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Supporting people at higher risk during Covid-19: a survey of third sector organisations in Scotland



HEALTH AND SOCIAL CARE



Executive summary

The Scottish Government (SG) introduced a number of measures to protect groups at most risk from Covid-19. These measures include: support for people with high clinical risk factors advised to shield; a £350 million package of support for communities affected by Covid-19 which was available to local authorities, voluntary organisations, businesses and community groups to enable them to respond to local need; and a National Assistance Helpline for people who are at risk and need support, which links them with their local authority.

SG is keen to understand how groups at risk due to Covid-19 are being supported locally to inform consideration of future policy interventions. Research and data collected from local authorities has highlighted third sector organisations as having an important role in delivering support.

Research aims and method

This research aimed to assess the extent to which third sector organisations have been supporting at risk groups locally and how they have been doing so.

An online survey was produced by SG social researchers. It was distributed by local authorities to third sector organisations they work with locally and by SG officials to known third sector organisations. The survey was live from 21st July to 7th August 2020. The survey was completed by 530 organisations of which 54% self-identified as voluntary organisations, 18% as community organisations, 11% as social enterprises, 6% as intermediary organisations and 12% as other. Most responding organisations (71%) serve only communities within their local authority. Organisations from each of the 32 Scottish local authorities responded.

Key findings

At risk groups supported by 3rd sector organisations during the crisis:

- 57% of responding organisations support particular sections of society whilst 43% provide support for anybody in need in their area.
- Responding organisations have been supporting all of the groups defined by SG as particularly at risk due to Covid, including people who are isolating (57% of respondents), have higher health risks from Covid (75%), were advised to shield (69%), have barriers to accessing essentials (73%), are financially at risk (59%) and marginalised groups (49%).
- Within the higher health risks group, responding organisations have been supporting people aged over 70 (84% of respondents), who are disabled (76%), who require mental health services (70%), who receive an annual flu jab (51%), and who are pregnant (26%).
- Other groups supported by responding organisations include children and young people, parents and families, carers, survivors of domestic abuse, other third

sector organisations and volunteers, businesses, community resilience partners, socially isolated people and people affected by multifaceted issues.

Types of support provided:

- More than two thirds of responding organisations (68%) have provided befriending and isolation support, almost half have provided food support by supplying food boxes (45%) or arranging for delivery of food (48%), 39% have delivered medicine, a quarter have provided financial support and a quarter have provided support with energy bills and meters.
- Almost half of respondents (49%) have provided other support including:
 - Support and services to individuals and households such as information and advice, transportation, digital support, mental health support to help with anxiety, resources for carers including Personal Protective Equipment (PPE), activities for children, gardening and dog walking.
 - Supporting other organisations such as intermediary bodies helping smaller third sector organisations and other third sector organisations supporting businesses, offering use of their community spaces, and seconding staff and volunteers to emergency response groups.
 - Supporting key workers with childcare and summer camps, provision of PPE including masks, and bicycle maintenance.
- While it's unclear how much of this is new since Covid, some respondents highlighted adaptations to their support services or expansions in their capacity: *'All of our support services have been transformed during this crisis to provide alternative support utilising telephone support, online groups, information, activity packs, helpline support, telephone befriending etc.'*

Working with local authorities

Not all responding organisations have worked with local authorities during the crisis, but those who have describe working together on local coordination and emergency response groups, taking referrals and delivering support, sharing and contributing to information, guidance and intelligence, receiving funding and identifying need - *'We have been working alongside the local hubs and schools trying to identify anyone that may be in need but not entitled to any of the government handouts.'*

Many describe the third sector providing the initial response to support people in their community, then later working with LAs - *'We pre-empted the local council and established a coordinating group linking those providing food and essential supplies. We operated alone in this role for a month before the council were ready to take over this activity.'*

Respondents' assessments of working relationships with local authorities were mostly positive (70%) or neither positive nor negative (23%), with only 6% judging the relationship as negative. Much of the positive feedback highlighted enhanced collaborative working - *'I feel we have worked well and felt included more than usual. We have been receiving referrals and been referring back to services.'* There was negative feedback about lack of engagement and an imbalance in the

relationship - *'Tends to be one way - they refer'*. Other respondents highlighted the variable quality of relations – *'This has been patchy, depends on the local authority'*.

Working with the Scottish Government

Just under a quarter of respondents had worked directly with SG (24%) and a large majority of those considered the relationship to be positive (93%). The positive feedback highlighted provision of funding, listening and consulting, and communicating and collaborating - *'There has seemed to be a genuine willingness to work collaboratively as far as possible and a massive effort was undertaken to try to keep everyone on the same page.'*

Where there was negative feedback, the main issues highlighted were around funding mechanisms, lack of engagement, engagement at the wrong geographical level, and SG staff capacity - *'As the pandemic broke other staff were redeployed into [] who of course were working under pressure in new roles.'*

Overall effectiveness in supporting people at risk locally

A large majority of respondents (83%) believe that people at risk were effectively supported in their area. Reasons for this include:

- The rapid initial response by the third sector within communities - *'Third sector were responding within a few days of lockdown and continued throughout'*.
- Collaboration with local government.
- Adaptation by the third sector and others locally - *'We were challenged to re-purpose our core activities and move from one to one and group workshops and learning opportunities to delivering remote support to people with little or no digital resources or internet access.'*
- Community support and pulling together - *'It has been a massive call to arms...'*
- Collaboration locally - *'Charities etc... that don't usually work together have formed new and lasting relationships.'*
- Communications, funding and coordinating activity by agencies and intermediaries.

Although only 4% of respondents felt that people at risk in their local area had not been supported effectively, there were many comments pointing to factors which respondents felt resulted in ineffective support being delivered. Reasons included:

- The impact on carers and families, particularly where social care became limited.
- Difficulty in accessing essentials - *'I believe that some people may have experienced more hardship than they needed to, just because they didn't know where to go for help.'*
- Duplication and poor coordination - *'It has not been well co-ordinated in the voluntary sector - too many people trying to do similar things instead of sitting down together early on and agreeing a plan...'*
- Insufficient protection of older people in care homes and restricted access to them for loved ones.

- Digital exclusion - *'Some people, particularly those in isolation, are not aware of the help which is mainly promoted on social media'*.

14% of respondents were unsure how effective support had been for people at risk in the area and this was due to variable support provision, the difficulty of answering the question accurately, and uncertainty about the future – *'Support was great at the start, but no exit strategy has been developed'*.

Reaching Everyone in Need

Almost half of respondents thought that not everyone in need has been reached (47%) while 28% thought everyone has been reached and a quarter didn't know. Those who answered 'no' or 'I don't know' provided a large number of reflections on why, some of which intersect. The main themes were:

- **Digital exclusion.** Many highlighted that the Covid-19 response – in terms of information and support due to face-to-face restrictions – has been very digital and this had excluded certain groups - *'Most of the support we were able to give was online or over [the] phone. I suspect that if people did not have access to internet/gadgets then they would not have been able to easily access support.'*
- **Underserved groups** including: older people; disabled people; unpaid carers and those who have lost professional care support; those who are isolated (geographically and/or socially); those with mental health issues; those with physical health issues or long-term health conditions; rural and island communities; those living in poverty or with limited means; and those with English as a second language and/or who are asylum seekers or refugees.
- **Organisational failings and resourcing.** Some pointed to funding and resource constraints. Others had negative comments about Health and Social Care Partnerships and local authorities. Communication issues had prevented some inter-organisational working, including information sharing barriers caused by GDPR and confidentiality agreements.
- The **impossibility of reaching everybody** when many are *'too proud'* to ask for help or don't know where to go for help.

The greatest area of need

Respondents highlighted a range of areas of greatest need which may reflect the people they have been helping during the crisis:

- **Practical needs such as food, medicine, financial concerns and fuel poverty.** Food issues included difficulties with payment methods in the early stages, access for people in isolated areas and supermarket delivery capacity. Loss or reduction of income led many people to struggle financially and become anxious.

- **Isolation and mental health.** Concerns about isolation were both geographical and social. *'Lockdown has resulted more directly in need around social connection and mental health.'*
- The needs of those **shielding**. Some responses questioned the make-up of the shielding list and there were concerns about longer-term impacts.
- **Unpaid carers and the needs of those cared for.** Issues include a lack of respite for carers and the impacts on their physical and mental health.
- **Older people** who were potentially vulnerable, isolated, digitally excluded, and suffering from physical and mental health concerns.
- **Those with disabilities.** People who normally cope well had routines disrupted, lost support services, and faced health difficulties and reduced social contact.
- Some felt that the pandemic had exacerbated problems for those in **poverty**.
- **Digital exclusion** relating to the unprecedented move to digital information and support, due to face-to-face services having to reduce or stop.
- **Children, young people, and families.** There were concerns about vulnerable children, tense family situations during lockdown, access to services for children and young people with additional needs, and general pressures for families.
- **Organisational concerns and issues** around funding, sustainability of services as the crisis continues and local coordination.
- **Communication, information and advice needs** including views that government communications were not always clear, accessible or digestible.

Support needs as Scotland emerges from lockdown

Respondents continued to stress all of the issues mentioned above as requiring ongoing attention.

Beyond these there were a whole range of other support needs that respondents could see emerging as Scotland moves out of lockdown including:

- **Confidence to return to normal life** particularly for people with health risks and disabilities, and those who may have become dependent on the crisis support offering. Information and guidance were highlighted as important to help with this.
- **Longer-term health harms** including the mental impact of the pandemic and its consequences, which might well reach into social and economic harms.
- **Restarting of health and social care** quickly and safely.
- Ensuring good, accessible **public transport** across Scotland.
- **Unemployment:** calls for more funding for employability schemes and support for young people to access work and benefits.
- Calls for SG to **consider inequalities** in greater detail.
- **Reprioritisation** of 'normal' public services.
- Calls for a greater emphasis on **local responses** going forward.

Concerns about supporting those in need as the pandemic develops

When asked whether organisations have any concerns about supporting those in need in the future, responses were quite opposed, with some organisations providing specific and detailed concerns and others indicating that they did not have any concerns to mention at the time of the survey.

Key concerns raised were:

- **Funding:** lack of funds and the difficulties of meeting demand or providing alternative services with social distancing. Clarity was sought on public funding.
- **Volunteer numbers and training.** Some are returning to work or may be less able to provide support. Volunteers may need training for future service needs.
- **Burnout.** Staff and volunteers were considered to be at real risk of burnout, risking their ability to provide for others. Many report needing a break whilst worrying that demand for services often increases during colder months.
- **Adapting services** to meet new needs and to respond to physical distancing and safety guidance, whilst remaining connected with clients and members.
- **Future planning** and coming to terms with the new context. A need for guidance on how to look after staff, clients and members, and help finding new premises.
- **Technology** and improving digital inclusion.
- **Relationships between the third sector, local authorities and the NHS** - calls for closer and in some cases more productive working.

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1. Policy and research background

The Scottish Government (SG) introduced a number of measures to protect groups at most risk from Covid-19. These measures include: support for people with high clinical risk factors advised to [shield](#); a [£350 million package of support for communities affected by Covid-19](#) which was available to local authorities, voluntary organisations, businesses and community groups to enable them to respond to local need; and a [National Assistance Helpline](#), which links people who are at risk and need support with their local authority.

SG is keen to understand how groups at risk due to Covid-19 are being supported locally to inform consideration of any future policy interventions as well as potential wider evaluation of policy responses to address community and social harms.

Data collection and qualitative research with local authorities has provided useful evidence of who is contacting them for support, what support they are providing to people at risk and how, and their views on overall effectiveness and next steps.

Evidence was needed to triangulate those findings with other local perspectives, particularly those of third sector organisations who were highlighted in our research with local authorities as having a key role in delivering support.

2. Third sector context

[Scottish voluntary sector statistics](#) published by the Scottish Council for Voluntary Organisations estimate that the Scottish voluntary sector encompasses more than 40,000 voluntary organisations of which around 20,000 are registered charities, 20,000 are community groups and 107 are credit unions. The largest classification types are social care (6,673), culture and sport (4,129) and community, economic and social development (2,557). The sector has approximately 108,000 paid staff and 1.4 million volunteers.

A Scottish [Third Sector Interface coronavirus survey](#) completed by 1,184 organisations between April and June 2020 highlighted that the sector felt it had risen to the challenge of the crisis collaboratively but identified concerns around organisations' financial sustainability, job losses and the mental health impacts of social distancing and shielding.

A smaller online survey of 231 Scottish third sector organisations conducted in May 2020 by [Glasgow Caledonian University for the Poverty and Inequality Commission](#) explored emergency food provision during the pandemic and found that: *'On the whole, the provision of emergency food provision is reported to be working well. The vast majority of frontline providers of emergency food are reporting that they are satisfied with the majority of issues related to that provision. However, specific stress points are highlighted and a sense of emerging concern over what lies ahead is also evident.'* Most of the respondents (91%) were in contact with their local authority.

3. Research aim and questions

This research aimed to assess what support third sector organisations have been providing for at risk groups¹ locally and how they had been doing so. The research questions were:

1. Which of the at risk groups targeted by SG have they supported during the crisis? Which other groups have they supported?
2. What kinds of support have they been providing?
3. Do they think there are at risk people they have not been able to reach and why do they think that is?
4. What are their views on working relationships with local authorities?
5. What are their views on working relationships with SG?
6. What are their views on how effectively people at risk have been supported?
7. What are their views on support needed for at risk groups as we move out of lockdown?
8. What are their views on the future and any plans or concerns?

4. Research method

An online survey was produced by SG social researchers and distributed by local authorities to third sector organisations they work with locally and by SG officials to known third sector organisations. The survey was live from 21st July to 7th August 2020.

We recognise that there are risks that this evidence could be skewed towards certain local authority areas or partners due to the indirect distribution and self-selecting sample, but felt that this approach was appropriate given the timeframes and the context of the previous research with local authorities.

