An Chomhairle Náisiúnta Eacnamaíoch agus Shóisialta
National Economic & Social Council

NESC

Community Call:
Learning for the Future

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Abbreviations

CCMA
City and County Managers Association

CRM
Customer Relationship Management

CYPSCs
Children and Young People's Services
Committees

DRCD
Department of Rural and Community
Development

GIS
Geographic Information Systems

GP
General Practitioner

HSE
Health Service Executive

ILDN
Irish Local Development Network

LA
Local Authority

LDC
Local Development Company

LCDCs
Local Community Development
Committees

LGMA
Local Government Management
Agency

PHN
Public Health Nurses

PPNs
Public Participation Networks

SOG
Senior Officials Group

1.1   Introduction

On 19 March 2020, the Irish Government asked people over 70 years of age and those who are medically vulnerable to COVID-19 to 'cocoon', i.e. to stay at home at all times, and minimise all interaction between them and other people. The aim of this measure was to protect people who could become very ill if they became infected with COVID-19.

This paper outlines the establishment and operation of Community Call,[1] the state-organised and community-based support programme for those aged over 70 and the medically vulnerable during Covid-19. Box 1 provides an overview of the research methodology.

Section 1.2 gives a helicopter view of the institutional landscape that has emerged to support Community Call. This helps to provide the reader with a sense of the structures and processes which have emerged. However, this report is less an account of the discovery of a new and now settled institutional architecture, than an illustration of public policy and decision-making which works with uncertainty, and with stakeholders, to co-create an effective delivery mechanism. The power of the resulting mechanism, in this case Community Call, stems from an unrelenting and reflective focus on a specific and complex problem.

The report examines, in Section 1.3, how this mechanism evolved in a very short period of time. It documents how national organisations, local authorities, volunteers and other stakeholders responded to the urgent need to ensure that people who were asked by Government to remain at home would have access to basic services.

Failure to act would have been unthinkable but, given the haste with which actions were taken, it was inevitable that gaps, duplication and concerns would become evident. In response, actions that took account of what had been learned from the initial efforts were taken to put in place a more robust system. Section 1.4 describes the steps taken to develop the resulting Community Call.

Section 1.5 considers the lessons from Community Call. It has been very effective in meeting its objectives, through several different stages of pandemic lockdowns. This

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[1]   It outlines the position on 22 January 2021.

section considers how the success of the initiative can be built on. In doing so it draws on a review of work to support vulnerable people in other countries: Scotland, England, France and British Columbia (Appendix 1). Section 1.5 identifies six lessons:

- Lesson 1: The more granular and cross-cutting way of identifying the vulnerable and their needs in Community Call delivered better services and highlighted gaps.

- Lesson 2: Community Call helped local authorities become more connected to communities. This can provide a basis for rethinking roles and relationships within local areas.

- Lesson 3: Changed working practices in, and between, statutory and community and voluntary organisations delivered improved outcomes. This has important longer-term implications for ways of working and funding.

- Lesson 4: Inter-agency structures made a significant difference to the ability to co-ordinate and deliver rapid responses.

- Lesson 5: The community and voluntary sector played a key role in identifying and supporting the vulnerable. There is a need to look at how such work can be sustained.

- Lesson 6: Community Call was able to use and adapt existing administrative and IT systems but has also shown scope for how these could be improved.

Section 1.6 concludes by outlining some of the implications for wider national policy and public-sector reform that flow from the Community Call work, and for supporting governance structure and processes.

The Programme for Government has committed to examining the merits of maintaining Community Call on a more permanent footing. The findings outlined in this NESC paper will contribute to that work.

Box 1: Research on Community Call: methodology

This paper was prepared based on a number of information sources. First, online searches were carried out to find key information on the supports put in place in Ireland to support the vulnerable during Covid-19. Online searches were also carried out to identify practices used to support vulnerable groups in other countries, both during Covid-19, and otherwise (Appendix 1). Written reviews of learning from Volunteer Ireland and the Public Participation Networks (PPNs) were also drawn on (DRCD, 2018).

Second, 32 people from a range of organisations working on Community Call were interviewed. The roles of these individuals are outlined in the table below. Some of those interviewed held multiple roles, e.g. a local authority CEO or senior manager in a government department who was also on the National Oversight Group for Community Call; a Local Development Company (LDC) CEO who was also a Community Champion.

Third, five focus groups were held with two local authorities. One focus group was made up of Community Call helpline staff; two focus groups comprised members of the Community Response Fora; and two others were made up of those on working groups operating under the Community Response Fora. Altogether, 50 people took part in the focus-group discussions. Their affiliations are listed below.

NESC would like to thank the interviewees and focus-group participants for the time taken to outline the detail of, and insights on, the work of Community Call.

Interviews:

Organisation	Role	No. interviewed
Local authority	CEO	4
	Director of Services	2
	Manager of Community Call	3
	GIS officer	1
Government departments[2]	Assistant Secretary	4
	Principal Officer	2
	Assistant Principal	2
Community & voluntary groups	Representative of sector	2
	CEO of an organisation	3
	Community representatives on Fora	3
Local development company	CEO	1
Volunteer centres	Managers	4
Garda Síochána	Sergeant	1

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[2]   The Departments of Health; Rural and Community Development; and Housing, Planning and Local Government.

Focus groups

| Organisation	Role	No. interviewed
Local authority	Staff	20
	Councillors	2
Community and voluntary groups	Staff or representatives	13
Statutory bodies	ETB	5
	HSE	5
	Garda Síochána	3
	Tusla	1
Others	Government department	1
	Local development company	1
	Religious representative	1

1.2   Helicopter View of Community Call

Community Call was established at the end of March 2020 and, as outlined in detail in Section 1.4, it built on work through March by various community and voluntary groups, government departments and other statutory bodies.

Figure 1 shows that the programme which emerged is operating at four connected levels.

First, at national level, three bodies have ensured that there is a strong overarching perspective. The work of Community Call was shaped by the NPHET Sub-Group on Vulnerable People,[3] the Covid-19 Senior Officials Group (SOG) and Covid-19 Cabinet Committee. The SOG, in particular, was influential in the early stages of the development of Community Call.

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[3]   This sub-group was stood down,from July 2020.

Figure 1: Community Call Institutional Structures and Arrangements
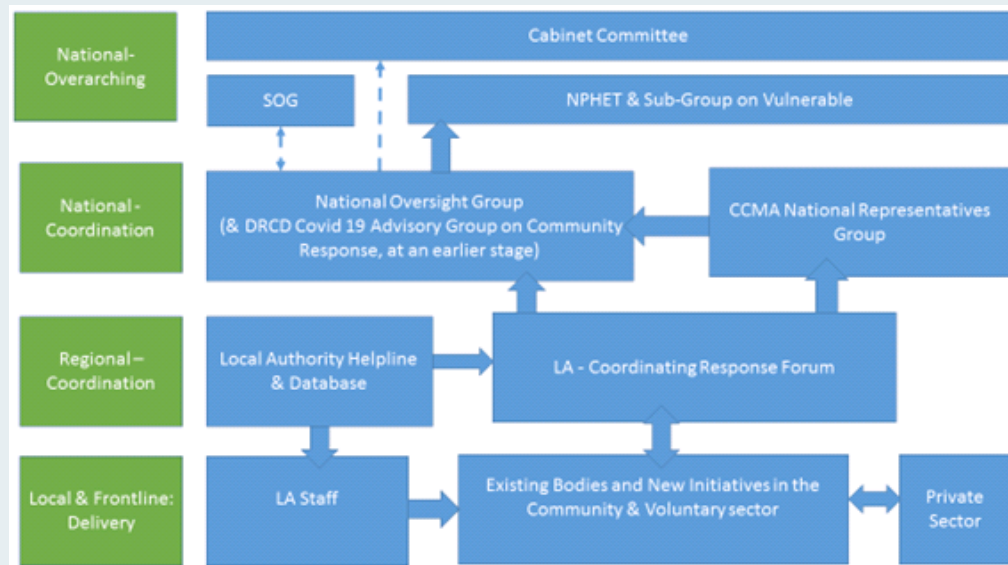
Second, also at national level, an oversight group was established to co-ordinate work across government departments and agencies, and, importantly, to provide a means of addressing problems and issues that arise and cannot be solved at regional and local levels. In addition, shortly after the creation of Community Call, the City and County Managers Association (CCMA) representative on the Oversight Group established a National Representatives Group to provide the national representatives of community and voluntary groups involved in Community Call with a means of directly raising and solving issues arising at local level. These issues were then reported to the National Oversight Group.

Third, structures were put in place at regional level. Each local authority set up a helpline and supporting database management system. The latter enabled daily reporting to the National Oversight Group. The local authority also created new Local Authority Coordinating Response Fora (Community Call fora). These have a range of members, including community and voluntary groups, and various statutory bodies, such as An Post and the HSE. The Community Call fora co-ordinated the work of the local voluntary and community organisations delivering services to those vulnerable during Covid-19.

Fourthly, local voluntary and community bodies, both existing and new initiatives, worked with each other and local authorities to support the vulnerable. These organisations collaborated with private-sector organisations such as supermarkets and pharmacies.

A key feature of the process is the active collection of data and experiences and the close two-way flow between the various levels and organisations involved in supporting the vulnerable.

In general, the interviewees for this research reported that Community Call has been very effective in achieving its objectives. Box 2 provides an overview of the strengths noted by the interviewees. These strengths, along with suggestions on how Community Call might be improved, help to inform the analysis provided in the remainder of the report.

Box 2: Community Call: overview of interviewee feedback on strengths

In general, the interviewees saw Community Call and the Local Authority Coordinating Response Fora as mechanisms which worked effectively to draw different players together, share information, reduce duplication, and identify gaps in services which need to be filled. They were also a means of ensuring that supports were co-ordinated, visible and delivered to those who needed them. They noted the following as strengths:

- the speed with which Community Call and the fora were put into place on direction by the Department of Housing, Local Government and Planning' ;

- the hard work of community and voluntary groups to put supports in place as soon as possible;

- the range of public-sector staff redeployed or who volunteered to work in different jobs;

- government departments, agencies and community and voluntary groups working together fast to identify needs and put in place effective responses to them;

- the new relationships developed between organisations, and the strengthening of existing ones;

- a less siloed view of the work done by the other organisations;

- local authority leadership, and their existing relationships which allowed them to mobilise and co-ordinate a variety of actors at local level;

- enabling local issues to be quickly escalated to national level where appropriate;

- the work allowing many vulnerable people whom services were not aware of to be identified;

- organisations working together locally being able to meet the needs of many vulnerable people;

- some local authorities becoming much more aware of social inclusion issues;

- the fact that 'corps' of volunteers, and systems to manage them, already existed; and

- Eircode, as it allowed volunteers and those seeking services in local areas to be easily connected.

