

**Gwent Research, Innovation
and Improvement
Communication Hub (RIICH)**

**Learning and Improvement
Network 1: Workforce**

**Case Study 3: The use of
volunteers and redeployment
of staff**

November 2020

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1 Summary

1.1 Case Study Overview in Brief

During the first wave of COVID, communities saw an unprecedented rise in community action.

Large numbers of vulnerable people were shielded, and the nation instructed to stay at home, non-essential businesses were ordered to close and 'furlough' their staff. This led to a unique set of circumstances which resulted in a ground-swell of community action where large numbers of the workforce were available to help protect the most vulnerable within society. Within the community sector people came forwards in their hundreds to volunteer.

Within the NHS and local authorities where non-essential services were suspended, large numbers of the workforce were available for redeployment. A rapid response was mobilised across the system as case numbers in the area quickly escalated.

1.2 What did people tell us? – Summary

Redeployed staff reported the benefits of the opportunity to learn more about the system within which they work and to form strong relationships with colleagues and a better understanding of their roles and the service they are involved in providing.

Those involved felt that they provided a better service than the traditional Social Services contact centre service by adopting a mixture of preventative, strength-based and place-based approaches, providing a 'one council' approach.

Procedures and processes around DBS checks, money handling and matching skills to needs are now in-place for those who didn't initially have them. GAVO was instrumental in this as well as in triaging the volume of direct queries they received. Some of these procedures would benefit from further improvement to streamline and cut time-scales.

The third sector is keen for the system to understand that the involvement of volunteers isn't cost neutral. People who volunteer could often, easily be on the receiving end of support services and experience their own vulnerabilities. They need coordination and

on-going support. A good practice example of this was the use of social workers to support and build capacity among volunteers in Monmouthshire.

The short-term nature of funding, much of which is oversubscribed, hard to 'win' and absorbs valuable resources in an effort to secure, presents significant barriers to the continued success and sustainability of the third sector.

1.3 Moving forwards – Strategic Priorities

Review expectations of the third sector and the role of volunteers. Clarify expectations of GAVO and review potential ways to ensure the sector is sustainable through on-going, longer-term funding opportunities e.g. shared risk management approaches.

Review how the local system for volunteers could be better organised:

- Identify and replicate established models of good practice in engaging, recruiting, supporting and retaining volunteers (such as the Volunteering for Wellbeing project in Monmouthshire)
- Do we have volunteers where we need them?
- Are they being effectively supported?
- Could we develop better support and tools (e.g. Volunteering compact, volunteering handbook)?
- Can we streamline volunteer related procedures? (currently too slow and cumbersome)
- What investment is needed to effectively coordinate and support volunteers
 - This winter
 - Going forwards?

Review the redeployment of staff?

- Where are redeployed staff currently?
- What services are still suspended – what isn't being delivered, is this still right?
- Do we have redeployed staff where we need them?
- Are these staff working in a sustainable way, are they being effectively supported?

2 Case Study Overview and Rationale

LIN Case Studies Pandemic note

When this work on case studies was started it was thought that the COVID crisis may have peaked in the first half of 2020 and that therefore any lessons identified would be in a context of reflection and reconstruction. However as we enter winter it is now clear that the pandemic has entered a second phase and the case study lessons identified are presented to assist supportive improvement in the most difficult of circumstances.

This case study sets out to reflect on what has happened during the first wave of COVID in relation to the use of volunteers and the redeployment of staff. Focusing on

some examples of what worked well, how new ways of working can be embedded, progressed and sustained to ensure the local system is able to provide safe, efficient, citizen-centred responses to the local population.

During the first wave of COVID, communities saw an unprecedented rise in community action. As never before seen numbers of the population were 'shielded' or instructed to stay at home as part of the Government's national lockdown measures, designed to stop the spread of the Coronavirus, protect the NHS and save lives.

Large numbers of vulnerable people were shielded, and the nation instructed to stay at home, only venturing out for up to one hour of exercise once daily or to collect essential supplies. Non-essential shops and businesses were ordered to close and 'furlough' their staff. This led to a unique set of circumstances which resulted in a ground-swell of community spirit where large numbers of the workforce were available to help protect the most vulnerable within society.

