Department
of Health &
Social Care

COVID-19 Guidance on redeploying workers and involving volunteers

Published 4 August 2020

Contents

COVID-19 Guidance on redeploying workers and involving volunteers 1

Purpose of this document 3

Section 1 – Alternatives to redeployment 5

Section 2 – Guidance on redeploying workers 7

- When should redeployment of workers be considered? 7
- Which roles should be considered for redeployment? 8
- How should redeployment of workers be organised? 8
- What are the safety considerations? 14
- What else should be considered before workers are redeployed? 15

Section 3 – Guidance on involving volunteers 20

- Introduction 20
- NHS Volunteer Responders 20
- Who is eligible for support on NHSVR? 21
- How to make referrals 21
- Safeguarding 22
- Volunteer support for health and care workers 22
- More information 22
- Formal volunteers on placement with providers 22
- Infection prevention and control, PPE and testing 23
- Recruiting formal volunteers 23
- Social distancing and volunteering 23
- What tasks can volunteers do? 24
- Checklist for employers 28

Section 4 – Infection Prevention and Control, Personal Protective Equipment and Testing 29

- Infection prevention and control 29
- Restricting workforce movement and minimising workforce transmission 30
- Personal Protective Equipment 31
- Testing 31

Purpose of this document

This guidance provides practical advice on how adult social care employers can safely redeploy workers and involve volunteers during the COVID-19 pandemic when necessary to help meet service delivery. Advice on restricting staff movement and reducing contacts for vulnerable individuals (see Section 4) should be considered before making deployment decisions.

The guidance is split into 4 sections:

- Alternatives to redeployment
- Redeploying workers
- Involving volunteers
- Infection Prevention and Control, Personal Protective Equipment and Testing

It is guidance only and does not amount to legal advice. Employers are strongly encouraged to seek independent legal advice on any legal or contractual matters including those relating to employment contracts.

This guidance is for:

- Managers of care home providers
- Managers of home care providers, including domiciliary care agencies, supported living and extra care housing services
- Staff in councils supporting the delivery of adult social care in their local area

This guidance will be updated regularly. If you have printed or saved this document please make sure you are reading the most up-to-date version, which is available on our 'Guidance from other agencies' webpage.

Section 1 – Alternatives to redeployment

Advice on restricting staff movement and reducing contacts for vulnerable individuals (see Section 4) should be considered before making deployment decisions. However, redeploying workers and involving volunteers, where it is safe to do so, can provide useful solutions for dealing with resourcing pressures.

Employers should remember that other options could also be considered, for example:

- Deploying professionals who wish to return to clinical practice in the NHS and social care. Arrangements for returning nurses, allied health professionals and social workers are determined by the appropriate professional regulator. Further information about nurses returning to work in social care is in Section 2.

- Inviting recently retired workers to return to work if they are fit to do so and have relevant experience.

- Recruiting new permanent workers. As part of our campaign to recruit new social care workers, DHSC has launched a new online platform for social care recruitment, Join Social Care, which will facilitate swift recruitment for registered care providers by helping them reach candidates looking to work in social care. Access to this platform will be through the everydayisdifferent.com website, where candidates will also be able to apply for advertised roles via DWP Find a Job.

- Recruiting temporary workers through agencies or other local partners, where it is safe to do so – for example by making arrangements for agency workers to work with only one care provider and not across multiple care homes.

- Transferring service users temporarily, depending on location. Home care providers may wish to consider whether it is more practical to take on other local providers' service users rather than redeploying workers. This may support more efficient deployment of workers, with geographic areas divided into zones and individual providers covering different zones. An advantage of this arrangement is that workers' travel time is reduced, enabling more time to be spent on care.

    - Some local authorities already have contracts or contingency plans in place that allow for this type of arrangement, which should be considered.

    - Where service users are transferred between providers, both providers must be confident that they are still receiving suitable care.

- When making decisions about the provision of care and support, it is important to consider the needs and preferences of the person receiving the care. Providers should seek the input and consent of people who need care and support and/or their families if there is a change to who will be delivering their care. Where a person may lack capacity (as defined in the Mental Capacity Act), it is important that a person's best interests and support needs are considered by those who are responsible or have relevant legal authority to decide on their behalf.

- Providers who are contemplating either transferring or receiving service users should consider the impact such arrangements may have on their own workforce. Employment rights of staff should be taken into account, for example, where such arrangements lead to changes to workflow, resourcing requirements and/or staff duties and responsibilities.

- Home care providers should consider advice on care groups and reducing contacts for 'clinically extremely vulnerable' and 'clinically vulnerable' people, which is available here.

Section 2 – Guidance on redeploying workers

The COVID-19 pandemic requires greater levels of cooperation between social care employers, local authorities and the NHS (as well as the voluntary sector - see Section 3). Employers and workers will need to work flexibly to maintain essential services, and advice on restricting staff movement and reducing contacts for vulnerable individuals (see Section 4) should be considered before workers are redeployed.

Each system will tackle this challenge from a different starting position and should take account of their local workforce and care home/home care supply dynamics, together with awareness of the capacity of unpaid carers and volunteers in the community, and any other private arrangements individuals may have, to continue to support local action.

