

Agenda – Equality, Local Government and Communities Committee

Meeting Venue:

Committee Room 4 – Tŷ Hywel

Meeting date: 9 November 2020

Meeting time: 13.00

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In accordance with Standing Order 34.19, the Chair has determined that the public are excluded from the Committee's meeting in order to protect public health. This meeting will be broadcast live on www.senedd.tv

Pre-meeting (13.00 – 13.30)

1 Introductions, apologies, substitutions and declarations of interest

2 Inquiry into COVID-19 and its impact on the voluntary sector – evidence session 4

(13.30 – 14.30)

(Pages 1 – 32)

Nesta Lloyd-Jones, Assistant Director, NHS Confederation

Hayley Thomas, Executive Director of Planning and Performance, Powys Teaching Health Board

Councillor Andrew Morgan, Leader, Welsh Local Government Association

Daniel Hurford, Head of Policy (Improvement and Governance), Welsh Local Government Association

Break (14.30 – 14.45)



**Senedd Cymru
Welsh Parliament**

**3 Inquiry into COVID-19 and its impact on the voluntary sector –
evidence session 5**

(14.45 – 15.30)

(Pages 33 – 63)

Amanda Carr, Director, Swansea Council for Voluntary Service

Bethan Russell Williams, Chief Officer, Mantell Gwynedd

Chris Johnes, Chief Executive, Building Communities Trust

Break (15.30 – 15.45)

**4 Inquiry into COVID-19 and its impact on the voluntary sector –
evidence session 6**

(15.45 – 16.30)

(Pages 64 – 125)

Patience Bentu, National Community Engagement Lead, Race Council Cymru

Rocio Cifuentes, Chief Executive, Ethnic Minorities and Youth Support Team
Wales (EYST)

5 Paper(s) to note

(Page 126)

**5.1 Letter from the Public Services Ombudsman for Wales in relation to scrutiny
of the annual report**

(Pages 127 – 134)

**5.2 Letter from the Public Services Ombudsman for Wales to the Minister for
Health and Social Services in relation to NHS Complaints data**

(Pages 135 – 136)

**6 Motion under Standing Order 17.42(ix) to resolve to exclude the
public from the remainder of the meeting**

**7 Inquiry into COVID-19 and its impact on the voluntary sector –
consideration of the evidence received**

(16.30 – 16.45)

- 8 Public Services Ombudsman for Wales – consideration of the appointment process**
(16.45 – 17.15) (Pages 137 – 167)
- 9 Renting Homes (Amendment) (Wales) Bill – order of consideration for Stage 2 proceedings**
(17.15 – 17.20) (Pages 168 – 171)

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	The Welsh NHS Confederation response to the Equality, Local Government and Communities Committee's inquiry into the impact of COVID-19 on the third and voluntary sectors in Wales.
Date:	3 November 2020

Introduction

1. The Welsh NHS Confederation welcomes the opportunity to respond to the Equality, Local Government and Communities Committee's inquiry into the impact of COVID-19 on the third and voluntary sectors in Wales.
2. The Welsh NHS Confederation represents all the organisations that make up the NHS in Wales: the seven Local Health Boards, three NHS Trusts and Health Education and Improvement Wales (HEIW). We also host [NHS Wales Employers](#).
3. Since the beginning of March, our priority has been supporting and representing our members to respond to COVID-19. Our engagement with members has focused on the active support of Executive Director Peer Groups' response to COVID-19, including NHS Chairs, Chief Executives, Assistant Medical Directors and the Workforce and Organisational Development (W&OD) Directors.
4. In addition to supporting members, we have been working closely with partners across the health and care system to ensure we can provide a 'whole system' perspective. Throughout this time, we have continued to engage and work with our stakeholders, including Royal Colleges, third sector and social care organisations, to respond to the pandemic so that we can highlight any issues and offer potential solutions to Welsh Government. We held bi-weekly remote meetings with members of our Policy Forum, an informal network of over 60 health and care organisations, including third and voluntary sector organisations and the Wales Council for Voluntary Action (WCVA). These have proven to be invaluable to share intelligence, discuss updated Welsh Government guidance and establish shared strategic priorities.
5. The Welsh NHS Confederation Policy Forum recently published [Delivering a sustainable seamless health and social care system: Our priorities for the next Welsh Government](#), which was endorsed by over 30 health and social care organisations, including several third and voluntary sector organisations. The briefing emphasises the important role that the third and voluntary sector plays in protecting the health and wellbeing of the communities they serve and the vital role of the sector to the delivery of NHS and social care services.

Background

6. The challenges posed by COVID-19 are considerable. Since March, the health and care system has experienced unprecedented demand on its services. NHS

organisations have shown flexibility and innovation throughout this period by delivering a remarkable response to COVID-19. This response could not have happened without the excellent partnership working across Wales with local government, the voluntary sector, and the private sector. The response to the pandemic has accelerated partnership working, bringing together service delivery in a much more integrated way. To date, the Welsh NHS Confederation has published six [briefings](#) to highlight just some of the partnership working across Wales to support the response to COVID-19. From increased digital services to support people to stay at home and maintain social relationships with friends and family, to providing meals to frontline staff and vulnerable people, and providing vital frontline support and expertise within the NHS and social care settings, partnership working and collaboration is an essential component to supporting the NHS and its services.

7. NHS leaders have always valued the significant contribution the third and voluntary sector makes to supporting the health and wellbeing of the population. NHS leaders recognise that third and voluntary sector organisations are mutual partners who work hand in hand with them and have the skills and expertise to improve patient and service user experience and outcomes. All NHS organisations in Wales work in partnership with the third and voluntary sector by commissioning the sector to deliver health and social care services. As highlighted by the WCVA, nearly 100,000 people are employed in the third sector in Wales across 32,000 organisations and more than 8,000 registered charities.
8. The influence and reach of third and voluntary sector organisations is not limited to supporting the delivery of health and care services. The sector also plays a vital role in the prevention and wellbeing agenda through: supporting the provision of health and care information; patients and service user advocacy; enabling people to maintain their independence, health and wellbeing in their own home and in their community outside of NHS settings; and improving people's quality of life and community cohesion by supporting volunteers and volunteering opportunities.
9. The third and voluntary sector also plays a significant role in engaging with health and social care services when the NHS, and other public sector bodies, consult on new services or service change. Within Welsh Government's long-term plan for health and social care, *A Healthier Wales*, there is a clear emphasis towards community-based models of health and social care that cuts across traditional organisational boundaries. This has enabled third and voluntary sector bodies to take on a more enhanced role in supporting people and communities in their area, including through engaging with Regional Partnership Boards (RPBs) and Public Service Boards (PSBs).
10. Since the outbreak of the COVID-19 pandemic, the role that third and voluntary sector organisations play in supporting people to stay safe, healthy, and active has been further evidenced. A number of new community groups across Wales have been set up and thousands of additional hours have been provided to support communities, especially the most vulnerable. From supporting people shielding or vulnerable groups with daily amenities like food shopping and picking up prescriptions, to supporting and arranging homecare visits and providing advice

around benefits and wellbeing support, the work of the sector has encapsulated a spirit of community and togetherness that NHS leaders are committed to building on in future.

How the third and voluntary sectors have worked in partnership with the NHS

11. This year has seen innovation and service delivery carried out by third sector organisations in different ways to ensure that communities and individuals continue to be supported. In our briefing, [Cross-sector partnership working to support the response to COVID-19 in Wales](#), we highlighted some of the ways that NHS Wales organisations are working with other sectors, including the third and voluntary sectors, to support people to stay active, healthy, and safe. Below are just three examples that we have highlighted in our briefings. We are aware there are many other examples we could have included to highlight how the sector has provided significant support to the NHS and people across Wales.

Volunteers recruited to deliver Age Cymru's 'Friend in Need' service

12. Age Cymru launched the 'Friend in Need' service to help tackle loneliness and isolation among the over 70s due to social distancing, self-isolation and shielding during the COVID-19 pandemic. Older people can connect with a trained and vetted Age Cymru volunteer for a free weekly friendship call. Funded by the Welsh Government, and with the support of the WLGA and Volunteering Wales, the service was launched during Volunteers' Week in June.

13. The initiative also supports friends or neighbours who are providing informal help to older people and others who are social distancing, self-isolating, or shielding with activities such as shopping or collecting prescriptions. Since the beginning of the Spring lockdown, the charity has made more than 10,000 calls to older people who are lonely or isolated and handled more than 3,000 enquiries to its advice line.

14. Potential volunteers are interviewed by telephone, asked to submit two references, and to forward a DBS check if they have one. Age Cymru provide online training, then match the volunteer with an older person for a 30-minute weekly telephone conversation. The charity also provides ongoing support to the volunteer.

Volunteers working to improve outcomes for patients on hospital wards

15. Royal Voluntary Service (RVS) volunteers are working closely with clinical teams to improve outcomes for older patients on hospital wards. In clinical settings, they help with exercise and activity sessions, and in the community they support a prevention-based service which focusses on nutrition, physical wellbeing, and social connectivity.

16. At St David's hospital and Llandough hospital in Cardiff and Vale University Health Board, volunteers are supporting patients with chair-based exercises to build strength and mobility. Exercise sessions focus on building muscle strength in the core, arms and legs while replicating the day-to-day movements that older people may struggle with. Group sessions also aim to reduce anxiety and loneliness. So far, 61 volunteers have contributed 1,180 volunteer hours (the value of this, as estimated by the Kings Fund, is £12,980) supporting 158 patients over 16 months.

17. During the spring lockdown, the service implemented a contingency plan. Both aspects of the service, on the ward and in the home/community, have been adapted to provide a telephone befriending service. Support has also been offered to other hospitals and other organisations, such as Care and Repair. Volunteers and staff have been assisting clients with wellbeing phone calls and the offer of shopping/delivery services.

18. RVS has secured funding for this work until 2021 from The People's Postcode Lottery. It is recognised as a 'seed and scale' project which has the potential for wider adoption across the UK.

The Swansea Voluntary Council Service

19. Through the Swansea Voluntary Council Service (SVCS), volunteers have been delivering prescriptions on behalf of pharmacies throughout the pandemic. Amy Meredith-Davies, Health and Wellbeing Partnerships Manager for SVCS, said: *"We've worked in partnership with 4x4 Response South Wales, a volunteer force operating throughout South Wales. They have been truly amazing in delivering prescription medication along with numerous other requests that they have been dealing with during this COVID crisis, such as delivering food parcels."*

Volunteers

20. Our members welcomed the co-ordinated approach that Welsh Government took, through Volunteers Wales, to develop a volunteering environment that is right for the NHS and Welsh communities. Across Wales a significant number of volunteers were recruited and deployed into health and care roles at the beginning of the pandemic. This involved a considerable amount of work to set up the procedures and protocols between, and across, the third and statutory sector to enable this to happen.

21. In relation to volunteering within NHS settings, volunteering supports build NHS organisations capacity, improves patient experience and patient outcomes and develops career pathways. Across NHS organisations in Wales there are volunteering teams who have a variety of volunteer approaches and opportunities which have made significant contributions distinctive from those made by the NHS workforce.

The impact of COVID-19 on third and voluntary sector organisations in Wales

22. Our members recognise the COVID-19 pandemic has brought about acute challenges for third and voluntary sector organisations in Wales. Organisations with a high reliance on traded income (sale of services, tickets, or retail through their shops) or voluntary income from individuals (including individual donations, events, and community fundraising) have seen income fall dramatically. This has led to a reduction in service provision in some cases, workforce pressures due to staff shielding/ isolating, furlough or redeployment of employed staff and uncertainty about their organisation's future and possible job losses.

23. In addition, at a time of decrease in income, the third and voluntary sector has had to manage and invest in infection control and social distancing, deal with increase

in enquiries, exponential growth in volunteer requests and multiple new volunteer groups being established to help respond to the pandemic. Third sector organisations in Wales mobilised very quickly to support the emerging needs of a changing community and support staff and volunteers in this new and challenging time.

Impact on income and expenditure

24. We are aware that third sector organisations who are involved in the front-line response to COVID-19 are reporting increased costs due to additional work or the need to adapt established premises to ensure safe delivery models e.g. funding the supply signs, sneeze screens, PPE, gel dispensers and hands-free bins
25. Many third sector organisations have had to furlough staff or redeploy staff to areas of work that came under the greatest strain to respond to COVID-19, including dealing with enquiries, sourcing PPE and working on implementing and communicating Welsh and UK Government guidance, which has been very complex and difficult to navigate, especially as this became increasingly divergent post the initial UK wide lockdown. Many organisations initially lost their long-standing volunteers due to them having to shield and thereby losing volunteer hours. This has meant many established pre-COVID services have not been available and in some circumstances, there has been delays in starting planned projects and services, causing increased anxiety, disruption, and uncertainty for service users. However, redeploying staff to deal with the overwhelming enquiries has enabled some organisations to swiftly answer the growing demand of public enquiries.
26. Many organisations have missed out on funding opportunities due to staff being furloughed, while others have been able to gain more funding as they have had more free time to write bids and seek available resources. Third sector organisations with a strong reliance on grant funding are typically finding themselves the most financially secure. Those in receipt of grant funding are reporting ongoing support from funders, including the ability to apply discretion to change funded delivery models or programmes to meet the challenges of COVID-19.

Impact on service users

27. Like many other sectors, staff working in the third and voluntary sector have had to work from home and change the way they work to keep services running. Organisations have had to adapt how they engage with people, clients, and their families, switching from visiting people face to face in either hospital or their home to telephone consultations.
28. In many cases, the use of virtual methods of delivery facilitated even greater numbers of users supported and across a greater geography, with none of the usual travel and transport difficulties that can be experienced in rural parts of Wales. This often exceeded the contracted levels of activity, at no extra cost, providing greater value and leverage of public monies.

29. While for many technology channels have been more convenient and flexible, some organisations have found that virtual delivery does not fully meet the needs of their clients/ service users, such as those providing support for mental health or advocacy. This is partly because they depend on a person's capacity to adequately explain their current situation orally, but mainly because they rely on self-reporting. Often a home visit for one issue reveals many more, either through conversation with the client or using a caseworkers' expertise to spot where additional help might be needed. Similarly, telephone consultations are not always appropriate for people with hearing difficulties, or other disabilities, which is an additional barrier to access.
30. In addition, there have been challenges with supporting people to live in their own homes independently due to the home adaptations not always being available. The pandemic has exacerbated problems associated with unsuitable housing for an individual's needs that already existed before the pandemic. Organisations supporting people to live independently in their own home have been unable to address any risks or hazards in the person's home due to significantly reduced capacity and the inability to connect with people face-to-face. Going forward, the backlog this has created will create additional strain on organisations' caseworkers and agency staff.
31. There has also been a record number of enquiries from the public asking for support with shopping, collection of prescriptions, or someone to call them as they are lonely and anxious. This has been difficult for some third sector organisations due to staff being furloughed, as highlighted above.

Funding available for third sector organisations

32. Funding is a prominent issue for the third sector as fundraising activities were curtailed. Our members welcome the financial support provided by the Third Sector Resilience Fund and the Voluntary Services Emergency Fund. The funding has enabled staff and volunteers to continue to play a vital role in Wales' COVID-19 response, enabling people to stay healthy at home.
33. Where funding was routed locally, it enabled greater co-ordination and built on the existing collaboration and partnerships in place locally. It helped to join up the service delivery and develop networks, acting together to respond across communities and providing greater value for the public purse. However, with the number of external funding sources available for the third sector to access, it led to significant demand on staff time and has been resource intensive to complete different application processes and monitoring requirements, detracting staff from service delivery.
34. While the financial support outlined above is welcomed and will undoubtedly enable the continued operation of many third and voluntary sector organisations in the short to medium term, we share the concerns of the WCVA around the lack of certainty about the level of financial support from April 2021 onwards. Even for relatively stable organisations, the longer-term impact of the decrease in fundraising revenue will likely lead to an increased dependency on financial reserves at a time when demand for third and voluntary sector support is likely to

be high. It will be increasingly important to have a long-term funding strategy for third sector organisations to ensure the sustainability and resilience of the sector going forward.

