Dr Jon Burchell, University of Sheffield
Dr Fiona Walkley, University of Hull
Professor Joanne Cook, University of Hull
Dr Harriet Thiery, University of Sheffield
Dr Erica Ballantyne, University of Sheffield
Dr Jenny McNeill, University of Sheffield

MoVE
mobilising volunteers effectively

Report #2 Models and Frameworks for Coordinating Community Responses During COVID-19

Executive Summary

The MoVE project is a collaboration between the Universities of Sheffield, Hull and Leeds. Over the course of 18 months, the research examines how to understand, scale and maximise the effectiveness of volunteer responses to COVID-19. This research is funded by the Economic and Social Research Council (ESRC) as part of the UK Research and Innovation's rapid response to COVID-19. This is the second in a set of 3 reports on the first stage of research and examines the findings from 49 semi-structured interviews with a range of stakeholders from England, Scotland and Wales, about their responses to the COVID-19 pandemic.

New, innovative models of cross-sectoral collaboration emerged to respond to the unprecedented challenges facing local authorities (LAs) and their community partners during the first national lockdown. This report:

- identifies a number of core underlying themes at the heart of response frameworks and processes;
- classifies a series of different response models;
- uses this evidence to begin to sketch out potential post-COVID models of social action and community partnership;
- offers some reflections for LAs wishing to retain learning from the pandemic and take these models forward.

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We identify **four key themes** underlying these frameworks:

1. ### Pre-existing relationships and partnership working

   - Rapid community responses to COVID-19 have been built upon growing relationships between LAs and voluntary and community sector (VCS) organisations.
   - By building upon pre-existing levels of trust and collaboration, groups were able to coordinate a quick response and share roles and responsibilities.

2. ### Cross-sectoral response cells

   - In most cases coordination of the community response was based around cross-sectoral response cells.
   - These were often multi-agency collaborations with members coming from a broad range of organisations and departments, representing a transition from traditional silo working towards a place-based response.

3. ### Enhanced collaborative working and information sharing

   - A key aspect was the ability of groups to work collaboratively, to be flexible in requirements and to be prepared to share information and resources.
   - LAs often recognised that they were not always best placed to provide support and ceded control and devolved responsibilities to VCS organisations.

4. ### Local responses versus national strategies

   - National response strategies were criticised for failing to understand local needs and resources, and for being too slow due to excessive checks and procedures.

The MoVE data highlights **three main frameworks** that were utilised to coordinate volunteer and community support. These models represent generalised overviews in which core distinctive strands of activity, structure and relationships are apparent.

Model 1: response cells utilising a VCS local infrastructure organisation as the primary coordinator/broker

- LAs utilised pre-existing strong relationships with an established local infrastructure organisation.
- The infrastructure organisation provided a centralised hub and coordinated and supported VCS groups to deliver with LA support.

Model 2: response cells channelling support through a series of hubs

- LAs establishing a network of local hubs to coordinate delivery rather than utilising a single local infrastructure organisation as the primary coordinator and facilitator.
- In these cases, the central response cell utilised the network of hubs to facilitate support across different areas.

Model 3: multi-agency response cells working directly with community networks and new informal movements

- This model involved a more direct interaction between the LA and a network of community organisations.
- Multi-agency, cross-sectoral response teams were established in order to coordinate the response and provide support.

By analysing the development and impact of these different response models, it is possible to identify **key areas that shape what post-lockdown models of social action and community partnership** could look like.

Flattened structures and greater decentralisation

- A key dimension has been a transformation in cross-sectoral engagement which emphasises a sharing of decision-making, greater collaboration, and more subsidiarity that devolves action to the most appropriate localised level.

The importance of established local infrastructure organisations

- The availability (or absence) of strong infrastructure organisations has been key to influencing the types of models adopted during the pandemic.
- Where utilised, infrastructure organisations enabled a fast and coordinated response, often providing a vital bridge between LA staff and services and community organisations and volunteers.

Building on co-production models

- Support frameworks often built upon pre-existing LA commitments to undertake collaborative working with local communities, building stronger connections between LAs and their partners.
- This enabled LAs to draw upon the support of a broad network of organisations and citizens.

Enhanced role for community hubs

- Across all of the models, different forms of community hubs played important roles in distributing resources and providing connections between communities and organisations.

The role of informal volunteering and mutual aid[1]

- Relationships with informal groups, like mutual aid, varied significantly across locations.
- We identify three LA responses to these groups: integrating them into the strategic response; establishing a relationship and offering support; and an arm's length relationship.

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[1] The language of mutual aid is not universal in our data. In Scotland, for example, grassroots groups were often referred to as community resilience groups or teams. Some interviewees spoke of "informal groups", "community groups" or "neighbour groups." In this report, we use the term mutual aid group to describe informal, grassroots groups that arose in response to the pandemic.

The models identified represent either a distinctive departure from pre-existing frameworks or a radical speeding up or extension of early stages collaborative co-produced frameworks that were being piloted prior to the pandemic. It is important to explore in more detail why, when faced with such a significant crisis, this form of place-based collaboration came to the fore as the preferred model for community support and localised action.

While the majority of interviewees spoke of wanting to maintain these ways of working and to build on the lessons from the lockdown, there was growing concern that processes and procedures may retrench to traditional organisational and decision-making models.

We would encourage LAs and their partners to reflect on the **following key questions:**

- What was the framework that was utilised?
- What were the key connections/relationships that made the framework effective?
- What changes were introduced that enabled this framework to operate effectively?
- What are the main threats and challenges to maintaining this way of working?
- How can these be overcome, how can the framework be taken forward, and what are the strategies needed to enable this to happen?

We believe that aspects of these new ways of delivering services are likely to persist; they have demonstrated their potential in a particularly challenging context. There will be consequences of this change, foreseen and unforeseen, including increased demand for better connectedness and the supply of the infrastructure needed to enable it. The challenge is therefore how to learn from what has worked well during the national lockdown and beyond, and to understand what is needed in order to harness and build upon these developments as we move forward, rather than simply retrenching into conventional ways of working.

