

What can we each bring (public & VCSE sectors) to a shared endeavour of promoting the best possible outcomes for the people of Norfolk?

Please distinguish between who is bringing what (VCSE, Public, Both)

Please separate areas where there is agreement (both see as role and happy to provide) or areas where further discussion is required (caveats or disagreement)

Areas of Consensus

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- 1) Independent – empowered, safe, successful, happy & healthy, resilient, opportunities, achieve potential

VCSE – less scary, approachable, connectivity with community, trust, flexibility, efficiencies

Public – expertise, strategy, funding, statutory/regulatory, opportunities for co operation/working together

Areas of Challenge – partnership/better relationship, day services, investment in looked-after-children, assessments (adults&children), care of elderly, leaving care, change, referrals, raising of eligibility bar, different rules for statutory/Vol sec, trust

Suggestions – need transparency & level playing field, play by same rules, avoid duplication in commissioning & service delivery, improving intelligence, healthy partnerships, flexible/outcomes based commissioning

- 2) VCSE - local knowledge and expertise at grassroots level, engagement with service users is “easier”, less threatening, perceived/actual competition between vol sec organisations (GY, KL, positive partnership working & also with statutory partners), developing individuals within communities to provide services/support to own community ie grass roots orgss capacity building, vol sector able to think outside the box, adapt, change to meet need, responsive to service users’ needs compared to statutory sector – *there was disagreement about this last.*

Note added: sometimes VCSE staff are more qualified

Statutory sector – statutory responsibility, safety net – guardian of the vulnerable individual, advocating for service required, planning, communication, share information (c/services esp individuals), also referral point putting people in contact with orgs, assumed legitimacy – initial opening of doors for vol sec

Both sectors need one another

PubSec - Supporting the community to do as much for itself, wanting to work with vol sec, Improved working climate, better partnerships than ever before

Place on continuum of support – universal to e/help to safeguarding to stat responsibility

Under-valuing of vol sec workforce vs suspicion around motives of p sector

Shared aims – keeping people safe, independent

Previous expectation that universal services will not just happen, now recognized the need to do – has this created competition between pub & vol sectors?

Not sufficient integration between/with sectors

3) VCSE has better coproduction than private sector companies

NCC needs proactive outreach approach to VCSE relationship

No central area for info/mapping – hosted by? VCSE inputting not always aiming for new/shiny

NCC need to build on existing strengths within VCSE providers/provision

NCC can facilitate/broker co ordination/collaboration between existing VCSE services – via mapping

VCSE can be supported through umbrellas orgs within themselves eg CAN, NCommunity Foundation etc

NCC can support orgs with capacity – PR, championing services to public, mentioning with business dev, supporting joined up IAG to public/service users

Coming together (VCSE/NCC) to discuss & identify what ineffective practises and what they might look like in the future

NCC exchanging information between depts more effectively

VCSE sharing information – even about basic resources that are available eg AgeUK internet referral system “connectivity2

Knowledge vacuum at NCC by staff turnover

More transparency of what funds from where ie when NCC has pots to distribute, how far Norwich Charitable Trust reaches, money MUST not go unspent, especially for smaller

- 4) Voluntary Sector hold considerable trust within communities whereas there is wariness of Childrens' Services. We need to get this right. Norfolk Directory is a positive – sharing with other organisations, consistent understanding

- 5) There are basic human needs common to us all, but our roles to meet these are different.
There are some statutory, legal responsibilities – legislation best practice as to how that is discharged needs to be more explicit – and there are charitable objectives
We agree there are inconsistencies in services, gaps & duplication, and we all have a role to play to address these
Support should be structured around individuals, not structured in service silos
Vol sector has a role to hold statutory authorities to account for their duties
Vol&community sec is better place to have well established and connected links to their communities
Statutory sector could do more to make people aware of their services, duties, responsibilities rather than rely on vol sec orgss to inform people about their "rights". That would free up vol sec to provide the personal & emotional support
There are too many rungs on the ladder
Voluntary sector is best placed to provide and connect people to local preventative services and support
Voluntary sector can help to encourage people to ask for help
Funding relationship is best about being longer term, focussed on proven work, core activity and strengths, acknowledging challenge of reducing budgets.

