Community in Action

Learning from the third sector's early response to the COVID-19 pandemic in Scotland

ALLIANCE
HEALTH AND SOCIAL CARE
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people at the centre

Community *in* Action
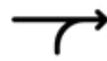COVID-19

Community in Action

The ALLIANCE's Community in Action project has shone a light on the third sector's far reaching and crucial response to the COVID-19 pandemic.

We began the project during the first wave of the pandemic in March 2020, in an effort to hear more from organisations about how they were adapting to the initial restrictions that had been put in place. These new restrictions forced organisations to completely rethink their approaches and, in some cases, the core services they provided.

This report covers activity from March to September 2020, during this first wave, with organisations urgently seeking new ways of working. During this time 51 Community in Action articles were published on **the ALLIANCE website**. These are available to read in Appendix One, with organisations reflecting on:

- How COVID-19 had affected the people they support;
- What they had put in place to respond to COVID-19 and how this helped people;
- The organisational challenges they had faced as a result of COVID-19;
- And the impact that the third sector was able to offer with regards to Scotland's response to COVID-19.

Upon analysing the 51 Community in Action articles published between April and September 2020, nine themes emerged:
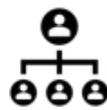
Adaptability

Pace

Engagement

Innovation

Communication

Leadership

Resilience

Relationships

Sustainability

These are the core ingredients which have contributed to the third sector's successful response to COVID-19, with each article published during this phase of the Community in Action series displaying a range of these qualities.

Contents

Adaptability

Adaptability was the most common theme to emerge from the first phase of the Community in Action project. Third sector organisations' ability to adapt has been one of the most noticeable features of their COVID-19 response.

Organisations took immediate action to re-evaluate what they provided in the face of lockdown. This was exemplified by **Mel-Milaap**, who transformed their service. The organisation had previously provided day care facilities for older people and people in need at their community centre in Glasgow. As initial lockdown restrictions came into place, Mel-Milaap quickly began distributing food and then cooked meals to ensure that the people who used their day care facilities were well supported while in isolation.

Adaptations were not always as drastic as this, however they were equally vital. For example, organisations such as **Health in Mind**, **Scotland All Strong** and **Macmillan Cancer Support** made the important move from face to face to telephone and online support.

Prior to the pandemic, organisations noted that they had not been able to effectively support certain groups because of either their health or travel restrictions which limited their ability to access services. In **MS Argyll's case**, their adaptations and shift towards telephone and online support led to them expanding their reach, giving them the ability to engage with people they were not previously able to connect with. Examples such as this present potential silver linings amongst the difficulty third sector organisations and the people they support have faced this year.

Pace

The pace with which third sector organisations were able to redesign their services was arguably the most vital characteristic of their response to COVID-19. As the health and social care sector's focus shifted drastically towards pandemic response, the third sector rapidly filled gaps as they appeared. This was particularly prominent in **PAMIS' case study**, as Chief Executive Jenny Miller describes how the third sector stepped in and became 'an absolute lifeline' for the people they support, who would have 'quickly become isolated as everything had shifted to tackling what's happening in the acute hospitals.'

Mel-Milaap put in place the new food distribution service outlined above as soon as lockdown restrictions were put in place in March 2020 and had provided 3735 meals by May 2020.

In another example, with people living on the streets and at continued risk of exposure, **Simon Community Scotland** secured agreements with hotels and funding from the Scottish Government within 72 hours to ensure people had a safe place to stay, which allowed them to self-isolate if necessary.

And **Barnardo's Scotland** reacted in a similarly swift manner by stepping up its emergency payments programme to give immediate support to families in need of help.

Several organisations noted the third sector's unique ability to adapt at such pace, with the statutory sector, in comparison, more rigid due to its size and scope.

Engagement

These adaptations were based on high quality engagement with those that organisations sought to support. In their response to the COVID-19 pandemic, organisations did not take it upon themselves to decide what people needed. They engaged with the people who benefitted from their services, sought their views and codesigned any adaptations.

Versus Arthritis' first step as lockdown restrictions came into effect, for example, was to engage with the young people they support to ensure that they were able to produce resources that were both wanted and needed.

Crohn's & Colitis UK carried out a survey of their members and supporters to gather information about how the pandemic was affecting their lives, so that they could tailor their services appropriately.

Scotland All Strong engaged with their clients to design bespoke personal training, health and fitness classes to support people's fitness, mental health and wellbeing during lockdown.

