Coll Community Survey 2022 Results Public Report

"The time and effort spent by the collaborative group has been transformative for our community. The survey and needs assessment will inform the Community Council in ways which have been missing from other consultations. The work has been carried out in good faith and the value of genuine collaboration rather than a broad brush approach from a distance, is much appreciated"

Coll Community Council

Foreword

As Chief Officer of Argyll & Bute Health & Social Care Partnership I am delighted to introduce Coll Community Survey 2022 – Public Results.

Coll Collaborative Working Group was established in 2022 to work in partnership with the community and other stakeholders, to assess the level of health and social care need on Coll, and to agree a redefined model of service delivery to appropriately meet the needs of the community. This survey was conducted to information Coll Health and Social Care Needs Assessment. Whilst we are aware of the challenges of delivering services to our remote and island communities, it is important for us to understand the residents needs and aspirations.

Thank you to all those who engaged with and participated in Coll Community Survey.

Fiona Davies

Chief Officer, Argyll & Bute Health and Social Care Partnership

Cover photos kindly provided by Tony Oliver, Coll Digital: colldigital.co.uk visitcoll.co.uk

Accessibility

If you require this document in an alternative format, such as large print or on a coloured background, please contact us to discuss your needs.

Contact us

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Acknowledgements

Thank you

Thank you to everyone on Coll who engaged with the survey and provided their feedback

Version: 11th November 2022

Contents

Acronyms

Acronym	Full text
CHI	Community Health Index
DSL	Digital Subscriber Line
GP	General Practitioner
HSCP	Health and social care partnership
NHS	National Health Service
PHS	Public Health Scotland
U3A	University of the 3rd Age

Introduction

Argyll and Bute Health and Social Care Partnership (HSCP) established Coll Collaborative Working Group in 2022, working alongside partners, including community representatives from Coll. The aim of the group is to ensure and plan for a high quality, person centred, sustainable and affordable integrated health and care service (in & out of hours) for the Isle of Coll population. To achieve this, a health and social care needs assessment was undertaken. Coll Community Survey 2022 forms part of the work to assess health and social care needs and assets on Coll.

Argyll and Bute HSCP recognise that there are challenges in accessing some health and social care services from Coll and that there is likely to be unmet need for support for unpaid carers. These were therefore areas of focus in this survey. Coll, alongside Tiree, has been identified as a 'repopulation zone' by Argyll and Bute Council and Highlands and Islands Enterprise.[1] To inform this work, questions were included about living and working on Coll.

This survey aimed to collect feedback on:

1. Short breaks for unpaid carers.
2. The current challenges for the Coll population in accessing health and social care.
3. Unmet needs in health and social care services for residents of Coll.
4. The wider support available within the Coll Community, and any gaps within this.
5. Other factors affecting the health and wellbeing of residents of Coll.
6. How do we encourage people to live and work on Coll.

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[1] https://www.argyll-bute.gov.uk/news/2021/oct/focus-housing-tackle-population-decline

Summary

Reponses

- 88 responses were received. Males and those under 45 were under-represented.

Life circumstances

- 63% of respondents indicated that they had a private water supply. This was noted as a particular issue outside the village of Arinagour.

- 14% of respondents indicated that their accommodation was 'Not at all suitable' or 'Not very suitable'. Issues included water supply, internet access, access/stairs, need for repairs or adaptations and difficult to heat.

- Slightly over half reported their heating did not always keep them warm enough in winter.

- Of these, 75% said this was a bit of a problem or a serious problem.

- 23% lived in a 1-person household and this rose to around a third in those aged 65+.

- A little over 10% indicated they didn't manage very well or had some financial difficulties.

- More than 60% had reduced their heating due to concerns about money in the past year.

- The proportion of those who had reduced their heating due to concerns about money increased with decreasing financial wellbeing.

- Approximately a third of question respondents indicated that they did not know how to obtain information about benefits or financial support; this was higher in those who reported they 'didn't manage very well or had some financial difficulties'.

- Less than 20% of respondents had reviewed what benefits or financial support they may be entitled to in the past year. Those who 'didn't manage very well or had some financial difficulties' were least likely to have reviewed what benefits or financial support they may be entitled to in the past year.

- Most respondents indicated that they had access to the internet from home; 4% did not.

- The most common method of accessing the internet at home was via a mobile phone network. 38% indicated they had some form of fixed broadband connection, although DSL broadband may be slow.

Health and wellbeing and provision of unpaid care

- 35% of question respondents indicated that they had a long-term condition and 29% indicated that they had a limiting long-term condition.

- Prevalence of a limited long-term condition increased with increasing age.

- 17% of those answering indicated that they provide unpaid care.

- Overall, approximately 40% provided less than 4 hours of care a week, with 60% providing more than this.

- Approximately 40% said that provision of unpaid care included travel away from Coll for medical appointments and/or visits to family/friends

- Approximately 30% of unpaid carers received breaks as often as they felt they needed.

- Short breaks from unpaid were valuable to people for the health and wellbeing of the carers and to enable them to continue in their role.

- Those that did not know how to obtain information on short breaks included people providing the most hours of care.

- Difficulties accessing short breaks included:
  - Availability of carers
  - Cost
  - Insufficient information

Assets for health and wellbeing on Coll

- Medical practice and services (ease of appointments and 24 hours service)
- Community
- Friends/family/neighbours
- Community Hall, community gym, exercise classes
- North Argyll Carers Centre worker
- Online access - activity classes/shopping
- Deliveries from shop
- Social activities, lunch club, U3A
- Natural environment/ beaches
- Homegrown food/allotment

Access to Health and Social Care Services

Health services:

- 80% reported the services below as 'difficult to access':
  - Dentistry
  - Optometry
  - Midwifery
- The only services with > 40% reporting 'Easy to access' were:
  - GP
  - Pharmacy – prescribed services
- Over half (56%) visit the mainland 4 times a year or more to access health services.
- Impacts of the difficulty with access included:
  - Inconvenience (78% respondents)
  - Over half (53%) report a negative impact on health and/or wellbeing
  - Almost half (47%) indicated a service was not accessed at all
  - There were some differences of opinion e.g. around accessibility of services or about GP practice.

Social Care Services:

- Telecare was most likely to be rated 'Easy to Access'.
- 6/10 named services were rated 'Difficult to access' by all who gave feedback.
- Impacts of the difficulty with access included:
  - Around 40% reported a negative impact on health and/or wellbeing
  - Around 50% indicated a service was not accessed at all

Access to Other Support

- People reported a high degree of reliance on community, friends, neighbours and relatives.
- There were few formal support services reported.

Access to Health and Social Care Services

Themes – difficulties accessing health and social care services off Coll:

- Cost (£) of travel and accommodation

- Availability and reliability of transport off/on island

- Loss of earnings

- Time (and requirement for overnight stay)

- Lack of availability of NHS Dentistry in Oban

- Organisation/coordination required and lack of understanding of this on mainland

Themes – difficulties accessing health and social care services on Coll:

- Some prescriptions not available

- Infrequent/long waits

- Fragile e.g. low or lack of staffing including care provision and lack of housing for staff

- Not face to face (online or telephone)

- Lack of public transport and childcare on Coll

- Poor internet access

- Lack of tradespeople and funding for adaptations

- Fluctuation in demand for services

- Cost of fuel on Coll

Themes - ease of accessing health and social care services:

- Provided via medical practice

- Local availability

- Flexibility of appointments on mainland

- Certainty of provision

- Online/telephone appointments

- Direct number to contact service

Living and Working on Coll

Themes - what encourages people to live on Coll:

- Environment

- Lifestyle

- Services available e.g. school and medical centre

- Other enablers included financial security and work.

Themes - Challenges for people coming to live and work on Coll:

- Housing - availability and affordability

- Transport off island - unreliable, infrequent, difficulties booking, cost, transport of materials

- Lack of jobs/low paid jobs

- High cost of living

- Lack of services – e.g. secondary education, mains water outside village, island transport, mains sewage, childcare, internet in some parts of island, tradespeople, healthcare services

- Remoteness - including fear of medical emergency

- Need to adapt/plan e.g. to remoteness, perhaps more than one job, food planning

- Winter/weather

- Low numbers of children

- Small community

- Lack of awareness of benefits of living on Coll

Suggestions for improvements

Suggestions for improvements were gathered across the survey responses and are divided here into those that might be possible with community action, those that require working with partners and those that might be possible to act on within health and social care. In practice, all areas might need or benefit from partnership working. Inclusion below does not indicate that these suggestions are feasible or can be taken forward in the way suggested.

Suggestions – Community

- Emergency first responder service
- Support for wellbeing for men
- Fresh vegetables/community garden
- Playpark
- Island transport
- Island-based activities for those cared for
- List/network of those able to provide unpaid support
- Mechanism to ensure new unpaid carers receive relevant information and support
- Change land use/ownership

Suggestions – Partners

- Reliability of transport and increased service
- Availability of reserved transport places
- Increased availability and affordability of housing including for staff e.g. buy back house, tackle/reduce second/holiday holidays, appropriate use of properties e.g. school house
- Mains water outside village
- Improved broadband access
- Subsidise cost of freight/food/fuel/travel
- House repairs and tradespeople willing to prioritise those with health and social care needs and unpaid carers
- Support for cheaper/greener fuel
- Increased employment/jobs – remote working, improved wages
- Grants for housing/energy improvements/for people on low incomes
- Provision of information
- Provision of childcare
- Secondary education
- Learn from islands that are repopulating

Suggestions – Health and Social Care

- More staff on island and accommodation for visiting professionals e.g. renovate NHS properties
- More carers and better terms and conditions for them
- Reinstate mobile visiting services
- More use of online/telephone appointments
- Diagnostic services available on Coll
- Prescription delivery where not available from GP
- Improve mainland appointment booking - group appointments, choice, flexibility, advance notice
- Information about service availability and provision/single point of contact
- Training for residents for roles
- Flexible employment
- Better use of currents residents' skills
- Increase staff pool through joining with larger teams/other islands
- Support with cost of transport and accommodation

Methods

A survey was designed in SmartSurvey and the content was agreed with the Coll Collaborative Working Group. The final survey questions are provided as an accompanying document and are also available on request. A copy of the survey introduction and privacy policy are available online.[2] The survey was made live online using SmartSurvey software on 4th July and was made available in paper from 6th July on Coll. Paper copies were provided with a stamped addressed envelope and were delivered to households outside of Arinagour on 6th July and made available in the Community Centre and Post Office. The survey initially closed at the end of 20th July and was opened again from 29th July to the end of 7th August to boost survey uptake.

Online responses

Of the online responses, 13 did not fully complete the survey through to the end (Figure 1). It was agreed with the NHS Highland Caldicott Guardian (via their deputy) that these responses should be included in the dataset. These people all provided consent to take part in the survey. There is a risk of duplication if people who partially completed the online survey went on to fully complete a separate submission. However, it was considered a greater risk to exclude these responses, given that some of these provided in depth responses to questions answered. No obvious duplicates were identified. As none of these partial responses answered the question regarding consent to quote their responses in the public report, none of these responses are directly quoted. These responses also did not provide gender or age-band.

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[2] https://www.ablivingwell.org/s/Coll-Community-Survey-2022-Privacy-Policy-v3.pdf

Paper copies

Paper copies were entered into the online SmartSurvey software by two members of Argyll and Bute HSCP staff. Data entry followed the following rules:

Where responses were written in block capitals, these were entered in lower cases with capitals at the start or sentences and for names.
Capitals were added to the start of responses.
In questions asking about frequency (e.g. number of times trips were made off-island) if more than one frequency was ticked (which was not possible in online responses), the most frequent responses was entered.
Underlining was not carried across into the SmartSurvey format.

Three paper copies were received which were complete apart from the absence of any answers to the eligibility questions i.e. consent to take part in the survey and confirmation of age over 16 and a resident of Coll. These respondents went to considerable effort to fill in and return paper copies. They provided feedback including ticking responses options and provided free text, sometimes with detailed responses. One out of three also confirmed they were happy for their free text to be quoted in the public report whereas the other two ticked that they did not want any free text provided quoted. It was agreed with NHS Highland Caldicott Guardian (via their deputy) to include these responses in the dataset but to reduce any risk of disclosure of personal information:

gender and age band of the respondent were removed from the dataset when entered online
free text responses that mention information that could be identifiable e.g. named conditions, named services, references to age (e.g. older or younger person) were removed from the dataset when entered online
free-text responses were not quoted for any of these respondents

Eight paper responses included additional text outside of questions, at the end of the survey or close to questions, but not in the response boxes provided. In other cases, people have been able to tick an answer and enter information in 'Other' boxes where online respondents haven't been able to do so. It was agreed with NHS

Highland Caldicott Guardian (via their deputy) to include these 'extra' responses in the online data entry and allow inclusion of them within the analysis.

Thematic analysis

Free text responses were read and assigned to one or more themes. The initial themes given for each question were then reviewed to ensure they were consistent, combining similar themes or splitting themes into new ones as appropriate. In this way, the themes developed through the thematic analysis. For many questions, it was possible to group the themes into overarching themes about similar topics or aspects of the responses. The number of responses that were assigned to each theme is not provided as the number of responses does not necessarily indicate the importance of the theme and to reduce risk of disclosure where there were small numbers of responses. Note that a single free-text response may have been assigned to one or to multiple themes.

Word Clouds display an image of the most common words used in the free-text responses and were generated with the SmartSurvey software. The height and shade of the words relate to their frequency of use. Numbers, very short words, and some other words are not included in the Word Cloud. Word Clouds are only provided where at least 20 people have provided text responses to a question.

Direct quotes

Direct quotes are provided to illustrate the feedback provided under different themes. Direct quotes are only provided where consent was given to use them. The following rules were used when quoting free-text.

Where free-text responses were extensive and/or covered different topics, only the relevant part of the response was quoted.
Where the text contained any information that may have been disclosive, e.g. names or medical details, square brackets were used for replacement text e.g. [generic term].

Where it was more appropriate to exclude part of the middle of a quote, three ellipses (. . .) were used in place of the missing text.

[sic] was added after spelling mistakes or grammatical error in the quotes rather than amend the quotes.

Disclosure control

The response rate varied by question. To protect against disclosure of small numbers of people, the number of responses for each question is not included in the results. Instead, an indication of the number of responses is provided as follows: <20, 20-29, 30-39, 40-49, 50-59, 60-69 or 70+.

Results

Responses by gender and age-band

A total of 88 responses were received, 54 (62%) of which were conducted online.

Compared to the GP practice register responses were over-representative of females and those aged 45-64 (Figure 1).

