



A SUMMARY OF THE LOCAL AREA TEAM COMMUNITY

RESPONSE IN EXETER DURING THE COVID-19 PANDEMIC

COMPILED BY ELLIE BARNES AND KERRY SHAKESHEAVE, EXETER CONNECT

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Funded by Exeter City Council



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1. Foreword

I would like to express the City Council's thanks for the amazing response from residents and community groups who stepped forward to support neighbours and the wider community through the pandemic. Thousands of people have given many hours of their time which has meant that Exeter's more vulnerable residents have received the support that they needed. Your time and compassion is recognised and celebrated by everyone in the city. Thank you for stepping up at this difficult time.

Exeter City Council and Wellbeing Exeter were committed to working together to provide practical help and support for local people to get through the coronavirus pandemic. This is why, within 48 hours of lockdown, we set up Exeter Community Wellbeing to assist individuals and community groups to help and support each other at this challenging time. We set up online and telephone hotlines to connect people with each other. This was a light touch matching service to help people connect with local groups and support on offer in the city. We could do this because neighbourhood and community groups in Exeter rallied with fantastic support to people needing help.

We also established a COVID 19 Community Action Fund within 48 hours of lockdown, this provided cash within 48 hours of a simple on-line application being received: this funding was a critical life-line for many informal local groups and was supported by a generous donation of £100,000 from the Exeter Chiefs Community Foundation.

Whilst our offer was a "light touch match-making service" and we did not send volunteers into people's homes, we were very mindful about personal safety issues for everyone involved. We put together a range of guides and top tips for volunteers and groups to cover key safeguarding issues including: handling money for shopping; making safe deliveries; first aid responses; social distancing etc. We also built a rota of liveried delivery vehicles (ours and partners) to provide added reassurance to the most vulnerable people living alone to help them feel as safe and secure as we can.

We have heard astonishing stories through the Exeter Community Wellbeing network which we shared in weekly blogs and through our social media outlets. Our Wellbeing Exeter Community Builders continue to support local networks in their endeavours to help each other.

Our response was absolutely underpinned by many great examples of people coming together to look out for each other. As the pandemic is still a reality for us all we want to continue to nurture this and do all we can so that neighbourhoods have the help they need to look after each other and get help and support to those likely to need it most.

I am grateful for the time and effort taken by all those who have contributed to this report and I will ensure that the Council takes on board the positive suggestions for the future.

Cllr Amal Ghusain

Portfolio Holder for Communities

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We would like to thank the following groups for contributing to this report:

- Friends of Ide Lane Surgery
- Beacon Heath and Whipton Community Support
- Cranbrook Community Development
- Bury Meadows Resident Association
- Friends of Heavitree Health Centre
- Park Life Heavitree
- Newcourt Community Association
- Newtown Assistance Group
- Pennsylvania Good Neighbours Group
- St David's Community Help Scheme
- St Leonard's Neighbourhood Association
- St Thomas Community Emergency Group

And the whole of the Wellbeing Exeter Community Builder Team and Inclusive Exeter who provided a report on the Coronavirus Hardship Relief Project.

2. Introduction by Exeter Connect

This report has been compiled by Exeter Connect; an Exeter City Council funded service that provides free, independent, professional and practical support to existing and new community organisations in the city to help them develop and become self-sustaining. Exeter Connect is a service of [Exeter Community Initiatives](#) (ECI), a local charity.

Exeter City Council and [Wellbeing Exeter](#) Partnership (funded by Exeter City Council, Devon County Council and NHS Devon Clinical Commissioning Group) set up [Exeter Community Wellbeing](#), with a dedicated hotline, to co-ordinate and provide practical help and support for local people to get through the coronavirus pandemic. Through Exeter Community Wellbeing individuals and community groups were assisted to help and support each other.

At the same time people from around the City reacted very quickly and had begun self-organising at very local levels. These were all different and all unique, driven by the desire to help others and the desire to be part of the solution. Lockdown began on 23rd March with people required to stay at home and a significant number needing to completely shield. Almost immediately groups across the city formed and emerged with the intention of actively helping the isolated and vulnerable in their communities. Many of these groups became known as the Local Area Teams for their wards.

This report is a reflection and celebration of the efforts, innovation and achievement of the Local Area Teams that sprung up across Exeter and demonstrates the power of community action.

As well as individual and local groups who operated through the Local Area Teams there were also other city-wide initiatives. Inclusive Exeter, a grassroots community partnership established to give Black, Asian and minority ethnic (BAME) people in Exeter a greater voice,

operated an emergency food project to support people from the BAME community and wider community across Exeter when it was needed. This involved preparing and delivering free meals to those facing a tough time, as well as translating guidance on self-isolation, social distancing and lockdown into different languages. The project helped more than 1,000 people during the lockdown and brought together volunteers and partner groups from very diverse backgrounds, who have in-depth understanding of the needs in their communities.

3. Objectives

The desire for a report to document and celebrate the effort, innovation and achievement of the Local Area Teams across Exeter was discussed at a Local Area Team zoom meeting on 10th June 2020. People who had been involved in the local response wanted to contribute a summary of events and reflections on their experiences in responding to the pandemic and showcase the power of community action.

Whilst a huge part of the report is about celebrating the achievements, it is also an opportunity to reflect on what happened throughout, and to do so in order to use the report as a learning tool to consider how things could be done differently if a similar situation, or a 'second wave' were to arise, or if a Local Outbreak Management Plan were to be implemented in Exeter. This is a valuable part of any new process and will offer some rich insight that will have a positive impact on Exeter in the future and inform any Covid-19 recovery planning.

The people involved in local support reflected that they believed their actions had potentially taken pressure off a number of health and social care services, such as GPs. And so, it was agreed at the meeting that the intended audience for this report should include: Exeter City Council, Wellbeing Exeter and other Exeter Community Wellbeing Team partners, GP surgeries, Public Health Devon and Devon County Council, and any other agency contributors may wish to share this report with.

