

# Impact of Covid Research

## Research findings

### Introduction

JH Consulting was commissioned by St Giles to carry out National Lottery Communities Funded research into the ongoing impacts of the pandemic. The research included a rapid literature review to set the wider context, presented in an accompanying paper, as well as a range of interviews with clients, staff and volunteers to provide qualitative data relating to the following key areas:

- The nature of post pandemic impact, how this differs across client cohorts/types of client
- How these impacts affect people's lives eg: personal, home, work, family etc.
- What would help people to tackle these issues

This research builds on the St Giles Covid-19 survey carried out in early 2022 to assess the continuing impact of the pandemic on clients which showed that:

- 92% had increased mental health needs
- 91% had increased financial/debt concerns
- 73% were more anxious about being in a public place
- 70% were more anxious about using public transport
- 85% needed increased support with personal well being
- 79% found it harder to access specialist services on behalf of clients
- 69% had increased concern about their children
- 57% had increased care responsibilities
- 58% had increased poor health
- Around 40% had decreased motivation with regard to training and finding work

The report presents a summary of the key research findings, starting with an overview and suggested post pandemic priorities on pages 2 and 3, followed by the major themes emerging from the research.

The focus is on the post pandemic period, broadly the last 12 months, however, reference to what happened during the pandemic is made where needed for context.

Interviews took place between December 2022 and March 2023, during the winter of the cost of living crisis. Discussions were structured to try and identify post pandemic and cost of living issues separately, however, the joint impact is clearly being experienced by many. A brief methodology and data on sampling is presented at the end of the report.

## Overview

The research findings accord with and provide further insight and understanding of the outcomes from the rapid literature review and the St Giles survey carried out in early 2022. Key points include:

- **St Giles clients, all of whom had challenges and issues such as exposure to trauma, poor mental and/or physical health, poverty, inequality, poor housing, lack of adequate services etc. before the pandemic experienced significant negative impacts from which they are still recovering.** Mental health problems are almost universal and perhaps represent the most common single issue.
- **The impacts of the pandemic are enduring and affect many aspects of people's lives – ‘*psycho-socio-economic long Covid*’ – and are exacerbated by the cost of living crisis.** Many respondents commented on the ‘multiplier effect’ of the cost of living crisis following the pandemic which not only affects financial circumstances but also adds to anxiety and depression, particularly for those with dependent children and/or who were already in significant poverty/debt.
- **All respondents highlighted that the practical, emotional and development support from St Giles is helping them to tackle issues arising from the pandemic as well as those that pre-existed it.** Some respondents report that they feel more positive now than pre-pandemic due to these interventions. It is clear that without the support of St Giles this would not be the case. The reduction in access to many statutory services post pandemic makes these services even more essential.
- **There are no significant differences in findings in relation to geographical region, however, age, gender and rural factors appear to have an influence.** Women, especially those with dependent children, and young people who were aged 15-18 during the pandemic are particularly affected. Those in rural areas report more isolation and difficulties with travel. Whilst there are no specific findings in relation to ethnicity, there is very likely to be additional disadvantage and discrimination faced by people from BAME backgrounds. Prison leavers, some single men and those with sensory impairments are also highlighted as less visible groups who have been disproportionately affected.
- **Attitude and motivation changes in respect of training and work are mixed.** Anxiety arising from job losses in hospitality, cleaning and retail during the pandemic has made clients less likely to consider these sectors, as well as in the health/care sector because of mandated vaccination. There is greater interest in self-employment as a means of having more control over work. More young people are more interested in earning money, including through social media ‘careers’ rather than training.
- **The pandemic continues to have very significant and continuing negative impacts on volunteering, but this has also emphasised its importance, including as a stepping stone to paid work.** Whilst Peer Advisor training continued during the pandemic, placements, including with partners were not available. St Giles has made good progress in recovering these opportunities but other organisations are struggling with a lack of staff, expertise and infrastructure to revive volunteering.
- **There are some positives coming out of the pandemic.** These include an increase for some in digital skills and self confidence, more flexible and blended working, a greater openness about mental health and a widening of job options including self-employment and more support worker jobs for volunteers moving into paid work due to a sector wide skills shortage. Clients also note that the fact that they ‘found’ St Giles during the pandemic when other services had largely disappeared is a positive, given that they feel they have made good progress as a result.

