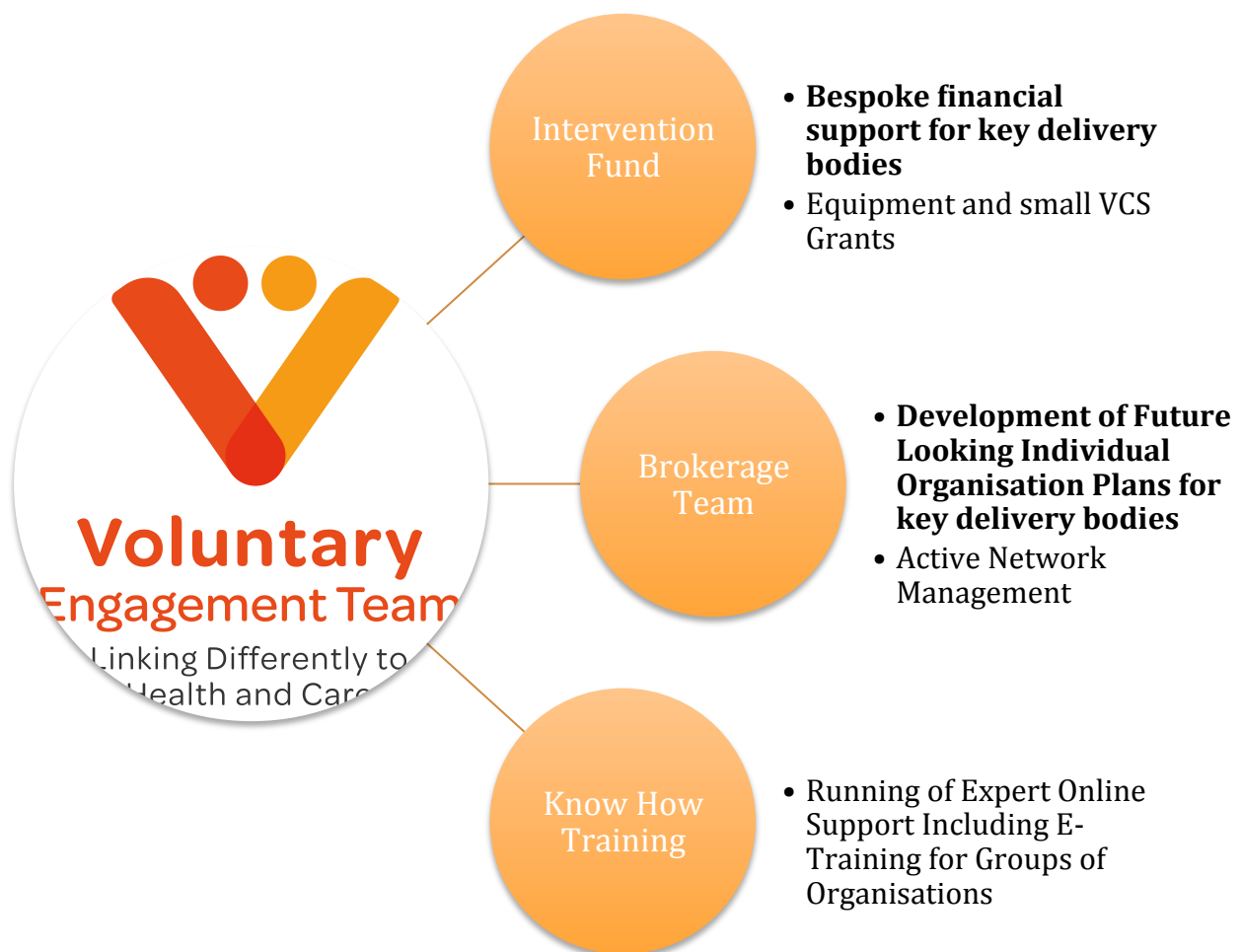


The Impact of the Coronavirus on the Activities and Capacity of the Voluntary and Community Sector in Health and Care in Lincolnshire



Summary

76 VCS organisations from across Lincolnshire responded to a fast moving survey about the challenges and issues they face arising from the coronavirus. A summary of the survey results is set out below:

Current Financial Impact - A significant proportion (almost half) of the survey respondents have faced a major reduction to their financial capacity (50% or more) – this is likely to get worse over the next 3 months.

Future Financial Impact - Over 80% of respondents have been substantively affected in terms of their capacity as a consequence of social distancing.

Impact of Social Distancing - Almost 75% of respondents feel that their clients will be very significantly or significantly affected by their reduced capacity.

Client Support - Nearly two thirds of organisations feel that there is no other organization that will take up their clients.

Impact on Clients - Respondents identified that the impacts on their clients were principally about the fact that services have been withdrawn from specific client groups. Where ongoing support for clients is planned this is almost exclusively through online and telephone support.

Additional Actions - In terms of additional actions respondents could undertake in response to the coronavirus, organisations identified seeking digital solutions and in some cases having the capacity to deliver previously “hub” based activities remotely through driving and deliveries.

Scope to Work with Others - In terms of working with other bodies/partners, organisations identified that there was scope for them to deploy some of their “frozen” capacity to work with those in the sector who are still active and might benefit from additional help. There was evidence that some organisations are experiencing neighbourhood level self-help bodies coming into existence in response to the crisis. There were also references to organisations being interested in working with others around specific themes, if a need and relevant contacts could be achieved. Some organisations identified that they had digital and phone capacity which could be deployed to help others and through which to network with others.

Current Needs - In terms of the resources needed to respond to their current challenges over 30 respondents identified a need for financial support. A proportion of these organisations identified that their most pressing need will be subject to a time lag when the current quarter ends and pre-contracted activity comes to an end. There were also requests for technical support in key areas of activity including HR and access to IT equipment was a key theme.

Increasing Capacity - In terms of further developing their capacity responses to this question ran along similar lines to the previous question. Financial resources

were identified as the biggest factor, which could increase the capacity of the organisations concerned. Additional foci included a community of support for sharing good ideas and more Personal Protective Equipment (PPE).

Wider Support Needs - In terms of key issues linked to the current crisis strategic and focused engagement with the sector was identified as a key factor to help the sector play its part in addressing the coronavirus challenge. A dialogue with the statutory sector about the outcomes of this survey is an important aspect of that process. Maintaining social connectedness and cohesiveness post the immediate crisis was identified as a key priority for the future.

Specific support in the form of a discrete financial package for charities responding directly to the coronavirus from Government was identified as an important priority rather than seeing them as part of the wider package of support measures. The nature of the charity sector is different to that of business and the current approach doesn't recognise this. This is unpacked further in the conclusion to this report. A coordinated repository of the support available to the sector was identified as desirable.

Planning for Recovery - In terms of planning for recovery the provision of professional advice services for VCS bodies was identified as very important. There were concerns that vulnerable groups will need focused and ongoing support. Homeless people currently in new accommodation for example will need very careful support post crisis. The opportunity to reflect during the current time on the focus and nature of the service provided by some organisations was identified as a positive opportunity. Help with restructuring and the development of formal recovery plans were both identified as important activities to prepare for a robust future.

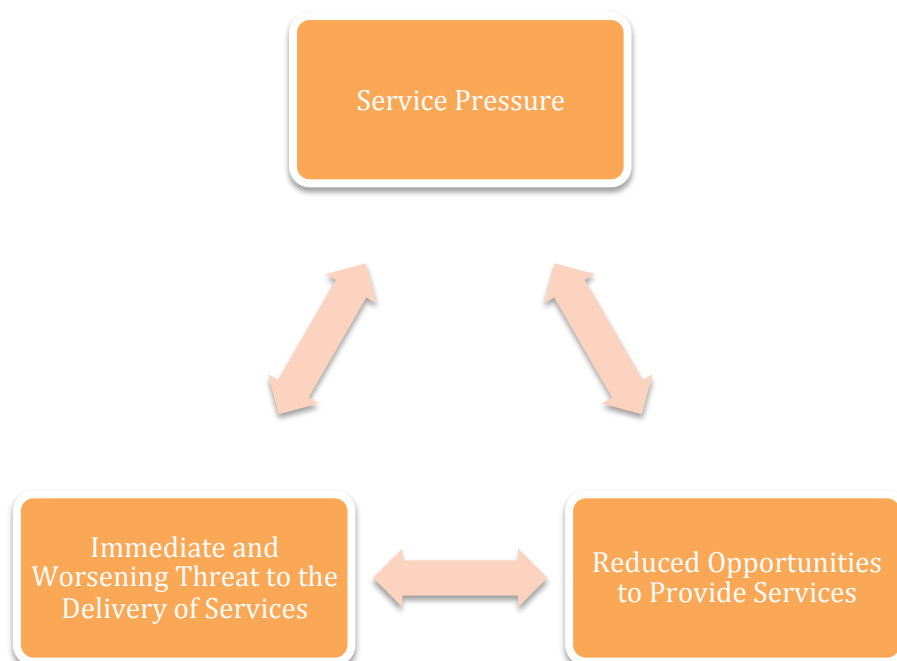
Proposals for responding to the issues arising from this analysis, based on the schematic on its front cover, are set out in the final section of the report.