1.3   Responding to a Public Challenge: First Steps[4]

On 6 March 2020, it was agreed at a meeting convened by the chairperson of the NPHET Sub-group on Vulnerable People that the Department of Rural and Community Development (DRCD) would take the lead on supports for vulnerable people living in the community.

DRCD established a Covid-19 Advisory Group on Community Response, with a variety of stakeholders from the statutory and community and voluntary sectors.[5] This group first met on 10 March and its work led to the development of the *Government Action Plan for the Community Response to Covid-19*, and the *Covid-19 Community Outreach initiative*.

The Action Plan, published on 20 March (DRCD, 2020a), outlined three types of support:

i.   **Volunteers:** The plan sought to encourage and facilitate volunteering, in partnership with Volunteer Ireland, 22 Volunteer Centres and seven Volunteer Information Services, supported by Local Development Companies.

The plan allocated extra resources to Volunteer Ireland and its local volunteer centres, which had an existing network to advertise for and sign up volunteers. The volunteer centres prioritised where volunteers were needed most to support the community during Covid-19. Under the plan, gardaí were also tasked to expedite the Garda vetting process for these volunteers.

ii. **Community Supports:** The plan provided community supports for older people in partnership with ALONE. It provided extra resources to ALONE, which set up a telephone support line with expanded hours (8am–8pm) and recruited additional volunteers through Volunteering Ireland for its support service.

The helpline was aimed at older people and their families, who could contact it if they wanted any advice, reassurance or additional support, e.g. with practical tasks such as grocery and medication distribution, fuel, and feelings of isolation.

From April on, all older people who were participants of the Seniors Alert Scheme, which provides monitored alarms for 80,000 older people in their homes, were given the opportunity to be included in a befriending service operated by Alone.6 The scheme is operated locally by some 670 community

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4   The dates noted in this section are predominately those on which official announcements were made, but the work involved was in several cases ongoing before it was announced.
5   There were representatives from the Departments of Rural and Community Development; Health; Justice, and Equality; from the HSE, Pobal and the CCMA, and from Alone, Community Work Ireland, the Disability Federation of Ireland, the GAA, the Irish Local Development Network (ILDN), Irish Rural Link, Muintir na Tíre, The Wheel and Volunteer Ireland.
6   Once a user of this service tests their alarm, they will be called back and asked if they would like to avail of a befriending call service through ALONE, and either the number of ALONE is given to the

groups throughout the State, and administered by Pobal. The involvement of these community groups ensured that the service had a strong local dimension, as they are embedded in communities throughout the country. Meanwhile, the involvement of ALONE meant nationwide capacity to provide this service.

iii.   **Helpdesk:** From 20 March, the Department of Rural and Community Development, in partnership with the 31 PPNs (DRCD, 2018) nationwide, put in place a dedicated email helpdesk to assist smaller community groups with their queries, and to refer them on to appropriate sources of support. FAQ information and guidance was also developed based on these queries, and posted on the Government website (DRCD & DHLGH, 2020).

The Covid-19 Community Outreach initiative, established on 30 March, was co-ordinated by The Wheel and Irish Rural Link, and funded by the Department of Rural and Community Development.

This initiative arose from the work of the groups on the DRCD Covid-19 Advisory Group on Community Response. It comprised a network of Community Champions, with one in most local authority areas, although champions were not initially appointed for every city local authority area. Individuals or organisations needing help, or offering help, were encouraged to contact the Community Champions, who could help link them to those offering support (Lennon, 2020; Fitzgerald, 2020).[7] Some champions were also actively involved in providing direct support to the vulnerable. The Community Champions also monitored the situation in their community to help identify issues and gaps emerging at local level so that they could be fed back to government. The recruitment of the champions was carried out by Irish Rural Link, based on their existing links to the community. Many champions were the CEOs of local development companies, although several were from other local organisations.

In parallel, throughout March, a range of community and voluntary supports and activities were emerging at local level. Some examples of these include the following:

- **Clare Community Response Team**: A community response team comprising the local authority, local development company, the PPN, and a co-operative of community groups.

- **Donegal Covid-19 Co-ordinated Response**: The LDC in Donegal set up an online system to map the supports available in each parish, and tasked staff with co-ordinating volunteers from a variety of organisations to deliver food and medicines, etc.[8]

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participant, or their consent is sought for ALONE to be provided with their contact details to be included in the befriending service (DRCD, 2020b).

[7]   See (Wheel, 2020) for a list of the champions.

[8]   See http://www.dldc.org/covid-19-donegal-map-of-supports-2/, accessed 03.07.20.

- **Club Together:** This was a partnership set up between the GAA and Musgraves, with the GAA asking clubs to align with their local SuperValu and Centra stores to deliver essential supplies. Supervalu planned to set up and nationally advertise a free phone number and website allowing those most in need of the service to register for it (GAA, 2020). These plans were subsequently rolled into Community Call.

- **New Groups:** Many entirely new support groups came together to provide help. One example is localsupport.ie, triggered by the work of Samantha Kelly and Helen O'Rahilly on Twitter. Their appeals for people to support local older and vulnerable people in need of help attracted over 8,000 volunteers (Freyne, 2020). From 10 March, the location of these volunteers, community groups, and those looking for help was mapped on their website, with the volunteer co-ordinators of the site linking up both. A text support number was also launched.[9]

1.4   Improving the Response: Community Call

As March progressed, the interviews undertaken for this paper confirmed that in some cases the supports being put in place were being duplicated, and also that it was not always clear that supports covered all areas. It was also reported that concerns were emerging about safety, of both vulnerable people and volunteers. For example, some of the new groups being set up, while well-intentioned, hard-working, and providing a range of supports, had no experience of working with vulnerable people, and were not all aware of the need for Garda vetting, insurance, data protection, and safeguarding of both the vulnerable and volunteers.[10] It became apparent that a strong co-ordinator was necessary to draw this work together, provide consistent communication, and ensure no gaps in provision as well as good governance and safeguarding procedures.

These concerns, along with a growing realisation of how dependent the medically vulnerable were on others for help getting food, medicines, etc on foot of the 19 March Government decision, led Government to decide that the supports needed to be co-ordinated at state level.

One option was co-ordination directly by DRCD, but it was agreed that this would not have enough reach into local level and that local authority led structures would be required to achieve this. Therefore, following discussions at the SOG and between the relevant Departments, including the Department of An Taoiseach and the

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[9] Helen O'Rahilly explained, 'Someone texts the number and it goes into an email format to myself and five other volunteers [and] we find a volunteer nearest them... and give them the name and phone number of person in need of deliveries' (Freyne, 2020).

[10] For example, if a vulnerable person asked someone else to do shopping for them, how would the exchange of money for this be organised? Should the vulnerable person allow the volunteers in to their home? Were volunteers Garda-vetted, and were other safeguarding procedures in place? How would the privacy of personal data about both volunteers and vulnerable people be assured?

Department of Housing, Planning and Local Government, on Friday 27 March, the Minister for Housing, Planning and Local Government wrote to all local authority chief executives.

This letter instructed all Local Authorities to immediately operationalise a Framework for Local Authority Community Support, and put helplines and support structures for medically vulnerable people in place in each local authority over the weekend (MerrionStreet.ie, 2020). Arising from this, the City and County Management Association met the next morning, and a Local Authority Community Response Forum (Community Call forum) was set up that weekend in every local authority to coordinate the supports for vulnerable people during Covid-19.

It is important to note that the Covid-19 Senior Officials Group played a co-ordinating role, particularly at the beginning when decisions were being made about how the response could be enhanced and the roles and responsibilities of various organisations.

A national Oversight Group was also established. This comprised senior representatives of the Department of An Taoiseach, the Department of Housing, Planning and Local Government, the Department of Rural and Community Development, the Department of Health, the County and City Managers' Association, and the Local Government Management Agency (LGMA). The purpose of the group, which met almost on a daily basis, was to resolve issues which could not be resolved at local level. An example helps to illustrate the problem-solving role of the Oversight Group. The LGMA sought guidance on how shopping should be paid for, and whether or not volunteers should go inside the houses of vulnerable people. The DRCD asked Volunteer Ireland to produce guidance on these issues. The Department of Health then reviewed this guidance to include best practice on public health.

The Local Authority Community Response Forum (Community Call fora) was chaired and co-ordinated by each local authority chief executive. Each comprised the local authority, the HSE, the Community Welfare Service, An Garda Síochána, Volunteer Centres, Local Development Companies, other state organisations, community and voluntary groups, and other stakeholders.[11] The Community Champions selected under the Covid-19 Community Outreach programme also each sat on their local authority forum.

The Community Call fora were assigned responsibility to support a programme named 'Community Call', announced by the Government on 2 April. This was an overarching programme designed to mobilise state and community and voluntary supports for vulnerable people. On 9 April, the Government announced the Covid-19 Emergency Fund, which provided €2.5m for community and voluntary groups

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[11]   The 'other stakeholders' vary. In some counties, e.g. in rural areas, there were church organisations and the IFA on the fora, while in urban areas these groups were rarer. Some counties also invited local elected representatives onto the fora. The size of the fora ranged from the 14 representative organisations specified in the Framework for Local Authority Community Support, to over 50.

delivering Covid-19 community supports.[12] It was administered by local authorities. The grant amounts varied by population size, with the largest (over €160,000) going to Dublin City, and the smallest (€56,000) going to Leitrim. The grants were intended to be modest in nature; priority was given to organisations which incurred costs on direct delivery of frontline services to people (DRCD, 2020c). This funding was used to pay for, e.g., Meals on Wheels, and new IT systems for small charities. Some volunteer organisations delivering necessities said, however, that they did not want funding and provided support for free, in line with their volunteer ethos.[13]

The Community Call fora convened the different organisations regularly to co-ordinate the delivery of the services and support the Community Call programme. The fora usually met weekly, with the frequency of meeting declining as the need to provide Community Call supports decreased. Some fora had subgroups, focused, for example, on food poverty, digital exclusion, and well-being, or on operational as distinct from strategic issues. The operation of the sub-groups was found useful, particularly when the members also attended the main forum meeting. The sub-groups were able to identify key issues arising for them, co-ordinate the responses required, and then bring any issues which they could not resolve to be discussed and solved at the main forum meeting.

