



Third Sector COVID Report South Ayrshire

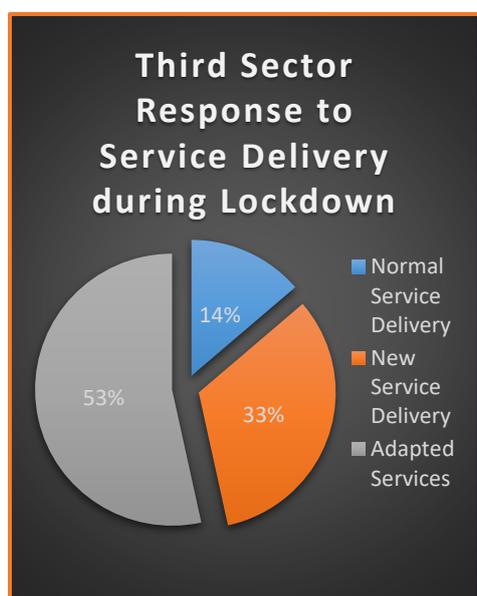
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Introduction

This report reflects on, and acknowledges the contribution of the Third Sector for the individuals and communities in South Ayrshire during the Covid-19 crisis and subsequent lockdown. Where things could be improved and what the future going forward might be, offering recommendations that aim to support service delivery and partnership working, enabling actions to be taken forward.

Several reports have been written covering the Third Sectors response to COVID, all of which offer excellent insight, however this report is focused on what happened for local organisations with local people.



It covers one-to-one in-depth conversations with a sample of 40 Third Sector organisations across the spectrum of size, service and location. All local groups were offered the opportunity to respond. In addition, 15 volunteers were interviewed, some new to volunteering and some who had varying degrees of volunteering experience.

While some Third Sector organisations closed due to the nature of their core services, many resilience groups sprang up and those still delivering quickly adapted to new ways of working.

All data and feedback is from those groups and individuals active during COVID. We have chosen not to attribute them directly because, as agreed with participants, we do not want to focus on individual organisations, but on the sector's response as a whole. The chart above highlights the response from the groups interviewed.

Summary of Findings

Throughout lockdown the Third Sector responded with the speed, agility and innovation that defines the sector. Organisations, local formal, constituted, and informal, unconstituted, groups worked tirelessly, often with staff and volunteers making themselves available out-with normal working hours to ensure the people of South Ayrshire were supported and safe. For many organisations this meant expanding the scope of their activities. Beyond food provision, services to address digital exclusion, mental health and

isolation, and wider aspects of poverty were created and developed, showing that innovative capacity of the sector.

The flexibility of funding and funders was crucial to this, although funding for food provision could have been better co-ordinated to avoid duplication, and some might have been better addressed to other emerging issues. This will be reflected in the future changing landscape towards the end of this report.

Strengthening pre-existing relationships, collaborations and partnership models did minimise duplication for some services. Organisations who set out to communicate widely with their service-users and/or the wider community were well placed to identify unmet needs, and to deliver services to those who had not previously been on the radar or whose needs were a result of the change of circumstances. There was now greater awareness of those struggling, who may previously have been invisible.

Lockdown provided an opportunity for reflection on methods of service delivery. Organisations saw opportunities for positive change, along with key issues identified, resulting in these being included and addressed in future work plans, where funds and resources allow. The learning from lockdown has been invaluable and the opportunity to press 'reset' and review delivery models with partners and commissioners is widely recognised. The sector must be supported to reduce the impacts of this current crisis and capture the key positives of new working practices.

A fundamental fact in all of this is that without the Third Sector, staff and volunteers, many of our most vulnerable, and COVID made many more people vulnerable, were sustained. It would be difficult to imagine what the outcome would have been without that response.

Main Challenges

On a national level, lockdown in March had a major impact on service delivery for all services including that of the Third Sector. Almost overnight one-to-one and group support for some of the most vulnerable in our community came to an abrupt halt leaving the sector to make snap decisions on the best way forward for their clients'/service users.

For those organisations that relied heavily on donations from fund raising or income from retail outlets, income from social enterprise trading, the inability to meet delivery of commissioned services, all had a significant impact on long-term sustainability.

Third Sector organisations were torn between the best way to deliver services and how to keep their staff, volunteers and clients safe. The directive to work from home if possible and the introduction of the furlough scheme added to the dilemma facing the sector.

Third Sector organisations, community, voluntary and faith groups were essential in meeting the needs of local people, over and above public sector provision. Many new or adapted services were created to help support people who were in the shielding category or who were self-isolating due to their vulnerability. The sector got very creative in ensuring our vulnerable citizens were kept safe.

Communities rose to the challenge brought on by the pandemic and the local authority would have struggled to cope with the scale of support required without these services responding quickly, efficiently and on demand.

