Volunteering Subject Liaison Leads Report for the VCS Emergencies Partnership

June 2021

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Introduction and Background

The Volunteering Subject Liaison Leads (VSLL) project was commissioned by NAVCA on behalf of the Voluntary and Community Sector Emergencies Partnership (VCSEP) to be delivered during the months April to June 2021. The research team undertaking this work were Surrey Community Action (SCA) Durham Community Action (DCA) and Community Action Bradford & District (CAB&D).

The aim of this piece of work was to gather views, insights and opinions about the relationships between VCSEP Local Infrastructure Organisations and Leads (LIOs and LLLs), other partners in the VCSEP, and VCS organisations within two geographical areas: North of England and South East England.

Previous research has quantified the outputs of VCSEP work and should be read alongside this report[1].

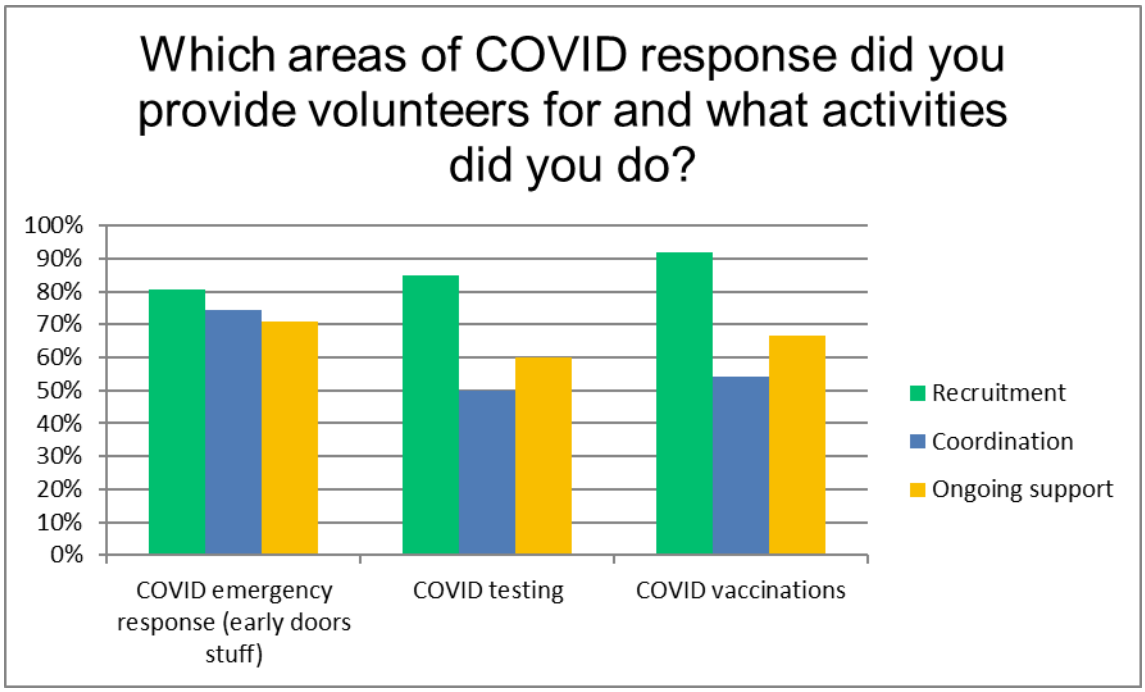
The methodology used in this work and a set of case studies supplied by some of the participants can be found to the end of the report in Appendices.

1 https://static1.squarespace.com/static/60539edbc36b936b4ff448ad/t/6089672048956a16aebeebe1/1619617568743/VCS+involvement+in+testing+and+vaccination.pdf

Involvement in COVID volunteering

We wanted to understand the nature of volunteering support local VCS organisations were providing. Across the 33 respondent organisations, there was a good spread of activity across all three activities we asked about: Emergency support, testing, and vaccinations.

Note that under testing and vaccination activities, the role of our respondents was weighted towards recruitment rather than co-ordinating and providing ongoing support.



New connections

We wanted to understand whether involvement in Covid had created new relationships between respondents and local organisations and stakeholders.

When asked about how many new relationships has been formed during COVID, the answers ranged from zero to 300 (average 32.2). Twelve organisations said they made 10 or fewer new relationships but did state that they felt existing ones had got

stronger. Answers also depended on the size and scale of the respondent organisations, with smaller organisations tending to make greater gains than larger organisations. Notably a significant new relationship identified by all organisation was that with Public Health departments of local authorities both as a source of local information and advice and also funding.

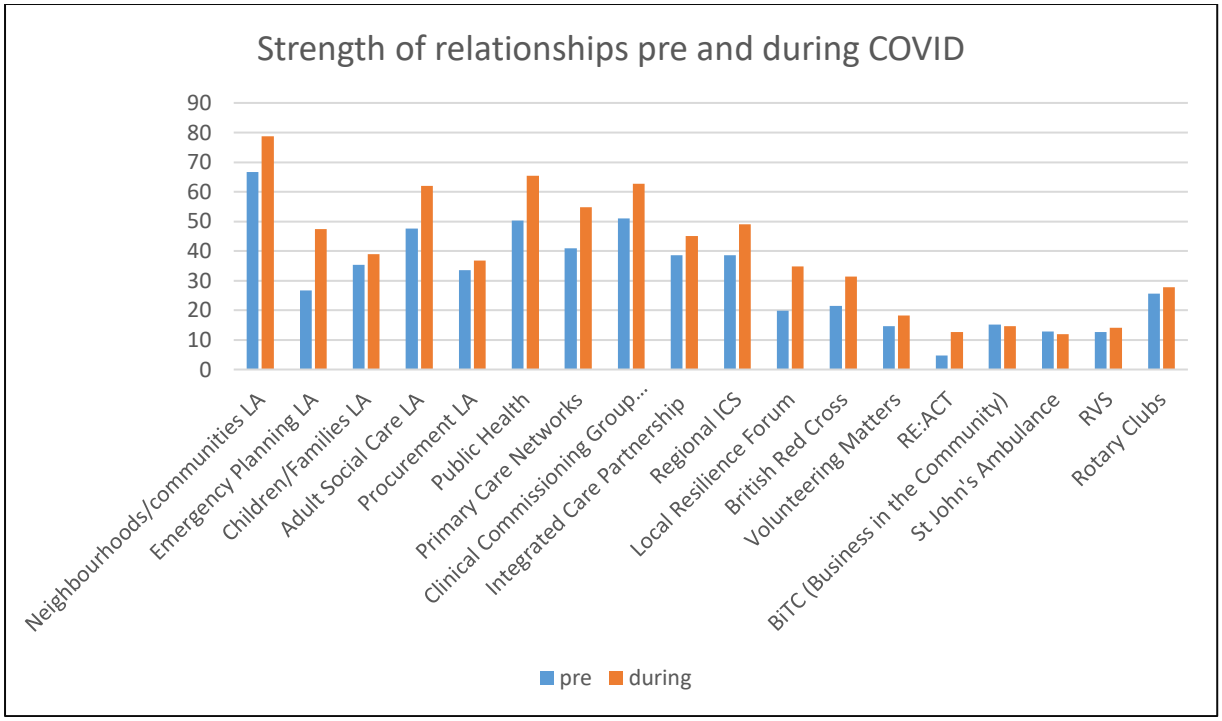
> *"The relationship developed so well with Public Health that despite there being an internal active community team the "Community Health Champions" programme came straight to VODA to set this up and recruit and manage the involvement of volunteers."*
>
> *VODA, North Tyneside*

Relationships pre, during and post COVID

We wanted to understand how relationships with key partners had developed during COVID by comparing a qualitative assessment, on an arbitrary scale of 1 to 100, of the strength of relationships pre-COVID and during the pandemic. We also wanted to get an indication of how optimistic respondents were about future relationships as we move to a post-COVID environment.