This part of the document contains guidance for employers who are receiving workers and guidance for employers who are loaning employees. By employer this will usually refer to an independently run care provider, but in some cases could refer to a local authority, NHS employer or other organisation that employs health and care workers.

When should redeployment of workers be considered?

Employers themselves will have the best view of whether additional workers redeployed from other social care organisations are needed to maintain services. Employers should implement business continuity plans as far as possible before workers are redeployed from elsewhere.

The overriding principle is that, in an emergency, care workers and other workers should be deployed where they are most needed to minimise risk of harm. Employers should work with local authorities, neighbouring providers and the NHS to ensure this is the case.

Care home providers should take all possible steps to minimise staff movement between care homes, to stop infection spreading between locations, and home care providers should be working with other agencies involved in an individual's care and support to reduce the number of people going into a vulnerable or 'at risk' individual's home. In practice this means that, in order to reduce risk of infection, longer-term redeployment arrangements may be more suitable than short-term placements, and redeployed workers should be tested for COVID-19 before starting work for a new employer if they or a member of their household display COVID-19 symptoms (see Section 4 for further information on Testing).

Employers should seek agreement from workers before redeploying them to alternative providers. Employers cannot compel workers to work for alternative providers unless employment contracts explicitly state otherwise.

Care Act 2014

DHSC has published advice on easement of the Care Act 2014, as a result of introducing new legislation. When considering the possibility of using redeployed workers, employers should be doing so within the new legal framework. The advice can be found here. This guidance should be used in conjunction with the ethical framework for adult social care which can be found here.

Which roles should be considered for redeployment?

Employers may wish to consider any role that is required for the delivery of essential services as being suitable for redeployment.

Employers should not redeploy workers into any role for which they do not have the required skills, training, qualifications and experience.

How should redeployment of workers be organised?

Coordination

Employers should be open to conversations with neighbouring providers and the local authority. Strong channels of communication with these parties will help to identify where workers may need to be redeployed. Employers should consider infection prevention and control measures before making arrangements to redeploy workers – see Section 4 below.

Employers who identify a need for additional workers should consider:

- **Mutual support from within their organisation, particularly for large care providers**

  Employers should continue to consider redeployment of suitably trained and skilled workers within their own organisations. The Local Government Association has published guidance on redeploying workers in their employment law FAQs.

- **Working with neighbouring providers**

Employers are encouraged to come to arrangements on a bilateral basis with other local care providers where this can help to address shortages. Where the local authority is closely involved in the coordination of workers, they might also be involved. Advice on restricting staff movement and reducing contacts for vulnerable individuals (see Section 4) should be considered before workers are redeployed.

- **Liaising with their local authority**

  Local authorities will mainly have a role in identifying areas where there are worker shortages, rather than organising redeployment centrally. As they have an overview of local systems, some local authorities may opt to help initiate redeployment conversations. Employers should consult mutual aid plans established with the local authority if appropriate.

  We have asked all local authorities to review or put in place a care home support plan, drawing on local resilience and business continuity plans, which should be made public. Local authorities should be carrying out a daily review of the local care market (including all relevant data, especially on care homes), and taking actions immediately where necessary to support care providers.

  Additionally, local authorities, working with their Local Resilience Forums, should be:

  - ensuring their list of individuals in receipt of local authority-commissioned care is up-to-date and recording levels of informal support available to individuals.

  - working with providers to identify people who fund their own care and helping them to establish the levels of informal support available. It may be helpful for providers to share the number of hours of care they provide to help with planning, but they will want to satisfy themselves that it is lawful for them to share that information.

  - mapping all care and support plans commissioned by the local authority, to inform planning during an outbreak; supporting providers similarly to map those packages that are self-funded.

  - contacting all care providers in the local authority area to facilitate plans for mutual aid across the area where this is necessary. It is vital that this includes all providers, including those who mainly or solely deliver services to people who fund their own care, and is not solely confined to local authority- or CCG-commissioned services. The Care Quality Commission publishes information about all regulated care services on its online directory.

- considering the need to draw on local community services and primary care providers to support care provision and drawing up a plan for how and when this will be triggered.

- considering how voluntary groups can support provision and linking providers and the voluntary sector. See Section 3 for further guidance on involving volunteers.

- taking stock of how to maintain viable provision during the outbreak of COVID-19, including financial resilience. Over this period, councils have been advised by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) to pay providers on plan rather than in arrears, to help ease cash flow concerns. Commissioners and providers may wish to consider how this interacts with plans on redeployment of workers. The LGA, ADASS and the Care Provider Alliance have published further guidance on best practice actions on financial resilience, which is available here.

Data

The Department of Health and Social Care has worked with the health and social care sector to ensure that there is a system which supports a daily flow of data. Care home providers are encouraged to complete Capacity Tracker daily. Funding from the Adult Social Care Infection Control Fund is conditional on provision of regular information. The Care Quality Commission has also launched a regular data collection on Covid-19 related pressures from services which provide domiciliary care. Further information is available here. The Department encourages all care providers, where possible, to share workforce data with their local authority and other national bodies to inform national and local decision making, including the submission of data to Skills for Care through the Adult Social Care – Workforce Data Set and workforce surveys.

