

Enabling the Voluntary and Community sector to support people beyond the COVID-19 pandemic



Friends of Chichester Hospitals

Recommendations for sustaining the Voluntary and
Community sector organisations contribution to the
health and social care landscape

#BeMoreHumble

September 2020

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Executive Summary

The COVID-19 pandemic has and continues to cause disruption, changed all our lives and life remains unstable and uncertain, yet the response by the Voluntary and Community sector (VCS) has amplified the compassion, care, and humanity of the sector and our communities.

This report highlights the experience of VCS leaders as they have worked through the COVID-19 crisis. It is also inclusive of their work and engagement with the statutory sector. It details innovation, dedication, partnership working and strong leadership and although many stopped delivering services in their usual way, they continued to support staff, volunteers, and service users. The sector responded with speed and efficiency redeploying and setting up remote working for staff and operations, ensuring that this complied with appropriate policies and procedures.

It is important that the work carried out by the sector is promoted as it *champions* what is happening on the ground within communities servicing local people. The sector supports many NHS and Public Health projects and messages such as social prescribing, wellbeing, loneliness, isolation - *the cycle of health determinants*.

It is important that this **vital contribution is recognised appropriately and financially** to ensure that demand does not impact on statutory services adversely. **A key learning point from this, for the sector is to ‘self-promote’ and shout about what they do more.**

For parts of the VCS there has been increases in demand for service provision. The crisis has brought attention to many hidden needs. Existing needs and vulnerabilities have been exacerbated for some people and new needs have been identified. Without a doubt the pandemic has preyed on many pre-existing economic and social vulnerabilities affecting local communities, families, and individuals. A lot of these were areas vying for attention, and the pandemic has increased needs. This will directly impact on the sector unless there is a clear strategic, creative, and financial response to help the sector to *plug these gaps* in supporting the statutory provision, as they would have done pre-COVID-19.

What has been heard loud and clear is that **finance** is needed urgently to ensure survival of the sector - crucial to enable the sector to respond appropriately to needs and support the wider support systems.

Partnership working during the crisis has shown that various organisations - statutory and community - can work together for the common good as tension and suspicion is removed and there is acceptance of difference, *as together, we can achieve more and let's hope this does not get forgotten.*

As well as the challenges that this pandemic has presented there is the opportunity for the sector to **think boldly about coordination, support and development**, which could lead to a radical re-envisioning of how the sector can support itself in a changing environment.

It is recognised that this sample size is small to be regarded as statistically viable but when combined with data from our resilience survey and previous survey's and evidence from Voluntary Action Arun & Chichester it does provide an indication of where effort is needed in the short to medium term to best support the sector.

Recommendations to enable the sector organisations to be responsive to communities needs

The following recommendations reflect the experience and learning from COVID-19. These practical suggestions were shared as organisations begin the planning for the recovery phase to enable them to be responsive to community's needs.

- 1 **Recognition of the sector** as an important part of the wider solution by statutory organisations: health, social care, local authorities, and public sector. This can be achieved by **honest conversations and championing the sector** to inform and include organisations in strategic planning and service delivery design and capacity at the outset.

It is important to add, that many statutory projects such as social prescribing, wellbeing, loneliness, and isolation are supported by the sector but are not commissioned to provide this vital support. This means that many statutory projects are underfunded as money needs to follow the referral to support the voluntary and community sector.

There needs to be a cross sector response to improve Community Resilience to better support the new, identified, and emerging challenges.

- 2 **Investment is needed** across the sector to meet increased demand such as: bereavement support, children and young people's support (issue and activity focused), domestic violence, sexual assault, general interest and wellbeing groups, health focused groups, mental health support, older people's support, sports and activity, art, heritage and environmental.

More funding is required to meet increased demand for advice and information services, and debt education resilience for example.

- 3 **Staying informed of changing needs.** The sector infrastructure organisations such as Voluntary Action Arun & Chichester can report, on how the pandemic has affected local people and communities, what the needs are now and in the future. But this information needs to not only inform but shape an appropriate response using all assets.

