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Locked Down, Locked Out?: Local Partnership Resilience in the Covid- 19 Pandemic

A Report on Interim Findings

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Executive Summary

This report presents interim findings from a research project on local partnership working and resilience in the Covid-19 pandemic and associated lockdown measures. This grant is funded by the Economic and Social Research Council (ESRC) as part of UK Research and Innovation's (UKRI) rapid response to Covid-19. We are using a combination of an online survey and qualitative interviews to critically assess the key challenges to partnerships and how partnerships have adapted to them in the context of Covid-19.

The data collection is still in progress, with analysis still to be completed, but our key interim findings are:

- Partnership working at the local level provides numerous examples of very fast and innovative adaptation to the challenges and demands of the Covid-19 pandemic. At both the institutional level, 'silos' have been broken down and previously insurmountable hurdles have been overcome.
- The Covid-19 pandemic has also drawn greater attention to the importance of the third sector, in partnership working as in wider society.
- Online working has been challenging to adapt to, but has supplied substantial opportunities to participate in partnership, particularly for distant partners and/or in rural/island areas.
- However, the social, economic, and geographic 'digital divide' remains a barrier to participation and access to services for some people and communities.
- The urgency of reacting to the pandemic has detracted from efforts to embed and promote preventive approaches.
- Local partnerships are now in a particularly challenging position, as they begin to transition back to ordinary models of service provision and mechanisms of reporting and accountability, while still dealing with the impact of the pandemic and initial lockdown.

Our data suggest a few possible lessons for stakeholders:

- It is essential to build upon the success of local partnerships throughout the duration of the pandemic and associated 'lockdown' measures, and beyond them.
- Local partnerships need to be allowed discretion and 'breathing room' to operate and in some cases to develop their own adaptations and solutions.
- There is still work to be done to overcome 'digital divides' between those with access to appropriate technology and those without it, not only within communities but also between geographic areas and institutions.
- As local partnerships begin to resume their usual activities while still dealing with the pandemic and its effects, the lessons of the pandemic may help local partnerships to overcome longstanding issues rather than returning to 'business as usual'.

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Introduction

In Scotland and across much of the UK, there is a growing recognition of the value of local partnership in responding to some of the most complex social issues and problems. In Scotland, this is particularly true following the 2011 Christie Commission report which recommended stronger local partnership working and the orientation of local public services towards preventing rather than just reacting to adverse outcomes.

The Covid-19 pandemic and associated lockdown measures (beginning in March 2020) have posed enormous challenges for public services and partnership working at the local level. Aside from rising demand for cash-strapped public services, and troubling implications for existing social inequalities, the lockdown has also forced organisations to work in different ways, particularly working remotely.

Our project is researching the impact of the pandemic and lockdown on local partnership working arrangements. We are aiming to answer the following research questions:

1. How has Covid-19 affected Scottish local partnership arrangements, in the short and medium term?
2. How has Covid-19 affected efforts to implement the recommendations of the Christie Commission (particularly the prevention principle) in Scottish local government?
3. How have Scottish local partnerships changed their practices to meet the challenge of the pandemic, and how can any progress be built upon?
4. What are the implications of these for existing social inequalities?
5. What are the potential lessons for other countries, particularly in terms of local partnership responses to crises?

In developing the project, we were particularly attentive to the concept of 'resilience' as it applies to local communities. The Scottish Government unit 'Ready Scotland' (2020) states that:

"Maintaining the continuity of our way of life or returning to relative normality after any emergency, major incident or large-scale planned event requires resilience. Resilience is defined as "the capacity of an individual, community or system to adapt in order to sustain an acceptable level of function, structure and identity".

In this context "system" includes the broader infrastructures, networks and processes which sustain society. The supply of fuel, for instance, relies on a complex web of relationships, including supply of raw material, transport infrastructure, availability of staff and the means of electronic payment. A failure in any one of these could affect supply as a whole.

"Community" refers not only to geographical communities (such as urban or coastal) but also communities of interest, where people are brought together through common interests and a shared sense of commitment. Communities of practitioners exist too, whereby those engaged in many aspects of public

service or commercial activity are drawn together by the common goal of preparing for, responding to and recovering from emergencies.

“Individual” refers to the man or woman in the street, the people of Scotland, who also bear a responsibility to consider how best to prepare themselves for unforeseen or challenging events and how they might assist those around them during emergencies.”¹

We take note of this definition but focus more specifically on the community aspect of resilience. Magis (2010) defines community resilience as:

“the existence, development, and engagement of community resources by community members to thrive in an environment characterized by change, uncertainty, unpredictability, and surprise.” (2010: 401)

Hence, community resilience is something relevant not only to the Covid-19 pandemic but also to future challenges faced by communities, such as natural disasters, rapid economic and social change and environmental crisis. Furthermore, community resilience is not just a question of how we respond to crises but also of the systems and practices put in place in the medium to long-term to ensure that communities can respond and even succeed in times of crisis. Hence, community resilience can be related to the prevention principle put forward by the Christie Commission (2011).

Alongside the challenges posed by Covid-19 are a range of opportunities and successes, and examples of innovative and successful partnership working, often developed and carried out very quickly and with a minimum of preparation. We are keen to identify examples of successful or innovative practice by and in local partnerships in response to Covid-19, and the potential lessons these may provide for other local partnerships. While acknowledging the enormously negative impacts Covid-19 has had in Scotland and globally, it is important to draw out possible lessons for partnership working in crisis situations.