Working with the NHS

Clinical commissioning groups, NHS providers, local community services and primary care will be working with and supporting local authorities and care providers in the provision of care.

Arrangements will be coordinated locally, but community service providers should continue to:

- ensure their list of individuals in receipt of care and home support is up to date, establish levels of informal support available to individuals, and share lists with local authorities and care providers to ensure join-up.

- consider which teams need to extend operational hours or link to other services (such as out of hours general practice) to ensure the best possible care and maintain patients in the community.

- explore options for alternative care models, including tele-care and 'hub and spoke' models to provide advice and guidance to patients and potentially their families.

- take stock of how to maintain viable care provision during the outbreak of COVID-19. This includes developing joint plans with local authorities, home care and care home providers and primary care colleagues to agree how and when escalation processes can be triggered.

- support local authorities in planning around resilience, including plans to share resources locally in an outbreak of COVID-19. This should include workforce, including the deployment of volunteers where it is safe to do so, and where appropriate indemnity arrangements are in place.

- consider how voluntary groups that currently support NHS services could also support teams and specific individuals; make the links between those voluntary groups that currently support NHS services, care providers and local authorities. More information about involving volunteers is in Section 3 below.

Additional support for care homes

NHS England and NHS Improvement wrote to all CCGs, general practices and community health service providers on 1 May, requesting that primary care and community health services help to support care homes, building on the services already in place in much of England. This support should include:

- delivery of a consistent, weekly 'check in', to review patients identified as a clinical priority for assessment and care;

- supporting the development and delivery of personalised care and support plans for care home residents; and

- provision of clinical pharmacy and medication support to care homes, including facilitating medication supply and delivering structured medication reviews.

This support should be provided by a multidisciplinary team, working across general practices and community services providers, and will be delivered remotely where appropriate to reduce infection prevention and control risks. Care homes should have access to an identified clinical lead for this primary care and community health service support.

Community health services prioritisation and restoration

Some community health services were directed to release capacity to support the initial COVID-19 response, which means that some services stopped or partially stopped. Local services have since been directed to restore service delivery, reaching out proactively to patients whose care may have been delayed whilst ensuring they retain surge capacity to manage any potential future waves. More information about COVID-19 prioritisation and restoration within community health services can be found here, and more information about the second phase of the NHS response can be found here.

Discharge

On 19 March 2020 the Government published its guidance on how to organise the safe and rapid discharge of those people who no longer need to be in a hospital bed. The hospital discharge service requirements ask NHS organisations to consider redeploying social work staff from hospital settings to community settings to support discharged patients.

Nurses returning to care

In March, NHS England and NHS Improvement launched the Bring Staff Back campaign to ask clinical professionals to return to work during the Covid-19 pandemic, including registered nurses. We are committed to ensuring nurses are deployed where local systems need them the most, including social care. The nurse returners programme provides an important additional recruitment option for employers to help with nursing shortages as a result of COVID-19.

Further information about the nurse returners programme, including training and indemnity arrangements, is available on Skills for Care's website here.

Using new technology

Many areas will already have digital solutions in place to support the redeployment of existing staff and attract new applicants to social care. We would encourage providers and local authorities to work together to ensure the most effective use of technology to support local need.

Contractual arrangements for redeploying workers

Employers should consider the most appropriate contractual arrangements for redeploying workers. Employers should use a method that most quickly gets workers to where they are most needed, and that also keeps in mind the best interests of the worker.

It is likely that employers will rely on either a secondment arrangement or will set up a new contract with the worker. Each approach will have different advantages and disadvantages. For example, a secondment arrangement is more likely to be lighter touch and allows a worker to keep their existing terms and conditions. A worker on a zero-hours contract might be more willing to set up a new contract on similar terms with a new employer.

A secondment arrangement, if both receiving and loaning employers decide this is the most appropriate arrangement, has the following features:

- The worker remains employed by the loan employer and is seconded/loaned to the receiving employer. A secondment document should capture the terms of the arrangement in a light touch way.

- The worker would remain on their current terms and conditions, including pay. Receiving employers would have discretion to pay above usual pay (if it is felt that this is appropriate in reflecting the nature of new duties) and this would be reflected in a secondment document.

- Both the loaning and receiving employers should consider the most appropriate payroll arrangements for the duration of the secondment. Both employers should strive to ensure the arrangement they use ensures workers receive the right pay on time.

- If the loaning employer is paying the salary of a worker who is fulfilling the service arrangements of the receiving employer, it is advisable to agree a way to monitor costs and put in place appropriate clawback arrangements.

- Under a secondment, the loaning employer remains the legal employer and retains all associated obligations and responsibilities. Employers should consider setting out how responsibilities for managing seconded workers will be managed during the period of secondment - for example who directs the worker day to day, who handles sick leave or annual leave, who manages performance reviews and appraisals, and which employers' policies apply during the secondment.

Supplying workers to another company can attract VAT, and the company receiving a redeployed worker will need to factor this in. VAT would be based on the worker's annual salary. For example, a salary of £24,000, and therefore the monthly salary of £2,000 would attract VAT of £400.

It is important to note that the terms of any secondment agreement do not change the duties that already exist on employers in terms of employment law.

