

Findings from WY-FI COVID-19 Partner Survey

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West Yorkshire - Finding Independence
Delivering Fulfilling Lives:
Supporting People with Multiple Needs Programme

What's Changed (positively)?

- **Contact/ Support via mobile phone or virtual apps** which for some of our customers has made us even more accessible
- Designated staff who can visit beneficiaries in line with social distancing guidelines/ or where services have to be face to face.
- Organisation to provide beneficiaries with basic android phone to enable them to have contact with Navigators and access local services.
- All of our of New Claims / payment work via telephone and digital means, rather than a face-to-face intervention being required

What's Changed (negatively)?

- **Offices remain closed** due to Covid 19, beneficiaries and peer mentors unable to visit the office to interact with other beneficiaries or navigators and take part in group work
- Due to a digital / telephony approach some of our most vulnerable customers have struggled to access the service in this way. We have safeguarding measures in place to support our most vulnerable customers, but this has been a key challenge whilst the country is in lockdown

What's been revealed to work effectively?

Before COVID-19 Measures

- Navigator support is best delivered to beneficiaries at face to face meetings.
- Open office/ service policy where beneficiaries can drop in to connect with Navigators/Peer Mentors/other beneficiaries.

After COVID-19 Measures

- Virtual professional meetings can be undertaken effectively and reduce travelling time for staff
- Using online social spaces and involving service users in relevant forums e.g. coproduction and engagement in the Touchstone board.
- Having access to our own transport (minibus) to support beneficiaries

More or Less?

- **Telephone/virtual support to beneficiaries, increased use of technology**, providing phones to all service users, phone-based befriending network across the district
- Sourcing and delivering **food parcels** and microwave meals and microwave ovens to those that need them, **medication, naloxone kits**
- Being the link to other professionals (navigator service to drug/probation/ housing services)
- **Home visits, office visits**, accompanying beneficiaries to external agency appointments has virtually ceased
- **Group work across services has been put on hold**

What do we value in our work?

- Targets have assumed less importance
- Targets have changed - **Commissioners understand that targets maybe compromised but recognise the added value work we are doing re: response to Covid19.**
- Due to the on-going upskilling of staff we now have a workforce that is able to shift to new priorities quickly to cope with an increased demand.
- **Virtual meetings have reduced the importance of (and time spent travelling to) professional meetings**
- **Targets haven't changed**

What behaviours have changed, where?

- **An increase in anxiety from service users** has been dealt with by clear and regular lines of communication, regular updates on current government guidance, reassurance, calmness and increased contact via telephone and virtual apps
- **Whole organisational support for changed working.** More collaboration and creative ways of working between teams and organisations to reduce bureaucracy. Contingency planning has allowed more responsive and timely actions
- Better liaison and multi-agency communication has reduced stress and improved wrap around support for clients who are in crisis.

Collaboration

- **Statutory and charitable organisations pulling together more effectively.**
We have been working with different communities of interest in terms of geographical and cultural needs. This has shown many of the people requiring support are from BAME communities
- Attendance from local MP and councillors at CVS Peer Support Webinar
- We are seeing fantastic collaboration between ourselves, local authorities and specific agencies across West Yorkshire to again ensure our most vulnerable customers have the necessary safeguarding measures in place to support them. Again, these agencies are very specific depending on the area and **these partners are typically partners who we would work with prior to the COVID-19 pandemic.**
- We are part of **key alliances of statutory and Third Sector partners** to deliver during the pandemic and actively contributing in areas of; prevention and early intervention, crisis and acute care. Working with a mix as needs are identified, e.g. work around digital inclusion, test and trace and safeguarding/risk management.

Leadership

- **Throughout the whole organisation** from CEO to front line staff.
- Our organisation is leading the public and third sectors in working together to maintain the support for clients during the pandemic
- Individual **staff (and teams) have had to work more independently** than normal, they have been able to show leadership and effectively using their own initiative.
- In Jobcentres to support the demand of New Claims / payments during the early stages of the pandemic.
- We have adapted staff training, to adapt to new ways of working. **Individual staff and managers have enhanced communication across the organisation.** Ensuring the service users are involved in how we adapt and operate.
- **Local Council** have streamlined decision-making and provided emergency resources

What do we want to see in 10 years?

- A chance to end rough sleeping in England for once and for all
- **Health inequalities are reduced** - questions arise about adverse consequences to the economy and health services as a result of COVID lockdown response
- Smarter use of technology and a **higher % of our customers able to access services in a digital manner** – both having the capability and also the correct equipment.
- **More agile working** and a reduction in the carbon footprint by use of technology to reduce unnecessary travel.
- Innovation in pharmacological solutions for OST e.g. Buvidal