



## Submission to the Welsh Parliament - Equality, Local Government and Communities Committee

### Re: Call for evidence - Impact of the COVID-19 pandemic on the voluntary sector, October 2020

This submission relates to two Economic and Social Research Council funded studies by a team at Wales Institute of Social and Economic Research Data and Methods (WISERD), Cardiff University led by Professor Paul Chaney with Dr Christala Sophocleous and Prof Daniel Wincott. In keeping with the Committee's request for brevity, we present our contribution as succinct points. We are happy to provide additional information should this be required.

#### Study One

Undertaken 2017-19, this Welsh study examined the role of the voluntary and community sector in the implementation of the Social Services and Well-being (Wales) Act 2014 (SSWB(W)A). Specifically, third sector organisations' views on the issues, progress and challenges associated with their delivery of community-based adult care services under the Section 16 duty on local authorities to promote third sector organisations in providing care and support. This research was carried out prior to the outbreak of the global pandemic, yet we feel the findings are pertinent to understanding the nature of the sector and the issues that it faced in developing its work going into the emergency. During this ESRC-funded research,<sup>1</sup> case studies were undertaken in four of the seven Regional Partnership Board (RPBs) areas. In addition, interviews were held with agencies working on an all-Wales national level. The dataset comprises 69 in-depth semi-structured interviews with local, regional and national public sector and third sector care providers.

#### *Findings - Key issues facing Third Sector Adult Social Care Providers immediately prior to the Pandemic*

##### *i. Funding Issues*

Funding was a significant issue for most of the organisations we spoke to. The issue played out in a number of ways, including:

- *Short-term funding.* Across all levels of operation from the local to the all-Wales level, third sector organisations and community groups, highlighted short-term funding as a particular challenge. This created a multitude of issues including: undermining organisational stability (for example due to high levels of staff turnover), limiting the ability to undertake forward planning, and placing constraints on joint working with potential partners across sectors.

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<sup>1</sup> ESRC Award No. ES/L009099/1

- *The negative implications of the increasing move towards project-based funding.* Research participants also highlighted how across different tiers of Government, including Welsh Government, Local Authorities and RPBs, funding has increasingly become narrowly focused on specific projects - with greater attention to instrumental short term outputs. This was noted by interviewees as contrary to the spirit of the SSWB(W)A which is framed as being outcomes focused. At a national level, the move from *Section 64* to *Sustainable Social Services* funding, was highlighted as having a particularly adverse effect on organisations' ability to sustain their core functions. Moreover, it limited their ability to respond innovatively to emerging needs in the community. At both regional and local levels, similar concerns were raised about the *Integrated Care Fund*.
- *The negative implications of competitive tendering compared to grant funding.* Research participants highlighted the challenges presented by the increasing use of competitive tendering as the mechanism used to award contracts to third sector care providers. They spoke of how the economic-driven values underpinning and implicit in tendering processes did not always sit comfortably with third sector and community groups whose organisational values were based on meeting local community needs or advocating for rights. Furthermore, participants reported that this approach had the effect of working against and/or undermining collaborative working between statutory providers and third sector and community groups. Far from promoting partnership working, competitive funding was seen as undermining collaborative inter-agency/sector working.
- *Service development - risk and innovation.* The broader context of the SSWB(W)A and Welsh Government's strategic priorities for health and social care integration, has repeatedly called for service innovation and transformation. Our research found that the relationship between this high-level strategic policy aim and practices on the ground are complex. Our research highlighted examples of local authorities taking funding risks to stimulate innovation (albeit with small pots of funding). It also revealed instances of an overly-prescriptive approach to service commissioning. This created harmful competition between third sector organisations. The key research finding is that project-based funding, service specification in the tendering processes, and short-term funding combined to work against innovation.
- *Patchwork funding and precarious services.* Many voluntary organisations weave together packages of funding to support the development and delivery of adult social care services. Our research found that study participants viewed this both as a strength (in terms of promoting organisational resilience), but also as a threat to service stability. A notable example of this was given by a community transport scheme and related to an organisation providing services to those without access to private vehicles – as well as individuals unable to use public transport. These services relieve pressures on statutory services by offering patient transport to and from medical appointments and by supporting a variety of patient discharge projects. Despite the high number of

volunteers within many of these community transport schemes, the running of vehicles incurs high non-negotiable costs. Working across the health and social care sectors, these projects draw funding (often small amounts) from a number of different public bodies. The fragility of the service was highlighted by one respondent that explained that the loss of one small pot of funding can have a disproportionately large impact on the overall project, since the cost of insurance and fuel etc. does not fall in equal proportion to the size of the funding.

