**VCS AND COMMUNITY PARTNERS MEETING 24/9/20**

**Attendees**

**Camden VCS:** Paul Crozier (Holborn Community Association), Monica Riveros (Age-UK Camden), Nicola Furre (C4 and Covent Garden and Dragon Hall Trust), Cllr Nasim Ali (KCBNA), Matthew Parris (Healthwatch Camden), Tessa Havers-Strong (Forum +), Tricia Richards (Castlehaven Community Centre), Eira Gibson (Kentish Town City Farm), Foyzeur Miah (Queen’s Crescent Community Association), Paul Dunn (Elfrida Rathbone Camden), Sarah Hoyle (Kentish Town Community Centre), Shiri Shalmy (Cooperation Kentish Town), Natasha Friend (Camden Giving), Ellen Ryan (London Irish Centre), Dominic Pinkney (Volunteer Centre Camden), Sarah Elie (Somers Town Community Association), Judy Whalley (Citizen’s Advice Camden), Shahnaz Ahmed (Bengali Workers Association), Keith Morgan (Young Camden Foundation), Benaifer Bhandari (Hopscotch Asian Women Centre), Abdi (SYDRC), Tony Bloor (Third Age Project), Sue Measures (Sidings Community Centre), Lindsay Richardson (Abbey Community Centre), John Boyle (SHAK), Rashid Iqbal (The Winch), Jacob Foreman (JW3), Everton Counsell (Swiss Cottage Community Centre), Colin Brummage (Camden Disability Action), Sezena (West Hampstead Women Centre), Mags (Highgate Newtown Community Centre), Kevin Nunan (Voluntary Action Camden)

**LB Camden:** Cllr Anna Wright,Carole Stewart (Director of Community Services), Rachel Kelly (Community Partnership and Emergency Planning/Community Services Head of Service),Moira Ugoji (Head of Libraries, Arts and Tourism and Lead for Shielding programme), Emma McGown (Head of Digital Transformation), Jamie Spencer (Head of Transformation and Performance – Adult Social Care), Philip Vaughan (Food Strategy Manager), David Jaggs (Strategy and Change), Ali Alsaraf (Lead Community Partner), Karen Martins (Community Partner), Frances Connelly (Community Partner), Lisa Charalambous (Community Partner), Zenoby Orsten-Butler (Community Partner), Jayne Carter (Community Partner), Francesca Cappelli (Lead Community Partner)

**Key themes from meeting, workshops and plenary:**

Developing a network/area based response:

* Neighbourhood organising is vital and it is a clear message from all groups
* Need is broader than food – other issues include social isolation and volunteers for shopping. This is an opportunity to support individuals in a holistic way to strengthen resilience.
* Pathways could be guided by organisations’ Unique Selling Point (USP).
* Local networks important but should be developed locally – shouldn’t be seen as the role of the Council which need to be engaged but not controlling
* Having an allocated Council officer to help coordinate could help, bringing Council colleagues in the group according to need and help navigate the system. The Council could get the process started and let the network develop with some touch in whenever the network needs it.
* Smaller localised network meetings are needed in addition to the wider ones

Improving pathways:

* Suggestion for lead Council contacts for areas to take referrals from, and answer questions such as sheltered housing, homelessness, early years and an understanding of how council services are structured.
* Work to ensure the Council and others are referring residents to the right service and according to their USP and capacity.
* Support for keeping VAC database up-to-date

Capacity:

* Funding is the ‘elephant in the room’ (resources for the covid response, and longer term resilience). There is an acknowledgment that this is a huge issue for sector. We need to establish the way forward as this will inform funding.