Exeter Connect agreed to collate the reports from the local groups to create an overarching summary document that reflects on themes and learning. This is that report. The individual reports are provided as a separate source evidence document. Whilst there was great enthusiasm for this report, it was voluntary for each local group to provide information. This report is based on the information received and is not comprehensive. This report provides only a snapshot of the community response that linked into the city-wide system and is not a formal review of the wide range of actions and agencies involved in the supporting the city through the pandemic.

4. Setting the scene

As a newly commissioned service Exeter Connect Managers started on 1st April and were immediately mobilised to support the Councils community response developed with

Wellbeing Exeter to act as a bridge between the Exeter Community Wellbeing Team and hyper local groups being support by Wellbeing Exeter Community Builders (who later became known as Local Area Teams). The role included linking offers of volunteering with local groups, sending volunteer guidance to each registered volunteer and supporting each Local Area Team as it emerged with troubleshooting and queries. The Exeter Community Wellbeing hub established by the City Council (within 48 hours of lockdown) continued to manage the requests for help and either direct them to appropriate support or pass them to a Local Area Team. Whilst the majority of residents (2,875) needing help went through the Exeter Community Wellbeing hub some residents found help directly from their local groups at a neighbourhood level. It is important to also note that some of the residents calling the helpline were supported by Exeter Community Wellbeing in other ways or referred to different agencies. For a fuller account of this see the data provided by the Council in **Appendix e**.

Exeter is made up of 13 wards, however 16 Local Area Teams evolved. These were:

- Alphington – Friends of Ide Lane
- Countess Wear and Topsham – Estuary League of Friends
- Duryard and St James – St James and Bury Meadow Residents Association
- Exwick – Community Builder
- Heavitree – Community Builder
- Mincinglake and Whipton – Beacon and Whipton Support Hub at The Beacon Centre
- Newcourt – Newcourt Community Association
- Newtown – Community Builder
- Pennsylvania - Pennsylvania Good Neighbour Group
- Pinhoe – Pinhoe Support Group
- St David's - St David's Community Help Scheme
- St Leonard's - St Leonard's Neighbourhood Association
- St Loyes – Community Builder
- St Thomas – St Thomas Community Support
- Wonford – Community Builder
- Cranbrook – Community Development Worker

Newcourt is a part of the Topsham ward. Cranbrook is strictly an East Devon ward. Newtown & St Leonards ward formed two separate teams.

Most Local Area Teams formed from an existing community organisation. Where there was no organisation to take on this role the Wellbeing Exeter Community Builder either did this alone as in St Loyes and Wonford or formed close links with other organisations as in Exwick, Heavitree and Newtown who linked with Exwick Community Association, Heavitree Park Life, Friends of the Heavitree Surgery and Newtown Residents Association respectively. Cranbrook's coordination was led by the local Community Development Worker, (employed by the Town Council), in conjunction with the Community Association and Cornerstone Church.

Pennsylvania's Local Area Team grew out of the previously established Good Neighbour Group, an initiative started by Devon and Cornwall Police, and was coordinated solely by

residents of the area. Similarly, Pinhoe saw the Community Support Group form, coordinated by residents.

St Thomas set up through the national call for Mutual Aid groups. They used a rota system led by 3 residents to coordinate their response. Friends of Ide Lane surgery coordinated Alphington's response. Together the wards formed the 'West of Exe', bringing together organisations, clubs, faith groups and services across the two wards.

It is important to stress that there were and are tens of other examples of community support, which was either arranged informally or at a hyperlocal level, for example street-based WhatsApp support groups and street level food larders and pantries. Therefore, we recognise that this report does not comprise all the community response efforts for Exeter, purely those coordinated through particular Local Area Teams.

The St Thomas Emergency Group responded to the call for input to this report but we know that the St Thomas Local Area Team as a whole supported many more residents.

5. What worked - The practical themes of how it worked

All groups reported **using a computer, creating a spreadsheet and having a dedicated phone and email address** as essential to their success. In St David's Exeter Community Centre Trust wrote a custom 'response' programme that collected the requests and referrals and sent these on to a customised Trello system for fulfilment. There was a need for **keeping records** of the volunteers and the requests for support, as well as the outcome. For teams with more than one coordinator, a rota for a seven-day check and response was established ensuring any urgent requests were not missed or delayed.

In most cases a volunteer was matched to a recipient in their immediate area and this relationship was ongoing with the same volunteer delivering the shopping/prescriptions each time. In other cases, a rota was established for those who needed regular support with a **key group of volunteers**. Where volunteers were permanently matched with a recipient the volunteer would largely organise tasks directly with the recipient and the coordinators would check in on occasion to ensure it was working well.

Most Local Area Teams found that a **WhatsApp group for volunteers** was the easiest way to put out requests for help. This was usually met with a very quick response, although it has been acknowledged that the volunteers nearest their phones and therefore quickest to respond would be the ones most used.

Newcourt took a **'streets together' approach** having a lead person for each street and a communication channel per street meaning less pressure on one overall coordinator but still giving each street lead a process to follow and means of reporting any concerns or issues.

Some Local Area Teams **created their own leaflets and posters** to promote the community offer. This came in the form of community newsletters, door to door leaflet drops, posters, community websites, Facebook accounts and WhatsApp groups which were already established. Teams also supported the repeat delivery of the Exeter Community Wellbeing

leaflets provided by the City Council which resulted in over 50,000 leaflets being posted through local letter boxes. Local volunteers targeted areas with high numbers of social housing, older people or where they knew there was likely to be a need.

Where **'Friends of' surgeries** were involved in coordination there was a **very quick response to prescription collection** and the contacting of those who were shielding; with contacts and medical information immediately available they established relationships with pharmacies. This meant residents were contacted directly rather than needing to ask for support.

St Thomas, Alphington and Beacon Heath found the best way to communicate across the number of organisations involved was to **hold regular Zoom/Skype meetings**. These teams reported this was the first time all the organisations in their area came together with a joint focus and worked together. There is the hope that the joint working will continue.

An **Exeter wide Local Area Team WhatsApp group** was formed so that the teams could be better connected and share good practice. This led to a joint Zoom meeting to further cement those connections and discuss a strategy for moving forwards once the pandemic started to ease.