Figure 1. The percentage of survey respondents and Coll Medical Practice register size, by age-band and gender.
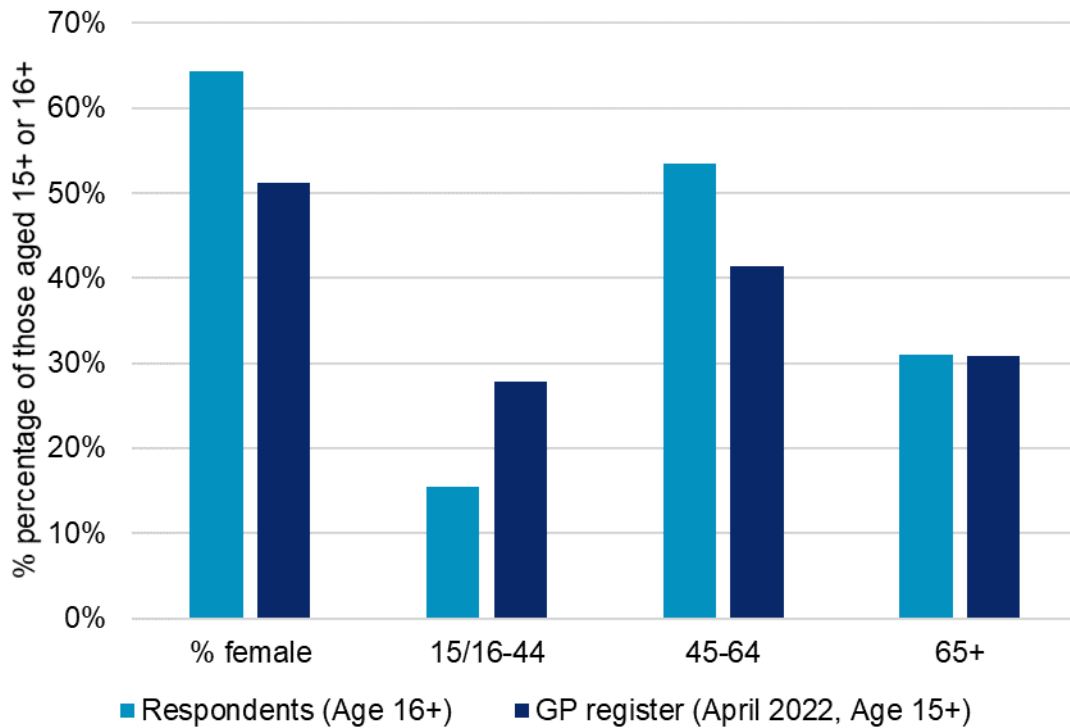
Number of responses: 70+

Source: Community Health Index (CHI): Practice Registration File - NHS Highland April 2022
https://www.isdscotland.org/Health-Topics/General-Practice/Workforce-and-Practice-Populations/

Access to health care services

GP services were most likely to be rated as 'Easy to access', followed by Pharmacy – prescribed medication (Figure 2). For all the other health services listed, over 60% of those who provided a rating considered them 'Difficult to access' with over 80% responding that Dentistry, Midwifery, Optometry were difficult to access.

Almost all question respondents (70+ people) provided feedback about accessibility of GP and dentistry (Figure 2). For other services, most likely to be those not accessed or needed by all residents (e.g. Community/district nursing, Midwifery, Occupational therapy, Dietetics, Other services), there was a higher proportion skipping the question or answering 'I don't know'. Other specialist services that people highlighted were:

- Hospital-based/specialist services
- Podiatry
- Mental health services
- Screening and scans
- Chiropody
- Health visiting
- Audiology
- Long-term condition management
- Counselling
- Rehabilitation

Most of these were mentioned in relation to services that were considered 'Difficult to access' but the exception to this was feedback regarding Podiatry and Chiropody, which was mixed. This may reflect their local availability only at certain times, about which comments were received. There was also acknowledgement of the recent recruitment of nursing staff on the island.

"Referrals to consultants and specialists, particularly if in Glasgow or further afield.very difficult"

"Chiropody available only every three months"

Figure 2. How do you or your household find access to different health services at the moment?
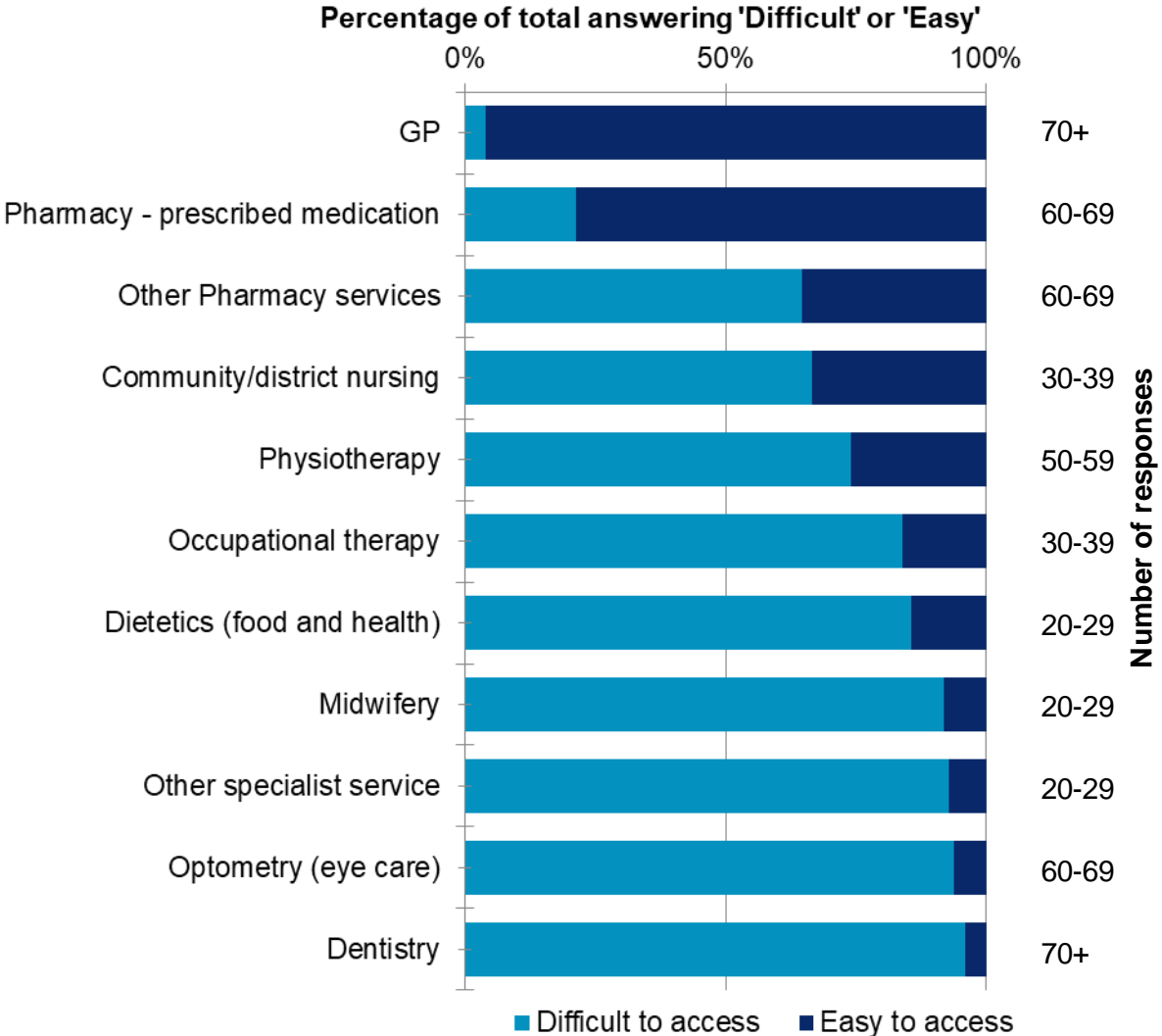
Percentage of total answering 'Difficult' or 'Easy'

Service	Age group
GP	70+
Pharmacy - prescribed medication	60-69
Other Pharmacy services	60-69
Community/district nursing	30-39
Physiotherapy	50-59
Occupational therapy	30-39
Dietetics (food and health)	20-29
Midwifery	20-29
Other specialist service	20-29
Optometry (eye care)	60-69
Dentistry	70+

Number of responses

■ Difficult to access   ■ Easy to access

Note: Responses of 'I don't know' were removed.

If difficult to access any service at the moment, what makes this difficult?
Respondents provided free text answers to explain why services were difficult to access. A word cloud highlights the most common words used in the feedback (Figure 3). There was some acknowledgement that the remote location of Coll was the reason that services were 'Difficult to access'. Almost all the feedback highlighted the lack of availability of services on the island and/or the need for travel to the mainland. Some frustration was expressed at the local availability of services that used to be available on the island, including where a visiting service was provided e.g. Dentistry, Optometry.

Figure 3. Word Cloud - If difficult to access any service at the moment, what makes this difficult?

access accommodation appointment appointments care check children coll community cost costs days dental dentist dentistry difficult don't emergency expense expensive eye ferries ferry health island issues lack leave location longer mainland making medical mobile money nhs nurse oban optician optometry overnight pay pharmacy physiotherapy practice require required requires service services specialist stay stays stopped travel trip visit visiting wait years

Themes further illustrated why it was difficult to access services on the mainland from Coll and included high costs, time away and difficulties with coordinating travel, particularly where there was need to attend appointments at short notice and made more difficult by lack of availability or unreliability of ferry services.

People reported a lack of understanding from services of these difficulties. Comments specific about Dentistry demonstrated the additional difficulty of accessing NHS dental services on the mainland.

> "Dentistry is a nightmare. You have to go to Oban and it's a massive wait. Emergency care is practically impossible."

> " . . . lack of understanding of the health service of how difficult it is to return next week is"

Where services were available on the island, there was recognition that they could still be difficult to access. There were comments relating to difficulties with Pharmacy services on Coll, with some prescriptions not being available on the island, requiring them to be collected in Oban. Islanders reported using the goodwill of others to collect prescriptions for them in Oban. People highlighted infrequent visits of some services to the island, fragility with staffing of services and use of online provision.

> "Some are provided by the GP practice but others can only be collected from the pharmacy in Oban. . . . "

> "Physiotherapy: usually good to access but not currently on island."

> "Regarding mental health service, very little is available in person, with the majority of access to counsellors being online."

> " . . . I ended up having to go to Oban hospital because the [service] wasn't due in."

There were a minority that expressed dissatisfaction with GP services. Practical considerations around service accessibility on the island included lack of public transport and lack of childcare on the island.

> "GP - not always willing/able to deal with issues."

> " . . . if a vehicle is not accessable [sic], we are reliant on organising lifts to tie in with appointments + collecting prescriptions"

Table 1. Themes - If difficult to access any service at the moment, what makes this difficult?

Overarching theme	Theme/details
Lack of local availability	Remote location
	Service(s) not available locally/travel off-island required
	Services used to be available locally
Reasons why accessing mainland services is difficult	Cost of travel and accommodation, particularly high cost of Oban accommodation
	Difficulties in coordinating mainland travel – ferry availability and reliability, appointment times, transport on mainland
	Loss of work/earnings
	Requirement for overnight stays
	Time away from home
	Lack of understanding from services
	Lack of availability of dentistry in Oban
Access difficulties on Coll	Pharmacy services (prescriptions not available)
	Infrequent visits/long waits
	Fragility of the service e.g. unavailability of staffing
	Online/telephone service, rather than face-to-face services
	Dissatisfaction with GP service
	Lack of transport on the island
	Lack of childcare on the island

78% of question respondents indicated that the impact of difficulties with accessing services was inconvenience (Figure 4). Over half (53%) indicated a negative impact on health and/or wellbeing and almost half (47%) indicated that services were not accessed at all.

'Other' answers highlighted:

- High cost
- Need for planning

Figure 4. What is the impact of this, for you or your household? (Please tick all that apply.)
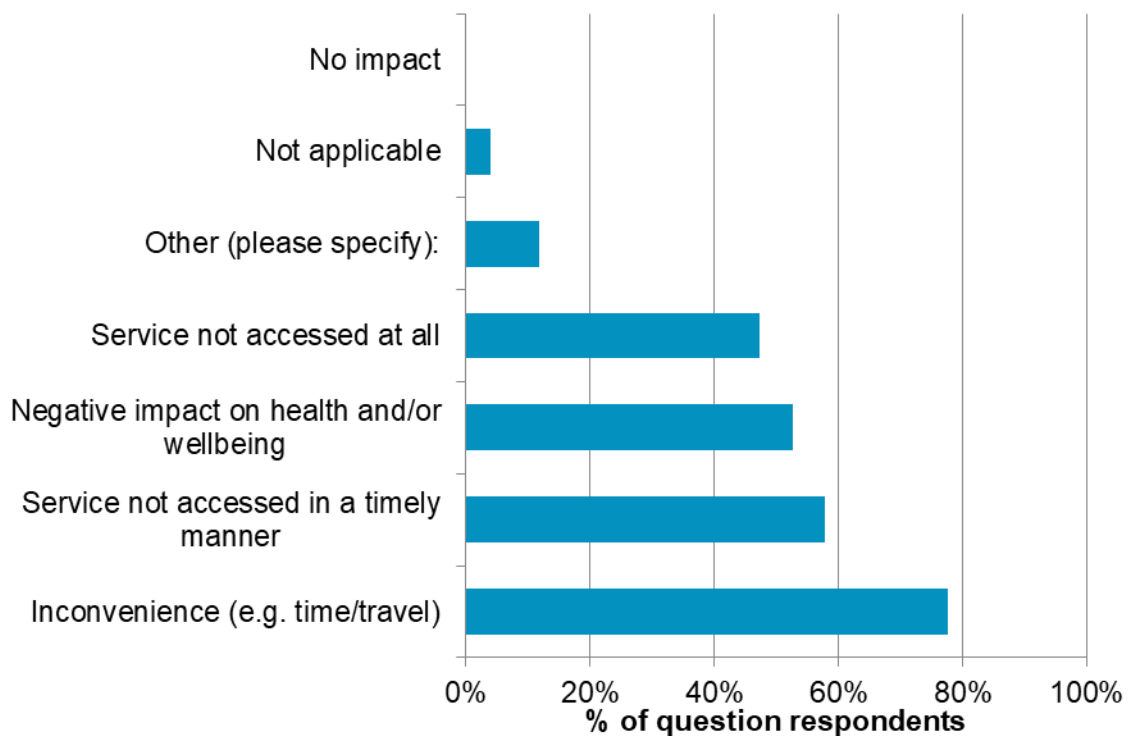
Number of responses: 70+

If easy to access any service at the moment, what makes this easy?

The majority of free text comments highlighted local provision and particularly the service provided by the GP/medical centre. This is highlighted in the word cloud of most common words used (Figure 5). Comments about the GP practice highlighted ease of obtaining appointments, the 24 hour service provided and their level of service.

