

SCOTLAND IN LOCKDOWN

HOW HAVE COVID-19 MEASURES AFFECTED YOUR LIFE?



Capacities and demands in times of crisis: Impacts of the pandemic on third sector service provision

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Abstract: Organisations have had to make changes to the work they do and how they do it in order to continue supporting marginalised populations during the Covid-19 pandemic. This briefing draws upon the Scotland in Lockdown study's organisational survey data in order to better understand the staff experiences of how organisations have been impacted. Many services were suspended as a result of lockdown measures and as support becomes remote and moves online, this raises concerns about how it impacts relationships not just between staff and service users, but between community organisations and communities at large. Some services have seen significant spikes in demand and the brunt of meeting these demands appears to fall unequally on smaller organisations that have fewer resources but refuse to turn anyone away.

Service provision across Scotland was significantly impacted by the outbreak of Covid-19 and the subsequent and ongoing lockdown restrictions and measures. An online survey was distributed between July – October 2020 to gauge the experiences of staff and organisations serving marginalised groups in order to better understand how organisation finances, service provision, concerns for those they support, and government oversight were affected by Covid-19. Based on 63 responses from 56 organisations from this study's survey, this analysis will explore what services were being provided prior to the pandemic and how capacity and demand for these services changed in light of the current unstable circumstances. An [early analysis](#) of survey data evidenced that service providers faced a uniquely challenging time during the outbreak of Covid-19 and the subsequent and ongoing lockdown restrictions and measures. This analysis includes all survey responses and builds upon these findings to better understand the changing landscape of service provision across

Scotland for organisations supporting people in particular situations: disabled people and people with long-term health conditions (abbreviated throughout as DHC); people at risk of domestic abuse or sexual violence (DASV); people under the control of immigration authorities or involved in a refugee/asylum process and facing destitution (RAD); and people subject to imprisonment or other forms of criminal justice control (CJS).

When things were ‘normal’

To capture how service provision has changed, it is important to understand the breadth of support services provided across Scotland prior to the pandemic. Based on the diverse 56 organisations represented in the survey, there was a total of 420 services provided ‘normally’ meaning pre-pandemic, with a response average of 7.5 services per organisation. Figure 1 illustrates the range of services and support available before organisational capacities and demand were impacted by Covid-19.

