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A COMMUNITY RESPONSE TO COVID-19

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SUMMARY

The first national lockdown started on March 23rd 2020. People were required to stay at home except for very limited purposes; schools and non-essential businesses and services were closed, and those who were most vulnerable were advised to “shield” and stay at home at all times. Although communities had experienced crises before, for example linked to flooding, the scale and nature of the crisis was felt by many to be unprecedented in recent memory.

THE PURPOSE OF THE RESEARCH

Building Communities Trust and the Llechi, Glo a Chefn Gwlad partnership commissioned this research to understand the extent to which having existing community organisations located within neighbourhoods allowed for enhanced support to their populations during the first lockdown. The research also looked at how county wide bodies in Wales (notably local authorities and county voluntary councils) planned and delivered support to those communities and the extent to which this was done with community- based organisations.

APPROACH AND METHODS

This was a primarily qualitative research study. Research focused on seven Welsh counties (Bridgend, Cardiff, Gwynedd, Neath Port Talbot, Newport, Pembrokeshire and Wrexham). Across the seven areas, representatives from 19 community organisations and groups and each of the seven county voluntary councils (CVCs) and local authorities were interviewed. Additional insight was provided through interviews with those closely involved in the crisis response at a community or national level, such as councillors and national organisations. In total, 51 people were interviewed.

A MULTI-LAYERED RESPONSE TO THE CRISIS

This report focuses on the role that community and voluntary sector groups and organisations, and particularly those working with specific communities, played in supporting people during the lockdown. However, as figure 1 illustrates, across Wales communities experienced a multi-layered response to the lockdown and understanding this is important in putting the community response into context.

FIGURE 1. A MULTI-LAYERED RESPONSE TO THE CRISIS

Local-----National scale

Good neighbours: informal support from community members to help those people they knew to need help.

Mutual aid groups organised by a local leader who might be an elected member of a council, a community worker (working in a private capacity), or an individual (or groups of people) who stepped forward to help.

Community organisations that adapted or repurposed their work to meet the challenges their community (whether that was geographical or a community of interest/needs) faced.

Local authority responses, focused particularly on people shielding, those considered vulnerable who were already accessing statutory services and on co-

Housing associations support for their tenants.

Senedd responses focused on, e.g. education, funding for businesses and voluntary organisations, information and all-Wales support contracts.

UK government responses such as the furlough scheme and changes to the benefits/Universal Credit system and UK support contracts.

At their best, these layers complemented and added to each other, worked collaboratively (or at least did not harm each other) and created a support infrastructure focused upon:

- providing and sharing information;
- identifying those who needed help or support;
- meeting people's basic needs, most notably for food and medicines;
- addressing social isolation; loneliness¹ and boredom; and
- helping people cope.

THE IMPORTANCE OF PLACE-BASED ASSETS

The nature of the crisis, with restrictions on movement, accentuated the importance of places (or communities) and their assets (strengths), such as:

- institutional (or organisational) assets, such as community organisations, schools and local businesses;
- the human capital of the people who live in a place, including leadership and management aptitudes and skills (e.g. in planning and coordination);
- the social capital of the people who live in a place, including the strength of social networks (such as links between people, local businesses, community organisations and the local authority); levels of trust in the community; and the values and culture of the community (such as traditions of mutual aid/support and a sense of community spirit); and
- the natural capital in/near the place (such as access to countryside and coast).

THE IMPORTANCE OF COMMUNITY-BASED ORGANISATIONS

Many of those community organisations that were active during the crisis played a key role in identifying and mobilising place-based assets, such as:

- fostering and supporting community spirit and people's desire to help others through donations of time (volunteering), money and goods (e.g. personal protection equipment (PPE) and food);
- using social networks and connections to get information about who needed support and who could offer support to flow across communities; and

¹ Loneliness is a subjective feeling that describes the feeling that we do not have the quality and/or range of social relationships we want, and means we can feel lonely, even when with others. In contrast, social isolation is objective and describes the number of social relationships we have ([Nesom et al., 2020](#)).

- encouraging and promoting leadership and activities led by people in communities.

They did this in ways that would have been difficult or impossible for people and organisations at county or national levels to have done as efficiently and/or effectively, and this played a vital role in the response to the crisis.