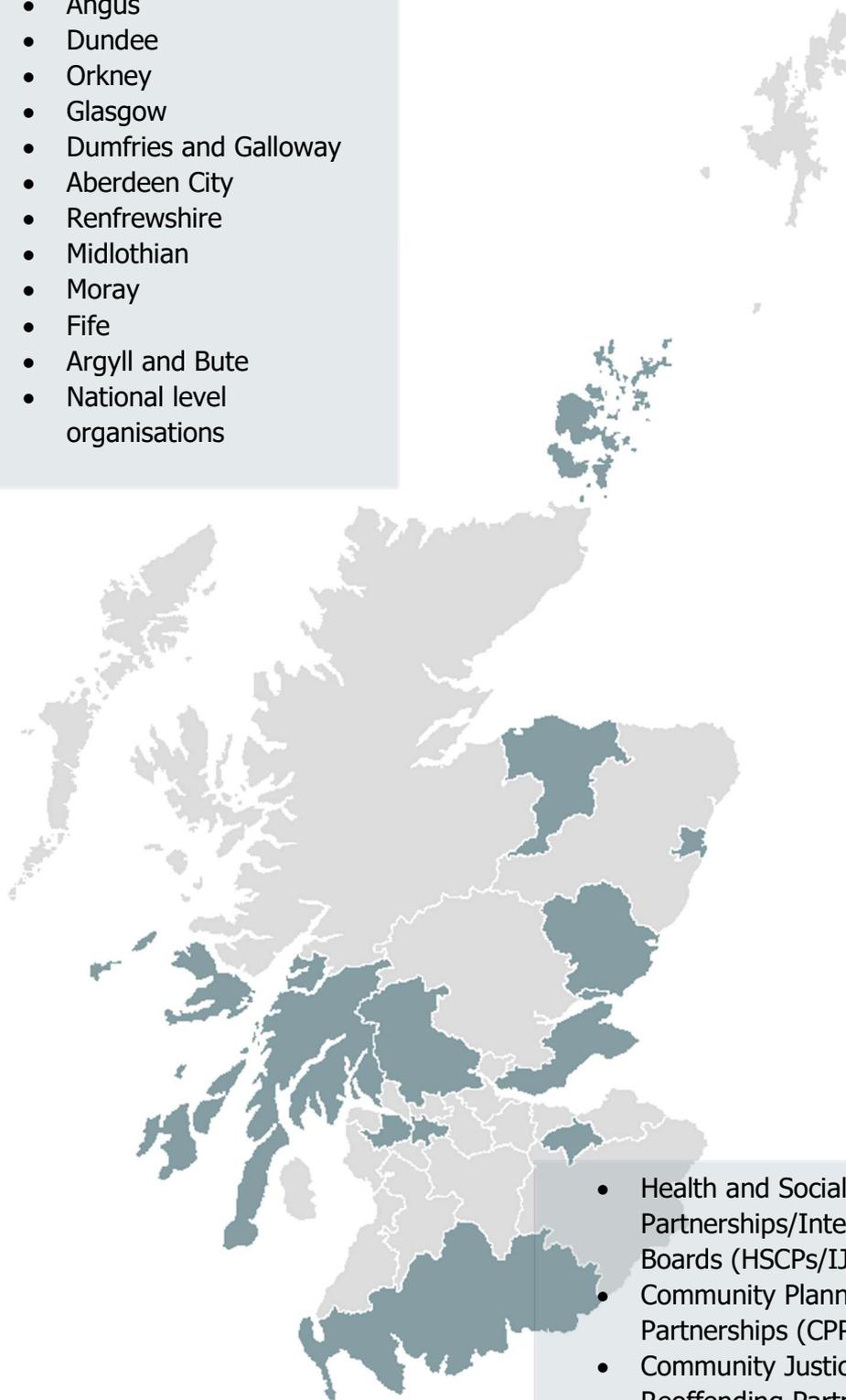
Methods

We are using a combination of methods in this project - a survey to scope the landscape of partnership working, and interviews to get in-depth qualitative data with a focus on particular local areas. These areas were selected to include a diversity of urban and rural geography across Scotland. We are aiming thereby to gain data that are both ‘wide’ and ‘deep’.

This report is based on work that is still in progress: 31 responses to our online survey and 9 completed interviews. We have received responses from 12 local authority areas and from nationwide organisations, across a range of partnerships.

¹ See Scottish Guidance on Resilience – Preparing Scotland: Philosophy, Principles, Structure and Regulatory Duties. <https://ready.scot/how-scotland-prepares/preparing-scotland-guidance/philosophy-principles-structure-and-regulatory/section-1-philosophy-and-structures-chapter-1>

- Stirling
- Angus
- Dundee
- Orkney
- Glasgow
- Dumfries and Galloway
- Aberdeen City
- Renfrewshire
- Midlothian
- Moray
- Fife
- Argyll and Bute
- National level organisations



- Health and Social Care Partnerships/Integration Joint Boards (HSCPs/IJBs)
- Community Planning Partnerships (CPPs)
- Community Justice/Reducing Reoffending Partnerships
- Third Sector Interfaces (TSIs)/Third Sector Forums
- Alcohol and Drug Partnerships
- Local Resilience Partnerships

We heard from employees in a range of areas of public services, and from different levels within these organisations, from 'frontline' employees to senior management, although most were at management level.



The project research design was not constructed to provide statistically representative findings across all of Scotland. This project's research design instead captures a wide range of perspectives and concerns in depth, from across the local partnership 'landscape' in Scotland.

The emerging interim findings from this research coalesce around four key areas:

- the impact on partnership working at the local level, for people working in local partnerships;
- the opportunities and challenges presented by online working, within partnerships and wider communities;
- the social impacts of the pandemic and efforts to mitigate them, and
- the attempts to move back to a 'normal' way of working whilst still dealing with the pandemic, as the pandemic and lockdown measures continue to evolve.