## Post pandemic priorities: suggestions for action

- The research clearly shows the vital importance of continuing to deliver a range of tailored, specialist support and services for priority groups including women, families, young people, ex-offenders and those at risk of/involved in exploitation and criminality and those with addiction issues. These services should consider the following interventions and ideas to help address post pandemic health, wellbeing, training and employment issues. Commissioners and funders should also consider how they can be financed.
  - **Mental health support** – including mental health workers with specialisms eg: women, young people, families, those affected by criminal exploitation, who are attached to services; supported access to wider mental health services – of course this is dependent on them being available.
  - **Digital inclusion support** – including provision of laptops/tablets/smart phones and connectivity, as well as bespoke, tailored ‘mentoring’ to develop skills and self-confidence – this is likely to be more effective than group training sessions.
  - **Outreach locations** – to help tackle travel and social anxiety for clients who live in rural or urban areas some distance from main delivery centres. These safe spaces could be staffed part time. One respondent suggested a safe space bus for a mobile facility in rural areas.
  - **Ensuring sufficient face-to-face service delivery** rather than an overreliance on virtual means, including offering one-to-one meetings, introductory warm up sessions etc. where there is anxiety about group work.
  - **Additional support workers** – for clients and for volunteers struggling to return to normal working.
  - **Increased in-house provision of accredited training** – for clients who are anxious about accessing training from a different organisation. This should include more niche training and support for becoming self-employed.
  - **Employment events and interviews at St Giles premises** – to help those clients anxious about moving into work and/or about in-person interviews
  - **Additional budgeting workshops/support for clients**, recognising the dual impact of the pandemic and cost of living crisis
  
- The significant decline in volunteering opportunities across the sector combined with the increased awareness of volunteering as a stepping stone to work highlights the importance of the continuation of the work of St Giles Peer Advice Network. This could be further evolved to provide support for organisations to rebuild their skills, knowledge and infrastructure for volunteering. The newly developed St Giles Lived Experience Toolkit could be a starting point. The Peer Advisor programme in prisons could also be revitalised to provide a progression route into the community.
  
- Commissioners should also consider funding a variety of activity to rebuild volunteering capacity including for: developing infrastructure, covering travel, food and support needs of volunteers.

## Demographic factors

The research underlines the conclusions of many wider studies which identified that those experiencing disadvantage and exclusion prior to the pandemic are disproportionately affected and the impact endures. Disadvantages and issues affecting those taking part in the research include physical/mental health, disability, homelessness, addiction, being a lone parent, being an ex-offender, being affected by criminal exploitation/activity, coming from a BAME community, long term unemployment, poverty and isolation.

The sample sizes involved in the research are not large. However, taking the respondent feedback from all those involved – clients, volunteers and staff – it is possible to conclude that there are no significant differences in findings across St Giles regions (Wales, London, the Midlands, Yorkshire and East of England). That said, there are indications that clients from rural areas face additional challenges including ongoing isolation and anxiety about using public transport as well as the cost.

In terms of age, there are key differences in impact for young people, particularly those who were in their exam/college years during the pandemic, in comparison to adults. This is explored in more detail later in the report.

With regard to ethnicity, it is not entirely surprising that the responses from contributors from BAME backgrounds do not differ significantly from those of white contributors. A significant underlying reason for people from BAME backgrounds experiencing greater impact from the pandemic is that pre-pandemic they were more likely to suffer a range of inequalities and disadvantages than their white counterparts. The fact that all St Giles clients face these issues, regardless of ethnicity, would explain why there is no discernible difference in the client interviews.

A grassroots organisation for BAME asylum seekers reflects the society wide issue for BAME people in reporting that *“The most desperate of our clients are those members of the ethnic minority communities who are refugees and asylum seekers – particularly those who have no access to public funding or support.”* The respondent explained that during the pandemic it was very difficult for them to get healthcare if they got sick because they had no NHS or NI number or proof of address. The pandemic triggered past traumas and mental health issues.

Discussions have uncovered some other groups that have been particularly impacted but that are not currently high on the radar:

- Excluded/disadvantaged single men: *“Single men seem to have been, and still are suffering the most. They aren’t seen as vulnerable as other groups of people, and don’t tell people as much how it is affecting them.”* **Caseworker, Housing Project**
- Deaf and hearing impaired people: *“Mask wearing removes communication for those that rely on lip reading. There were problems with hearing aids maintenance. It led to a lot of frightened, isolated and frustrated people. There are lasting enduring issues of confidence and loss of skills leading to increased isolation and fear, made worse by cost of living cuts.”* **Community based organisation**

Whilst the overwhelming majority of feedback confirmed the negative impact of the pandemic, there were two clients who felt that it hadn’t really affected them very much. They both have other life issues (being in prison, getting a cancer diagnosis) that they understandably feel put into perspective the pandemic.

*"In all honesty, Covid hasn't had that much effect on me. A piece of piss; if you've spent 12 hours in a cell, to hell with it."* **68 year old male client, ex-offender**

*"It didn't really affect me a great deal the pandemic, especially not long after I got this (cancer), so comparing the two, one (the pandemic) is a distant memory."* **58 year old male client with recent cancer diagnosis and previous good mental and physical health, and consistent work history**

Also, prior to the pandemic and his diagnosis the second client was working and had not had any significant disadvantage or issues which could be another reason why he felt it didn't impact him greatly.