A summary of the data showed that across our respondents, the "further away" from local, the weaker the relationships tended to get, for example relationships with Local Authority departments tended to be stronger than those with national organisations such as British Red Cross and RE:ACT.

It can also be clearly seen that most relationships either improved or stayed the same as COVID took hold.

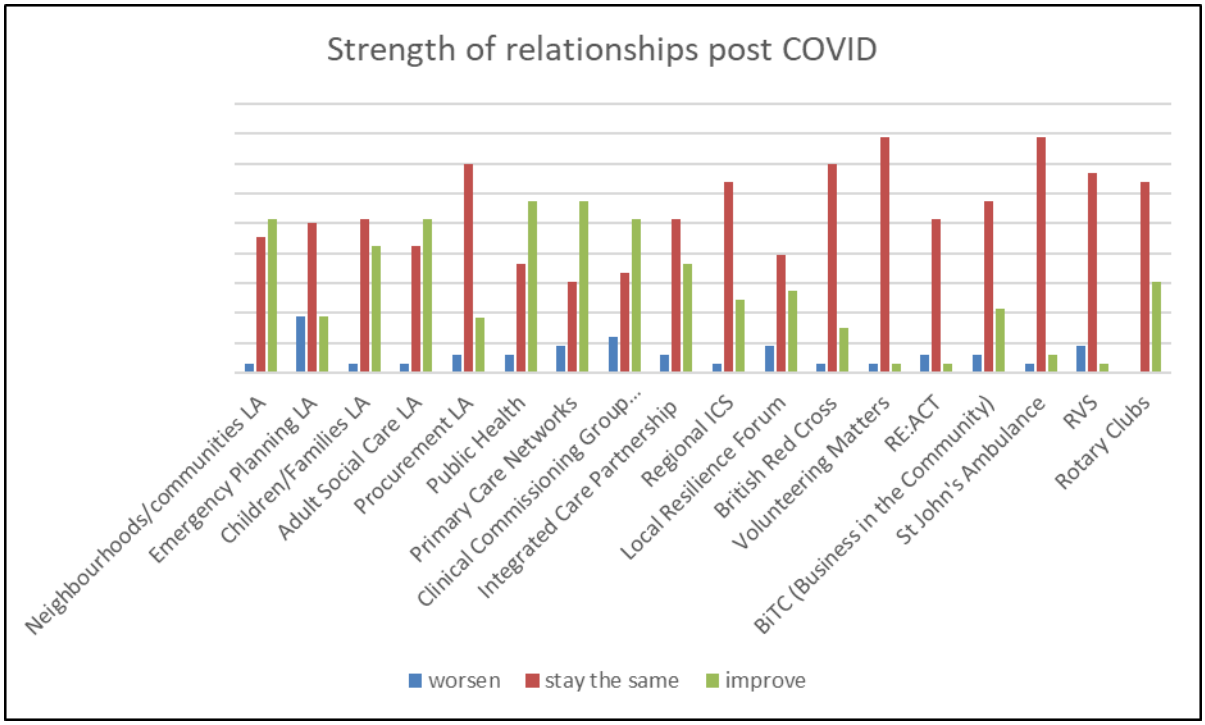


There was a huge variance in the strength of pre-existing relationships across respondents. Some reported excellent pre-existing strategic and operational relationships with partners, whereas others reported either no pre-existing relationship, or one that existed but was very poor.

> *"Our existing relationships with LA structures led to early invitations to several LRF and other health and care structures. […] This meant that the local CVSs were geared up for rapid local response at D/B level*
>
> *Surrey Community Action*

Post-COVID, a similar trend can be seen with respondents showing that (with the exception of Emergency Planning) they expect their local relationships to continue to improve and nationally either stay the same or worsen as the urgency the national COVID crisis wanes and "business as usual" takes over.

Anecdotally, respondents commented that they hoped relationships would improve, but were concerned that they might stagnate absent a clear common cause around which to rally.



Factors in developing or holding a relationship?

We wanted to understand what respondents were looking for in a relationship with key partners. Respondents were therefore asked to rate nine different elements that the research team felt were important to developing or holding relationships:

- Being listened to
- Considered a Strategic Partner
- Getting support *from* the other party
- Giving support *to* the other party
- There is mutual trust
- Professional skills are valued & respected
- Your experience is valued & respected
- Your input reflected in joint outputs
- You can have a healthy debate

As expected, all elements were considered to be of at least some importance, but the most important elements were considered to be:

1. Mutual trust
2. Being listened to
3. Professional skills valued and respected.

It is worth noting that respondents consistently rated “giving support to the other party” as more important than “getting support from the other party”, consistent with a VCS ethos of service on behalf of their beneficiaries.

“Kendal Primary Care Network had no previous experience of utilising volunteers, but from the very start Cumbria CVS provided unfailing support, giving vital advice and guidance on the recruitment process; procedures around DBS checks; sample volunteer role descriptions; and from the beginning – encouraging us to think about how best to show how we recognise and value our volunteers.”

Cumbria CVS

“This experience definitely developed relationships, and allowed a loosening of formality, which in the end, created some strong friendships within the system, that would never have occurred pre Covid.”

Community Action Wirral

Funders support of COVID response work

We sought to understand some of the support respondents received from some of their partners.

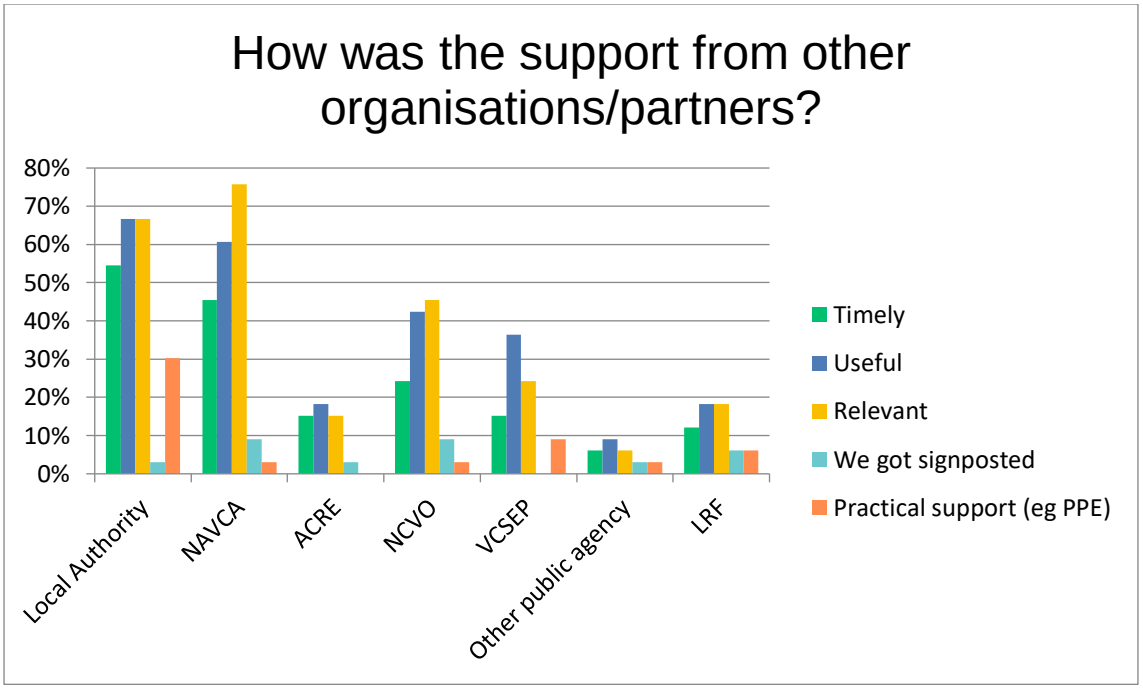
From the questions we asked about funding arrangements, we found that funders on the whole were very flexible with previous funding and funding given out for the COVID emergency, including:

- Most respondents in receipt of Local Authority support were allowed, or even encouraged, to redeploy staff to COVID response.
- Local Community Foundations, Local Authorities and The National Lottery Fund all removed red tape around funding applications and allowed respondents to change outcomes of previous funding so they could deliver work during COVID.
- Half of respondents said they received their grants upfront (but we do not know whether this was usual pre-COVID)
- On the whole, enough funding was supplied to enable work to take place and meet needs.
- Four in ten respondents were given Business Rates Grants, providing significant cost savings.