Communications and messaging:

* Messaging and information can be translated and presented in different formats and languages – support VCS to do this as they will know how best to make information accessible.
* Co-ordinate communications to ensure consistent/up-to-date/timely messaging to VCS and residents.
* Video messages are good and help reach those with barriers – also ensure less comms but with consistent messaging

Areas for development:

* Food supply continues to be important
* Elements of digital divide has been addressed but still a big issue – access to devices and support on using them
* Greater links to be built between networks and:
* Housing - engaging/supporting residents tenants; and to work together with TRAs (in some neighbourhoods this is more relevant than others)
* Health (primary care) would help support an innovative approach
* Better/easier connections with schools - liaising with parents
* Working closely with businesses
* Need to improve the community services directory and make it easier to get it updated – but bearing in mind people would rather call a number than look for help online
* Revive the “No Wrong Door” approach/policy not only for council services but also for the VCS
* Referral pathways into council services need to be clear, accessible and publicised to all partners – especially homelessness has become a big issue for many central London centres

Other:

* The Council is working on a pilot funded by MHCLG and facilitated by Futuregov focussing on improving data management and sharing. Contact Future Gov to feed into work on managing data by letting them know what kind of data would help you. Contact alex@wearefuturegov.com, or Emma.Mcgowan@camden.gov.uk (all things data and digital)
* Local Care Partnership Community Connectedness (Kevin Nunan, VAC) – Information from Kevin will be distributed
* If there are any questions on Supporting People, Connecting Communities drop a line to Jamie Spencer jamie.spencer@camden.gov.uk

Immediate actions:

|  |  |
| --- | --- |
| 1. Desire to continue to meet regularly – Fortnightly meetings have been arranged from Thursday 15th October, 9-10am (invites to be sent out)
 | Community Partnerships |
| 1. Community service database needs to be kept up to date - link to all organisations so they can update what they are doing
 | VCS organisations and Community Partnerships |
| 1. Further development of the networks – supported by the Council where helpful, including:
* Who are in the networks and what they provide – according to USP and capacity
* How network coordinates themselves
* Pathways within and out of the network
* Identifying where there are gaps and steps to address them
 | Leads within networks, supported by Community Partnership Team |
| 1. Work on clarifying and refining referrals across partners and with the Council (including working with care navigators, and exploring potential role of a Council referral team, working closely with Care Navigators, the contact centre and others)
 | Rachel Kelly and Moira Ugoji |
| 1. Improving information on organisation details and who does what (including update on capacity):
* through the Community Service Directory
* within networks
* other steps to be identified
 |  |
| 1. Plan for Council supporting VCS covid response, and support for long term resilience
 | Rachel Kelly |
| Other |  |
| 1. Ali to connect with Keith Morgan on Time to Spare
 | Ali Alsaraf |
| 1. Alex (Futuregov) to connect with Rashid re. data
 | Alex  |

**Workshop discussions**

**Discussion on the following:**

1. Who is in your network and provides neighbourhood support/services/help?

2. If a resident is signposted in to the key org/network what would be the pathway to get the right support/help?

3. Who else needs to be involved in the network of support?

4. What are the opportunities and challenges?

5. What do we need to do to make this work?

6. Awareness and messaging – communities, neighbours – what works for your areas for your area (quick fire responses)

**South Camden area:** Nash Ali, Matthew Parris, Rachel Kelly, Francesca Cappelli, Paul Crozier, Tessa, Monica Riveros, Nicole Furre

|  |  |
| --- | --- |
| Who provides support in your area, and is part of your network?  | Calthorpe, KCBNA, Dragon hall, HCA, KCNA, Age UK, Tenants, Kings Cross mosque, schools, including especially Argyle Primary, businesses, mainly via Nicky F, Westminster Kingsway college, mutual aid groups. Connections via VAC and Age UK social prescribers provide good links with health via GP surgeries.  The leads for the South Camden network are mainly strategic partners plus others.  Meet fortnightly.   |
| Who else needs to be involved? | * Camden Chinese Community Assoc
* Housing:
	+ Getting into the estates can be hard.  Need to work better with housing teams – neighbourhood housing officers.
	+ People in sheltered - difficult to get a formal contact with sheltered housing.
	+ Understand wider structure of how housing works and who best to talk to.
* Schools – more engagement with heads needed esp around track and trace (concerned about social distancing with parents with school drop offs and pick up)