Clients who have been most affected by the pandemic, including those with mental health needs, those who were in debt, homeless and/or in poor quality jobs are now doubly impacted with the cost of living rises. This includes in-work poverty. During the pandemic there were supports in place – the welfare benefit uplift, eviction amnesty, relaxation of benefit conditionality etc. These have all been removed and the expectation is that 'everything is back to normal'. The significant poverty affecting clients is further exacerbated by fewer and less accessible public services.

*"I am really now much worse off financially. I've got diabetes but good fresh food is expensive. I wear lots of layers but still I'm cold all the time. Now I am home more and still, the bills mount up."* **64 Year old female client**

*"There are some clients working 60 hour weeks and they still need to use the Pantry."* **Caseworker**

*"I think the cost of living crisis is affecting me the most. Not being able to afford the basics. Having this straight after Covid is tough. It's just one thing after another."* **Volunteer, PAN**

Childcare costs were a significant barrier for women pre-pandemic. However, the situation has got markedly worse and exacerbated by cost of living rises.

*"In this country you get UC from the Government but every 6 weeks there's a holiday, they don't go to school. I can't take a job because there's always a holiday."* **Client in her mid 30s, mother of two**

## Young people

During the pandemic, opportunities for learning, socialising, sport and other positive activities initially closed completely and then only gradually resumed, and some not at all. For young people at critical points in their development and lives, this has had significant negative impact. *"I feel like two years was stopped and wasted."* **18 year old male client**

Contributors confirmed the wider data and research on young people not returning to education. They also report an increase in cannabis use and anti-social behaviour. *"There has been a profound effect that we didn't realise at the time, especially with the most vulnerable young people. Generally, with all of them the ability to take the initiative isn't there. They're listless. They don't seem to articulate as normal and they've lost the art of face to face communication. We're also seeing more coming through who've got good GCSEs and they remind me of the ones without qualifications."* **YOT Manager**

The impact on engagement with services is illustrated by young people not being able/motivated to take part in one-to-one meetings with a caseworker and/or training and a breakdown in the willingness to participate generally.

Some specific groups of young people were highlighted as being particularly affected by the pandemic and still experiencing issues as a result:

- **Those now aged 18-21** who, as 15-17 year olds during the pandemic experienced significant adverse effects from the lack of learning and other opportunities. There is no Government funding in place for this older age group and they have effectively lost two years of learning. Similarly, there is no transitional safeguarding for those that may need it in this age group.
- **Those now in Year 9** - contributors reported that the lack of social contact and normal 'school hierarchy' during the pandemic meant that *"the year sevens and eights didn't have the older ones there to keep them in line and now that's coming out in behaviour problems now they're in year nine."* **Service Manager**
- **Those with additional needs** – many services weren't operating during the pandemic meaning that their development and learning is now significantly delayed, and some services are still not operating as normal.
- **Those with pre-existing mental health needs** – these were exacerbated by the pandemic and even for those who did not have specific issues pre-pandemic *"After not going to school for the best part of two years they're not used to it – they lack the socialisation – so for some it makes them very anxious and that causes problems with attendance and learning."* **Caseworker**
- **Those of any school age from poor/chaotic backgrounds and/or mums/parents with poor educational experiences** – who were already disadvantaged in education and suffered disproportionately from school closures during the pandemic. *"Home schooling was only successful for those whose mothers were able to provide the support. Now there is significant knowledge and learning gap and the catch up scheme is a postcode lottery, and they can't afford extra private tuition."* **Caseworker**
- **Those in families with tensions/behavioural issues/affected by county lines/gangs and exploitation.** Home learning and support generally did not happen, leading to further loss of education, poor results and the potential for an increasing pull into criminality. Lockdown periods exacerbated family conflict with some enduring impact on relationships. *"Money is a big driver, especially for those with drug offences. Some of them want to support their families – they say 'how am I meant to be helping mum? The cost of living crisis isn't helping. That can push them into criminality.'" YOT manager*

The large amount of time many young people spent online during the pandemic and subsequently is influencing their choices:

*"It's made them think they can have a career from their bedroom. They see someone being an influencer and think that they'll do that – that they don't need to do any training or think about getting a job."*

**Caseworker**

*"I've never seen the amount of young men getting into cryptocurrency and selling on the internet. They think 'what's the point of training if I can make quick money'."* **YOT manager**

*"I've never had a job but I prefer doing something online. I have seen things on social media where it's possible to make money online."* **18 year old male client**

This young man's confidence and ability to handle face-to-face situations has also been affected - *"I don't really have the confidence to go to interviews in person, I would prefer virtual."* Whilst many recruitment processes have gone digital, there is still a need for young (and older) people to have the skills and confidence to deal with face-to-face situations.