The Local Government Association has also published guidance on contractual arrangements, which can be found here. The Local Government Association's general workforce and HR guidance can be found here.

Timing and process for returning workers

Both employers should discuss the amount of time a worker should be loaned for and agree this with the worker. If a secondment arrangement is being used, the expected length of a redeployment should be specified in a secondment agreement document. This can include setting review points for both the receiving and loan employer to review how the redeployment is going, and potentially bring a worker back to the loaning employer.

What are the safety considerations?

Training, induction and supervision

Workers should not be redeployed from other settings unless they have the required training, experience and qualifications for the roles they will be asked to undertake. However, it is possible that a worker may need additional training on processes and procedures that are specific to the receiving employer.

For example, the receiving employer should consider the following:

- A suitable workplace induction to cover the specific requirements of the new workplace setting;
- Ensuring redeployed workers are aware of procedures - for example for safeguarding, documentation, record keeping, medication management, drug errors, no shows, falls, emergencies, fatalities, and COVID-19 response;
- Making clear the supervision arrangements for workers in the new setting;
- Maintaining mandatory training for employees where appropriate. See below for more information.

The need for additional training is the receiving employer's responsibility and should be based on an assessment of current skills and experience.

COVID-19 training package

Skills for Care has identified a modified training package which has been specifically developed to support employers, staff and volunteers to be deployed quickly to support

COVID-19 response. Redeployed workers can also access this training. This package of training is based upon the standard induction and training package and revised to be appropriate for the current circumstances. It will be free of charge to employers who access it through Skills for Care's endorsed providers.

Further guidance for employers, including a supporting statement from the Care Quality Commission and specific details on how to access this support, is available here.

The training, elements of which can be delivered while awaiting the employee's initial DBS check, will include:

- Care Certificate self-assessment, which workers can complete themselves with the receiving employer;
- Care Certificate knowledge eLearning;
- Core learning modules, such as:
  - Moving and handling people
  - Basic Life Support
  - Fire safety
  - Food safety
  - Health and safety awareness
  - Infection prevention and control
  - Safeguarding (specifically around isolation)
  - Medication

Infection prevention and control, PPE and testing

Employers should ensure that workers have the appropriate understanding of, and training in, infection prevention and control measures and PPE.

See Section 4 for further information on infection prevention and control, PPE and testing.

What else should be considered before workers are redeployed?

Starting work

As above, both receiving and loaning employers should as far as possible (whilst still complying with this and other government guidance and any legal/contractual constraints) be working on a principle of getting workers to where they are needed most as quickly as possible. However, both employers should carefully consider the practicalities of redeploying workers and may wish to seek independent legal advice to ensure that they fully comply with all contractual and other legal requirements.

Non-exhaustive issues for consideration before any redeployment of workers takes place include:

- **Pre-employment checks**

  In response to COVID-19, the Care Quality Commission (CQC) have advised that employers should exercise reasonable judgement when considering which pre-employment checks are required before new workers begin their duties.

  CQC have published guidance on Disclosure and Barring Service (DBS) and other recruitment checks, for providers recruiting staff and volunteers to health and social care services in response to COVID-19, which can be found here.

- **Disclosure and Barring Service (DBS)**

  In response to COVID-19, the Disclosure and Barring Service (DBS) has been working with the Home Office to put in place new temporary measures.

  The advice on DBS checks can be found here.

- **Data protection and data sharing**

  Check that any sharing of data relating to workers or service users is legally compliant with data protection legislation.

- **Working Time Regulations, 1998**

  Remember that under the Working Time Regulations, 1998, the 48-hour limit on average weekly working time includes hours worked at the receiving employer and other organisations (unless there is a valid opt-out in place).

- **Indemnity**

  Ensure that existing indemnity and insurance arrangements for employer and public liability are adequate to cover redeployed workers. Whoever is directing the work of

the worker, usually the receiving employer, will be liable for ensuring there is an appropriate indemnity in place.

- Health, safety and welfare of workers

  Receiving employers should ensure that the health, safety and welfare of workers have been considered, for example though undertaking risk assessments and implementing appropriate measures. Further information on the risk reduction framework is available here.

- **Practical issues**

  Receiving employers should ensure that practical issues have been considered before receiving redeployed workers, for example:

  - Uniforms
  - Security passes and IT access
  - Travel to and from work, including car parking
  - Risk assessments
  - Lone worker policies

Communication

Employers should ensure that changes to services are communicated both to workers and to service users and their families.

Workers

Employers should consider the following in terms of updating workers:

- Provide employees with regular updates of progress;
- Give employees the opportunity to ask questions, raise concerns and offer ideas;
- Give genuine and timely thanks.

The Care app

We have launched a new dedicated app for the adult social care workforce in England to support staff on the go. Under the new CARE brand, the Care Workforce app provides a single digital hub for social care workers to access relevant updates, guidance, support and discounts from their phone.

Service users and their families

Employers should consider the following in terms of updating service users and their families:

- Keep everyone aware of what is happening and keep records of contact and communication;
- Offer telephone advice and ask for confirmation when advice is heeded;
- Give warnings of:
    - Potential variations to service, including visit timings, visit duration, and workers;
    - Last minute changes to service and workers;
    - Changes to colour of uniforms.