The survey responses provided a great deal of rich data. Given the amount of data and range of responses within this, the most commonly arising comments have been prioritised throughout the report. More significant minority views have also been included (their minority status will be indicated). There is also a level of participant interpretation of questions in any survey work in terms of how to answer and what perspective to provide. Some respondents are likely to have responded on behalf of their organisation (either in terms of their own organisational issues or on behalf of their client/member-base), while others may have responded more on

¹ Those at higher risk of negative outcomes due to Covid-19 (clinical and wider harms) are known as the 'at risk' and will be referred to in this way throughout this report.

the wider Covid-19 crisis and not purely their own organisation's response. Some provided more personal and informal responses, while others felt more comfortable responding when their organisation's data backed up their comments. The range of comments and perspectives have been illustrated in quotes as far as possible.

5. Survey response

The survey was **completed by 530 organisations** of which 54% self-identified as voluntary organisations, 18% as community organisations, 11% as social enterprises, 6% as intermediary organisations (such as Third Sector Interface organisations) and 12% as other.

The majority of responding organisations (71%) serve only communities within their local authority and this includes 27% whose geographical coverage is at a neighbourhood or community level, 21% who cover an area within the local authority and 23% who cover the whole local authority. 16% operate across more than one local authority, 10% operate across Scotland and 3% operate across the UK.

Organisations from each of the 32 Scottish local authorities responded. Four of the top five responding local authorities are within the top seven local authorities by population (10% respondents were from the Highlands, 9% North Lanarkshire, 9% South Lanarkshire, 8.5% Glasgow), whilst Argyll & Bute was over-represented with 9% of respondents. Annex A sets out responding organisations by local authority.

6. Groups supported by the third sector

More than half of respondents (57%) target their services toward particular sections of society whilst 43% of responding organisations' services are available to everyone in their catchment area as described below:

'We support people! To clarify, that is [a] person, irrespective of age, gender, ethnicity etc. Our criteria is if you are concerned about your own or some other person's wellbeing, call us.'

'We do not differentiate between a 17 year old afraid to go out for shopping and a 70 year old who needs a prescription or a sample bottle taken to the doctors surgery.'

'Our usual remit of children, young people and families was broadened and refocused to the needs of the whole of our vulnerable community members'.

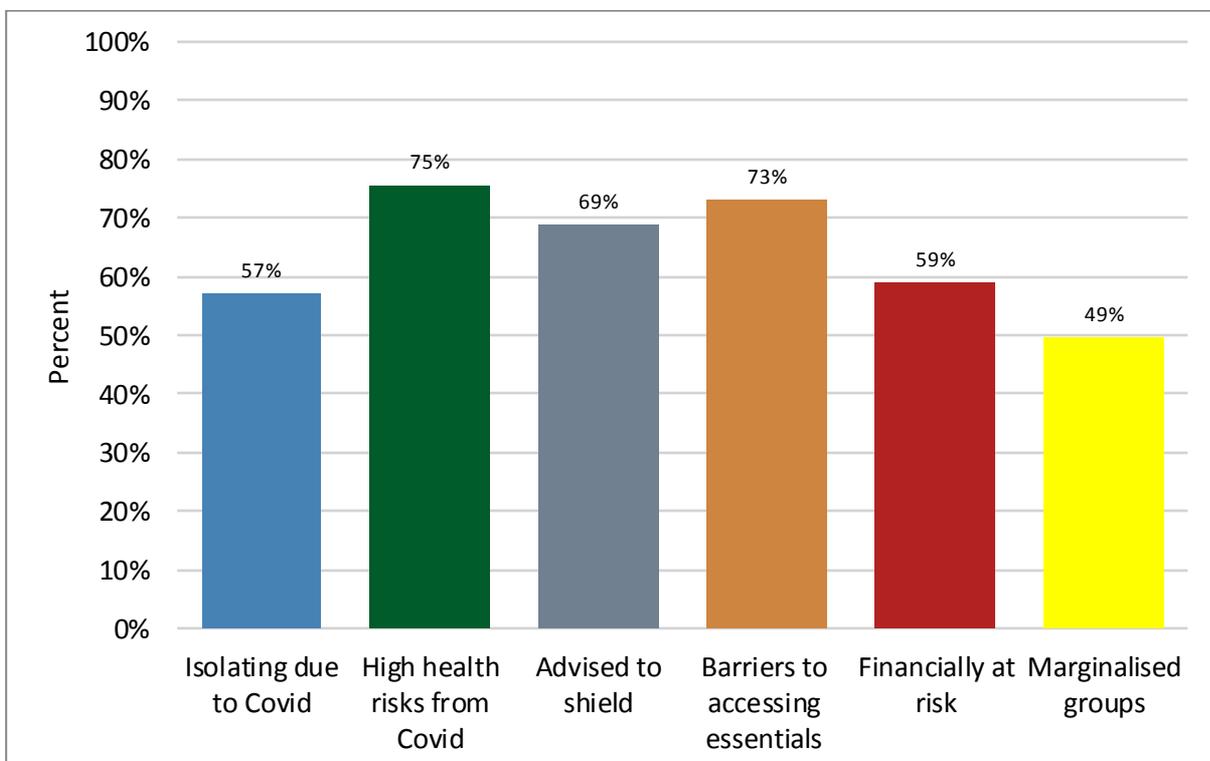
SG Targeted Groups

In addition to people advised to shield, SG considered groups at higher risk of harmful impacts during Covid-19 to include:

- People who are self-isolating due to Covid-19.
- People with higher health risks from Covid-19.
- People unable to access essential supplies due to Covid-19.
- People who are financially at risk since Covid-19 or whose financial risks prior to Covid may be exacerbated.
- Marginalised groups such as homeless people, gypsies and travellers, people with problem substance use, and sex workers, where lifestyle or other factors may make them more likely to catch the virus and/or more likely to experience worse outcomes if they do.

Responding organisations have supported all of these at risk groups during the crisis as shown in Figure 1².

Figure 1 - Groups at risk due to Covid supported by 3rd sector organisations (n= 489)



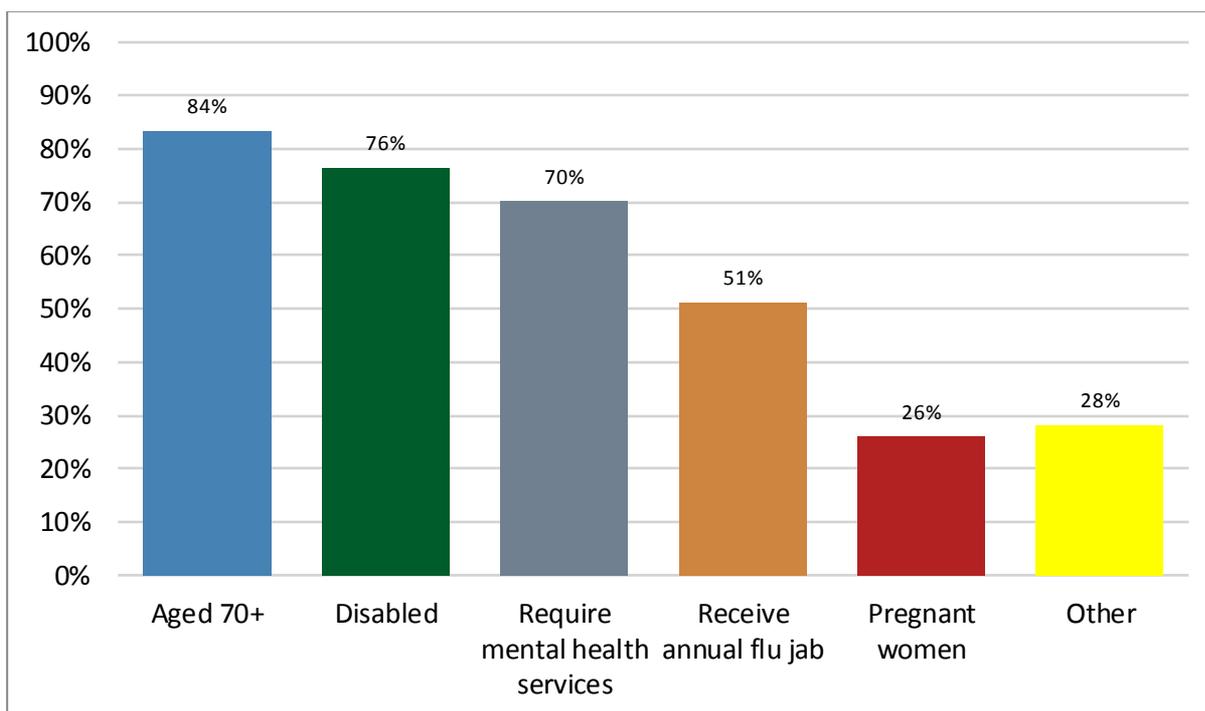
² Throughout the report the percentages on the graphs have been rounded.

The 'financially at risk' category is broad and respondents described a number of groups within this including:

- People experiencing new vulnerabilities, who were also identified in our local authority research – 'We have found that the group of "middle aged" 40's/50's etc with no labelled mental health issues, including self employed family earner as main income earner have been especially challenged. In our experience this is a group that are usually self reliant and have least need/cost to services, however, the fear and anxiety increase has been significant and they are unaware of the community support, have no experience of how to deal with mental health challenges and do not know how to cope/ask for help etc';
- People in food poverty and/or using food banks;
- People in or moving into fuel poverty;
- Musicians and artists who have been financially affected;
- 'A small but growing number of migrant workers who are struggling to get back into employment.'

SG also targeted support interventions such as the National Assistance Helpline at people with 'high health risks from Covid' – defined as people who are aged over 70, disabled, require the support of mental health services, are pregnant or receive a flu jab for medical reasons, and who do not have support to access essential supplies. These categories are intersectional: individuals can be in more than one of the categories. Figure 2 shows that most responding organisations supported people aged over 70, people with disabilities, and/or people requiring the support of mental health services.

Figure 2 - Groups at high health risk due to Covid supported (n=369)



Other Groups

Responding organisations have been supporting a wide range of other groups in need. These are set out below starting with the most frequently reported groups:

Children and young people including: those with disabilities; those who are in 'families with vulnerabilities'; isolated and/or anxious young people; digitally excluded young people; and children and young people who have experienced the sudden death of family members.

Parents and families – especially: families struggling with increased costs due to children being at home during the school day; single parents; young families – 'Families who are vulnerable because of their age'; 'Families with 'troubled' or 'challenging' relationships'; and survivors of domestic abuse.

Carers and the families of people with disabilities, mental health issues, or problem substance use – 'Nearly all are isolated and don't know what to do to help their son/daughter as they require specialist psychological support. None is available so most stay at home and become more isolated and vulnerable.'

Other third sector organisations and volunteers – 'volunteers of all ages struggling in the same way as our clients'.

Businesses and other organisations, such as rural businesses, local artisans, small arts organisations, freelance artists and cultural professionals.

Community resilience partners and other statutory organisations, e.g. taking referrals from local authority social workers, health workers and schools.

Socially or physically isolated people, including 'those anxious about going out and perhaps more nervous to approach more official organisations but preferring a local neighbourhood approach.'

People affected by multi-faceted issues –

'Loss, including bereavement and loss of function'

'During lockdown the people we support have experienced physical and mental health issues related and unrelated to their condition, work-related issues, financial issues, domestic abuse, housing issues including overcrowding and inappropriate accommodation, problems with neighbours, problems accessing the formal and informal care on which they usually rely, bereavement, cyber-bullying.'

'Parents and carers often also have learning difficulties and there is a high incidence of mental health issues both for carers and for children and young people themselves. These issues have intensified during lockdown and closure of schools/ withdrawal of statutory services.'

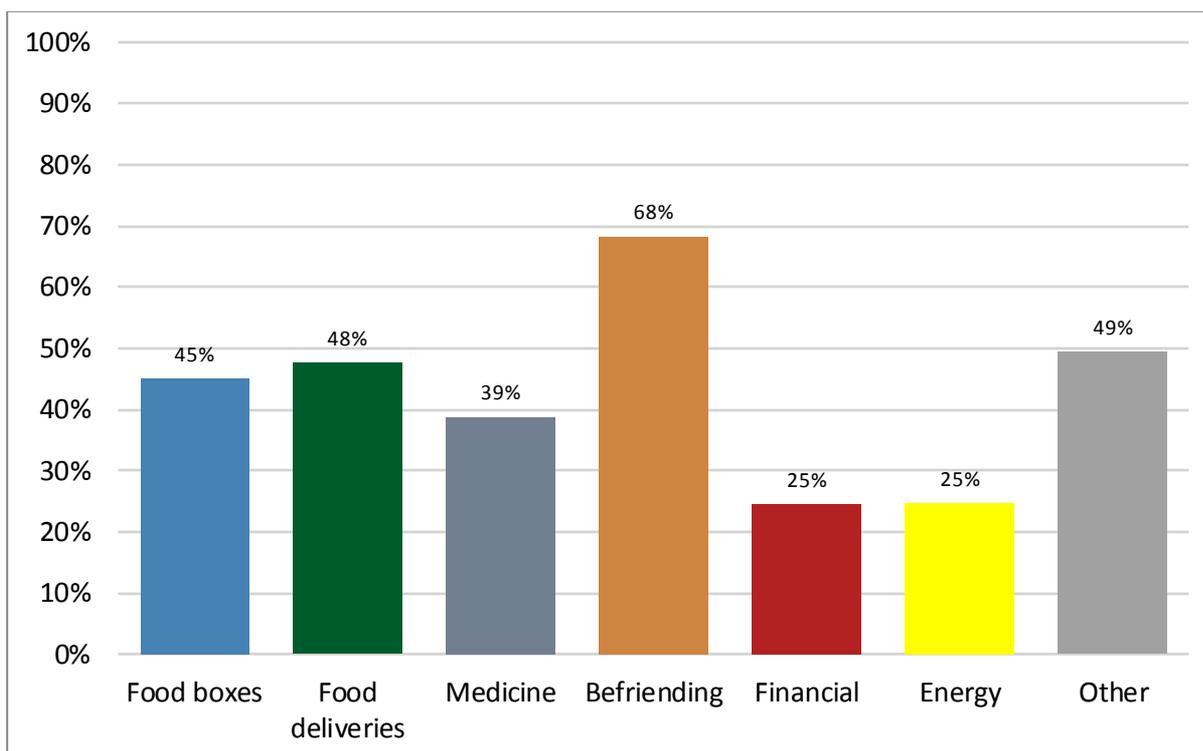
Some other groups were mentioned by a few respondents: key workers, people in hospitals and care homes, people who are digitally excluded, abuse victims or people at risk of abuse, people who have been in care, and people in specific geographic communities such as areas with high deprivation.