Methodology

This report is based on the analysis of data gathered through 49 semi-structured interviews, carried out in June, July and August of 2020, with a range of stakeholders from the UK. In addition, we have analysed the data of three webinars, focussed on community responses to the pandemic.

Organisation type	Number of interviewees	Number of webinar participants
Local authorities (LA)	20	3
Voluntary and community sector (VCS) organisations and local infrastructure organisations (LIO)	18	1
National membership LA organisations (MLA)	2	1
National membership VCS organisations (MVCS)	5	1
Mutual aid groups (MA)	4	0
Total	**49**	**6**

Interviews were drawn from existing contacts from the team's previous Enabling Social Action (ESA) programme, combined with snowballing to identify a purposive sample of key organisations across England, Scotland and Wales. The sample is deliberately targeted towards organisations and individuals active in the mobilisation and coordination of volunteer strategies in order to respond to community needs during the pandemic. Thus, the findings should be understood in this context.

All interviews utilised a common set of themes and questions to enable comparison and thematic analysis. However, the interview style was participative and open so that interviewees could raise the issues of importance to them and to tell the story of their experiences. As well as interviews, the project conducted online searches to map the terrain of volunteer responses to community needs during the pandemic and we participated in a range of webinars facilitated by other organisations around these issues. The research team also draw upon their prior work on the ESA programme, funded by the Department for Digital, Culture, Media and Sport (DCMS) with 1,200 LAs and VCS organisations in England. These resources foregrounded the MoVE research in this first stage and the findings discussed here reflect this range of data.

Discussion of the models and frameworks for coordinating community responses during COVID-19

You get a crisis and everyone wants to help…But the problem is managing that help (LA16)

When exactly what you hoped would happen, happened, in that people stepped up to support people in their neighbourhoods - it might not always be a perfect process but you do have to recognise when it's happening (LA9a)

Background

In recent years, significant focus has been placed upon the potential impact of social action and on understanding how LAs can work with communities to enhance and enable its development. Social action is about people coming together to help improve their lives and solve important problems in their communities. The COVID-19 pandemic and national lockdown (March to July 2020) brought these challenges into stark focus, requiring a level of community coordination and collaboration that has not been seen in the post-war era. Across the country, new and innovative models of cross-sectoral collaboration emerged to respond to the unprecedented challenges facing LAs and their community partners. As a consequence, patterns and models of working emerged that had previously only been utilised on a small scale, within pilot programmes or within more restricted parameters. The MoVE research project collated data on the different types of response frameworks being utilised, the conditions and features at the heart of these processes, and practitioner reflections on their impact.

Across the first stage interview data, there was considerable discussion of the frameworks and processes that LAs and their partners utilised to develop quick responses to community need and to coordinate response activity. While these models and frameworks involved local specificities distinct to each location, it is possible to identify a number of core underlying themes at the heart of these processes, and to classify a series of different frameworks that were utilised to evidence what worked and why. The ways in which these frameworks evolved were often connected to the configuration of pre-existing relationships between different partners, levels of existing infrastructure funding and support, and the nature and scale of the location, amongst other factors.

Key themes underlying the frameworks

The following themes were consistently identified as key aspects of the response frameworks utilised across the country:

Pre-existing relationships and partnership working

Across the majority of the data, it is clear that the rapid community responses to COVID-19 have been built upon growing relationships and partnerships between LAs and VCS organisations. Time spent building these relationships prior to the pandemic was cited in many interviews as invaluable in enabling quick identification of what resources were available across communities. By building upon

pre-existing levels of trust and collaboration, groups were able to coordinate a quick response and share and distribute roles and responsibilities. In particular, there was evidence that these processes were key in enabling partnerships to circumvent some of the lengthy processes surrounding issues such as safeguarding, risk and procurement. Previous experiences of responding to crises such as flooding and swine flu were also identified as providing an important foundation for developing the relationships and procedures that were applied during the pandemic. As well as existing relationships of trust, interviewees also discussed how adopting partnership approaches helped them to engage with new groups.

We were fortunate in that we had a lot of the building blocks, or the things in place, that enabled us to be able to just plug into our normal engagement routes, and to say "OK what does this mean for us, how are we going to manage this?" It reflects a little bit on that earlier conversation about what is the tone, or the context in which you start the problem or you start the issue. And in a way, because we'd spent a lot of time building what I think is the right environment, or the sort of environment that enables us to have open conversations and a good dialogue with our sector, it didn't feel like it was our problem, it was a collective problem. (LA13)

We've been working here for four years … I think that's the biggest thing why we weren't on the backburner, I think we were proactive because of that. And I think it does come down to the fact that we are really well known and I think there are key members of each partner that works really closely together, I think that meant that we could push this forward really quickly. I think that if we'd have had to have learnt any of that, and get to know, because you have to get to know how each organisation works as well. I think we are all similar, like-minded and just wanting to do best for the community and that was a massive reason why we could be so quick and proactive… and I think it's taken time to get these relationship... as soon as this happened, you couldn't have just gone "right let's go to all organisations in the community, let's go forward" - that was because we know each other and we have done for a long time. (LIO6)

Cross-sectoral response cells

In most cases, coordination of the community response was based around cross-sectoral response cells. These command structures were often multi-agency collaborations with members coming from a broad range of organisations and departments. This represented a significant transition away from more traditional silo working towards a place-based response. This process of bringing together organisations and different LA departments was highlighted as a key dimension in creating a successful coordination framework. VCS organisations spoke about the increased levels of engagement and access available to them across both NHS and LA structures and recognised the increased value of being able to discuss and engage across organisations as part of the community response. The successful impact of these frameworks was seen as an important outcome of community responses to the pandemic and in building stronger cross-sectoral understanding and respect.

