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Integrated Volunteering Responses to Covid-19

Helpforce has carried out this research project to record the developments that have been made to support volunteering as a result of COVID-19. We have spoken to leaders in the NHS, Local Authorities and Voluntary and Community Sector Organisations to capture their experience and to set out the lessons they have learned.

Executive Summary

The COVID-19 pandemic has shone a spotlight on the role of volunteers in health and care systems. This report seeks to capture some of the work that has been done, in an extremely short time, to maximise the benefits that volunteers can bring to health and care systems. This report is based on research, carried out with Integrated Care Systems (ICSs), and Sustainability and Transformation Partnerships (STPs) to understand how they responded to the COVID-19 pandemic.

The key findings from our research are:

- The enthusiasm for volunteering has demonstrated that there is an extensive resource of skills, time and energy in our communities; but systems are largely failing to maximise it.
- In many areas of the country, the supply of volunteers significantly exceeded the statutory services' ability to make use of the offer in a mutually beneficial way.
- By default, we need to move to an assumption that, particularly in times of civil emergency, recruitment campaigns will bring in a significant number of prospective volunteers.
- Rather than a 'nice to have', seeing volunteers as an integral part of system resilience provides a benefit in terms of both general volunteering and as a response to civil emergencies. Systems that had previously identified volunteering as a key element of civil emergency response were able to mobilise very quickly in response to COVID-19.
- There is greater recognition of the value of volunteers at a system leadership level since the beginning of the pandemic.
- The recent activity to create system-wide opportunities for volunteers is a practical example of how systems can integrate.
- Systems demonstrated an overwhelming level of positivity about the role of volunteers as well as an enthusiasm for integrating volunteers and communities into strategic planning.
- Local voluntary sector organisations tend to be more agile than statutory services and can quickly design new volunteer roles, recruit significant numbers of local people, and deploy them.
- Volunteer roles are most effective when they are co-designed with volunteers themselves.
- Whilst there was significant growth in volunteering across systems, many NHS Trusts asked volunteers within hospitals to step down from their roles. Although this was based on a need to manage the risk to volunteers, this has meant a useful resource has not been utilised.
- Where new volunteers put themselves forward for roles, delays from organisations in taking up those offers can have a negative impact. There is the potential to lose the goodwill presented by volunteers if organisations do not respond effectively.
- The large range of activities that fall under the term volunteering means that an equally broad range of impact measurement approaches are needed.

Our recommendations are:

As a result of our interviews we have come up with four recommendations primarily aimed at the leadership of Integrated Care Systems. These recommendations are designed to build on the work already carried out in systems in response to the COVID-19 pandemic. We believe that the implementation of these recommendations will support the resilience of systems in case of second wave of the pandemic or other civil emergencies.

- Leaders in Integrated Care Systems should ensure that the role of volunteers is embedded in system-level strategic planning.
- Systems should seek to embed processes, to support volunteers, that have been rapidly built, between March and July. These processes add value to general volunteering as well as providing a basis for an equally rapid response, should the UK have to manage a second wave of the pandemic or any other future civil emergency response.
- Systems should maintain a standing group of people that provide oversight to system wide volunteering. The group should have representation from Local Authorities, NHS, and voluntary and community sector organisations.
- Systems should take the opportunity to join the national Integrated Approaches to Volunteering programme to create consistent methods for strategy development, partnership building and cross-system communication.

Introduction

The response to the COVID-19 crisis has demonstrated that volunteers are an integral element in how health and care systems manage sudden shocks. The crisis response demonstrated a large appetite in the general population to volunteer and that communities are capable of creating a spontaneous response to meet local needs.

Over the last year Helpforce has been working with 'systems' - Integrated Care Systems (ICS) and Sustainability and Transformation Partnerships (STP) - to deliver NHS England's Integrated Approaches to Volunteering (IAV) programme. Through this national programme we engaged with thirty-nine systems to help them shape a system-wide approach to volunteering, and develop volunteering projects that aligned with system health priorities.

A key finding in the first year showed that many systems have identified the need to develop their volunteering infrastructure to maximise the value of volunteering. For example, by creating cross-organisational partnerships to create a shared approach to volunteering.

Throughout the early stages of the COVID-19 crisis response, we became aware of a shift in attitude to volunteers, and an acceleration in the transformation of volunteering initiatives. In some cases, the same systems that had highlighted a need to develop volunteering infrastructure were able to create new solutions within a matter of weeks.