The Scottish Commission for People with Learning Disabilities (SCLD) continued their work facilitating the Scottish Government's Key to Life Expert Group on learning and intellectual disabilities, bringing people together to share their experiences and feed into policy work. To do so, the team moved their work to digital platforms, ensuring that people's voices continued to be heard while lockdown restrictions were in place.

And the **National Autistic Society** listened to those they support to ensure that the rights of autistic people and their families were upheld. Routine is invariably key to an autistic person being able to manage their life and the National Autistic Society heard that, for many people, lockdown restrictions had led to these routines disintegrating. Having heard people's concerns, the organisation lobbied for the development of explicit guidance aimed at police and other bodies outlining that autistic people and their families could leave the home more than once a day and travel further to access specific locations, allowing people to build more of a structure to their day.

Innovation:

Adaptations were informed by these engagement processes and the needs that they uncovered. However, credit should also be attributed to third sector organisations who demonstrated a great deal of creativity and innovation in their COVID-19 response.

CHAS made use of online platforms to offer a virtual hospice service and welfare advice. **Alzheimer Scotland** offered musical reminiscence and short activity videos online. **South Ayrshire Carers Centre** offered chair yoga, mindfulness services and an art project for young carers online. **Scotland All Strong** created a new website and app to provide fitness advice and support. **Cyrenians** set up Blether Buddies and Mail Mates which gave those who were isolated the opportunity to phone or write to one another. **PAMIS** moved towards telephone counselling services, multi-sensory storytelling, creative sensory art therapy, music therapy and activity sessions.

Highland Hospice provided support outside the home for people who needed help with shopping, collecting medication and food preparation. In another example, **PKAVS** set up a 'Tampon Taxi' which provided contactless delivery of period products to

women and girls who needed it during lockdown.

SFAD put together wellbeing packs full of self-care items such as bath products, wellbeing journals, novels, board games and jigsaws, sweet treats, and many other things for people to relax and to keep their minds active while staying at home. Similarly, the **Beatson Cancer Charity** put together patient care packs, with essentials for people who had been discharged from hospital.

And **the ALLIANCE's Carer Voices project** took a new creative approach to combat isolation, support people's mental health, maintain outreach and foster new connections with their weekly singalongs. They also **partnered with NHS Lothian** to provide a check-in and chat service for carers and families of people living with dementia in acute hospitals.

This is just a sample of the innovative services that were developed by third sector organisations during the pandemic. Collectively, these responses ensured people had access to essentials during the COVID-19 lockdown, combatted social isolation, and helped to maintain people's physical and mental health.

Communication

Organisations' engagement also showed that there was a pressing need for more effective communication and information sharing. People with long term conditions faced a great deal of uncertainty during the early stages of the pandemic and this need was sharpened by cancelled and delayed appointments at specialist clinics.

Crohn's & Colitis UK supported people with Inflammatory Bowel Disease (IBD) to face this challenge by providing extensive guidance on their website which was updated daily as the situation evolved. This included advice on risk categories for people with IBD, information about how IBD services were changing due to the pandemic, what to do if you thought you were having a flare and information about working, benefits and finances. Their Helpline team were available to offer support and information via phone, email and live chat 9am – 5pm from Monday to Friday. And they also hosted events live on Facebook to give people with IBD the opportunity to ask doctors and nurses for advice directly.

Third sector organisations such as **SCLD**, **Forth Valley Sensory Centre**, **the National Autistic Society**, **Alzheimer Scotland** and **Contact** fulfilled similar information sharing roles, with the latter helping parents navigate financial and benefits enquiries and sourcing funding for replacing damaged furniture and equipment, for example, when all other services looked to be closed.

The third sector's actions in the early stages of the pandemic ensured that people with long term conditions were not left to weather the storm alone and were fully aware of current guidelines as well as what support and services were available to them.

Leadership

All of these responses were facilitated by third sector leaders who showed a real understanding of people's needs, as well as the needs of their staff.

Leadership is a recurring theme throughout most Community in Action articles, with many of these featuring quotes from third sector leaders. These quotes demonstrated the importance of:

"There are some people who are actually working through their issues and coping strategies for COVID-19 really well. In terms of self management, they want to take that control of their lives where they can. However, it also needs to be recognised that some people need someone to listen compassionately as this alone can help people suffer less."

Hilda Campbell, Chief Executive of COPE Scotland.

Displaying empathy, comprehending people's experiences and needs;

"This is an incredibly difficult time for everyone, particularly for families caring for children who will die young. CHAS will be alongside those families in every way we can and that's where our virtual hospice comes in... For families who can't come to the hospice, we will take our hospice to them."