For example, Sussex Community Foundation uses the information provided by key stakeholders and sector on their Sussex Knowledge database, and West Sussex County Council has a Directory of Local Organisations.

The future needs cross sector support to respond appropriately to the new and identified and emerging challenges.

- 4 To **map the sector provision of services** post-COVID-19 to support referrals, signposting, and people better and a tailored approach. The pandemic has led to many organisations adapting service provision, new mutual aid groups have emerged (with some being temporarily and others looking to remain longer) and some provision has stopped.

To support informed commissioning, it is important to know what already exists and what the capacity within this services is, and where the gaps are.

- 5 **Financial support** a flexible, easy to complete and speedy response to funding applications. One option suggested was to employ a local fundraiser to help smaller charities to write and submit funding bids. Funding advice and guidance for the sector, that includes information on using online platforms and grant applications completion. Support is also needed for the sector with organisational and financial planning.

In response Voluntary Action Arun & Chichester are now considering how best to offer this support to its member organisations. However, we would ask local funders to review their application and funding processes to ensure they are simply and accessible to all, and Healthwatch West Sussex would be happy to share their example for their 2019 grant application process.

- 6 **The purchase of PPE** in collaboration to reduce costs.

- 7 **Raising the profile of the sector** for example by sharing stories with statutory bodies. Recognising that the sector is a rich collection of organisations operating within different models of operation, that offers niche support which is asset-based and the local communities' value.

Blended options for promotion and communicating service provision to service users, and members.

Healthwatch West Sussex recommend that commissioners/contracting teams, the West Sussex Clinical Commissioning Group and all levels of local authority discuss with the West Sussex Consortia and Alliance how best to support this sector to best promote and raise its profile within our integrated care system.

- 8 **Strengthening networks and partnership** one thing that has come out of the pandemic is the value of partnership working. This should be the normal way of working and not the exception. Healthwatch would encourage commissioners and contracting teams to look at how future specifications can support this principle.

- 9 **Support to develop blended services** to continue the move to virtual it is important the training in digital technology is provided for the organisation and service users who are not confident with technology. There is also the need to recognise that for some people virtual is not the way forward.

Healthwatch in Sussex are producing a summary of research into digital consultations and are developing a short guide to ‘digital consultation research lessons for decision-makers’.

- 10 **Supporting volunteers** There are many ways to support volunteers which include saying thank you. Working with infrastructure organisations in promoting volunteering opportunities and to future plan needs and training.

Introduction

Over the last five months, Voluntary Action Arun & Chichester, and Healthwatch West Sussex have been engaging with voluntary and community service leaders and other stakeholders across the Arun and Chichester area to learn about their COVID-19 experience - the challenges, solutions, and forward planning.

We would like to say ‘*thank you*’ to all organisations who have given generously of their time to support this work.

This is our third report. In this report we will be drawing information from our series of semi-structured conversations (carried out by telephone and virtual), with voluntary and community service leaders, who have worked through this extraordinary time.

These conversations took place during mid-May to early August with 33 organisations, which are inclusive of Voluntary Action Arun & Chichester members, new emerging local groups and key stakeholders. Many of these conversations have been turned into individual case studies, which accompany this report.

A full [list](#) of participating organisations is provided at the end of this report. The individual Case Studies are available from both Voluntary Action Arun & Chichester and [Healthwatch West Sussex](#) websites.

The focus of this report is on three main themes:

1. Immediate risks to service provision which includes supporting volunteers, service users, and members.
2. Increases in areas of need.
3. Recommendations on how the voluntary and community sector can survive and increase its sustainability in the short and medium term.

We also provide a short update on the changing COVID-19 context.

Our second report detailed the responses from our online Resilience Survey that was completed by 44 voluntary and community organisations within the Arun and Chichester area - click [here](#) to read the findings.