"There has definitely been a kind of a moment for accelerating transformation because this has been the biggest lever for change we've ever seen and we are trying to exploit it for all its worth in terms of driving some of the transformational change that we want to see both within the VCSE and across with the statutory sector."

One of the most interesting aspects of the change in the delivery of volunteering initiatives has been developments in two different areas, local responses and nationwide initiatives:

- The rise of COVID Mutual Aid Groups ('MAGs') where communities have met the needs of their local populations with little or no guidance from statutory actors.

- The rapid development of a national volunteering offer, through NHS Volunteer Responders, which has provided the opportunity to take part in micro-volunteering through a location based matching platform and App.

> ***"The mutual aid groups which were hyper-local were very quick to respond like a dinghy that can very quickly react and turn and deal with something on a smaller level. Voluntary sector organisations are more like yachts that are fairly quick and agile, but still not super quick and they themselves are having to deal with the impacts of COVID on their own organisation furloughing employees. You have Local Authorities who have been more like a ferry that takes a bit more time and then you have the government which is like an oil tanker which is quick to signal it's changing but actually takes a long time for changes to actually happen."***

As a result of the rapid and impactful changes we witnessed, Helpforce conducted research to:

- Take stock of what has been achieved

- Get a better understanding of how all parts of health and care systems have responded to COVID-19

- Share learning and understanding of how we make transformation sustainable

To get a full picture of how Integrated Care Systems have responded to the challenge of COVID-19, in relation to volunteering, we spoke to a range of system partners to hear their experiences and compare them. Through the course of our interviews, we spoke to representatives of NHS Trusts, Clinical Commissioning Groups, Integrated Care Systems, Local Authorities and Voluntary and Community Sector Organisations.

The list of interviewees is available in Appendix 1. Through our conversations with this wide array of leaders across eleven systems, we identified the processes which have been put in place to maximise the benefit to systems provided by volunteers, as well as the challenges of working with social distancing. We sought to understand how the pandemic has changed the relationships between system partners, and how these changes can be used to realise improvements in wider health outcomes.

We have broken down the findings into four themes:

THEME 1	Preparation for COVID-19.
THEME 2	System response to Covid-19
THEME 3	Working with volunteers
THEME 4	Sustainability

In each section, we present our findings from the stakeholders interviews and identify lessons learnt.

THEME 1 Covid-19 Preparation

We began our conversations with stakeholders by looking at the steps they had taken to prepare for the COVID-19 pandemic. This focussed on how existing volunteer resources could be used to support services as well as processes developed to get new volunteers into place.

Throughout our conversations, it became apparent that recognising the vital role that volunteers play in maintaining resilience was key to a coherent response to COVID-19.

Some of the systems we spoke to had previously recognised that there was a need to coordinate volunteers in the event of civil emergencies. Systems that had already developed processes to mobilise and link volunteers, across organisations, had a headstart in preparing for COVID-19.

For example, Leeds had previously modeled situations where volunteers would be needed, and created a framework that was used at short notice by different parts of the City. As one respondent said:

> *"In Leeds, three and a half years ago there was a big flood, there was a really good spontaneous neighbourhood response through volunteering, which was a real positive thing. The downside to that was it wasn't really coordinated, and there were concerns about volunteers being put in vulnerable positions. Following that the Council and Voluntary Action Leeds, and other partners, had been in discussion how we would respond to any other future national or local crises. Some of the groundwork had been laid and it was always agreed that if there was a crisis that needed volunteers to respond, Voluntary Action Leeds would respond by working with the Council to recruit and train volunteers."*

Cornwall provided another excellent example of how their previous work around the swine flu pandemic had not only created a model of how volunteers could be recruited, but also raised the awareness of the potential for another pandemic. The system memory of a process that had previously worked, was key in mobilising a quick and effective response.

> *"About nine or ten years ago when there was a threat of a swine flu pandemic we had a campaign then to recruit volunteers to help people, we called them Flu Friends, so on the 3rd of March I emailed all our strategic leaders in health and care Local Authorities, NHS, hospitals to tell them that we are starting a campaign to increase our volunteer base to deal with the pandemic, that was the 3rd of March. And we then started to recruit people, we had our first referral into that on the 17th of March, so this is even before the lockdown kicked in."*

Where existing structures and processes had already been implemented, systems were better placed to consider how they would respond to the challenge rather than looking at the infrastructure they needed to build.