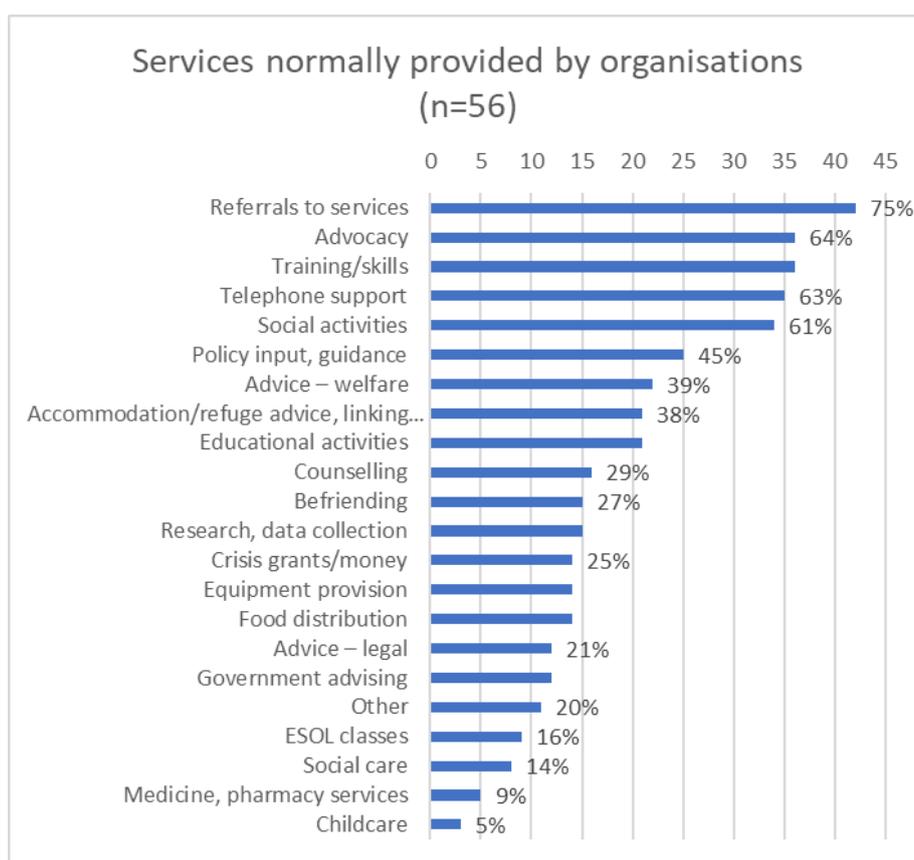


Figure 1

Across 56 organisations, referrals to other services (n=42) was the most common service provided, followed by advocacy and training/skills (n=36 for both), telephone support (n=35), and social activities (n=34). These services were distributed evenly among

organisations from all four areas addressed in our study, including domestic abuse and sexual violence (DASV); refugee, asylum, and destitution (RAD); criminal justice (CJS); disability and long-term health condition (DHC); and the additional areas of Black, Asian, and minority ethnic women (BAME) and community development (CMTY DEV). (It is important to note that 20 out of 56 organisations responding to the survey identified more than one area that they worked in, evidencing not just the intersectional nature of third and civil sector work in Scotland but also the relevance of studying these seemingly different kinds of services and populations alongside one another.)

However, breaking this data down by main issue or area illustrates some of the differences between the types of services and support different populations and communities need. We categorised respondents into main areas of work that mapped onto the four groups targeted in the overall research, assigning every organisation a ‘primary’ area (along with secondary and tertiary areas, if applicable) based on the responses provided. Figures 2 and 3 below illustrate some of the differences between organisations working in DASV and RAD, which were the areas with the most survey responses.