The biggest challenge faced by organisations was keeping the lines of communication open with their clients, staff and volunteers, whilst ensuring they had sufficient funding to continue.

More use of digital platforms became the norm but for those without even a smart phone, communication issues were to bring more challenges. This subject will be raised in the Recommendations.



Where possible, video conferencing with service users was used instead of the telephone to connect when physical contact was not an option. This was particularly important with clients facing social isolation. The transition to online services had been identified as an option to break down barriers for people who were unable to attend services or activities physically. Increasingly digital technology needs to be

considered as a household necessity, on a par with other utilities, especially for those vulnerable people.

It was, on the whole, a successful transition for staff to work remotely, easier than previously anticipated, particularly where staff had access to laptops instead of desktops. Although there was added expense to support this for most organisations.

Organisations witnessed not only the impact of the crisis on people's mental health and well-being within communities, but the increased need for the mental health and wellbeing of staff to be recognised as an essential part of working life, in particular where staff are working remotely, in isolation. To mitigate for these issues, weekly team meetings and a blended approach between home and office, where appropriate, has been successful and will be in place for the foreseeable future.

Challenges identified by respondents included:

- Organisational running costs, with a huge increase in telephone, printing and postage costs, plus reverting back in some instances to traditional postal contact methods and leaflet drops
- Increasing capacity, often individual support turned in to full family support
- Resources required in order to move to online activities and engagement, often requiring subscriptions to allow consistency and flow
- Funding for Personal Protective Equipment (PPE) supplies to allow key worker services to operate
- Extra expenses where staff have carried out services needed for emergency essential supplies, adopting the attitude of 'who is the best person for the job' instead of 'whose job it is' in order to get things done
- Extra expenses were an issue e.g.: operational staff doing garden or door visits, social distancing walks and offering one to one support
- Client engagement increased for most of the respondents, this has been a challenge for services given that many staff across services have been furloughed
- Social enterprises experiencing loss or reduced income. Many of these services have ceased or paused with many expecting the situation to deteriorate further as COVID continues to affect daily life
- Organisations struggling to make long term plans for the future as they have been relying on external short term funding in response to the ongoing effect of the Covid-19 crisis
- Families were locked at home and under immense stress and pressure, dealing with circumstances never faced previously
- Immediate need was particularly required when dealing with child or adult protection issues and keeping people safe

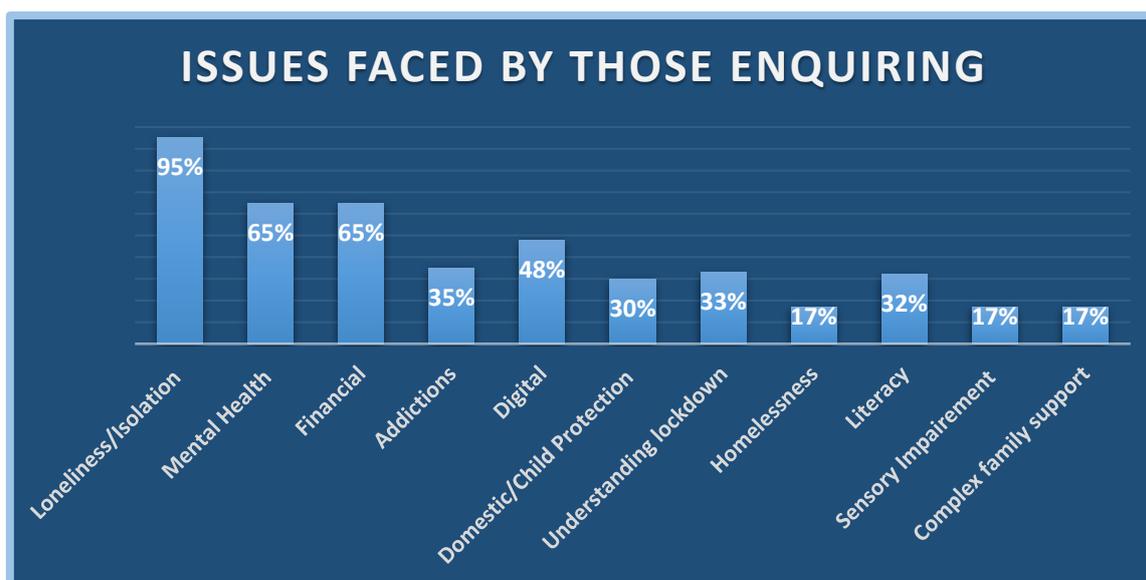
Response from the Third Sector

In South Ayrshire the sector received and dealt with 216,000+ enquiries over the lockdown period. This resulted in over 24,000 people being directly supported, with at least 8000 of these being new clients - not in receipt of services prior to lock down.