The important role of third sector in devolution

35. The third and voluntary sector has a key role to play in devolution and in influencing policy, legislation and services in Wales. Through engaging with Members of the Senedd and public sector bodies, including the NHS, they ensure the needs of the people they support are met and campaign to improve service provision.
36. Third sector organisations' activity is a vital part of Welsh democracy. Without the contributions made by public affairs professionals working within third sector organisations, Welsh Government policy and the legislation passed by the Senedd would not be as effective as they have been. Third sector organisations provide a key role in ensuring that underrepresented groups in society are given a voice through their public affairs, campaigning, research, policy, and communication work in Wales.
37. There has been several instances where public affairs professionals working within third sector organisations, either as individual organisations, as part of alliances or task and finish groups, have worked with Welsh Government and Senedd officials to develop and improve policy and legislation. For example, the Social Care and Wellbeing Advisory Group, which consisted of a group of 20 organisations representing thousands of children, older and disabled people who rely on social care, provided significant support and insight to the Health and Social Care Committee when the groundbreaking Social Services and Well-being Act 2014 was proceeding through the then National Assembly during the Fourth Assembly.
38. Third and voluntary sector organisations also act as a champion for vulnerable people whose voices might otherwise go unheard. With significant experience of addressing complex needs and providing preventative support through person-centred approaches, the sector is well placed to support NHS Wales organisations, Local Authorities, and communities to redesign and deliver devolved public services and campaign and influence for change.
39. Due to the ongoing financial constraints as a result of COVID-19, we are aware of many UK wider organisations who are restructuring, with staff working in Wales being made redundant. We are aware of one UK wide third sector organisation's fundraising income being reduced by 40%, with the impact being felt in the devolved nations with senior roles in Wales being removed and the roles and responsibilities being transferred to one individual in Scotland covering Wales, Northern Ireland and Scotland.
40. This is an important point to consider within the context of greater powers being devolved to the Senedd in recent years and the uncertainty that stems from the UK's departure from the European Union (whether a deal is struck or the UK leaves without a deal in place). In addition, as political parties are currently developing their manifestos for the 2021 Senedd election, third sector organisations are key to provide information, research, knowledge and intelligence which enable political

parties to put forward calls and pledges that will improve services for the people of Wales.



Conclusion

41. Our members recognise the significant contributions third and voluntary sector bodies have made and continue to make in responding to the pandemic. There are many benefits for statutory partners in having a well-resourced, strong, sustainable third sector and we hope the essential nature of third sector services and the value they bring will continue to be acknowledged.

**Evidence submission from Powys Teaching Health Board
to the Equality, Local Government and Communities Committee's
inquiry into COVID-19 and its impact on the voluntary sector**

2 November 2020

1. We are pleased to provide this written evidence to contribute to the Committee's general inquiry.

Context

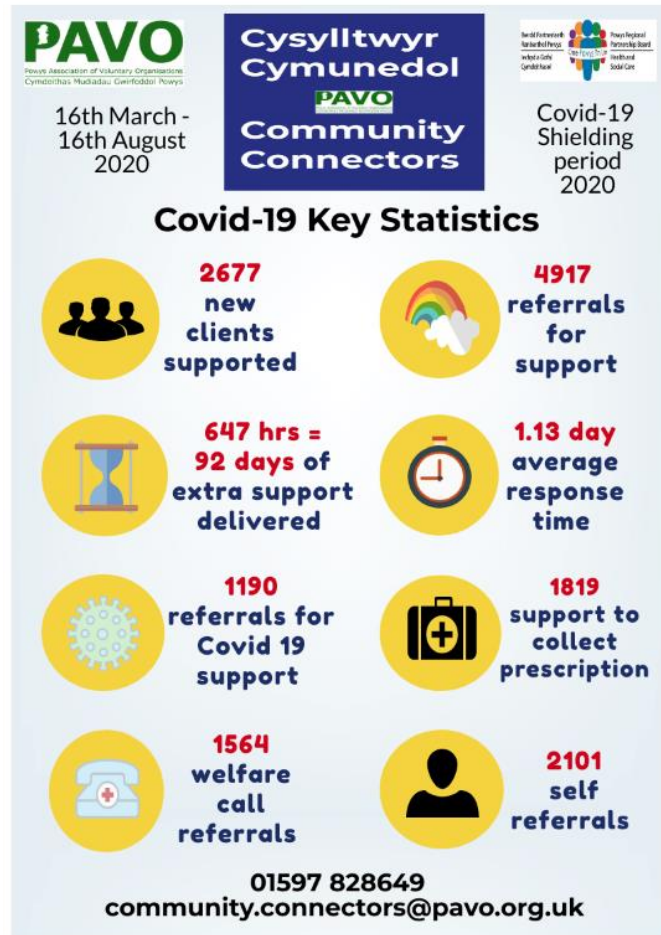
2. Powys makes up a significant footprint in the rural heartland of Wales, covering a large geographical area which makes up a quarter of the landmass of Wales, but with only 5% of the population of Wales. This makes it one of the most sparsely populated areas.
3. Powys borders England and all but one of the other health boards in Wales. As an entirely rural County with no major conurbations and no acute general hospitals, it is one of the most deprived areas in Wales for access to services. People have traditionally had to travel outside the County for many services, including secondary and specialist healthcare. The cross border links are an important part of the socio-economic life of the County.
4. Powys Teaching Health Board (PTHB) serves a population of approximately 133,000 people, across three broad natural geographies in North Powys, Mid Powys and South Powys.
5. There are generally good health outcomes in the County with a greater sense of community and satisfaction with life when compared to the national average. However there are pockets of deprivation and health inequalities, with low income employment and therefore hidden poverty. Five Lower Super Output Areas are among the most deprived 30% in Wales and these are clustered around the main market towns with higher residential populations. A child born in the most deprived area will live 10 years less than a child in the most affluent. (For sources refer to Powys Well-being Assessment <https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis>).
6. A shared long-term Health and Care Strategy was first published in 2017, 'A Healthy Caring Powys', agreed by all partners in the Powys Regional Partnership Board following extensive engagement with residents and stakeholders. It was the first health and social care strategy to be launched in Wales. This has an emphasis on connecting communities to improve resilience and well-being, with a recognition of the importance of the third sector as a first line of support for many communities.
7. This in turn is set in the context of the inter-generational Powys Well-being Plan, Towards 2040. This is overseen by the Powys Public Service Board and sets out twelve steps towards a sustainable and thriving Powys.

8. Collaboration is key to delivering these ambitious strategies – never more so than this year, with the additional challenge of responding to the Covid-19 pandemic in Powys.

Key Statistics

9. The following key statistics highlight the central role of the third sector in Powys, with acknowledgement to the Powys Association of Voluntary Organisations (PAVO) and Powys County Council for the source information:
 - 4067 Third Sector organisations
 - 3500 Employees
 - 34% of the population are volunteers
 - There is a wide diversity of roles in the sector – providing debt advice,
 - During the pandemic, more than 120 new community groups were set up and thousands of additional hours were provided, to support communities, especially the most vulnerable, those shielding or isolated at home during the lockdown/ restrictions
 - More than 450 volunteers were recruited and deployed into health and care roles during the pandemic and there was a 66% increase on powys.volunteering-wales.net

- The Community Connectors Service was expanded to provide even greater support during the pandemic – as shown below:



10. A Community Service Emergency Response Team (C-SERT) was established as part of the Covid-19 pandemic, consisting of PAVO, key third sector organisations, Powys County Council, Regional Partnership Board and Powys teaching Health Board, chaired by Powys Association of Voluntary Organisations (PAVO)
11. C-SERT offered support and co-ordination across community networks and the deployment of volunteers to support the response to the pandemic. It played a key role in diverting resources to essential services and for many people became the first line of support during the pandemic.
12. It also played a key role in providing correct and validated information and advice across the networks, including access to services and promotion of self care initiatives.



13. Further detail is provided below on the specific Committee Lines of Enquiry.

Funding

14. Additional funding was provided to the third sector in Powys to support the response to the pandemic, as outlined above, in recognition of the key role in relation to community support.
15. There were a number of external funding sources that the third sector could access, which demanded different application processes and applied differing monitoring requirements. This was resource intensive and detracted from service delivery.
16. A significant proportion of funding was routed through a national scheme and relatively small amounts via local mechanisms. Some national schemes were developed which duplicated local arrangements already in place or in development. For future schemes it would be helpful to take an approach which builds on existing local mechanisms, including those of RPBs and CVCs.
17. Where funding was routed locally, it enabled greater co-ordination and built on the existing collaboration and partnerships in place locally. It helped to join up the service delivery and develop networks, acting together to respond across communities and providing greater value for the public purse.
18. For example, the C-SERT mechanism established in Powys and led by PAVO co-ordinated various funding streams where this was possible to do so locally. This included the Integrated Community Fund (ICF) and other streams including Comic Relief and the Lottery. This continues to date, overseen by a partnership panel and linked to the Social Value Forum.
19. This approach provides a one-stop shop for funding & enables a more holistic approach locally, including monitoring of outcomes for residents, aligned to

Powys' Health & Care Strategy. It enabled a wrap-around support to the groups and volunteers, many without any previous knowledge of bid-making.

20. There have been significant innovations as outlined above but also significant challenges for the sector, with a reduction of core fundraising activities due to the Covid-19 restrictions, including temporary and permanent closure of charity shops, workforce pressures due to shielding/ isolating and furlough of employed staff. The sector has also had to manage the same infection control and social distancing measures as other sectors.
21. The short term Covid-19 resources and resilience or 'bridging' funding has been important however a long-term funding strategy for the third sector will be increasingly important to ensure sustainability and resilience going forward.

Service Delivery

22. The key mechanisms in Powys are noted in the sections above including statistics showing a significant increase in activity, groups and volunteers in response to the pandemic. PAVO notes that they saw an 'explosion in both clients and volunteers' for example in their Befriending and Community Connector services.
23. The response to the pandemic has accelerated partnership working – bringing together service delivery in a much more integrated way, for example, including the Community Connector lead on the daily operational calls with the health board and council to ensure shared oversight and planning of service interventions at a very local, caseload level. Similarly, there were council staff who were initially redeployed into the Community Connectors service in the early phase of response, which has generated a closer working which has continued in more recent phases.
24. This year has seen innovation and delivery carried out in different ways to ensure that communities and individuals continued to be supported. This included the continuation of previously short-term schemes for example those previously funded as part of winter pressures.
25. PTHB set up regular meetings with third sector providers to discuss and support service delivery. This included oversight of service uptake, activity, safety, risk assessment and staffing capacity and support for service innovations or alternative support options for end users.
26. Organisations generally adapted at pace to deliver services remotely and some of the funding routed locally was used to support groups to set up virtual services at very low cost. The collaboration across the sector and support from PAVO as noted previously was key to sharing information and knowledge to enable these rapid innovations.
27. In many cases, the use of virtual methods of delivery facilitated even greater numbers of users supported and across a greater geography, with none of the usual travel and transport difficulties that can be experienced in a very rural County. This often exceeded the contracted levels of activity, at no extra cost, providing greater value and leverage of public monies.

28. However, some organisations found that virtual delivery did not fully meet the needs of their clients such as those providing support for mental health or advocacy. In these cases, the organisations have reinstated face to face support where it is safe and appropriate to do so.
29. PAVO is providing a weekly COVID ebriefing to assist with information sharing including collating and explaining requirements for third sector service delivery in relation to Covid-19.
30. There have been significant challenges across the sector, as there has been in other sectors, with workforce pressures and the loss of income generating sources such as events, activities and shops.
31. In Powys, the third sector is involved in the Regional Partnership Board 'Workforce Futures' programme, embedding the role of volunteers and communities into future workforce planning. Extensive engagement has been carried out in 2019 on the first stage of this programme and the learning from the response to the pandemic has shone a new light on the importance of the sector in the partnership.

Effectiveness of support from UK, Welsh Government and Local Authorities

32. As noted above, there has been great innovation and strengthening of the third sector with the support provided by the Welsh Government and local partners in Powys.
33. This has been focused on the immediate and more short term response and 'bridging' and more consideration of the longer term will be necessary going forward to build on the successes and address challenges.
34. Also as noted above, the importance of enabling a local response is key. Where funding was routed locally, it enabled greater co-ordination and built on the existing collaboration and partnerships in place locally. It helped to join up the service delivery and develop networks, acting together to respond across communities and providing greater value for the public purse.
35. The scaling up of innovation is often best engineered at the level of natural geographies which can be very local up to regional levels. The use of existing mechanisms such as CVCs and RPBs will be key in embedding learning, innovation and pulling areas through the pandemic into recovery.
36. Some organisations have noted that they found the support / information across and between UK and Welsh Government very complex and difficult to navigate, especially as this become increasingly divergent post the initial UK Wide lockdown. Powys has strong cross border links and many organisations span both England and Wales and had to manage differing sets of requirements and restrictions.

Volunteering & Community Resilience

37. As noted above, Powys experienced an explosion of local, informal volunteering and PAVO took a lead role in co-ordinating and harnessing this response.

38. The key statistics and examples of delivery and innovation are given in the previous section. The co-ordinating work of PAVO and C-SERT as noted above has been recognised as crucial to community resilience and is now being continued as part of the RPB's ongoing work plan.
39. The third sector workforce was impacted by shielding and isolating, particularly in areas that have a greater proportion of those in the vulnerable categories, such as community transport. PAVO supported recruitment drives to mitigate these issues and that has seen some successes.
40. However, as in other sectors, some services have seen reductions, temporary closures or withdrawals and there have been cases of permanent closures of charity shops.
41. There is also learning in relation to readiness to respond in an emergency such as the pandemic response. A considerable amount of work was necessary to set up procedures and protocols between and across the third and statutory sectors. This was particularly the case in relation to the deployment of volunteers into healthcare roles.
42. There have been some cultural and perceptual difficulties with the placement of volunteers into roles working with statutory partners. These are not new issues in themselves, in relation to the dynamics around paid and unpaid roles but proved to be significant blockers in being able to deploy volunteers in some cases.
43. Linked to the above point, there are still some myths to bust about the sector and volunteering roles. They can still be seen too narrowly and the broad ranging roles and capabilities are not always recognised. Ongoing promotion and inclusion of the sector is key to ensuring that the full impact of the sector is understood and taken into account.

Good Practice, future opportunities & challenges

44. Whilst the pandemic itself has not yet impacted as strongly in Powys as other areas, the wider socio-economic impact is perhaps more readily felt in rural areas, who are experiencing the same set of restrictions on their lives often with greater isolation and a lower income and employment base. Initial analysis by Powys County Council points to effects on the population of Powys over a very long period ahead. The full report 'Understanding the impact of Covid-19 in Powys' is available at <https://sway.office.com/sxfU525TCBDFv9PE?ref=Link&loc=play>
45. PTHB continues to work with third sector providers to identify and progress initiatives developed during Covid-19 that enhance service user outcomes and service delivery. There is continued monitoring of the level of service referrals, capacity and demand, refocusing provision as appropriate and in line with the individual constitutions, registrations and purposes of organisations.
46. The turnaround and pace required to assess the complex and interrelated plans for Covid, non-Covid, essential and non essential routine care still require the greatest amount of effort across all sectors, statutory and third sector alike. But there is also a need to frame this within longer term strategy so that the whole system learns and evolves.

