

## The impact of Covid-19 on the health and care voluntary sector

The health and care voluntary sector continues to provide invaluable information and support to millions of people with long term conditions as statutory health and care services refocus their efforts on COVID-19. By providing a listening ear when people need it most, signposting and advocating for the right support, delivering accurate and trusted information and advice about the virus itself or connecting to people who are experiencing similar challenges, our members are on the frontline of combatting COVID-19. The Arthritis and Musculoskeletal Alliance (ARMA), Neurological Alliance and National Voices asked it's members about the impact of the coronavirus emergency on their services and their income. 40 charities responded between 17<sup>th</sup> April and 13<sup>th</sup> May 2020.

### Key findings:

- 77% of respondents reported a slight or significant increase in demand for their services
- 28% of respondents to the Health and Care Charity COVID-19 impact survey predicted at least a 40% drop in their fundraising income over the next 12 months. A further 33% predicted between at least a 25% drop.
- Respondents estimated an approx. 30% reduction in activities during COVID-19. Key workstreams that have reduced include research programmes, core support services, cancellation or postponement of fundraising events, postponement of NHS service improvement programmes, halting of support worker training and the cessation of peer support groups.
- 45% of respondents had furloughed staff or were about to. Of those who intended to furlough staff or had already done so, approximately 50% of staff were on furlough.

### Key themes

- **The health and care voluntary sector is central to combatting the virus and supporting those facing unique challenges during the pandemic**

Our survey found that 77% of respondents reported a slight or significant increase in demand for their services, as shown in figure 1. Our member organisations are playing a significant role in supporting the estimated 15 million people living with a long term condition. Many of these people are extremely vulnerable to the virus and are 'shielding'. Many have had their routine NHS and social care disrupted significantly as the health and care workforce have been redeployed, treatment and care regimes have been slowed or stopped, and Care Act easements have taken hold.

Health and care charities are stepping in and up where NHS and social services are simply unable to.

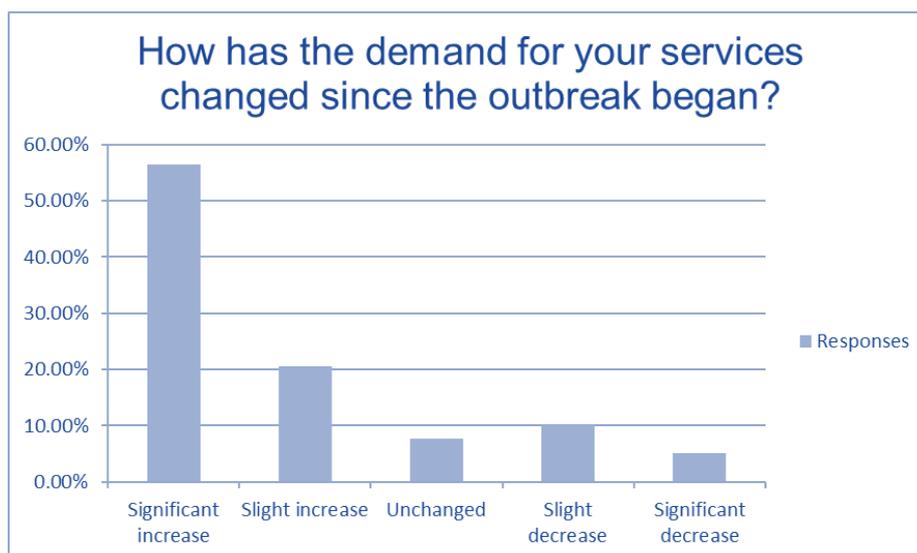


Figure 1: Responses to the Health and Care Charity COVID19 Impact survey on how demand for services has changed during the COVID-19 outbreak

Respondents to the survey provided multiple examples of how demand for their services had increased during the outbreak:

**“Calls and emails to Helpline 4 times higher in March than February. 50,000+ visits to our Covid-19 pages on the website in first 4 weeks.”**