Redeployment checklist

Social Care Employer receiving workers	Tick
Appropriate checks completed and information collected, including:	
• Appropriate level DBS check (see guidance above on DBS)	
• At least one reference check	
• ID check	
• Professional registration where relevant	
Appropriate indemnity cover is arranged	
Comprehensive information on the organisation’s procedures, and who to contact for advice, including:	
• Primary manager who can be contacted for general concerns and queries	
• Supervisor, who can be contacted during each shift (this person may vary each shift)	
• Emergency contact details (if different to contacts above)	
• Who to contact in the event of safeguarding concerns (if different to contacts above)	
Workplace induction completed	
Training requirements are identified and training is completed by worker	
Any PPE required to deliver allocated activities is provided	
Communicate to service users and/or families about any changes to who is delivering their care.	

Section 3 – Guidance on involving volunteers

Introduction

During the COVID-19 pandemic, volunteers may be crucial to building capacity and freeing up resource in the social care sector.

This section provides guidance on how to involve volunteers to support the delivery of care services during the COVID-19 pandemic, including NHS Volunteer Responders and volunteers directly supporting care providers.

NHS Volunteer Responders

Under the NHS brand, but supporting the whole of the health and social care system, we have launched the NHS Volunteer Responders (NHSVR) programme. This programme has been developed by NHS England in partnership with the Royal Voluntary Service and facilitated by the Good Sam app. Volunteers carry out simple, one-off non-medical tasks to support people in England who need help with accessing essentials or who would benefit from a friendly chat to help prevent loneliness.

There are four tasks that NHSVR can currently undertake:

- 'Community Response' – collecting shopping, including food medication or other essential supplies, for someone close to their home;
    - Community Responder Plus – providing support to individuals with cognitive impairment, such as dementia or a learning disability.
- 'Check-in and Chat' – telephone support to individuals at risk of loneliness as a consequence of self-isolation;
    - Check-in and Chat Plus – provide peer support and companionship to people who are shielding through regular telephone support with the same volunteer over several weeks
- 'Patient Transport Support' – providing transport to take patients home from hospital who are medically fit for discharge, and transport to essential medical appointments;

- ‘NHS and social care Transport Support’ – providing transport for equipment, supplies and medication between NHS/social care services and sites, assisting pharmacies with medication delivery.

The NHSVR programme has been developed to complement local level volunteering activity during the Covid-19 pandemic. We know that there are many thousands of local initiatives often set up on a street or neighbourhood basis doing great work to support vulnerable members of the community. To find out more about which volunteer groups are operating in local areas visit the Mutual Aid UK website or your local council website.

Who is eligible for support on NHSVR?

The support of NHS Volunteer Responders is available to anyone who:

- Has ever been advised to shield by a health professional.
- Is vulnerable for another reason, (for instance, due to disability, pregnancy, aged over 70, has a long-term condition such as Parkinson's or epilepsy, or are vulnerable due to a mental health condition).
- Is someone with caring responsibilities.
- Is self-isolating because they’ve been diagnosed with COVID-19 or have symptoms, or they’ve been in contact with someone who has.
- Has been instructed to self-isolate by the ‘Test and Trace’ service, because they’ve been near someone infected.
- Is self-isolating ahead of planned hospital care.
- Has been instructed to self-isolate following entry into the country.

The programme is also open to frontline health and care staff.

How to make referrals on NHSVR

Social care providers and local authorities are eligible to make referrals to NHS Volunteer Responders on behalf of their clients. They can make direct referrals through the NHS Volunteer Responders referrers’ portal or by calling 0808 196 3382 between 8am and 8pm. Alternatively, individuals eligible for support can self-refer by calling the self-referral telephone number: 0808 196 3646 between 8am and 8pm.

Referrals made from nhs.net or gov.uk emails addresses will automatically go live on the system. Referrals from other email addresses will take approximately 24 hours on average to be verified.

Safeguarding

All safeguarding concerns raised by volunteers are flagged to the Royal Voluntary Service safeguarding team. The safeguarding team will get back in touch with the referrer to advise them about the identified concerns, for appropriate local safeguarding action to take place. The NSPCC will also be contacted for safeguarding concerns about children.

People who self-refer are asked to provide contact details for their GP, who would then be contacted by the Royal Voluntary Service in the event of any safeguarding concerns.

The police and National Crime Agency would be contacted to address any criminal concerns about volunteers.

Volunteer support for health and care workers

If you're working in frontline health and care services, you can receive short term help from the NHS Volunteer Responders with your shopping and picking up your prescriptions.

NHS Volunteer Responders can help you with short term essential tasks. It's quick and easy to request support. Call 0808 196 3646 (8am to 8pm) to ask for support. You will need to provide an email address to request support, ideally a work email address.

More information

More information about how to use the NHS Volunteer Responders scheme is available on the Royal Voluntary Service website here.

Formal volunteers on placement with providers

Volunteers who have previous experience volunteering or working in social care and/or more time to dedicate to volunteering may choose to volunteer directly in health and care settings. This pool of volunteers may come, for example, from furloughed workers who are on temporary leave from their usual jobs, who can undertake volunteering activity outside of their own organisations, or from existing volunteers.