The wide variety of groups supported during the pandemic is likely to reflect the diversity of third sector organisations supporting communities locally.

7. Types of support provided to those at risk during the Coronavirus crisis

More than two thirds of responding organisations (68%) have been providing befriending and isolation support for people at risk. Almost half of responding organisations have been providing food support whether by supplying food boxes (45%) or arranging for delivery of food (48%). Figure 3 shows that considerable support has also been provided for medicine deliveries, financial support and support with energy bills and meters.

Figure 3 - Types of support offered to those at risk (n=489)



Some respondents detailed support activities and services within these categories. For example, financial support included support with applying for benefits and jobs, advice on debt, direct financial support and assistance with applying for grants.

Almost half of responding organisations (49%) have been providing other types of support. **Other support and services provided to individuals and households** during Covid include:

Information, advice and advocacy, including through helplines.

Transport, including for hospital outpatients and delivery of samples and Covid tests.

Digital support including IT equipment (e.g. 'computer tablets to care homes, to enable residents to see and speak to relatives online'), help with connecting and processes to interact with others such as Facebook/Whatsapp/Zoom groups.

Mental health support services to help with anxiety and isolation.

Resources and support for carers including PPE, respite breaks and mental health support.

'Kindness boxes', activity packs and other resources to help with isolation, particularly for children.

Gardening and dog walking.

Home maintenance and items of furniture.

Many responding organisations have been **supporting or working with other organisations** such as:

Intermediary bodies helping smaller third sector organisations with direct funding, helping them to apply for funding, providing resources, providing or signposting to information, transportation and other logistical support, setting up Covid helplines and websites, sharing learning and good practice.

Businesses – ‘by helping them deliver goods (hardware shops, chemists, vets, food etc) to any member of the community’.

Offering use of their community spaces to other organisations for distribution of food and other essentials.

Seconding staff and volunteers to emergency response groups and other organisations.

Responding organisations have also been supporting **key workers** with childcare and summer camps, provision of PPE including masks, and bicycle maintenance. While it is unclear how much of this is new since Covid, some respondents highlighted adaptations to their support services or expansions in their capacity:

‘All of our support services have been transformed during this crisis to provide alternative support utilising telephone support, online groups, information, activity packs, helpline support, telephone befriending etc.’

‘This was a combination of a usual service the NHS contracts us to deliver but we got [...] funding to increase the frequency and include some costs’.

Some respondents referred to fluctuating demand, particularly an intensive early period which, for some, declined over time:

‘The requirement for our services steeply declined as people found ways of shopping, chemists delivered etc.’

8. Working with local authorities to deliver support to those at risk

Respondents who have worked with local authorities during the Covid crisis describe a range of ways they have done so. The most commonly referred to being:

Working together on local/community coordination and emergency response groups.

Taking referrals and delivering support.

Receiving, sharing and contributing to information, guidance and intelligence, e.g. 'We have gathered information from surveys, phone calls, emails etc and fed them in to COSLA'.

Identifying need - 'We have been working alongside the local hubs and schools trying to identify anyone that may be in need but not entitled to any of the government handouts.'

Receiving funding.

Where respondents have worked with LAs, many describe the third sector providing the initial response to support people in their community during Covid, then later working with LAs to identify need, deliver support (which third sector organisations have done through referrals or on a grant or contractual basis) and co-develop information and plans:

'After a few weeks local authority staff started engaging with the third sector once again, ...but there was no engagement during the early stages of lockdown at all.'

'Initially, whilst everyone was finding their feet, I felt that the local authorities were not helpful to us. The helpline they set up saw us getting inappropriate referrals. However as things settled things improved.'

'We pre-empted the local council and established a coordinating group linking those providing food and essential supplies. We operated alone in this role for a month before the council were ready to take over this activity. The council lead group evolved from our group and in six weeks we are able to fall back to a support role for local groups.'

Many respondents have not worked with LAs during the crisis: it is possible some of the responses from smaller community organisations reflect this, whilst intermediaries like TSIs would be more likely to engage LAs. Some respondents suggested that LAs 'only interact with TSIs', others suggested LAs work 'in parallel':

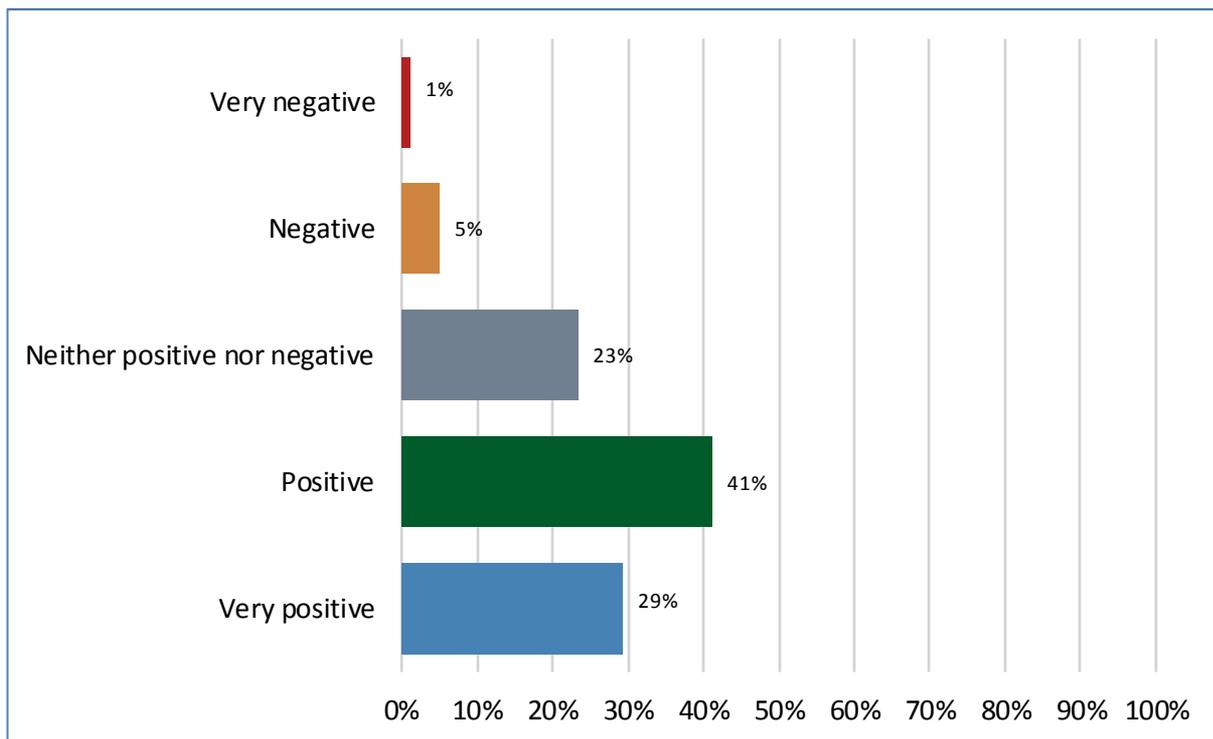
'We have been in contact with local authorities, but have mainly provided services without much input from local authority.'

'We offered to support LA at very start of lockdown, email acknowledged but no follow up at any stage.'

'Most of the support we are giving is direct with local communities and in partnership with other voluntary groups, community groups and a few social enterprises. The public sector has not been as active on the ground.'

Respondents' assessments of working relationships with local authorities were mostly positive (70%) or neither positive nor negative (23%) as shown in Figure 4. The neither positive nor negative responses are likely to include those who haven't worked with local authorities during Covid.

Figure 4 - Assessment of working relationship with local authorities (n= 518)



A wide range of reasons was given for these assessments. There was a lot of **positive feedback** about working with LAs, for example:

‘The support from our local authority has been first class. Efficient, timely, sympathetic.’

‘During this pandemic, working relationships with the Local Authority have strengthened and consolidated the partnership.’

Much of the positive feedback highlighted enhanced collaborative working:

‘I feel we have worked well and felt included more than usual. We have been receiving referrals and been referring back to services.’

‘LA have recognised the benefits of models of service design being led by community organisations and locally based charities to ensure a crisis response which is flexible, adaptable, removing barriers and improving speed of “on the ground” delivery through a mutual goal and sharing of resources.’

‘Many opportunities for real collaborative working.’

‘During this crisis we were working closer than ever’

A number of comments hoped that increased collaborative working would continue, for example: ‘Hopefully post COVID partnerships will not revert to Council first, third sector an after thought, there have been many positive partnerships evident’.

However, there were also a lot of **negative comments**. Some of these are about insufficient engagement and communication:

‘Not much partnership working since lockdown. LA working in an insular way without understanding the benefits Third Sector organisations can bring to the wider community.’

‘Communication between services and agencies has not been very efficient.’

‘We have had little involvement with our local authority, often picking up on areas they'd normally attend to for example, local community maintenance.’

Other comments pointed to what was seen as an imbalanced partnership or lack of clarity about respective roles:

‘Tends to be one way - they refer’

‘When they speak of partnership/collaboration it means a hierarchical situation, with all that entails.’

‘The local authority decided to develop their own volunteer process and brokerage service despite this being one of the core roles of the third sector interface. This led to confusion for people wishing to volunteer their time.’

Other feedback raised a variety of more mixed and nuanced points:

‘Speaking for many in the Voluntary Sector we have found the use of the term volunteers by local authorities to be misleading. Many have spoken about the number of volunteers that have been for example delivering food boxes etc. Often these people have been redeployed paid staff not volunteers.’

‘We worked well with the crisis team call handlers although they themselves frequently seemed confused as to the support available in-house and often called our helpline to refer people for services which were also available from the LA’.

‘The majority of partnership working that has taken place has been informal and based on personal relationships as opposed to formal information sharing and regular communication.’

‘We have had little direct contact with our local authority, but as part of the local third sector, our local TSI has been both a source of information between parties, and a conduit for wider information and strategic planning.’

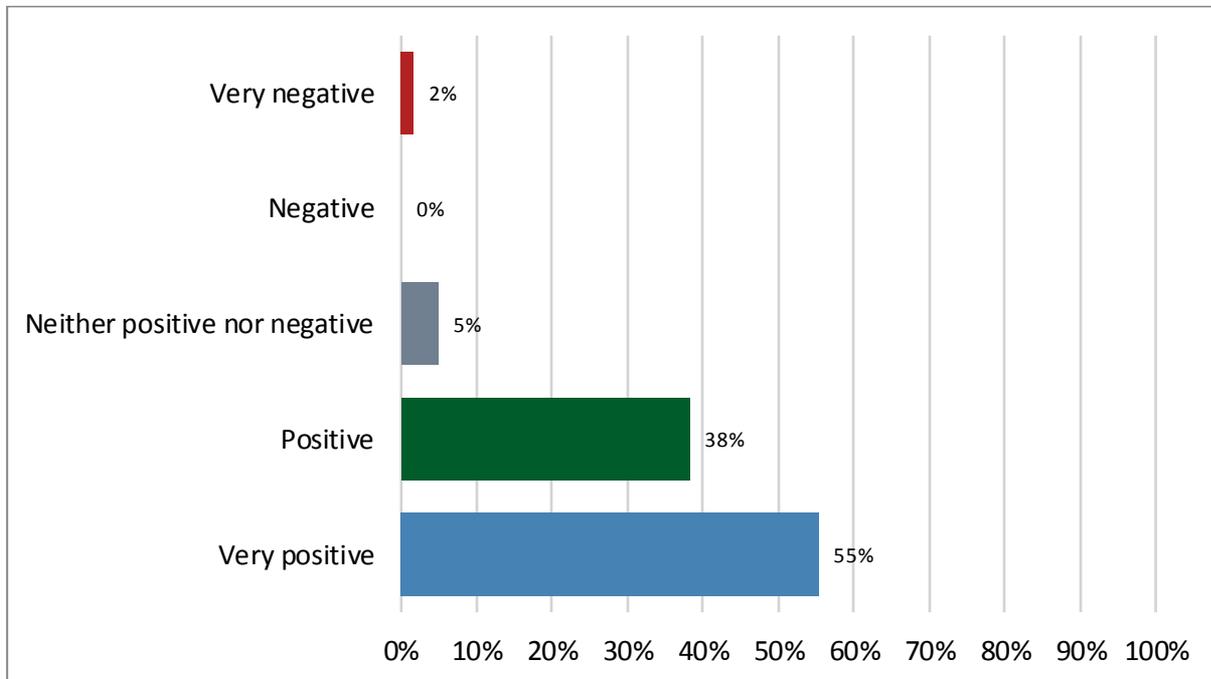
Finally a number of respondents highlighted that the quality of relations and performance varied considerably both within and between LAs, for example – ‘This has been patchy, depends on the local authority’.

9. Working with the Scottish Government

Just under a quarter of responding organisations (24%) have had direct contact with the Scottish Government during this crisis. The vast majority of those

organisations reported the working relationship with Scottish Government as being positive, as shown in Figure 5.

Figure 5 - Assessment of working relationship with the Scottish Government (n=123)



Most of the feedback about working with the Scottish Government was **positive** and highlighted the following areas:

Funding:

- 'Funding from government allowed us to deliver services and support quickly to those who needed it';
- 'Provided grant assistance very quickly and flexibly to our needs.'