"Volunteer Cornwall has been a real driving force in terms of supporting health and care provision in this system for a long time and I think they probably had more foresight than many partners, including statutory partners about the likely impact of COVID for us and were very, very proactive in increasing the capacity in volunteering well before lockdown and were very instrumental in actually galvanising local communities in a very different way because they had that foresight and insight that that kind of support was going to be required"

A good example of where a system had invested in building local infrastructure and relationships can be seen in the West Yorkshire and Harrogate Health and Care Partnership The system had already decided to base their Primary Care Network (PCN) development around communities rather than healthcare organisations, providing them with an effective foundation to work from.

"We've been extremely keen from day one to ensure that these Primary Care Networks are really broad Community Partnerships. Not just practices working together. We thought that what they do spans everything, so we've got that connection in and they're leading on some of the volunteering work in relation to COVID."

Challenges

Stakeholders raised some key challenges that they needed to manage at the beginning of the pandemic. These became the focus of the processes that were put in place:

- **Organisations acting independently** - in the absence of system-wide plans to coordinate organisations, many set individual priorities for volunteers.
- **The scale of systems** - the size of systems, and the number of organisations involved created a challenge to working in a coordinated way.

When systems lacked established structures and relationships, individual organisations had a tendency to revert to a siloed approach to volunteering. Where partnership structures were already in place, the temptation to act independently became strong in the absence of a coordinated leadership position on how volunteers could support services.

"In terms of a system it's been complex because there hasn't been a comprehensive system response, I think that's the short answer. And as you can imagine each of the sections went off and started to do things independently and then tried to pull that back into a slightly more strategic approach. You need to be locally tailored to all the very diverse communities we've got across the County that has been quite a challenge"

For many systems, the sheer size and complexity of the systems posed challenges in creating a successfully coordinated response to COVID-19. This, in some cases, has been compounded by the structural transformation that is currently taking place to transition into Integrated Care Systems.

"We have five large acute hospital trusts, we've got two community trusts, if you look at our geography and the spread of the mental health trusts, for example, across the whole patch it's really a big system and then obviously you add to that all the VCSs, Local Authorities, community-based projects, it's huge and I think there is a challenge of bringing that all together."

The challenges around scale necessarily meant that the majority of systems designed volunteer roles, and recruited them at a local level rather than a system level. Recognising the level at which key decisions can be taken, and supporting the move to allow them to be taken locally, appears to be a good indicator of the maturity of relationships in that system.

Lessons

- **Invest time and effort in building relationships between organisations across systems.**
- **Understand the challenges your partner organisations face.**
- **Prepare for civil emergency scenarios to see how volunteers can add value.**

THEME 2 System Response to COVID-19

The discussions looked at how systems, as a whole, responded to the need to coordinate the use of volunteers. Those interviewed discussed how different approaches to recruiting and managing volunteers had the potential to create organisational tension. We also explored how different approaches to volunteering could complement a systemic approach to volunteering.

In looking at how systems have responded to COVID-19, it is striking to see how much of the volunteer activity has been "organic". From the development of COVID Mutual Aid Groups, to the local recruitment of volunteers through local voluntary and community sector organisations and Local Authorities.

The contrasting approaches to volunteering, in communities and the NHS, confused many volunteers. Many NHS Hospital Trusts stood down existing volunteers to manage the spread of the infection. As a result, the overwhelming contribution from volunteers was largely seen outside of the NHS, in local communities.

The contribution made by volunteers within communities has been key to providing a safety net for the NHS. Through supporting the shielded population, volunteers played a key part in reducing infection in some of the most vulnerable populations, thus alleviating pressure on acute services.

The rapid growth in COVID Mutual Aid Groups and the numbers of people that have signed up to the NHS Volunteer Responders app have shown that people want a variety of models of volunteering. Both models of volunteering have provided us with real-world, measurable information on how people want to volunteer. Using this information can play a fundamental role in how we design future volunteering services.

Using Local Structures

There was an early recognition that there needed to be a systematic approach to the way that volunteering efforts were coordinated. This led local organisations to come together around a common objective, and, in many cases, it was this shared purpose that prompted greater agility. Systems identified the types of functions that were needed on a local level, but devolved the recruitment of volunteers to local structures closest to communities.