How can communication work better?  * Collectively, staff have a lot of community languages – can translate key messages
* Lots of whatsapp groups, and Zoom meetings.
* Telephone is vital tool, especially for mental health.
 |
| If a resident is signposted in to the network, what is the pathway to get the right support/help? | **Developing referral pathways:*** Broadly working well, communication is quite good and the network can do formal referrals as well as informal ones.
* Lot of work is focused on BAME communities.  Older people are referred via Age UK.
* Referrals and communication works less well when someone does not know the network – for instance not confident Camden Council know how to make right referrals, and which VCS organisations to refer people to.
* Importance of social prescribing – there should be no wrong referral no wrong front door.  There was some evidence of residents going from pillar to post.
* Work needs to be done on the Community Service database for people to have confidence in it.
* There needs to be confidence in Camden referring people effectively
 |
| What are the opportunities and challenges in working?  | **Nash - Digital divide.  Funding needed for laptops.****Resources to train residents how to use their device****Clarity on what funding will be available as emergency funding will be running out, plus reserves running low.**Plus how long will food be supplied to food banks?Initially it was a lot about food – but other support neededTessa – access to healthcare  will probably be limited.  In LGBT community found lock down stressful and taxing for mental health.  Need to better promote and signpost to online counselling and support.   Adjust better to the new normal.  |
| What do we need to do to make this work? | **Council needs to be clearer on funding**. We all had a pre covid strat – but this needs to be changed.  Need to look at new priorities and develop new strategy for new normalEg what would happen to the 55 older people HCA are currently supporting if HCA could no longer continue to provide that support.On digital – access to wifi or dongles needed**Need to consider raising awareness to encourage people to access online counselling to get online support**Encourage them to get flu vaccineHow to do better messaging?**Communication can cause fear or enable people to feel comfortable.  People getting loads of messages, sometimes conflicting, sometimes worrying.   We need to give more joined up and reassuring messages.**Video messages good – help to clarify confusing government guidelines. |

**Central/ East zone:**   Tricia R, Eira Gibson, Foyzeur Miah, Alexis Kier, Sarah Hoyle, Shiri, Natasha F, Ellen Ryan, Dominic Pinkney

|  |  |
| --- | --- |
| Who provides support in your area, and is part of your network?  | * KTCC - 2 women from local school, lets everyone know about food delivery. People now coming in to collect food, as this develops a strong relationships with individuals. Food is a vehicle for linking in with other services and meeting other needs
* LIC – we made stronger connections, with support from across the community. Launched community kitchen to provide nutritious meals. This is not just about food, it was about care and giving care and love to people. Set up community fridges.
* Cooperation Town – we didn’t know where to go. We didn’t get to see the people, we went for quantity. Now we are starting to meet people. We had to spend time googling other services to know where to sign post.
* Castlehaven – KTCC and HNTC supported setting set up a food hub from Castlehaven. 40 parcels, up to 120. Moved to Clarence Hall, TRAs have a close link to local residents who are not engaged in services. People are linking up and continuing to make new connections. Gold dust having people who know local people and issues.
* Elfrida – vulnerable families, they were being supported quite well food wise. Need practical support as well - Broken washing machines for example. Supporting and applying for funding
 |
| If a resident is signposted in to the network, what is the pathway to get the right support/help? | * Were there any gaps, who/what will make the ‘network’ of support stronger. What does the resident journey look like?
* Need a stronger sense of the network in the local area. Need neighbourhood mapping.
* Neighbourhood meetings are needed - How to network with others. Want to do things in a slightly different way. We did a lot but could have done more.
* Doesn’t need to be the local authority who facilitates all of this, and doesn’t need to be over engineered. We have a responsibility to do this ourselves. Coordinating response locally. Listen to the sector who will report back around gaps
 |
| What are the opportunities and challenges in working?  | * People needing fresh air. Need to think holistically, what supports well being, not just food.
* VCC – facilitating conversations between organisations
* Lots of people who have recently been made redundant accessing the foodbank - when furlough ends this number could dramatically rise.
* Demands on smaller organisations regarding this may struggle with capacity, resources and time to deal with this demand for services - not just surrounding food, but advice & guidance and support/care etc.
 |
| What do we need to do to make this work? | * Not everyone will not be able to meet the same level of needs again in the 2nd wave. Funding is needed.
* Directory of services and referral pathway so volunteers can navigate, as first responders
* Does a funding relationship hinder creativity? Asking permission etc – Cooperation Town didn’t feel the need to ask permission.
 |