"COVID gave us one collective purpose and made asking for or offering a neighbour help okay again"

Within the NHS and local authorities where non-essential services were suspended, large numbers of the workforce were available for redeployment. Within the community sector people came forwards in their hundreds to volunteer.

A rapid response was mobilised across the system as case numbers in the area quickly escalated. The challenges this presented included, the lack of established procedures and protocols to manage the process of rapidly and safely on-boarding and matching the volume of citizens in need with suitable support or opportunities to support others. Many of whom were previously not known to the local system.

3 What did people tell us?

3.1 Redeployment

3.1.1 What happened in the first wave of COVID

During the first wave of COVID many of the workforce reported a positive experience of being redeployed although some reported that it could have been better centrally coordinated.

Local authorities exercised great resilience through the sheer size of their workforce, a factor not necessarily available to the third sector which has a more fragmented and dispersed workforce peppered with specialisms covering a diverse range of organisations and services.

Within Health the directive was for all non-essential functions to cease and staff were redeployed to shore up essential services. While this worked well in some instances, in others people with specialist skills felt that they could have continued to work within their own service areas with better effect and less long-term negative consequences.

Many reported the benefits of the opportunity to learn more about the system within which they work and to form strong relationships with colleagues and a better understanding of their roles and the service they are involved in providing. Many welcomed the opportunity to use a broader range of skills and to develop new ones during this period.

When asked what went well “Relationship building with colleagues we wouldn’t normally have contact with. I now have a clearer picture of how everything fits together and improved working relationships. I know who to go to for what”

3.1.2 The Blaenau Gwent Example

Blaenau Gwent Locality Team Response Centre

Within Blaenau Gwent a Locality Team Response Centre was set up to give the local authority the capacity to effectively respond to the volume of queries from people seeking help and advice. The OD team issued a list of staff available for redeployment. The redeployed manager for the service provided details of the role and equipment needed (IT) to do the job. He was also involved in recruiting staff to help with the service from the Aneurin Leisure Trust who would otherwise have been furloughed. This was instrumental in getting the team set up especially in the early stages.

There was no option for staff taking calls to opt out, although staff undertaking the outreach roles were given the opportunity to say if they weren’t comfortable to do this role. So long as their manager was happy for them to be redeployed and they had the skills needed to perform the role. 1 person wasn’t happy and dropped out, but overall everyone else was really happy to be helping.

The Organisation Development (OD) Team provided guidance for staff and managers on what is expected of staff undertaking redeployment. This stated that the redeployment role takes priority, so staff aren’t trying to juggle 2 roles, although staff were allowed to do some of their substantive role if capacity allowed. Managers had to give at least 1-week notice to recall staff to substantive roles.

The new service was set up within a week with additional people recruited as needed. They worked closely with voluntary sector with the locality team largely providing telephone response, while voluntary sector provided most of the outreach workers. Work was tailored to suit people’s skills and availability of hardware to work from home as far as possible.

“Redeployed staff working on the phones have picked up the work quickly and are providing amazing support to the public who rang in for help and advice.”

The County was mapped into 9 areas and they tried to ensure people were looking after local communities nearest their home as far as possible. Also ensuring that they had no vulnerabilities themselves or anyone within their household.

Having a case management system was identified as a key enabler to the effective running and fast set-up of the service. It contained notes from every interaction with the public providing good continuity and monitoring of cases.

The service had to change and flex as circumstances changed. Gradually referrals have been handed to the voluntary sector and demand reduced. Redeployed staff started to gradually return to their normal roles from June but some continued to be redeployed to the locality teams through to September, and the service is still available for the most vulnerable and anyone self-isolating.

3.1.2.1. What went well

Those involved felt that they provided a better service than the traditional Social Services contact centre service by adopting a preventative approach, asking people (mostly unknown to Social Services) what else they needed help with. They felt they had the capacity to dig deeper and make referrals to social services or voluntary sector, providing a 'one council' approach.

"We got to know about different services and other people's work to be able to give better advice to the public and to make service referrals when needed."

People involved felt that it made the best use of skills within each team, not just those on the job description with a genuine opportunity to make good use of staff skills.

It also provided development opportunities for staff, particularly lower paid staff to gain experiences they can add to their CVs. People really enjoyed it.

3.1.2.2. Learning identified

Some staff and teams didn't initially know that they were being added to the redeployment list and being redeployed. Communications around this could be improved in the future.