**“Traffic to our charity website has been significantly higher, spiking with as much as an 800% increase on days we published updates to our COVID-19 information and guidance. This caused our website to crash on multiple occasions requiring an upgrade to our web hosting services!”**

**“To assist people hardest hit by the crisis we have launched an emergency assistance fund, awarding one-off cash grants to those in need.”**

**“Our Helpline demand has grown by 150%”**

**“600% increase in contact to our helpline in one month”**

Patient groups also provided multiple examples of the unique challenges their beneficiaries are facing. This included members of the Deaf communities who are alone / isolated and use BSL have been cut off from their local GP and gone on to visit consultants where registered BSL interpreters were not booked (a regular occurrence). Another example included those experiencing coughing or sniffing tics, who have been victim to verbal abuse from the general public.

More generally, respondents reported considerable confusion about who was at a high risk of contracting a severe form of the condition, whether people ought to be ‘self-isolating’ or not, and how they could access support to access routine treatment and therapies, as well as food.

The health and care voluntary sector therefore have an in depth understanding of the impacts of Government policy, as well as how the virus is changing the lives of the most vulnerable. With such insight, not only is the sector providing much needed services, information and advice where the NHS and care providers cannot, but they are also critical to building back better as we emerge from this outbreak.

- **The health and care sector has innovated and adapted quickly in order to maintain their services and meet increased demand**

Like so many other sectors, the health and care charity sector has undertaken a significant transformation in order to meet increased demand.

Multiple respondents to our survey provided examples of how they had adapted their services to enable people with long term conditions to connect with one another, as well as self-manage their condition as best possible. These are shown in

**“National services like our helpline had a period that was resource intensive as we had to quickly move some services online and launch new services and respond to a peak of enquiries”**

**“Within the last week we have produced physical activity info to keep people moving during the lockdown, this was done in conjunction with Parkinson's physios, they will also be running online exercise classes. We also developed a new private community Facebook group for peer support that gained over 1,000 followers in a week.”**

**“We’ve set up a brand new free 24/7 online BSL interpreting service, for use in any health setting by anyone to ensure that Deaf BSL users can overcome some of the barriers caused by face masks, social distancing and so many health services moving to phone-only. We’re paying for it out of [our] reserves.”**

These examples of innovation are to be celebrated, but they are in many cases not sustainable. Moreover, the ability for charities to ‘digitally transform’ is variable, depending on the skills and support they can access in order to do so.

- **The health and care voluntary sector is particularly hard hit by COVID-19.**

Health and care voluntary organisations are reporting unprecedented predicted falls in their income. 28% of respondents to the Health and Care Charity COVID-19 impact survey

**Key impacts of CV-19 on people with long term conditions:**

“The sense of fear that is always present when you have a child with epilepsy has intensified... Long awaited hospital tests and operations have been put on hold and they worry that emergency services/treatment won't be available should they need them, ambulances, oxygen, etc. The sense of isolation has been magnified. Self isolating families report children with additional needs/challenging behaviour are crucifying quality of life which parents are finding extremely difficult to manage.”

“The longer the restrictions last the worse the implications will be for those we support and for us as an organisation. NHS CHC assessments have been paused, care packages are under strain and mental health of people with MSA and carers is likely to be badly impacted.”

“Treatment of the condition is reliant on routine monitoring, failure to treat resulting in progressive deterioration and death. How and if patients can access this during lockdown is unclear.”

predicted at least a 40% drop in their fundraising income over the next 12 months. A further 33% predicted between a 25-40% drop. In Cancer52's survey of its membership, six members had seen their income drop by less than a half, and nine members had seen it drop by more than 50%. A further respondent had seen their fundraising fall but were unsure how their other income streams would be affected. Two more members were expecting to see big income drops in the near future.

Much of the work undertaken by the sector is not funded by the statutory health and care system. The sector is therefore particularly reliant on other forms of fundraising. With shops closed, major fundraising events cancelled and community fundraising slowed, generating income during COVID-19 is exceptionally challenging.