Figure 5. Word cloud - If easy to access any service at the moment, what makes this easy?

access accommodating appointment appointments attend based centre coll dentist dentistry doctor easy emergency excellent fit flexible good helpful hour hours island local locums mainland medical needed notice nurse oban optometrist pharmacy phone physio practice required resident service services short small staff surgeries surgery urgent wait wonderful works

There was also a smaller amount of feedback on ease of access to services on the mainland via online (Near Me) or telephone appointments. This saved travel and provided easier access.

In contrast to the difficulties expressed with access to dentistry, for a smaller number of respondents, the service provided in Oban was acceptable, with the caveat that urgent appointments had not been needed and/or the respondent was a private patient. OT and Medivac services were also mentioned as good.

Table 2. Themes - If easy to access any service at the moment, what makes this easy?

Overarching theme	Theme/details
What makes a service accessible	Local availability: Particularly GP but also included new nurse, physiotherapy and pharmacy through GP
	Flexibility of appointments on mainland
	Provision of clear information
	Certainty of provision
Services provided by GP/practice	Same day/fast to see someone
	GP on call 24 hours a day
	Excellent service (accommodating/dedicated)
Other services highlighted as good or accessible	OT, Medivac, dentistry
Tools for accessibility	Telephone appointments
	Online appointments

How often do you have to travel from Coll to access health services?

Over 50% of respondents (56%) indicated that they travelled from Coll to access health services 4 times a year or more (Figure 6). Some individuals provided feedback relating to different frequencies for different services. Where necessary, the most frequent answer was chosen. The most common theme within the 'Other' responses received was:

- As needed/irregularly

A small proportion indicated:
- Twice a year
- Services were not accessed as regularly as they should be
- More visits off Coll were needed during pregnancy

Figure 6. How often do you have to travel from Coll to access health services?
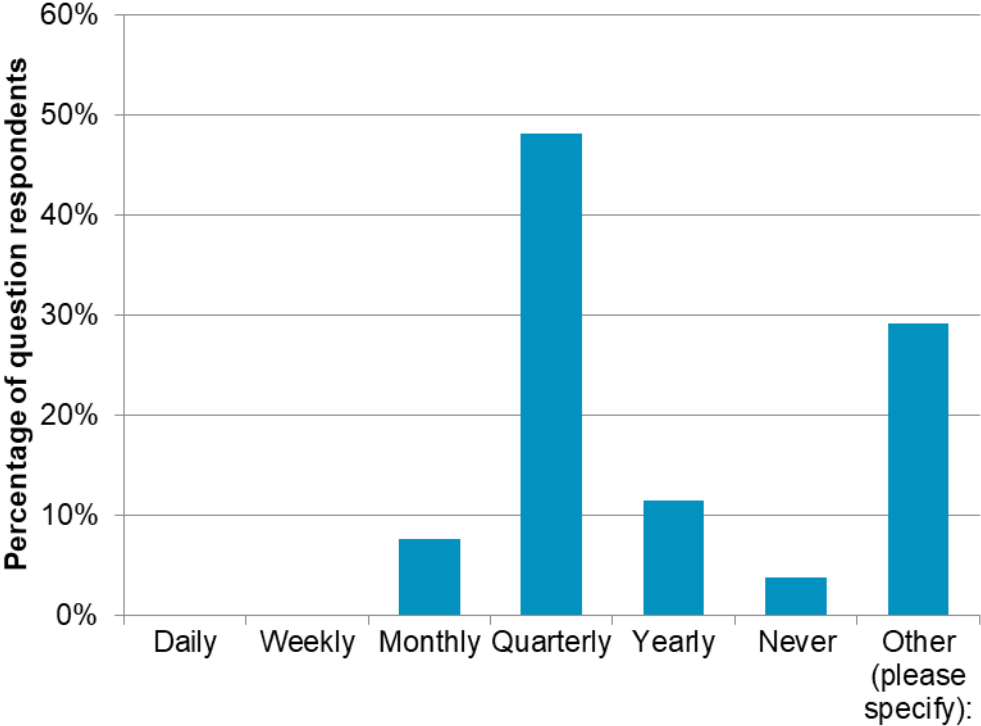
Number of responses: 70+

Do you have practical suggestions to overcome challenges in accessing health services living on Coll?

Respondents were asked for practical suggestions to overcome challenges in accessing health services. The most common suggestion was to reinstate mobile or visiting dentistry as well as other visiting services (e.g. optometry). A word cloud of the most common words used in show in Figure 7.

"Bring back the mobile dentist would be a marvellous start."

"We certainly need regular, reliable visiting services with lots of notice to ensure dentistry and optical services can be accessed."

Figure 7. Word cloud - Do you have practical suggestions to overcome challenges in accessing health services living on Coll?

People suggested better use of accommodation to support staff visiting the island and also have more staff living on the island. Other suggestions for reducing need to travel from Coll were use of telephone and video appointments, development of diagnostic testing on the island and a prescription delivery service.

> " . . . contract Maclennan Distribution to pick up prescriptions from Boots when necessary."

> "Have more diagnostic equipment locally so that more info can be provided via video call to a hospital consultant."

If it wasn't possible to have services on the island, help with the cost of travel and accommodation was suggested. Other ideas revolved around awareness within services of difficulties in attending appointments on Coll and providing appointments that are flexible, have more notice or that are grouped to minimise inconvenience. Suggestions were made around improving transport off the island e.g. guaranteed places for healthcare appointments and more frequent transport links.

> *"Provision of accommodation that is affordable on the mainland"*

> *"Subsidised ferry or air travel; . . .*

> *"A reliable ferry service, with guaranteed places for health service travel."*

> *"Service in Oban need to be aware and to adjust their appointments and service for islanders."*

A few comments related to the need for better information about service availability. This related to online services, local communication with the GP practice and overall knowledge of who was responsible for services.

> *"A central hub of information about all health services not provided on*

> *"Much better communication between the GP surgery and the community. Hard to know what is available.."*

There was a suggestion to have a first responder service to support with emergency responses on Coll. Another suggestion for emergency care was a GP staffed unit.

Table 3. Themes - Do you have practical suggestions to overcome challenges in accessing health services living on Coll?

Overarching theme	Theme/details
Increasing availability on Coll	Visiting services e.g. Dentistry, Optometry, Other services
	Accommodation on island for visiting professionals
	More staff living on Coll (including nurse)
	More use of online or telephone appointments
	Provision of diagnostic testing on the island
	Prescription delivery service
Support to attend appointments off-island	Cost/Accommodation
	Improvements in mainland appointments (e.g. grouping to prevent multiple trips, more advance notice and flexibility, choice)
	Improved access to ferry (or plane) service (e.g. reserved spaces for appointments)
Improve information	Better information about availability of services and who is responsible for which services.
Emergency response	Improved emergency response (e.g. first responder service, GP staffed emergency response centre)

Access to social care services

There were fewer responses regarding access to social care services compared to health care services, likely due to these not being as universal as some NHS services are (Figure 8). Telecare services were most likely to be rated 'Easy to access' by those providing a rating (Figure 8). For six areas, all of those providing feedback reported that they were 'Difficult to access.' Other responses included:

- Support worker for carers (Easy to access)
- Support workers (Difficult to access)

Figure 8. How do you or your household find access to different social care services at the moment?
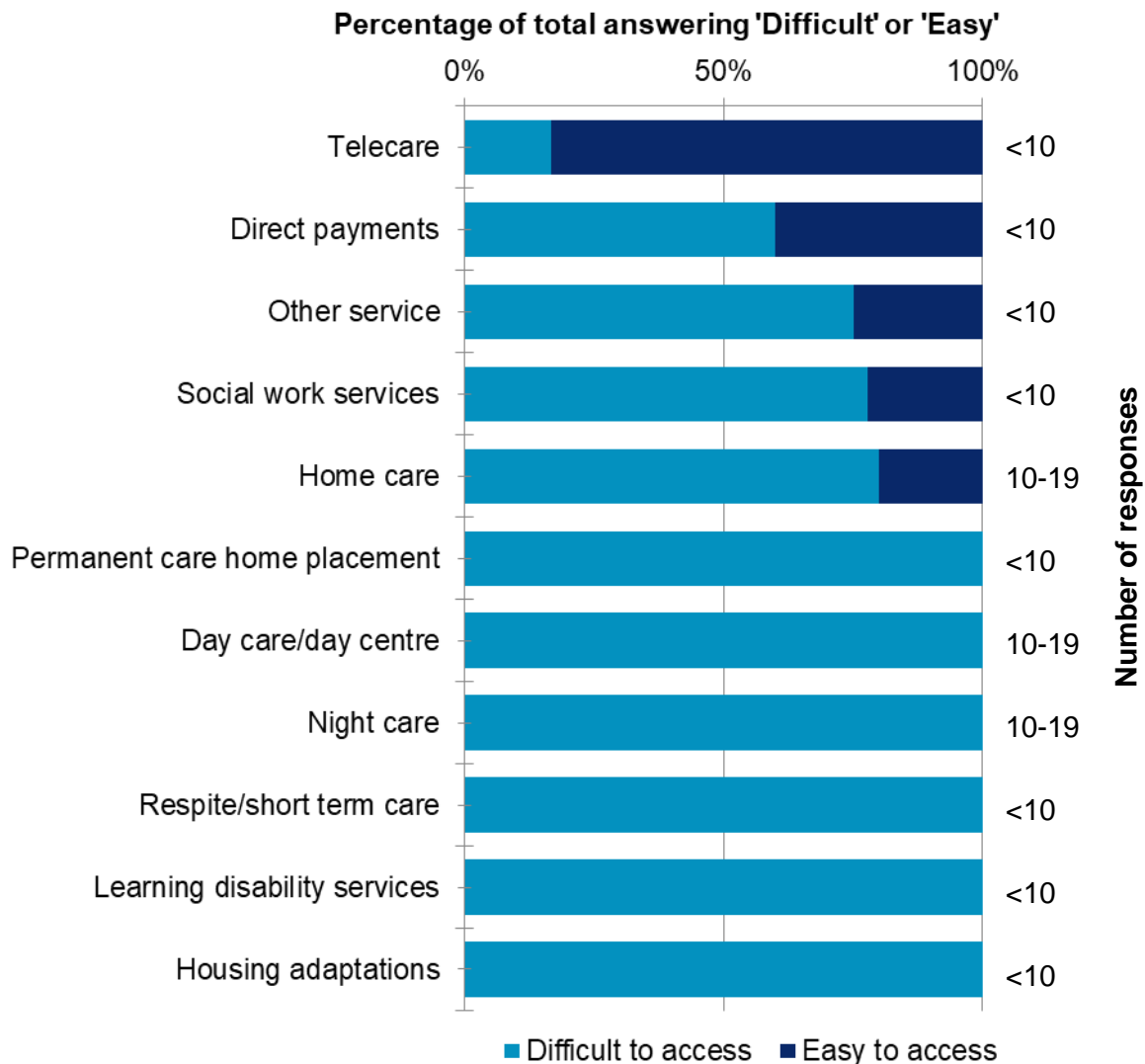
Percentage of total answering 'Difficult' or 'Easy'

Service	Number of responses
Telecare	<10
Direct payments	<10
Other service	<10
Social work services	<10
Home care	10-19
Permanent care home placement	<10
Day care/day centre	10-19
Night care	10-19
Respite/short term care	<10
Learning disability services	<10
Housing adaptations	<10

■ Difficult to access ■ Easy to access

Note: Responses of 'I don't know' were removed.

If difficult to access any service at the moment, what makes this difficult?

Comments were received regarding a lack of availability of services on the island; some of this feedback related to NHS services (e.g. dentistry and optometry, GP services and community nursing). Comments that were specific to social care services highlighted difficulties staffing services, particularly carers. Lack of accommodation on the island for care providers was highlighted. Difficulties with accessing adaptations included a lack of tradesmen for carrying out adaptations as well as funding.

> *"Who would do the work? We need [adaptations]. Who will do this?."*

> *"Not enough carers on the island."*

Lack of internet access, fluctuations in demand and difficulties with communication were also identified as difficulties with access. The most common words used are shown in Figure 9.

Table 4. Themes - If difficult to access any service at the moment, what makes this difficult?

Overarching theme	Theme/details
Lack of local availability	Not available
	Travel off island
	Remoteness
Staffing	Lack of sufficient care staff on the island
	Lack of housing availability for providers of care
Difficulties with adaptations	Funding
	Tradesmen
	Distance from service
Others	Internet access
	Fluctuations in demand
	Communication with social services

Figure 9. Word cloud - If difficult to access any service at the moment, what makes this difficult?

What is the impact of this, for you or your household?

The impact of difficulties in access to social care services is summarised in Figure 10, providing responses on the impact only for those providing feedback on difficulties rather than including 'not applicable' responses provided by the majority of survey respondents as a whole. The most common response (around 50%) was that the 'Service was not accessed at all' with around 40% of those providing feedback indicating a 'Negative impact on health and/or wellbeing'. Other comments about impact indicated:

- Concerns with future difficulties
- Delays in receiving support

If easy to access any service at the moment, what makes this easy?

There were relatively few comments but the feedback that local provision enabled ease of access was repeated. Themes were:

- Local provision
- Direct number provided
- Other services facilitate access

How often do you have to travel from Coll to access social work or social care services?

The majority of respondents indicated that they never travelled from Coll to access social care services. As many of these services are provided in a home location, travel off Coll was likely to be less relevant. The response of 'Never' was also likely answered by many who had no need for these services. In contrast, for some, travel off Coll to access social care was a regular occurrence requiring monthly or quarterly trips (Figure 11).