Listening and consulting on guidance etc:

- 'Ministers and officials want to know the experience of people in communities. We know they have taken account of this as it has led to additional guidance etc.';
- 'We feed specific family concerns and responses to the evolving COVID situation and feel that they are taken really seriously and with compassion.'

Collaborating:

- 'There has seemed to be a genuine willingness to work collaboratively as far as possible and a massive effort was undertaken to try to keep everyone on the same page.'

Communicating, including virtual updates:

- 'We've been able to have very open and honest conversations with the [] team who have supported us and the response from the start.'
- 'Clear and concise communication. Expectation levels were known at all times. Advantageous due to tumultuous and confusing nature of crisis.'

Where there was **negative feedback**, the main issues highlighted were:

Funding:

- 'Sadly, we received no emergency funding, perhaps due to our reserves which were already heavily committed for the current financial year. This does not seem to have been taken into consideration by decision makers. Opportunities to raise funds are decimated for the rest of this year at least.'
- 'The Scottish Government grants were going out the door to organisations who were duplicating existing community efforts. It was not a good idea for the Government to hand out grants directly; it should have used the local knowledge of the TSIs more.'
- 'Our concern is now thinking ahead to the next financial year and how we and others can be funded to continue the good work started'

Engagement:

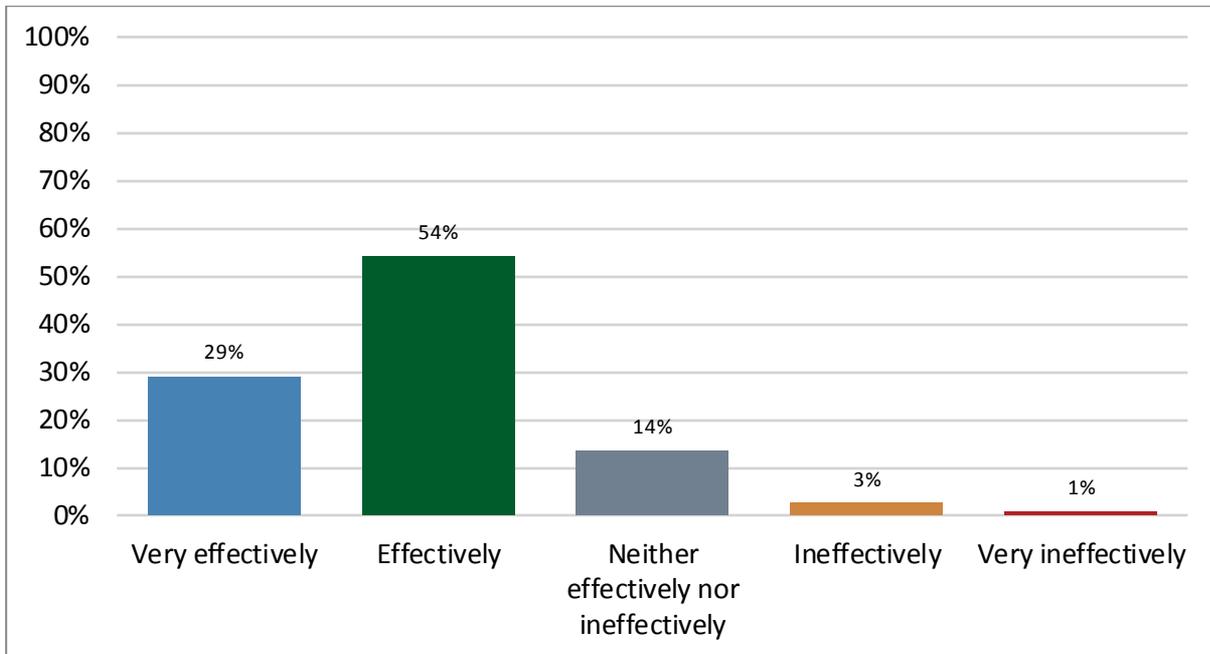
- 'Generally, the C19 pandemic experience indicates that SG depts need to balance their engagement with national vol. sector including SCVO with improved engagement with the 32 TSIs given the latter's key role in supporting the local and community and voluntary sector and volunteering which in turn is the way most vulnerable people have received non-statutory support throughout the C19 pandemic.'
- 'We made repeated offers to support the Scottish Government in any way we could but tended to find that we were only engaged when it came to refining guidance and often didn't get the two way communication and discussion around issues such as the unplanned revocation of social care support that our members and other enquirers would have expected.'

Variable or insufficient access to SG staff during Covid:

- 'As the pandemic broke other staff were redeployed into [] who of course were working under pressure in new roles.'
- 'We had four of the most senior roles in our Scottish Government dept moved to direct Covid response and for most of the pandemic there were only two people in the SG team we usually work with. Only one of these has returned. There were implications as a result of the absence of the more senior roles, and will continue to be due to the diminished capacity from some of them not returning.'
- 'I do not feel that there are enough people in the SG departments at times and that sometimes we have been asked things by different parts of the government as there has been such a lot of work to do to help organise and coordinate information and responses.'

10. Overall effectiveness in supporting people at risk from Covid-19

Figure 6 - Assessment of how effectively people at risk have been supported (n= 513)



Supported effectively

A large majority of respondents (83%) believe that people at risk were effectively supported in their area. Respondents gave a range of views on why that was.

Rapid initial response by the third sector within communities:

- ‘Food provision was near immediate, we supported pharmacies before local authority set its support.’
- ‘Third sector were responding within a few days of lockdown and continued throughout.’

Collaboration between the third sector and local government, with third sector delivering much of the local support:

‘The council was engaged but let the community drive the activity.’

Adaptation by the third sector and others locally:

- ‘We were challenged to re-purpose our core activities and move from one to one and group workshops and learning opportunities to delivering remote support to people with little or no digital resources or internet access.’
- ‘Local community groups and businesses... have adapted as people said what they needed and as overall circumstances are changing.’

Community support and pulling together:

- ‘It has been a massive call to arms with everyone helping at this key time.’
- ‘The local community have come out to help their neighbours and community in droves. The local shops have offered deliveries free of charge as has the pharmacies.’
- ‘The spirit of the community to identify vulnerable neighbours and pro-actively contact services to flag up possible need was hugely helpful.’

Collaboration locally:

- ‘Charities etc... that don't usually work together have formed new and lasting relationships.’
- ‘The spirit of partnership working and collaboration has been at the heart of this and, by working together, we have ensured that the most vulnerable have been supported.’
- ‘Local authorities and organisations working together.’

Communications:

‘Communicating weekly to address the gaps as they appear through zoom calls. Again communication is the key, transparency and fluidity in our working practice.’

Funding:

‘We can see the community groups who have been working to provide support..., these have been possible due to funding being made available at the right time to the right organisations.’

Coordinating activity by agencies and intermediaries:

- ‘[Local intermediary] have provided an enormous amount of support, coordinating the delivery of food to people in need through a partnership of 20+ community and voluntary organisations was always

going to be problematic. However this network has provided really good coverage’.

- ‘Our Health and Social Care partners have shown great leadership, care and attention and given regular updated guidance’.
- ‘The statutory agencies have been very good in providing a rapid response in my view.’

Not supported effectively

Although only 4% of respondents felt that people at risk in their local area had not been supported effectively, there were many comments pointing to factors which respondents felt resulted in ineffective support being delivered. Some of these related to views about local authorities or SG which have been covered earlier in this report. The other reasons expressed were as follows:

The impact on carers and families, particularly where social care became limited:

- ‘...the burden of care on families was tremendous... Lockdown has revealed the extent to which we rely on unpaid carers. Some carers simply would not survive another lockdown.’
- ‘Many family carers have been left with no support and in the worst cases threatened with a reduction in their care packages.’
- ‘Families are being asked to pay for support that has been withdrawn and when they have sought alternatives have been told they still have to pay for both services.’
- ‘The impact of reduced or suspended social care support’.

Difficulty in accessing essentials:

- ‘Many people with [medical condition] should have had shielding letters and didn't get them. This left families fighting for slots for their shopping; confused and concerned about the actions they should take, feeling forgotten and insignificant.’
- ‘I believe that some people may have experienced more hardship than they needed to, just because they didn't know where to go for help.’
- ‘For those with sight loss the response was very poor in the first few months as it totally closed off their ability to shop and they were not recognised for priority disabled shopping. A big failing.’

Duplication and poor coordination:

- ‘There has undoubtedly been a lot of duplication in food provision and also in provision of things like electronic devices. But better duplication than people left without support.’

- ‘It has not been well co-ordinated in the voluntary sector - too many people trying to do similar things instead of sitting down together early on and agreeing a plan which we could all offer something to and then be able to do more for those in need - we found large areas of older people who seem to have been forgotten and others getting from everywhere creating great inequalities.’

Care homes – some respondents felt that more could have been done to protect older people in care homes. Others referred to the impacts of the inability to visit loved ones in care homes.

Digital exclusion:

- ‘It has been challenging trying to keep contact with members who do not use digital technology.’
- ‘Some people, particularly those in isolation, are not aware of the help which is mainly promoted on social media’.
- ‘Older people living alone have felt very isolated - even when on internet, but worse for those not digitally connected’.

Neither effectively nor ineffectively supported

A number of respondents were unsure how effective support had been for people at risk in the area and this was due to:

Variable support provision: ‘There have been some pockets of excellent support and other areas where support has been lacking.’

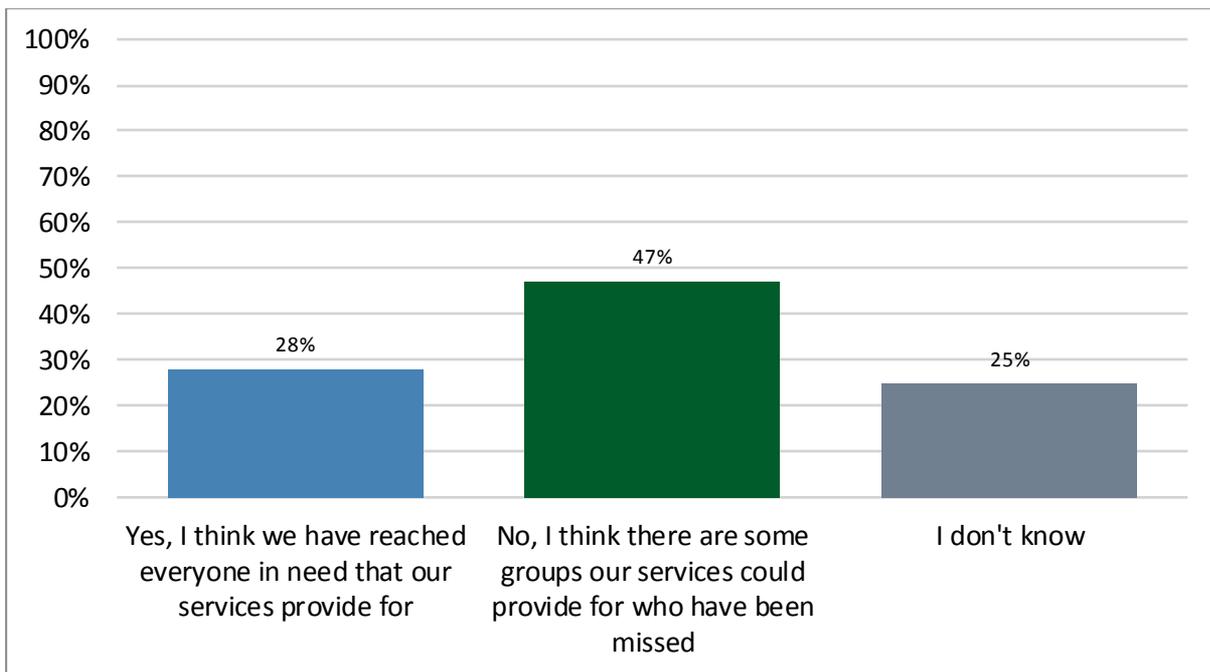
The impossibility of answering the question accurately: ‘How can we possibly know.’

Uncertainty about the future: ‘Support was great at the start, but no exit strategy has been developed’

11. Reaching everyone in need

Almost half of respondents (out of the 518 who answered this question) think that not everyone in need has been reached. 47% selected ‘No, I think there are some groups our services could provide for who have been missed’, while 28% selected ‘Yes, I think we have reached everyone in need that our services provide for’ and a quarter (25%) selected ‘I don’t know’. This suggests that, though respondents feel those who have been reached have been well-served overall, they do not feel everyone in need has been reached.

Figure 7 - Assessment of whether everyone in need has been reached (n= 518)



Those who answered 'no' or 'I don't know' were asked to reflect on their answers in an open question, providing insight into their reasons for their answer. There were a large number of responses, covering a range of pertinent issues. Many of these intersect and should not be seen as standalone areas of need.

A strong theme emerging from this question was that of **digital exclusion**. Many responses focused on the fact that the Covid-19 response – in terms of information, but also in terms of support due to face-to-face restrictions – had been very digital. This requires the technology and the means to pay for technology and internet connection, but also the skills and confidence to access online information and services. For example, one response reflected that:

'Most of the support we were able to give was online or over [the] phone. I suspect that if people did not have access to internet/gadgets then they would not have been able to easily access support.'

Responses about this issue noted a range of demographics as potentially being negatively impacted by this, including older people, those with limited means, those with mental health problems, those living in rural areas, those with limited or poor reception and those with disabilities:

'Many people, especially elderly are digitally excluded due to the lack of essential technology or skills.'

'People with no or patchy digital connections are struggling too - gap is there for several reasons incl costs, broadband coverage, limited confidence/skills.'

Though some responses acknowledged the difficulties of responding in ways other than digital when face-to-face work became dangerous, everyone was keen to note

that this will have meant some groups were not well-served and that future planning should include how to provide information and services to those who do not have (easy) access to the internet:

‘Accessing digital in general for those who cannot afford it or who live in a poor reception area have put them at a disadvantage and work needs to be done to engage with all of these people before a second spike occurs.’