They were also able to:

- respond in a more inclusive, person- or human-centred way, identifying vulnerable people not known to services and working with a wider range of people than more targeted public services with more structured thresholds for intervention could;
- work with the whole community, which helped de-stigmatise the offer and acceptance of help; and
- respond more swiftly and with greater agility than larger organisations, because of a range of factors including; scale and focus (they were working in one place and started with a broader community remit), less institutional inertia and flatter management structures, where decision makers were closer to the problems which, coupled with more limited bureaucracy, facilitated faster decision making. In contrast, the challenge of adapting and repurposing large organisations could be likened to turning a super tanker.

However, the research also found that:

- a large number of community organisations were fragile because, for example, they relied upon elderly trustees or volunteers who were forced to step back, and while the crisis energised many people, the physical and emotional demands upon staff and volunteers were considerable, and threatened the long-term sustainability of the response;
- volunteers and staff sometimes lacked the skills and expertise to deal with the severe and/or complex needs some people presented with, increasing the emotional demands of the role; and
- the flexibility and speed of the sector's response, while a key strength, also created risk around, for example, personal safety and safeguarding and, in some cases, community organisations or mutual aid groups took risks that the public sector, which is more regulated, could not.

RISING TO THE CHALLENGE AND WORKING TOGETHER

The crisis motivated action and gave clarity of purpose. Given the unprecedented nature and speed of the crisis, effective leadership at each level of the response was crucial. The research shows that people within each layer felt a great deal of pride in how they and others – staff, volunteers and community members – adapted to the situation, responded flexibly and “rose to the challenge”. Some felt energised by their role and the obvious benefits they saw from their work.

The speed of the crisis meant that the strength of pre-existing relationships and structures that could be built upon or repurposed (and which differed across counties and sectors) was a key determinant of how effectively different layers and organisations could work together.

This meant that collaboration at a county level between local authorities and CVCs varied in nature and quality between counties. At its best, the CVC and local authority worked closely together to plan how they could support community level activities and the partnership working helped strengthen relationships. At its worst CVCs and local authorities worked in parallel lines with little communication.

The research also illustrated the inconsistencies in the response both between counties and within counties. Much of the community level activity was de-centred, distributed across thousands of community organisations and often uncoordinated, with activity at a county or national level. This bottom-up response to the crisis and the mobilisation of place-based assets were important and, in many ways, effective but inevitably created inconsistencies. The range and volume of informal, spontaneous community-led action meant that it was difficult for local authorities, and others operating at a strategic level, to identify where there were gaps in community support or to plan how best to meet needs. However, there were some examples of local authorities providing a county-wide framework that community organisations could feed into; for example, the area hubs in Pembrokeshire and the food network in Cardiff, and also examples of local authority staff working with community initiatives.

Moreover, although no one interviewed was able to identify any area or community where there was no support, there was also no clear picture of who had been missed and it is difficult to judge the adequacy of the response; for example, while the response in terms of ensuring access to basic needs, such as food, was impressive, there are concerns that not enough was done to address the impacts of the crisis upon people's mental health and that initiatives like the furlough scheme, while important, only delayed, rather than prevented, increases in unemployment and poverty.

KEY LESSONS FOR THE FUTURE

The nature of the crisis meant that place-based assets (those assets "tied" to a particular place) were critical, and community organisations and mutual aid groups played a key role in identifying, linking and mobilising these assets. Having an infrastructure within a community, whether it be an anchor organisation or a community centre, provides a focus for community action, but it is not a prerequisite, as community action happened even where there were no pre-existing community organisations.

The organic, de-centred nature of the community response was a key strength of the crisis response, but as noted above, poses challenges in, for example, trying to support and coordinate community level action (e.g. to minimise duplication and identify gaps). "Doing no harm" is important here, but the crisis has also illustrated how the state can support community action by, for example, providing flexible funding. The quality of the relationship between community and voluntary sector organisations and public services was very important here. They function best when they see each other as partners with a common over-arching aim and recognise each other's strengths and also their constraints and weakness. However, sustaining the new relationships and ways of working that were forged during the crisis may be challenging, as it may prove easier to slip back into old ways of working, which can be bureaucratic and service-, rather than person-, centred, (e.g. inflexible and "siloed"). Linked to this, there is a need to review the funder/ funded

relationship between public and voluntary or community services and what its purpose is; for example, the lockdown illustrated how non-competitive, non-targeted funding can enable new ways of working at a community level.

