

HEALTH AND SOCIAL CARE RESEARCH CENTRE

Evaluation of the Big Lottery funded Derbyshire Voluntary Action and University of Derby Collaborative partnership: **Community** Chesterfield project

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May 2021 Survey Report Voluntary Sector Community Groups

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Abbreviations

DVA	Derbyshire Voluntary Action
HEI(s)	Higher Education Institution(s)
UoD	University of Derby
VSC	Voluntary and Community Sector
VSCGs	Voluntary Sector Community Groups

Introduction

The BIG Lottery funds projects, which bring people together to build strong relationships in and across communities, enabling more people to fulfil their potential by working to address issues at the earliest possible stage. In Chesterfield these issues are manifest through lack of aspiration across all ages groups, poor health and well-being, a health and social care workforce shortage, and a reduction in available resources to support grassroots voluntary and community sector (VCS) involvement. The project reported here: **Community** Chesterfield is a collaborative enterprise between Derbyshire Voluntary Action (DVA) and University of Derby (UoD), is funded by Big Lottery and has the following aims and objectives:

Project Aims

1. To enable the future health and care workforce to be better prepared to care in the community
2. To enable a stronger, more vibrant Voluntary Community Sector (VCS) – up-skilled, better resourced to face future challenges, and higher profile as a career opportunity within the health and social care workforce.
3. To upskill health and social care workforce that understands the diversity of the VCS

Note: The Health and Social Care Research Centre (UoD) have been subcontracted by Derbyshire Voluntary Action to evaluate **Community Chesterfield on behalf of the University of Derby.**

Evaluation Objectives

1. Evaluating the attitudes, motivations, and extent of volunteering in the undergraduate population of health and social care and nursing students at St Helena campus using a specifically developed online survey (1)
2. **Evaluating the impact of **Community** Chesterfield on Voluntary Sector Community Groups via (1) a bespoke online survey.**
3. Evaluating the impact of **Community** Chesterfield on the **Community** Chesterfield collaborative partnership project team members (DVA and UoD), using focus group and one-to-one semi-structured interviews with specific individuals, and documentary analysis of **Community** Chesterfield project team meeting minutes, reports, aims and objectives, including via **Community** Chesterfield reference group meetings.

Scope of Report

This interim report provides analysis of data collected via online survey (number 2 above) staff members of Voluntary Sector Community Groups (VSCGs) (see table 1)

(1) University of Derby Health and social care and nursing students based at St Helena Campus	(1) Online Survey	All University of Derby Health and Social Care and Nursing students n=300 total across project
(2) Voluntary Sector Community Groups	(2) Online survey	Sample of staff members of Voluntary Sector Community Groups n=10
(3) DVA/UoD Community Chesterfield Partnership	(3) Focus group & one to one semi-structured interviews with DVA and UoD academics	Sample of collaborative partnership team (DVA and UoD) n=6
(4) Community Chesterfield Reference Group and Strategic Group Meetings	(4) Observation of Community Chesterfield Reference Group Meeting and Strategic Group Meetings	All attendees at least 2 meetings per project year

Table 1 COMMunity Chesterfield Evaluation

Methods

A mixed methods pragmatic sequential design, comprising (1) quantitative surveys via online survey platform QUALTRICS (students and VSCGs) and (2) qualitative interview data collected from DVA and UoD **Community** Chesterfield project team members, and (3) **Community** Chesterfield Reference Group and strategic group meetings (minimum 2 per year)

Ethical Approval (**Community** Chesterfield)

Ethical approval was obtained from University of Derby Health and Social Care Research Ethics Committee 12th September 2019.

Recruitment:

Survey Report Voluntary Sector Community Groups (2) see table 1:

The study was approved by the university ethics committee. Permission to distribute the survey to voluntary group leaders was received from the DVA project lead, who provided the evaluation research team with a list of email addresses. Email invitations were subsequently sent to voluntary group leaders from a research team member. Participants completed the survey during September 2020. Participant consent was assumed upon online completion of the survey. 160 voluntary organizations were emailed the survey. 66 voluntary organizations `logged-on` to the survey site; 53 consented to take part, with 38 participants completing the first question. 31 voluntary organizations completed the whole survey which is a response rate of 19.4%.

Data Collection instrument:Qualtrics

The University of Derby has a license to use Qualtrics online survey platform. Qualtrics enables researchers from academic institutions to tackle complex research challenges and deliver meaningful results.