Communication with substantive managers could have been better in some circumstances, particularly where changes to the substantive service were being progressed in the absence of the team.

As the service reduced and staff started to return to substantive roles, line management became less clear. The exit from the responsive set up would have benefited from a more planned approach and guidance for managers from the OD team.

3.1.2.3. Moving forwards

"We have proved we can work together effectively, remotely. With shrinking budgets, growing demand need to maintain new ways of working remotely."

Legacy funding has been secured for 2 Service Coordinators going forwards into next year. This is in recognition of the need to be able to respond to future needs. The local authority is currently looking at staff requirements for the future of the service.

Going forward, build on third sector relationships formed during COVID to develop better community links to enable the council to refer people for the right support.

Consider developing a more formal referral process to strengthen partnership working on the ground.

Consider moving away from the automated telephone system in-place of a 'one front door' approach.

Health hasn't been a very visible partner during this time, local authorities and the third sector need to consider how they can bring them in to this way of working for localities.

There are some good examples of this in Monmouthshire where GAVO is joining-up the third sector and health to support place-based approaches. These include:

- The use of volunteers to support the delivery of flu jabs within the community
- The use of surveys from primary care to identify the social care needs of citizens, particularly vulnerable people who may present to health with needs which can be met through social care interventions

"In Blaenau Gwent - Nursing staff classed as 'red' on health grounds redeployed to the COVID Data Cell. They were used for data cleansing. It's really useful as they could interpret medical terms that admin staff would have been unable to understand."

3.2 The use of volunteers

3.2.1 What happened in the first wave of COVID

In response to the national lockdown in the first wave of COVID people, many previously unknown to local social service, reached out in the hundreds to request or to offer support. There was a unique situation where many were made vulnerable by existing health conditions, age or other vulnerabilities they could normally manage without assistance. Meanwhile thousands of people were furloughed meaning that they had time on their hands and a willingness to help the national effort.

...people have shown extraordinary levels of kindness towards their neighbours throughout the pandemic and that it has brought out the best in us. People who have offered, and also people who have received, these acts of kindness have told us that it makes them feel good to be part of something and that it has helped them feel part of their community.¹

¹ Catrin Cribb, 2020, A reflective account of the social work role in our response to the coronavirus pandemic: Connections through kindness

There was a huge rise in community action through a range of unofficial neighbourly kindness, neighbourhood schemes, mutual aid or through the third sector and local authorities.

The system was thrown into a situation of rapid response to people in-need by matching people needing support with people offering support. People shielding or self-isolating initially needed essential supplies in-terms of groceries and prescriptions along with social contact to ward-off social isolation and loneliness and to protect peoples' mental health.

Organisations receiving the influx of queries weren't necessarily set up to deal with the volume and nature of requests being received and no procedures to rapidly on-board the volume of volunteers coming forwards. This meant that there was an initial period where organisations needed to effectively triage the queries they were receiving and establish what procedures and checks were needed to safeguard those receiving support.

"Volunteering was multi-layered with lots of informal, community generated activity happening."

GAVO

Procedures and processes around DBS checks, money handling and matching skills to needs have now been put in-place for those who didn't initially have them. GAVO was instrumental in helping the system to establish and manage these checks and balances as well as in triaging the volume of direct queries they were receiving, particularly at their head office in Newport. Although it took a little while for them to coordinate with local authorities about Community Connectors.

The third sector is keen for the system to understand that the use of volunteers isn't cost neutral. People who volunteer could often, easily be on the receiving end of support services and experience their own vulnerabilities. They need coordination and on-going support.

For example: "Many of the volunteers who deliver the [Education Programme for Patients] training have health conditions, so will be unable to deliver face-to-face training for the foreseeable future...."

"Triggered by COVID 19, community support has been happening on a massive scale which means that, statistically, we can expect that the volunteers will come across challenges. I don't want volunteers to be feeling anxious or nervous or out of their depth...."