Finally, notwithstanding the huge economic, social and human costs of the crisis, it has created opportunities; for example, it has helped highlight the value and potential contribution of community organisations; the “permission to ask for and give help” that COVID-19 provided gives some insights into how wellbeing can be supported within communities; it has given people across the community and public sectors opportunities to step up and develop leadership skills and experience, and encouraged community action, which provides a basis for strengthening both future crisis responses and also long term community development.

INTRODUCTION

On the 31st December 2019, the first cases of COVID-19 were identified. The virus spread rapidly and the first (confirmed) case in Wales was on 28th February 2020. On the 3rd March 2020, the UK's action plan was launched, aiming to first contain and then delay the spread of the virus. This was followed by emergency legislation giving each of the UK nations powers to respond "quickly and effectively" to the outbreak. By 12th March, the UK moved to the delay phase and by the 16th March, Boris Johnson advised that all non-essential contact and unnecessary travel should stop, and people should start to work from home where possible and on the 20th March, hospitality and leisure business were advised to close ([Senedd Research, 2020](#)).

On March 23rd the first national lockdown started. People were required to stay at home except for very limited purposes (such as one period of exercise outdoors a day and for trips to buy food or essential products) and schools and non-essential businesses and services were closed. On the 24th March, guidance on those considered extremely vulnerable was issued, advising them to stay at home. Around 130,000 people in Wales, who were known by health services to have conditions that made them particularly vulnerable to COVID-19, were sent "shielding" letters advising them not to go out, even to shop. In addition, people over 70 years of age were advised to be particularly careful and not to go out to shop if they could avoid it.

The situation developed extremely rapidly. Local authorities reported that they were given a week to put all the necessary systems in place to support people. Although communities had experienced crises, for example linked to flooding, the scale and nature of the crisis was felt by many to be unprecedented in recent memory. The impacts of the lockdown, particularly to people who were shielding or otherwise vulnerable, were forecast to be in:

- creating barriers to accessing basic needs such as food and/or medicines;
- loss of employment and subsequent increases in poverty;
- potential for increases in child neglect and hunger; and
- loss of education.

This report focuses primarily upon the first of these and does not, for example, consider the impact of the furlough scheme, safeguarding of vulnerable children and the disruption of education that have been considered by other research (see e.g. [McCurdy, 2020](#); [Estyn, 2020](#)). The report focuses in particular upon the work of community and voluntary sector organisations (referred to as "community organisations" in the report). There are estimated to be over 31,000 voluntary organisations based in Wales ([WCVA, 2020](#)). They cover a very wide variety of roles, including local sports clubs, arts groups, health-related work, poverty relief and community development, and this report explores the role those, and particularly those organisations working in specific communities, played in supporting people during the COVID-19 lockdown.

The report deals with the experience of the first national lockdown and we are aware that the March lockdown was not the end of the COVID-19 crisis and there may be more lockdowns to come (at the time of research analysis in November 2020, we were coming out of the second) and that responses may change over time, but the report focuses on learning from the first lockdown.

AIMS AND OBJECTIVES

[Building Communities Trust](#) and the [Llechi, Glo a Chefn Gwlad](#) partnership commissioned this research to understand the extent to which having existing community organisations located within neighbourhoods allowed for enhanced support to their populations during the first lockdown. The research also looked at how county wide bodies in Wales (notably local authorities and CVCs) planned and delivered support to those communities and the extent to which this was done with community- based organisations.

The objectives of the research were to understand:

- how the existence of established local community organisations made a difference to support provided to their localities and how this compared with the experience of communities with similar socio-economic characteristics where there was no existing community organisation (which may nevertheless have experienced local informal volunteering activity);
- where such organisations existed, how they responded, and in particular:
 - how their existence and work shaped the county wide response (including relationships between community organisations and the local authority, CVC and other partners);
 - how they affected the support provided to the community and if so, who, e.g. which groups and areas, within a community benefited or were targeted/prioritised?); and
 - how they responded and changed themselves (e.g. how they identified need, the ways they adapted their work with/support for communities, the ways they worked with partners changed, how their leadership responded and adapted).