The online survey:

A 13-item bespoke survey instrument sought to evaluate the impact of **Community** Chesterfield on VCSGs using a combination of yes/no answers, followed by free-text boxes designed to facilitate explanation of yes/no answers, thus providing rich data. Questions 1-4 covered issues around support for voluntary sectors groups, aspirations, challenges, and confidence for voluntary sector groups. Questions 5 to 11 focused on

voluntary sector groups knowledge of and experience of **Community** Chesterfield, th the final two questions (12-13) focusing on vision for the future and ability to adapt to change/challenge.

Results are presented within three themes: (1) Support for VSG work/activities, (2) Knowledge of **Community** Chesterfield, its purpose, and activities, and (3) Future challenges for VSCGs.

Data Analysis

Qualtrics presents descriptive statistics as number and percentage unless otherwise stated. Survey data were entered into Excel. The data presented in this report provides a baseline comparison for a further survey in year 3. Storage of data is in accordance with GDPR for University of Derby.

NB: This is the first survey with VSCGs i.e., in year 2 as these are additional data requested by DVA after commencement of the **Community** Chesterfield project, and as a replacement for the initial planned qualitative interviews with VSCGs.

Results

DVA indicate approximately 160 VSGs on their distribution list at the time of our survey. 66 of these logged onto the survey, 53 consented to participate, 38 completed the first question (1 of 13), and 31 completed the remaining 12 questions (13 of 13), i.e., the complete survey: response rate = 19.3%

Response rate refers to the number of VSGs who completed the survey divided by the number of VSGs who make up the total sample group. A standard response rate of 10-15% is acceptable for external surveys (outside the originating organization) in the absence of any incentive. While 19.3% could be considered a low response rate we were not concerned with statistical significance in this survey, instead being interested in gathering interim data to inform our understanding of the challenges faced by those voluntary sector groups who completed the survey. We accept our results may not be generalizable to all VSGs served by DVA.

Theme One: Support for Voluntary Sector (VS) group work/activities

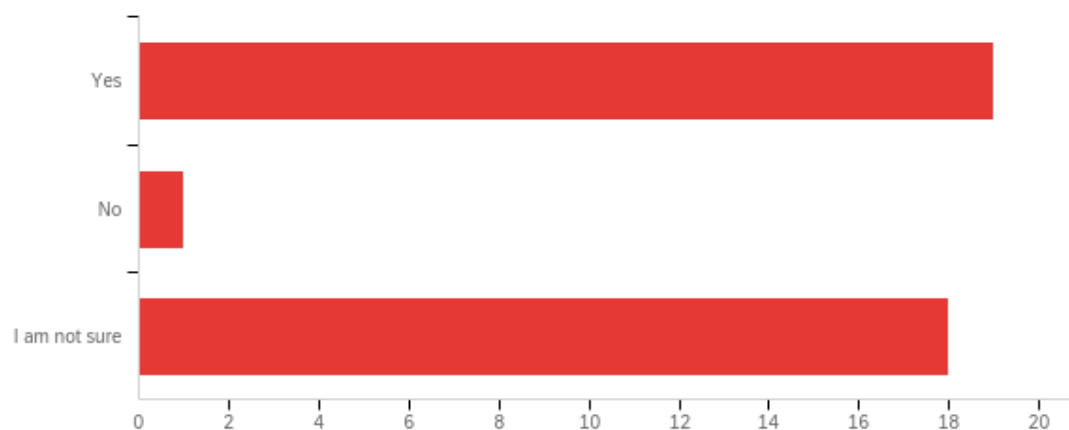


Figure 1 Does your Organisation feel supported by your local Health and Social Care infrastructure (either statutory or voluntary)?

Thirty-eight VSCGs responded to question 1 regarding support for the VSG from the local health and social care infrastructure (voluntary or statutory). 50% (n=19) felt supported, 2.63% (n=1) felt they were not supported, while 47.37% (n=18) were unsure (figure 1). While it is pleasing to see half the respondents feel

supported by their local health and social care infrastructure, just under half of respondents were unsure, which may be indicative of a lack of understanding of what support is available to them (see Table 1).

Respondents were provided with a free text box to elaborate on responses. One VSCG respondent indicated support had been excellent.

