Societal Resilience Initiatives During Covid-19

Dr Judy Scully and Professor Duncan Shaw

Alliance Manchester Business School, University of Manchester, UK
National Consortium for Societal Resilience [UK+]

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PART ONE

KEY RESEARCH FINDINGS
INTRODUCTION

This report showcases how 15 initiatives delivered value to their local communities during Covid-19. It summarises the findings of research that was supported by the National Consortium for Societal Resilience [UK+] and funded by the Joseph Rowntree Reform Trust, examining initiatives as case study examples of societal resilience during the Covid-19 pandemic. The research looked not only at what was done, but also how value was delivered and how individuals stepped up in the face of unprecedented challenge to meet local need. This summary highlights the factors which were found to influence the success of the case study initiatives, demonstrating societal resilience built through partnership working and the importance of leadership, strategic design, co-ordination, communication, intelligence, management skills, and project delivery.

Though the nature, purpose and configuration of the case studies varied, six key factors emerged from the research as being influential in the success of the initiatives:

1. **The leadership and strategy** that informed the design of the project’s co-production partnerships was important, building on a common purpose to support the delivery of community resilience throughout Covid-19. This included ‘intrapreneurial’ leadership within local government which involved introducing online systems at speed and implementing innovative strategies to work with local volunteers who were the delivery arm for community resilience, and business enterprise.

2. **Working in partnerships** to co-produce local initiatives actively drew on existing levels of trust in project partners and embraced principles of democracy and participation.

3. **The co-ordination and communication strategies** applied to the recruitment, training, motivation and retention of mutual aid groups and spontaneous volunteers varied across the case study initiatives. Adapting these strategies to local context served to minimise risk in activities.

4. The initiatives developed varying strategies in relation to how they rapidly gained **local intelligence** from across the different partners and subsequently used that intelligence to meet local needs. Maintaining the flow of local intelligence and maintaining the motivation of volunteers worked effectively through ‘informal situational trust’.

5. **Management systems** were innovative in their inclusive design, including agility in managing safety, and consistency in enabling a rapid response to the changing landscape of Covid-19.

6. **Co-production in design of the delivery** of initiatives helped to reach some of the most vulnerable in society, including hard-to-reach groups and families in poverty.

These factors are explored in more detail later in this report.
The 15 case studies were selected to demonstrate a range of good practices from partners in the National Consortium for Societal Resilience [UK+]. They were explored through semi-structured interviews with 22 leaders and senior workers who were closely involved in the selected initiatives.

Case studies 1-8 were led by local government:

1. Somerset Local Authorities: Vulnerable People and Community Resilience (VPCR)

This innovative Covid-19 Community Resilience project recognised the need to respond rapidly to support the needs of vulnerable people in Somerset, with a particular focus on health, well-being and food support that met a range of cultural need as well health dietary requirements for the most vulnerable. The multi-agency initiative quickly established itself by involving volunteer delivery partners to connect the right people and organisations to the right local people, as well as implementing a centralised system of communications and information.

2. The Integrated Strategic Design of Bedfordshire Local Emergency Volunteers Executive Committee (BLEVEC) and Community Emergency Response Teams (CERT)

During Covid-19, BLEVEC and CERT responded rapidly to deploy volunteers to help with a range of tasks. The recruitment of volunteers is aligned to their partner network, which includes 55 organisations, 10 emergency faith providers, and 41 independent volunteers. By integrating the strategic and operational capabilities this design provides a 24/7 networked response which enables CERT volunteers, who are monitored by BLEVEC, to support emergency planners and emergency services across Bedfordshire towns and villages.


During widespread flooding in North Yorkshire, particularly in the City of York, members of the public contacted North Yorkshire County Council to offer help. Aware that they had no official system to work with spontaneous volunteers, emergency responders had to turn them down. Gaining funding for two years for a pilot study, the City of York designed an approach to incorporate official volunteers into their response system. Business was included from the start with a focus on supporting each other during disruptive events. The project design covered the whole of the North Yorkshire LRF area.
4. Community Resilience Programme: - ‘What If’ – You can make a difference (West Sussex)

Established as a grass roots project in 2011 following significant flooding, ‘What If’ is a thriving volunteer innovative programme located in West Sussex County Council that supports community resilience and is indirectly linked to West Sussex Fire & Rescue Service. It aims to empower local communities to help themselves and the most vulnerable during disruptive emergency events, but also promotes a greater community cohesion and resilience by their visibility in the community and their commitment to value the volunteers in their day-to-day activities. Volunteer training is available to learn about preparedness, response and recovery.

5. Lincolnshire LRF Covid-19 Action Groups: Communities Resilience Programme

A pressing issue for the LRF, and all emergency services, is how to first identify the range of volunteers that present themselves and then to manage expectations, especially of those volunteers who spontaneously turn up at an emergency, such as a flood, but cannot be effectively deployed for safety reasons. The LRF developed a strategy for the volunteers to form local community action, harnessing their valuable hyper-local knowledge and relaying it directly to the LRF during an emergency. Regular engagement with volunteers established strong working relationships and the impetus for the transformation of two mutual aid groups to charity status as well as establishing a food bank.


Cumbria’s strategic approach to community resilience is an ongoing programme of work rather than a project. Prior to Covid-19 a key aim had been to close the gap between the communities’ response and statutory sector responders so that they could embed trust by working together as equals and develop a co-ordinated response. As well as supporting community emergency planning, this linked to wider transformation programmes in local public sector organisations, aiming to influence organisational policies, and support staff to become more comfortable working with informal community groups, including the many mutual aid groups that developed during the pandemic.


At the start of the Covid-19 pandemic a key feature of Eastleigh Borough Councils’ response was to ask spontaneous volunteers (SVs) and mutual aid groups, who were rapidly forming in the community, if they would work together with them on an equal footing, to provide support to the vulnerable in their communities. The consistent presence of LRF representation in the community and online motivated the public response to support social need and presented an opportunity for the Council to recruit these volunteers as a delivery arm for their Covid-19 strategy.
8. Essex County Council, and its Community Campaign Model for co-production

One of a number of Covid-19 projects that Essex County Council commissioned to provide support for their residents was based on a Community Campaign Co-Production Model. An in-house partnership was established between Strengthening Communities, Essex Wellbeing Service, Operation Shield and Emergency Planning. The vision included a distinct type of volunteer recruitment and a depth focus on communities informed by eight core Community Campaign Model principles. These were developed around: place; interest; identity; community influencers; involving community input in decision-making; digital innovation for community support and volunteer recruitment; where to add value; and maintaining a shared mission.

Case study 9 was led by a big business in partnership with its community and local government:


The Covid-19 pandemic was the catalyst that influenced Sellafield Ltd (SL) to establish a Community Support Cell (CSC) in the Cumbria Local Resilience Forum as part of its crisis management arrangements. The CSC worked to directly place the project lead plus a team of four Sellafield employees on secondment in the LRF. Embedding the SL footprint and resources in Cumbria LRF enhanced the Covid-19 response in Cumbria, improved resilience in the surrounding areas and led to a significant improvement in situational awareness.

Case studies 10 to 14 were led by charity and voluntary sector organisations:

10. Salford Community and Voluntary Services (CVS): working together with Greater Manchester Combined Authorities to combat Covid-19

Salford CVS is the city-wide infrastructure organisation for the voluntary, community and social enterprise (VCSE) sector. They run a Volunteer Centre which provides a volunteer brokerage infrastructure helping organisations to recruit, select, train and place volunteers into opportunities within the city and recruit, train and manage their own volunteers including Civil Contingencies Emergency Response Volunteers. Salford CVS successfully mobilised people to help provide a response to the 2015 flooding and Manchester Arena Bombing and their CEO recognised a need to make more formal arrangements to enable a VCSE and volunteering response to be better co-ordinated and effective.
11. **Fermanagh Community Transport Ltd (Charity Registered Status) **
Northern Ireland

Funded by the Department of Infrastructure and the Department of Agriculture, Environment and Rural Affairs, Fermanagh Community Transport (FCT) has provided transport for the community since 2013. Prior to Covid-19 FCT offered a ‘door-to-door’ accessible and demand responsive transport service for those individuals and communities without access to public transport or a private vehicle. At the start of Covid-19 the service was modified to continue to support their vulnerable client base, as well as expanding their range of services to support all the community residents regardless of age, transporting Covid-19 resources as well as people and gathering intelligence on local needs.


Action for Children (AFC) is a UK-wide charitable trust. Established in 1861, it provides a statutory service that helps children and young people to thrive and overcome difficulties by providing a service in partnership with 512 local authorities across the UK. During Covid-19 AFC extended its provision of online emotional support and advice to children and families. They are also part of a network linked to business support that helped to provide food, children’s essentials, housing for homeless young people, educational resources, home repairs, home appliances, and technology support for home learning.

13. **Spark Somerset: brokerage networks for community resilience**

This innovative brokerage charity organisation has provided critical support for community resilience in Somerset during Covid-19 by supplying a source of volunteers, contributing towards a county network of resilience providers and supporting partnership working through an Integrated Volunteering Group that brings together organisations from across the statutory and voluntary sector. The project expands networks and partnership working through a local intelligence brokerage and digital platforms, whilst working in collaboration with the LRF, voluntary sector, volunteers, business enterprise and statutory bodies.

14. **Voluntary and Community Sector Emergencies Partnership (VCSEP), Greater London and the South East**

The Voluntary and Community Sector Emergencies Partnership (VCSEP) is supported by the British Red Cross which hosts the VSCEP by providing a range of support including IT, HR and Systems Support. VSCEP is a coalition of 250 national partnerships that work together in preparing for, responding to, and recovering and renewing from, disasters. Developed in response to the 2017 floods and the Grenfell Tower fire tragedy, the VSCEP offers a partnership approach by bringing local and national voluntary and community organisations together with emergency providers, so they can work together more effectively. The VSCEP case study shows how the Greater London and South East areas developed sustainable working relationships with hard to reach groups and accessed a range of resource networks that serviced impoverished areas in the regions during Covid-19.
Case study 15 was led by a new community group:


This community group was formed by a committee of six volunteers and over 30 volunteer responders who, together, have adopted a team working approach to community resilience. The main focus of the group at inception was to provide essential services to the most vulnerable in the community during Covid-19 isolation. This was achieved through three activities. First, service delivery was coordinated through a call centre. Second, community engagement and outreach activities were designed to promote both physical and mental well-being. Third, working with other organisations and partners promoted community recovery.

As can be seen by the descriptions, the case studies differ in design, but together they demonstrate the ingenuity, commitment, and community spirit that abounded during Covid-19 in support of our communities. In Part Two of this report you can read all 15 case studies in full - written by the research team but with editorial control resting with participants.
The key findings of the research are structured into six factors that influenced the success of the initiatives.

1 | Leadership and Strategy

An overwhelming finding from all the case studies was that effective and agile leadership was a key enabler of their Covid-19 work. Examples of good leadership showcased in the case studies include:

- leaders pursued innovative growth and productivity by bringing together internal resources in new ways
- leaders worked in challenging conditions, e.g. moving online, working with imperfect information, and with a new speed of communication and co-ordination
- decision-making in new situations involving innovation and risk-taking
- new levels of trust had to be built to support making internal changes so the initiative could thrive in the new environment
- autonomy to make decisions was cascaded downwards to develop and operationalise strategy and plans quickly
- new intergroup working was evident to pool resources to succeed
- agile working meant local information on the locations of needs could be gathered and offers of support managed
- strong communication ensured co-ordinated action was as efficient and effective as possible.

Interviewees consistently referred to their activities as being ‘entreprenerial’ in character, and meant working differently within their organisation, helped by the context of normal working practices being in enforced flux. The concept of ‘intrapreneurial leadership’ (Cadar and Badulescu, 2015), explains the Covid 19 project leaders ‘entrepreneurial’ endeavour in a paid employee capacity. This differentiates the research participants from the term ‘entrepreneurial’ which generally applies to self-employed business ventures. Unexpectedly, the urgent demands of the pandemic encouraged local government to allow Covid-19 project leaders to innovate with their teams and apply an intrapreneurial
leadership approach to ensure services were responsive to the changing conditions. For example, leaders were given autonomy and were responsible for designing project capability, resource acquisition, encouraging agility, and mitigating risk whilst building trust as they innovated.

Intrapreneurial leadership is the leadership of Intrapreneurial activity inside a place of work (Antoncic and Hisrich, 2001) and one benefit of this approach was that the dedication of senior staff was visible to volunteers, evident through a series of new activities to support them, such as risk assessment to ensure volunteer and beneficiary safety, acquiring resources such as personal protective equipment, and providing online training to volunteers. This commitment was enhanced by gaining the trust of volunteers which supported the retention of those volunteers who were essential to the success of the projects. The design of initiatives was not static and evolved as the pandemic unfolded, partnerships matured. When different types of need emerged from Covid-19 in the second year the volunteer profile changed to include many people who had been furloughed and were now affiliated to established organisations, which helped to maintain volunteer motivation.

Leaders from charities and voluntary groups also displayed intrapreneurial traits but were less enabled by their organisations than were those working in local government. This was especially true of those charities with national headquarters that had infrastructure and strict procedures in place which meant they had less autonomy. Newly-formed community groups and local government were agile in allowing intrapreneurial leadership to flourish.

As well as working effectively internally, leaders also had to work with partners outside of their organisations and applied the relevant leadership skills to make collaboration work. For example, they had to:

- develop strong working relationships with partners to understand emerging needs and know who else was working in the space
- develop trust in the working relationships to enable a focus on delivery
- accept and manage risk when working with others in the design and delivery of innovative services that had not before been delivered in their shape and scale
- manage the influx of new external intelligence which added a richer depth of understanding to their internal system
- exercise ‘informal situational trust’ (Liao et al, 2010) towards partners which included ‘emotional labour’ (Brotheridge, 2006) to motivate, and show sensitive awareness to volunteers acknowledging the value they placed on collaboration, e.g. through the use of appropriate language to work closely as equals
- maintain partner motivation
- adapt system and process designs in an agile manner for their innovations.
Emphasis was put on the need to build trust with partners to co-produce activities – both placing trust in the partner and being trusted by the partner. This combination of mobilising internal resources and maximising external relationships enabled all case studies to work towards scaling their activities to address the new demands brought by the pandemic.

Ten of the 15 case studies designed their initiatives without national direction and, while all worked with local business, most recognised there was considerable scope to expand ways of engaging with big business and the role of corporates in societal resilience.

The 15 initiatives involved different combinations of partnership working, spanning collaborations with Local Resilience Forums (LRFs), local government, statutory agencies, volunteers, national and local charities, community organisations, and local small and large businesses.

Working with individual volunteers seemed successful across all case studies. LRFs used online systems and social media to attract and recruit new volunteers at speed – engaging in this way with mutual aid groups and spontaneous volunteers. An important aspect of working effectively with individual volunteers was project leaders organising online and face-to-face meetings to brief volunteers, making sure to use language that was accessible to all. Such briefings (and their associated working instructions) focused on volunteers working safely with beneficiaries, many of whom were in the shielding population or were self-isolating with Covid-19. This relied on softer management skills when working with volunteers – a type of ‘informal situational trust’ (Liao et al, 2010). The aim to achieve inclusivity across the community by recruiting a wide range of volunteers to deliver activities during Covid-19 is a critical feature of success because it supports trust in democracy, without which community resilience would have been undermined.

Much work was done in partnership with charities and voluntary sector organisations. This involved some charities changing their recruitment systems to recruit online so they could surge at pace to address unprecedented levels of demand. National charities exploited existing long-term partnerships and relationships with business and those partnerships allowed them to draw in large volumes of resources. Charities that had previous experience of working with corporate businesses had an infrastructure and approach to such collaborations that served them well in during Covid-19.

All except one of the initiatives worked with local businesses to deliver value – particularly with pharmacies and food-related business in the first year, and more poverty-related resources in the second year. Local governments established strong working relationships with local businesses but this was a relatively new venture requiring perseverance and nurturing throughout Covid-19. Managing business partnerships was a new feature for some of the initiatives and so the development of these networks was on a continuum of
growth. One opportunity that was evident in the case studies was the potential for local government to develop wider and deeper working relationships with corporate partners and local business given the change in context and shared aims and objectives. There is learning from national charities on how to achieve this long term aim and add value to the sustainability of community resilience.

Collaborations with other parts of local government that were not normally intertwined with resilience blossomed during Covid-19 and was a cornerstone of many of the local government-led initiatives. For example, partnerships with statutory authorities, particularly with health and social care, were built into the Covid-19 systems so they could be actioned at speed, at scale, and for prolonged periods.

3 | Co-ordination and communication strategies

A key communication feature of the Covid-19 projects was exploiting different social media platforms for community resilience and, in some cases, to coordinate needs and offers of support. All of the leaders welcomed a rapid shift towards introducing online communication systems given the distributed nature of leaders, staff, volunteers, and beneficiaries. These systems were also essential to creating agile ways to rapidly coordinate activity in the challenging landscape of Covid-19. This included developing systems that could gather and share information and intelligence at speed, between leaders, staff, volunteers, and beneficiaries.

Systems had to constantly evolve and mature as they were implemented, accommodating the different types of need that emerged during Covid-19 as the situation and restrictions changed. This evolution involved:

- The creation of new and advanced functions to respond to the changing strategy for their initiative
- Understanding, assessing, and responding to changing risks which required fast communication to ensure safety of delivery
- Online systems to provide an ongoing dialogue of communication and co-ordination with all partners, including volunteers, statutory services and local business partners
- Adapting online systems such as updating websites, providing hybrid access to resources (e.g. helplines and printed leaflets) for hard-to-reach groups in different languages, and supporting citizens who had no access to technology
- Adapting systems to facilitate two-way communication and to gain intelligence, with these eventually being monitored over a 24/7 period
• Communicating the need for resources at speed which demanded rapid communication and co-ordination

• Recruiting local businesses and organisations to register donations of goods, money and other resources

• Adapting face-to-face training for volunteers to online delivery accessible through websites

• National charities implementing secure online communication and co-ordination systems at the local level

• Effective co-ordination and communication systems enhancing access to local intelligence and information about Covid-19 from national systems

Coordination and communication was central to successful delivery of community resilience. For example, the case studies show difference between creating a balance between autonomy, safety, and control that did not stifle volunteers’ initiative and helped to build trust with local communities. This was important to keep volunteers motivated and feeling valued. Businesses worked most effectively with the local arms of national charities – the collaboration benefitting from national infrastructure which enabled access to a huge range of business donations and services. Co-ordination with national charities for the vaccine rollouts did not work so well initially, however the transport organised by volunteers for vaccine appointments worked very well. Whilst they were offered affiliated charity volunteers to help with the task, some local governments found the co-ordination was not as fast and effective as working with their own volunteers.
Local intelligence and information management was vital to the success of Covid-19 response. Volunteer feedback was a key resource for gaining on-the-ground intelligence across the localities. Volunteers and mutual aid groups provided knowledge and intelligence about changing needs of vulnerable people who were shielding or hard-to-reach. Information and intelligence flowed from the ground up and was responded to quickly according to the design of the initiative. The information was used by wider partners that could respond to needs, for example with shielding systems and the use of face masks. Local intelligence also helped leaders to:

- Understand local concerns about Covid-19 vaccines which helped organisations to design information to meet communities’ needs such as providing different communities with information in their languages

- Highlight needs of lonely and vulnerable people who were shielding and experiencing other problems – by volunteers using feedback systems to provide such information into the initiative which was then passed to the relevant authorities

- Understand the changing needs of local communities, e.g. from the need for food and culturally-specific or health-related food in the early stages of Covid-19 to the emerging need for financial advice and essential items in the face of poverty later in the pandemic

- Advise beneficiaries on how to access the help that was available, e.g. support on housing, mental health, poverty

- Respond quickly and pinpoint those most in need by feeding knowledge from requests into partner systems, so building a bigger picture.