It should be noted that some of the organisations were unable to offer quantitative data as they were either new to service delivery with no processes in place to collect data, and/or were meeting demand with little or no time to capture the data. Therefore, in all probability, the definitive number far outweighs those quoted above.

Customer Needs

The sector had to adapt to the needs of the influx of enquiries. Some services, for example the need for either free or paid food, prescription pickup and delivery, issues facing homelessness were predicted, there were the additional issues faced by those making enquiries as detailed in the chart below. It should be noted that often clients had more than one long-term condition/issue. Enquiries related to people within the age range of 0 - 102.



Organisations noted the following concerns from clients'/service users:

- Those with sensory issues faced real struggles coping with lockdown. Many people feeling trapped in flats or small houses with noise levels rising
- A sense of inadequacy for some parents trying to provide learning opportunities for their children due to low self-esteem, confidence, disability and lack of formal education
- Lack of access to outdoor spaces close to family homes and many families were living in poor quality, often-overcrowded housing conditions
- Loss of income for many families who had been working on zero-hour contracts, were self-employed or being made redundant

- Fuel poverty was reported as an issue, particularly with families now being at home all day and more utilities being used
- Lack of understanding around the key messages; confusion around government guidance and social media myths
- Concern for people who were receiving hospital treatments and where these services were paused, therapist work increased massively to help people come to terms with the long term impact this may have.
- Increased anxiety for those waiting on specific hospital treatments and this affected many people.
- Massive uncertainty for young people in regards to education and employment and many support alternatives were explored to try and ease some of the anxieties around this
- Support was also looked at for older people with concerns over rising loneliness and social isolation. Weekly digital activities were introduced to keep both our young and older people connected and active as much as possible within their own homes.

Services Delivered

As can be seen, services had a range of issues to deal with and specialised professional Third Sector groups were able to deliver to those with complex needs. While smaller new and existing groups were able to adapt or start to deliver new services to meet other less complex, but were still essential. It should be stressed that at the time of writing this report many of the services that were delivered during the lockdown period are still on-going as we continue to work with the very fluid “new normal”.

65% of services operated provided Free Food provision

Food was the essential service requested. For those already on a tight budget, the increase in prices of basic essentials; delays in receiving benefits; saver and discounted offers not available; need to shop locally at a greatly inflated prices and more food required to feed the family three meals a day while lockdown, plus reduction often in income led to significant demand across South Ayrshire. Many food parcels or boxes were delivered to people who were struggling financially, self-isolating or shielding. Free food parcels were very often set up jointly with other groups or organisations and where food delivery was required this was coordinated from a food store or hub or an identified distribution centre co-ordinated by South Ayrshire Council. An area of concern highlighted was the size and type of foodstuffs contained in shielding parcels – large catering tins of marrowfat peas for

single person use, difficult to digest foods like chickpeas, foodstuffs that required a level of cooking skills and no fresh produce. Many were unaware they could access fresh produce separately.

Funding was sourced for organisations to 'top up' the shielding parcels with a selection of fresh fruit and vegetables, dairy and meat produce. For many families' free school meals were delivered and organisations found ways in which these could be provided for the



whole family. Funds were sourced to provide organisations with fridge or freezer facilities. This allowed services to offer pre-prepared or cooked meals where necessary. Food recipes were created to help make full use of the food offered. Vouchers were purchased by organisations for local supermarkets and placed in resource packs, allowing choice, independence and a much needed treat for individuals at their time of need.

Food bank service delivery for some was simply not available, and a formal referral system was used alongside a voucher scheme that allowed people to come into local hubs and collect their food items safely. This meant that people were identified where necessary, to receive other support. To access many of these services the only criteria was that you needed food or a meal.

60% of services operated a Befriending or Checking-in service.

Operated by a mix of volunteers and paid staff, people looking to be connected with a befriender were matched accordingly. Volunteer training/PVG checks for this was included and volunteers were supported appropriately. There were many inspiring conversations and friendships made. Telephone calls to individuals were tailored to meet the needs of the individual, this could be daily contact, weekly or twice weekly. Many conversations were around daily routines and provided a time where people could just have 'normal' interaction within their day.

“As a volunteer I feel humbled by the thanks I got for a weekly call. I now have a comprehensive knowledge of life in the Glasgow tenements in the 1960’s”

Conversations were often around how people were coping and what their worries were. This led befrienders to identify if any further support or signposting was required. Befrienders reported that they built up a great rapport and trust with befriendees, many acknowledging that this may have been the only form of contact they had. Befriending

services are fundamental for reducing the feelings of loneliness or social isolation, ultimately impacting on people's mental health and well-being.