Non-Financial Support from partners

We asked about the non-financial support received by respondents during the pandemic to understand the role some national partners played in supporting the VCS during the pandemic, at a time when information was constantly being updated and it was important that messaging was consistent across the country.

Specifically, we wanted to know whether information coming from various sources was timely, useful and relevant, and whether signposting or practical support were offered.



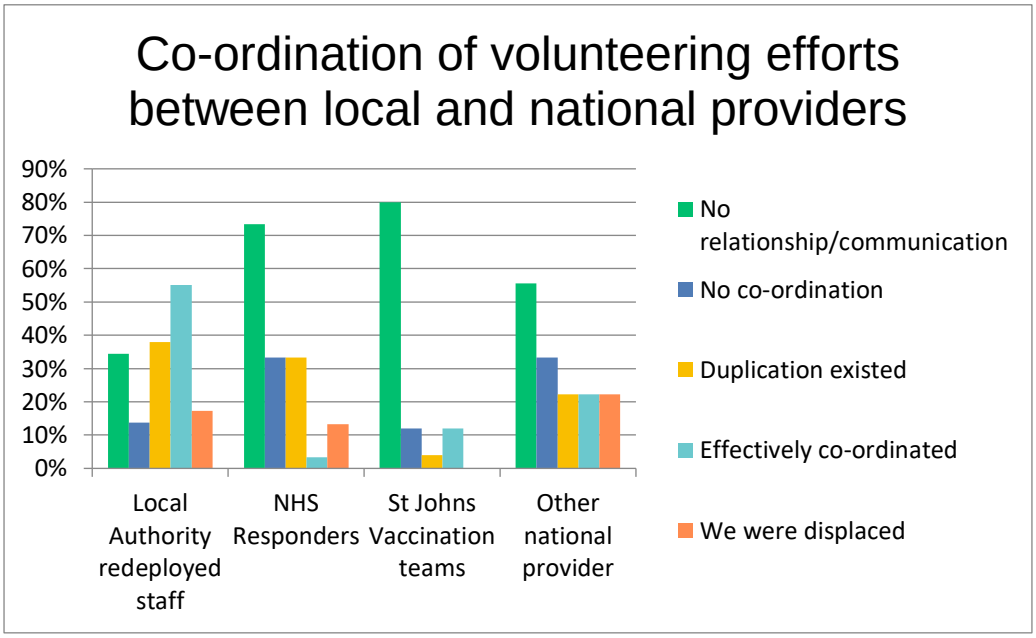
It is noticeable that most respondents received information from their Local Authority and from NAVCA, but we need to recognise that our list of respondents are all NAVCA members, and almost all work closely with their Local Authorities. In contrast, ACRE is a predominantly rural charity and as such has fewer members than NAVCA and NCVO.

Most of the support received was around information on COVID response etc; far fewer respondents received either signposting or practical support, and most of that practical support came from Local Authorities (e.g., PPE) or the VCSEP (providing volunteers where local could not).

It is also worth noting that this question led to a lot of discussion with respondents around the fact that they were getting multiple versions of the same information from multiple sources at different times. The consensus was that on balance respondents preferred to receive the information multiple times than risk missing some critical data.

Co-ordination of efforts

Finally, we wanted to understand how well co-ordinated the efforts of key partners were during the pandemic, in particular looking at whether duplication occurred, or pre-existing local providers were displaced.



Unfortunately, the results showed us that where national providers were operating in the same area, communication and co-ordination was often limited or non-existent, and where co-ordination and communication was poor, the incidence of duplication and even displacement of existing local providers increased.

"Many times, I was told that national orgs had contacted the local borough or district but did not have the courtesy to contact us to see what was already happening in the local area. Nationals need to work with local VCFS as partners and respect!

Central Surrey Voluntary Action

Some respondents also expressed concern that the extra support offered during COVID might lead to a perfect storm of a sudden decrease in support as we return to “business as usual”, plus the fact that many people still require support and may do so for some time, along with increased culture of dependence in some of our most vulnerable communities. There was also a feeling of the level of need being uncertain at this time due to the continuation of furlough and the benefit uplift.

Summary of Key Findings

- Local response was fastest and usually more effective, however, national response was very helpful in the rare situations where local provision lacked capacity or capability.

- The “further away” from local, the weaker the relationships (eg relationships with Local Authority departments tend to be stronger than those of national organisations such as British Red Cross and RE:ACT). This pattern was in place before COVID, but COVID has not led to a change in the relative importance of local vs national support.

- In many cases, COVID has brought sectors and organisations together, especially LAs. There is general optimism around future relationships, but absent a common cause there is concern that relationship gains will be lost. A conscious effort on the part of VCS organisations and partners will be required to ensure relationship remain strong or improve further.

- There is some evidence of duplication and displacement, but this may have been a consequence of a lack of co-ordination in some areas rather than an intent to disrupt. This may also be due to gaps in awareness of local provision, which meant that in some cases need had already been address by local VCS while partner organisations (e.g., Local Authorities) were escalating to national support structures such as the VCSEP.

- As above, the results showed us that where national providers were operating in the same area, communication was often non-existent. In order to ensure an effective response before the next emergency, local and national VCS and partners need to agree respective roles and responsibilities to guarantee good communication and co-ordination and maximise efficiency on the ground.

- As evidence of the above, we saw that those VCS organisations that had established strong protocols and working practices with the public sector and national charities through previous emergencies were able to respond more quickly and use those connections most effectively.

- The top-rated elements of developing and holding good relationships (trust, listening and being valued) reflect the importance that infrastructure organisations within the VCS place on their expertise and knowledge of their sector and the need for recognition.

Appendix 1 – Case Studies

Case Study 1: Community Action Wirral

Background to the Vaccination, Testing Programme and other volunteering responses to Covid:

Initially we were approached by various individuals from PCN's, to assist with recruiting volunteers for the post of Volunteer Marshall. We requested that a meeting was set up to invite all interested partners from different areas, as well as the lead at the council, managing the testing sites in order to have one joined up approach.

Although the meeting was successful in agreeing informally a joint working protocol and safeguarding volunteers, in the end we proceeded without the council and only recruited for the Vaccination sites.

We were given some training on their systems, and uploaded prospective volunteers to it. They then managed the volunteer rotas.

What worked well ? Local, regional national relationships:

Recruitment was very effective, a joint effort between our communications network and a call out on their website which generated over 400 expressions of interest.

We also had earlier in 2020 an open recruitment programme for volunteers in general, and had over 1000 expressions of interest, we placed over 700 volunteers through our VCFSE networks and a council run Covid response group, called the Humanitarian Cell, with a Food sub group.

Local relationships were excellent, and I am extremely proud of how this borough worked in partnership.

Regionally we really had no links to the bigger programmes, other than information and feedback from our regional bodies NAVCA and NCVO.