The ability of the initiatives to accumulate information on needs highlights the trust that was built between vulnerable people, voluntary organisations, and volunteers. Building information and intelligence from communities about poverty shed light on the shift between the early phase of Covid-19 (when the focus was on older people shielding and the need for vaccine support and food/pharmacy deliveries) to the transitioning needs towards poverty and economic loss in the later phases.
It was clear from the interviews with leaders that management systems were designed to ensure volunteer safety, effective partnership working, and agility in the Covid-19 delivery – all of which contributed to being able to manage a dynamic range of activities in an ever-changing environment. Trust and risk management were key features of the management systems, as was working to a needs assessment from local government. There were commonalities in how the initiatives managed their systems, as well as differences.

The greatest management commonality across all of projects was how they incorporated the traits of an intrapreneurial leadership approach, as discussed earlier. That came with challenges as well as benefits - there was a tendency for the leaders to work excessive hours to ensure the initiative was managed effectively, and for some that meant their continuous commitment as managers. Other commonalities include:

- Managing people and operations online
- Managing the safety of volunteers and beneficiaries. In addition to training, this included security checks, providing PPE and insurance, visible lanyards, identity documents to show affiliation and legitimacy, following GDPR requirements
- In some cases, management came more through co-production by teams working together in locations or on problems
- Relying on people with whom they had previously worked with and built mutual trust
- Most leaders being sensitive to the emotional needs and capability of the volunteers, however, a minority of volunteers reported being ‘burnt out’ as the pandemic progressed
- Managing spontaneous volunteers, mutual aid groups and community action groups into their delivery roles.

One significant management function difference was the provision of training for volunteers which ranged extensively from a command-and-control type of training through to a lighter touch safety training. Some initiatives obtained financial grants from external sources, such as NESTA, which they used for Covid-19 delivery but this was patchy. Those receiving funding sought to act with long term sustainability in mind – using that money for start-up costs and not ‘baking in’ additional systems costs which would require ongoing funding support.
All except one of the Covid-19 projects were delivered by volunteers who provided the main delivery arm for community resilience resources – the exception being Sellafield Ltd, where paid staff were seconded to support the initiative but also gave time beyond paid working hours. The team leader seconded to the LRF reported that the commitment to the task was 24/7. The capability to deliver community resilience was strengthened greatly with the input of a national businesses able, for example to offer Sellafield volunteers in rolling shifts, as well as other Sellafield employees who volunteered outside working hours.

In the first phase of Covid-19, the delivery focus was predominantly on providing food, health resources and services to the elderly, those who were shielding or those who were self-isolating, as well as managing the transport issue for the roll-out of vaccines and support in the vaccine centres. In the second phase, the focus broadened to support families and hard-to-reach groups who were experiencing poverty and had complex additional needs, made worse or more difficult to manage during the pandemic.

To varying extents, all of the initiatives benefitted from involvement and support of local government, individual volunteers, community groups, charities and voluntary organisations, local businesses, and other partners. Seldom were initiatives able to function without the support of the volunteer delivery arm and a wider range of supporters or collaborators.

Some of the services that initiatives delivered are:

- collection and delivery of prescriptions, medications, and PPE
- counselling and visits to help older people shielding, children, families, and youth
- support, events and clubs for the lonely and shielding to help them back into society
- food acquisition, kitchens, delivery, and working with food banks
- vaccine transport and support at vaccine centres
- providing information about Covid-19 to hard-to-reach groups and to address vaccine hesitancy
- transport for older people, or those with health issues, to visit shops, for health and social care
- transport for the deceased
- transport and housing the homeless and youngsters up to 19 years old (to prevent youth homelessness)
• acquisition and transport of essential furniture, white goods, clothes, and baby resources

• money grants for electricity and heating

• providing a baby crèche and children’s Christmas parties

• providing storage facilities.
SUMMARY

In each case study in Part Two you will read about the important steps forward made possible by the efforts of a group of motivated individuals working together. These steps are a testament to the intrapreneurial spirit of leaders, partnership working, and how leaders motivated, trained, valued and retained volunteers to form the backbone of the delivery arm for future societal resilience. To highlight four such examples:

1. a community action group (Lincolnshire: Branston Parish Community Action Group) is now registered as a charity and is running its own food bank

2. a new community volunteer group (Blackwood and Kirkmuirhill Resilience Group) has developed a strategic plan for grassroots resilience

3. organisations have increased social media use for the recruitment and retention of volunteers

4. new skills have been acquired in terms of partnership working and leveraging partner relationships to acquire resources and grants

This study has found how the combination of state and civil society organisations working together has delivered initiatives with startling impact. The case studies collectively demonstrate that, once formed, new groups and networks can quickly evolve and then continue to function, enhancing resilience. However, working with partners at short notice, at speed, and without the luxury of supporting processes and structures can be challenging - it involves building trust, team working, developing and maintaining working relationships where all voices count, combining approaches, and pooling resources. Covid-19 has provided valuable lessons, and there is potentially more that resilience partnerships can do to share good practice - for example on gaining resources for community resilience from big businesses.

The focus on volunteer safety and training helped to minimise risk to themselves and to the communities they were supporting. This will undoubtedly be a topic of further consideration, building on the invaluable experience built during the long duration challenge arising from Covid-19.

We commend the case studies to you and celebrate the accomplishments of all those involved in their design and delivery.
REFERENCES AND RESOURCES

1 The research process to develop the case studies involved the principles of engaged scholarship (Van de Ven, 2007). Case studies were developed from semi-structured interviews which aimed for ‘dialogical sensemaking’ (Cunliffe and Scaratti, 2017) to capture the lived experience of interviewees – this sense making process explored the meaning, relevance, impact, temporality, and performativity of activities (Macintosh et al, 2017). Secondary data (e.g. documents, websites) was also used to prepare for and contextualise the case study interviews.


Brotheridge, C.M., 2006. The role of emotional intelligence and other individual difference variables in predicting emotional labor relative to situational demands. Psicothema, 18, pp.139-144.


PART TWO

THE CASE STUDY INITIATIVES
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CASE STUDY 1:

SOMERSET LOCAL AUTHORITIES: VULNERABLE PEOPLE AND COMMUNITY RESILIENCE (VPCR)

Alyn Jones, Director of Economic and Community Infrastructure Operations, Somerset County Council, explains the rationale, design and impact of the Somerset Local Authorities Vulnerable People and Community Resilience (VPCR) project. This innovative Covid-19 Community Resilience project recognised the need to respond rapidly to support the needs of vulnerable people in Somerset. The multi-agency initiative quickly established itself by involving volunteer delivery partners, which helped to connect the right people and organisations to the right local people, as well as implementing a centralised system of communications and information. The project expands networks through known contacts, digital innovation, brokerage and a one-stop shop. By working in collaboration across sectors, which involves volunteers who deliver the service, it has contributed towards a county network of resilience providers with a particular focus on health, wellbeing and food support for the most vulnerable.

Working Together: Developing Networks for Community Resilience through a Strength Based Approach
**Project Design**

“We were consultative and collaborative and when it didn’t work we still got on with it. By working together, that was the power of the VPCR cell by keeping all of those agencies working together”

The original aim of the VPCR cell was to develop a system that rapidly targeted at-risk groups to support their health, safety and wellbeing during Covid-19. Alyn explains “we quickly realised we had to bring in all of the issues that weren’t particularly healthcare. We also realised that other vulnerable groups were not necessarily shielding, including the travelling community, nomadic communities, vulnerable families known to GPs, and others in need”. When shielding commenced “we did not have one way of working that brought all the agencies together, and the rationale was to connect all of the agencies. We started to think… why are we creating centralised delivery services? Can we connect the community sector and have a collective response for the delivery of food”?

That vision informed a strategy that “connected the community groups so that delivery was from the community and they could have the conversation about why they were struggling. This moved us away from a demands-based approach towards more of a strength-based conversation”.

Alyn describes his leadership as “allowing everyone a voice, so one of collaboration”. He also makes the point “it was ultimately about not being afraid to make the decision and implement it. I was allowed to make decisions at speed and the governance was really important because I knew exactly the rules within which we were working”. Notably decision-making parameters were established at the start of the project.

**Project Capability**

The VPCR formalised a solid infrastructure and within a week identified a food storage area that was previously an empty space. Food finance included £2.5 million funding invested in food delivery, community pantries and community fridges, which provided nutritional food across the range of need in the Somerset community. This included emergency food for children and families in need (e.g. through food vouchers, school meal clubs, food banks). Financial support from different funds was available for marginalised groups, families, and people in crisis as well as community organisations. In terms of the financial accountability the VPCR had a finance representative however, Alyn was responsible. To ensure that the finance was spent the right way Alyn introduced a viable systems approach.

A practical challenge was to bring everyone together in a two-tier authority, and involve the voluntary sector, as well as the community. Constant communication with the different stakeholders informed the infrastructure and the system “connected the strands, that was the power of the VPCR cell, we had all of those agencies together and the reach into the relevant community sector organisations”. Supported by the Senior Management Team and a very good project manager, Alyn’s role as chair enabled him to recruit “the right
people representation from district council, input from the NHS, NHS Commissioners, Social Care, CCG Commissioners, and representative from the voluntary sector and community groups”. The representatives were voices and influencers in their own areas. For example, the people from the Homelessness Reduction Group had the respect of their peers and the politicians.

Core to the progression from demand-based response toward strength-based conversations was connecting the right volunteers and voluntary organisations with the corresponding needs of people. Most important was the task to get the right people from the voluntary sector to the door of those in need, so they could have the conversations about what was needed. More than 1,400 volunteers joined the VPCR project, many of whom delivered food, and met the VPCR aim of having “the right community connector turning up at the door, that is able to reach back into the relevant organisation”. The relationship between volunteers and those in need prompted conversations that gained insights into why people might be struggling or in need of support. Trust in the volunteers was evident as their feedback to the VPCR provided valuable information about what different individuals and groups of people needed in terms of support. Volunteers’ knowledge transfer enabled the VPCR’s understanding of support to evolve from one of a transactional nature to a more nuanced, strength-based and holistic approach.
VPCR members expressed concern at the low level of nutrition in food delivered by external suppliers to those in need. Access to some residual funding helped the VPCR group “to understand what they needed. As the National Government support slipped away, we needed to keep local communities supported - to start creating food pantries, supply chains and doing a risk-based assessment of all of the food banks and beginning to understand what they really need, not just turning up with a pallet of food”.

Information sharing worked at three levels:

1. **Establishing performance management information-sharing mechanisms**, which involved data analysis to understand: how many people needed support and where are they located?: what have we done for them, and what is VPCR engagement like? Data collection focused on sensitive areas, including how to assess their food quality and the levels of vulnerability, and what their food banks are like.

2. **Development of a consistent policy of over-communication**, followed by a ‘hot debrief’, was a strong feature of internal information sharing.

3. **Creating a digital and brokerage communication system with external parties**, including the public, accelerated the growth of volunteers delivering the service.

The development of a one-stop shop with one phone number, and one email address enabled a quick and effective response for the public to engage with VPCR. The creation of strong social media presence “provided another avenue for people to engage”. The use of online platforms helped different community groups to work together and allowed the VPCR cell to pull back from frontline delivery, transitioning into a more facilitative and supportive role. The public and the voluntary sector responded on Twitter and Facebook, and that “gave them the opportunity to praise the community” for the voluntary work they were undertaking. The establishment of a brokerage also enabled VPCR to identify issues, “such as the food supply group issue, and how we develop more sustainability”. Launched in April 2020 the helpline received in excess of 13,600 calls during Covid-19 and centre staff made 7,000+ welfare calls and assisted 50,000+ calls about vaccination appointments. The coordination of the project accelerated with the one-stop shop approach. Rapid response was a huge benefit “If you need to get help on the Covid-19 virus you phone one number now. We achieved that quickly and co-ordinating the delivery of food”.

**Outcomes**

Reflections on the VPCR include measuring the positive impacts in terms of the strategic aims, which in terms of performance management is a huge success. Alyn’s leadership style goes way beyond developing a viable systems model. Rather it shows the transformational aspect of leadership and innovation. Engaging the volunteer community for delivery, over-communicating internally and externally, introducing a one-stop shop, digital innovations and a brokerage, are features of the VPCR’s innovative success.
In terms of volunteer sustainability, the evidence of the tangible success also takes into account that some of the volunteers reported that they felt ‘burnt out’. To some extent the responsibility of volunteers’ wellbeing lies with their affiliated organisation, as well as the volunteers themselves. There is concern for volunteer wellbeing, which is a human resource issue that needs consideration for the future. Alyn raised questions about sustainability and concerns about the volunteers in relation to their burnout. Lessons learnt reflect these concerns and there was recognition that “we got it wrong on more than one occasion”.

In terms of the project sustainability there is acknowledgement and questions about how to “allow those community groups to work themselves and literally just step in to fix the odd problem or connect those groups …that’s how we measure our success”. Regarding community sustainability there are unanswered questions concerning “how sustainable are the measures we put in place, what are our current risks and how do we develop more sustainable solutions?”

The VPRC has recently changed to form the Community Resilience Partnership Group. The new group has adopted the terms and references of the VPRC. Currently the food strategy group meets weekly to ensure supply of food is available. Alyn remains involved in this group.

The following video captures the work of Somerset Village and Community Agents from Somerset County Council:
https://www.youtube.com/watch?v=FxlbTPfHUI0
CASE STUDY 2

THE INTEGRATED STRATEGIC DESIGN OF BEDFORDSHIRE LOCAL EMERGENCY VOLUNTEERS EXECUTIVE COMMITTEE (BLEVEC) AND COMMUNITY EMERGENCY RESPONSE TEAMS (CERT)

Mark Conway, Emergency Planning Manager, Central Bedfordshire Council, is the architect of Bedfordshire Local Emergency Volunteers Executive Committee (BLEVEC) and Community Emergency Response Teams (CERT). Together they form the interconnected strategic and operational parts of a community resilience volunteer initiative in Bedfordshire. BLEVEC volunteer Commanders work at the strategic level of decision-making and communicate effectively in a two-way system with CERT emergency volunteers, who provide support to the emergency services at the operational level in their local communities.

During Covid-19, BLEVEC and CERT responded rapidly to send volunteers to help with a range of tasks. The recruitment of volunteers is aligned to their partner network, which includes 55 organisations, 10 emergency faith providers, and 41 independent volunteers. By integrating the strategic and operational capabilities this design provides a 24/7 networked response which enables CERT volunteers, who are monitored by BLEVEC, to support emergency planners and emergency services across Bedfordshire towns and villages.
Background

“Anyone can apply to be a BLEVEC Commander, for example CERT members and voluntary organisation members”

BLEVEC is a sub-group of the Bedfordshire Emergency Volunteers Partnership, established in the 1970s. It is an Executive Committee led by a team of strategic decision makers comprised of highly skilled local volunteers known as Strategic, Tactical and Operational Commanders. BLEVEC Commanders work closely with emergency providers to ensure that CERT volunteers are placed in roles that utilise their valuable capabilities when working with the emergency services during a crisis. The Executive Committee meets two or three times a year to review critical incidents, policy and organisational issues. BLEVEC Duty Officers have their own WhatsApp group, which enables the immediate transfer link of intelligence, videos, pictures, and messages between the emergency ground site and the Emergency Planning Team. One message from BLEVEC can reach the whole network within minutes and communicate intelligence across the local areas. This intelligence can inform health and safety, as well as conducting risk assessment for volunteers so they are aware of how their own capabilities can support the emergency services during a crisis. BLEVEC Duty Officers are also able to identify the appropriate volunteers to support the needs of the emergency services.

The BLEVEC structure includes:

- **BLEVEC Commanders**, currently 34 highly skilled trained and equipped volunteers, some of whom are retired include emergency planners, police and business representation. BLEVEC Commanders include:
  - **Strategic Commander** (Mark Conway) who represents the BLEVEC partnership and all members at the Strategic Co-ordinating Group (SCG) as well as the Recovery Co-ordinating Group (RCG)
  - **Tactical Commanders** who represent the BLEVEC partnership and all members on the Tactical Co-ordinating Group (TCG)
  - **Operational Commanders** who represent the BLEVEC partnership and all members at the Forward Control Point (FCP) at the scene of an emergency or a specific operational location. They will assess the situation, identify where volunteers resources might be useful, and manage requests from the emergency services for volunteers. They are visible by their Uniform, ID Card, JESIP Commander Card and PPE Grab Bag
• **BLEVEC Duty Officers** are mainly recruited from the Commanders and provide a mini control room for BLEVEC. They have developed a WhatsApp group to provide intelligence across different areas during a crisis. A 24/7 emergency contact number enables immediate access to voluntary support for emergency services. This involves:

> Fielding requests for assistance and callouts.
> Decision making for the delivery of tasks.
> Identifying the appropriate person for the task.
> Activating deployment to emergency sites.

“Anyone who wants to volunteer and help their community in an emergency can join as an emergency response volunteer”

**CERT** includes over 27 teams comprised of volunteers who are coordinated by BLEVEC to support emergency services in their towns and villages when needed. Most of the teams include Town or Parish Council. CERT volunteers are recruited from the 55 member organisations in the BLEVEC partnership and community groups. The public at large are recruited through online advertising. Local CERTs provide invaluable local intelligence during an emergency and learn how to co-develop community emergency plans for their local areas through CERT mandatory training. They can also undertake additional training which provides an opportunity for CERT volunteers and public volunteers to join BLEVEC. CERT volunteers are given identification cards and visible CERT clothing so residents can identify who they are. Equipment is provided for various types of risk that volunteers are able to undertake. The CERT Emergency WhatsApp group provides immediate intelligence to Emergency Planning Teams. For example, CERT volunteers send information through messages, videos, and pictures from the site of an emergency to the Emergency Planning Team so they can plan an immediate response before arriving at the scene. CERT also have representation on the Bedfordshire WhatsApp Emergency Group which has 138 members who participate in the Local Emergency Volunteers Executive Committee. The Group is comprised of 55 member organisations and meets with the BLEVEC Commanders two or three times a year to review critical incidents, policy and organisational issues.