I. Impacts on Partnership Working at the Local Level

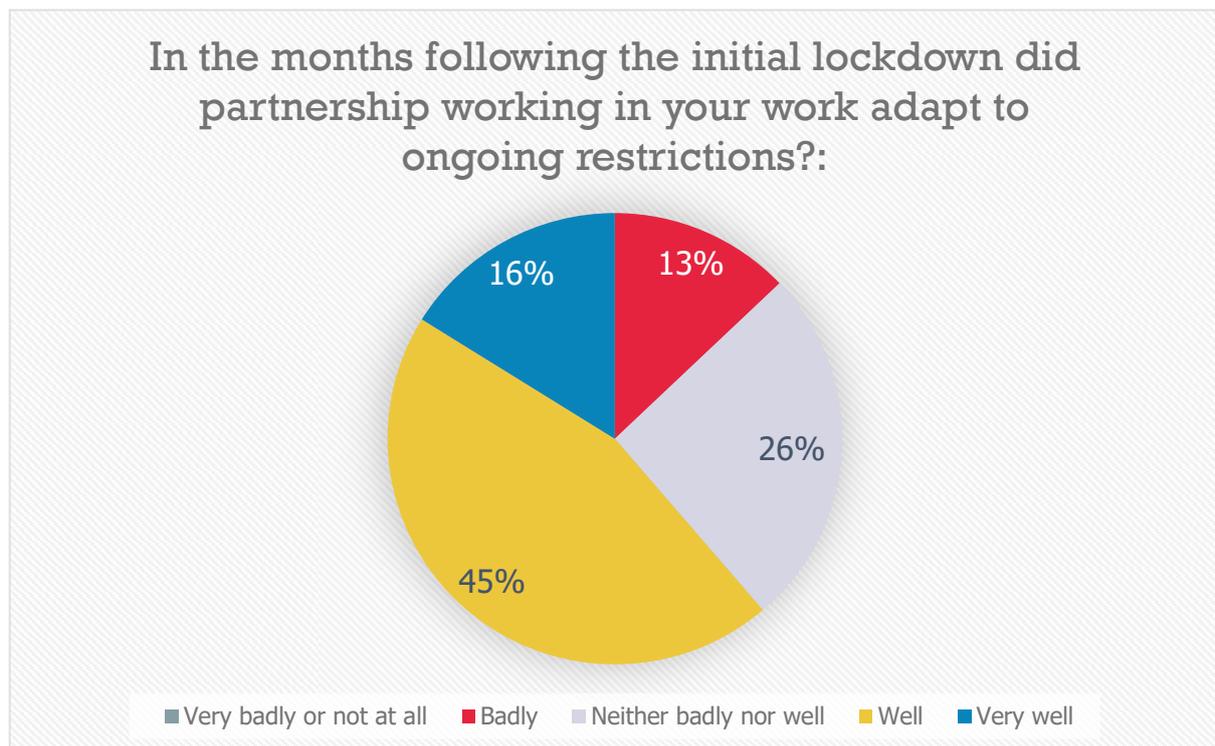
*"I think it has brought us closer together.
Shared adversity can do that."*

(R.2 - Senior Manager, Scottish Prison Service)

This section of the report deals specifically with findings about the impact of the pandemic and associated measures on partnership working itself.

An undeniable impact from across many respondents was an acknowledgement that lockdown has made work harder and, in many cases, 'much harder.' However, some elements of partnership working have improved significantly. Fundamentally, the shift to online and digital working has facilitated opportunities while also presenting challenges for partnership working.

Although the responses present a mixed and context specific picture, it is important to examine the key successes, particularly as these may present lessons for building more resilient and successful partnerships in the future. In general, most survey respondents (19/31) stated that their partnership arrangements had responded well or very well.



However, several key challenges were also identified by our participants. This was particularly to do with partnership working and the new stresses placed on partnerships by the pandemic, as well as challenges around volunteering and the third sector.

Better Working Relationships – A Shared Goal

Several respondents suggested that partnership working processes had improved in the presence of a shared goal, namely, mitigating the impact of Covid-19. Most respondents

reported better communication between partner organisations and more frequent partnership meetings.

“Relationships within the partnership have probably improved and there is real honesty and openness between partners. Partnerships are maturing and there seems to be more sharing of resources and a recognition of the importance of service user voice and experience to implement effective change.”

(R.27 - Management Level, rural CPP)

“Relationships have improved. Resources are more targeted. All working to one vision - to ensure the people of [area] stay safe” - *(R.3 - Management Level, rural CPP)*

“Definite building of closer relationships due to vital need to respond quickly and in a partnership approach over the COVID health emergency”

(R.28 - Elected Representative, urban area)

“Through the strategic and operational demands of the pandemic, the relationships between and across partnerships has exponentially improved. When there are common areas of challenge within a tight financial envelope, the environment actually encourages and facilitates closer joint working and positive pro-active partnerships behaviours.”

(R.30 - Management Level, nationwide NHS)

This is in line with evidence from the wider UK; the report by New Local on local adaptations to the pandemic (Kaye and Morgan, 2021) highlights the development of adaptations, innovations and collaborations in the partnership context across the UK (see also Local Government Association, 2020). It is also in line with international evidence, such as Drakaki and Tzionas’ (2017) study of the development of community partnership as a response to the financial crisis (and subsequent diminution of the social welfare system) in Greece.

New Partnerships and Greater Flexibility

A number of participants identified greater flexibility as a key aspect of the improved partnership response. This included greater willingness to share or pool resources between partners:

“... in general partnership resources have been more focused on emerging priorities, there has been a greater sharing of physical resources across Public Bodies and Third Sector. A more flexible and adaptive way of working has emerged.”

(R.9 - Senior Management Level, CPP)

In some local areas, there were new emergency partnership groups set up to respond to the pandemic, alongside or within existing bodies such as community planning partnerships (CPPs):

“Yes, as it was possible to establish two co-produced local partnership groups during the pandemic ... and continue facilitating forums and

networks ... that kept third sector connected and feeling more positive and able to keep on working through the pandemic to reach and support people, and adapt and thrive. This required a responsive and proactive approach by third sector partners such as us as a TSI [Third Sector Interface] and other key orgs. This was challenging due to our own constrained resources, but we did our best and keep on doing so, and find along the way that there are partners willing to keep on working at partnership working.”
(R.21 - Senior Management Level, rural Third Sector Interface)

“Partnerships that have sprung up will (hopefully) be continued.”
(R.4 - Management Level, urban CPP)

However, it also entailed change at the individual level, with employees working outside of their usual roles and specialisms to quickly coordinate partnership interventions and support. Many individuals went ‘above and beyond’ to carry out partnership work, including working very long hours.