Contributors highlighted some evidence of a switch in young people's employment choices from retail to construction. This appears partly to do with job security after witnessing the severe impact on non-

essential retail during the pandemic and what young people perceived as the more lenient approach to construction where work was allowed to continue. However, this change also seems to reflect a more widespread change in attitudes moving away from classroom/academic learning to more vocational and practical training. Professionals report that young people appear to see this as *“a quick fix – they think they can get earning more quickly”* St Giles Caseworker, because *“College is seen as too long. They want something tangible. More want apprenticeships but don’t understand the application process.”* **YOT Manager**

## Women

Women and men reported some similar long term impacts from the pandemic. However, there are some significant differences for women:

- **Mental health issues more frequently reported** – this may be because women are more able/likely to disclose mental health needs, but it could also be that they have additional pressures on them, particularly if they are *“trying to hold the family together”* or where they are suffering the particular stigma of being a woman with an addiction issue or and ex-offender.
- **Greater financial and mental health impacts for those who have children**, particularly single mothers, and including increased anxiety about their children.

*“I was in my home for a full year with no going out. After the lockdown I struggled to go out. I was very unwell mentally.....I lost my job, lost all my benefits – got badly into arrears so much I couldn’t feed the children and the children were sent to live with their dad – I had a nervous breakdown and tried suicide.”* **29 year old female client**

*“The impact is on physical and mental health, poverty, loss of jobs, loneliness and fear. These are general issues. Then for women there are worse issues feeling responsible for the children, not enough money to keep them warm and feed them.”* **Caseworker**

- **Greater impact on job options** – prior to the pandemic, many women had worked in female dominated occupations in hospitality, retail and cleaning which suffered disproportionate closures/job losses and they are now anxious about returning, as well as in taking jobs in healthcare because of mandated Covid vaccination.

Women living in rural locations eg: in the East of England and experiencing addiction and other challenges have ongoing loneliness and anxiety issues. Many were reluctant to come to face-to-face meetings and group work after having a lot of video contact during the pandemic. Those who were in poorly paid work and lost their jobs during Covid don’t want to go back as they feel their benefits are sufficient to live on and they’ve lost their motivation.

Feedback also confirms the rise in family stress and conflict as a result of the pandemic - *“Family dynamics have got much worse to those in family units. As pressures grown, so do the stresses that lead to arguments and family disruptions”* **BAME grassroots organisation**. Women tend to bear the brunt of these issues as the well documented rise in the incidence of domestic violence illustrates.

A specialist women’s caseworker in London reported some positives for her clients, drawing on their experiences during the pandemic. This includes an interest in training to become teaching assistants for those who had positive experiences of home schooling their children during lockdowns and gained confidence in this type of role. Also, an increased motivation to look at self employment – *“Women have*

*become more creative and adaptive – it's changed their view of the world and what they can do."*

### **Specialist women's caseworker**

It is very important to stress that these positives are unlikely to have emerged without the support received from St Giles during the pandemic, for example, providing laptops and connectivity as well as significant help to build confidence and skills, as well as the specialist understanding and empathy from a skilled caseworker with lived experience.

### **Prison leavers**

Prisoners suffered disproportionately during the pandemic. Being locked in cells for the majority of the time, experiencing isolation with no visits or training opportunities and little support on release because other services were not operating or only virtually.

The loss of social contact, training/work/promotion opportunities and rehabilitation has, in effect, meant that some clients are now only just starting to tackle barriers that they had in 2020, having lost two years to the pandemic. One St Giles caseworker explained that it took 12 months for HMPPS to agree postal enrolments with St Giles. Given that no in-person contact was allowed, this meant that referral for support was hugely delayed, and *"even when we finally could provide some support, we weren't allowed in person meetings, even in the AP (approved premises) gardens when lockdown ended"* **Caseworker.**

*"I came out during lockdown. It was easier in some ways because everything was slower, but things did take longer. Also, I could only talk to my probation officer on the phone and you can't talk about how you feel on the phone."* **30 year old client, ex-offender**

*"Prison leavers who've served long sentences found the transition very difficult during Covid – physical help and face to face support was non-existent. Clients continue to experience massive ongoing issues as a result of the pandemic."* **St Giles Manager**

Post pandemic, the few additional safety nets that were put in place such as housing all prison leavers have been removed. Furthermore, services such as housing are difficult to access because they have not resumed pre-pandemic delivery and/or they are experiencing cuts and additional pressures.