Joint working was seen by most teams as a key to success. The **Wellbeing Exeter Community Builders** were also given a specific mention. They played a significant role in all wards, knowing their area well and having strong relationships with community organisations and services, as well as understanding the needs of their communities. They also have established Facebook accounts with a large number of followers which meant they could communicate with residents' right from the start of the pandemic and act as a point of contact for residents who were not sure where to go with requests or concerns.

Whilst the focus of this report is on the Local Area Teams, there were other initiatives in the city at a local level **coming together to provide practical support around a common purpose**. Inclusive Exeter was one example, BAME groups came together in a short space of time delivering hundreds of meals across the city to those who needed it regardless of race, faith, gender, class, age, disability, learning disability and sexuality. This diversity was also reflected in the volunteers and partner groups that came together to deliver the project. One volunteer said the project, 'provided a lifeline for people who couldn't leave their homes during lockdown' and added 'for me, the project also exemplifies how minority communities can self-organise and work together to help the wider community.'

6. Challenges - the main themes about what teams found a challenge

Many of the teams acknowledge the challenge of responding very quickly to the pandemic and setting up systems from scratch.

Practically, the biggest challenges reported initially included options for and arranging **payment for shopping**, whether or not to provide **volunteers with PPE** and adapting to the **changing government advice**. Every team, whether newly formed or pre-existing found themselves in unfamiliar territory and took action based on government guidance at the

time, or looking to other teams to see what they were doing. When these issues were raised with Exeter Community Wellbeing Team and Exeter Connect, information resources were put together and quickly distributed, in the form of a Local Area Team Guide.

All teams reported that payment for shopping tended to work best when volunteers paid and then took payment from the recipient afterwards or cash was given to the volunteer, neither of these proved ideal as it relied on trust as well as the volunteer having funds to spare in the case of paying in advance, or going against health and safety advice in relation to handling cash. There were a very small handful of cases where the volunteer or team were left out of pocket, amongst these we saw one instance where a couple who were having shopping delivered moved out of area before paying, and one elderly resident who thought this was a council funded service. These instances were both discussed with Exeter Connect and guidance was given for options for reimbursement through Council offered funds.

Some **challenges were about confidence with signposting or being aware of other options** or support, for example where to refer people who needed more than the Local Area Team could offer. There was a sense of grave responsibility for the people being supported, and sometimes these concerns were larger than the task at hand. Some teams felt they experienced being referred people from Exeter Community Wellbeing Team or direct from GPs or Social Workers who were **too complex for volunteers** and involved more than the usual shopping, prescriptions or gardening support. Examples of this include:

- A lady with Parkinson's Disease who asked the volunteer to enter her house to put her shopping away, make her drinks and open her medication as she was unable to
- A lady with dementia who, in conjunction with the Local Area Team and the lady's Social Worker was paired with a volunteer who found this too challenging and referred back to the lady's Social Worker
- A prescription delivery arrangement for a man who had no money to pay for his prescriptions (the Local Area Team paid for some) or any food and was unable to leave his house due to severe dizziness and unable to make outgoing phone calls
- A lady who uses a wheelchair whose carer was going to be on leave and asked her volunteer to take her to the shops to do her shopping with her

When Local Area Teams raised these concerns with Exeter Connect, Exeter Connect could liaise directly with the Exeter Community Wellbeing Team and/or advise them to follow the process in place for cases to be referred back through the Exeter Community Wellbeing Team hotline to review and action.

There were a small number of experiences where it was felt **people were taking advantage of the situation**, for example using volunteer generosity for free grass cutting when they usually pay a gardener or thinking that food is being offered for free.

The teams also report a considerable amount of **'hidden' work** being carried out. For example, following up with those who did not respond to volunteers making contact. This sometimes led to finding out a person had been hospitalised, for example, or gone to stay with relatives in another area, and this highlighted the importance of having a team of people working with the coordinators to support them. With over 1000 people supported

city wide this level of response involves a significant amount of admin time and there are inevitably more issues to manage than simply the initial matching of volunteers. The role the coordinators played goes above and beyond a simple matching service.

Other examples include being asked to support individuals and families with no food or funds to purchase food, recipients who are experiencing anxiety and mental health problems and those with care needs previously met by family who can no longer support them due to shielding. Newtown team report that **'issues around poverty and loneliness have been highlighted that are not necessarily related to the pandemic.** For example, one resident didn't have a bed, duvet or TV... one of the Council's hotline staff organised these for him and asked the group if they could organise collection and delivery of a bed'.

Another theme in terms of **challenges came about once restrictions eased.** As Bury Meadow found, as 'volunteers returned to work, people were matched with new ones, however, expectations were that the same service would be continued in respect of payment methods (and) days attended'. Issues such as this may have been easy to fix but involve coordinators taking time to communicate to all parties involved.

Another challenge was **volunteers over the age of 70**, who were then required to shield. St Thomas Emergency Group found 'our ability to help has been greatly hindered by the restrictions brought about by this particular pandemic due to age, health susceptibilities and key workers. We need to engage with a broader age range of residents, but we have struggled to interest people when no emergency seemed likely. Now one has come along and we find ourselves almost useless'.

Early on, some areas experienced a **delay in receiving the Exeter Community Wellbeing Hub information leaflets.** As previously mentioned, a number of teams and Community Builders helped resolve this, and the Council ensured that Exeter Community Wellbeing was also promoted through a number of channels including local media, paid for radio adverts, a range of social media outlets, shops and pharmacies. Whilst there was some concern about some households' not receiving leaflets the Council has reported that calls to the helpline and the website continued throughout so the message was clearly getting out to people that help was on offer

Some teams would have **liked a more coordinated response** between Local Area Teams, Exeter Connect and Exeter Community Wellbeing Team. Some reported not being clear of the role of Exeter Connect when the service started and immediately started supporting the pandemic response.

Everyone was finding their feet at the outset, learning as the situation unfolded. Some local groups went into immediate response mode and weren't sure what others were doing. Possibly there could have been a **clearer communication** from Exeter Community Wellbeing about who they are, their remit, and how they are connected to wider networks and how they would work with local area groups. This is easy to say with the benefit of hindsight but an important issue to ensure it is given priority in future.