Figure 10. What is the impact of this, for you or your household? (Please tick all that apply.)
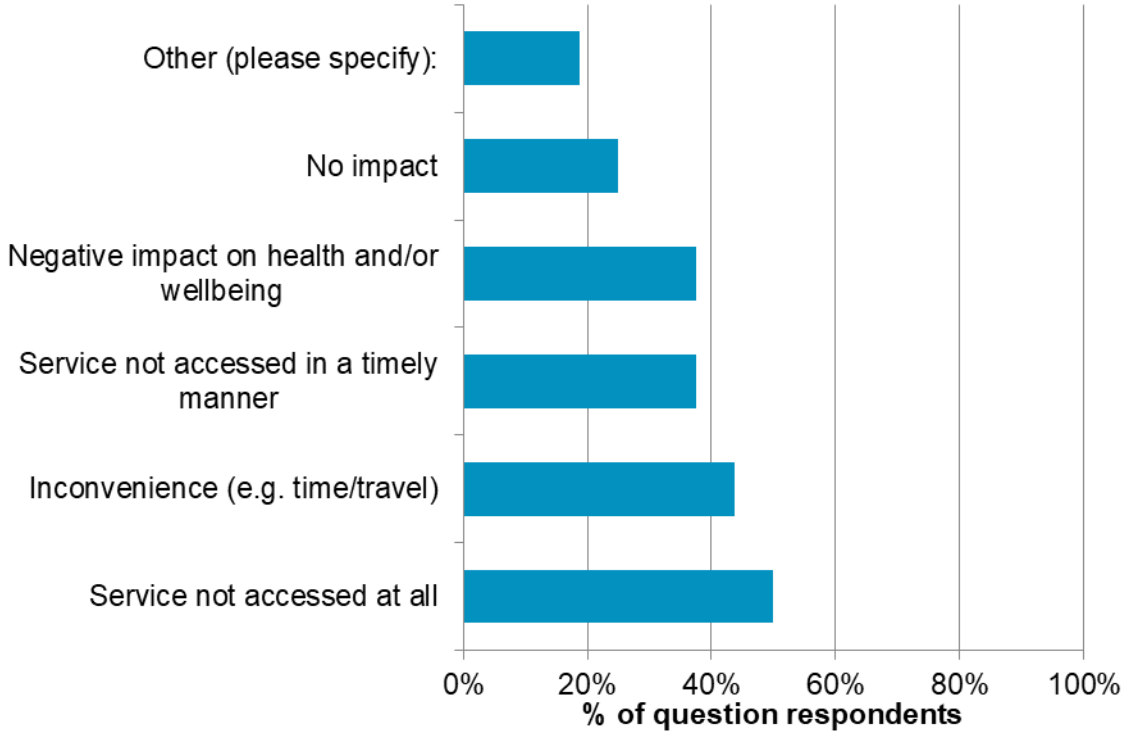
Notes: Reponses of 'Not applicable' were removed from the total for this chart. An issue was identified with people indicating that Services were not accessed when they had no experience or need for them. Therefore responses that indicated "Service not accessed at all" and 'Other' were removed if they related to the question not being applicable.

Figure 11. How often do you have to travel from Coll to access social work or social care services?
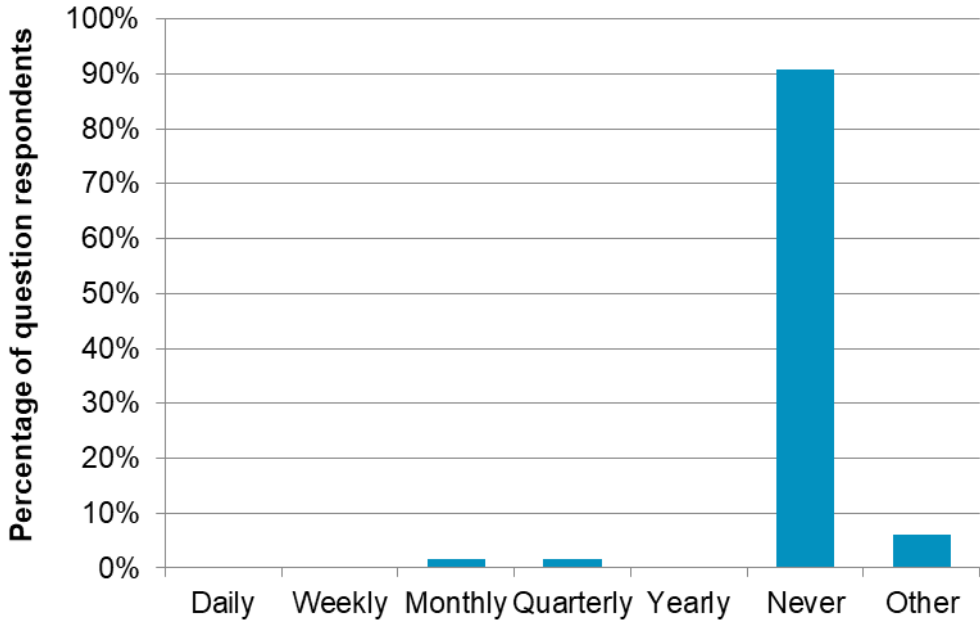
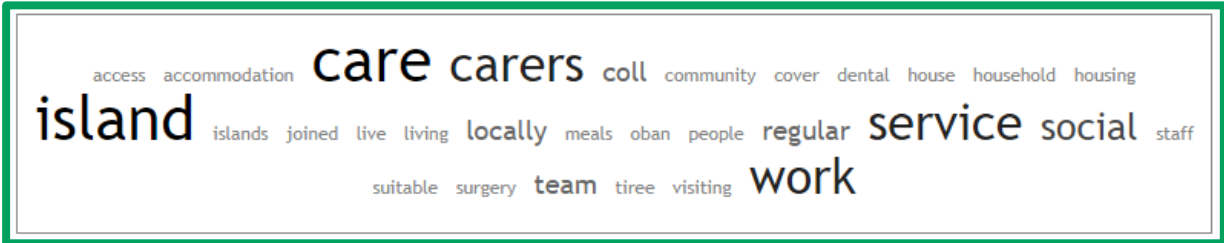**Do you have practical suggestions to overcome challenges in accessing social care services living on Coll?**
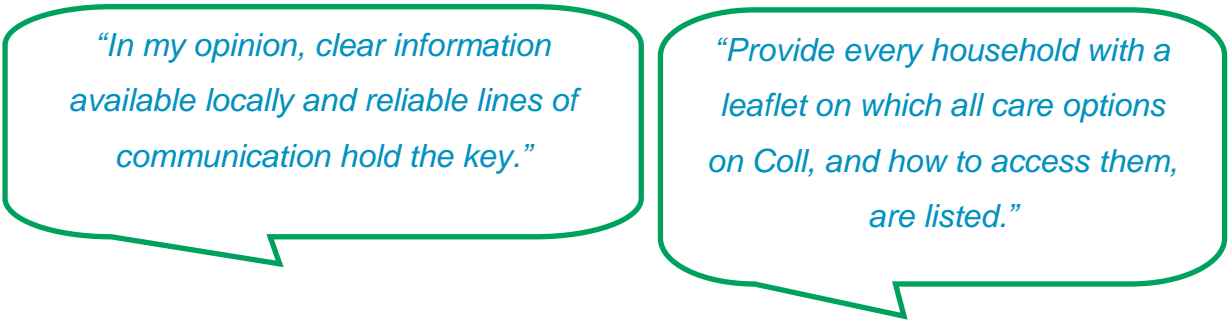
The most common themes revolved around solutions to staffing issues, particularly for carers. A word cloud of the most common words used is shown in Figure 12. Ideas to increase staff on the island included addressing the lack of housing and making better use of people and resources on the island who may be able to take on roles.

> " . . . Maybe if you had a resilient team on the largest islands they could offer more cover. "

> "Having more carers in paid posts on the island."

> "Housing is a big one - there are so many jobs here for people but they do not pay enough to be able to afford to live on the island. . . . "

> "flexible, suitable hours advertised regularly with training for locals who may be able to do these roles"

Figure 12. Word cloud - Do you have practical suggestions to overcome challenges in accessing social care services living on Coll?

access accommodation care carers coll community cover dental house household housing island islands joined live living locally meals oban people regular service social staff suitable surgery team tiree visiting work

People suggested providing more information on services that are available and having a single point of contact for islanders.

> "In my opinion, clear information available locally and reliable lines of communication hold the key."

> "Provide every household with a leaflet on which all care options on Coll, and how to access them, are listed."

"A caseworker appointed to supporting those on the island who require the service and who really understands the implications and difficulties we have living here."

Table 5. Themes - Do you have practical suggestions to overcome challenges in accessing social care services living on Coll?
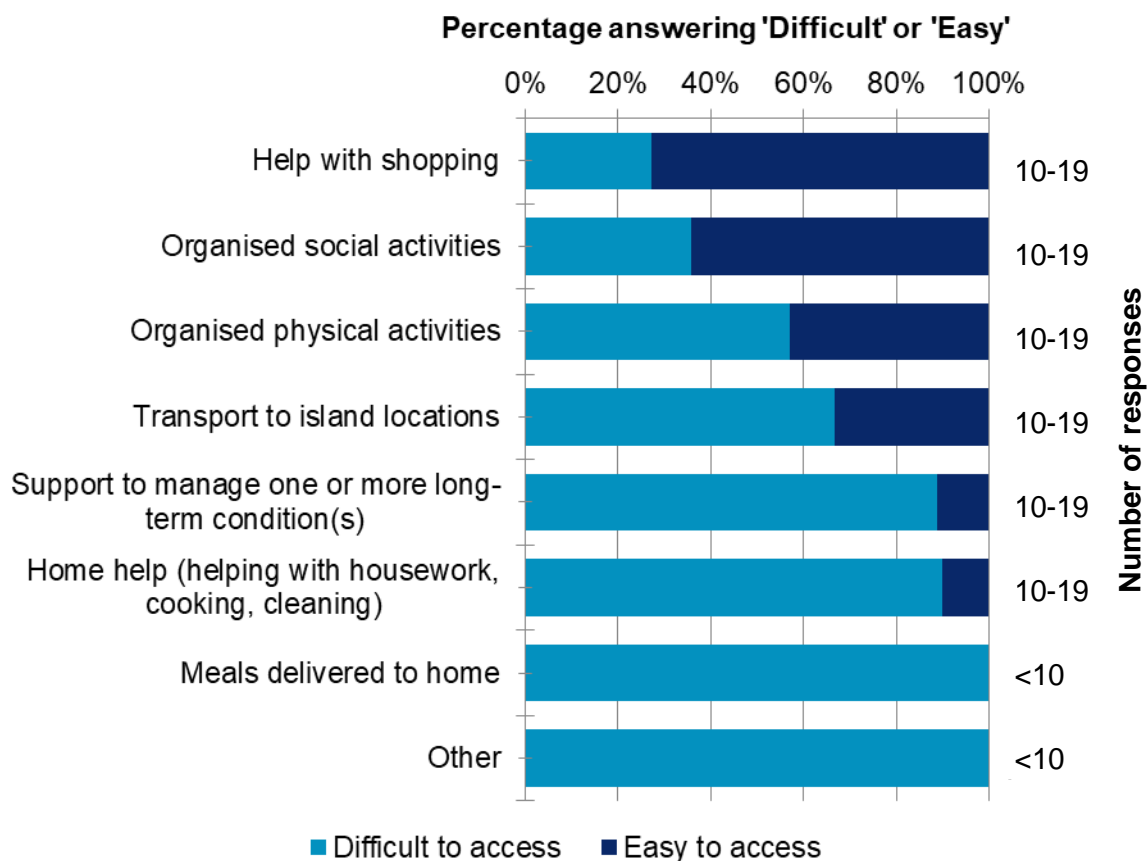
Overarching theme	Theme/details
Staffing	More staff in post on the island
	Need to address accommodation
	Training for locals
	Flexible employment hours
	Better use of skills of current residents
	Joining with larger teams (e.g. on islands/mainland or between disciplines)
Information	Provide information
	Point of contact
Transport on/off island	
More local provision	

Access to other types of support

A high proportion of those rating access to other types of support answered, 'I don't know' (Figure 13). 'Help with shopping' and 'Organised social activities' were most likely to be rated 'Easy to access'. Areas under 'Other', which were all 'Difficult to access' included:

- Delivery of medication

Figure 13. How do you or your household find access to these types of support at the moment?

Percentage answering 'Difficult' or 'Easy'

Category	Number of responses
Help with shopping	10-19
Organised social activities	10-19
Organised physical activities	10-19
Transport to island locations	10-19
Support to manage one or more long-term condition(s)	10-19
Home help (helping with housework, cooking, cleaning)	10-19
Meals delivered to home	<10
Other	<10

■ Difficult to access ■ Easy to access

Note: Responses of 'I don't know' were removed.

If difficult to access at the moment, what makes this difficult?

The most common feedback was that services were not available on Coll, with cost and difficulties with travel off island again mentioned. A word cloud of the most common words is provided in Figure 14. Lack of service on the island applied to

support to manage long-term conditions and to other support services. Staffing availability was also cited and a reliance on the island community was expressed. Transport on the island was a barrier to accessing services that are available.

"Lack of people on the island to fill these roles. . . . "

"There is no provision for people unable to drive to access affordable transport to other island locations. . . . "

Table 6. Themes - If difficult to access at the moment, what makes this difficult?

Overarching theme	Theme/details
Not available locally	Not available
	Lack of staffing
Travel on island	No public transport
	Cost
Reliant on community	
Transport off island	Cost
	Reliability
Future concerns	
Lack of support from GP	

Figure 14. Word cloud - If difficult to access at the moment, what makes this difficult?

care community cost high hours island lack people services support transport travel weather
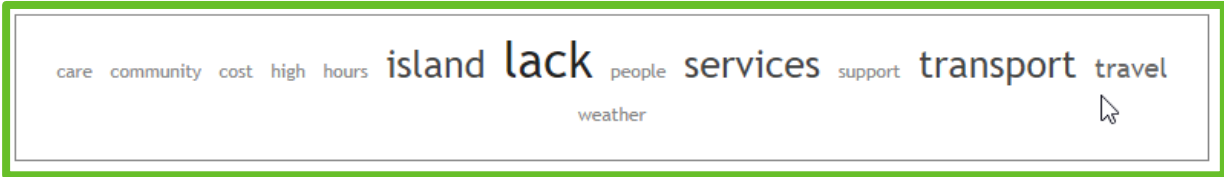
If easy to access at the moment, what makes this easy?

Local availability was again highlighted for ease of access alongside:

- Friends/family/neighbours
- Support by phone off-island
- Walking/mobility
- Support from GP

"The fact that I have friends who help and that I am mobile."

Responses regarding how other support was provided also highlighted informal support through relatives/friends/neighbours (Figure 15). The organisations that (<10) people identified that were involved in providing support were:

- Coll U3A
- GP
- Community gym and private Pilates classes
- Lunch club
- North Argyll Carers
- Home helps

Figure 15. How is this type of support provided on Coll? (Please tick all that apply.)