Introduction

Since the scaling up of social distancing on 23 March 2020 the UK has entered a system of “lockdown”. This has involved three impacts on the Voluntary and Community Sector in the context of the provision of Health and Care services. The interplay of these impacts can be characterized as an un-virtuous triangle. They are:

- Increased pressure for services
- Significantly reduced opportunities to deliver services
- Immediate and worsening threats to the ability to deliver services

This is conceptualized in the diagram below:



Public attention is naturally focused on the contemporary impacts of the coronavirus in relation to infection and death. In this situation there is a danger that the impacts of the pandemic on the capacity of the VCS sector to play its part in the response to the crisis will be missed. It is still more likely that in the medium term, recovery will be negatively impacted by the loss of capacity within the VCS sector.

As we are currently in the heart of the crisis now is both the best time to consider how to ameliorate the problems in the short term. It is also the most far sighted time to begin planning a response to the needs of the sector in building its capacity to support recovery.

Lincolnshire Voluntary Engagement Team has therefore undertaken a fast moving survey of the sector to provide up to date evidence to support the VCS response to the coronavirus in Lincolnshire.

Lincolnshire Voluntary Engagement Team

Lincolnshire Voluntary Engagement Team was formed in 2017/18 with support from the NHS. It began as part of NHS England's VCS Accelerator Programme and was established by a group of Lincolnshire VCS bodies including:

St Barnabas Hospice, Age UK Lincoln and South Lincolnshire, Lincolnshire CVS, Voluntary Centre Services, Every-one (carers charity), LACE Housing Association, Children's Links and Healthwatch Lincolnshire. The statutory sector has also supported the work of VET through the Lincolnshire STP and Lincolnshire County Council. VET now has a well established relationship with over 50 members of the sector in Lincolnshire and this is growing on a consistent basis.

VET has a memorandum of understanding with the statutory sector, which recognizes its role as the voice of the health and care VCS sector in Lincolnshire. The organization has the following aims:

- To collectively promote, support and develop the voice/s and identity of the third sector and its various networks, within the broader Lincolnshire system
- To participate at a strategic level and facilitate meaningful dialogue between system/sector, to support, inform and influence system intentions
- To enable the sector to operate in a strategic way
- To provide a platform/ route/(forum) for coordination/collective approach/coproduction build cross-sector relationships that help to develop a positive environment
- To support and enable the integration of health, care and support

More information is available about VET through its website at:
<https://lincsvoluntarysectorportal.org.uk/home/>

Survey Characteristics

VET discussed the development of the survey on 27 March 2020 and it was launched on 31 March 2020. The survey was distributed by the members of the VET lead group to their contacts and through VET's own contact list.

The survey is brief, comprising 11 questions. It covers three core themes:

- The impact of the crisis on respondents and their clients – mainly closed questions
- The views of respondents on the contribution they could make to addressing the crisis – mainly open questions
- How the post coronavirus recovery process should be managed - mainly open questions

Respondents

A list of respondents is set out below. In terms of the short duration of the survey, they provide comprehensive geographical and thematic coverage of the health and Care VCS sector in Lincolnshire.

1. Acts Trust
2. Alzheimer's Society
3. Assist
4. Bailgate Methodist Church
5. BASSINGHAM SURGERY
6. Bethany Church
7. Boston Lithuanian Community
8. Bourne & District Lions Club
9. Bridge Church Lincoln
10. Bromhead Medical Charity
11. Burgh angling society
12. Careby, Aunby & Holywell Village Hall
13. Centrepont Outreach
14. Children's Links
15. Church (self described title for a specific faith initiative)
16. Church cafe and room rental
17. Citizens Advice
18. Community Village hall
19. Crossroads Lunch Club
20. Deeping St James Parish Council
21. developmentplus
22. Disability Network CIC
23. Dunsby Village Hall Committee
24. Evergreen Sleaford
25. Every-One
26. Fulbeck Sports Club
27. Gamcare
28. Grantham Diabetes Peer Group
29. Grantham Volunteer Dementia Support
30. Guide Dogs
31. Happy Breathers COPD Clinic
32. Headway Lincolnshire
33. Hogsthorpe volunteers
34. Holbeach and East Elloe Hospital Trust
35. Holbeach Community Larder
36. Holton le Clay Parish Council
37. HOPELinks Ltd
38. HWLinCs
39. LACE Housing Association
40. Lea Village Hall Charity
41. Lincoln Food Partnership
42. Lincoln & Lindsey Blind Society
43. Lincolnshire ADHD Support Services

44. Lincolnshire CVS
45. Lindap
46. LIVES
47. Louth and District Hospice
48. Macmillan Cancer Support
49. Medical Practice
50. New Life Community Impact
51. North Notts & Lincs CRP CIC
52. NSPCC
53. Old Bolingbroke Village Plan Delivery Group
54. Parkinson's UK
55. Pelican Trust
56. Pinchbeck Village Hall
57. Polio Survivors Network
58. Rainbow Horses Learning Centre CIC
59. Restore church
60. Skegness LGBTQ+
61. Skellingthorpe Youth Centre
62. Sleaford Dementia Support
63. Sleaford Talking Newspaper for the Blind
64. Sortified CIC
65. South Lincolnshire Blind Society
66. St Mary le Wigford
67. TaylorITEX CIC
68. The Joy Foundation
69. The Ridlington centre
70. Think2Speak CIC
71. Thirteen Plus
72. Tonic Health
73. Voluntary Centre Services
74. Welland Seniors Forum
75. Withern Village Hall Committee
76. YMCA Lincolnshire

To provide an overview of the scale and nature of the operation of respondents they were asked to identify their key characteristics these are summarized in the table below:

No paid staff	25.32%
– Employ 0-5 people	27.85%
– Employ 5-20 people	12.66%
– Employ 20-50 people	3.80%
– Employ over 50 people	7.59%

– Work with up to 10 volunteers	2.53%
– Work with 10 - 30 volunteers	6.33%
– Work with 30-100 volunteers	3.80%
– Work with over 100 volunteers	2.53%

The VCS sector is traditionally characterized by a high proportion of very small organisations and the fact that 53% of the cohort employ 5 or less people is no great surprise. Some of the respondents do work with both larger numbers of employees and with significant numbers of volunteers. Taken as a whole the survey cohort represents a significant body of organisations and activity.

It is useful, reflecting on this list, to categorise organisations in terms of scale of operation and level of need in relation to the client group they serve. The graphic below sets out how this thinking might be applied:

Scale of Organisation	High scale, low need	High scale, high need
	Low scale, low need	Low scale, high need
	Intensity of Need	

Plotting respondents on this grid, whilst requiring some value judgements, is a useful way of thinking about how resources might be prioritized to support organisations.

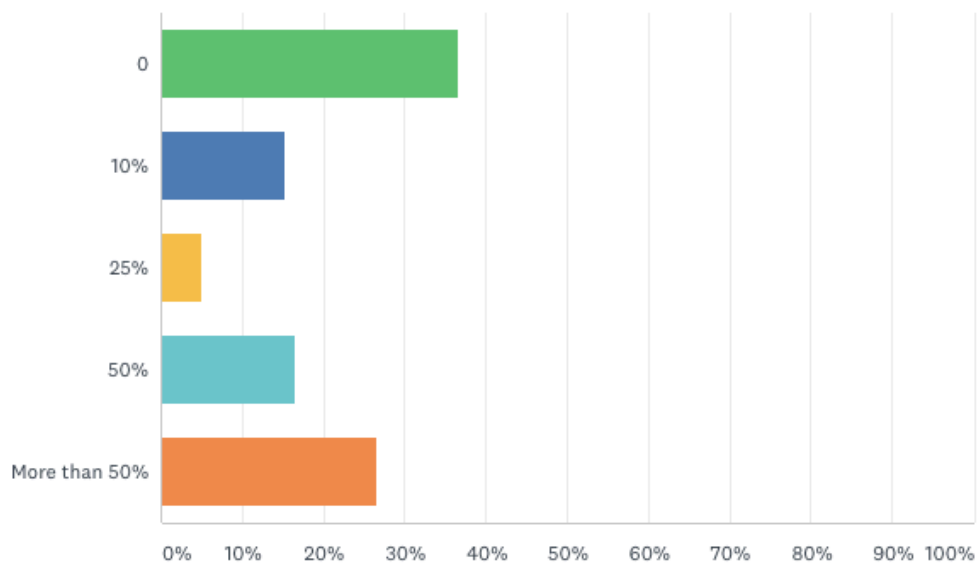
Survey responses to each category of questions are set out below – where they provide additional illumination quotes from survey respondents are quoted in italics:

Impact

“We have been turned down for 3 grants since lockdown began, as we are unable to deliver projects directly to families at this time. This is going to have a huge impact on our ability to deliver a service when things return to normal.”