- 6) VS – experience of delivery to the target group
Knowledge of local community needs and profile
In depth knowledge of clients' real need
Locally-based, community connected service
Faster & effective adaptation

NCC - Considerable resource, physical assets, connections, influence

Collation of information, national & local adaptation

VS & NCC - Delivery of trusted services
We are all passionate
Pathways for support are very complicated
Early Hub Model

- 7) Early help – supporting parents, whole family approach. Early help hubs – working more with them. New approach, opportunity to have more conversations in the community
Identifying a need and working upwards, bottom up approach
Grass roots development around commissioning/funding – often VCSE have to squeeze into other people’s criteria
How do we want them to work together?
Identification of need comes from grass roots, whole person approach – but when it goes to public sector funding you have to talk to many departments which dilutes & restricts the idea. One person to go to at NCC – whole approach.
Sector is flexible in meeting needs but the council is constricted by its systems
Whole community approach – at the beginning before funding comes into it – helping people to identify what’s in their community first, talking together to communities
Being part of the party – it’s not NCC’s party, VCSE’s party – it’s our party
This is longer than 2-3 years, this is 5-10 years – this is culture
An individual can be very powerful
People have ideas and want to put them into action but feel they need to be allowed and they want to know the ‘How’
Trusted trader – trying to engage with transport providers, loss of contracts
Listening/being allowed to do things differently
Structures not being flexible

How do we take forward the areas of consensus?

- 1) Development of NCAN internet referral system to VCSE wider
VCSE can be supported through umbrellas orgs within themselves eg CAN, NCommunity Foundation etc
NCC can support orgs with capacity – PR, championing services to public, mentioning with business dev, supporting joined up IAG to public/service users
Coming together (VCSE/NCC) to discuss & identify what ineffective practises and what they might look like in the future
- 2) Predicated on our consensus & mutual respect
Having earlier, open, no prejudice discussions between stat & vol sectors, about plans, strategy, solutions (not here is our plan what do you think...)
(promotes longer term working)
Have more events like this ... get to know each other
Give ourselves more time to collaborate & draw ideas/knowledge/strengths
More 'cultural exchange'
Practical ways forward: clarity about the objectives/ what are our agreed outcomes ie real jobs, infrastructure, excellent education, supporting vulnerable people, pool our objectives – what is our common agenda?
(Lists of objectives overpage – top answers = 1)
A1 support vulnerable people
B1 real jobs
C1 support family to support each other
D1 No gaps for people living with dementia to fall between
E1 Support young people to have a positive transition to later life
F1 young people under 25 in education
G1 families with children under 5 get help & advice
H1 Promote people's independence
I1 Healthy & Resilient

A2 Promote interdependence & awareness of challenges of later life
B2 Infrastructure, ex education, support vulnerable people

C2 Lessen financial disafford?/help families deal with stress, families better informed about rights

D2 Support & help at every stage (dementia)

E2 Well being (young people)

F2 Training & employment (young people under 25), 80% gave a +ve outcome

G2 And befriending support (families with children under 5)

H2 After a change in their circumstances (promote independence)

I2 Learn, dev and achieve, safe & well cared for, ready for adult life

3) Build on geographic connections & relationships (locality based services/forums)

Have 'a place' for information/introductions/referrals/collaborative working

Connections within the sector that need support & time

4) Engaging the communities together much more locally but with the right people in the room eg district/parish councils – identifying needs within those communities – brownies/scouts (local groups).