For some prison leavers, anxiety about the nature of their offending compounds the mental health issues they may have had previously *"I'm on the sex offenders register. Before I had my car I had panic attacks about going out. I had panic attacks about going to the Jobcentre and I had to have St Giles coming with me. It's partly Covid and partly because I'm always wary about being attacked because of my offence."* **57 year old male client**

### **Mental and physical health**

The primary issue raised across all interviews was the continuing mental health issues affecting clients, particularly but not exclusively for those who may have had these difficulties pre-pandemic. Anxiety, depression, loss of motivation and isolation feature strongly. Fears about using public transport, being with groups of people and general social anxiety are common. Some clients have tended to use Covid illness as a cover reason for the anxiety that is preventing them coming in for appointments and training.

*"Anxiety for me is a lot worse than before. It was terrible during lockdown....It makes you paranoid. You're on a bus and someone coughs – you don't know if it's Covid, corona and now flu. This year I didn't*



*have the flu jab because I get so ill with it. It's just me and the kids. You can't afford to get ill."* **Female client in her mid 40s**

*"My confidence was good until it came to Covid and I sat down and thought I cannot do anything."* **63 year old female client**

*"Before, I was working and my family was together. After the pandemic I was broken, it was ruined. After the lockdown I struggled to go out. I was very unwell mentally. My situation is now improving slowly due to meeting caseworker."* **29 year old female client with pre-existing mental health issues**

*"Covid came and I and everyone lost confidence but St Giles were there for me. I am still in treatment for depression, diabetes, mobility issues, high blood pressure and panic attacks. Previously I was independent and hard working. Since the pandemic I've got increased anxiety and loneliness. I'm in debt and I don't have enough money to get through to the end of the week."* **65 year old female client**

*"I've lost contact with members of my family. My depression has increased a lot. The pandemic has changed my life for the worse. I find it difficult to socialise and it has made me more insecure. I don't work and I struggle to find it given my level of anxiety. Everything worries me."* **Female client**

*"The pandemic made me more depressed. Since then I keep away from busy places or choose quieter times. Even now, I don't go out unless I have a reason. Public transport gives me big time anxiety."* **56 year old male client**

*"I'm still suffering from some depression and financial difficulties. My mental state is worse (than before the pandemic). It has changed my way of life."* **Female client**

Rebuilding confidence and, for those with more significant needs, better access to mental health services are now key priorities. St Giles in house mental health specialist workers play a vital role. This should be expanded with workers who have specialisms eg: with women, those affected by criminal exploitation etc. attached to specific projects/client groups. This does not negate the need for much better capacity in and access to NHS mental health services.

One positive raised by some contributors is that there is a greater openness about talking about mental health since the pandemic.

*"I don't know if I'd call it a positive, but I've heard people talking about how they're feeling – there's more communication. During lockdown you talked more and I think that's stayed."* **Female client in her mid 40s**

*"People, including myself are less embarrassed to ask for help because of the situation that everyone is in."* **Volunteer, Leeds Pantry**

A number of clients also have serious physical health problems and/or conditions including cancer, Parkinson's disease and heart conditions. Some of these pre-dated the pandemic, however, it is clear that the impact of the pandemic has affected not only their physical health but also caused significant stress.

*"I had pre-existing conditions but when I got Covid and long Covid it exacerbated, trumped everything. Then they found a lesion in my lung. I had problems with my landlord before the pandemic, but during it everything went to hell in a handbasket. They closed the office, never answered the phone, emails just disappear. You get passed between the DWP and jobcentre. Trying to sort out issues around benefits, or any kind of issues, you'd get nowhere. Healthwise it's been really, really hard. Physically I can't do the things I used to do. Also, it has knocked my confidence. St Giles have been very good as a sounding board, to have someone to speak to has been the most important thing, critically important."* **Male client in his early 50s with multiple health issues.**

## Training and work – motivations and preferences

Attitudes to training and work are mixed. Some clients have lost their motivation to take up training. Some of this is linked to anxiety and loss of confidence. Another factor is that during the pandemic the focus was on maintaining engagement with clients, with less pressure to complete online training etc. It's taking time to move from this approach to the 'support and challenge model' that gives greater encouragement for training and work.

There is a general anxiety about moving into work. For some this is because losing their job during the pandemic has undermined their trust in employment. Some clients (male and female) are less inclined to want retail and hospitality work because of the impact on these sectors and employees during the pandemic – they are seen as risky:

*"I'm a qualified chef but I don't want to go back to that because of what happened during the lockdowns. The pandemic has closed a lot of doors in hospitality. I've got a newborn baby to support and I need something more secure."* **35 year old male client**

*"I was working but in the pandemic I lost my job cleaning office buildings, no-one was using them."* **Female client in her mid 30s**

As mentioned earlier, healthcare options are also less attractive for some, because of the issues around mandated vaccination during the pandemic and concerns that this approach could continue.