There is also a fear that the sector's ability to raise funds in the current environment will be particularly challenging due to a broader public fundraising focus on the NHS. This was well illustrated by one of the respondents to the Health and Care Charity COVID-19 impact survey:

**“I am very proud of the way our team has reacted to the unprecedented challenge in being able to increase support for those who need it. We do not receive any statutory funding and therefore rely on people we help to raise adequate funds to support our work. Going forward my wider concern is future income. I fear that strong media focus will encourage Trusts and those wishing to raise money for good causes to solely fund/split funds to NHS initiatives; resulting in detrimental impact on charities income streams”**

Cancer52 members were asked if they had enough resource to cope with increase in demand – one did not, and eleven (61%) had the resource to cope but only in the short term. Six said they had the resource to manage. When asked what resource was needed to manage increases in demand, nearly all those who responded mentioned the need for additional funding or income. Some pointed out that income had dropped meaning they needed to reduce staffing hours or furlough staff. One member needed to purchase new IT equipment to allow staff to work from home which they estimated would cost £11,000, while another needed an extra two days per week staffing a week to cover their helpline. Another member said they would need an additional £5,000 a month to make up for lost fundraising income and to cover staff salaries, and another estimated needing an additional £4,000 to cope with increased demand. One member mentioned that while they could cope financially, they were worried about the increased work load on staff and whether they may lose staff members in the future because of this.

In addition, many of those who volunteer their time for health and care charities are likely to themselves vulnerable to the virus or be close to someone who is. 37% of those who have volunteered recently report that they started volunteering because the cause was really important to them.<sup>1</sup> In addition, people aged 65 and over are the most likely to have volunteered recently with 45% saying they had volunteered in the last year. Similarly, people in this age group were most likely to volunteer frequently (35%).<sup>2</sup> The health and care sector have therefore lost many of their volunteers too.

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<sup>1</sup> [https://www.ncvo.org.uk/images/documents/policy\\_and\\_research/volunteering/Volunteer-experience\\_Full-Report.pdf](https://www.ncvo.org.uk/images/documents/policy_and_research/volunteering/Volunteer-experience_Full-Report.pdf)

<sup>2</sup> [https://www.ncvo.org.uk/images/documents/policy\\_and\\_research/volunteering/Volunteer-experience\\_Full-Report.pdf](https://www.ncvo.org.uk/images/documents/policy_and_research/volunteering/Volunteer-experience_Full-Report.pdf)

In this context, it is understandable that despite increases in demand, many respondents to the Health and Care Charity Impact survey said that they had had to strip back a significant proportion of their work. Respondents estimated an approx. 30% reduction in activities during COVID-19. Key workstreams that have reduced include research programmes, core support services, cancellation or postponement of fundraising events, postponement of NHS service improvement programmes, halting of support worker training and the cessation of peer support groups.

Thankfully, the overwhelming majority of respondents to our survey (92%) said that it was either unlikely or very unlikely that they would be forced to close due to financial difficulties experienced as a result of Covid-19. Clearly however, support is needed for a the minority of charities who face closure, to ensure they can continue to provide vital support during these unprecedented times.

- **Current Government support fails to meet the unique needs of the health and care charity sector**

Many charities have taken up the furlough scheme to help manage shortfalls in fundraised income. The Directory of Social Change surveyed readers of its daily e-news bulletin about access to key sources of Government support. Over half of those that replied had taken advantage of the government's job retention scheme. The Health and Care Charity COVID-19 impact survey found that 45% of respondents had furloughed staff or were about to. Of those who intended to furlough staff or had already done so, approximately 50% of staff were on furlough.

However, placing staff on furlough is not desirable for many health and care charities when demand for support has increased so substantially. Calls to allow furloughed charity staff to volunteer back for their employer to keep services going have been flatly rejected by the Government due to fear of fraud. In many cases however, this results in health and care charities losing highly trained support staff, right at a time when they need them most.

The Government has made billions in loan finance available too, which charities are able to access, but the DSC survey shows this is not being utilised by charities. Just 6% of respondents had applied for loans from the Coronavirus Business Interruption Loan Scheme (CBILS), with only 2.3% indicating they had received a loan, and just under one fifth indicating they were not eligible for this scheme. With income so precarious, charities are reluctant to take on finance when they have no idea when fundraising and other funding streams might recover.