Impact on your finances - what proportion of your income has been lost immediately?

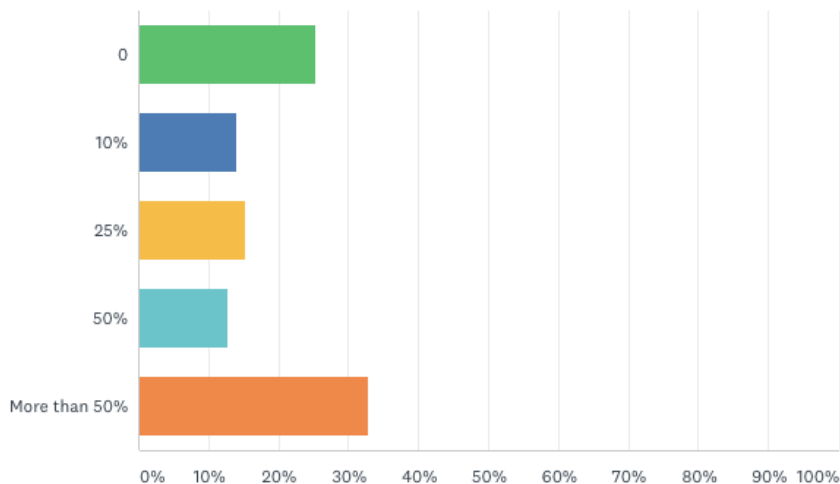
43% of respondents have lost at least 50% of their income since the beginning of the lock down period.



ANSWER CHOICES	RESPONSES
– 0	36.71%
– 10%	15.19%
– 25%	5.06%
– 50%	16.46%
– More than 50%	26.58%

Impact on your finances - what proportion of your income do you expect to lose in the future (say 3 months)?

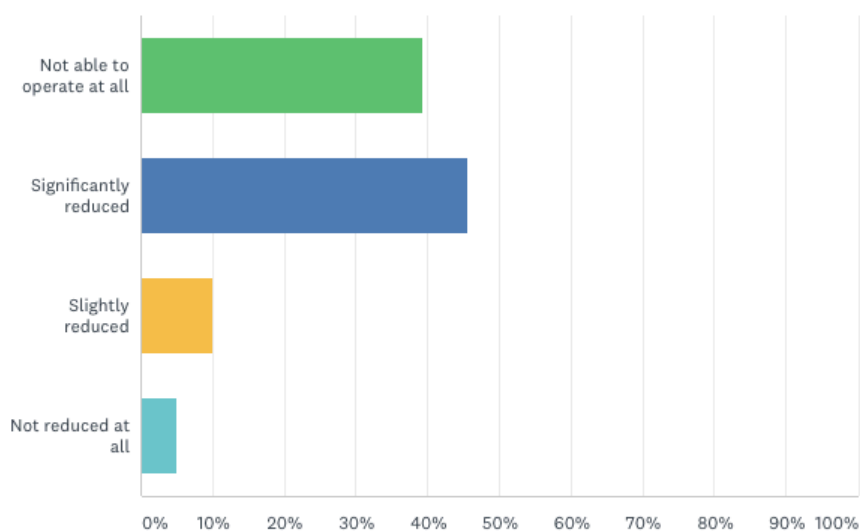
It is anticipated that the position for respondents will worsen in terms of income within the next 3 months with 45% expecting to lose 50% or more of their income within 3 months.



ANSWER CHOICES	RESPONSES
0	25.32%
10%	13.92%
25%	15.19%
50%	12.66%
More than 50%	32.91%

How has social distancing affected your operational capacity?

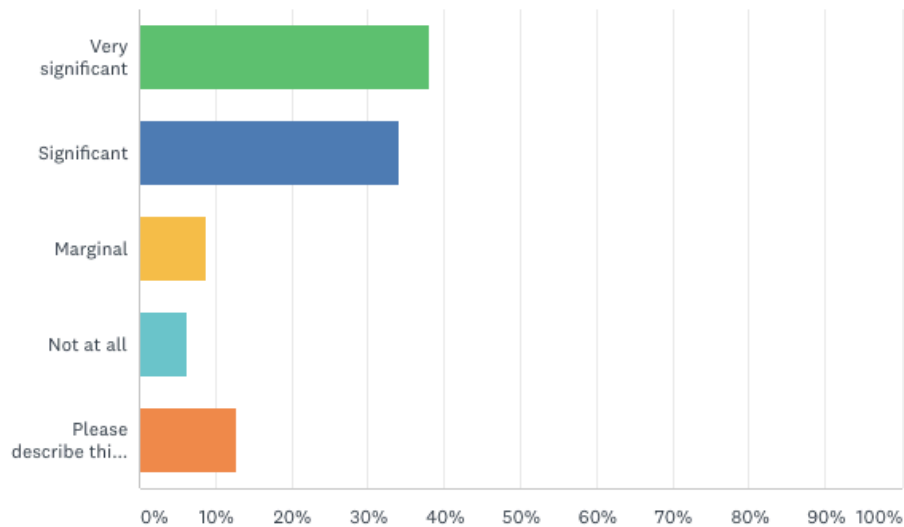
Almost 85% of respondents have suffered significant reductions to their capacity since the lock down and just under 40% are not able to operate at all.



ANSWER CHOICES–	RESPONSES–
– Not able to operate at all	39.24%
– Significantly reduced	45.57%
– Slightly reduced	10.13%
– Not reduced at all	5.06%

What impact will changes to your capacity have on your client group?

72% of respondents expect the changes to their capacity will have a very significant or significant impact on their client group.



ANSWER CHOICES–	RESPONSES–
– Very significant	37.97%
– Significant	34.18%
– Marginal	8.86%
– Not at all	6.33%
– Please describe this impact in more detail if you prefer	12.66%

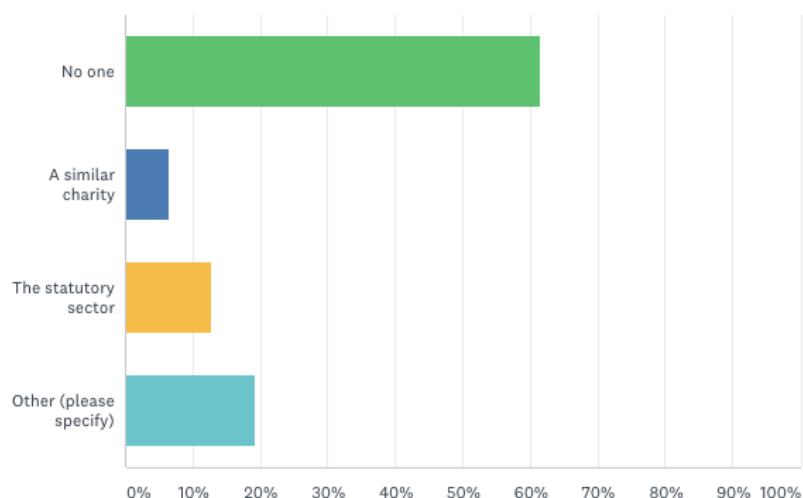
Impact on client group:

In terms of impact on the client group only a modest number of respondents provided detailed comments. These were principally about the fact that services have been withdrawn from specific client groups. There was also some evidence of a move to telephone and online support for clients. The detail of the comments is set out below.

1. We work in schools - schools are closed.
2. Not able to hold our Monthly Lunch Club, Monthly Carers' Group and Weekly Drop in information stand. Now operating a telephone befriending service to existing clients.
3. We've moved from face to face referrals to telephone referrals and are operating 2 sessions a week instead of one and are using some of our volunteers for delivery of food parcels.
4. Unable to deliver the actions and recommendations agreed with the residents.
5. Disabled aids we supply useful but rarely urgent, so delay not generally crucial.
6. Individuals and groups will have to adapt to not having physical access to support.
7. Our capacity is slightly reduced due to some volunteers needing to self-isolate but we anticipate our activity to increase significantly, particularly for our high end medic responders.
8. We are redesigning our operations to become more digital.
9. Some therapies continue - private operations suspended as private hospitals being used by NHS.