47. Systemisation and regularisation of what has been learnt is critical. To be better prepared in future we can harness the efforts already made – and write them into processes and protocols that can be used to deliver at even greater pace in future.
48. A light has been shone on the importance of the sector in supporting communities during the pandemic. Going forward, it will be important to include the third sector in emergency planning and preparations at national, regional and local levels, as it has proved critical to the shared effort.
49. The brokering and bridging role of services such as Community Connectors has proven to be essential and a first line of support for many especially those most isolated or vulnerable. This type of service also takes pressure off the statutory services at times of crisis. It has meant that each part of the system has been better able to do that which it is best able and best placed to do, at the most effective level, and the best use of both professional expertise and the public purse.
50. The role of a co-ordinating body such as the CVC is important and it is most effectively linked to the local partnerships that already exist, building collaboration and actively addressing cultural barriers.
51. Services have modernised and innovated and statutory sectors and government will need to enable this to continue by modernising contracting and commissioning arrangements where possible to build on this flexibility and dynamism. This needs to reflect positive developments in models of service and modes of delivery where these are proven to be of greater benefit to service users.
52. The key partnerships in Powys including the Regional Partnership Board and Public Services Board have begun to re-establish and reframe key programmes and areas of work and are providing crucial spaces for wider reflection and learning across the region.
53. These forums will continue to be important in ensuring that system wide impact assessments are written into our longer-term renewal of plans and strategies. A greater co-ordination or bringing together of statutory partnerships such as these would be helpful in building the longer-term recovery.
54. The importance of self-care, family, neighbour, carer and community support for resilience in 2020 applies in the longer term, in a more holistic 'model of care'. It is the foundation of a sustainable, long term, model of social, economic and community well-being. This is best harnessed at a local level, working with natural geographies and communities and supporting them to network and collaborate effectively up to regional and national levels.

WLGA EVIDENCE INQUIRY INTO COVID-19 and IMPACT ON VOLUNTARY SECTOR EQUALITY, LOCAL GOVERNMENT AND COMMUNITIES COMMITTEE,



1. The Welsh Local Government Association (WLGA) represents the 22 local authorities in Wales, and the three national park authorities and the three fire and rescue authorities are associate members.
2. The WLGA is a politically led cross-party organisation, with the leaders from all local authorities determining policy through the Executive Board and the wider WLGA Council. The WLGA appoints senior members as Spokespersons and Deputy Spokespersons to provide a national lead on policy matters on behalf of local government.
3. The WLGA works closely with and is often advised by professional advisors and professional associations from local government, however, the WLGA is the representative body for local government and provides the collective, political voice of local government in Wales.

INTRODUCTION

4. COVID 19 has had a devastating impact on many peoples' lives and has tragically led to the death of over 2,700¹ people in Wales. These deaths, the national and local lockdowns and the requirements for shielding and self-isolation have had a serious impact on well-being and quality of life in local communities. Businesses, the economy and personal finances have been significantly affected and the Welsh, UK and the global economy faces a period of unprecedented challenge.
5. Previous WLGA evidence to Senedd Committees² has outlined the significant challenges faced by local authorities in this context, but has also highlighted the collective and critical ongoing response of local authorities and local public service providers during the pandemic.
6. Councils have demonstrated that they are uniquely placed at the heart of their communities and public service delivery and have demonstrated flexibility, innovation, resilience and responsiveness. Councils have worked closely with local partners in response to the pandemic and volunteers and the voluntary sector have played a key part in providing support to Wales' communities.
7. From the onset of COVID 19, at a national level, the Wales Council for Voluntary Action (WCVA), One Voice Wales and the WLGA established a [Joint Protocol](#) outlining the respective sectors' national and collective commitment to "the health and safety of people and communities across Wales during this crisis". The Joint protocol reinforced core principles of:
 - Mutual respect – understanding and valuing the different contributions each other make.

¹ <https://www.data.cymru/covid19/mortality>

² <https://www.wlga.wales/SharedFiles/Download.aspx?pageid=62&mid=665&fileid=2772>

- Communications – clear and regular points of communication on issues of shared concern.
 - Information and intelligence sharing – sharing information and intelligence that can help support people and communities in a timely and effective way.
 - Flexibility – a focus on what we have to do to protect people’s health and safety during the crisis. Agreeing to suspend non-essential commitments where necessary but safeguarding vulnerable people.
 - Co-producing solutions - working together to design solutions that can best harness our collective resources.
8. The WLGA has worked closely with the WCVA throughout the pandemic and promoted the ‘recruitment’ and deployment of volunteers signposting through the Volunteering Wales platform³ and local volunteer schemes. The WLGA’s website also includes a COVID 19 ‘Volunteering’ portal⁴ which includes a range of resources and guidance notes.
9. The voluntary sector is broad, and includes informal, individual volunteering, through to local community groups, to professionally managed regional or national third sector organisations. Whilst the voluntary and public sectors are often described as distinct, it is important to recognise that they not only share common principles of community service (some of which are outlined above) but also share many of the same people; thousands of elected members and council and public sector workers living in and volunteering and supporting their local communities. During COVID 19, councillors and council workers have been a core part of the volunteering effort, for example. Caerphilly County Borough Council “Buddy scheme” utilised over 590 staff volunteers matched with up to 10 older and vulnerable adults/families each, Ceredigion County Council’s elected members were actively involved in supporting their communities where some shielding members telephoned vulnerable members in their community and one elected member in partnership with the local RNLI delivered food and medicine to over 90 residents per day. Denbighshire County Council’s Telephone Befriending service has been set up to check on people’s welfare, offer them regular telephone friendship and alert them to support services is being operated by council staff, volunteers and elected members.

Funding and service delivery & the effectiveness of support from the UK and Welsh government and local authorities;

10. National leadership has been provided by the Welsh Government and complemented by community leadership through local government, working closely with voluntary bodies and through their County Voluntary Councils (CVCs).
11. While much of the strategy is set nationally, the crisis has demonstrated the importance of ensuring local delivery partners are engaged in influencing its development; it is not only important to allow flexibility to interpret strategy and respond according to local circumstances and capacity but that organisations with service delivery experience and operational expertise also help shape the strategic response.
12. Councils work in partnership with agencies including the voluntary sector, community and town councils, registered social landlords etc. providing support to people that are shielding and those required to self isolate including be-friending services, shopping and prescription collections to walking dogs.
13. There is recognition that the deployment of community resources and the voluntary sector has been integral to the national and local support of people who were shielding or who

³ <https://volunteering-wales.net/vk/volunteers/index-covid.htm?lang=EN>

⁴ <https://www.wlga.wales/volunteering>

have been required to self-isolate, often supporting local authorities as the first point of contact. Welsh Government surveys undertaken in April and July 2020 identified that the rapid mobilisation of councils, voluntary organisations, community and town councils and community groups to support the most vulnerable in their localities has demonstrated the effectiveness of collaboration and partnership working, the importance of local knowledge for the effective use of community resources and emerging innovative practices.

14. Third sector organisations' submissions to the Committee will provide valuable insight into the experiences of funding and service delivery challenges, innovations and response during the pandemic.
15. From a local government perspective, councils have identified some of the key challenges experienced by third sector organisations, which include:
 - balancing of the significant 'overnight' demand for service support, often for the most vulnerable, and loss of income through reduced fund-raising opportunities;
 - the costs of providing COVID safe environments and sourcing personal protective equipment (outside of health and social care); and
 - the loss of experienced volunteering capacity who were required to shield or self-isolate, placing additional burden on existing third sector staff and volunteers.
16. Whilst local relationships have, on the whole, been constructive and effective, there have inevitably been tensions in some areas between voluntary sector bodies and councils and other partners, in particular where there have been funding pressures or capacity constraints have been experienced. The Committee has also previously noted that, given the pace of decision-making and urgency of response, it has not always been possible to follow established approaches to consultation and engagement.
17. COVID 19 has generated a positive response from individuals and communities, particularly during the early response phase, which has seen many thousands of people across Wales coming forward to volunteer or offer support to neighbours or vulnerable neighbours in their communities.
18. According to the WCVA, since the start of the outbreak, 18,000 people have signed up via Volunteering Wales, Wales's online portal for volunteering. This positive response also presented an initial challenge to established community and third sector organisations and local authorities in coordinating and supporting this voluntary effort, matching local demand with capacity and ensuring volunteers were kept engaged and informed throughout. WCVA analysis suggests 40% of these 'new' volunteers wish to continue to volunteer post-COVID 19; sustaining the commitment and involvement of these 'new' volunteers presents a challenge given the prolonged nature of the pandemic, but if harnessed and successfully mobilised provides the foundations for community resilience, renewal and recovery post-COVID 19.
19. The voluntary sector has welcomed the Welsh Government funding programmes such as Voluntary Action, Voluntary Sector Emergency Fund, Voluntary Sector Recovery Fund and the Third Sector Resilience Fund, which have been distributed primarily through WCVA.
20. This additional funding has certainly helped, however, the impact of COVID-19 has and will continue to have significant implications on voluntary organisations to generate income, particularly those who fund-raise throughout the year, so consideration should be given to extension of Welsh Government financial support for the Third Sector to assist in meeting the costs associating with COVID-19 and to help maintain stability. Welsh Government should also review funding criteria to enable newly established groups to access funding to extend their local activities. The additional Welsh Government funding for domestic abuse

and substance misuse has been also welcomed but more investment is needed as this crisis extends over a longer period.

21. Councils have aimed to provide additional support to their voluntary sector bodies for example, through relaxation of grant conditions or agreeing the refocusing of core activities to support the collective COVID 19 response .Pembrokeshire County Council, for example, have worked with other statutory partners in supporting Pembrokeshire County Voluntary Council in the development of a local COVID-19 grant scheme, bringing together a range of local and national funding streams to create a single integrated fund to help local voluntary and community groups survive the crisis and develop innovative responses to service delivery in light of COVID-19 restrictions. Others, such as Flintshire County Council and Neath Port Talbot County Borough Council have given grant funded third sector organisations flexibility to use their funds as appropriate to the situation.

Volunteering and community resilience and good practice and future opportunities and challenges

22. At the start of the pandemic community volunteers were recruited mainly through [Volunteering Wales](#), however there were other local arrangements and innovations such as platforms Cardiff Council's [Together for Cardiff](#), Carmarthenshire County Council's [Connect Carmarthenshire](#) and Torfaen County Borough Council's [Torfaen Community Support Mobile App](#), matching requests for help with volunteers. The WLGA also [signposted](#) local volunteering to WCVA guidance, which included safeguarding, handling of money and personal protection etc. WCVA also provided information for council contact centres to signpost callers to voluntary sector agencies. The total number of volunteers recruited through these routes is estimated at about 24,000.
23. In addition there were a number of informal volunteering initiatives such as community, faith and [COVID-19 Mutual Aid](#) and "help a neighbour" groups that arose out of the crisis.
24. The voluntary sector has been instrumental in mobilising community support to the crisis, in particular with recruitment, organisation, providing guidance and support and training. In addition, the voluntary sector are informing policy and practice on a national level, for example the Association of Voluntary Organisations in Wrexham (AVOW) have undertaken a rapid review of food distribution in their locality in the crisis and informing the North Wales Poverty Alliance and Welsh Government approach to food security.

Some of the key aspects of successful collaborative approaches to volunteering include:

- **Partnership working with local stakeholders e.g.**

25. Rhondda Cynon Taf County Borough Council established in April a multi-agency Community Support Steering Group to oversee the response to the COVID-19 crisis and established seven multi agency locality community resilience hubs to support members of the community that required support.
26. Caerphilly County Borough Council have worked closely worked closely with Gwent Association of Voluntary Organisations (GAVO) to develop a new scheme to develop voluntary support, whilst at the same time, encouraging and building the confidence of vulnerable people. The new scheme links in positively with the Volunteering Action area of the Public Service Board's Well-being Plan for Caerphilly, and the Wellbeing of Future Generations Act;
27. Cardiff Council has established a Volunteer Anchor group who met to ensure that all available training and resources were shared among the community groups and The Isle of Anglesey County Council have established a joint Covid-19 Co-ordinators group, chaired by the Council's leader, across Statutory and third sector organisations. In Powys County Council, the delivery of the support was a collective effort between council services and

Powys Association of Voluntary Organisation and other local groups, through the Community Sector Emergency Response Team (CSERT)

- **Understanding of skills and building capacity in the community e.g.**
28. Blaenau Gwent County Borough Council undertook a mapping exercise to better understand the types of support available from community groups and voluntary organisations and local businesses across the county, so that Locality Response Teams could utilise in supporting vulnerable residents in shopping, collecting of prescriptions, befriending etc. Neath Port Talbot County Borough Council are taking community asset based approach to use as the foundation for longer term community development work.
- **effective engagement with communities and partners is integral to the successful mobilisation of volunteers. e.g.**
29. In Monmouthshire, prior to the pandemic, the Council sought to tap into the potential of communities and developed the [Community Leadership Programme](#). As a result over sixty volunteer led community groups with over 1000 volunteers mobilised “overnight”. The Council coordinated a ‘virtual community network’, with a clear collective purpose- to protect life and support communities, “with no gaps and no duplication”.
30. The crisis has demonstrated the voluntary sector’s ability to work in partnership with councils, local health boards and other partners to respond positively to the needs of their communities. Since the start of the pandemic the WCVA have captured and shared practices and experiences to sustain the learning, including a series of webinars for the voluntary sector to reflect and share practice including a collaborative event with WLGA and One Voice Wales [Preparing for different futures; building on community response and volunteering](#).
31. The WLGA have also captured several examples of [Good Council Practice](#), which include case studies of volunteering good practice with partners.
32. The Friends in Need project, a Welsh Government funded project administered by Age Cymru, has attracted to date submissions from all 22 councils working in partnership with the voluntary sector to enhance befriending services
33. In addition, a proposed Welsh Government “sustainable volunteering” fund offers further opportunity to embed collaborative practices with the voluntary sector and other partners.
34. Some of the challenges envisaged at the beginning of the crisis have been that following the end of the furlough scheme there would be a reduction to the pool of volunteers. Many of the volunteer schemes were oversubscribed and not all volunteers were placed. There is a challenge for organisations to manage the interest in volunteering in a positive way. There is also a need to ensure volunteers receive appropriate training to ensure safeguarding and health and safety both for the volunteer and the person requesting support.
35. It is clear that the pace and duration of the pandemic will have an impact on the resilience and mental wellbeing of volunteers and employees in the public and voluntary sectors.

CONCLUSION

36. During these extraordinary times the voluntary sector and public service partners have worked together, doing their best in the most challenging of circumstances and the focus has always been on delivering the best outcomes. There have been challenges and difficulties, and more are likely to come as the crisis is projected to continue for some time. Local government and the voluntary sector will continue to work together to build on what has worked well and learn lessons for improvement and seek to support the most vulnerable, building community resilience and plan for longer-term, sustainable recovery.



Swansea Council for Voluntary Service

Evaluation of the Covid-19 response – March-July 2020

September 2020

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Introduction

In August 2020 Urban Foundry Ltd were commissioned by Swansea Council for Voluntary Service (Swansea CVS) to evaluate their response to the coronavirus pandemic (Covid-19). The report covers activity for the period until the end of July 2020. Some support services will have seen changes since this period, with some seeing increased demand and others reduced need.

Swansea CVS are an umbrella organisation for the third sector in Swansea. They provide information, advice and support to the sector as well as ensuring the views of the sector are represented to government and policy makers. Swansea CVS also directly deliver projects that aim to improve the lives of people living in the County.

In early March 2020 Swansea CVS began stepping up preparations for their response to Covid-19 and presented a Pandemic Action Plan to staff on the 10th March. They had started working from home risk assessments by the 17th March, and all staff had a laptop with remote access and a work mobile by the end of March. This preparation meant that when the national lockdown was announced on the evening of the 23rd March, Swansea CVS received their first referrals from GPs and individuals on the 24th March.

Role during the pandemic

Swansea CVS had and continue to have an important role in Covid-19. They are both a direct deliverer of support to individuals who need help but they are also a convener and fulcrum for other third sector organisations in the area. They help to connect people to third sector organisations and third sector organisations to the wider public sector.

Throughout the coronavirus pandemic they have:

- **Provided direct support to individuals** – they have supported people with access to food and medicine but have also provided a range of activities that have supported people's emotional wellbeing
- **Provided support to the wider sector** – they have continued to support the wider third sector with volunteers, information and guidance, direct funding and support to access wider pots of funding
- **Coordinated support** – they have helped coordinate support to individuals, but have also been part of ensuring a coordinated response across Swansea including being part of key Local Authority meetings and being part of key networks including Swansea Together

This small evaluation helps to illustrate the role Swansea CVS played and continues to play during the pandemic and we have compiled this report with evidence provided by Swansea CVS.

