Summary of NSPA charity member discussion, 1st June 2021

Challenges	Ideas/plans
At risk groups: • Children and young people: seeing an increase in younger children reporting suicidal ideation to some services; talk of hopelessness – coming from uncertainty about the future, chaotic families, being the carer for parents, financial worries, not knowing whether they'll be in school or if this new variant will have an impact; increase in demand during lockdown, now continuing with the return to school as for some home was better, but also friendships have lapsed over lockdowns, and pastoral care teams are extremely busy • Domestic abuse: one organisation opened emergency domestic abuse refuges in 2020, as all beds in existing refuges were full; need to work with victims, perpetrators and any children involved • Modern slavery: huge issues as severe trauma, but no rights to access services, and often language barriers. Some charities more able to help victims of modern slavery, as not the same barriers to access • Farmers: can be hard to reach, physically and digitally isolated, managing lots of changes including with Brexit, and 5-7 years of uncertainty around changes in payments systems	
Staff and volunteer well-being • Vicarious trauma among staff from working with people in severe crisis and high stress, hearing very distressing things • Social prescribing link co-ordinators facing huge demand from people in crisis, hearing traumatic information and stories but little formal supervision • When delivering an anonymous service, the impact on staff can be greater, especially as risk and safe-guarding can be harder to manage • Building new teams during Covid has been more difficult as most contact is virtual • Staff haven't taken much leave in 2020-21 – some carrying over 20 days of leave to take over next 2 years	• Clinical supervision vital for those working with people in crisis and hearing traumatic stories. Where Mental Health Trusts commission services, they often provide clinical supervision • Staff who are resilient may take on complex work, but it's more important that the system provides support and is resilient, rather than having that expectation of each individual • Weekly team meetings for staff to share experiences and reflect together, talk through incidents and acknowledge high levels of distress, provide support • Organisations thinking about how to help staff see families overseas, and manage need for quarantine etc.

Staff/volunteers and a return to 'normal'	
• Some staff and volunteers are not keen to return to face-to-face support until they've had 2 jabs, or restrictions are further lifted • Staff who have worked face to face throughout may have less anxiety, but are exhausted as have been facing the risk of public transport, being in people's homes etc for so long • Some staff don't want to be vaccinated, for a number of reasons, but increases challenges, especially when usual work includes visiting people's homes • Working from home has increased many people's hours, as demand so high and less distinction between home and work	• As things open up and there are more public events, many organisations and volunteers keen to be out, meeting and supporting people • Will be working flexibly from now on – more home-working, as can deliver a good service
Services and a return to 'normal'	
• Can't do face to face support or outreach yet • Services remaining virtual or a hybrid might work well for some, but could have a negative impact on some people in need, and not clear if there will be choice • Local talking therapies services have long waiting lists, mental health teams very busy • Some organisations concerned don't have full complement of staff and volunteers to deliver usual services • "The next few months we hope will allow us to do our job properly for the first time in months."	• 'Blended' offer/adapted services – digital with some face-to-face visits offered, different sorts of phone support and digital support • Developing 'roadmaps to recovery' for services – planning for easing of lockdown, but based on NHS advice about possible third wave, so keeping options for social distancing, PPE etc. • Conducting risk assessments for services and individuals, need to be updated regularly as rules and systems change • Working with public health teams who risk assess public spaces, focussed on ensuring these are practical not just theoretical • Thinking about how to deliver smaller group sessions, possibly in bubbles, in order to bring people together safely • Not taking on new opportunities for now – focussing on delivering existing service well and safely

Summary of NSPA charity member discussion, 13th April 2021

Challenges	Ideas or suggestions from participants
Increase in demand • More calls to helplines • More referrals (including young people when went back to school) • More people returning to services • More people contacting services who have never used them before • Helpline calls have increased because face to face not available	• Have trained staff previously providing face-to-face to support via helpline • Given talks to statutory agencies and those who may be in contact with people who are suicidal about skills of listening, responding and sign-posting • Providing monthly webinar for people who are on waiting list with overview of service, sign-posting, what to expect
Digital Exclusion/ Inclusion • Lack of access to technology or funds to use smartphones, data etc to access phone or online support • A long time for people not to be able to access support, including those who might need it most • Offering face to face support then having to move back online/phone - can lose some service users, especially if don't like phone/online, or if initial contact was face to face	• Incorporated other approaches and types of group, e.g. movement groups, online yoga, live stream for people to watch and ask questions but not be on screen • Important to focus on digital inclusion, including finding ways of helping people access digital technology • Giving people more choice, such as letters, phone calls, as well as online
Staff and volunteer well-being • Staff reporting a lot of disconnection, including from colleagues and organisation • Zoom fatigue, making team communication for wellbeing difficult • Lack of work/home separation	• Beneficial for some people, e.g. lack of travel, makes some childcare responsibilities easier, can employ people from across country

• Many teams have not met their colleagues in person yet, including those who joined during Covid • Returning to work "as normal" may be more challenging for people who are naturally introverted • Imposter syndrome is heightened working remotely because there is less connection and more need for reassurance	• Created variety of ways for people to communicate flexibly, which are not limited to video calls. E.g. instant messaging, whatsapp groups, phone calls • Leaders/ managers need to be attuned to "what is not being said" by staff/ volunteers, e.g. checking in with volunteers after a shift, keeping a close eye on rotas/workloads to avoid over-work and emotional burn out • Previous NSPA online discussion on staff and volunteer well-being is available here
The future – what might it look like? • Still lots of uncertainty – when and how will things change, and might they go back again? • Some statutory services plan to continue online delivery, and though might feel easier, is it best for those using the services? • Some services or organisations have already closed – more are likely to, adding pressure to others, or reducing support • Concerns about long-term impact of Covid and economic impact on suicidality, self-harm, young people • Concerns about the impact of the end of mortgage holidays, furlough schemes etc • Any recovery is likely to be uneven between groups, having different impacts on different groups	• With the level of uncertainty, it is important to focus on next 6-12 months, consider and have plans for what we will do if we have another lockdown, and how to keep people engaged and supported • Whilst we can acknowledge that digital communication has changed how we work, we will also plan to be back to face-to-face • Adapting services has shown us that it is possible to offer choices, and for some people option of phone or online is important • Covid has exposed some existing gaps in support and reach, and opened up options and opportunities – continue to build on those