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Supporting people at higher risk during Covid-19: qualitative research with Scottish local authorities



HEALTH AND SOCIAL CARE



Executive summary

Policy Background

The Scottish Government introduced a number of measures to protect people at most risk from Covid-19, including a £350 million package of support for communities affected by Covid-19 that was available to local authorities, third sector organisations and others. The Scottish Government also established the National Assistance Helpline on 14th April to support those who are not shielding, but are nevertheless at higher risk. The National Helpline provides a central point for people across Scotland to call and access their local authority who will support them to receive the essential services they need.

The Scottish Government was keen to develop understanding (collectively with local government) of how the local response to the Coronavirus pandemic is supporting those at higher risk but not shielding, to inform consideration of future support options.

Research Aims and Methods

In order to provide in-depth evidence, in-house qualitative research was undertaken to explore who in the 'non-shielded at risk' group (NSAR) is contacting local authorities for Covid-related support (whether via the national helpline or local authority numbers), what support they are getting and how this is provided locally. The NSAR group is commonly referred to as 'at risk' and this is how this group will be denoted throughout this report.

To reflect the diversity in populations and geographies, 16 LAs were selected, including a mix of cities, areas with higher and lower population densities, and islands. Local authority officials who had detailed knowledge of helpline operation and/or Covid support were invited to participate. 16 interviews with a total of 27 officials were conducted between 21st May and 18th June 2020 by phone or videoconference, each lasting 45-60 minutes and following a semi-structured topic guide (see Annex A).

Findings – Call Handling

These LA interviewees report a variety of ways that people can contact them to access essential services. Alongside their phone numbers many of the LAs offer an online referral form or email service, and in some areas walk-in centres are available.

The customer contact hubs used to deal with calls coming into local authorities were either established specifically to deal with Covid-related support queries or expanded from existing customer support teams. There are varied numbers of staff operating helplines both across and within LAs in response to demand. Most LAs now operate a Monday-Friday helpline service, with an out of hours voicemail

system and emergency number. At peak demand, LAs were often operating 6 or 7 day services.

In some LAs, call handlers who handled advice and assistance calls before Covid were supplemented with redeployed staff from across the council. Others were drawn from specialist teams, such as social work staff. At times call handlers have to deal with sensitive and emotional calls. These interviews did not gather feedback on the extent to which call handlers are trained to cope with these kinds of issues.

LAs had a Covid support system in place before the National Assistance Line was developed, meaning this has provided an *additional* route to support. LAs reported concerns about resourcing going forward as Test and Protect picks up and redeployed staff may be needed to work on the recovery or return to their day jobs.

Data collection and management

The majority of LAs interviewed use a template developed by Scottish LAs for collecting data from Covid helpline callers¹, though some have made tweaks to reflect local customer needs and priorities. Local authorities have worked to build in SG and COSLA requests for data where possible: updating call scripts and data management processes and systems. Some felt it was unnecessary to collect all of the data requested or that it was not appropriate to ask certain questions of people who may be anxious or at risk.

Many of the LAs discussed the software they have been using during the crisis to manage the data around the helpline. There were mixed views on the capability and usefulness of these systems. Most noted the importance of an effective data management system and, with the benefit of hindsight, many would have liked to get a good system in place more quickly.

Many of the LAs found the various data requests burdensome. Some referred to frequent changes – *‘it was constantly changing at the beginning’* – and pointed out that when changes are made they need time to update systems and processes. Some of the feedback suggested need for closer alignment of SG and COSLA data requests.

Callers

All of the LAs that participated in this research strongly believe that the helplines are there to support *everyone* who may be in need due to Covid, particularly those without a support network; they focus on need and not on specific categories (i.e. shielded, non-shielded) or on demographics.

LAs receive calls from people who are shielding looking for help in understanding and applying government advice to their specific circumstances. They also receive

¹ This template for data collection was created and agreed by local authorities, with input from the Scottish Government, to gather data from callers about who they are and their support needs.

a lot of calls from people (particularly people aged 85+ and those with various medical conditions) who think they are or should be on the shielding list, looking for clarity or requesting support.

Although LAs receive calls from people in the original target group for the helpline, those who call extend well beyond this. Many were not known to the LAs before this crisis and are experiencing some challenges for the first time. LAs also noted that the helplines act as a route to support for those who have accessed local services regularly before. Some LAs reported that, whilst calls had initially come from mainly older people and people with long-term health conditions, the profile of callers had widened over time to include more families and other groups.

LAs reported only a small number of marginalised groups, such as homeless people, calling. Some say they have specialist teams who will contact those they know from these groups directly about their needs and the support available during the crisis.

Support Needs

LAs talked about the range of assistance and support that callers need; most report food and medicine being the main requests, followed by befriending and financial assistance. Many needs are interlinked: financial issues and inability to obtain food, for example. LAs provide help as required, wherever reasonable.

LAs tend to work with food partners from the third sector to provide food directly or support people in accessing food. If a need is very urgent, LAs may provide food themselves or go shopping for the caller and deliver it to them. LAs report regular requests for specific types of food (e.g. vegan, halal) or calls about the content of the SG-arranged shielding boxes or LA-arranged food support. Some LAs have a system of call backs to those receiving food boxes recurrently, to discuss ongoing needs and sometimes ask whether support is still needed.