“Thanks so much for everything you and your organisation are doing, it is so reassuring to know that support is there.”

Coordination and planning

As we set out in the introduction, Swansea CVS had undertaken a range of planning and preparation prior to the national lockdown. This meant when the national lockdown was announced the whole staff team were in a position to adapt their ways of working and areas of focus. Swansea CVS had three solid foundations on which their Covid-19 response could be built:

- **Systems and information** – clear mechanisms for sharing information both internally and externally
- **Cluster groups** – organising the staff team and organisation into geographic areas to allow for a coordinated local response
- **Volunteers** – utilising existing systems and protocols to support volunteers in Swansea CVS, those in the wider third sector and those undertaking more informal volunteer roles

Systems and information

Swansea CVS placed a strong focus on communicating information both internally and externally. The website was reconfigured to create a Covid-19 micro-site. Information on the site was organised into:

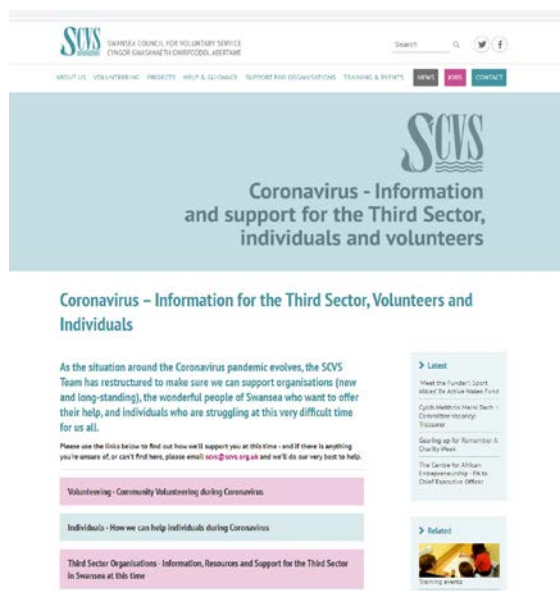
- Volunteering – an area for people who were interested in volunteering and guidance on what to do. There was also a clear link to an infographic providing advice and guidance on doing informal volunteering
- Individuals – an area with contact numbers, named people and email addresses so people know who to contact for support. Links to other organisations offering support to individuals, organised by theme was also provided – this was regularly updated with the local availability
- Third sector organisations – an area with contact details for third sector organisations and advice and guidance around operating during Covid-19, including information on loans and grants, mental health, volunteering and business continuity

The site was regularly updated with information as it became available and the existing strong presence on Facebook, Twitter and LinkedIn was used to share information. Swansea CVS also undertook two surveys of the wider sector to understand their support needs both at the start of the national lockdown and as the first lockdown started to ease.

Internal communication was also critical as the team had shifted from a purely face to face organisation to a remote working one. The team utilized Slack as a tool to coordinate, share ideas and to seek help from each other. An internal staff bulletin was also introduced to keep the staff team updated. Systems were also established so referrals could be easily managed.

Cluster Groups

The major change undertaken by Swansea CVS was the creation of Cluster Groups and Cluster Leads. Swansea CVS have a Health and Social Care Manager which



gave strong existing links into local GPs and their existing cluster groupings. It was decided to facilitate a local response. Swansea CVS would organise into Cluster Groups that mirrored the GP Clusters. This meant there was a named person that GPs or other partners could refer to and individuals could self-refer to. Although this is a small detail, it meant that from an individual's perspective they weren't phoning a help line, they were phoning a person who could help.



The reorganisation into Clusters allowed staff to organise and respond to issues in a clear geographical area. It also allowed the teams to collate and share information relevant to their particular area. This was particularly important considering the formation of hyper local support groups and the differing availability of food banks and other services. Alongside this cluster structure, staff were allocated specific responsibility for a theme of activity, so there was a named lead for pharmacy collections, food work and internal and external volunteering.

To further support staff during Covid-19, all staff had access to a counselling service where they could seek support for their own health and wellbeing.

Volunteers

Supporting volunteers is a key part of the work Swansea CVS does. It has in place volunteer policies and support systems that could be readily adapted in response to Covid-19. This facility was hugely important as the number of people wanting to help during Covid-19 was substantial. Swansea CVS had an existing system that meant they could:

- Provide a single point of contact for people wanting to volunteer
- Support existing volunteers to transition to new ways of working
- Ensure references and DBS checks were taken for people wanting to volunteer within SCVS Projects
- Provide training, particularly around safeguarding, for those volunteers taking on new roles
- Provide systems and mechanisms to support volunteers whilst they were volunteering

Volunteers were deployed for activities being led and coordinated by Swansea CVS, but they were also recruited for other third sector organisations in the area. Swansea CVS played an important role helping to keep volunteers 'warm' during Covid-19 so they would be ready to volunteer when the right opportunity arose, including offering access to relevant online training (for example, safeguarding) whilst they awaited placement

Although the recruitment of volunteers using the Swansea CVS protocols meant some minor delays were experienced by those wanting to be volunteers, this was balanced by the benefit. It meant the volunteers recruited were able to take on a variety of tasks and could be supported appropriately.

Volunteers working directly with Swansea CVS completed a recording sheet after every task. This meant any issues or concerns could be addressed immediately. The team could also provide a duty system 9 to 5 Monday to Friday. Holidays were coordinated and mobile phone numbers diverted so it was easy for a volunteer to contact a member of the team wherever they needed. Volunteers were also provided

with information and talked through this by a member of the team so they knew what to do if there was a crisis or they had any immediate concerns.

The processes in place were well established and tried and tested, so as the need and number of volunteers increased during Covid-19, Swansea CVS had the systems to both deploy volunteers and support them in their roles.

Responding to the need

The structure set up by Swansea CVS meant they were then in a position to respond to the needs in the community. Swansea CVS provided a person-centred service to the people they worked with. This means they understood what a person or organisation needed and mobilised the support to meet those needs. The main areas of activity they undertook that were aimed at specifically supporting the Covid-19 response were:

- Referrals – the cluster groupings meant they could respond to referrals from GPs and the public sector
- Providing information – ensuring both individuals and the wider third sector knew what support was available to them
- Volunteers – continuing existing volunteer projects, mobilising volunteers to key volunteer roles and harnessing the enthusiasm of those new to volunteering. Also offering a telephone befriending service for those in need of emotional wellbeing support
- Food – being part of the coordinated Swansea wide approach to providing food, but also creating an emergency food provision and providing volunteers for the Coop food service
- Pharmacy – coordinating volunteers for pharmacy collections
- Hospital discharge – coordinating the third sector approach to supporting people as they exited hospital
- Supporting other third sector organisations – continuing to support the wider third sector, including supporting new groups set up to respond to the crisis, expansion of existing services, safeguarding and securing additional funding

Referrals

The first stage of an individual receiving support is for someone to recognise a support need. This could be an individual self-referring, or from a partner organisation, particularly GPs. Early in the pandemic Swansea CVS produced a leaflet, shown opposite. This clearly showed people the type of support that was available and who they needed to contact to get that support.

Swansea CVS ensured they were available 7 days a week, which meant they could pick up some referrals who needed support when the Local Authority helpline was closed.

Figure 1 shows the number of referrals Swansea CVS received each week, with the biggest peak coming 4 weeks into the national shut down.



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FOUNDRY

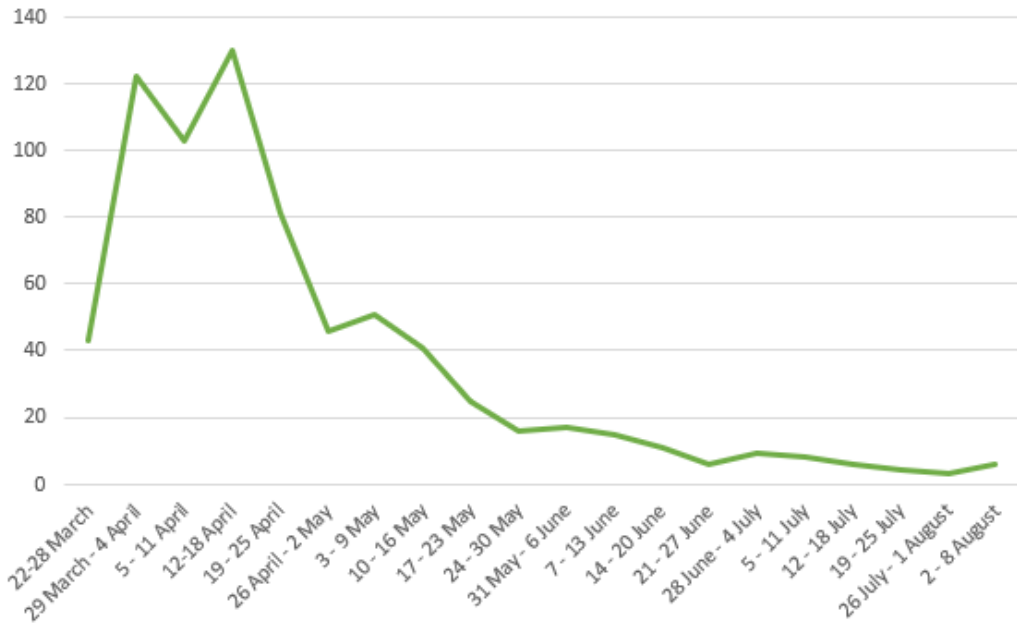


Figure 1 - Total referrals to Swansea CVS by week

The number of referrals varied by GP cluster, shown in Figure 2. The area with the highest number was Cwmtawe, which in part reflects the strength of the existing relationship between the team at Swansea CVS and the GPs in that area. However, it also reflects the community and the increased need they experienced.

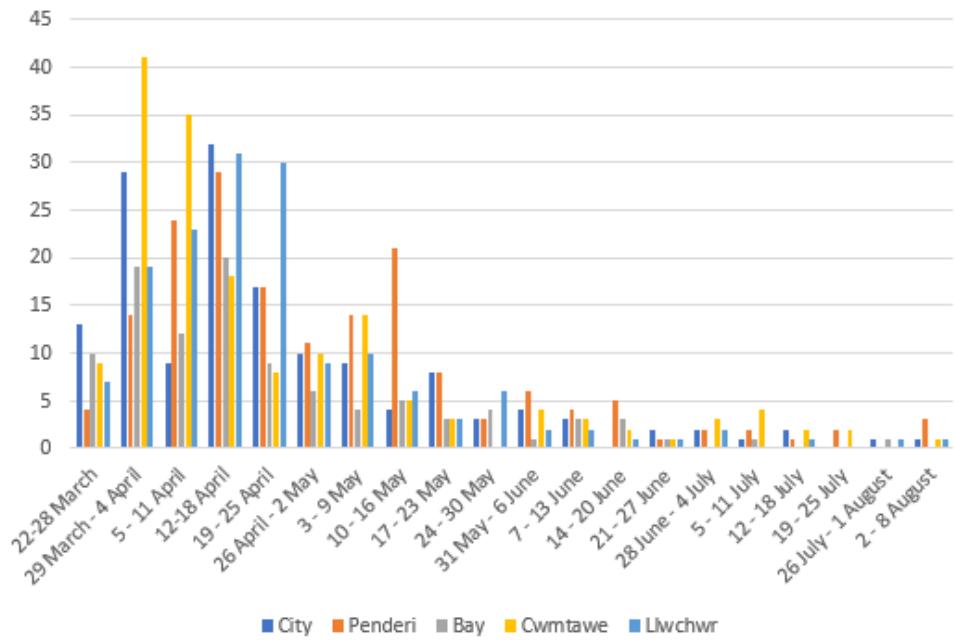


Figure 2 - Number of Total Referrals to SCVS by Cluster and Week

Providing information

As set out above, an early part of the response by Swansea CVS was ensuring the website was set up to provide information that people needed. This was a considerable

challenge due to the volume and pace of information that was being provided. A key challenge was ensuring the most critical information was readily available to people.

The team also quickly pulled together information about the type of support that was available in each community, and the national support, including the furlough scheme and the various Government grants. This was a challenge for staff as they sought to keep ahead of the information and to be the local experts in a fast moving and changing situation.

This internal information, alongside the external information, was used by the staff team to ensure referrals for support were guided to the most relevant sources of support for them.

This sourcing and organising of information drove increased traffic to the website, with 15,641 visits to the website between 23rd March and 5th August. 84% of this traffic was looking at the Covid-19 information.

Volunteers

Swansea CVS continued to provide many of the volunteering projects. This included:

- **Involve - Mental Health and Wellbeing Project** - looked at how it could diversify support offered to those it supported in a group setting and what other services it could offer using volunteers who previously visited hospital settings.
- **Transcend** - volunteers previously matched continue to offer support to those they are matched with. Some of the new referrals to Transcend have been accommodated by the Telephone Befriending.
- **Wassup** - Volunteers continue to offer support via telephone to the children and young people they are matched with
- **Interact** - Some volunteers have continued to offer support to those they are matched with. Group volunteers are not currently active, but staff remain in contact with them. Some Interact referrals have been accommodated by the telephone befriending
- **Penderi Young People's Wellbeing Project** - focus of the project is for anyone aged between 9 - 17 years old within the Penderi Cluster who would benefit from some wellbeing support, which is via telephone/video call. (not volunteer involving)
- **SNAP Project** - for anyone aged 11 - 16 within the Cwmtawe and Llchwyr Cluster area that would like support to become more active/improve wellbeing.
- **Social Prescribing** - remained open to referrals, able to support anyone 18+ in the Cwmtawe Cluster - offering a holistic support to enable people to re-engage with their community.
- **Swansea North Dementia and Carer Project** - offering support to anyone 18+ with Dementia and their Carers.
- **A Better Welcome to Swansea Project** – provides support and volunteer mentors to newly arrived asylum seekers and refugees. Volunteers and the project officer kept families updated in relation to available services and news and government updates

Swansea CVS also helped coordinate PPE including face masks, shields and gloves that could be distributed to volunteers. They also provided some tools to help those people who were undertaking informal volunteering so they had basic information on



how they and the people they were helping could stay safe, shown opposite. Swansea CVS also provided those people doing informal volunteering with a back stop. If they had concerns they could contact Swansea CVS and there was information on all the relevant phone numbers in the Swansea area.

In order to help match those newly registered volunteers with potential roles across the third sector, Swansea CVS undertook a survey with 1,200 people interested in volunteering to help audit their skills. They asked third organisations for role descriptions to start matching volunteers to organisations. As the pandemic progressed they also reached out to the pool of volunteers with specific volunteering requests.

An important part of the volunteer service provided by Swansea CVS was a telephone befriending service. This could support those people who were feeling socially isolated or lonely, or were considered at risk of becoming isolated and lonely. People referred to the service were triaged, and those with more substantial wellbeing needs were supported by existing, experienced volunteers who already had mental health training in place.

Food

During Covid-19 a new issue emerged across Swansea that was replicated across large parts of Wales and across the UK. Prior to the pandemic there was a rising issue with food poverty and increased use of food banks. As the pandemic progressed there was a new issue of *access to food*. This issue impacted a wide range of different people. Those shielding had access to support from the Local Authority, but they didn't necessarily want or need the food being provided, what they lacked was access to food.

Swansea CVS was able to provide volunteers to support Coop in providing access to food. A system was established where a person could contact the Coop and pay for their shopping over the phone. A volunteer would then collect the shopping and leave it at their door with a receipt. This helped overcome some of the access to food barriers, but also ensured some of the issues with financial abuse could be avoided.

Swansea CVS were part of Swansea Together and were part of their fantastic work getting hot meals to those who needed it, again providing volunteers and ensuring the right paper work and guidance was followed. This support (both volunteers and guidance) was also provided to new food banks setting up or those expanding to new areas to meet demand.

The person-centred service provided by Swansea CVS ensured people had access to the food they could actually use. This included providing ready meals to people who were unable to cook from the food provided.

A big innovation, however, was the creation of an emergency food response. Using a small amount of funding Swansea CVS purchased non-perishable food that could be stored in cluster team's homes. This meant when they received a referral and local

food banks were closed or unavailable, they could provide people with an emergency food parcel.

