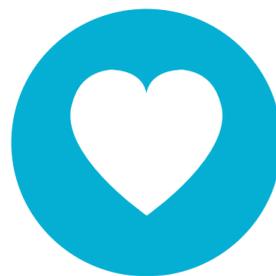


COVID-19 RESPONSE: Compassionate streets and neighbourhoods

A compassionate community response can be thought of as fitting into three categories.

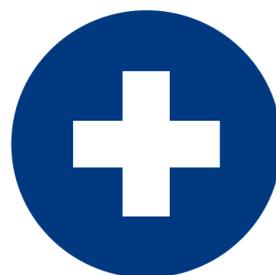
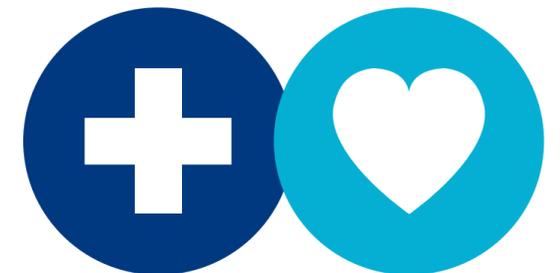


What **communities** are best placed to do

- Identify street or neighbourhood champions
- Organise street or neighbourhood teams of helpers
- Providing practical help – shopping, cooking, cleaning, gardening, and more
- Giving emotional support – compassion, love, laughter, listening, friendship and more
- Forging new connections now and in the difficult months ahead

What **communities and professionals** best do together

- Monitor and provide symptom control
- Understand nursing care at home
- Share the resources of communities and service
- Support advance care planning
- Build support around people who are grieving and isolated



What **professionals** best do

- Manage difficult symptoms
- Provide video consultations and assessments
- Give training in symptom control at home
- Link with street teams when professional resources are absent
- Provide specialist bereavement care to those with complex grief

The challenge for health and social care services during the time of the COVID-19 pandemic, in which physical distancing is a mainstay of the response, is how to maintain vital human social contact without increasing the risk of virus transmission.

Resilience of caring networks at end of life in particular can make the difference between a peaceful death at home and an emergency admission to hospital which ends in death. Carer exhaustion in end-of-life care is common in usual circumstances. Reducing hospital usage in these current circumstances is particularly important.

Providing both physical and emotional support is a demand of the heart, our own compassionate response in these times of hardship with the fears and concerns brought by the COVID-19 pandemic. **Particularly urgent is the need for support and social connection to those undergoing the experiences of death, dying, loss and caregiving.**



Information provided by PHPCI and Dr Julian Abel
www.phpci.info

COVID-19 RESPONSE:

A short guide to developing compassionate neighbourhoods

Developing community resources quickly is important now to be able to cope with the existing demands of the COVID-19 pandemic. Many streets and neighbourhoods already have this social connection in place, and these can continue as a lasting partnership amongst communities.

Going forward, developing relationships with health and social care services will benefit everyone in the long term. **How can a compassionate street or neighbourhood form, build and last?**



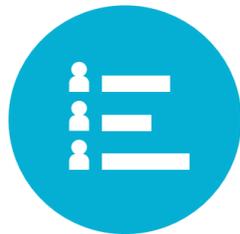
Information provided by PHPCI and Dr Julian Abel
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Identify people who have gifts, whatever they are – healthcare, friendship, practical support, cooking, ideas on how to keep children occupied, and more. This information can be gathered through posting forms through letterboxes, asking for the different kinds of help people are prepared to give and what kind of help is needed.



Develop local area communication, through WhatsApp, Facebook, and other resources. Remember, not everyone has electronic communication, so messages through doors and conversations over fences are as important as online resources.



Develop a resource where the information of richness in each street or neighbourhood is available, through GoogleDocs or other online platforms. If there are some people in the neighbourhood who can access this, then when the need arises the resource can be used as a base.



Work out at a local level what kind of support is needed. Who does the shopping and cooking? Who cares for the carer? Are there people in the team who have experience of looking after someone with serious illness or who has died? Do they have a healthcare background that could be of great benefit to the neighbourhood?

Link with healthcare, particularly with GP surgeries and palliative care teams. If people know what is going on in their immediate street or neighbourhood, then if someone has a terminal illness, the compassionate team can swing into action.

Communicate proactively between the compassionate teams, GPs and palliative care teams. Health and social care services will struggle to provide anything like the usual levels of care during the pandemic. People dying at home will need, and may have to rely on, the care and support provided by friends, neighbours and communities.

Make use of community resources as an urgent priority. If health and social care services know that there is a compassionate neighbourhood with rich resources of support, then developing good relationships with these teams will stimulate the start of reliance on each other.

Plan to start developing locally based peer support for bereavement. The best form of bereavement support, at a population level, is peer support. Community support can meet most needs, but it will not be possible to provide sufficient professional bereavement resource for everyone; specialist services focus on complex needs. Bereavement Cafés and other meeting places are vital, so that primary care teams have a place where people can go when suffering the aftereffects of the COVID-19 pandemic.

