

# “We were absolutely invisible”: the impact of Covid-19 on the mental health of grassroots voluntary and community sector workers

June 2022.

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People’s Health Trust

## About People's Health Trust

People's Health Trust is a national charity working in England, Scotland and Wales. We support work led by communities and which addresses the underlying causes of health inequalities. We fund projects in the 30% most disadvantaged neighbourhoods in England, Scotland and Wales. We use formal and informal learning from our 400-strong network of funded partners to support change at a local and national level through advocacy, campaigning and research. Through this network, we gained a unique insight into experiences of the pandemic across Great Britain that includes some of the most marginalised voices. Our partners include those who work with specific minoritised ethnic groups, disabled people, and people with learning disabilities, older people, younger people, LGBT+ communities, refugees and asylum seekers and many others.

### 1. Introduction and context

This report focuses on the experiences of trusted and embedded grassroots voluntary and community sector (VCS) organisations. At the beginning of the Covid-19 pandemic, the Trust recognised that the significant responsibility for supporting communities would fall on the shoulders of these organisations. They found themselves on the frontline of the crisis, providing help to people in unprecedented times.

Between April 2020 and February 2022, the Trust gathered evidence of the impact of the pandemic on grassroots VCS organisations and the communities they serve. From the outset a picture of declining mental health began to emerge, and the Trust explored this issue in more detail as the nature of the pandemic, and the needs of communities, changed.

There has been widespread acknowledgement of the negative impact of the pandemic on the public's mental health, and concern about the pressure experienced by frontline workers in the NHS and other healthcare settings. What has largely gone unnoticed is the vital work that grassroots VCS organisations have been doing without the additional support and expertise they would like, and the impact of this work on community workers' own mental health. This report highlights their experiences and makes recommendations to ensure the people working in these vital services are equipped with the resources, knowledge and support they need to both safeguard their own mental health, and how to recognise and respond to those who turn to them for help.

### 2. Methodology

Over the course of the pandemic, we have gathered information from our funded partners and other grassroots VCS organisations through:

**Surveys** - we ran four Great Britain-wide surveys with local grassroots VCS partners in April 2020 (baseline), August 2020, April 2021 and November 2021. An additional fifth phase of the survey built on accumulated knowledge and was completed in February 2022, with the support of Locality (England), Inspiring Scotland, and Building Communities Trust (Wales)<sup>i</sup>

**Network meetings** - we have regularly connected with our networks of funded partners over the past two-years in meetings which allowed us to dive deeper into some issues people were experiencing and encountering around mental health. In November 2021 we worked with experts in mental health to facilitate two in-depth workshops exploring possible solutions to the issues presented.

Findings from these activities has built a picture of the ways in which the pandemic impacted on the mental health of grassroots VCS organisations and the communities they serve.

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### 3. Key findings

#### Additional workload for grassroots VCS organisations

The onset of the pandemic required VCS organisations to work differently to support their communities. Face-to-face interaction was not permitted for long periods forcing organisations to change their ways of working and new needs emerged in their communities. Early on many organisations turned to providing different forms of emergency aid with over half (57%) doing this work by April 2020, as well as nearly half (46%) providing critical information services to support residents interpret government and NHS advice. By August 2020 69% of respondents were engaged in providing telephone support to residents, 39% in providing emergency aid and 42% involved in supporting families through the pandemic. In November 2021, there were still more than a quarter of workers (28%) involved in providing some form of emergency aid.

In February 2022, 89% of respondents reported having experienced increases in demand for their services and activities since the start of the pandemic. While the course of the pandemic has ebbed and flowed, the needs of people experiencing high levels of disadvantage continued to increase and evolve, requiring constant and often complex support. Grassroots VCS leaders cited this as being due primarily to sharply increased mental health needs, financial insecurity, and other pandemic-related impacts including “*extreme social isolation*” and digital exclusion.

For many communities, grassroots VCS organisations are a safe, understanding space that can provide immediate support which meets the social and cultural needs of different communities. For this reason, for some people their local community organisation is the only place they feel they can reach someone to talk to.