“For instance, when we had a major care home outbreak, the community nurses stepped in to provide care until the staff could get back to work. The third sector took on a major role of ensuring vulnerable people shielding at home had food and other essentials working hand in hand with the social care teams.”
(R.13 - Management Level, rural NHS Board)

“[Justice Social Work] was initially involved in food and medicine deliveries and support for vulnerable individuals high risk cases work had to continue, safe working procedures established, constantly evolving plans as info changed.”
(R.31 - Senior Management Level, rural Community Justice Partnership)

“I was still doing my usual working hours at work and not at home, I was also back working in the family homes with PPE ... I also had more home visits than usual as health visitors that needed a family seen while they were working from home gave me the visit to do for them, also the full-time nursery nurse was shielding so therefore my workload had increased, it has been a very stressful time at work.”
(R.19 - Front Line Employee, HSCP)

It therefore appears that ‘silos’ were broken down at both the institutional level and at the level of the individual professional employee. This may reflect features of the increasingly specialised nature of job roles in many modern workplaces, and we hope to explore this further in light of the relationships between task specialisation and bureaucracy in modern workplaces, and long-term debates over specialisation within health, social work and allied professions (see for instance Challis and Ferlie, 1988).

“The most positive thing in my view is the reduction in professional gate keeping activity. We have had to react in a much more ‘generic worker’ way over the last year rather than saying, ‘only a nurse can do this and only a social worker can do that.’ If we are less precious about who does what, it

will open the door to accepting that third sector and volunteers can also contribute. This would be to everyone's benefit."

(R.13. Management Level, rural NHS Board)

The pandemic also meant that previous ways of working, seen as overly bureaucratic and risk-averse, had to be abandoned, at least temporarily.

"The covid scenario unfroze so much red tape and allowed people to get on with the job. It also challenged the NHS mindset of being 'risk averse', often they just didn't have time to faff around with endless amounts of protocols and set expectations. Partners needed to get on and the NHS needed to contribute."

(R.10 - Senior Management Level, urban Third Sector Interface)

Overall Covid-19 appeared to force partners to make decisions quickly, breaking down professional silos in the process and making previously bureaucratic processes happen in a timelier way.

Volunteers and the Third Sector

A number of responses also mentioned a greater or more prominent role for third sector organisations. Six of our respondents worked for third sector organisations (TSOs) while a further three worked in local Third Sector Interfaces (TSIs) - single points of contact between TSOs and public sector bodies within each local area.²

The third sector is highly varied, comprising large national organisations and highly local groups, profit-making social enterprises and organisations that run entirely on volunteer labour. Respondents highlighted the vital role of third sector partners across the spectrum in responding quickly to the pandemic.

"The third sector stepped up and co-ordinated local responses in the absence of any leadership from the council or community planning partners"

(R.8 - Senior Management Level, Third Sector Interface)

"We found new ways to work with some partners, particularly those motivated and who value the contributions of community and third sector, but at a high level in some partnerships relationships (despite a very positive and proactive effort from third sector) have deteriorated due to lack of value, recognition and wish to acknowledge the contribution our sector makes. However, partners who value this contribution and better understand how the sectors can and must work together to support people and frontline groups working to prevent people from falling through the gaps, have worked well in many cases with the third sector. Therefore we have seen a change in who are key partners and allies are. Public health colleagues had developed a deeper understanding of role of third sector and communities in relation to health and wellbeing through participatory budgeting approaches (such as You Choose 3 and You Choose 4) prior to

² See <https://www.gov.scot/policies/third-sector/third-sector-interfaces/>

the pandemic.”

(R. 21 - Senior Management Level, rural Third Sector Interface)

This is in line with wider insights about the importance of the third sector to responding to the pandemic, and the well-documented rise in volunteering during the pandemic (see <https://scvo.scot/policy/campaigns/never-more-needed/what-weve-learned-so-far> and Mao et al., 2020). Despite the vital role of third-sector partners, the literature tends to show that TSOs are not very ‘visible’ within partnership working arrangements, compared to their better-established (and usually more financially secure) public sector counterparts. This takes place in the wider context of a long-term shift (since the 1990s) in the role of TSOs towards providing more services in partnership with the public sector – a development that has raised the profile of TSOs but also occasioned concerns about their ability to remain independent and act as advocates as well as providers of services (see Lindsay et al., 2014; Tomczak and Buck, 2019).

Some respondents welcomed the greater visibility of third sector organisations in the pandemic.

“I have been lobbying the council for years to realise how much our food banks were supporting people locally and it took the pandemic for them to realise this and that the 3rd sector could react so much quicker to helping people on the ground”

(R.24 - Management Level, rural third sector)

However, despite expanded support for TSOs,³ there remained challenges around funding and around the coordination of volunteering:

“We lead on volunteering in [area], and the government response to volunteer mobilisation (Ready Scotland) although well-meaning was problematic, with us receiving a year's worth of volunteers in one go and being unable to place most of them.”

(R.12 - Chief Executive/Director, rural Third Sector Interface)

“Volunteers recruited but then not deployed and left without any communication from the regional bodies such as [large UK charity] who recruited them. TSIs not always involved in a timely way to help make the difference”

(R.21- Senior Management Level, rural Third Sector Interface)

Furthermore, one respondent was more critical of the partnership response to the third sector:

“Local government in my area responded to the first lockdown by closing down and becoming unreachable by any of its third sector partners. Local

³ Notably the Third Sector Resilience Fund, set up by the Scottish Government and run between March and September 2020. See <https://www.gov.scot/publications/third-sector-resilience-fund-tsrf-analysis-applications-awards/>

Govt/Community Planning have lost all credibility.”
(R.8 - Senior Management Level, Third Sector Interface)

This has taken place in the context of significant challenges for the third sector, identified by the Scottish Council of Voluntary Organisations (SCVO) report on their #NeverMoreNeeded campaign.⁴ Key challenges include a fall in fundraising revenues, furloughed staff and a reduction in volunteering among older people (many of whom have had to self-isolate).

Challenges for Local Partnership Working

It is notable that although most people felt their partnership had responded well, there was also a consensus (26/31 responses) that their work had become harder or much harder since March 2020.