Pharmacy delivery is also a frequent request, though there is some variation by LA. Some pharmacy deliveries – such as methadone – involve particular access procedures and have been delivered by emergency services.

LAs receive calls from people struggling with loss of income, looking for advice on employment, support with benefits and grants for businesses. LAs also receive calls from people unable to pay energy bills or requiring pre-payment meter top-up cards.

Participants report that isolated, distressed or anxious callers sometimes need a befriending service, but often they just need to talk to somebody. Some do not currently need any support, but are keen to know that *should they need support in the future*, it will be there.

LAs are supporting people with a wide range of other needs during the pandemic including: problem substance use; mental health or other health problems; delivery

of baby and sanitary products; dog walking; delivery of replacement hearing aid batteries; fixing TVs and broadband; fixing front doors; toenail cutting; delivering samples to GPs; and transport to hospital appointments.

Participants also report that not all callers know what they need when they call and it might take a conversation to get to the wider picture of need, particularly for wellbeing or isolation issues. However, some callers do know what they want or need, and may also know what support is available through the council; these calls tend to be much shorter and more direct.

Delivery of Support

Response times are reportedly swift, usually the same day. LAs assess the level of urgency of any request in their triaging process. Some LAs keep very urgent work in-house; these are often requests for food (for access or financial reasons) and LAs have teams set up to deal with this.

The more remote and rural LAs tend to have more dispersed delivery mechanisms, making use of community hubs and third sector relationships. Cities and more densely populated authorities tend to have more centralised delivery processes to cope with larger volumes, though working closely with third sector and other partners.

LAs provide a range of support from their own specialist teams such as welfare, finance, mental and emotional wellbeing, social work and social care support. Callers are referred to these teams as required.

LAs report positive relationships with partners. The crisis has led many LAs to develop or enhance links with the third sector and they are more aware of what each other does, with increased mutual respect and a hope that these ways of working continue.

Overall reflections on support provided for people at higher risk

The LAs interviewed were confident that support is reaching the right people and has made an impact on alleviating distress, need, and worry. They recognise that they may not have reached everybody who is at risk, but say they have made extensive attempts to do so, both through promotion of support available and outreach.

There were many reflections on how fast and intense, but nevertheless successful, the response to the crisis had been. Work had necessarily been at pace and under pressure. There was pride in staff being able to adapt and change to the ongoing circumstances and be agile in responding to customer requests and handling new partnership working.

Many LAs wish they had had more time to plan at the beginning – to develop guidance and processes, establish data collection systems, clarify expectations

with partners, and so on – whilst recognising it often was not possible due to the pace of change.

Some LAs say they have learned more about their local population and the challenges for many of them. This could help them to better understand need going forward.

LAs report having received positive feedback from partners and also from the public. Many described the response from the public as relieved and '*grateful*'.

Most LAs we spoke to are concerned about sustainability going forward, both in terms of their own resources and the re-emergence of business as usual demands. They are concerned about their partners' ability to continue to deliver, particularly the third sector, and whether the model in place will be sustainable.

Some LAs are concerned about the development of a reliance on the support offered during the crisis and how they can move people away from this as support is wound down. This concern related to both the working population and older people.

Reflections on those Shielding

Whilst those shielding were not the focus of this research, a lot of LAs interviewed have one model for supporting everybody whether they are shielding or not, so points about shielding arose in all of the interviews. These have been fed back to SG colleagues responsible for shielding. The evaluation of the shielding programme is scheduled to be published in early 2021.

Reflections on working with SG and what could be improved

LAs recognise that, due to the emergency situation, everyone has been working at pace and learning as we go. One LA described it as '*quite a good response all round, everyone pulling together*'. A number of LAs said that the things that could have gone better were at least partly a reflection of the pace of change.

There were, however, some points for the SG to consider for future working:

- More streamlined data requests and more notice about new requests.
- More advance communication on potential policy changes.
- Working with LAs more to test processes, policies, and procedures before they are put in place.
- Thought given to less digitally-focused solutions.
- Consideration given to ending the distinction between shielded and non-shielded.
- Some steer on how long support will be needed and the sustainability of the current model.

Conclusions

This research has provided in-depth evidence about the ways in which LAs operate their helplines and provide support to local people who are at risk in a time of great need.

The LAs we spoke to were proud of the efforts they had made to respond to the unprecedented crisis situation quickly. LAs worked at pace through an intensive initial period to set up systems and processes to support people in a variety of ways. Many staff were redeployed to new roles and ways of working, including many working from home. LAs feel that they reached most people in need, including many who experienced new vulnerabilities related to the pandemic.

LAs noted a significant increase in partnership working locally, with voluntary and community groups as well as local resilience partners. Many hoped that these new ways of working would continue and were considering how this could be achieved.

There are concerns about sustainability going forward, relating both to internal resources and capacity of partners. LAs made useful suggestions about how national and local government can work together going forward

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Policy background

The Scottish Government (SG) has introduced a number of measures to protect people at most risk from Covid-19, including a £350 million package of support for communities affected by Covid-19 that was available to local authorities, third sector organisations and others.

Initial support was targeted at the 'shielded at risk group' – people who are highly clinically at risk. Subsequent support has targeted the 'non-shielded at risk group' - people at higher risk of negative outcomes if they contract Covid-19 (including those who are aged over 70, pregnant women or those who receive the flu vaccine for medical reasons) and without a support network to help them during this crisis. SG is also aware of the risks to 'marginalised groups' (including homeless people, gypsies and travellers, and people with drug and alcohol dependency) and people with social and/or economic vulnerability.

