COVID-19 Briefing for Philanthropists

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the social investment consultancy

www.tsiconsultancy.com

Preface

This report summarises the impact the coronavirus disease 2019 (COVID-19) has had on the social sector in the UK. It highlights the country's current economic health and business activities along with key national / federal government responses to the disease. All information provided is derived from publicly available sources.

The purpose of this briefing is to help philanthropists understand precisely where they can have the biggest impact in COVID-19 pandemic and make evidence-based funding decisions during this challenging time.

TSIC can refresh this report upon request. More in-depth investigations into an impact area or region can also be conducted as required.

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Disease overview

Cases and Deaths

Table 1 – Outbreak overview¹

Total number confirmed cases (as of 9am, 21 May)	250,908
Total confirmed new cases (in the last 24h, 21 May)	2,615
Total deaths (as of 5pm, 20 May)	36,042
Total new deaths (in the last 24 hours, 20 May)	338
Transmission classification	Not reported to the World Health Organisation
Day(s) since last reported case	0

• First confirmed infection: January 29



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Death rates and infection rates have not come down significantly, so the UK is still in the urgent "Response" stage while other countries in Europe are moving towards "Recovery".

Domestic Spread

Region	Number of confirmed cases	Case per 1000 inhabitants
London	26,628	2.989
North West	24,295	3.332
South East	20,637	2.259
West Midlands	16,203	2.746
Scotland	14,856	2.732
Yorkshire and the Humber	13,598	2.482
East of England	13,394	2.160
Wales	12,846	4.093
North East	9,739	3.664
East Midlands	8,624	1.795
South West	7,422	1.325
Northern Ireland	4,481	2.381

When adjusted for age, London had the highest mortality rate with 85.7 deaths per 100,000 persons involving COVID-19; this was statistically significantly higher than any other region and almost double the next highest rate. The local authorities with the highest age-standardised mortality rates for deaths involving COVID-19 were all London Boroughs³.



While the number of cases per inhabitant has increased in other regions, London is still the most affected region in terms of mortality rate. More analysis is needed to understand which regions have benefitted from the highest amount of funding.

2 Public Health England & Department of Health and Social Care https://coronavirus.data.gov.uk/

3 Deaths involving COVID-19 by local area and socioeconomic deprivation: deaths occurring between 1 March and 17 April 2020. Release date 1 May 2020. https://www.ons.gov.uk/ peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19bylocalareasanddeprivation/deathsoccurringbetween1marchand17april

Testing

Table 3 – Number of people tested⁴

Number of people tested (as of 9am, 21 May)	2,064,329
Number of people tested daily, May 12	67,681



The number of tests conducted daily is still below government's own targets, and testing kits are still not available for self-testing at home or administered testing in settings such as care homes, compared to other countries (such as <u>in Seattle</u>, US, a programme funded by Gates Foundation is testing 300 people at home per day).

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Impact of COVID-19 on mortality rates of different groups

The impact of COVID-19 on different groups is a vast topic, in the section here we describe only the impact from the narrow lens of mortality rates, as an urgent priority of saving lives. The data presented below does not include increased mortality rates as a collateral of COVID-19. For more detailed discussion on this topic, please refer to our resource.

A wide range of factors can affect the likelihood that an individual will die from COVID-19, with age and preexisting health conditions being the most significant factors found so far. The following factors are also linked to higher mortality rates and should be considered by the social sector.