Many partnerships had staff who had to shield/self-isolate, or in some cases were put on furlough. Furthermore, while some respondents highlighted success and improvement in partnership working, others had found this challenging:

“Local government here is fairly monolithic and generally quite change averse in terms of the elected officials and the senior managers, so the pandemic and associated lockdowns have presented a big challenge in pivoting to more effective partnership working. However, ... there is fault on both sides. Hopefully, this has been learnt from by those making decisions, but I won't be holding my breath.”

(R.16 - Front Line Employee, island NHS Board)

“There also feels like there's a strange kind of wish to say the right things but then doing things entirely differently, giving rise to confusion and a sensation of cognitive dissonance that breaks rather than builds trust in relation to partnership working.”

(R.21- Senior Management Level, rural Third Sector Interface)

“Partnerships initially were not a priority as individual partners/organisations were busy responding to Covid.”

(R.27 - Management Level, rural Community Justice Partnership)

It is not straightforward to determine exactly *why* some partnerships adapt well to these circumstances and some do not. However, one possible explanation that is well-supported in the academic literature on partnerships, and by our survey and interview data, is that partnerships are more effective and better able to adapt where there are effective pre-existing relationships between people and institutions (Buchan and Morrison, 2020).

Our initial findings suggest that local partnerships in Scotland adapted with impressive speed to the pandemic, by building stronger partnership links, overcoming bureaucratic hurdles and silos, and engaging more with the third sector. However, there were also significant new stresses placed on partnerships which have not always been possible to overcome.

⁴ See <https://scvo.scot/policy/campaigns/never-more-needed/what-weve-learned-so-far>

This is reflected by other findings in official evaluations of partnership working, such as the *Independent Review of Adult Social Care in Scotland* (Feeley, 2021) and the Audit Scotland (2021b) *Local Government in Scotland: Overview 2021*.

II. Digital Partnership Working: Opportunities and Challenges

"The world has been heading digital for a long time."

(R.23 – Management level, urban third sector)

The next section considers what, for many, has been a defining feature of the pandemic – working digitally from home, using videoconferencing technology such as Zoom and Microsoft Teams in place of face-to-face meetings. This has created considerable opportunities for partnership working, but also challenges relating not only to the technology itself but also to the social implications of home working within partnership groups. Furthermore, the issue of the 'digital divide' within communities has been exacerbated by the shift to online-only provision of many services.

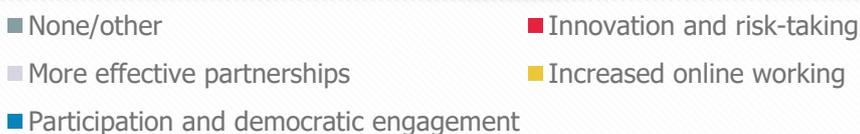
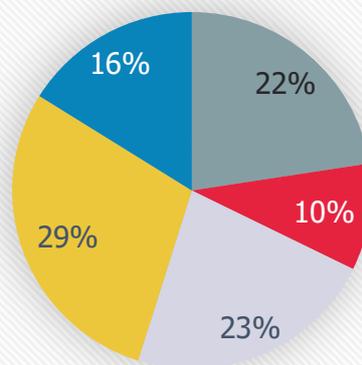
Opportunities provided by digital working centred particularly on the removal of geographic distance, enabling partners to attend meetings from further away. This was particularly valued in rural and island areas:

"More attendance at CPP meetings from our islands and remote local areas"
(R.29 - Front Line Employee, rural CPP)

"Where I live, I used to have to travel 3 hours a day to attend meetings in the main town in the region. Teams and Zoom have made it far easier for me to attend more meetings as well as cut costs, my time and better for the environment."

(R.24 - Management Level, rural third sector)

In future, do you anticipate any changes in partnership working as a result of the pandemic?



In response to a question about expected changed working practices because of the pandemic, the biggest percentage of answers to an open text question was an anticipation of increased online working and videoconferencing (29%), among a range of expectations. (Note: where a respondent has put more than one expectation, the first noted is used).

Despite the opportunities offered by the shift to online and digital working, there were also significant challenges. Some respondents highlighted issues with outdated or poor-quality devices for home working. There was also the related issue of compatibility/interoperability of IT systems between different organisations.

"Some of our laptops were exceptionally old and not fit for purpose"
(R.7 - Management Level, urban Community Justice Partnership)

"Connection issues and different streams of online forums was very problematic throughout the pandemic."
(R.18 - Front Line Employee, rural social work/HSCP)

Beyond the purely technical, there were social and administrative challenges presented by the shift to online working, with some respondents reporting feelings of isolation as well as administrative delays arising from the increasing dependence on asynchronous communication (email).

"My work is almost all via Teams. From a local perspective this can be frustrating not being able to see colleagues and have that face to face conversations. Getting things completed electronically can take longer as it is circulated rather than a group just meeting to discuss it."
(R.14. Management Level, rural NHS Board)

"On a personal level I feel it has fractured our wider team as we no longer see each other and we are no longer aware of the day to day happenings within the wider team and this is isolating and has exacerbated some colleagues mental health issues."
(R.1 - Front Line Employee, mixed urban/rural HSCP)

While the shift to fully- or mostly-online working for many services and for most everyday 'partnership work' supplied a mix of opportunities and challenges for partnership working *itself*, the wider picture was more negative, with many respondents highlighting issues of digital exclusion in the wider community as a barrier to service delivery that made vulnerable people harder to reach. This was not just a question of technology or connectivity but also one of skills and knowledge. Furthermore, even when services *could* be accessed online, they were not always as effective.