Who will take on any clients you can no longer support?

Almost 62% of respondents feel that there is no one who will take on the clients they are no longer able to support.



ANSWER CHOICES–	RESPONSES–
– No one	61.54%
– A similar charity	6.41%
– The statutory sector	12.82%
– Please describe this impact in more detail if you prefer	19.23%

Who will take on your clients?

62% of organisations identified that there was no-one else who would pick up their clients and a modest number explained the impacts in more detail. These reveal a move by most organisations to supporting their clients on line and through other virtual means. Details of the comments received are set out below:

1. We are still supporting the same group, just in a significantly different way.
2. Have changed f2f visits with telephone buddy support service.
3. There are other generic support groups, but none who deliver the specialist service that we do.
4. We will continue to support our clients using alternative solutions.
5. Essential services will continue, non-essential on hold.
6. We have changed from visiting at home to telephone befriending.
7. We have re deployed staff.
8. We have moved from face to face support to telephone support.
9. Patients will be held on a pending list.
10. We “do” via phone.

Potential Contributions to Tackling the Crisis

“The voluntary sector is beautifully placed to respond at speed but needs to be involved and engaged at a strategic level with clarity and respect.”

Responses to the questions in this area of analysis are largely open ended a brief summary of the response to each question is set out below. Full summaries are set out in the Appendix to the report.

Over and above your current contribution to addressing the coronavirus crisis what other actions could you take on your own account?:

Responses to this question identify organisations seeking digital solutions and in some cases having the capacity to deliver previously “hub” based activities remotely through driving and deliveries.

Over and above your current contribution to addressing the coronavirus crisis what other actions could you take working with others?:

Organisations identified that there was scope for them to deploy some of their “frozen” capacity to work with those in the sector who are still active and might benefit from additional help. There was evidence that some organisations are experiencing neighbourhood level self-help bodies coming into existence in response to the crisis. There were also references to organisations being interested in working with others, if a need and relevant contacts could be achieved. Some organisations identified that they had digital and phone capacity which could be deployed to help others and through which to network with others.

What support do you need to maximize your impact? In responding to your specific challenges? eg: money, other resources, technical support, formal recognition

“Donations have dropped off considerably as individuals protect own households. We need financial help to be effective as a community hub covering a large geographical area. We are having to buy in bulk from commercial supplies. Limits on shopping from supermarkets have made it difficult for Foodbanks to access adequate stocks.”

Over 30 respondents identified a need for financial support. A proportion of these organisations identified that their most pressing need will be subject to a time lag when the current quarter ends and pre-contracted activity comes to an end. There were also requests for technical support in key areas of activity including HR and access to IT equipment was a key theme.

What support do you need to maximize your impact? In developing your capacity and activities eg: money, other resources, technical support, formal recognition?

Responses to this question ran along similar lines to the previous question. Financial resources were identified as the biggest factor, which could increase the capacity of the organisations concerned. Additional foci included a community of support for sharing good ideas and more Personal Protective Equipment (PPE).

Do you have any further comments/insights to offer about the coronavirus and the voluntary and community sector?

Strategic and focused engagement with the sector was identified as a key factor to help the sector play its part in addressing the coronavirus challenge. A dialogue with the statutory sector about the outcomes of this survey is an important aspect of that process. Maintaining social connectedness and cohesiveness post the immediate crisis was identified as a key priority for the future.

Specific support in the form of a discrete financial package for charities responding directly to the coronavirus from Government was identified as an important priority rather than seeing them as part of the wider package of support measures. The nature of the charity sector is different to that of business and the current approach doesn't recognise this. This is unpacked further in the conclusion to this report. A coordinated repository of the support available to the sector was identified as desirable.

Recovery

Post the coronavirus how do you think the recovery process should be managed from the perspective of your organisation?

"We would also like to see the continuation of any positive partnerships formed in response to the Covid-19 crisis to help create a stronger community for the future. As an organisation we will also be taking this as an opportunity to review the way we offer our services in the future."

The provision of professional advice services for VCS bodies was identified as very important. There were concerns that vulnerable groups will need focused and ongoing support. Homeless people currently in new accommodation for example will need very careful support post crisis. The opportunity to reflect during the current time on the focus and nature of the service provided by some organisations was identified as a positive opportunity. Help with restructuring and the development of formal recovery plans were both identified as important activities to prepare for a robust future.

Analysis

The Context

The results of this survey demonstrate a lag between action and engagement in terms of the VCS sector and its coherent involvement in work to address the coronavirus.

At the national and county level new arrangements have been initiated to respond to the coronavirus. We have over 750,000 new volunteers across the UK still to be properly engaged. We have a series of structures now in place to plan our local response. There has not yet been time to plan how these new responses can translate into inclusive action. VET has commissioned this survey to contribute to managing that challenge.

The survey responses demonstrate that whilst attention is necessarily focused on those impacted by the coronavirus directly the significant impact it is having on the local VCS structure has not yet been addressed.

At the national policy level the VCS sector has been included as a grouping within general measures such as the furloughing staff and business rate relief to

support principally businesses. Whilst this response is fully understandable there are some subtle differences between the VCS and business, which to some extent blunt the impact of these wider measures.

The Challenge

We have set out the particular nature of the challenge facing the VCS in our introduction to this survey, which we have characterized as the “un-virtuous triangle”.

At the heart of the challenge the sector faces is the way increasing demand affects its resource base. In the private sector increased demand generates extra sales, which brings in extra resources in the form of sales. In the VCS sector extra demand depletes resources and whilst some of these can be replaced by sales, other activities linked to personal giving through campaigns and crucially events are required to fill the gap. Many of these activities are no longer possible as a consequence of the lockdown. Access to volunteers, which is another tool for addressing resource demands is also severely constrained by the lockdown.

In the short term this situation has led a significant number of VCS to be in a position where they cannot operate at all – 39% in our survey. It also has a knock on effect meaning there are fewer other organisations to pick up the clients of these organisations. Nearly 62% of our respondents identified that they did not think anyone else would pick up their clients.

The level of impact of the un-virtuous triangle is not yet fully realized. As a consequence of planning and delivery horizons, typically running on quarterly cycles, the biggest impacts on the sector are likely to arise in the next quarter, reflecting the major shock experienced by the system from March 2020 onwards.

Many VCS bodies have small numbers of staff and do not operate from large premises, this makes the current business flavoured packages of support even less effective in their case.

At the nub of the challenge is the need to replace loss resources in terms of financial giving and the supply of volunteers. This can only really be addressed through the provision of focused grant aid, or based on the ability to pay, very long term, soft loans, particularly for those larger organisations who have some capacity over time, to use their social enterprise activities to trade out of the problems they face.

The quote below provides a succinct exposition of the issues VCS bodies face:

“Although employees can be furloughed this is not appropriate when staff are still needed to work to continue to deliver services. However, with income streams drying up it will be hard for charities to continue on a long term basis without some financial support.”

The Case for Action

The case for supporting the sector rests on its unique characteristics these include:

Agility, the ability to respond rapidly to specific needs and circumstances in a way, which is challenging for large and essentially more bureaucratic organisations in other sectors.

A lower cost base, which gets more resources to the point of delivery through the use of locally tailored and owned responses to circumstances, through local governance and the use of volunteers.

Insight, most VCS organisations are local in nature and governance, or have devolved national structures, this enables them to deliver outcomes based on local planning and delivery which is closer to local needs.

Local ownership, with most of the governance of VCS bodies being local they provide greater scope for local engagement and ownership, which builds their engagement with local people and makes their services highly accountable, valued and therefore ultimately more effective.

The Response

National - At the national level it is important to consider how best to lobby Government to recognize the specific nature of the needs of the sector. This needs to be expressed in terms of a request to provide tailored grant and loan finance at large scale on a national basis. This work needs to proceed in parallel with the development of a Lincolnshire response as there is not time to base local action on national progress. One really useful way of targeting resources at the national and Lincolnshire level is to populate the grid around the characteristics of organisations in our description of the sector with the types of bodies where there is the greatest justification for support. It is set out below by way of reiteration:

Scale of Organisation	High scale, low need	High scale, high need
	Low scale, low need	Low scale, high need
	Intensity of Need	

Lincolnshire – At the Lincolnshire level a number of responses directly suggest themselves from the responses to the survey they are as follows:

Brokering – Any package of interventions needs dedicated resources. It is proposed that two experienced organizational development individuals be recruited to VET. These individuals would operate initially for six months. They could be located on a north/south split. Their role would be to work with the organisations of most significance and with the most intense challenges on the basis set out in the resources section below. They would hopefully also have capacity to oversee and manage the equipment, networking and know how

activities set out below, which is particularly (but not exclusively) pertinent to smaller organisations within the sector.