“We are provided with excellent opportunities for meetings and training which helps support our roles in the Voluntary sector”

While another respondent said;

“We have good working relationships with other voluntary sector providers and a positive working relationship with Derbyshire County Council who purchase our services for individuals to attend with others”

One VSG mentioned the support provided by **Community** Chesterfield;

*“We work well with and in collaboration other many agencies including **Community** Chesterfield Project, Social workers, support workers/carers”*

With other VSGs also directly referred to support from **Community** Chesterfield;

“they make training available to us free of charge, they help fund us, and supply staff on furlough to assist volunteers, they share relevant information and provide free training and workshops”

However, one respondent mentioned the difficulties in accessing support due to the geographical location of the voluntary group;

“we are isolated in High Peak. On everyone's boundary, so we are a SELF-HELP group in the best meaning of the word”

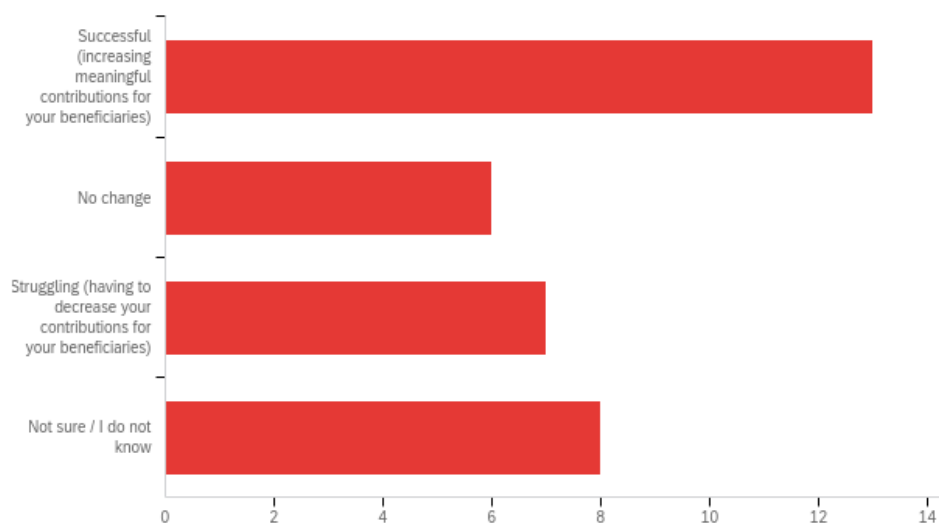


Figure 2 Where do you see your Organisation in three years' time?

We asked VSGs where their group would be in three years, and what would be needed to achieve aspirations and goals. 34 voluntary groups responded, with the majority (38.24% n=13) believing the voluntary group would be successful and continuing to make meaningful contributions to beneficiaries of the service provided by the respective group/service provided. 20.59% (n=7) of respondents however, believed their voluntary group would struggle or would have to decrease contributions to beneficiaries of the group/service provided. 17.6% (n=6 voluntary groups believed there would be no change in the service provided by the VSG, with 23.53% (N=8) were not sure or did not know how the VSG would be impacted or perform in the future (figure 2).

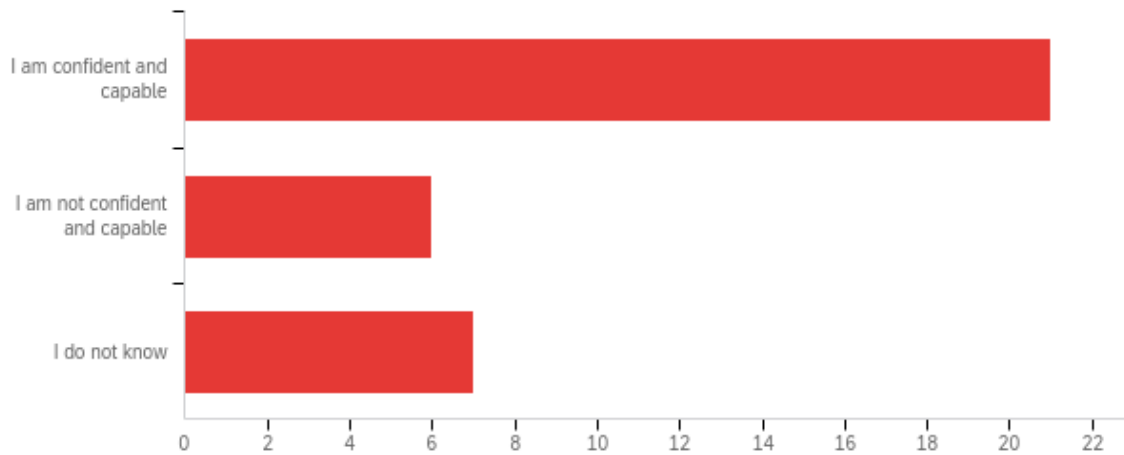


Figure 3 How confident and capable do you feel in coping with the day-to-day challenges of your organisation?

Figure 3 shows responses to the question of how confident and capable the voluntary groups feel in coping with the day-to-day challenges facing their organisation. Over half (61.75% n=21) of the respondents felt confident and capable their organization/group would cope with current challenges. 17.65% (n=6) however, were not confident the VSG would cope with current changes, while 20.59% (N=7) did not know how their VSC would cope with current challenges.

