closer links with Town Council and more help from them	Safe green spaces, allotments for community use
Properly funded local database of information and services. Peoples employed to keep up to date	Need to know what is available in the community	Maintain long term community support for shopping, prescriptions etc

LONELINESS

Loneliness	Zoom	Communication
Release of travel restrictions	Befriending services increase	Social inclusion

COLLABORATION

Creative solutions	Collaboration between organisations and authorities. Bridge between	Communication between services
More collaboration of services (ie Social/ Care/ NHS) to give relief to front line workers	Outreach. Identify individuals who require help	Develop a local community contingency plan for future emergencies

MENTAL HEALTH AND WELLBEING

Reduced stigma	Time to talk	Time to heal
Reopen services	Role of Social Prescriber	Social prescribing
Skills given to provide employers to deliver PTS counselling to employees and front-;ine workers in the aftermath	More funding in mental health/planning, application, structures need to be implemented. Training, awareness	Clearer pathways into health care

Q4:

How has the pandemic shaped or changed what you would normally do?

Research & Analysis

- Live for the day
- Community
- Miss physical contact, hugs
- More time for each other
- Social prescribing has assisted pastoral care
- Go outdoors more/amongst nature
- Working more hours but less networking
- Less face to face with clients can be negative
- Walking outdoors and exercising. Bicycles
- Time managament more important
- Complexity of issues
- More creative/ flexible
- We're astronomically busier
- Threshold of needs are higher
- Appreciate what you have - family/loved ones
- Less spontaneity as activities are planned

Finance

- Financial constraints - increased cost of living
- Travel less

Health

- Mask wearing
- Purchased more ready meals - diet
- More alert to transmission/ infection risk
- Greater awareness of food hygiene and need for risk assessment

CONCLUDING REMARKS

BY PETER JONES

The findings from this Conference, reported in this document, clearly suggest that the COVID 19 pandemic has impacted communities significantly in several ways. The findings are rich and informative and invites us all to make a response.

A pivotal finding was the discovery of large numbers of people suffering from loneliness in our communities. This seemed to be a challenge lurking within our communities, which was driven to the surface by the pandemic. This appears to be a hidden issue that demands a response. We will need to discover creative ways of addressing this, although we have begun to engage with this through our Reach and Care scheme.

Moreover, perhaps the starkest finding was the challenge that the COVID 19 pandemic posed to people's wellbeing: primarily their mental health. The pandemic seems to have left a legacy of mental ill health in its wake, and, in some cases, it seems to have exacerbated pre-existing mental health conditions.

This finding about mental health suggests communities may need to acquire key collaborations in producing a mental health promotion strategy. Having more joined up services would be a positive step forward.

In addition, having a proactive intervention in providing people with the information and insights to monitor their own mental health would be both beneficial and empowering. Considering this, a starting point is to invite people to download the GCC Mental Health Promotion app.

The challenges left behind by the COVID 19 pandemic are significant and can't be ignored. Let's learn the lessons and leave a legacy of hope.

MEMORIES OF THE CONFERENCE

ACKNOWLEDGEMENTS

GROWING COMPASSIONATE COMMUNITIES

Working towards inclusiveness of all diverse groups and people

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