Prescriptions

Swansea CVS also became the approved route, via Public Health Wales for liaising with GPs and pharmacies for prescriptions. They formed a partnership with 4X4 Response Wales, a voluntary organisation that usually provides emergency transport as well as recruiting volunteers to be managed by SCVS.

The partnership, together with the volunteers managed by SCVS, allowed them to provide a prescription collection service to people who were shielding, vulnerable or were self-isolating. The training provided to volunteers by Swansea CVS and the appropriate vetting procedures they put in place ensured all medications could be collected and delivered by the volunteers. This was not without challenges as sometimes pharmacies would run out of medicines and there were factors outside the volunteers' control. Volunteers had access to PPE from early on in the pandemic. Pharmacies developed really effective working relationships with both SCVS staff and volunteers.

Hospital Discharge

A further area of development by Swansea CVS has been working closely with the wider third sector and health partners to establish the Community Wellbeing Pathway, which is one of the pathways within Swansea Bay University Health Boards Rapid Discharge Process. This part of the pathway aims to support those people who need a small amount of support to remain safe and well at home as they are discharged from hospital. Swansea CVS is providing a co-ordinated service by brokering the services of other third sector organisations that can support the patient.

They had received 13 referrals by the end of June, 12 of which resulted in the person being able to return home with support. There have been significant increases in referrals since the stats were reported due to embedding of the service within hospital processes.

Supporting groups

As with supporting volunteers, supporting the wider third sector is a hugely important part of the work that Swansea CVS do during more normal times. During Covid, SCVS have provided direct advice on a range of subjects and business continuity support to over 50 groups. This has included:

- Helping groups access the UK Government furloughing schemes and providing detailed information on eligibility and business planning during the Pandemic. This has worked well with groups large and small furloughing staff
- Getting the word out about the government business rates grants when they become available for 3rd sector in May-June
- New organisations, including spontaneous groups, have been supported with advice and help to constitute and review their governance to respond to the new emerging needs during the crisis, such as food banks
- BAME organisations have responded to the new demand for food and set up food distribution within their communities.
- Getting guidance out to village halls/community facilities about WG / WCVA guidance on re-opening in June

- Governance and/or funding information and advice, especially in preparation for re-opening services and facilities in general
- Promoting available funding via the SCVS website and from July, via ebulletin
- Promoting & administering small grants VSEF (Voluntary Service Emergency Fund) April to date and Comic Relief VSEF from July
- Responding to individual searches for funding

Alongside this support Swansea CVS have run two surveys, one near the start of the pandemic to understand what the immediate impact of Covid-19 was on their delivery. The second sought to understand how third sector organisations were preparing for the end of lockdown and what their training needs might be. Understandably the two biggest issues identified by the sector were Health and Safety and Safeguarding. Access to online training for these topics was made available to Swansea CVS through Swansea Council.

This led Swansea CVS to develop the following training programme for delivery over summer and autumn 2020:

- Communicating with remote and disparate teams
- Managing remote volunteer programmes
- Managing staff performance at a distance
- Leading organisational change
- Strategic planning and decision making
- HR management in challenging circumstances
- Having difficult conversations and dealing with conflict
- Coaching at a distance

Reach and impact

During Covid-19 Swansea CVS were able to reach a large number of people. Although the scope and scale of this report is limited in the amount of data we have been able to collect around the impact of the work, it is clear from the data that Swansea CVS has:

- Supported individuals with their practical, emotional and health needs and helped them navigate some of the challenges they faced due to Covid-19
- Supported the wider sector with recruiting volunteers, advice, support, guidance and securing funding
- Supported the coordination of support for individuals and coordination between the public and third sectors

Meeting individuals needs

As set out above Swansea CVS offered a person-centred service. They sought to understand the issues, needs and anxieties of the people that were referred to them and connected them to the most appropriate service or activity. The type of support provided could be grouped (as shown in Figure 3) into practical, emotional and health support. Across the duration of the lockdown the main requests were around practical support, alongside emotional support in the immediate response to the lockdown.

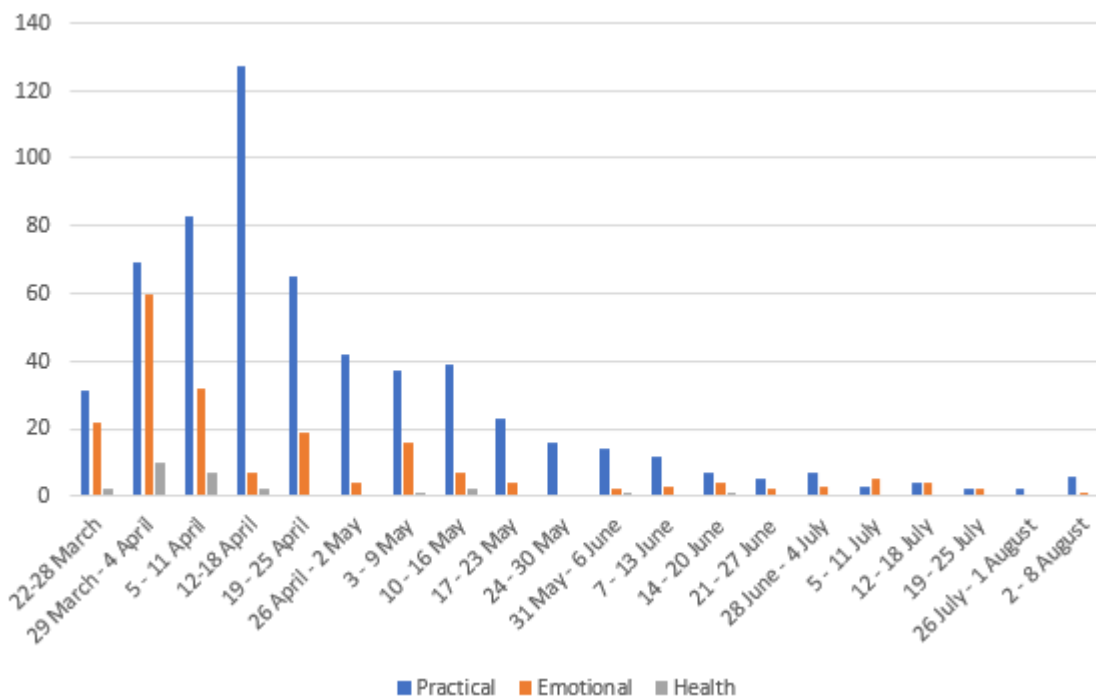


Figure 3 - Type of support requested from Swansea CVS

At the start of the lockdown the initial requests received from referrals were for help with access to food, which later changed to help with prescriptions. As shown in Figure 4, the number of prescription requests rose sharply from 20 in the first seven-day period to 103 in the third set of seven days.

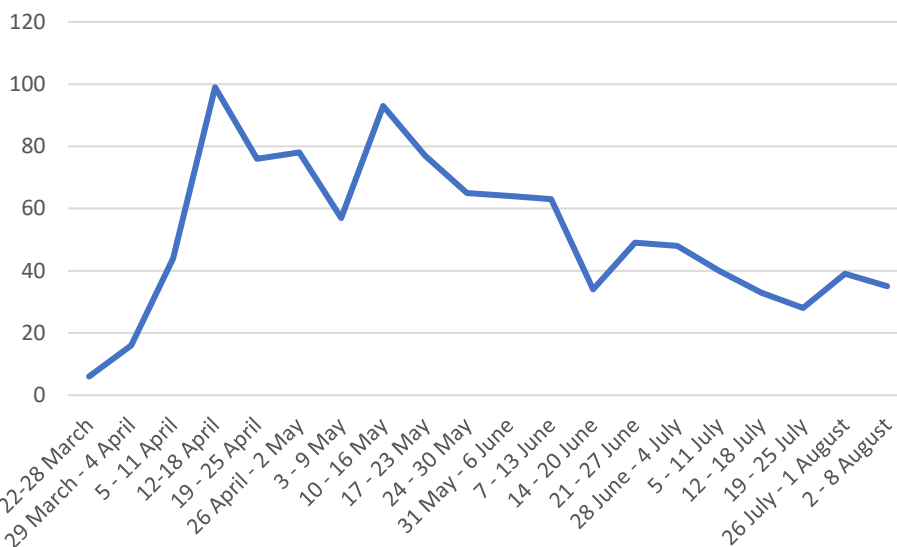


Figure 4 - Prescription requests by week

The feedback from those people who Swansea CVS has been working with has been hugely positive.

"Can I say a massive thank you to you and all your team. We are working across the whole of South Wales and it's amazing to see the work and the difference to people's lives that SCVS are making." Partner

"The medication was delivered yesterday as promised, everything was fine. I would like to say how much we appreciate the efforts of you and your colleagues and thank you all for your kindness and help"

"Over the last few months I have been dealing with several of your wonderful staff. I would firstly like to take a minute to thank you and your team for all their hard work over the pandemic."

"Very many thanks for arranging for our prescriptions to be collected today. Your help is greatly appreciated"

"Thank you all for my medication I will be clapping for you tonight 🙌"

"Just to let you know that we have just received our prescriptions from (name of volunteer). Many thanks to you and all concerned for what appears to be a very well organised operation."

"Just wanted to say thank you for helping my Dad it has really helped and made him much more relaxed."

The person-centred approach also led to Swansea CVS identifying the Grab and Go bags provided as part of the Free School Meal service run by the Local Authority. They identified the bags had inappropriate food in them for some cultures. This was a particular issue for refugees and asylum seekers who otherwise had no recourse to public funds. After highlighting this with partners supporting this cohort of individuals the issue was taken to Home Office and payments are now loaded onto the ASPEN card.

The impact of the person-centred approach meant peoples differing needs could be met.

Case Study 1

Mr and Mrs M were referred to SCVS by their G.P. Practice. When contacted by SCVS, Mr and Mrs M mentioned they were concerned about being able to get shopping and collecting their medication during Covid-19, as did not want to put themselves at risk by going out. Mr and Mrs M are in their late eighties and early nineties. SCVS gave the couple the telephone number for the Coop Care Line. They telephoned the Coop Care Line with their shopping list and paid over the phone. Their local Coop food store was Clydach, who were able to utilise the volunteer list provided by SCVS to contact a volunteer to deliver the shopping (with their receipt in the bag) and leave on the couple's doorstep.

Mr and Mrs M contacted SCVS again a few weeks' later for medication. SCVS contacted the G.P. Practice who confirmed that the prescription was ready and would be given to the Lloyds Pharmacy next door to the Surgery. SCVS contacted 4X4 to arrange collection from the Pharmacy and delivery to Mr and Mrs M, which was completed the next day. Mr and Mrs M reported feeling less anxious about having someone to contact if they needed help. Mr M regularly uses e-mail and has been keeping in contact via these means.

Case Study 2

I was contacted by a carer who was looking for help to solve a problem that her mother, who is living with dementia, needed help with.

The lady lives alone and her daughter, who cares for her, lives out of the area, and also has a newborn baby, so is unable to visit. The lady needed help to reset her television as she had pressed too many buttons and as a result, had no service. Her daughter had tried to talk through things on the phone but to no avail, so it needed someone to visit the property to solve the problem for her. Usually the daughter would contact a neighbour to help out but, due to the current situation, no one is able to call on her.

After ringing around a number of television repair companies, I finally found one that was still working and, was also prepared to enter the property to reset the television. The gentleman was able to call the same day so I passed his details on to the carer and arrangements were made for his visit, which was successful.

Emotional and Wellbeing needs

As well as addressing the practical needs of people across the county, Swansea CVS has been supporting people with their health and wellbeing needs. This has been directly through the ongoing telephone befriending and existing volunteer support services.

As a new service developed towards the end of the reporting period, the telephone befriending service has supported people with 29 matches, with a further 3 matches being organised. The telephone befriending volunteers are contacting people once or twice a week to check in with how they are. They are also able to involve the wider staff team in helping to solve problems or address issues. At the time of publication of this evaluation, referrals for this support have seen an ever-increasing demand for befriending support.

The telephone support is not limited to adults, and Swansea CVS has continued to provide support to vulnerable young people through their existing network of programmes.

“Feedback from carers and children and young people has been extremely positive, the young people are happy to continue receiving support, where lots of other activities they may have been involved with prior to Covid is on hold”

However, the emotional and wellbeing support has also happened indirectly. The volunteer opportunities created by Swansea CVS helped people with their own mental health and wellbeing by creating opportunities for people to have a sense of purpose and focus during the most difficult phase of the lockdown. The value of volunteering was showcased through a social media campaign that operated during Volunteer Week.

“Already being a volunteer for SCVS for two years and being furloughed from work during this period, I wanted to try and do something to help my community. Not only to keep myself busy and give myself a break from the monotony of staying at home, for my mental health and to help others. Knowing there are people out there who are in difficult situations, such as being forced to stay home due to illness or other self-isolation reasons such as shielding. I knew I had to make the most out of my situation. I am fortunate that I can drive and am fit and well, so could do something for those who are less fortunate than myself. It has been rewarding to pick up prescriptions for others, saving them putting themselves at risk, queuing for long periods of time as is the case now with the current situation. Then to drop them off, knowing that they now have the medication that is vital for them and to see how grateful they are for the service I have provided. One lady even said I was an angel, which really moved me, I even cried when I went home and told my children, who are very proud of me. I am also thankful for this opportunity as I am setting a great example to my children about helping others and pulling together in situations.”

‘the ability to feel, even in a small way, I was helping in a crisis. Seeing nurses and key workers contributing, I wanted to help with national solidarity. Without volunteering I would have felt helpless or useless, it stopped me feeling this way.’

‘As I’m fit and healthy and have time on my hands volunteering makes me feel a little less helpless, more focused and gives me a sense of purpose’

‘It makes me happy that I can do something to help people who aren’t able to get out and about. It is also good for my wellbeing too. I’m very appreciative of being able to volunteer during this time of uncertainty’

‘I haven’t been able to work due to the Covid-19 situation. Finding a volunteering opportunity through SCVS has given me a renewed sense of purpose and motivation’

Supporting the wider sector

Alongside the work supporting individuals, a key outcome of the work of Swansea CVS during the pandemic has been supporting the wider sector. This has been in a number of ways by recruiting volunteers but also through supporting people with direct funding or by supporting them to access their own funding.

Figure 5 shows the degree of interest that was generated on Volunteer Wales for volunteer placements. Swansea CVS were able to support the placements of at least 256 volunteers in 38 different third sector organisations across the County.

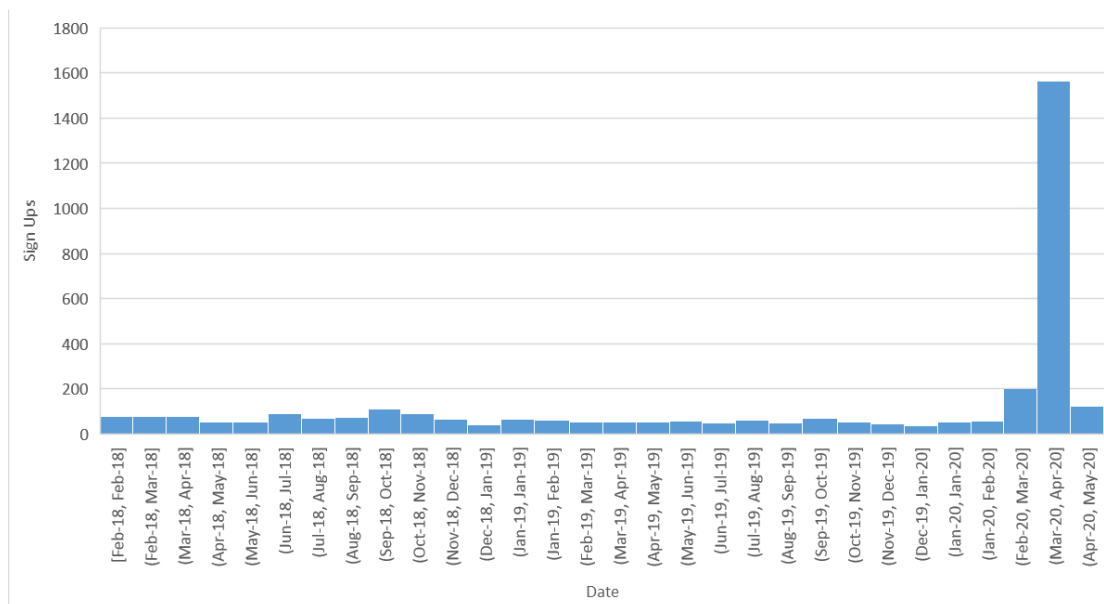


Figure 5 - Volunteer Wales sign ups

The Development Team were able to support a wide range of hyper-local organisations as they established, including supporting them with the right paper work and safeguarding procedures.