Changing coronavirus context

The coronavirus situation continues to evolve with the number of cases rising again; in September, doubling every seven days. We are now entering the second wave of COVID-19 and further waves are predicted. Further social distancing restrictions have been put in place to curb the spread.

The government has officially announced that we are in recession.

With the Government protective measures in place, many people have not yet seen a significant impact on their living standards. The Furlough Scheme and other Government financial protections are now being scaled back and this will no doubt exacerbate the difficulties that communities and local people are facing. The impact will be more starkly seen and will directly correlate with increased demand for voluntary and community support.

It is likely that we will be living with COVID-19 and social distancing measures for some time. The acute phase of the pandemic has passed but we are not yet fully in the recovery phase. The voluntary and community sector continues to adapt its ways of working to meet the needs of its staff, volunteers, service users and the wider community.

Immediate risks to service provision

The immediate risks were in part mitigated by the voluntary and community sector's quick response and adaption of service provision at the start of Lockdown, with most moving from predominantly face-to-face services to telephone or virtual. Throughout this period the sector's leaders had to navigate on many levels to ensure safety and provide duty of care to staff, volunteers, service users, members, and themselves.



Many had to shut or completely change.
Groups which are a lifeline to people had to stop.

There may well be a whole bunch of organisations who may not be around or are changed. The sector supports NHS projects such as social prescribing, wellbeing, loneliness, isolation - the detriments to health - so this will affect these areas too. The Voluntary and Community sector is an easy target to ignore.



Staff were redeployed, with working hours changed to fill gaps and service need and moved to working from home as offices closed. The first few weeks of the crisis staff were working extra hours to support the increases in demand.

Voluntary and community organisations purchased IT equipment for staff and conducted home risk assessments to ensure staff were working safely. Most staff settled into the new routine quickly, but some struggled with working from home due to home schooling, environment, and outside distractions.

Wellbeing support was provided via employer and human resources support programmes, virtually through Zoom, team meetings, check-ins, etc. These supportive conversations were not just a platitude and have become more detailed and challenging as the Lockdown has gone on which has increased the emotional load for staff and management.



Previously a call that took 45 minutes is now taking up to 2.5 hours, which shows the increase in emotional distress of being locked in.

Being in the office by oneself has been a challenge.

Managers were concerned about clinical supervision, which was once a month, and now needed weekly as staff are hearing calls in their own homes - they cannot get away from things.



Most organisations communicated with staff through IT and there has been a huge amount of virtual communication in fact *many people are now exhausted by it*. There was also a group of voluntary and community organisations who provided crucial frontline and essential services to support statutory provision.

Many spoke about how proud they are of their staff as they responded quickly and supported new ways of working, and for some it has reframed their experience of work. The challenge has been keeping on top of things such as Government guidance, how to open buildings again, risk assessments, personal protection equipment (PPE) resources, health and safety issues, safeguarding and time to process and map out future ways of working and setting this up safely.

Supporting volunteers

A large number of organisations closed service provision but continued to engage with volunteers and service users providing valuable support, advice, and friendship. Which has reduced pressure on statutory service provision and other community groups.

Organisations main concern was for volunteer's safety especially those who needed to shield. The Chichester Foodbank had a unique issue in that they needed *two volunteers from the same household*. This new way of working meant less volunteers were required.



The whole of our client group needed to isolate as a majority are over 70 years.

There was a tsunami of emotions, processes, and changes in services to be made.

We responded to the whole spectrum trying to keep people from relapsing. Counselling online and over Zoom, had a mixed take up, but really successful for existing service users.



The guidance for those needing to shield and for over 70s to self-isolate has had a massive impact on charities. Initially, charities reported a huge loss in their volunteers, impacting on their ability to deliver services.

Where possible volunteers took on different roles such as *befriending telephone calls* to members. MIND West Sussex informed us that *certain services are still being used and provided by Peer Mentors virtually to keep in contact with members.*

Homestart UK informed that *volunteers have been in contact with the families they regularly phone, as well as providing practical support like dropping food off.*



We were inundated with people wanting to volunteer.