Theme two: Knowledge of Community Chesterfield, its purpose, and activities

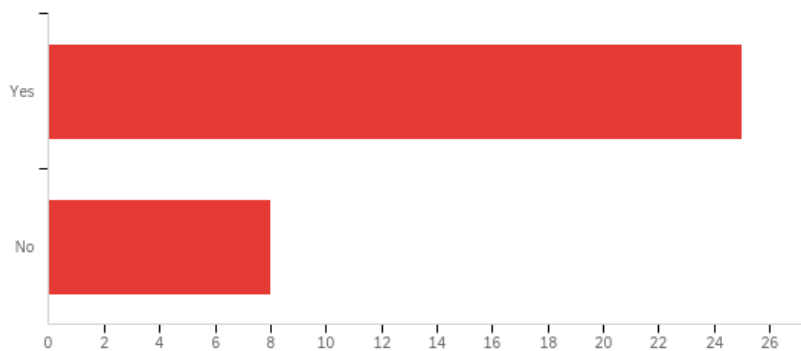


Figure 4 About the Community Chesterfield project

We were interested to find out the level of knowledge/understanding VSGs had about **Community** Chesterfield, its purpose, and activities. The overwhelming response was positive with 75.76% (N=25) of respondents answering in the affirmative (figure 4). 24.24% (n=8) VSGs did not know about **Community** Chesterfield. Respondents were provided with a free text box in which to elaborate;

One VSG responded;

“My group haven’t been meeting regularly and have had enough on just trying to keep up our support for members, most of which have been designated extremely vulnerable and shielded.”

While other VSGs commented;

“It isn’t focused on the type of work we do”

“we are otherwise engaged and busy”

We also asked VSGs about contact if any, with the University of Derby. Figure 5 shows responses to this question.

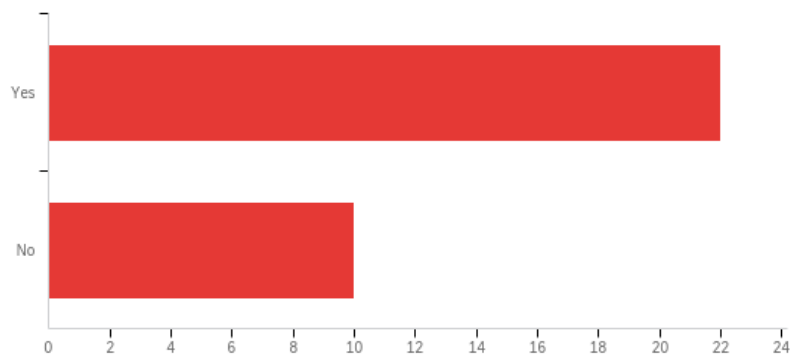


Figure 5 Have you had any contact with or worked with the University of Derby?

The majority (68.75% n=22) of VSCGs indicated some contact with the University of Derby, with under half indicating no contact with the University (31.25% n=10). We asked VSCGs to expand on reasons for a lack of contact with the University of Derby. Figure 6 indicates the majority of VSCGs (50% n=5) who were

not in contact with the University did not see how such contact would be of benefit. A smaller number (30% n=3) did not fully appreciate contact with the University was a possibility. With a still smaller number (20% n=2) suggesting the university were not interested in the VSCGs remit.

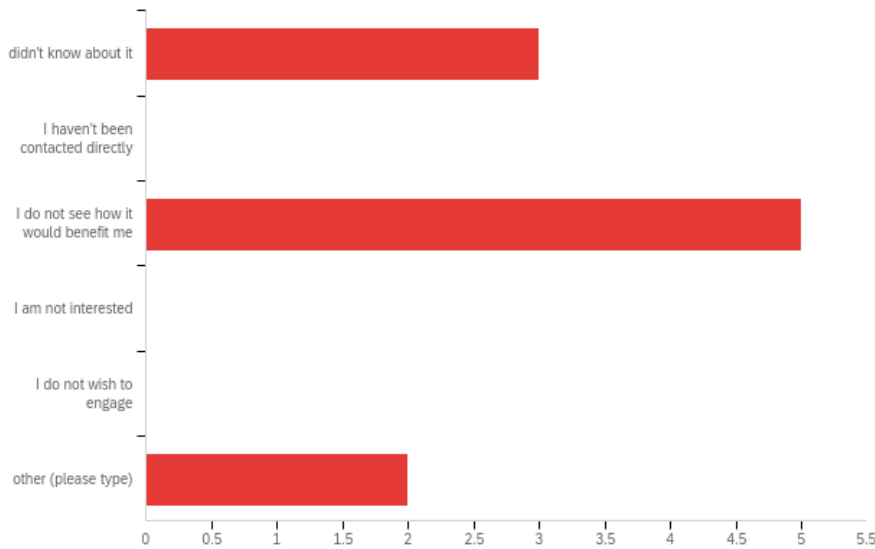


Figure 6 reasons for lack of contact with University of Derby

We asked respondents about the **Community** Chesterfield project whether they had hosted a student volunteer, placement, or project. Figure 7 below indicates 25% (n=8) of VSCGs had acted as hosts for the project. However, 75% (n=24) of VSCGs who responded to the survey had not been involved with the project.