**Project Design**

The rationale underpinning the integrated work of BLEVEC and CERT is to operationalise an inclusive partnership approach to recruiting, training and maintaining a diverse network of volunteers from their partner organisations and the public at large. BLEVEC Commanders and CERT volunteers work together effectively in a networked strategic and operational structure with emergency services to make this partnership organisationally resilient and
capable of meeting the needs of local communities during crisis. The vision incorporates an open door approach to recruiting BLEVEC Commander volunteers and CERT volunteers. The capability matrix structure ensures that all volunteers are clear about their roles and responsibilities. Both BLEVEC and CERT volunteers have been trained to communicate intelligence from the local and strategic level through their WhatsApp to the emergency services and engage together through 24/7 communication.

In terms of leadership, Mark Conway, Strategic Commander of BLEVEC and CERT has applied an entrepreneurial leadership approach towards establishing and sustaining a capability matrix system. The system links the strategic decision making to the local operational level in a three-way communication process, which includes BLEVEC, CERT and emergency planners and services. The design has embraced diversity and inclusion by accepting all volunteers who apply and agree to the mandatory training for CERT. Currently Mark works with 10 emergency faith advisors and is working to increase the recruitment of volunteers from hard-to-reach groups. The project design ensures CERTs work as effectively as possible with the emergency services, and this is monitored by the BLEVEC Duty Officers who allocate the volunteering tasks to align with the volunteers’ unique capabilities. The design incorporates a type of safety net for the agile volunteer network. The design shows the innovative side of his leadership which has enhanced community resilience in Bedfordshire both prior to, and during Covid-19.

Project Capability during Covid-19

Since Covid-19 lockdown this matrix model of community resilience has been applied to local communities’ needs related to the pandemic and has provided support to the most vulnerable in the community. BLEVEC/CERT Covid-19 response includes a coordinated response to mass surge testing, food deliveries, PPE deliveries and assistance in the set-up and management of test sites, vaccination sites, and management of the Kents Hill Isolation Centre, which helped Milton Keynes. The most common joint activity was establishing and running emergency assistance centres. Commanders adapted to chairing statutory and voluntary COVID cells across the region, including the Chair of the Voluntary Sector COVID Cell. Working together with national and local organisations enhanced response. Partner organisations include: Age UK, Citizens Advice Bureau, British Red Cross, AMYA Muslin Youth Centre, Mind, Samaritans, CHUMS (Child Bereavement), Herts Boat and Rescue, WRVS, Bedfordshire Multi-Faiths Emergency Response Team, RSPCA, Salvation Army, St John Ambulance, and BHC 4X4 Response.

CERT identified assistance centres in their local areas. CERT also provide opportunity for community residents who are not affiliated members of any voluntary groups or organisations to become a CERT volunteer. The open invite to become an emergency response volunteer draws on a HR function, as it requires attending a mandatory training session, where volunteers are provided with a CERT t-shirt and ID card, recruitment information pack, and membership of the emergency CERT WhatsApp Group. In addition to mandatory training CERT offers a range of optional monthly on-going training
schemes to enhance their volunteer skills and improve volunteer capacity building, if the volunteer chooses to do so. Voluntary training courses range from CERT promotion to a Commanders (Commanders Part one and Part two) to the Vulnerable People Training Exercise (Vulnerable Puffin).

**Outcomes**

The efficient coordinated response to the Covid-19 crisis was remarkable. Volunteering roles included the Commander level, specifically coordinating ongoing actions, or the CERT locality involving transporting people in 4x4 cars or helping at vaccine centres. All volunteers are valued for their contribution. Sustainability is evident in the new pop-up groups, such as the Leighton Linslade Helpers, who are joining BLEVEC with 100 volunteers, appointing a Commander and establishing a CERT.

A clear area of impact is the rapid response intelligence system, which enabled BLEVEC Duty Officers to identify the capability of the volunteers and the skills they had to support the emergency services. BLEVEC Duty Officers can provide information of CERT volunteer capabilities to the emergency services at speed. Furthermore, their knowledge of CERT volunteer skills, roles and capabilities enhances volunteer safety.

**Reflections for the future include:**

- To develop a wider business network to increase the numbers of private sector volunteers, which they have achieved with TUI, Easy Jet and local business.

- To improve the system so the high volume of volunteers who present from national organisations are linked to local communities, and do not get lost in the process.

- To build new relationships with infrastructure organisations funded by Local Resilience Forums.

- To develop a wider network of faith leaders who can provide advice, expertise and support to those in their communities who are affected by emergencies.

Bedfordshire Prepared website offers links to join BLEVEC as an emergency response volunteer: [https://tinyurl.com/38dc2c25](https://tinyurl.com/38dc2c25)

For further information view: [https://centralbedfordshire.box.com/s/g37vso39w32t4988a7xcdh36pg5ef4pu](https://centralbedfordshire.box.com/s/g37vso39w32t4988a7xcdh36pg5ef4pu)
CASE STUDY 3

READY FOR ANYTHING
- NORTH YORKSHIRE

Introduction

“We wanted to embrace volunteer support for major incidents in a way that no one had before”
Tim Townsend

North Yorkshire County Council’s motivation to develop ‘Ready for Anything’ volunteer community resilience project stems from the public’s goodwill to help in the 2015 Christmas floods. During widespread flooding in North Yorkshire, particularly in the City of York, the public and people in the city contacted North Yorkshire County Council (via Facebook and in person) to ask how they could help. Aware that they had no official system to work with spontaneous volunteers, emergency responders had to turn them down. Following the 2016 flood inquest, and in discussion with York CVS, the County Council agreed to design
a project to incorporate official volunteers into their response system. Gaining funding for two years for a pilot study, the City of York took this concept forward. Business was included from the start with a focus on supporting each other during disruptive events. In 2018 the County Council won funding from the social resilience stream at NESTA to develop a system that involves both volunteers and society. The project design covered the whole of the North Yorkshire LRF area and a team of four was placed in the resilience and emergencies team in the County Council. The project is now administered by North Yorkshire Council and owned collectively by the North Yorkshire Local Resilience Forum.

Project Design

The rationale of ‘Ready for Anything’ is to establish an official volunteer group who receive volunteer training and can be deployed by the emergency services for practical support at disruptive events. A key aspect of the strategy is the wide range of volunteer training that is available, including involvement with LRF silver and bronze officer training. Training is designed through a stratified approach to harness the wide range of volunteer skills. Ready for Anything (RFA) volunteers are offered upskilling training opportunities and courses are updated every year. RFA volunteers are given a handbook that details their involvement in the ‘Ready for Anything’ system and explains different types of training available including (optional) exercising. Information is available about how they can be deployed to work alongside the emergency services.

The long-term vision to make the project economically sustainable stems from the team’s awareness that funding would finish. This factor informed their strategy. Rather than purchasing a customised IT package for the project savings were made by using Excel spreadsheets and Gov Notify texting system, which are cost free. Volunteer registration involves completing a simple form on the local resilience forum website. Contacting RFA volunteers during an incident involves texting those in nearby areas from a recognised number that volunteers can save in their phone contacts list. Some of the funds went towards the RFA volunteer equipment, including lanyards and fluorescent tabards to show visibility as a RFA volunteer. A cost was involved hiring halls for training. Initially a requirement of the NESTA funding was a push to target more volunteers who are over 50 years old because they recognised they had more free time, however currently they welcome adult volunteers of all ages from diverse backgrounds. The introductory training session can be accessed online, which proved cost effective, however, more face-to-face interactive events are planned for a post Covid-19 future.
SOCIETAL RESILIENCE INITIATIVES DURING COVID-19
THE CASE STUDY INITIATIVES

Leadership

“We are absolutely passionate about working with volunteers”
Tim Townsend

Described as a ‘hands on leadership’ there is leadership decision making at the operational level and strategic level. Working in a team of four, three members undertake a role similar to line manager leadership. They design and deliver the training sessions, provide regular information e-mails to the volunteers, register new volunteers and assess RFA volunteers’ capabilities. Embedded in the community and working closely with RFA volunteers the team are identified by the community as the leaders of ‘Ready for Anything’. If they need to raise strategic issues they report back to the senior manager in the LRF. If emotional support is required following an incident debrief there is a specialist team available who can deliver this service. Strategic leadership decision-making on the deployment of RFA volunteers to an incident is a joint decision of the multi-agencies. If there is more than one request for RFA volunteers during a large incident, the decision to deploy RFA will made through a multi-agency advisory teleconference or tactical coordination group meeting.

Project Capability

“It’s all about trying to build that community, we have a lot of regulars that come back. It’s easy to get volunteers, but it’s the retention of volunteers that is the hard thing”
Tim Townsend

The capability of the project relates to the RFA volunteers optional take-up of the training available following the introductory training, and the trainer’s assessment of their varying levels of skill acquisition. Working with more than 300 RFA volunteers the trainers are committed to upskilling and always ensure that varied training from a variety of LRF agencies is available. This ongoing work helps with the retention of the RFA volunteers. Training includes RFA volunteering learning roles that could be utilised at a national level and in their local communities. The trainers also invite guest speakers, such as the police from the counter-terrorism unit. Coordinators on the ground can be recruited from various agencies in the Local Resilience Forum, including Local Authorities or emergency services.
Consistent to the early stage of the project, intelligence is shared through texting and regular emails. RFA volunteers are covered by the North Yorkshire County Council, Employer and Public Liability Insurance. RFA volunteers who use their own vehicles are advised to check that they are covered by their own insurance for business use and understand that they do not receive expenses for mileage. Given the varied and grouped nature of their roles, RFA volunteers are not required to take a DBS check. The coordination of the RFA volunteers incorporates an HR role in terms of assessing their capabilities for the required roles, including them in the Council’s insurance, and providing de-briefing sessions after incidents.

**MIRT (Major Incident Response Team)** is a small team of highly trained specialist volunteers that RFA can work alongside with, and who have two main roles. They manage and organise rest centres that are set up for displaced people after a major incident. They are also trained to provide immediate and long-term emotional support to those who have been impacted by incidents. Their expertise was requested after the Grenfell Tower fire because they have national recognition.

Roles that volunteers can provide include:

- **Provision of refreshments** to evacuees and to the emergency services.
- **Rest centre support** to assist those who have been evacuated, which can include providing information and reassurance.
- **Clean-up duties** following an accident to help people.
- **Logistical support** which includes the movement of equipment, administrative support and sorting donations.
- **Warning and informing** to help provide information to the public by leaflet dropping and sometimes knocking doors to inform people of the support that is available to them.
- **Transport provision** to assist with the movement of donated goods and supplies to areas where they are needed.
- **Good neighbour support** to contact their neighbours before, during and after an incident so they can ask if there is anything they need, such as medication or shopping.
- **Business prepared** involves supporting business to have a plan for robust preparation that could help a business to continue to operate with minimal disruption.
- **Search and rescue** - In high profile cases where a hub is set up for rescue services, RFA can provide support for the running of the hub.
Covid-19

During Covid-19 training moved online with the use of Microsoft Teams, an aspect that reduced training costs but did not enhance the aim of interacting more with the volunteers. The team’s initial response to the Covid-19 pandemic focussed on the safety of the volunteers. Guidance was offered when deploying to an incident, including the use of PPE and social distancing. Volunteers were also informed that there was no obligation to help and that text communication would continue as normal. During this time RFA volunteers were deployed in roles that involved supporting the most vulnerable during the global pandemic, as well as providing practical support during incidents. Having registered RFA volunteers who could be available to them was of great assistance to the emergency response agencies after the decision was made that they could be deployed. On occasions ‘Ready for Anything’ was asked for twenty volunteers at speed, and that was a task that took more time.

Outcomes

- The system of RFA volunteer training works effectively for the local resilience forum agencies and has a safety measure in place for the deployment of RFA volunteers.
- The delivery training team is highly motivated and work consistently hard through a two-way ongoing dialogue to keep the RFA volunteers engaged.
- The team measures the impact of their training by providing a space for feedback in the session.
- Forms are sent out to RFA volunteers asking if there was anything they could do better which gives them time to reflect on the training content.
- Being embedded in the LRF helps their visibility, integration and sustainability.
- Having different LRF agencies who could supply coordinators on the ground e.g. local authorities and utilities such as Yorkshire Water, these were able to cover volunteers under their own volunteer liability insurance.
- One new area being looked at is how they can incorporate spontaneous volunteers through temporary registration forms and embrace community spirit. Currently Lincolnshire LRF is looking at Yorkshire’s model with a view to replicating it.

The scheme has been running for three years and is now an established part of the North Yorkshire Local Resilience Forum.

More details available from: www.emergencynorthyorks.gov.uk/readyforanything
CASE STUDY 4

COMMUNITY RESILIENCE PROGRAMME
‘WHAT IF’ – YOU CAN MAKE A DIFFERENCE (WEST SUSSEX)

Introduction

Established as a grassroots project in 2011 following significant flooding, ‘What If’ is a thriving innovative volunteer programme in West Sussex County Council that supports community resilience and is indirectly linked to West Sussex Fire & Rescue Service. It aims to empower local communities to help themselves and the most vulnerable during disruptive emergency events, but also promotes a greater community cohesion and resilience in their day-to-day activities. Volunteer training is available to learn about preparedness, response and recovery. Starting initially as a multi-agency of three local authorities (East Sussex, West Sussex, Brighton & Hove), West Sussex Fire & Rescue Service and volunteer organisations within the Local Resilience Forum, the ‘What If’ Programme was created. This case study looks at the West Sussex model. With the specific aim of improving community resilience, leaders of the project asked questions: What do you need? What could have made it better? Their answers informed the design of a preparedness, response and recovery project that could signpost, inform, support, share knowledge and improve community resilience. The ongoing ten-year dialogue with their volunteer network has enabled a depth of understanding of their communities’ needs. They engage people by
listening. The structure they have developed includes community resilience groups, youth groups, health and wellbeing groups as well as business organisations across the region. In terms of resilience outcomes, it has shown that “for any disruptive event that would affect their ability to continue with their business as usual, they had something really positive and practical that they could build on”.

**Project Design**

The rationale to help local communities to help themselves incorporates a vision of inclusivity for all age ranges, community groups, business and sustainability. The strategy involves designing a community resilience system that empowers and prepares adults, youth, local communities, and business organisations, so they can mitigate some of the issues in advance, respond during and support recovery. This includes following events to minimise ‘the impacts they may well suffer’. Working with the communities at the grass roots level and delivering training at times to suit them is a key principle of the strategy. ‘What If’ is about developing a culture - it does not require a large financial commitment. The investment comes through engagement with communities, a willingness to be flexible and enthusiasm to deliver the messages ‘What If’ provides. The ‘What If’ project is comprised of four components:

**Localised Training Programmes/ Meetings for Community Resilience:** Training is undertaken by two ‘What If’ leaders, mainly through local parishes across the region. Information includes community resilience preparedness, response and recovery. Volunteers can learn a range of skills for emergencies and operationalise this knowledge through their community networks as well as sharing information and being good neighbours. The training includes sign-posting to gain insight and understanding of risks and where to get help. It provides practical ‘myth busting’ guidance and references the Social Action, Responsibility and Heroism Act 2015 (The SARRAH Act).

**The Youth Element:** The aim is that the young participants will be motivated to continue to engage with community resilience values, such as volunteering, into adulthood. Youth training falls under the umbrella of The Duke of Cornwall Awards. Under Covid-19 lockdown the ‘What If’ team used the Duke of Cornwall Award resources and facilitated the training remotely. Originally, the Duke of Cornwall training was for uniformed groups such as Scouts and Girl Guides. More recently, the Awards have opened up to any children or young people’s groups and follows the progressions of Key Stages one, two and three in the education system. It starts with enabling young people to gain an understanding of their own personal resilience and broadens to learning about family and community resilience as they get older. Currently the youngsters involved in the Duke of Cornwall Awards are also engaged with COP 26 issues and consider sustainability and environmental issues within the award programme.

Health and Wellbeing: ‘What If’ includes the introduction of health and wellbeing support as a feature of community resilience. The health initiative supports vulnerable people to navigate the wide range of organisations within the health sector Working on the premise of ‘making every contact count’.

“This supports not only vulnerable members of our community, but everyone, and provides a wide range of guidance via a single point of contact.”

It promotes healthy living and lifestyles and provides support and guidance to minimize the impacts of extreme weather and advice for managing utility disruptions, by providing links to register with Priority Service Scheme operated by utility providers and promotion of healthy living and lifestyles.

Supporting Business and Business Continuity: ‘What If’ reaches out to local business to make them aware of how they can support them in terms of considering and adopting business continuity into their operations. ‘Business’ also includes local care and nursing homes. Initially the ‘What If’ team asked questions: Do you have a business continuity plan? What have you considered? Do you have alternative premises or shared resources that you could share with each other? As part of the Fire and Rescue Service schedule of business fire safety visits literature promoting business continuity is also distributed, providing links to the Resilience & Emergency Team. ‘What If’ provides practical advice about heavy snow, flooding situations or any event that could prevent them from operating – e.g. denial of access to premises, utility failures, supply chains, or any obstacle that could stop the local community and businesses being able to continue with their day-to-day activities. Engagement with local community resilience groups is encouraged as there is a mutual benefit to being able to return to business as usual at the earliest of opportunities for both businesses and their communities.

Leadership

“There are huge savings and advantages with the programme, so engagement is not purely financial. If you’ve met with people who have been in properties that have been flooded, it can be incredibly traumatizing for those people. They also fear for the next time and when they see a severe weather warning their anxiety levels go up. So it’s not just about money, it’s about keeping communities resilient”.

Chris Scott
‘What If’ involves a ‘participatory’ leadership approach that engenders trust in the people, community groups and business organisations they seek to serve. The visibility of the two ‘What If’ community resilience leaders, who listen to the communities to understand what preparedness they need for community resilience, has embedded this trust. The ‘What If’ leaders also work in the environment of a 24/7/365 cover for emergencies across the county as they link directly with the Fire Service and provide the coordination of multi-agency partners to significant events and major incidents. Sometimes identified in firefighter uniform the team has gained the respect of local communities by their ability to listen and act. The willingness to adapt training times to meet local community needs, such as evening training, has won respect in their leadership roles for community resilience, as well as being perceived as respected critical friends. “So it’s about being absolutely inclusive and to involve everybody and certainly as I say, going right down to those grassroots” (Chris Scott).