The research was also tasked to consider, to the extent that the research finds evidence of the importance of community groups for enhancing local resilience:

- what could be done to retain or develop new positive relationships between community organisations and the local authority, CVC and other partners, as lockdown is lifted and we face the challenges of economic recovery?
- what are the key factors in determining which community organisations were especially effective in providing support to their communities? and
- to what extent did any aspects of government or local authority policy either aid or hinder the work of community organisations to support communities during the crisis?

APPROACH AND METHODS

This was a primarily qualitative research study, focused upon understanding how the response to the crisis was understood and experienced by those in local authorities, CVCs and community organisations who were directly involved in it.

The research focused on seven Welsh counties: Bridgend, Cardiff, Gwynedd, Neath Port Talbot, Newport, Pembrokeshire and Wrexham, providing a good cross section of local authorities, representing different types of area (e.g. urban, valleys, and rural) in north, west and south Wales. Across the seven areas, representatives from 19 community and voluntary sector organisations and groups (n=19) and each of the seven CVCs (n=10) and local authorities (n=14), and in one case, a local health board (n=1), were interviewed. Additional insight was provided through interviews with those closely involved in the crisis response at a community or national level, such as councillors (n=4 interviewees) and national organisations (n=3 interviewees) and by joining a food planning meeting in North Wales.

Responses from each group of interviewees were triangulated to help validate responses and ensure a rounded understanding, and the emerging findings were then discussed at workshops with contributors in order to test (and validate) and enrich and extend the analysis.

The research has also drawn upon, and been informed by, other studies, including the evaluation of Invest Local (forthcoming); a forthcoming study by Interlink looking at responses to the crisis in Rhondda Cynon Taf; research commissioned by the Carnegie Trust ([Coutts et al., 2020](#)) and the work of New Local looking at community responses across the UK (unpublished as yet). It has also been informed by the work of [Talwrn partners](#) and the examples of [good practice identified by the WLGA](#). This has provided some reassurance that the findings drawn from a purposive sample of stakeholders in seven of the 22 Welsh local authorities can be generalised (as the findings are broadly in line with other studies).

THE IMPORTANCE OF PLACE-BASED ASSETS

The nature of the crisis, with restrictions on movement, accentuated the importance of those assets “tied” to places², such as:

- institutional (or organisational) assets like community organisations, schools and local businesses;
- the human capital of the people who live in a place, including leadership and management aptitudes and skills (e.g. in planning and coordination);
- the social capital of the people who live in a place, including the strength of social networks (such as links between people, local businesses, community organisations and the local authority); levels of trust in the community; and the values and culture of the community (such as traditions of mutual aid/support and a sense of community spirit); and
- the natural capital in/near the place (such as access to countryside and coast).

COMMUNITY RESPONSES

Community organisations and mutual aid groups were a key place-based asset and are the focus of this research. They played a key role in identifying and mobilising other place-based assets in the crisis response, such as:

- fostering and supporting community spirit and people's desire to help others through donations of time (volunteering), money and goods (e.g. PPE and food);
- using social networks and connections to help inform who needed support and who could offer support to flow across communities; and
- encouraging and promoting leadership and activities led by people in communities.

As we outline in section 7, this was vital because it would have been difficult for people and organisations at higher levels (e.g. county or national levels) to have done this as efficiently or effectively. Where, for example, as in one case, the local authority tried to direct and control local action this crowded out and undermined community action.

² There are different ways to categorise some of these assets, and for example, the [SLA framework](#) would use “public assets” to describe “local public services, facilities and amenities, such as resource and community centres, libraries, local organisations”. Moreover, in more transient communities, levels of human and social capital may be fluid and only loosely tied to the place.