Table 4 – impact of COVID-19 on mortality rates of different groups

Characteristic	Existing evidence	Potential explanations
Gender	Males had a significantly higher rate of death due to COVID-19. The rate was double that of females⁵	No conclusive evidence has been found to explain this difference yet though it has been ascribed to unhealthy behaviours found more commonly among men, men more likely to break the social distancing rules, and genetic differences.
Socio-economic background	People living in more deprived areas have experienced COVID-19 mortality rates more than double those living in less deprived areas. The age-standardised mortality rate of deaths involving COVID-19 in the most deprived areas of England was 55.1 deaths per 100,000 population compared with 25.3 deaths per 100,000 population in the least deprived areas ⁶ .	Might be attributable to the type of occupation conducted by this group, as low-paid jobs tend to be more exposed to the virus. Data also shows that people working in "low skilled occupations" and social care have significantly raised rates of death involving COVID-19. Men working in the lowest skilled occupations had the highest rate of death involving COVID-19, with 21.4 deaths per 100,000 males (compared to the general 9.9 death rate for males) ⁷ . Moreover, the raised mortality rate has been shown to be only partially attributable to other clinical risk factors (higher prevalence of diabetes in deprived areas) ⁸ .

⁵ Deaths involving COVID-19, England and Wales: deaths occurring in March 2020. Released 16 April 2020. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19englandandwales/deathsoccurringinmarch2020

⁶ Deaths involving COVID-19 by local area and socioeconomic deprivation: deaths occurring between 1 March and 17 April 2020. Release date 1 May 2020. https://www.ons.gov.uk/ peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19bylocalareasanddeprivation/deathsoccurringbetween1marchand17april

⁷ Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered up to and including 20 April 2020. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronaviruscovid19relateddeathsbyoccupationenglandandwales/deathsregistereduptoandincluding20april2020

⁸ Risk factors for COVID-19 death revealed in world's largest analysis of patient records to date. 7 May 2020. http://www.ox.ac.uk/news/2020-05-07-risk-factors-covid-19-death-revealedworld-s-largest-analysis-patient-records-date

Characteristic	Existing evidence	Potential explanations
Ethnicity	Black males and females are 4.2 and 4.3 times more likely to die from a COVID-19-related death than White ethnicity males and females. When age and other socio-demographic characteristics and measures of self-reported health and disability are taken into account, the risk of a COVID-19-related death for males and females of Black ethnicity is reduced to 1.9 times more likely than those of White ethnicity, but it is still almost double. People of Bangladeshi and Pakistani ethnicities are between 1.6 and 1.8 more likely to die from COVID-19 than people of White ethnicity, when other factors are taken into account.	So far, there is no evidence to explain the difference in mortality rates after socio- economic factors have been taken into account ⁹ .



The Government has not put in place any measure to address the difference in mortality rate between socio-economic and ethnic groups. While there is no definitive explanation for this difference yet, there is room for targeted approach to protect certain groups.

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Government Responses

As of 12 May 2020, the UK is exiting phase one of the Government's response. Phase one was focused on containing, delaying, researching and mitigating the spread of the virus. During this phase, the UK government announced lockdown measures: (1) people have to stay at home, except for very limited purposes (medical need, exercise, critical work); (2) stopping gatherings of more than two people in public; (3) closure of certain businesses to limit social contact (e.g leisure and retail).

The UK is now moving to phase two of its plan, which will see the deployment of "smarter measures" aiming at controlling the epidemic while having lower health, economic and social costs than previous restrictions. Next steps of the plan will be dependent on certain conditions being satisfied (such as rate of infection) but according to the Government Chief Medical Officer, social distancing measures are likely to be in place for the coming months and possibly for the rest of the year.

Phase three will only be reached when a reliable treatment or vaccine is found.