Each local authority appointed a co-ordinator for Community Call, with a team managed by them. A helpline was set up in each local authority area, contactable through a local or 1800 number, or by email, which vulnerable people in the county could contact to ask for support such as delivering food, fuel and other essential household items; prescribed medicines; hot meals; and transport to medical appointments. The helplines were manned by local authority staff who recorded the type of support required, and then sent information on it and the person to local authority staff or a local volunteer group who would deliver the support required. See Box 3 for an example of how helplines were run in two local authorities.

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[12]   This was funded by the DRCD and administered by the Local Community Development Committees (LCDCs) in each local authority.
[13]   This obviously would depend on the resources available to the individuals and groups to cover the costs incurred.

Box 3: Example of helpline management in two local authorities

Local Authority 1

Library and community staff either volunteered or were assigned to work on the helpline. Between them, these two groups had good skillsets to cover both basic and more complex calls. Calls were triaged, with library staff answering all calls and dealing with simpler ones, while more complex ones were referred to community staff. The most sensitive cases were referred to gardaí. Requests received via email were dealt with by the team supervisor.

The helpline could be operated in the local authority offices, or at home; most staff worked on it from home. The staff worked in teams, in six-hour shifts. A mix of staff ensured all types of call could be well managed. Weekly debriefing sessions were held, which staff found useful for information-sharing, and for emotional support around difficult calls (e.g. on domestic violence, mental health and isolation). The HSE provided some training on how to deal with such calls. Daily updates from community groups were also provided on how to answer particular queries.

A spreadsheet of local information (e.g. which shops were open, whether they were delivering, etc), and local contacts, was put together by the Local Community Development Committee (LCDC) with the help of community workers, and updated daily. Mapping of supports available in the county was carried out by the PPN.[14]

An update on the number of calls and how they were responded to was provided to the Department of Housing, Planning and Local Government each evening at 8pm. By autumn 2020, with fewer calls, the update was provided at 5pm each day from Monday to Friday.

Local Authority 2

In this local authority, the council's customer service unit was expanded, using volunteers from other parts of the council, and their hours were extended to cover weekends. The customer service unit answered calls, and relayed information received, by email, to HSE community work and local authority staff who jointly managed Local Action Teams throughout the local authority. These HSE and local authority workers then relayed the requests to staff and volunteers at local level, so that they could respond to requests.

The leaders of the Local Action Teams and the two Community Response Co-ordinators in the council met every morning online, to discuss responding to the needs arising. Once a week, a clearing-house meeting was held, focusing on what needed to be changed; for example, how to deal with complex calls.

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[14]   In some counties, the PPN collated the information on local services and their availability.

An important aspect of the Ministerial request to local authorities on 27 March to set up the fora and helplines, was that local authority GIS officers were required to be involved in the response (See Box 4).

Box 4: Community Call and online data management

An online data management and mapping component was also set up as part of Community Call in each local authority. As noted in Section 1.3, some community organisations and PPNs had devised such online mapping systems before the rollout of Community Call.

The mapping and data-management systems used by local authorities were set up separately, as there was not time to develop and agree one standard approach. The Department of Housing, Planning and Local Government offered supports to each local authority in this work, and it and a range of semi-state organisations worked to ensure that data which the local authorities needed to map was published as quickly as possible.

This support enabled the GIS officers in each local authority to set up systems that digitally mapped services, volunteers and those looking for services in the local authority area. The systems helped them to link the vulnerable and volunteers in the same geographic areas, to identify any areas where support was not being sought, and see if this needed to be addressed. Eircode data was key as it helped identify the exact location of volunteers and those seeking support. It also acted as a person-specific identifier for people with the same name.

The online maps also linked to the data recorded by those working on the helpline. This data was recorded in CRM systems that logged calls and how they were dealt with, as well as information on the callers. The latter included, for example, the caller's name, address, phone number and eircode. In one local authority, the calls were assigned to one of six categories on the system: collection of medicines, transport, Garda enquiries, isolation cases, meals, and health issues. This system also included a box to be ticked showing that callers had consented to their details being passed on to other agencies. Some smaller local authorities had to set up such systems for the first time, as they did not have existing systems to draw on.

Between 31 March and 14 August 2020, over 53,000 calls had been received by the fora, and over 11,000 collection and delivery calls had been made to people needing their services, as well as over 10,000 isolation calls, 4,000 meals calls, 2,700 health calls, and 21,000 follow-up calls (Goverment of Ireland, 2020).

Between 14 August 2020 and 20 January 2021, approximately 8,000 further calls had been received by the helplines, and an extra 1,500 collection and delivery calls had been made to people needing their services. There were also an additional 1,000 isolation calls, 300 meals calls, 1,500 health calls, and 2,500 follow-up calls.

LDCs were also supporting vulnerable groups during the lockdown, at one stage receiving up to 2,200 calls per day across the country (ILDN, undated).

The local authority helplines also linked in with the ALONE helpline at national level – another support outlined in the *Government Action Plan for the Community Response to Covid-19.* The local authority staff were able to let older people who felt isolated and in need of social support know about the ALONE service, or similar befriending services at local level. They were also able to refer those with greater difficulty to national supports such as the Samaritans or Pieta House.

With the lifting of the spring 2020 lockdown, Community Call was scaled back. Helplines in many local authorities were connected to the main local authority switchboard rather than a specialist helpline, and were made available during standard opening weekly hours and at the weekend, rather than from 8am to 8pm seven days a week. Switchboard staff answered routine queries, and referred requests for support to specialist staff who had worked on the Community Call helpline in earlier lockdowns. However, a national contact number for Community Call is now operated by ALONE, from 8am to 8pm, seven days a week (Citizens Information Board, 2020). The Community Call fora also met less often, although this varied by local authority, with some meeting, e.g., fortnightly, and some monthly. All IT systems were kept on standby. Therefore all structures were prepared for re-establishment of the full Community Call response if necessary.

Community Call supports have since been re-established on a number of occasions. This occurred during individual county lockdowns in late summer 2020, and during the national lockdowns in autumn 2020 and winter/spring 2021. However, there were significantly fewer calls during these lockdowns, as the data outlined in Box 4 indicates. In January 2021, one local authority phoned all those in one area who had requested help during the spring 2020 lockdown, to see how they were managing. All the service-users reported that they were using the arrangement set up in spring 2020, or had since made other arrangements, and so did not need to contact the Community Call helpline. Similar experiences have been reported from other counties.

From 29 October 2020, some Community Call work was rolled into the *Keep Well* initiative launched by the Government. *Keep Well* was providing a range of supports to help people and communities to mind their physical and mental health over winter 2020–21. Under the 'Staying Connected' theme of this initiative, local authorities are supported to continue to provide the local community helpline, and also a befriending service. Working with partner organisations, including An Garda Síochána, NGOs and Volunteer Ireland, they are also focusing on identifying and supporting those most at risk of isolation (Department of Health, 2020).

With less immediate support needs coming from the helplines, several Community Response Fora have also been focusing on addressing two other key needs, apart from mental health and wellbeing, which became evident during the pandemic. These are food poverty and digital exclusion. Interestingly, these three issues were also identified in similar work during pandemic lockdowns in the UK (Coutts *et al.*, 2020). More information on this work in Ireland is provided in Section 1.5.

1.4.1   Community Call in Action

This section outlines in more detail how Community Call, in terms of the delivery of supports, is working in practice. There were commonalities in the Community Call response in each local authority area, but there were some also differences, as local structures and needs vary (DRCD, 2020d). This section considers five operational aspects of Community Call:

- finding older people and the medically vulnerable;

- linking with volunteers;

- linking with business;

- quality, standards and follow up; and

- linking the frontline, local authorities and national bodies.

Finding older people and the medically vulnerable

Community Call was publicised nationally through the work of government departments, using both traditional and social media. In addition, a range of local communication methods were used, including leaflet drops organised by PPNs and residents' committees, leaflets being included in all prescription bags in local chemists, slots on local radio, interviews with 'cocooning ambassadors', etc.

All local authorities then had to find ways to contact over 70-year-olds and let them know that the Community Call service was available. They were able to proactively telephone older people who were on their databases, for example through the County Age Friendly fora. However, some counties were able to get contact information for all over 70-year-olds in the county from the HSE, and contact them. This enabled them to be more proactive in reaching out.

In many counties, local community and voluntary groups played a key role in identifying vulnerable people in their neighbourhood who might need support during the lockdowns. A number of local authority interviewees stressed how these vulnerable people could not have been identified without such local knowledge. Several garda stations also had a register of vulnerable people whom gardaí were able to check in on, and link to Community Call services if necessary. An Post was another organisation which let many vulnerable people know about Community Call support.

Linking with volunteers and community organisations

Local authorities linked with volunteers and organisations in the community to deliver supports and help transport people to medical appointments. There was some variation in how this worked by local authority, although all stressed how the supports provided through Community Call could not have been delivered without the work of local community and voluntary groups.

As some normal local authority work could not be carried out, redeployed local authority staff in these situations delivered to those needing support. Local

development companies, family resource centres, community development projects in the south of the country, some Community Champions[15] and a number of local councillors also provided supports directly. The gardaí played an important role, by providing transport, as they are available to help 24 hours a day, seven days a week. They could also provide support in more sensitive cases, e.g. domestic violence, or in a situation where a person had not been seen in several days.

In some local authorities, individual volunteers were asked to sign up for Community Call through the local volunteer centre, or www.volunteer.ie, a link which had been established in the *Government Action Plan for the Community Response to Covid-19*. Local authorities also worked with organisations which had existing volunteer structures. These organisations included the GAA, the Scouts, Lions clubs, the IFA, Civil Defence, the Order of Malta, Meals on Wheels, residents' committees, etc. The interviews suggest that most of the volunteer work was carried out by such organisations. The GAA was referred to by many interviewees, and some noted that, in a number of areas, the GAA was the only active volunteer community group.

Linking with business

The volunteers in each local authority area worked with local businesses – for example, supermarkets and pharmacies – to provide supports. Different methods were agreed that could be used to pay for products or services.