Resources – A scheme of financial support should be assembled. It should use the grid referenced above as a means of focusing its thinking about the scale and nature of its investments with key VCS bodies impacted badly by the crisis. This funding should concentrate on the development of a plan for the recovery based, future of the organization, not just looking at its most immediate needs. It should have two components firstly an independent diagnosis of the issues faced in each case and secondly a plan of action to address these issues. The first focus, through the brokers set out above, should be to work with those organisations with the most significant needs and important contributions to develop a tailored plan of action to be funded through this financial support.

Equipment – There is a specific case for the provision of two types of equipment arising from the survey: PPE and digital resources. If a pool of both categories of resources could be sourced and made available to support those organisations in need this could make a major, relatively low cost impact on delivery. The PPE issue is far more complicated in terms of demand than digital resources such as laptops and printers and work in relation to these two areas of activity may need to progress at different paces. A discrete element of the resource package identified above (working perhaps in partnership with others such as the Community Foundation) could be developed to provide this support. It could also provide small more general capacity funding where the case can be made that this would help sustain the resilience of those individual bodies working in the sector.

Know How – There are significant references amongst survey respondents to moving services on line. It is not clear to what level of sophistication this is likely to happen as we are unaware of the capacity of the organisations concerned. It may be very useful to hold a “know how” session for the organisations to both create an awareness of how this online process is working at the moment and to look at refinements, which might make it proceed more effectively at the individual organizational level. This could be supported by a process of individual action planning with VCS bodies.

Next Steps

The following actions should be followed as the next steps to implement the analysis arising from this report:

National – this report should be shared with people with national influence. It could be escalated through the statutory networks of the organisations in contact with VET. It could also be forwarded onto Lincolnshire’s MPs.

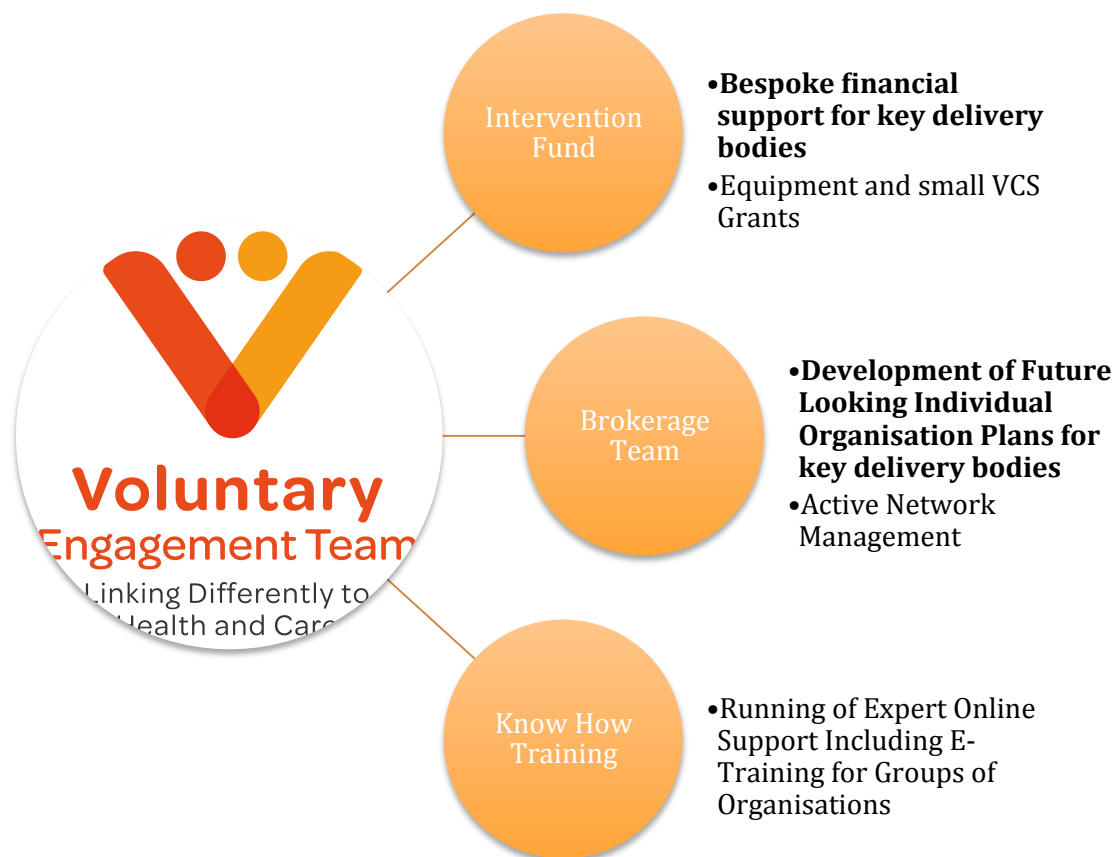
Lincolnshire – in terms of **resources** a pot of financial support needs to be assembled at scale and quickly.

In terms of **brokering** VET should be provided with the resource to identify two organizational development specialists as quickly as possible to begin the process of rescue/development planning.

In relation to **equipment** a needs audit covering both IT and PPE could be undertaken this could be done, by the individuals referenced in the brokering section above, as an early task. A modest proportion of the resources assembled in the local fund could be deployed to work as a specific part of the grant scheme with those requiring IT support. A specialist IT resource could be sourced in terms of an individual with hardware expertise to support this process. In terms of PPE the situation is more complicated but the brokers identified above could lead this process.

In terms of **know how** the brokers referenced above could be tasked with assessing demand and then identifying a specialist resource to support the development of two things, firstly an organization specific review of the needs of individual interested organisations and then the provision of an online training resource to support those organisations in maximizing their impact through the digital activities concerned.

In summary a coronavirus response service could have the features set out in the diagram below:



Appendix 1

Over and above your current contribution to addressing the coronavirus crisis what other actions could you take on your own account?:

Responses to this question identify organisations seeking digital solutions and in some cases having the capacity to deliver previously “hub” based activities remotely through driving and deliveries. The detailed breakdown of comments is set out below:

1. Expand the intensity of delivery, do more on line, cover a wider area, offer new services.
2. Be more tech savvy.
3. Online video support to schools.
4. Better information on what agencies are available to help the vulnerable is needed.
5. It would be very difficult for the 8 volunteers in the group to do more than keep in touch by telephone, email in some cases, and refer where necessary. We think it is very important to maintain the contact to show people they are not forgotten.
6. More video conferencing, offer new services, develop online training
7. We are trying to work online with Zoom but this is not suitable for lots of our clients who are children with additional needs.
8. We could provide an increased number of food parcels, do washing for homeless people being accommodated in hotels.
9. Very difficult but if all volunteers had IT equipment for recording sat home it may be possible.
10. Not sure what we can do at this time as our Charity Shop is closed, our conferencing and room hire has ceased.
11. The Parish Council are a point of contact for individuals shielding and self isolating as a group of volunteers are able to offer support with food deliveries prescription collections signposting for additional help and just a listening ear.
12. Happy to support other organisations when required. Deliveries have increased hugely 2500%. 126 in 2 weeks.
13. Support more people virtually through regular contact and finding solutions to their issues and concerns.
14. Take people normally admitted to hospital for end of life care.
15. Moved to phone befriending rather than face-to-face.
16. Offering prescription collection, food shopping, a telephone call and any housework that is urgent.
17. We have already done this by holding two sessions and moving to telephone referrals.
18. Use novel ways of communicating and keeping in touch as well as offer pastoral care at 'arms length' /remotely.
19. Keep in touch via regular telephone calls to clients.
20. Informing members on coronavirus and diabetes.
21. We are waiting for funding to continue.