What did not work well? Barriers in those relationships:

On the main, it was very effective, however once organisations became overwhelmed by the workload, it became increasingly difficult to refer volunteers, and for them to efficiently process those volunteers, in order that they could then contribute.

Has involvement in the programme extended your network/developed relationships?

I cannot say that it has extended our network, as these relationships already existed, however, perhaps at some distance. This experience definitely developed relationships, and allowed a loosening of formality, which in the end, created some strong friendships within the system, that would never have occurred pre Covid.

Reflection and key points:

Although it goes without saying that this Pandemic has been devastating to most, it has brought with it some incredible changes and benefits.

To name a few:-

- Real focus on Digital inclusion and a new way (more cost effective and environmentally friendly) of working has developed.
- Mental Health has been put front and centre for the first time.
- Charities and NFP's have been able to demonstrate their crucial role in the system.
- Black and Ethnic minority issues are being addressed in a really authentic way.

Case Study 2: Volunteering Bradford

Background to the Vaccination , Testing Programme and other volunteering responses to Covid:

Local organisations identified that some of their clients were unable to access good, quality face coverings due to low income/ poverty / homelessness. This meant that they either were not wearing face-coverings or re-wearing disposable coverings to the extent that they became ineffective. We identified the need to source good quality, reusable face coverings and arrange easy access and free distribution.

What worked well ? Local, regional national relationships:

This was raised as an issue at a local level and escalated to VCSEP. Volunteering Matters identified a source of re-usable face coverings via a community group – 'Norfolk Knitters and Sewers (NK&S)

Volunteering Matters arranged for NK&S to produce batches of face coverings to be delivered on a regular, ongoing basis to our central Bradford office which acted as a distribution point.

We produced publicity in a range of formats to enable local organisations to have easy access to the face coverings and developed an efficient system of collection and distribution

What did not work well? Barriers in those relationships:

This initiative worked well. To date KN&S have been able to maintain a good supply of face coverings in response to demand. The challenge has been to maintain a good supply of face coverings and respond to variation in demand.

Has involvement in the programme extended your network/developed relationships?

Locally – we have embedded our relationship with local organisations who have confidence that we can support them with identified needs.

Nationally – the link that Volunteering Matters have with NK&S has enabled us to effectively respond to an unmet need in a timely and proportion manner.

Reflection and key points:

Thanks to the partnership we have been able to fulfil an unmet need effectively. Providing a timely respond and a quality product.

Since November 2020 we have been able to distribute over 1500 face coverings to a variety of deprived communities across the district. This has included refugee / asylum seeker support groups; faith/BAME groups; organisations that support the homeless and vulnerably housed.

'Many thanks for the donation of the masks. They are fantastic and will be greatly appreciated by our service users' - FM – Centre Manager, MC

Case Study 3: Salford CVS and Volunteer Centre

Since 2014 Salford CVS has been a formal partner in the city of Salford's Emergency Response gold, silver and bronze (strategic, tactical, operational) command structures, including leading on the mobilisation of the VCSE sector and volunteers to support local responses to emergencies or major incidents within Greater Manchester.

In response to the Covid-19 pandemic we immediately started working with Salford Council, Salford Royal FT, NHS Salford CCG to coordinate the City's response to Covid-19; playing a strategic role in the various 'cells'; practically helping found the Spirit of Salford Network, including a call centre, welfare support, food hub and formal emergency response volunteering programme. Our Chief Executive chairs the Spirit of Salford Network meetings and Salford CVS & Volunteer Centre are responsible for coordinating the local response to donations of Time (formal volunteering; good neighbours / mutual aid), Money (Salford4Good emergency response appeal) and Goods (everything from food, toiletries, kid's packs, to sanitary products and PPE). We also took a frontline role in managing specific referrals from the Spirit of Salford helpline and providing practical support to Salford residents at this difficult time (incl. food parcels, shopping, welfare calls, pharmacy deliveries, dog walking, linking individuals into VCSE services and lots more…)

If the first week of recruiting additional volunteers we recruited over 400 and had exceeded 800 by the end of the first month.

Below are three examples of the kind of work our volunteers have been undertaking:

Vaccine Support Volunteers – Wellbeing Conversations

We recruited over 100 **Vaccine Support Volunteers (Wellbeing Conversations)** whose role is to talk to people who are attending for their vaccines, using our Wellbeing Conversations approach (based on the 5 Ways to Wellbeing).

Our volunteers support those attending for their vaccination, linking them into community activities, if helpful. These volunteers are supported by our paid Neighbourhood Volunteering Development Workers across the city at all major vaccination sites.

Pulse Oximeter Delivery and Collections – as part of the Salford Virtual Covid Ward

Salford CVS are supporting the NHS in Salford to deliver and collect pulse oximeters to / from patients who have Covid. The oximeters are a simple but potentially lifesaving device that enables the patient to be treated at home. The device means they can keep a check on their own oxygen levels. The patients remain in communication with their local GP and this means that they can be treated at home, thus helping to free up capacity in Salford Royal hospital. This work is part of a ground-breaking initiative called the Covid Virtual Ward.

Salford CVS' role is to help deliver pulse oximeters to patients' homes and then collect the used ones in once the patient has recovered. As part of this work we mobilised a specialist charity, North West Logistics, who have helped us mobilise volunteers to undertake the collections of used oximeters. Volunteers have had to undertake training to ensure this work is Covid-safe. To date we have supported over 1,000 Covid patients in Salford.

A colleague from Salford Primary Care Together recently thanked us for all of our work supporting the Covid Virtual Ward and stated that our contribution ***"has undoubtedly saved many lives".***

Trusted Voices

We have recruited and trained over 70 Trusted Voices Volunteer Champions from within specific communities in Salford.

These are volunteers who share official information, key messages and current public health advice and guidance through their networks to help stop the spread of coronavirus within the City and to encourage vaccine take-up and regular testing.

We send them messaging on a weekly basis which they cascade through their networks.

“The Trusted Voices messages are useful because they give the back story to the briefings people see on TV. They give the bigger picture and explain why something is needed. Some people think ’why should I do that?’ and the messages help spell out the consequences if you don’t.” Frances, a Trusted Voices Champion.

Case Study 4: Activity from Sheffield region

ADIRA Organisation

In the first National lockdown in spring/summer 2020, we led the Adira Food Pharmacy – a volunteer-run project donating culturally appropriate food parcels and cooked meals to African- Caribbean families.

From this work, we learned the severity of the pandemic's impact on households in the city. We learned about the many people who have lost their jobs or the main breadwinner in their family and, because of this, saw a sharp decline in their income.

Many families expressed their worries that they would not be able to put food on the table during the festive celebrations. As a result, we brought together a team of collaborators from organisations around the city to look at a solution. These were: South Yorkshire Housing Association, Project Foodhall CIC, Sheffield Business Together, and Sheffield Flourish.

The project had the ambitious target of delivering 500 food hampers to households across Sheffield in time for Christmas Day. These hampers were filled with enough food to feed a family of four for Christmas lunch and included fresh vegetables, meat and vegetarian options, sweets and chocolate, dessert, and other trimmings. The boxes also contained cooking instruction and handwritten Christmas cards with information on other support services which were open over Christmas.

We also made sure that food hampers were culturally appropriate. We offered different themed hampers for Caribbean families, vegetarian and vegan, halal meat-eaters, and those with other dietary requirements or allergies.

Sheffield Coordinating Volunteers group

We've seen health and social care organisations in Sheffield coming together to solve the challenges presented to us throughout the Covid-19 outbreak. This case study centres on the achievements of the Sheffield Coordinating Volunteers group that involved representatives from health and social care organisations in Sheffield coming together to share information about different services being put in place to support the vulnerable in our city, and to agree a coordinated approach to supporting our residents.

