The Impact of the COVID-19 Pandemic on the Voluntary Sector

This paper has been written in response to the Senedd’s Equality, Local Government and Communities Committee inquiry looking at the impact of the COVID-19 pandemic on the voluntary sector. The terms of reference include a focus on:

- funding and service delivery;
- the effectiveness of support from the UK and Welsh government and local authorities;
- volunteering and community resilience; and
- good practice and future opportunities and challenges.

Views and experiences have been sought from a range of functions at Betsi Cadwaladr University Health Board representing Strategy, Planning and Partnerships, Area Teams and the Volunteer Workforce.

1. Strategy, Planning and Partnerships

Funding and service delivery
Contracts between the Health Board and voluntary sector were rolled forward from 2019/20 to 2020/21. Confirmation of arrangements for the review and management of agreements are currently under discussion with Health Board Contracting Team.

Effectiveness of support from the UK and Welsh government and local authorities UK & Welsh Government:
UK Government have issued COVID-19 guidance for voluntary, community and social enterprise organizations and have collated links to relevant online resources. In recognition of the financial challenges faced by the voluntary sector as a result of the pandemic the Welsh Government has established schemes to help support groups. For example, the ‘Voluntary Services Emergency Fund’ to enable groups to continue/expand service provision and ‘Third sector Resilience Fund’ for Wales to help address fall in income as a result of reduced opportunities for fundraising and other decrease in donations.

Local Authorities:
Voluntary Service Councils support: Online resources have been made available. Resources vary by Local Authority but examples include Virtual Co-ordinator Networks, details of COVID specific funding support, online training, advice on fundraising and adaptations to enable COVID safe volunteering.

Specific support to enable voluntary groups to make adaptations to allow continuation of projects and services: LA’s have provided advice and support to deliver services in different ways, introduce safe ways of working, tackle new challenges faced by the people accessing support, recruit new volunteers and identify ways to retain individuals drawn to volunteering by the pandemic.

Future opportunities and challenges
Opportunities:
- Third sector strategy: The Health Board’s Third Sector strategy is currently in development and will seek to strengthen engagement and partnership working. This important strategic document will be developed though an inclusive process of co-production with third sector colleagues. Meetings are currently being arranged with key stakeholders to agree the process and timescale for completion.
- New networks of volunteers: New networks of volunteers have come together to support the pandemic response. The Health Board recognises the part it has to play in supporting individuals to continue their COVID related/encourage post COVID volunteering activities.

Challenges:
- 2020/21 planning process: The planning process for 2020/21 has differed significantly from that in previous years with the initial adoption of a 12 week planning cycle for Q1/Q2 and development of a 6 month plan for Q3/Q4. This short term operational focus, which prioritised the Health Board’s COVID response and ongoing preparedness, has not been conducive to strategic partnership planning.
- Change in priorities: COVID 19 resulted in changes to Health Board and Voluntary Sector partners’ priorities for 2020/21 with a shift in focus to continuation of essential services. It is recognised that many of our partners went to extraordinary lengths to continue their work during this extremely difficult period.
- Opportunities for engagement: SRG (Stakeholder Reference Group) meetings have continued throughout the pandemic. The diversion of Health Board managerial resources during the first phase of the pandemic resulted in disruption to a large number of regular partnership meetings and it has taken time to re-establish these.
- EU exit: Historically the EU has been a significant source of funding to the voluntary sector. Clarification of transitional/new arrangements following the UK’s departure from the EU is required.

2. Area Teams
Carers services

Funding and service delivery
Despite the pandemic, carers services across North Wales have continued seamlessly, providing a vital and valuable service to unpaid carers through online and distant working. Carers and their families have also continued to receive one to one support should they request, adhering to social distancing guidelines and use of PPE. The awarding of several small grants and emergency funding across the region to support unpaid carers at this time has also been available through the voluntary service. Carer support services have alternatively provided carers with a small grant towards making arrangements with family members to assist with practical tasks or assisting with person cared for, if this is their preferred option rather than receiving support from a care agency within the home.

Effectiveness of support from the UK and Welsh government and local authorities
UK & Welsh Government:
Welsh Government general guidance for carers and specifically around shielding made it difficult for services to operate at pre-lockdown levels and some families did not want services in the early days. This made it more difficult to plan ahead for individuals and families and also staff teams e.g. support workers. This was further complicated by changes in English guidance and difference in the 4 Nations’ approaches at specific times regarding specific issues.

Local Authorities:
**COVID-19 support teams** have been created to help people in the local communities during the pandemic.