Asking for and giving help

As a number of community workers observed, the crisis gave people “permission” to offer, and ask for, help and as a result, their reach went wider into the community. Because COVID-19 and its threat is a problem that everyone shares, there was less “shame” about being in need of help and people felt more comfortable about offering support, although the limits of the support that communities could supply was also clear. The lockdown also provided a sharp and clear focus for community activity and condensed the “supply chain” of voluntary effort so that people could see and feel what difference they and their community were making. As a consequence, it drew in people who had not been active in their community before (it also provided both public and voluntary sector staff with a clear and direct purpose that many found positive).

COMMUNITY AND COUNTY RESPONSES TO THE CRISIS

The research explored the roles of four key players:

- citizens and/or good neighbours, and mutual/COVID aid groups;
- community organisations;
- community voluntary councils (CVCs); and
- local authorities.

GOOD NEIGHBOURS AND MUTUAL/COVID AID GROUPS

The most local responses to the crisis were generally led by individuals; what might be thought of as good neighbourliness, and mutual/COVID aid groups. The latter were groups of people organised by a local leader who was sometimes an elected member of a council (county, town or community), sometimes a community worker (but working in a private capacity), and sometimes just an individual (or group of people) who stepped forward to help. Large numbers of these groups emerged and many had a very wide spread of contacts in their areas; for example, in Pembrokeshire there were over 100 known groups and the Pembrokeshire Nextdoor Facebook site has 2,362 members.

Individuals and mutual aid groups proactively contacted people, using social media and setting up Facebook and WhatsApp groups and using tools like [Next Door](#), and also knocking on doors. This helped them find and keep in touch with people who wanted help and/or wanted to help. As well as providing shopping and collecting prescriptions, these individuals and groups often worked to improve wellbeing and build support networks. Interviewees talked about having local quiz nights, street parties and providing help with things like gardening or dog walking.

As we explore further in section 8, in some cases mutual/COVID aid groups were supported by local community or voluntary sector organisations, including CVCs, who helped with providing disclosure and barring (DBS) checks, raising funding, providing PPE and referring people who wanted to volunteer. They sometimes became linked to countywide coordinated activities, such as hubs and single phone line referrals, but others remained entirely independent.

COMMUNITY ORGANISATIONS AND GROUPS

This study focused upon those community and voluntary organisations that were owned and locally run and served a specific community or area. These included, for example, carers groups, food banks, single parent support, Black, Asian and minority ethnic (BAME) support groups and those providing health or disability support, as well as community development and poverty alleviation organisations.

The roles community groups played

There were significant similarities between the work of some established community organisations and mutual/COVID aid groups; for example, they were often both involved in proactively contacting people who needed and/or wanted to help, through social media and knocking on doors, and in organising volunteers to shop or collect prescriptions. Efforts were made to ensure there were not overlaps. However, as outlined below, some established community organisations were also able to operate at a greater scale and were able to address a wider range of needs than mutual/COVID aid groups could.

The voluntary and community sector is a diverse sector and it adapted in many different ways; for example, a carers' organisation contacted everyone on their mailing list regularly with a phone call, or gave practical help and emotional support where needed; a day centre re-organised themselves to cook and deliver food to the homes of people they supported, and to others in a spread out rural community; rugby clubs started cooking and delivering hot meals; and those working with BAME communities provided alternative food parcels and hot meals that met the differing dietary and cultural needs of people who were shielding. The roles developed by community organisations can be broadly categorised as:

- providing and sharing information;
- identifying those who needed help or support;
- providing access to food and other necessities, such as medicines and data;
- addressing social isolation, loneliness and boredom; and
- helping people cope.

Providing and sharing information

Many community organisations provided timely, accessible and trusted information to local people; examples included leafleting every house in a small town a week before lockdown to ensure that everyone had access to a phone number to ring if they needed help; providing information in a variety of languages so minority groups could access it; producing and delivering newsletters to every home as the lockdown continued, updating people about what was happening; and answering the phone to people worried about issues as diverse as benefit claims, mental health and access to cash³.

Identifying those who needed help or support

Community organisations focused upon a broader range of people who needed help or support than statutory services, which were generally targeting those known to them and already accessing services (such as social services) or identified as at risk because they were shielding. Many community organisations were already working with vulnerable people in

³ many older people rely on visiting the post office to collect cash every week.

their community who would not meet thresholds for support from statutory services. The pre-existing networks meant these people could be quickly contacted and their needs identified and many community organisations were able to speedily mobilise their resources to contact people and keep in touch. These included families that were already accessing sustainable food services, like community pantries; people who were using mental health and wellbeing support; people with known alcohol and drug dependencies; vulnerable people from minority ethnic groups, and the elderly.

