

Briefing: Impact of COVID-19 on Voluntary Health Organisations

April 2020

Introduction

VHS is the national intermediary and network for Scotland's health charities and other voluntary organisations with an active involvement in supporting people's health and wellbeing. These organisations are national, local, small and large and between them provide a wide range of direct health, social care and community services and support, often for the most vulnerable of people. The voluntary health sector has a strong focus on tackling and mitigating the effects of health inequalities and is rightly considered to be part of the wider public health workforce.

This briefing sets out the top-line results of research VHS conducted in late March 2020 by way of a short Survey Monkey sent to our network members. The results demonstrate the impact the COVID-19 crisis is already having on the health and wellbeing of people supported by organisations and on organisations' own ability to continue supporting people. It highlights the speed, creativity and flexibility that our sector is demonstrating as it responds to the crisis. It also shows the real need for additional resources – and fast.

The intention is that this briefing will be useful to policy makers in the Scottish Government, Public Health Scotland and to other agencies responsible for shaping policy and interventions during the continued COVID-19 outbreak. We hope this will foster stronger collaboration and partnership working between policy and decision makers and our sector. In the interest of disseminating the data quickly we have not set out any conclusions or recommendations, but plan to do so in some subsequent thematic briefings.

The research has provided us with a very rich source of data, as organisations were generous in their responses, for which we thank them. In principle, we are happy to share the raw data with others, so please contact us if you would like to discuss that.

We hope that third sector organisations themselves will find the briefing useful and take courage and inspiration from reading about the extensive ways in which our sector is rising to the challenges posed by these new and uncertain times.

Methodology

The Survey Monkey was sent to VHS's members and wider network by email and promoted via social media and our website. It invited responses from third sector organisations only. It was deliberately short as we knew organisations would have scant time to complete a long survey. There were four questions, each inviting a narrative response. Responses were anonymous.

We qualitatively analysed the 143 responses to the Survey Monkey. We have presented a typology of dominant themes to show the weight of opinion under each question and provided a brief summary to explain the theme and relevance.

The survey was conducted between Thursday 26th March and Tuesday 31st March.

Q1. How is COVID-19 and the current lock-down impacting (directly or indirectly) on the health and wellbeing of the people you support?

Key Theme	Brief Summary
Overall poor mental health, increased fear, anxiety and increase in suicidal thoughts.	Impacting those with existing mental health conditions but people who are normally emotionally resilient are experiencing an impact on their mental wellbeing because of the uncertainty caused by COVID-19 and lockdown. The disruption to people's routines and the stability that routine brings is exacerbating this.
Loneliness and social isolation	A loss in social contact is exacerbating poor mental health. People with strong social capital are now feeling isolated and this is worse for those who already lack social connections and are marginalised.
Lack of access to key services and support	COVID-19 has resulted in many key face-to-face services and support networks being closed. Some people used these services on a daily basis. Many people who rely on these services are now left without support or support is now digital which brings challenges and barriers.
Lack of access to clear information about COVID-19	Vulnerable people are struggling to understand what is happening, e.g. the lockdown situation and what that practically means (some people think it's a curfew and no one is allowed out at all), or about shielding and what this means. The amount of information and speed of change are contributing factors to the confusion.
Lack of access to healthcare for existing conditions	As NHS staff are redeployed to help with COVID-19 non-essential healthcare has been put on hold including the cancellation of a number of surgeries, treatments, aftercare and screening programmes. This is adding to the stress and anxiety of those with existing conditions, those self-managing conditions with support from healthcare professionals and those who have recently been diagnosed with conditions such as cancer.
Increase in poverty	Poverty has been exacerbated by a loss of income due to self-isolation, job losses and business closures. People are noting difficulty in accessing benefits and confusion around eligibility of benefits. The gig economy and people on zero-hour contracts are also experiencing a loss in income.
Lack of access to food	Due to stockpiling there is a general lack of access to food. People are reporting a lack of access to healthy food as it doesn't keep well and there is confusion

Key Theme	Brief Summary
	around how long lockdown will persist, which is exacerbating the situation. Some food banks are closing or people are unable to access them due to self-isolation or lack of support. There are also instances of vulnerable groups unable to get help to do shopping.
Digital exclusion	Many vulnerable people do not have access to digital technology or have no access to the internet, mobile phones, or phone credit. Some people don't know how to use these effectively. There are also issues around broadband bandwidth in rural areas. Some people are unwilling to use digital technology due to mistrust stemming from mental health issues.
Lack of access to appropriate social care	Social care providers may be closing down, and there is a lack of social care workers. Some people are being supported by new and unfamiliar care staff causing anxiety. There is a general focus on physical care which results in gaps in social and emotional care. There are general delays in access to social care assessment and social work.
Lack of respite for carers	Carers are reporting that there is a general lack of respite for unpaid carers living with those they care for, as services and support shut down. Some report being unable to fulfil caring responsibilities due to social distancing measures.
Increase in substance misuse including tobacco, alcohol and drugs	Due to the social distancing and isolation measures there could be increases in substance misuse as a coping mechanism.
Increased stresses on family relationships	Increase in domestic abuse, and guilt and stress at not being able to help and support loved ones
Lack of availability of transport	As community transport providers close and general transport provision is streamlined it is hard to access transport to get essentials to people, especially in rural areas.

