# Simply Connect Project for Greater London Authority

## Impact of COVID on the VCSE Sector

## 2 June 2020

In March 2020 we were commissioned by GLA to complete a short project, to support the VCSE sector to deliver social prescribing and develop toolkits and resources to meet those needs.
In light of the COVID-19 pandemic the whole focus of our work shifted as we now considered the impact of COVID-19 on the VCSE sector, and support being provided for vulnerable people.

**This report has been shared with GLA, London Plus and is out with London based infrastructure organisations for consultation. We would love to hear your views too.**

**We would like to invite your feedback and comments on these recommendations before we present our final report to GLA.**

**EXECUTIVE SUMMARY**

COVID-19 has had a significant impact on the VCSE sector, and on social prescribing delivery. Never has the services of VCSE organisations been in higher demand, with many struggling for survival- balancing need against sustainability.

The impact of COVID-19 has highlighted the essential and unique role of the VCSE sector, we are now referring to as the 4th emergency service but has also highlighted its fragility too, with many BAME organisations being the hardest hit.

**Without more understanding of the constraints they are working within, recognition and investment into the sector, the social prescribing model is vulnerable.**

There is an unprecedented increase in demand for support to vulnerable people post-Covid. The increase in demand on the local VCSE sector right now is **more than three times its normal rate**, and the charity sector has **predicted losses of over £4 billion.**

Getting **funding into VCSE services** that are in high demand needs to be addressed now if social prescribing is to flourish. New clients are being referred to them as existing health problems are being exacerbated, and 'new problems are being created' – due to the COVID situation. Relationships breaking down; people being unable to grieve properly; routine and elective healthcare has been postponed."

Meanwhile the sector has had to quickly adapt to new ways of working, transitioning to online/remote delivery of their services, whilst also trying to support staff to work from home.

Many staff have been furloughed, so VCSE organisations are working with a much smaller capacity and reduced services. Larger organisations like Age Uk's, Carers, Mind, CAB, etc have adapted well to new digital ways of working, but there is still a significant skills gap for smaller charities.

Digital exclusion is also a key issues, with many vulnerable people not being sufficiently activated to go online and search for services, helplines have been setup by many VCSE and LA's to support people across GL to triage people's needs and refer them into community services. Many VCSE staff and volunteers are delivering personalised services to individuals which would normally fall within the remit of link worker. Link workers everywhere are at capacity and calling on the sector for support.

Through the **Recovery Phase** – but there is no one place to go to access this information across Greater London.

Many VCSE services have been limited or stopped altogether, making it difficult for Link Workers to know what services and support is currently available, or how to refer people into these now.

## New ways of working

The pandemic has been an inspiring time – public sector and charities have pulled together in ways we had only dreamed of before. Local Authorities across the country have taken the lead in supporting the most vulnerable, working closely with the VCSE sector and developing referral pathways into community services. There are great some examples of this across Greater London.

**Voluntary Infrastructure Organisations (VIOs) have become a key player in supporting the COVID response,** with many repurposing to become food drop-off/delivery centres and co-ordinating the food, medication, shopping supplies for their local borough, working closely with Local Authority partners. Helplines have been set up by local authorities, and CVS organisations to triage people's needs and direct them to community support, working closely with CVS and other key anchor organisations like Age Uk, Carers, CAB's etc.

## Volunteering

Volunteer Centres have played an essential role in meeting this demand, and expanding the capacity and work of traditional Social Prescribing. The huge surge in people coming forward to help is something to be celebrated, and needs to be harnessed so it can support residents through the recovery phase - but again investment into volunteer managing organisations is needed to do this.

Volunteers helping to triage people and refer them into community services, becoming community connectors - and supporting the work of Link Workers.

However the co-ordination and management of volunteers has been a huge challenge. Volunteer Centres have worked tirelessly to match volunteers to suitable roles, with teams working evenings, weekends and bank holidays to keep up with demand, often with no additional resource or funding to deliver this. Due to recent funding cuts, Volunteer Centres have even less capacity – yet their recent role and impact has been huge. Centres are finding it difficult to collate data and stats on the people they've supported as referral pathways and systems are often not in place and it is being managed on spreadsheets, existing system in many areas, so difficult to see the outcome of the referrals.

*Simply Connect are currently compiling research across GL on the numbers of vulnerable people supported by CVS and Volunteer Centres to share with GLA, to evidence the impact they have had in supporting the COVID response.*

In some boroughs there's also been confusion and overlap between existing Volunteer Centres' work and new crisis volunteer schemes - Mutual Aid groups, Council initiatives, or the NHS Volunteer Responders. Duplication of volunteering 'offers' has caused confusion with the public, with people not knowing where to go if they want to help, or need help.

**Social Prescribing has now largely become 'Social Help'**

The medicalised model of social prescribing – which following a GP visit -GP referral to the Link Worker – Assessment of need - Referral to VCSE Service has been somewhat turned on its head as people are no longer routinely visit the GP.

A new preventative approach to social prescribing has emerged targeting people before they get to the GP surgery, through community groups and At Risk lists from LA's and GP's. The VCSE are working closely with local authorities and NHS to deliver on this new approach to social prescribing – supporting people in their homes. CVS are playing a key role in helping to co-ordiante the VCSE response for vulnerable people.

Link Workers, the VCSE sector and volunteers are working much more collaboratively to respond to urgent and pressing needs of vulnerable people – **'What matters to me'** now is now having my basic needs met - like food, shopping, medication and emotional support, someone to talk to and check in on me. A great example of this is the Link Worker Forum facilitated by Croydon VA, which brings together link workers from across sectors to promote and share learning and support residents across the borough.

**THE RECOVERY PHASE – SIMPLY CONNECT RECOMMENDATINS**

**During the recovery phase, people who have been self-isolating and will need more (not less) support to reintroduce them back into community activities and this is where volunteer buddies, befrienders play a huge role. We need to be able to publicise pathways into those roles which are managed by Volunteer centres, CVS, AgeUk's and other VCSE**

**We need to invest in local infrastructure organisations to support the delivery of social prescribing to help them co-ordinate the community services and activities that are supporting the most vulnerable in our society**

**Local authorities need to build on the great partnership work that has already been done, looking at examples in Croydon, Sutton and Camden where local infrastructure have supported those most vulnerable through volunteers, and connecting them to local community services**

**We need a London wide portal to promote the work of local infrastructure and the pathways that already exist into local support, volunteer centres and community services**

**The online platform should showcase to public sector, commissioners and stakeholders the work that many VIOs have done to support vulnerable people during the pandemic, and highlight how this approach should be developed to support social prescribing.**

**What benefits will this bring going forwards?**

1. **Benefits to Londoners -** Achieves the Mayor's Vision of Making a social prescription available to every Londoner by promoting community services
2. **Benefits for the frontline charities –** Raises their profile and collects impact and evidence data captured to help support funding bids and the future sustainability of services.
3. **Benefits for health professionals –** On referral route into quality checked and verified community services and volunteering schemes across Greater London.
4. **Benefits for infrastructure** Raises their profile as a key player in the social prescribing field and increases their capacity to support the VCSE sector locally.