**WEST:** Sarah E, Judy W, Shahnaz Ahmed, Keith Morgan, Benaifer, Abdi, Tony B

|  |  |
| --- | --- |
| Who provides support in your area, and is part of your network?  | * Somers Town Community Centre
* Knowledge quarter which offers a different kind of networking opportunity.
* Hopscotch covers a wide areas so work with range of partners
* Want to be clearer about role of Com Centres and how to market themselves
* Kings Cross Academy
* Local mosques
* One housing – refers directly to SYDRC.
* Torriano school to deliver laptops
* SYDRC can support with specialist support
* Camden CAB has a delivery network with over 15 co-locations (eg job centre and com centres), Camden Advice Network. Health Settings such as Royal Free as well as Birkbeck for students and Elfrida Rathbone.
* Third Age – self help and focus on regents park area. Also Regents Park timebank. TRAs.
* Young Camden Foundation – as an infrastructure organisation links with front line. Keen to link with more business partners eg Shaftesbury, Derwent and Google who have already offered support. Able to respond to immediate requests eg for digital equipment
 |
| Who else needs to be involved? | * Health
* Increase in homelessness – confusion about how to refer to Council or other places
* Increase in ‘newly vulnerable’ due to Covid and have never engaged with any support
* Businesses
* Support trauma victims so that they are not having to repeat story to various agencies ie Trauma involved support
 |
| If a resident is signposted in to the network, what is the pathway to get the right support/help? | * Need greater clarity re who does what – who is best placed to help
* Links with key Council contacts eg early years, youth, housing
* Up to date information on the community service directory, and via a phone
* CAB website always up to date
 |
| What are the opportunities and challenges in working?  | * No wrong door strategy – need to revive this concept to make sure clients are getting services, and also to make sure existing clients don’t get lost
* Engage with eg Health who are keen now to work with VCS eg over vaccination programme
* Engage businesses who are keen to help
 |
| What do we need to do to make this work? | * Be clear on what each organisation’s USP is - clarity on who is best placed to do what.
* Clear comms from central agencies like Council and VAC and regular catch ups – relevant and up to date info. People should be able to get same information wherever they go.
* SYDRC made videos at start of pandemic and was key in spreading messages and addressing misinformation. Need targeted information for different communities. No one size fits all in terms of comms and approach
 |

**NORTH zone**

|  |  |
| --- | --- |
| Who provides support in your area, and is part of your network?  | * Sidings, Abby, SHAK, The Winch, JW3, Swiss Cottage, CDA and HNCC
* We are not starting from the beginning, we have to build on what we have there already.
*
 |
| Who else needs to be involved? | * To be determined at the next stage when organisations engaged in their smaller networks
 |
| If a resident is signposted in to the network, what is the pathway to get the right support/help? | * At the moment referrals happen to individual organisations by email. Could be by form too if this will help with targeted referrals
* Build on the work done with the Multi-disciplinary team enabled to do Human Triaging Organisations are running at capacity at the moment and with further referrals from the Council will add more pressure.
* Referrals need to be targeted so organisations can deal with the cases and not lose people in the process.
* The Covid service directory could be the best option make what is available is visible to everyone.
	+ Information on our services is in the directory already. We need to update those (C4 will have details of members)
	+ Alternatively could provide one sheet with our network and contact details on the services the network offers
	+ Problems with some referrals coming from Council
 |
| What are the opportunities and challenges in working?  | * There are some limitation to what services is being offered due to covid restrictions.
* Send the directory questionnaire again to update on what is going on locally,
* CDA uses Community journalism technique to engage with users – text message how they impacted.
 |
| What do we need to do to make this work? | * Engage with the group in smaller neighbourhoods to map out their network and help update the data behind the directory. With a map of referral pathways if possible.
* Plan B – is to design a list of services of what is being offered in the area and way to refer.
* Find out how CDA fits in this when they are Borough Wide
 |