During lockdown there were **requests for clearer information** around DBS, GDPR and safeguarding processes The Exeter Community Wellbeing Team put together a an

information pack for every volunteer registered and from very early on, a more detailed guide for Local Area Team Coordinators was put together in response to requests for more specific information. Exeter Connect worked with Exeter Community Wellbeing Team to ensure all of the areas of concern were covered and that the most up to date information was used.

The need for closer communication and a coordinated response arose again once the government guidance for the ending of shielding came out and teams looked to wind down their offer. Again, this was an unprecedented scenario and some teams would have liked more guidance on how to withdraw the support they had been offering, and to do this in an agreed approach with the backing of, Exeter City Council and the Exeter Community Wellbeing Team, so there was a city wide joined up approach to this. The City Council maintained direct communication with the people who were on the NHS Shielded list and kept them informed of the government's plans in relation to the national shielding programme.

There were very occasional data issues, for example the date of birth information needed for prescription pickups was not always given and there were some instances where requests for prescription collection sent from the Exeter Community Wellbeing Hotline were duplicated meaning time was wasted matching volunteers.

7. Celebration of achievements

A table summarising numerical data of interest, including numbers of people supported, is provided as Appendix a.

Here is a summary of themes of achievements:

There was a strong theme on **deepened connection and relationship building** and a clear want to celebrate and continue this. Alphington said a key achievement was bringing together the key community groups and individuals, sharing knowledge and skills and working together to co-ordinate a response. Beacon Heath shared that real partnership between individuals and groups in the local ward developed. Exwick said 'part of the success has been bringing together community groups and individuals, sharing knowledge and skills'. Newtown reflected that some residents were more connected to the community than they had been before. St David's said 'new connections (were) made at neighbourhood level which emphasised a culture in St David's of 'we help'. St Loyes saw a local residents Facebook group increase from 113 members to over 450.

Another theme was about how proud the areas were of their **prompt response and clear communication** with their volunteers and residents. Bury Meadow and St James said 'we were pleased with how the needs of the community were met and how seamlessly our processes worked. Recipients were generally very grateful and appreciative of the volunteers who were helping them. Follow-up was valued by recipients and volunteers and enabled us to adjust our processes'. St David's said 'we received Covid-19 funds very quickly from both councils which enabled us to set up the response system'. Beacon Heath and

Whipton had 'over 20 volunteers delivered specially designed leaflets advertising contact details for BHWCS and other support services to 5000 homes in the community. The Beacon Centre has its own website... and expanded this to include a BHWCS area... and also used a Facebook Group Beacon Heath Together, set up by one of the volunteers, to communicate with the community'.

There was huge **praise for the volunteer effort** too: Bury Meadow and St James said 'volunteers were a joy! There were also many volunteers who didn't get the opportunity to shine, but they were there and willing, which is the important bit'. Heavitree said 'the main success has been the connections and friendships made when requests for regular shopping have been matched with a volunteer living nearby'. Newtown commented on the 'kindness, enthusiasm and integrity of volunteers'. St David's said 'The volunteers were fantastic; They, and we, were so flexible – we were covering the phones and emails from 9am and sometimes got calls (quite tricky calls to handle) as late as 10.30 pm'. Wonford said that 'some of the volunteers have gone on to offer their time to ongoing community projects in their area'.

Compassion and kindness also shone. St David's 'bought cards to give to people who were self-isolating and alone' and received comments of gratitude including one distant family member, and a grateful recipient said 'you saw it was my birthday and bought me flowers. Thank you so much.' Alphington also commented on the 'overwhelming level of generosity from local people' in relation to the number of food donations to the St Thomas Food Larder. St Leonards commented on the people who were given phone support.

Others shared some of the **new ventures that have come out of the pandemic**: For example, Newcourt residents arranged a regular community virtual café morning, had people using their community allotments at the community centre when restrictions allowed and an organised aerobics session for people on their balconies. There have been a number of book exchange or library initiatives, as well as food sharing, pantries, food parcels and hot food projects around the city.

Some reflections on the future of the Local Area Teams include:

All groups plan to return to their usual business post COVID-19, albeit with stronger connections and a renewed sense of community. There have been conversations with individuals wishing to continue volunteering and offer support to their communities as well as existing groups who plan to continue working with new partners to provide a wider community offer.

Alphington wish to continue with their community network and report that the church will continue to offer the COVID-19 Community Larder on a reduced basis into the autumn.

Beacon Heath have developed food initiatives for those who are in receipt of free school meals in two primary schools in the area and plan to maintain a provision throughout the school summer holidays for those families. They also reflect that 'we will be able to quickly respond to further outbreaks as the infrastructure is now built and we have a strong base of excellent and committed volunteers who will support as they are able'.

St Thomas Emergency Group have recognised growth needs 'going forward we will remain as an emergency response group but need to address issues such as IT skills, social media and maintaining a bank of volunteers who are under 70 (and do not need to shield)'.

8. Conclusions: Learning and recommendations

What would we keep and what to do differently?

- Practical things needed to run well

A **clearer system for payment for shopping**. Despite Supermarkets setting up shopping vouchers that were available to purchase online these were not reported to be widely used in Exeter – we therefore need to ensure better promotion of this in future or devise a local system.

Whilst nationally the pandemic led to GDPR requirements being relaxed groups would feel more confident if there were **clearer administrative processes** for how to keep individual information safe under GDPR rules, and clearer expectations for working with volunteers, e.g. is there a need for a DBS check. For newly formed groups a significant amount of personal data was shared and is now stored on personal laptops/devices of individuals who are not part of an organisation. For established organisations they will have their own policies and procedures already in place. Exeter Connect sent out guidance on GDPR, DBS, Safeguarding and Public Liability Insurance to all teams on 20th July 2020. A future recommendation would be that guidance be sent to Local Area Team co-ordinators as early as possible, especially for new groups, to avoid concern and aid the setting up of systems and processes on a local level.

Alongside this, a **process for sharing best practice** for recording information, or approved guidelines in case we have a second spike and need to start up again.