% of question respondents
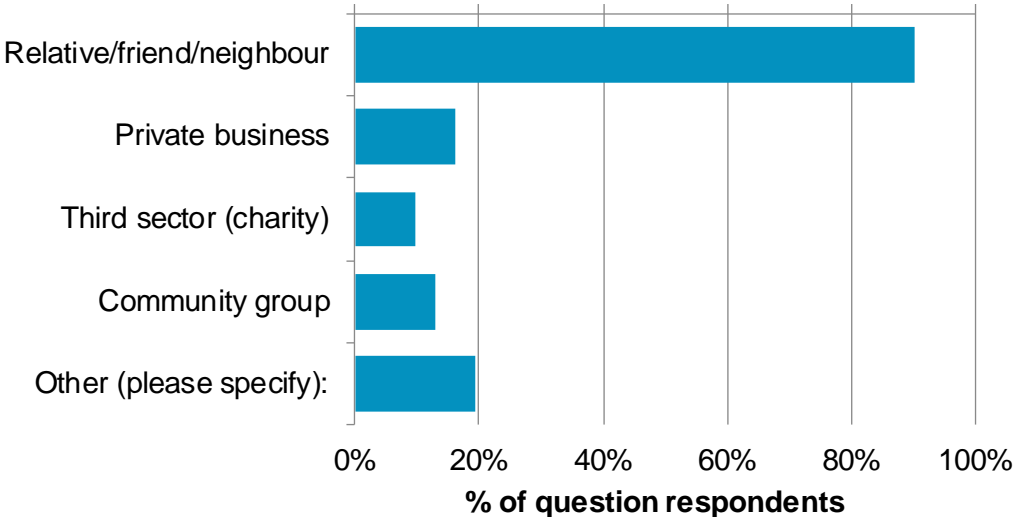
Number of responses: 30-39

Some comments expressed lack of knowledge of any organisations providing services.

"None that I can think of"

"Are there any?"

What (else) supports you or your household to live well in your home at the moment?
Relatively few responses were received, and some answered n/a, 'nothing' or nothing was required. The most common response was friends/family/neighbours (Figure 16).

The areas that were identified were:

- Friends/family/neighbours
- GP
- Community
- Local deliveries from shop
- Cleaning/gardening
- Online shopping
- Carer support worker
- Adequate finances
- Community hall
- Access to car

> *"The whole community. Neighbours and friends"*

Figure 16. Word cloud - What (else) supports you or your household to live well in your home at the moment?

access community deliveries family friends local neighbours reliance service shop support village

What supports you or your household to live a healthy life on Coll at the moment?
There was some overlap with the themes already identified (including some feedback relating to nothing or n/a) but in addition, people highlighted the outdoor environment and their own home-grown food. A word cloud is provided in Figure 17. The areas identified were:

- Natural environment/beaches
- Friends/family/neighbours
- GP
- Home grown food
- Community
- Gym/exercise class
- Allotment
- Food shopping on mainland
- Online activity class
- Owning a car
- Village hall

> *"Access to so many beautiful beaches; plenty of places to walk and explore; nature and wildlife on the doorstep . . . "*

> *"Our GP and nurse. Friends and family. Community."*

Figure 17. Word cloud - What supports you or your household to live a healthy life on Coll at the moment?

ability access beaches buy coll community easy family food fresh friends garden gym island online outdoor

What else, if anything, could be developed on Coll that would support you or your household to live well?

There was a range of areas identified for possible development. Some of these, around local service provision and travel off island have already been discussed. Suggestions around staffing included carers and other staff.

"Train, pay properly and provide career path for home care workers."

"I think there needs to be funding for counsellors, nutritionists etc to be able to work full time even if it means covering several Islands. . . ."

Suggestions under health and wellbeing activities included opportunities for physical and social activity. More than one response suggested widening access to fresh food e.g. a community growing project.

" . . . a health and well-being coordinator who runs classes at the gym/hall . . . "

" . . . community Garden so folk with limited access can enjoy growing and eating fresh

Comments addressed island infrastructure and the high costs including of freight and fuel on the island. A word cloud of the most common words is shown in Figure 18.
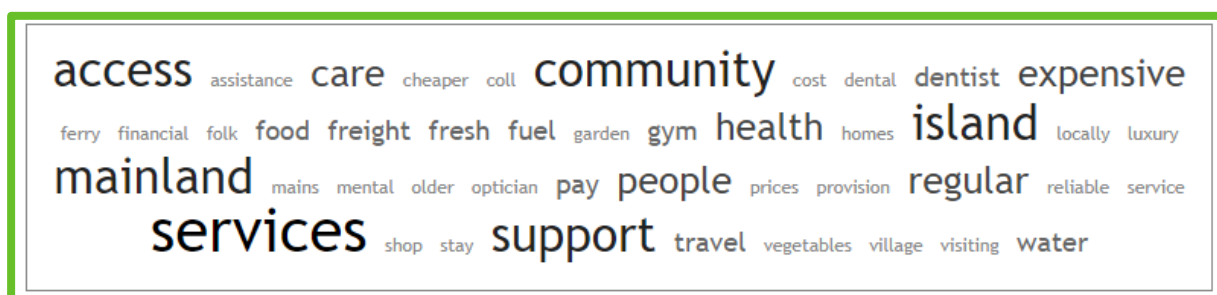
"Mains water supply . . . "

"Cheaper fuel and help to have an electric vehicle/buy PV solar panels"

Table 7. Themes - What else, if anything, could be developed on Coll that would support you or your household to live well?

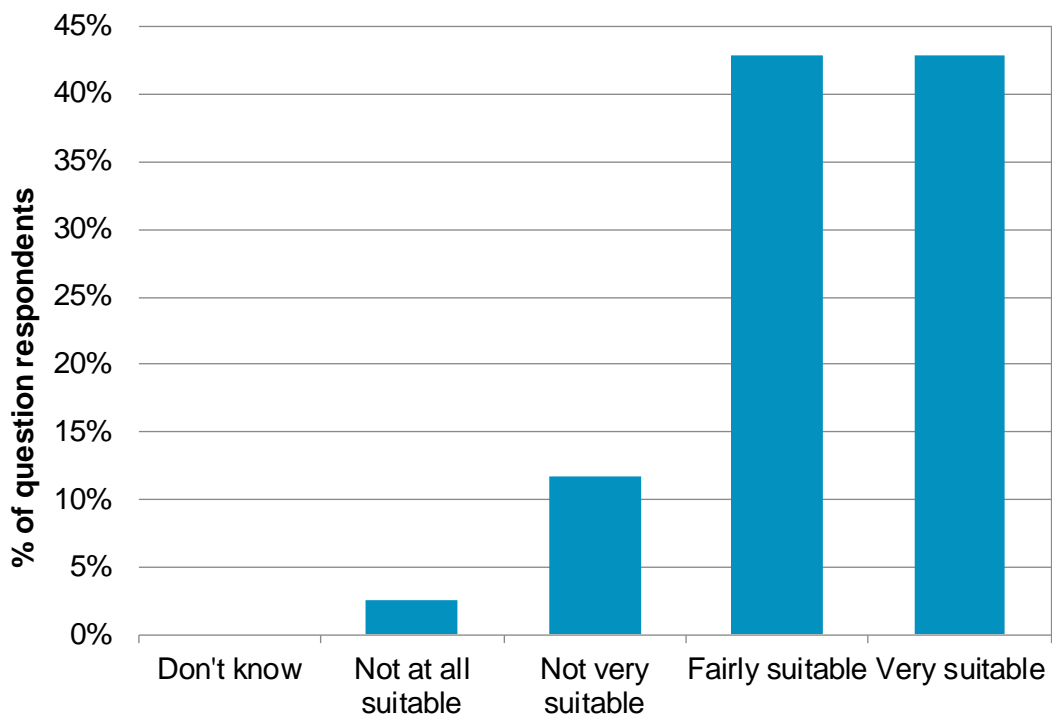| Overarching theme	Theme/details
Health and Social care services on Coll	Staffing/jobs including carers
	More local services e.g. dentist
	Mental health services
	Support for wellbeing for men
	More support from GP
	Assistance for GP/First responder service
Health and Wellbeing	Health and wellbeing activities (social and physical)
	Fresh vegetables/community garden
	Playpark
Island infrastructure	Transport on island
	Mains water outside village
	Help with house repairs
	Childcare
Costs	Affordable housing
	Cheaper freight costs (price of food)
	Cheaper/greener fuel
Visits off island	Help with cost of visits to mainland
	Better transport off island

Figure 18. Word cloud - What else, if anything, could be developed on Coll that would support you or your household to live well?

Housing

63% of respondents (out of 70+) indicated that they had a private water supply. 14% of respondents indicated that their accommodation was 'Not at all suitable' or 'Not very suitable' (Figure 19). Water supply was the most common reason for this with a range of other problems expressed (Table 8).

**Figure 19. How suitable is your current accommodation for the needs of your household?**

Number of responses: 70+

Table 8. Themes - If not suitable, why is this?

| Overarching theme	Theme/details
Services	Water supply
	Internet access
	Power cuts
Access	Stairs/access difficulty
	Handrails needed
Lack of repair	Damp
	Access to builder/workmen
Difficult to heat	

Less than half of the question respondents indicated that their heating always kept them warm enough in winter (Figure 20). 'I don't know' responses may have been provided by temporary residents not on the island during the winter months. Of those who indicated that their heating did not always keep them warm, almost 75% said this was a bit of a problem or a serious problem (Figure 21).

Figure 20. During the winter months, do you generally find that your heating keeps you warm enough at home, or not?
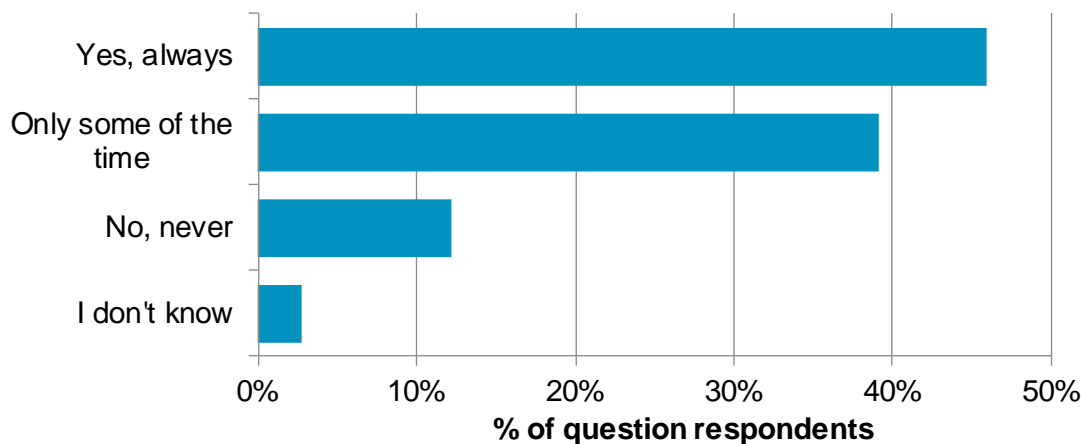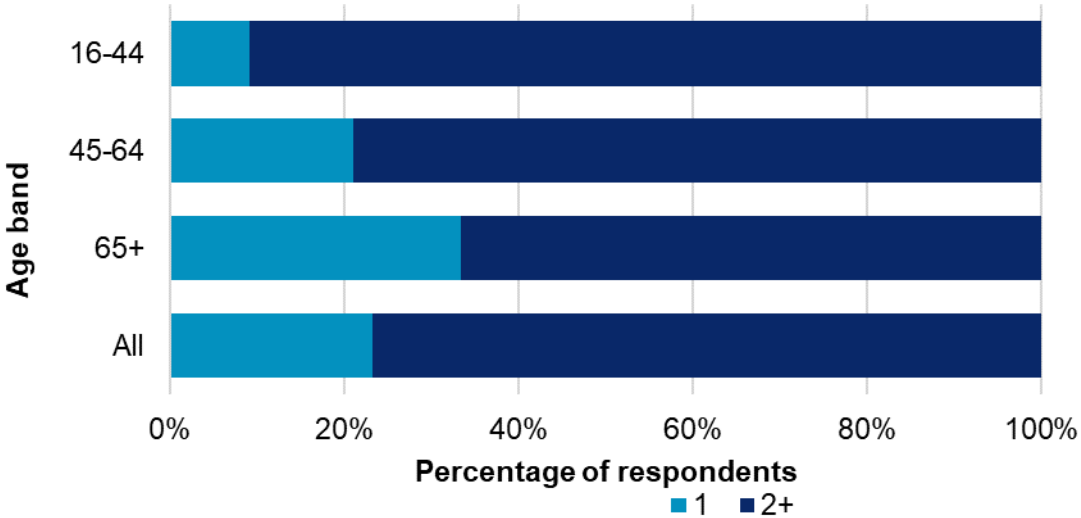

Number of responses: 70+

Figure 21. If not, how much of a problem is this, if at all, to you?
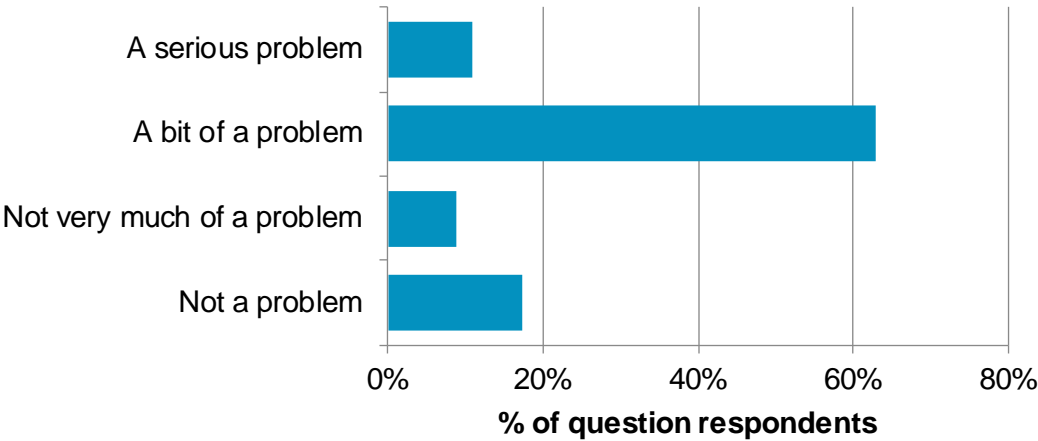
% of question respondents

23% of respondents indicated that they lived in a household of 1 adult (Figure 22). Those aged 65+ were more likely to live with no other adult, at around a third of those aged 65+.

**Figure 22. How many adults are there in your household (those aged 16 or older), by age band?**

Percentage of respondents
■ 1 ■ 2+

Financial wellbeing and support

Around half of respondents indicated that they managed quite or very well and almost 40% said they 'Get by alright'. Over 10% indicated they didn't manage very well or had some financial difficulties (Figure 23).