*“For some people it would literally be life or death. Some participants’ mental health is so poor, they’ve said attending the project has saved their life.”*

*“The children wouldn’t be able to meet in such a creative way and their mental health would be affected. They are learning new skills and developing confidence every time they come and would be missed.”*

The accessibility of these grassroots organisations, coupled with the pressure on statutory mental health services, means they are often the first port of call for people experiencing problems even if those organisations are not specialists in providing people with support with mental health.

This means that in addition to their usual community support responsibilities, grassroots VCS workers have been under intensified strain throughout in trying to respond to the needs of their communities. This increase in demand and pressure has the potential to lead to burnout among staff.

#### The risk of burnout among grassroots VCS workers

The exceptional demand in unprecedented circumstances has meant increased pressure on organisations and their staff. By April 2021, after a year of being pushed to their limits, 44% of respondents were concerned about their own or colleagues’ mental health and the risk of burnout. In November 2021, 40% remained concerned about this.

In February 2022, 69% indicated that the persistent increase in demand was likely to stretch

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staff beyond their capacity, with over a third (36%) suggesting that **they would no longer be able to meet the needs of those they were supporting** in the next six months.

In fact, by February 2022 a staggering 82% of VCS project leaders were concerned about staff burnout in the next six-months, double the rate from November 2021 - suggesting that the sector is on the brink of real crisis and the **risk of a collapse in the workforce is a real possibility**. The reasons for burnout were identified as stemming from:

- Dealing with increased workload - 67%
- Needing to provide more intensive support in general due to pressures arising from the pandemic such as increasing levels of poverty - 61%
- Difficulties in maintaining work-life balance - 60%
- Needing to support people who have experienced or are experiencing trauma - 48%
- Feeling (overly) responsible for the wellbeing of those you work with and not being able to set clear boundaries - 45%

Leaders of VCS organisations expressed that their fatigue from the ongoing strains of the pandemic meant that it was very difficult to maintain a level of positivity. In a November 2021 workshop, one leader talked about “compassion fatigue”. There was a sense that due to the nature of being part of the voluntary sector and wanting to help, coupled with the reliance on volunteers to meet the needs of those they supported, this could very quickly leave them low on capacity. There were also concerns about the long-term impact on workers.

*“Staff do set clear boundaries, however because of their empathy for others in need, they are stretching themselves to fit in as many referrals as possible, and this is impacted if we have staff going off sick, or having to isolate because of covid contact...this is stretching our small team to the limit, and because we rely heavily on volunteers if a volunteer phones in sick for any reason, then staff are taking up the slack at very short notice which also has an impact.”*

*“The main impact will be on the mental health for staff ... People need to talk more and be listened to more. This will go on for a long time and lead to long-term mental health issues.”*

Several organisations mentioned this was exacerbated by insufficient staff numbers in place to meet the needs they were facing - and being stretched meant it was difficult to take any breaks or holidays which made things even worse. While some organisational leaders had taken steps to support their staff’s wellbeing and protect a work-life balance, one made the point that as voluntary sector leaders there was actually no one looking after them, and that **the critical role of the voluntary sector had largely gone unacknowledged** over the course of the pandemic:

*“We have continued to monitor and support our staff's mental health but there's no one to monitor ours. I've heard people die on the phone, I watched two volunteers die from heart attacks because they worked so hard during the pandemic. I had a break down in October of last year, I didn't think I would come back from it, I will never recover from what has happened over the last two years. I'm lucky that my work pays for a counsellor but there's zero support out there for the third sector. The NHS were heralded as heroes during Covid, we were absolutely invisible. We never stopped during lockdown and there was no public acknowledgement or support. It's soul destroying really.”*

Leaders of grassroots organisations have a responsibility to look after their staff, volunteers and communities, but all too often there is little support in place to help them with the pressures and strains of that work.

These findings are mirrored by those of the Small Charities Coalition which noted that 90% of its

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survey respondents felt there was insufficient support for workers and volunteers around mental health and only 22% felt able to talk to their manager about their mental health.<sup>ii</sup>

## The growth of mental health issues in communities experiencing disadvantage

The participants in this research were organisations working with people who will have been the hardest hit by the Covid-19 pandemic from both immediate mortality risks and the medium-term social and economic impact. Each works with multiple levels of disadvantage and some focus on specific marginalised groups.