The responses did not provide suggestions for how to address this issue, but raised it as an important point to think through in future.

The organisations also reflected on their **provision to other specific groups or demographics they felt had been potentially under-served**. Some responses felt this was wider than their own provision and should be looked at in the round of the Covid-19 response. These potentially under-served groups include: older people; disabled people; unpaid carers and those who have lost professional care support; those who are isolated (geographically and/or socially); those with mental health issues; those with physical health issues or long-term health conditions; rural and island communities; those living in poverty or with limited means; and those with English as a second language and/or who are asylum seekers or refugees. To a lesser extent there were also mentions of those experiencing domestic abuse; children, young people, and families; ethnic minority communities; gypsy and traveller communities; those with problem substance use; and those with dementia.

The range of groups mentioned here will reflect the respondents to the survey and their own particular knowledge and expertise, but, particularly when coupled with concerns about digital exclusion, suggest areas of potential exclusion to tackle.

Another smaller group of responses to this question focused on **organisational failures and resourcing**. There were a few negative comments about Health and Social Care Partnerships (HSCPs), for example, and local authorities:

‘The HSCP are often poor at carrying out their statutory obligation to put people in touch with independent support organisations for [condition] therefore we are bound to have missed people (as we are an independent support project for [a condition]).’

‘Lack of leadership at the top, and H&SCP stumbling through week to week.’

‘There is no doubt that there are some people who have been missed. Had we had more support and collaboration from our local authority and TSI we could have delivered to more people who couldn't collect or who we couldn't deliver to.’

Part of the issue here was considered to be a lack of communication between organisations – some were relying on schools, social work teams, and other agencies for contact information and, if this was not received, people in need could be missed. It was also noted in some responses that GDPR made sharing of information between organisations difficult:

‘GDPR prevented front line services referring people to the community services involved in helping the communities.’

‘Due to GDPR information isn't shared within local 3rd sector from local authorities but am sure housing associations and the council have done their best to ensure everyone has been contacted and asked if they require any assistance.’

Others noted that their services work on a confidential basis – i.e. they do not keep records of clients’ names, addresses, and so on. Hence, in a crisis they were unable to directly find and support them. Some organisations were reassessing this in light of the pandemic:

‘I feel the biggest issue with supporting the more vulnerable is the confidentiality issue. We are a community council who work under complete confidentiality and we are unable to compile a list of the people who are most at risk and in need especially at this very difficult time. There needs to be a way that all the organisations can share this information to make sure that we are not missing any vulnerable people. I will be bringing this up with the council and other organisations to see what can be done.’

Some of these responses also noted that resources are strapped and limited funding means there are limitations on what organisations can achieve. Some noted that, without further funding, the support they can provide will cease over the next few months.

Beyond this there were also a number of responses that stated that it is impossible to know whether everyone has been reached – with some feeling the real impact of Covid-19 is in the future. A great deal of responses noted that all need cannot be met and that it is **inevitable that some groups are missed**. A large number of these responses felt that some people are ‘too proud’ to ask for help or would see there being stigma in accessing support. The quotes below illustrate the many comments along these lines:

‘There are always some people/groups that either don't ask for the help they need or just go unnoticed.’

‘With the best will in the world, there will always be gaps in the system.’

‘There are many people who are proud and reluctant to seek /accept help. Often they can be invisible until they reach crisis point and then need advanced services and support.’

Although these quotes point out that it is inevitable not to meet all need, they also raise issues that may have potential responses: destigmatising asking for help when in crisis; and communicating clearly about what support is available and how it can be accessed. Concern about people not knowing how to access support came up in a small number of other responses too and was clearly a worry for some third sector organisations in how they can reach out to these people: ‘not everyone knows what to do or where to go for help.’

12. Greatest need

The greatest number of comments focused on **practical needs: food, medicines, financial concerns and fuel poverty**. A selection of these comments reflect difficulties with payment methods in the early stages of the crisis:

‘Practical support e.g. medicine delivery and food.’

‘Making sure that people have access to shopping and food. At first the local [supermarket] only offered payment on delivery so this was a major problem for some, we had to make sure drivers were happy to take cash to these people and received either a cheque or money will be paid back when the clients are able to attend the bank themselves. Many clients do not use contactless or even cards so this was a big problem.’

‘Financial support to access food, utilities, internet, etc.’

Food support was of particular concern in rural areas where people living in more isolated areas, and shielding or isolating, could not access online shopping initially and where supply chains could be more fragile. One response noted that often a single supermarket supplies a reasonably large area and this creates a lot of pressure:

‘In a rural area, access to food and medicines - but especially food. Before the supermarkets sorted out their online shops for high-risk and shielding people, for those unable to get out this was extremely worrying. Luckily there are good local village shops who have gone out their way to help the community, but not being able to be sure that you will get enough food for the week was a big stress.’

‘Food supplies have been the greatest need initially. The reliance on a single small supermarket – [supermarket] – made things very difficult at first for the island and [supermarket] was less than helpful nationally in sorting out the supply change.’

It was suggested that prescription delivery needs a long-term solution and that, given the various schemes already in existence to deliver medicines, there may be scope for better advertising and expansion of existing services.

Such practical concerns link with other areas of need such as ongoing poverty and isolation, but also struggling with new restrictions, furlough, and loss of normal routines:

‘Financial. Many of our parents earned the minimum wage and when furloughed the drop of 20% caused many financial worries. Several also lost jobs and are worried about how they will gain employment soon. Some parents had to sign off work due to caring responsibilities and struggled to pay bills.’

‘Food poverty has been very clearly a result of low income[,] loss of income and rural locations not being able to access transport etc.’

‘Food support to those on low income, furlough, unemployed or waiting for Universal credit.’

Other responses mentioned the concern that these needs may only increase as the pandemic continues and/or the effects of it are felt with increased unemployment and income loss: ‘The need for food is likely to continue as more people become unemployed and the cost of living increases.’

A very small minority of responses were concerned about the potential for some people to become overly reliant on crisis support:

‘I am alarmed at the amount of free food that has been distributed when before COVID people paid for the shopping. That’s the reason why we charged the customers the cost price for all the food we delivered.’

‘We are concerned of the amount of dependency that has been created.’

Though a minority, these responses are mentioned because they tie in with concerns raised by some local authorities in our previous research, suggesting this is a more widespread concern.

Beyond these areas of practical need, the significant issues of **isolation and mental health** were also raised. These needs may have developed only after practical needs were dealt with or could have existed from the very beginning. Isolation and mental health were often mentioned separately, though some responses linked the two. Concerns about isolation were both geographical and social – often the two were felt to be linked, as those living in rural, island and isolated communities may struggle to access services and stay in touch with others due to their location or their location may have meant they were already socially isolated and this was exacerbated by the pandemic:

‘Vulnerable people who live on their own, don’t have access to the internet, unsure of who to ask for support.’

‘Social isolation was a huge problem as people couldn’t get to talk and access appropriate support.’

‘People are isolated and have low mood. Mental health has deteriorated.’

‘Lockdown has resulted more directly in need around social connection and mental health.’

Isolation and related loneliness, along with increased vulnerability were also seen as a part of rising mental health concerns. Those shielding or isolating were also of acute concern, as were carers and those they cared for. Some responses reflected their worries that mental health problems will only increase as time goes on and the full impacts of the crisis are felt:

‘I feel there will be a lot of people of all age groups who will be suffering from anxiety and loneliness and this will become apparent throughout the easing of lockdown.’

‘Mental health has been a huge need during this crisis and it will continue to be so on an ongoing basis.’

The importance of befriending and listening services was highlighted to help tackle these needs, but responses were concerned – as noted in the quotes above – about potential demand in future and how third sector organisations might cope.

Cutting across concerns about practical needs, isolation, and mental health were the **needs of those shielding** – some responses felt this group had been the most in need during the pandemic and supporting them was the most significant part of their work:

‘Getting food & prescriptions for people who are shielding or isolating for 14 days.’

‘The social isolation of people who are shielding leading to carers hitting crisis points.’

Across the survey there were responses questioning the make-up of the shielding list and wanting to know why certain groups were excluded. There were concerns about whether this group had been properly served and the longer-term impacts of shielding.

The last quote above leads into another significant area of need according to responses – **unpaid carers, though also the needs of those cared for**. The main issue raised was the lack of respite for carers and the impacts of this on their physical and mental health. Responses were calling for more support for carers and short breaks, the reopening of day centres and respite care, and increased professional care services in the home. There were also concerns raised about how care packages would be reinstated once safe to do so and whether everyone would receive the same level of care as before:

‘I feel that the isolation and centres being shut has caused a greater need for carer respite and the people themselves are needing out of their surroundings as this is causing them to be failing physically and mentally.’

‘Once past the practical and immediate support needs of food, pharmacy, financial and emotional support, PPE etc. carers mental health and physical wellbeing are the main concerns going forwards. We are really concerned about the impacts of the social isolation imposed by the lockdown and shielding (whether that was formal or informal shielding, the impact is the same). The support needed to help carers through this and into the future must address the challenges of coming back out into society while preparing

and supporting for a possible 2nd wave. We must focus on tackling carer exhaustion and avoiding carer burn out. In terms of preparation for the 2nd wave, unpaid carers need to be a much higher priority for government. If they burn out now and are unable to protect the people they care for in another round what will be the cost then?’

‘...We also hear of carers who cancelled carer packages at the start of lockdown as they didn't want other people coming into their homes as they were scared of what they may bring in with them. There are concerns now that these care packages will not be reinstated or reduced packages offered as we start to come out of lockdown...’.

Another group of people specifically raised as being in greatest need, was **older people**. The third sector organisations responding to the survey felt that older people were potentially vulnerable, isolated, digitally excluded, and suffering from physical and mental health concerns. Some noted that some older people might not know about or want to reach out for support, feeling others were more in need or being ‘too proud’ to seek help. Other responses noted that some older people might have interpreted the guidance very literally and only shopped for absolute essentials, meaning they often had little to live on and limited stocks of food and essential supplies in their homes. Older people might also rely on public transport to get their shopping and with services limited or suspended this decreased their ability to access shops and essential supplies:

‘Older people and those with long term medical conditions. We have found that loneliness and social isolation has increased.’

‘...in the initial stages people were told only essentials but this message went on for a long time and some elderly were not making an effort to get enough of what they needed as they thought they were not entitled. With help from community groups and others they did eventually get stocked up. However there is a limit to how long you should only be buying bread and milk!’

‘Our community has a large proportion of over seventies, many of whom no longer drive and who could not access supermarkets because the bus service was suspended... With the order and delivery service we provided they had contact with the outside world even if it was by phone or waving through the window to the volunteer delivery person. Helping folk feel less isolated has been very important.’

One response noted that, though no group was in greater need than any other, their organisation had seen an increase in the needs of the over 65s. Those over 65 were noted as being ‘pleasantly surprised’ that support was out there when needed:

‘The greatest need was giving reassurance to people that help was at hand and that we would be delivering the food parcels to their home address. There was no one group that needed more help than others, the group we did see an increase from normal was over 65's who had never needed help

or [sought] help in the past, I think they were pleasantly surprised that help was there when needed and the Foodbanks referral system was easily [understood].’

Many of the quotes above show the work third sector organisations have been doing to try to address some of the problems older people have faced during the pandemic. Other responses referred to schemes and programmes in development, for example:

‘...we are planning a service to hopefully help get the elderly back out and safely socialising using our volunteers as "buddies".’

Numerous responses also raised **those with disabilities** as being in greatest need during the crisis. People who normally cope well have had routines disrupted, lost support services, and found themselves facing increased physical and mental health difficulties. Many have felt alone, with one response using the word ‘abandoned’ to describe the feelings of their clients, as they have felt the general population has been supported while their needs have been side-lined. This response was strong in pointing out the equalities and human rights legislation in this area, ensuring those with disabilities are included and catered for – their sense was that this had not been attended to in enough detail during the crisis. Both practical and emotional support are cited as needed by those with disabilities and their carers:

‘Those with a disability. This is both physical and mental health. It has been a worrying and stressful time for people who are unsure how to carry out their “normal” routines, we have supported a lot of people who have been worried about themselves or people they care for who cannot cope with lockdown.’

‘Emotional support has been the greatest area of need for those we have supported.’

‘The isolation and loneliness of people with learning disabilities and their family/carers - many feel abandoned and that the needs of the general population were always prioritised over them.’

Some responses also discussed **the issue of poverty**, stating that the pandemic has exacerbated the problems those in poverty already face. They felt that this could cut across practical and emotional issues, be connected to geography and connectedness, prior health status, and so on. Responses in this area also noted that the pandemic has meant many people have found themselves newly in poverty and struggling, with little idea of how to access support:

‘The greatest area of need has been in relation to supporting those living in poverty or experiencing financial hardship. These people are already disadvantaged and they have suffered disproportionately because they don't have the same “safety nets” as people living in more comfortable circumstances... There has also been a high number of people who have lost their jobs as a result of Covid-19 and this has resulted in new needs arising

within the community. People who were previously able to support themselves and their families have found themselves in dire need of support.'

Connecting a range of the above concerns was the issue of **digital exclusion**. Responses reflected on the unprecedented move to digital information and support, due to face-to-face services having to reduce or stop in the earlier stages of the pandemic. There was a lot of concern about the impact of this on clients, members, and service users. Digital exclusion was flagged as an area of serious need and one that would be made worse by either inequalities or vulnerabilities. Older people, those with disabilities, those living in poverty, those with limited or patchy access to internet, and those with limited confidence or digital skills were also seen as particularly at risk of missing out on support because they may be digitally excluded. Skilling people up, providing devices, providing full internet coverage, and providing other means of accessing information and services were all suggested as ways of managing this area of need. Digital exclusion was also connected to isolation and mental health concerns:

'It has brought digital poverty and social exclusion sharply into focus.'

'Upskilling and equipping those not digitally connected.'

'I think that making sure everyone is digitally connected in some way has been the greatest need. Some people are suffering by being forced into isolation without enough outside contact which is causing major mental health issues.'