Public Closures

Policies / Action	Description
Stay alert and safe	While the government has encouraged people who cannot work from home to return to work, a certain number of businesses and venues must remain closed to members of the public, including cafés, retail shops and community centres. Community centers can open for the purpose of hosting essential voluntary activities and urgent public services, such as food banks, homeless services ¹⁰ . The anticipated easing of restrictions will enable charities providing frontline services to continue to deliver, though providing Personal Protective Equipment (PPE) will be extremely crucial.
Educational and childcare settings	Since 23 March 2020, education and childcare settings have only been open to priority groups. From 1 June, early years, school and further education settings will be able to welcome more children. The number of pupils who can go back to school will be gradually increased (with the three year groups within mainstream primary prioritised) depending on the risk of transmission ¹¹ . The anticipated easing of restrictions for educational and childcare settings will enable charities working in this area to resume to a degree of normality, though as mentioned, PPE will be extremely crucial to enable workers to be safe.
Government announces roadmap taskforces to reopen certain businesses	 New taskforces have been set up to plan how closed sectors can reopen safely¹². These sectors include: pubs and restaurants (Department for Business, Energy and industrial Strategy) Non-essential retail (including salons) (Department for Business, Energy and industrial Strategy); Recreation and leisure, including tourism, culture and heritage, libraries, entertainment and sport (Department for Culture, Media and Sport) Places of worship, including faith, community and public buildings (Ministry for Housing, Communities and Local Government) International aviation, reflecting the unique challenges that sector is facing (Department for Transport)

¹⁰ Closing certain businesses and venues in England. 13 May 2020. https://www.gov.uk/government/publications/further-businesses-and-premises-to-close-further-businesses-and-premises-to-close-further-bu

¹¹ Actions for education and childcare settings to prepare for wider opening from 1 June 2020. Updated 12 May 2020. https://www.gov.uk/government/publications/actions-for-educational-and-childcare-settings-to-prepare-for-wider-opening-from-1-june-2020/actions-for-education-and-childcare-settings-to-prepare-for-wider-opening-from-1-june-2020

Economic support

Table 6 – Summary of key g	overnment policies in r	olace on May 13 relati	ng to economic support
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Policies / Action	Description
Support for businesses	Government has announced that they will help pay businesses wage bills during the COVID-19 response – as much as 80% of an individual's wages up to £2,500 a month, currently up to the end of October 2020 (and backdated to 1 March). A similar scheme was later announced for the self-employed (though not all are eligible) and will be available in June. Up to 617 GBP will be made available for local authorities to support small businesses (under 50 employees).
Support for charities	Public services and charities involved in the COVID-19 response have been promised additional funding. Local authorities have been allocated £3.2bn for local pressures, schools will receive extra funding. The Chancellor has announced a £750 million package of support for frontline charities – including support for domestic abuse victims, vulnerable children and families, and victims of modern slavery. Most charities responding to the believe the Pro Bono Economics/Civil
	Society Media ¹³ survey said that the government's financial support for civil society in the face of Covid-19 was insufficient ⁶¹⁴ . According to a survey by CAF, when asked what they needed from government, 53% of charities (on a total of 223 respondents) answered that they needed unconditional cash grants and 19% extra people to deliver services ¹⁵ .
Economic stimulus	The Bank of England reduced its base rate to 0.1% on 19 March (after first reducing it to 0.25% on 11 March) and increased government and corporate bond holdings by £200bn. These measures are designed to reduce the cost of borrowing and increase investment.

14 Idem

Between 28 & 29 April 2020, a total of 433 respondents filled in the survey. No further information on sampling methodology.

¹⁵ A COVID-19 Philanthropy Stimulus Package: Unlocking further giving in the UK to support civil society at a time of crisis. https://www.cafonline.org/docs/default-source/about-us-policyand-campaigns/caf-covid19-philanthropy-stimulus-package-paper-(updated).pdf

Economic Impact

The economic impact of the epidemic has had effect on unemployment rates, household consumption. Britain's Gross Domestic Product shrank by 2.0% in the first three months of 2020¹⁶. The social sector is likely to suffer from this economic situation as demand for their services surges and opportunities for fundraising diminishe.