"I think one to one support for those with mental health issues are the greatest impact as many sessions just are not effective virtually. Support workers need to be able to continue to build trust, understand body language and interpret distress or problems which is difficult with 'Teams' or 'Zoom'. Services have relied heavily on virtual solutions which for some parts of the population has reduced access, such as the elderly who might not have a computer or smart phone, people with learning difficulties and

others in residential care who became exceptionally isolated and removed from their social and family supports because of Visiting protocols”

(R.10 - Senior Management Level, urban Third Sector Interface)

“[I]t has negatively impacted the ability to engage effectively with our communities, a key partner in what we should be doing. In particular it has highlighted the issue of digital inclusion, which is multi-dimensional; some people can afford the technical equipment but do not have the skills or confidence to make best use of it, others may have the skills but not the money to afford the technology; still others have both the skills and hardware, but struggle with lack of data or funds to maintain a good internet connection.”

(R.4 - Management Level, urban CPP)

The digital divide applies not only within communities but also on a wider geographic scale.

“[Area] has major gaps in digital connectivity and mobile notspots which have been highlighted by the need for remote working and learning. The delay in rollout of R100⁵ in the North lot means this situation is not going to resolved quickly.” (R.5 - Management Level, rural CPP)

This is in line with other findings about the effects of Covid-19 on the digital divide in the UK (see Holmes and Burgess, 2020). However, local partnerships have included efforts to mitigate this issue in their responses to the social impact of Covid-19 on inequalities in local communities.

⁵ The R100 (Reaching 100%) programme aims to deliver full superfast broadband across Scotland by the end of 2021 – see <https://www.gov.scot/news/delivering-r100/>.

III. The Social Impact of Covid-19: Managing and Mitigating

"Covid highlighted and exacerbated social inequality."

(R.27- Management Level, rural CPP)

The social impacts of Covid-19 have been well documented,⁶ but what has been less clearly articulated are the ways in which service provision within local partnerships has sought to manage and mitigate these impacts in the context of additional challenges for local communities and services.

A key justification for this project is the important role played by local partnerships in addressing and mitigating social inequalities within local communities – by coordinating responses from different public and third sector bodies. This is a key principle enshrined in the 2011 Christie Commission report.

This section presents data on the increased pressure felt by local partnerships, the impact of the pandemic on partnership work to realise the prevention principle enshrined in the Christie Commission report, and how partnerships have responded and aimed to mitigate the impact of the pandemic on existing social inequalities.

Supply and Demand Pressures

Our data suggests that there has been a much greater pressure on local services, with all but two respondents noting that the pressure has increased. There was also near-total agreement (30/31 respondents) that the pandemic and lockdown had negatively impacted social inequalities in local communities.

There has been an increase of demands on council services at the same time as a reduction in the supply of funds. On the 'demand' side, the challenge for local partnerships includes more need for health and social care services, job losses and wider economic impacts of Covid-19, and changes in patterns of offending (with concerns about rising rates of online fraud and domestic violence). However, the 'supply' side is also negatively affected, with local authorities losing revenue from people unable to pay council tax and from the loss of other sources of income such as venue hire. Audit Scotland (2021a) suggests that even with increases to some sources of revenue in 2019/20 and nearly £1 billion of additional Covid-related financial support, there will remain a significant shortfall as a result of Covid pressures as well as the impact of longer-term budget reductions and expectations around budget savings.⁷

"One thing that hasn't been covered is the increased demand faced by many services, and the capacity issues that have resulted from this. This issue is exacerbated by difficulties in recruiting/training new staff or volunteers in

⁶ See for instance <https://www.un.org/development/desa/dspd/everyone-included-covid-19.html>

⁷ The Audit Scotland report *Local Government in Scotland Financial Overview 2019/20* estimates that "the beneficial announcements of revenue funding to councils meet 60 to 70 per cent of the estimated revenue costs at July 2020." (p26)

the current situation.”

(R.20 - Front Line Employee, national third sector organisation)

“Yes, I think the communities that need the most support have not been able to access that support due to wider restrictions and at times repurposing of workforce resources”

(R.15 - Front Line Employee, mixed urban/rural third sector/CPP)

Specific social impacts and pressures identified by the respondents include unemployment, domestic violence, addictions and mental health. These form a substantial ‘backlog’ of demand which is likely to remain a challenge for local partnerships in the medium to long term. However, it is beyond the scope of this report to assess the size of the backlog within local areas.

“Social Care impacts will have been felt by many people. Those using Drug Services have also been vocal about the negative impacts on their lives, including making it harder for them to continue in Recovery. Those already at a disadvantage have been further disadvantaged by the pandemic's impact on services.”

(R.4 - Management Level, urban CPP)

“Yes. The third sector has been unable to support vulnerable clients as it would have like to had Covid not been an issue, and we have seen a rise in things like domestic violence, food bank usage, children not getting access to learning and play.”

(R.12- Chief Executive/Director, rural Third Sector Interface)

“People with the most unstable work have been left with nothing. People who could stockpile did so. The vulnerable have been trapped with very little contact, and the digital divide will be sharply felt. Children of the affluent have carried on teaching themselves, the ones with little social support for learning are now even further behind”

(R.13 - Management Level, rural NHS Board)

“The local economy is too reliant upon the tourist industry and during lockdowns lots of local businesses have been adversely effected and many members of the community have lost their jobs, having to claim benefit. This has certainly had a deleterious effect on social inequalities”

(R.16 - Front Line Employee, island NHS Board)

The Scottish Government (2020) research on the impact of Covid-19 on social inequality highlights the complex and overlapping impacts of the pandemic on existing social inequalities, including not only protected characteristics but also the digital divide and environmental inequalities. This report states that “[e]merging evidence strongly suggests that Covid-19 is exacerbating pre-existing inequalities therefore it is vital that Covid-19 response, recovery and renewal efforts take account of overlapping disadvantage.”

The Promise of Prevention

2021 marks ten years since the publication of the Christie Commission, which notably argued:

“A clear conclusion that we draw is that, if public services are at once to promote social justice and human rights and to be sustainable into the future, it is imperative that public services adopt a much more preventative approach; and that, within that, they succeed in addressing the persistent problem of multiple negative outcomes and inequalities faced by too many of the people and communities of Scotland.”

The ‘prevention principle’ is a key part of the Scottish response to rising demands on our public services at a time of stretched public sector budgets. Morally, socially and financially, it makes sense to attempt to prevent negative outcomes rather than reacting to them. However, in practice it is often challenging to implement preventive work (and see Cairney and St Denny, 2020).