One lengthy, but important, quote shows the level of impact such exclusion can have on groups who may already feel marginalised. This quote reflects on those with learning difficulties:

'Digital exclusion is overwhelming in this community and so hardware, connection and ongoing support for learning and maintaining a digital connection are required to change that. Across the national membership of this organisation (1100+) that digital exclusion takes many forms. It can be due to where and what type of setting people live in; what, if any social care or other support they receive and their income, which is almost universally low and benefit based.' [Full quote at Annex B]

Children, young people, and families were also raised as groups in particular need. There were concerns that vulnerable children would not have had the oversight of adults outside the home during lockdown and may be in serious need in terms of child protection concerns. It was recognised that the family might be living in tense or potentially explosive situations because of lockdown restrictions. Children and young people with additional needs may also be suffering from the lack of routine and changes in their support services (as might their families and carers). There were more general worries about the impacts of home schooling on families, the mental health impacts of lockdown, and, for young people, the impact on jobs and education. Some respondents have found young people harder to

engage than normal. Other responses were particularly worried about how single-parent households are coping:

‘Support for one parent families, particularly with children who have additional needs, this has led to financial difficulties and also contributed to increased [difficulties with] mental health.’

‘The removal of routine and predictability has been very difficult for children and young people with learning difficulties.’

‘Some children and young people are at risk when they do not have regular contact with vigilant adults from outside the family.’

Further to the range of needs outlined as greatest for those the organisations support, a variety of **organisational concerns and issues** were also raised. These focused in the main around funding, with many already facing financial worries and others concerned about the future, as government support diminishes. The third sector respondents stressed their feelings that demand will only increase as the longer-term impacts of Covid-19 are felt:

‘Community based third sector organisations offer a grassroots solution to many of the problems that our Scottish society faces – this we knew – but during COVID 19, when many centralised public services closed, ours along with many others worked creatively and harder to ensure that emotional/ mental health services were open, and accessible. We have the knowledge and the skills to provide a service that meets the needs of the people of our locality, but we do not have the funding to do it [at] the level we believe we can.’

‘Our Charity has applied for funding and it all takes too long to complete application and wait on notification if [you’re] successful. We are trying to do our best but with fears for our charity’s future is a pressure we could do without, we have lost our income for people visiting our community house.’

There were also some comments on working with partners and communication:

‘Coordination is the one thing which has been massively missing - whether that's HSCP, local authority, NHS etc. The Third Sector in our area has not been well communicated with since the beginning of lockdown - we may have been able to shape our services to meet whatever need may have been identified. Perhaps the illness was not as widespread in our area...we just don't know. At times, apart from working with other 3rd Sector partners and one or two specific local authority colleagues it has felt like operating in a vacuum.’

Communication, information and advice needs were also raised as serious. A number of responses noted that communication from government was not always clear, accessible, or easily digestible. One comment noted that using the SG website should be easy, but the person often found accessibility issues:

'Accessible information both in print and on television. It is a major priority especially in areas [] which has a high proportion of older people. Being told to look on the internet and such is not and never will be especially when faced with this:-

- Coronavirus (COVID-19): Scotland's route map

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Unfortunately this was true in each case.

All of the above is a requirement under the Equalities Act 2010.

I do appreciate that lots of things had to be done in a hurry, but if it becomes the norm to ALWAYS give details in large print of how to get a copy in a different format on printed material, if I am honest, there will be a lot less hassle from people like myself!

Communications were also flagged as not easy to read for those who may find reading difficult or have more limited comprehension skills – there were calls for more accessible, easy read versions of all information:

'The expectation that everyone can read and comprehend government guidelines too has stressed some of our participants greatly.'

Beyond this, some responses noted that more information is needed on how people access support and who they can talk to about their needs – some were left behind simply by not knowing what support was out there.

Finally, there were also smaller numbers of responses around area of greatest need about **domestic abuse; migrants; quality of housing;** and **that needs have changed over time or are hard to disaggregate from each other.** It is clear that need has been wide-ranging and that third sector organisations are working hard to meet demand, while attempting to consider the future needs of those they support as well.

13. Support needs as Scotland emerges from lockdown

Looking ahead to future need, respondents continued to stress all of the issues mentioned above as areas of greatest need:

Practical concerns, such as food, pharmacy, and finances;

Mental and physical health (including help to regain mobility and deal with frailty and falls risk, help with longer-term and new health conditions, and help with the impacts of isolation and bereavement);

Isolation and vulnerability (rural location; poor public transport; living alone; being lonely; being less mobile);

Older people needing particular support;

Those with disabilities also needing particular support;

Digital connectivity, skills, and inclusion (free broadband for all suggested as a partial solution, as well as improving connectivity in island communities);

Dealing with existing and developing **poverty**;

Getting those **shielding** back to normal life;

Carers and caring (respite for unpaid carers being mentioned as an urgent need, but also increased training and better conditions for professional carers; PPE);

A range of needs around **children, young people and families**³ (mental health; strained or volatile family relationships; domestic abuse and child abuse; care leavers; homelessness; concerns about restarting school, further and higher education, and starting or returning to employment in difficult times);

People also continued to stress the need for clear and accessible (accessible for those with disabilities and in terms of the content and language used) **communication, information, and advice**.

The third sector organisations show that they are creatively considering how to deal with certain concerns and support those in need:

‘We have issued questionnaires to our 120 clients to determine what support is needed going forward. Early feedback indicates around 30% as still at risk and we will continue to support them as much as possible, 30% want us to keep in touch and may attend our lunch clubs and community activities once they reopen, 30% are feeling confident that they will now be able to cope and are very appreciative of support. Quote from a client today: "This has been a lifeline due to my PTSD and muscular dystrophy, I was worried about my

³ Concerns about the return to school were mentioned as part of responses to this question. As the return to school has now occurred these are not discussed in detail here.

situation. D (volunteer) phones and comes round with food and gives me support and encouragement...I thought I would be lonely, isolated and hungry. I was none of these thank[s] to D - supplying me with crosswords, jigsaws, DVDs, his conversation and phone calls. For someone like myself who doesn't have a big social circle this has been invaluable. I thank all at the [] a true community hub. And a huge thanks to now my friend D, a real decent, giving person in my community who helped me when I wasn't able to help myself – indebted". (male age 44 yrs - referred by his housing association)'

'Domestic abuse - One of the things we set up... was a weekly activity pack for families that included an activity using natural resources and a baking activity. The main reason for this was to give a parent a reason to leave the house weekly and gave us the opportunity to chat to them about how they were. The thinking behind this was that we know domestic abuse has risen during lockdown and that parents and children weren't getting their normal outlets i.e. work, school, groups etc. At least this was an opportunity if one was needed to raise a concern or welfare issue. This has been incredibly successful and still runs but I feel that families are going to need ongoing support to encourage positive relationships and engagement with children.'

Organisational concerns were also mentioned. Responses were strongly focused around future sustainability: there were calls for more direct funding to the third sector, funding for more of the 'smaller players' in the third sector, and greater recognition of the work that is being carried out by these organisations. Many were concerned about their funds, their ability to pay staff, and worried about the pool of volunteers dwindling as people return to work. Some responses noted that their volunteers were vulnerable/at risk due to age or ill-health and may not be able to contribute as they had before the pandemic, while others had become economically vulnerable/at risk during the pandemic due to job and income loss, and may need their support in future.

The third sector organisations who responded were clear in their sense that demand for services would continue and was likely to rise. Some had excellent examples of their creative working and solutions to support their communities (see above quotes), and some demonstrated their thinking around how to support themselves in uncertain times, but the overall message was one of concern for the sector moving into the future. Services say they are having to manage expectations about what they can provide and some will start having to use waiting lists for support.

Services may need to be adapted to continue to work and there were calls for support from local authorities and the Care Commission in managing this work. Good partnership working was seen as important moving forward – between third sector, local authorities, and government. This includes creating sustainable funding models, good communication, better use of available space and resources,

and greater equality in funding to reach smaller organisations and beyond the central belt:

‘Safe Spaces - our sector has very little physical capacity around Scotland. Your intermediary organisations are only based in Edinburgh or Glasgow and there has been no investment of ScotGov cash outside the central belt. We urgently need a framework to help us work collaboratively to build on ALL our community assets in every corner of the country to provide physical spaces to organise and to deliver services safely.’

‘Council and Care Commission need to allow providers to use imagination to adapt their services to allow people to attend safely – i.e. outreach or smaller groups or longer opening hours. However there might be an additional cost which needs to be paid for.’

‘Funding goes to Third Sector not Local Authorities as the Third Sector has shown that it is more agile and able to offer flexible and responsive services better than local government.’

‘Financial security to continue delivering their services. Normal fundraising has ceased and groups/organisations are eating through their reserves. However the funding packages have been so focused on COVID activity that there is now an existential threat to many Third Sector groups and organisations because of it. Subsequently the support network for service users is being threatened because of the short term nature of the available funding sources.’

Beyond these there were a whole range of other support needs that respondents could see emerging as Scotland moves out of lockdown. The range of responses was large and sometimes an issue might be touched on in only one or two responses – given this, these needs have had to be prioritised for inclusion here and will be discussed briefly below.

Confidence to return to normal life was raised numerous times and across groups and demographics, as people are described as afraid to go out of their homes again. Some organisations were concerned that fear was compounded by reliance on support and, in their words, ‘free food’. For those with disabilities, getting back to routines may be particularly significant. Third sector organisations who provide activities were keen to get these restarted as soon as possible. Good, accessible information, safe activities, and clear guidance about behaviour in particular settings were all recommended as ways of regaining confidence.

Longer-term health harms were considered a significant future need. Such longer-term harms are referred to as the ‘long tail’ of Covid-19, and include the mental impact and trauma of the pandemic and its consequences, which might reach beyond health and into social and economic harms. There were calls for consideration of how to deal with these needs and support them in a consistent manner.

There were also specific concerns related to **the restarting of health and social care and the need to do this safely**, and to return professionals to their original roles as soon as possible. These responses reflected concern for the general functionality of the health and social care system, with one noting that the pandemic has only highlighted problems that already existed. People's needs, it was felt, should be reassessed at this stage to ensure they get the right support, as needs will have changed through the pandemic. A concern for those in residential care was also raised, as this was felt to be an area with its own concerns and particular issues that require support and help to reconnect with the wider world:

'Support for people in residential care must also be considered and an appropriate compassionate plan for ensuring they are able to reconnect with their families.'

'The importance of restarting health support: Loss of Allied Health Profession services needs to be rebuilt and ensured for those not returning yet to school or day services.'

'People's health needs will have changed so this needs reassessment.'

'This pandemic has not caused, but has highlighted the significant gaps in our health and social care system. There is clear evidence of a disproportionate impact of this crisis on people with dementia, their families and carers. There are an estimated 90,000 people living with dementia in Scotland . There is an urgent need to respond to the changing and increased needs those living with dementia and a commitment to ensure that dementia is a priority in national and local recovery plans and reform.'

Though connected with a number of other issues raised throughout this report, the issues of **transport** and **unemployment** were topics of concern when thinking about the future. Some third sector organisations are concerned that there is not enough good public transport across the whole of Scotland, leading some people to be more isolated and dependent upon support than others (a rural/urban divide), but also that many of their clients and members have concerns about safe use of public transport to access work or social contact (the latter particularly for older people): 'Transport is our main issue, older people need accessible transport'. An overhaul of public transport and risk assessments to ensure it is safe were recommendations.

Unemployment was also of deep concern as it is seen as a developing need, which is likely to only get worse over the coming months. There were calls for more funding for employability schemes and greater support for young people to access jobs: 'Support around employment (particularly for young people)'. This issue also related to benefits and ensuring people get all the support they can, particularly as furlough ends. The furlough scheme and benefits are reserved issues, but SG was clearly seen to be responsible for ensuring the wellbeing and economic survival of its citizens in both matters.

Responses also called for SG to consider inequalities in greater detail going forward and there were responses reflecting on the divides of inequality created, highlighted, or exacerbated by the pandemic:

‘Inequalities will be further exacerbated if we fail [at] being proactive [in] reaching marginalised communities. We have identified so many unmet needs where people are struggling with managing tenancies; no cooking appliances; boarded windows and doors; no gas or electric. What support will be in place when shielding ends as the same needs will remain?’

‘We support BAME people and refugees in need of English language learning. If you can't speak the language, you don't have a voice, you cannot participate in community events and you are isolated. During the crises, we provided daily lessons or support meetings for various levels of English and various ages, including 'story time' for children in the afternoon. As we move out of lockdown, we might be able to provide more face-to-face meetings, however, online lessons/support will have to continue.’

This concern for inequalities extended to legal and immigration advice for refugees and those seeking asylum.

Reprioritisation of ‘normal’ issues was also seen as significant. People are seeing the return of everyday concerns and need to return to the work they were doing previously, while still supporting need resulting from the pandemic. Such areas for reprioritisation were: community safety; transport and road planning (with an equalities focus – there were concerns that those with disabilities have been forgotten about in the move to create more space to walk in towns and cities, which has left areas hard to navigate for some); criminal justice provision; advocacy services; transport for health appointments; services and support for new and breastfeeding mothers; moves to equalise service provision across postcodes.

Finally, there were numerous **calls for a local response going forward** with third sector organisations feeling the pandemic had shown how important local work is and that it is only at this level that need is really understood. Some of these responses reflected on funding in particular, seeing local mechanisms for distributing funding as successful and useful models:

‘Financial support coming directly into our communities to enable facilitation on the ground and support those in most need, only local communities themselves know what individuals locally need.’

‘By being able to receive direct funding almost immediately through the Supporting Communities Funds was invaluable.’

‘As a community development trust we are very experienced with supporting our community and using funding to do this, we need to be trusted that we can do this with direct funding rather than via local authorities.’