**Project Capability**

The project capability meets a strategic aim by providing community resilience preparedness, response and recovery training that helps people/volunteers to help themselves and vulnerable people. A key feature of the project capability involves how the training informs the practical support that is available through community resilience volunteers. Core training elements involve: first aid, personal safety, identifying and supporting the vulnerable, team leadership and community welfare as well as factual information on health and safety. Training thus far has included the provision of some basic safety equipment. Examples of how training impacts community resilience volunteers include:

- Trust in the ‘What If’ team that deliver the training and share their knowledge.
- Increased confidence and knowledge following training on how to prepare, respond and recover, which starts with an introduction to emergencies.
- Learning what can be achieved to help the practical needs of vulnerable groups.
- Gaining an understanding about health and safety and what volunteers can achieve within their own safety boundaries.
- Understanding risk issues - localised and general. In rural areas they were informed that the local communities invariably had a good knowledge of their local risks, such as flooding, but acknowledge that it is vital for all communities to understand their own community risks.
- Guidance about how to gain resources. For example, local communities were encouraged to apply to their utility providers for community grants. In this instance electricity providers gave them generators to support their local emergency rest centres.
• Learning about the importance of health and safety issues in relation to equipment, such as protective gloves in case of moving debris, high visibility jackets, battery-powered megaphones and head torches.

• Championing the message that practical help is always available, for example with winter plans and the provision of shovels and brooms as part of the ‘package’.

• Promoting inclusivity which includes identifying the vulnerable.

• Supporting business through information sharing that can help to maintain business continuity.

In terms of volunteer recruitment some contacts come through the clerks of the Parish Groups, and others from word of mouth as well as the West Sussex County Council’s website.

Covid-19 Community Resilience Activism

With the onset of Covid-19, volunteers who were trained through the community resilience groups were then delivering food and essentials and identifying if vulnerable people had any health or wellbeing issues that needed addressing. This included collecting prescriptions and medication for the most vulnerable, phoning vulnerable residents who lived alone and supporting people of all ages who were housebound. During Covid-19 this expanded to include transporting people for Covid-19 vaccinations or normal winter flu jabs, food delivery and making those contacts count by offering them support. Volunteering support for health and wellbeing is also an area that is now included in the youth programmes. ‘What If’ also reached out to business to help business continuity during Covid-19. Concern about supply chain issues and staffing capacity prompted them to contact small and medium enterprises. These forms of community resilience volunteer activism continue.

For those wishing to know more about the ‘What If’ programme, please contact: What.if@westsussex.gov.uk
Outcomes

The two leaders suggest that a presence in the local areas has sustained a successful community resilience project. They are also aware that they need to be reflective in terms of the future because they also have commitments working with the multi-agencies.

- The ‘What If’ team recognise there will always be a need for Horizon planning and identifying new risks.

- In terms of long-term sustainability the Youth Movement is a key hope for the volunteers of the future.

- The impact of the project has not been quantified, however feedback from volunteers is positive. After an event they hold a meeting to ask questions and seek to learn lessons for the future.

“We will make contact following an event, seeing if there were things that had worked well or what would or could have been done differently. So we’re very much part of learning from events and continue to engage, making sure that those communities have what they need and continue to support the challenges that are present every day of the week”

Chris Scott
CASE STUDY 5

LINCOLNSHIRE LRF COVID ACTION GROUPS AND THE COMMUNITIES RESILIENCE PROGRAM

Overview

Steve Eason-Harris (Lincolnshire LRF) details how working on the Community Resilience Program (established in 2009) inspired him to innovate and incorporate volunteer action groups, town and parish councils and spontaneous volunteers into the LRF. A pressing issue for the LRF, and all emergency services, is how to first identify the range of volunteers that present themselves and then to manage their expectations, especially of those volunteers who spontaneously turn up at an emergency, such as a flood, and want to help.

“Spontaneous volunteers, those that just turn up, create a risk dilemma for emergency responders who have no knowledge of their capabilities so, for safety reasons, we cannot deploy them effectively. Recruiting and training spontaneous volunteers to integrate them into the LRF pays dividends. Volunteers have valuable knowledge of their local area and, to harness this knowledge, the LRF developed a strategy for the volunteers to form local community action groups (CAGs) that could relay hyper-local intelligence directly to the LRF during an emergency” (Steve Eason-Harris).
Introduction

“Volunteers do turn up, will want to help.
We realized that we needed to have things in place to be able to manage their expectations as well as our own, and to ensure that those people become part of the solution rather than part of the issue”
Steve Eason-Harris

Community roles built into the Resilient Communities Programme includes using local knowledge to support community welfare until responders can attend. It also allows groups to support ongoing activities such as pre-emergency and post-incident door knocking, as used during the 2019 flooding events in the county. In March 2020 Covid-19 lockdown started and approximately 60% of older volunteers pulled out of their groups, many going into self-isolation. Younger volunteers, many of whom had been furloughed, started to organise themselves through social media which extended the active age range of volunteers for the area.

It was evident that these groups, although working hard to safeguard their communities, were doing so without effective support, guidance, appropriate PPE, and indemnity insurance. Subsequently the LRF encouraged them to register with them to build a county wide network of resilience and support for the most vulnerable people in the county. Between March and May 2020, nearly 640 groups had registered with the LRF ranging in size from individuals to groups of over 100. Initially volunteers outnumbered need as Covid-19 cases in the county remained low. The lockdown and the increasing numbers of those identified as clinically extremely vulnerable resulted in the LRF asking volunteers to start targeted door knocking to administer welfare checks on people who they were unable to contact through usual means.

Project Design

“We’ve trained emergency volunteers to be able to open up and manage places of safety ‘initially’, in the same way that we do until we can then get to them, and then once we do, they then can enhance what we’re trying to achieve”
The rationale of the project was to incorporate spontaneous volunteers into the LRF, develop them to work in local groups and train them to represent the LRF at the start of the emergency by providing local intelligence to the LRF at speed. Local knowledge has a wide range of uses - enabling the LRF and emergency responders to gain intelligence of the quickest and simplest routes to some of these more remote locations. The CAGs information also bolsters the number of agencies that the LRF have available to contact.

In terms of LRF operational strategy, CAGs act on behalf of the LRF until emergency responders arrive. Training enables volunteers to open and manage places of safety in the same way that the LRF would do. They report directly to the County Emergency Centre if any people need urgent medical care, or if the vulnerable need additional support beyond what the CAG can offer. The County Emergency Centre would then raise the blue light response and contact the public health team (in Covid-related incidents). The strategy also involves affiliated voluntary organisations such as Red Cross Volunteers, 4X4 Responders, and Faith Responders.

**Leadership**

“There is a process that needs to be followed allowing actions to be taken based on the rationale for making the decision in the first instance, but people must come first so command-and-control processes must stay fluid enough to be implementable”

Steve Eason-Harris

Steve Eason-Harris describes his leadership as a ‘fluid command-and-control leadership”, with ‘fluid’ referring to how he puts people first, however he does not shy away from the responsibilities of decision-making in a command-and-control structure. In his view as a leader, you need to be both compassionate and participatory, so whilst there is a process to follow, the people always come first. He views leadership as a trusted point of control for CAGs and has regular meetings to maintain regular contact. He is also proud of how some of the groups have progressed to become very capable community emergency response teams. He also acknowledges the importance of the volunteer operational leadership in the CAG Teams, citing Andy Marchant, who is leader of the Branston Parish CAG. Comprised of 117 volunteers, Andy explains, “I lead the immediate response to provide vital and in some cases life-saving support to residents across the community, specifically the elderly and vulnerable. To date, after 3500+ requests for assistance from 400+ residents in 10 communities, who were successfully responded to, this equates to nearly £400K of volunteer support. However, I don’t believe it’s about what we’re worth, my goal is to provide an effective and voluntary service to our community” (Andy Marchant).
**Project Capability**

The CAGs project focused on harnessing local intelligence communicated at speed to the LRF. By adapting to the role of LRF first responder and offering support to the emergency services CAGs provide a capability model that is transferable to other areas and consolidates a legitimised role for spontaneous volunteers.

LRF training underpins the CAGs’ capabilities enabling them to flourish as emergency responders. Five thousand volunteers have undertaken training online and face-to-face albeit not all volunteers are available at short notice. Training covers a wide range of tasks, including tasks they must not do such as putting out fires or climbing trees. CAGs carry passport letters to show their affiliation to the LRF and for their health and safety. This identity paperwork helps them gain the trust of vulnerable people and evidence to show police or pharmacists, when asked who they are. CAG volunteers confirm their status via the CVC cell in the county Emergency Centre. Checks on CAG identity are a regular occurrence. All CAG volunteers are subject to safeguarding checks. The CAG volunteers are included in the Lincolnshire County Council indemnity insurance scheme for the LRF as well as a health declaration to ensure they are staying safe. This aims to eliminate putting their families and support networks at risk of further transmission. Overall this innovatively-designed system which incorporates spontaneous volunteers is ground breaking.

**Covid-19 Response**

CAGs aligned to the county’s Wellbeing Services to provide support includ the delivery of emergency food, dog walking, prescription collection, as well as taking residents bins out. Some groups organised themselves into food banks and provided wellbeing services with extra pathways and subsequent volunteering opportunities. This information and intelligence reached the LRF via the Communities and Volunteer Coordination cell (CVC) which became the single point of contact for volunteering in the county. Once restrictions lifted after the first lockdown and people started to return to work, CAGs followed suit but 186 groups continued to operate daily providing resilience support to its communities.

Approximately 23,000 tasks were undertaken involving the CAGs during Covid-19. CAGs still conduct welfare checks and shopping for the elderly who cannot get out. The LRF was also aware that approximately 7,000 NHS volunteers registered in the county. However due to the complexities by which NHS volunteers were recruited, engaged and subsequently coordinated, the LRF did not successfully utilise this resource. These challenges were not unique to Lincolnshire and parallel volunteer systems highlighted the difficulties of joined-up working with volunteers from another organisation who were not accountable to the LRF system.
Hard-to-reach groups

Intelligence from the CAGs helped the LRF identify where hard-to-reach groups were located - for example, travellers’ and migrant workers’ sites. CAGs were able to use their local knowledge to first alert the LRF of their whereabouts and then to support with provisions, potentially improving community cohesion in those areas. This knowledge was important for the LRF to understand both during Covid-19 and in the event of concurrent emergencies to ensure hard-to-reach groups have access to the most relevant information in their own language, culturally specific food, help for the vulnerable and ongoing local knowledge support. Lincolnshire is a rural county and many areas are hard to reach and ‘off grid’ without local intelligence. CAGs are the key to understanding this and enabling the LRF to pinpoint vulnerable people in hard-to-reach groups.

Gaining the support of businesses

The strategy included support from local businesses. The LRF looked at the dietary needs of those most vulnerable so it could meet cultural and dietary needs, such as non-meat product foods, and health needs such as coeliac, food intolerance, and food allergy. Steve Eason–Harris explains how “Working with the Lincolnshire Co-operative, emergency food provision - enough for a family of four for three days - could be provided at short notice. The process involved an order being placed by the CVC cell to the Lincolnshire Co-op community team who would identify the nearest store to where food was required. Once received, the store would pick, package and make available to the CVC cell-deployed volunteer for collection and delivery to the recipient. There were a number of occasions where we had other companies working with us to provide similar services including provision of PPE, thermometers and cleaning products.” Over Christmas 2020, 150 food parcels were delivered which took account of food allergies and cultural needs.

Andy Marchant (Branston Village CAG leader) applied an entrepreneurial approach by opening a food bank that services Branston and surrounding villages. Gaining support from the Lincolnshire Co-operative, Fare Share, Morrison’s, Tesco, local church groups, and donations from residents, Branston Food Bank is now a Lincolnshire Community Foundation with autonomy to manage their finances and resources and bid for funding and PPE. It has won national awards, including a Good Neighbour Award.
Outcomes

- The CAGs project has been highly successful and evolves flexibly in terms of supporting community resilience and sustainability.
- The strategy to include spontaneous volunteers as part of the LRF and develop CAGs offers a transferable model, providing an additional layer of support to the LRF.
- CAG reporting provides a robust evidence trail.
- There have been incidents where information flow and group integrity has been a challenge between CAG and LRF, especially where it came to safeguarding and codes of conduct, but these have been quickly identified and managed through investigation and, where appropriate, additional training.
- The LRF are in the process of developing an enhanced website.
- The LRF are working with North Yorkshire to look at their training scheme for volunteers.
- Steve Eason-Harris reflects how “It is worth noting that all volunteers start their journey into resilience activities spontaneously - be it as part of a recognised group or organisation. There is usually an identified need to do something because of, or an inherited knowledge of consequence resulting from, that drives the individual into shaping a group’s interests into wanting to get involved with emergency resilience. As such, it is always easier to identify this range of volunteers during peacetime empowering them in the art of meaningful preparedness and resilience”.

Currently of the 360 Parish and Town Councils in Lincolnshire which have local governance responsibility to look after the welfare of their residents, 209 have either started to implement a community emergency plan, or have a full plan in place that involves CAGs.
CASE STUDY 6

CUMBRIA LRF: A STRATEGIC APPROACH TO COMMUNITY RESILIENCE: WORKING TOGETHER IN PARTNERSHIP

Introduction

Carolyn Otley explains how Cumbria’s strategic approach to community resilience is an ongoing programme of work rather than a project. Prior to Covid-19 a key aim had been to close the gap between the communities’ response and statutory sector responders so that they could work together and develop a coordinated response. As well as supporting community emergency planning, this linked to a wider transformation programmes in local public sector organisations, aiming to influence organisational policies, and support staff to become more comfortable working with informal community groups. This broad approach to building community resilience laid firm foundations for working collaboratively with the many mutual aid groups that developed during the pandemic.
Design

“The challenge as we went into lockdown was: can we tie those mutual aid groups to the Local Resilience Forum response and make them part of the coordinated response?”

Carolyn Otley

The strategy involved finding a balance that allowed local communities the freedom to respond in a way that worked for them, and that gave statutory sector partners confidence that appropriate safeguards were in place. This was achieved by using community development staff from Cumbria County Council and wider partners, who had the skills to broker the relationship with informal groups and support them, as well as producing resources to help those groups operate safely.

The legacy from emergency planning provided a solid foundation. A knowledge bank of 40 community emergency plans was stored on Resilience Direct. Some communities had not responded to write a formal emergency plan but had responded very effectively to incidents such as at Millom (during the 2017 flooding) and Alston (during ‘Beast from the East’). With the support of the Director of Public Health, and at the point they were scaling up for the major incident of Covid-19, the programme was repositioned in the LRF with the purpose of engaging mutual aid groups in the process of LRF procedures. This approach included all volunteers being supported with advice and resources. A support pack was provided with information on infection control from public health, safeguarding and data sharing.

The focus on Covid-19, also became the ‘testing’ ground to see how the new mutual aid groups that were springing up could be integrated as part of LRF inclusivity. The strategy aimed to harness “social capital - those networks that exist in communities” as well as strengthening relationships across the voluntary sector and business enterprise. Examples of principles in the strategic design below reflect the embeddedness of community resilience in Cumbria LRF:

- There is more to community resilience than community emergency planning.
- Community Resilience means tackling inequalities.
- Community Resilience requires investment.
- Community Resilience activity will be led by communities, by default.
- Community emergency planning is a key component of the Cumbria LRF approach to community resilience.
Societal resilience initiatives during COVID-19

The case study initiatives

- The community response to incidents often takes place through existing community networks, so encourage activities that help develop these local relationships (e.g. good neighbour schemes) and support the social infrastructure that enables them to happen (e.g. community meeting spaces).

- Much of this wider activity takes place through the 'business as usual' community development and community engagement activity of LRF partners rather than exclusively through emergency planning teams.

Community development staff

Community development staff helped the LRF to identify the new mutual aid groups, looking for social media groups, and contacting local organisations (including Parish Councils) and community leaders to learn what was happening at community level and collect contact details. They made contact with all the mutual aid groups, asking if they would like to be added to a distribution list to receive regular information from the LRF, and emphasising that it was not about control. The LRF trusted them to operate in whatever way worked best for them. The design for the Covid-19 response included providing the mutual aid group volunteers with letters so they could show their volunteer identity - an initiative that was agreed by the police and Cumbria County Council.

The LEP was involved in the Strategic Coordination Group alongside local churches, Citizens Advice and voluntary sector organisations.

In total, 204 community groups, including new mutual aid groups were linked into the Cumbria LRF structures, along with a range of local voluntary sector organisations including Citizens Advice, food banks and carers’ organisations. When Cumbria County Council established a helpline to support those who were clinically extremely vulnerable, many of the people calling for support were given the details of their local mutual aid group, along with information such as local shops that were taking telephone orders for home delivery. Over time, with support from the GIS mapping skills of staff from Sellafield Ltd, this information was added to a map, which allowed members of the public to search for local support.

Leadership

Cumbria’s experience of 2005, 2009 and 2015 floods, and the role voluntary and community sector organisations played in these incidents were key to the creation of the Community Resilience Coordinator (CRC) role. The CRC post works across Cumbria LRF partners, but is hosted by Cumbria CVS, a local voluntary sector infrastructure organisation, thereby giving a little more freedom to challenge the status quo.

As the response to pandemic was established, Carolyn Otley (Cumbria’s CRC) was asked to chair a Community Resilience subgroup of the Tactical Co-ordinating Group and to develop a structure to coordinate the community response. That partnership structure
used Cumbria County Council area managers, District Council colleagues, and their community development teams to establish six local community resilience coordinating groups, one for each of Cumbria’s Districts.

Carolyn refers to how her meetings had been labelled by one organisation as ‘structured informality’, and that duality is a feature of her entrepreneurial approach in the Covid-19 response. Her leadership approach is visionary and she has operationalised a system she believes will be sustainable. Her awareness that volunteers could walk away at any time they chose influenced her leadership style to design a system that incorporated volunteer autonomy in terms of their approach to volunteering, and ensuring volunteers felt motivated and valued. In particular, volunteers were not subject to fixed command-and-control rules, however there were safety boundaries on how they behaved. Carolyn’s vision for the working relationship to continue post Covid-19 is a reality. By enabling the mutual aid group volunteers and spontaneous volunteers to thrive when given scope for creativity in providing a community service, their productivity has supported the most vulnerable in society.

“We had to be really careful that we weren’t seen to be telling the community groups what to do”.

Capability

“As we went into Lockdown, we were seeing all the film footage from Italy of hospitals being overwhelmed, and I think there was a real acceptance of the idea we could not do this without working with communities”

The capability and capacity for delivery was based around utilising Council staff to coordinate local community activity, build a hub to match requests for help to the support available and, where necessary, fill the gaps in the support available. A central helpline took calls and distributed information to the six hubs through an IT system built with support from Sellafield Ltd. In the local hubs, community development staff (along with staff redeployed from other parts of Cumbria County Council) matched requests to the most appropriate support: - for example, a mutual aid group, adult social care, or direct delivery of a food parcel.

Local voluntary and community sector organisations, including new mutual aid groups, were able to access funding from Cumbria Community Foundation (including some funding made available by national government). Many groups only needed small amounts of funding, however meeting costs such as travel expenses was essential when, for example, mutual aid groups were run by people who were unable to work during lockdown and had no income.
Cumbria’s approach during the Covid-19 response focused on strengthening the community networks that already existed, connecting people who needed help to local organisations, and building relationships that would support them throughout the pandemic.