Our counselling service decreased as many of the volunteers were from the NHS and had been recalled supporting COVID 19.

Volunteers who had children found it difficult to support the project.

We had to stop using volunteers straight away.



During the COVID-19 crisis *there has been a huge growth of volunteers really looking after their neighbours.* There was a surge of people wanting to volunteer which ranged from people forming or participating in the local mutual aid groups to help the vulnerable in the community to more formal volunteering offered through the NHS responder scheme. With the demand to volunteer there was often *not much to offer them* and people were disappointed at not being needed.

Organisations have kept in contact with volunteers through telephone, Zoom and online meetings and by sending out email and hard copy updates. *The biggest challenge has been keeping people motivated and morale high.* With the move to more online ways of working has meant that organisations are changing how they support, engage, recruit, and train their volunteers. Challenges remain on how to get over 70's back into volunteering and responding to those who feel discriminated against.

Supporting service-users, members

The main impact for service users and/or member was the loss of face-to-face as groups and services temporarily closed. The Lockdown at the beginning was a novelty, but as this has gone on, people are feeling isolated and overwhelmed, *not wanting to go out, behind closed door struggling with loneliness, across the generations.*

“ The biggest impact was the loss of freedom, not moving around and having to adapt. Mental health issues have increased -suicidal thoughts, real highs and lows has been exacerbated by the Lockdown.

Although mental health is a big issue our work has not increased, we have not seen the rise in demand we would have expected. One reason for this could be that people are finding their own ways, not reaching out or of the belief that GP's are not 'open for service'.

”

Those struggling financially are not the minority, due to loss or reduced income and/or jobs with rent payments, food shopping, household bills and so on. This has adversely affected mental health issues such as stress and anxiety as well as general illness.

“ Women had more restriction of their freedoms and so have felt more trapped by the lockdown and talking to someone on the phone can be difficult.

We circulated 300 leaflets offering a Buddy system to help people communicate.

Our 'Day Break' service stopped; it can be really hard when looking after someone in the advanced stages of dementia alone.

”

Local Community COVID-19 response

The local COVID-19 community response for those shielding or self-isolating was set-up in many areas within a few days, an amazing achievement. Especially if you consider that many began with a letter to every home within an area with a contact name and telephone number, also appealing for volunteers to support with shopping and the collection of prescriptions and befriending telephone calls.



West Sussex County Council worked in a way that has never happened before, behind the voluntary and community sector.



All COVID-19 groups are reporting the number of people they are supporting directly to West Sussex County Council, Arun and Chichester District Council, Community Hubs, and health services across the County.

West Sussex County Council Communities and Partnership Lead informed: *Our Directorate completely changed, and staff were placed into new roles. We began to receive a high volume of calls for the Community Hub as we were trying to set-up. The Community Hub was a request from the Government for those shielding and at the highest risk, to support with food parcels, access to medication and other welfare issues. We had hundreds of requests in the early days. It was quite amazing as we gathered intelligence on how the community were reacting to the crisis, Parish and Town Councils, voluntary and community groups and even new COVID-19 mutual aid groups.*

Increases in support needs

The voluntary and community leaders spoke of how the pandemic has affected every individual, family, and community. COVID-19 has highlighted hidden needs and created new. Certain groups of people have been adversely affected - *young people are feeling more isolated as missing friends and peers, and older people because they have been discriminated on grounds of their age.* There are a lot of areas vying for attention as needs increase, which will directly impact on this sector unless there is a clear strategic, creative, and financial response to help the community and voluntary services to *plug these gaps* in statutory provision.

Mental health

The main issue spoken about was how COVID-19 has increased emotional and mental health issues with a spike in people experiencing anxiety. This increase is across the generations - young people, older people, families, those with existing vulnerabilities. With some sharing they are experiencing real highs and lows, which is affecting confidence exacerbated by the Lockdown. The effect of a potential second wave and Lockdown will impact further as people are unable to see an end to this crisis.