Having **access to funding** is important. For new groups who are unfamiliar with getting grants potentially clearer information about funds available and support for applying would be useful. Both Exeter City Council and Devon County Council emergency funds were well promoted and many teams benefitted from these. Giving each Local Area Team a pot of £250 to get them started would be a recommendation for the future as well as the promotion of similar grant funding streams.

- Whole city approach and communication

There is a desire **for closer and clearer communication**, with guidance about expectations, between Exeter Community Wellbeing Team and the Local Area Teams, if this system is needed in the future.

Supporting each other across Local Area Teams and wards was helpful and productive and looking to the future some suggested that teams could continue in some form so that there was network ready to mobilise quickly if needed in future. There may also be benefit in

having a named contact at Exeter Community Wellbeing Hub or Exeter Connect for general enquiries.

As we move out of the response phase and shielding ends there is the desire to engage with the hundreds of volunteers who offered their time and to continue to positively engage them in their neighbourhoods. Exeter Connect have emailed a survey to all who registered to volunteer through Exeter Community Wellbeing Hub and asked Local Area Teams to pass on to those who approached them directly with offers of help. This asks who would be able to offer support again in the event of a second wave, or implementation of a local outbreak management plan, as well as identify those who are interested in finding out about new volunteering opportunities in their neighbourhood. Positive responses will be linked in with their local Wellbeing Exeter Community Builder.

There is a recognition from all partners that **promotional materials are needed at an early stage** to clearly communicate to the public what local support is being offered, and to engage with local groups in the distribution of these materials to ensure all areas are covered.

- The role of the volunteer

The intention was originally neighbour helping neighbour. What emerged were different models of organising that support and so it would be useful to **reflect on the models developed** across the City and understand which model of organising was better at protecting both the volunteer and recipient of support, as well as analysing other organisational factors.

Challenges that arose:

- Situations that were outside of the Volunteer's comfort zone and or capability
- Recipients not being comfortable with support from an immediate neighbour
- Recipients having a preference as to the gender of a volunteer
- Understanding what level of information a volunteer needs to know about a recipient
- Confusion occurred on occasion whereby requests for support came from a 3rd party
- Establishing that the recipient has the means to pay for shopping
- Ensuring the recipient understands the limits of what is on offer
- Ensuring the recipient knows how to keep themselves safe

Volunteers were advised that they should refer any concerns back to their Local Area Team Co-ordinator to **avoid becoming involved in the recipient's personal issues** and the Local Area Team Co-ordinator could in turn refer them back into Exeter Community Wellbeing Hub through the hotline.

There was a suggestion that a **printed version of the Volunteer Information Pack** could be available for those offline.

Guidance for telephone conversations was given in the Volunteer Information Pack sent to each volunteer who registered. This advice included a link to comprehensive guidance written by the Royal Voluntary Service.

- Access to information

Some reflected having a **directory of organisations** available for signposting would be helpful, for example people needing Foodbank support. Information on local organisations already exists on websites such as Pinpoint, but people working within Local Area Teams may not have known this so further promotion of this existing directory would be helpful

It raises the question of **what groups need to usefully know** and where to draw the **boundaries** with respect to their involvement in people's lives.

- Exeter City Council's Exeter Community Wellbeing Hub staff had a list of contacts that were updated as new information emerged to enable them to find support for people calling the helpline. The intention was that groups would refer people with more complex needs back in to the system for help.
- In response to seeing several different lists appear Exeter Community Wellbeing Team arranged for a single list of Food Deliveries and Free Food Directory to be produced and updated on a weekly basis, as new information became available and this document was widely shared.

The key recommendation from the experience of the recent response would be for **closer communication between Exeter Community Wellbeing Team and the Local Area Teams** so that all parties know what information is being gathered about local services; guidance on what information can usefully be shared and advice about the best way to do this. All the parties involved have learned lessons from this experience. Should there be a second wave, or implementation of a local outbreak management plan, we will all be better prepared.

9. APPENDICES

Appendix a: Summary of data from Local Area Team reports:

	No. of referrals from ECWT	No. of referrals direct from community/other	No. of people supported	No. of volunteers who signed up	No. of volunteers who were active
Alphington	23	79	102	55	*
Beacon Heath & Whipton	44	90 [†]	250 [†]	101	70
Cranbrook	*	*	*‡	*	51
Countess Wear & Topsham	*	*	*	*	*
Duryard & St James	32 [†]	*	32	81	*
Exwick	34	12	25 [§]	54	*
Heavitree	43	16 [¶]	*#	113 [¶]	59 [†]
Newcourt	1	5	6 [§]	68	25
Newtown	28	12	22	47	24
Pennsylvania	20 [¶]	287 [¶]	307 [¶]	158 [¶]	*
Pinhoe	*	*	*	*	*
St David's	447 ^{**}	*	*	142	*
St Leonards	40 [†]	10	40	71	*
St Loyes	30 [†]	5 [†]	25 [†]	100 [†]	*
St Thomas	*	*	218 [†]	15 [¶]	15 [¶]
Wonford	27	1	28	38	8 [†]
TOTAL	769 [¶]	517 [¶]	1055 [¶]	1043 [¶]	252 [¶]

* No data available

† Data is an estimate

‡ The total number of shopping trips, prescription deliveries etc. was 835

§ No. of households rather than individuals

¶ Data is incomplete

The total number of shopping trips, prescription deliveries etc. was 755

** Total no. of referrals from ECWT & direct from the community

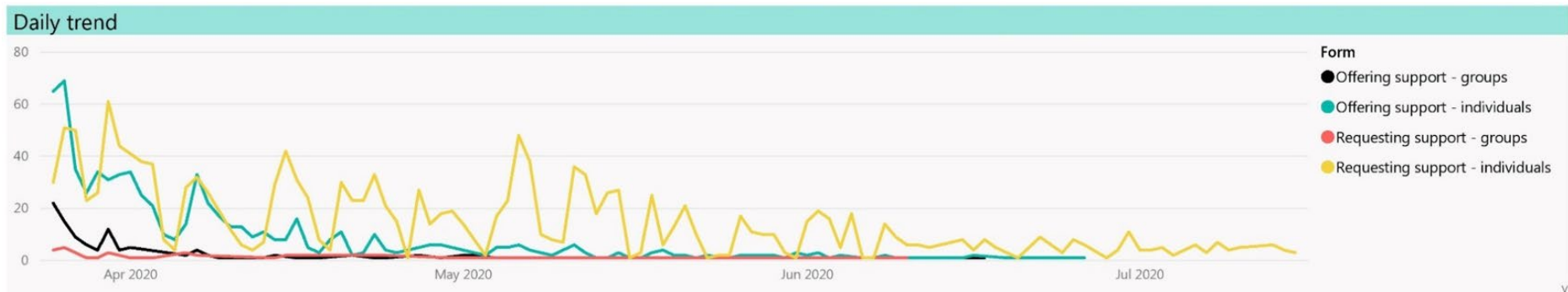
Appendix b: Statistics compiled by Exeter City Council on numbers of people supported