Rami Okasha, CEO of CHAS.

"I'm quite concerned about the impact on people we've worked with for many years. People think of this as a centre for physical health but what we're really doing is promoting good mental health and wellbeing."

Karen McCurry, Centre Manager at MS Argyll.

Involving the people they support in service design;

"Any decision we took had to have at the heart of that decision making process the people we care for and support."

Hawys Kilday, Director of Services at Royal Blind.

Assessing which changes, made as a result of COVID-19, should be continued;

"We must ensure that the development of virtual clinics (telephone and video), for example, are not lost as services normalise. We hope to see increased options for how patients receive their care, with discussion about what is right for them, taking into account the whole person and not just their medical treatment – in line with the IBD Standards which were published last year by IBD UK."

Rachel Ainley, Health Services Programme Manager at Crohn's & Colitis UK.

Trusting and empowering staff to make a difference;

> "We've got a saying within the organisation which is 'make it simple, make it right, make it happen' and that's the philosophy. We put a lot of energy into delegating down."

Hugh Hill, Director of Services at Simon Community Scotland.

And supporting staff and volunteers' own health and wellbeing during difficult times.

> "Some people are also dealing with difficult circumstances in their own families. I think the level of anxiety has gone up a great deal. We are trying to maintain services and support to the children and families we're working with, but at the same time we've got to be supportive of our staff."

Martin Crewe, Director of Barnardo's Scotland.

Resilience

Relating to this theme, several third sector leaders mentioned the importance of their pre-existing crisis plans. These plans provided organisations additional resilience and enabled them to cope with the early challenges of COVID-19.

COPE Scotland, for example, already had operational plans in place for periods of crisis. They used these to manage their move from face to face work to telephone support.

With delayed and cancelled appointments at specialist clinics and the redeployment of specialist health and social care staff, third sector organisations have been more in-demand than ever before. However, at the same time, they have also faced unprecedented levels of financial pressure.

Crohn's & Colitis UK offered a particularly good example of this issue. The charity relies on donations to carry out their work and, with donations for charities across the country falling dramatically as a result of the pandemic, their income was halved. As a result, the charity had to furlough a third of their staff. However, these impacts on their income and staffing levels came at a time when demand for their services had increased by 400% on their helplines and 600% on their website.

A number of other third sector organisations we interviewed mentioned similar pressures on their finances. However, these organisations were still able to continue to support those who needed them most, demonstrating the resilience of the sector.

Relationships

Interviewees noted that the third sector's commitment to collaboration came to the fore at this time, with organisations coming together to support people who were facing difficulties as a result of the COVID-19 pandemic.

For example, **Simon Community Scotland** worked alongside a raft of agencies including the NHS to provide healthcare support. **PKAVS** worked with North Inch and Muirton Community Council to install a box in the centre of Perth which they kept stocked up to allow all who needed period products to collect them. **Scotland All Strong** partnered with PKAVS, Perth and Kinross Council and Perth Autism Support to deliver fitness classes to unpaid carers and young autistic adults. **Mel-Milaap** worked with local restaurants and temples in Glasgow to prepare and distribute cooked meals. And **British Liver Trust** collaborated with the NHS and healthcare professionals to promote and deliver virtual support groups.

There are many more similar examples in the first 51 Community in Action articles examining the first wave of the pandemic. These demonstrate the third sector's commitment to putting the people they support above all else.

During this early phase, Martin Crewe, Director of **Barnardo's Scotland**, suggested that this response to COVID-19 is emblematic of the third sector's attitude towards partnership working: "I think one of the tendencies in that initial period is to be focused on your own charity and I think one of the real strengths of the voluntary sector, and maybe particularly the children's voluntary sector, is we do genuinely work together. I think now is the time that we need to be as responsive and cooperative as we possibly can be because that's what children, young people and families need from us."

Sustainability

The third sector's consideration of sustainability has also been an impressive feature of its service redesign efforts during the early stages of the pandemic. Organisations had to balance the need for short term solutions to incredibly pressing issues alongside the need for longer term support.

The importance of managing these competing demands is summed up well by **Simon Community Scotland**. As lockdown restrictions came into place, they moved quickly to provide accommodation to 140 people in three hotels across Glasgow and Edinburgh. However, at the same time, they had already begun to develop an exit plan to make sure that people did not end up back on the street again.