SG established the [National Assistance Helpline](#) on 14th April to support those who are not shielding, but are nevertheless at higher risk from Covid-19. The National Assistance Helpline provides a central point for people across Scotland to call and access their local authority who will support them to access the essential services they need. There were national campaigns to raise awareness of the helpline and encourage people needing assistance to call, particularly the groups outlined above. People in need can also contact their local authority (LA) directly.

Monitoring is underway, including analysis of data provided weekly by LAs on helpline activity, data on calls going through the National Assistance Helpline, and survey data on public awareness of the national helpline. These data sources provide a helpful indication of activity, but do not give us the detail on the operation of the helplines, callers, and the support received, meaning there are a number of unanswered questions about this part of the Covid-19 support package.

Research aims and methods

SG was keen to develop understanding (collectively with local government) of how the local response to the Coronavirus pandemic is supporting those at higher risk from Covid-19 but not shielding, in order to inform consideration of future support options.²

In order to provide in-depth evidence, in-house qualitative research was undertaken to explore who in the 'non-shielded at risk group' is contacting local authorities for Covid-related support (whether via the national helpline or local authority numbers), what support they are getting and how this is provided locally.

² There is an ongoing evaluation of the shielding programme being conducted by Public Health Scotland. Reporting is due in early 2021.

The ways in which Scotland's 32 local authorities manage calls from people at higher risk from Covid-19 is likely to be diverse, reflecting differences in populations, geographies and delivery mechanisms. To reflect this, 16 LAs were selected to include a mix of cities, higher and lower density authorities, and islands.

Participants were all employed by local authorities and those who were recruited had detailed knowledge of helpline operation and/or Covid support in their authority; in some authorities this involved multiple participants and in one case two separate interviews were conducted. Interviews with a total of 27 officials from these 16 authorities were conducted between 21st May and 18th June 2020 by phone or videoconference, each lasting 45-60 minutes and following a semi-structured topic guide.

Findings

Call Handling

Contact options and promotion

Local authorities report **a variety of different routes that people can use to contact them to access essential services**, with a number of different models in place. These include their normal advice and assistance lines, or lines they have set up specifically to deal with the Covid response (e.g. local Freephone numbers). Where LAs are using their existing lines, they are using these to capture and deal with any concerns arising in their local area, including support needs for shielding, non-shielding requests, business enquiries, queries about everyday council services (e.g. bin collection), etc. as a '*one call does it all*' service. Other areas set up specific lines for non-shielding, Covid-related support needs (and may also have specific shielding lines as well). The National Assistance Helpline diverts people to their relevant local authority³. There was a mixed picture from LAs in terms of whether call handlers could tell whether a call had come from the National Assistance Line or direct via their own local number.

Alongside these phone numbers, many LAs offer a Covid-specific online referral form or email service (though the latter had not always been successful in all areas, with some shutting this down and moving to an online referral form system to capture more useful initial data from individuals), and in some areas walk-in services are provided for limited hours. Referrals may also come into the local authorities from the third sector, social work, the NHS, local political representatives, and other members of the public. LAs are working closely with the third sector to manage referrals between them.

³ Callers call the National Assistance Helpline, choose their local authority from a list (via keypad selection) and are then automatically rerouted.

A number of LAs referred to promotion of their helplines and the support available through council websites, mail shots and media; for example, one rural authority ran a joint campaign with the Deputy Leader of the Council encouraging people to get in touch and ask for help if they needed it.

It is important to note that **local authorities had a Covid support system in place before the National Assistance Line was developed, meaning this has provided an *additional* route to support.** One LA noted that the marketing and communications around the National Assistance Line were useful to them in encouraging people to call for support – they would not have had the resources for that level of campaign and it reached out to people who might not otherwise have realised the support was available.

Staffing

The call centres or customer contact hubs used to deal with calls coming into local authorities were either established specifically to deal with Covid-related support queries or expanded from existing customer support teams. As noted above, some LAs initially had separate teams to deal with non-shielding and shielding calls, but over time, as call volumes have decreased, most LAs have moved to using a single team to deal with these calls. This means that, despite the variety of routes that the public can use to access support, the call handlers are generally a central team.

There are **varied numbers of staff operating helplines both across LAs and within LAs in response to demand over the period and each day.** The number of call handlers at any one time (full-time equivalent) ranges from 4 in rural LAs to 30 in urban LAs. Call handlers usually work on rotation from a pool of staff: the pool of call handlers within larger urban authorities has been as many as 60 at peak. Call levels are currently in decline so staffing numbers have reduced accordingly. Local authorities are monitoring demand to ensure appropriate staffing levels and are anticipating increases in call volumes as potential contacts of positive cases are identified and advised to isolate through Test and Protect.

Most LAs operate a Monday-Friday helpline service, with an out of hours voicemail system taking messages for call-back the next day, and provide an emergency number for urgent needs. Some LAs continue to operate a six or seven day a week helpline service, but many LAs have scaled back to a core Monday to Friday office hours service as demand has decreased.

Most LAs have at least some call handlers working from home, with some call handlers office-based with physical distancing. In one LA, call handlers initially all worked from home, but then decided collectively to work in the office to allow for quicker communication within the team and with other services, particularly during busy periods.