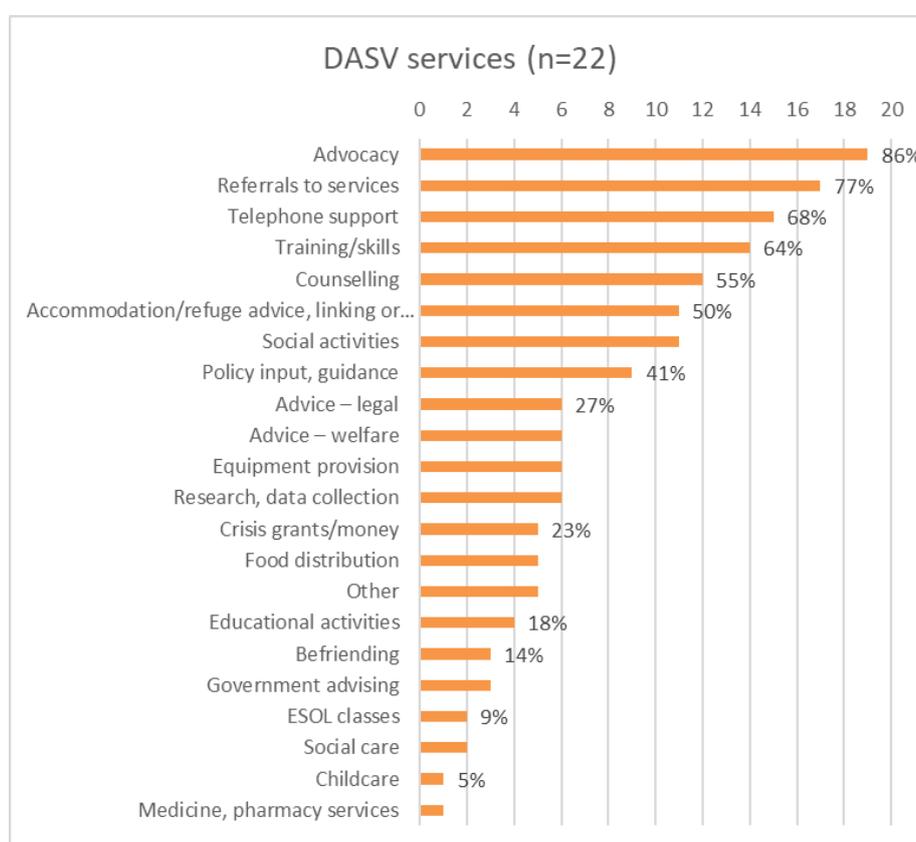


Figure 2

Both DASV and RAD organisations include referrals to services, advocacy, and training/skills within the top five services, which matches the overall services provided (see Figure 1). Yet, advocacy work represents far more of the total work being done by organisations supporting victim-survivors of domestic abuse and sexual violence than other streams. Similarly, the organising, facilitating, and hosting of social activities is more commonly provided by organisations supporting refugees and asylum-seekers facing destitution than in other streams.

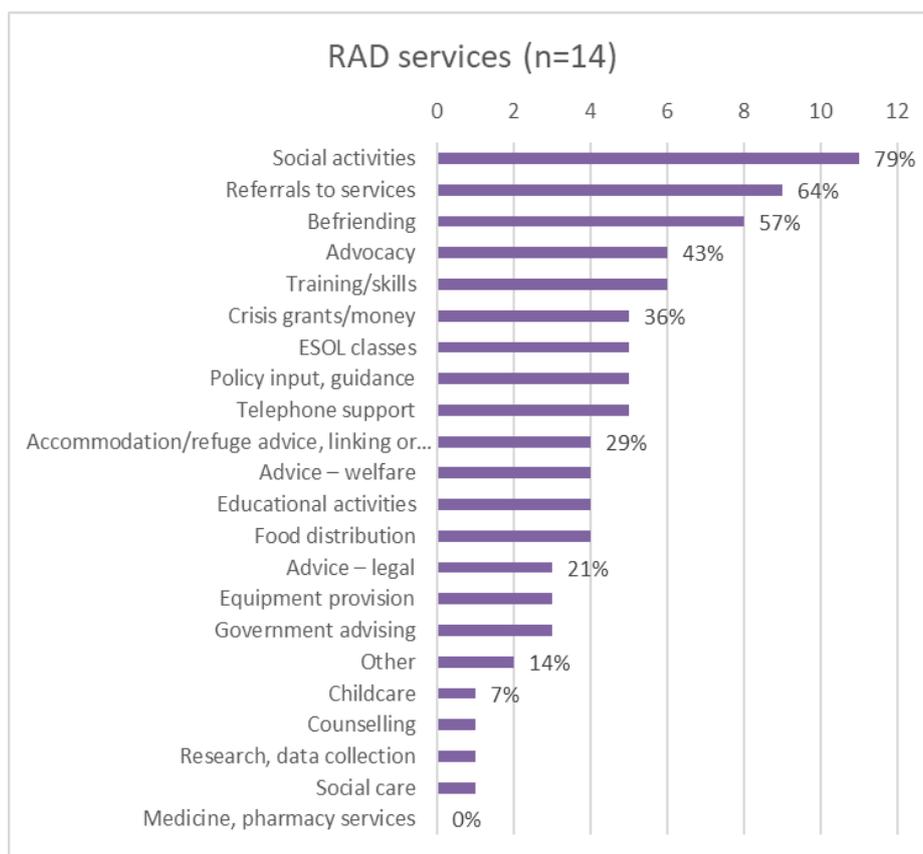


Figure 3

Open-ended responses highlight some of the reasons why social activities and events are important for people with RAD experiences.

'We have been unable to help young people celebrate Ramadan, Eid, Easter or birthdays due to Lockdown. As we are the only adults in some of the young people's lives' this is important for us to do.' (RAD organisation)

'Back in February, we were starting to explore the possibility of churches hosting groups of refugees for social activities in their local areas. This has not been possible, of course. The families had been looking forward to this opportunity to socialise. We didn't provide much telephone support to our clients, and due to Covid, that is our primary way to keep in touch now. Thanks to a generous grant of the Scottish Refugee Council, we were able to provide an English conversation Zoom

group for ladies. This was born out of the communicated need of the ladies to practice English during lockdown (most of them didn't have much contact with native English speakers).' (RAD organisation)

Social activities and events were about more than just socialising, although this was also a meaningful form of support. This work brought together different communities, supported young people in celebrating holidays and feeling less isolated, and provided the opportunity for some to practice language skills through contacts and interactions they did not normally have. Including social activities and other community-oriented and groupwork services, many of the services provided by organisations across Scotland were and continue to be significantly impacted by lockdown measures and restrictions.