Exeter Community Wellbeing - Form submissions 25 March to 15 July 2020

Form type	Completed online	Completed over the hone	Total forms completed
Requesting support - individuals	491	1114	1605
Requesting support - groups	25	10	35
Offering support - individuals	662	59	721
Offering support - groups	102	8	110
Total	1280	1191	2471

As a percentage, 52% of all forms submitted were completed online and 48% were completed over the phone.

Daily trend graph:

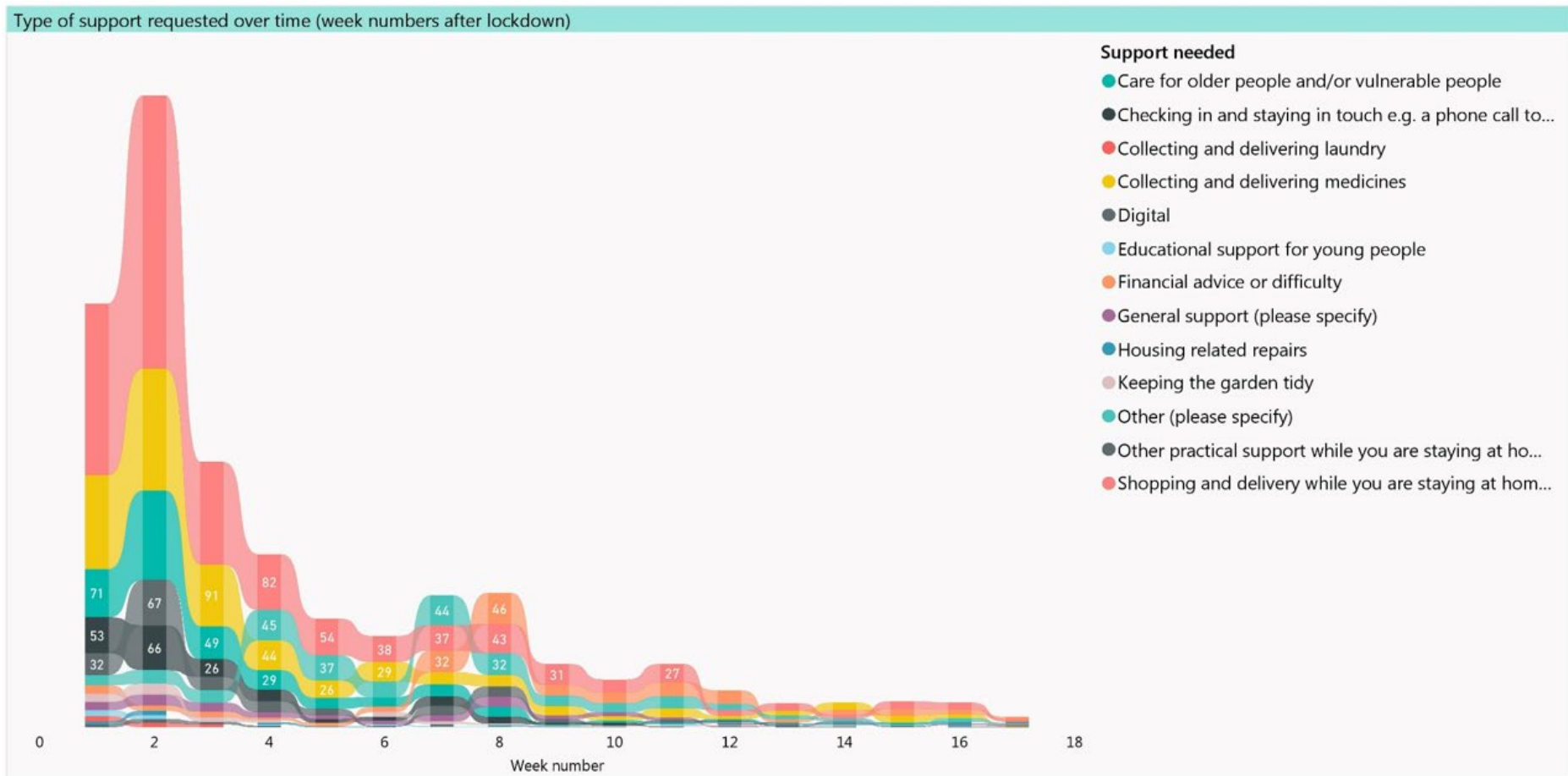




Exeter Community Wellbeing – Monthly breakdown

Month (2020)	Individuals supported	People supported by phone
March	285	107
April	624	460
May	451	365
June	192	143
July	53	39
Total	1605	1114

Exeter Community Wellbeing – Support requested over time



Exeter Community Wellbeing – Support requested by individuals

Type of support requested	Number of requests	Percentage of requests
Shopping and delivery while you are staying at home to stop the spread of Covid-19/Corona (self-isolating)	1082	36.99%
Collecting and delivering medicines	559	19.11%
Care for older people and/or vulnerable people	318	10.87%
Other (please specify)	258	8.82%
Financial advice or difficulty	189	6.46%
Checking in and staying in touch e.g. a phone call to check on someone	174	5.95%
Other practical support while you are staying at home to stop the spread of Covid-19/Corona (self-isolating)	148	5.06%
General support (please specify)	82	2.80%
Keeping the garden tidy	45	1.54%
Educational support for young people	21	0.72%
Collecting and delivering laundry	18	0.62%
Digital	18	0.62%
Housing related repairs	13	0.44%
Total	2925	100%