In several counties a local supermarket designated a till for shopping carried out by Community Call volunteers. The volunteer received a shopping list from the helpline, got the goods together in the supermarket and brought them to this till to be rung up. Then the cashier phoned the person being shopped for to ask for their debit or credit-card details to pay for the items. The volunteer then delivered the goods to the person's home.

In other places, gift vouchers were used to pay for shopping. In at least one county, those in receipt of social welfare payments were able to transfer some of the payment onto a pre-paid card which could be used to pay for shopping. Cash was sometimes used, in cases where the person seeking support did not have a debit or credit card.

Quality, standards and follow-up

All volunteers working on Community Call were Garda-vetted to help ensure that they could safely work with vulnerable people. Under the legislation, Garda vetting is

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[15] Some Community Champions were the CEOs of local development companies. In these cases, some LDC staff and funding streams were used to support cocooners and other vulnerable groups. Other Community Champions were not part of LDCs and did not have their resources to draw on. They were, however, usually able to access other funds which they used to cover the costs of supporting cocooners.

for a role rather than an individual, and so those who had already been Garda-vetted to carry out a different role had to be vetted again to carry out this role.

Volunteer Ireland also prepared guidance on volunteering (Volunteer Ireland, undated) for the volunteers, the organisations working with volunteers, and those receiving services. This guidance covered, for example, how to screen volunteers, the legal requirements of Garda vetting, risk assessment, an organisation's duty of care to volunteers, etc. The Department of Health linked in with public health guidance on how volunteering could be done safely during the pandemic.

Data-protection agreements were also signed between the local authority and the volunteer organisations to facilitate sharing of information on those who needed support. The latter were asked to agree to this data-sharing between relevant organisations.

Helpline staff or a volunteer co-ordinator also phoned the person who sought support a number of days after their request had been received, to ensure that they had received the service requested. For follow-on supports, a range of options were used. For example, in one county, the person was contacted by the volunteer co-ordinator a week later to see if they needed more deliveries. In other counties, the person could contact the volunteer who last delivered goods to them, or the helpline.

Finally, some finetuning of the Community Call service occurred in local authorities as it settled down during the spring 2020 lockdown. For example, on data-collection, it had not been anticipated that people would phone in on behalf of the vulnerable, so a mechanism to record third-party data was included in the IT systems set up. It was also necessary to add a text service for those who were hard of hearing.

Linking the frontline, local authorities and national bodies

The online databases and management system created as part of Community Call collected key data on the range of calls and responses to them. This provided a basis for detailed reports. For a number of weeks daily reports were provided by the local authorities to the Department of Housing, Planning and Local Government. These provided an essential evidence base for the National Oversight Group, and allowed them to see the range of work carried out at the frontline, and within specific local authorities (see Box 4).

In addition, the CCMA representative on the Oversight Group established a National Representatives Group, to help identify issues emerging among local groups involved in Community Call. This group was made up of national representatives of the groups on the local authority fora, and included the GAA, the IFA, An Post, The Wheel, the Irish Local Development Network (ILDN),[16] Irish Rural Link, Volunteer Ireland and

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[16]   The ILDN is the representative body for Local Development Companies.

ALONE. At their meetings, the members were able to bring up issues identified by their organisations on local authority fora, and resolve any which were problematic.

For example, some local authorities were not sure whether or not volunteers who already had Garda vetting needed to be vetted for their new role under Community Call. Members of the CCMA National Representatives Group spoke to the Garda Vetting Bureau, who clarified that it was a legal requirement for the volunteers to be vetted for their new roles, whether or not they had been vetted previously for another role. This information was then fed back to the local authorities. The issue was noted as resolved at the National Oversight Group meeting.

This 'real-time' review of how Community Call was operating in every local authority, via daily reports linked to the work of the helpline, combined with a means of gathering experiences of frontline volunteers and community groups, created a type of triangulation in terms of evidence. This ensured that gaps, duplication or issues in terms of standards could be quickly and credibly identified. It provided an enhanced evidence base, which in turn was acted on decisively by the overarching National Oversight Group. This has been critical to the success of Community Call.

1.5   Community Call: Six Lessons

This section considers overall lessons from Community Call for the identification and effective delivery of supports for the vulnerable in future. It looks at six lessons:

- Lesson 1: The more granular and cross-cutting way of identifying the vulnerable and their needs in Community Call delivered better services and highlighted gaps.

- Lesson 2: Community Call helped local authorities become more connected to communities. This can provide a basis for rethinking roles and relationships within local areas.

- Lesson 3: Changed working practices in, and between, statutory and community and voluntary organisations delivered improved outcomes. This has important longer-term implications for ways of working and funding.

- Lesson 4: Inter-agency structures made a significant difference to the ability to co-ordinate and deliver rapid responses.

- Lesson 5: The community and voluntary sector played a key role in identifying and supporting the vulnerable. There is a need to look at how such work can be sustained.

- Lesson 6: Community Call was able to use and adapt existing administrative and IT systems, but has also shown scope for how these could be improved.

1.5.1   Lesson 1: The more granular and cross-cutting way of identifying the vulnerable and their needs in Community Call delivered better services and highlighted gaps.

Community Call, with several groups working together to the same end, enhanced the capacity to identify and reach out to the vulnerable. As the Call rolled out, the knowledge of various groups helped to identify those who might need support. Community and voluntary groups were aware of vulnerable people in their community, as were statutory groups such as Public Health Nurses (PHNs) and the gardaí. They and staff from other organisations, such as An Post, were able to talk to these vulnerable people to let them know about the supports. Others asked for help themselves, or a relative/friend asked for help for them, while schools were important in identifying vulnerable families.

Many interviewees remarked on how the Community Call work helped them to identify people who really needed help, and of whom agencies were unaware. The coalition of statutory, voluntary and community organisations working together enabled a much wider net to be cast than would usually be the case. It is, therefore, not surprising that pockets of isolation and disadvantage which were hitherto unknown came to light as a result. Others noted the importance of people from trusted local and statutory organisations having the time to talk to vulnerable people about the services that were available, and encouraging them to take them up. A lot of those on the margins are not connected into any supports, but need to be.

One benefit of the Community Call method of identifying the vulnerable is that it does not rely on an area being designated as disadvantaged. One interviewee noted that previously, and to some extent still, disadvantaged people are identified and services are focused on them using area-based methods. Such methods include area-based partnerships and DEIS schools, for example. However, changes in service provision, such as the move from large social housing estates to single units of social housing in larger housing developments, means that this method of identifying and focusing on disadvantaged people is not as effective as it was.[17] The more granular method of drawing on local knowledge to identify the vulnerable helps address these changes. A number of interviewees commented on how Community Call was a type of outreach, and service needs were identified by those looking for support, rather than by service providers. This kind of outreach has led to greater visibility of needs, which were less recognised before Covid-19. As the work progressed, the definition of need began to broaden, in line with the ministerial request but also as the service providers and volunteers interacted with people on the ground. As one interviewee put it, 'a lot of hidden need became unhidden during the lockdowns'.

The ministerial request to set up the fora and local supports asked for a focus on the wellbeing of society once the immediate service to supply basic necessities had been established (Department of the Taoiseach, 2020). A range of services on this were developed in local authorities and local development companies, and, as noted

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[17]   Another example is the difficulty that can arise in providing school meals in non-DEIS schools.

above, these have continued as part of the *Keep Well* initiative. The focus on wellbeing is partly due to the ministerial request, and partly due to the strong need which those working on the ground could see during the lockdowns. Interviewees in one local authority reported that what they called 'social isolation' calls were the most distressing to receive during the lockdowns. Local volunteers also came across a number of vulnerable people who had been managing life quite well before Covid-19, but were too fragile to cope with the extra complications of lockdown and social distancing rules. Members of many households found the stay-at-home rules and closure of schools, childcare, workplaces and social outlets very difficult to manage. Many people also experienced a lot of anxiety returning to parts of normal life as lockdowns were relaxed, and young people in particular have experienced anxiety (CSO, 2020: Table 2.1a). To respond to this, local authorities and other organisations have provided a wide range of supports. Sports were organised for young people, and work with artists and Creative Ireland was carried out to engage different groups. Advice is also being provided on eating well, while Children and Young People's Services Committees (CYPSCs) are being supported to focus on the wellbeing of young people. A number of Community Call Fora also set up working groups to look specifically at supports needed to combat social isolation and mental health difficulties triggered by the pandemic.

In addition, what started as an imperative that basic needs such as food and medicines be delivered to those who were vulnerable soon developed into a much broader concern as issues such as social isolation, food poverty and digital exclusion became more evident. The need for support on these issues does not seem to be abating, suggesting long-term needs here which need to be addressed. In several counties, charities, statutory bodies, local development companies, PPNs and Food Cloud worked together to, for example, set up foodbanks, provide food parcels, and deliver food, including hot meals, across the country.[18] One local authority reported that over €1m worth of food, weighing 461 tonnes, had been distributed between January and June 2020. Covid-19 has exacerbated food poverty, due to unemployment, strains on family income, and limited mobility. Interviewees in one area reported that families were spending income support from the Pandemic Unemployment Payment (PUP) and Temporary Wage Subsidy Scheme (TWSS) on rent. Several interviewees reported that those suffering food poverty had no savings to fall back on during the crisis.

On digital exclusion, two main groups were identified in several counties. The first group included older people, with many lacking skills to use digital devices. Often, they were not connected to broadband and did not possess a smart device. Younger families were more likely to have good digital skills, but did not have enough devices or data to adequately support work and home schooling during various lockdown phases. In response, at least one county has provided tablets and support on how to use them to older people. Two other counties have established schemes to allow poorer families to access devices and dongles, free of charge. At national level, a

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[18]   This was linked with the School Meals programme and facilitated by DRCD and the ILDN.

€168m scheme has provided almost 17,000 laptops to third-level students throughout Ireland as part of a publicly funded scheme to facilitate online learning during the pandemic.

The approach to identifying and responding to need also highlighted gaps in general service provision. For example, there were difficulties responding to the needs of those in emergency homeless accommodation. Some people moved to such accommodation without food or without access to it, and without information on what was available locally during the pandemic.[19] Sometimes, people from one county were accommodated in a different county; this led to difficulties in delivering services across county lines.[20] Another gap in service provision highlighted during this period was rural transport. Various rural transport schemes operate, but they do not cover all areas. The gardaí, who had been allocated extra cars, often provided such transport during the spring 2020 lockdown.