I think after 2 or 3 weeks... there were more than enough meetings that involved our sector and statutory organisations, and in fact, in many ways… we'd gone from one extreme to the other, we'd gone from not speaking, to literally, I'm pretty sure between our Chief Exec, my executive manager, and me… I'm pretty sure, from Monday to Friday, and indeed Saturdays as well during the early part, we

could have sat... in meetings from 9 til 5 every day, at various levels... so we were invited into the big tent. (LIO4)

I've had a lot of positive feedback from [council colleagues within the volunteering hubs], and from further up the hierarchies in both the council and the Health and Social Care Partnership and the NHS, from people saying it's been great working with us, but it's also been great working with community groups, we think of the third sector quite differently, it's been so refreshing. (LIO10)

Enhanced collaborative working and information sharing

A key aspect of building successful frameworks was the ability of groups to work collaboratively, to be flexible in requirements and to be prepared to share information and resources. Given the levels of need and the numbers of volunteers and resources mobilised, this collaboration was required in order to have the capacity to deliver support.

In many cases LAs recognised that they were not always best placed to provide support and were prepared to cede control and devolve responsibilities to VCS organisations. Authorities often undertook an enabling role, acting as the "safety net", providing back-up support to enable other organisations to provide the "hands-on" support.

In other areas you can just see the council is kind of retrenching and saying, "well, we need to deal with all these people ourselves." Up here, they didn't, they said "we can't deal with this ourselves, but these guys can." (LIO8)

Existing community embedded structures such as Local Area Coordination, social prescribing and other Asset Based Community Development (ABCD) based models offered strong community networks and asset-focused frameworks that were utilised, where available, to help provide local knowledge and coordinate responses.

Often where interviewees identified challenges in building these relationships, these focused on information being withheld from partners, or the traditional "silo mentality" blocking new ways of working. In examples where collaborative working proved more difficult to instigate, participants cited a reluctance from organisations (both LA and VCS) to be flexible around procedures and processes and described how relationships got bogged down in bureaucracy and procedure at a time when more flexibility was required. This often related to registering and approving – or working with – "new" volunteers or informal organisations. Some councils were criticised for trying to be too controlling and intervening with grassroots community action, expecting them to conform to established procedural rules. Similarly, some VCS groups were seen to have been slow to respond due to an inability to "pivot" and adapt processes and allow groups to be involved when not formally constituted.

Local responses versus national strategies

National response strategies have been subject to a level of criticism for failing to understand local needs and resources. Criticisms were raised by our interviewees regarding the English NHS Volunteer

Responders and the Ready Scotland scheme, but also the partnership response frameworks of national VCS structures. At the heart of these challenges was the criticism that in many cases, by the time the national strategy had been developed and all the necessary checks and procedures had been put in place, local communities and organisations had already taken the initiative and moved forward because they had a better understanding of local needs and resources.

Centralised approaches to working in place do not work. You've got to give people more autonomy you've got to give them more freedom... you've got to look at marrying national issues with local issues, and something like this cannot be controlled in terms of supporting people on the national stage. You can set parameters about "right, you're going to go to lockdown, you're going to do testing" and things like that, but when you want to support people you need to be in the community, you need to understand that community and not every community are the same. (LIO11)

Whilst we were busy recruiting volunteers, and getting them all on a database and working out where they lived, and how far they would travel and could they drive and did they have special skills, in the meantime we estimate about 800 informal volunteers just got on with it. (LIO10)

Classifying community response models

In analysing the data from LA and VCS representatives from 23 different LA areas the data highlighted three main frameworks that were utilised to coordinate volunteer and community support. As mentioned above, a key dimension across the whole of the sample was the incorporating of VCS organisations into the various command structures. This direct involvement of VCS organisations in the day-to-day decision-making frameworks surrounding the COVID response was identified as a vital dimension to ensuring an effective coordination framework.

We have grouped the response frameworks into three over-arching models:

1. Response cells utilising the local infrastructure organisation as primary coordinator and broker
2. Response cells channelling support through a series of hubs
3. Multi-agency response cells working directly with community networks and new informal movements
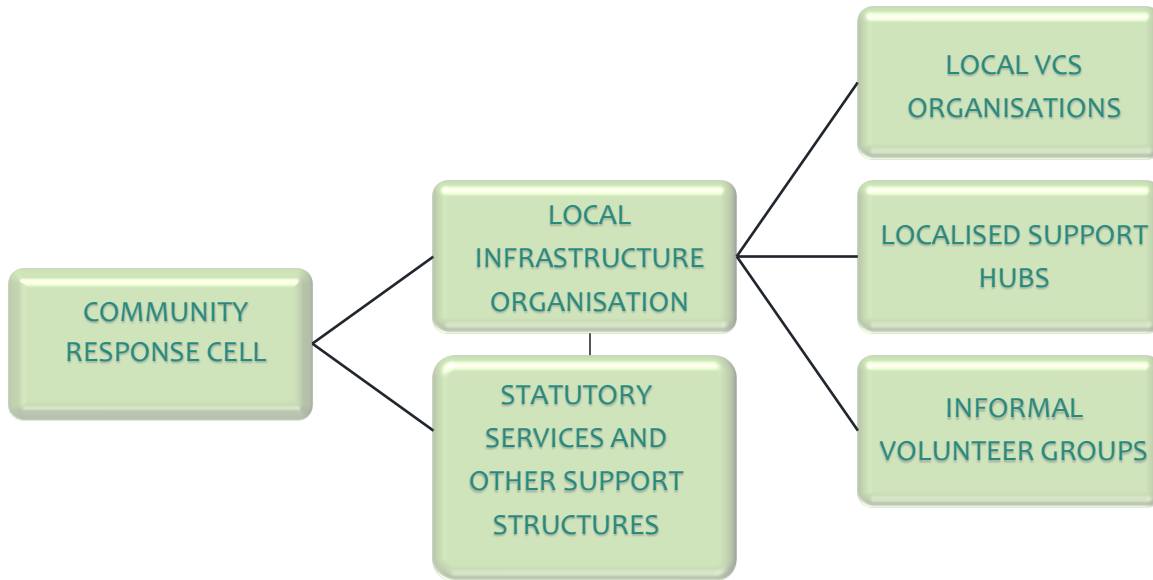
The specific characteristics of each of these models is discussed below. These models represent generalised overviews in which core distinctive strands of activity, structure and relationships are apparent. Across our sample there were aspects of overlap between the models, and slight variations identifiable between locations grouped under each model. However, the overarching core features appeared relatively consistently, allowing their classification within one of the three models.