Does the person have a disability?	Percentage of responses
Yes	45.55%
No	29.86%
Don't know	19.46%
Prefer not to say	5.13%

Disability types	Number of requests	Percentage of responses
Physical disability	407	46.73%
Mental health or emotional disability	195	22.39%
Unseen disability	84	9.64%
Other	82	9.41%
Learning disability	39	4.48%
Sensory disability	39	4.48%
Prefer not to say	19	2.18%
Developmental disability	6	0.69%

Age range of applicants	Number of requests	Requests as a percentage
0-10	2	0.26%
20-29	47	6.13%
30-39	84	10.95%
40-49	112	14.60%
50-59	106	13.82%
60-69	122	15.91%
70-79	162	21.12%
80-89	95	12.39%
90-100+	35	4.82%

Exeter Community Wellbeing – Support provided to individuals

Recorded outcome	Count	As a percentage
Local Support Group / Organisation introduction	355	26.51%
Urgent response (ECCT) support	331	24.72%
Information / Advice provided	201	15.01%
Community Builder introduction	133	9.93%
Other	104	7.77%
Shielded Person Food Parcel	99	7.39%
Foodbank introduction	52	3.88%
Community Connector introduction	19	1.42%
Hardship Fund connection	19	1.42%
Care Direct referral	13	0.97%
Housing support introduction	10	0.75%
Early Help connection	3	0.22%
Total	1339	100%

Exeter Community Wellbeing – Individuals requesting support by Ward

Ward	Count	As a percentage
St David's	218	11.20%
Mincinglake & Whipton	215	11.04%
Newtown & St Leonard's	210	10.79%
Heavitree	178	9.14%
Priory	170	8.73%
Exwick	161	8.27%
Duryard & St James	159	8.17%
St Thomas	148	7.60%
St Loyes	122	6.27%
Pennsylvania	117	6.01%
Pinhoe	104	5.34%
Topsham	78	4.01%
Alphington	67	3.44%
Total	1947	100%

Appendix c: Exeter Community Wellbeing volunteer information pack



VOLUNTEER INFORMATION PACK

1. Concerned about a resident
 2. Staying safe while volunteering
 3. Telephone support guidance
 4. Shopping guidance
 5. Safeguarding/DBS information
 6. Letter to show police if stopped
-

This information pack is being sent out to everyone who has registered an offer of volunteering to support the community action response to COVID-19. It contains practical information about volunteering and information on keeping yourself and others safe.

1. If you are concerned about a resident

Being aware of your own wellbeing and boundaries whilst volunteering is paramount. The roles you are being asked to carry out should not include any personal care. Medical care should be provided by professionals, or specialist volunteers with the appropriate skills, training and checks. The roles will be coordinated through the Local Area Team and you should not be asked to do things directly from a resident. You must report back to the Local Area Team Lead or Community Builder if you have any concerns about what you are being asked to do.

If you are concerned about the wellbeing or safety of an individual you are supporting, anyone in their household or another volunteer please raise it with your Local Area Team Lead or Community Builder. They will be able to raise concerns or make appropriate referrals.

You are never expected to give medical advice. You can suggest the person contacts their GP, calls 111 or, in emergencies, call 999.

2. STAYING SAFE WHILST VOLUNTEERING:

- Before performing any task, it is very important to make yourself aware of [up-to-date Coronavirus guidance](#) and don't perform any tasks that you feel do not meet these. This includes being aware of conditions that put you at higher risk of contracting Coronavirus and may limit the volunteering roles you are able to carry out. These may change over time so please check the [latest NHS guidance](#):
- Before volunteering, please make sure you have considered your own health and wellbeing, any caring commitments you may have and who you need to make aware that you are volunteering. If you feel at all unwell, do not volunteer
- It's also helpful to think about how long you may be able to volunteer for, make sure someone knows your whereabouts and how long you expect to be out
- Avoid any situations that make you feel uncomfortable or unsafe and be prepared to leave any situations quickly if necessary
- Irrespective of current advice on social distancing, you should **not** enter the resident's home. Leave any deliveries on the doorstep or in a safe place you have agreed
- Ensure you are able to call emergency services if necessary (ie charged mobile phone)
- Wash your hands regularly, especially before and after you deliver any items
- Try to support people who live close to you so you don't travel longer distances
- If you make a delivery, stay two metres away from the person at all times. Place the items outside their door and then step away
- Be aware of confidentiality – we advise you do not share personal information about yourself and you must respect the confidentiality of the resident
- If you want to discuss anything about your volunteering activities, please raise them with a Local Area Team Coordinator who will be happy to take time to talk to you to debrief. This is an important aspect of looking after your wellbeing whilst volunteering.
- If you have a concern about the actions of a member of the Local Area Team or do not feel issues have been resolved sufficiently, you can contact Exeter Connect for advice and support: info@exeterconnect.org.uk

3. TELEPHONE SUPPORT GUIDANCE

- Arrange the call at a mutually convenient time

- Respect confidentiality and do not disclose any details the resident shares with you. Also consider confidentiality in how you store the contact details of the resident
- Ask open ended questions and respond in a non judgemental and understanding manner
- If you have concerns about the resident, please refer to section 1 and follow that advice
- If the resident requires information regarding supporting their wellbeing while self-isolating or a further supportive conversation is needed, you can suggest they refer to Wellbeing Exeter for Community Connector support. This can be done through their GP or the hotline number.

For further general information please reference [this national guidance written by RVS](#).