22. I would have liked to continue - but impossible with senior volunteers – now no reception in the LMVC (also VERY senior vols) and no access to the building unless we are able to operate a system for opening/locking up. Which is impossible.
23. More on line and 'phone.
24. Offer the service in a different format-focus on emotional support.
25. Funding and more clarity.
26. We are a vulnerable group of trustees so are very much in this as well as our members. We can do virtual meetings to discuss ongoing concerns and issues.
27. Do more interactions online.
28. Employ more telephone staff , utilise more volunteers on telephone.
29. Ascertain the feasibility of online delivery.
30. None at present - relies on people attending the group.
31. We are available on social media, but the hall itself is shut for activities & functions.
32. Increase communication via social media, provide door to door hot meals, provide remote support and social calls to 70% of existing residents.
33. We have already altered our practice to enable us to still support people caring in their community.
34. We are currently offering online and telephone support.
35. We are already doing what we can over the phone and digitally to support our members.
36. Online delivery, alternative methods of support, increased caseloads and interventions.
37. Offer sector support.
38. Further adapt to remote working through adopting digital alternatives.
39. We are keeping a social media presence.
40. Increase communication on social media.
41. Several offers made to LRF and EMAS including additional community response activity, provision of medical top cover to Ambulance crews, COVID-19 testing, provision of PPE fit testing, etc.
42. We have moved delivery to online but this relies on beneficiaries have tech and a data connection. We can cover a wider area geographically this way though.
43. Home delivery of food aid, telephone befriending, online content.
44. We have extended our telephone dementia helpline to 7 days a week.
45. Whilst we can't deliver our face to face mentoring programmes we have adapted them enough to deliver an alternative. With some however, based purely on the client group, we're having to think of new ways of interacting/offering a different service.
46. We are expanding online.
47. Can offer psychotherapy / psychiatry / Sensory OT to support people in Lincolnshire using Skype / FaceTime or phone calls very important to support mental health during this crisis.

Over and above your current contribution to addressing the coronavirus crisis what other actions could you take working with others?:

Organisations identified that there was scope for them to deploy some of their “frozen” capacity to work with those in the sector who are still active and might benefit from additional help. There was evidence that some organisations are experiencing neighbourhood level self-help bodies coming into existence in response to the crisis. There were also references to organisations being interested in working with others, if a need and relevant contacts could be achieved. Some organisations identified that they had digital and phone capacity which could be deployed to help others and through which to network with others.

1. We are working with others to meet the needs of the community.
2. It is what it is for us, stuck till its over.
3. Pass on any information or contacts, which could be of help to other agencies. Share the knowledge gained.
4. Provide telephone support, support engagement with people with lived-experience at a strategic level.
5. Offer new services to reach more children who are isolated.
6. As above by working on our own account and in conjunction with other agencies.
7. Possible as above question the effort against need.
8. We are already doing food bank, crisis cafe and FiSH project.
9. Working with District Council County Council local voluntary and charity groups.
10. Re deploy staff to work alongside other organisations.
11. Offering to a wider group of people than would meet our normal criteria.
12. The community is offering help to the most vulnerable in our village.
13. We have taken on more volunteers to replace those who are self-isolating.
14. Assist with new volunteer group in the town/villages as a church and provide pastoral support wider with other similar organisations.
15. Supporting vulnerable and elderly residents by shopping for them.
16. Do more online and offer new services.
17. We are already working with other CA's in the County.
18. Check the capacity to deliver online courses to give learners support by joining with other organisations.
19. Going forward, could combine vulnerable groups.
20. Offer the hall for distribution of others services e.g food distribution.
21. Working in partnership with LILP members, increase awareness of partner services and prepare ambulances/Van's in preparation of responsive transport/delivery service if required.
22. Phone responder service for vulnerable and isolated.
23. Signposting to other services where needed.
24. Widening reach, increasing awareness of services available, co-ordinating responses to support vulnerable individuals.
25. Offer services that support strategic and local facets of emergency. planning response in collaboration with statutory and VCSE partners.
26. Work with other to expand area.
27. We have re deployed staff to front line Childline calls working from home.
28. We are supporting the work of partner orgs in our area.
29. Shared resources, joint funding bids.

30. We have offered our services to NHS Trusts in Lincolnshire.
31. With volunteers offering companion calls to people living with dementia.
32. We already work closely with many partners across the City but there is always room for more.

What Support do you need to maximize your impact? In responding to your specific challenges? eg: money, other resources, technical support, formal recognition?

Over 30 respondents identified a need for financial support. A proportion of these organisations identified that their most pressing need will be subject to a time lag when the current quarter ends and pre-contracted activity comes to an end. There were also requests for technical support in key areas of activity including HR and access to IT equipment was a key theme. Responses in more detail are set out below:

1. Money, resources.
2. Money, hire of 3 vans.
3. Funding.
4. Money, technical.
5. Formal recognition.
6. We will run out of money- main fund raising time Christmas.
7. Community spirit.
8. Possibly sharing of information regarding services available in the Grantham area...how to obtain shopping etc..
9. Flexible funding, with limited auditing and responsive targets. Clear direction centrally with the voluntary sector.
10. Money for running costs, IT equipment (laptops for online work, video cameras) and technical support.
11. Money, special washing bags to enable us to wash contaminated item, insulated bags to assist us with delivering hot food to people in temporary accommodation, personal protective equipment.
12. IT link for all volunteers and probably some upgraded IT equipment.
13. Increased financial support to keep our buildings and services open.
14. Donations have dropped off considerably as individuals protect own households. We need financial help to be effective as a community hub covering a large geographical area. We are having to buy in bulk from commercial supplies. Limits on shopping from supermarkets have made it difficult for Foodbanks to access adequate stocks.
15. Money would be useful to purchase better IT to improve some people's access to remote work.
16. Financial and Human Resources.
17. Money.
18. Perhaps financial?
19. We are self sufficient.
20. We have had a lot of extra donations including significant monetary donations to enable us to respond to the increased needs.

21. Technical support and possible signposting of us to individuals and them to us, as a small church. Possible funding/resource for longer term aid with travel, shopping and delivery.
22. Money.
23. All we can do is wait and hope.
24. Consideration.
25. Money.
26. Funding.
27. A way of people paying for shipping over phone with card.
28. Formal recognition.
29. Technical support and finance for an improved virtual community interaction.
30. Money.
31. Technical support, personal support, online presence - it is hard to be heard online at the moment.
32. Other resources; technical support; formal recognition.
33. None at present as all activities are suspended. Restart will then depend on remaining volunteers and leaders.
34. Money , more core funding from organisations who refer to us.
35. Financial support to ensure that Fenside Community Centre is kept operational.
36. As a health related group, central money to ensure continued delivery essential.
37. Loss of hire income may impact on the hall if the lockdown has to continue for many months, in the short term we have a contingency amount of money to get us through paying bills e.g. utilities, insurance etc.
38. Financial support, PPE equipment and formal recognition.
39. Funds or grants.
40. Links to be formally recognised as bona fide low level community support eg direct referrals from GP's or other HCP's to capture people at the earliest point rather than wait for more serious Mental Health condition to develop.
41. Money, we only have one laptop, so volunteers are using their own equipment. We have no access to information regarding those we are supporting as it is locked away in the office we cannot access.
42. Finances to cover ongoing core costs/financial commitments.
43. IT Equipment.
44. Funding.
45. Keying in to strategic and local emergency planning, especially communication at a practical level and formal recognition at a strategic level from first and second tier local government and health.
46. Ways of paying for shopping for clients not on internet.
47. Funding. None of the provisions currently announced by the Chancellor are relevant or accessible. In particular, all of our staff are engaged in supporting the delivery of emergency response and not available to furlough. We do not benefit from small business grants, rates relief or VAT deferral. Our income has fallen by approx 40% but our costs are increasing as we provide extensive PPE and training to all volunteers and

- clinical staff. We have also had to redesign our training delivery to ensure responders maintain competencies although they cannot meet to train.
48. Cash for payroll where we can't ethically furlough.
 49. Financial support to recompense for lost income.
 50. Self funding.
 51. Our biggest financial challenge will come in the months after the virus, our current projects are funded and funders are happy with the way they have been adapted. However, we were at a crucial point where core cost funding was needed to keep the charity running into 2021. All these funding streams have either closed or have increased the time it takes to make a decision. It is also unlikely to find funding for new projects.
 52. Short term cash flow issues - short terms interest free loans. More coordination and communication from tradition 'system'
 53. Just awareness we are still able to help and support during this difficult time.
 54. Message to anyone in our area we are offering support. They may be new to diagnosis or the area.

What Support do you need to maximize your impact? In developing your capacity and activities eg: money, other resources, technical support, formal recognition?