However, house to house contacts, and also the sharing of information about others in the community about whom people were concerned, meant that all organisations active during the lockdown identified more vulnerable people in their community than they, or services, had known about before; for example, a community organisation described how it was suggested they contact a Polish household who it was feared might be struggling and who might not be accessing services or support.

In part, the increase in need was a consequence of the lockdown, as people became vulnerable, but there were also examples of people with pre-existing vulnerabilities being identified who were, as one interviewee said, “not on anyone’s radar”. People who had lived all their life in a small community described being shocked to find people they knew nothing about who needed support. In some cases, this led to referrals to social services, but if they did not meet eligibility criteria for support, they were often referred back to community support structures.

Community organisations and groups illustrated how, as the lockdown continued, people started to face financial hardship as they lost their jobs or businesses, people in unsuitable or poor quality housing faced months of not being able to get out, and digital inequalities and their consequences became highlighted, especially for children unable to do schoolwork and people unable to keep in contact with family and friends or to shop, bank or pay their rent online.

Providing access to food and other necessities such as medicines

There were three core areas of need around access to food:

- people who could afford to buy food but could not access shops, because they were self-isolating or could not go shopping, such as single parents who were not supposed to take their children with them shopping but had no one to leave them with;
- people who could not afford food because, for example, their income had fallen or because they were already struggling to afford food before the crisis. This group grew rapidly in size as the lockdown progressed; and
- people for whom the food parcels being supplied through the shielding programme were unsuitable⁴.

⁴ For example, people from minority ethnic groups and those with specific dietary needs.

There was some crossover between the three groups. The key community responses to this were shopping for people (something the mutual/COVID aid groups did and sometimes staff from community organisations), a significant expansion of food banks, illustrated by the boxed text, and the provision of appropriate cooked meals.

New and established food banks

Food banks developed in a variety of ways. In one county the three food banks that pre-existed swelled to over 20 during lockdown, and many places established a food bank for the first time. The way that these food banks worked became much more flexible. The food bank model is intended as short-term emergency support, with professionals referring people for no more than two or three days, to avoid dependency and encourage more sustainable ways to address needs ([Trussell Trust, 2020](#)).

However, during lockdown however, the nature of the need and the limited scope for a sustainable response meant that the way people needed to use food banks changed. New food banks were set up by communities, sometimes to bypass the rules established food banks worked to and interviewees talked about working on the basis of “trust” and “local knowledge”. There were even examples of groups running two food banks in parallel, with one able to be more flexible. This raised concerns about abuse of the system on the part of some professionals. However, interviewees from community groups were more likely to talk about the need to encourage people they knew to be in need, to access the food bank.

Although there was a big growth in food banks and many community organisations either ran one themselves or supported others who were running them (helping them raise funding, access PPE and providing places for them to pack parcels), over time many became concerned about the food being provided and its adequacy. In particular, the lack of fresh food and the nutritional content of food packs (including those provided to people who were shielding) were seen to be a problem, and a number of community organisations and food banks developed new community pantry or community fridge initiatives which allowed them to work with supermarkets to collect surplus or near to expiry date food and either quickly distribute it or cook hot meals for people.

As the lockdown continued, community organisations also started to develop more sustainable approaches to accessing food, including working with local food producers to create short food chains; for example, in Bethesda, Partneriaeth Ogwen fast tracked plans to create an e-commerce website selling local goods and involved volunteers in delivering them to people's homes, using an electric car. There were also examples of community growing projects and allotments being developed, and organisations using their resources to commission local cafes and restaurants (closed and struggling to survive) to cook meals for people who needed them.

Beyond food, community responses focused upon access to necessities like medicine, arranging to collect prescriptions, and emergency financial hardship funds, including mobile phone credit, to help address data poverty.