The model for handling incoming calls varies in terms of who handles calls and how calls are handled. Staff in some LAs are the usual team of call handlers

who handled advice and assistance calls before Covid, supplemented with redeployed staff from across the council as needed. Where this has occurred, LAs noted these staff were redeployed from services that had been stood down, such as leisure services staff, or were staff who had volunteered for the role when their normal jobs were paused or moved to a part-time basis. Other LAs had decided to make use of staff with particular skills for call handling, such as their housing or social work teams, for whom some day-to-day work is paused, and who have training and skills in handling crisis support requests.

Some LAs operate a 'two tier' model. Customer service call handlers ('tier 1') take information from callers (to understand the basic needs of the caller and to collect data for internal management and returns to SG and COSLA) and deal with more straight forward issues (e.g. enquiries for information, calls relating to another LA, whether on the shielding list) and in some LAs, help with completing application forms for the Scottish Welfare Fund or a crisis grant. Tier 1 call handlers then pass the information to colleagues ('tier 2') in local authority teams such as housing who call people back for a more detailed assessment of need and to arrange suitable solutions, including 'matching' them to LA or third sector support in their area.

In other LAs, local authority teams such as housing or social work handle the initial calls. The aim is to allow these staff to more immediately triage and respond to sensitive calls themselves, as well as referring on to other specialist services within the council or community.

LAs have some concerns about resourcing going forward as Test and Protect picks up and redeployed staff may be called upon to work on the recovery or return to their day jobs. They are unsure how this will be resourced, given the possibility that support may need to be offered for some time to come.

Issues for call handlers

Call handlers sometimes have to deal with very sensitive and emotional calls and concerns, including from those who are isolated, lonely, and afraid; those who may be terminally ill; rape or domestic violence victims; or from people at risk of suicide. This has been a difficult aspect of the work in LAs where staff were less used to dealing with such issues. This illustrates a wider point: many staff in LAs are covering different roles from their normal work and are sometimes covering multiple roles to meet demand in this crisis. The interviewees were highly positive about their staff, reporting that they are going '*above and beyond*' to ensure that '*no one is made to wait*' for support.

Call handlers also have to deal with long calls, sometimes more than an hour long. A few LAs highlighted that for call handlers working at home it can be difficult to separate work and home life, particularly during periods of high call volumes. These interviews did not gather feedback on the extent to which call handlers are trained to cope with these kinds of issues.

Data collection and management

Data collection

The majority of LAs interviewed use a template developed by Scottish LAs for collecting data from Covid helpline callers⁴, though some have made tweaks to reflect local customer needs and priorities. Local authorities have worked to build in the SG and COSLA requests for data where possible, updating call scripts and data management processes and systems.

Some felt it was unnecessary to collect all of the data requested or that it was not appropriate to ask certain questions of people at a time when they are anxious, particularly for those with vulnerabilities.

Data recording

Some local authorities had, in the early days, used a manual, paper-based system for recording callers' data and had subsequently transitioned these records to a management information system. Other LAs had set up their own spreadsheets or databases to input data and a number are still using these.

Many of the LAs discussed software they have been using during the crisis to manage the data around the helpline. A number mentioned commercially available data management systems they had been using or are planning to transition to. Among those who already used these, there were mixed views on their usefulness for evolving needs, including for reporting. Most noted the general importance of an effective data management system and, with the benefit of hindsight, some felt that they would have tried to get a better system in place more quickly.

Data reporting

Many LAs found the various data requests from SG burdensome and in need of streamlining. Some pointed out that it was not made sufficiently clear to them why the data was being requested and what it would be used for; and that when changes were made to requests, there was insufficient allowance for time lags required to update systems and processes – *'it was constantly changing at the beginning'*.

SG collects some monitoring data from LAs on calls to their helplines and this was discussed in the interviews. However, LAs also raised concerns around other data that may have been requested by other parts of SG or other organisations such as

⁴ This template for data collection was created and agreed by local authorities, with input from the Scottish Government, to gather data from callers about who they are and their support needs.

COSLA. Generally it was felt that better joined up working between both SG and COSLA on data requests would be useful.

Callers

Support for all

All of the LAs that participated in this research strongly believe that the helplines are there to support everyone who may be in need due to Covid, particularly those without a support network; they focus on need and not on specific categories (i.e. shielded, non-shielded) or on demographics. This is summed up by one urban authority describing the role of the helplines: *'[For] anyone in need of support due to COVID-19 who didn't have a support network in place'*.

The local authorities are providing 'support for all' (at least initially), regardless of circumstance - 'we don't turn anyone away'. They are not asking for any evidence of need beyond asking callers whether they have a shielding letter and whether they have existing support available. The aim of the telephone helpline was to provide support for those with no other support, so this reflects the LAs' attempts to ascertain who falls into this category. If it became clear over time that some callers might be able to support themselves more or reach out to other networks, then some difficult conversations would be undertaken by the LAs with clients at that stage. However, initial contacts for support are always supported where reasonable and many LAs noted that the only difference between the support for shielding and non-shielding people was the SG-supported food box and the priority shopping slots, otherwise everyone can receive the same service.