Ex-offenders' job options have remained broadly the same because many are constrained by licence conditions. This is particularly true for those on the sex offenders register.

Self employment seems a more popular choice for some clients across cohorts, in comparison to pre-pandemic. The perception that it gives greater control over work – an understandable reaction to the pandemic when individuals had very little control over many aspects of their lives and some lost jobs.

*"I'm thinking about trying to set up an on-line shop. I want to be self-employed – you have a bit more control over things then."* **30 year old male ex-offender**

Sectors of interest for self employment/freelance work included: women (hairdressing, cleaning), ex-offenders (construction, warehousing, HGV driving, online business) and young people (online, including cryptocurrency trading, construction).

The cost of living crisis is interacting with post pandemic issues leading some clients to be more motivated to work to improve their finances. However, a significant number, particularly those experiencing greater mental health and/or addiction issues are less motivated as they fear the transition to paid work and feel that they will have less money.

*"I am demotivated about work. I haven't got much chance of work now but I'll volunteer when I'm better. I'm not lazy, I am empathetic. But I have all my health issues and anxiety."* **67 Black female client**

*"I'm not ready to do training or work. I am still sorting myself and my family out."* **29 year old White female client with pre-existing mental health issues**

*"I don't work and I struggle to find it given my level of anxiety. Everything worries me."* **White male client**

### **Some positives for employment**

A positive impact for volunteers wanting work in support roles arises from the negative impact of the loss of staff across the voluntary sector during the pandemic. This has led to an increase in vacancies for

support workers. As a result, Peer Advisors have more opportunities to move into paid work when they are ready. Due to the severe reduction in volunteer placements, some who are ready for paid work at the end of their taught course are moving directly into jobs where employers are able to provide the right level of supervision and support.

Some caseworkers reported a positive change in relationship between caseworkers and employers that has emerged during and post pandemic. Using word of mouth more for recruitment and working in greater partnership with St Giles staff to help fill vacancies. They commented that *“Employers seem more flexible which particularly helps those more reluctant to move into work. We (caseworkers) can take a buffer role – having a trusted relationship with the client and the employer. It really helps those who have social anxiety.”*

The much discussed economic inactivity statistics highlighted the issue of significant numbers of working age people not returning to the labour market post pandemic. Government analysis suggested that many of these were early retirees. However, very recent analysis of economic inactivity statistics by LCP (*“The Great Retirement or the Great Sickness?” – is the Government at risk of ‘barking up the wrong tree’ on the rise in economic inactivity.* LCP, 20<sup>th</sup> Feb 2023) concluded that:

- *The number of ‘long-term sick’ has risen by over a third of a million (353,000) since the start of the Pandemic; this accounts for more than half of the growth in inactivity over that period;*
- *The rise in long-term sickness seems to be because more people are ‘flowing on’ to long-term sickness, particularly those previously classed as ‘short-term sick’; this could reflect NHS pressures as those who would otherwise have been treated or had their chronic condition better managed and able to work now find themselves ‘long-term sick’ as they wait for treatment or live permanently in poorer health;*
- *Numbers on sickness-related benefits have been rising steadily, with the growth pre-dating the Pandemic, but now worsening; although ESA is being (largely) phased out, the number of people in receipt for over five years has actually gone up in recent years and now stands at over 1 million.*

Many of the St Giles clients interviewed form part of these statistics and without the interventions and support provided are very likely to remain economically inactive.

## The move to digitisation

The huge move to digitised communication and service delivery during the pandemic was touched on by the majority of contributors. Many commented on the positives of gaining new skills and confidence in using digital technologies:

*“In the pandemic I got a laptop from the caseworker and I started to learn how to use it. I’m more computer literate now, I am more high tech.”* **35 year old female client**

*“I’ve never used the video on the phone but the caseworker talked me through it and I learnt how to join a meeting and be in the space. I didn’t know I was still able to learn things as I hadn’t tried anything for a very long time. But I did learn and I enjoyed the interaction.....then I got the laptop and I learnt how to use that too. It was a whole new world opening up to me.”* **50 year old female client**

The important point to note is that clients were only able to develop these skills and the confidence in how to use them through the provision of hardware, connectivity costs and, vitally, caseworker support and encouragement tailored to their individual needs. For one large project in London, over 500 laptops and connectivity were provided during the pandemic.

Whilst the increase in digital inclusion is welcome, the development of the now common hybrid service delivery combination of online and in person contact has distinct pros and cons. Some staff report that it has enabled them to prioritise more efficiently – the ability to work virtually where appropriate with clients means that they can focus greater face-to-face time with those who need it more. A number also felt that virtual meetings have meant better partnership working with other organisations and agencies – *“people find it much easier to find the time for a teams meeting rather than trying to get everyone together in one place – it can really help.”* This is particularly true of urgent cross-agency work such as ‘strat’ meetings for safeguarding vulnerable clients.