Table 7 – Economic impact on household consumption and unemployment

Household consumption and savings	Consumer Sentiment Survey from McKinsey indicates that many consumers are cutting back their spendings, even though the proportion of people financially impacted by the crisis is decreasing. Still, 39% of respondents say that their ability to make financial ends meet has been negatively impacted by COVID 19 ¹⁷ .
Unemployment	Research by McKinsey estimates that, from April 6 to 19, 2020, around 22% of the United Kingdom's working-age population, had been furloughed. 7.6 million jobs are at risk because of COVID, which amounts to 24% of the UK workforce. Between mid-March and mid-April, there were 1.4 million new applications for social assistance through the universal credit system, a sixfold increase on previous levels ¹⁸ . Some groups are more affected by the situation than others. The same research by McKinsey finds that people and places with the lowest incomes are the most vulnerable to job loss, with nearly 50 percent of all the jobs at risk are in occupations earning less than £10 per hour. Young people (under 35), women, lone parents, and to some extent people from BAME backgrounds are also more vulnerable.



In light of economic difficulties ahead, which will lead to increase in demand for welfare services, considering how to support charities delivering services to more people will be key. Partnerships with corporates, especially the sectors doing relatively well, will also be key.

18 McKinsey. COVID-19 in the United Kingdom: Assessing jobs at risk and the impact on people and places. 11 May 2020. https://www.mckinsey.com/industries/public-sector/our-insights/ covid-19-in-the-united-kingdom-assessing-jobs-at-risk-and-the-impact-on-people-and-places

¹⁶ GDP monthly estimate, UK: March 2020. https://www.ons.gov.uk/economy/grossdomesticproductgdp/bulletins/gdpmonthlyestimateuk/march2020

¹⁷ McKinsey. Survey: UK Consumer Sentiment during COVID 19 crisis. https://www.mckinsey.com/business-functions/marketing-and-sales/our-insights/survey-uk-consumer-sentiment-during-the-coronavirus-crisis

Impact on the social sector

The impact of the crisis on the social sector is not fully understood yet, but findings from weekly surveys conducted by Pro Bono Economics/Civil Society Media¹⁹ show that most charities (92%) expected Covid-19 to have a negative impact on their ability to meet their objectives. Charities' top three concerns are: (1) the impact of social distancing measures on their ability to deliver services; (2) limited fundraising opportunities; (3) limited ability to plan for the future²⁰.

The first concern of many charities – the impact of social distancing measures on their ability to deliver services – might be alleviated in the coming weeks, as lockdown measures are being gradually lifted. However, it is likely that charities will have to adapt to new conditions – for example equipping their staff with PPE or moving part of their delivery online. While some charities have successfully transitioned to digital delivery, the move is much harder for others and many are stopped by technical and safeguarding challenges.



Funders are in a good position to gather and share best practices and learnings from grantees that have transitioned to online delivery. Providing funding for needs assessments (to understand whether users would benefit from online services), upskilling and technical equipment could help some organisations deliver under new conditions.

The impact on charities' finances has also become clear over the past weeks. 57% of respondents said they'd furloughed staff and accessed the government's Job Retention Scheme. Only one-in-five (19 per cent) said they had applied for support from the government's £750 million charity-specific package²¹.

The sustainability of the social sector depends on philanthropic funding as well as donations from individuals. While many people in the UK face financial difficulties, individuals are still donating to charities (see table below). Funders are mobilizing to provide extra funding to charities responding directly to COVID-19 or emergency funding for organisations in financial difficulty.

¹⁹ Between 28 & 29 April 2020, a total of 433 respondents filled in the survey. No further information on sampling methodology.