**Volunteering & Community Support** - LAs are working closely with their Voluntary Service Councils to co-ordinate volunteering and community support, this will hopefully help to identify and reach informal carers especially in rural areas too.

**Open dialogue with Providers** to keep a check on how things are going, demand, challenges etc.

**Amending services together with Providers** to respond to the new needs of carers, giving Providers a level of autonomy.

**PPE** - agreed processes in place to enable the voluntary sector to access PPE to distribute amongst carers where there is an identified need.

Volunteering and Community Resilience
Carers’ resilience throughout and their adaptability to the situation together with increased pressures they have faced has shone through during the pandemic. Community support across the region has been excellent and continues to be now we are experiencing the second wave. Here in North Wales we mapped support available in each community to help people who were self-isolating. This has included access to a bank of volunteers who are able to support across the whole care sector. It would be nice if communities helping themselves by supporting each other could be retained/developed following the pandemic.

Good Practice
Continued tailored support through telephone/video/online contact, keeping in touch calls, responsive emergency grants, specific information and advice to include financial concerns, low level advocacy, referral and signposting to community based support.

**Carers Outreach** initially worked with Ynys Môn, Gwynedd & Conwy LAs to see what was required to support carers during the pandemic. One of the first issues identified was the travel restrictions and access to shopping. A letter was made available to all carers registered with Carers Outreach Service to present if they are stopped whilst travelling and shopping to fulfil their carer duties.

**Gwynedd’s DementiaGo Team** has also produced a newsletter that went to everyone attending the session. The newsletter contains information, simple physical exercises, quizzes, poetry, pictures and sometimes competition details. It goes out by e-mail or by post to people without e-mail.

**NEWCIS** have been working with local distributors and suppliers to deliver fresh food boxes to carers who have identified this as a need during these difficult times and also Keeping Boxes to carers and their cared for containing jigsaws, books, CDs, DVDs and adult colouring books to help ease isolation/long days and the loneliness felt while people are shielding. The food boxes were delivered as a short term measure enabling carers the time to set up other options for food deliveries.
CREDU (Young Carers) staff have been finding new ways to communicate with the Young Carers from a WhatsApp group, FaceTime Quizzes and Zoom’s Come and Chat. Families also received individual support, and staff assisted with foodbank vouchers as well as collecting shopping and prescriptions and creating craft kits.

Future opportunities and challenges

Opportunities:
- Provision of digital support to carers to access regular virtual meetings for those who were unable to leave their home prior to lockdown due to their caring role.
- New services have been introduced to carers responding to need through external funding. These include food boxes, busy boxes, keeping in touch services and counselling specific support.
- Single Point of Contact service developed to support with shopping/prescriptions. This is a new service which was developed to support individuals during this pandemic.
- Development of a companion call service offer, where carers can be referred for a social chat with a volunteer if they do not need formal support, but require company during lockdown.

Challenges:
- Removal of certain support services i.e. day care and carers respite.
- Number of participants at virtual groups has been lower than expected as so many carers are still socially isolated and many are not digitally included.
- Some young carers still prefer face to face support and despite having the technology in place they have still felt isolated.
- Hospital communication processes have been challenging during the pandemic, in particular the issues caused by immediate discharge from hospital and carers not feeling involved in decision making.

3. Volunteer Workforce

BCUHUB had an overwhelming response to its call for volunteers at the start of the pandemic with over 700 volunteers signing up to offer their support. The Volunteers team worked tirelessly in partnership with Awyr Las (the health board’s charity) and local Community Voluntary Councils (CVC’s) to develop a clear process to recruit and deploy volunteers. The expectation for high numbers of volunteers was not realised and to date approx. 250 volunteers have been deployed to support the health board throughout this period. The pandemic has provided new opportunities to implement specific new volunteer roles based on requirements as identified by managers and teams across the health board e.g. supporting new field hospitals. Volunteers have been instrumental in providing additional support to our workforce.

Learning from Covid Volunteers are supplementary and provide support as and when they can. A blended approach is therefore required where staff work with and support volunteers to enable a more sustainable service. There are future opportunities to develop ‘virtual befriending’ volunteers that can provide remote support to patients, this is currently in development with the support of Digital Communities Wales. This initiative will provide new approaches for those Robin
volunteers who have been shielding and are currently not able to ‘physically’ return to wards. Continued partnership working is critical to ensure that volunteers across both BCUHB and the wider third sector are able to mobilise quickly and safely to support any future demand.