

COVID-19 & the role of VCSE sector in Northern England in responding to the needs of marginalised communities: a qualitative focus group study

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Introduction & Aims

The Voluntary Community and Social Enterprise (VCSE) sector has a crucial role in supporting the health and wellbeing of people who are marginalised or who have multiple complex needs¹. COVID-19 has had a disproportionately detrimental impact on the North of England²; increasing pre-existing health inequalities³ and exacerbating vulnerability and marginalisation of certain groups within society. There is limited understanding on the impact of COVID-19 on the VCSE sector¹. We aimed to understand perceptions of those working in the VCSE sector and examine the effect of COVID-19 on VCSE organisations in Northern England as they respond to the needs of marginalised communities. This research formed one component of a regional multiagency Health Inequalities Impact Assessment⁴.

Methods

- 9 qualitative focus groups
- March – July 2021
- Conducted via video conferencing platform
- Audio-recorded and transcribed verbatim (one non-ascribed field notes only due to safeguarding & anonymity concerns)
- Analysed using framework analysis

Staff and volunteers working in 5 organisations supporting these marginalised groups took part in the research



"At the beginning of the pandemic there was this expression that we're all in the same boat and as the time went by that changed and people recognized suddenly that we're in the same storm, but we're not in the same boat, some people have a yacht, some people have got in different vessels to weather the storm"

Results - central themes



Exacerbation of pre-existing inequalities, adversity, and challenges for vulnerable and marginalised populations



The cost of being flexible, innovative, and agile for VCSE staff and volunteers



VCSE sector as a lifeline (organisational pride and resilience)

"I was working myself to exhaustion... it took me to catch the coronavirus and when I was done, I realised that you know, if you don't look after yourself nobody will. So, I learned self-love in a hard place."

"We are offering walk and talk appointments out in the community, as well as seeing those most in need in the building with lots of control measures in place to reduce risks. We are restarting the group and peer support sessions and things on a much smaller basis, but looking at what risk assessments we can put in place to make it safe and also to make it feasible..."

Conclusions

- VCSE staff and volunteers had to be adaptable, flexible and innovative in finding new ways to deliver services. This was a source of pride and the requirement to adapt brought new opportunities.
- Such resilience exerted a toll on workforce and volunteer wellbeing.
- As we prioritise post pandemic recovery, the VCSE sector should be a partner in strategic planning, should be funded adequately to deliver services and the VCSE workforce should be valued for the expertise that they bring.

References

- ¹Dayson, C., & Woodward, H. (2021). Capacity through Crisis: The Role and Contribution of the VCSE Sector in Sheffield during the COVID-19 Pandemic
- ²Munford, L., Khavandi, S., et al. (2021). A year of COVID-19 in the North: Regional inequalities in health and economic outcomes, Northern Health Science Alliance, Newcastle.
- ³Bamba, C., Riordan, R., Ford, J., & Matthews, F. (2020). The COVID-19 pandemic and health inequalities. *Journal of Epidemiology and Community Health*, jech-2020-214401.
- ⁴North East Health Inequalities Impact Assessment, 2021 <https://arc-nenc.nihr.ac.uk/projects/covid-19-health-inequalities-impact-assessment-for-the-north-east/> [accessed Nov 2022]

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