In a recent survey carried out by the TSI Scotland Network participants were asked what effects they are most concerned about across their communities should social distancing last for an extended period of time; 86% responded with loneliness, while 91% worried about the impact on their mental health.

With these issues, clearly befriending services and linking people up with other activities and support network's is essential moving forward and more details will be included in the recommendations.

57% of services provided Signposting Information

This service connects people with a person or service within their own organisation. Many helplines were set up to deal with people's concerns and some operated a 24-hour answer machine service with a call back the next day. Many organisations were able to direct people quickly to the appropriate service needed or help people at the time of the call. Many helplines worked in conjunction with the local authority COVID helpline.



Numerous calls into the services also dealt with people's anxieties, reassuring them on what the guidelines were at any point during the pandemic. Some organisations compiled as much information as possible and placed these in support packs. Information about what services were available, was also shared on social media and service website pages. Many groups were set up on Facebook, providing much needed intelligence to support local areas.

50% of services delivered Paid for Shopping

This service supported people who were self-isolating or shielding and provided much needed reassurance when supermarkets were running low on stock and people were restricted to their homes. Services were set up, within three days of lockdown, open 7 days, offering an over the phone payment to purchase an extensive range of items at cost price. The items were then picked, packed and delivered by volunteers to homes across South Ayrshire. Again many regular customers built up relationships with Call Centre handlers, delivery volunteers and staff, allowing soft monitoring and signposting to other agencies if required.

“Thanks so much for my weekly shop. You really put my mind at rest knowing that I could choose what I wanted to eat from such a good range of items including the treats. I may be shut in but eating well”

45% of services offered Digital Support

Lack of digital skills became a potential barrier to supporting children with home learning and access to vital up to date information and support services. Those living with disabilities or learning needs found themselves being digitally excluded and/or requiring support. Organisations supported people where they could by accessing resources and funds to acquire devices and provide help to either set up equipment or use the device, with learning on both sides on how to adapt and deliver to suit individual need.

There were challenges for organisations to support people digitally when devices differed between recipient and support provider, requiring different set up steps. This sometimes meant staff would have to physically turn up at people’s door and talk them through the process of getting connected at a safe distance or physically doing this for the person.

People were supported to access supermarket delivery slots digitally, as well as connecting with social media platforms to get updated national and local information. The pandemic highlighted the inequalities surrounding digital exclusion and how the crisis intensified this.

As stated previously not everyone had access to devices and many individuals who did have access either had poor or no access to the internet or had no access to funds to support or maintain this.

Many household members found themselves sharing devices which became a real problem for home learning and where the only device was a smart phone this was again intensified. An increase in internet or data usage became an issue with households and again organisations provided support where they could, to keep people connected.

33% of services provided Bespoke Mental Health support.

This included one-to-one support and/or group sessions. People were provided with information, tips and techniques to help support their mental health, including one-to-one therapy sessions with trained counsellors or therapists. Mindfulness and anxiety awareness sessions were provided. Services supported customers in their mental health journey, providing services set up by their group or organisation. Where bespoke advice was not available, signposting to other services was initiated.



28% of services provided Money Advice to customers.

This was often in the terms of fuel costs, supplies for new accommodation, devices to keep people connected and support with rent arrears. Many individuals and families were struggling financially, some people never being in this position before. Emotional support was provided where needed.

25% of services operated a Prescription Pick Up and or Drop Off service.

Organisations responded to demand for this, working with individuals to ensure any immediate prescriptions were prioritised, including dropping of any sample/specimen to GP surgeries and supporting addiction services. This service required careful planning and structure, especially when support workers were requested to enter people's houses to ensure medications (methadone) were being taken. Volunteers were utilised across South Ayrshire to ensure people received their prescriptions and many groups or organisations worked together to support this.

23% of Benefit Support services

People were supported via telephone calls or digital connection to support the benefit application process. Again many individuals had never needed to source this information and were now finding themselves having to access advice and support financially, emotionally and practically on how to move forward with benefit applications.

20% of services delivered Addiction Support.

Initially assessments and counselling were provided through telephone calls. Digital connection was gradually introduced and many peer group sessions were set up online to keep support services active. Activities included mindfulness, yoga and quiz nights, as well as regular 'check-ins' to address on-going anxiety issues.

Counselling services were vital, signposting people to relevant online groups and activities, as well as learning options all proved invaluable. Past training events were noted to be extremely useful as staff were now able to put this training into use. Staff were able to work more autonomously and make decisions that previously might have had discussion beforehand, identifying that staff were very quickly becoming up-skilled, and subsequently more confident.