Most of the tasks during the first half of lockdown were around food, shopping, prescription deliveries, and walking dogs. People who needed support contacted community groups directly and occasionally the helpline, where they were given the details of how to contact the local community group shop that took telephone orders, as well as a pharmacy that was delivering prescriptions. Most of the requests for support in the first lockdown was from people aged over 70.

In terms of organising:

- The mutual aid volunteer groups organised themselves so that one volunteer might collect shopping for four different people in one day, and another volunteer provide the delivery of multiple prescriptions.
- Other activities included volunteers providing local information - for example providing intelligence about how local shops were much quicker than the large-scale supermarkets in organising food deliveries.
- Information about food and pharmacy delivery was also available via the helpline.
- Early in lockdown there were concerns that volunteers carrying out multiple tasks might be challenged by the police, but this was only an issue in the first couple of days. A weekly newsletter helped to provide information to the community groups, which was also disseminated onwards to the public through social media and village noticeboards. By the end of the first lockdown there was recognition of a shift in need towards people in financial difficulty. In particular, younger people experiencing financial crisis were redirected towards established support agencies and groups such as Citizen Advice and food banks. Community development teams worked more closely with those organisations. Later in the pandemic, further funding was available by Public Health (Contain Outbreak Management Fund) including funding to extend the CRC post and £100k was placed with Cumbria Community Foundation for applications from small groups. The combination of the informal community groups, local voluntary sector organisations and the statutory organisations linked together to provide support for those who needed the most help.
- It also freed up capacity in organisations such as British Red Cross to develop more specialised support, such as training volunteers to support the local NHS.
- Some areas of Cumbria saw more spontaneous mutual aid groups developing than others. Community Development teams worked to help fill the gaps in support available - for example, working with large local employers to encourage furloughed staff to develop local support groups. As the pandemic has progressed, there has been a great focus on supporting people in financial difficulty, particularly linking them to affordable food projects.
• Local voluntary and community organisations have also supported the vaccination and testing programmes with much of this activity coordinated locally by community development staff or the community groups themselves.

• Recent work with the local NHS and public health team has included activity to address inequalities in vaccine take up, including work to reach minority ethnic communities (working with Multicultural Cumbria) and work to support people with learning disabilities.

Outcomes

• Termed ‘The proof of principle’ the successful outcome of the design involves working together in partnerships that respect diversity and provide a sustainable model.

• Trusting community groups, both new and established, to organise themselves and supporting them without implementing a centralised top-down system has been very effective.

• Volunteering has provided a level of productivity that has supported the most vulnerable in the region.

Community development capacity across LRF partners has been essential in supporting community groups. Community development staff have helped groups to access funding, provided them with information and resources, given them a route to escalate and resolve difficulties, and encouraged them at tricky points.
CASE STUDY 7

EASTLEIGH BOROUGH COUNCIL, WEST HAMPSHIRE – COVID-19 LOCAL RESPONSE

Introduction

At the start of the Covid-19 pandemic a key feature of Eastleigh Borough Councils’ response was to ask spontaneous volunteers (SVs) and mutual aid groups, who were rapidly forming in the community, if they would work together with them on an equal footing to provide support to the vulnerable in their communities. The public response to support social need had presented an opportunity for the Council to recruit these volunteers as a delivery arm for their Covid-19 strategy. No other Hampshire council recruited mutual aid groups and SVs in its Covid-19 strategy.

The UK Government defines SVs as “individuals who are unaffiliated with existing official response organisations, yet without extensive prep planning are motivated to provide unpaid support to the response and/or recovery to emergencies.” Applying a light touch approach through social media to recruit SVs and mutual aid groups, four groups became the main delivery arm for Covid-19 response in Eastleigh’s local communities. The design embedded the principles of a co-productive equal partnership, which informed a ‘one team’ working relationship with the Council. Similar to other councils in Hampshire, a Local Response
Centre was established. This served to support the project coordination. Four mutual aid groups worked closely with the Council and three have continued their community volunteering service, registering as charities - a feature validating the sustainability of the project design.

**Project Design**

The project design was based on a Whole Case Flow System linking communications, the website, social media, and operational mechanisms to get the messages out at speed to those in need. Initial tasks included establishing roles and responsibilities, communications, marketing, terms of reference, databases, facilities, funding, templates, legal matters and insurance funding. The Head of Governance sanctioned all legal issues, including GDPR Data Protection and legal agreements. This included briefing for volunteers and welfare checks. Council staff undertook training to use the system, and many council staff volunteered additional time. Recruitment moved at speed by contact through Facebook and by phone. Contacted by phone to speak to their coordinators three mutual aid groups (Eastleigh Community Aid, Chandlers Ford, and Kings Community Church) agreed to join with the council and meet online. West End Community Support joined later. The three groups had established their own systems through Facebook profiles and the software package Community Tools, and subsequently the council did not interfere with their systems. The council developed a Local Response Centre, including a helpline managed by council staff seven days a week to help members of the public, who could phone or email the council to ask for assistance. Two pages of information about the Covid-19 strategy uploaded on the council website made it easy for anyone that needed help to make contact or become a volunteer. Two push button points installed on the website asked: Do you want to offer your help? and, Do you need help? Recruited through the website, initially 378 volunteers joined the mutual aid groups. Over two years 1,500 volunteers provided support to the communities.

SV mutual aid group input included:

- **Volunteers were engaged and brought into the council with the aim of equal partnership working without controlling them in their role as a delivery arm.**

All requests of support from the public to the council were passed to the SV mutual aid groups in their capacity as a delivery arm. NHS Volunteers helped in the early stages of Covid-19, however, at a point they were needed in the last few months they were not available.

- **Feedback from the volunteers was integral to the design, and they provided intelligence for the council.**

- **All volunteers were given an authorisation letter on headed paper, signed by the Chief Executive, so if they were stopped by the police, they had a legitimate reason for being outside during lockdowns.**
• Training was provided online for the volunteers.
• The council had access to NHS Volunteers.
• Weekly meetings with the mutual aid group volunteer coordinators took place every Wednesday evening at 5pm throughout the pandemic.
• Apart from the volunteer mutual aid group coordinators there was no contact with the other volunteers.

Leadership

“We’re very inclusive people. We wanted to enable things to get done. We weren’t in the business of putting up barriers. We’re in the business of getting the job done and no barrier couldn’t be smashed in that sense”

Melvin Hartley, Safety and Resilience Manager for Eastleigh Borough Council and Community Resilience Lead for Hampshire and Isle Of Wight Local Resilience Forum is member of the senior management group which was tasked to design and implement a Covid-19 project response to help support the community. The project concept and case flow design was the brainchild of Melvin, who has also conducted research, focussed on understanding how spontaneous volunteers are managed by other countries, through a Winston Churchill Fellowship.

In terms of leadership, Melvin Hartley modestly explains his style as a type of ‘organisational leadership that was inclusive – I think that was the important thing”. Given Melvin also has responsibility in the LRF for leading the community resilience workstream for Hampshire and Isle of Wight response to Covid-19, the project was mainly operationalised by a fellow senior manager in the Council, who he gives credit to. Their joint leadership inclusive management style was not to tell people what to do, rather, it was to create a team in which people thrive on their own ideas and have freedom to make decisions. Together with the spontaneous volunteer mutual aid groups managers they developed one team as equal partners, ensuring they always attended the joint weekly meeting. Working in a Council with 550 employees Melvin receives full support for this style of leadership. He reflects: “In my working career I’ve never worked so hard in those 18 months”.

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Covid-19 Project Capability

“We all met together, and so we built up a team. So, a team of the managers running the volunteer groups, and our own management - so that we actually became one team, which is really important when working with spontaneous volunteer groups. They were equal partners in the in the whole project”

Establishing a local response centre at speed served to identify who were the most vulnerable. In the first phase of Covid-19 approximately 1,500 volunteers supported community residents who were vulnerable, isolated and shielding by collecting shopping and prescriptions, dog walking and maintaining contact with these vulnerable groups. The most vulnerable were those shielding which included the elderly and people who could not use online shopping. In addition to delivering shopping a lot of people were helped to get online. Volunteers provided a source of intelligence for the council. When delivering shopping they also engaged in a conversation with the recipients and were able to feed back any knowledge the person had shared with them concerning what other help they needed, or other problems and issues that could be serious. If these were complex cases the council passed them to professional services in the area they needed help, or to the specialised voluntary organisations. Job tasks were shared and the minimum of data collected. Only the name, address and what the recipient needed was shared with the delivery arm. Over a period of 18 months, 842 households were supported multiple times with different types of support by the mutual aid group SVs through the Local Response Centre process. The mutual aid groups supported many more through direct contact.

Council Employee Input

In addition to the mutual aid group SVs, council staff were also involved and contributed to the delivery of services in both the first and second phases of the pandemic. For example, they also engaged with care homes to give them general support. In the second phase the focus shifted towards financial issues. People in isolation, those who were poor, as well as people losing their jobs, and having little funds to buy food, had poverty issues. Within the first month the Council gave the food banks £20,000 to stock up because they recognised that food poverty was going to be an issue. The decision to bring the three food banks into the wider team was because they were vital to the delivery. One of the food banks had a delivery arm, but the other two did not. Council employee volunteers also delivered from the food banks to vulnerable people.

For example:

• During the first lockdown the LRF was running seven days a week. Council staff worked on Saturdays and Sundays taking calls and then contacting volunteers to explain the peoples’ requests.
• Once a week the parking team called at all of the supermarkets to collect food bank donations and deliver them to the food banks. This was seen as a council task and not a legitimate task for food bank volunteers because of lockdown.

• A senior manager liaised with all the pharmacies to ensure that there was a smooth system across all of the pharmacies in the Borough.

• One officer worked directly with the three food banks, ensuring that they were fully stocked.

• The council gave the food banks substantial amounts of money to ensure they were fully stocked. They had identified that donations from the public might fall because people weren’t going out shopping and consequently donations in the supermarkets were going to fall dramatically, particularly because of the rise of online shopping, which does not provide that option.

• Their liaison with the business community was focussed on the supermarkets.

Outcomes

• In terms of sustainability, three of the four mutual aid groups are still operating, and one has closed (that one had stated from the offset they were only going to volunteer during Covid-19).

• The system enabled agility in recruitment and delivery, providing a blueprint plan for incorporating volunteers in times of crisis on an equal footing, as well as motivating and valuing their presence as service providers working in one team.

• The council still works with a pool of volunteers from the remaining three mutual aid groups.

• The system also provides evidence of the use value of social media for coordination and providing an audit trail for accountability issues.

• The council celebrated individuals and volunteer groups (Local Heroes) who gave their time to help the most vulnerable in their communities.

• The extent to which mutual aid groups have been invaluable to Covid-19 response can be explained as: “the biggest single lesson with spontaneous volunteer groups - and that came across through my research as well. Absolutely early engagement, because then you get ahead of the curve, you get engaged with these mutual aid groups and then you can get them right there once they’re up and running, formed and embedded” (Melvin Hartley).

For more information see website: www.eastleigh.gov.uk/coronavirus-information
CASE STUDY 8

ESSEX COUNCIL COMMUNITY CAMPAIGN MODEL FOR CO-PRODUCTION

Introduction

One of a number of Covid-19 projects that Essex Council commissioned to provide support for their residents was based on a Community Campaign Co-Production Model. Pioneered by Kirsty O’Callaghan (Head of Strengthening Communities at Essex LRF) and Emmy McCarthy (Social Kind/ Essex Council) an in-house partnership was established between Strengthening Communities, Essex Wellbeing Service, Operation Shield and Emergency Planning. The vision included a distinct type of volunteer recruitment and a depth focus on communities informed by eight core Community Campaign Model principles. These were developed around: place, interest, identity, community influencers, involving community input in decision-making, digital innovation for community support and volunteer recruitment. This included where to add value, and maintaining a shared mission. Implementation involved developing a system of co-production that moved away from a command-and-control management system to empowering community volunteers, as well as working in collaboration with external partners, such as voluntary organisations, statutory services and business enterprise.
Project Design

The design was underpinned by co-productive partnership working, which aimed to maintain long-term capability and to speed the process of supporting the most vulnerable in their communities who were impacted by Covid-19. The system design of co-production included using Facebook to recruit community volunteers, spontaneous volunteers, mutual aid group volunteers and volunteers from other Voluntary, Community and Social Enterprise (VCSE) organisations to work together in a new system. For the model to work in practice it required a fluid transparent system where volunteers could be identified and ‘passported’ to Covid-19 priority high-demand areas. Replicating the Essex Wellbeing Service System model, where members sign up as a ‘priority me’ volunteer member partner, an information-sharing document was signed by the volunteers to give permission for other members to view the system, to see the task and location where the volunteer was working. This intelligence surveillance system enabled volunteers to be re-allocated to a priority location at speed.

Recruiting and training volunteers for the Covid-19 response online through Facebook proved successful. Over three weeks a team of three employees seconded to the project achieved a speedy recruitment of 3,500 volunteers, mainly from mutual aid groups - some of whom established themselves as Citizens Hubs. Recruited as a social movement on Facebook, who gave them £30,000 worth of advertising credits to help recruit volunteers, they were made aware that they would work in co-production with other voluntary organisations. This also saved the cost of marketing. In terms of strategy, it required diversifying to build resilience and capacity into a new system of volunteer management. Motivating and valuing the Facebook mutual aid volunteers was essential for a long-term working relationship. At the operational level this worked in a similar way to a shared care card system, which enabled volunteers to be passported around the system so they could provide support to different service areas associated to the council. Safety training was made available online for volunteers. This entailed customised volunteer training depending on where they were placed and some animation training on IT platforms so training plans could be shared. Training was also available on Facebook. The system provided transparency in terms of what was happening at that moment in time. DBS checks were administered for the volunteers, and council insurance was provided for volunteers who were not affiliated to a voluntary organisation. As volunteers working in a new system they were testing the capacity of the model which aimed to ensure that:

- Co-production valued all partners’ points of view and rejected a command-and-control system.
- Volunteers would be recruited through Facebook to avoid the project being labelled as corporate.
- Community campaigns would address societal issues and create a sense of belonging.
- Digital platforms would inform social action.
- Community campaigns would be cost-effective for the public purse.
- Future planning would include mapping the needs of communities.
Leadership

“You almost have to build and fly the helicopter at the same time”

In terms of leadership, Kirsty utilised a co-production style of leadership and recognises how the leadership tools for this role can change with situational context. Sometimes that meant being directive, and sometimes giving coaching. She acknowledged that her leadership style underpinning her approach to managing volunteers stems from a transformational style of leadership. This style also includes being very clear on translating the vision to a range of different partners and using co-production principles in practice. Genuinely believing in and delivering a system of co-production was the most important aspect of her leadership role, which is both innovative and entrepreneurial. This also included an element of 'disruptive leadership', which meant having to influence a change in behaviours that can sometimes stem from a place of fear in maintaining the status quo.

Project Capability

“Something that’s really important to me is that these volunteers are made to feel absolutely loved”

The co-production management team for the Community Campaign Co-Production Model operating in Essex County Council was comprised of four people. The Covid-19 strategy evolved from shielding people to providing volunteer support around testing, vaccination, moving hospital ward equipment, and welfare checks on people taking complex medicine. Food projects, advice services, mental health and domestic abuse charities and local projects have supported people to shield, self-isolate, get tested or get vaccinated - all of which are features of the capability to work together. The range of co-producing partners included libraries, police, firefighters, business and enterprise, including Facebook. For example, the local area of Brentwood set up its own Facebook group to try to increase the number of volunteers to help support the 18 community hubs that they had established to support the local effort. In total 450 local residents joined the Brentwood Facebook social media support volunteer group. Ford Motor Company helped with logistics by offering the use of the vans for logistics as well as providing staff volunteers; supermarkets provided food and a local free-trade Public House provided 5,000 meals a month, which were delivered by local volunteers to care homes, at a no-profit cost of £5,000. Volunteers from VCSE organisations were also involved to meet residents’ needs.
for a range of help, such as information, shopping for the shielding, dog walking, transport, financial and food support, emotional support and vaccine support through the pandemic. Strategic volunteer partners including CVSs and their volunteer centres, one independent volunteer centre, and four mutual aid groups were spoken to and data gathered to provide a common picture and share their different experiences. These include:

- Facebook mutual aid group volunteers addressed more than 30,000 requests.
- Volunteers undertook different roles such as working in conjunction with Southend Hospital where they placed trained volunteer ward runners.
- Food banks were important partners, but it was apparent that the need was greater than the limited number of visits allowed.
- Self-isolating individuals who required food parcels and food, were supported by charities such as Food4All and 3Food4U.
- There were also difficult issues with storage with local buildings being used to support the effort.

Outcomes

- Facebook volunteers who worked in a system of co-production providing Covid-19 support for a range of services, including volunteering for Essex Wellbeing Service, saved the council approximately £600,000.
- The coordination and agility of the Facebook volunteers worked effectively in a system of transparency which enabled the re-allocation of volunteers to high demand volunteer tasks at speed.
- By empowering, valuing, motivating and listening to the volunteer voice the Community Campaign Model is sustainable.
- The training materials handbook should have been evaluated, however that did not happen due to the Covid-19 context.
- In terms of lessons learnt for the future, more time will be spent with mutual aid group Facebook volunteers, to embed them into the system, and by creating a volunteer brand based on co-production.

Currently Essex County Council has allocated additional funding of £4.45 million for Community Funding that can be shared across the VCSE to further help the ongoing response, recovery and resilience towards containing Covid-19. As lockdown is diminished the likelihood increases that residents’ needs may change again as they face the legacy of the pandemic. Many will be dealing with different types of impact including health, financial, emotional, education, unemployment and bankruptcy. Additional money has been allocated (see below) to enable voluntary support for Essex residents, including hard-to-reach groups as they face the changes and uncertainty ahead.
• £1m goes to Essex Community Foundation for grants up to £20,000 for voluntary organisations.

• Essex County Council will distribute £1m directly in grants up to £50,000 for medium-sized front-line organisations.

• £500,000 goes to Essex Association of Local Councils for small grants up to £5,000 for ‘mutual aid groups’ – residents or volunteers who’ve come together to help others in their communities.

• £150,000 goes to Essex Cares Ltd for more support to people with sensory needs who have found it harder during the pandemic to safely access their communities and get the support they need.

• The rest will be split between the county’s 12 volunteer centres, and help to provide Community Interest Company and NHS partners to coordinate volunteering efforts and meet emerging needs such as for community transport to vaccination centres.

CASE STUDY 9

WORKING TOGETHER: SELLAFIELD LTD AND CUMBRIA LRF ‘COMMUNITY SUPPORT CELL’ PARTNERSHIP RESPONSE TO COVID-19

Overview

“The Community Support Cell was about recognising the need for external facing engagement and coordinated support to the community during the initial period of the pandemic”

Mark Roberts

Mark Roberts (Head of Business and Community Strategy) explained how the Covid-19 pandemic was the catalyst that influenced Sellafield Ltd (SL) to establish a Community Support Cell (CSC) as part of its crisis management arrangements. The CSC worked to directly link into the Cumbria Local Resilience Forum (LRF). Embedding the Sellafield footprint in Cumbria LRF enhanced the Covid-19 response in Cumbria, improved resilience
in the surrounding areas, and led to a significant improvement in situational awareness. The SL presence involved a core team of five SL employees who served to access a range of SL resources to meet LRF requests for Covid-19 support, which emanated from health agencies and local councils as well as individuals. The team (Mark Roberts, Peter James, Michael Park, Thomas Durcan, Nick Probyn) developed the strategic design and operationalised the strategy, thereby taking responsibility to ensure the success of the Covid-19 CSC project.