SCVS directly awarded £13,777 to 8 groups via Voluntary Service Emergency Fund small grants scheme between March and July 2020:

- 4x4 Response Wales - South Wales- £2000 - Delivery service
- Pontarddulais Partnership - £3000 - foodbank
- Welsh Hearts - £5000 - Defibrillators in the community
- GSP Partnership £500 - Contribution to core costs during Covid lockdown.
- Morrision Tabernacle £500 – Newsletter to local residents
- Iberian and Latin American Association £200 - To support refugees and asylum seekers
- South Wales MSTC Ltd £577 – Staff training in preparation for restarting service
- Race Council Cymru £2000 – To support international students in Swansea.

Two addition groups were funded using Comic Relief VSEF Fund in July 2020:

- Llamau - £3000 – IT for remote working for outreach staff
- National Autistic Society - Swansea branch - £2825 – Costs of online training
- Additional local funding sources to be administered by SCVS were negotiated during the period covered by this report with a significant Capital funding scheme coming to fruition recently. (noted in the final section).

In addition, Swansea CVS supported 38 organisations to raise over £320,000 between March and July 2020 from the following funding streams:

- Austin Bailey Foundation
- Community Foundation in Wales - Wales Coronavirus Resilience Fund
- WG - Voluntary Services Emergency Fund
- Comic Relief VSEF Fund

- National Lottery - Awards for All
- Moondance Foundation Covid19

Coordinating support

Covid-19 led to an unprecedented response from the public, private and third sectors. Individuals also got involved in street level volunteering and supporting their friends and neighbours. This led to a huge amount of activity happening, but also it needed sharing widely so people knew what was available to them in their area. The fast-changing environment also meant this information needed constant updating.

"I just wanted to send you a quick thank you for this updated wellbeing directory – I have found it so useful to be able to signpost people with the up to date information on the services they need. Just wanted to share my gratitude. Many thanks' - Local Area Coordinator

"...that's amazing, I'd been feeling frustrated and worried because I wasn't getting anywhere and was really worried how I was going to sort the all of this, this is a huge relief for me. and thank you so much for talking to me today"

The partnership coordination ensured people knew what was going on and also ensured, wherever possible, duplication of tasks was minimized.

Case Study 3

We received a Referral from a Neighbourhood Officer for an individual who has been living with her father. Her Father who was the tenant of the property had passed away in hospital with the Covid19 virus and her sister who also has Covid19, was on a ventilator.

The individual has also been in hospital herself and was diagnosed with the Covid19 virus. She had been sent home to isolate. She had no money or food. She also had a prescription she needed collecting and a suspected clot. We advised the referrer about contacting the Local Area Coordinator regarding food or Local Authority emergency provision.

After initial difficulty in contacting the individual we managed to speak to her to discuss how best to support her. She explained that the respiratory nurse from the hospital had been in touch and was getting her prescription for her. Her immediate need was for food. We discussed her dietary needs and her ability to cook while she was unwell. I agreed to contact the neighbourhood officer to check on progress with a food parcel so that we didn't duplicate the service. I reassured her that we would make sure that she did get food today.

I contacted the Neighbourhood Officer, she explained she had been unsuccessful in contacting the LAC team and couldn't get food today. I agreed to organise one of our emergency parcels, I also updated her that the young woman had sorted her prescription so we didn't need to organise this.

We dispatched a member of our Team to deliver the food parcel immediately. I contacted the Neighbourhood Officer to let her know that had been done and to discuss getting further food, which she has successfully managed. There has been ongoing contact between us, the referrer and the Individual, to explore how we now move forward as there are a large number of practical, financial and emotional issues which she will need to be supported with.

Looking Forward

The future in both the short and medium term is hugely uncertain. The economy is slowly reopening following the Covid-19 lockdown, but the pace of this opening is likely to change depending on rates of infection in the community. There is a considerable challenge faced by the third sector in slowly returning to normal but also continuing to meet the needs of people in the community and being ready to respond to a new wave of Covid-19.

Swansea CVS has recently secured a Welsh Government Third Sector RPB Capital Funding grant of £200,000 to support the sector to adapt how they work, but the future funding landscape is uncertain.

Covid-19 has shown the huge value of the third sector, it has shown it can be nimble, quickly solve local problems and work across a wide range of different partners to meet the needs of individuals in the communities. Organisations like Swansea CVS play a particularly important role as they support individuals but they also support the sector.

One of the interesting insights from the Covid-19 response is that Swansea CVS could help anyone, there were no geographical or other parameters put in place, if someone had a need they could be helped. Those delivering the activities felt a free reign led to a better, more welcoming service to anyone who needed it across the County.

Some of the key successes from the Covid-19 response by Swansea CVS have been:

- **Adaptability** – Swansea CVS quickly adapted to a new structure and new way of working flexibly to best meet the needs of people and third sector organisations in the community
- **Information** – quickly collating, organising and sharing the information about what was happening across the area and helping individuals navigate those services
- **Volunteers** – building on existing, high quality systems and processes to allow them to utilise volunteers with specific training who could be trusted in the community
- **Food** – providing volunteers for various activities that supported food poverty but also specifically responding to the Covid-19 specific issue of *access to food*
- **Trust** – individuals have trusted the volunteers and staff at Swansea CVS because although they are professional they are not part of the public sector

Although our evaluation was limited by time it is clear the third sector is a hugely valuable part of the landscape in Swansea. They fill a different role to those offered by the public sector. They provide a trusted, person centred response for people in the community. They work around the constraints that public sector organisations often have to impose. A vibrant third sector is a critical part of any emergency response and it has shown itself to be hugely valuable throughout the pandemic. However, third sector organisations need resource. They are well placed to fill the roles often perceived to be the remit of the public sector, particularly those that involve working with individuals in a person-centred way to help them solve problems. Swansea CVS enhance this role by supporting individuals but also supporting the sector.

The structures adopted and the outcomes delivered by Swansea CVS during the pandemic have demonstrated their ability to rapidly respond to crisis situations. This approach could be applied to other 'resilience' situations where a 3rd sector coordinating body would be required.

Swansea CVS are also assessing how the up-swell of interest in volunteering can be built upon to convert enthusiasm into long term volunteering with established organisations across the sector, providing a positive, long-lasting legacy as a result of the community mobilisation that has occurred during Covid.

The pandemic has further highlighted that whilst it is important that public bodies respond to community need, attention must be given to how that is then converted into support for communities and the sector in the longer term, as such services can more effectively, responsively and cost effectively be delivered by third sector organisations.

Papur 5

Paper 5



Welsh Government

Equality, Local Government and Communities Committee

This paper is presented by Mantell Gwynedd to the Equality, Local Government and Communities Committee. It outlines the work of the Gwynedd County Voluntary Council during the Covid-19 pandemic.

Background

Mantell Gwynedd was established in 1997 and is one of 19 County Voluntary Councils (CVCs) in Wales. It forms part of the Third Sector Support Wales (TSSW) partnership.

We operate from a main town centre office in Caernarfon where the Gwynedd Volunteer Centre is based, and a further Dolgellau Office which serves the southernmost part of the county.

The role of Mantell Gwynedd is to promote and support the third sector in the county by providing direct individual support to groups on constitutional matters as well as financial and legal matters. It provides training and information and is a strong independent lobbying body on behalf of the third sector. With a database of almost 2,000 third sector organisations Mantell Gwynedd is well placed to reach out to the sector in Gwynedd.

Gwynedd Volunteer Centre within Mantell Gwynedd promotes volunteering and supports individual volunteers as well as providing support to organisations that benefit from volunteers. At the outset of the pandemic Mantell Gwynedd employed 14 members of staff – 10 full time / 4 part time.

During the period between mid-March and the beginning of November Mantell Gwynedd received and responded to over **3,000 enquiries**. This is an almost 40% increase compared to our usual number of enquiries.

Covid-19

1. Covid-19 Volunteering Bank

Undoubtedly, one of the key areas of work at the start of the pandemic related to volunteering.

During the first week of the pandemic Mantell Gwynedd set up the Covid-19 Volunteering Bank. This was set up specifically to recruit, place and support volunteers who wanted to give their time freely to help others. In just over two weeks over 600 new individuals had registered on the Volunteering Bank. One month into the pandemic almost 50% of these individuals had been deployed to a wide range of volunteering opportunities throughout the County. We have tried to maintain contact with some of those who were not initially deployed and some of those not deployed during the first lockdown have now been called upon during the current firebreak period.

Between March 15th and 2nd November 2020, **905** volunteers have been supported. This was only achieved due to the Voluntary Sector Emergency Fund (VSEF) from Welsh Government which enabled us to employ an additional full time member of staff in the Gwynedd Volunteer Centre. Other CVCs in North Wales also responded by setting up a Covid-19 Volunteering Banks and report similar actions and outcomes.

Many excellent examples of joint working relating to volunteering emerged during this time but one which is worth a mention is the joint working Mantell Gwynedd set up with ADRA.

ADRA is the largest social housing organisation in North Wales providing over 6,300 homes and providing services to over 14,000 customers. At the outset of the pandemic supporting vulnerable tenants became a challenge and a partnership between Mantell Gwynedd and ADRA referred almost 100 tenants for volunteer support. These volunteers provided befriending services, shopping, prescription collections and a whole host of other types of support. Potential volunteers were vetted and DBS checked prior to placement thus ensuring that individuals were supported in a safe and timely fashion. The fast tracking DBS system was invaluable during this time.

Over the coming months we will be assessing the volunteer experience and finding ways of maintaining momentum amongst this vital group who have provided immeasurable community support.

Covid-19 Volunteer stories can be seen in our Bulletins:

Martin Hunt's Volunteering Experience during Covid:

<https://www.mantellgwynedd.com/downloads/170820-no5-bulletin.pdf>

Aaron Pleming's Volunteering experience during Covid-19

<https://www.mantellgwynedd.com/downloads/090720-issue-4-mantell-gwynedd-bulletin.pdf>

Michael Laing's Volunteering experience with Rollo the therapy dog during Covi-19

<https://www.mantellgwynedd.com/downloads/170620-issue-3.pdf>

2. Grant funding

Welsh Government funding was vital during this period. The VSEF provided to CVCs enabled us to employ an additional full time member of staff to work at the Volunteer Centre. It also enabled us to increase part time staff hours to assist with community group support work. Without this funding we would have been unable to respond to the additional demands on our small organisation during this time.

Mantell Gwynedd also received VSEF funding to set up and provide a small grants scheme for third sector organisations in Gwynedd. All of the funding provided was distributed within the third sector in Gwynedd within a very short 28 day window. This was possible because we have close links to these grass roots community organisations and Mantell Gwynedd would be one of the first bodies approached by these groups looking for support. 28 small, local grass roots organisations across Arfon, Dwyfor and Meirionnydd were provided with funding which enabled them to purchase vital equipment, expand their services and increase their support during this period.

Welsh Government funding for small grants was followed by Comic Relief funding with an emphasis on safe spaces, gender equality, mental health and children prospering. Again, this money was also distributed quickly to a variety of grass roots community organisations.

We have now accessed Transformation Funding which will enable us to support a more post Covid agenda with an emphasis on providing social opportunities to support children, young people and families.

3. New ways of working

Since mid-March all of our staff have been home based. Some VSEF funding was utilised to enable this to happen efficiently.

An important element of our work in supporting the third sector is the Network meetings we convene. Our Third Sector Volunteering & Wellbeing Networks and our Social Value Networks have continued meeting virtually. The sector has adapted well and numbers of participants have remained good. The network meetings provide Mantell Gwynedd with important information about the state of the sector in the county. Some key messages from Third Sector Network meetings can be seen below (point 6)

Grant Panels have taken place virtually and these too have worked extremely well.

Our quarterly newsletter was replaced by a monthly online Covid-19 Bulletin containing important Covid updates, information about funding available and directing groups to important sources of up to date information.

All national and regional meetings have also worked well virtually.

4. Partnerships and Joint working

On an all Wales level our TSSW partnership has been absolutely vital during this period. Weekly TSSW online meetings co-ordinated by WCVA provided the space needed to share good practice, keep members updated on developments and a platform for general and more specialist Third Sector matters to be discussed. It is an invaluable partnership.

On a regional North Wales level the North Wales Resilience sub group, co-ordinated by North Wales Police, provided the platform for discussions between PHW, BCUHB, the six Local Authorities, the six County Voluntary Councils and North Wales Police. Again, this weekly meeting provided the space needed for the wider regional discussions and joint approaches.

On a county level the Gwynedd Resilience Group was established which met weekly and included the CVC, Local Authority, Housing Associations and others. Again, an invaluable forum to promote joint working, avoid duplication and seek joined up approaches to community challenges. It worked well.

All of the above would have been weekly meetings March to August but have since reduced to fortnightly or monthly. However, it is important to note that relationships which were formed during those months have provided an important legacy for future partnership working. It is vital also to note that when the firebreak was announced in Wales these forums reformed quickly and efficiently.

5. Providing payroll support and supporting advice

Mantell Gwynedd provides a payroll service for a number of Third Sector organisations. 72% of those to whom we provide a payroll service needed to make furlough applications and payments. Whilst the HMRC online system was a commendably set up on very short notice and provided good guidance, many Third Sector organisations turned to Mantell Gwynedd for support as they struggled with the Coronavirus Job Retention Scheme. Support and guidance in this aspect of our work has been ongoing since March with many Third Sector organisations struggling with cash flow and with understanding the ongoing changes of the system and implications on their organisation.

Using the additional VSEF funding we increased capacity within our organisation in this area of work in order to deal with the workload.

6. Feedback from the sector

As noted above Third Sector Network meetings, including the Volunteering & Wellbeing Network, became virtual meetings from March onwards. Maintaining these Networks was seen as a priority as they provide the space needed for some of our important grass roots organisations, as well as national charities, to come together to share good practice.

Some key messages from the first three network meetings included:

- The key role of volunteers during Covid-19 with organisations emphasising, more than ever, the value of volunteer time.
- Organisations noted how they had to adapt services as roles expanded. Services, particularly support services, moved online. Adaptability has been key.
- Befriending schemes became increasingly more important and became the new way of working for many organisations.
- Volunteer roles were expanded and adapted and volunteers responded well.
- The income of some organisations has reduced by 50% due to being unable to fundraise. This has put the future of some organisations in jeopardy whilst others have worked differently and found innovative ways to fundraise.
- Furlough brought relief to some organisations but created an additional burden for others. Whilst some staff were furloughed others continued to work and those who remained working were pressured with additional tasks.
- Digital Inclusion has been highlighted as a priority area needing attention.
- Work needs to be undertaken to look at volunteer retention for the future.
- Organisations working with young people reported a big increase in the number needing support and vastly increased numbers of referrals of young people to services. The mental health of young people is a key concern.
- Community transport organisations reported services, apart from non-essential medical travel, almost ceasing completely.
- An abundance of new services emerged to respond to new needs.

7. Measuring Social Value

Since 2014 Mantell Gwynedd, as part of our Social Value Cymru project, has been at the helm of developing, promoting and communicating the importance of measuring and understanding the social value of all that we do. Mantell Gwynedd itself was the first umbrella organisation in the UK to achieve organisational COMMIT status for embedding social value in all of our work. We employ two full time and one part time Social Value practitioners.

Social value is about understanding the value/worth of changes to people's lives. Placing a value on these changes means we can invest in what provides the greatest social return so that we create even more positive change in people's lives. As part of our response to Covid-19 we are now measuring the social value of VSEF funding which was provided to two third sector organisations in Gwynedd. This will help us create greater impacts and more positive changes in the future as this social data will inform future decision making.