“This has been a great support, a friendly, positive voice at the other end of the telephone line. Not only an invaluable resource of information regarding support groups available to help me via Zoom, but she has also made me aware of free educational resources that have kept my mind busy and rebuilt my self-belief, that I

can, once again, be a valuable member of society. I would go as far as to call both my counsellors inspiring mentors. They are there for me when I need them. They allow me to be completely honest with them and myself. I am a proud woman and so I have hidden many of my thoughts and feelings from my friends and family with regard to my depression and alcohol use”

These vital services had to quickly identify alternative ways of delivery. For some addiction services face to face meetings were implemented under strict social distancing guidelines, responding to suit individual need. Services supported each other. Conversations with other similar services to identify what information, activities and peer support groups were available. Social media was used to share this information.

30% of services provided Sensory Support.

Often in the form of sending out battery packs or offering 'Sensory Help' packs. The pack contained hearing aid cleaning and maintenance tools plus batteries, sight loss tools including a magnifier as well as hearing/sight loss information, tips and contacts.

There were regular support calls to clients and services worked in partnership with other organisations to distribute the hearing aid batteries and sensory packs. Some short training films were also developed to help clients on topics such as 'How to Clean Your Hearing Aid' 'How to Change your Hearing Aid Battery' and 'How to Re-tube your Hearing Aid'

“Thanks, received hearing tubes and batteries on Sat morning. To hear my phone's clicking when I type and went outside to hear the birds fantastic. Thanks for your help much appreciated”

“We have been blown away by the really positive response to our sensory packs. The feedback from people who have received the pack has been lovely too. One man with blurry vision was struggling because he couldn't get to the optician. He said the magnifier in the pack has been a lifeline to him as he's been able to see things round the house”

40% of services provided Support to Children and 48% provided support to the Whole Family.

Offering peer group sessions or one to one support. Families locked down at home were under immense stress and pressure, dealing with circumstances never faced before, financially, emotionally and physically. For some families this meant being enclosed in situations relating to domestic abuse and child protection issues exacerbated by lockdown. Children participated in peer support group sessions with other children in similar circumstances. Again, social distance walks and garden visits, following COVID protocols, were initiated in order to help.

Many services provided emotional support to children and young people in an attempt to ease the situation given that they had been catapulted into this crisis and separated from family members and friends. Support was provided to children in regards to education. Laptops, Tablets and Chromebook's for many children were sourced in order to keep children and young people connected and have access to education and home learning support.

Those children and young people identified as having a carers' role within families were supported either with telephone support calls or group virtual sessions, set up in order to maintain an effective support service. Packs were sent out hoping to alleviate some of the stresses, encouraging young carers' to have time for themselves.

“Receiving things in the post like newsletters, post cards, activity packs, letters from befrienders. Our young people loved this and there was much excitement for some as they had never received a postcard or letter in the post before! One time when I hand delivered a letter I could literally hear the squeals from behind the door, something along the lines of...” Mum, look, it’s a letter. A letter, for me! For ME!”

Social distanced short breaks took place for a small number of young people. Families were struggling without a break and this allowed them a short respite from their caring role, allowing young people to take part in activities they wouldn't normally do at home.

“We were able to supply a refurbished bike to a child who was socially isolated and keen to get out and cycle like everyone else but financially the family could not afford it”

Services also included clothing and /or food vouchers for many families. Packs consisted of food, games, recipes, arts and crafts and activities. One service offered 'treasure baskets' and sensory play toys for babies under one. Other family support resources included nurture packs and family wellbeing and learning packs. Outdoor play packs were likewise sourced to include outdoor games depending on the age and stage of the child. Services worked together with families to consult, plan and deliver.

Oral health packs were also provided to families. One service operated a stay at home 'teddy bears picnic'. Each child received a pack encouraging them to sing songs, do crafts, play together and some 'munchies' were provided also. Parents also received a support pack to help them help their children to have fun.

15% of services provided Housing Support.

Many services set up an emergency phone line, some available 24 hours a day. Grant applications were made to help families to be supported with rent arrears, gas and electricity costs. Pre-cooked meals were supplied to families who were left without gas or electricity. Supplies were sourced for people entering new accommodation and alternative methods have been identified to keep support effective. Many individuals were supported with fuel poverty advice, expenses and food bank referrals were put in place.

30% of services provided a variety of 'Other' Support methods to individuals.

This included help with access to local food bank services or food hubs, and transport with food delivery. Many organisations and support groups worked together to coordinate this, demonstrating successful collaborative working between private, public and third sector organisations. Dog walking services for people who were self-isolating or shielding was also supported. Bicycle provision services were set up as well as local community bike schemes. This provided essential support to key workers with transport. Bikes and helmets, locks and high visibility vests were hired out and free bike servicing was also provided. Bikes were refurbished to allow people to exercise every day and reduce isolation. Funding was accessed to provide individuals with a bike, helmet, lights, and a bike lock which positively impacted on their health and well-being and help reduce social isolation.