This approach reflects the focus of the LAs on need and not on specific categories (i.e. shielded, non-shielded) or on specific demographics. If someone called up in need they would be supported. One urban authority described this as 'humanitarian aid'. The LAs we interviewed tend not to be systematically collecting demographic data on callers and, when asked, often did not want to estimate the demographic profile of callers except in broad terms, due largely to the limitations of management information. The next paragraphs rely on these broad descriptions.

Shielding callers

LAs reported that they receive a lot of calls from **people who are shielding looking for help in understanding and applying government advice to their specific circumstances.** They also receive a lot of calls from **people (particularly people aged 85+ and those with a variety of medical conditions, including some with dementia) who think they are or should be on the shielding list,**

and do not understand why they are not. These calls were more frequent in the early stages of the crisis.

The helpline target group, existing users of local services and people with new vulnerabilities

A range of callers within the original target group for the helpline also call. These callers are often older, are disabled or have underlying health conditions but are not on the shielding list, and lack support networks.

LAs noted that the helpline also acts as a route to support for those they already know and who have been using local services before. These callers may call frequently and ask for a range of support. Some LAs receive repeat calls from particular individuals, which are sometimes weekly or daily.

However, those who call extend well beyond these groups and include people with a range of new vulnerabilities. A lot of callers are isolated either socially or (particularly in rural and island communities) geographically. One rural authority noted they receive calls from men in their 40s and 50s who live alone in remote places and coped before, but are now struggling or needing reassurance that support is available if needed. Some LAs noted increasing numbers of calls about wellbeing, isolation, and befriending services. Others are calling because of financial difficulties that have arisen because of Covid – such as loss of income – that have left them struggling for food or to pay bills.

Many of these people were not known to the LAs before this crisis and LAs reported that the range of people calling for help is much broader than usual. Interviewees noted that these people often find it difficult to ask for help – *‘some are clearly reluctant and embarrassed to ask for help’*. The helpline was described by one LA as picking up those whose *‘vulnerability is less easily identified’*.

One factor which was reportedly causing people who were previously coping to need help is enforced reductions in the social infrastructure that would normally have supported them in crisis, such as wider family who could provide food or accommodation, churches and lunch clubs.

Marginalised groups

LAs also gave an anecdotal sense of the contact they receive from marginalised groups (e.g. homeless people, people with problem substance use, gypsies and travellers, and people recently released from prison). **LAs reported only being aware of a small number of these marginalised groups calling**, but they are getting *some* of these callers, usually relating to homelessness or problem substance use. There were even fewer reports of calls from gypsies and travellers or people released from prison. **Some LAs point out that they have specialist teams for these marginalised groups and people who are known to these**

teams will already have been contacted directly about their needs and the support available during the crisis – this may be one reason for the scarcity of contact from these groups.

Change over time

Some LAs also note a change in caller groups over time: for example, one mixed urban/rural authority reports that, across their community food projects and requests for help, initially it was often young, single men calling, but there are more couples and families as the crisis continues and needs change. This authority undertook targeted communication to those individuals with a higher risk profile and, although results are from a small sample, found that around half of the responses came from a group who were disabled, with financial difficulties and living in a higher deprivation area as measured by the SIMD.

Other LAs talked about it initially being people with medical risks and older people getting in contact, whilst over time the profile has included more families and other groups, providing a wider caller base.

Support Needs

Local authorities talked about the range of assistance and support that callers need. There are patterns of need: **most LAs report food and medicines being their main requests, followed by befriending and financial advice or assistance.** Many of these needs are connected, with callers requiring multiple assistance to support them through the crisis. For example, where people are struggling to obtain food, it often reveals wider financial concerns.

LAs report that **not all callers know what support they need when they call and it can take a conversation to explore and dig out some of the support needed or to get beyond the initial single request to the wider picture of need.** This was particularly noted for mental wellbeing or isolation issues, where such needs would come out through discussion, though someone had initially been calling 'only' for support with food or medicines. One LA noted the change in the quality of discussions with many callers that Covid has brought about: *'There's no "the council" and "the client", it's a more open conversation'*. **Some callers, though, know what they want or need and may also know what other support is available through the council.** These calls could be much shorter and more direct than the more explorative calls with those who were less sure and who may have less experience of council support.

Most participants did not have detailed quantitative data to hand on requests in their area while taking part in the interview, so the below remarks come from their broad sense of caller need. However, the monitoring data we have for requests and call referrals does confirm that food and medicine are the largest set of

requests LAs are dealing with. To explore the range of requests and support, these have been split into four sections below: food and medicine; financial advice; emotional support; and other needs.

Food and Medicine

Food was, and remains, the biggest demand area for the LAs we spoke to – ‘food is absolutely massive’. To respond to food requests, **LAs often make referrals to local food partners to provide food directly to the client or support the client in accessing food. If a need is very urgent, LAs may provide food themselves or go shopping for the client and deliver it to them.** A number of LAs had developed ways of facilitating payment for those who can afford to, including hand-held card readers and supermarket till operators calling for card details once a volunteer has collected the shopping.

For people who are shielding, LAs can facilitate access to the relevant food boxes and priority delivery slots by putting in an order with the Scottish Government’s shielding service via NHS Education for Scotland (NES), who then set-up delivery. Many callers contact the LA because they think they should be shielding and are therefore looking to access the same support provided for the shielding around food, particularly the priority shopping slots. Although support for those shielding is not the focus of this report, a number of issues with the food boxes were reported to us through these interviews. These have been fed back to SG colleagues responsible for policy on shielding.