The long-term impact is going to be huge, dealing with trauma and mental health issues.

There will be a Tsunami of mental health issues.



Bereavement trauma is anticipated to increase as the normal rituals of bereavement have been removed. Appropriate support has been difficult to access. *Our small counselling and bereavement services has been fully used.*

Loneliness and isolation

The second area was loneliness and isolation especially by those who have had to shield or self-isolate. As many people have found the situation frightening and even when the shielding guidance was lifted *there are people not wanting to go out*. It is not fully known how many people are struggling behind closed doors with loneliness and isolation.



Some young people find it harder than elderly people.

Being told to stay at home for over three months is enormous but how do you get people to feel confident to go back out again?



Another area is digital exclusion as people prefer to speak with someone. It is estimated that in England around 1.9 million people have no digital access.

Unemployment and increased poverty

Many staff have been furloughed and receiving 80% of pay, as this comes to an end it is anticipated there will be a surge in unemployment. Typically, at this time of year claimants would be around 500 in Bognor and Littlehampton. This year this already reached (June) 2,000 people in this area.

Unemployment falls into three categories: long-term unemployed, first time unemployed, young people 18-25 years. According to The Sunday Times (20th September) the unemployment rate nationally has increased from 3.9% to 4.1% to the end of July. As the furlough scheme is still in operation this does not fully reflect the true level.

The Chichester Foodbank has seen a 51% increase in demand and are supporting 454 people since the Lockdown. This increase is partly due to loss of jobs, universal credit system - as people are still having to wait five weeks for funding and the benefit amount is very low.



There are people who have used the foodbank for the first time.



The full human cost in unemployment and associated factors is still emerging.

Homelessness

Stonepillow, began to have an increase in homelessness as *'sofa surfers' - who move from house to house - couldn't once the Lockdown began and/or were evicted due to mental health breakdown*. Stonepillow and others worked as part of the partnership for West Sussex and Chichester District Council response, *to get homeless people into safe accommodation* supported by Travelodge, Butlins and others. Some people were moved from hostels - as these were deemed COVID-19 unsafe - into flats or houses.



Some [people] grasped the metal of having a nice warm bed every night and food. This has improved their general physical and mental health as they are feeling better. They have made choices in their lives and this has improved their confidence and self-esteem.



Older people

Older people have been more hidden than ever, and this increases vulnerability. Physical and mental deterioration has increased; worsening hygiene, hoarding, mental health and increases in falls. Older people felt discriminated by the Government

COVID-19 guidance, as *they were treated as one group by age*. Yet there are those who are physically well with or without underlying health issues over 70 years.

Other areas

Others spoke of the impact on **women** as they have carried the increase in childcare responsibility. *Schools closed and it was difficult for women to return to work. Not being able to work has meant increased in debt and poverty for some.*

The Lockdown presented additional pressures on **parents and families**: juggling work, childcare, home schooling with less support available. Many new parents reported *feeling isolated and anxious practice support of pre and postnatal care was stopped*. There was also a reduction in support available for parents caring for children with additional needs.

People from **BAME communities** within the Arun and Chichester area reported increases in isolation. *People are limited with access to services*. There were specific concerns about **visas** running out and because of loss of work and not having the funds to renew.

There has been an increase in Domestic Violence, with higher numbers of women being abused by male partners. *The rise started to appear a month into Lockdown*. There has also been an increase in men being abused by female partners.

The Lockdown increased **home drinking** and sales increased by 33%. Those who recognised the problem found that support from drug and alcohol services were greatly reduced. *Young men reverted back to or increased their use of drugs or alcohol*.

It has been reported that demand for **unplanned pregnancy** services has increased.

It has been widely reported in the news that the redirection of NHS staff to COVID-19 largely stopped health services from providing other services: **diagnoses, screenings, and treatments**. *12,800 people have missed surgery*. The impact of this on people with cancer and other conditions is life limiting and will become more visible over the next 5-10 years.