When developing their response to COVID-19, too, **British Liver Trust** placed an emphasis on developing virtual support which would have a life beyond COVID-19. This longer term planning is explored in greater detail in Community in Action's more recent articles.

Many organisations stressed the importance of learning the lessons from the COVID-19 pandemic and ensuring that positive changes that have been made as a result are made permanent. Gillian Means, Young People and Families Service Manager at **Versus Arthritis**, spoke about these positive changes that have been made over the last year, stressing the importance of ensuring they are sustainable 'as there's still going to be a need for them.'

Summary

In a year that has tested both third sector organisations and the people they support, there is a lot to be learned. A number of conflicting knock-on effects have emerged as a result of the pandemic, some positive and some negative.

The shift towards remote services which are now available online or by telephone have made support, in some circumstances, more inclusive and accessible. **MS Argyll**, for example, have reported that they are now able to engage with people that they were not able to reach prior to COVID-19. However, it is vital that face to face services, when safe to do so, also continue to ensure that services are available to all.

As we move on from the COVID-19 pandemic, it is vital that we learn the lessons from the last year. Adaptations which, in some cases, were forced upon third sector organisations but have proven to be popular should be maintained.

COVID-19 has also confirmed the third sector's vital role as a provider of health and social care support in Scotland. At a time in which the country has been under real pressure, the sector has stepped up and found solutions to some of the worst knock-on effects of the pandemic.

However, this assessment needs to be balanced by the pressure that the third sector came under during the COVID-19 pandemic. Several charities the ALLIANCE engaged with during the first phase of Community in Action reported real pressure on their finances, with this pressure coming at a time that demand for their services had never been higher.

As a result, **the ALLIANCE Manifesto for the 2021 Election** has recently called for a number of measures to ease this pressure:

- A rolling Community Wellbeing Fund in every Integrated Joint Board area for third sector health and care organisations to reduce social isolation and support post-pandemic recovery;

- Additional sustainable funding for the health and social care sector to mitigate the negative impacts of Brexit on disabled people, people with long term conditions, unpaid carers and the third sector;

- Increased investment in community-based mental health and wellbeing services and guaranteed access to timely, good quality support;

- An increase in the social care budget to ensure people have meaningful choice and control over good quality support and the third sector workforce enjoy fair work;

- Removal of all non-residential social care charges;

- And adoption of a human rights budget work approach to Scotland's national budget, to embed fairness, transparency and people's participation in resource allocation, financial decision making, monitoring and accountability.

Nonetheless, the third sector's strengths have shone over the last year. In unprecedented times, the sector has proven its ability to adapt at pace, engaging with those it supports to do so before developing innovative responses which will be sustainable post-COVID. It has fulfilled a crucial information sharing role, putting competition aside to work alongside partners. And its leaders have ensured crisis plans were in place so that the sector, and the people it supports, were able to weather the storm of COVID-19.

Appendix One

Perth and Kinross Association of Voluntary Service (PKAVS)

Barnardo's Scotland

Simon Community Scotland

The Multiple Sclerosis Centre, Mid Argyll (MS Argyll)

Children's Hospices Across Scotland (CHAS)

Caring Over People's Emotions (COPE Scotland)

Royal Blind

The Scottish Commission for People with Learning Disabilities (SCLD)

Promoting a More Inclusive Society (PAMIS) ENABLE Scotland

South Ayrshire Lifeline

Forth Valley Sensory Centre

The Royal National Institute of Blind People (RNIB Scotland)

PKAVS (Second Article)

Scotland All Strong

Macmillan Cancer Support

Wellbeing Scotland

Deafblind Scotland

Govan Youth Information Project (GYIP)

Mel-Milaap

Moray Wellbeing Hub

Crohn's & Colitis UK

The National Autistic Society

Carer Voices

Yoker Resource Centre

British Liver Trust

Carer Voices (Second Article)

Scottish Recovery Network

Carer Voices (Third Article)

British Heart Foundation Scotland

Health in Mind

MS Society Scotland

deafscotland

Alzheimer Scotland

Cyrenians

Evaluation Support Scotland

Stroke Association

South Ayrshire Carers Centre

Pharmacy First Scotland

The Beatson Cancer Charity

Highland Hospice

Aberdeen Foyer

Epilepsy Futures

Penumbra

Generations Working Together (GWT)

The Gambling Education Hub

Versus Arthritis

Contact

Scottish Families Affected by Alcohol and Drugs (SFAD)

About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of nearly 3,000 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.

- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.

- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.

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people at the centre

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