Overview

The Sheffield Coordinating Volunteers group was established in April 2020 and consisted of staff members from Sheffield ACP, Sheffield CCG, Voluntary Action Sheffield and Sheffield City Council.

The group was set up as in the early stages of the city's Covid-19 response; various areas of activity were established to support those in our society who are vulnerable and/or shielding. These areas of activity were at both national and local levels, involving statutory and voluntary organisations.

Examples of these included:

- The national NHS Volunteers Scheme
- Local Community Response Teams established by Sheffield City Council
- Community Hubs established within neighbourhoods
- Medical student volunteers pooled together to support the collection and delivery of prescribed medicines.

The purpose of the group:

There were reports of confusion from frontline staff and members of the public, about how they accessed support such as shopping services and voluntary patient transport. Several responses to this were developed:

- Sheffield City Council offered to develop their contact centre into a single point of access for members of the public seeking support
- VAS worked with Tribepad to re-purpose their virtual recruitment platform to make it work for coordinating the Covid-19 volunteer response.

The Sheffield Coordinating Volunteers group was established to share information about the different services being put in place, and agree a co-ordinated approach across the city to supporting vulnerable residents. The group held virtual meetings fortnightly for two months, and continued information sharing through email, with additional one-to-one and small group meetings taking place in between the full group meetings.

Challenges

There were a number of challenges in pulling these shared processes together, these included:

1. Securing agreement from all organisations involved to 'share' access to volunteers through the portal seemed difficult, due to a lack of understanding around the functionality of the portal and the level of control that any one organisation would have over how volunteers would be 'allocated' to tasks.
2. Virtual recruitment of volunteers has never been done by partners. This needed to be done quickly, and an appropriate duty of care needed to be followed by checking documents and references.
3. Sheffield CCG and Sheffield City Council do not typically work with large numbers of volunteers, and not for the types of activities now being required as part of the Covid-19 response. They therefore needed to develop an understanding of the legal requirements and responsibilities aligned with mobilising a volunteer workforce.
4. The volume of people wanting to volunteer significantly outstripped the capacity that both charities and the public sector had to involve and mobilise them. Over 5000 people registered as NHS responders, over 1200 people registered with VAS, in addition to the people already responding to Covid-19 in local communities.

5. Information about the NHS Volunteers Scheme was scarce at the beginning of the process. There were several unanswered questions around how this programme would work.

These problems were primarily overcome through conversation, and the sharing of knowledge, expertise and good practice. Every member of the group actively contributed to conversations within and outside the meetings, and an excellent support network has been developed as a result.

The South Yorkshire and Bassetlaw Integrated Care System (ICS) was very helpful in raising awareness of the NHS Volunteers Scheme through identifying routes into the national service and raising questions and concerns at a national level, which were always quickly addressed.

Achievements

The group has established several processes to coordinate volunteers which include:

- Use of a portal to identify, security check and train volunteers, this was also used to notify them of volunteering opportunities.
- Pathways for offering support, e.g. if a member of the public called the contact centre with a non-urgent request (i.e. it could wait more than 72 hours) then a referral would be made to the NHS Volunteers Scheme, more urgent requests would be directed to either an appropriate voluntary organisation or the Council's Local Community Response Teams.
- The design and delivery of a customer satisfaction process for referrals through Sheffield City Council's contact centre. Customer satisfaction scores were consistently very high across six weeks when these were conducted.

Sheffield Community Contact Tracers

The story of how a group of retired healthcare professionals in Sheffield were shocked by the government's approach to coronavirus contract tracing – and decided they could do better.

In the early stages of the coronavirus pandemic, a group of Sheffield-based health professionals became convinced that the government were about to make a mistake when it came to contact tracing. They formed Sheffield Community Contact Tracers (SCCT), a pilot to demonstrate how a community-based test and trace service could work.

We asked retired GP Jack Czauderna to tell us what inspired the project and what the results could tell us about the current test & trace fiasco.

How did SCCT get started?

In early March, while the SARS-CoV-2 virus was multiplying exponentially every few days and the disease Covid-19 was spreading through our communities, the government decided to stop contact tracing. They also rightly prioritised and resourced

acute hospital care for people with severe symptoms, but wrongly directed GPs and primary care services to withdraw routine care for people with symptoms and channel care towards the NHS 111 call centre service.
As citizens we were being treated as passive disaster victims with no sense of agency

A retired Director of Public Health (DPH) was in contact with a friend – a retired GP and his partner. They were both suffering from Covid-19 and became increasingly unwell. Calls to 111 resulted in advice to take paracetamol and contact their GP if symptoms worsened. When symptoms did worsen, they rang their GP and were told to take paracetamol and contact 111.

The whole system of primary care was denied to patients and GPs were side-lined. Our retired DPH realised that if people like his friends were unable to access medical care then this was true for the vast majority of the population suffering from this illness.

Conversations with colleagues resulted in a small group of retired public health doctors, GPs and a haematologist getting together. We were enraged that:

- Basic routine care for people with an infectious disease, albeit a new unknown one, was being denied.
- Basic routine contact tracing had been stopped. All of us had learnt at medical school that any communicable disease had to be sought out and those with the virus isolated, supported and provided with good medical care including hospital when necessary. Their contacts then needed to be found, isolated and supported to quarantine until they were no longer infectious to others. We knew that this was bread and butter work for Departments of Public Health, led by Directors of Public Health. Why had this work been stopped and why were DPHs not able to do their jobs?
- As citizens we were being treated as passive disaster victims with no sense of agency.

What happened during the project?

We quickly realised that as no-one else was doing the right thing we would try. How could we convince government and local authorities that without a cure for the virus, contact tracing was the only strategy possible to counter the pandemic?

There were other voices saying the same thing and many of them have been part of the Independent SAGE group (iSAGE). Allyson Pollock, now a member of this group, made the point early on that it was not helpful to think of Covid-19 as a huge pandemic, but more as a series of small, local outbreaks of disease, all at different stages of development and all needing local, and possibly different, approaches.

We decided to carry out a small-scale local pilot which could be written up quickly and published in a prestigious journal like the British Medical Journal (BMJ). If we could demonstrate that it was possible to do local contact tracing and influence the government to restore the proper role of the DPH, we would have succeeded.

We approached the manager of Heeley Development Trust, who joined our steering group. Through this link we were able to approach the GP practices to refer us patients with Covid-19 symptoms. We had no access to testing facilities, which were mostly directed towards acute hospital care and, later, nursing and care homes.

Diagnosis was essentially carried out by doctors, made by listening to the patient's story of their illness. This included the symptoms which were becoming clearer as time went on, such as a new persistent cough, fever and the very characteristic emerging symptom of loss of taste or smell. There are no early signs of the illness on examination. Anyone with these symptoms was assumed to have Covid-19 unless proven otherwise. We also had the GP's confirmation of diagnosis.

By then the country was in lockdown and many people were furloughed. We had the opportunity to train volunteers in contact tracing. By then we had the medical expertise to know what contact tracing involved. Several of us were also educators and able to design and deliver training. We trained over 20 people from a variety of backgrounds, mostly not healthcare but all eager and willing. As well as people from Heeley, there were some from Burngreave and Darnall.
Many of those who were initially sceptical were persuaded to self-isolate and appreciated the support

Each volunteer had a medical mentor who was available to advise on symptom severity, necessary action to be taken if the illness got worse, and general medical support. After asking about the wellbeing of the index patient the volunteer then asked about their contacts. As you can imagine the response was very varied. Some people were grateful to have been rung and very cooperative about giving details of contacts. Some were much more suspicious.