Pandemic-related service changes

Survey respondents were asked to rank changes in capacity for the services they provide after the pandemic was underway, from 1 (no capacity to provide service) to 5 (enhanced capacity to provide service), in light of Covid-19. Similarly, changes in demands for services provided was also ranked from 1 (much less demand) to 5 (much more demand). This produced a significant amount of data that not only provides indications of which services have been affected, but also how much they have been affected, revealing that organisations have been affected by the pandemic and respond in different ways.

Increased demand but reduced supply of key (?) services

While plenty of organisations have continued providing the services they always have done, albeit in different forms, many services were suspended or discontinued as a result of Covid-19. The following services were the most frequently mentioned as being discontinued/suspended: social activities (22%); ESOL classes (22%); training/skills (17%); and other (15%). Analysis of comments to questions show that the 'other' services that were discontinued/suspended were exclusively different kinds of groupwork activities. A commonality amongst all these discontinued/suspended services is that most of them required in-person and/or group-based work. The open-ended comments further emphasise this point.

'Face to face meetings with committee and Gov/NHS groups are non-existent.' (DHC organisation)

'Since March we have stopped providing face to face support. All support is being delivered remotely (via zoom or telephone) from our office premises so workers shielding for health reasons were unable to provide support for many weeks, lessening capacity.' (DASV organisation)

'Two of our services (training and group work) were suspended temporarily, with group work participants receiving one-to-one online support instead.' (CJS organisation)

Whereas some services were completely discontinued, many more respondents indicated that capacity was diminished but still continuing. Services operating at reduced capacity include education (65%); ESOL classes (65%); research (56%); training/skills (50%); and social activities (47%). It was indicated that childcare (67%) was significantly reduced as well, but very few organisations had previously provided this service (n=3) and therefore, more data is needed to better understand the impacts of Covid-19 on childcare. It is worth noting that social activities and training are amongst the five most common services provided in Scotland (pre-pandemic) according to respondents in this survey, yet both are amongst the top services negatively impacted by Covid-19, with a total of 67% of respondents reporting having no or less capacity to provide training/skills and 69% of respondents reporting the same for social activities. Below, Figure 4 compares responses about changes in capacity across the most provided services.