"Volunteers are motivated to volunteer because it makes them feel good. This means that we have to make sure that the volunteers have support when they need it and are not asked to do things that we know they would find too difficult. We have a duty

to make sure that we're not putting the volunteers in a compromising position and also that vulnerable people are getting the support they need.²

GAVO recognises that Statutory organisations and partnerships need the voluntary sector to keep people well and avoid unnecessary involvement with statutory services. But it recognises a number of significant barriers to the continued success and sustainability of the third sector. Many are focused around the short-term nature of funding, much of which is oversubscribed, hard to 'win' and absorbs valuable resources in an effort to secure it in a highly competitive environment. Services provided by the sector are commissioned in a way that puts 'grass-roots' services at risk, it is often slow to arrive, stretching third sector organisations' limited financial buffers to the maximum and is largely not suitable for long-term provision.

3.2.2 The Monmouthshire Example

Monmouthshire's 'Understanding Need Team'

In Monmouthshire, the Partnership and Community Development Team established an 'Understanding Need Team' to take calls from the public. The Monmouthshire team found that people wanted to talk for longer than services usually had time for. The team engaged in asset/strength-based conversations to assess what people could do for themselves and what they needed help with.

"We used MS Teams. It was all set up very quickly with shared records, inductions and background reading all in one place."

It is reported that Monmouthshire provided complete and comprehensive coordination and support to groups wanting to help in COVID, providing a single route in to request and to provide help. The approach worked on a 'place-based network' approach with Public Service Board buy-in and through co-production with the community (bottom-up service design). The focus on place-based networks through network referrals and neighbourhood networks meant better outcomes for individuals and a preventative approach was adopted. They reported that hyper local solutions resulted in quicker responses.

An innovative aspect of the service in Monmouthshire, which marks it out as different to the approach adopted elsewhere, was the use of social workers in supporting volunteers effectively.

Monmouthshire recognised a need for the right skill sets, which included the need to be able to screen and assess requests for support and to add capacity and support to the volunteer workforce. It was felt that this was best met through social workers who have a good understanding of the Statutory and third sector and local systems.

² Catrin Cribb, 2020, A reflective account of the social work role in our response to the coronavirus pandemic: Connections through kindness

This ensured that volunteers were effectively supported and weren't left managing service users or potentially challenging situations that they weren't equipped to cope with.

They did this by 'borrowing' 2 Social Workers, who helped to build the capacity and confidence of the team. This meant that service users with more complex needs were appropriately referred to service providers or matched to volunteers. They were also available to provide support and answer queries from within the team.

Below is a table summarising the work that has been done by social workers based in the Partnerships team as a response to COVID 19³

What happened?	What was the impact?
Social workers carried out 'mini risk assessments' by checking on the Flo, and by having informal conversations with people, before passing their details on to the volunteers and/or to other providers	Volunteers were safeguarded against being placed in risky or uncomfortable positions. Residents were supported to receive a much needed service.
Social workers used assessment skills in order to encourage people to open up and to talk about things they might find difficult to address.	Residents felt able to be honest about what was needed and so the services that were provided were appropriate for that individual.
Social Workers ensured that the Partnerships Team spreadsheet and the database FIO were both kept up to date, reflecting any actions they had taken.	This is a form of communication. It means that colleagues in the partnerships team and in social services are aware of the work that has been done. It avoids duplication and omissions.
Using available technology, such as Teams and email, Social workers used existing contacts and developed new contacts in an endeavour to source the most appropriate support for individuals.	This fostered creative solutions and a supportive working environment.
Social Workers acted as mentors for the volunteers and provided much needed reassurance, guidance and emotional support. We have made ourselves available when volunteers have needed support.	This increases the likelihood of volunteers staying motivated and engaged.
Social Workers in the Partnerships team linked in with social workers from the statutory sector so raising awareness of the function of the partnerships team and	This raises awareness of the function of the partnerships team and the role of the social worker in that context, together with raising awareness of how this serves to address social isolation and so

³ Catrin Cribb, 2020, A reflective account of the social work role in our response to the coronavirus pandemic: Connections through kindness

What happened?	What was the impact?
its role in ensuring the council meets its legislative obligations under the act.	prevents people needing to use statutory services in the first place. It is therefore preventative and cost effective.

“[The] team contacted nearly three thousand people over the course of two or three weeks as a result of people contacting the council and at the same time the council contacting people, my colleagues and I were making ten or twenty in depth telephone calls each in any one day to ‘find out what people want’.”⁴

3.2.2.1. What went well

Monmouthshire’s Partnerships and Community Development Team appear to have achieved a coordinated approach to the community response, where other areas reported a lack of coordination, particularly early on, with a single access point for those seeking or offering support.