The work on Community Call also highlighted that some vulnerable people were in need of several services. Sometimes these individuals were unknown to any service provider, or were known to just one service provider. During Community Call, the co-ordinating structures were able to refer these individuals to a variety of needed services (see Box 5). The ability to create referral pathways of this nature, and how these could be sustained, is worth exploring in more detail.

Under the Staying Connected theme of *Keep Well*, the experience of identifying vulnerable people through Community Call is already being built on. For example, one local authority reported that it was compiling a list of the vulnerable in co-operation with the community gardaí, local hospital and the HSE.

This experience of identifying vulnerable people though Community Call should continue to be further developed. The Call focused mainly on older people, and this should be continued, but such a response could also be useful in identifying and supporting other vulnerable groups, e.g. among children and migrants.

Finally, several interviewees argued that the types of needs identified—wellbeing/ mental health, food poverty and digital exclusion—and the degree to which they were often hidden and connected pointed to the need for long-term solutions to address them. They felt this should include leadership and supportive structures at national level which learn from, facilitate and develop the work done at local authority level.

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[19] They were provided with information on the services normally available in that area, but many were closed during the pandemic.

[20] Homelessness led to a range of other difficulties particularly evident during Covid-19, such as lack of space to isolate, and no access to running water for hygiene needs. See, for example, (Begley, 2020).

Box 5: Example of people identified in Community Call as needing several services

A community representative was asked to bring shopping to an older man in the local area. He was in receipt of home care services, and as he was house-bound, the home care staff were letting themselves into the house using a key kept under a mat. The man stored his savings in the house. A car which he could no longer use, and which now did not work, was in the front drive. Gardaí were alerted, and they advised the man on putting his savings into a bank or post-office account. A volunteer installed a lock box which could be opened using a code near the front door, so that only home care staff and others with the code could let themselves into the house. Another local organisation arranged for the car to be removed.

In another area, a person was delivered a food hamper, but it became clear that they did not have enough skills to be able to cook meals, and so needed help doing this.

In terms of reaching those who are vulnerable, there are some interesting insights from international work that can be considered.

In relation to outreach, in Denmark since 1998, municipalities (which provide a range of health, social and housing services to older people) are obliged to offer home visits twice a year to all citizens aged 75 years and over. While not all older people take up this offer, the visits are used to collect information on older people's wishes and community needs (Hendriksen & Vass, 2005). A variation of this service might be useful in Ireland to help identify potentially vulnerable older people and their needs, and so help prevent crisis situations arising. Such services are already provided by public health nurses for babies and young children.

Experience in British Columbia during the Covid-19 lockdown (see Appendix 1) shows that it is possible to use an existing social and health services helpline and information service to refer people to services they need. The use of the ALONE helpline number as a national contact phone number for Community Call can help in this. It may also be possible for the Citizens' Information Board helpline to be adapted to provide such a service for vulnerable groups who are not older people.

1.5.2   Lesson 2: Community Call helped local authorities become more connected to communities. This can provide a basis for rethinking roles and relationships within local areas.

Local authorities had an important leadership role in Community Call. They were trusted to operate as 'honest brokers' in bringing together a diverse group of organisations under the fora.

In addition, several interviewees remarked that, as a result of Community Call, local authorities have become more connected to the community, and community and

voluntary groups. Although all local authorities have an economic and community development role, and all provide a range of funding to local communities, a number found that the experience of Community Call connected them more strongly to local communities in their area, particularly vulnerable communities. They have become more aware of the role they can play in the sphere of social inclusion and community wellbeing, and their engagement with the Government's *Keep Well* campaign is testament to this new awareness.

To build on this awareness, some local authorities may find it beneficial to focus on developing greater capacity in community development, and connections between local communities and the local authority. Developing the role of the social inclusion officer to ensure they have sufficient authority and budget could assist with this. Sharing staff with a variety of organisations could also help.

Many interviewees also commented on the effective role which the PPNs played during Community Call, linking with community groups and providing information to them, to the local community, and back to the local authority. This has highlighted the potential of PPNs as part of a deeper partnership between local authorities and their communities.

However, there is scope to improve relationships. The speed at which Community Call was set up meant that there was some lack of clarity as to what was wanted, and the roles of different stakeholders. For example, the role of elected representatives and of Community Champions was not always clear. The role of elected representatives was overlooked in the early stages when Community Call was being designed, as it was seen as an operational, rather than political, function for local authorities. Some local authorities did, however, include elected representatives in the Community Call fora. It later emerged in some areas that councillors were unhappy that they were not connected with the programme's structures. This is an important point to be considered in the context of any lessons for the future. In relation to the Community Champions, the decision to fund them was made by the Department of Rural and Community Development in early March, before the Local Authorities were mandated to coordinate the community response at local level. Accordingly, their funding was not renewed after the initial 3 month contract. In some areas the Champions played a strong role, for example, communicating about Community Call, identifying individuals in need and providing services directly.[21]

In addition, while local development companies and volunteer centres played a key role in the responses, in some areas they felt that their skills and connections to volunteers and vulnerable communities could have been capitalised on to a greater extent. They felt that greater communication about, and visibility of, their work and role in future would be useful to ensure that their skills are effectively harnessed.

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[21]   Text on the role of Community Champions was clarified on 10 March 2021.

It is important to identify and address any unresolved issues that could undermine the future working relationship between the elements of Community Call and other local community groups. There is an opportunity to build on the finding that links were improved, but also the ways in which they could be improved further.

1.5.3 Lesson 3: Changed working practices in, and between, statutory and community and voluntary organisations delivered improved outcomes. This has important longer-term implications for ways of working and funding.

New ways of working adopted during Covid-19 were found by many to be very effective.

First, the responses to the needs that arose during the pandemic have shown that organisations can work very fast to address problems. Several interviewees, particularly from statutory organisations, spoke of decisions that would normally take months being made within a few days, something which they greatly welcomed. Secondly, many organisations spoke of how they had to invent new work processes, as staff, buildings and service users could not be accessed as usual. While some of these new processes were seen as a suboptimal stopgap, others were highly effective and will be maintained (see also (Clarke, 2020). Thirdly, there was new flexibility on how funding and staff could be deployed.

Dealing with uncertainty was normal. Risks were taken, and while some initiatives did not work as planned, overall a range of very good supports were provided. These changed working practices have led to effective responses for vulnerable people.

The relationship between the community and voluntary sector and the wider statutory sector has been shifted, perhaps profoundly, by some of the ways of working adopted during Covid-19. A key ingredient was the greater flexibility given to the community and voluntary groups, and to local agencies, by central funders. For example, the HSE allowed organisations to reallocate funding away from what had been approved in service-level agreements, in order to meet local needs arising during the pandemic. School principals were permitted to use funding from School Meals to buy food for hampers. Staff in some statutory bodies were given permission to work with other organisations in order to deliver co-ordinated responses.

Several interviewees noted the ability of local community and voluntary groups to be flexible in meeting needs, and so to respond more quickly than a statutory organisation. They are not, for example, hampered by geographic or statutory boundaries.[22] As noted earlier, this ability of local groups to rapidly identify

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[22]   Statutory bodies also showed a lot of flexibility, e.g. in rapidly setting up new income support schemes, establishing Community Call, etc.

vulnerable people was valued, as local authorities recognised that they did not have the knowledge base to do this.

Some interviewees from community organisations reported that they felt treated as equals by statutory agencies, and empowered to work on the ground to respond to needs they saw. Similar experiences have been reported in the UK during Covid-19 (Coutts *et al.*, 2020), and in NESC's work for the Health Dialogue Forum on the relationship between voluntary organisations and the statutory health sector in Ireland.

These changes provide the opportunity for a different relationship between the State and the community and voluntary sector. Interviewees from both the statutory and community sector felt that it would be worth sustaining and investing in maintaining the greater autonomy given to locally-led structures during the pandemic, although the best way to do this, while ensuring accountability for public funds, needs some consideration. Those who worked on Community Call support had a great sense of pride and achievement in the work they had done, but many were tired after several months of this sustained work. Not all new ways of working engendered by the crisis can be continued indefinitely. However, several of these new ways of working are useful and sustainable. It is important, therefore, to consider ways in which such new service delivery practices can be maintained.

In addition, one interviewee argued that the experience with Community Call should prompt government departments to give more thought to how to co-ordinate more the ways in which they connect with community and voluntary groups. Currently, government engagement with individual community and voluntary groups can be fragmented, as it often occurs through multiple statutory organisations. The Community Call structures have helped co-ordinate service delivery on the ground, and may offer some potential to better co-ordinate statutory engagement with community and voluntary groups. This is being actively pursued by DRCD as part of its commitment under Action 52 of the *Roadmap on Social Inclusion* to 'renew and refresh' the system and level of engagement between government bodies and the community and voluntary sector. In addition, Action 4.2 of *Sustainable, Inclusive and Empowered Communities*, the Government's strategy to support the community and voluntary sector, commits to 'developing and implementing a strategy to reduce, streamline and standardise all public-funded programme and regulatory monitoring, reporting and compliance requirements, where appropriate'. The Community Call lessons will feed into considerations in that regard.

1.5.4   Lesson 4: Inter-agency structures made a significant difference to the ability to co-ordinate and deliver rapid responses

The Community Call fora were considered very effective in terms of sharing information, strengthening existing relationships between stakeholders, and creating new and useful links. Multiple statutory, community and voluntary organisations were co-ordinated. Those taking part got a better understanding of the breadth of work which different organisations carry out, and how areas of work can be connected across organisations. One interviewee reported a person at a forum

meeting as saying, 'I don't know anybody who can provide this', and another person on the forum answering, 'We can do it'. Working together, organisations were able to avoid overlapping services, and to put supports into areas which were service 'blackspots'. Organisations that did not work directly on policy gained an improved understanding of policy issues, and policy levers to draw on. This all led to more effective delivery of services to vulnerable groups in particular areas. Such work is useful for an emergency response, as during Covid-19.

Several interviewees also saw these processes as important in helping to solve a variety of 'wicked problems', i.e. those which are complex, cross-cutting and have no easy solution. This raises the question of how this effective inter-agency structure can be maintained.