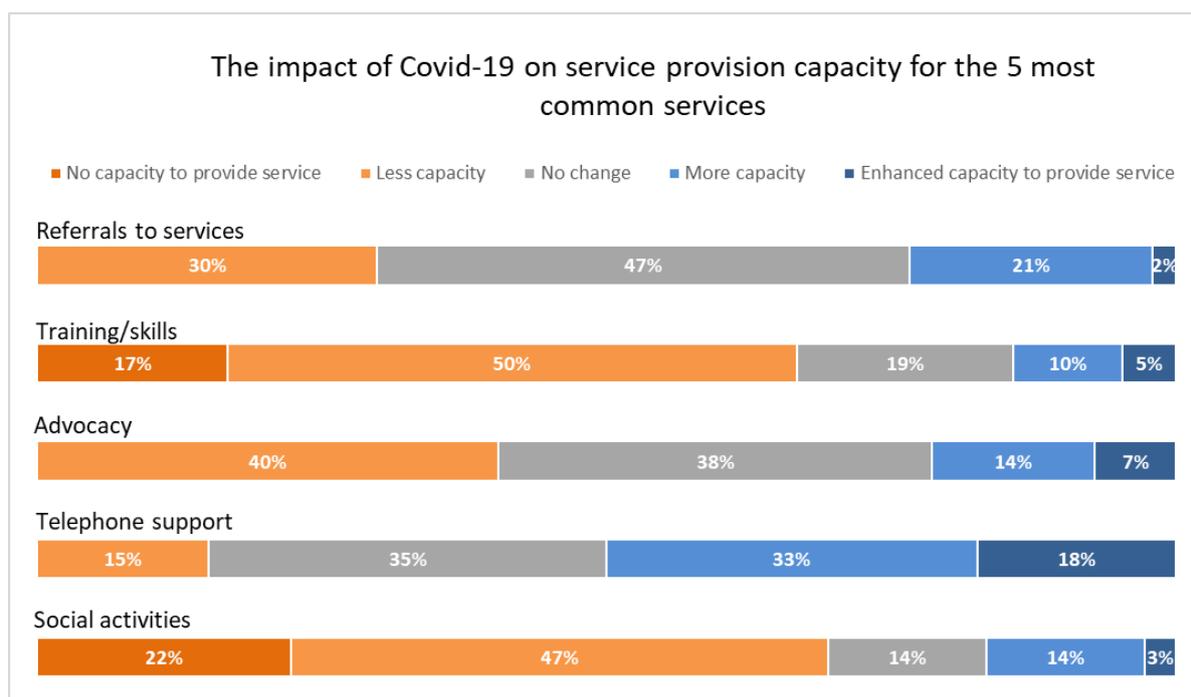


Figure 4

This figure illustrates how respondents (n=63) were differently impacted by Covid-19 and how that in turn impacted service provision capacities. The left-most sides of the bars convey reduced or no capacity levels, which have already been discussed. However, this chart also illustrates that some respondents have reported having more or enhanced

capacity for certain services (right-most sides of the bars), as well as service capacities that have not been changed by the pandemic (middle). Telephone support capacity has reportedly increased, as a total of 51% of respondents reported having more capacity to provide this. The same was reported for services such as medicine and pharmacy services (60%); equipment provision (59%); food distribution (57%); and, crisis grants/money (56%). Open-ended comments from respondents elaborate on these changes:

'Yes, more food parcels, medication deliveries, housing support, emotional & mental health support. Advice around homeless legislation and eviction process.' (DHC organisation)

'The food, baby and mum provisions, PC, dongle/laptop delivery service was set up in response to the demands made by the womxn we support. Our community meals and outreach/fund raising activities have been completely stopped on account of the pandemic.' (RAD organisation)

This last response from a RAD organisation highlights the responsiveness of organisations to the changing needs of people as a result of the pandemic, which helped organisations to reprioritise certain kinds of work amidst a continually changing crisis. As organisational circumstances changed, so too did the personal circumstances of their service users and clients. The next section will explore how the pandemic changed the demand for different kinds of services.

The spikes in and costs of new demands

In addition to changes in capacity, survey respondents were asked about how demand for services has changed in light of Covid-19. Across the five most common services provided before the pandemic, it is evident that most respondents (taking account of all individual survey responses, n=63) indicated that there has mostly been an increase in demand for all but training and skills (see Figure 5).