There has also been a number of groups that have been ignored for example: carers, sight loss, disabled people (all ages). *Nationally for disabled adults there has been no (Government) guidance.*

What this is showing is that there is a growing need for support from a wider range of people, some maybe accessing services for the first time.

Financial impact

The pandemic has affected the sector financially with leaders sharing concerns about financial stability and solvency. Some predict being unable to deliver services in 3-6-month time if organisation cannot replenish funds. In the main, organisations had set annual budgets early March, only to find them completely redundant by the end of March. We were told that budgets have been revised to remove six months or more of lost funding, income and fundraising which could well mean restructuring and redundancies, as well as incorporating new ways of working.

These losses that have been sustained cannot be absorbed and it will take some voluntary and community organisations years to get back to their pre COVID-19 position, if they continue to do things the way they have always done.

“ A lot of charities have suffered a huge loss in income. Some charities manage resources very well and it is difficult for those that have grown and grown and set large budgets to cut because of the crisis they don't have the resources to deliver activities. ”

The sector had moved to a more diverse portfolio to enhance income generation. The crisis meant that operational activities had to close - charity shops, fundraising, donations, and other areas of income generation. There are real concerns about financial stability and solvency as grant funders moved quickly to provide COVID-19 grants, which have been very welcome, but funding is now needed urgently for day-to-day operation and increases in demand. Some organisations reported being on the brink of 'going under'.

“ Great access to emergency funding but what happens to other types of funding when lockdown finishes? ”

On average £12k loss per month from closure of shop. Other outlays a further £17k as still need to pay for building costs, insurance etc. PPE has been an additional unplanned cost as has relief and extra hours for staff, IT cost including Wi-Fi in hostels, smart phones for client and laptops etc. Additional cost for ensuring that Butlins was made safe before homeless people moved in. ”

Closures could have a major impact on how many vulnerable groups in the Arun and Chichester area are supported.

Local funder Sussex Community Foundation reported how they have been supporting organisations.

“

We raised money quickly and created a crisis fund. We launched Sussex Crisis on the 20th March. We started ringing donors and were given a substantial chunk of money. We give grants every week from the 27th March. We meet every Monday to consider grant applications up to £5,000 on a Fast Track basis and award money to groups within 2 weeks.

”

There is concern that there will not be enough funding available for future requests and increases in demand. One of the smaller organisations have now *registered online for donations through PayPal and also set-up webpages, which is providing the regular smaller payments.*

Larger organisations have issues with Trust funding as they are *deemed too big* to apply for funds.

“

The Charity Aid Foundation funds supported our transition to remote working and set up of our IT operation to comply with GDPR.

”

Some grant providers supported with extensions when asked, but some refused, causing another form of funding gap. *Funders need to have patience with organisations.*

Community Transport Sussex applied for a number of grants such as Sussex Community Foundation after attending a Voluntary Action Arun & Chichester funding event which was *very helpful and useful as it put faces to names and helped reconnect with other local groups.*

Many voluntary and community organisations wanted to *‘Thank’* everyone in West Sussex for donations, phone calls and in particular *Sussex Community Foundation* for all their support, as it has been a truly amazing response.

The Government 80% furlough scheme has been really helpful in protecting reserves in the short term, but changes to the scheme later in the year will impact. Organisations are using reserves to survive now, which increases the vulnerability of the sector.

“

More creative and localised commissioning is needed.

”

The local council community budgets will be set in December and the sector commissioned services will begin a period of negotiation. From our conversations, the sector needs the same support as small businesses. For all areas of statutory commissioning more creative, easy to access and local commissioning is required.

For example; Pregnancy Options have good contacts with midwives and bereavement councillors and many of their clients are referred from the NHS- as pregnancy loss tends to go through Accident and Emergency - yet they do not have any statutory contacted work and have to rely on fundraising.