> *"Local Authorities had a big impact and they took ownership of the response at a local level creating official local authority response teams in each borough, that included all the stakeholders and assessed the need and also started putting out requests for volunteers."*

Through a coordinated approach to recruitment, systems were better able to identify where gaps in volunteer capacity existed.

"Almost immediately when COVID lockdown happened Greater Manchester Combined Authority had worked with all ten Local Authorities and all ten Voluntary and Community Sector infrastructure partners to agree a Greater Manchester coordinated response to volunteering. They set up a dedicated website appealing for people to volunteer and directing them towards their local infrastructure or other VCS organisation, to coordinate that volunteering"

A challenge to systems has been the varying speed of responses from partner organisations and how to coordinate it to create a coherent approach to recruiting and managing volunteers. Many systems described how a proactive voluntary sector was able to define roles and bring volunteers into communities quicker than the NHS. One of the challenges of large recruitment drives is continuous and consistent communication. Leaving volunteers without regular communication is likely to alienate people and undermine their enthusiasm for giving their time.

"We had anecdotal reports, you know their mum, dad, brother, sister, children had put themselves forward and volunteered but certainly for a while and maybe it continued, that they then weren't given tasks, so it can be quite dispiriting for people."

The advantage of managing communication through local structures is that community-based organisations have manageable numbers of people to talk to and can relay messages within the context of the local situation.

Most of the systems we talked to quickly developed models based on local hubs that could coordinate volunteering efforts. These hubs crossed organisational boundaries and were firmly rooted in the places that they supported.

"One of the things which were part of the backbone of this was setting up five place-based hubs on the five primary care network geographies and they were very much a place for everyone who was affected by corona, be it food, meds, personal goods, something else entirely random to approach. From there we could link people into volunteering offers, it wasn't the only front door but what it did was it scooped up a lot of demand that we think would have escalated into other quite bad things and those place-based teams are still there and we're still plugging more services into them so they can have a more holistic offer, so plugging in housing, plugging in health, plugging in police and that's our future direction of travel now."

Statutory vs Voluntary

We have heard about examples of how statutory and voluntary organisations have used the current situation as an opportunity to redefine how they work together. In some cases, this was a recognition that different organisations have different competencies that enable them to react faster and work with different communities.

"I think the VCSC in the broadest sense, not just volunteering, has generally been seen and has responded extremely well and shown itself to have greater maturity and ability to kind of organise itself as a partner"

These new relationships have been reflected in changing the dynamics of how organisations relate to each other. The move to more equal relationships has begun to break down the simplistic transactional relationships that had previously characterised provider and commissioned services. This has enabled system leadership to develop in organisations that have the most relevant skills and relationships.

"Representatives from both of the local community resilience volunteering subgroups have also all sat on the local resilience forum volunteering cell which has included the police and fire and rescue and the role of the voluntary sector has been significant and that is a strategic group. I think the fact that they've asked somebody from the voluntary sector to chair a strategic level group is a really good thing"

Stakeholders in systems frequently raised the challenge of maintaining regular and open communications going forward. The pandemic has shown how relationships can be better managed and there is clear enthusiasm for not losing this opportunity.

"I would say they [The Council] were very responsive very early on and came to us straight away and said "we're gonna need a lot of help, we're gonna need a lot of volunteers" They came to us which was great, they didn't try to do it themselves, which they often do, but they didn't on this occasion they came to me and said "help".

Community Driven Volunteering

One of the challenges that we discovered was how local statutory organisations such as Local Authorities, developed relationships with COVID Mutual aid groups. This created a need for both Local Authorities and voluntary sector organisations, as they created the need to foster new relationships, at the same time as social distancing measures were in place.

These generally unstructured groups focussed on local need, and developed forms and functions that best suited their communities. Through their position inside of communities these groups were also able to feed intelligence back to Local Authorities on particular pockets of need.

The majority of Mutual Aid Groups did not have long-standing contractual and financial relationships with public sector organisations and did not require management, all of which created a new dynamic for working with volunteers.

"Obviously you've got to take a risk in this, it's volunteering, but yeah and it's really around how with those grassroots groups now we support them and make sure they carry on because we want this to just to be part of the fabric of life"

One of the key tasks identified by our interviewees was the need to support these spontaneous groups to become sustainable whilst not changing their character or focus.