As noted earlier, mental health emerged as a significant issue for both project leaders and other staff members.

- By August 2020, survey results revealed mental health as the challenge about which most project leads were concerned, with 85% indicating that this would be the biggest challenge ahead. Anxiety, isolation, depression, as well as digital exclusion, and lost confidence were identified as particular challenges to grapple with.
- In April 2021, this had become more acute and the mental health of local people continued to be respondents' main issue of concern. 97% indicating this was their main challenge ahead, alongside worsening physical health and anxiety (86%), and feeling disconnected more broadly from the project or community (71%).
- By November 2021 the impact of more face-to-face contact led to a slightly more positive assessment of residents' mental health, but remained extremely high as 90% still felt their mental health was the main issue of concern. Anxiety about rising energy costs (70%) and more intense experiences of poverty (69%) featured highly in the list of concerns for residents and had increased from April 2021.

Our evidence shows the mental health impacts have been experienced by diverse groups of people:<sup>iii</sup>

- **Black and Minoritised Ethnic Communities (36%)** - isolation (digital exclusion), racial abuse and stigmatisation, which has directly negatively affected mental health
- **Disabled people and people with learning disabilities (51%)** - isolation (shielding); fear associated with significantly higher risk of death from Covid-19; guilt over their families' 'responsibilities of care' and family members having to shield on their behalf
- **LGBT+ people (12%)** - lack of networks and support arising from closing of LGBT+ groups
- **Older people (56%)** - significant losses in confidence, and some skills, social isolation (made worse by digital isolation)
- **Single parents (43%) and young children (33%)** - at particular risk of isolation
- **Young people (45%)** - home schooling (particularly in smaller homes/Houses in Multiple Occupation) and anxiety around remaining indoors, as well as broader impacts on social and economic opportunities.

## Access to statutory services

In November 2021, 85% of grassroots VCS organisations that responded to our survey felt that **mental health services are difficult to access**, compounding the strain that VCS workers were facing as they needed to plug the gaps.

*“Waiting lists for support when people often wait too long to even ask for help in the first place. Keeping up to date with which services have been open and running in which ways during the pandemic has been an additional challenge as well.”*

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Survey results from February 2022 showed a slightly worse assessment, with 88% of project leads indicating mental health services were difficult to access, and specific issues highlighted were:

- Mental health services are under-resourced and so it is difficult to get a referral - 87%
- Available mental health support is too short-term to meet people's needs - 60%
- Mental health services are not culturally sensitive to the people we work with - 31%.

Some respondents elaborated on the issue of **cultural sensitivity of services**, highlighting examples of the need for sensitivity to certain faiths, or to LGBT+ communities. Accessibility was also cited as an issue, with some suggesting mental health services do not make any adjustments or accommodations for disabled people and/or people with learning disabilities. Those with addiction issues were also excluded which could present a real barrier for people in need of support.

Some leaders of VCS organisations highlighted that **the withdrawal of services meant that there was then an over-reliance on the voluntary sector to fill the gap**, which was unsustainable and failed to address the roots of the issues being faced by people.

### **Lack of knowledge and training of VCS workers about mental health problems**

Despite the increase in mental health problems and the reality that people were turning to grassroots VCS organisations for support, **many VCS workers had little or no mental health training:**

- Almost a third (29%) have received no formal training at all
- Around half (49%) stated they had received some training on supporting other people's mental health
- just over a third (38%) had received any training supporting their own mental health. Several organisations also said that despite having training, they were still being pushed to their limits due to the volume and complexity of cases they were dealing with.

### **4. What do grassroots VCS organisations want and need?**

The findings of the surveys and discussions reveal a worsening picture of mental health among communities and concerns about workers' ability to address people's needs and safeguard their own mental health. In the fifth phase, 92% of workers requested greater levels of support for the mental health of VCS workers. Specifically, workers indicated that they would like:

- Better funded mental health services so that there is a viable place to refer people to when organisations do not have the capacity to respond appropriately to mental issues they encounter - 78%
- Training to help with setting boundaries so that the issues they deal with as community workers deal do not damage their own mental health - 55%
- Support to provide mental health leadership within their organisations - 44%
- Training to learn about how to understand how to provide culturally sensitive mental health support for those they work with - 40%
- Other - 14%.