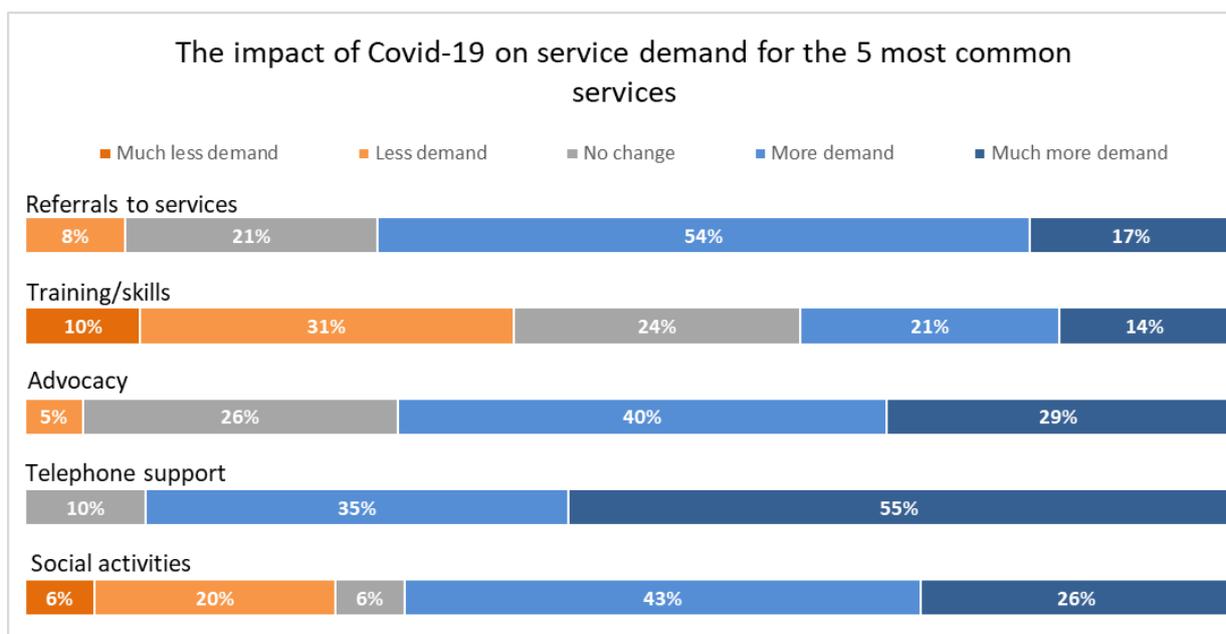


Figure 5

Figure 1 showed that referrals to services is the most provided service, with 75% of organisations delivering this before the pandemic. With a largely unchanged capacity, it is concerning that demand for service referrals and signposting has significantly increased, with 70% of respondents reporting more/much more demand for this. Based on the responses from this survey as well as interviews with staff also conducted in this research, it is already known that organisations are backlogged with new clients, experiencing delays due to staff/resource shortages, having to develop new contact forms, suspending outreach, and other effects of lockdown that effect the ability to take on new clients. Given this, it is likely that staff are struggling to connect clients with the appropriate services when coming up against these barriers. The few organisations who are still taking new clients are some of the smallest organisations responding to the survey, having less than £100,000 annual turnover (see [early findings on funding uncertainty](#)). One CJS respondent have been taking on more clients from larger organisations despite operating on an annual budget of less than £50,000 and being unsuccessful in winning Covid-related emergency funding.

‘We have worked well to change our approach and under current crisis the team have responded well to a new way of working. Myself and the team have tried to advocate and support the clients in and around Glasgow and we have received referrals from large orgs such as [X Organisation] and [Y Organisation].’ (CJS organisation)

While referrals were the most commonly provided service and has seen a significant increase in demand, many other services have been in even more demand according to

survey respondents. The following services were reported as having the largest spikes in demand according to the respondents who answered this question: crisis grants/money (100%, out of the respondents who answered this question); equipment provision (94%); telephone support (90%); welfare advice (87%); and, food distribution (86%). Thematically, these services indicate a clear and urgent shift in what people need right now and the changes organisations have had to make to the work they carry out. One [early analysis of data from this survey](#) shed light on the significant impact crisis grants/money, even just £50 cash, can have for service users. Similarly, electricity/gas top-ups, phone top-ups, food parcels, and welfare advice/support have been in great demand.

'We distributed £50,000 in Covid aid (food, toiletries, phones, cash, etc) to asylum seekers.' (RAD organisation)

'We have been, until recently, been providing food for people in need where we didn't really do that before. The same for direct home energy support and phone top up support.' (CMTY DEV organisation)

[Early findings from the study](#) thus far have shown that, particularly for people who were formally or informally shielding, access to food deliveries and supermarket delivery slots has been challenging. Perhaps the rise in demand across third sector organisations demonstrates how the brunt of this issue has fallen on support organisations who have had to find the funds and resources to offer new services to meet the unmet demands of their service users.

[Responding to challenges today and in the months to come](#)

Not only are organisations providing new services, but many are also innovating creative delivery methods in order to support people despite lockdown restrictions. For example, several CJS organisations mentioned that staff have been meeting with service users outdoors and going for hikes, runs, or walks.