The Volunteers

How relationships have developed between organisations, and between volunteers and organisations has been a key driver for building an integrated approach to volunteering. Recognising what volunteers want from their offer to contribute time and effort is key to building relationships with those volunteers.

A good illustration of how organisations can develop relationships with volunteers was by looking at volunteering as a journey rather than a one-off event. To create the right environment to stimulate a volunteer's journey it was essential that organisations worked together to create opportunities.

"I think it's really important that we look to the full range of volunteers that come in, volunteering may be a task but it may be becoming a trustee for an organisation, but that journey often starts from simple tasks, whether it be helping in a shop or helping an individual one day a week or for a couple of hours a week. I think it's really important and I think that is another reason why we have to connect the national volunteering offer back into Volunteer Centres."

Lessons

- **Community-based organisations are ideally placed to scale up volunteer recruitment at short notice.**
- **Volunteering should promote interconnectedness and help to strengthen local communities.**
- **Volunteering is a journey that could start with a single task but might develop into a longer term role.**

THEME 3 Working with Volunteers

In looking at some of the practical steps needed to get volunteers into roles, we talked with interviewees about the longstanding challenges around volunteering. For example, whether or not recruiting volunteers is a significant challenge and how needs around training can prolong the onboarding process.

Recruitment

The beginning of the pandemic highlighted that systems were unlikely to be resilient enough to cope with managing a shielded population and preventing health services from being overwhelmed. The recognition that volunteers would need to play a key role in developing system resilience led to volunteer recruitment drives across the country.

The success of recruitment drives quickly built a pool of volunteers both in local organisations and through the NHS Volunteer Responders scheme. The large numbers of people that came forward to help has demonstrated that there was a latent resource of skills and time sitting within our communities.

One of the most significant challenges faced by organisations was matching volunteers to activities. Across the country, we have seen that the supply of volunteers in response to COVID-19 was substantially greater than the capacity to work with them.

Organisations faced challenges processing large numbers of applications and ensuring that volunteers were supported to operate safely.

> *"Within 48 hours we had our first volunteers coming through. We were absolutely inundated. …..We're an umbrella infrastructure organisation so we empower the voluntary sector, enable volunteering and involve communities. So we've got lots of contacts out there in the voluntary sector and across health and care as well, so we put out a big call to action, we did a lot of press, we did social media and we were just deluged with people, it was incredible."*

Training

The COVID-19 crisis presented an opportunity for many organisations to reconsider their approach to mandatory training. The need for volunteers to complete a set range of training before they can take up a volunteering opportunity is one of the biggest barriers to getting people in place quickly and can be a disincentive to further volunteering.

Equally, the refusal to recognise volunteer training carried out by other organisations creates friction in getting volunteers into place quickly and efficiently.

"In the early days of discussion with NHS, particularly the people who manage their volunteers, there was a response that "we'll still have to train our people properly so they will still have to go through our induction system and our training" but now there's been some movement to accept that maybe actually there is some training that could happen outside of a hospital that could still be of value and be accepted."

In some NHS Trusts, it has been recognised that employed staff are not always expected to complete mandatory training before they take up roles, yet this is a requirement for volunteers. During the pandemic, we saw a relaxation of strict mandatory training requirements, within some NHS Trusts, which significantly reduced the onboarding process for volunteers.

"We have replaced our usual training programme with a handbook that sets out what people need to know before they become a volunteer and where they can get training. We're also trying to move as much of our training as possible online."

One of the key opportunities associated with volunteering in health and care organisations is providing volunteers with a taste of what a career in the sector would look like. Many NHS Trusts and Local Authorities are recognising that volunteering provides an opportunity to develop a new career pathway for potential staff that can contribute towards workforce plans.

"It's always nice to sort of grow your own if you like. If we get people in the door who like the organisation, like what they see, then we hope they'll come back and join us later on. Or after they've been here they could consider health training or a health career."

Passporting

A common issue that came up throughout our conversations is the role that volunteer passporting can play in integrating volunteer initiatives. There is a recognition that, to maximise the benefit of volunteering, there is a need for volunteers to more easily move between organisations, and in doing so not be required to duplicate recruitment and onboarding processes.