Other types of support people would most value - beyond those stated above - varied. Some

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organisations stressed that while the peer support they could generate amongst volunteers and workers was valuable, this was insufficient to meet the demands being placed on them. Access to clinical supervision and support to pay for counsellors was mentioned, while others felt a more holistic approach focusing on creative therapies and exercises like yoga might work better for their teams. Some mentioned that a clearer understanding of what mental health services do at different tiers would help them to better signpost and refer.

## 5. Conclusion: VCS workers urgently need additional support

These findings illustrate that leaders and community workers in grassroots VCS organisations are essential in supporting the mental health of people across the country. They are at the front-line of the direct and indirect impact of the pandemic and are often the first port of call for community members experiencing mental health issues, despite this often not being the main focus of their work. They are providing invaluable services which are recognised within their communities, but not necessarily recognised more broadly and **are stepping in when statutory services are not available, over-stretched or inaccessible.**

Through our surveys and network groups, we know that community leaders and workers are experiencing some of the most intense and difficult working conditions they have ever seen. They have described their **profound sense of responsibility** to people in their neighbourhoods and to providing vital support, often without getting the support they support they deserve. They are being stretched to their limits.

Without support, training and resources to support communities with their mental health, grassroots VCS organisations expressed the strong concern that these essential VCS workers are now approaching, or may be beyond, their ability to cope. This could have a devastating personal impact on staff, volunteers and the communities they serve, and also **leave organisations vulnerable to reductions and closure**, leading to further disadvantage.

When such VCS services reduce or close, demand goes unmet, problems escalate, and **more pressure is placed on other parts of the system.** There is great potential for grassroots VCS organisations to play a role in **prevention work** in their communities and to partner with statutory service providers to support the mental health needs of communities, but the leaders and workers in those organisations need the right type of support in order to do so.

## 6. Recommendations

There is an urgent need for **the development of a co-ordinated strategy to support grassroots VCS workers to address the needs of their communities and themselves.** People's Health Trust believe the responsibility for resourcing this strategy lays with both the statutory sector and non-statutory funders. Key elements of the strategy should include:

- The provision of **appropriate and accessible mental health services** by the statutory sector and ensuring that grassroots VCS organisations are made aware of what is available and referral pathways.
- **Leadership support** for grassroots VCS organisations. This should include training to recognise burnout, trauma and mental-ill health/anxiety amongst front-line staff at VCS level, alongside training in and provision of clinical supervision/other support systems such as well-facilitated peer support networks.
- **Mental health awareness, training and development amongst VCS workers.** This should include raising awareness of mental ill-health, understanding how and when to refer (as well as pathways) and supporting the statutory sector with understanding some of the cultural sensitivities experienced.
- Funders of grassroots VCS organisations to consider **capacity building** for all

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grantholders to enable leaders and workers to receive the support, training and knowledge needed to safeguard their mental health and help the communities they serve.

## End notes

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<sup>i</sup> The first wave of data was captured by phone in March and April 2020 for all Active Communities projects. Local Conversations and Local People projects completed surveys. There were 236 respondents across all three programmes. Thereafter, all Active Communities data was also captured by survey.

The Wave 2 surveys ran in July/August 2020 and had 98 respondents; Wave 3 ran in March/April 2021 and had 102 respondents; Wave 4 ran in October/November 2021 and had 109 respondents.

The fifth survey comprised of 100 respondents, including People's Health Trust funded partners and members and partners of Locality, Inspiring Scotland and Building Communities Trust.

<sup>ii</sup> Small Charities Coalition, [Mental Health Day – The Staff](#) (2020)

<sup>iii</sup> In Waves 3-5 of the survey research, respondents were asked to identify specific groups who had experienced mental health impacts, building on the existing knowledge from Waves 1 and 2 about the ways these groups had been impacted by the pandemic. The percentage represents the average across phases three to five.

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