Additionally, most respondents reported an increased demand for their services and the strain this was having on the health and wellbeing of their staff and volunteers. Many of the respondents didn't know what support from the Government they were eligible for in order to ensure their staff are paid and they can continue to deliver support and services.

Demographics who are supported
Asylum seekers Older people Children and young people People with long term conditions, including Parkinson's, cardiovascular, respiratory conditions, arthritis, MSK, dementia, Autism, M.E., Osteoporosis

Demographics who are supported

People living in rural areas
 Unpaid carers
 Visual and hearing impaired
 People requiring palliative care
 Care experienced young people
 Volunteers
 Mothers and new parents
 Homeless people
 People with addictions

Q2. How are you adapting your services/activities/support in response to COVID-19 and are there services/activities/support you have had to stop?

Some organisations have had to furlough all of their staff and for many of the respondents they have had to suspend all of their core face-to-face services and support. Only a few organisations had the capabilities to continue providing face to face services whilst adhering to social distancing measures. For example, an organisation that has provided food parcels to vulnerable people for the past 35 years at its premises has added social distancing measures including a one-way system and a 2-metre queuing system and processes to ensure staff keep apart from each other. A residential care provider for both young and older people has had to cancel all of their activities and have processes in place for people to stay in their rooms. They are currently relying on donated iPads and tablets to support residents to stay connected to families outside the care home.

Many of the respondents have either adapted their services in response to COVID-19 by providing them virtually or changed to delivering emergency support services to vulnerable people within their communities, service users and networks.

The following is a typography of how services, activities or support has been modified by organisations in order of prevalence.

Activity	Brief Summary
Providing support over the phone	Many organisations are developing helplines or growing their existing helpline capacity by repurposing staff to work on phone lines. One organisation expects to respond to over 7,500 calls over next 3 months. Some organisations are providing regular welfare calls, or morning courtesy calls and telephone befriending.
Utilising digital technology	A number of organisations are using digital platforms such as Zoom, FaceTime, WhatsApp, and Video-Blogs to provide a range of face-to-face services, virtually. This includes therapy, meditation, exercise, peer support, consultations, advice and befriending amongst other forms of support. Organisations are also using online tools to recruit, interview and train volunteers. Some organisations are also supporting people to use social media to stay connected with one another.

Activity	Brief Summary
Practical support	Organisations are repurposing themselves and offering food and medicine deliveries, meals on wheels services and general shopping support. One organisation is supporting the NHS by transporting samples and equipment from individuals in the community to hospitals. Others are providing vital community transport where this doesn't exist or where transport services have been cut down or streamlined.
Signposting	Some organisations are collating and sharing information about the support and services that are available locally for people. Many are developing local partnerships with other organisations including NHS, Local Authorities, and Health and Social Care Partnerships. A local Third Sector Interface is focusing on being a communication and resourcing point for community efforts and the public sector. Some organisations are producing regular printed newsletters in order to share information accessibly.
Providing information	Many organisations are supporting their service users to understand the latest information about COVID-19. Some are even producing guidance for individuals and NHS staff about specific conditions and COVID-19. An organisation that supports women in crisis situations has produced guidance and a safety plan that involves police and social workers at key stages to support women suffering from domestic abuse as a result of isolation measures.

Q3. If you had sufficient additional resources what else would you like to do to support people over the coming months? Tell us about the services/support/activities you could provide.

(Our analysis of responses to this question is combined with the responses to Question 4 below).

Q4. What approximate additional level of resource (£) do you think you need in order to continue/adapt your services/support/activities over the next three months?

Below we summarise what additional resources organisations need in order to continue or adapt their existing services/activities, and we summarise the average cost or cost band required to deliver this over the next three months. The aim of this section is to give Scottish Government and other funders an indication of the costs that organisations are facing if they are to meet the extra demands on them. We are producing a separate briefing with more detail about the responses to these two questions.

Activity	Brief Summary	Cost per organisation
Business Continuity Costs	A number of organisations do not have funding in the form of grants (or this is not their main source of funding). These organisations typically normally run services, shops or community cafés that provide income. Many have had to close down so organisations have lost income required to stay afloat. Some organisations are still providing remote services but still need to pay rent and other continuity costs.	£65-120k (There are some larger sums of money quoted but these are outliers and majority of organisations fall within this bracket)
Additional services, projects or activities	This includes producing information resources, providing delivery services, locality or demographic specific projects, online arts and culture projects, etc	£20-60k
Additional staff costs	Some organisations noted they need additional staff or additional staff hours (not to cover furloughed staff but to recruit additional staff).	Up to £15k
Helpline costs	Many organisations noted that their helplines were already at capacity and needed more resources to expand these services.	£15-30k
Capital expenditure	A number of organisations they require smaller grants to buy equipment to help them get online or buy iPads and digital technology for their service users (e.g. mobile phones). Some required a larger resource to buy things like an additional van for deliveries.	Up to 15k

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