“It has been a challenge but in [area] I think we have risen to it and relationships are stronger as a result. Of necessity the Council has been focused on responding to the immediate crisis, but there has been work continuing on our preventative approach. For example, [Partnership] is a [...] funded project with statutory and third sector partners, focussing on system failure in child/youth mental health and how it can be made more preventative”

(R.12- Chief Executive/ Director, rural Third Sector Interface)

Most of our respondents highlighted significant barriers to fulfilling the prevention principle, largely because of the primacy of short-term reactive responses to the crisis.

“There has definitely been less focus on preventative approaches, with more time being spent ensuring basic needs are met”

(R.7- Management Level, urban Community Justice Partnership)

“All preventative approaches have been side-lined in service to the urgent needs of the now. And sadly, some people really enjoy the adrenaline of the heroic lifesaving model, so it will be hard to get back to promoting the slower, less glamorous prevention work”

(R.13 - Management Level, rural NHS Board)

“I have felt that everything has been reactive instead of preventive over the last year from local government. I feel this was an issue before lockdown so it's not a surprise. It's been a more evolving landscape than ever, and government needs to be seen as dealing with the current issue unfortunately.”

(R.23 - Management Level, urban third sector)

This is likely to remain a significant issue as partnerships return to their everyday work while still coping with the pandemic.

Partnership responses

A number of respondents highlighted innovative responses by their partnerships to the unequal impacts of Covid-19 and lockdown. Different local partnerships have taken diverse approaches, varying from putting their services temporarily on hold to adapting or even creating new services. Partnerships also reached out to people who were self-isolating/shielding or organised the provision of digital technology to facilitate engagement with online services.

“Public Health and the Council formed a strong partnership with support from CPP partners like Scottish Fire and Rescue who plugged the gap in response support in some instances, carried out welfare checks on people, and delivered medicines and food to homes where we were unable to send volunteers due to safety concerns.”

(R.29 - Front Line employee, rural CPP)

“Our schools team had to source, fund, and deliver laptops and other equipment to hundreds of families who could not otherwise participate in remote learning.”

(R.5. Management Level, island CPP)

“There have been impacts on socio groups such as citizens on the national Shielding Lists. Direct services to such groups have required detailed planning and logistical support to ensure such vulnerable citizens have access to services which they need on a daily basis.”

(R.30. Management Level, nationwide NHS)

“Very well, especially around the provision of emergency food. The rapid formation of the Food Insecurity Network greatly helped coordination of this across the city.”

(R.4 - Management Level, urban CPP)

These responses reflect the tendency of many partnership groups and individual employees to transcend their formal structures and/or individual specialisms to meet the challenge of the pandemic, in the context of rising pressures on local services – although they may have been at the expense of longer-term preventative work. It is beyond the scope of this project to evaluate these adaptations, but these examples do illustrate the diversity and creativity of local partnership responses to service delivery in a crisis.

IV. The changing pandemic

"We had adapted our processes and streamlined activity by the second lockdown, so in some ways it was less fraught practically speaking."

(R.6 - Senior Management Level, mixed urban/rural third sector)

After a significant relaxation of lockdown over the summer of 2020 in Scotland, restrictions on social contact were reimposed in September of that year, sometimes referred to as the 'second lockdown'. This was supplanted by a system of tiers and 'Levels' of restriction which have continued to be adjusted as new variants of the virus have emerged alongside progress in the rollout of the vaccine.

We began the data collection for this project in March 2021; at the time of writing (early July 2021), 2.8 million people in Scotland (around half the population) are fully vaccinated and it is expected that most restrictions on contact will be lifted across the UK in the summer of 2021.

The second lockdown

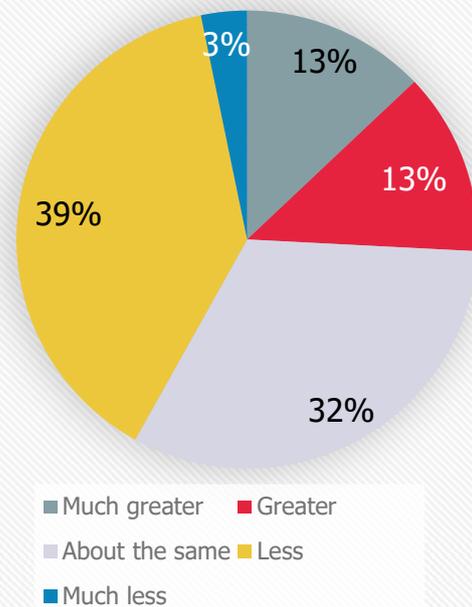
As the pandemic has progressed, local partnerships have been able to respond in a more considered way to the second lockdown, with most respondents agreeing it caused no more disruption to their work than the first lockdown.

Compared to the initial lockdown, more respondents stated that the second lockdown had made their work neither harder nor easier – however, 14/31 respondents still stated the second lockdown had made their work harder or much harder.

Although the second lockdown was not a shock in the same way, and could be anticipated and planned for, it is also more 'open-ended' than the first. In this situation, partnerships find themselves expected to carry on 'business as usual' while still dealing with the pandemic and (in some cases) the longer-term effects of the *first* lockdown.

"When the first wave came, we were able to park some things, like partnership performance reporting and quality improvement programmes, in anticipation of the COVID work. This galvanised us and made it clear if you

When the second lockdown was announced, was the effect on your work?:



were needed in your core role or if you should support elsewhere. But the second wave was in an environment of trying to cope with COVID but also keep everything else going as well. Different services are trying to mobilise at different rates and getting frustrated with us that we can't do it all at once... I guess wave 2 was less scary because we felt it was less of an unknown, but it has been twice the work."

(R.13 - Management Level, rural NHS Board)

"During the second lockdown, it was much more business as usual for us with partnerships working on picking up where things had left off pre-lockdown and in looking at how we move forwards."