Model 1: response cells utilising a local infrastructure organisation as primary coordinator and broker

Within this model, LAs utilised pre-existing strong relationships with established VCS local infrastructure organisations. The local infrastructure organisation provided a centralised hub and

coordinated and supported VCS groups to deliver with LA support. The LA role was to act as an initial contact point for the public and other bodies, often via dedicated phone lines and email addresses (utilising redeployed council staff in many cases) and to provide support and resources in relation to statutory provision.

This framework is outlined in the diagram below:

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COMMUNITY          LOCAL                    LOCAL VCS
RESPONSE CELL      INFRASTRUCTURE           ORGANISATIONS
                   ORGANISATION
                                            LOCALISED SUPPORT
                                            HUBS
                   STATUTORY
                   SERVICES AND             INFORMAL
                   OTHER SUPPORT            VOLUNTEER GROUPS
                   STRUCTURES
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Model 1: response cells utilising local infrastructure organisation as primary coordinator/broker

For those LAs in the sample utilising this model, respondents emphasised that its effectiveness was based upon a strong existing relationship between the LA and the local infrastructure organisation. Of equal importance was a level of adaptability and flexibility between partners to enable them to respond to newly emerging conditions and reconfigure procedures where necessary. The other key factor identified in the success of this model was the strength of the local infrastructure organisation's relationships with the broad range of VCS groups locally. This enabled the local infrastructure organisation to direct support requests to the right organisations with the best skillsets, available local volunteers etc. The local infrastructure organisation also provided infrastructural and procedural support and guidance to organisations regarding health and safety for volunteers, funding etc. For each model we have identified a series of case studies to give further detail of how different locations implemented these models.

Case study 1

One city council shared how in the early stages they worked closely with the local infrastructure organisation to support the VCS decision making around how to coordinate volunteer support in response to the pandemic and to enable the VCS to adapt to new ways of working. The VCS provided an immediate and community-based response and the LA acted as the safety net.

The voluntary sector, they always move faster, that's the point, that's why we work with them, because they are faster than us and can be responsive. And ultimately, they're closer to the ground, so they will have experienced people in need much quicker than the authority. (LA11)

The LA took steps to offer immediate financial support to VCS organisations involved in service delivery and relaxed monitoring to remove unnecessary bureaucracy. There were regular reporting calls between the local infrastructure organisation and the LA. The local infrastructure organisation pulled together the sector quickly to provide an immediate response to needs they identified such as shopping, prescriptions, checking in on isolated people, delivery of emergency food parcels and responding to the rising levels of social, emotional and financial needs.

The LA looked after people on the shielding list and trusted the VCS to look after a much broader group of vulnerable people. The LA set up a helpline really quickly staffed by a group of redeployed staff. Overall, the LA identified their role as a "safety net" for people meeting a certain level of needs criteria, and as a support to the VCS.

The local infrastructure organisation coordinated the volunteering support across the city by mapping the levels of support needed against areas of expertise, levels of skills and experience within the VCS organisations. This mapping enabled them to assign needs according to the most suited level of voluntary action: from street level where the small groups such as mutual aid organisations were working, through community-focused activities linked to 26 community hubs, active community groups and local development organisations, and then up to statutory provision. The local infrastructure organisation tracked and monitored responses through its connections to the hubs distributed across the city.

Case study 2

This unitary council had a strong relationship with the established VCS, which meant they pulled together to organise a rapid response. The LA set up a COVID call centre to support people self-isolating and shielding. Redeployed library workers and other LA staff took calls and fielded requests for support. The LA staff triaged some calls where there were safeguarding issues or where support involved more challenging aspects.

The LA had also invested significant resources into both Local Area Coordination and social prescribing programmes, which they utilised as a part of the community response process. These were key additions in situations where more skilled support was required; the LA's Local Area Coordination and social prescribing teams were able to respond to more challenging and specific needs.

I think certainly with the shielded patients that had severe mental health, again it would've put volunteers that are not trained at risk, and working alongside Local Area Coordinators to support that in the community really, really helped. (LA14)

It's too confusing for the individual to have too many people, it just didn't work, one person would be told one thing, another person would be told another thing, so it was just better to have a consistent presence, so if we knew that somebody was known to a LAC and there was a relationship, it just made sense for that person to pursue it, and help them do the shopping and take the shopping and be the interface because such a confusing and difficult time people need consistency, something that's common to them, so that worked really well. (LIO14)

The remaining requests were passed on to the local infrastructure organisation who managed the allocation of tasks to organisations and volunteers. The local infrastructure organisation described their approach as a "hub and spoke" model for volunteer mobilisation. They recruited volunteers directly but also utilised local voluntary organisations or "champions" to coordinate responses in different local areas.

This response was the "third responder" as part of COVID… people were being resilient and being looked after in their community. (LA14)

The local infrastructure organisation highlighted how their strong established role within the VCS and across the community, and good working relationship with the LA, provided them with the necessary skills and resources to undertake this coordinating role. The response was based upon existing partnership ways of working and on a built-up understanding of what was available in the local area.