The same picture emerged when contacts were rung. Some disputed that they were contacts or that they had been asked to self-isolate for 14 days. Index patients and contacts were phoned every day, with their permission, to offer support. Many of those who were initially sceptical were persuaded to self-isolate and appreciated the support. Index patients were phoned every day until they had recovered and contacts every day until the end of their 14 days.

We always considered that the support of those who were ill and the support of their contacts were the strengths of our approach, so we were pleased when iSAGE announced the fundamentals of the process: Find, Test, Trace, Isolate, Support.

What were the results of the pilot?

By this time we'd recruited someone to manage us and a communications person. The press were very interested and we appeared on TV programmes including Channel 4 News, Newsnight, The Guardian and national and local radio. We also had links with departments at both universities and other academic bodies.

Some of our findings:

- Out of the 20 or so trained volunteers, 6 were able to phone index cases and their contacts.
- 13 cases were enrolled via GP referral.
- Ages ranged from 38 to 88.
- 6 worked for the NHS or care services.
- An average time of 80 minutes per case was spent by volunteers.
- 58 contacts were identified.
- 19 of these contacts were successfully followed up and isolated for 14 days.
- 39 were unable to do so. These were unable or unwilling to give relevant details or to self-isolate.
- 29 contacts worked for carer provider agencies and 10 in other workplaces. Their employers were not always cooperative.

Contact tracing is complex, involving detailed work that is undermined by a lack of formal support from local or national government, but we proved that volunteers can be trained and supported to undertake effective contact tracing for Covid-19. We predicted that a national system would fail and so it is turning out

We also found that local community links are important because:

- People with Covid-19 and their contacts can be linked in to local support services and resources where necessary.
- Where direct contact cannot be made by phone or email, volunteers can drop round with a letter.
- A local approach increases cooperation, particularly from marginalised, 'seldom heard' communities and groups, and this approach will increase community resilience.

For contact tracing to work efficiently, it's important that:

- Index cases (people with Covid-19) are identified early in their illness, as soon as symptoms develop and before test results are known.
- A strong, consistent message is received from central government, making the case for the importance of contact tracing in order to create a culture of public cooperation.
- Local support and back up, possibly including legal enforcement, is carried out by statutory environmental health officers.

What's next? How can the project engage with 'hard to reach' communities?

Since publishing our results we have held two well-attended webinars and continued to appear in the media. Panorama spent a whole day with us but eventually the material was not used. SCCT continues to meet and the volunteer support circles meet weekly. We worked up a 'self-referral' project which planned to use social media to alert people to our work.
However our relationship with the local authority and particularly the Sheffield DPH became strained. Once the national test and trace (T&T) service was rolled out, local authorities were bound to follow their protocols and the most important of these is that there must be a positive test before test & trace can commence.

The DPH insisted that test & trace could only go ahead with a positive test. We know that there is at least a 30% rate of false negative results, which means that a significant number of people test negative but have the virus and can infect others. The way tests are performed and the delays in getting results all slow the process of contact tracing and isolating people, and even when someone tests positive the national system contacts relatively small numbers of people.

We predicted that a national system would fail and so it is turning out. Only a local system that emphasises trust in local people and support has a chance of working.

Most of our current energies are directed at engaging with communities and particularly with those that are 'hard to reach', or perhaps more accurately those that are 'hardly reached' or 'seldom heard'. These tend to be communities in the poorer and more disadvantaged parts of Sheffield, those that have suffered with the results of inequalities for decades.
The government should recognise that its 'world-beating' system of test & trace is failing and that the model of central control, run by the private sector, is never going to deliver what is required

Meetings with voluntary sector leaders have developed the idea of the role of Covid Champions following the successful initiative of Health Champions which happened in Sheffield some years ago. A bid to recruit, train and support such volunteers was submitted to the Council.

Training is something SCCT has done well and we are developing Covid Confidence training. This should engage and inform a broad range of people who live and work within their communities, but we want to find out what people want from training. We want to work in a participatory and collaborative way, so that different people get the training that suits them.

What lessons does the experience of SCCT hold for a nationwide approach to contact tracing?

The government should recognise that its ‘world-beating’ system of test & trace is failing and that the model of central control, run by the private sector, is never going to deliver what is required.
It should then use the vast amounts of money it has given to the private sector to fund Local Authority Public Health departments to assess their local situation and plan and deliver local services.

Funding should also be provided to Primary Care, possibly through the Primary Care Networks, to enable GPs to properly engage with diagnosing Covid-19 and ordering tests as appropriate, rather than the testing system becoming overwhelmed as it is now. SCCT proved this could be done without recourse to testing during the pilot. The DPH can then coordinate primary care, with local contact tracing run by local staff rather than people in call centres.

The voluntary sector needs to be adequately funded to provide Covid Champions who have local knowledge and the trust of their communities. This trust needs to be used to help the contact tracers persuade people to isolate and quarantine with excellent support, including full financial support to help people self-isolate for the good of all.

Case Study 5: North Tyneside VODA

Background to the Vaccination , Testing Programme and other volunteering responses to Covid:

Prior to Covid, VODA had developed a "Good Neighbour" project and the focus of this role during lockdown became shopping and prescription collection and later as restrictions eased during the Summer of 2020 the opportunity for "garden gate buddies" emerged, supporting those self-isolating and shielding.

VODA used animated film to share virtual messages around safeguarding and general tip on staying safe whilst volunteering:

https://voda.org.uk/covid-19-volunteering-support/

From Mid – December 2020 VODA received funding from their local GP Federation - Tyne Health to provide volunteers to undertake roles including Carpark Steward, Indoor Site Stewards, Exit Stewards for initially 3 local vaccination sites.

VODA were also supported by Public Health, North Tyneside Council to develop "Community Health Champions" to communicate health messages.

What worked well ? Local, regional national relationships:

Local relationship with local authority and GP Federation showed trust in VODA from day one to develop the "Good Neighbour" project as a response to support vulnerable residents and to be the obvious initial contact to develop the volunteer vaccination support roles and health champion role. Funding was paid up front, for a reasonable agreed time period and enabled VODA to allocate state and to cover volunteer expenses including lanyard ID, DBS checks and travel.

The appreciation of beneficiaries and healthcare professional toward volunteers was very apparent with GPs and healthcare staff applauding volunteers on one of the busiest days for residents receiving vaccines.

What did not work well? Barriers in those relationships:

Creating the capacity to adequately support volunteers on site proved challenging during the initial weeks. Vaccine clinic staff were understandably busy with dealing with patients and many had little previous experience of working with volunteers. Whist there was a great deal of peer support between volunteers, it was important for VODA to support staff to develop systems and process to ensure a consistently positive experience for all volunteers. Volunteers offered regular feedback on their experiences and, over time, we were able to create a way of operating that worked for everyone.

Has involvement in the programme extended your network/developed relationships?

The relationship developed so well with Public Health that despite there being an internal active community team the "Community Health Champions" programme came straight to VODA to set this up and recruit and manage the involvement of volunteers.

Looking towards North Tyneside's recovery VODA has identified key roles in the Good Neighbour project to support residents - Garden Gate Buddy, Shopping Buddy and Walking Buddy.

Reflection and key points:

There is a definite need to create awareness and responsibility for volunteer co-ordination with partners. The recognition and funding enabled VODA to remain active during lockdown with crucially no loss of services and now considered an important strategic partner in supporting the recovery of North Tyneside.

Case Study 6: Covid-19 Stanwix & Hougton Coronavirus Support Group

Brief description of situation

In the first 4 weeks of lockdown, the Stanwix & Hougton Coronavirus Support Group in Carlisle had just about managed demand for urgent support with just 12 volunteers making over 130 prescription pickups and over 400 urgent food deliveries mainly to those over 85 years of age.