The concept of a volunteer passport is seen as a method in which security checks and training can be recognised by all organisations in a system. Whilst some systems see the creation of a volunteer passport as a technical challenge, in many cases, it is about an effective approach to information sharing.

"We have been pushing for a long time to try and get the system to agree to a single volunteer passport that everyone will accept meets their criteria and needs. And those things are, they sound easy and they are at a basic level incredibly simple but there's quite a lot of work that is needed to push them through big bureaucracies with very complicated and slow decision making processes and get everyone signed up to it."

By setting a common expectation around identification, required training, and Disclosure and Barring Service checks, systems can develop an environment where volunteers move between organisations easily. Through the course of our interviews we found this was a common challenge yet we did not find any system that has completely solved this problem.

Impact

During the crisis, attention fell on the role of volunteers in preserving system resilience. As a result, there has also been an increased focus on quantifying the difference that volunteering has made. For example we have seen a number of Local Authorities that are keen to capture the benefit provided by COVID Mutual Aid Groups.

An important consideration is that volunteers play numerous roles and carry out a broad range of activities. In particular, volunteer roles with similar names sometimes involve different tasks. This means that measuring impact is challenging and, in some cases, data from one area might not be comparable with others.

"I'm more interested in the outcomes that our work has generated because I think we're going to have no end of data on the impact of COVID in communities, but we need qualitative information to help inform how we go forward too. So we can say to the Integrated Care System, OK this is what they were commissioned to do but this is how they flexed it, look at what they've done, these are some really good qualitative outcomes they've achieved, we need to make sure that we are focusing on those outcomes because that's where I think some people within the public sector don't pay as much attention to as they should."

Assessing the contribution and impact made by Mutual Aid Groups is also challenging, because many of these groups are not formally constituted and thus have no contractual requirement to engage with formal evaluation processes.

Yet it is important that spontaneous volunteering activities are not lost in any wide-scale assessment of impact. And the solution does not lie in imposing the burden of formal structures upon community-based volunteer groups.

"I think you've got to explore models where you recognise the validity and organisation of those groups and what they're doing. And the Council and other agencies are not going to try and take them over or micromanage them with governance and bureaucracy and hopefully, they will get some support and some funding."

We have seen examples across the country where local voluntary sector umbrella organisations have been working with mutual aid groups to help them plan for the future. For example, Community Action Norfolk have proactively worked with community organisations to help them put insurance in place as well as funding their Disclosure and Barring Service (DBS) checks.

Lessons

- **Volunteers are a resource that systems do not always utilise efficiently, and could get far greater value from if they were better integrated.**
- **It is easy to lose the goodwill of volunteers if organisations do not respond efficiently to offers to volunteer.**
- **Organisations should consider the amount of training that needs to be completed before volunteers take up roles.**
- **Addressing the problem of volunteer portability should be a strategic priority.**
- **The large range of activities that fall under the term volunteering means that an equally broad range of impact measurement approaches is needed.**

THEME 4 Sustainable Responses

The final theme of our discussions looked at how the progress made in supporting volunteers can be sustained. We talked about how volunteering activities can better reflect what volunteers are looking for and the wider role that volunteers can play in bringing health and care services closer to the people that they support.

Co-Design

The range of new volunteer roles developed during the COVID-19 response demonstrated the need to be flexible around how roles are developed. The NHS Volunteer Responders scheme has shown that the public wants the opportunity to take part in task-based volunteering that allows them to manage their time commitment.

Part of the challenge of creating sustainable volunteering opportunities going forward will be about looking at people's motivation for volunteering and the terms on which they want to volunteer.

> *"People want to volunteer for a whole range of reasons and have a whole range of interests in volunteering and you know if you try to meet everyone's personal request to volunteering you're never gonna do that, it is down to organisations designing opportunities that are fluid, flexible and even allow volunteers to dip in and dip out of that too, I think that would help a lot of people if they knew that they could be more flexible about their time commitments and what they do would be useful."*

To make the best use of the people that want to give their time and skills, the organisations that make up health and care systems need to support local communities, and volunteers, to design roles and embrace new ways of working.