Pharmacy delivery is also a frequent request, though there is some variation by authority. Some LAs use community support for such delivery or facilitate delivery by pharmacies, but others are doing this in-house. Deliveries can be arranged over the phone, but LAs might also use an email service to gather the relevant data from a caller or for repeat prescriptions. Requests include controlled substances such as methadone, which require specialist procedures, and this has included delivery via emergency services.

Food and medicine requests are highlighted as recurring by LAs. Some people will call a number of times to set up another collection of a repeat prescription, for example. Some LAs have put in place a system of call backs to those receiving food boxes or medicine repeatedly, to discuss their ongoing needs and check they are being met, but also sometimes to have challenging conversations about whether this support is still needed over time.

Some LAs are concerned about the crisis creating a reliance on LA and other support that had not been there before and how to roll back from this as support is wound up.

Financial Advice

Financial needs are often complex and can be closely related to food issues.

Local authorities are receiving calls from those struggling with loss of income, looking for advice on employment and support with benefits.

Alongside this, some LAs have been dealing with calls about clients not being able to pay energy bills or requiring access to top-up cards for prepayment energy meters.

Beyond individual needs, some LAs also receive calls about grants and support available for business owners – one rural authority highlighted this as accounting for a lot of their calls.

Clients with multiple, complex needs are reported by some LAs as on the rise as the crisis continues. While others note that needs are changing over time, rather than becoming more complex: for example, people initially calling about finances, but as these needs are resolved emotional support needs have emerged.

Emotional Support

As noted above, emotional support needs tend to become apparent during calls, although callers often do not mention these at the start. **LAs reported that sometimes distressed or anxious people need a befriending service, but often isolated people just want to talk to somebody.** LAs are alert to the importance of this with calls sometimes lasting more than an hour, providing the person with contact and reassurance. Some callers do not currently need any support beyond that conversation, but are keen to know that *should they need support in the future*, it will be there. This suggests some level of anxiety within these callers, who are often older and isolated. An example of good practice comes from one rural authority that arranges regular call-backs for those that are worried about their future support needs and may be isolated/lonely. They check-in on whether their needs may have changed and provide them with some contact.

Other Needs

There are a variety of other needs and requests for support that highlight the diversity of support provided by LAs. Some callers have problem substance use, mental health or other health problems, some are living alone, some are lonely – and any combination of these.

Local authorities provide help as required, wherever reasonable. Support requested has included: delivery of baby and sanitary products; dog walking; delivery of replacement hearing aid batteries; fixing TVs and broadband; fixing front doors; toenail cutting; delivering samples to GPs; and transport to hospital

appointments. These kinds of requests are usually recognised as important for people who are self-isolating and without existing support.

However, some LAs have reported unrealistic or unreasonable requests, which they are unable to fulfil. These have included very specific food requests, shopping delivery slots with alternative supermarket chains, home delivery of tobacco and alcohol, and one person asking to be helped to return from another country. These unrealistic requests were reported as very small in number.

While some of these diverse support requests may have arisen before the pandemic, interviewees reported that these requests had increased due to people's changing needs brought about by the pandemic

Support Delivery

Response times are reported as swift, with same day responses the most common. LAs assess the level of urgency of any request coming in as part of their triaging process – they try to respond immediately (within a few hours) if needed or the same day wherever possible, but if the need is less urgent (for example, a caller says they have several days of food left) LAs may take a bit longer to assess need and get support to the person, within 3-7 days.

Delivery models

As outlined above in the section on call handling, LAs have developed a variety of different models to deliver their services in response to Covid. At a strategic, higher level their models of delivery also vary.

There appears to be a **difference in delivery models between rural and urban LAs** with remote and rural authorities tending to have developed a more dispersed delivery mechanism for their wider geographies, making use of community hubs and third sector relationships. For example, one large rural authority is working through 10 hubs, one of which is virtual and has an overall supportive function. Cities and more densely populated authorities tend to have more centralised delivery processes to cope with larger volumes in calls and requests, though they also work closely with third sector partners to deliver services. **Some of the relationships between LAs and the third sector were in existence before, but some are new or have been extended through the Covid crisis.**

LAs tend to keep the very urgent work in-house: usually this is a food issue of some kind and there are teams set up to deal with this. 'Shopping teams' were referred to in some interviews – council teams who go out and do the shopping and deliver it to an at risk person's door. Other LAs keep stocks of food and other essential supplies in their building to be collected or delivered. Less urgent issues go out to partners. As another example of partner working, one rural

LA noted that the local fire service supports them by storing emergency food boxes at their stations, enabling local emergency deliveries during weekends.

Councils also have their own specialist teams who provide a range of support on welfare, finances, mental and emotional wellbeing, social work and social care support, and so on. These teams would receive referrals from call handlers or other teams supporting the telephone helpline work as required. An example of good practice comes from one urban authority that described a proactive model led by the housing team who proactively called their sheltered housing tenants to assess their needs and provide them reassurance. They later extended this to all their tenants over 70, their homeless tenants, and tenants under 25. This meant capturing a lot of support needs early on and reaching a wider community, who may not have called the authority.

When working with partners LAs may do warm handovers and pass on information about the individual (where consent has been given) or sometimes just provide a name and address. At other times or for certain services, LAs may provide details of relevant partners to the caller for them to get in touch, as required or preferred by the caller. Callers could also be referred to specialist teams within the council or in the community.