That trusting relationship to enable the strength in each of the organisations to do the bit that they were really good at, and lead on that, really comes to the fore. (LA14)

Because of the trust and the relationship that we've had in the past, we were allowed to get on with it… up until then, I think we'd probably underestimated how strong that was… I was very surprised to realise that we were just being allowed to get on with it, whereas I could see that other authorities were taking things through risk assessment, and dadadada, we were just like "What?" No, we were just too busy… We trust each other. We trust that we will go about things the right way and we trust that the local authority will do what it needs to do and the voluntary sector will do what it needs to do, what we need to talk about is how we come together and how we process that change. (LIO14)

While in most cases this model was premised upon the existence of pre-existing strong relationships between the LA and the local infrastructure organisation, a couple of examples were identified where this was not necessarily the case, but where the COVID response actually created a new relationship between organisations. In fact, the emergence of new relationships as a consequence of newly developed partnership working was evident across all three models. In these cases, VCS organisations emerged who were prepared to "pivot" activities in order to undertake these coordinating roles. One LA described how a local VCS organisation had "stepped up" and been flexible in working in partnership as soon as the crisis hit (LA10). This enabled the local infrastructure organisation to take a leading role in the response, being represented on the emergency committee, housing the central response hub and coordinating volunteer activities.

Model 2: response cells channelling support through a series of hubs

The second response model identified from the sample focuses around LAs establishing a network of local hubs to coordinate delivery rather than utilising a single local infrastructure organisation as the primary coordinator/facilitator. In these examples, the central response cell utilised the network of hubs to facilitate support across different areas. In some cases, new hub structures were created specifically to coordinate the response to the pandemic. While in others LAs utilised a network of established local VCS organisations, linking them into the overall response framework but allowing them to coordinate localised responses relatively autonomously. This framework is outlined in the diagram below:
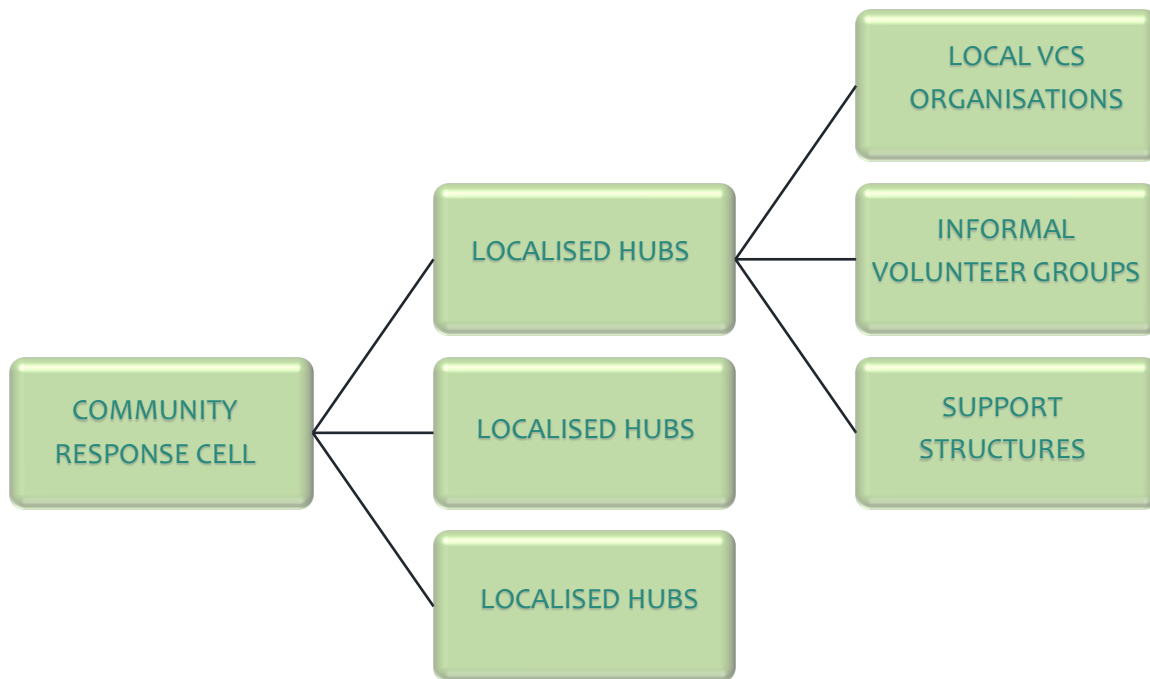
Model 2: response cells channelling support through a series of hubs

In our examples, this model often emerged where the response was being coordinated across a large geographical area. This was particularly evident within some county councils where the responses were devolved, often utilising district level hubs as the local coordination and delivery mechanism. The utilisation of the hubs model was also often connected to the nature of the ongoing relationship with existing VCS infrastructure organisations. In particular, the hub model was utilised where there was no established infrastructure organisation, where relationships between organisations were poor, or where existing VCS organisations could not, or would not, undertake the coordinator/ facilitator role highlighted in model 1.

Case study 3

This city council set up an emergency planning committee working across the commissioning directorates to put in place a community model. This built on the already established community development model. Responding to Government, they introduced local community hubs to support the distribution of food, medicines and to provide welfare to those shielding. Hubs formed key distribution points for volunteers and services and were linked directly into the ward structure and the Local Area Coordination networks and key workers.

The LA offered support to the VCS and a mechanism for channelling volunteers. Some VCS groups were more agile in their response to COVID, pivoting and adapting their services. Other VCS organisations were less able to adapt to the council's approach either because they struggled to change their offer or they were unable to pass their volunteers through the channelling system. Charity leaders represented the needs of their support groups, sharing their expertise, local links and volunteers to meet needs.

The Local Area Coordination network worked alongside the community hubs and worked closely with the mutual aid groups. The nature of the help being offered by mutual aid volunteers reflected a spirit of good neighbourliness. The usual LA bureaucracy attached to volunteering was relaxed; the immediacy of needs and the nature of social restrictions meant the volunteers from mutual aid were not subject to standard LA procedures, such as training and insurance. Online training was, however, provided to the 4,000 volunteers recruited online by the LA.