'We are completely community focused which is a new approach for our service. We also started mental health hikes and a running group as well as a weekly zoom meeting.' (CJS organisation)

'Less face to face but have been out walking instead of office visits.' (CJS organisation)

While these methods are creative ways to engage with clients, it is important to highlight that these respondents completed the survey in August and September 2020 when seasonal and weather conditions made these outdoor options viable. Year-round and rain or shine,

there were significantly more mentions of remote support. Remote support includes online support, webchats, phone calls, group texts, video calls, Zoom groups, online forms, social media engagement, video conferencing, and so on. As face-to-face meetings and groups were suspended, many organisations found ways to stay connected with service users, albeit digitally. For example, one DASV organisation created an online contact form so they could contact people safely, by phone or email, during specific hours. Other respondents found ways to replace in-person services with online versions:

'Some of our activities have had to stop, but we've tried to replace with online delivery.' (RAD organisation)

'More digital support and peer group sessions online which is new to the service.' (DASV organisation)

'More online meetings (very few pre-lockdown), more support over the phone.' (DHC organisation)

Prior to the pandemic, 63% of survey respondents provided some form of telephone support (see Figure 1) and it is evident that many more provide services this way now, yet it is important to highlight the diversity of what telephone support, and all forms of remote support, look like. For example, telephone support ranged from brief welfare check calls/texts, to helpline calls, to befriending conversations that could last hours. Online support ranged from webchats, to video calls, conferences, activities or training, or webpage directories. These changes in online services and online service delivery impacted on both staff and affected populations alike ([early findings from this survey](#) show this has had significant personal impacts on staff).

'Two of our services (training and group work) were suspended temporarily, with group work participants receiving one-to-one online support instead. Both of these services are now back up and running online via webinars and online group support and activities. Both are reaching audiences who struggled to access these services in the past due to their geographical location, so this has been a good piece of learning for us.' (CJS organisation)

Like the organisation above, moving online has allowed some organisations to reach new audiences and engage with hard-to-reach populations. Several respondents highlighted that their organisations have been using social media far more as well, updating their websites, and overall creating a more approachable and searchable online presence. However, moving online leaves behind certain people, particularly those digitally excluded.

'Directors now have iPads to conduct work and have official email addresses, some people with learning disabilities are still digitally excluded.' (DHC organisation)

'No face-to-face meetings, lack of telephone support and legal advice for those who are digitally excluded, too young, vulnerable, etc.' (RAD organisation)

In fact, some respondents expressed that there is something lost from providing remote support exclusively. Not only does it exclude people who do not have access to phones or internet, but it impacts on organisations' relationships and ties with the local community (particularly in urban areas), as well as the quality of some peoples' engagement with services.

'More of digital delivery and digital engagement, absolutely no in-person delivery which is having a major impact on community connections.' (BAME women organisation)

'All face-to-face meetings have been cancelled since March. Face-to-face are essential to the health and well-being of our members. Some meetings are taking place online but are not as effective in terms of output, participation and attendance.' (DHC organisation)

Although remote support was a viable alternative to face-to-face and in-person support provided by many organisations, it had limitations and presented its own set of [challenges for staff](#). Nevertheless, these adaptations allowed services to continue in some cases and also increased engagement for people who preferred the privacy of online support or lived in more rural communities (Highlands, Islands, etc.). The ways in which organisations have responded to the challenges of Covid-19 and lockdown measures illustrates the resilience of these organisations and their commitment to the people they support.

Conclusion: Living and working with Covid-19

It seems likely that organisations are going to have to adjust to living and working with Covid-19 (and the various iterations of lockdown that go along with it) for some considerable time. Third sector service provision has been significantly impacted by the pandemic, both in terms of what resources and capacities are available and what services are in demand as a result of unmet needs in the community. While many organisations struggle to continue providing their regular services, others are having to change the nature of the work they do in order to support the people they work with. Whereas face-to-face and groupwork services have been largely suspended, services that were 'normally' less provided such as crisis grants/money and food distribution have been in high demand. In responding to these challenges, some of these changes come at a cost, both financially and socially. As organisations move forward and evolve with and after the pandemic, the concerns raised in this briefing should be kept in mind.