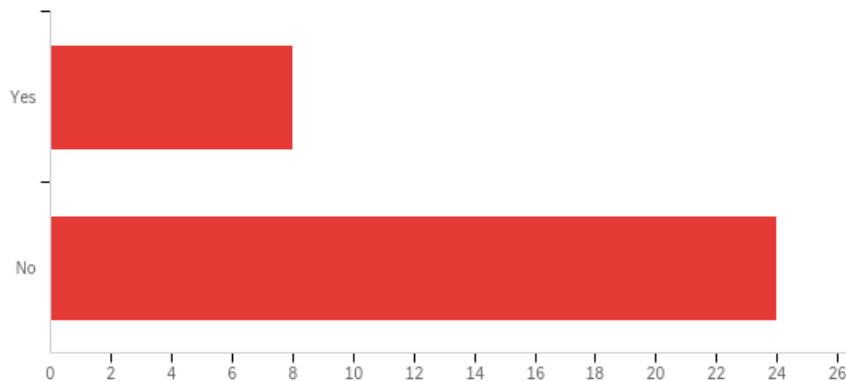


Figure 7 Have you hosted a student volunteer or placement or project?

When asked VSCGs to explain reasons for their answers with various responses including: little contact with the project team since the early days, work of the VSCG requires access to tools and facilities, which renders it impractical for student volunteering, a small organization needing time to think about appropriate student placement, organization unsuitable for student placement, organization offered a placement but no student volunteer had come forward, or an organization who did not meet the criteria set out by the project team.

We then asked VSCGs if they had attended any events at the University of Derby St Helena Campus. Figure 8 shows 62.5% (n=20) had done so, while 37.5% (n=12) had not attended any on-campus events.

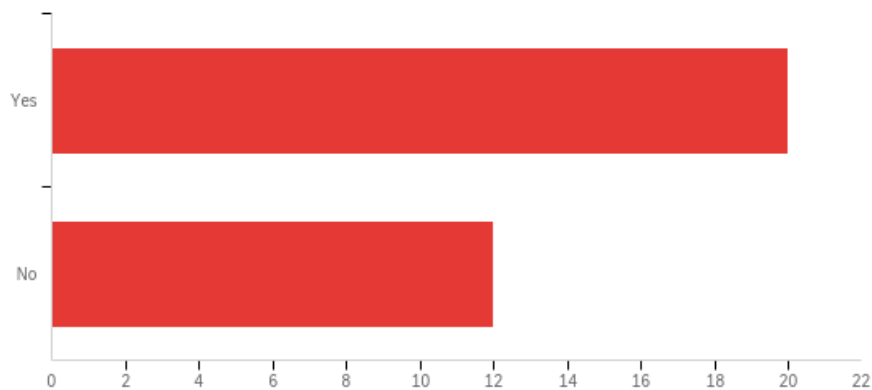


Figure 8 About the Community Chesterfield project

We were interested to know reasons why VCSGs were unable to attend **Community** Chesterfield events at St Helena Campus. 58.33% (n=7) of those who responded said they did not know about the events, with 25% (n=3) of respondents suggesting contact with the University of Derby was for specific reasons, for example to give information to Occupational Therapy trainees on specific aids/equipment produced by the VCSG. 16.67% (n=2) of VCSGs did not see how attendance at **Community** Chesterfield events at St Helena campus could be of benefit.

We moved on to ask VSCGs about access and/or attendance at training events or opportunities provided through the **Community** Chesterfield project. Table 8 below shows responses. Of the 32 VSCGs who answered this question the majority (59.38% n=19) had attended training events/opportunities, while 40.63% (n=13) had not accesses training events/opportunities (figure 9).