“We recently launched our Around the World challenge to encourage everyone to keep active. The challenge started on 12th June and is to cover the 24,901 miles around the world, whether it be running, cycling, walking and as well as keeping active the challenge will raise vital funds for a local childrens’ cancer charity. Currently 168 people are participating and we have also raised over £760 towards our £5000 target”

Funding

As lockdown came in to effect the Scottish Government, through funders and intermediary bodies (including the National Lottery, The Corra Foundation, Foundation Scotland, Firstport, Third Sector Interfaces etc.), looked to make available funding to support and sustain those groups and communities delivering COVID responses in their local authority areas.

The challenge was ensuring that the largest number of groups providing these services were made aware of the appropriate fund and encouraged and supported in their applications, enabling them to access funds without any delay, which might compromise delivery. This was done increasingly through social media as well as traditional newsletters, bulletins and emails, in some cases phone calls to make sure the word got out.

Of our respondents, 87% received external funding to cover their COVID related costs.

In South Ayrshire the Third Sector leveraged in £992,878 in Scottish Government funding which was through the following funding streams;

- **Third Sector Resilience Fund (TSRF)** - a £20m emergency fund for charities, community groups, social enterprises and voluntary organisations working in Scotland. The fund supports organisations already delivering services and products but find themselves in financial difficulties directly as a result of the coronavirus pandemic. **The primary intention of the fund was to help third sector organisations to stabilise and manage cash flows over this difficult period. 21 recipients, totalling £333,606**
- **Wellbeing Fund** was established to support organisations across the Third Sector that were providing important services to people who are most affected by the coronavirus pandemic. **44 recipients, totalling £325,109**
- **Supporting Communities Fund** provided funding to community anchor organisations, such as charities, voluntary organisations, community controlled housing associations and social enterprises to help support local responses to the pandemic. These community anchor organisations were already playing a key active role in providing services within their community and through this funding expanded their existing networks and connections, acting as a conduit for funding to help channel support to where it was needed. The number of Community Anchor Organisations - **6 recipients, totalling £334,164**

This figure is not exhaustive as a great many groups received financial support from national funders out-with the Scottish Government pot as well as smaller funders, local fund raising, including crowd funding. Local businesses provided support by donating goods, access to vehicles, and premises.

Services were also able to use pre-existing Service Level Agreements to continue with specific or agreed activities and therefore felt they were financially stable for the time being and for the next few months.

Not all organisations were successful with grant applications, and where fundraising was a major aspect of supporting service delivery, this was now impacted severely with some organisations having to cease or reduce services.

Long term funding remains a worry for most Third Sector organisations in terms of being able to provide services across South Ayrshire in the coming months, causing anxiety and

feeling that the amount of support needed, alongside the nature and sensitivity of some of the services being delivered would make it beyond their resources.

“I get an enormous sense of satisfaction being able to help other people. It makes you realise how lucky you are when you are speaking to someone who is stuck in their home and unable to get out and about.”

Much of the communication during this period was by social media- Facebook, Twitter – but more traditional methods such as telephone, word of mouth and dropping into local hubs was used by people not able to access a digital connection.

Regardless of tasks or organisations, volunteers reported that they felt they got as much out of the tasks as the beneficiaries. They too enjoyed the telephone conversations or delivering food – it was clearly not a one-way street.

Networks involving established and newly created groups developed to provide a more complete service to the community, passing information and resources as required. Sharing of resources also included individuals volunteering with more than one organisation, sometimes making it difficult to tell where one group stopped and another started!

“From a practical point of view as well I have picked up lots of new skills, communication and reading skills and confidence levels have all greatly improved. I really can’t recommend volunteering highly enough I think it is a useful and fantastic way to spend your time. I think it is brilliant to give something back to the community but also at the same time to get something yourself.”