This has been about the council letting go and creating the space for others to step into. (LA3)

Mutual aid groups deployed their own volunteers locally and this "hyper local" engagement echoed the Local Area Coordination model of growing community capacity. The pandemic has therefore moved the LA further along its community development model; the new relationships made at community level are likely to continue and increase capacity. Having the Local Area Coordination structures and community-embedded working in place prior to COVID, meant that they were able to respond rapidly to commission what was needed. Local Area Coordination made a difference because it was the spirit, trust and relationships which enabled them to react quickly to mobilise volunteers and to understand and meet needs.

What's been key, to supporting our success, has been the history of that working with the third sector, but also the relationships that then exist in the council, across the various directorates and teams, but also some quite strong relationships with health, across primary and acute care, and they've really got stronger during the crisis. (LA3)

Case study 4

This county council channelled support through a series of hubs to coordinate the delivery of services. This LA redeployed a lot of staff into frontline volunteering roles. The focus was on working with known VCS groups, but the relationships being built were relatively new. The council took a pragmatic approach:

The authority, in most parts, with the exception of children's services... their tolerance to risk just improved.... And I think because of the pace and the speed that we needed to mobilise things... our data governance people... they were fast, helpful and very pragmatic, and did a lot of the heavy lifting which meant that we could get adequate privacy arrangements and data governance arrangements in place really quickly, in terms of data sharing and so on... They cut the red tape so that community development staff could get things moving... There was a quick chat with the chief exec, and [a data governance team member] said "We know that there will be mistakes, we know that we won't get it right, there might be the odd safeguarding issue between a volunteer and someone they're helping, but we just have to understand that that is going to happen, but we're the safety net, we're not going to leave any of the voluntary organisations vulnerable in that respect... The authority was just so relaxed... we didn't have procurement crawling over us, we didn't have legal crawling over us, we were just allowed to crack on and do what was needed. (LA4)

The LA worked with 24 anchor organisations called community support organisations, who were given a grant and formed the single point of contact and served a specific area. Not only did the LA invest money into the community layer during COVID, but they have decided to continue to fund their community support organisations for another three months, recognising that service levels have not fallen but the focus has changed. These organisations became more involved in the recovery plan process, supporting localised test and trace and also in working with communities "around giving people the confidence to re-enter society". The LA is talking about adopting some of good practices of the community support organisations to create a network of "one-stop shop mini social services" across the county, which would require some repurposing of the commissioning budgets. The LA is working along the lines of "restore, retain and reimagine".

Model 3: multi-agency response cells working directly with community networks and new informal movements

In locations that adapted this model, there was a more direct interaction between the LA and a network of community organisations, rather than the response being channelled through either a single infrastructure organisation or a series of hubs. Within this model, the primary role for the LA was perceived to be one of facilitator, enabler and coordinator. Multi-agency, cross-sectoral response teams were established in order to coordinate the response and provide support to the local VCS organisations and newly emerging informal community groups such as mutual aid. These teams triaged the requests for help and support through statutory services, VCS organisations and mutual aid groups depending on the levels of need. They also provided resources, support and training for organisations delivering support across the community.

This framework is outlined in the diagram below:

Model 3: multi-agency response cells working directly with community networks and new informal movements

Across our sample, this response model was often applied in locations where there had been a significant ongoing commitment to collaborative working and coproduction strategies. These processes had built strong relationships and increased levels of trust between LAs, VCS organisations and communities. It also encouraged a more decentralised decision-making structure, which was transferred into the response process during COVID.

Case study 5

In this example, the borough council utilised their ongoing community engagement framework to provide multi-agency and cross-sector structures and worked across three hubs (north, central and south) for the borough. The established patterns of engagement with community, other public services and the VCS underpinned and shaped what was mobilised during the lockdown. The framework brought together public services and the VCS on an equal footing to explore how to work together to deliver services and the communities offer. The programme had been a year in development prior to the pandemic and a series of workshops provided the basis for the connection, levels of trust and understanding. This relational approach meant they could jointly respond to the crisis in an integrated way.

We were working out things like how can mutual aid groups refer to our resident support team, how can we support our community centres, how can we work with some of our more specialist voluntary

organisations, how can we work out the links between all of those, into the statutory offer as well... during this period, we got a phone call from one of our VCS organisations and the director of one of our primary care networks, and they'd said because of this early journey they'd been involved in with [our community development programme], as soon as the pandemic hit they just rang each other up and said "this is it, we're going to put us money where us mouth is... so we've got a network of community centres called [name of the network], then we've got some commissioned VCS organisations and some of them are - the ones you'd usually expect your Age UKs and your Minds and stuff like that that provide services for specific cohorts but some of them are place-based, and we've got one in the north of the Borough called [name of organisation] and they have really comprehensive offer so their infrastructure was already quite strong, but they quickly mobilised with the network and the Primary Care Networks, and phoned us up, and we all got into a room and said "What do we need to do?" (LA9)

A centralised phone number directed people towards statutory services, VCS organisations or mutual aid groups, depending on their needs. The programme provided channels and relationships underlying the LA's helpline that made referrals for food, shopping support, volunteering. The support network included businesses via the LA's circular economy team, volunteers via its volunteering team, and mutual aid groups. Links to mutual aid groups were made through an LA officer working in ward to help understand what support they needed and to access it for them.

Community centres acted as food banks; mutual aid groups referred people to specialist VCS people with complex needs who they were not able to support. They mobilised specialist volunteers linked the whole system into the statutory services referral routes. Layers of VCS relationships that already existed were drawn upon. There was no conflict between the VCS and mutual aid groups – they worked together as part of the wider LA response. In explaining why this was possible:

It's all about the relationships that [our community development programme] has created. (LA9)

In other examples, this model was utilised in situations where existing VCS organisations proved slow, unwilling or unable to respond to the new challenges posed by the pandemic. It was also prevalent in locations where informal volunteering such as mutual aid had become one of the primary deliverers of support.