Introduction

“We initially had some situational intelligence of the way the LRF operates through pre-existing relationships”

Mark Roberts

At the start of Covid-19 the SL Executive made a strategic decision to establish a CSC to build on the relationship between SL and the wider LRF community. Sellafield is an integral part of the community and local supply chains, employing in excess of 10,000 people from the local area and a similar number of contractors. The core team seconded to this task all had some level of pre-existing relationships with the LRF, and these had nurtured trust over time. For example, Mark Roberts represents SL on the Cumbria Local Resilience Forum and Michael Park was trusted through his role in mountain rescue. Given that SL and its local community are intrinsically linked it was mutually beneficial to have this LRF partnership to tackle Covid-19 crisis.

Project Design

The strategic aim of the project was to support the Cumbria Covid response in order to minimise the impact and duration of the crisis on both the community and SL. At the outset the CSC were only invited to key LRF meetings (Tactical Coordination Group (TCG) and Strategic Coordination Group (SCG)). The team developed a strategy to provide a formal interface between SL and Cumbria LRF. This interface was built around the formal command-and-control structure of the LRF, with SL inserting key individuals where appropriate, to support the LRF and feed information and requests back to SL. Examples of areas where SL resources supported the LRF are:

- Transport for people and goods, including providing transport for the deceased.
- PPE.
- SL employee volunteers.
- Commercial support.
The SL team worked alongside the relevant LRF tactical subgroups (where SL could support) which included:

- Business continuity.
- Education.
- Community Resilience.
- Logistics.
- Business and Economic.
- Management of Excess Death.
- Recovery.
- PPE and Waste.

By increasing the SL presence in key LRF areas, the team helped to minimise the impact of Covid-19 on the region’s most vulnerable people. As shown below, the strategic coordination of the Cumbria LRF response structure is led by the police, flowing through to the Tactical Coordination Group and beneath that, tactical subgroups. A range of Cumbria health systems are represented at the LRF.
The design incorporates four points that informed the SL team role:

1. Ensure that all support recognised the requirements of SL as a priority, to ensure the safe and secure operation of a nuclear site.

2. Maintain recognition that it is in the best interest of SL to ensure that the local community has an appropriate level of support as SL and the community are intrinsically linked.

3. Coordinate all offers and requests for support through the Cumbria Local Resilience Forum (LRF) structure to ensure coherence and correct prioritisation across all communities in need.

4. Ensure SL maintains clarity and understanding of the Cumbria LRF command-and-control structure (i.e. SCG TCG) to understand developing situations across the county, and maintain situational awareness of developments during the pandemic.

The system was designed to triage requests for support from the Cumbria LRF (including all resources). It also provided oversight, coordination, and facilitation of aspects of SL personnel voluntary activities - in particular, the facilitation and coordination of volunteers and seconded staff providing strategic support to the Cumbria LRF and Cumbria County Council (CCC). The group also:

- Managed an event inbox for volunteers as well as communications of voluntary actions - for example, through internal SharePoint pages.
- Provided situational awareness of the Cumbria LRF and wider government initiatives.
- Identified risk matters of note to SL.
- Provided insight and analysis of matters arising within the Cumbria LRF and event response.
- Represented SL’s strategic interests and provided data back to Cumbria LRF.
Team Leadership

“I would work basically until I went to bed, and I would wake up and start again. It did not go away.”
Mark Roberts

The CSC leadership was established as a formal decision-making authority on behalf of the business. In practice this principle was adapted to a collaborative team leadership approach as Mark was tasked to assemble a team, who quickly became the subject matter experts and 100% committed to the tasks they faced. Notably, the core team members had previously worked together, mostly as part of the SL Crisis Management Support Team, and this was a valuable start point in terms of mutual trust and ways of working.

The team was agile in terms of acquiring resources and understood that CSC was one of many leveraging for resources from SL. This involved pivoting from a position where the team stopped supporting hyper-local contacts, and instead started channelling support through the LRF so they could prioritise and focus support efforts to maximise the impact on vulnerable people and communities in need. They became adept in understanding how to win competitive tenders and procurement - for example, their new skills enabled them to procure gowns when the NHS ran low.

The team acted as advisors to the Sellafield Executive, through the conduit of a senior business leader who acted as a sponsor. Recognising that they had some autonomy, and to some extent they had been left to their own authority, they were self-directive and entrepreneurial in terms of their innovative approach to the acquisition of all types resources for the LRF, including recruiting SL volunteers. Furthermore, the trust they had established with the LRF, as well as their understanding of the two respective structures of the LRF and SL, sharpened their agility and motivation to act quickly to response and recovery for Covid-19.

Implicit in their accounts is detail of how they also applied business acumen to public values for the CSC project. Their commitment to CSC success included a working day that stretched over seven days a week, and which led to the development of a shift rota within the core team, exemplifying the effort and time they gave to building a strong relationship between ‘business social impact’ and ‘public values’, and what this means in practice. The impact of this entrepreneurial leadership and team effort to make the operational strategy effective is exceptional. Together they “reinvented situational intelligence for the business and gained more trust with our external partners - and that only improved over time”.

Project Capability

“Gathering situational intelligence, bringing it back into the workplace and then deciding on the big picture. Where can Sellafield add its support with the most effect?”

Peter James

Designed as a command-and-control structure, with a system of communication and regular meetings, the CSC capability effectively managed numerous requests for Covid-19 support that were filtered through the LRF. From the start the SL team was aware of the immense pressure on the CSC to show their ability to manage requests and demands efficiently. The team understood that any authorised request for support had to be approved by the LRF. For example, if a request came in for finding HGV drivers, then a discussion would take place with the LRF first, to understand who within the LRF was best placed to respond and if the request was a true priority. They also had to be aware of attending all Resilience Direct meetings because that was the conduit to gain LRF/national intelligence. Navigating two organisations meant they used email to access SL workers’ requests and obtained feedback information on the corporate internet. A lot of their management tasks were completed through WhatsApp.

Covid-19 Support

The familiarity and experience of working with Cumbria LRF taught the team how to use their community links and liaise with Health, Social Care and Education. Previous intelligence with the NHS helped them to accelerate the response to the PPE request, which was critical initially.

There was some consideration in terms of how much PPE could be distributed because, as a Critical National Infrastructure operator, SL had a requirement to retain some PPE supplies for its workforce. Nonetheless, £200,000 worth of PPE, donated by SL, was channelled through the LRF. Also, SL contributed towards the logistics and delivery of PPE around the county and beyond.

Support for transport from SL was requested for food deliveries and also involved sensitively moving the bodies of the deceased and transporting them to the morgue. The CSC was a conduit for recruiting SL volunteers for the Health and Protection board to support test and tracing. This also involved educating SL volunteers in how the health service system works. The team was able to access technical support from SL to help with GIS mapping skills. Protecting the SL volunteer workforce was important in terms of health and safety, as they were also working at SL. Test and trace was simultaneously taking place at SL, and volunteers were monitored through the Human Resources department at SL. In terms of contact tracing, they achieved 100% success.
Outcomes

The success of CSC lies in the working relationships of the partners, which can be characterised as an inter-disciplinary team approach that works effectively in a command-and-control system. The SL innovative team gained new skills that enabled them to be agile in acquiring resources for the LRF. Their motivation to ‘go the extra mile’ to ensure the success of the CSC is seemingly underpinned by public values, which shows their outstanding commitment to improving community resilience during the Covid-19 pandemic. Their resilience and hard work underpinned this successful partnership, which offers a transferable model for other organisations.

- The team was willing to work additional hours to ensure effective coordination of resources to meet the requirements of the CSC strategy, which includes considerable ‘out of hours’ activities that should be a consideration when identifying and allocating SL resource.
- Their previous work with Cumbria LRF informed their understanding of the LRF way of working, and enhanced how they gained intelligence of the broader community picture.
- On reflection there is nothing that the team would have done differently in practice and they agree that they have created a cultural change.
- The CSC project has consolidated SL as a solid partner of Cumbria LRF and the Team is keen that this relationship continues to ensure sustainability.

Website example of Sellafield Social Impact projects:

https://www.gov.uk/government/publications/annual-review-202021-we-are-sellafield-ltd
Overview

Established in 1973, Salford CVS inherits a social need legacy dating back to 1919 when Manchester and Salford Council of Social Services was established to address poverty and social needs following World War 1. Established as a co-operative, the organisational aim was to promote co-operation between voluntary organisations, assist in the training of social workers, foster developments likely to improve the welfare of the community and to administer wellbeing funds. In 1973 the organisation split into two entities - one of which became Salford CVS. Salford CVS became a limited company in 1985, registered as a Charity in 1988 and is governed by a board of trustees.
Salford CVS is the city-wide infrastructure organisation for the Voluntary, Community And Social Enterprise (VCSE) sector; providing specialist information, advice and development support for organisations to establish and develop. They also run a Volunteer Centre which provides a volunteer brokerage infrastructure which helps organisations to recruit, select, train and place volunteers into opportunities within the city. In addition, they recruit, train and manage their own volunteers including Civil Contingencies Emergency Response Volunteers, as well as partnering with a volunteer network of organisations, such as the Red Cross.

Introduction

Michelle Warburton, Strategic lead for Salford CVS Voice and Influence, explains how they established an emergency volunteering and VCSE mobilisation project. Salford CVS was asked to mobilise people to help provide a response to the 2015 flooding and Manchester Arena bombing. The organisation achieved this and their CEO recognised that there was a need to make more formal arrangements to enable a VCSE and volunteering response to be better coordinated and effective.

“We got the VCSE organisations mobilised and we got some of the volunteers mobilised, but we realised that we needed to make some more formal arrangement with our local authority.”
Michelle Warburton

The development of the VCSE and Volunteering Infrastructure was operationalised in Salford on behalf of the Local Resilience Forum and in Greater Manchester on behalf of the Greater Manchester Civil Contingencies Unit (Greater Manchester Combined Authority). By understanding the strength of partnership working, Salford CVS Management and Leadership team adeptly worked with Salford Council, and Greater Manchester Combined Authorities, to provide a rapid response to the local and regional Covid-19 crisis.

“It is our civic responsibility as an infrastructure organisation”
Michelle Warburton
Project Design

The strategy was designed to meet the needs of vulnerable people through a wide range of activities including a planned coordinated approach that incorporated existing and new partners who could provide an agile response to Covid-19. In early Spring, Salford CVS with the support of local councillors established the “Spirit of Salford Network” which cemented working relationships between the public sector, housing and VCSE organisations, creating a model that was able to meet the scale of the Covid-19 problems at speed. This network established the Spirit of Salford Services:

- **Helpline:** (delivered by Salford City Council) as a central telephone and website central point of contact for people needing assistance. A number of referral pathways were developed to assist people, including the provision of humanitarian assistance via Salford CVS.

- **Stay In Touch Service:** (delivered by Salford NHS CCG and Salford CVS) provided a phone support service to tackle social isolation.

- **Pharmacy Delivery Service:** (delivered by For Housing and Salford CVS on behalf of NHS Salford CCG). Delivered prescriptions and gained support through the Spirit of Salford campaign which focused on donating time, money or goods.

The Salford CVS website was the first point of call for local businesses and organisations to register donations of goods, money, resources and their staff time. It was also the central point for individuals to register as volunteers.

Leadership

“Me and my colleagues worked extraordinary numbers of hours to get the project up and running and manage it.”

*Michelle Warburton*

Michelle explains the passionate commitment of Salford CVS’s CEO, staff team and herself as they addressed the needs of the communities. Assigned to coordinating volunteer recruitment and mobilisation, this strategic role includes safeguarding children and adults, being strategic lead for children, young people and families, and community safety, as well as equality and inclusion. In terms of leading the Covid-19 project it was important she was a trusted established member of the Local Resilience Forum because that relationship provided the intelligence Salford CVS needed to understand Covid-19 capacity issues. Building and maintaining effective partnerships is a key feature of her role, which includes building trust and demonstrating reliability when working with the public, private and VCSE sector. Her role in the Covid-19 project incorporates an innovative leadership style and her responsibility as a civic leader. She relishes that the public sector was slightly less risk averse at the point when Covid-19 was escalating, which provided the opportunity for VCSE ideas to materialise in practice, at speed.
Covid-19 Project Capability

The call-out to mobilise volunteers resulted in 700 people responding over a short period of time. This presented Salford CVS with a challenge as they had to quickly adapt staffing capacity to carry out ID checks, reference checks and individual risk assessments, and conduct virtual welcome and induction sessions. A welcome and induction pack was created which included a safeguarding briefing (created in partnership with both Salford Adults and Children’s Safeguarding Boards). The volunteers also received online training for some of the roles – for example, on donning and doffing PPE. The volunteers were involved in a range of tasks including:

- Delivering food (including shopping, delivery of hot meals provided by other VCSE organisations, food parcels and free schools meals).
- Delivering donated goods and PPE to VCSE organisations.
- Supporting Salford Primary Care Together to provide a virtual ward through the delivery and collection of pulse oximeters.
- Supporting vaccination sites with marshalling, monitoring patients after vaccinations and delivering wellbeing conversations.
- Providing ‘Trusted Voices’ to address Covid-19 vaccine hesitancy messages through social networks.
- Becoming community champions in their volunteering role to make Salford a healthier, fairer and greener city.

It was important for Salford CVS to ensure that the volunteers were acknowledged, and thanked for their support, which happened during Volunteers’ Week (1st to 7th June). To highlight the difference the volunteers were making, Salford CVS shared a volunteering story on social media each day of the week. They also designed and printed certificates of recognition and ‘thank you’ letters signed by Salford CVS CEO and Salford City Mayor.

Support of Local Organisations and Business

Salford CVS established a system to process offers of support from other VCSE organisations, social housing providers and local businesses. Resources included: staff volunteers, use of vehicles, buildings and food donations (including airline ready meals, Kellogg’s breakfast cereals, Holland pies) pet food, PPE, sanitary products and toiletries. Local organisations who assisted include:

- Fox Housing.
- Salix Homes.
- Costa Coffee.
- Anchor Removals.
- Carbon Creative.
- Co-op.
Support for VCSE Organisations

Salford CVS provided development support to Salford’s VCSE groups. With the permission of their 'Third Sector' grant funders (NHS Salford CCG) a crisis fund was established which offered fast track awards to VCSE organisations. These addressed urgent needs such as food provision, wellbeing and mental health support, as well as activities for children and young people. Ninety-one organisations received awards totalling £71,729 to support Covid-19 response activities across the city. This included Passover food parcels for Orthodox Jewish communities as well as food related to health needs, and culturally-specific food. Utilising the existing Salford For Good giving model an Emergency Response fundraiser was launched which raised a further £146,000 from individuals, local businesses and partners. These funds supplemented the Food Response Fund, which was delivered in partnership with Salford Food Share Network. The remainder of the funding was used to provide a wider equalities response fund that focused on supporting communities of identity.

The Covid-19 initiatives below show how the CVS Salford Partnership

- Coordinated and trained a centralised bank of volunteers, which includes volunteer drivers
- Identified volunteers to support Social adVenture, a local enterprise that cooked 600 meals a week for the NHS front line.
- Developed a Trusted Voices programme of volunteers which focussed on vaccine hesitancy.
- Secured six months’ funding from the Lottery so they were able to appoint two full-time equivalent posts as neighbourhood volunteer workers.
- Developed a neighbourhood response to take on referrals from the Spirit of Salford Helpline by placing two members of staff in two areas where they coordinated 10 neighbourhood volunteers.
- Worked with Grit Street Aid to support rough sleepers during Covid-19 to help them secure grants.
- Provided regular intelligence to the public through their website.
- Focussed on the social isolation of older people and designed postcards that reflected their areas of residence and local landmarks so they could rekindle memories, and know they were not forgotten.
- Provided mental health support through redirected grants which were agreed by their funders.
- Moved their Health and Wellbeing project to a digital service through Zoom, Teams and WhatsApp, as well as offering telephone support.
- Funded the Little Hulton Big Local community venue to stay open to respond to local need for food and support for children during school closures.
- Utilised the Heart of Salford Awards to acknowledge the volunteers.

Outcomes

- The strength of their brokerage is sustained by the coordination of their working partnerships and how they deliver to maintain trust with volunteers and partners.
- In terms of lessons learnt, they have identified that some volunteers experienced fatigue and they are currently addressing this issue.
- Their impact continues throughout 2022 as they are still support testing and vaccines sites, as well as supporting children from poor families.
- The end of 2021 involved delivering Christmas presents to children in need.
- Funded by the Ministry of Housing and Local Government they have started to develop a Community Champions programme. This funding has helped them to improve vaccine hesitancy and is also a vehicle to reduce inequalities, with an emphasis on wellbeing.

Salford CVS has plans (2018-2023) to consolidate their partnership working and provide the best service they can for local people. This involves six key themes and work strands:

- **Investment** (Funding/ Fundraising/Contracts/Commissioning).
- **Voice** (Representation/Influencing/Campaigning).
- **Share** (Resources/Information/Collaboration).
- **Volunteer** (Governance/Good Practice/Brokerage).
- **Community** (Poverty/Inequality/Wellbeing).
- **Impact** (Compliance/Quality/ Social Value).

For more information see the website: [www.salfordcvs.co.uk](http://www.salfordcvs.co.uk)
CASE STUDY 11

FERMANAGH COMMUNITY TRANSPORT LTD (CHARITY REGISTERED STATUS)
NORTHERN IRELAND

Introduction

Located in the highly rural southwest of Northern Ireland, Fermanagh has the lowest population density (bar the Highlands and Islands of Scotland), and one of the lowest value economies in all of the UK. Funded by the Department of Infrastructure through the Rural Transport Fund and by the Department of Agriculture, Environment and Rural Affairs Rural Concessionary Fares Scheme Fermanagh Community Transport (FCT) has provided transport for the community since 2013. Prior to Covid-19 FCT offered a door-to-door accessible and demand-responsive transport service for those individuals and communities without access to public transport or a private vehicle. The service seeks to help the ‘transport poor’ within the highly dispersed rural nature of Fermanagh to access the essential services they need. The predominant users of the service are the elderly and those with physical and learning disabilities, although anyone who is without access to public transport or private transport can use the service. Where members of the service hold a full concessionary pass, they can travel for free. If they hold a half-pass they pay half fare and if they do not hold a concessionary pass they pay full fare.
At the start of Covid-19 FCT operated two transport services: (1) Rural Dial-a-Lift Service operating a service Monday to Friday for the transport poor referred to above, and (2) Disability Action Transport Scheme operating 5 days a week and focused exclusively on the needs of the elderly and those with a registered disability in Enniskillen market town. These services aim to improve the wellbeing of these vulnerable target groups through providing an accessible and affordable transport service that enables them to access activities and essential services and to be able to leave their home, to reduce loneliness, isolation and increase their sense of autonomy and agency.

