



COVID-19 and the role of Voluntary, Community, and Social Enterprises in northern England in responding to the needs of marginalised communities: a qualitative focus group study

Stephanie Scott, Victoria J McGowan, Josephine M Wildman, Elaine Bidmead, Jane Hartley, Claire Mathews, Becky James, Claire Sullivan, Clare Bamba, Sarah Sowden

Abstract

Background The Voluntary Community and Social Enterprise sector has a crucial role in supporting the health and wellbeing of people who are marginalised or who have multiple complex needs. We aimed to understand perceptions of those working in the sector and examine the short-term, medium-term, and long-term effects of COVID-19 on Voluntary Community and Social Enterprise 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 Assessment.

Methods We conducted qualitative focus groups with staff and volunteers from five organisations between March and July, 2021, via a video conferencing platform. Eight of nine focus groups were audio-recorded and transcribed verbatim. One focus group was not recorded due to concerns raised over anonymity and safeguarding, but non-ascribed fieldnotes were taken. Focus group transcripts were analysed using framework analysis.

Findings One organisation supported children and young people; two organisations supported vulnerable women, young people, and families; one organisation supported refugees and asylum seekers, and one organisation supported disadvantaged individuals to improve their mental and physical health and wellbeing. Three central themes were identified: the exacerbation of pre-existing inequalities, adversity, and challenges for vulnerable and marginalised populations; the cost of being flexible, innovative, and agile for Voluntary Community and Social Enterprise staff and volunteers; and the voluntary sector as a lifeline (organisational pride and resilience).

Interpretation The considerable expertise, capacity, and resilience of Voluntary Community and Social Enterprise organisations and the crucial role they have in supporting marginalised communities has been clearly shown in their response to the COVID-19 pandemic. The Voluntary Community and Social Enterprise sector therefore has an essential role in the post-COVID levelling-up agenda. The implications of these findings for service provision are that the Voluntary Community and Social Enterprise sector must be recognised as an integral partner within any effectively functioning local health system and, as such, adequately resourced to safeguard sustainability and to ensure that attempts to involve the sector in addressing the social determinants of health are not jeopardised.

Funding National Institute for Health and Care Research (Applied Research Collaboration North East and North Cumbria (grant reference NIHR200173) and Public Health England. SSo is supported by a Health Education England and National Institute for Health and Care Research Integrated Clinical Academic Lecturer award (reference CA-CL-2018-04-ST2-010) and Research Capability Funding, National Health Service North of England Care System Support. VJM is funded by the National Institute for Health and Care Research School for Public Health Research (grant reference PD-SPH-2015).

Copyright © 2022 Published by Elsevier Ltd. All rights reserved.

Contributors

CS, CB, JH, and SSo conceived this study as part of the wider Health Inequalities Impact Assessment process led and coordinated by CM with support from BJ. SSc led the research process. SSc, VJM, JMW and EB conducted the focus groups and did the analysis with interpretation input from all authors. All authors read and approved the submitted Abstract.

Declaration of interests

We declare no competing interests.

Published Online
November 24, 2022

Population Health Sciences
Institute, Faculty of Medical
Sciences, Newcastle University,
Newcastle upon Tyne, UK
(S Scott PhD, V McGowan PhD,

J Wildman PhD,
Prof C Bamba PhD,
S Sowden PhD); Institute of
Health, University of Cumbria,
Carlisle, UK (E Bidmead PhD);
Voluntary Organisations'
Network North East, Newcastle
upon Tyne, UK

(J Hartley PG Cert); Office for
Health Improvement and
Disparities, Department of
Health and Social Care,
Newcastle upon Tyne, UK

(C Mathews MSc, B James MSc,
C Sullivan PhD, S Sowden); NIHR
Applied Research Collaboration
North East and North Cumbria,
St Nicholas' Hospital,
Newcastle Upon Tyne, UK

(S Scott, J Wildman, E Bidmead,
Prof C Bamba, S Sowden)

Correspondence to:
Dr Sarah Sowden, Population
Health Sciences Institute, Faculty
of Medical Sciences, University of
Newcastle NE1 4LP, UK
sarah.sowden@ncl.ac.uk