²⁰ Pro Bono Economics/Civil Society Media results: 28 & 29 April 2020. https://www.probonoeconomics.com/sites/default/files/files/04%20April%2028-29%20results_0.pdf



Philanthropic giving	According to data from 360 Giving data base, 34 funders have awarded grants related to COVID 19 amounting to a total of £25,099,310 to 1,145 recipients since the beginning of the crisis. This amounts to about 0,38% of the total annual grants made by charitable foundations in 2017/2018 (£6,5 billion) ²² . Many funders have pledged to dedicate funding to support grantees during this period and to provide funding for organisations responding to COVID. For example, the National Lottery Community Fund announced that all the funding decisions for next 6 months (up to £300m) will be devoted to responding to the crisis.	
Individual donations	Based on data from YouGov, people in the UK became more likely to consider making a financial donation since the beginning of the epidemic: rising from 7% on March 20th to 14% on April 17. The proportion thinking about donating to non-COVID causes has also increased from 6% to 10% over the same period ²³ . According to the COVID Sentiment Tracker from About Loyalty ²⁴ , net trust in charities was high and sustained at around 41% for the full five weeks from	
	lockdown to 23rd April. The proportion of people who said they had given to a charity as a response to COVID-19 has increased by over 70%.	



At the moment, there seems to be a lack of financial support from government for charities that do not provide "frontline services" but that might be essential in deprived areas (e.g. youth charities). Indirect and long-term effects of the crisis – e.g. rise in poverty – might be worsened if funding is directed mostly to organisations responding to the crisis.

Association of Charitable Foundations. Foundations Giving Trends, Top 300 Grant-Makers. https://www.acf.org.uk/downloads/publications/ACF_Foundation_Giving_Trends_2019.pdf COVID 19: Volunteering declines, but people want to donate. 5 May 2020. https://yougov.co.uk/topics/lifestyle/articles-reports/2020/05/05/covid-19-and-charity-volunteering-declines-brits-w

²⁴ Based on a nationally representative sample of 2,500.

Social Impact of COVID-19 on SDGs

The information below provides a snapshot of the effect of the epidemic on the Sustainable Development Goals (SDGs) in the UK. More analysis is needed to gain a deeper understanding of the short- and long-term impact of the current situation on each of these areas, and to determine the need for funding or other types of support.

Table 9 – Overview of impact of COVID-19 and related measures on the SDGs in the UK

1 NO POVERTY	Increase in poverty for vulnerable groups Social distancing measures have put many sectors to a halt and 7.6 million jobs are now at risk. Groups that are the most at risk of seeing their poverty level increases are low-income groups, young people (below 35) and women ²⁵ . The extent to which unemployment and poverty will rise during and after the crisis will depend on the Government's response in the coming months.
2 ZERO HUNGER	Increased demand for food banks The direct impact of lockdown measures has been a rise in demand for food banks. Over the first weeks and the lockdown and until now, the Trussell Trust doubled its usual number of food parcels issued ²⁶ . Corporate partners such as British Gas and Sainsbury's have joined force with the Trussell Trust to provide food for people in need.
3 GOOD HEALTH AND WELL-BEING	Health for socio-economic and ethnic groups most affected by COVID-19 The Government has not announced any specific measures to address higher mortality rates for deprived socio-economic background and certain ethic groups. More research is needed to fully understand the link between deprivation / ethnicity and COVID-19 mortality. However, some explanations are emerging, such as the type of occupation conducted by people from deprived backgrounds, as well as overcrowded housing and the difficulty for vulnerable people from deprived backgrounds to isolate.
	Mental health The impact of the pandemic and lockdown measures on mental health has been recorded by an ongoing study led by the Mental Health Foundation. It shows that more than a quarter of adults in the UK have felt loneliness during lockdown ²⁷ and unemployed people show signs of serious mental health problems ²⁸ .

McKinsey. COVID-19 in the United Kingdom: Assessing jobs at risk and the impact on people and places. 11 May 2020. https://www.mckinsey.com/industries/public-sector/our-insights/ covid-19-in-the-united-kingdom-assessing-jobs-at-risk-and-the-impact-on-people-and-places

²⁶ The Guardian, UK Food Banks face record demand in coronavirus crisis. https://www.theguardian.com/society/2020/may/01/uk-food-banks-face-record-demand-in-coronavirus-crisis

²⁷ Coronavirus: Mental Health in the Pandemic. Wave 3, late April. https://www.mentalhealth.org.uk/news/almost-quarter-adults-living-under-lockdown-uk-have-felt-loneliness