However, feedback from staff also highlighted that the reluctance to move back to ‘sufficient’ office based working is not helpful for clients who experience disadvantage and exclusion, as they need this in person contact and particularly in the early stages of engagement. Many clients commented on the increased lack of access to statutory services post pandemic as a result of them switching to blended or online only delivery and not returning to pre-pandemic operation.

*“Some councils are only taking phone calls from clients. They arrange calls and then it doesn’t happen. Some probation staff are doing face to face contact, but most are still over the phone.”* **Caseworker, Housing Project**

*“I have noticed that the clients who use the (St Giles) Pantry don’t seem to access any other services and a lot aren’t available anymore.”* **Volunteer, Leeds Pantry**

*“We still haven’t gone back to pre-Covid working. We have to be in the office for a minimum of three days but it’s important to have face to face meetings with the clients and that isn’t always happening.”* **YOT Manager**

The universal increase in digital and virtual forms of delivery across services resulting from the pandemic has underlined how essential digital skills and self confidence are. Some staff felt that this raises awareness and can make it easier to make the case to funders to support the costs of hardware, connectivity and skills development. It is clear that continued focus on this vital area is essential if people at disadvantage are to be provided with equality of access and inclusion in all areas of life.

### St Giles support highly effective and fills a crucial gap

The majority of clients talked about the support that St Giles had given them – some during the pandemic – and all subsequently. They highlighted how vital it had been and continued to be in helping them to overcome the trauma of the pandemic as well as tackling their pre-existing issues.

*“I increased my debt and lost my benefits and got no help. No-one would listen and I was too confused to be able to keep the paperwork in any order or find it when I was asked. But now I’m getting some assistance – very good help from Laura. I just want to say that Laura and her organisation change lives and it’s so good to have their help right now when I need it.”* **29 Year old female client with mental health needs**

*“After getting help and support from St Giles my life has changed significantly, having got more things done such as my passport and PIP application. My St Giles worker is more approachable and helped make things happen in my life.”* **55 year old male client with a recent diagnosis of a degenerative disease**

*“When Covid hit I was so alone and isolated. When she called it was just the right time. She said I’m just checking in to make sure you are alright. She didn’t hassle but offered support and asked if there was anything I needed. For the first time I didn’t feel abandoned. Over the period with St Giles I finally found*

*my feet....Now I do plan for tomorrow and that helps me to reduce my anxiety. Now I know how to navigate life and feel I can learn and I can achieve and I am happy. I put it all down to the non-judgemental support.”* **50 year old female client, survivor of abuse, with mental health needs**

*“My confidence wavers. I’m up and down but I feel optimistic with the training with St Giles.”* **Peer Advisor trainee**

*“Getting the job (Peer Advisor volunteer) with St Giles has improved my life. I was able to show how passionate I was. I don’t know if I would have had the opportunity if St Giles hadn’t continued through the pandemic.”* **Peer Advisor**

The support from St Giles has been and continues to be particularly crucial because, as highlighted previously, many organisations shut down or only operated virtually during the pandemic and have been slow to recover. There are staff shortages in some organisations and many now operate flexible, remote working meaning that there are significantly reduced face to face or office based services.

A consistent thread running through the research findings is that post pandemic recovery is long-term: it could be termed *psycho-socio-economic long Covid*. This means that the continuation and development of services such as St Giles continue to be critical in helping those most affected. *“...it does feel like we are returning to some sort of normality, but it is taking a long time.”* **Volunteer working in the Pantry, Leeds.**

The very fact that contributors to this research, taking place nearly three years after the start of the pandemic are reporting issues arising from it is clear evidence of this long term impact.

## Serious impact on volunteering

Many voluntary sector organisations that have previously offered volunteer placements and/or have augmented their service delivery with trained volunteers are now not able to do so. The pandemic led to loss of staff, along with the infrastructure and knowledge base necessary for good quality volunteering. This is a significant and serious loss to the sector as a whole, particularly when taken in the context of increased demand and need for services.

*“We lost about 50% of our volunteers one way and another, leading to massively reduced services and support for the deaf community leading to a loss of confidence and skills.....it’s decimated our bank of skills and competent volunteers.”* **Small community based organisation**

One grassroots organisation for BAME asylum seekers reported an increase in volunteers – people with lived experience of these issues who have been helped and want to give something back. However, they do not have the resources to properly support them with travel costs, childcare and training. This organisation also reported a tripling of demand for its services.