However, demand started to increase fast when 1,500 information cards were dropped by the existing volunteers. More help was needed - and fast!

What happened next?

CVS put out an email calling for volunteers in the Stanwix and Houghton Carlisle City Ward to urgently help via the Support Cumbria database of volunteers.

Outcome

Within 24 hours the group had received over high quality 30 enquiries and nearly all of those started practical hands-on-help within 5 days. Now their volunteer group is 40 strong, with a balance of those isolating (but working on telephone support) and those who are mobile (and driving and cycling on urgent pickups, deliveries and transport to doctors and hospital).

"Community demand for coronavirus support to the vulnerable suddenly went exponential for us. Cumbria CVS (Cumbria Council for Voluntary Service) and Support Cumbria helped us triple our volunteer base in days. We would have let a lot of people down without their help!"

Case Study 7: NHS Kendal PCN Vaccination Programme with Cumbria CVS

Kendal Primary Care Network (KPCN) consists of the three Kendal GP Practices – Captain French, James Cochrane and Station House, covering a patient population of around 37,000. December 2020 saw the beginning of the roll-out of the National Covid19 Vaccination Programme, and KPCN were very keen to be at forefront; but we had to move very quickly – identifying and organising premises, equipment, staffing, logistics were all likely to pose challenges in such a short timescale. From the outset, the KPCN Covid Planning Group identified the need for volunteers to support us, primarily in car park marshalling and to some extent, in the clinic too.

What support did Cumbria CVS provide?

Recruiting Volunteers was all new to the very small team at KPCN, and it really was 'starting from scratch', having to move at an extremely fast pace. However, we were lucky to have an existing connection with Cumbria CVS through our networking links. We quickly set up a website to recruit staff and volunteers, but we still needed to publicise our need. On the 4th December we sent out an appeal for circulation, to all our community partners – which included Cumbria CVS - who were on with the task immediately.

KPSCN had no previous experience of utilising volunteers, but from the very start Cumbria CVS provided unfailing support, giving vital advice and guidance on the recruitment process; procedures around DBS checks; sample volunteer role descriptions; and from the beginning – encouraging us to think about how best to show how we recognise and value our volunteers.

The support Cumbria CVS provide is still ongoing.

Cumbria CVS – from all the Team at Kendal Primary Care Network – a HUGE THANK - YOU for supporting our COVID19 Vaccination Programme.

Outcome

The response to our appeal for volunteers – facilitated by Cumbria CVS through Support Cumbria, was nothing short of phenomenal! We now have a bank of over **180 volunteers**; the majority of whom registered in the first two weeks.

It is without doubt, due to the prompt and enthusiastic reaction of Cumbria CVS, that we were 'delivery ready' on the 22nd December 2020. From that date, to 31st January 2021 with the support of our wonderful volunteers, and a team of Young Farmers - who all came out smiling to the Ferguson Centre, in the harshest of weather conditions – we successfully vaccinated **5,203 people**!

The contribution of Cumbria CVS in supporting the KPCN, has no doubt played a huge part in the success of the Vaccination Programme in Kendal so far.

Other comments/feedback

Judith Smale has been the main point of contact for KPCN, providing consistent support to an inexperienced volunteer co-ordinator. Her expert knowledge has been invaluable, together with her sound, calm advice – extremely reassuring!

Case Study 8: Central Surrey Voluntary Action

Background to the Vaccination , Testing Programme and other volunteering responses to Covid:

We provided:

- *Shopping Service (Elmbridge)*
- *Medication pick up (Elmbridge)*
- *Check in and Chat (Shielding Residents)*
- *Vaccination Hub Volunteers*

What worked well ? Local, regional national relationships:

Working across Surrey and sharing issues with Voluntary Action colleagues. Knowing that potential barriers could be escalated by colleagues sitting on countywide planning groups.

Elmbridge Borough Council including us in all discussions re COVID response and listening to what was happening in the communities.

We had no contact with national organisations.

We had very frustrated volunteers who found they were not needed through NHS Responders. A few of the complaints needed a lot of work to calm the situation down.

What did not work well? Barriers in those relationships:

A lack of communication with national organisations who trampled over some of the work that was amazing on the ground. Lack of respect. Many times I was told that national orgs had contacted the local borough or district but did not have the courtesy to contact us to see what was already happening in the local area.

Nationals need to work with local VCFS as partners and respect!

Has involvement in the programme extended your network/developed relationships?

- *Now have a really close working relationship with local authorities and health.*
- *Have built on the network of Voluntary Actions in Surrey*
- *Built up champion networks with the VCFS and individuals in their communities*

Reflection and key points:

- *More work needs to be done with national organisations to bring them down from their ivory towers. (Hard I know when there is big funding available!)*
- *Need to be realistic around the amount of capacity needed to sustain the wonderful work that has been done so far.*

Case Study 9: Surrey Community Action

***Background to the Vaccination , Testing Programme* and other volunteering responses to Covid:**

Surrey Community Action had been involved in several Covid response groups around health and social care, including representing the voluntary sector in several LRF cells.

Quite early on, before the main vaccination programme gathered pace, we were involved in discussions around how to identify voluntary sector front-line health and care workers who were working with vulnerable people but were not visible to health structures and were therefore not (yet) included in vaccination plans.

We were able to raise this as an issue on the LRF Welfare Cell, which we then took to the Vaccination Cell.

We then arranged for two days of vaccinations just for front-line VCSE staff at Royal Surrey County Hospital, during which almost 300 staff were vaccinated – a drop in the ocean, yes, but a decent start.

It also ensured that VCSE staff were included in subsequent vaccination planning.

What worked well ? Local, regional national relationships:

Our existing relationships with LA structures led to early invitations to several LRF and other health and care structures.

Surrey benefitted from a pre-existing network of district/borough CVSs plus a county-wide infrastructure organisation (us). This meant that the local CVSs were geared up for rapid local response at D/B level, while SCA were geared up for a central co-ordinating role.

As a result, there was relatively little need of national support.

What did not work well? Barriers in those relationships:

We had some challenges with the VCS EP. VCS EP leadership attended a few county level meetings and presented their work to local authority leaders. This meant that on several occasions, those leaders went to the VCS EP first instead of exploring local. On every occasion, the requests coming through from the VCS EP were either then met locally (leading to a delay in resolution), or in some cases, had already been met locally (wasting VCSEP and local time).

Has involvement in the programme extended your network/developed relationships?

There have been some new relationship formed during Covid, but only one due to VCS EP involvement (excluding the SLL work)

Reflection and key points:

All included above, but main points:

- Strong local infrastructure put Surrey in a very strong position from the outset.
- Being present in LRF meetings from the start was also advantageous.
- Local and countywide infrastructure worked well together.
- Some LAs might need to be reminded to look local first.

Appendix 2 – Methodology

Method

The research team met early in April and agreed the following approach:

- To focus the work on the relationships between Liaison Leads (LL) or Local Infrastructure Organisations (LIO) and organisations they worked with during COVID on early emergency response, COVID testing and vaccinations volunteering activity
- To undertake face to face interviews
- To collate the information through Survey Monkey
- SCA to interview partners in the South East; North Of England split between CAB&D (concentrating on the lower and more urban part of the geography) and DCA (covering the upper and rural areas of the area)

A questionnaire was agreed and drawn up (see Appendix 3) that focussed on relationships pre- (before 23rd March 2020), during (23rd March 2020 to 17th May 2021) and post- (18th May 2021 to March 2022) COVID. The dates used to describe 'during COVID' were based around the date of our first lockdown and the first milestone date of the roadmap out of COVID as set down by government. The organisations used to rate relationships were taken from those who the sector worked with closely before or during the pandemic and the VCSEP partners. Some of the organisations were broken down into directorates or departments as the VCSE often only works with parts of a public sector body rather than the whole. Alongside the rating of relationships with organisations we also sought to find out what was important to our colleagues when building and utilising relationships, how organisations had worked with a few key funders, whether local volunteering led by local organisations was displaced by local authority or national provision and how they viewed national support from membership organisations.