LAs report the emergence of new community groups and significant numbers of people volunteering, not all of whom have been needed so far in all areas.

Transformation in partnership working

Overall, LAs report very positive relationships with partners as the following quotes illustrate:

'...everyone [is] pulling in the same direction'

'...[everyone has] worked well together'

'The level of engagement we have had with the third sector has never been greater'

'We can't go back now'

The Covid situation has meant many LAs have enhanced links or built new relationships with the third sector (including advice agencies such as Citizens Advice Scotland) – they are much more aware of what each organisation does (and vice versa).

Some have joint programme or planning boards and daily briefings, so they now often know each other by name. This makes handover of calls and cases much easier and quicker and provides a better overall client experience, as well as aiding decision-making and more sharing of local intelligence about what is happening on the ground. A number of LAs report increased mutual respect between themselves and partners and are looking forward to these relationships continuing.

Barriers and challenges

In some areas there had been initial teething problems. For example, some third sector organisations had been very proactive in reaching out to the local community, offering their services and their number to call for support. This meant there was some potential confusion around whether the local population should call the local authority or the third sector organisation and what support each offered. In some areas there were discussions about whether the LA should set up its own number or instead provide support to the third sector organisation number. In general though, call volumes were often too great for the third sector organisations to handle alone and it was also felt the LA *should* have its own number and related teams.

However, these initial problems in some areas have been worked through and all the LAs we spoke to were seeing very positive new ways of working emerge. Many are hoping to embed these new ways of working in the future.

Overall reflections on support provided for people not shielding but at risk

Reflections were highly positive, with the LAs we spoke with confident that support is reaching the right people and has made an impact on alleviating distress, need, and worry. As one LA phrased it, it has allowed people *'dignity and normality'* in a difficult time.

LAs recognise that they may not have reached everybody who is at risk but say they have made extensive attempts to do so, both through promotion of support available and outreach. One LA was using posters to reach those who may not be on social media and another arranged for postcards to be distributed to older people at supermarket tills explaining the shopping support available. One LA mentioned the importance of the national advertising campaign around the National Assistance Helpline, which reached more people than their local resources would have allowed.

Successes and learning

When reflecting on what had been most successful during this whole experience for LAs **there were many reflections on how fast the response had been.** Work had necessarily had to be at pace and under intense pressure – *'we were chasing our tails a bit'*, *'a crazy time'*, *'in the beginning we were flying by the seat of our pants'*. A number of complex systems and processes have been established quickly - *'we spun up a new system very quickly'*, *'We started up from scratch, up and running in a week'*, *'Some of the things that could take three or four years in a council were done in a couple of weeks because the will was there to do it'*. Since

then, there had been considerable efforts to *'mature the service over time'*. These comments suggest there has been learning about how such fast working can be managed and what this can achieve, if everyone is pulling in the same direction. There was clear interest from the LAs we spoke to in seeing whether and how they can take these ways of working forward into the future.

Going along with this was **pride in staff being able to adapt and change to the ongoing circumstances**. Interviewees mentioned staff being flexible, going *'above and beyond'*, and improving processes over time (e.g. frequent guidance updates, daily briefings with call handlers, setting up steering groups, meetings with food consortiums). They have had to be agile in responding to customer requests, partner working, and changes at SG level as well. Staff have been redeployed from across the council to deal with this demand. A number of LAs reported more cross-council working.

Some LAs say they have learned more about their local populations (for example about mental health) and the challenges and reality of life for many people in their area through the crisis. This could help them to better understand need and where they can offer support going forward. Some populations they had not engaged with previously have come forward in this crisis and this is helpful for them to think through service provision and planning in future.

As evidence of the success of their working, **LAs referred to positive feedback from partners and the public**. Many used the word *'grateful'* to describe the response from the public, who are often relieved to find support and help. One LA noted that there are *'pats on the back and some grumps'*, which illustrates that they have not got things right every time for everyone, but that overall their work is achieving its aim of supporting those in need.

Things that could have gone better and concerns going forward

Many LAs wished they had had more time to plan at the beginning – for example, developing guidance and referral processes, establishing data collection systems for easier reporting, clarifying expectations with partners – whilst recognising it often wasn't possible due to the pace of change and newness of the situation.

Most LAs we spoke to are concerned about sustainability going forward, both in terms of their own resources and the re-emergence of business as usual demands, with one LA saying: *'the challenge is how long are we going to have to do this for?'*. They are also concerned about their partners' ability to continue to deliver, particularly the third sector, and whether the model in place will be sustainable going forward without increased or renewed funding and staff in place.

Some LAs are concerned about the development of a reliance on the support currently offered during the crisis and how they can move people away from this as support is wound down. This concern ranged across the working population

through to older people, who may all be having to depend on a variety of formal and informal support mechanisms.

Reflections on working with SG and what could be improved

LAs were asked if they had any reflections on working with the SG, which are outlined in this section. LAs recognise that, due to the emergency situation, **everyone has been working at pace and learning as we go**. One LA described it as *'quite a good response all round, everyone pulling together'*. A number of LAs said that the things that could have gone better in working with SG were at least partly a reflection of the crisis context and in particular the pace of change – *'we were all learning as we were going'*.