Responses to this question ran along similar lines to the previous question. Financial resources were identified as the biggest factor, which could increase the capacity of the organisations concerned. Additional foci included a community of support for sharing good ideas and more Personal Protective Equipment (PPE). Responses in more detail are set out below:

1. Money, other resources.
2. Money, IT equipment to work from home.
3. Money.
4. Technical support.
5. Flexible funding, with limited auditing and responsive targets. Clarity of reporting lines, who is co-ordinating, what opportunities are there.
6. Money, IT equipment and technical support.
7. At present we cannot develop our capacity, as we cannot work in the way needed.
8. As a community we would be happy to help other communities and have some volunteers helping on food banks and who would be willing and a member to help in other fields of social welfare.
9. At the moment we can manage and have excellent local support and a high profile.
10. Publicity as a small church amongst a larger group/s.
11. PPE.
12. Perhaps more volunteers.
13. Money; other resources; technical support.
14. Crisis Cafe project due to commence this month now suspended as NHS training for volunteers has been postponed.

15. Support with getting Fenside Community Centre ready to re-open once possible.
16. Support from healthcare professionals to provide best possible health outcomes for those with underlying health conditions to make them fitter to withstand future problems.
17. Funding in support of transport mobilisation and formal recognition.
18. Technical support would be beneficial.
19. Again - money and online access.
20. Nothing seems practical, or of high priority to divert other resources.
21. Doing what we can within our capabilities.
22. IT Equipment, funding.
23. Funding, potentially people.
24. Commitment that third sector will not have to bear a significant financial risk as we support emergency response.
25. Ways of paying for shopping for clients not on internet eg on phone before visit.
26. Aside from funding, access to PPE is the most pressing issue as the priority is to keep our people safe while they are serving others.
27. Community of support for sharing ideas and opportunities.
28. Support with on-going publicity; increased on line presence/leaflets etc.
29. This is currently being looked at by our head office.
30. Unsure at present, applying for funding where we can, online donate buttons created.
31. Short term cash flow issues - short term loans.
32. Self sufficient.
33. Money question not spending anything as support via our volunteers but not bringing any fundraising in currently for future years.

Do you have any further comments/insights to offer about the coronavirus and the voluntary and community sector?

Strategic and focused engagement with the sector was identified as a key factor to help the sector play its part in addressing the coronavirus challenge. A dialogue with the statutory sector about the outcomes of this survey is an important aspect of that process. Maintaining social connectedness and cohesiveness post the immediate crisis was identified as a key priority for the future.

Specific support in the form of a discrete financial package for charities responding directly to the coronavirus from Government was identified as an important priority rather than seeing them as part of the wider package of support measures. The nature of the charity sector is different to that of business and the current approach doesn't recognise this. This is unpacked further in the conclusion to this report. A coordinated repository of the support available to the sector was identified as desirable.

1. Funding support would help our group to keep on going, to pay rent for premises which we cannot use now but we have to pay rent as we want to

- continue our sessions after we allowed to socialize and have classroom activities and events, etc.
2. The authorities are been extremely slow to offer any help ie not one piece of help offered and we are propping up Gainsborough.
 3. We are station adopters, and have altered the timing of visits to when it's closed ie Sunday mornings before the first train gets in just after 12pm. Otherwise there's little impact.
 4. All physical contact stopped. Contact now through Media, Facebook Email etc.
 5. Just to say the small voluntary groups such as ours have a significant role to play at this time in conjunction with larger agencies and are happy to do so.
 6. The voluntary sector is beautifully placed to respond at speed but needs to be involved and engaged at a strategic level with clarity and respect.
 7. No, it is a worrying time but we are rising to the challenge.
 8. Although employees can be furloughed this is not appropriate when staff are still needed to work to continue to deliver services. However, with income streams drying up it will be hard for charities to continue on a long term basis without some financial support. On a positive note, in Boston charities and churches have worked together since the start of the crisis to ensure that people who are homeless or housed in temporary accommodation have access to food.
 9. We are unable to offer more than our IT support through e-mail and face book page due to all our members and carers being in the vulnerable group.
 10. Our problem is 90% of volunteers 70+. Also we serve up to 50 blind people who are unlikely to be solely dependent on our services as they can listen to local radio and tv besides partner support in most cases.
 11. As a charity the Corona Virus Loan Schemes do not apply to us.
 12. The Deepings has a very strong and active volunteering sector and they are doing an amazing job supporting the community at this time.
 13. Simple & quick access to funding for established groups offering core essential services to those who are vulnerable, should not be laborious.
 14. We need to support one another in the best ways we can and to find solutions to supporting communities
 15. Voluntary Sector Care Providers are experiencing challenges with - funding; workforce; PPE; Testing.
 16. It's been lovely to see people respond positively in wanting to volunteer their time to support others through this time.
 17. We are providing telephone help and advice and contacting as many people on our database to check they are ok and will continue to do so, until we can resume visiting. Our befrienders have all become telephone befrienders for the time being.
 18. As the duration of all this is so uncertain, I have no idea how this will end
 19. The voluntary sector works Most efficiently in small dedicated groups.
 20. I think the issue was the speed of the impact and the speed at which the goalposts changed. We are all thinking on our feet but everyone has been trying to work together and that has been good.

21. We rent our Church facility from a charity, who in turn are potentially struggling financially. Going forward our concern is that we are renting facilities that we cannot use, but the charity in turn will depend upon our income to break even and function. This is a concern for us going into the coming months as this type of scenario does not appear to qualify for aid/help and it limits the resource that we can use now to help the community.
22. More information/public broadcasting on local radio stations and TV. People aren't sure who to contact.
23. There are a number of small organisations within the health economy that has just had to stop and wait until it is all over.
24. This will test resources to the limit
25. All sport cancelled. Bar closed. No activity, no income, still have rates, electric and water to pay for.
26. My volunteer group has been set up just for this so a lot of the questions didn't seem relevant to my group.
27. Very worried about the impact on clients - many of whom are very senior as well as being blind/ or visually impaired. For some it is the only way they can access local news without cost. May be some loss of volunteers - but only because they are primary carers etc of children/others.
28. Too soon to know.
29. Churches such as ours depend on volunteers (usually retired) and income from premises lettings to sustain our ministries, such as The Well drop-in café, which serves free refreshments and offers company. We do not know what the situation will be when we emerge from the lockdown.
30. This is a testing time for all, hopefully this period of time will soon be over, allowing life to return to normality, but in a better place with people thinking more of others and more appreciative of the freedom of life.
31. It will take a while for groups to get back on their feet, if indeed they decide they want to. Lots of people will be re-assessing their lives and individuals too may be slow to re-start their lives exactly as they were before. However, new groups may start as a result of people wanting to volunteer during the virus so this may result in lots of interest going forward with different groups forming.
32. Lockdown has meant we are unable to support vulnerable people sleeping rough and others whom we assist as part of our normal working.
33. Supporting the community to maintain and develop social connectedness.
34. We have been turned down for 3 grants since lockdown began, as we are unable to deliver projects directly to families at this time. This is going to have a huge impact on our ability to deliver a service when things return to normal.
35. In principle we will try to continue for any rare cases arising which are urgent (e.g. to support a discharge from hospital) but almost all our volunteers are 70+, so currently would be very difficult. New volunteers would need months to train.
36. More support offered to the community sector would be good - we can deliver so much to society and support the statutory sectors, but without any support there will be a lot fall by the wayside - it's only when things go do most realise what they did!

37. We recognise the need to ensure we have a long term package of support to help the sector and small groups and organisations recover from the pandemic long term.
38. We are seeing lots of organisations 'mothballing' and the concern is they are no longer supporting local communities. Also many aren't able to adapt to virtual working due to capability, capacity, or lack of techs on the organisational side and participant side.
39. We have been able to respond and adapt quickly because we have invested in our ability to do this. Where we have struggled is in district council areas where there has been insufficient investment in building community resilience.
40. There is some lack of awareness by government agencies that older people tend to use cash and not be online.
41. Not much obvious leadership in delivery (as opposed to communication) from the local state.
42. We need the Chancellor to put in place specific financial support for charities that are at the front line of delivering response to COVID-19 whilst they cannot fundraise or otherwise generate income. This is income that will not be recovered and yet the statutory sector is relying on us to keep delivering through the emergency.
43. Sharing with you my email with a funder of ours: What a time - I hope you are well in the midst of all of this. My ramblings below for you.. this has been a rollercoaster and I've gone from the darkest to the brightest and back again in the last couple of weeks, as I'm sure we all have. We had earlier in March modelled for a best, better and worst traded income scenario developing based on the potential impact of Covid and sadly it is the worst case model we're now working with. The majority of our traded income comes from face to face delivery in schools - all this work in schools/colleges/unis has been cancelled between now and September. We have moved some of our services eg counselling to virtual video based options. This has where our BCP and risk assessments have been key, as have our wonderful board! This type of delivery has systemic inequity though - many of our stakeholders do not have devices and/or internet/data connections. Where we are based in Lincolnshire exacerbates this issue. We are using this time to write grant bids and speed up the roll out of our online resource platform, which is in test build, so that we can bring its launch forward. If nothing changes re our income, cash will be a problem for us by the end of June. Think2Speak will turn 5 years old in June and I have always worked hard to balance grant and traded income; for now we simply have to chase grant income to ensure we're able to open the doors, retain our amazing staff and continue to be here for our stakeholders! This change in our income structure also has implications on our social investment repayments and we've been receiving info, support and advice from Key Fund who are our social investor partner. We are, like every employer, awaiting further advice and support re the various government initiatives that should be available to us. I face a real dilemma - demand and work will need to be done for our beneficiaries - it will just look different for a while on the 'how', yet to make use of the Furlough scheme - makes that a catch 22

scenario for us. The mental health implications of this period of time, the bereavement support which will be needed and the trauma that is being experienced by so many, will I predict see a huge growth in demand for our services and the support that T2S offer. The imperative is that we are still here to be able to help!