However, volunteers are not a replacement for an effective and high-quality paid workforce. If social care providers need additional support to help maintain services and

support the people that they provide care and support to, they should first look to recruit paid staff. We have launched a new digital option for social care recruitment. The new online platform will facilitate swift recruitment for CQC registered care providers by helping them reach candidates looking to work in social care. To gain access to the site providers will need to register with their CQC COVID-19 contact details. All registered providers are able to sign up now here.

If social care providers continue to need additional support beyond their paid workforce, they should then consider taking on formal volunteers.

Infection prevention and control, PPE and testing

Social care providers should refer to Section 4 of this guidance on infection prevention and control, personal protective equipment and testing before taking on formal volunteers.

Recruiting formal volunteers

Employers should continue to recruit formal volunteers via their usual routes. Locally, social care providers will be working in networks and communities and many places will have well-established partnerships with the statutory sector and the voluntary and community sector (VCS).

Employers can consider using websites such as Do-IT, Volunteering Matters, or Reach Volunteering, which prospective volunteers will be using to find opportunities. Organisations such as NCVO, British Red Cross and NAVCA are also taking a role in providing information about volunteering opportunities. Prospective volunteers may also contact social care providers directly.

Additionally, family members may also wish to volunteer to help look after relatives in the care sector and social care providers should help facilitate this.

Social distancing, face coverings, and volunteering

In domiciliary care, volunteers should follow social distancing and face covering guidelines. Many tasks can be done virtually, such as over the telephone. However, some tasks may need to be done in person, such as collecting and delivering supplies, and social distancing and face covering guidelines should be followed. For example, when delivering supplies, volunteers should knock on the door, leave the supplies on the doorstep, and step at least two metres back. Volunteers should not be going into a person’s home.

In residential care, social distancing may not always be possible where the volunteer is supporting in the accommodation setting. Employers should refer to the infection prevention and control, PPE and testing section below when taking on volunteers in

accommodation settings. Care homes should ensure that their volunteers are only deployed in one home. Guidance on how to work safely in care homes is available here.

What tasks can volunteers do?

There are lots of ways volunteers can support social care services. But when making decisions about the provision of care and support, it is important to consider the needs and preferences of the person receiving the care. Employers should seek the input and consent of people who need care and support and/or their families if there is a change to who will be delivering their care.

The following tables give examples of the sorts of tasks that are appropriate for volunteers at different skill levels. It is important to assess a volunteer's skills and experience when assigning tasks, using these tables as a guideline. The volunteers must have completed induction training and workplace induction (see onboarding and training below), and for almost all tasks must have a valid DBS check (see DBS guidance below).

Tasks for volunteers with no prior experience:

The following tasks do not require any prior experience in social care.

Category	Tasks	Setting
	Telephone befriending to check an individual's wellbeing and provide an opportunity for conversation and social connection	Domiciliary Care* – telephone
	Communicating with people to understand if they require any essential items e.g. food and medication	Domiciliary Care – telephone
	Supporting use of technology	Domiciliary Care – telephone Residential Care** – in person
Wellbeing and	Liaising with service provider if any further support is required by an individual	Domiciliary Care – telephone

telephone support		Residential Care – in person
	Wellbeing activities and engagement e.g. crafts, quizzes	Residential Care – in person
	Prompting individuals to eat and drink to support good nutrition and hydration	Domiciliary Care – telephone Residential Care – in person
Isolation support	Collecting and delivering food shopping	Domiciliary Care – in person, following social distancing with appropriate use of face covering Residential Care – in person
	Collecting and delivering medical supplies (e.g. prescriptions)	Domiciliary Care – in person, following social distancing with appropriate use of face covering Residential Care – in person
Ancillary support, housekeeping and maintenance	Supporting with the environment e.g. cleaning/laundry/housekeeping	Residential Care – in person
	Basic maintenance e.g. unblocking drains, taking bins out	Residential Care – in person
	Supporting with food and drink preparation and serving food	Residential care – in person

*Domiciliary care refers to care delivered in someone's home
** Residential care refers to care delivered in accommodation, such as care homes, nursing homes and assisted living arrangements.

Tasks for volunteers who have experience and/or qualifications

In most circumstances, these tasks should be undertaken by paid staff. However, where necessary, for example where someone's care needs cannot be met in any other way, these tasks could be performed by volunteers who have experience within the last six months of volunteering or working in social care. Additionally, the table sets out any training or qualifications the volunteer would ideally have to undertake each task.

Task	Required training
Supporting people to eat and drink via manual feeding	Competent care worker (ideally L2 qualified) or training/experience in Dysphagia
Personal care including washing, dressing, oral health, toileting	Competent care worker (ideally L2 qualified)
Supporting people alone, out of sight of a qualified care worker unless instructed	Competent care worker (ideally L2 qualified)
Supporting with complex and specific health needs	Competent care worker (ideally L2 qualified)
Assisting with and/or administering medication	Competent care worker (ideally L2/3 qualified) who has undertaken medication training within the last year and will be subject to assessment of competence first.
Dealing with clinical waste	Competent care worker (ideally L2 qualified)
Moving and handling including use of equipment	Competent care worker (ideally L2 qualified) who has undertaken assisting and moving training within the last year and will be subject to assessment of competence first.
Responding to emergency and first aid situations except to call for help	Qualified First Aider with induction on organisational policy

DBS checks

For information on who requires a DBS check and the process for getting DBS checks, please refer to guidance published by DBS and the CQC.