14. Concerns about supporting those in need as the pandemic develops

When asked whether organisations have any concerns about supporting those in need in the future, responses were quite divergent, with some organisations providing specific and detailed concerns and others indicating that they did not have any concerns to mention at the time of the survey. Others did not note any specific concerns, but provided a sense of struggle nevertheless, with responses saying they would continue as long as they could, while others said they could cope in the immediate future, but did not have a sense of definite sustainability.

Concerns raised about supporting those in need going forward are described below.

Funding was the most commonly mentioned need. Organisations are concerned about lack of funds going forward, funds running out in the short-term future, how to use funds they have to meet demand or provide alternative services while social distancing is in place, and about the funding landscape and increased competitiveness from more organisations needing more funding and competing for the same pots.

Though many spoke of benefitting from SG, local authority, and other funds – and of it being helpful that these funding streams were highly flexible – there were sustainability concerns as these funds will run out and may not be renewed. The third sector respondents here were looking for clarity on whether further funds would be available and for whom. Smaller organisations were keen to stress that they felt funding was funnelled towards larger organisations:

‘Yes, as a small charity our trading and fundraising income has been devastated this year. We took the decision not to furlough any staff, as it was clear our clients were going to need our support during lockdown. This means we will require additional grant funding to stay afloat next year. The concern is that many charities will be in the same boat, with more people chasing less money.’

‘Funding is never easy. Our funding has always been insufficient for the level of need in the city, compared to our sister organisations in more rural and less deprived areas.’

Volunteer numbers and training – which were also linked to funding – were also of key concern. Volunteers are starting to return to work themselves or may be in an at risk group and less able to provide support. Volunteers are also described as needing training to manage future needs, but there is very little time or capacity to provide this:

‘All our volunteers and staff are done in and need a break. We need to redo what we offer plus add new fresh volunteers, the cost will be key as

we need more part time staff to manage the number of volunteers needed to keep things going.'

'As volunteers return to work support is going to be harder. For the team's core operation the additional PPE needs and demands require huge additional risk assessments to be carried out. The whole model needs to be reassessed'.

'My ability to train new volunteers is limited at present. If lockdown continues and we cannot meet inside as groups then we will not have enough volunteers to continue giving support to mothers.'

Connected to both the above issues is that of **burnout**. Staff and volunteers were considered to be at real risk of burnout and their ability to provide for others was seen as low. People were keen to take rest and encourage their staff to rest, but were aware of the impact of that on those they support:

'My concern is for our delivery partners and their ability to maintain this level of intense and unrelenting service delivery. Staff are exhausted and are driving themselves hard. We are about to launch a series of "how to look after yourself" training and seminar sessions for staff teams.'

'As a team we are also exhausted. We have worked ourselves into the ground but feel that we have made a difference but staff also need their breaks and their respite now. I am worried about funding, we don't have formal decisions yet on procurement... I know they are coming but it is a very stressful situation to be in. Everything is on hold.'

'We are all volunteers. This work is important, our energy is depleted.'

'I am very tired. I can do no more and I need a break.'

The third sector organisations that responded were also in a process of trying to adapt their services to meet new needs and to respond to physical distancing and safety guidance. Some were finding this difficult and that it provided a less useful means of connecting with clients and members. Some even note that clients are disengaging from them:

'...we work with adults with additional support needs and online support just is not a substitute or even viable.'

'Capacity to carry out all the additional support tasks , new platforms, evaluation, fundraising, questionnaires etc that the pandemic has necessitated with no increase in staff for a small charity is our main concern.'

'It is becoming harder and harder to engage with people without being able to have face to face contact with them and relationships that have been built up over time prior to lockdown are at risk of breaking down.'

More generally, **future planning is a strain for these organisations** as they try to come to terms with the new context. They were looking for guidance and

information on how to best look after staff, clients, and members, and were often searching for new premises (some organisations could no longer afford their old premises, while others had outgrown theirs). They were trying to plan for new and possibly greater needs in an uncertain future. Some were finding themselves thrust into new areas that they were not prepared for, such as mental health support, and struggling to catch up and provide for these clients.

There were calls for greater support from government and local authorities to support all of this work and change, as well as providing information. For those looking for accessible information, this was of particular importance going forward. Some organisations were finding that the new restrictions mean they cannot provide the service they would have pre-pandemic:

'We are concerned about a lack of guidance on the probability of a 2nd wave, we are [planning] as an organisation that there will be a 2nd wave and are ensuring that we have learnt from the 1st wave. A massive support to us in terms of bringing groups of carers together would be if we had access to testing for carers who wanted to take part in residential breaks.'

'I also have concerns that the demand for our service increases greatly going into Autumn and Winter.'

'We are not a service dedicated to supporting people's mental health except in an indirect way through befriending. However, we are being called on more and more to support people with particular mental health needs, for which we are not qualified, funded or experienced.'

'No concerns about sustaining our group in terms of essential services, but I do have concerns about the lack of a venue. Local authorities should make empty buildings / schools / halls available free of charge to the covid response groups.'

'As we risk assess and plan for all eventualities we recognise that our service will not be able to carry out the same number of appointments, calls, online sessions and drop ins if we see the predicted rise in referrals alongside maintaining social distancing, premises restrictions and cleaning regimes. We also have a responsibility to support staff, maintain their expertise and allow for holidays and development within their staff time.'

As with the previous section, **the issue of technology** was raised here as organisations called for more attention to be paid to digital inclusion across a range of sectors:

'Witnesses giving video evidence from remote locations may be a concern as not all areas in Scotland have fast internet or strong signals for modern technology to achieve this.'

'Our only concern is the Scotland Govt digital 2020 rollout as we recognise the need for this and can't afford to have more delays.'

Finally, **relationships between the third sector, local authorities and the NHS** were also raised. There was calls for closer working and some negative reflections on current working. These respondents felt change was required. However, there were also positive reflections on relationships, showing that, in areas where this is working well, this close working has been a real support (with some comments feeling this approach should be taken into other issues, beyond the pandemic itself):

‘...my normal job is to help our community to develop community based initiatives related to funding applications. My work since 2nd March has moved into more of a social worker type role. Within our 6 villages at the bottom of [LA], we have no regular support from any agencies. We don't have a central community centre and have always had to be creative to look after ourselves. I am working alone to try to support everyone in the villages through this crisis.’

‘...it would be easier if the NHS worked closer with us to provide the clinical support required by some individuals.’

‘We feel confident in continuing to provide our service. With the continued support from the local authority and local community, we feel confident in being able to meet any further rise in demand.’

‘Developing a coordinated approach to harness the amazing community resilience so Scotland can continue to develop a national movement for change to build a resilient society that faces the climate challenge.’

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

Annex A: Responding organisations by local authority area

	CG	I	SE	VO	Other	Total
Operate Scotland-wide	0	7	5	37	3	52
Aberdeen City	0	2	2	8	0	12
Aberdeenshire	4	1	2	9	1	17
Angus	3	2	3	21	4	33
Argyll and Bute	13	1	7	19	6	46
Clackmannanshire	2	1	4	14	3	24
Dumfries and Galloway	1	0	1	7	3	12
Dundee City	4	0	1	20	2	27
East Dunbartonshire	2	0	1	11	0	14
East Ayrshire	2	0	4	13	4	23
East Lothian	4	0	3	15	2	24
East Renfrewshire	2	0	2	12	0	16
Edinburgh City	2	1	6	26	2	37
Falkirk	1	1	3	17	2	24
Fife	2	0	4	22	1	29
Glasgow City	3	3	7	27	4	44
Highland	7	3	4	29	6	49
Inverclyde	2	0	2	9	1	14
Midlothian	1	2	3	13	1	20
Moray	1	0	3	8	1	13
Na h-Eileanan Siar	1	1	1	2	0	5
North Ayrshire	8	0	5	11	5	29
North Lanarkshire	6	2	3	30	5	46
Orkney Islands	5	0	2	15	6	28
Perth and Kinross	6	0	2	24	3	35
Renfrewshire	6	1	5	18	7	37
Scottish Borders	9	0	4	11	3	27
Shetland Islands	0	0	1	5	0	6
South Ayrshire	3	0	4	10	5	22
South Lanarkshire	11	0	3	25	7	46
Stirling	2	1	2	18	4	27
West Dunbartonshire	1	1	3	15	1	21
West Lothian	0	1	5	22	3	31

Key

CG = Community group (usually have no paid staff and either no income or a small income from memberships and small grants)

I = Intermediary (e.g. an umbrella body or a network)

SE = Social enterprise (may have paid staff, trading forms a significant proportion of income)

VO = Voluntary organisation (may have paid staff, income from larger grants or for fundraising)

Annex B: Full quote from disability charity on digital exclusion

'Digital exclusion is overwhelming in this community and so hardware, connection and ongoing support for learning and maintaining a digital connection are required to change that. Across the national membership of this organisation (1100+) that digital exclusion takes many forms. It can be due to where and what type of setting people live in; what, if any social care or other support they receive and their income, which is almost universally low and benefit based.

In some cases financial decision making is denied the person themselves and those decisions are made by others.

Some active members may quite confidently use digital while others do not. The members who are less active within the organisation or difficult to reach because they stay in rural areas or face transport barriers are isolated at all times but that has been made very much worse by the restrictions due to the pandemic.

WiFi may be in place where the person lives but the support may not be in place to facilitate their access.

If you have a device but struggle to use it you are excluded.

If you have no way to pay for connection or for a device you are excluded.

If you require support to safely navigate online you are excluded.

If you can access some sites but find others (often those which allow access to services and supports) present barriers or have no accessible information on offer you are excluded.

If others in your life dictate whether you can or cannot access and use a device and connection then you are excluded.

The examples provided above do not cover the entire list of barriers faced by members.

The Connecting Scotland scheme currently fails to recognise that all citizens with learning disabilities may require support to be digitally connected.

Services advice, benefit applications, emotional support, connection with community, education, social interaction and clarity on the guidance is almost entirely accessed on line. The support for citizens who have learning disabilities to access that is not in place.'

Annex C: Questionnaire

Covid response July 2020

Third Sector partner research

Supporting those at risk during the coronavirus pandemic

Many thanks for your interest in our research. Please read the following before taking part in the survey.

The Scottish Government is keen to develop understanding of how national measures and local effort are supporting those at risk due to Covid-19, to inform consideration of future support options. We are reaching out to you as partners in this work for information on the kind of groups you have been supporting and the types of support you have been providing during the crisis, as well as for your views on working with other organisations through this period and what you think future needs might be.

The survey is a mix of single answer, multiple choice, and open text questions. It should take around 20 minutes to complete.

We take data protection very seriously. The survey does not ask for any personal information. Please try not to write anything that could identify you in your response. We will nevertheless look through all survey results for any potential identifying information and remove this before analysis and write-up of results. The individual survey responses will only be seen by social researchers within the Scottish Government's Health and Social Care Analytical Hub. The individual responses will be kept only on the computer drives of the researchers and only shared more widely once combined with other responses (individuals or organisations will not be identifiable). Computers are password protected. All responses will be deleted once the project is complete.

We will analyse and write-up the findings into a report, which will be shared with relevant colleagues and Ministers. We would also like to disseminate this

report to those who take part in the survey too – if you would like to receive the report, email [redacted] on the emails below once you have completed the survey. The findings may also be used in a wider publication.

If you would like to ask a question before taking part, please email either [redacted].

Taking part in this survey research is entirely optional. If you are happy with the above and consent to taking part in this study, please complete the survey by **7 August** and return your responses via the emails provided above *(unfortunately we cannot easily offer a postal address at this time as most Scottish Government buildings are closed – however, if you would prefer to return by post please discuss with [redacted] via the email above).*

Your Organisation

1) Which of the following is closest to how you'd describe your organisation? (Please select one option)

- Community group (usually have no paid staff and either no income or a small income from memberships and small grants)
- Voluntary organisation (may have paid staff, income from larger grants or for fundraising)
- Social enterprise (may have paid staff, trading forms a significant proportion of income)
- Intermediary (e.g. an umbrella body or a network)
- Other (Please Specify):

2) Which best describes the geographical area your organisation covers? (Please select one option)

- A neighbourhood / community
- A wider area within one local authority
- Right across one local authority
- Operate in more than one local authority but not all of Scotland
- Scotland-wide
- UK-wide

3) Which local authority areas of Scotland do you operate in? (Please select all that apply)

- We operate Scotland-wide
- Aberdeen City
- Aberdeenshire
- Angus
- Argyll and Bute
- Clackmannanshire
- Dumfries and Galloway
- Dundee City
- East Ayrshire
- East Dunbartonshire
- East Lothian
- East Renfrewshire
- Edinburgh City
- Falkirk
- Fife
- Glasgow City
- Highland
- Inverclyde
- Midlothian
- Moray
- Na h-Eileanan Siar
- North Ayrshire
- North Lanarkshire
- Orkney Islands
- Perth and Kinross
- Renfrewshire
- Scottish Borders
- Shetland Islands
- South Ayrshire
- South Lanarkshire
- Stirling
- West Dunbartonshire
- West Lothian

4) Are your services targeted towards particular sections of society? (E.g. those experiencing homelessness, poverty, or substance abuse; those with specific conditions; or specifically for older adults, young people or children)

- Yes
- No, our services are available to everyone in our catchment area

The Support you Provide

5) The Scottish Government identified the following groups as being at risk due to Covid-19 and needing support, especially where they do not have family or community support. Which of these groups have you supported during the crisis? (Please select all that apply)

- People isolating due to Covid symptoms/confirmed, including Test and Protect
- People with high health risks from Covid (including people aged 70 or over, people who are disabled, people who require the support of mental health services, pregnant women and people who receive a flu jab for health reasons)
- People at highest health risk from COVID-19 and advised to shield
- People experiencing physical barriers to accessing food or essentials (Includes people who have sensory or physical disabilities or mental health issues and unpaid carers who already face access issues even in normal circumstances)
- Financially at risk households
- People from marginalised groups (includes people with experiences of homelessness, those with problem drug and alcohol use, victims of domestic abuse, refugees, asylum seekers, those with no recourse to public funds at risk of destitution, victims of commercial sexual exploitation, including prostitution, Gypsy/Traveller Communities and minority ethnic communities.

