People at the Centre Update 24



Working together in Argyll and Bute

Argyll & Bute Caring for People Partnership Case Study - submitted as part of the Community Resilience Best Practice Case Study series

Introduction

Argyll and Bute is the second largest local authority by area in Scotland, with 23 inhabited islands and 43% of the population living in areas classed as remote & rural. This rural and sparsely populated environment means that partnership working during the COVID-19 pandemic is vital. This was particularly important during lockdown. There was an identified need during this time to ensure that people had access to food, medicine, support, and other supplies. This need continues, for example in response to Test and Protect requests for people to self-isolate.

What did we do?

The Argyll and Bute Caring for People partnership, made up of the local Public Health team, Argyll and Bute Council colleagues and the Third Sector Interface, was formed to coordinate this urgent community response to the COVID-19 pandemic. These partners were identified as those with skills in asset-based planning and service delivery, community development and community engagement. Key outputs included the Caring for People helpline, which supported over 3400 people and took over 5500 calls. Those shielding were all offered support. The Community Food Team delivered 44,811 food parcels to vulnerable, shielding and free school meal households. Over 990 volunteers were registered by The Third Sector Interface which included volunteer coordinators. Local community organisations that had already started a local response were contacted and included in the referral process.



The group communicated via a daily Skype huddle during the initial response period. This communication changed to weekly and is now continuing monthly. This regular communication allowed actions to be progressed quickly - as a project, this would normally take several months of planning, but this was such a significant response that the Caring for People helpline, local Caring for People teams and volunteers were providing a service within 10 days. Within the Council and the HSCP, command and control structures were established in early March which met daily. The Caring for People group reported back through this structure to both Argyll and Bute council and HSCP tactical groups. This provided an information sharing and governance route ensuring issues escalated were resolved promptly.

What were some of our barriers and challenges?

There were significant barriers from the project inception, such as issues with communication, using technology, staff capacity, and pressure on relationships when challenges for the Caring for People Partnership were encountered. A focus upon a shared aim to provide support to people living in Argyll and Bute provided the thread that guided partners through very challenging circumstances, ensuring that the systems which were developed had safety and an evidence base and robustness built in. Coordination of coherent communications between the Council, NHS Highland, Argyll and Bute HSCP & the Third Sector Interface was challenging at times but a shared understanding of the importance of sharing only evidence-based information was central to all communications. The speed of response required was a challenge, which partners rose to but which had impacts on wellbeing/stress. Differing governance and reporting structures across partners, as well as understanding of roles were also identified as key challenge.

What key learning was discovered to the partnership approach?

A valuable consequence of this piece of work was that all partners acquired a thorough understanding of and respect for the challenges partners face working within the confines of their organisation. This valuable knowledge strengthens the partnership and those in it allowing innovations to be engineered using a strengths-based approach. Regular updates such as shielding, food, and helpline activity were also other aspects that worked well. The Argyll & Bute Council technology which enabled the helpline to operate was also a success.

An emotional support service was developed but numbers were lower than expected. This led to engagement with our communities to identify what emotional wellbeing support was needed. The TSI also led on the Keeping in Touch befriending service, recognising that there was a need to address loneliness.

Having lead partners such as the Third Sector Interface, who were directly linked to the community, volunteers and community groups, was a key strength.

Our final thoughts looking ahead

The Caring for People partnership continue to ensure community support is available. They continue to monitor, review and adapt the response based on local need for as long as required. A comprehensive evaluation of the Caring for People Partnership approach is currently being carried out. This evaluation will shape how future humanitarian responses will be developed while identifying any improvements required for the ongoing Covid 19 Caring for People response.