Figure 23. Which of these phrases best describes how you and your household are managing financially these days?
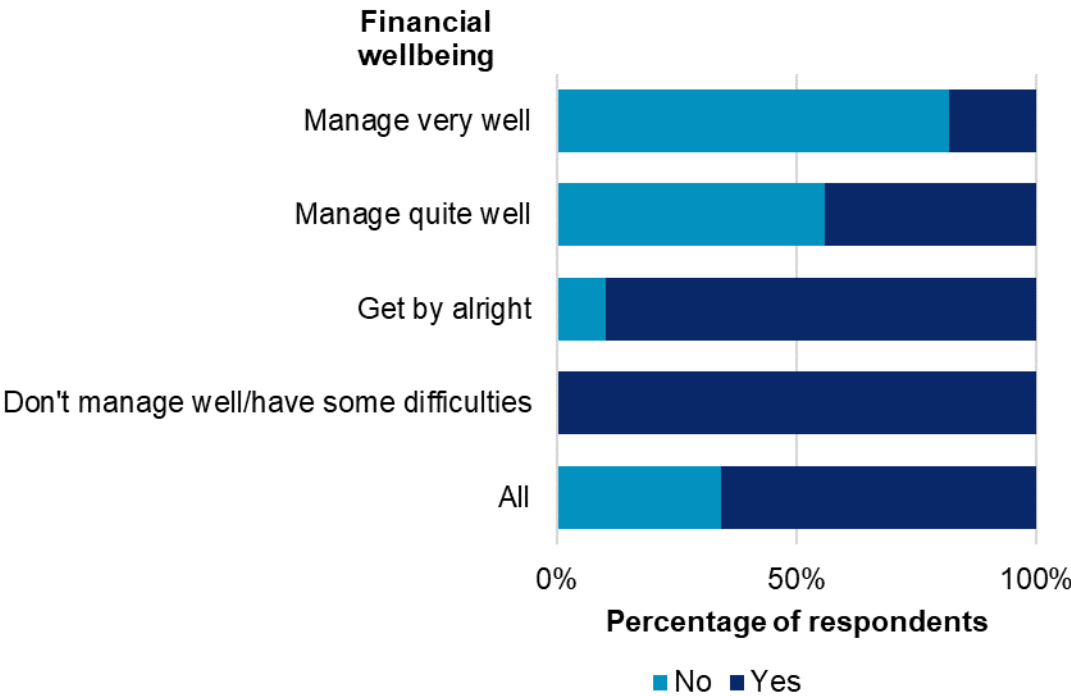

% of question respondents
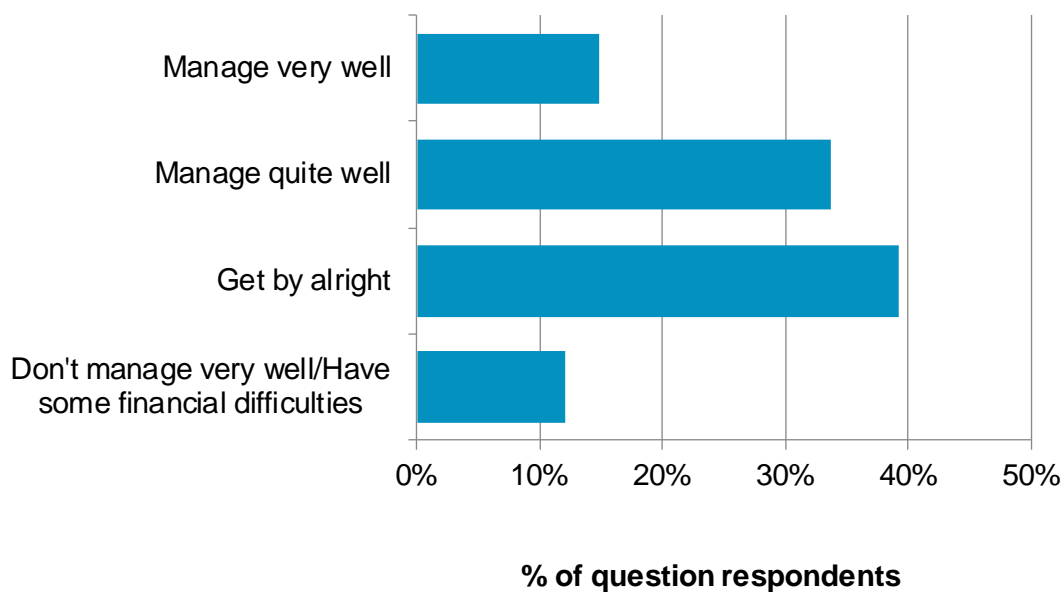
Number of responses: 70+

Note: Those who skipped the question or who answered 'Prefer not to answer' were excluded.

More than 60% of all question respondents had reduced their heating due to concerns about money in the past year (Figure 24). Some respondents in all the (financial wellbeing) categories in Figure 24 had reduced heating use due to concerns about money. The proportion of those who had reduced their heating due to concerns about money increased with decreasing financial wellbeing.

Figure 24. In the last year have you reduced your heating due to concerns about money? By Financial wellbeing.
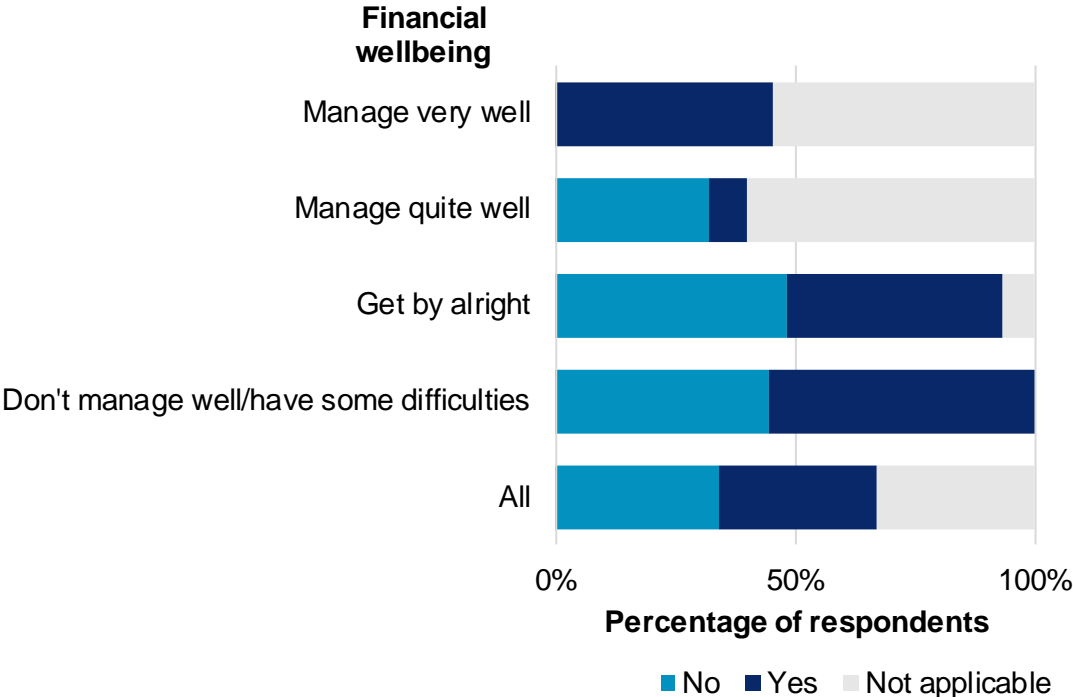

Number of responses: 70+

Note: 'All' included all respondents to the question regarding heating. The other bars included those in that category of financial wellbeing that had also answered the questions regarding heating.

Approximately a third of question respondents indicated that they did not know how to obtain information about benefits or financial support they may be entitled to with around a third indicating that they did and a third answering 'Not applicable' (Figure 25). A little under 50% of those who indicated they 'Get by alright' or who answered 'Don't manage well/have some difficulties' did not know how to obtain information about benefits or financial support they may be entitled to.

Less than 20% of respondents had reviewed what benefits or financial support they may be entitled to in the past year (Figure 26). Those indicating they 'Get by alright' were most likely to respond that they had reviewed what benefits or financial support they may be entitled to.

Figure 25. Do you know how to obtain information about benefits or financial support you may be entitled to? By Financial wellbeing.

Financial wellbeing

Number of responses: 70+

Note: 'All' included all respondents to the question regarding heating. The other bars included those in that category of financial wellbeing that had also answered the questions regarding heating.

Figure 26. In the last year, have you reviewed what benefits or financial support you may be entitled to?

Financial wellbeing
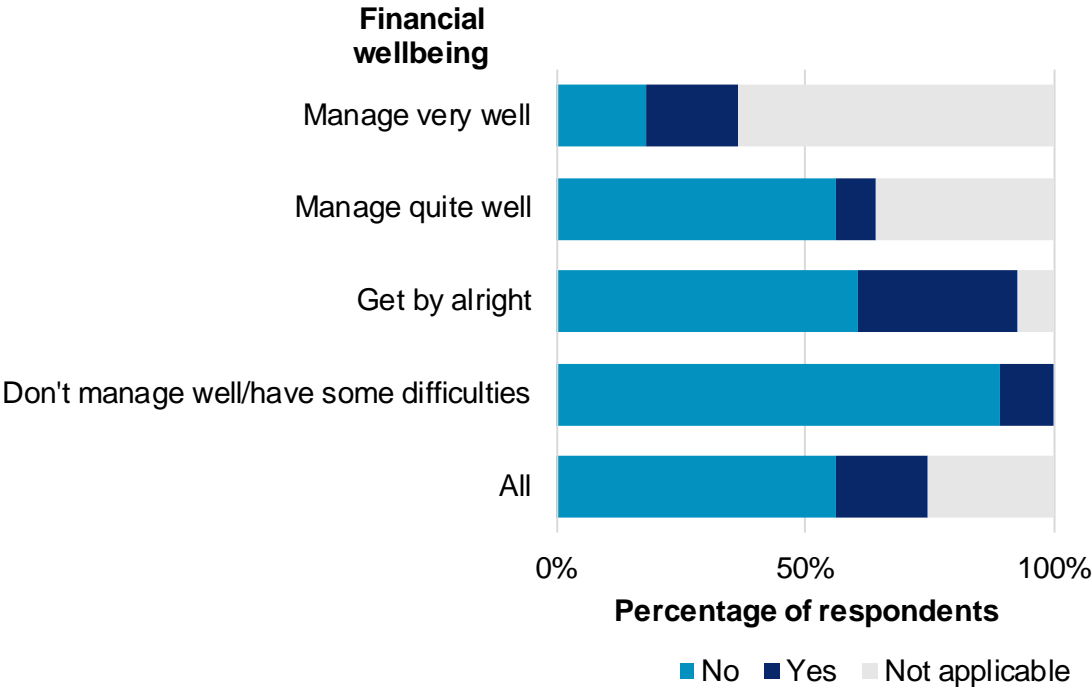
Number of responses: 70+

Digital connectedness

Most respondents indicated that they had access to the internet from home; 4% did not. The most common method of accessing the internet at home was via a mobile phone network (3G or 4G) via a mobile phone, smartphone, or tablet (Figure 27). 38% indicated they had some form of fixed broadband connection, although there was a comment regarding slow speed of the DSL broadband.

Figure 27. If yes, how does your household connect to the internet? (Please tick all that apply.)

% of question respondents
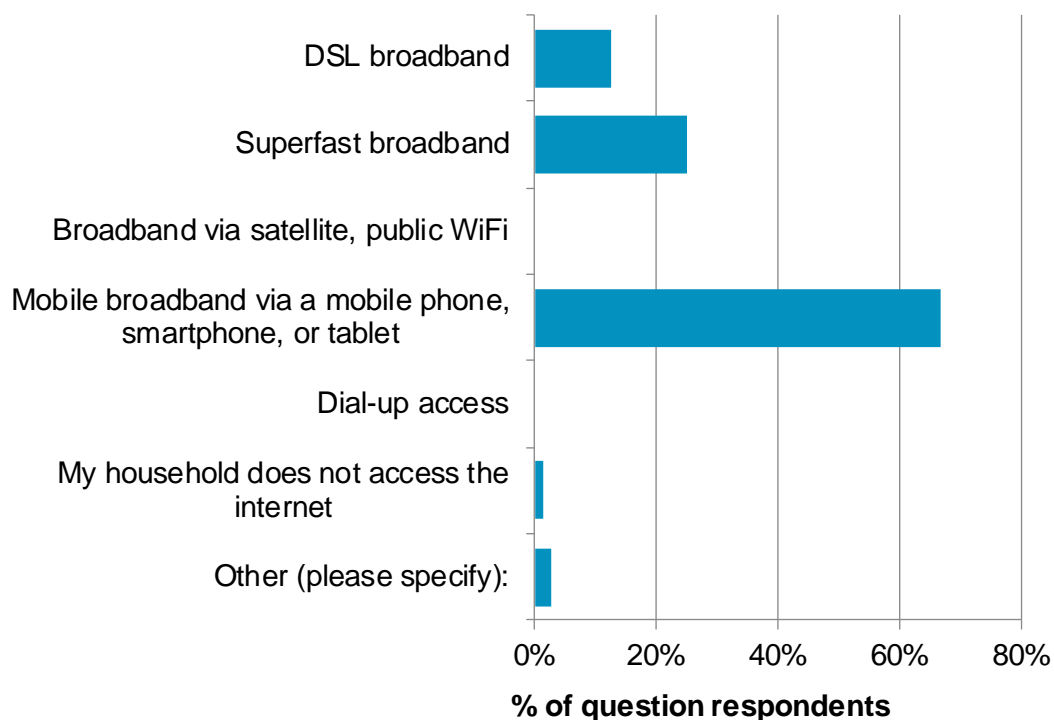
Number of responses: 70+

Health and wellbeing

35% of question respondents indicated that they had a long-term condition and 29% indicated that they had a limiting long-term con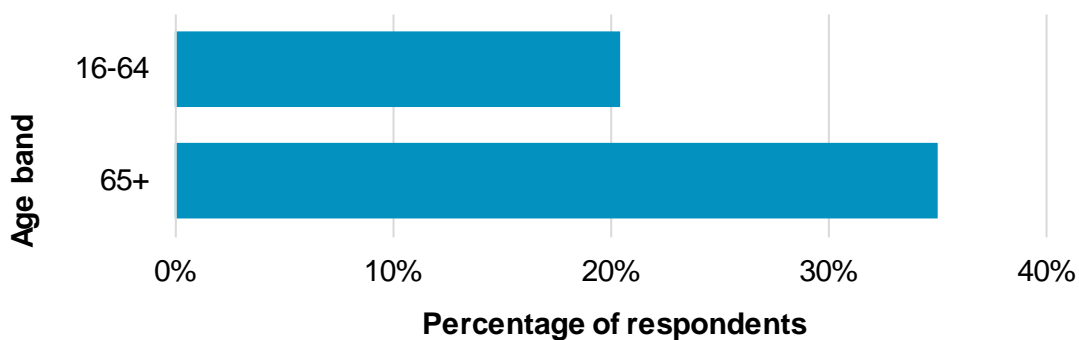dition. This is broadly comparable with figures for Argyll and Bute from the Scottish Survey Core Questions (2019) in which of 26% reported a limiting long-term condition (95% confidence interval, 22% to 30.9%).