Forward Planning

A number of voluntary and community organisations are using the ACEVO [toolkit](#) to support forward planning. For those organisations funded by grants, donations and fundraising the financial impact has been massive. The furlough scheme was a great help in protecting financial reserves. It is interesting, as to how flexible the sector has been in getting things done quickly, in an emergency. Voluntary and community organisations stated they urgently need more strategic grants and funding streams to support the system through this uncertain transition phase of the pandemic.

One organisation shared that what gets in the way is being asked for information and it not being used for example the *statutory sector asking for continuity plans and then stops providing the data*. If it is not being used do not ask for it especially during a crisis.

The general consensus is that there will be a predicted surge in demand due to the economic downturn, end to mortgage holidays, increases in debt reduced hours and increased number of people out of work.

The pandemic has led to lots of changes in approaches, with the voluntary and community sector often needing to be flexible, inventive, and placing more responsibility with service users and clients actively making decisions. Getting through this time most organisations spoke of *getting to know the needs of the community and specific client groups by listening. Giving people the power and opportunity to talk*. The main challenge for many now, is how to move back to face-to-face services. However, one thing the pandemic has done for the sector is to have moved forward the ambition of providing more blended offering - virtual and face-to-face service provision, *as it is important to learn from the crisis without losing what was good previously*.

Partnership Working

A number of voluntary and community organisations stated they would like to work in partnership more. Throughout the crisis some have experienced this way of working and found it beneficial. Partnership working is key for the future and has a positive effect on service users and helpful for grant and tender applications.

“ Sage House has been actively working with local Parish Councils, to support with isolation, loneliness within the local communities. Set-up a shopping service, worked with Age UK and Carers Support West Sussex to support with referrals, even suggested the NHS use Sage House as a ‘Hot House’ - COVID free clinic - this offer was not taken up. ”

Stonepillow worked with Four Streets, St Pancras, Heart, and Turning Tides, as all work in the Chichester and Aran area, came from the same base, co-ordinate food as Heart provides breakfast, Four Streets the meals. *This has been fabulous for the organisation and for clients and common purpose.*

Selsey Community Forum has been working with 20 local organisations providing food, lending library and a buddy system, to provide practical support. They have built a good foundation to come together in normal circumstances as well as during a crisis.

Some benefits arising from COVID-19 crisis

What has come out positively from the pandemic is that people know their neighbours better than before - very much *Compassionate Communities in Action*. However, some of the hidden needs have starting to emerge increasing demand for services. There was a real desire from furloughed staff and home workers to support their local communities and this has been seen in the surge of volunteers, for local community action groups, NHS Responders etc. For some people there is increased patience, kindness, and a better understanding of their local community.

The COVID-19 Action Groups came together quickly to support their local community and these models can enable an emergency co-ordinated response for the future, if needed. In fact, the voluntary and community sector has been at the forefront of the local community response and in place some four+ weeks before the statutory response.

Many staff did not work from home pre COVID-19 but with the right level of support, equipment, policies, wellbeing checks etc, are now able to do so. This ‘home working experiment’ may well have bought forward plans for this type of working by years for this sector.



The pandemic has shown the voluntary and community sector at its best in how it has adapted and is adapting in responding to the needs of service users, members and the wider community with staff going above and beyond their remits. The changes in ways of working has led to some positive outcomes for service users such as greater levels of independence for their clients: *We encouraged more walking and physical activity...previously our provision favoured more of a day structure for activities, but people want more focussed activities.*

There are lots of opportunities, best practice positive learning and strengths that can be drawn from the voluntary and community response in navigating the months ahead.

Thank you

We would like to take this opportunity to thank all who took the time to speak with Healthwatch West Sussex and Voluntary Action Arun & Chichester.