St Giles’ Peer Advice Network (PAN) found ways to adapt and continue some delivery during the pandemic and is making a steady recovery. PAN is now an even more valuable and much needed asset for the sector. That said, there have been impacts and challenges:

- During the pandemic, some Peer Advisors experienced ‘regression’, including relapses into drug use, recurrence of mental health issues and general loss of confidence leading them to *“become clients again.”* Some have found it difficult to return to the Peer Advisor training/role.
- Those Peer Advisors who were very keen to get back to their training/role were frustrated by St Giles’ understandable decision to delay their return until pandemic restrictions were largely lifted and staffing levels recovered from skeleton cover. In addition, some were unable to volunteer because of their home circumstances, *“I couldn’t volunteer during the pandemic so I was more isolated as a*

*single parent, so I am glad I have now started volunteering.”* Staff commented that the lesson learnt was that where possible and appropriate, Peer Advisors should have been offered the same return to work processes as staff.

- The loss of placements in partner organisations, during the pandemic and subsequently, directly impacted being able to offer volunteering experience, including to complete the Level 3 qualification.
- Some Peer Advisors need greater support than was previously the case, including for housing, health and finance/debt/budgeting. This is partly due to the cost of living rises but is compounded by the ongoing reduction in self-confidence arising from the pandemic. This has also been reported by other organisations.
- During the pandemic lockdowns and restrictions, IAG taught courses were disrupted with *“a lot of stop start.”* The move to virtual delivery was important and helpful but inevitably did not suit all. Post pandemic, the move back to in person delivery is taking time to re-establish. Some trainees are anxious about mixing in groups and using public transport. Pre-course visits are now offered to help reduce anxiety.
- One assessor/trainer also reported a reduction in commitment and motivation compared with before the pandemic, particularly for those trainees with children who are finding it hard to engage with school and/or where the parent is anxious about children getting ill.

There are some positives for volunteering and the Peer Advisors arising out of the pandemic:

- It has emphasised the importance and value of volunteering as a stepping stone to paid work.
- Those on placements want to come back to St Giles for paid roles.
- Volunteering opportunities for Peer Advisors have expanded, including working in St Giles Pantry provision.
- As highlighted earlier, those Peer Advisors who have the skills and work experience from the Level 3 qualification are going straight into paid jobs, due to the lack of volunteer placements in partner organisations and the high level of support worker vacancies across the sector.

## Mixed impact on staff

Staff across St Giles report that there are ongoing impacts for them from the pandemic. Many felt that they were still in *“uncharted water”*, and that a return to pre-pandemic working remained a work in progress. There was mixed feedback about the ‘new norm’ of a mix of home-working and office/outreach based delivery. Some of those working partly from home felt that they were still getting to grips with finding a good work/life balance. Others recognised that some colleagues were still finding it challenging to show a presence in the office.

St Giles has undergone significant expansion over the last few years and in some service areas the majority or all of team members joined during the pandemic. Transition to post pandemic working felt particularly challenging for some of them.

The lack of service availability across statutory and voluntary sector organisations during the pandemic and the fact that St Giles maintained significant levels of service delivery throughout led to increased pressure from those in need of support who ‘channel shifted’ accordingly. Many statutory services have still not returned to pre-pandemic service delivery. This, combined with the cost of living pressures means that St Giles’ service are even more in demand and the levels of anxiety and other issues affecting many means that increased time and effort is needed to help them address their needs.

## Appendix: Methodology and sample sizes

Methodology included semi-structured group and individual interviews across the St Giles operating regions in London, East of England, West Midlands, Yorkshire and Wales, and captured the views of:

- 22 clients
- 12 volunteers/Peer Advisors
- 31 staff

Interviews were carried out by the external evaluator and a team of St Giles Peer Evaluators using standard sets of questions tailored for each respondent group.

### **22 Clients** (13 Peer Evaluator, 8 External Evaluator, 1 completed by Caseworker)

- 11 London
- 7 Yorkshire
- 3 Midlands
- 2 East of England

Data was collected for 21 of the clients. Age data was not collected for 4 of these. Analysis shows:

- 51% female, 49% male
- 49% White, 51% BAME backgrounds
- Age data (for 18 clients) shows an equal split between 25-50 year olds and 50+, with one respondent being 18 years old
- 50% live alone
- Around one third declared a disability or long term health condition
- Around one third were parents/lone parents with dependent children
- All but one were on benefits (no recourse to public funds), with including UC, ESA and PIP
- 50% were using St Giles Pantry services
- Respondents were spread across St Giles services (young people's ETE, complex needs ETE, prison leavers, those with addiction issues etc.)

### **12 Volunteers** (4 Peer Evaluator, 8 External Evaluator)

- 6 Wales
- 2 Midlands
- 2 Yorkshire
- 1 London
- 1 East of England

### **31 Staff** (6 Peer Evaluator, 25 External Evaluator)

- 9 London
- 8 Yorkshire
- 7 East of England
- 4 Wales
- 3 Midlands