The likelihood of living with a limiting long-term condition was higher in those age 65+ than those aged 16-64 (Figure 28). The proportion age 65+ with a limiting long-term condition was lower than the Argyll and Bute (43.6%) or Scotland (43.3%) estimates from the Scottish Survey Core Questions (2019)[3]. This could be caused by a lower proportion of the oldest people on Coll compared to elsewhere, or bias generated by differences in survey uptake between different groups and is not necessarily explained by a genuine difference in health.

Figure 28. Percentage of respondents with a limiting long-term condition, by age.

Number of responses: 60-69

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[3] https://statistics.gov.scot/resource?uri=http%3A%2F%2Fstatistics.gov.scot%2Fdata%2Fdisability-sscq

Living and working on Coll

What do you think encourages people to come to Coll to live and work?

The most common themes were the community, the outdoor environment and lifestyle (Figure 29).

> *"Beautiful landscape, change in pace of life / lifestyle, welcoming community. Wildlife."*

> *"Isolation, Different way of life, scenery, quiet, not many people, peaceful"*

> *"To escape excessively busy lives on the mainland. And to lead a more healthy and natural lifestyle."*

> *"The community and quality of life, especially for children."*

Figure 29. Word Cloud - What do you think encourages people to come to Coll to live and work?

access attract beaches beautiful beauty brings broadband busy care children coll community employment environment events facilities friendly generally good great health healthy housing independent island jobs landscape life lifestyle live location mainland middle natural nature opportunity pace peace peaceful people person primary project quality quiet rural scenery school sense service services small social style trust unspoilt welcoming wildlife work working

Other themes emerged including recognition of the services available on the island and the practical things that enable people to come and live on Coll (Table 9). Although it was expressed that people did come to the island to work, it was also expressed that many do not move for work.
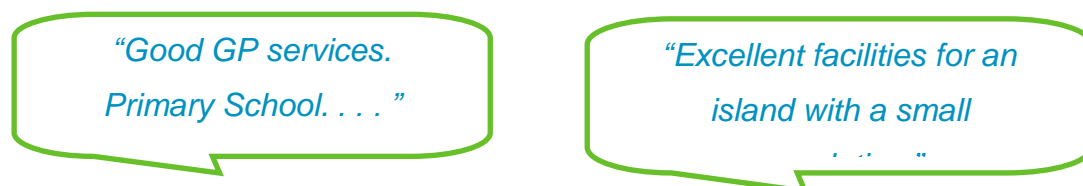
> *"Good GP services. Primary School. . . ."*

> *"Excellent facilities for an island with a small [...]"*

Under the theme 'Optimism', respondents expressed that perhaps people did not fully realise some of the challenges of living on Coll.
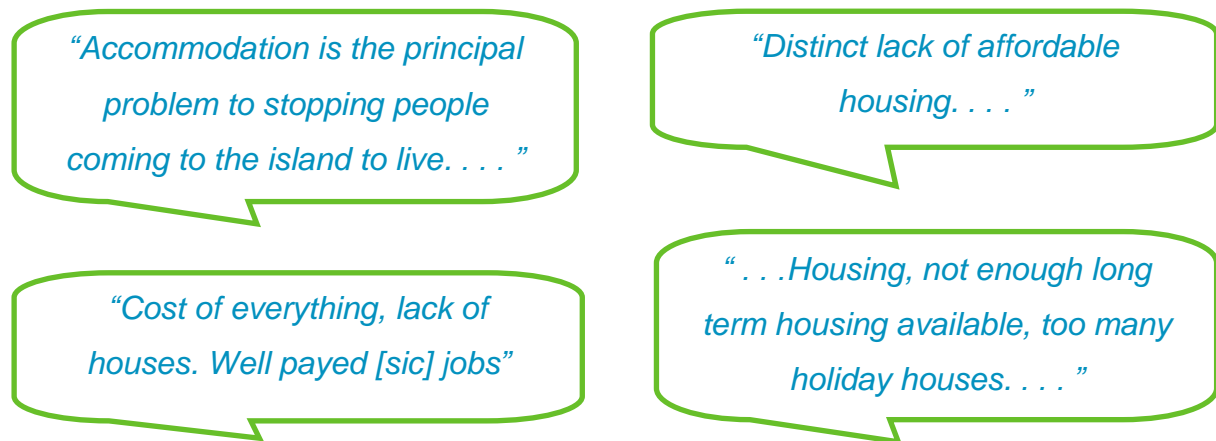
Table 9. Themes - What do you think encourages people to come to Coll to live and work?

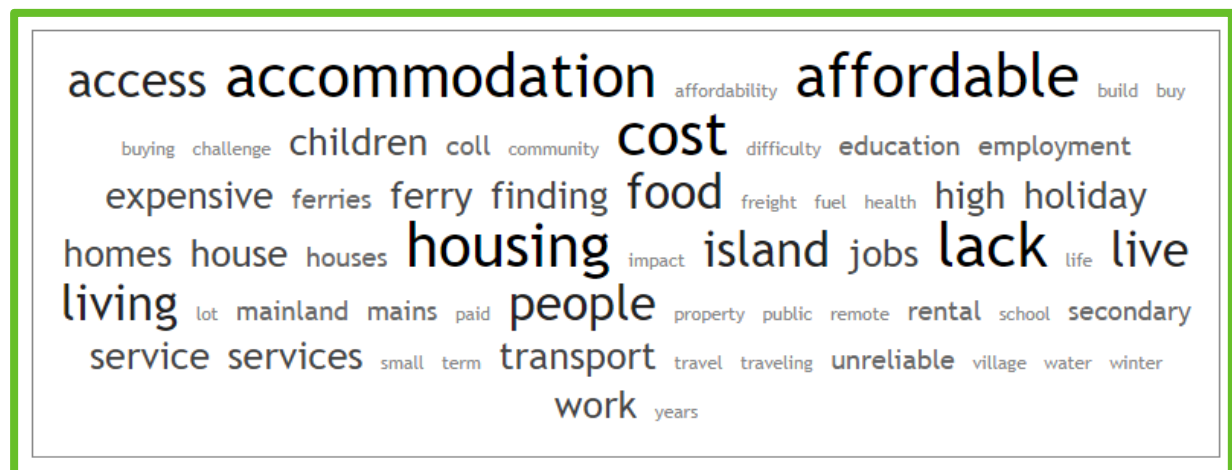| Overarching theme	Theme/details
Environment	Outdoors environment
	Isolation/remoteness/quiet
	Wildlife
Lifestyle	Community
	Lifestyle
	Bring up children
	Health/quality of life
	Security/safety
	Optimism
Services available	Island facilities e.g. community centre
	Healthcare
	Schooling
	Internet access
Other enablers	Accommodation
	Financial security
	Work e.g. Project Trust
	Online shopping
Nothing/I don't know	

What do you think are the challenges for people coming to live and work on Coll?
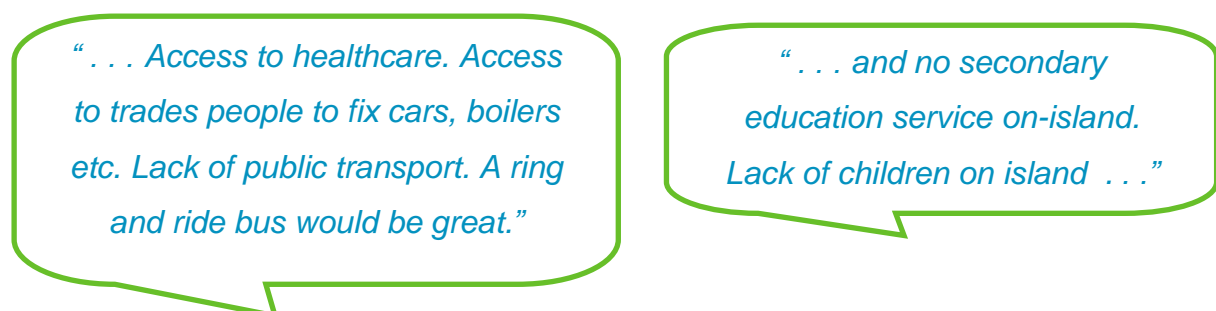A Word Cloud with the most frequent words used in the responses is show below
(Figure 30). Housing and accommodation were the most frequently mentioned theme
but many people identified multiple challenges (Table 10).

"Accommodation is the principal problem to stopping people coming to the island to live. . . . "

"Distinct lack of affordable housing. . . . "

"Cost of everything, lack of houses. Well payed [sic] jobs"

" . . .Housing, not enough long term housing available, too many holiday houses. . . . "

Figure 30. Word Cloud - What do you think are the challenges for people coming to live and work on Coll?

The feedback as a whole highlighted a challenge with self-sufficiency within the
island community.

" . . . Access to healthcare. Access to trades people to fix cars, boilers etc. Lack of public transport. A ring and ride bus would be great."

" . . . and no secondary education service on-island. Lack of children on island . . ."

Table 10. Themes - What do you think are the challenges for people coming to live and work on Coll?

Overarching theme	Theme/details
Housing	Availability
	Affordability
Transport off island	Ferries - unreliable, infrequent, difficulties booking, cost, transport of materials
Lack of jobs/low paid jobs	
High cost of living	
Lack of services	Lack of secondary education
	Mains water not available outside village
	Lack of island transport
	No mains sewage
	No childcare
	Internet poor in some parts of island
	Lack of tradespeople
	Healthcare services
Remoteness	Including fear of medical emergency
Need to adapt/plan	e.g. to remoteness, perhaps more than one job, food planning
Winter/weather	
Low numbers of children	
Small community	
Lack of awareness of benefits of living on Coll	

" . . . Lack of reliable ferry service"

"Lack of infrastructure, high cost of living here, lack of jobs, lack of medical services."

What do you think could be done to enable people to live and work on Coll permanently?

A Word Cloud with the most frequent words used in the responses is shown below (Figure 31).

Figure 31. Word cloud - What do you think could be done to enable people to live and work on Coll permanently?

Again, many people highlighted multiple themes. Housing was frequently recognised as the greatest issue. There were different ideas to make housing available and provide more affordable and more social housing (Table 11).

> *"Build some more council houses, or a community building project. Even 6 reasonable rent properties only for potential long term residents who could provide a service for the community."*

> *"More affordable housing to rent and buy. Limit the number of second homes. Regenerate homes in disrepair. . . . "*

Other themes are listed in Table 12. Under Transport, themes related to improving frequency, availability and reliability of transport options.

> *" . . . Subsidised ferry travel for islanders and allocated space on the ferry. . . . "*

> *" . . . Get new ferries that are reliable and fit for purpose"*

Table 11. Theme – Housing. What do you think could be done to enable people to live and work on Coll permanently?

Overarching theme	Theme/details
Housing	More affordable
	More housing
	Tackle second/holiday homes
	Renovate NHS houses
	More rentable properties
	For essential workers
	Allow principle teacher sole use of schoolhouse
	Community ownership of new developments
	Financial support to build houses
	Renovate older housing
	Buy back houses
	Change land use/ownership
	For visiting professionals

See also Table 12.

Under Employment, the most common theme related to improving opportunities for employment. Under Services, themes encompassed health and social care services as well as broadly 'Services', mains water and internet provision:

"*. . . Need for decent work that is not reliant on tourism, perhaps with training support. . . .*"

"*. . . Get new ferries that are reliable and fit for purpose*"

"*. . . Reinstate medical services . . .*"

"*. . . Regular and reliable medical services. A care home for the elderly.*"

Comments relating to need for more affordable housing could also have been classified under Affordability. Themes suggested include subsidies and grants.

Table 12. Themes - What do you think could be done to enable people to live and work on Coll permanently?

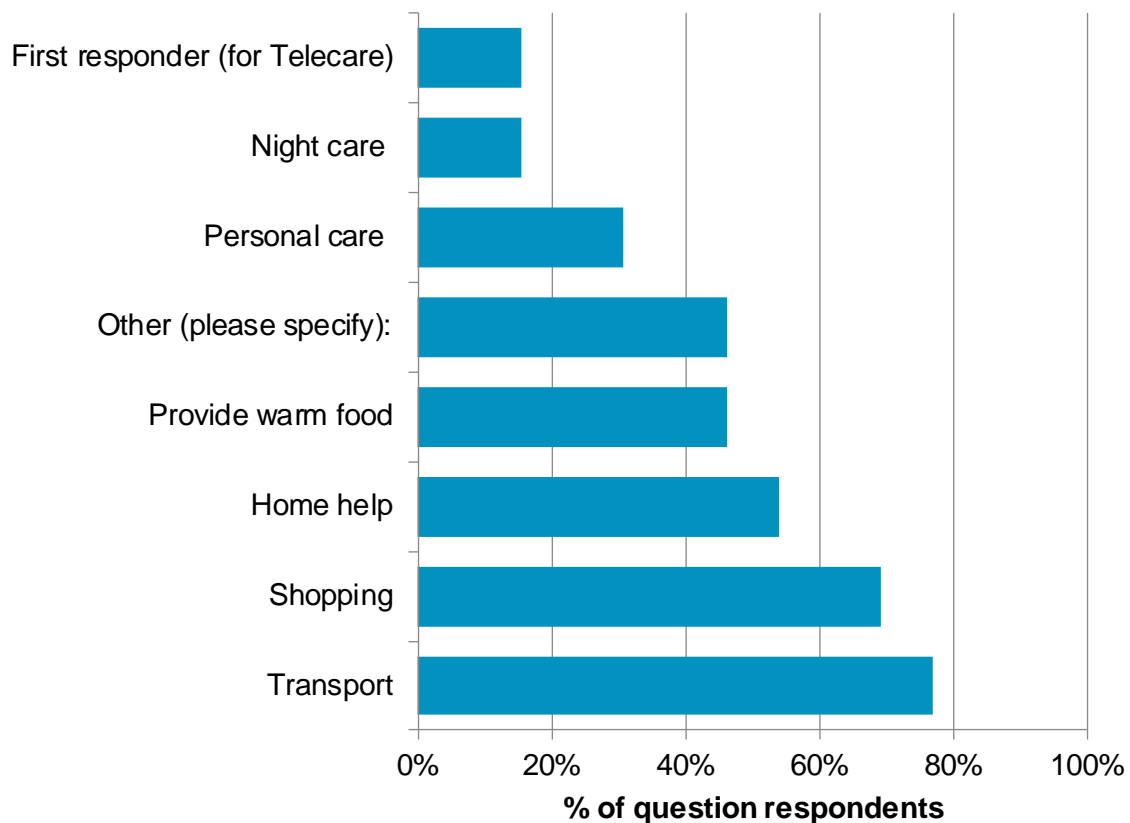| Overarching theme	Theme/details
Housing	See Table 11.
Transport	Reliable transport off island
	Better/more reliable ferries
	More regular air service
	Allocated ferry space
	Public Transport
	Transport on island
Employment	Job opportunities
	Encourage remote working
	Improve wages
Services	Improve health services
	Better services
	Social care
	Mains water
	Internet provision
Affordability	Subsidised freight/food costs
	Subsidised petrol/fuel
	Grants e.g. housing/energy, people on low incomes
	Subsidised ferry travel
Children	Childcare provider
	Playpark
	Secondary education provision
Others	Government support/focus
	Learn from islands that are repopulating
	Reassure people about difficulties
	Tackle problems

Unpaid Care

17% of those answering (70+ responses) indicated that they provide unpaid care. This is comparable to the Scottish figure of 16.1% from the Scottish Survey Core Questions (2019).[4] These figures may underestimate the proportion that provide unpaid care as people may not recognise themselves as providing unpaid care. Unpaid care included providing a range of support including personal and night care (Figure 32). People were most likely to provide help with shopping and transport. Other types of support included:

- Help with paperwork/admin
- Being available if needed

Figure 32. What unpaid support do you provide? (Please tick all that apply.)