### *Implications of the research findings on funding for the sector during the pandemic*

While it is necessary to remain cautious about inferring too much from earlier research, it is possible to make some general observations:

- Inadequate funding was an issue for many third sector and community groups going into the crisis. It is highly likely to have been exacerbated as the health emergency continues. Specialist Government funding streams such as the *Voluntary Services Emergency Fund* and the *Third Sector Resilience Fund* would have gone some way to ameliorating the situation both in terms of enabling organisations to better respond to community needs and also meet the existential challenges facing some organisations. However, the preliminary findings from our current research (see below) - suggest that the sector is facing a considerable funding crisis.
- In the context of the disruptive impact of the Covid crisis on work and working practices, many voluntary and community organisations will not have been able to meet the objectives set out in their funding agreements. Given the rising use of project funding (noted above) and the narrow and often instrumental targets associated with this kind of funding, (irrespective of the contract basis of the award, e.g. grants or tenders), this 'failure' to meet contractual objectives will likely create significant challenges for voluntary organisations when end-of-project assessments are made. While we may hope that funders adopt a flexible position toward voluntary and community organisations unable to meet project targets due to the crisis, funding pressures on public bodies themselves, make it possible to envisage a situation where funding cuts to the voluntary and community sector might be viewed as a necessary course of action.
- The capacity of voluntary and community organisations to undertake fund-raising activities will have been significantly reduced during the pandemic. This is a further significant factor adding to their growing funding deficit. The voluntary and community groups in our study raised funds through charging for direct services, both to service users (e.g. attendance fees) and other professional groups (e.g. training), hiring facilities (e.g. rooms), and through a range of charitable activities (e.g. from cake sales to charity shops). During the pandemic much of this capacity will have disappeared or been drastically reduced.

## *ii. Prevention and building community networks*

The provision of services to prevent or delay the development of people's care needs and the requirement of support from formal state social care providers is one of the building blocks aspired to in the SSWB(W)A. The purposes of prevention are set out in Section 15 of the Act. This instructs public bodies to provide, or arrange for the provision of a range of services that will prevent or delay the development of needs, reduce needs, and/or minimise the effects of needs on individuals and their families. Voluntary and community organisations have been in the vanguard of providing services, understood as 'preventative' within the terms of this legislation.

A reoccurring theme emerging from our research was the intrinsic nature of prevention and immeasurability of outcomes inherent within much community-based action. Particularly at the hyper-local scale, community services, community action and prevention were seen as inseparable. A significant number of respondents expressed frustration at the dissonance between public service commissioning which focused on prescribed and too often narrowly focused services, and their own experience of the interrelated nature of community based services (and the concept of prevention).

In these understandings of 'preventative services' it was not possible to disaggregate the impacts of multiple, everyday interventions. Research participants repeatedly highlighted the co-dependence and co-benefits of, for example, open access facilities such as luncheon clubs, advice groups, activity sessions etc. as well as - working out of a shared community centre or local facility, or operating alongside more targeted services (such as care and repair or befriending projects). They stressed the mutuality of local communities where volunteering was simultaneously an act of helping others, as well as a form of self-help. Respondents stressed how these networks of local services and everyday actions underpin local community-based care and crucially, diverting and preventing people with a range of needs from entering the formal care system. They also expressed frustration that this work was under-recognised/under-valued and insufficiently supported by the state at national, regional, or local levels.

### *Potential Implications of prevention and building community networks findings during the pandemic and beyond.*

- *Self-help and local services.* The pandemic has brought a new focus on the importance of 'local' and new understandings of self-help and mutual aid, arguably leading to a reassessment of the value of hyper-local groups and the societal level benefits they offer. The role of neighbourhood and even street level action has been widely reported by local and national media and commented on in both tradition news channels and on social media. Framed as 'mutual aid', this new kind of volunteering is hyper-local and action-focused and can be viewed as embodying a positive civic orientation/ ethos. It is unclear at this present time what the effects of this kind of local action has had, or might have, on wider debates about the development of - and support for, 'preventative services.' However, in the context of the pandemic it is clear that many

community and voluntary groups have been meeting a wide range of basic needs within a local community context.