With the sudden onset of Covid-19, the service was modified to continue to support this vulnerable client base, as well as expanding their range of services to support all of the community residents, regardless of age, especially those who were deemed clinically vulnerable and encouraged to isolate.

**Project Design**

The onset of Covid-19 was the impetus for FCT to adapt the service at speed by redeploying their resources and capabilities to provide a rapid response for all the community. FCT decided to bring the services to the members (and non-members). The operational team was changed to a staff team of 11 drivers and 5 volunteer drivers with 13 minibuses in operation. Transporting people through the Social Car Scheme was too risky in the Covid-19 context so this volunteer scheme was suspended.

FCT has a rolling volunteer recruitment programme and volunteer drivers agreed to be deployed to assist FCT with the delivery of the Department of Communities’ COVID Emergency food deliveries, which amounted to approximately 10,000 plus meals in total. Older vulnerable residents who fell outside the official shielding scheme were asked to order and pay for the food which would then be collected and delivered to them by the volunteers. This system also worked for delivering medicines.

To maximise passenger and driver safety the Dial-a-Lift service reduced the number of passengers travelling in a minibus to 3 or 4 passengers at a time, instead of the pre-pandemic level of 16 passengers. Despite the reduction in the numbers of people who could be transported in the minibuses, FCT witnessed a threefold increase in the number of people using the service. The new outreach strategy to support all residents regardless of age included communicating with hard to reach groups, including the Irish Traveller community as well as asylum seekers and refugees, mainly from the Syrian community. Providing smartphones for their drivers and the use of CATTS Kittens software improved the communication system, enabling drivers to contact the office quickly and report daily tasks and intelligence. FCT also worked with local churches who approached FCT and sought their help in getting food and essential supplies out to many of the community’s most vulnerable. FCT delivered Christmas food boxes on behalf of a local church to one of the most depressed neighbourhoods in the county.
During Covid-19 the volunteer and staff role changed, for example:

- An abundance of volunteers came forward to help, however only five were selected to work on the minibuses because of Covid-19 risk. A strategic approach towards volunteer recruitment was based on Public Health guidance.

- Volunteers and staff reported that they delivered food and other essential supplies to people who were emotionally and psychologically suffering, as well as being in need of other practical resources, thereby providing a source of intelligence for helping them in other areas, such as referral to local health trust mental health teams.

- Volunteers and staff recognised that the vast majority of FCT members who used its services most frequently were located within the category required to shield and self-isolate.

**Leadership**

“My style is facilitative, and I’m a firm believer that there is no one of us as smart as all of us”.

Jason Donaghy

In terms of leadership, Jason Donaghy who manages FCT describes his leadership as collaborative and inclusive and explains how this requires a facilitative approach towards people management. Jason brings people together to work side by side and share ideas in the decision-making process to enable change for the better. Passionate about improving people’s lives and addressing poverty he has been a life-long advocate and practitioner. His background includes expertise in negotiations and the method of the Interaction Model, which he learnt at the Institute for Social Change, as well as being a former master trainer in the Harvard Negotiation Program.

Under his leadership, FCT facilitated trips to vaccination centres for those without access to public transport or private transport. FCT was keen to facilitate a coordinated and intelligent regional response within Northern Ireland. It recognised that rural community transport was a significant resource with the capability to enable the Department of Health and other health professionals to roll out the vaccination scheme to the most vulnerable, especially within hard-to-reach rural areas. FCT was acknowledged by the Northern Ireland Health and Social Care Board, together with GPs, as a model that could have been rolled out across Northern Ireland, which exemplifies his skills and expertise as a social entrepreneur.
Project Capability

“5 000 people on our books that we were supporting at any one time, and our membership now is 1450”

Jason Donaghy

Risk assessment involved safety issues making sure everyone was clear about what they should and should not be doing. The FCT project capability was strengthened by approximately £437,000 funding from the Department of Infrastructure Rural Transport Fund, the Department of Agriculture, Environment and Rural Affairs Assisted Rural Transport Scheme (DEARA), and the Disability Action Transport Scheme. All of which enabled FCT to redeploy its service at speed to meet the new reality which visited this deeply rural community very rapidly. Fermanagh and Omagh District Council made contribution to the delivery cost of the emergency food parcels under the Department of Communities Emergency Food Programme. Staff and volunteers met all of the requests from organisations and the public, which included transporting a range of resources and giving advice as well as feeding back intelligence to other support agencies and organisations. Technology helped in terms of the weekly Zoom meetings that also linked them to their partners, including the Department of Health. FCT contributed to the range of health services by assisting individuals by taking them for their GP appointments, hospital or vaccine appointments. Other examples include:

- Delivering PPE Equipment.
- Delivering social and psychological packs provided by mental health organisations and charities.
- Delivering meals from four local food banks, which involved a partnership approach.
- Collecting food donations from Tesco, Asda, Lidl, Spar, and Fare Share.
- Delivering food parcels to residents in rural areas who had paid for the shopping.
- Collecting very large emergency food parcels that the Council was buying through the Lanus Food Group or Henderson Food Group and delivering to the food banks because the Council did not have the capability to deliver.
- Contacted by charity organizations and housing associations, FCT helped to rehouse a small number of highly vulnerable tenants.
- Moving furniture to help community residents.
- Providing advice to older residents about how to avoid internet fraud and pay online, as many were reluctant to pay online when Covid-19 started, and a lot only paid in cash.
• Working over weekends to deliver parcels purchased locally to individuals who had relatives in the UK and the US who cared for them but could not physically get to them.

Working in partnership with other organisations across the county, FCT provided transport to deliver resources and people for Fermanagh Chest, Heart, Stroke, Dementia, Macular Degeneration Group, ARC Healthy Living Centre, Oak Healthy Living Centre, Positive Living, Positive Futures and Safe Haven, as well as supporting statutory Health and Social Care. These partnerships also gave FCT a better understanding of the wider support network, and how the ecosystem could add value through joint working for those most vulnerable and at risk.

‘We were going up roads that we never even knew existed. We saw houses that were so dilapidated you couldn’t believe that people actually lived in them’

Jason Donaghy

Shocked by the extent of poverty, FCT staff and volunteers witnessed people who were truly impoverished. FCT helped to move beds and other furniture and facilitated full moves for the homeless. Witnessing the dilapidated condition of housing that people were living in the remote rural areas and the local estate inspired FCT to do more. For example, they managed a difficult situation for food delivery on a troubled estate that had witnessed a murder. FCT were approached by the church and council who asked: What is the best way for us to get food in there? FCT responded: “Folks already use our service. They trust us. We’re not going in with uniforms with badges and labels and titles. Let us go in quietly and deliver the food” (Jason Donaghy).

Outcomes

• FCCT is a sustainable charity and a Limited Company. It will continue to provide transport and offer service for their members.

• The impact of the project was immense in terms of the expansion of their transport delivery and the range of social service they provided for their community residents, which tripled their productivity.

• On reflection FCT are considering how could they strengthen their service, particularly in the event of another Covid-19 breakout.

The insight gained by FCT staff and volunteers into the extent of poverty, transport poverty, poor housing and deprivation has heightened their awareness and commitment to addressing these issues through the partnerships built through the Covid-19 emergency response.
“It’s results, process and relationships and they all have to be balanced.”
Jason Donaghy

www.fermanaghtcommunitytransport.com
CASE STUDY 12

ACTION FOR CHILDREN: OMAGH & FERMANAGH FAMILY SUPPORT HUB
NORTHERN IRELAND

Introduction

Action for Children (AFC) is a UK wide Charitable Trust. Established in 1861, it provides a statutory service that helps children and young people to thrive and overcome difficulties by providing a service in partnership with 512 local authorities across the UK. During Covid-19 AFC extended its provision of online emotional support and advice to children and families. They are also part of a network that provided food, children’s essentials, housing for homeless young people, educational resources, home repairs, home appliances, and technology support for home learning. Nationally, their Coronavirus Emergency Appeal covered the cost of essentials like food, nappies, cleaning products and bills. The money raised supported 20,266 vulnerable children and young people. At a national level the charity has the status of Investing in Volunteers Award. Volunteers are recruited and trained to provide professional support which includes: becoming a court-appointed special advocate, mentoring a child in foster care, offering free photography and videographer services to adoption agencies, taking on the role of a respite care provider, fundraising, and donating supplies to foster care organisations.
The local regions of AFC also have access to their local networks as well as being under the umbrella of the National Charity. Covering all regions of Northern Ireland the focus of this case study is on how AFC operated in the Omagh and Fermanagh Family Support Hubs, which offer signposting and Early Intervention Family Support – offering a service which continued during Covid-19. The Early Intervention Family Support service supports families and children up to the age of 17 by working with them to address problems that are impacting families and children. Family Support Hubs promote positive parenting techniques and provide emotional support for challenging issues such as ill-health, poverty, school problems and domestic violence as well as addressing difficulties at home. Across Northern Ireland Action for Children also provides support to young adult carers, regional fostering services, young people who are homeless and at risk of homelessness, as well as supported accommodation for homeless young people aged between 16 and 21. The context for providing family support in Northern Ireland is characterised by high levels of poverty, with 24% of children living in poverty, a rise in the need for foster care and 25% of high risk of children experiencing mood disorders. These figures are higher when compared to the rest of the UK. Working with a range of partners, including corporate and local business and enterprise, AFC orchestrated a wide range of support during Covid-19.

**Project Design**

“Internally we definitely benefit from the fact that it’s a larger charity organization”

Family Support Hubs are established as a network of organisations who provide support to children young people and their families. By bringing this network together they signpost families and refer them to family support services they need, some of which are statutory support such as social services teams and health teams, as well as community organisations such as Home Start, Women’s Aid and Parentline. Prior to Covid-19- AFC offered face-to-face support to children and families. This continued where possible with restrictions allowing post-pandemic but support was also extended to being provided virtually. Fermanagh and Omagh Hub networking meetings moved swiftly online when Covid-19 started and continue to be held virtually each month. Hub partner organisations meet to network and share knowledge and information together. Hubs organise the onward referrals and provide information as well as intelligence that can bring together all the local organisations who provide family support and resources. At the local level AFC Family Hubs do not provide a service that includes recruiting volunteers. Their access to volunteers is through their partners, for example Home Start, which is completely reliant on volunteers.
Local Leadership

In terms of Hub communications, Karen McHugh (Family Support Hub Coordinator for Omagh) explains how the move to online platforms and the resources they gained from their networks enabled managing referrals at speed. Notably, the number of information-sharing emails they share amongst Hub partner organisations went from 10-20 per month (before Covid-19) to 50-75 per month (during Covid-19). Moreover, despite their efficiency in terms of moving online, Karen is also sensitive to the importance of face-to-face interaction for their client community.

Karen explains how “everything changed considerably for the hubs through the pandemic. Previously the hub meetings would have included networking and guest speakers. For example, if there were any changes to a particular service such as ASD service, we would share information and gain tips for working with families or for sharing information with parents, who are going through the assessment process”. Karen’s commitment to her work is evident in her desire and activism to improve the lives of children and families.

Covid-19 Response

The Covid-19 response was a combination of AFC National Head Office policy and access to national resources as well as the local context, which connected the Family Hubs to a wide range of networks. The first change was moving the service online. Focused on early intervention family support, the team offered one-to-one support to families online and in person (e.g. garden visits where restrictions allowed). This also included family group conferencing with AFC. Case partner meetings and decision-making processes also went online. The new nationwide digital service, Parent Talk, was launched early to provide information, advice and one-to-one chats for parents and carers with children and young people aged up to 19. This meant that parents, carers and children could access help rapidly online, which served to replace their pre-Covid face-to-face support networks whilst restrictions were ongoing and have remained as an additional option for support since restrictions have lifted. Staff across AFC were equipped with laptops, phones and video support through Microsoft Teams so they were able to deliver a wide range of services at speed online and were getting through referrals a lot quicker.

In Omagh and Fermanagh feedback to the Hubs confirmed that a lot of teenagers preferred online communication including video calls and their ability to use the system worked really well. Pooling resources between the two hubs also increased the speed at which referrals were processed, as well as sharing financial resources and opportunities made available to the Hubs through the local Council. Hub partners including Sure Start, Home Start, and Women’s Aid also helped families. For parents the ‘Our Grow Cook Eat programme’ was popular in the two hubs and across Northern Ireland generally. The programme has subsequently evolved into a range of several separate projects and has influenced families to grow food at home. Notably, before Covid-19 they were witnessing an increasing trend of school anxiety in children, which increased hugely during Covid-19. The Hubs’ main response was to network with their local and national partners in order to identify:
• Extra funding to help meet the material needs of families in poverty.
• Track the available resources to understand how these supporting voluntary services were helping their Hub families’ needs.

**Project Capability**

“It was very, very easy for everything to be immediately online and safety of those systems is largely managed for us. So we have an online digital case file system. There’s an IT department that we can contact if we’re having issues. And I mean even during the pandemic, all our laptops were replaced with newer laptops and that was all managed quite seamlessly.”

Human resource management as well as health and safety issues in the Hubs are managed by the AFC National Head Office. Expanding their capacity by working online the two Family Support Hubs increased their capability during Covid-19. In the first year of Covid-19 Fermanagh Hub received 776 referrals, and supported 723 children and 542 parents, compared to the 344 referrals and support for 411 children and 425 parents in the year prior to Covid-19. Similarly, Omagh Hub received 408 referrals and supported 450 children and 354 parents in the first year of Covid-19, compared to the previous year of 219 referrals and support for 176 children and 236 parents. This trend has been reported across Family Support Hubs regionally with an approximate 30% increase reported for Hubs in urban areas and 70% increase for Hubs in rural areas of Northern Ireland.

The service they offer is not volunteer-led, however it is a collective partnership endeavour and a lot of their local network partners are volunteer-led. The Northern Ireland Health sector (WHSCT) also supported these Covid-19 initiatives:

• The Northern Ireland Floating Support and Supported Accommodation service supported 70 young people Marks and Spencer provided food for young people residing in local supported accommodation (13 flats for young people who are homeless – funded through Supporting People, Northern Ireland Housing Executive and Western Health & Social Care Trust).

• Marks and Spencer supplied food, including the basics, as well as treats and flowers for families. In the Omagh area the Hub partner Home Start worked together with M&S to distribute this resource to local families.

• Keep Warm packs for health improvement were provided by the Environmental Health Teams within Fermanagh & Omagh District Council and were distributed to families directly. Sure Start also contacted the Hubs with a bulk order of the various different sizes of warm packs.
• Families were subsidised by some fuel funding acquired in the last quarter of last year. In March 2021 the Hubs were able to provide 200 litres of oil or £200 of electricity to families in need.

• Additional funding from the WHSCT enabled some families to purchase essential furniture.

• Food vouchers, furniture and early learning packs were also made available through a partnership with Save the Children fund.

• Food was delivered to single parents when they were isolating/shielding.

• Iceland fundraising has allowed Action for Children projects to provide a Winter Action Fund which has been used to provide food and essentials and fuel/electricity for families.

• Action for Children’s staff wellbeing support during the pandemic has included wellbeing webinars, yoga sessions, and eight-week mindfulness programs which had previously run face-to-face prior to Covid-19.

**Outcomes**

• The online service will continue as part of a hybrid system that also includes face-to-face services.

• The Family Support Hub staff are aware of the advantages and disadvantages of providing online service to the families they support.

• The local and national business support available to Action for Children is exceptional in terms of their donations and the staff volunteers who helped deliver the resources.

• Post-Covid-19 trends in the two Hubs show that there is increased anxiety in children, including refusing to go school and more anxiety impacting parents’ wellbeing.

• The project is sustainable given the national infrastructure and the service provided to the statutory services.

www.actionforchildren.org.uk
Introduction

Katherine Nolan, Chief Executive, Spark Somerset describes the VCSE infrastructure charity that works across Somerset. This innovative organisation has provided critical support for community resilience in Somerset during Covid-19 by supplying a source of volunteers, contributing towards a county network of resilience providers and supporting partnership working through an Integrated Volunteering Group that brings together organisations from across the statutory and voluntary sector. The project expands networks and partnership working through a local intelligence brokerage and digital platforms, whilst working in collaboration with the voluntary sector, volunteers, business enterprise and statutory bodies.
“In a year like no other, we have been overwhelmed by the response of voluntary groups and communities. It has been a real privilege to work with such amazing organisations and fantastic volunteers, especially during such challenging times. We have a really brilliant team at Spark, who work tirelessly in the background – empowering communities and supporting social action. Nevertheless, infrastructure is still a really ‘hard sell’ so it’s been great to see charities like Spark across the country starting to get the recognition they deserve”.

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**Project Design**

Established as a traditional CVS (Council for Voluntary Services) several decades ago, working in just one area of the county, the organisation transitioned to a new organisation, ‘Spark Somerset’, in August 2019. Katherine’s vision to provide a charity infrastructure that supports the voluntary sector across the whole of Somerset came to fruition in April 2020. As the VCSE system lead in Somerset they provide advice and training for charities, voluntary and community groups across Somerset, place volunteers, and identify funding opportunities for other voluntary sector providers. They offer support for governance and have established a range of online networks.

A core element of Spark Somerset’s role during Covid-19 was supporting key stakeholder conversations with local decision makers and the statutory sector, providing governance support to the voluntary community, and mobilising volunteers. Spark Somerset’s strategy includes three core objectives that supports their strategy. Those objectives include:

- **Providing “advice, support, training, volunteer placing, networking for volunteers and the organisations that need volunteers”**. The charity also supports the identification of partnership and funding opportunities for the voluntary sector.

- **Organising the volunteering system across Somerset by connecting volunteers to organisations and promoting volunteering opportunities across the locale**. To do this they recruit, train and place volunteers in areas where they are most suited. A key rationale for developing the infrastructure network brokerage is the principle of collaboration, and facilitation through a digital platform Spark a Change.

- **Representing the voice of the Charity Sector in Somerset**, which enables them to “have those honest discussions across the sector because we are the honest broker”. For example, during Covid-19 they “worked really closely with the vaccination centres and recruited more than a thousand volunteers for that”.


Agile in response to the crisis, Spark Somerset established the digital platform Spark a Change within weeks of the first lockdown.

Katherine modestly describes her style of leadership as “quietly and steadily building relationships with people”, such as the VCSE alliance Open Mental Health³, which, working with partners, she supported to develop and currently chairs. Katherine explains how her leadership role is to influence and nudge, build trust amongst partners, and advocate the value, diversity and critical role of the knowledge, skills and abilities that the voluntary sector offers for community resilience. Katherine explains her leadership role in the voluntary sector as underpinned by partnership working and influence, and she recognises that the voluntary sector context shapes a different style of a Chief Executive’s authority in comparison to large organisations.