The addition of social work skills to the team was considered instrumental in effectively managing the volunteer response by risk assessing those seeking support and effectively supporting those offering support, ensuring that more complex needs were identified and addressed effectively and volunteers not put into compromising situations.

“...we are meeting our legal obligations, but in a far more human and accessible way than has been done, at least by social workers, for a very long time.”

The Monmouthshire team worked closely with Bridges, a local charity who match volunteers with volunteering opportunities. Bridges already had the necessary procedures and processes in-place to ensure the necessary checks and safe working practices were in-place and undertaken.

Bridges runs a ‘Volunteering for Wellbeing’ initiative which ensures that volunteers are effectively matched to opportunities and supported to continue in their roles. During the first wave of COVID Bridges focused on the provision of its befriending service to compliment Monmouthshire local authority activities. Their telephone befriending service which normally has 7-8 volunteers offering befriending, grew to 170 volunteers during the first wave.

GAVO was involved in giving clear guidance and support to community groups to keep them safe including around data sharing.

“What’s been developed in Monmouthshire is brilliant, the local authority and partners supported it with ‘what can we do to help you’ approach.”

GAVO

⁴ Catrin Cribb, 2020, A reflective account of the social work role in our response to the coronavirus pandemic: Connections through kindness

3.2.2.2. Lessons identified

“[The Partnership and Community Development] team are all about communities and partnership working, it’s a bit top-down rather than ‘grass roots’, but in COVID they stepped forwards to support local neighbourhood volunteering.”

Initially there were 5 or 6 social workers involved with the work of the team. However it transpired that 3 had full caseloads, so although they were motivated, the demands of the day job made it difficult for them to engage and stay up-to-date with the work of the Understanding Needs Team.

Many people who contacted the service felt that they believed their names should have been included on the shielding list but, for some reason, had not been. The advice given to them was that they should contact their GP to ask that they be included. Sometimes a volunteer was arranged to support them with approaching the GP, if it was needed.⁵

3.2.3 Moving forwards

The service ‘Front Door’ is now reported to be *“way out in the community”* offering a preventative approach. Monmouthshire is keen to build on this approach going forwards as it is felt that this should fit with the local authority’s redesign of services to a more community-led, place-based service provision.

Monmouthshire have successfully secured funding for 2 Social Workers through to the end of December and would like to make this a permanent arrangement.

Monmouthshire Partnership and Community Development Team are now reporting they have 60 Lead Volunteer organisations in the community, based on the number of groups within the area. With some smaller ones currently taking a break and some larger groups now recruiting ‘Street Monitors’.

3.3 Key identified lessons

3.3.1 Redeployment

Many have reported the benefits of their redeployment experiences, these include:

- Gaining a clearer understanding of the system they work within and how everything fits together
- Relationship building with colleagues
- The use of a broader range of their skills
- Gaining experience they can add to their CVs
- Identifying a better way to deliver services to citizens using a ‘one council’ approach

Things that could have worked better were focused on:

⁵ Catrin Cribb, 2020, A reflective account of the social work role in our response to the coronavirus pandemic: Connections through kindness

- Better identifying which services could be suspended to minimise the negative consequences
- Improved communications around staff redeployment and their return to substantive roles

It will be important going forwards to provide opportunities for staff to make the most of the experiences they had during this period, for example engaging them in feeding their experiences into the redesign of services.

It would also be welcomed if opportunities were created in the future for people to have some similar experiences and benefits of working within different teams from time to time. Enabling people to gain a better understanding of the system they work within and how everything fits together, to form working relationships and gain new experiences and skills will add to the future resilience of the workforce.

3.3.2 Volunteers

All though the system may have initially felt overwhelmed by the groundswell of citizens coming forwards to volunteer. There are now procedures, processes and practices in-place to ensure that people are effectively matched to safely provide support within their local communities.

As people return to their day jobs, the challenge for the local system is to maintain the community spirit and capacity of volunteers in the long-term. Local authorities and GAVO are looking at ways to keep people engaged in the well-being of their neighbours and local communities whilst having less time available to volunteer.

There is scope for the Gwent system to continue to learn by looking at examples of good practice, some highlighted within this case study.

The opportunity to share learning is relatively untapped within the Gwent Region and would provide an ideal opportunity for partnerships to start to reform and share their experiences.

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