Please only answer question 6 if you selected *People with high health risks from Covid (including people aged 70 or over, people who are disabled, people who require the support of mental health services, pregnant women and people who receive a flu jab for health reasons)* in question 5.

6) Which of these groups have you supported?

- People aged 70 or more
- People who are disabled
- People who require the support of mental health services
- People who receive an annual flu jab for health reasons
- Pregnant women
- Other (Please Specify):

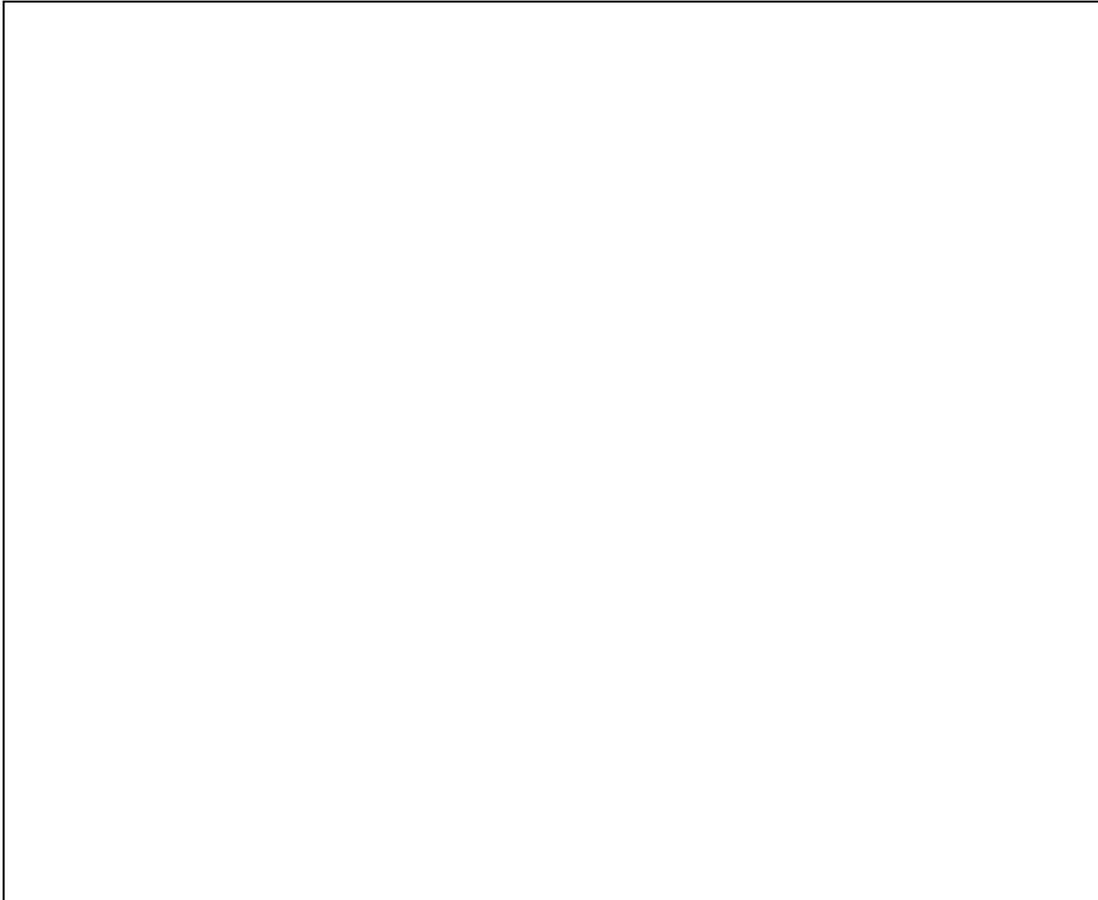
**7) Have you been supporting any other groups during the Covid crisis?
Please provide details.**

8) What type(s) of support have you been offering those at risk but not shielding during the Coronavirus crisis? (Please select all that apply)

- Supplying food (e.g. food boxes)
- Food deliveries (e.g. shopping service)
- Support with accessing medicine
- Befriending/isolation support
- Financial support
- Support with energy (e.g. meter top ups)
- Other (Please specify):

Working Relationships with Partners

9) Thinking just about the Coronavirus period since lockdown began, can you describe how you have been working with local authorities to deliver support to those at risk?



10) How would you describe your working relationships with the local authorities?

- Very positive
- Positive
- Neither positive nor negative
- Negative
- Very negative

11) Please provide a reason for your response to the previous question.

12) Have you worked with the Scottish Government directly during the Coronavirus crisis?

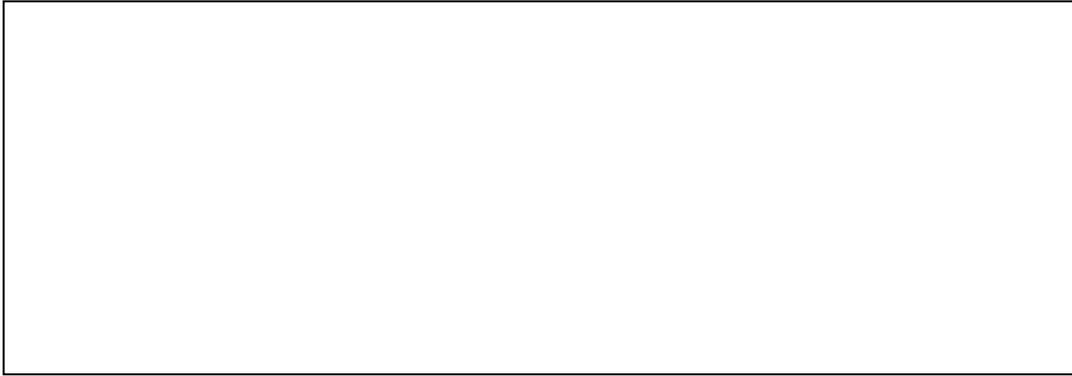
- Yes
- No

If you answered 'Yes' to the above question, please answer questions 13 and 14. If you answered 'No', please move on to question 15.

13) How would you describe working relationships with the Scottish Government?

- Very positive
- Positive
- Neither positive nor negative
- Negative
- Very negative

14) Please provide a reason for your response to the previous question.

A large, empty rectangular box with a thin black border, intended for the user to provide a reason for their response to the previous question.

Reflecting on Supporting those in Need during the Coronavirus Crisis

15) Overall, how effectively do you think people at risk from Coronavirus have been supported in your local area?

- Very effectively
- Effectively
- Neither effectively nor ineffectively
- Ineffectively
- Very ineffectively

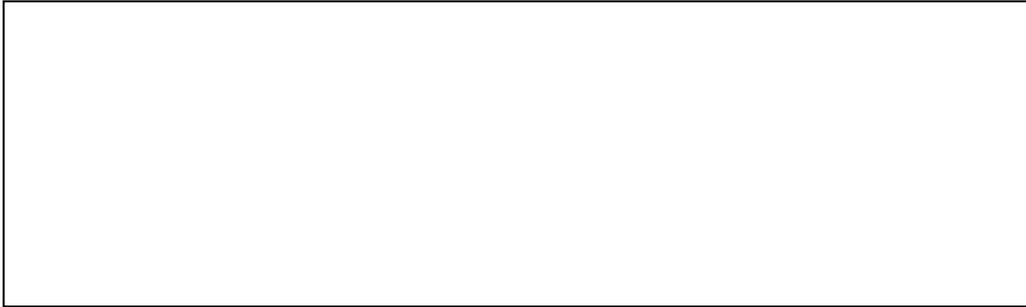
16) Please provide a reason for your response to the previous question.

17) Do you think everybody who is in need has been reached?

- Yes, I think we have reached everyone in need that our services provide for
- No, I think there are some groups our services could provide for who have been missed
- I don't know

If you answered 'No' or 'I don't know' to question 17, please answer question 18. If you answered 'Yes' to question 17 please move on to question 19.

18) Can you provide a reason for your answer to the previous question?

A large, empty rectangular box with a thin black border, intended for the respondent to provide a reason for their previous answer.

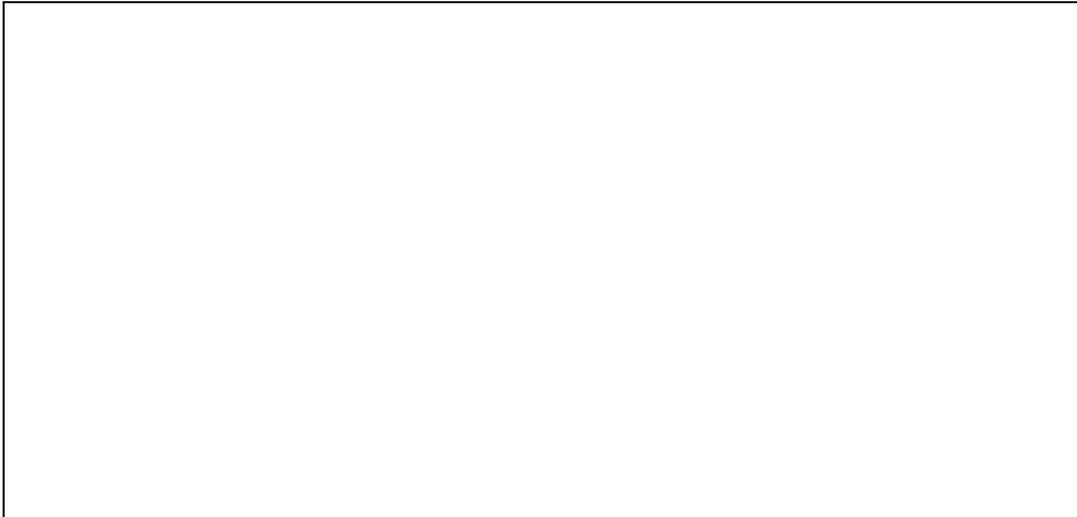
19) From your experience of the crisis, what has been the area of greatest need?

A large, empty rectangular box with a thin black border, intended for the respondent to describe the area of greatest need from their experience of the crisis.

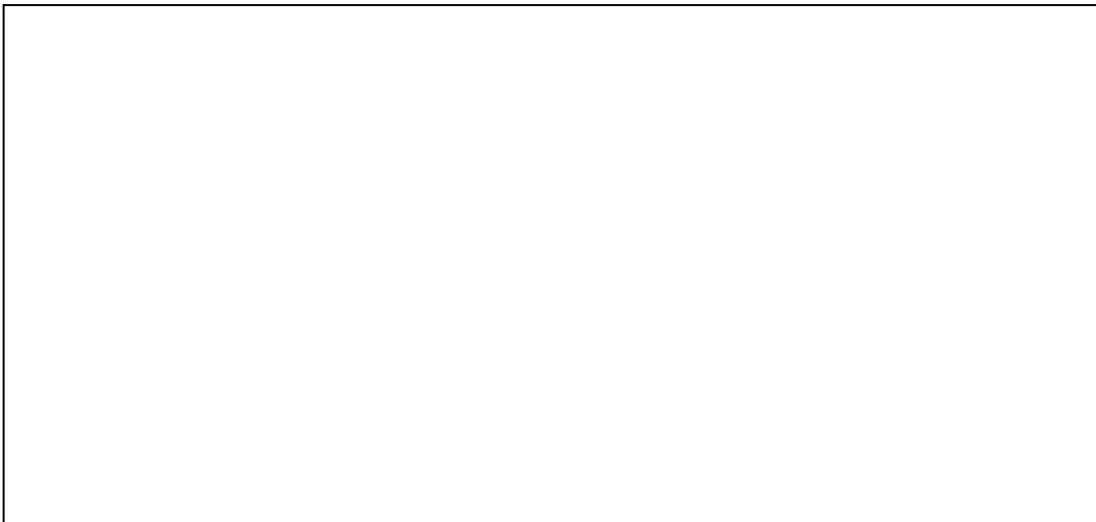
Future Support Needs of those at Risk but Not Shielding

This section asks for some wider reflections on future support needs for those at risk, but not shielding. We would appreciate your views on this area to feed into policy thinking.

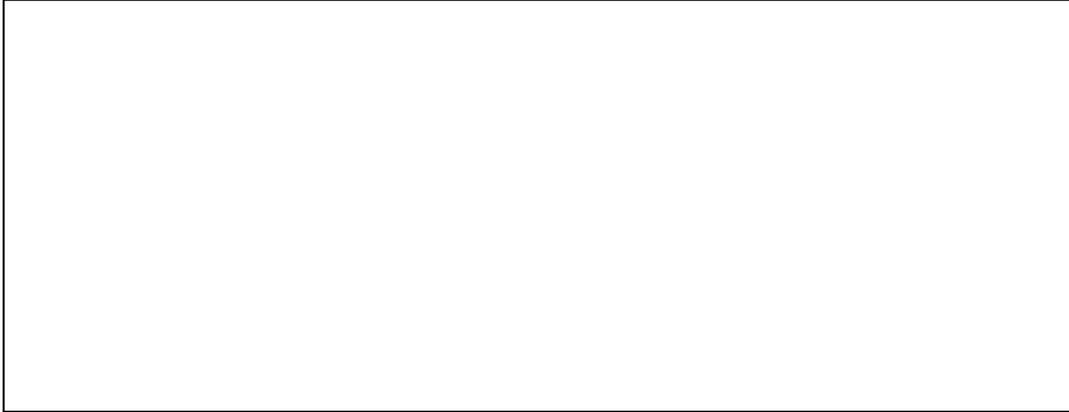
20) What support needs do you see emerging that might be of particular importance for the groups you support as we move out of lockdown?



21) Do you have any concerns about your ability to continue to support those in need as the pandemic develops?



22) Do you have any other comments on the topics covered in this survey, or is there anything we have missed that you would like to mention?

A large, empty rectangular box with a thin black border, intended for the respondent to provide their comments or additional information.

Thank you for taking the time to complete this survey. It is much appreciated.

How to access background or source data

The data collected for this social 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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