More information about our Social Value work can be seen at:

<https://mantellgwynedd.com/eng/social-value-cymru.html>

Conclusions

Partnership working, on a national, regional and county level, was critical in order to respond effectively during this period.

Partnerships set up to respond to Covid-19 have left a vital legacy for future joined up working.

Volunteers became the adhesive holding some of our communities together in Gwynedd and the County Voluntary Council became the “go to” place for volunteer information and support.

Grant funding was vital to grass roots organisations in order to help them maintain services and, in some cases, expand delivery and respond to community need.

The Voluntary Sector Emergency Fund was pivotal to the success of the CVC work in Gwynedd.

Measuring the Social Value of some of our Covid-19 work will be vital for the future to ensure we invest in what provides the greatest social return on investment.

Bethan Russell Williams

Chief Officer, Mantell Gwynedd.

November 3rd, 2020.

Papur 6

Paper 6



Short paper responding to Equality, Local Government and Communities Committee inquiry into COVID-19 and its impact on the voluntary sector

Building Communities Trust (BCT) and this response

BCT supports asset based community development work across Wales funded through a National Lottery endowment. We run the Invest Local programme providing 10 yrs support and flexible funding in 13 communities and support networking, peer learning and advocacy among community based organisations across the country, facilitating a network of over 120 local organisations, meaning our experience is based on local place based work.

This response draws upon research done in partnership with People and Work and their Llechi, Glo a Chefn Gwlad initiative.

Immediate reactions to Lockdown

Many community organisations shifted their operations almost immediately Lockdown was declared. This included food production and delivery, collection of medicines, shopping and provision of basic information both via leaflets and social media.

Links were developed or activated with local retailers to source food for charitable purposes and community organisations helped those with health (but not financial) concerns to buy food (e.g. by picking up food they had brought) and also those who struggled to afford enough food (e.g. through community pantries and food banks).

Community groups' local relationships and information made accessing more isolated people easier and the crisis also made it easier for people to seek and ask for help and support, as it helped reduce the stigma some felt in asking for help; their need for help was seen as caused by an external event over which people had little to no control, rather than caused by any personal failure or weakness.

Established community organisations already possessed the infrastructure to underpin community responses: many had the physical capacity and information such as storage space, kitchens, vans, IT equipment and local knowledge (of who to work with and who needed help) required to power much of the effort.

Swift access to flexible emergency funding was essential in resourcing their response. Work to support people suffering from the mental health impacts of isolation took a little longer to get started and were hampered by social distancing requirements. This subsequently included activity packs, door step play for children, and “ring arounds” for older people and some social connections on social media. However some of the responses (such as those based upon social media) were hampered by very mixed levels of access to IT equipment and comfort in using them, especially among poorer and older groups.

It is worth noting though that the responses of community organisations were uneven, contributing to a patchy response to the crisis, and it is also true that some organisations, especially those with little experience of dealing with people “in need”, and/or whose own staff/volunteers were shielding or furloughed, shut up shop and have been largely inactive since the spring.

The biggest impact of this has been a significant reduction in community based activities promoting wellbeing. Carers’ support groups, parents and toddlers clubs, children and youth activities, informal exercise classes and sport and activities for older people have been halted or significantly curtailed and for many people this increases isolation and puts more strain on mental health. And for some groups this puts real pressure on their income even where they were previously self-funding.

Funding and support from different tiers of Government

Funding – including from government (often via WCVA) was plentiful and important in helping support emergency responses, though occasionally had puzzling elements of bureaucracy. Funding from trust funds and Lottery was ample and very flexible. In many ways it has never been easier to access flexible funding for community based work.

Provision of information has been more mixed; guidance on use of community buildings was often confused and information from NHS to those who should be shielding was often of poor quality.

Practical cooperation at community level was often good with local authorities though willingness to trust community groups has been very mixed. Pre-existing relationships (which contributed to levels of trust) were a major predictor of close working links during Lockdown. However, the crisis did help breakdown some of the pre-crisis barriers to co-operation such as poor communication, risk aversion and silo

working, as people in both the statutory and voluntary sectors were driven overwhelmingly by the crisis to do things differently.

Volunteering and community resilience

The pandemic has brought forward a new cohort of younger volunteers, many of whom have struggled to retain involvement after lockdown, though older volunteers who shielded are slowly returning.

Community based volunteers were usually willing to accept a higher level of risk than that allowed by those volunteering for public bodies or the staff of public bodies. However, it does appear that most did develop and use both appropriate risk assessments and safeguarding policies (lots of CVCs ran fast track DBS services).

Future opportunities and challenges

Role of community based organisations

There is substantial community based capacity across Wales covering a very wide range of activities. Future policy priorities which include community-based care and support, greater focus on protecting local environments, producing local food and strengthening local economies are all ones in which strong community organisations have already proved they have an important role to play.

We have seen during the pandemic a greater willingness to work flexibly and collaborate across the community, public and private sectors. If this can be sustained the skills, knowledge and resources (including volunteer efforts) that community based organisations can leverage will aid the wider recovery effort.

Public sector staff have reported that closer working with community groups gives them access to information and connections within communities they didn't have before as well as a greater understanding of needs

Forums for sustaining and enhancing collaboration

Much collaboration on the ground during the crisis depended on individual initiative and personal relationships (which creates fragility) and there are currently limited vehicles to plan and facilitate on-going collaboration between community groups and public sector organisations (and those that are overly bureaucratic).

Public Services Boards are fundamentally not designed with this in mind and there are worrying signs of a "return to type" [the words of local authority staff] in many areas which reduce contact and collaboration with community organisations. And all too often effective collaboration at operational level isn't sustained unless supported by senior leadership.

The cross-sector collaborative approach being taken in Pembrokeshire offers a positive example of how partnership work can be enhanced and deserves careful study but it does appear likely that such approaches will need senior leadership from within public bodies.

Resourcing

Many of the community organisations active during the pandemic have a history of self-funding their work. During the COVID period many have also benefitted from relatively easy to access funds for emergency activities.

However, there are serious concerns that “tomorrow’s money has already been spent” by both government and non-governmental funders, which may severely limit the recovery response, and that there is little way of capturing the learning of providing such flexible funding by donors themselves.

Agenda Item 4

Papur 7 / Paper 7

Mae'r papur hwn yn gyfyngiedig o dan Reol Sefydlog 17.42(vi)

This paper is restricted under Standing Order 17.42(vi)

By virtue of paragraph(s) vi of Standing Order 17.42

Document is Restricted



Report on the Impact of COVID-19 on the Voluntary Sector - Equality, Local Government and Communities Committee Enquiry – 5th November 2020

Background

Race Council Cymru (RCC) was established in 2010 and acts as an umbrella organisation supporting and representing approximately 300 BAME grassroots organisations within our multicultural hubs across Wales, we have 127 organisations in our Black History Wales network, 300 young people in our National BAME Youth Forum for Wales, and this includes our Crossing Borders Young Roots project and 120 Windrush Cymru Elders and their families to strategically challenge racial inequalities, prejudice and discrimination.

Our projects and groups are all led by and based within grassroots communities where we facilitate and support five Ethnic Minority HUBS across Wales (Newport, Cardiff & Vale, Swansea, Carmarthenshire and North Wales), supporting over 300 different Ethnic Minority Organisations; and we facilitate and support 3 Windrush Cymru Elder groups in Cardiff, Newport and Wrexham which support over 120 BAME elderly people.

RCC delivers a number of projects that include; Windrush Heritage, Black History Wales, BAME Cultural & Digital HUBS, Race Hate prevention, Community Champions scheme, Crossing Borders Music & Heritage (working with young ethnic minority musicians and dancers), Youth Parliament and a National BAME Youth Forum which provides a national network of young BAME individuals throughout Wales enabling their voice to be heard on key agenda items at a local, regional and national level.

In all our work we ensure our projects, activities and events are focussed on the needs of our BAME grassroots communities, many of whom are in the margins of society and we work with the Welsh Government, public, private and third sector organisations ensuring they are shaped and aligned to provide strategic delivery that meets the local needs across Wales. We also represent BAME grassroots group on the Third Sector Partnership Council facilitated by WCVA.

OVERVIEW

As images of the Covid 19 deaths began to emerge, it was clear that more BAME people were dying in significantly higher numbers than their white counterparts and RCC Chair, Judge Ray Singh CBE and vice Chair Professor Emmanuel Ogbonna were invited to work with the British Association of Physicians of Indian Origin (BAPIO) to lead the First Minister's advisory committee on the impact of Covid 19 on BAME groups in Wales.

In the period of the Covid-19 lockdown, RCC has organised and held regular meetings and consultations with our HUB members and grassroots BAME communities and organisations across Wales. We have continued to convey feedback to the Welsh Government as well as Public Health Wales on the effects and challenges of Covid-19 and the lockdown on BAME people living in Wales. Through research, media reports, consultations with our grassroots community partners and feedback, RCC supports the findings that the Covid-19 pandemic and the lockdown has had a disproportionate effect on BAME people living and working in Wales. Pre-existing racial inequalities have played a major role in exacerbating the risks that ethnic minorities have been exposed to during the period of this pandemic. Significant socio-economic factors have led to the increased health risks, economic and social challenges of this pandemic on BAME communities. It is vital that this committee interrogates the characteristic components of the demographics of this group. We are convinced that this approach will provide an accurate picture of the unequal socio-economic susceptibilities which have resulted in the disproportionate effects of Covid-19 on this group of people in Wales.

The consultations conducted by our organisation reveal responses from our grassroots communities and presents them in sub-themes to provide information and outlines the risk factors involved in the effects of Covid-19 and the associated lockdown. Our findings are by no means encompassing of all the effects and risk factors; rather it draws upon the more popular themes and repeated responses that came from our broad consultations. We are convinced that

beyond the boundaries of these findings, there are several individual and collective challenges that can be drawn over time and with further consultation.

The Effects of the Pandemic on the Voluntary Sector

The majority of our staff work contracted hours tailored to the projects they are assigned to. Unfortunately, due to the pandemic, they offered extra hours of work voluntarily in order to support the rising needs of our communities which were suffering from the disproportionate effects. Particularly, there was a growing need to provide continuing support for our Windrush elders who were suffering loneliness and isolation on top of not having help with shopping, medication and other deliveries. The long hours our staff and volunteers spent working meant that they were paid very little or in most cases nothing and a feeling of “burn-out” began to set in. This puts an emphasis on the first and major challenge faced by ours and most voluntary organisations working with grassroots groups, which is the continuous lack of core funding to employ and maintain staff and pay volunteers’ allowances. As a result of the Covid-19 pandemic, although our organisation adapted to alternative ways of working, the duties of running the organisation multiplied as a result of the disproportionate effects of the virus on our BAME communities. These effects were both health wise and socio-economic, hence requiring urgent attention to interface between the Welsh government and the communities to mitigate these adverse effects. With the ongoing second spike, it has become necessary for our duties within the communities to continue, therefore also, the need to be able to pay staff salaries and volunteers’ allowances that will sustain our work through the second spike and into the post-COVID recovery period, to ensure that the recommendations of the BAME Advisory committee are implemented efficiently to our communities.

As our work is embedded within BAME communities, our long hours of work have spanned across all sectors to highlight the challenges of our communities in housing, education, employment, local businesses, transport and so on. We have had to pull together, drawing strength from other voluntary sector organisations, to ensure that diverse voices within the communities are heard. Integrating these voices has not been an easy task but we have been able to do the best we can within the given pandemic, to proffer innovative advice tailored to meet the communities’ challenges and bring the necessary change.

The Welsh Government has been committed to its support of BAME communities. This commitment led to the setup of the Advisory committee with its two sub-committees, which explored the Health and Socio-economic factors associated with the disproportionate effects of the pandemic on BAME communities. Additionally, funding has been provided to support the associated work of voluntary organisations in this area. However, another challenge has been the long turnaround time of funding applications, which staggered the prompt delivery of support and services. Many of our partners, who are smaller community groups also complained about the difficult requirements of funding applications, which they could not meet and therefore, struggled with meeting the needs of their communities. We commend the resilience of the communities in pulling together to support each other in this very difficult time and also the dedication of the Welsh government in ensuring it develops the best Race Equality Action Plan for BAME communities across Wales.

The death of George Floyd in the United States during the pandemic sparked off the global Black Lives Matter (BLM) campaigns and Wales was not left out. Young people from various regions of Wales came together to organise safe and socially distanced protests to decry the thriving institutional and systemic racism in our society. Racism is now one of the main reasons that has been found to exacerbate the deep disproportionate effects of the pandemic on BAME communities. The young protest leaders were determined to carry on their campaigns against racism beyond being one-off protests. As a BAME organisation, RCC has supported BLM regional leaders from twelve regions of Wales – Rhondda Cynon Taf, Wreham, Bangor, Merthyr, Cardiff, Port Talbot, Carmarthenshire, Abergavenny, Caerphilly, Swansea, Bridgend and Caernarfon – to form Black Lives Matter Wales. This group has enabled the regional leaders to engage with themselves and their communities to continue to tackle racism. Additionally, they have designed and presented a Manifesto to the Welsh Government, listing some of the desired outcomes they would like to see to stamp out racism and make Wales a free and fair place for all to live and thrive. As an Organisation, we look to the Welsh Assembly to pass laws that will hold institutions and organisation in the public and private sectors, accountable for tackling racism, which has existed for too long. It is unfortunate that we should still be listing this as a challenge drawn from the pandemic. However, the pandemic significantly brought this challenge to the fore.

Some statistical examples we have gathered in our work show a lot of the existing inequalities that have racial connotations. Data shows that 5.8% of key workers are from a BAME background, as compared to 5.2% of all other people in employment; 5.2% of Wales' workforce identify as BAME; 40% taxi drivers are BAME; as are 11% of healthcare workers. Residence and deprivation statistics also show that almost 11% of people living in the most deprived areas of Wales are of BAME background and overall, BAME people are more likely to be living in the most deprived 10% of small areas as compared to people from a white background. Other data on the effects of COVID on BAME women specifically, finds that 42.9% of BAME women are believed to be more in debt than 37.1% of white women and 34.2% of white men; 23% BAME women struggle to feed their children; and that BAME women are less likely to gain government support when out of work. These are but a few evidences that makes our work within our communities even more challenging and enforces our dedication to ensure that these statistics are reduced to the barest minimum, if not completely eradicated.

Race Council Cymru has been a lead representative on the Third Sector Partnership Council (TSPC) for the past 6 years and we have engaged in many meetings that have explored the challenges of the voluntary sector in the time of the pandemic. A lot of attention has been focused on the strain that the pandemic has had on formal and informal volunteering activities. These concerns resonate with us as an organisation facing these challenges. The challenges of the pandemic have made it vital that the TSPC set up a recovery group, to enable its members to explore the numerous challenges and proffer solutions, which are expected to be fed back to the Welsh Government on how best to plan the survival of the voluntary sector during the recovery period.

We urge the Senedd members to work closely with the voluntary sector to understand its challenges and engage with the diverse voices of BAME communities in order to pass innovative solutions into laws. We are convinced that this integrated engagement will progress a healthy post-pandemic recovery, strengthen the voluntary sector, and is an approach that will ensure the future wellbeing of Wales. Furthermore, it will guarantee the significant role of the Senedd in legislatively securing the Race Equality Action Plan of the Welsh Government.

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Agenda Item 5


Equality, Local Government and Communities Committee

9 November 2020 – papers to note cover sheet


Paper no.	Issue	From	Action point
ELGC(5)-29-20 Paper 9	Scrutiny of the Public Services Ombudsman for Wales' Annual Report	Public Services Ombudsman for Wales	To note
ELGC(5)-28-20 Paper 10	NHS Complaints data	Public Services Ombudsman for Wales to the Minister for Health and Social Services	To note

Our ref: NB/MM

Ask for: Nick Bennett

 01656 641152

Date: 30 October 2020

 Marilyn.morgan
@ombudsman-wales.org.uk

John Griffiths MS
Chair of Equality, Local Government
and Communities Committee
Welsh Parliament
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By email only:
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Dear John

Thank you for your letter dated 16 October in which you request some further information following the Committee's scrutiny of my Annual Report and Accounts 2019/20. I am pleased to provide my responses below.

