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The impact of the COVID-19 coronavirus pandemic on the third sector and carers in the United Kingdom

Carys Jones ¹

¹ Centre for Health Economics and Medicines Evaluation, Bangor University; c.l.jones@bangor.ac.uk

1. Introduction

The World Health Organisation (W.H.O.) announced the COVID-19 outbreak to be a public health emergency of international concern in January 2020 [1] and by March 2020 the outbreak had been declared a pandemic [2]. The coronavirus disease is primarily transmitted through airborne particles released when an infected person coughs or sneezes. Mild symptoms include a high temperature, continuous cough and a change to the individual's sense of smell or taste. People with underlying health conditions are more vulnerable to severe symptoms such as breathing difficulties and pneumonia. As of 12th February 2021, the cumulative number of coronavirus cases worldwide stands at 108,354,333 with 2,380,451 recorded deaths [3].

The global economy has suffered a major shock with most countries facing economic contraction due to the disruption to the supply and demand for goods [4]. Tourism was hampered by international travel restrictions and quarantine periods, and the public sector faced challenges in maintaining health, transport and education services. The third sector was also affected by the pandemic. The term 'third sector' is used to describe organisations which are neither privately owned or state owned. The sector includes social enterprises, registered charities, voluntary organisations, community groups, faith organisations, mutual and co-operatives. The economic contribution of voluntary organisations has been estimated as 0.9% of the United Kingdom's (U.K.) G.D.P, equivalent to £18 billion in 2017/18 [5]. In contrast to the private sector, third sector organisations are driven by social goals and are not for profit; any financial surpluses that are generated are reinvested into serving the goals of the organisation [6]. Although they operate independently of the government, third sector organisations often work closely with local authorities and public services to promote social action and empower communities.

Whilst the long-term impact of the pandemic is not yet known, in the short-term coronavirus has changed the way in which people live their lives across the world. This blog reviews the impact of the pandemic on the third sector in the U.K., focusing on informal carers; and presents opportunities for service redesign to enhance the sustainability of the third sector in a post-pandemic world.

2. Impact of the COVID-19 pandemic on informal carers and the third sector

In the U.K., there are 6.5 million informal carers providing support to friends and family [7]. The majority of care provision is for older adults, often by spouses who are an advanced age themselves. Informal care can include assistance with household activities such as cooking or shopping; personal care such as helping a person to wash and dress themselves; or support with organizational tasks such as transporting the person being cared for to their medical appointments or reminding them when to take medication. Inflated to 2020 costs, informal care is estimated to save the economy over £151 billion per year in avoided hours of paid homecare services [7]. The presence of an informal carer can be a key factor in enabling a person with care needs to remain living at home, through the mechanism of delaying or avoiding the need for admission to residential care [8]. The financial impact of caregiving is sizeable, with only 45% of carers aged 18-65 being in paid work, and over a third of carers reporting struggling to make ends meet and regularly using their own money to purchase equipment or services for the person being cared for [9].

In 2018 the Government released a civil society strategy which acknowledged the role of the third sector in addressing societal challenges such as social care provision, community integration, and

healthy ageing; and outlined their approach for working collaboratively across sectors to maximize the efficient use of resources [10]. Two of the largest third sector organisations that support informal carers are Carers Trust [11] and Carers UK [12]. The aims of these organisations are to improve support for people with caring responsibilities through activities such as offering advice, information and support; signposting to respite and other services; providing social opportunities; and campaigning for carer rights. Services are organized at both the national and local level and are tailored to the needs of carers in each area.

The third sector is funded through two main sources; donations from individuals, and funding from statutory bodies through contracts and grants. The proportion of funding from the two sources differs across organisations, with some relying almost solely on individual donations, while other (typically larger) organisations receive most of their income from statutory bodies. In the first few weeks of the pandemic, a survey found that 91% of the charities had faced disruptions to their cash flow, and overall charities were expecting their voluntary income to drop by 48% [13]. A follow-up survey in June to establish what actually happened in the sector found that charities received 29% less income between March-May than originally budgeted for; however, despite drops in trading income (72% lower than expected) and voluntary income (14% lower than expected), income received from the Government was 51% higher than originally expected, and grant income from trusts and foundations were 29% higher [14]. Charities anticipated that their total income would remain significantly lower in the year ahead, with 34% of charities believing that they would have to hugely reduce services, and 5% of charities anticipating that they would be forced to close. Only 11% of the charities expected to be able to provide services at the same level as previously. The Government announced a £750 million support package for charities affected by COVID-19; however, the income shortfall across the third sector is anticipated to be billions of pounds rather than millions [15].