Similar inter-agency co-ordinating groups have existed in the past, including RAPID and the County Development Boards. Currently, Local Development Companies and Local Community Development Committees (LCDCs) have such roles. Membership of these co-ordinating groups has varied. While all have representation from statutory bodies and community organisations, some have had wider representation—for example, members of the business community and/or elected representatives. These co-ordinating bodies have had a varied history. Several have worked well at particular times and in particular locations, but not all have been successful. It is clear that structures alone cannot bring about the necessary changes in working practices. However, the effective work co-ordinated by the Community Call fora indicates the continuing need for such inter-agency co-ordinating bodies. In fact, some local authorities had kept staff and processes from RAPID and other earlier community development and co-ordination processes. They were able to draw on these to quickly set up an effective response in local areas during Community Call, which shows the benefit of investing on a continuous basis in inter-agency work and staff to do such work. One benefit of this continuous investment is that relationships between the agencies were not dependent on particular individuals, but instead were agency-based.

LCDCs are currently the local government structure established to bring a more joined-up approach to the delivery of local and community-based services across providers and delivery structures. Their membership includes elected representatives, staff from local authorities and statutory bodies, as well as members of local communities and local community and voluntary groups. A number of people interviewed for this paper argued that LCDCs, as a co-ordinating structure at county level, could have been an arena in which to host the Community Call fora. Some counties did expand their LCDC and use it as a basis for their Community Call forum. However, most counties did not use the LCDC in this way. Interviewees felt that there were a number of reasons for this. One was that LCDC representation does not include all the groups involved in Community Call (e.g. gardaí). Another is that LCDCs are relatively new, not as well-known as local authorities, and not controlled by the local authority. This means that they do not command the same level of authority as the local authority. There is a tendency for LCDCs to focus on the operational aspects of their function in managing programmes, rather than their strategic remit. Citizens are also more likely to be aware of and identify with their local authority than their

LCDC.[23] Therefore, it is not surprising that a majority of local authority chief executives did not turn to the LCDCs for a leadership role in the early days of the crisis.

However, as the statutory role of LCDCs has many parallels with the work carried out by the Community Call fora, the role and potential of the LCDC structures cannot be ignored when considering the future of the Community Call structures. A number of interviewees suggested expanding the membership of LCDCs so that they could continue to carry out some of the co-ordinating work which took place under Community Call. One benefit is that LCDC membership includes locally-elected public representatives who were not involved in the Community Call fora. In any consideration of a longer-term role for Community Call, the inclusion of democratically elected members needs to be considered. This would support democratic participation and accountability within the local authority structures. Others suggested that the fora become sub-groups of the LCDC. In the short term, the Department of Rural and Community Development considers that the Community Call fora, with their broader membership, should become sub-committees of the LCDCs. As the role and functions of LCDCs, as well as their membership, are set out in legislation, any proposed changes would need to be considered in that context.

Whatever shape a continued Community Call structure might take, or be called, for it to work well, it could be useful to consider what factors led to the successful operation of previous local authority-based co-ordinating structures (e.g. leadership, membership, authority, investment, funding streams, purpose). This could help identify the elements of such structures which would lead to successful retention of a Community Call-type structure. The future relationship between the various organisations working at local authority level (i.e. local authorities, LDCs, LCDCs, PPNs, CYPSC, and now Community Call, etc) could also be considered. Similarly, the future links between, and role of, local authorities, the HSE, DEASP and the Garda, at local level, could be considered, so that the effective work they carried out together during Covid-19 can be sustained. These points relate to effective horizontal co-ordination, but, as noted in Section 1.1, Community Call also provides a good example of how vertical co-ordination can be enhanced between organisations at different levels of policy-making and implementation.

All of these statutory organisations played valuable roles in Community Call. How they work together in future is important to look at. The Carnegie Trust, in considering similar outcomes from partnership working in the UK throughout the pandemic, have also highlighted that public-sector performance management, operating incentives and career reward structures could be altered to support partnership working rather than siloed work. The Carnegie work, as well as a review of LCDCs commissioned by DRCD (Coutts *et al.*, 2020; DRCD, 2019), highlight that inter-agency structures are enhanced by new ways of working. These new ways of

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[23] Several of these findings reflect those in DRCD's 2019 *Review of Local Community Development Committees* (DRCD, 2019).

working have been evident in Community Call and the response by the agencies to Covid-19. It is likely that the benefits of working across organisational boundaries are now more apparent to relevant staff than they may have been previously, and so will help to embed this culture of collaboration and inter-agency work across the public service.

It is also worth noting the inter-agency response and the link with emergencies. The Community Call response does seem to have added a new dimension to Ireland's emergency response capacity. Ireland's major emergency plans and guidance are thorough and comprehensive (National Steering Group, undated-a). However, they are focused on one-off, short-term emergencies on a specific site, such as airline crashes, leaks of hazardous materials, etc,[24] rather than the more novel type of ongoing community emergency triggered by Covid-19. There was no existing structure to co-ordinate many community volunteer groups during a longer-term emergency, a factor which some felt slowed the response. In this respect the connections forged during Covid-19 could be of value in future major emergencies. The Department of Rural and Community Development is currently working on a Community Resilience Framework, which will form part of the National Major Emergency Framework. The Community Call fora are being considered as a possible model in this context.

There may, therefore, be value in the local authorities continuing to convene the range of groups brought together under the Community Call fora, at least annually. This would keep the connections between the more community-based organisations and the statutory organisations operational for similar long-term emergencies.

1.5.5 Lesson 5: The community and voluntary sector played a key role in identifying and supporting the vulnerable. There is a need to look at how such work can be sustained.

Several interviewees from the statutory sector stressed the vital role played by the community and voluntary sector in the operation of the Community Call. While the leadership role played by the local authorities was crucial, it is very important to acknowledge that Community Call simply would not have been able to deliver without the wholehearted and enthusiastic co-operation and collaboration of the community and voluntary sector, both at local level and nationally. This raises the issue of how such capacity can be supported in the future.

A number of those interviewed were concerned by the impact of Covid-19 on voluntary organisations. Many have lost older volunteers, who feared carrying out their usual roles due to infection risk. Many have also lost funding, both fund-raised

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[24]   A major emergency is defined as 'Any event which, usually with little or no warning, causes or threatens death or injury, serious disruption of essential services, or damage to property, the environment or infrastructure beyond the normal capabilities of the principal emergency services in the area in which the event occurs, and requiring the activation of specific additional procedures to ensure effective, co-ordinated response'. See (National Steering Group, undated-b).

and service fees, due to the lockdown leading to cancellation of events. Voluntary organisations also face costs in opening, to abide by pandemic requirements.[25] Some have taken a financial hit while responding to Community Call needs. All of these issues could lead to a decline in the support which can be provided by voluntary organisations, which would have a negative impact on communities as well as creating problems for statutory service providers. Developing volunteering could help combat this, although it would not address issues around reduced income and increased costs for voluntary organisations. The Covid-19 Stability Fund currently provides supports to qualifying charities that have seen their trading and/or fundraising income drop significantly during the crisis. This type of funding may need to be continued for some time. In one county, the local authority and HSE are looking at how they can financially support small organisations that carried out important work during Community Call. They noted the importance of sustaining these small organisations as key partners in the community sector, because they can reach people that other organisations cannot. An earlier OECD report has also noted the importance of building capacity of groups at local level (OECD, 2016).

In relation to smaller community groups, many were active very early in spring 2020, before being contacted by Community Call workers. Great local leadership was shown. The work of these small groups met the needs of many vulnerable people. Such responsiveness has good potential for continuing to meet needs in the future, and several interviewees felt that this should be harnessed and invested in. While empowering neighbours provides good community support for the vulnerable, such informal supports need some structure and co-ordination, and at times training and support.[26] Some noted the need for IT equipment in the changed environment which Covid-19 has generated. The Minister for Rural and Community Development, Heather Humphreys, recently stated that her department would support local community and voluntary groups through the 'Staying Connected' initiative, which will encourage neighbours to look out for each other while mobilising local volunteers to reach out to those who are lonely and isolated (Department of Health, 2020). A second Covid-19 Emergency Fund of €1.7m was announced by the Minister in December 2020 for this purpose (DRCD, 2020e). Strategically, the Government is also supporting the sector through the implementation of its strategies, *Sustainable, Inclusive and Empowered Communities* and the *National Volunteering Strategy.*

Finally, it is important to consider in more general terms how the volunteer base could be expanded to respond to an emergency, as well as other needs of vulnerable people. The commitment in the recently published National Volunteer Strategy 2021–2025 to develop a reserve of informal volunteers for future emergency responses is also positive. Such reserves already exist in France and Finland (see

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[25] For example, not being able to use space as effectively due to social distancing requirements, which can lead to lack of revenue;, needing to buy hand gel, Perspex barriers, etc.

[26] For example, a number of interviewees reported helping small community groups with learning the ICT skills necessary to meet online. ALONE is also offering free training to organisations to support people in their communities to stay connected, and Volunteer Ireland is supporting the delivery of training to manage volunteers.

Appendix 1). In Ireland, such volunteers could be screened and trained, and prepared for Garda vetting. This corps could co-exist with the many different volunteer groups already working in different areas in Ireland, such as the GAA in sport, the Order of Malta in first aid, Mountain Rescue and Water Safety Ireland in specialised emergencies, and the Special Olympics with vulnerable people. Some of these organisations already have experience in dealing with the vulnerable during emergency situations; for example, the Red Cross and Civil Defence.

Developing this corps of informal volunteers could also draw in new volunteers, which would be useful in expanding the diversity of volunteers (one of the objectives in the recently published National Volunteering Strategy). It would also help build civic activism, and develop resilient communities. In France and British Columbia, the expenses incurred by volunteers in carrying out their roles are covered. It would be important to look at how this can be done in Ireland, to ensure that those who are less well-off can also afford to volunteer.

1.5.6 Lesson 6: Community Call was able to use and adapt existing administrative and IT systems but has also shown scope for how these could be improved.

Community Call was supported by the existing administrative and IT systems. These worked well but they were also tested in real time by the demands of providing a complex and evolving service in a co-ordinated manner. The experience has thus provided a number of insights into how these systems could be enhanced.

Data Sharing & Protocols

Where organisations work together to identify and support the vulnerable, the sharing of data between them is important. For example, the sharing of data between the HSE and the local authority, as happened in one county, led to pro-active contact with all over-70 year-olds in that county.

