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CONFERENCE ABSTRACT

The COV-VOL project: The impact of community, charitable and voluntary organisations in supporting older people during the Covid-19 pandemic. Lessons learnt and implications for integrated health and care systems

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Julie MacInnes¹, Kat Frere-Smith, Bridget Jones, Tamsyn Eida, Vanessa Abrahamson, Rebecca Sharp, Heather Gage

1: Centre For Health Services Studies, University Of Kent, United Kingdom

The charitable or voluntary sector is recognised as being increasingly important in providing services in many communities which are undergoing rapid population ageing. Statutory provision is often under resourced and ill-equipped to support healthy ageing and the voluntary sector plays an important role in transforming communities (Hanlon et al, 2014). Nowhere has this been better illustrated than during the Covid-19 pandemic. In the UK, during the early stages of the pandemic, there was an unprecedented increase in the number of people stepping-in to provide volunteer support for vulnerable older people who were required to self-isolate at home. Often the support provided was as a result of statutory health and social care services being temporarily withdrawn. This volunteer support was channelled through nationally co-ordinated efforts (The GoodSam app) and other local and regional community organisations.

The Covid-19 Volunteer project (COV-VOL), aimed to determine how a community-based volunteer workforce could be rapidly and safely implemented, and what the impact was on self-isolating, vulnerable older members of the community during the Covid-19 pandemic. The study was carried out in the South East of England between June-August 2020. Eighty-eight semi-structured telephone interviews were conducted with health and social care practitioners, volunteer organisers, volunteers, and older people receiving volunteer services.

Three overarching themes of person-centredness, process and planning were identified. In terms of person-centredness, volunteers had a significant, positive impact on the well-being of older people with digital technology acting as both enabler and barrier of effective support. In terms of process, communication and collaboration between voluntary organisations and health and social care providers helped identify those in need of support and facilitated integrated provision. Collaboration was facilitated by having local knowledge, clear referral mechanisms and trusted relationships. We found smaller organisations had fewer complex processes and were able to respond more quickly, however, there were also some concerns around the safety of this nimble approach to service delivery. In terms of future planning, we found a significant challenge around balancing supply of volunteers with demand which is important as we enter the recovery stage of the pandemic. There were also concerns about the financial sustainability of the sector going forward.

We make a number of key recommendations to support practitioners and policy-makers in ensuring the sustainability of the charitable and voluntary sector as a valued partner in health and social care systems. To achieve this, there is a need for robust evaluation in order to evidence outcomes and secure ongoing funding. We also call for voluntary sector organisations to be treated as equal partners in integrated health and social care systems in terms of joint decision-making, planning and service delivery.

Hanlon, N., Skinner, M.W., Joseph, A.E., Ryser, L. and Halseth, G. (2014) Place integration through efforts to support healthy aging in resource frontier communities: The role of voluntary sector leadership. *Health & Place*. 29: 132-9