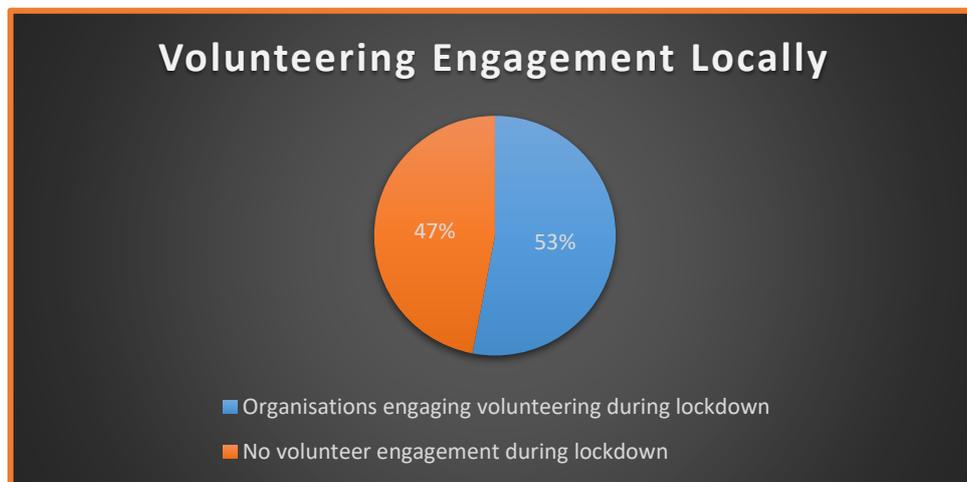
New volunteering roles were created and developed to meet the social distancing restrictions. Other opportunities were adapted to make more use of technology to engage with individuals. One organisation has told us about their plans to develop a peer support programme using volunteers to set up, train and support a new volunteering role.

“People were really happy to see us and told us they were so appreciative of the work we were doing. It was good to be involved in something and help out where possible”

For other organisations, the involvement of volunteers significantly reduced due to service delivery being curtailed or adapted.

However, volunteers redirected their skills to work with other local groups that had set up specifically for the pandemic, demonstrating true collaborative working and flexibility of volunteers.

The chart below demonstrates volunteering engagement locally during lockdown:



Post lockdown 40% of organisations stated they would continue to engage volunteers in service delivery while 60% stated that the volunteering activity would cease. It would be interesting to see what the volunteering picture is like at the present time as demand is now slowly increasing for more activity and also the end of lockdown sees a variety of restrictions and it appears that current “normal life” will continue until at least next Spring.

One comment from some Third Sector groups and volunteers was the somewhat misconception of ‘what is volunteering’ as in some cases redeployed staff were praised for their volunteering effect, when in fact they were paid staff carrying out a different role.

Partnership Working

During lockdown, the Third Sector demonstrated strong partnership working with the public sector, including South Ayrshire Health and Social Care Partnership and South Ayrshire Council. In this way the Third Sector was able to offer maximum flexibility in service innovation and redesign, not to mention resilience.

It was highlighted that where there was already a good relationship between public and Third Sector, this was enhanced by the crisis and these services largely felt supported by their public sector partners. The relationship built up pre-COVID meant that they were confident if they needed support, it would be given. They also commented that they were very much kept in the loop with updates and available sources of funding.

Where there had been little or no previous partnership working, many respondents commented that they felt that support from public sector partners was lower than expected and disappointing. This would be an area to focus joint improvement on in the future. Some services stated that connections could be difficult to maintain as vital staff members were redeployed to other tasks.

At times, the Third Sector felt like a buffer between specific social work teams and their customers who reported that calls were not returned when arrangements were made or that some customers had no contact from their social worker at all. There was also comments that a call from someone in the council to ask if any further support was needed would have been appreciated.

Food distribution networks demonstrated clear collaboration, with support to fund items like fridges and freezers. The networks also helped with distributing activity packs and supplies of gloves, hand gel and face masks.

A Vulnerable Persons Group was established to exchange information updates, share concerns, and collaborate to find solutions. However, it should be ensured that where Third Sector organisations or community groups are involved in networks, they should be considered equal partners.

A few Pan-Ayrshire groups commented that relationships during this time have been much more supportive in the other Ayrshire local authorities than they had in South Ayrshire. However, there is an opportunity to improve this as there is great work going on that could be significantly enhanced and partnerships and relationships strengthened. It is vital that these issues are identified to cope with any future lockdowns.

An important feature was the role of community anchor organisations – these are organisations which are considered to be well respected within communities and offer a central point of contact, supporting formal and informal organisations in community activities that are happening or planned. Many organisations connected to anchors created new partnerships and relationships benefiting the sector and communities. These anchor organisations provided funding support to local organisations including informal/unconstituted activities set up in response to the pandemic.

Successful collaborative working happens when services with shared values and common goals link to each other causing “great things to happen”. It is essential that this approach

and success is captured, and infrastructures established to give the Third Sector equality, fairness and opportunity to be connected to all partnership workings across South Ayrshire.

The Changing Landscape

As we now see restrictions changing again and new guidelines put in place that separate people from their family and friends, there are concerns for how our services may cope. Mental health services are in high demand, and it is anticipated that this will continue to rise. As will other vital support services for all highly vulnerable people including children and young people, people living in poverty or facing loss of income, people experiencing domestic violence or child protection issues and people who are lonely. There is also concern around people living with disabilities, people who may be particularly vulnerable to the virus and people who are physically unable to leave their home and therefore may become increasingly isolated. It is important at this stage in the pandemic that people do not feel neglected or disconnected. Third Sector and community resilience groups are at the forefront of local community activity such as telephone befriending, shopping for essentials, prescriptions and in general being accessible to their community.