During conversations we would elicit if any of the work undertaken by a partner was of interest in terms of a case study to support good practice or to highlight areas of work that still required improvement/need further support from the VCSEP. Case study providers were given a template to use and able to provide information anonymously if they so wished.

Questionnaires were carried out on a one-to-one basis by SCA, CAB&D and DCA via online platforms during the months of May and June.

Contributors

Barnsley CVS
Bury VCFA
Community Action Bradford & District
Community Action Wirral
Community CVS
Community First Yorkshire
Community Impact Bucks
Central Surrey Voluntary Action
Cumbria CVS
CVS Broxbourne & East Herts
Durham Community Action
Harrogate And District CA
Halton and St Helens VCA
Hambledon Community Action
Humber and Wolds Rural Action
Lancaster CVS
Liverpool CVS
MACC
Northumberland CVA
One Community
Rainbow Service
Rushmoor Voluntary Services
Salford CVS
Selby District AVS
Surrey Community Action
Tandridge Voluntary Action
Tees Valley Rural Action
Voluntary Action Rotherham
Voluntary Action Sheffield
VODA
Volunteering Bradford
Warrington VA

We are grateful for the time each organisation contributed towards this report.

Appendix 3 – Questions used

VCSEP Volunteering – its all about relationships

This survey is part of the VCSEP Subject Liaison Leads project.

This survey is designed to gather views, insights and opinions about the relationships between VCSEP Local Infrastructure Organisations and Liaison Leads, other partners in the VCSEP and within your local patch. It is not concerned with outputs as this information has already been collated.

By completing this survey and submitting your answers you are giving permission for us to share your answers with the VCSEP and NAVCA. Most answers will be aggregated and not be attributed to any one organisation but in the final report we would like to list all organisations that took part.

You will be asked during the survey if you wish to contribute to the final report with a case study and a separate template will be provided for this use.

Thank you - the Volunteering Subject LLs - Abby, Jason and Soo

Which Multi-Agency Cell (MAC) area are you based in? North/South East

Q1 Which areas of COVID response did you provide volunteers for and what activities did you do? (tick all that apply)

	Recruitment	Coordination	Ongoing support
COVID emergency response (early doors stuff)			
COVID testing			
COVID vaccination			

Q2 During the past year, how many new connections do you think you made? WE are interested in new relationships made with organisations or 'bodies' we don't normally work with or how 'emerged' during COVID.

Q3 BEFORE COVID: How effective do you think your relationships with the following structures/organisations were in the 12 months leading up to the pandemic?

On each of the questions below 0 = no relationship and 100% means a perfect relationship

- Local Authority - Communities/Place or similar Directorate
- Local Authority - Emergency Planning
- Local Authority - Children/Families
- Local Authority - Adult Social Care
- Local Authority - Procurement
- Public Health
- Primary Care Networks
- Clinical Commissioning Group (CCG)
- Integrated Care Partnership
- Regional ICS Local
- Resilience Forum
- British Red Cross
- Volunteering Matters
- RE:ACT
- BiTC (Business in the Community)
- St John's Ambulance
- RVS
- Rotary Clubs
- Other
- Other

Any comments that need capturing, please enter them here. Also use this box to tell us who your others were from above.

Q4 DURING COVID: How effective do you think your relationships with the following structures/organisations were in the 12 months leading up to the pandemic?

On each of the questions below 0 = no relationship and 100% means a perfect relationship

- Local Authority - Communities/Place or similar Directorate
- Local Authority - Emergency Planning
- Local Authority - Children/Families
- Local Authority - Adult Social Care
- Local Authority - Procurement
- Public Health
- Primary Care Networks
- Clinical Commissioning Group (CCG)
- Integrated Care Partnership
- Regional ICS Local
- Resilience Forum
- British Red Cross
- Volunteering Matters
- RE:ACT
- BiTC (Business in the Community)

- St John's Ambulance
- RVS
- Rotary Clubs
- Other
- Other

Any comments that need capturing, please enter them here. Also use this box to tell us who your others were from above.

Q5 POST COVID: Do you expect your relationships with the following organisations and structures to worsen, stay the same or improve over the next year (ie until March 2022)

- Local Authority - Communities/Place or similar Directorate
- Local Authority - Emergency Planning
- Local Authority - Children/Families
- Local Authority - Adult Social Care
- Local Authority - Procurement
- Public Health
- Primary Care Networks
- Clinical Commissioning Group (CCG)
- Integrated Care Partnership
- Regional ICS Local
- Resilience Forum
- British Red Cross
- Volunteering Matters
- RE:ACT
- BiTC (Business in the Community)
- St John's Ambulance
- RVS
- Rotary Clubs
- Other
- Other

Any comments that need capturing, please enter them here. Also use this box to tell us who your others were from above.

Q6 Please tell us how important these elements are to developing/holding a good relationship.

	Not at all important	Some importance	Very important	Absolutely important
Being listened to				
Considered a Strategic Partner				
You get support from the other organisation/forum				

You give support to the other organisation/forum				
There is mutual trust				
Your professional skills are valued and respected				
Your experience is valued and respected				
Your input is reflected in joint outputs				
You can have a healthy debate				

Q7 You have told us how important each of these elements are to developing/holding a good relationship. Please now rank the top three so we can understand which ones you value the most.

Q8 We want to know how the funders worked with you during COVID. Please tell us about each funder (tick all that apply)

	They allowed us to redeploy staff	Red tape was removed	We were allowed to change our outcomes	Their funding offer met our needs	We were given upfront grants	We were given Business Rates Grants	Additional funds were made available	They gave us enough funding for our needs	Funding offered did not meet our needs
Local Community Foundation	☐	☐	☐	☐	☐	☐	☐	☐	☐
Local Authority	☐	☐	☐	☐	☐	☐	☐	☐	☐
The National Lottery Fund	☐	☐	☐	☐	☐	☐	☐	☐	☐
DCMS	☐	☐	☐	☐	☐	☐	☐	☐	☐
National Emergency Fund	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q9 Did you get your support from any of the partners below? And if so what was it like?

	Timely	Useful	Relevant	We got signposted	Practical support (eg PPE)
Local Authority	☐	☐	☐	☐	☐
NAVCA	☐	☐	☐	☐	☐
ACRE	☐	☐	☐	☐	☐
NCVO	☐	☐	☐	☐	☐
VCSEP	☐	☐	☐	☐	☐
Other public agency	☐	☐	☐	☐	☐
LRF	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐

Other (please specify)

Q10 We want to understand how well co-ordinated local and national responses were. Please indicate below how this felt in your area

	No relationship/communication	No co-ordination	Duplication existed	Effectively co-ordinated	We were displaced
Local Authority redeployed staff	☐	☐	☐	☐	☐
NHS Responders	☐	☐	☐	☐	☐
St Johns Vaccination teams	☐	☐	☐	☐	☐
Other national provider	☐	☐	☐	☐	☐

Other (please specify)

Q11 After talking with us can we revisit our first question? During the past year, how many new connections do you think you made? We are interested in new relationships made with organisations or 'bodies' we don't normally work with or how 'emerged' during COVID.

Q12 And finally - are you interested in supplying a case study? This will be used in our final report to bring this survey to life. We want to hear about the good, the bad and the ugly.

Yes/No