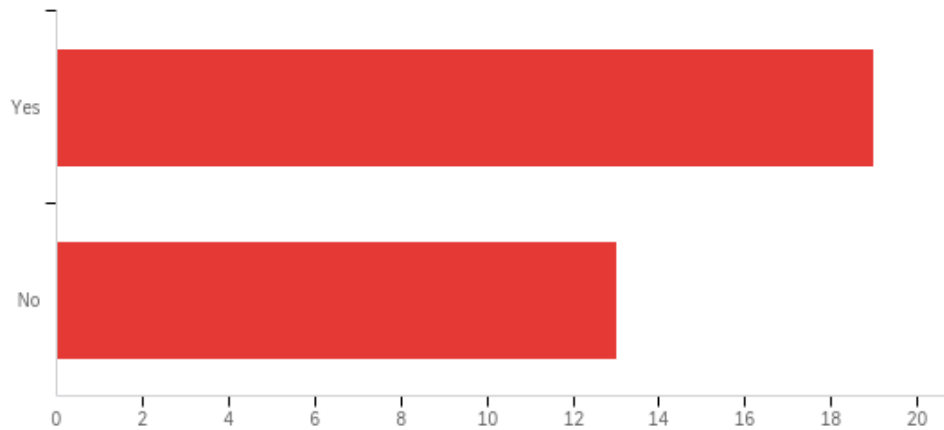


Figure 9 Have you attended any training courses provided by Community Chesterfield?

We asked VSCGs to provide clarification for their responses, with 41.67% (n=5) indicating they did not know of any training events/opportunities available to them through the auspices of the project. 16.67% (n=2) thought any such training would not be of direct benefit to them, 1 VSCG indicating they had not been contacted about training events/opportunities. 33.33% (n=4) of respondents said the **Community Chesterfield** project training events/opportunities did not cover their specific needs, or at least not at the current time, or that they were too busy to attend.

We were interested to understand the overall impact of **Community Chesterfield** on VSCGs. We asked specifically about the perceived benefits and provided opportunities for VSCGs to expand on their answers.

Answer	%	Count
I do feel I have benefitted?	83.87%	26
I do not feel I have benefitted	16.13%	5
Total	100%	31

Table 2 Benefits of Community Chesterfield project

The majority of VSCGs who responded felt they had benefited from the project (83.87% (n=26), with 16.13% of respondents (n=5) not having benefited from the project. Reasons for responses included: making

connections, increasing confidence, making the VSCG known to others, improving awareness of diversity and refugee issues, updating skills, opportunities to obtain necessary information during the COVID-19 crisis, opportunities to access training at no cost to the VSCG, support for volunteers.

The majority of VSCGs felt the **Community** Chesterfield project had left them better informed, with new or improved skills, more confidence and better connected than before.

Question	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Better informed	41.94%	22.58%	22.58%	6.45%	6.45%
New skills / improved skills	41.94%	22.58%	25.81%	0.00%	9.68%
More confident	38.71%	22.58%	25.81%	3.23%	9.68%
Better connected/networked to others	45.16%	19.35%	29.03%	3.23%	3.23%

Table 3 The impact of Community Chesterfield project on individual staff/volunteers

When asked to illustrate specific areas in which VSCGs had benefitted from **Community** Chesterfield, most often reported were governance, management, funding, marketing and promotion, and support (table 3).

Question	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Total
Governance	19.35%	19.35%	45.16%	12.90%	3.23%	31
Management	19.35%	35.48%	32.26%	6.45%	6.45%	31
Funding	9.68%	29.03%	45.16%	9.68%	6.45%	31
Marketing and promotion	25.81%	32.26%	29.03%	6.45%	6.45%	31
The support you provide beneficiaries	22.58%	38.71%	25.81%	6.45%	6.45%	31

Table 4 Impact the Community Chesterfield project had on your organization.

When asked how the project had impacted beneficiaries of the VSCGs, most often cited were help in starting new projects, improvements to service delivery or quality of service, and increasing the number of beneficiaries the VSCGs were able to assist.

Question	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Total
Started new project/service	16.13%	25.81%	51.61%	0.00%	6.45%	31
Changes or improved quality of delivery of existing project/service	25.81%	38.71%	25.81%	3.23%	6.45%	31
Increased number of beneficiaries	9.68%	25.81%	54.84%	3.23%	6.45%	31

Table 5 the impact the Community Chesterfield project had on your beneficiaries.

We asked VSGs to provide more detail on the future of their respective organizations. Responses can be categorized as either positive or negative, for example thriving and able to continue supporting local communities, to continuing with difficulty due to resourcing issues. The impact of the recent and ongoing COVID-19 pandemic was variously implicated in the difficulties faced by VSCGs, for example services having to adapt/change due to restrictions in face-to-face services/communications, and restricted access to buildings.

When asked if VSCGs had the resources to cope/adapt going forward responses were overwhelmingly positive, and centered on resilience, adaptability, good management, and a strong desire to continue against all odds, to provide local communities with an alternative to state provided health and social care.

