

Moving from crisis to recovery - case study

This case study may be of interest to any third sector organisation who is having to adapt and learn as they go in uncertain times.

In 2020 and 2021 Evaluation Support Scotland (ESS) supported sixteen projects affected by the COVID-19 crisis to evaluate and learn about their response to the crisis to evaluate and learn about their response to the crisis. The aim of this support was to strengthen their response and their recovery, by improving what they do or guiding future plans and strategies. This work was supported by the National Lottery Community Fund.

Westerhaven is a project within The Health Agency in south-west Edinburgh and supports people affected by cancer diagnosis and life limiting conditions, including carers, family members and friends. During the Covid-19 crisis they moved all daily drop-ins, appointments, counselling, and groups to online platforms or over the telephone. Rossi, Westerhaven Project Manager, shares their experiences of learning from the crisis.

Why did we get involved in this peer learning programme?

We came on board because we expect to develop a blended model of delivery of our services and want to be clear about which aspects of our work should remain online and which should be prioritised to be delivered face to face. Our sense is that much of the online/telephone services have been quite effective in helping clients.

Our learning questions are:

- Which aspects of the online delivery/remote delivery should we keep?
- What difference did they make to clients? Which aspects worked less well?
- What should our service look like in the future?

What are we learning about our work through this crisis?

1) We have found a better way of doing drop-ins and appointments

Before the pandemic our drop-ins would have varied attendance and sometimes be attended by the same clients and not always for the intended purpose. We always found this a pressure on the team's capacity because we had no idea how many people would attend. We also found that having an appointment-based service where we know who was coming in and when made it easier to plan staff cover and we felt offered a better quality service to clients as we have dedicated time to spend with them individually.



Our capacity to support clients has increased. By removing the drop-in service, we are able to increase the **amount of check in calls** we provide to clients to around 30-50 a week compared to the 10 or so clients that attended the drop in each week.

Attendance at appointments has been much higher and “did not attends” are now extremely rare.



We have been gathering **informal feedback** from clients and recording this on salesforce and in case studies. Many clients state how the online or telephone service is much for accessible and flexible for them especially for those going through treatment as it means they can access our services from home when not feeling so well. Being flexible means, we can carry on providing services and support to clients into the very end stages of their illness as the barrier of having to physically come into the centre has now been removed.

2) We can reach more people online groups



Our **attendance figures** show that our online groups are engaging new participants and not only the regular attenders. We are having a broader reach though our online groups.



In conversation **we ask** clients if they would like to take part in an online group/course or wait until face to face is re-established - that number that want to wait is now fairly low. We also record this in salesforce so we can track client’s preferences.

How is this helpful to our organisation? Engaging our board

The evidence we have gathered will be used to report to the board on how and why service delivery may need to change going forward and not return to pre-pandemic ways.

Service planning

This evidence will guide us on what services should remain online, what services should be offered in person and what services should be offered through a hybrid model. We found that most clients under the current climate of high covid numbers, were happy to carry on with support online or over the phone but some clients (especially carers) were keen to come into the centre to see a worker face to face. Having the flexibility to offer both online appointments and face to face appointments provides greater choice to clients.

This process helped us think about what is currently missing that used to work well, such as peer support groups. These don’t seem to be as effective online so not only do we need to give them priority when returning to face to face but also see if there are ways we can adapt them online to facilitate more peer support.

Our tips for other organisations

- **Use tools like this [matrix](#)** - as a staff team we completed the RSA matrix to look at our services and think collectively as a team about what aspects of our service or service delivery we wanted to let go of, restart and amplify/continue doing online.
- **Take time to step back** – reflecting as a team was useful. We could have sleepwalked into doing things like we usually do. The pandemic has really given us the chance to think how we want to deliver our services and what's best for our clients.
- **Evaluation doesn't need to be big and formal** - you may already have a lot of the evidence you are looking for. We found we had gathered lots of stats and information that let us know about the demand for face to face and who we were reaching. We gather lots of informal feedback and case studies through our work which also provided us evidence..

Contact details

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