Staffing capacity has been reduced in all sectors. A survey of charitable organisations found that in November 2020 a third still had staff on furlough, which has implications for their capacity and ability to provide services [16]. Attendance levels for the non-furloughed workforce of both paid staff and volunteers fluctuated over 2020; reasons for this included people needing to self-isolate if they were displaying coronavirus symptoms, or to follow Government guidance on shielding if people were classed as clinically vulnerable. Volunteers in particular may be affected by the shielding policies for people aged 70+, as older people are more likely to volunteer than any other age group [17].

Despite reduced income and capacity, charities are experiencing increased demand for their services, with 63% reporting higher levels of demand compared to the previous year [16]. Demand for support increased as a direct consequence of the pandemic due to people experiencing loneliness, social isolation [18] and poorer mental health [19]. Caring can have a detrimental effect on health and well-being, with a pre-pandemic survey reporting that 6 out of 10 carers had worsened physical health due to caring, and 7 out of 10 had poorer mental health [20]. During the first lockdown, carers of people with dementia reported spending an extra 92 million caregiving hours, with 95% of carers saying that their physical or mental health had worsened and 69% of carers feeling constantly exhausted [21]. The impact on carers of social isolation will have had further negative impact on their mental well-being. Once shielding guidance was relaxed, pressure on third sector capacity was exacerbated as a backlog of carers sought out support services. Interviews held in July 2020 with informal carers of people with dementia found that there was a need for updated carer assessments and respite services post-lockdown, and care recipients were in need of reablement services to help re-establish the necessary skills required to carry out activities of daily living that had been diminished over lockdown [22].

During the pandemic carers faced strict restrictions around visiting loved ones in hospitals and care homes. Care homes needed to restrict visitors to minimize the risk of transmission of COVID-19 and thereby protect the health of their staff and vulnerable residents, many of whom are older and have multiple long-term health conditions. A study of COVID-19 testing, cases and deaths in 189 care homes (5,843 beds) in one region in Scotland found that outbreaks occurred in 37% of the care homes and that the size of the home was strongly associated with outbreaks [23]. Of the 907 confirmed cases of COVID-19 in residents, 432 resulted in deaths. Despite the risk of infection transmission from external

visitors, it is acknowledged that family visits are important for residents' well-being, and reopening care homes for visitors with appropriate safeguards in place is a public health priority [24]. The National Care Forum is the lead association for third sector social care providers, and in November 2020 they led a coalition of over 60 organisations calling for the Government to ensure that care homes are supported in enabling visits from friends and families to continue despite new lockdown restrictions [25]. The coalition accepted the need to protect residents' health, but also recognised that the isolation caused by excluding visitors from care homes was detrimental to the well-being of both residents and their loved ones.

3. Looking ahead to third sector service delivery in a post-pandemic world

The King's Fund identified five priorities for reshaping health and care services beyond the COVID-19 crisis that are also relevant for the third sector: addressing inequalities and population health; lasting reform for social care; putting the workforce centre stage; embedding and accelerating digital change; and reshaping the relationship between communities and public services [26].

3.1. Addressing inequalities and population health

The COVID-19 pandemic has disproportionately affected people who generally already have poorer health outcomes, including older people, people living in deprived areas, Black, Asian and Minority Ethnic (BAME) groups [27]. There are calls to 'Build Back Fairer' post-pandemic, with increased investment in public health policies that aim to address health inequalities and the social determinants of health [28]. Remaining mission focused is essential for third sector organisations [29], and the need to target service delivery for those most in need has been identified, for example supporting the re-emergence of people living with dementia into public spaces [22]. Third sector services operating at a local level, with detailed knowledge of both the needs and existing assets of the local community will be well placed to offer support to the people in most need of it following the pandemic. Through funding provided by the Government COVID-19 Support Fund, Carers Trust will be giving grants of £2.4 million to 16 regional hubs that provide services for harder to reach BAME and LGBTQ+ communities [30]. The Trust will also be increasing services for young carers, especially online services to provide advice, support and reassurance.

3.2. Lasting reform for social care

Fragmented support across health and social services has long been an issue for informal carers. Delayed hospital discharge of patients while they wait for an assessment from social services is a common problem, but early discharge from hospital and therefore the passing of the burden of care onto informal carers is also problematic. Integrated Care Systems (I.C.S.) are already in place in parts of England, and are being rolled-out further with a remit of bringing together local organisations across sectors to collaborate on decision-making and to redesign care services to improve population health [31]. Due to austerity cuts, local authority spending on social care is lower than it was a decade ago, and the number of jobs in the formal care sector is only showing small levels of growth despite increased demand for services [32]. Three possible explanations for the stagnation in employment of paid carers are 1) the ratio of the number of care recipients that each paid carer is required to look after has increased; 2) people with care needs are going without care; or 3) people with care needs are relying more on informal carers to meet their needs [32]. None of these potential scenarios paint a positive outlook for the sustainability of the social care system in its current form and The King's Fund has called for the Government to address short-term funding pressures that have arisen due to the COVID-19 pandemic; to bring forward proposals for longer-term investment and reform; and to introduce better pay, improved working conditions and more training for the social care workforce [26].