Onboarding and training volunteers

Employers should ensure their volunteers have completed the training package and workplace induction described below.

Skills for Care training package – Skills for Care has developed a training package for volunteers. This training will be delivered by Skills for Care's national endorsed learning providers who have reach in every region of England. All training will take place online. The training will cover:

- Adult social care,
- Roles and responsibilities,
- Whistleblowing,
- Equality, diversity, and person-centred values,
- Telephone support and communication,
- Pain and discomfort,
- Infection prevention and control,
- Food safety,
- Fluids and hydration,
- Health and Safety,
- Stress.

For further information on how to access this training for volunteers, visit Skills for Care's webpage on essential training here.

Cost **–** This training will be funded via the Workforce Development Fund. Skills for Care will provide funding directly to training providers. Employers will not incur any costs and do not need to make any payments to access this training for their volunteers if they apply for the training through the specific Skills for Care offer through their endorsed providers.

Workplace induction **–** In addition, employers must give all volunteers a workplace induction before starting. This should be a comprehensive introduction to the service and clients, ensuring the volunteer can ask questions and feel confident about their duties and deliver them safely. In accommodation settings, it should include orientation of the building, floor plan, fire points and exits.

Timescales **–** Volunteer training will take up to 1 day – 4 hours' training online and a workplace induction.

Safeguarding

If volunteers have any safeguarding concerns about individuals they come into contact with, they should raise this with their volunteer manager or, if this is not possible, their local council's safeguarding team. For more information about safeguarding adults, see your council's Safeguarding Adults Board website.

Checklist for employers

Social Care Provider	Tick
Appropriate checks completed and information collected, including:	
• Appropriate level DBS check (see guidance above on DBS)	
• References	
• Next of kin and emergency contact details	
The volunteer is given a written agreement confirming that they are volunteering under the direction on the care provider, and detailing what is expected of them, with a description of tasks and competencies. This should include any expenses policy the organisation has, and their whistleblowing policy.	
Check that you have appropriate indemnity arrangements in place which cover your volunteers	
Comprehensive information on the organisation's procedures, and who to contact for advice, including:	

• Primary volunteer manager who can be contacted for general concerns and queries • Volunteer supervisor, who can be contacted during each shift (this person may vary each shift) • Emergency contact details (if different to contacts above) • Who to contact in the event of safeguarding concerns (if different to contacts above)	
Workplace induction completed by volunteer	
Skills for Care training package completed by volunteer	
Communicate to service users and/or families about any changes to who is delivering their care	

Section 4 – Infection Prevention and Control, Personal Protective Equipment and Testing

When redeploying staff and involving volunteers, social care providers should follow Government guidance on infection prevention and control, PPE and testing, as they would for existing staff.

This section draws attention to the relevant guidance available to social care providers on infection prevention and control, PPE and testing. We recommend you read all guidance we have linked to in this section before taking on redeployed staff or volunteers.

Infection prevention and control

The latest guidance on infection prevention and control is available here. This guidance outlines the infection prevention and control advice for health and social care providers

involved in receiving, assessing and caring for patients who are a possible or confirmed case of COVID-19.

Restricting workforce movement and minimising workforce transmission

Care homes

Since the beginning of the pandemic we know that most care home providers have been taking steps that minimise the movement of the workforce in order to reduce the risk of asymptomatic transmission of the virus between members of staff and between staff and residents.

Given the evidence of the prevalence of asymptomatic transmission, it is strongly recommended that care homes do all they can to restrict staff movement wherever feasible. This includes ensuring that staff work in only one care home wherever possible. A full checklist of actions that care homes should consider taking to restrict staff movement is available here.

Home care

One way of reducing the risk of exposure to COVID-19 to individuals who are clinically extremely vulnerable is for providers to divide the people they are caring for into 'care groups' and allocate subgroups of their staff team to provide care to each.

Home care providers should also be working with agencies involved in the health and wellbeing of the people they provide care and support to, in order to develop a multi-agency plan to reduce the number of people going into an individual's home.

Where possible, contact between workers should also be reduced, for example through use of remote handovers, meetings and supervision.

Further guidance for home care settings is available here.

What does this mean for the redeployment of workers and use of volunteers?

We recognise that it will not always be possible to restrict movement of staff. In some instances, for example where a significant proportion of a provider's staff are self-isolating at one time, it may still be necessary for staff to be redeployed to another provider in order to ensure safe and effective care is continued. Where redeployment of workers is needed to deliver services, employers should consider infection prevention and control implications and measures that can be taken to reduce risk – for example:

- arrange longer-term redeployment, where staff work in only one setting, or with one group of service users, for the duration of the placement; and/or

- test new and redeployed workers for COVID-19, before they start work in a new setting (see below).

Where volunteers are needed, care homes should ensure that their volunteers are only working in one care home. Home care providers should ensure that volunteers are able to complete tasks virtually or while following social distancing guidelines. Home care volunteers should not be going into a person's home.