On 22 May, Minister Nadine Dorries announced £22 million in cash grants awarded to mental health, ambulance and other public health charities. This package is part of £750 million unveiled by the Chancellor in response to COVID-19 on 8 April. We understand that the Department of Health and Social Care has worked to ensure that funding reaches where it is needed most as soon as possible, with the aim for charities to receive money later this month. At the time of writing however, it is unclear as to how the Department has assessed in detail the needs of the health and care charity sector.

- **We need a strong and diverse health and care charity sector in order to build back better from COVID-19**

The health and care charity sector is central to recovering from this. Of course, the experiences of people with long term conditions must to be central to our efforts to rebuild NHS and care services – after all, people with long term conditions and those closest to



them have felt the impacts of this virus perhaps more so than most. With unparalleled insight into the daily lives of people with long term conditions, the health and care charity sector is central to enabling that to happen.

## About us

**The Neurological Alliance** is a coalition of more than 80 organisations working together to transform outcomes for the millions of people in England with neurological conditions – disorders of the brain, spinal cord or nerves. One in six people in England now have one or more neurological conditions. According to the latest estimates, the total number of people with a neurological condition in England has now reached 16.5 million.

With more than 140 charity members and 20 professional members, **National Voices** is the coalition of health and social care charities in England. Together our members work for a strong patient and citizen voice in health and care, and services that are built around people. As a membership body in a strong position to influence policy and practice, we promote the vital work of voluntary organisations in improving people's health and care. We establish networks between not-for-profit organisations, professionals, and people who use services at all levels of health and care.

**ARMA** is an umbrella body bringing together patient organisations and professional bodies representing the breadth of musculoskeletal health. Our vision for musculoskeletal (MSK) health is that the MSK health of the population is promoted throughout life and everyone with MSK conditions receives appropriate, high quality interventions to promote their health and well-being in a timely manner.

## Appendix

### The Health and Care Charity COVID-19 Impact survey questionnaire

1. What is the income of your organisation?

- £0 - £200,000
- £200,000 - £500,000
- £500,000 - £1 million
- £1 million - £3 million
- £3 million - £10 million
- £10 million - £30 million
- £30 million +

2. How has the demand for your services changed since the outbreak began?

- Significant increase
- Slight increase
- Unchanged
- Slight decrease
- Significant decrease

3. Please describe any changes in demand for your services:

4. Are you aware of any unique challenges your user group may face as a result of COVID-19?

- Yes
- No

5. If so, please describe the particular challenges your user group may face as a result of COVID-19.

6. What is the likelihood of your organisation being forced to suspend or reduce support as a result of

financial difficulties due to COVID-19?

- Extremely likely
- Very likely
- Likely
- Unlikely
- Very unlikely
- Extremely unlikely

7. What is the likelihood of your organisation being forced to close due to financial difficulties as a result of

COVID-19?

- Extremely likely
- Very likely
- Likely
- Unlikely
- Very unlikely
- Extremely unlikely

8. What areas of your work are most affected by remote working?

9. What reduction in fundraising income are you anticipating in the next 12 months? We appreciate that this information is sensitive and answers will be treated in confidence and used in aggregate.

- No reduction
- 10% or less
- 10-25%
- 25-40%
- 40%+
- We don't know yet

10. How much of your organisation's work has been paused, stopped or delayed due to Covid-19? Please indicate a percentage (even if rough).

11. If possible, what is your estimate of the total cost (£) of a pause or delay of at least 6 months to your organisation's work?

12. Has your organisation furloughed staff as a result of COVID-19, or does it plan to do so soon?

- Yes, we have furloughed staff
- Yes, we intend to furlough staff soon
- No, we do not intend to furlough staff
- We have not yet decided

13. If yes, please provide an estimate of the proportion of staff that are likely to be impacted (%):

14. Is there anything else you would like to add?