(R.29 - Front Line Employee, rural CPP)

Our data suggest this has put significant additional stress on local partnership employees; there are also questions about whether it will be possible to continue to build preventive capacity in this situation.

The longer term – back to normal?

As we were conducting data collection, a noticeable shift is taking place in the work of local partnerships; the very rapid and flexible partnership work to respond in the short term to the Covid-19 pandemic is being supplanted by a need to return to some degree of normal operations – even as the pandemic and various levels of lockdown measures continue. Nearly all our respondents expected changes to partnership working, with most agreeing that the increased use of online working would be sustained.

"One advantage is the world has been heading digital for a long time. It did help move a lot of local services and partnerships further forward quicker"

(R.23 - Management Level, urban third sector)

Most respondents also expected some of the improvements in partnership working to be sustained, albeit not at the level at the height of the crisis (which would probably not be sustainable for long periods given the impact on staff).

"It is unthinkable that such a profound upheaval and shared experience will not leave a mark on CPPs. Apart from the remote working mentioned above, I am hoping that partner agencies will be more open to joint resourcing of recovery work, but this depends on their individual statutory accountability frameworks and may be more difficult to achieve."

(R.5 - Management Level, rural CPP)

"We have always been good at working in partnership, but I think that the pandemic has shown us just how important this is, and that we must further deepen and widen our partnerships. Climate Change and pandemics are a threat to the health of our people and world, the systemic change that is needed will only be exacted by people and partnerships working together."

(R.6 - Senior Management Level, mixed urban/rural third sector)

Many respondents also hoped that there would be recognition of community action, volunteering and the third sector sustained beyond the pandemic.

"I hope that local government recognise the importance of working with third sector partnerships as we have managed to provide technology to clients we have assisted with the completion of unpaid work hours and we were well utilised as a point of contact: example if they had no contact with a client were happy if we had."

(R.25 - Front Line Employee, rural third sector/Community Justice Partnership)

"it has shown the great partnership working and getting things put in place by the third sector"

(R.11 - Chief Executive/Director, rural third sector)

"The statutory partners have seen the power of local communities in action, and I think there is an increased respect on both sides"

(R.12 - Chief Executive/Director, rural Third Sector Interface)

One respondent suggested that this might go beyond the organisational and institutional dynamics of greater involvement for the third sector - towards questions of democratic engagement with local communities. This is an interesting argument which raises challenges for the current setup of local partnership working, but at this stage we cannot know whether it will be reflected in the overall data.

"I would like to see TSIs receive some investment to contribute more of their time, knowledge and experience to partnership working, rather than pressure to deliver more in more partnership arenas with less resource. I hope that Scottish Government, LAs and other community planning partners become more democratic and work better with each other and with third and community sectors to encourage more participatory approaches to democracy, so that people and communities can be active agents in recovery and renewal. I am not sure that this fits well with a command-and-control ethos which can seem at first glance to be a simpler and easier way of doing things, but is short term thinking"

(R.21-Senior Management Level, rural Third Sector Interface)

If the gains made by partnerships can be secured and built upon in the long term, this may represent a significant step forward for the implementation of the prevention principle. The flexibility developed by partnerships in response to the pandemic can be 'bedded in' to improve resilience in dealing with *any* crisis. Promoting this flexibility and adaptability may, in turn, require bureaucratic constraints on local partnerships to be at least partly relaxed or reduced.

Conclusions and Next Steps

Our data suggest that local partnerships have responded to enormous challenges by becoming more flexible and innovative, overcoming silo working and longstanding institutional hurdles. Most respondents report improved relationships between partners in the context of a common shared goal of mitigating the impacts of the pandemic. There has also been an expanded role for the third sector, and a welcome increase in visibility for volunteers and third sector organisations. **It is essential to build upon the success of local partnerships throughout the duration of the pandemic and associated 'lockdown' measures, and beyond them.**

There remain significant challenges for local partnership working, in the context of long- and short-term reductions in resources and rising demand for services. The immediate need for short-term responses to the pandemic has reduced the capacity to set up and embed long-term preventative working in line with the principles of the Christie Commission. A move to digital/online partnership working has brought challenges but also significant opportunities particularly around participation. However, the 'digital divide' in local communities poses a significant obstacle for the provision of services online. **There is still work to be done to overcome 'digital divides' between those with access to appropriate technology and those without it, not only within communities but also between geographic areas and institutions.**

The largest and most complex challenge is to build on and integrate the successful adaptations of the pandemic while also resuming usual partnership activities. This may require more discretion and 'breathing room' for partnerships to develop their own approaches. **Local partnerships need to be allowed discretion and 'breathing room' to operate and in some cases to develop their own adaptations and solutions.**

As local partnerships begin to resume their usual activities while still dealing with the pandemic and its effects, the lessons of the pandemic may help local partnerships to overcome longstanding issues rather than returning to 'business as usual'.

These interim findings suggest directions in which we hope to extend our analysis:

- Variations, including geographic differences, in how local partnerships have adapted to Covid-19 and what may account for these.
- Relatedly, the impacts on the work of local partnerships of different levels of lockdown (Levels 0-4) imposed at the level of local authorities, and the impact of changes between Levels and the uncertainty that sometimes accompanies this.
- How positive lessons from the Covid-19 pandemic and responses have been captured and integrated into future planning by local partnerships, and how they can be evaluated.

Our next steps are to continue the research interviews and the online survey. Future publications will draw on a larger and fully analysed dataset; we expect this will give us

more sense of exactly why and how certain partnerships have adapted so successfully while others have not, as well as a sense of geographic distributions of specific findings.

If you work in a local partnership in Scotland, we would love to hear from you - please consider completing our survey if you have not yet done so. The link to complete the survey is: https://napiersas.eu.qualtrics.com/jfe/form/SV_6o3uSSZWFH7003Q

If you work in a local partnership in Scotland and would be interested in participating in a research interview, please contact Carmen Nogales on C.Nogales@napier.ac.uk. If you would like to discuss the project or this report, please feel free to contact the Principal Investigator, Dr Jamie Buchan on J.Buchan@napier.ac.uk.

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