

# Risk and volunteering in real life

October 2020

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The second in this series of meetings aimed to look at risk and involving volunteers. In the end we had a more wide-ranging discussion about risk for volunteers, staff and participants. We did not reach specific conclusions, but the staff who joined us valued the chance to have the discussion, and said they really appreciated the chance to find out what stages everyone else is working through; they were able to share detailed information to support each other:

“I’ve found that now more than ever we as organisations [are] starting to talk to one another around supporting each other’s services so that the clients we support have access to all help locally.” (older people’s organisation)

There seem to be a number of factors involved for each organisation;

- the organisation's appetite for risk
- their facilities and staff capacity
- their role(s) in the local community

We started with practical discussions about risks of transmissions, and moved from there to risks to wellbeing and a consideration of how far we needed to judge risk for others or help them to inform themselves and let them take their own decisions. The summary below

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provides ideas and a basis for discussion and is entirely anecdotal. We have only had contact with a relatively small number of organisations including Time to Shine delivery partners and other older people's organisations across the city.

The discussion was informed by the announcement, 10 days earlier, of local restrictions in Leeds which **prevented** people meeting others in their homes or gardens and **advised** they did not meet people from outside their household in public places. Advice from Leeds City Council's Older People Commissioning around exemptions to the restrictions make it clear that charitable services can still go ahead if organised in a manner which maintains social distancing.

This briefing is based on discussions at a meeting on 6<sup>th</sup> October, telephone conversations and updates from staff received throughout recent weeks.

### **Appetite for risk**

This varied across organisations and individuals.

Those organisations which had been operational throughout as hubs appeared to have more appetite for risk, although perhaps it would be fairer to say that having remained safely operational, they are now clearer about how to continue to undertake activities and manage risk at the same time. Hubs had also been able to call on large numbers of younger volunteers which was one way they reduced the exposure of older volunteers to risk. There was some anxiety about how they might manage over the winter as many younger volunteers had been on furlough and would no longer be available.

There seemed to be some tension between front-line staff and boards / senior management teams (SMT) of larger organisations regarding what needed to be done or could be done safely. In general boards and SMTs were seen to be more risk averse.

These might reflect the same dichotomy staff are seeing expressed by older members who are either anxious about going out or who want to reject the new restrictions and continue to meet in cafes and other public places. It is apparent that some older people are reluctant to accept

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help, through garden visits for instance, because of both fear of the virus, or of breaking the new law. Others are expressing a degree of recklessness in terms of their behaviour, stating that rules won't stop them getting out and about, for them it's all gone on long enough.

There are issues around some staff and volunteers either having a health vulnerability themselves or caring for someone in the same position. This probably affects individuals in most organisations, both staff and volunteers. This will affect their personal appetite for risk.

### **Facilities and staff capacity**

Some organisations are continuing to plan to re-open limited indoor and outdoor activities. These include lunch clubs, some exercise classes and some one-to-one advice sessions.

Whether or not organisations are able to go ahead with these is predicated chiefly on their venues. The organisations currently re-opening activities have access to a large venue and are generally in control of the venue, often having sole use of it. Those organisations which have access only to relatively small buildings, or who rent from an organisation that is not yet able to reopen (eg church halls or other shared premises) are resigned to delivering one-to-one services for the most vulnerable with online activity looking like it might be the only option for the rest.

In terms of outdoor activity it seems like it will be possible for some organisations through walking groups, or walking meetings, and some organisations will continue garden visits, but these are unlikely to offer support to the most frail older people as the weather gets colder.

Staff capacity now seems to be the factor restricting the number of telephone befrienders available; some staff were working towards signing people off as friends, but the new restrictions have altered how this approach can be used. This means it may be difficult to offer support to individuals on waiting lists for befriending in the short term.

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Some organisations had been starting to work out if it was possible to use other facilities, for example working with a large local café to use their space to open for small groups of older people to get together in safe premises, but this will now be against guidance if not illegal.

Transport remains a limitation as discussed in a previous report. There continues to be no solution, and in fact the issue for some organisations has worsened as there are restrictions on lift sharing and the local provider of training for minibus drivers closed down suddenly at the end of the 2019 financial year.

### **Role in the local community**

Where organisations had a role as either the lead body for the local hub, or had been responsible for people's welfare from the start of the pandemic, they quickly organised systems and teams where they were able to work in a Covid safe way.

These organisations seem to be keen to continue to open activities for older people, although not all have control of facilities to be able to do this. They are also concerned about the availability of younger volunteers over winter.

Again, I am not sure whether this is related to experience(so have systems in place), size(larger organisations tended to take hub roles), or anxiety about returning to face to face working after a long absence.

We ended the discussion by looking at risk for individuals, considering whether a medical model would help people to make decisions, and thinking about how far we should go in telling people our organisations would make risk-based decisions for them regardless of their own preferences.