Data

Many of the LAs interviewed would like **less burdensome data requests** and more clarity around why it is needed and what will be done with it. There was a call for more alignment of data requests and communication between COSLA and SG. Some LAs felt that changing data requirements had been requested without enough time for preparation and they would like longer lead-in times for them to revise their scripts and data collection processes.

Communications and working together

Clear, advance communication on when policy changes are likely to happen and what they involve was requested by some LAs, since they rely on this to get their support in place.

Some LAs felt that new policies, programmes and processes were developed by SG and then passed down to LAs. A number thought it would be useful to have more **working groups to test things out before launching**, and would be happy to be involved.

A number of LAs are looking for a steer on how long SG thinks the increased level of support will be needed. Others were keen on clarity on **how the support systems that will be needed in the future are to be funded**.

Other suggestions

A number of LAs felt the **distinction between shielded and non-shielded is overly complicated** and difficult for the public to understand. One suggestion was to *'break down the language barrier and think of it in practical terms ...'*

Some LAs felt that more thought should be given to the **accessibility of support services**, for example people who are not digitally confident but need to book supermarket deliveries or those without mobile phones or good phone reception.

Conclusions

This research has provided in-depth evidence about the ways in which LAs operate their helplines and provide support to local people who are at risk in a time of great need.

The LAs we spoke to were proud of the efforts they had made to respond to the unprecedented crisis situation quickly. LAs worked at pace through an intensive initial period to set up systems and processes to support people in a variety of ways. Many staff were redeployed to new roles and ways of working, including many working from home. LAs feel that they reached most people in need including many who have been experiencing new vulnerabilities.

LAs noted a significant increase in partnership working locally with voluntary and community groups as well as local resilience partners. Many hoped that these new ways of working would continue and were considering how this could be achieved.

There are concerns about sustainability going forward relating both to internal resources and capacity of partners. LAs made useful suggestions about how national and local government can work together going forward.

The authors of this report are grateful to all who participated in the interviews.

Annex A: Interview Topic Guide

Helpline for people at high risk of Covid-19: qualitative research topic guide

Local authority:	
Interview date:	
Person/people interviewed:	
Interview conducted by:	

The Scottish Government is keen to develop understanding of **how the response to the Coronavirus pandemic is supporting people who are at risk but not shielded to get the essential help they need to stay safe.** This includes people who have higher medical risk factors such as being aged over 70, receiving an annual flu jab for respiratory and other conditions, or being pregnant. It also includes people who need support for social or economic reasons.

We are keen to understand which non-shielded at risk people are contacting local authorities for Covid-related support (whether via the Scottish Government's National Assistance Helpline or direct through local authority numbers), what support they are getting and how support is being provided locally.

Are you content for me to record this interview so I can listen to your responses again for research purposes? This recording will only be listened to by Scottish Government social researchers and will be destroyed within one month.

This research includes up to 16 Scottish local authorities. Findings will be reported to Scottish Government policy officials and Ministers, and made available to local authorities.

The report will not name you individually. Your authority may be named when describing processes, call profiles and good practice examples. This is to enable learning between local authorities rather than make comparisons. We are interested in hearing about challenges and will be careful to ensure findings which are more sensitive do not identify particular authorities. This will help build a national picture and allow us to consider collectively how we provide support.

The interview is expected to last for up to one hour.

Any questions about the research?

1. Please describe **how incoming calls are handled** in your local authority?

- a. Can you distinguish between calls from the national helpline and those coming through your local numbers?
- b. What information do you record and how?
- c. How many staff operate the helpline?
- d. What is your role?
- e. Do you provide a call back service?
- f. Can residents contact you in other ways, for example online? How does this work in practice?
- g. Who do you see the helpline as being for primarily?
- h. How do you deal with shielded people who call through these helplines? How do you report this in the weekly returns to SG?

2. Please can you tell me about **which people call for support who are not shielded?**

- a. What is the demographic profile approximately e.g. age, gender, disabled people etc.?

3. **What support are non-shielded people seeking?**

- a. How does this vary between different groups?
- b. Are callers clear on what they need or seeking support generally?
- c. Are callers requiring multiple kinds of support?
- d. Do you get repeat callers, for example if their needs have changed? Why do think that is?
- e. Are callers requesting unrealistic support?

4. **What kinds of support are you providing,** including referrals to other organisations or council services?

- a. Which groups to?
- b. How long does it usually take?
- c. Do you do a warm handover (i.e. pass on details to the organisation and they call or contact the person or know to expect a call) or are callers being given other numbers to contact directly?
- d. Are there barriers or challenges to providing support? For particular groups? Would you know if your referral system for support wasn't working?
- e. Have you received any feedback from callers on this support?

5. Please can you describe **how you work with your local resilience partnerships and third sector partners to provide support** to these at risk groups?

- a. Which partners do you work with and for what?
- b. Are there any challenges?
- c. Has there been any learning about collaborative working that you will take forward into the future?

6. Do you think the support is helping at risk people to get the essential help they need to stay safe?

- a. What do you think has been most successful?
- b. What has been less successful? For which groups?
- c. What could be done differently?
- d. Are there other ways Scottish Government could help?

7. Do you have any other comments you would like to make?

Thank you for your time. If I need to clarify any of the things you said, would be okay if I came back to you?

Close

How to access background or source data

The data collected for this research publication:

may be made available on request, subject to consideration of legal and ethical factors. Please contact socialresearch@gov.scot for further information.



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