²⁸ More than a third of UK adults in full-time work are worried about losing their jobs. Mental Health Foundation. https://www.mentalhealth.org.uk/news/more-third-uk-adults-full-timework-are-worried-about-losing-their-jobs



Digital deprivation

There has been a lack of comprehensive measures to mitigate the impact of digital deprivation on pupils and young people and ensure that children and young people can continue to access online learning whilst schools are closed due to COVID-19. In April, the government launched a new scheme to provide digital devices and internet access to children and young people without access to a laptop or tablet²⁹. However, the scheme is only aimed at certain categories of young people (Year 10 and young people with a social worker), which might leave some of them behind.

Increase in unemployment for vulnerable groups

Social distancing measures have put many sectors to a halt and 7.6 million jobs are now at risk. Groups that are the most at risk of losing their jobs are low-income groups, young people (below 35) and women. In this context, McKinsey points out a need for better training and upskilling of the workforce³⁰.

10 REDUCED INEQUALITIES

Increased inequalities

The epidemic is likely to further deepen inequalities, as the most vulnerable groups are bearing the brunt of the crisis – both in health and economic terms.

BAME communities are also more likely to be disproportionately affected by the crisis and its aftermath. *Charity So White* has published a list of recommendations for funders and organisations to address inequalities in health, education and social protection³¹.

Get technology support for children and schools during coronavirus (COVID-19). Last updated 4 May 2020. https://www.gov.uk/guidance/get-help-with-technology-for-remote-education-during-coronavirus-covid-19#who-can-receive-digital-devices-and-internet-access

³⁰ McKinsey. COVID-19 in the United Kingdom: Assessing jobs at risk and the impact on people and places. 11 May 2020. https://www.mckinsey.com/industries/public-sector/our-insights/ covid-19-in-the-united-kingdom-assessing-jobs-at-risk-and-the-impact-on-people-and-places

³¹ Key Areas for Urgent and Coordinated Action. Charity So White. https://charitysowhite.org/covid19-recommendations

Response: guidelines for philanthropists

Existing responses by funders include³²:





New funds and realigning grant programmes (e.g. new funds for organisations responding to COVID-19 and its effects, or to support organisations facing financial pressure). 61% of foundations responding to the ACF survey are already realigning grants in response, or setting up new funds.



Increasing flexibility around reporting and payment schedules. 92% of foundations responding to the ACF survey reported that they are being more flexible about reporting and payment schedules for grants. 38% are inviting grantees to request advance payments to ease their cashflow.



Converting restricted grants to unrestricted funding. 43% of foundations are planning to allow grantees to convert restricted funding into unrestricted.



Engaging in advocacy. According to the ACF survey, 22% of foundations are advocating on behalf of those affected by the crisis.

COVID-19 Funding decision matrix

To support philanthropists in making funding or strategic decisions, we built on a decision-making matrix produced by Cassie Robinson from the National Lottery Community Fund, published in the Alliance Magazine³³:



Adding to this and our research, moving to more evidence-based, granular decision-making, we developed a decision-making matrix. It is built around "contextual variables" – which depends on what is needed most at a certain time – and "organisational variables" – what a funding organisation has the capacity and resources to do.

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Contextual variables

Contextual variables refer to what is needed at the moment based on the data available. We identified which (1) type of interventions (Roles), (2) framings and (3) delivery types are most needed in the current situation.