> *"So the things that were kind of helicoptered in but because they were designed centrally they didn't necessarily integrate with what was already there. So I think a lot of it has felt like as infrastructure providers, as voluntary sector links, as participants in the wider systemic conversations often what we're trying to do is make sense of it for everyone else we're talking to and we're trying to do that in a way that promotes the new ways of working"*

Social Distancing

As discussed in Theme 2, during the crisis many NHS organisations, e.g. NHS hospitals, were unable to provide their traditional model of volunteering in light of the pandemic. In the short term, one of the biggest barriers to making volunteering sustainable is recognising the constraints that infection control measures, such as social distancing, will continue to have on volunteering, until a vaccine or a cure is found.

> *"We also need to remember that there are people who have been in the volunteer support network for years and some of them had to close their groups because what they offered couldn't be delivered in this current climate. So I wouldn't want to focus only on the new, I want to say a big thank you to the old as well and we're looking at award ceremonies in the future for that."*

The need to maintain the safety of volunteers means that there is an urgent need to create volunteer roles that can be safely carried out for the foreseeable future. Within NHS Trusts we have seen a considerable effort to develop virtual volunteer roles that can allow existing volunteers to carry on volunteering, and also provide a new opportunity for a more diverse range of volunteers.

> *"We are looking to create four new patient experience volunteer roles as part of a volunteer-led patient experience network, two of which can be done via virtual volunteering and we are hopeful this will encourage a more diverse range of people into connecting with us."*

Catalyst for change

The interviewees consistently reported that the work they have done to coordinate volunteers has been a practical example of integration. Organisations broke silos quickly, adopting shared objectives and processes, to enable volunteers to work across the system.

> *"I think it's accelerated a change that was happening slowly rather than making a huge change and it certainly feels that a number of the blockages that have always been there have been removed. Like data sharing, there are ways to get an agreement around that, we've been pushing and pushing suddenly it's like actually yes, it is purely administrative, we can find a way around it and things now are moving."*

Another message that we took from systems is how the pandemic has provided a basis for them to reinforce their old relationships and build new ones. Taking these relationships and formalising them as partnerships provided a real foundation for an integrated approach to volunteering, which they can build on.

> *"So there's working together and then there's partnership working and I think the relationships have really strengthened whether this was a catalyst for that and you know a tiny bit of good out of a lot of bad. Certainly, I think that the groups that I've been part of, or having conversations with, yeah I wish we'd had these relationships for longer but I am determined to keep them going forward."*

It is important to note about the role of volunteers in response to COVID-19 is that they have, in the main, not been focussed on managing the pandemic itself. They have been supporting people within communities to access food and manage isolation. They have been working in communities to support those people that have long term conditions or who are socio-economically vulnerable.

The activities carried out by volunteers have directly impacted on many of the health and care priorities that are set out in the strategic plans of most Integrated Care Systems.

Systems have demonstrated the value that volunteers can bring to delivering against these priorities in a pandemic and we now have an opportunity to build on that value.

Lessons

- **Volunteer roles are most effective when they are co-designed with volunteers.**
- **The recent activity to create system-wide opportunities for volunteers is a practical example of how systems can integrate.**
- **Throughout the COVID-19 crisis volunteers have been delivering against long-standing health and care priorities.**

Key Learning Summary

Overall

- Structures and partnerships that bring organisations with pools of volunteers together are effective in times of crisis.
- The scale and complexity of systems means that strategy can be set at the top tier but must be delivered locally.
- Each element of the system must recognise that volunteers give their time on their terms.

Preparation

- Invest time and effort in building relationships between organisations across systems.
- Understand the challenges your partner organisations face.
- Play through civil emergency scenarios to see how volunteers can add value.

System Responses to Covid-19

- Community-based organisations are ideally placed to scale up volunteer recruitment at short notice.
- Volunteering should promote interconnectedness and help to strengthen local communities.
- Volunteering is a journey that could start with a single task but might develop into a longer term role.

Working With Volunteers

- Volunteers are a resource that systems do not always utilise efficiently, and could get far greater value from if they were better integrated.
- It is easy to lose the goodwill of volunteers if organisations do not respond efficiently to offers to volunteer.
- Organisations should consider the amount of training that needs to be completed before volunteers take up roles.
- Addressing the problem of volunteer portability should be a strategic priority.
- The large range of activities that fall under the term volunteering means that an equally broad range of impact measurement approaches is needed.