Number of responses: <20

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[4] https://statistics.gov.scot/resource?uri=http%3A%2F%2Fstatistics.gov.scot%2Fdata%2Funpaid-care-provision-sscq

Does any of the support you provide involve travel away from Coll?

Around 40% of those answering (<20 responses) said that provision of unpaid care included travel away from Coll. Reasons for travel were:

Medical appointments
Visits to family/friends

Do you live with the/a person you care for? Altogether, how many hours of unpaid care or support do you provide, approximately, each week?

Approximately 25% (out of <20 responses) reported that they live with the/a person they care for. These people were more likely to be providing the highest number of hours of care per week. Overall, approximately 40% provided less than 4 hours of care a week, with 60% providing more than this.

Whether or not you provide any unpaid care, what does a short break from unpaid care mean to you?

All respondents, where they provided unpaid care or not were invited to answer this question. A word cloud showing the most common words is shown in Figure 33.

Figure 33. Work Cloud - Whether or not you provide any unpaid care, what does a short break from unpaid care mean to you?

Themes are shown in Table 13. The most common themes were around a break or respite from a caring role. Although having a break from the caring role and 'respite' are similar, those themes under 'respite' specifically mentioned the word 'respite'.

Table 13. Themes - Whether or not you provide any unpaid care, what does a short break from unpaid care mean to you?

Overarching theme	Theme/details
Break	Break from role
	Respite
Importance	Very important/means a lot
	Essential
Carer's health and wellbeing	Impact on carer's health and wellbeing
	Recharge/More effective carer afterwards
	Time for self
	Rest
	Peace and quiet
Practicalities	Cared-for looked after
	Time involved
	Leave island/Somewhere else
	Doing something new
Other benefits	Good for cared-for
	Allows work
Holiday	
Other feedback	Question makes no sense
	I don't know

Responses indicated the importance of a short break of unpaid carers, both to enable them to continue their caring role and for their own health and wellbeing.

> *" . . . Such a break is important to me in being able to attend to my own wellbeing. This benefits me directly and also the person I care for because, when I return to my caring duties, I can feel refreshed and a more effective carer."*

Responses highlighted the practicalities of a short break including the need for the cared for to be looked after and the time involved, with some suggesting a break would require leaving Coll.

> *"A week when all care duties are covered so that the unpaid carer can take time away (physically and/or mentally)"*

> *"Ability to leave loved ones in safe hands with time away from the island an option."*

Do you know where to seek information about short breaks from unpaid care?
Approximately a third of those answering this question (and who provided unpaid care) indicated that, yes, they did know where to seek information. Some who provided the highest numbers of hours of care were amongst those that did not know where to seek information on short breaks.

How often do you currently get a break/respite from your caring role? How often do you feel you need a break?
Although those providing <4 hours of care answered these questions, this group were less likely to do so with some skipping the question. The need for a short break may have been less relevant for people providing very small amounts or occasional care. More people expressed need for breaks than currently accessed breaks (Figure 34); the most common felt frequency of need for breaks was monthly whereas the common response to how often breaks were currently received was 'never'. Approximately 30% of question respondents received the frequency of breaks that they felt they needed. Only those providing a very small amount of care indicated that

they 'never' needed a break. It was also expressed that how often a break was need depended on the nature of the break.

> *"I don't live with someone I care for so get a break"*

> *"Depends if that's a break away from the island or a break during the day . . ."*

If you get a break, how does this help to support you, as an unpaid carer?

Responses reflected some of the themes already identified and included:

- Recharge/more effective carer afterwards
- Essential
- Time for necessary tasks

Figure 34. How often do you currently get a break/respite from your caring role? How often do you feel you need a break?
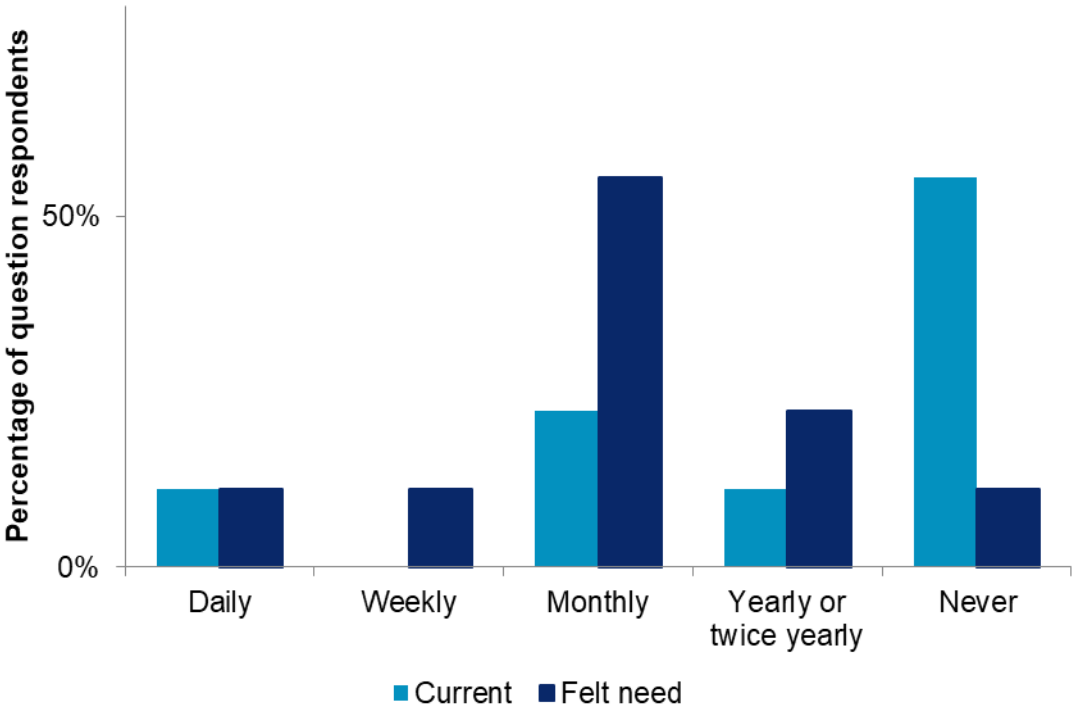
Number of responses: <20

Note: Includes more than one frequency per respondent if provided.

Have you accessed any breaks? If so, what did each of these look like and how did it benefit you?

Nobody had accessed any breaks through their local carer centre. Breaks had been accessed through:

- Council-funding
- Private provision
- Family/friends stepping into the caring role
- Nursing staff facilitated arrangements for care provision.

Benefits that were expressed were:

- Maintain health and wellbeing of carer
- Allow time away for specific reasons e.g. travel, work, vising friends and family

What do you see as the difficulties with accessing short breaks when island based?

People repeated themes around difficulties with transport on/off the island (Table 14) and expressed the negative impact of this on arranging breaks. Lack of availability of care provision was highlighted as well as lack of information as to what is available.

Table 14. Themes - What do you see as the difficulties with accessing short breaks when island based?

Overarching theme	Theme/details
Travel off island	Reliability
	Cost
Care provision	Availability of carers
	Confidence in alternative care arrangements
Lack of information	
Work required	e.g. in organising and preparing

"Definitely Calmac adds stress not relaxing break. . . . "

"Low no.s of experienced carers and avaialability [sic] when needed." Knowledge of possibilities."

Could you suggest some ideas that you think would help provide short breaks to carers on the island?

Suggestions to help provide short breaks (Table 15) aligned to the challenges described in Table 14.

Table 15. Themes - Could you suggest some ideas that you think would help provide short breaks to carers on the island?

Overarching theme	Theme/details
Travel off island	Improved transport off island including reserved spaces and more flexibility if travel needs to be rearranged.
	Help with cost of transport and accommodation
More Care provision	Availability of carers inc. help with their accommodation if coming from off-island and better terms and conditions
	Network shared with other areas/islands
	Island-based activities
More information	A list of who could provide care.
	More information as to how to obtain support

Ideas included financial support for the cost of mainland travel and accommodation costs in Oban as well as increased availability of carers, and other options on the island for breaks for carers.

"Car spaces reserved for locals on the ferry so breaks don't have to be booked months in advance, ability to cancel bookings without financial loss as the cared for person can randomly be unwell requiring a break to be cancelled."

"Some island based activities that they would like to do with food provided."

" . . . clarity on who to approach and who is supporting/co-ordinating

> *" . . . accommodation on the island for carers coming in; more value placed on this role (decent rate of pay) . . . "*

> *"It would be helpful if someone on the island had a list of those who would provide temporary care and when they could be available. . . . "*

How do you think your role as an unpaid carer can best be supported?

Themes on more provision of carers on the island and the need for better information were repeated (Table 16). Other ideas included reimbursement of travel costs for people willing to provide help on the island and need for practical and softer support. There was also recognition of the current support provided through a carers support worker.

> *" . . . A petrol/diesel allowance would help more island folk to visit & help others if they assumed island caring roles"*

> *" . . . New unpaid carers need to be identified and 'inducted' into systems of support / rights - this can only happen locally so a good local network of support workers is neccessary. [sic] Often unpaid carers will see their role as a normal part of life and not seek any help. . . . "*

Table 16. Themes - How do you think your role as an unpaid carer can best be supported?

Overarching theme	Theme/details
More carers/support on island	More professional carers available
	Need to trust alternative care provision.
Other support on Coll	More support/someone to talk to
	Reimbursement for travel on island
Better information	More information as to how to obtain support
	A list of who could provide care.
	A list of tradesmen who would prioritise carers.
	Need to provide information to new unpaid carers.

What types of short break would help?

All the types of breaks provided as possible options were selected (Figure 35), although difficulties with a day break away from the island was commented on. The most common responses involved support based on Coll or for people at home. Other suggestions included more support for carers coming to the island.

> *"(not really possible to get away from Coll for a day!)"*

> *"System in place to cover carers when they are away from home as this takes much more time as we live on Coll - incurring at lest [sic] one overnight*
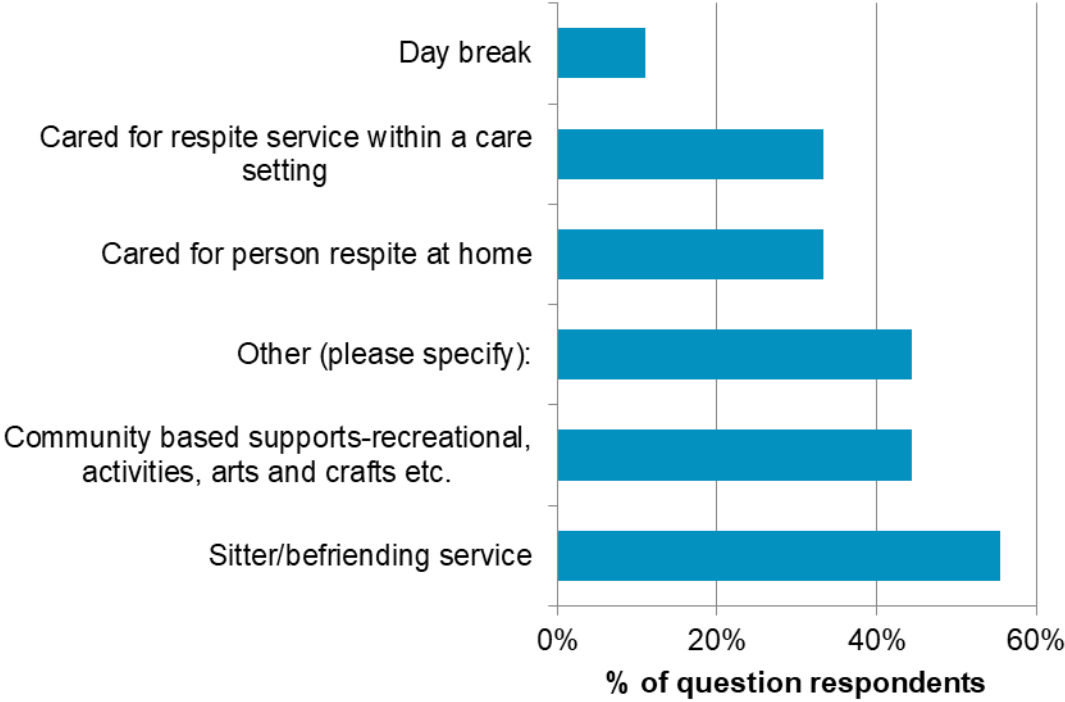
Would there be any practical help that could help your caring role and give you some additional time? (Please tick all that apply.)

All the types of support suggested were selected with the most common practical help selected being help with 'Mainland food shopping' (Figure 36). Some of the responses under 'Other' reflected that this sort of help was not needed. Suggestions under 'Other' were:

- Admin support (e.g. correspondence)
- Support with costs
- Community transport e.g. for appointments and for medication delivery

> *" . . . a community transport system, especially important for folk that don't drive to keep some kind of independence."*

Figure 35. What types of short break would help? (Please tick all that apply.)

Number of responses: <20

Figure 36. Would there be any practical help that could help your caring role and give you some additional time?

Number of responses: <20

If a particular service (including volunteers, local groups, etc.) is working well for you, please share this with us.

There was some feedback that there were no specific services available. Areas that people highlighted as working well were:

- Carer support worker
- Local carer
- Family/friends/neighbours
- GP

"The local support [worker] is totally lovely and really helpful, but [they are] very busy."

"Our local carer is excellent and conscientious although [they are] by [themselves] without any other carer available at short notice."

Do you think this service could be developed further so that it can benefit more people?

People identified similar themes to previous questions:

- More carers available
- Network/community of unpaid carers
- Information/training

" . . . We could have a training/information event to educate the community."

Argyll and Bute Public Health Intelligence are part of the Public Health department in Argyll and Bute Health and Social Care Partnership (HSCP). They also sit within the Directorate of Public Health of NHS Highland and, alongside the wider NHS Highland Public Health Intelligence team, provide an expert resource on epidemiology, demography and population health evidence.

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