Needs to be community led – put who takes it forward – has to be NCC/VCSE – CAN to spearhead this

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Areas for future Discussion

- 1) Vol sector is engaged with private sector
 - Perceived /actual competition between vol sector orgs – partnership working (outside of areas GY, KL, but restricted – not Hunstanton to Downham Mkt)
 - Mentality – local orgs are part of community, statutory sector goes at end of day
 - Transport needed to join it up – communities remain isolated
 - Vol sector short term – inability to plan ahead funding
 - Look for opportunities to develop further – difficult to map what is out there – both sides
 - Planning ahead Public sector – into financial/political decisions, lack of longterm planning impact on VCSE.

- 2) Self-interest from VCSE due to competition is divisive
 - NCC/VCSE competition threat as opposed to seen as coproduction
 - Community Foundation could be better advertised to smaller orgs but what about others and more transparent/open sharing of what's there?
 - NCC reporting systems could be unified/singular to avoid duplication for VCSE but need to align or at least take account that lots of other funders in the mix
 - Is NCC the best host for an info portal???

- 3) Establish a common base
 - Right people, right services

Data – vol sec more detailed, NCC – broader – needs to be joined up
Devolution of funds to local level rather than countywide (economics of scale)
How know who to refer to?
Public sector – change cultural attitude around data sharing

- 4) Are we clear on responsibilities/accountabilities/requirements – differences between statutory/third sector-charity?
Are services consistent?
Services need to be based around an individual
Role of third sector in holding to account stat services
Longer term commitment of funding
Focus on core services – getting them right vs innovation

- 5) Who does best know in depth needs of individuals/family – this might be more shared information
NCC/VC could co ordinate complex
How do we capitalize on intelligence and information exchange both ways?
How can we respond to one need to be more adaptive/innovative to capacity ?? Does this vary with size of organizations? (Neighbourhood management board)
Are our values aligned?? how does the political nature of NCC affect value
How do we sustain longevity of relationships between the two
Lack of joined up between third sector organisations as well as public sector
Both NCC/VCSE must work together to engage better with health – fractured system across whole public sector

- 6) Can we have these conversations taking funding out of the equation?
How can we move forward when structures & systems are not flexible
District councils need to be in the room – have the local knowledge

How do structure these future discussions?

Understand cultural shift from “client-hugging” in fear and holding clients to sustain funding into the organisation

Need to find ways to have conversations about the implications of changes on each size of organisation

Talking plainly together

Geographical focus

NCC could focus on a central hub for organisation – link around early hubs, develop this model to include voluntary sector – develop relationships based on good relationships, collaborative working

Is there a place for voluntary sector organisations to connect with each other?

What do we need to enable people to do? ADULTS

- 1) How do vol & stat sectors work together?
Access Services: Day Services –
for ?clients with learning difficulties in KL
120 clients
£70k T&F ???
last 5 years
2 bids at £50k
in now
All ESS
specific
services

Understand savings that can be made to statutory purse

Equal validity given to the skills & experience of all vcse orgs

Removing arbitrary ?paincuts?

- 2) Enable people to have CHOICE – options about their life
 - Safe to live
 - Enough money
 - Someone to care about them which is enabling
 - Relationships/social contracts

Positive risk taking – sharing risk – allowing people to make unwise choices

Think of labels especially words like vulnerability and how this delivers

What barriers do we need to remove? ADULTS

- 1) Personal suggest finding things about 5 services – community transport is central theme, there is dependency on comm transport
Individual orgs can almost never meet the spec – can do through collaboration
NB what added vol sector value may be lost as result of this

- 2) NCC/CCG health/social care
STRUCTURAL BARRIERS to budgets and services
Improving access to housing, employment, social opportunities
Managing transitions between moves from hospital to community residential care to community
Keeping in touch with people eg use of IT

What support enables this (long & short term)? ADULTS

- 1) EG ?PMLB much cheaper by ? this
Lincs infrastructure – fleet of voluntary drivers
Can we look at how we commission transport in the community?
? training prog for volunteers
Forum for Joint Bus Planning
No one single org can deliver therefore how do we collaborate

- 2) Community development approach – community champions
Use IT solutions as well as grass roots connections for communication