- It is perhaps too early to reach conclusions about the lessons and long-term impacts of the pandemic on patterns of social care service development and delivery. However, experiences since the pandemic began need to be understood in the context of the aspirations set out in the SSWB(W)A. For example, a prominent pre-pandemic debate (as evidenced in the Welsh Parliamentary Review of Health<sup>2</sup> and subsequent Health and Social Care Plan<sup>3</sup>) - was on the need for significant service transformation. This could be seen as a move away from heavily-centralised and medicalised models of service provision, towards social-led and community-based preventative services, located and accessed much closer to local communities. Colloquially, this has been referred to as the need to find a way for a 'thousand flowers to bloom'. In this regard, one of the unexpected consequences of the crisis has been the realisation of the latter goal (i.e. local communities have mobilised to provide local support, highlighting how, under certain conditions the thousand-flower metaphor can be enacted and harnessed for the collective good).
- Our research would suggest that, on the one hand, this flourishing of local community action will have been welcomed by local community groups and community support agencies such as CVCs, as well as public service agencies. However, on the other, it is also a development that opens-up a multitude of challenges, not least in respect to issues of funding, regulation, accountability, safeguarding, equality and sustainability.

### *iii. Central and Devolved Governments' contrasting approaches to the community and voluntary sector in the Pandemic*

Recognition of the role of the voluntary and community sector and its capacity to contribute to crisis response work has been clearly demonstrated in Wales and elsewhere in the UK. Consequential funding from the Westminster Government – alongside Welsh, Scottish and N. Irish Government initiatives, have supported the actions of the three devolved administrations to fund and support the additional work taken on by organisations from this sector responding to increased and new needs arising from the crisis; and to mitigate against some of the effects that the crisis has had on the very existence of some third sector organisations (e.g. covering running costs).

While the Welsh, Scottish, Northern Irish and Westminster governments have all recognised the significance of the voluntary and community sector in responding to the coronavirus crisis there are differences in their positions in respect to the sector and how they operationalise their support. The position in Wales is notable for the way the Welsh Government has worked with and through existing institutional systems. In furtherance of section 77 of the government of Wales Act (2006), successive Welsh Governments have invested in the third sector and supported mechanisms for joint-working. It is notable that through the pandemic, the Welsh

<sup>2</sup><https://gov.wales/sites/default/files/publications/2018-01/Review-health-social-care-report-final.pdf>

<sup>3</sup><https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf>

Government has continued to work through these existing structures, strengthening but not replacing them. Examples of this include the Third Sector Partnership Council which continued to meet during the pandemic. This nexus has seen the channelling of additional resources to the third sector through the WCVA and the *Third Sector Support Wales* network of CVCs.

Arguably this demonstrates the social partnership model promoted more generally in a wide field of policy areas by the Welsh Government. Volunteering and its role during the crisis offers a particularly interesting example of work in Wales and contrast to the approach taken by the Government in England.

One of the remarkable effects of the pandemic has been the major up-surge in people coming forward to volunteer their time. It is a phenomenon that all governments have sought to harness. In terms of developments in England, on 24<sup>th</sup> March 2020, at the very start of the first UK-wide lockdown Matt Hancock MP, the Westminster Government's Health Secretary, launched an appeal for *Volunteer Responders*, referred to subsequently by Boris Johnson MP, as a volunteer 'army' 'to support the NHS and the social care sector'. The framing of this call is interesting. Firstly it is highly centralised, and coordinated for government in England by the RVS.<sup>4</sup> It is understood as an effort to protect statutory services – principally the NHS (England) and social care providers. It is in effect, a top-down initiative, with access to volunteers being made via referrals from professionals, including doctors, nurses, and local authority workers. However, the *Volunteer Responders* scheme, despite its announcement on a UK national platform, applied only to England.

The approach in the devolved nations has been different. In Wales, the Welsh Government moved quickly to work with the WCVA, and its volunteer recruitment initiative, *Volunteering Wales* and to draw upon the network of *County Voluntary Services* that the Welsh Government supports directly. The contrast is that in Wales government used pre-existing organisations with long-term, established local relationships to support volunteering. In Wales, volunteering opportunities, while located in wider debates about supporting responses to the Covid crisis, are framed as meeting local needs and supporting local communities rather than alleviating burdens on statutory services.

Although, at this stage it is not possible to draw extensive conclusions from these differences, they do suggest that the approach to cross-sector working in Wales differs from that in England. First, from the outset Welsh Government determined that the recruitment and deployment of volunteers should be undertaken by existing organisations and networks (no new programmes were established, although needs were reframed as arising from crisis). One of the benefits of this approach is that WCVA, alongside the networks of CVCs have well-established mechanisms for recruiting and supporting volunteers, such as the *Volunteering Wales* platform. Additionally, WCVA, and the CVCs provide established and recognised institutional routes for dialogue with Welsh Government, local authorities, Health Boards, as well as the wider institutional planning systems they coordinate, such as Regional Partnership Boards and Public Service Boards.