Firstly, you asked that I provide more information on our outreach and engagement work, particularly among under-represented groups, to increase awareness and confidence in the office. You also ask how the pandemic may impact upon this work.

In November 2019, we published our [Equality Plan 2019-22](#), accompanied by detailed actions for 2019/20. The Plan was designed to better embed equality work across all our activities. The first set of objectives focuses on reinvigorating how we ensure the accessibility and inclusivity of our service.

We undertake regular equality monitoring to analyse the profile of our service users and identify under-represented groups. In 2018/19, these groups included children and young people as well as older complainants (over 65). Other groups that appeared to be under-represented included individuals from minority national backgrounds, Welsh speakers, and the LGB+ community. Also, the representation of

Page 1 of 8

people from diverse ethnic backgrounds was in line only with the lower estimates of the proportion of this group in the Welsh population overall.

Much of the equality work during the year involved steps to improve how we collect and analyse this equality data, to help us build our evidence base and better target our outreach. However, we also commissioned a segment in the national Wales Omnibus Survey undertaken by Beaufort Research to gauge awareness of our role and attitudes towards us. Positively,

- 48% of respondents to the survey were aware of us – compared to 35% in 2012, when we last commissioned similar research
- 70% agreed that they would have confidence in our work; 79% agreed we were impartial; and 88% believed that they could approach us if they needed to
- 77% were aware that we can accept complaints orally.

Importantly, we were also able to analyse these results by some equality characteristics, such as age, disability, ethnicity and ability to speak Welsh. Findings included:

- that awareness of the office was higher among people over the age of 55, people who identified as disabled and Welsh speakers. However, it was slightly lower among people who identified as BAME; and
- that awareness of our power to accept oral complaints was higher among people who identified as disabled.

During 2019/20, we undertook actions to respond to some of the trends indicated by this data. In August, we held a joint event with the Children's Commissioner for Wales at the National Eisteddfod, seeking to raise awareness of young people of routes to administrative justice. In February 2020, we arranged an 'equality focus group' with the Age Cymru Consultative Forum to discuss awareness of our office and experience of submitting complaints. Finally, we also developed an outreach strategy to maintain and increase awareness of our new power to accept oral complaints, targeting in particular older complainants and people who identify as disabled.

Whilst we were not able to undertake during 2019/20 actions to target all the groups which appeared to be under-represented among our complainants or had lower awareness of our work, the evidence collected during the year informed our planning of some future activities. In July, we published our equality actions for 2020/21. We have continued to place particular emphasis on raising awareness of our power to accept oral complaints. However, we also developed actions targeting BAME communities and people identifying with nationalities other than Welsh, English or British.

To this end, we originally intended to organise a series of focus groups with members of these communities. These plans had to be revisited given the ongoing restrictions related to Covid-19. To overcome this challenge, we are currently undertaking engagement with a number of organisations working with these communities to arrange virtual sessions, as well as to develop some awareness-raising resources

that could be shared with their stakeholders. It is, however, doubtful that the 2020/21 national survey, which could help us track broader trends in awareness and perceptions of the office by different groups, will be undertaken. This is because the Wales Omnibus Survey involves face-to-face interviews, which could not be conducted in the current circumstances.

Secondly, you requested more detail on the measures that we have put in place to support staff with their mental and physical wellbeing, particularly in the context of the increased sickness rate.

We recognise that our sickness absence figures for 2019/20 were disappointing, with staff absence averaging 3.4% - compared to 1.2% in the previous year. This increase was strongly related to long-term absence, with several staff receiving planned medical treatment requiring recuperation time. However, we also recognise that anxiety and stress accounted for 43% of days lost to sickness during 2019/20 and this led us to develop more actions to support our staff's mental and physical wellbeing, as well as continuing existing support arrangements.

During the year, we continued to:

- offer subsidised yoga classes to staff during lunchbreaks
- provide annual health checks to staff
- support staff to access counselling and to self-refer to our Occupational Health advisers

We also:

- developed and launched a new Wellbeing Strategy
- trained a number of staff as Mental Health First Aiders who can provide support to staff and signpost to other support services
- responded to staff experiencing discomfort and musculoskeletal problems by providing standing desks
- launched lunchtime mindfulness sessions and walks
- set up a reflection and prayer room
- offered stress management and resilience training to all staff, as well as training on mental health to the Management Team

Our internal staff Wellbeing Group has been instrumental in the implementation of these actions. In tribute to the work of the Group, 96% of respondents to our staff survey in 2019/20 agreed that they were kept well informed about the work undertaken in the office to support wellbeing.

This work has become arguably even more important since, under the Covid-19 public health guidance, all our staff have moved to work from home. We recognise that these arrangements, as well as the broader impact of the pandemic, may affect people's wellbeing differently and that different levels of support may be needed.

Some of the measures we have introduced were quite simple. We have promoted regular contact with managers and within teams through different platforms. We have made sure to issue regular updates to staff and organised two all-staff meetings, with

some further informal social events – for instance, quizzes and walks - also held virtually. We have also been much more flexible in terms of working hours, particularly to help our staff accommodate caring duties.

Our counselling service remained available, and the Mental Health First Aiders have been very active in keeping in regular contact with their cohorts of staff. Home working has also been supported magnificently by our IT Team who have ensured alternative working arrangements for all staff. We have completed display screen equipment assessments at home to make sure that health and safety standards are maintained.

Since March, we have conducted a couple of staff surveys – partly to gauge the attitudes towards returning to the office as and when Government guidance allows, and partly to capture the staff mood more generally. We were quite pleased at the positive responses that people gave about their own wellbeing and about the support that we'd provided to them.

Thirdly, you note in relation to Code of Conduct complaints that the Committee members were aware in the past of a pattern of complaints being made against Members by officers. You wanted me to clarify whether this is still a pattern in Code of Conduct complaints.

In recent years, we have seen a lower number of complaints being made against Members by officers of Local Authorities. We consider that this, at least in part, is due to the availability of local resolution within such authorities and improved standards of conduct being shown by Members. However, we continue to see a significant number of complaints from officers, usually Clerks, against Members of Town and Community Councils in Wales.

Few of these complaints tend to meet our two-stage test for investigation. This is often because the behaviour complained about is not suggestive of a breach of the Code of Conduct, when considered in the context of the evidence provided, recent caselaw and previous decisions of Standards Committees and/or the Adjudication Panel for Wales.

Of those complaints which merit investigation, the majority do not result in referrals to either the Standards Committee or Adjudication Panel for Wales for similar reasons or because they are not considered to be in the public interest. Complaints to us suggest that there continues to be a pattern of Member / officer conflict in Town and Community Councils, but that this occurs much less in Local Authorities.

Fourthly, in relation to the Public Interest reports, you asked me to provide more information on the four reports which were published in this reporting period, including the responses to any recommendations made in these reports.

- Joint public interest report relating to Gwynedd Council (the Council), Betsi Cadwaladr UHB (the Health Board) & Cartrefi Cymru (the Care Provider).

Mrs M's son, Mr N suffered from drug induced psychosis and acquired brain injury. He received a package of care, funded jointly by the Council and the

Health Board which was provided by the Care Provider, a registered domiciliary care provider. Mrs M complained about the care given to Mr N by the Care Provider and failings in communications between the Council, the Health Board and the Care Provider, resulting in the Care Provider not receiving comprehensive documentation, including risk assessments and care plans for Mr N.

The Council and the Health Board jointly funded Mr N's care, with the Council being the lead commissioner. However, despite there being an overarching, general contract with the Care Provider for the provision of care, there was no documentation showing the awarding of the contract and the specific terms relating to Mr N, and the respective responsibilities of the parties. This amounted to maladministration on the part of both the Council and the Health Board. In addition, there was no documentation to show that the Council, as lead commissioner, had monitored the delivery of the service under the contract.

The complaint against all three bodies was upheld. Failings were identified in the commissioning and contracting of the care for Mr N. The investigation did not conclude that any of the failings by the public bodies caused or contributed to Mr N's death. However, Mrs N was left with the uncertainty that, but for the failings, things might have been different. We found that the Care Provider did not appropriately risk assess Mr N's care or produce an acceptable plan for Mr N's care.

In response to our recommendations, all of the public bodies have apologised to Mrs M for the failings identified in my Report.

The Care Provider has also provided training for staff members to remind them of the importance of carrying out assessments and of reviewing care packages, and it has prepared a new procedure on this.

In view of the commissioning and contracting failures, we also recommended that Gwynedd Council and Betsi Cadwaladr University Health Board review their respective contract governance arrangements. We are seeking information from both bodies on the steps they have taken to comply with this recommendation.

- Swansea Bay University Health Board (the Health Board)

Mrs R complained about the care her late mother, Mrs T, received from Abertawe Bro Morgannwg Health Board during her admission to hospital (now Swansea Bay HB).

The investigation found that the Health Board failed to assess Mrs T's risk of stroke, despite her family raising concerns that she appeared to have a left-sided weakness, facial droop and slurred speech. Furthermore, when two separate clinicians reviewed Mrs T in light of those concerns, they failed to

document their attendance, their assessment or their findings and a third clinician failed to make any reference as to whether any symptoms of potential stroke was considered. By the time Mrs T's stroke was diagnosed, it was too late to administer thrombolytic medication, although it was not possible to say for certain whether this would have limited the damage caused by the stroke or reduced Mrs T's resulting disabilities.

Further shortcomings were found in record keeping throughout Mrs T's period of care which made it impossible to determine what food and drink Mrs T consumed and suggested that her fluid balance was unregulated. Given Mrs T's significant weight loss during her admission, Mrs T was probably malnourished; this was not appreciated or addressed by the Health Board and there was a 3-week delay in referring her to a dietician. Concerns relating to the treatment of Mrs T's anxiety and distended abdomen were partially upheld.

The Health Board has apologised to Mrs R for the failings identified in our report.

Our other recommendations were that the staff member involved should reflect on our findings; and that the Health Board should audit nursing records, feed back learning to other staff members, review its process for referrals to other departments within the hospitals, adopt a recognised stroke scoring system and provide training for staff to ensure that all staff members are up to date on good clinical practice.

As a result of Covid-19, we have agreed further time for the Health Board to complete the nursing records audit until November. Further information on the remaining recommendations is due to be submitted to us by the end of this month.

- Flintshire County Council (the Council)

Despite the Council identifying in 2014 that a car wash neighbouring a Landlord's property was causing a Statutory Nuisance, the Council did not open a case file for 18 months and did not serve an Abatement notice for a further 13 months. When the Car Wash continued to operate, the Council took no further action.

The Tenant occupying the neighbouring property endured significant persistent, disruptive and intrusive noise levels and water spray for a number of years.

The investigation also found that the Council was aware from at least 2012 that the Car Wash did not have appropriate planning consent.

Failures in inter-departmental communications resulted in the Council failing to fully consider whether it should have taken enforcement action. Despite

complaints being made by the Landlord, a lack of ownership at a senior level within the Council led to a failure to investigate the complaint appropriately.

In compliance with our recommendations, the Council has apologised to the Landlord and tenant and provided financial redress to the Tenant.

The Council has also fed back learning from the complaint to staff through a workforce news publication to staff.

We will be liaising with the Council on the other recommendations in our report, which include reviewing and updating policies and procedures for enforcement, complaints, cooperation and communication between Council departments.

- Student Loans Company (SLC - performing functions on behalf of Welsh Government)

The investigation found that the SLC failed to inform Mr X that he was not eligible for a tuition fee loan for 2014-15. This was not properly communicated to Mr X until after he had incurred the fees for the full academic year, leaving him in considerable debt. Despite the SLC knowing that Mr X would never be entitled to additional funding due to his personal circumstances, it continued to ask for information from him and wrongly granted his application for additional funding almost 18 months later. This, on top of the significant debt he had already incurred, caused him considerable stress. We also found that the SLC's complaint handling process was confusing and had taken almost 2 years to complete.

My staff met with the SLC in September to discuss its new Complaints Handling procedure in response to our recommendation. The new shortened 2-stage procedure is due to be provided to my office by 31 December.

We are actively chasing compliance with our recommendations to provide Mr X with financial redress and to liaise with the relevant University to satisfy Mr X's debt, to ensure that he is left in no worse a position than he would have been had the failings not occurred.

Finally, you noted that some of the Committee members were aware of individual cases where, although we found in favour of the complainant, the complainant continued to encounter the problems that led to the original complaint. You asked me to outline the processes in place for following up on complainants and outcomes once cases have been closed.

Our compliance work focuses on ensuring that our recommendations are met. However, when we sign off on compliance and close a case, we inform complainants that they should come back to us if problems persist or if a recommendation has not been complied with to their satisfaction.

I trust that you will find my responses useful. However, please do not hesitate to contact me if any further information is required.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Nick Bennett', with a large, sweeping flourish over the top.

Nick Bennett
Ombudsman

Our ref: NB/mm

Ask for: Nick Bennett

Your ref:



01656 641152

Date: 27 October 2020



Marilyn.morgan@ombudsman.wales

Mr Vaughan Gething MS
Minister for Health and Social Services
Welsh Government

By Email Only:
Correspondence.Vaughan.Gething@gov.wales

Dear Vaughan

NHS Complaints data

As you know, the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011, stress the need for NHS bodies in Wales both to learn from complaints and to record and monitor information about complaints. You will recall that Keith Evans, in his June 2014 Report 'Using the Gift of Complaints' noted variation across Wales in the implementation of the regulations and of 'Putting Things Right' and he recommended better and more consistent recording of complaints and analysis of themes and trends.

The then Minister for Health and Social Services said, in November 2014, 'They have already begun a number of pieces of work, including the development of a national complaints dataset to ensure all NHS organisations publish information in a consistent way, which is easy for the public to understand and allows for meaningful comparisons across Wales.' He went on to say that 'the Evans review contains many practical recommendations, which will help the NHS in Wales to use complaints as an opportunity to improve the way it provides healthcare in the future. Many of the issues it identifies will require a change in culture, which will take time and effort at all levels of the NHS. I intend to pursue the achievement of such cultural shift in the meetings I have with staff at all levels in the NHS so that we can act collectively to bring about a significant improvement in the way concerns are addressed.'

I was delighted to hear such positive support for these important proposals. Whilst I am aware that work has started, including work under the 'Once for Wales' project, nearly six years on there remains inconsistent recording and reporting of complaints data, use of Datix remains variable and inconsistent and there appear to be inconsistent approaches to the publication of complaints data that your predecessor anticipated.

Even before the Public Services Ombudsman (Wales) Act 2019, I was keen to see consistent capture and recording of complaints data, to allow this analysis and to support improvement. With the Complaints Standards powers under the 2019 Act, I will shortly be seeking regular and consistent complaints data from NHS bodies in Wales, and I am concerned that the improvements and standardisation of complaints recording and complaints data, commenced in 2014, has not yet borne fruit.

These are really important matters for the culture and approach in NHS bodies, for accountability of Health Boards and Trusts in Wales and for the Complaints Standards work that my office is now undertaking. I would be most grateful for an update on work commenced in 2014 on consistent recording of complaints and publication of complaints data and I would ask that the work started in 2014 is concluded as a matter of urgency.

This data will be valuable for my Complaints Standards work, but more importantly will help Health Boards and Trusts focus on learning from what has gone wrong, and continuing the work on improvement. I therefore ask for a meeting with you to see how the work started in 2014 can come to fruition.

I am copying this letter to the Chairs of the Finance Committee and the Equality, Local Government & Communities Committee as this was a matter that came up at recent scrutiny sessions with both Committees.

Yours sincerely



Nick Bennett
Ombudsman

Copy: Llyr Gruffydd MS, Chair - Finance Committee

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John Griffiths MS, Chair - Equality, Local Government & Communities

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Agenda Item 9

By virtue of paragraph(s) vi of Standing Order 17.42

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