4. SHOPPING & PAYMENT OPTIONS

- Your Local Area Team has been given advice and guidance on payment options or may have a local protocol, and you are advised to follow these. Please contact them for clarity on payment options if needed
- It is advised you write down any payment, so that there is clear agreement. Please be aware that many people may be more vulnerable to fraud at this time. Make sure to ask for a receipt for the shopping
- It is advised you use carrier bags purchased from the shop and do not use your own or bags from the person needing support
- Items should be left at the front door or another pre-arranged covered place, in a weather-proof bag.
- No charge should be offered or accepted for the collection and delivery of items – it is a free and voluntary service. Goods should be paid for

5. SAFEGUARDING/DBS INFORMATION

- **Q. Do I need to have a DBS check to volunteer in my community?**

Many of the roles that volunteers will carry out in their local communities do not raise safeguarding issues and do not need a DBS check.

Advice to community groups: under normal circumstances we would advise that having volunteers DBS checked is a prudent safeguarding step. There is, however, no legal requirement for a volunteer to have a DBS check. Regardless of whether you choose to have volunteers DBS checked, you should ensure your group follow simple, practical

precautions such as working safely, keeping records of money spent and providing shopping receipts to safeguard all involved.

- Q. What if I have a criminal record? Will that stop me from volunteering?

If you have a criminal record you can still volunteer for most roles. If you are asked by the volunteer organiser for a DBS check for your volunteering role, you can discuss anything that is disclosed on the certificate with them.

The only people who are legally prevented from volunteering with children and vulnerable adults are those who have been barred from doing so. If you have been barred you will have been informed by DBS. If you have been barred by DBS you would be committing an offence by trying to do that work.

6. Letter



ESSENTIAL WORKER

This person is volunteering independently as part of the Exeter City Council & Wellbeing Exeter: Exeter Community Response Offer.



This key worker is helping to ensure that food & prescriptions are reaching the most vulnerable people in Exeter throughout this pandemic.

Thank you for your efforts to support the most vulnerable in society during this difficult time.

Kind regards,

Exeter Community Wellbeing Team

<https://exeter.gov.uk/wellbeing/>

Appendix d: Exeter Community Wellbeing coordinator information pack



VOLUNTEER INFORMATION PACK

INFORMATION FOR LOCAL AREA TEAMS AND COMMUNITY BUILDERS

7. Resident welfare and health concerns
 8. Coordinating the response
 9. Shopping payment information and advice
 10. Safeguarding/DBS information
 11. Letter to show police if stopped
-

This guidance is intended for the Local Area Teams and Community Builders who are coordinating the volunteer response to COVID-19 across Exeter. It contains information on how to best support the volunteers, keeping yourself and others safe, and what to do if concerns are raised. It supports the document that is sent out to all registered volunteers, and we suggest you are also familiar with this document, as it outlines the expectations and parameters of the volunteers' roles.

6. WELFARE AND HEALTH CONCERNS

Volunteers have been asked to raise any concerns directly with their Local Area Team or Community Builder so they do not take this responsibility on themselves, and so the Local Area Team is aware of the concern and can escalate it if needed. This protects the resident, the volunteer and the Local Area Team and ensures the most appropriate response can be arranged. Volunteers are given the following information:

If you are concerned about a resident

Being aware of your own wellbeing and boundaries whilst volunteering is paramount. The roles you are being asked to carry out should not include any personal care. Medical care should be provided by professionals, or specialist volunteers with the appropriate skills, training and checks. The roles will be coordinated through the Local Area Team and you should not be asked to do things directly from a resident. You must report back to the Local Area Team Lead or Community Builder if you have any concerns about what you are being asked to do.

If you are concerned about the wellbeing or safety of an individual you are supporting, anyone in their household or another volunteer please raise it with your Local Area Team Lead or Community Builder. They will be able to raise concerns or make appropriate referrals.

You are never expected to give medical advice. You can suggest the person contacts their GP, calls 111 or, in emergencies, call 999.

Please encourage volunteers to follow this guidance.

Non-emergency concerns should be directed to the Exeter Community Wellbeing Hub hotline. The hotline is open Monday to Friday 09.00 - 17.00 and Saturday and Sunday 09.00 - 12.00. They will be able to log the concern and pass the information on to the appropriate team. Telephone: **01392 265000**

When a concern is raised, allow the volunteer time and ensure they are listened to and reassured. It is important they are offered the opportunity to debrief after any concerns.

If concerns are raised with you regarding isolation and loneliness, the volunteer can make the resident aware of the Community Connector scheme. The resident can make an appointment with their GP to make a referral. More information can be found on the [Wellbeing Exeter website](#).

7. COORDINATING THE RESPONSE

To ensure that all people who are volunteering through their Local Area Teams and Community Builder are given the same information, we ask you to encourage anyone who approaches you directly to register through the Exeter Community Wellbeing hub. This is in addition to any local volunteer registration processes that may be in place.

This means we can help the flow of information to you and capture helpful information, like numbers of volunteers, as well as utilise specific skills or ensure a good spread of volunteers across the city if needed.

<https://exeter.gov.uk/clean-safe-city/community-safety/coronavirus/exeter-community-wellbeing/>

To help preserve the boundaries of the volunteers, it is best practice for the Local Area Teams to continue to be the point of contact for volunteering that

needs carrying out. Jobs should be given out from the Local Area Team centrally. This means residents cannot ask more of the volunteer than the role they were originally asked to do. Volunteers can refer residents back to the Local Area Team if they require further volunteer assistance. This reduces the chance of volunteers being leaned on too heavily by residents.

We are advising volunteers to [refer to the NHS risk list](#) before they start volunteering, and how this might affect the roles they undertake.

8. SHOPPING INFORMATION AND ADVICE

Information is provided to volunteers regarding shopping arrangements. Here we have provided the Local Area Teams with more specific information about payment options which you can support volunteers to follow.

There are several ways a transaction can be completed. These are listed below in order of preference.

- The resident orders and pays online or over the telephone, such as 'click and collect', the volunteer picks up the order using the reference code
- The volunteer does the shopping and the resident pays over the phone at check out
- The volunteer is given pre-paid supermarket vouchers or gift card by the resident
- The resident can make a payment via a Grocery Choice voucher
- As a last resort, if all previous options are exhausted, you can pay for shopping with cash. You can agree with the resident whether the cash or cheque is left before or after the shopping is delivered.
- You are strongly advised against withdrawing cash on behalf of, or using the card of, the resident.

9. SAFEGUARDING/DBS INFORMATION

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