Volunteer responses to Covid-19 in the UK

Abstract

This article provides an insight into one district's voluntary sector response to the COVID-19 pandemic, using qualitative evidence from a rapid evaluation study with leaders of volunteer agencies. We picked out the information relevant to disabled people and the services they used as a way to provide a snapshot of the issues experienced during the various lockdowns, as well as participants' concerns for the future of volunteering in the UK.

Introduction

The extraordinary circumstances of the COVID-19 pandemic have heavily influenced the UK volunteer sector (Mak and Fancourt, 2020; Benton and Power, 2021). The response to rising inequalities during this time by voluntary providers - including community, councils and faith organisations - was rapid and complex. This has meant that providers had to adjust their activities and scope, harnessing social networks and connections, and using local knowledge and social trust, in order to effectively collaborate (Mao et al., 2021). These transformative actions have worked to strengthen the support infrastructure as well as increase community identity and cohesion.

The aim of this project was to investigate the experiences of those delivering place-based services in ANON, in particular how they responded to the inequalities around COVID-19 pandemic exposure. We wanted to explore whether their responses have led to transformative actions, as well as finding out their longer-term needs, in order to inform future pandemic response to work towards better, more equitable outcomes for all.

Twenty leaders of voluntary services serving various groups agreed to be interviewed in-depth. The study adhered to ethical principles and was given ethical approval by ANON. We found that the discussions could be themed into the following: 'immediate response', 'transformative actions', 'future concerns' and 'lessons learned'.

Immediate Response

All of the participants mentioned the change in demographic of volunteers offering to help, as well as the needs of people served. The leaders found that their existing volunteers were from groups who were told to self-isolate, and that volunteers coming forward tended to be professional people who were furloughed from work places and who had more time to spend, as well as people who were retired from the NHS particularly, ex nurses or doctors. Immediate activities involved accessing shopping and prescriptions for people who were isolating:

> So early on, we put our telephone number, the vicarage telephone number, out to the community to say if you're in need of any support, or you need shopping doing or you need prescriptions picking up. And also, if you're willing to volunteer to help, let us know. So I was inundated with requests for help and offers of help from people. (P1)

Transformative Actions

Although many services were centring their efforts on providing emergency help, there were other planning activities going on, including moving some services to online, planning work according to the government guidance, diversifying services - such as starting new initiatives and including hubs for welfare advice and crisis support within their provision, accessing and moving to new premises, and bidding for funds to support these:

> *We've transferred many things onto Zoom. I launched retirement planning courses that also include things like your wills and powers of attorney, just as we went into lockdown. I've now transferred those digitally. And we've just finished our first ones. And we've just received some funding to provide those courses from the building society actually, to provide those courses for people that can't afford to pay. So again, it's being adaptable, you know. [P5]*

The participants described many transformative actions, such as setting up new systems and ways of working that they intend to continue, including working collaboratively with others, as well as utilising online technology to simplify referrals and volunteer planning:

> *A major piece of work was setting up a web-based system online - matching up a volunteer with someone who needed help. We helped with that, it's about shopping, befriending, prescriptions. The NHS has an ICC (Integrated Care Communities) lead and she very quickly put together a spreadsheet of what local services are offering, which shops are doing food delivery, which tradespeople are offering services, if you need help how can you get it? Making sure everyone has the information that they need. That sort of thing has probably saved lives, because of how quickly it happened, and we all added to it. (P14)*

The voluntary service, with their unique community knowledge, picked up a lot of work from other agencies. The increased workload and the 'need for urgency' resulted in many paid staff working much more than their weekly hours, and this has caused strain for many:

> *I've been open ever since March - I've not had a break or an annual leave day or anything since March. And I said to my boss, and I'm actually quite exhausted. Now. I've been unwell, this week, and, you know, I need a break. (P13)*

Future concerns

There were many comments showing concern about individuals who are not getting the support they need, and suggesting reasons for this. These included homeless people who had been housed but not given other support, people who are unable to get online due to digital exclusion, and those with mental health conditions who find it difficult to engage:

> *Last week my colleague was talking down someone from suicide, he already had mental health issues before the pandemic, but now he is living on his own with no contact anywhere, and it's made him suicidal again. (P13)*

Sustainability of core funding was seen to be a huge challenge going forward for all services - with some services feeling as though they may have to close down entirely due to lack of funding:

> *One huge problem is funding something for one year or two years on a rolling contract. Well, it takes you many months to get staff recruited and trained and in place, and those are jobs. And then if it's a two year project, the last six months are wasted because the contract's going to come to an end. So even if something's working really well they may re-tender it and give it a whole different name and all. [P4]*

Lessons Learned

The participants described many positive lessons that came out of their experiences. Much of this was about the way the voluntary sector had gathered together resources and worked together to support people in need, but also there were positive insights into the benefits for everyone of working in this sector:

One thing people don't realise as far as a volunteer and how rewarding it is! Because, you know, it's nice to be part of the community. Yeah, of course it is. I mean, it's beneficial for everyone. It's beneficial for the volunteers and the people that are helped now. [P5]

In the voluntary sector there is a lot of competition traditionally, we are all bidding for money. All that's completely gone away, organisations still want to stay alive but there is collaboration, as long as people get the help they need then it doesn't matter who is doing it. Very different sectors coming together to offer support people is really good. Now that we've done it and we've realized we can do it, there's no going back, I can't imagine that silo working ever coming back. [P2]

Conclusion

The voluntary sector in the UK, working closely with Local Authorities, has rapidly responded to the pressures of the pandemic, including supporting the Government directive to implement Community Hubs in each local authority. It was able to do this because of the strong well-established voluntary services infrastructure - even though this has suffered from many decades of significant funding cuts, dismantling of services and rising health inequalities, poverty and deprivation. The documented outcomes appear to be: reduced duplication of effort; shared understanding of customer needs (social and geographical); greatly enhanced partnership working and a culture of delivery 'at pace'; greater trust between voluntary services and local authorities and other partners. Many of these documented outcomes are demonstrated in our participants' experiences.

What was most striking from these interviews was how important each community group is to the people it serves, particularly in times of crisis. This is due to the significance of their unique service model, distinct skills and vital knowledge of the community. The services stepped up to the needs of their communities, responding to the changing necessities over time, working together to provide holistic, joined-up provision.

The literature demonstrates the benefit of volunteering for individual wellbeing, as well as community cohesion and identity (Bowe et al., 2021), and much of this is evident in the words of our participants. It is clear, that these services are resilient, enduring, flexible and compassionate in their work – and this has a direct impact on the lives of the people they serve.

References

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