44. Many local businesses looking for great deals of how they can help local charities. A simple online database of help needed would be useful.
45. The impact will not be today but over the coming months/years. Someone will need to pay for the cost of Coronavirus and we fear this could be the VCS as we are often an easy target.
46. Not sure at this point in time. It would be helpful (and this may be happening) if Information on support available is being coordinated and made accessible to the public.
47. The requirements of furlough but not allowing your team to volunteer instead? A clearer decision from government on this and future funding to secure charities futures.
48. Need to do things differently - GP's self isolating should still be working using Skype / FaceTime or phone calls - builders merchants & builders & factories that are closed but use PPE equipment should be requested to take all their supplies to their local hospital - a call out to drivers from builders / builders merchants to collect PPE Equipment from warehouses and taken to hospitals. And help shops with supplies. A request for zero contract hour staff and willing workers should be put out so they can help in hospitals as porters / drivers / cleaners / catering staff - plus work in shops and help farmers on the land. GP practices should have an area ? Reception with screens put up (like post offices) so GP's and staff can be protected behind screens this would help with the lack of PPE Equipment. Using Skype / FaceTime is like using telemedicine this is used across our country / across the world eg dermatologists hold remote clinics for prisoners ...
49. People are isolated, don't know where to go for help. Even those who should have knowledge to help are in the dark. Not everyone uses the internet.

Recovery

Post the coronavirus how do you think the recovery process should be managed from the perspective of your organisation?

The provision of professional advice services for VCS bodies was identified as very important. There were concerns that vulnerable groups will need focused and ongoing support. Homeless people currently in new accommodation for example will need very careful support post crisis. The opportunity to reflect during the current time on the focus and nature of the service provided by some organisations was identified as a positive opportunity. Help with restructuring and the development of formal recovery plans were both identified as important activities to prepare for a robust future. The full range of comments received is set out below:

1. We will promote our services, organise community event in autumn and try to engage people into our clubs. Funding would help for vulnerable families and their children to attend free classes. as lots of people will have financial difficulties. Funding would enable us to offer free sessions in autumn. This will be great help for people who had financial damage. etc. It will enable us not to lose our clients and let people use our services, classes for children and support for adults.
2. More crisis planning, professional advice.
3. Continue links with schools, survey how helpful our video support is.
4. A big push on fundraising and attracting people back into the village hall.
5. We will start very cautiously, taking daily Government advice.
6. We will endeavour to pick up where we left off and use the press, social media etc in addition to the normal channels of communication to invite people back to the groups. Having kept in touch with all our clients and thus being aware of changes in their circumstances should make a transition back easier...I hope.
7. Impacted by this pandemic to come together and learn. This needs to be resourced as the sector is already impacted by responding to the pandemic and can ill afford to be further impacted financially or in relation to capacity by the recovery and learning process.
8. We would like to see people who have been housed in temporary accommodation during the crisis being offered more permanent accommodation once the crisis is over rather than having to return to the streets. We would also like to see the continuation of any positive partnerships formed in response to the Covid-19 crisis to help create a stronger community for the future. As an organisation we will also be taking this as an opportunity to review the way we offer our services in the future.
9. We will hopefully be able to rearrange our programme of meetings and outings.
10. Statutory organisations are still behind the curve in setting up support networks in different areas. An independent group should oversee the review of services on behalf of Community Groups, establishing critical support capacity in times of crisis and done annually
11. We will change our approaches to working more through IT and will reflect on what worked well and not so well , and what should we continue to implement
12. Yes - but with a degree more commissioning flexibility
13. On notification from Government, we will move to reintroduce face-to-face contact with our Befriendees and offer the 'normal' service to anyone else we have been supporting through this time, where they fit our regular criteria
14. We will have a vast backlog of visits to complete, so will need to prioritise.
15. Hopefully get back to providing the much-needed Youth Club facilities and work hard to ensure our paying users of the Centre come back to us.
16. We will aim to resume social and community activities as soon as is feasible.
17. Hopefully we will revert to our normal operation with an even greater respect & support from the local community.

18. The main initial concern will be as a church, when we commence meeting again and what this will look like. Longer term consideration will be care and support of those who have been affected and/or bereaved. Training in this area (on a wider scale) may be advantageous to those of us who will have to 'pick up the pieces'
19. We need to raise our profile once the crisis is over.
20. The recovery process and successful applications for funding will bring residents more together.
21. I think our purpose may be served but may turn us into a good neighbourhood scheme instead.
22. Yes - but we will be dependent on the Boston Volunteer Centre Charity who own the LMVC getting it going again which will happen I am sure but probably not quickly.
23. Don't see a problem apart from perhaps a backlog of cases.
24. Will revert to f2f support when possible VSC will manage.
25. Rebuild networks as social isolation is a key issue we deal with.
26. Review of remaining resources, financial and human.
27. We will move when we can to bring back face to face advice.
28. Ascertain what steps can be put in place to deliver some courses via online to allow learners to continue to develop and gain knowledge and skills.
29. As the group is health related and specific to one group of individuals (those with COPD), who are especially vulnerable to coronavirus, the whole situation with regard to how they want to proceed will need to be discussed before making any decisions on the future of the group.
30. We will not operate until we can fully sustain our work.
31. As long as our user groups themselves do not fold / stop operating then we should be able to get back to normal quickly, once restrictions are lifted.
32. There needs to be an opportunity to evaluate post coronavirus before immediately falling back into the ways in which we have individually and collectively responded.
33. There needs to be an opportunity to evaluate post coronavirus before immediately falling back into the ways in which we have individually and collectively responded.
34. Will be very hard to recover from this without help.
35. Grassroots of supporting social action.
36. We will continue to seek funding and offer a limited service that we will hopefully be able to build back up. Otherwise we do have to consider the possibility that we may have to close permanently.
37. We should be back to normal very quickly, and tackling backlog of cases which will have built up. No financial problems foreseen as few fixed costs.
38. Rebuilding our infrastructure and marketing ourselves again.
39. Phased re-introduction of service delivery based on priorities and emerging need.
40. We are putting together a recovery plan, and processes with funders.

41. Seek sufficient investment in building community resilience through our individual relationships with public services and through the collective voice of the sector.
42. We will need to plan a major effort to attract people to use public transport once again. We are expecting a reduction in the use of public transport .
43. Very slowly reintroduce activities along with government guidelines
44. Development of a clearer strategic frame.
45. We are used to emergency response so have plans and experience in reverting to business as usual from an operational perspective. The challenge will be restarting income streams such as fundraising and commercial activities in a challenged economic environment. Some of the measures that we've had to adopt very quickly such as alternative training methods will, I hope, remain as new and more flexible ways of working.
46. If the organisation is still here, we will rebuild and return to face to face delivery. We have built from zero before, and we can do it again.
47. There should be some celebration of what charities and voluntary services have achieved - some recognition of everyone's hard work. There should be some contingency plans - as it is within the realms of possibility that there could be a recurrence of social distancing and lockdown again within 12 months if there is another peak. There may need to be some rehabilitation projects for people coming out of long term isolation.
48. Maintain contact with existing members and arrange a group meeting as soon as possible.
49. I think bringing voluntary sector organisations together to look at common impact and how we can work together.
50. Collectively, many organisations are going to need a lot of support if they are going to survive.
51. Need to hit the ground running but hard to see how we can do this as we have cash flow issues.
52. We will just need to refer any pending patients for their operations - some patients are asking for their counselling to be suspended until face to face can restart - so these patients will need Co-ordinating but I believe we will manage and co-ordinate these patients in an efficient and timely manner.
53. Hopefully back to our support for carers, activity and singing for those with dementia. Getting our message out so people consider smaller charities and not just big ones who have salaries to pay.