Case study 6

This county council focused their response framework around creating a coordinating unit at council level and working to support and coordinate activities being undertaken by VCS organisations and informal volunteer groups. While this model represented a relatively new structure, it was based upon significant ongoing relationship building between the LA and the VCS. New informal community volunteer groups played a key role in the response as the established VCS organisations struggled to respond quickly due to many volunteers being shielded and unable to engage. As a consequence, they were not in a position to provide safety checks and safe recruitment functions for volunteers. Consequently, the LA created a 10-person team focusing on offering free DBS checks at pace, safeguarding training and guides to volunteering during COVID. By doing so they quickly made sure people were safe to accept support and identified people who could give support.

The LA outlined their approach as a co-ordinated "whole community" response founded upon place-based partnerships. This enabled them to support the new influx of organisations, many of whom had little experience of how to coordinate volunteers. The LA described their message to the new groups as:

We will advise, we will guide, or we will get out of the way, if you want us to (LA22)

The LA "pivoted" its existing operating model within the first week to create a community support structure. Within 2 weeks, they had 40 people from 6 departments split into networked place-based teams. These teams contained staff from a range of service including community development, youth, exercise referral and social services. They created "one route in" through an email address and a phone number. They quickly pulled together a network of 60 informal volunteer COVID groups and allowed them to work together and share their experiences. The LA provided a safety net structure as well as advisory support on issues relating to safeguarding.

A big proportion of these people that were leading the volunteer groups and active within them, were not our usual suspects, they weren't existing community leaders, they were new. So actually, they were like sponges, they wanted everything that we had to offer. (LA22)

Three liaison officers were also redeployed to work directly alongside the volunteer organisations. At its peak the community support team involved 76 people from 15 departments and 4 different organisations. In seeking to harness the upswell in community activity, the LA are looking at different models that can help 'harness the community animation'.

[COVID] has given people the permission to help each other, but also the permission to ask for help and I hope that that continues (LA22)

Lessons from analysing the COVID response models

By analysing the development and impact of these different response models, it is possible to identify key themes to consider in understanding how these processes can shape post-lockdown models of social action and community partnership.

Flattened structures and greater decentralisation

Across all three models, there has been a clear emphasis upon much flatter, decentralised organisational structures. This has enabled a transformation in cross-sectoral engagement processes, with an emphasis on sharing decision-making, greater collaboration and more subsidiarity, and a focus on devolving action to the most appropriate localised level. These issues were highlighted in more detail in *Lessons from Lockdown*. In particular, a strong emphasis has been placed upon demarcating between activities that could be delivered by communities and VCS organisations with support from LAs, and those that necessitated support through statutory service provision. This process required a

clear understanding, and in some cases mapping, of the skills and resources available within the community and a willingness to hand over control where the LAs were not the best placed to respond.

Across all models, LA roles displayed a stronger emphasis towards enabling and facilitating rather than assuming the predominant delivery position. LAs facilitated the creation of the COVID helplines and websites, utilising redeployed staff where possible, and provided key information and support to community organisations and volunteers regarding risk and health and safety issues where appropriate.

A majority of interviewees highlighted the importance of keeping VCS partners at the decision-making table and continuing the collaborative ways of working that had overcome pre-existing issues stemming from protectionism and access to power. Strengthening established communication frameworks facilitated shared decision-making at pace and optimised the deployment of VCS capacity and LA staff resources. Greater sharing of resources offered an up-to-date understanding of support networks available, the resource requirements and needs mapping, all of which are key factors in enabling the coordination of a massive community response. Likewise, the removal of barriers in LA systems meant the focus was on who was best placed to take the lead where skills and expertise existed.

The importance of established infrastructure organisations

The availability - or lack of - strong infrastructure organisations has been key to influencing the types of models being adopted during the pandemic. Across model 1 locations, strong local infrastructure partners played a pivotal role. The willingness of these organisations to engage in the response, to be flexible in their activities and approaches and to be able to commit the resources and capacity to undertake a coordinating role, provided a key to the success of these frameworks. The local infrastructure organisations enabled a fast and coordinated response, often providing a vital bridge between LA staff and services and community organisations and volunteers. In a number of locations, it was noted that local infrastructure organisations were either not strong enough or not in a position to be able to undertake such a coordinating role. A number of interviewees identified a significant period of disinvestment in community infrastructure in their locations as an important factor in this outcome.

Building on co-production models

Across the models, but particularly noticeable within model 1 and 3 locations, there was strong evidence that the support frameworks were built upon ongoing commitments by LAs to undertake collaborative working with local communities, building stronger connections between authorities and their partners. This process enabled LAs to draw upon the support of a broad network of organisations when the pandemic struck. Community engagement programmes were identified as being invaluable frameworks for creating these channels of engagement and building stronger connections between LA staff and communities. In many cases, the volunteering coordination sat alongside the activities of programme like Local Area Coordination and social prescribing, allowing such programmes to offer support where need was more complex. In some cases, as exemplified within model 3, the strong

engagement with community organisations facilitated a more connected relationship between LA, VCS and the community. This created more of a network framework, described by one interviewee as "an octopus network" of organisations.

Creating a role for community hubs

Community hubs were prevalent across the majority of locations. However, the manner in which hubs were utilised varied significantly. In some examples, support hubs were predominantly utilised as distribution centres enabling coordination and delivery of goods and services. In other cases, community support hubs were given a stronger decision-making role acting as devolved units, coordinating the volunteer and community responses at a local level and feeding back into the broader organisational structure. Across all of the response models, however, different forms of community hubs played important roles in distributing resources and providing connections between communities and organisations.

The role of informal volunteering and mutual aid

Informal groups of neighbours helping neighbours emerged across the UK, creating a hyperlocal infrastructure of support. These local support networks were in most cases the fastest to react, long before the LA or the VCS. They organised via WhatsApp and Facebook, and offered place-based, flexible and relational support, leveraging the skills and availability of volunteers across the locality. In many cases these support networks brought people together within communities who hadn't previously known each other and impacted people positively in a variety of ways:

Compared to my paid work, this feels so much more positive because… the community has owned it so much, we've got an amazing small team that are doing this together, who have got a brilliant sense of humour and really help each other out. The people who are getting supported are really appreciative, the volunteers are always there, and always positive. I think probably because we're not a commissioned service so nobody can get narky that we're not doing things that we never promised…, we're just doing some stuff. It creates more goodwill. It's more difficult if you are the council to maintain that. (MA2)

People have connected over things that they have in common, not because of the things that they need help with (MA3)

Relationships between LAs and mutual aid groups varied significantly across locations. We identified three types of approaches to working with mutual aid which cut across the response models:

1. Mutual aid as an integrated but autonomous part of the overall response, whereby they worked directly with the LA and fed into response cell decision-making processes with a 2-way signposting system.