Sustainable Responses

- Volunteer roles are most effective when they are co-designed with volunteers.
- The recent activity to create system-wide opportunities for volunteers is a practical example of how systems can integrate.
- Throughout the COVID-19 crisis volunteers have been delivering against long-standing health and care priorities.

Recommendations

As a result of our interviews we have come up with four recommendations primarily aimed at the leadership in Integrated Care Systems. These recommendations are designed to build on the work already carried out in systems in response to the COVID-19 pandemic. We believe that the implementation of these recommendations will support the resilience of systems in case of second wave of the pandemic or other civil emergencies.

1

Leaders in Integrated Care Systems should ensure that the role of volunteers is embedded in system-level strategic planning.

2

Systems should seek to embed processes, to support volunteers, that have been rapidly built, between March and July. These processes add value to general volunteering as well as providing a basis for an equally rapid response, should the UK have to manage a second wave of the pandemic or any other future civil emergency response.

3

Systems, as a matter of course, should maintain a standing group of people that provide oversight to system wide volunteering. The group should have representation from Local Authorities, NHS, and voluntary and community sector organisations.

4

Systems should take the opportunity to join the national Integrated Approaches to Volunteering programme to create consistent methods for strategy development, partnership building and cross-system communication.

Thanks

Helpforce would like to thank the people across different organisations who gave their time to talk to us about their recent experience. We recognise that during a time of great upheaval it was difficult to make the space to look back over how much change had occurred and reflect how the response to COVID-19 had affected different organisations.

We would also like to thank PPL, and in particular Laura Porro and Katie Lansdell who supported us in carrying out interviews with different stakeholders. Finally we would like to thank Ruth Raven and Natasha Munoz who, between them transcribed and analysed all of the interviews and helped us to make sense of the information that we had collected.

Appendix 1 - Interviewees

Cornwall and the Isles of Scilly STP

Helen Childs, Chief Operating Officer - *NHS Kernow*
Jessie Hamshar, Service Director Strategy and Engagement - *Cornwall County Council*
Ian Jones, Chief Executive - *Volunteer Cornwall*
Helen Boardman, Chief Executive - *Cornwall Voluntary Sector Forum (CVSF))*

BLMK Integrated Care System

Kay Henderson, Volunteer Centre Manager - *Community Action: Bedfordshire*

Dorset STP

Francis Aviss, Senior Public Engagement Lead - *Dorset CCG*
Marie Waterman, Volunteer Centre Manager - *Volunteer Centre Dorset*
Karen Loftus, Chief Executive - *Community Action Network*

Healthier Lancashire

Darren Harris, Volunteer Lead - *Lancashire & South Cumbria NHS Foundation Trust*
Paul Hegarty, Head of Business Development - *Lancashire and South Cumbria NHS Foundation Trust*
Fiona Cruchley, Community Projects Manager - *Lancashire County Council*
Greg Mitten, Chief Officer - *West Lancs CVS*

Greater Manchester Health and Social Care Partnership

Giles Wilmore, Associate Lead for People & Communities - *Greater Manchester Care Partnership*
Pete Pawson, Thriving Communities & Health Improvement Programme Manager - *Oldham Council*

Kent and Medway STP

Ben Jones, Workforce Programmes Manager - *Kent and Medway STP*

Norfolk and Waveney Care Partnership

Jules Alderson, Volunteering Project Manager - *Norfolk and Waveney Care Partnership*
Nick Wright, Deputy Director of Operations - *East Coast Community Healthcare CIC*
Jan Holden, Head of Libraries and Information - *Norfolk County Council*
Rik Martin, Operations/Development Manager - *Community Action Norfolk*

North London Partners in Health

Iuliana Dinu, Patient and Public Engagement Manager - *North London Partners in Health*
Dominic Pinkney, Chief Executive - *Volunteer Centre Camden & Team UP*

Sussex Health and Care Partnership

Paul Rideout, Policy Manager (Third Sector) - *East Sussex County Council*
Jessica Sumner, Chief Executive - *Community Works*

West Yorkshire and Harrogate Health and Care Partnership

Ian Holmes, Director - *West Yorkshire and Harrogate Health and Care Partnership*
Shaid Mahmood, Chief Officer, Communities - *Leeds City Council*
Gary Blake, Social Action Manager - *V oluntary Action Leeds*
Hilary Thompson, Senior Responsible Officer - *Harnessing Power of Communities at WY&H ICS*