

Collaborative communities: maximising expertise, minimising duplication

Centrestage

“What we recognised really early doors is the willingness of other partners and agencies to mobilise together...we’ve always worked with others, but you just saw a real energy of people wanting to come together and work to support communities.”

Andrew Swanson, Organisational Development, Centrestage



What was the emerging need?

Through its work ‘to build energetic and inclusive communities with the arts at the heart’, Centrestage, with its theatre, café and other activities, has become integral to its community. Even before COVID-19, Centrestage was aware that levels of food, poverty and poor mental health had been increasing in the communities around Kilmarnock. This was due to isolation and loneliness and experienced by all ages. When its theatre had to close in March, the vital formal and informal supports that were provided year round, for many people, ended.

Already locally well-connected, Centrestage could immediately identify and contact members of their community whose wellbeing was likely to suffer significantly without the support of their community, and so, who might need some crisis support. They found that confinement, loss of usual routine and reduced social and physical contact with others frequently led to boredom, frustration and a sense of loneliness.

Through its work and effective local collaborations, Centrestage understands local strengths and needs. They had already begun to ask how that knowledge and cohesiveness could be better integrated into the health and social care partnership (HSCP) plans, rather than being seen as something separate. The COVID-19 crisis has made this need more apparent.



Background to the response

Prior to COVID-19, Centrestage had a weekly footfall of over 2,000 people, of all ages and backgrounds, coming together for the arts and to eat in its community space. It also delivered activities in care homes, prisons, church halls and community centres across Ayrshire. This connected all participants into its theatre base in Kilmarnock. With sustained activities, including with schools and prisons, their community reflected a wide age range.

The Centrestage approach is shaped by a strong ethos of nurturing and fostering relationships. As a participant, Scott, said “I felt something I had never felt in my adult life... belonging. I went from someone with no voice, no choice, to someone that was in a choir group and the only question I was ever asked was, what do you want to sing?”

Through this approach they seek to address three key pillars:

- relieve poverty
- promote mental health, and
- support those who are isolated/lonely.

Insights into how health and wellbeing needs are being met in an equitable way during COVID-19

How are things different?

Whilst their three key pillars did not need to change, Centrestage knew they needed a new approach to meet the greatly increased need. Not leaving inclusion to chance, they planned how to reach those most in need under the new circumstances. They started by contacting those already part of the Centrestage community to re-establish the connection and identify where support was most needed. They also collaborated locally, initially for food delivery, and through this, extended their reach.

Centrestage reoriented completely from face-to-face activities. They addressed social isolation, mental health and wellbeing in various ways. This was done through a team maintaining phone contact and providing:

- mobile phones
- data top-ups
- writing materials
- stamps
- online interactive activities, and
- signposting other services.

Food poverty was addressed by daily preparation and delivery of food crates, including cooked frozen meals. These were prepared by local food companies Braehead Foods and Buzzworks. Toiletries, books and items for under 5's were also provided on request. These were delivered to over 1,000 households - almost 4 in 5 of the people who benefitted lived in areas of multiple deprivation.

Already recognised and trusted locally, referrals began to come from a range of other organisations such as Community Justice, Social Work, Women's Aid, Action for Children, housing associations and Vibrant Communities. Those registered with Centrestage increased by almost 50% during April and May to 1,200. During May, 620 telephone contacts were recorded - a third dealing with food poverty, and almost a half addressing issues arising from social isolation.

A poem from Scott about Centrestage and his transformation:

*I feel so welcome.
Feels like home to me.
Like a bonnie family.
Feel no pain, far less strain.
It's good to be myself again.
The past in the past.
A story of hope.
A story of glory.
It's nae mystery.
Write yer ain history.*

Key insights: Andrew Swanson Organisational Development, Centrestage

What Centrestage did that helped: “We were reactive and responsive whilst staying clinically focussed on our expertise - ensuring basic needs are met through care and compassion. Key to that were good conversations that were caring, supportive and forward looking. We trained and supported our team to focus on ‘what next’ in conversations. We also knew who to reach out to locally where different expertise was needed.”

People's needs: “We saw high levels of anxiety and fear, and a real reticence to connect with services. Many came to us sharing feelings of anxiety or something else wrong, and we were able to signpost and encourage contact with GPs and others. We also connected with people suddenly finding themselves without reliable incomes and with no experience of how to negotiate the system, such as benefits applications.”

Cross-sector collaboration: “I was encouraged by how communities just came together - people stepping up in times of crisis. One of the greatest impacts on our relationships has been with Vibrant Communities and the HSCP which we found just seemed to cement. There was real reciprocity with what they were doing as well as a recognition of the benefits of pooling resources. We've also seen an increasing alignment between the HSCP and Vibrant Communities, and a recognition that housing is part of this too.”

Future: “HSCPs can't do this on their own. I think what you've seen over the past 6 months with COVID-19, is that there is real expertise within the public and 3rd sectors that could be maximised. Less of a parental approach, particularly towards the 3rd sector, and more of a collegiate approach – if we were able to do that we would witness amazing change in our collaborative practice.”

If you are interested in exploring something similar in your area or to find out more, please get in touch. hcis.phh@nhs.net