    We were working out things like how can mutual aid groups refer to our resident support team, how can we support our community centres, how can we work with some of our more specialist voluntary organisations, how can we work out the links between all of those, into the statutory offer as well (LA9)

2. Looser collaboration between the response cells and mutual aid groups, whereby a relationship was established between the LA and the groups and support was offered, but they were not integrated into the strategic response.

3. Arm's length relationships between the LA response and mutual aid groups. Here, groups sat completely separate from the response models. In explaining this approach, interviewees commented on the valuable role played by mutual aid, but that their informal and autonomous nature meant that LAs and VCS should not seek to integrate them. Complications with formal risk and safeguarding requirements where often cited:

We've got a mutual aid support network… that's great, that's fantastic… but the rest of us, we live in local authority land and things have to be done a certain way… there's probably some fantastic grassroots stuff going on, and that will happen despite of anything we try to do in terms of strategies or toolkits principles or resources - people will always go off and develop stuff, and that's great and should be applauded and encouraged, but the question we've got to ask… is how much do you try to control and influence the informal stuff, or do you let people just get on with it? (LA8)

The volunteer support we got at grassroots just wanted to get out and volunteer. They didn't want to go to meetings, they didn't want to do minutes, they didn't want to have governance structures put in place. They just wanted to get out and do something, and actually, that worked great. But the moment you try and manage that in a way, that from a LA looks very logical because then you have a huge, potentially a huge amount of capacity that you can go to and say "can you do this for us?" but it never works because nobody will want to join a bigger organisation with all the gubbins that goes with it. (LA16)

In areas where relationships were established with mutual aid groups, training and information support like safeguarding were offered as well as spaces for sharing local intelligence. Where integration of mutual aid into response hubs was successful, this was enabled by embedding the autonomy of these community-led responses into the collaboration. While the support offered was area-specific, there are common issues that arose around safeguarding advice, referral of volunteers, requests for support and coordination between informal and formal responses. Other support included practical support, printing, access to mobile phones and a named contact for raising complex issues.

The key dynamics that enabled collaboration with mutual aid groups and other micro-level groups were the willingness of the LA and the VCS to be flexible, less rigid with its risk management and it seems to be heavily influenced by both relational working and embeddedness in neighbourhood:

It was very much relational, it very much about those link officers building those relationships with the lead person for each mutual aid group, but also very much respecting their independence in this. (LA9a)

In a number of locations, the co-productive nature of the collaboration created with the VCS facilitated the effective integration of micro-level groups into the response framework.

Building on response frameworks: taking new partnership models forward

The models outlined above represent an overall picture of the frameworks utilised across the country during the initial responses to COVID-19 and the subsequent national lockdown period. As highlighted in this report, cross-sectoral partnership models, utilising flattened, decentralised decision-making structures became a vital feature in how LAs tailored their support to local communities. These models marked either a distinctive departure from pre-existing frameworks or a radical speeding up or extension of tentative moves towards more collaborative coproduction frameworks that were being piloted prior to the pandemic.

It is important therefore to seek to understand in more detail why, when faced with such a significant crisis, this form of place-based collaboration came to the fore as the preferred model for community support and localised action. In particular they offer a frame for better understanding the types of structures and approaches adopted, the rationale behind these choices, and the conditions required for making them work.

While the majority of interviewees spoke of wanting to maintain these ways of working and to build on the lessons from the lockdown, there was growing concern that as the situation evolves processes and procedures will simply retrench to traditional organisational and decision-making models. As a consequence, it is important to understand what value was gained from these new models. In particular we would encourage LAs and their partners to reflect on the following key questions:

1. What was the framework that was utilised?
2. What were the key connections/relationships that made the framework effective?
3. What changes were introduced that enabled this framework to operate effectively?
4. What are the main threats and challenges to maintaining this way of working?
5. How can these be overcome, how can the framework be taken forward, and what are the strategies needed to enable this to happen?

More evidence is needed to evaluate the models and demonstrate how value is created. There is utility in further research work to develop an outcomes-based framework to monitor the differences the models make. Competing claims for limited resources may be strengthened by further evidence of the impact of partnership working, supporting infrastructure and the understanding the value of the features of the models. The overriding narrative points to the value of working as equal partners with the VCS, arising from their local knowledge, the speed of response, the inclusive collaborative network approach, community involvement, the reach and access to people needing support and the increased capacity. This is not a rigorous list and there is utility in further work focused on exploring the range of potential benefits.

The pandemic is accelerating long-term trends like co-production, the prescience of community and a sense of interconnectedness and interdependence across sectors. We believe that these new ways of delivering services are likely to persist; they have demonstrated their value in a particularly challenging context. There will be consequences of this change, foreseen and unforeseen, including increased

demand for better connectedness and the supply of the infrastructure needed to enable it. The challenge is therefore how to learn from what has worked well during the national lockdown and beyond and to understand what is needed in order to harness and build upon these developments as we move forwards rather than simply retrenching into conventional ways of working. This is what the next phase of the MoVE project will go onto to examine.

If you have been working on COVID-19 community responses and are interested in participating in the next phase of the research, or would like to know more about these and other findings from phase one, please contact Dr Harriet Thiery at h.thiery@sheffield.ac.uk

All three reports from phase one of MoVE, along with a series of blog posts on these findings, can be found on our online ecosystem. You can also follow us on twitter @Enabling_SA to keep up to date with the research.