<p>behaviour and actions</p> <p>Provide accessible information to enable CHOICE</p> <p>Bringing together “communities” to enable people to support others, recreating “sense of communities” networks of people</p> <p>3) Helping people to access right support at the right time with the right I&A Dip in and out of ‘the system’ – access what they need Able to communicate their needs – as a group, as an individual Professionals need to listen – being open & observant Identifying the need - asking questions Recognizing the person is the expert in their lives – we don’t know best Social interaction – connecting to communities of interest Finding out what people want Engaging the community to be the first point of contact Time to listen so you’ll be heard</p>	<p>to be supported</p> <p>Need to identify community connections/neighbourhood champions</p> <p>Time BANKS</p> <p>3) People’s attitudes & behaviours, prejudices People falling through the gaps – slipping through the net Inability to articulate their needs. We don’t listen, People don’t know where to go – don’t have a culture of asking for help We don’t always allow individuals to influence Lack of specialist knowledge We don’t make connections between what people present with & what else is going on in their lives Pride of individuals Changes in how families live/don’t live together – working children Lack of awareness of community</p>	<p>3) Teach ‘common sense’ and identifying with your community in schools – pragmatic approach Support front-line staff & training staff – give people specialist knowledge Point of contact that sees the whole person or family – wider understanding of what is out there for support – coordinates the response – community advocates/dev worker Enabling the community to do things/help itself</p> <ul style="list-style-type: none"> - early help, don’t want to ask the council - need the back-up support/systems in place - need information & knowledge around what’s out there - bringing the different aspects of
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- 4) Stopping things getting worse can be as helpful as making things better
 People influence what their services are and what they look like

CHILDREN

- 1) Raising Aspiration
- Find information to access help
 - Grown our own
 - Reach out to those who need help
 - Have life skills
 - Good citizenship
 - Fulfilling potential
 - Prepare to live independently

Pressure on professionals – time & task, restrictions on front-line, gathering feedback
 Pace of life stops us being involved

- 4) Communication – challenging behaviour, prof find this uncomfortable
 Try to fix too quickly with one size fits all
 Lack of trust particularly with statutory services – misunderstandings, think they will take things away
 Stress creates problems
 Concern that you will lose control
 Losing humanity because of regulations

CHILDREN

- 1) Difficulty speaking to socially excluded groups
 BAME/Mental health
 Technological isolation – mobile/computer access excludes others
 Transport links rurally – isolation can be generational, lack of confidence
 Lack of money – deprivation social/financial

community together
 Friday nights in the pub tear down society and build it up again by Monday

- 4) Community pubs, shops
 Need to find out people what they need, what communities want
 Have local community schemes – there's usually some reciprocity – people have something to offer
 Identifying Community Activists

CHILDREN

- 1) Parenting programmes to support good skills & positive role models – universal, based in education
 Education/rounded curriculum not just about academia – social skills
 Can there be share Norfolk