Her leadership capabilities reflect a growth surge from three employees to 12 employees to 30 (mainly part time) employees in the last few years. Employees include: staff working on community development in numerous different towns, a team of experienced advisors who support local community groups to develop and thrive, Open Mental Health alliance health work, volunteering, and a digital inclusion project in partnership with Somerset NHS Foundation Trust and Barclays. Initially their funding for a team of three came solely from South Somerset District Council. However, they recently won a three-year contract with the County Council, and have funding from the four district councils and the Somerset Clinical Commissioning Group (CCG). The growth and productivity of the last few years has seen Spark develop into a county-wide network supported by a raft of funding, and aligned to a spectrum of statutory services, including the NHS, social care and large national charities, such as Marie Curie and Macmillan, as well as many locally based charities and groups.

**Project Capability**

Reporting to a Trustee Board and ultimately the Charity Commission, Spark Somerset’s capability of reaching out to the whole of the voluntary sector in Somerset works effectively through “the development of a digital support platform called Spark a Change”. Their current range of partners include working with volunteers, large charity organisations, small voluntary groups, statutory organisations and business enterprise.

Network development complements the Integrated Volunteering Steering Group which, for example, involves the NHS and charities such as the Red Cross. Developed as a vehicle to share knowledge, this project has enabled them to “start working more collaboratively with the NHS and the Local Authority - and to do that better”. Katherine explains how pre-COVID they worked mainly with the voluntary sector and how this changed with the onset of Covid-19. Introduction to the Local Resilience Forum (LRF) came about through the rise in profile of Spark’s work, and specifically through their relationship with Somerset County Council.
“During COVID there was a brilliant response in Somerset but it was understandably chaotic to start with... where there were times where volunteers were turned away because they had too many... but it’s made us realise that you cannot rely on leaving it to chance... so now we are working more collaboratively with partners from across the statutory sector”.

A growth in collaboration across Somerset is a feature of the expansion of the Spark digital network. Examples include a Covid-19 Facebook group for 150 Covid-19 groups that emerged during the first lockdown, and online mental health resilience workshops and food forum webinars. Their digital growth has also increased the volume of training opportunities for charities and volunteers. The Spark website details examples of the various initiatives established in the local and national response to Covid-19. Working collaboratively and through digital platforms has also fuelled discussion about digital collaboration with the informal voluntary sector, which includes family and neighbours.

Outcomes

Spark Somerset measure their impact by: their profile and perceived value within the voluntary sector, the breadth of their network, and through their approach to building sustainability across the sector, which has been enhanced through a growth in digital hybrid working. Measuring impact relates to “how they champion the voluntary sector”. Their purpose “is not about going on about how well Spark are doing all the time....it is the small incremental things....building trust, how we are valued...the small things we do”. They also ask for feedback from their volunteers, as well as groups they have supported, and consider their responses. Their priorities are shaped by the needs and demands of the sector they are there to support.

Lessons learnt include how to maintain and develop knowledge sharing capacities and capabilities, and provide a voice for the voluntary sector, such as amplifying their voice through digital online forums. One of the coordination risks they faced in Covid-19 was overlap with the vaccine roll-out and the volunteer input, which was not coordinated as tightly as it could have been. There was concern that if volunteers were in excess of requirements they would not volunteer again. Hence, the lesson learnt was that there was no room for error.

Katherine reflects on how “it is an uneven playing field for the voluntary sector and so we have to have a voice. Our sector comprises large national provider charities such as Macmillan, but also a tiny community group.” The growth in digital networking and operations is a core focus for future sustainability. Current activities include: the development of an APP, testing 'gameifying' for volunteer recruitment, and increasing partnership working with the
business sector, such as a recent partnership with ‘Charlie Bigham’ food suppliers whose staff provided volunteering capacity for a local charity. As they look practically to the next challenge, Spark is aware they share a pressing concern with the statutory organisations to provide voluntary support for the 2021/22 “winter pressures and surge demands, as secondary and primary care are being pushed down into the community, families, and neighbours”. Hence the training of volunteers continues.

www.sparksomerset.org.uk and www.sparkachange.org.uk
CASE STUDY 14

VOLUNTARY AND COMMUNITY SECTOR EMERGENCIES PARTNERSHIP (VCSEP): GREATER LONDON AND THE SOUTH EAST

Introduction

“This is the National Resilience Strategy and how we contributed to build up a million preparedness and emergency responses”

The Voluntary and Community Sector Emergencies Partnership (VCSEP) is a coalition of 180 national organisations (mostly from civil society) that work together to prepare for, respond to, and recover and renew from, disasters. Developed following the 2017 floods and Grenfell Tower fire tragedy, the VSCEP offers a partnership approach to supporting local and national voluntary and community organisations as they work together with resilience partnerships. The contribution of VCSEP during Covid-19 is described on its webpages.
(www.vcsep.org.uk/about-us) as providing a partnership brokerage role underpinned by a set of principles and standards their response to Covid-19 reflects three strategic core aims to:

- Bring together insight and the voice of those affected to ensure a human-centred response, to enable actions that will ensure people’s human rights to life, security, and excellent standards of health are met.
- Supplement local mechanisms to provide extra support and resources when needed.
- Strengthen partnerships and networks between the local and national voluntary and community sector to be ready for anything now and in the future.

The focus in this case study is the teamwork during Covid-19 that involved VCSEP and 32 partners working collaboratively in the Greater London and South East region. The team met frequently during the pandemic response to bring partners together to network, share intelligence and build trust, and were supported by a collaboration tool where team members could provide updated and post/share insights (e.g. share community videos, and information from statutory partners). Partners cascaded information into their own organisations to inform practices ongoing elsewhere in the region and country.

Abubaker Adam, who is VCSEP Regional Manager of the South East and Greater London, explains how the partners worked together, particularly with the mutual aid groups and individual volunteers who supported some of the most disadvantaged communities in these areas. This included local communities, particularly grassroots voluntary mutual aid groups that contributed towards the wide range of support that was required during Covid-19. This entailed Abubaker managing a community brokerage that could be mobilised to bring different partners to work together and work with them as volunteers.

**Project Design**

Abubaker facilitated networks to build trust, identify resources, and volunteered himself to become more networked in the community. His work involved:

- Maximising a brokerage of support measures at speed by expanding their network to include recruiting individual volunteers who could work alongside other volunteer groups.
- Building on their inclusive approach by gaining insight and understanding of community needs.
- Increasing the intelligence available by engaging with local volunteer centres and new mutual aid groups.
- Speeding the intelligence flows about needs and resources through supply chains between the emergency services, LRFs, VCSEP, grassroots community groups, established volunteer organisations as well as individual spontaneous volunteers and business and enterprise.
Sharing intelligence and gaining trust helped to establish the building blocks for the different partners to work together effectively.

**Leadership**

“Mobilising and looking at national resilience, and providing a better experience for people impacted by emergencies, and making sure that is the best use of resources - these are our vision and how we do things.”

*Abubaker Adam*

In terms of leadership, one of the critical things that Abubaker encouraged was to connect, gain insight and an in-depth understanding of what was happening at the grassroots community level. Working at Muslim Charities Forum at the start of the pandemic his facilitative leadership style enabled a knowledge flow of all partner perspectives to build resilience. As Abubaker explains this was part of “building new capability and also coming up with creative solutions”. He describes his role as a bridge, where he was trying to narrow the communication gaps between different groups in society during Covid-19 to enable them to trust each other to improve resilience. Gaining trust to develop resilient ecosystems was not a straightforward task, particularly as cultural intelligence needed to be understood from a community perspective. Recognising the gaps between these groups Abubaker’s role included diplomacy. Volunteering himself as a spontaneous volunteer he drew attention to the need for trust between officials and communities, and constantly worked to strengthen that - for example, by addressing vaccine hesitancy. His presence as the VCSEP Regional Manager enabled this process, which sometimes meant explaining resilience terminology to communities. As a facilitative leader, Abubaker is passionate about harnessing the goodwill and energy that community volunteers put to good use and showing why their intelligence is so important to share and strengthen resilient communities.

**Project Capability**

“Covid lifted the lid off and showed the visibility of poverty.”

*Abubaker Adam*

The VCSEP brokerage facilitated a system of constant engagement across partners to share insights, trends and intelligence that informed how to focus response, recovery and renewal for maximum impact. Intelligence showed initially that they were experiencing a high increase in mutual aid groups in the two areas.
Covid-19 Response

Early in the pandemic an abundance of newly formed mutual aid groups were providing support and distributing leaflets in parts of Greater London to provide local contact details for where residents could get any help they needed. This activity continued during April 2020, and then some changed when social media and mutual aid group members came together to form WhatsApp groups and meet on Facebook. Some of these groups that establish themselves online decided to collaborate through the VSCEP to maximise their impact due to the multiple requests they were receiving from elderly people who were shielding.

Within a month a system was developed whereby information flows could be fed back from the ground to statutory services through the VCSEP. Abubaker then had access to intelligence gained from WhatsApp groups and Facebook and was able to build a wider understanding of public needs and the support being provided by local people in response to Covid-19. The recruitment of 500 individual volunteers supported the emerging partnership approach that was being developed.

The teamwork was part of a wider effort and activities being coordinated in Greater London and South East region and having significant impact. For example:

- Local authorities were responding to Covid-19 and, as the pandemic escalated, they changed the way they worked with mutual aid groups and incorporated them as a delivery arm. Together with the LRFs and the food banks they helped deliver food, medicines and provide feedback about other issues that affecting the elderly.

- Mutual aid groups emerged involving people with different skillsets. For example, the Barnes area offered chefs who were involved in preparing food for the elderly shielding as well as the facility of a community kitchen to prepare the food.

- Faith communities opened places of worship for the distribution of food.

- Organisations such as Fare Share, supported by Defra, established supply chains to deliver food.

- VCSEP partners from NHS, St John Ambulance, and Muslim Charities Forum worked together to address vaccine hesitancy among diverse communities. They facilitated discussions, shared learning, and answered questions which was a pivotal step in embracing change and building trust to encourage vaccine uptake.

In addition to maintaining a focus on the elderly who were shielding, the onset of furlough and loss of jobs presented additional challenges to the voluntary effort during Covid-19. The impact on younger and middle-aged populations, whose household incomes had reduced or ended through redundancy, exposed more economic deprivation. Examples of how this was addressed include:

- Local cadets and the military provided donations including buggies and new household items.
• Business in The Community and The Rotary supported technical needs by providing laptops and tablets for children in families-in-need.

• Local grassroots community and faith organisations helped with vaccines and vaccine hesitancy.

Outcomes

The VCSEP model is sustainable because it is established at the national level and is supported by the infrastructure of the British Red Cross. The model of local partnerships working together, which includes partnering with mutual aid groups and spontaneous volunteers, was effective for the Covid-19 response. Local groups delivered essential items to hard-to-reach communities and has better understood and broken down some cultural barriers between the state and these communities. Local intelligence was accumulated from available systems and shared with the statutory agencies to address the needs that were emerging.

www.vcsep.org.uk/about-us
Lesley Speedie, Chairperson of the Blackwood and Kirkmuirhill Resilience Group (BKRG) Committee, explains the operating model that underpinned the success of this community voluntary group. This community group is formed by a committee of 6 volunteers and over 30 volunteer responders who, together, have adopted a team working approach to community resilience. The focus of the group at inception was to provide essential services to the most vulnerable in the community during Covid-19 isolation. This aim was achieved through three activities. First, service delivery was coordinated through a call centre. Second, community engagement and outreach activities were designed to promote both physical and mental wellbeing. Third, working with other organisations and partners promoted community recovery. The group has also developed a Facebook page, which currently has 691 followers.
Background

BKRG is the Blackwood and Kirkmuirhill Resilience Group was established shortly before the national lockdown as a response to the local needs related to the Covid-19 pandemic. A teamwork approach was successful in addressing the difficulties faced by those shielding and the most vulnerable. The operating model consisted of a call centre team, distribution team and vulnerable people outreach team. Activities of the group comprised a wide range of projects including environmental work that involved 100 children in the community, developing 2,300 leaflets quarterly so that every household in the community was aware of the available support. This included introducing a pen pal system for those who were shielding, and a ‘messages of hope’ box.

Project Design

‘That was a huge learning for us just to see how many people were on their own.’
Lesley Speedie

The original aim of the BKRG group was to strengthen community resilience by helping to sustain the most vulnerable through the shielding period. Lesley explains how “we were very active on the social media pages promoting activities. It was deliberate and we were very active in promoting some of the things that the group was doing for shielding people and what keeps coming back in some of the comments is that this has really brought the community together and we are trying to keep that momentum”. Notably, the group implemented a clear communication strategy from the start. The strategy incorporated different forms of communication for different age groups. This included using a range of social media platforms, as well as leaflet delivery to every doorstep in the area. The printed newsletter also includes information about other charity actions in the community. ‘It is not all about us. It is about pulling all the dots together’.

In describing her leadership, Lesley views this as a collaborative teamwork approach. “This is the thing that I preach. I gave everyone an exercise at one of our team meetings - a circle and a triangle and I have asked them: which one represents a hierarchy and which one represents a community? and which one is better suited for our community group? Everyone responded that it is a circle because it is about being together. That is how we kept things - believing that everyone has a valuable contribution to the team”. Collaborative decision-making through teamworking has helped the group to strengthen its operational procedures beyond the Covid-19 response. The collaborative approach reflects their values of Response, Outreach and Recovery and their slogan “A good response to promote a strong recovery, transitioning through outreach”.

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**Project Capability**

The vision of BKRG is to provide a response that facilitates a strong recovering transition through outreach. This vision feeds into their three strategic aims:

- **Emergency Response to Covid-19 lockdown and isolation (call team, distribution of team, service user outreach).**
- **Outreach to promote positive mental health and physical wellbeing (service user, wider community engagement, social recovery, communication).**
- **Community and social recovery (service user community integration, working with local businesses, supporting local businesses).**

The emergency response model involves a central command-and-control point that is supported by the dispatch team and a central calling team, who log the calls. A dispatch/standby team, is available to address the need, for example, to distribute food deliveries. This feeds into outreach and helps promote health and wellbeing of those in isolation. Messages of hope are posted weekly on their Facebook page.

The strategy draws on harnessing the professional and management skills of the committee team and designing projects that could be operationalised through the call team and distribution team. The committee team skills include: experience of emergency planning and crisis response team, mental health and well-being coaching, mentoring for children and young people, cognitive behavioural therapy, vocational and development work with 16- to 19-year-old young people, church minister experience, and secretarial experience.

The operational outreach team supports the transition between response and recovery. The system requires a level of volunteer agility in terms of the rapid policy changes in relation to Covid-19. For example, home visits from the outreach volunteer team could cease and the volunteer call team would offer more support in response to emergencies.

One of the activities focused on the re-integration of the shielding population into the community as lockdown measures relaxed. Re-integration followed a four-stage transition supported by BKRG volunteers:

1. **Chap’n’Chat:** This involves call teams who manage team-building relationships with service users which progress from chatting on the phone to offering face-to-face chats with coffee and cakes.
2. **Walk’n’Talk:** This involves progressively building people’s confidence so they will walk outside of their homes.
3. **Assisted Shopping:** This involves helping service users to familiarise themselves with wearing masks, using hand gel and using one-way systems in the process of shopping.
4. **Social Mornings:** Once shielding was over the aim was to provide socially distant zones so people could relax and share experiences.
**Covid-19 Support**

When the first set of Covid-19 restrictions eased in August 2020 the group implemented parts of their inclusive recovery strategy:

“We created a social club and then we allowed all social clubs pre-Covid to come along. We tried to do an ‘overlapping integration’.

The strategy included several action points.

First, a range of efforts focused on befriending people, which involved re-introducing a diverse range of people to society and building their confidence back. Lockdown impacted a lot of people, many of whom faced anxiety problems and the group targeted support on overcoming the fear of public spaces. This included “getting people used to a life with face masks in supermarkets and public transport”.

Second, the group puts a lot of emphasis on its work with young people: “for us, recovery meant working with the schools and trying to help the kids”. In particular, mental health support and a range of activities facilitated from a community perspective: “we are looking for community spaces where the kids can have their own say”.

Third, day-to-day local community contact and carrying people along - the strategy was based on tactical communication: “listen, if we get back to lockdown we are here and this is what we are doing. If we are coming out of lockdown, we are here and this is what we are doing. We plan the A, B and C.”

The group is trialling a range of different ideas with local community dependent on the emergent needs. The group has benefited from establishing links with Third Sector Forums and the Local Authority. The BKRG shared its experiences with and learned from liaison with partner organisations including Clydesdale Community Coordination Group (CCCG), and Voluntary Action South Lanarkshire (VASLan). SME Business funders include Pepe’s Fish and Pizza bar, The Westend Restaurant, and Ali Cater. Other supporters include Banks Renewables, Development with Care, Lesmahagow Development Trust, Healthy Valleys, and South Lanarkshire Renewable Energy Fund.

**Outcomes**

Efforts resulted in people being more engaged in local community matters (including community campaigns that target anti-social behaviour). The ongoing effort has been summarised in the statement: “It is about how we get these people active and thinking about community ownership again”.

Considering strengthening community sustainability, there is a clear focus on the ability to address community needs as those emerge and change over time: “We need to keep it relevant, wherever the community needs are, we need to support it. Otherwise, people will just disengage with you. We need to keep ourselves relevant.”
Regarding project sustainability, there is a clear recognition that: “With the further easing of restrictions that means ‘living with COVID’ and having to re-invent yourself every three or four months.”

A clear area of impact includes the group’s forward vision and strategic plan to build ‘grassroots resilience’. The central premise is to engage more people and strengthen local community capacity around basic resilience. The strategic plan for grassroots resilience is based on the following considerations:

- To maintain the group flexibility, its ability to re-shape and re-form.
- To ensure that the group remains relevant in addressing the local needs of most vulnerable.
- To build long-term capability to tackle more the deep-rooted social issues.
- To expand the different strands of the group (including different sub-groups working specifically with kids, adults and the elderly).
- To strengthen the tactical communication plan using a range of existing and new tools.

BKRG is considering providing its volunteers with future training opportunities in first aid and basic firefighting skills – and FEMA’s Community Emergency Response Teams is part of those considerations to provide a program that would allow existing volunteers to undergo a certified training in preparation for future emergencies and potentially attract new volunteers. The resilience mental health focus builds on their previous projects, including the children’s environmental project and Wednesday night family quizzes, Thursday Tik-Tok, Facebook challenges for teenagers, and they currently cater for the youngsters Christmas event, ‘Santa is Coming’.
REFERENCES AND RESOURCES

1 Vulnerable People & Community Resilience (VPCR) – Position Statement Spring 2021. Supplementary material provided to this project following the interview with Alyn Jones, Somerset

2 https://www.sparksomerset.org.uk/

3 https://sparksomerset.org.uk/projects/open-mental-health

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