Name	Job Title	Organisation
Pam Bushby	Divisional Manager Communities and Wellbeing	Chichester District Council
Julie Budge	Founder & Chief Executive Officer	My Sisters House
Dan Sneller	Senior Youth and Community Development Manager	Sylvia Beaufoy Centre
Pete Lawrence	Partnership Area Manager	West Sussex County Council
Elaine Thomas	Community Wellbeing Manager	Chichester District Council
Kerrin Page	Deputy CEO/ Head of Operations	MIND
Helen Rice	Chief Executive Officer	Age UK West Sussex, Brighton & Hove
Kevin Richmond	Chief Executive Officer	Sussex Community Foundation
Joanne Kondabeka	Chief Executive Officer	Chichester Foodbank
Lois Rowlands	Co-ordinator	Homestart Chichester
Luca Badioli	Chief Executive Officer	CAB
Anna Madge	Chief Executive Officer	Pregnancy Options Centre
Peter Gray	Trustee	Four Streets
Rachel Aslet Clark	General Manager	The Apuldram Centre

Sally Tabbner	Chief Executive	Dementia Support - Sage House
Mike Nicholls	Chair	Selsey Community Forum
Liddy Blunden	Centre Manager	Christians Against Poverty - Bognor Regis
Jane Ramage	Chair	Friends of Chichester Hospital
Ian Doctor	Director and Life Coach	Arun Exact
Hilda Chehore	Director/ Social Worker	ZUKSWA
Hilary Bartle	Chief Executive Officer	Stonepillow
Angie Bacon	Community Development Officer	Chichester Community Development Trust
Nik Demetriades	Chief Executive Officer	4Sight Vision for Support
Robert Newman	Co-Leader	Lavant Support Group
Sonia Mangan	Chief Executive Officer	Carers Support West Sussex
Hilary Strong	Director	Making Theatre, Gaining Skills
Gintare Uleviciute	Project Leader	Lithuanian Community of the South Coast
Miranda Cornell	Tutor	Accord Bognor
Jan Sherward	Founder	Cancer United
Matt Robert	Chief Executive Officer	Community Transport Sussex
	VAAC team	Voluntary Action Arun and Chichester
Gerald Gresham Cooke	Volunteer	Tillington Cares

Voluntary Action Arun & Chichester

Our role is to enable, support and promote VCS groups across Arun and Chichester. During this precarious time, we have undertaken a range of different activities to support our members.

1-2-1 Support for Member Organisations

We are here to support your individual situations covering all aspects of running your charity including governance, funding and volunteering. We will continue to do so through our referral system, by phone, email and zoom meetings. Please contact us by downloading our referral form from our [website](#) or emailing lucie.maldoom@vaac.org.uk

Funding

Our monthly e-newsletter, 'Funding Focus' highlights potential funding opportunities. We also put on Funding Surgeries, via Zoom, to give advice on a range of funding streams and how to apply.

Networking and Training Events

We regularly have events covering a range of subjects. Recently we held a CEO forum, a Volunteer Co-Ordinators Networking forum and a General Networking forum for members via Zoom.

Information

Stay up to date with our weekly e-bulletin that gives the latest information for the voluntary and community sector. Check out our social media platforms and website below

Looking for volunteers?

If you would like to advertise for volunteers, please get in touch with Jenny.holmes@vaac.org.uk or go to our website to upload your information. <https://www.vaac.org.uk/volunteering>

Website: www.vaac.org.uk
Facebook: www.facebook.com/VAArunChi/
Twitter: www.twitter.com/VAAC_Community
LinkedIn: www.linkedin.com/company/vaac

Talk to us

If you have questions about the content of this update, please either call **0300 012 0122** or email cheryl.berry@healthwatchwestsussex.co.uk

How this insight will be used?

We recognise that all health and care services are under pressure at this time and have had to adapt their ways of working. We will share this report with the local NHS, local Government, and other providers to help them understand where things are working well and services are adapting to meet peoples' needs, and to help them identify any gaps.

For help, advice, and information or to share your experience

We are the independent champion for people who use health and social care services. We're here to find out what matters to people and help make sure their views shape the support they need.

We also help people find the information they need about health, care and community and voluntary health and care support services in West Sussex.



Here to help you on the next step of your health and social care journey

We have the power to make sure that the government and those in charge of services hear people's voices. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them.



0300 012 0122



@healthwatchwestsussex



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@NHSadvocacy



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