However, most local authorities were not able to use these details to contact older people and see if they needed assistance. Instead they had to rely on incomplete lists of older people within the local authority, as well as leaflet drops, and publicity through traditional and social media. While this allowed those who needed assistance to pro-actively contact Community Call helplines, it may have meant that some vulnerable individuals were not aware of, or were reluctant to pro-actively ask for, the supports.

There is an opportunity now to examine data-sharing protocols between such agencies, and to move to the use of single patient identifiers across a range of services. It would be useful to consider what systems can be set up to help data be shared between organisations when delivering emergency services, and what, if any, legal changes might be needed to allow this. It is hoped that measures such as the forthcoming Data Sharing Act will lead to some progress in this area. The benefits of having a single patient identifier that is used in a variety of organisations is also

reinforced in situations where organisations collaborate and share data, whether that collaboration be on a temporary or more permanent basis.

In addition, many commended the Garda National Vetting Bureau for the speed with which they carried out vetting for Community Call during the pandemic.[27] However, the experience does raise the issue of whether or not Garda vetting legislation could be amended to provide vetting which covers a range of roles each time, so that it has more transferability. The current legislation requires volunteers to be vetted to carry out a particular role[28]. This means that volunteers who have already been Garda-vetted to carry out the role of, e.g., sports coach, have to be vetted again for the role of shopping and delivering food to vulnerable older people under Community Call.[29] The recently published National Volunteering Strategy (2021–2025) commits to bringing a more streamlined Garda Vetting System, arising from the experiences of Community Call, and this recommendation could find a place in that process.

More generally, interviewees raised some concerns in relation to ensuring that standards are maintained. Some interviewees felt that best practice on safeguarding volunteers and the vulnerable, on data protection, and on risk management, was not always followed. There were reports of volunteers telling others details about a person they had supported, not realising that they should not do so. It was also reported that some volunteers were shocked by some of the situations they saw. Not following best practice was understandable given the time pressures of Community Call, but it points to the need to set up better systems on this for the future. The establishment of a 'corps' of reserve volunteers who are trained to work in such scenarios, as well as the development of a standard code of conduct for volunteers, to offer protection and clarity on expectations while volunteering, will help with this. Both are committed to in the National Volunteering Strategy (2021–2025).

Data Recording & Analysis

The IT systems ensured that the number of calls to the Community Call helplines and the number of tasks carried out by volunteers were recorded by local authorities. However, the number of volunteers used, or the hours they worked, was not. Recording such data in future could help plan the number of volunteers and volunteer hours needed for a further round of Community Call or similar emergency. A lot of need was also addressed locally without recourse to Community Call. It would be useful to draw on other sources of data to be more fully aware of the scope of demand.

On this issue, this review is based on the experiences of the variety of groups delivering Community Call supports. The views of Community Call service-users are

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[27] This can be related to the commitment made by the Garda Vetting Bureau in early March (in the context of the Covid-19 Action Plan discussions with the Volunteer Centres), to turn around vetting applications from Community Call volunteers within 48 hours.
[28] This means that, for example, a person who has a conviction for shop-lifting could be considered for volunteering in a role which does not involve dealing with finance.
[29] Another issue here is that many of those cocooning would not have been considered vulnerable before 19 March.

not known, but it would be useful to carry out research on this, to ensure a 360-degree view of the strengths and weaknesses of Community Call.

The experience with Community Call has also highlighted that there is scope to examine how smaller local authorities could be supported to develop improved IT and mapping services. Not all local authorities had existing IT and mapping systems which could be used in an emergency response, although they set them up quickly (see also Shannon, 2020). Some interviewees also noted that IT equipment was not always available for local authority staff working from home. It would be useful to consider how this capacity can be developed. For mapping, in some cases, up-to-date data on services was not available to be digitally mapped (e.g. church parish boundaries which GAA clubs operate within, HSE local area boundaries), and in others up-to-date data was not available (e.g. a list of GPs in each area). It would also be useful to consider which organisations should be responsible for ensuring up-to-date information is available in hard and soft-copy formats on existing services in a county.

In general, a number of interviewees thought that local authorities could learn more from each other's experiences in setting up Community Call, and indeed in setting up a number of initiatives. The speed with which Community Call was set up did not allow for much collaborative planning among local authorities, but the benefit of such processes could be borne in mind in future.

1.6   Conclusion and Implications for National Policy

This report indicates that the work of and processes developed through Community Call have been effective in delivering support to vulnerable people during Covid-19.

Some of the key benefits which interviewees identified were: the enhanced capacity to identify the vulnerable and their needs, the benefits of working in partnership, enhanced links between and among the statutory and community and voluntary sectors, and new and effective working practices.

Interviewees felt that these ways of working did not happen enough in normal times and that the useful structures and processes developed through Community Call should continue.

The process of Community Call began with a real problem and shared commitment that it needed to be solved; commitment to collect and review data and evidence; and a willingness to respond to and address problems as they arose. As outlined in Section 1.3 and 1.4, the problem drove the institutional response.

This 'process' aspect of Community Call has significant implications for national policy and decision-making. It highlights the importance of a particular type of institutional dynamism or innovation, with three key features:

- institutional structures and processes—including collaborative work with stakeholders—focused on a specific problem;

- deep commitment to developing and using data and evidence from diverse sources to review how well those processes are working; and

- national oversight bodies with authority to reflect on and address problems and bottlenecks at regional and local level, including the configuration and inclusion or otherwise of institutions and decision-making processes.

It highlights that very effective solutions can be co-created between government and stakeholders. This requires a commitment to solving a problem but also an acceptance that the way of solving the problem is not fully known and will require that plans and structures be revised as data is collected. The structures and processes used to develop Community Call have worked with urgency and uncertainty (in a very tight time-frame) to create an effective solution.

Looking to the future, it is interesting to consider how such inter-agency structures and processes can build on past and current experience. How should structures and processes operate in future, under what aegis, and with what roles for key players?

The important role of the community and voluntary sector in responding to local needs became clear in the work under Community Call. Some work is already under way to help develop the capacity of smaller local groups, and to support them and

larger organisations through the funding difficulties engendered by the lockdowns. It is likely that this work will need to continue.

It would be useful to convene a group of representative statutory, and community and voluntary groups, to discuss ways in which these issues can be responded to in future. A sub-group of the Cross-Sectoral Group which oversees the implementation of *Sustainable, Inclusive and Empowered Communities* could add value in this regard.

Another important issue to consider is how the service needs which came to the fore during Community Call can be responded to most effectively. These include wellbeing/mental health issues, the digital divide and food poverty. An additional factor to consider is the continuation and development of referral pathways for those with complex needs. Effectively responding to broader issues such as food poverty, digital exclusion and mental health/wellbeing suggests that a cross-government approach might be appropriate. Further discussions on these important questions would be useful.

This report suggests a key takeaway for government and senior decision-makers: the potential associated with the process by which Community Call was created. It is an exemplary model of public-sector reform in action, of an enabling and active state acting in concert with committed stakeholders and organisations, citizens and agencies.

A drive to replicate the type of institutional flexibility and autonomy shown, albeit in a time of crisis, could deliver significant results in tackling wider issues during and after this Covid-19 crisis. Community Call can provide guidance and inspiration to those seeking to address other problems associated with the pandemic and beyond it during Ireland's recovery.
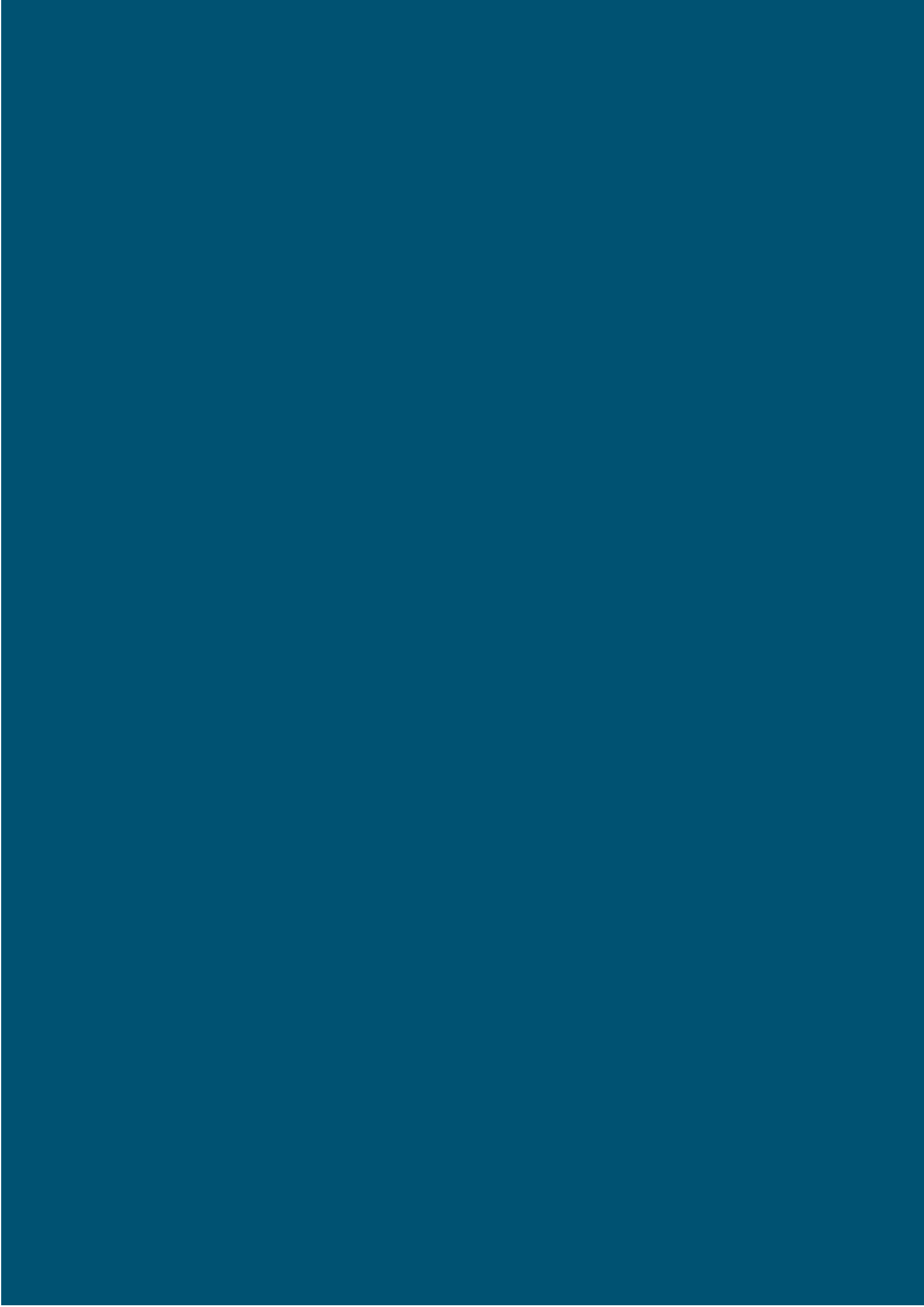
Appendix 1: International Responses Supporting Vulnerable People

This appendix look at some of the international responses put in place to support the vulnerable during Covid-19. It outlines key aspects of the supports provided in England, Scotland, France and British Columbia in Canada.