3.3. Putting the workforce centre stage

In the public sector, the National Health Service (N.H.S.) is the largest employer in the U.K., with over 1.5 million staff. Recognising that many staff have unpaid caring commitments outside of their work role has led to the introduction of flexible working policies, which will allow people with caregiving responsibilities to remain in employment and ease the financial hardship that many carers experience. The N.H.S. also has a forward-thinking view on volunteers, seeing them ‘not as substitutes for, but as partners with our skilled employed staff’ [33], which is an approach to volunteering shared by many third sector organisations. Fostering volunteer networks is a key growth opportunity for the sector. More than half of older people in the U.K. report that they do some level of informal volunteering such as keeping in touch with a housebound person or providing transport to shops or medical appointments [34]; and one in three older people report formally volunteering with third sector organisations [35]. The COVID-19 pandemic led to a rise in informal volunteering within communities, such as assisting vulnerable neighbours with food and medication deliveries [36]. The value of increasing community cohesion and offering check-in services for carers has been recognised [22], which is an aspect of support that volunteers can contribute to [37].

3.4. Embedding and accelerating digital change

The use of digital technology to socialize and shop online increased significantly during the pandemic [38]. Many third sector organisations strengthened their online presence and updated their webpages to provide dedicated support resources during COVID-19. Carers UK are delivering a free online course for carers to improve their emotional resilience and well-being; and several organisations host online chat forums for carers to seek support from peers. The move to online services offers an opportunity to maintain the workforce capacity of the third sector. Working from home has become an encouraged employment model, and older volunteers who would previously have stopped volunteering due to shielding will still be able to offer valuable support online. However, the move to digital services is not without drawbacks as not all people have the financial resources or technological skills to be able to utilize these services efficiently. Online fraud such as phishing scams related to COVID-19 have been reported [39], and people who are less skilled in technology are more vulnerable to online scams. Third sector organisations can play an important role in training carers and older people in the safe use of digital technologies. Three key actions that organisations need to consider to be able to enhance digital inclusion are to measure the existing skill level of service users, to think about how users will be accessing online service (smartphone, tablet or desktop computer), and to start with platforms (apps/ software) that people already use [40]. Accessibility considerations need to be made for older service users, including clear navigation, text size and font readability, and making pages compatible with speech to text features for users with hearing impairments. Remaining service user focused and seeking input from carers and care recipients about their preferences for online services, and the most effective way to deliver these services will help make the transition to online services smoother.

3.5. Reshaping the relationship between communities and public services

Building stronger relationships between public services and communities has been an ambition of the N.H.S. for several years, with the need to work with voluntary organisations and GP practices to identify and support carers an integral part of their vision to engage with communities [33]. Involving local volunteers as community health champions would not only promote social cohesion within communities, but can improve volunteers’ wellbeing through increasing their levels of self-esteem and confidence [41]. This local-led, integrated, approach would be in contrast to the current top-down national approach of public sector service delivery.

Lessons from the public sector can be drawn on the reduction of procedural barriers in response to the pandemic; for example, there has been a temporary relaxation of restrictions in sharing information between health and social care services in order to reduce delays in clients receiving vital services [42]. Similar temporary procedural relaxations could be implemented within organisations in the third sector, and across agencies in the public and third sector to allow a faster and more efficient response to carers presenting to services.

4. Conclusions

The long-term outlook for the third sector remains uncertain, particularly for smaller organisations that rely on public fundraising for their income. Despite a reduced income and capacity to provide services, third sector organisations are facing higher demand than ever. In the short-term, the sector has had to adapt the way in which services are delivered, including moving activities online to be able to continue supporting service users such as carers. The increased use of technology is beneficial for the third sector workforce as it is aligned with guidance to work from home where possible and allows staff and volunteers to continue to provide services even if they are required to self-isolate or shield. The increase in digital services has not been without challenges, and organisations need to ensure that their online provision is accessible and suitable for the needs of their service users. Building volunteer capacity further is a key opportunity for the third sector to build a sustainable workforce, equipped to deliver services in unprecedented times and beyond. There is a role for volunteers to act as both local community champions, and to work alongside paid staff in public sector organisations. Reforming services with a view to greater integration across public sector organisations and the third sector is essential, along with implementing long-term policies that address health inequalities and improve wellbeing for the people who have been the worst affected by the pandemic.

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