Summary of Results

Community Chesterfield is a Big Lottery funded collaborative enterprise between Derbyshire Voluntary Action (DVA) and University of Derby (UoD). The project aimed to enable the future health and care workforce to be better prepared to care in the community, to enable a stronger, more vibrant VCS – up-skilled, better resourced to face future challenges, and higher profile as a career opportunity within the health and social care workforce, and to upskill health and social care workforce that understands the diversity of the VCS. The University of Derby Health and Social Care Research Centre were engaged to evaluate COMMunity

chesterfield on several levels (see table 13 below), including the impact of the project on Voluntary Sector Community groups. This report has presented the results of a survey of VSCGs administered in the second year of the project (see item 2 in table 13).

Communituty Chesterfield Evaluation objectives.

- 1) Evaluating the attitudes, motivations, and extent of volunteering in the undergraduate population of health and social care and nursing students at St Helena campus using a specifically developed online survey (1)
- 2) **Evaluating the impact of Communituty Chesterfield on Voluntary Sector Community Groups via (1) a bespoke online survey.**
- 3) Evaluating the impact of **Communituty Chesterfield** on the **Communituty Chesterfield** collaborative partnership project team members (DVA and UoD), using focus group and one-to-one semi-structured interviews with specific individuals, and documentary analysis of **Communituty Chesterfield** project team meeting minutes, reports, aims and objectives, including via **Communituty Chesterfield** reference **group meetings**

The Health and Social Care Research Centre were asked to evaluate the impact of the **Communituty Chesterfield** project on Voluntary Sector Community Groups. The methodology was quantitative, employing an online survey delivered via online platform Qualtrics to voluntary sector community groups.

Evaluation objective:

Evaluate the impact of Communituty Chesterfield on Voluntary Sector Community Groups

Results from the survey (see objective no. 2 above) with Voluntary Sector Community Groups show the groups felt supported by the **Communituty Chesterfield** project, especially in relation to online training, which they have appreciated during the pandemic. However, general support from local health and social care infrastructure was variable with just under half of respondents being unsure of what support is available to them. A Small number of VSCGs experienced difficulties in accessing support due to their geographical

location, i.e., at some distance from St Helena Campus. Overall VSCGs appeared to have good working relationships with both DVA and UoD where these were apparent.

Voluntary Sector Community Groups reported a good understanding of **Community** Chesterfield overall. However, some VSCGs reported patchy interaction with the University of Derby during the delivery of **Community** Chesterfield. Where VSCGs had interacted with the project their overall impression was positive. The majority of the voluntary sector groups felt positive about their ability to `survive` the impact of the pandemic and with the support of Community chesterfield to continue to provide a good service and resource to their local communities. The main issue arising from the evaluation was one of communication with and about the project. Where VSCGs had heard about **Community** Chesterfield this was limited. However, it is important to note that communication is a two-way process. Since several VSCGs appeared not to see the benefits from engagement with **Community** Chesterfield it is likely the case that other factors, for example prioritization of resources (including time), geographical location in relation to St Helena campus, and redefining the nature of the service provided, impacted the ability and motivation of VSCGs to engage with the project.

Discussion

This evaluation presents the preliminary results from the survey of VSCGs in year two of the project with the intention that a second survey will be administered in year three, thus providing a basis for comparison over time. 160 voluntary organizations were emailed the survey. 66 voluntary organizations `logged-on` to the survey site; 53 consented to take part, with 38 participants completing the first question. 31 voluntary organizations completed the whole survey which is a response rate of 19.4%. The survey asked respondents to comment on perceived benefits derived from engagement with **Community** Chesterfield, and to comment on the future of their respective organizations in the current climate.

Responses to the survey in terms of interaction with **Community** Chesterfield were varied. On the one hand many respondents derived some benefit from engagement with the project. However, this was dependent upon the success of communication with and about the project. It is difficult to fully interpret the comments around lack of communication with and about **Community** Chesterfield without reference to the context in which the project was delivered.

The Voluntary Sector during COVID-19

COVID-19 first reached the United Kingdom in late January 2020. By the end of March Public Health England (PHE) reported a total of 11,658 cases of COVID-19, and 1,161 deaths reported (NHS 2020). As of May 2021, the figure stands at 4.44 million cases and 128K deaths from COVID-19 in the UK (Gov.UK 2021). In response to the pandemic the UK government enforced a lock down policy with people told to stay at home and only to leave for limited exercise, medical reasons, or essential shopping. Social distancing of two metres was initiated, people were instructed to work from home where possible and to avoid public transport unless necessary. In addition, individuals with serious medical conditions were told to shield, and not to leave home.