<ul style="list-style-type: none"> - Access to lifelong learning - Being safe, healthy, enjoy & achieve, economic wellbeing - Volunteering & being present in community <p>Key themes</p> <ul style="list-style-type: none"> - public information/knowledge - Consent for referral to help - Perception by Public <p>2) To be able to access their community Develop a strong sense of identity Positive & appropriate social interactions with others Develop healthy relationships & have good mental & physical health To develop resilience Employment & training opportunities</p>	<p>PR – national/local perception of Norfolk and what it can and does offer</p> <p>Duplicating offers/assessments from delivery orgs – ensuring face to face contact</p> <p>Peer support/sharing info, forward planning between VCSE</p> <p>Community engagement officers & existing council knowledge to support VCSE endeavours</p> <p>Info sharing for families and issues around data protection – GP example as direct implicit consent – issue of trust</p> <p>Consent and making sure families understand what offer is</p> <p>F</p> <p><u>Fear</u> of litigation bureaucracy of this risk management</p> <p>2) Transport is a barrier to a majority of these</p> <p>Accessible transport for those with disabilities</p> <p>Financial wellbeing</p> <p>Lack of choices – and awareness of choice</p> <p>Having their voice heard – people who listen & will be there</p> <p>Parenting skills – disabilities, mental health, lack of education, poverty, lack of positive role</p>	<p>outcomes/objectives that all can contribute to</p> <p>Joint information sharing protocol for VCSE – umbrella like CAN who could host/have a template ie CAF early help assessment that could be downloaded by an org who signs up to a VCSE data sharing protocol</p> <p>Options to engage with activities outside groups/clubs/activities – how to get the info and how to help people engage</p> <p>User friendly – not full of jargon – test language with ‘customer’ – friendly welcoming approach</p> <p>Public perception of NCC services – <u>good press</u> about social services to address perception</p> <p>2) Volunteering opportunities as a means to gaining experience for employment and positive impact on self esteem</p> <p><u>Transport</u></p> <p>Parish councils could play a role in advertising</p>
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<p>3) Access good relevant education Achieve their potential Makes an informed choices about their lives Have a safe home life Have good preparation for adulthood Have positive transitions School readiness – be prepared to access what education is on offer <u>Referral Processes</u> Credibility of information/referrals from VCS is doubted by p/sector (issue around trust) People making decisions about referrals need to speak to that y/person P/sector need to trust vol sector to make decisions that are right for service users & go</p>	<p>models, ?spobh home life (as Isolation – rural & cut off from families</p> <p>3) Parents’ needs that are overwhelming – substance misuse, m/health Training opportunities – lack of vocational training, professional development needs of staff (pitched at right level) Referral processes – gap between universal service & targeted service. If you don’t fit the criteria – developing better understanding & trust, particular issue around renewal paperwork for short breaks, some services have ended because parents have not been able to complete the paperwork, locality</p>	<p>transport services, car share Could school buses be better utilized? More transport to rural villages, Integrated transport systems Careers advice – improve links with national careers service? Work experiences for yp with disabilities – next steps Positive parenting role models Generating through the community – people who can provide support through friendship. Enables inclusion and community providing support. Vols also gain from this. Including employment, quality of training Support to employers to understand diverse needs</p> <p>3) Young carers projects etc that meet the needs of the children plus support groups for parents. Befriending for parents Training - Staff need more than ‘basic’ or ‘intro to’ staff expertise in org so interagency training, management training, staff progression Vocational training – Education health care plans to encompass a wider definition of</p>
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<p>with it</p> <p>Knowing about services</p> <p>Lack of money – don't lose sight of prevention agenda</p> <p>4) We need to enable families to understand the challenges/issues in their lives as early as possible</p> <p>Develop positive community networks</p> <p>Enable a healthy lifestyle</p> <p>Utilise the resources available on the universal pathway</p>	<p>working & early help hubs. Mapping exercises and closer working will help with trust issues.</p> <p>Where to find information about services/activities/support (Transitions)</p> <p>Lack of information – continuity of staff</p> <p>Not starting early enough</p> <p>LAC – poor preparation living skills</p> <p>Children & adult services work completely differently</p> <p>4) Fear of labelling/want one</p> <p>You don't know what you don't know</p> <p>You don't know where to go</p> <p>Fear of losing control</p> <p>The resource in the network might be unhealthy or there might be cultural issues preventing us from using the network</p> <p>Know what a healthy lifestyle looks like</p> <p>Lack of and best use of resources available in universal services</p> <p>Rurality/transport/access</p>	<p>'learning' not just formal education through schools, college. Look at life skills learning/training as part of education through VCS support orgs</p> <p>Y/people with disabilities need to promote understanding that just because you were not entitled to service through c/services doesn't mean you can't get service from adult services. Contracts for CYP for ?CLID to extend to 25 years could help with this.</p> <p>Structure of children & adult service to be more similar or have services able to continue</p> <p>Tailored approach based on needs not date set (including employment)</p> <p>4) Everyone has to take responsibility for the holistic needs of the family</p>
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