A1. England

In England, from the end of March, the NHS wrote to those considered very medically vulnerable to tell them that they should cocoon (called 'shielding' in the UK), and to inform them that they could register for supports. A call centre was established solely to contact those who had not responded to the letter in order to register them for supports. The supports available included a weekly box of supplies, prescriptions, and preferential access to online grocery shopping.[30] NHS volunteers deliver the goods needed by those shielding. The NHS volunteers are managed by the Royal Voluntary Service, and are matched with those needing support through an app. NHS volunteers also provide transport to hospital volunteers, and check-in and chat supports (Department of Health & Social Care & England, 2021; Ministry of Housing, 2020).

Local authorities also put in place additional supports beyond the main Shielding Programme. This was co-ordinated by councils alongside other local partners. Councils were required to decide on the best way to coordinate local activity—either through a group of councils coming together in a hub, or as an individual authority. Local authorities were also required to attend Local Resilience Forums/Strategic Coordination Groups to maintain a sense of the county and regional capacity to help.

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[30]   Until the end of July 2020.

A2. Scotland

One example of the supports provided to those shielding in Scotland comes from the local authority of Dumfries and Galloway. It set up an emergency response team to co-ordinate the response on 23 March 2020, when lockdown was announced. This team was made up of over thirty people from different local authority departments, as well as social housing, health, and volunteer organisations (Peden, 2020).

Those who needed support were identified in a range of ways. The Scottish government wrote to medically vulnerable individuals, with details of a helpline number for them to contact. Social workers answered the calls, assessed the caller's needs, and then referred them depending on the need expressed. Some callers were referred to specialist government services through a referral process; if they did not need a specialist service, the request was sent on to a local community organisation which connected the shielder with a local volunteer who had been risk-assessed. Community resilience groups left flyers at homes, and people seeking services were able to proactively contact Dumfries & Galloway Council by email or phone.

The local authority then worked to provide supports through local groups, in a range of ways. They worked with Third Sector Interface, an organisation which represents the views of third-sector organisations at local government level, to develop an online map showing organisations in the community offering support (Third Sector Dumfries & Galloway, undated). This map could be used by individuals seeking help, to find local organisations offering it. The local authority supported local organisations with extra volunteers, guidance, badges, etc. The authority also worked with small community resilience teams, which operated at a very local level and were made up of volunteers delivering shopping, etc. Finally, the local authority worked with 19 existing organisations that provided emergency food. Almost 3,000 local volunteers came forward to help them by packing food, and about 1,000 were matched with local resilience teams. The council is helped local organisations, such as the food providers, to apply for national funding streams to help cover their costs over the winter.

The emergency response team also provided finance to cover individual volunteer expenses, transport expenses, and advice for organisations. All registered volunteers are covered by insurance.

Many community organisations responding to the needs of the vulnerable during Covid-19 decided not to take on new volunteers due to the time needed to manage and train them. Instead they used existing volunteers. However, as time went on, more new volunteers worked on the response as the existing ones became fatigued.

A3. France

In 2017, France set up *La Réserve Civique*, in response to terrorist attacks which prompted many citizens to want to provide help in an emergency. It is aimed at informal volunteers in a crisis, rather than those who would volunteer regularly in an organisation. Interested citizens sign up to the *Réserve* for a year at a time, with a renewal request sent out each year. The volunteers (known as *réservistes*) are then linked up with organisations seeking volunteers to carry out roles, and these organisations pay the costs incurred by the volunteers in taking part. The *Réserve* provides opportunities for informal volunteering in a range of sectors, including, for example, education and environment. Those who will work with vulnerable people are vetted by the authorities. Currently there are over 300,000 *réservistes* and 4,000 organisations signed up to the *Réserve*, and over 110,000 pieces of work have been undertaken by the two groups working together. The *Réserve* is overseen nationally by the Head of Civic Engagement, and at local level it is overseen by the préfet (the state representative in a department or region, similar to a local authority CEO).

As part of the *Réserve Civique*, on 23 March 2020 the French government launched a national IT platform, *jeveuxaider.gouv.fr*, to allow volunteers to sign up online to undertake four types of task needed during Covid-19 (distribution of food and hygiene products, childcare for healthcare workers, keeping contact with isolated older people, and providing practical help to vulnerable neighbours). Organisations seeking volunteers can also sign up on the website; once they are approved by a public servant, they can then can post the volunteer types that they need. The platform also proactively partnered with large non-profit organisations and public services during the pandemic. The main aim of the new platform is to expand access to volunteering, particularly during Covid-19, as many volunteer organisations found that their older volunteers were cocooning and so not able to volunteer as normal. However, during the pandemic, volunteer organisations were so busy that they found they did not have enough capacity to train and manage new volunteers, and instead mostly used existing volunteers (Kassi Vivier, 2020). Nonetheless, the platform will be continued, to help provide a means for informal volunteers to sign up to assist during emergencies, and for organisations to link with them.

A4. British Columbia

In British Columbia, a cross-party committee (chaired by the Ministry of Health and the Seniors' Advocate[31]) was set up to look at how to support older people isolated at home during the pandemic. It decided to expand a range of existing services to support vulnerable older people during Covid-19.

First, use was made of an existing helpline and website, *211*, which provides information on community, social, health and government services in most Canadian provinces. It is available to all residents, including new immigrants and refugees, offering services in 150 languages. Staff include Information and Referral Specialists who refer callers on to particular services. During Covid-19, *211* was provided with extra funding to expand, particularly to provide the phone service in areas where it had not previously been available.

The Better At Home programme, which already supported older people to stay at home, was also expanded. Under this programme (Goverment of British Columbia, undated), older people have access to a range of non-medical home support services such as housekeeping, grocery shopping, home repair, friendly visiting, snow shovelling, gardening and transportation to appointments. Services are delivered through local non-profit organisations, by volunteers and paid workers. The Ministry of Health funds the programme, but older people are also charged a fee for services on a sliding scale based on income. The programme is managed in British Columbia by United Way of the Lower Mainland, a collective of community organisations active locally across Canada which attracts volunteers, fundraises, and supports local community action (United Way, undated).[32]

In partnership with the Better at Home programme, *bc211*, United Way and other community agencies throughout British Columbia, the *Safe Seniors, Strong Communities* programme was set up for the pandemic, funded by government. It matches people who want to help with older people who need non-medical essentials (Office for the Seniors Advocate, undated).[33] Both older people and volunteers register with the programme through *211* (Mackenzie, 2020). Their contact information is shared with the organisations already registered with United Way to deliver Better at Home services. These organisations (Better at Home, undated) make the connections between older people and volunteers in the community. United Way of the Lower Mainland was provided with Can$50m of extra funding from Canada's Emergency Community Support Fund (set up for the pandemic) to expand the supports provided by these organisations to older people throughout British Columbia. Through this it provides grants to local community

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[31]   The Office of the Seniors Advocate monitors and analyses seniors' services and issues in British Columbia, and makes recommendations to government and service providers to address systemic issues. The OSA was established in 2014 and is the first office of its kind in Canada (Office for the Seniors Advocate, undated).

[32]   See https://en.wikipedia.org/wiki/United_Way_of_Canada, accessed 23.02.21.

[33]   Also, see https://www.bc211.ca/, accessed 23.02.21.

groups for Covid-19 supports. Grants are also available from the Red Cross. This funding has helped to develop services in areas which did not have existing Better at Home services.

Those who sign up to volunteer receive a package from *ivolunteer.ca* which includes details on what to do next, including a Criminal Record Check. *Ivolunteer.ca* is managed by United Way.

A5. Summary: Key Features

This brief outline of supports provided to vulnerable people in different countries during Covid-19 shows a range of commonalities in approach. In each country, supports for the medically vulnerable involved:

i. mechanisms to identify vulnerable older people, or inform them that supports are available;

ii. a point of contact for the vulnerable to access supports;

iii. a means of securing volunteers;

iv. advice on and time to vet, induct and train new volunteers—or an existing group of trained and inducted volunteers;

v. structures to facilitate co-ordination, usually including:

vi. a co-ordinating organisation that links up the cocooners and the volunteers;

vii. locational data on where the needs and volunteers are;

viii. fora for the relevant state and third-sector organisations providing services and identifying the vulnerable to meet; and

ix. funding to pay for extra costs.

Countries use different mechanisms to provide these commonalities. Some have expanded existing services (British Columbia, France), while some set up new ones (England). All partnered with organisations from different sectors to provide the supports, such as voluntary organisations to manage volunteers, and local organisations to match up volunteers and those seeking support. Health and local government organisations also often worked together. Some countries opened the supports to all those who contacted them seeking support (British Columbia, France), while in England some supports were restricted to those fitting certain criteria.

Ireland used a number of different mechanisms to establish the steps outlined above. On the mechanisms to identify vulnerable older people, or inform them that supports are available, national and local advertisement of supports was the main mechanism used, with proactive contact of vulnerable groups already registered with an organisation carried out by ALONE and some local authorities. The point of contact for vulnerable people to access supports developed over time, moving from local organisations to community champions, and ultimately to the local authority helpline. Volunteers were sought through national advertisement, and through links with existing volunteer groups. Ultimately, most volunteers used in Community Call were from pre-established volunteer groups. On the structures to facilitate co-ordination, as with the point of contact this went through various iterations, moving from local groups to community champions, and ultimately to the local authority forum. Mapping of the location of those in need and volunteers was developed first by local groups, and then mandated at local authority level in Community Call. Funding was supplied through the Covid-19 Emergency Fund.

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