In the table below, we highlighted the importance of each type of interventions. It is likely to vary depending on the area of work (e.g. mental health, youth work):

Roles	Importance	
Giving grants	High	Charities report needing cash grants. Only 43% of foundations are planning on allowing grantees to convert restricted funding into unrestricted.
Resourcing infrastructure - data, communications, coordination functions	High	Coordinated responses by funders (e.g. London funders) is valued across the sector and could increase the efficiency of the response.
Expertise and networks within particular issues, systems, audiences	High	Expertise in PPE sourcing, measures to keep staff safe, etc.
Support - coaching, additional expertise	Medium	Organisations need support in adapting to new delivery conditions, and in supporting the mental wellbeing of staff and volunteers.
Learning - providing resource and capacity to do learning and create content	Low	Charities will probably have limited time to engage in learning activities, but funders may be able to facilitate more light-touch learning opportunities with more rapid feedback loops.
Convening, mobilising, advocacy, voice	Medium	22% of foundations are advocating on behalf of those affected by the crisis, and further advocacy is needed to shape the Government's responses for the social sector; but systematically it's been raised that voices of youth and BAME groups have not been mainstreamed.
Providing trusted information	High	There is a need to provide evidence-based information to the sector to inform funding decisions, and to rapidly learn from the evidence on what works.

In this table, we review which delivery type is likely to be more efficient in the current context:

Framings	Importance		
Emergency	Very high	Even though the "peak" of the epidemic has passed thanks to lockdown measures, emergency responses are still important as testing has not been deployed at large scale yet and a vaccine is not in sight. There is also a need for emergency services such as food banks.	
Stabilising / continuity	High	As many charities are financially vulnerable, it is key to support them through this time and make sure they will be able to deliver services in the short and long-term.	
Renewal	Medium	Renewal can be understood as organisations going through a transformation, and as the crisis has shown, many organisatioins are already adapting. Funders can support organisations through the transition process.	
Rebuilding	Medium	As the economic shock following the epidemic is likely to have repercussions over the next months and years, it is important that funders invest in mitigating the impact of the crisis over the long term.	
Equity / Equality	Very high	As the health and economic crises hit groups that were already disadvantaged the hardest and deepen inequalities, funders must ensure that targeted approaches are in place to protect those groups.	
Demonstrating and sustaining a new normal	High	With charities' top concern being their capacity to deliver services under new conditions (such as lockdown), funders must help them adapt and find ways of reaching their users safely.	

In this table, we review which delivery type is likely to be more efficient in the current context:

Delivery	Estimated impact
Through individual	Humanitarian aid has often adopted the approach of direct cash transfer to individuals, but this is less common in the UK, given the role played by the governments. Funders may consider supporting individual changemakers in communities through mini-grants. They may not have an incorporated organisation but show track record in communities.
Through individual organisations	There is a danger of reaching organisations that are already well-networked within the funding community, as funders rush to get funding out the door.
Through networks, federations, collaborations and movements	Local Mutual Aid Groups have increased their organizational capacity since the beginning of the crisis. Because of their local and community-led nature, they are likely to be well-equipped to deliver in local contexts. However, they may not be legally incorporated and funders need to be more flexible to enable funds reach to these organisations.
Through formal infrastructure	Formal infrastructure have been under heavy strain in the last two months and may not have the capacity to absorb an injection of funds through the crisis. Instead, partnering with them in advocacy may be more effective.
Through anchor organisations	Some anchor organisations have emerged in the crisis to help coordinate responses in a particular sector, such as Women's Aid. This is a viable approach for funders to get funding to an incorporated organisation which has established networks, but funders need to be mindful of the extent of impact that will trickle down to local communities.
Through partnerships with local government and private sector	Local governments have been under strain in the past two months and may not be realistic partners in the next few months. There are examples of private sectors reacting to the crisis but few examples of partnerships between private sector and funders.

Organisational variables and recommendations

There are four questions that funders have to ask themselves:

- 1. What can my orgnaisation do in terms of mobilizing funds and staff? (Operational ability);
- 2. What is the timeframe for the intervention? (Timeframes);
- 3. What are the resources we can commit (Resources); and
- 4. Where will the intervention take place (Geographies).

Based on answering these questions and considering the contextual variables that are applicable, funders can then come up with a specific response to address the impact of COVID-19 in the UK.

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