The impact on voluntary sector organizations has been catastrophic with the largest study of voluntary sector organizations (the Barometer Study) revealing devastating financial impacts of COVID-19. Over half the organizations in the study saw demand for services surge during the first lock down period, with many organizations forced to adapt the way their operating procedures to continue to meet the needs of those they supported into the future. The same study found many examples of voluntary organizations using creativity and ingenuity in response to the new challenges brought about by the pandemic. Many face-to-face services were moved online as COVID-19 accelerated a digital transformation in the voluntary sector (The Centre of

People, Work and Organizational Practice Nottingham Trent University 2021). The role of the VCS in both strategic response and on-the-ground action has accorded it renewed respect and credibility over recent months (Thiery et al, 2021). However, the funding situation remains uncertain for VSCGs and the sector. At the same time demand for voluntary and community sector services has increased exponentially, with staff experiencing fatigue and an overwhelming sense of responsibility and care and compassion for local communities. The results from our evaluation of **Community** Chesterfield are consistent with the Barometer study.

The **Community** Chesterfield project was conceptualized prior to the COVID-19 pandemic. However, the impact of the pandemic has impacted the work of the VSCGs and the project itself in terms of the remit of the individual voluntary groups, and the vision, aims, objectives and intended outcomes of **Community** Chesterfield. The VSCGs, where they were able to access **Community** Chesterfield events/opportunities found these beneficial. However, in many instances lack of resources and patchy access to information prevented full engagement, especially with those VSCGs operating at some geographical distance from the `centre` (in this case St Helena campus, Chesterfield). The effects of demographic variables and location relative to the `centre` of activities has been shown to heavily influence the characteristics of neighborhoods directly around them and what can reasonably be achieved due to structural and geographical barriers (Riser and Halseth 2014). While the impact of COVID-19 on the VCS will not become apparent for some time, perhaps decades as the government and successive governments come to understand and rethink the architecture of the state, nevertheless there may need to be a rethink of government-civil society relationships and policies to deliver services to increasingly diverse communities and to recognize the role the voluntary sector plays in fostering population and community resilience (Brouselle et al, 2020).

Conclusion

The relationship between voluntary, community, local authorities, and national government (NHS and Health and Social Care provision) is critical. The voluntary and community sector are key partners in delivering services and for providing critical infrastructure, for example local and neighborhood community Centre's. At times of crisis, such as a global pandemic, where the local impact requires community level responses, this working relationship is critical to provide rapid, bespoke, and localized support, tailored to local conditions. In terms of government policies these have historically emphasized collaboration and partnership between health and social care service and the voluntary sector. However, the degree to which this has been successful is reliant on the extent to which structural integration of voluntary sector organizations/groups are able/enabled to move beyond narrow boundaries in which they often operate to work within larger and more complex health and social care systems of service planning and delivery (Glendinning 2003). **Community Chesterfield** encapsulates the ideology of partnership working. However, in so doing the project has encountered many of the challenges in such working, for example understanding a shared vision, supporting members of the partnership with different and sometimes conflicting goals and needs. In saying that it is important to note the issues and challenges partnership working in collaborative settings, which are often difficult to resolve. As such it is important to consider realistic, rather than idealistic expectations of what can be achieved within the available resource and environmental context of the partnership.

References

- Brousselle A, Brunet-Jailly E, Kennedy C, Phillips S D, Quigley K, Roberts A (2020) Beyond COVID-19 Five commentaries on reimagining governance for future crises and resilience. Canadian Public Administration. Available at <https://onlinelibrary.wiley.com/doi/full/10.1111/capa.12388>
- Glendinning, C (2003) Breaking down barriers: integrating health and care services for older people in England. Health Policy 2003 Aug;65(2):139-51. Available at <https://pubmed.ncbi.nlm.nih.gov/12849913/>
- Gov.UK (2021) New Cases and deaths Available at [total covid deaths uk - Google Search](#)
- Riser L, and Halseth G (2014) On the Edge in Rural Canada: The Changing Capacity and Role of the Voluntary Sector. Canadian journal of nonprofit and social economy research. Accessible at <https://www.anserj.ca/index.php/cjnser/article/view/162>
- The Centre of People, Work and Organizational Practice Nottingham Trent University (2021) Available at [Impact of Covid-19 on voluntary sector and social enterprises to be explored in major new study | Nottingham Trent University](#)
- Thiery H, Cook J, Burchell J, Ballantyne, E, Walkley F, McNeill, J, (2021) 'Never more needed' yet never more stretched: reflections on the role of the voluntary sector during the COVID-19 pandemic. Voluntary Sector Review. Available at <https://www.ingentaconnect.com/content/tpp/vsr/pre-prints/content-vsrd2000042>