

Issues affecting emergency financial support providers and service users during the Covid-19 pandemic, Evidence Note 2

Providers of emergency financial support and assistance are at the frontline of responding to Covid19. This briefing highlights the key challenges service providers have raised in recent weeks - including an absence of face-to-face services, the mental health and wellbeing of clients and safeguarding.

The issues presented have been gathered from the responses to an online issue collection form for emergency financial support providers and reflect three key emerging themes. They relate to both the challenges faced by providers in delivering their services and the challenges facing service users.

This is the second briefing in a series that will be published regularly to highlight the changing issues as more data is gathered and the situation develops. The issues which are reported will be shared with central and local Government and other agencies to assist with the development of effective approaches to dealing with the challenges presented by Covid-19.

We will continue to collect and analyse responses through the Coronavirus pandemic. We encourage multiple responses as new and additional issues arise, so that we can capture as much evidence as possible as the situation changes. Please help us by [completing the evidence collection form and sharing across your networks.](#)

Theme 1 – The absence of face-to-face services

With the need to comply with social distancing and the lockdown, organisations discussed the challenges of adapting their services. A key issue was the new difficulties created in meeting the needs of hard to reach and vulnerable service users. Several challenges were identified which made it impossible for some clients to continue to engage including a lack of internet access, insufficient telephone credit and limited English language skills.

Despite organisations' efforts to proactively contact service users, responses expressed the limitations of this. A frontline service provider stated:

“We have sent texts to each person we have seen within the last 6 months but cannot phone each one to ascertain if they are healthy, have enough food, have any other issues. We are reliant on them contacting us, but they may not have the necessary level of English to explain their need or may not have access to phone or internet.”

Further barriers, previously overcome by face-to-face contact were also raised, with an organisation that supports asylum seekers stating:

“People without English language skills are unable to resolve their issues on mainstream telephone or internet platforms. We cannot be sure that we are reaching everyone although we telephone the most vulnerable participants regularly.”

A charity supporting women from disadvantaged backgrounds informed us they had kept running in person services (whilst being mindful of social distancing). Their response stated face to face support was essential for their beneficiaries:

“We support the most vulnerable in our community who are not able to access support online.”

As mentioned in [evidence note 1](#), respondents have called for more centralised and uniform guidance to support the adaptations to their frontline services. **This is especially pertinent as frontline service providers plan for a phased recovery.**

Theme 2 - Mental health and wellbeing of vulnerable clients

This was a common concern expressed by survey respondents, especially in regards to groups already vulnerable to poor mental health and well-being becoming more isolated. Numerous responses stated that clients were now unable to access services they previously relied on, as service providers responding to the crisis have had to change their operating models away from face-to-face support. An organisation working with asylum seekers stated:

“It is a time when already vulnerable people will feel isolated and alone”

Another organisation supporting the trans community further echoed this:

‘Suicide rates are disproportionately higher in this community, which often struggles with mental health issues and isolation.’

Similarly, an organisation supporting unpaid carers raised this issue, explaining that many of their clients do not have internet or email access, further isolating this vulnerable group during the crisis:

“Those who care for someone with dementia or mental health issues are finding it particularly difficult.”

Other services reported that they are unable to provide the holistic support that they had previously. A foodbank told us how the additional services they used to provide, which included debt advice, mental health and legal support, could no longer be offered as they needed to focus on providing essentials to meet the increased demand for food.

Another organisation supporting care leavers stated they did not have the capacity to deal with the greater scale of need in mental health support, made worse by gaps in local authority provision due to strained resources.

These responses suggest that a combination of reduced services and stretched resources are exacerbating the mental health issues facing already vulnerable groups.

Theme 3 – Safeguarding for paid staff, volunteers and service users

Responses highlighting this issue frequently raised the challenges faced in assessing risk and putting the correct provisions in place to respond, when they had received mixed or limited guidance on minimum standards and best practice. The need to balance responding quickly and effectively to the needs of service users whilst ensuring adequate safeguarding, was a particular concern to service providers.

One organisation expressed the potential health and transmission risks of volunteers delivering supplies to service users:

“We do not know if some participants, already in ill-health have the virus and may be passing it on to others in their houses.”

A foodbank suggested their previous safeguarding precautions were rapidly becoming untenable:

“[W]e are offering twice the availability for distribution that we offered previously but with many of the volunteers being at the high end of working age or retired, this begs a question about sustainability.”

Responses also communicated the complexities faced in service delivery created both by the rapid change in circumstances caused by the pandemic, and by a lack of guidance on best practice. A foodbank stated:

“[W]e have insisted team support agencies organise deliveries because (a) our insurance will not cover this and (b) I am unhappy with sending anyone without enhanced DBS to a private address.”

Another organisation reflected confusion over the guidance coming from multiple sources:

“There is just far, far too much information being sent by the DfE, the Local Authority and the diocese for school leaders to read and remember.”

The issue of balancing data protection compliance and the needs of service providers was also highlighted:

“Data protection can make it difficult to find where there is genuine need. Some families are reluctant to disclose they are struggling, or ask for help”

As organisations have made valiant efforts to address a huge spike in need, it is vital they are provided with the support and guidance from local and central government. Both in terms of material resources (such as PPE provisions) and logistical help, to limit the safeguarding risks to those both giving and receiving support through the pandemic.

With thanks to the Joseph Rowntree Foundation who have helped analyse the data collected from the emergency financial support providers evidence collection form. Any views expressed or recommendations derived do not necessarily represent the positions of these organisations.

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