Services are working in a solution focused manner, staff are talking about the 'new normal' and services are already committed to building back better. However, as previously stated few services have secured long term funding, some are relying on current and previous funding provisions and community led responses are predominately relying on emergency Scottish Government funding.

Therefore, further investment is needed to ensure that the Third Sector retains its capacity to support communities through this current phase and beyond into recovery. Support should be looked at to help further strengthen infrastructures and build capacity across communities.

The changes in service delivery from the NHS and General Practitioners including the Atten Anywhere (Near Me) system and the move to more telephone and online consultations will need the sector to support and encourage their clients to embrace technology and as already mentioned the need to see internet access and some form of digital equipment as a utility rather than a luxury. Due to poverty related issues and also the resistance from particularly older people to engage, it will take a lot of careful planning and delivery, although pilot schemes are already in place using digital champions to support new digital users.

Debt management and budgeting needs to play a major role as we move forward to help those who may be facing financial difficulties for the first time as the rise in unemployment continues and also for those already on a very low income. It can no longer just be about maximising benefits but also how to use money wisely.

Frailty amongst those who have been shielding or self-isolating and fear about going out also needs to be addressed as a priority in order to improve health and wellbeing and to save fractures and other disabling injuries.

Lockdown happened when it was warm and the nights were light. As we approach winter the situation for those that are already lonely will increase and this has already been highlighted. The need for service re-design and investment in ways to boost the health and wellbeing of the population arguably has never been greater.

Recommendations

The following highlights the main recommendations from the findings of this report and reflects the feedback from those who took part in the survey

1	Ensure that the Third Sector play a key role in any on-going/future resilience planning with partners
2	Establish a Concordat between the Third and the Public sectors, strengthening partnerships and communities. Achieving a shared vision where partners convey knowledge and intelligence
3	Recognition of the value of the sector not simply by acknowledgment but demonstrating this in actions and conducts
4	Recognise the need to coordinate services better going forward. This would include forming a food network to coordinate food distribution
5	Consideration of the barriers to long term sustainability for groups already delivering local services
6	More accessible support structures and training, demonstrating collaborative, co-produced and joined up working
7	Third Sector be involved at the outset when decisions relating to service design and delivery are being made
8	Recognition of the opportunities offered by the Third Sector in service delivery. One size does not fit all and the sector has shown that a flexible, less prescriptive approach is often much more cost effective and delivers those more sustainable outcomes. Spend to save
9	Consideration of the opportunities for funding/tendering within the procurement process to offer a stronger, more stable Third Sector to allow its growth through greater collaboration across organisations and sectors
10	Build effective relationships between third and public sector partners, strengthening the Health and Social Care sector as a whole
11	Acknowledgment as a key contributor, supporting an inclusive well-being economy
12	A shared vision to bring localism within communities, embedding the power of partnership working within cultural changes for the benefit of our communities and its people
13	To invest in the voice of the people and the relationships built between Third Sector services and the communities they serve
14	Public acknowledgement for the work of the sector and volunteers particularly during the COVID pandemic as often staff and volunteers put themselves at risk to help those within their community
15	Clearer understanding of exactly what constitutes volunteering and how best to tap into and manage this key resource effectively

General Conclusion

The Third Sector showed agility and resilience in its' response to supporting individuals through the Covid-19 crisis. Across South Ayrshire, bespoke community groups through to the more formal organisations, showed great strengths and community spirit, with service providers responding to deliver the support needed and rising to the challenges brought on by the pandemic. If we can capture the innovative work produced and take the best of these approaches forward then opportunities to bring about meaningful change for both service providers and communities can be realised, ultimately benefitting the most vulnerable and disenfranchised within our society.

The Third Sector was under immense pressure before COVID and are now most definitely working to full capacity and beyond. **As highlighted by Aileen Campbell, Scottish Government Cabinet Secretary Communities and Local Government, at the *2020 Social Enterprise Policy and Practice conference;**

“Social Enterprise and the Third Sector have a critical role in the countries recovery and for setting the direction of travel, to being a Wellbeing Economy. Acknowledging the effectiveness of the Scottish Government directing resource, removing red tape and trusting communities to respond to Covid-19, that we cannot risk going back to the old ways”.

The motto for South Ayrshire is **“n'er forget the folk”**. This was demonstrated continuously during the crisis, and is at the heart of so many who volunteered or worked in the Third Sector.

* https://www.youtube.com/watch?v=_I4iduklasg&list=PL1In9MpCwrrm9y0IGmOGBTccJGI9ItsDO&index=1