Personal Protective Equipment

Updated guidance for health and social care workers on personal protective equipment was published 21 May 2020 and covers what PPE should be used whilst providing care.

The guidance recommends the safest level of PPE to protect health and social care workers and specifies the type of PPE that should be worn in the various healthcare settings where patients are cared for.

Guidance on PPE should be followed for redeployed staff and volunteers in the same way as existing staff.

Further guidance on how to work safely in care homes is available here, and guidance on how to work safely in domiciliary care is available here.

Testing

Social care staff and volunteers, including those in residential care and domiciliary care, are included on the list of essential workers prioritised for testing. Capacity is available for any social care worker who needs a test to get one. Testing is crucial to prevent and control outbreaks, reduce the spread of the virus and protect the most vulnerable. Before taking up a new placement with a social care provider, redeployed staff and volunteers should be tested for COVID-19 if they or a member of their household display COVID-19 symptoms.

Staff and volunteers can apply for a test using the online self-referral portal available here, if they or a member of their household display COVID-19 symptoms. They will be able to choose between a drive through regional site or a home test kit. Care homes can also

refer their staff and volunteers for tests using the employer referral route available here. These tests will take place at the drive through regional sites or via a home test kit.

The Government has established a number of regional test centres at locations across the country. A maximum of four people from the same household can be tested in a car. If you order a home test kit it will be delivered to your home. You perform the test yourself following the detailed instructions that come with the kit. Royal Mail couriers will collect your sample. When you take your test, you will be told how your results will be passed to you. This may be by email or text or both. The aim is for results to be returned within 48 hours of tests taken at regional test sites and 72 hours for home tests.

If staff or volunteers test positive even though asymptomatic, or test negative but go on to develop symptoms, they should immediately follow the national guidance on self-isolation. Ideally they should be tested in the first three days of COVID symptoms appearing, although testing is considered effective up until day five.

Government also announced that everyone in England experiencing coronavirus symptoms can now be tested via the citizen portal. General public can access the test via here : https://www.nhs.uk/conditions/coronavirus-covid-19/testing-for-coronavirus/ask-for-a-test-to-check-if-you-have-coronavirus/

On 28 April 2020 it was announced that testing in care homes would be expanded to all symptomatic and asymptomatic care home residents and asymptomatic staff. This process was facilitated by the introduction of the “whole care home portal” on 11 May 2020. Care homes or Directors of Public Health can apply for whole home testing through the online portal to request test kits for their care homes. They can register online for all residents and care home staff regardless of symptoms. We prioritised testing for homes that specialise in caring for older people and those living with dementia in line with PHE and SAGE advice, as they are at higher risk of adverse consequences if they get the disease. From 7 June we opened up whole care home testing to all remaining adult care homes. This includes adult care homes catering for adults with learning disabilities or mental health issues, physical disabilities and acquired brain injuries. From 6 July 2020, retesting will have been rolled out to all care homes for over 65s and those with dementia who have registered to receive retesting. Repeat testing will be extended to include all care homes for working age adults shortly. Staff will be tested for coronavirus weekly, while residents will receive a test every 28 days to prevent the spread of coronavirus in social care. This is in addition to intensive testing in any care home facing an outbreak, or at increased risk of an outbreak.

NHS Test and Trace Service

The NHS Test and Trace service was launched across England on 28 May. Under this system anyone who has been in close contact with someone who tests positive for COVID-19 must isolate for 14 days, even if they have no symptoms, to avoid unknowingly spreading the virus. Close contacts could include household members and anyone who has been in direct contact, or within 2 metres, of the affected person for more than 15 minutes.

For care workers, three potential scenarios where a close contact could occur are:

- A staff member who has been caring for a person who has tested positive for COVID-19 or who has symptoms of COVID-19 while wearing appropriate PPE;
- A staff member who has been caring for a person who has tested positive for COVID-19, or who has symptoms of COVID-19, while wearing appropriate PPE but the PPE has been breached;
- A staff member who has been in close contact with anybody else who has tested positive for COVID-19 whether at work (most likely a colleague in communal areas) or in the community.

In the first scenario, in most cases, the member of staff will not need to self-isolate. These cases will be escalated to the local public health team for advice, but unless there are very specific circumstances around the contact, the staff member will usually be advised that they can continue to work as normal.

In either of the other two scenarios, the member of staff will need to isolate for 14 days in line with the advice to the general population. There is no need for other colleagues to isolate as well, although it is possible that if a staff member tests positive, they may have had contacts with multiple colleagues. Therefore, appropriate use of PPE when caring for residents or clients, and rigorously adhering to social distancing with colleagues and others when not providing personal care, are particularly important.

Advice from Public Health England is that measures taken to restrict movement of staff are important in stopping the spread of the virus. Use of care home staff from other settings, although discouraged routinely, may be necessary to support homes with staffing capacity issues as a result of the requirement for contacts to isolate for 14 days. These decisions should be based on a local risk assessment.

Further guidance on NHS Test and Trace is available here.

© Crown copyright 2020

Adult Social Care Group, Department of Health and Social Care

www.gov.uk/dhsc

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3

Where we have identified any third-party copyright information you will need to obtain permission from the copyright holders concerned.

OGL