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<sup>4</sup> <https://www.goodsamapp.org/NHS>

## Study Two.

As part of an ESRC project,<sup>5</sup> we are currently exploring national bodies' experiences and views on third sector organisations' delivery of adult social care in the community under the contrasting policy frameworks in the different countries of the UK. 'National bodies' here referring to equality and human rights commissions and third sector and professional bodies associated with social care. Although Covid-19 is not the central focus of the study, in the wake of the pandemic we have adapted our research to include questions on interviewees' views on the impact of the emergency. This work is in its early stages (to date we gathered interviews in Northern Ireland) and over coming months we are looking to extend this to Scotland, Wales and England. At times we are finding that progress with the research is an issue because at present the care sector is under great pressure and people are not always able/ disposed to be interviewed.

### ***i. Emerging Findings from Northern Ireland on the impact of the Pandemic on Third Sector Adult Social Care Providers***

In the following succinct summary, we identify key themes from our data – accompanied by some anonymised, interviewees quotes to illustrate the impact of the pandemic on third sector adult social care providers.

- *Survival.* Community organisations repeatedly emphasised their battle for survival and that they were fighting to keep themselves afloat. As one interviewee said: "You've got a mixture of people trying to respond on the ground, and also people trying to survive, you know, organisations trying to survive, and that's just been top of the list for most of the time." The key message here is that the pandemic has affected every aspect of organisational life – funding, staffing, volunteers, capacity and ability to operate etc.
- *The (beneficial effects of) suspension of bureaucracy/ red-tape during the crisis.* As a study participant noted: "there was definitely an instant flexibility and rolling forward of funding arrangements for the next 12 months - You know, without too much scrutiny". Government at all tiers, has demonstrated itself to be flexible and capable of responding to an emergency situation. What is unclear at this stage is whether this has been done because of a recognition of the value and contribution of community groups or because government did not have a choice in the face of emergency-levels of demand for social care services.
- *Government can respond fast and flexibly.* As one study participant said: "I think there was a there was a positive response to both the need to kind of keep organisations going and also to support people who were helping on the ground" looking back at government press releases for example you see the establishment of government funding schemes being announced and operationalised with incredible speed.

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<sup>5</sup> Award number ES/S012435/1.

- *For voluntary and community organisations supporting social care effective communication during the pandemic is a big issue.* Consequently, interviewees spoke of how the role of sector intermediary bodies grew. One third sector body said: “we have been creating a kind of Bank of details of where services were available”. Research participants also talked about initial communication confusion during the early phase of the Covid outbreak. In response Northern Ireland Council for Voluntary Action (NICVA) quickly moved into establish a two-way communication conduit of with Government in Northern Ireland.
- *Community sector is the first line of services for the vulnerable.* As one interviewee noted: In light of the Covid crisis “the community sector came to the fore in ways that other sectors couldn’t and wouldn’t and I think the status of the community sector has been enhanced considerably in that it’s not just about what you did for us or what they did for the wider community, it’s the fact that they exist and that they naturally stood up to the plate when lockdown came in and services were required. I mean, half the public sector were at home, if not three-quarters were at home”. This resonates with the findings of Study One (see above) in relation to Wales. The third sector is locally-based and community-grounded. It can and did mobilise in the face of the crisis. This applies to both new mutual aid groups and more established community groups.
- *During the pandemic tensions between front line community groups and politicians are particularly evident.* As one study participant observed, “community organisations were doing it anyway, and we're trying to work with the Councils and some of them were - sort of, one week saying they weren't gonna do it and then the next week they were, and there's a bit of that going on and then also, a bit of you know, Councillors saying, oh look, you know, sort of publicising these things were available without necessarily stressing that they were only for the vulnerable.”
- *In the wake of the pandemic relationships between statutory providers and community and voluntary organisations have changed. It is unclear if this is for the long term.* One interviewee said: “Well as Mao Zedong said in 1930 or whenever it was about the impact of the French Revolution on Western democracy- it’s too early to say – you know? And it literally is too early to say.... there is a danger that after the pandemic abates that that the public sector goes back into what it’s always done. And if they do I think the politicians will need to be held to account and they will need to hold the public sector to account as well”. A key emerging finding is that Covid work has brought informal community groups, the institutionalised third sector and the state at a local and central level, into contact with greater frequency, intensity and clarity of purpose than previously experienced. There appears to be a universal welcoming of this and a mood that this should somehow set a template for future relationships.