Addressing social isolation, loneliness and boredom

Supporting children to access online learning, walking dogs, tackling isolation and boredom (e.g. through telephone calls and activity packs) were all important; for example, activity packs were delivered to homes with children, sometimes backed up with online activities; some garden or open space youthwork activities were carried out with vulnerable children; group Zoom meetings and video diary projects were set up; “virtual visit” videos were created with schools for young people facing key stage transitions, and online craft groups were set up. In addition, some communities organised regular quiz nights and street parties in the summer and reported a feeling that the community was closer and more connected than it had ever been before.

Helping people cope

The withdrawal of normal support services, such as mental health, drug and alcohol, family support and respite services, meant that many people who were vulnerable before the lockdown struggled to cope. Community and voluntary organisations often already knew these people and could provide support.

In addition, community organisations were able to identify and support adults and children who were struggling to cope with the impact of the crisis on their income or family relationships, providing practical support, such as access to hardships funds and also emotional support

Differing roles

The different roles community organisations that were active during the crisis played depended upon factors such as:

- their own assets (such as staff, trustees, existing volunteers and community buildings and also more intangible assets like trust and social networks) and their ability to mobilise other assets in the community, such as volunteers and donations of money, food and PPE from local people, organisations and businesses;
- the needs in the communities they served; the responses of other actors such as mutual/COVID aid groups and local authorities; and their relationships with these; and

- their own structures and ways of working, including pre-crisis activity and priorities.

Anchor organisations

Larger, established community organisations that are controlled and led by local people and which can provide local leadership and support the delivery of services by themselves and others, to support social, economic and community development, can be described as “anchor” organisations within a community. They have paid staff, premises and usually a strong existing network within the community which enable them to quickly adapt to address needs and support any mutual aid groups that develop.

Funding

Very few community or voluntary organisations normally have funding that enables them to work generically to support a community; resources are nearly always project- or outcome-based. However, during the crisis, many funders very quickly made it clear that they were prepared to suspend target-based work and allow their funding to be used to support community needs, freeing organisations up to become flexible and responsive. While some re-purposed their activities and facilities to respond to immediate need, others carried on their usual work using different methods via online and telephone platforms, and some adapted to support mutual/COVID aid groups locally.

Those groups which stepped back

Although (as outlined above) many community organisations and groups were active and played a vital role in the crisis, a significant number of community organisations and groups closed down during the lockdown, largely because they relied on volunteers who were older and needed to shield, or because trustees and committees were concerned about exposing staff and volunteers to contracting and/or spreading COVID-19, and associated liabilities for the organisation. There were also organisations that were solely building-based, such as community centres, that had to close.

Some of the organisations that initially closed re-purposed and opened up again after a while, sometimes with new, younger volunteers involved, and used their facilities (such as kitchens, or halls where food parcels could be prepared) to support the community. However, there was confusion about guidelines on opening community centres and buildings, which made others cautious.

COUNTY VOLUNTARY COUNCILS

There are 19⁵ CVCs in Wales covering the 22 counties. The lockdown illustrated the widely varying status that these occupy in their counties, from being a key and valued partner to the public sector; for example, in Wrexham the CVC is a core member of the community resilience sub-group within the Public Service Board that had tested “what if” scenarios and pre-planned how the sectors would work together before lockdown; to being completely excluded from the strategic planning processes within the local authority and, in effect, having to work completely independently. In most (but not all) counties the CVCs played some role in helping to coordinate and monitor what was happening. However, the extent to which the CVC was seen as a strategic partner appeared to be more about the pre-existing relationships between the CVC and the local authority than about any significant variation in local needs or infrastructure.

Effective cross sectoral work included some CVCs working with public sector partners to develop and promote a single point of contact (typically a phone number) that gave people clarity about who to ring for help; mapping the support available and identifying gaps; and “validating” community responses to which people could be safely referred. In addition, there were some roles common to all CVCs in the lockdown:

- distributing funding to community and voluntary groups;
- supporting volunteering; and
- providing advice and guidance.

Distributing funding to community and voluntary groups

CVCs were given Welsh Government funding via the Wales Council for Voluntary Action (WCVA) to distribute to local groups, and funders such as Children in Need also directed funding through them; some CVCs raised additional money through applying on behalf of community and voluntary organisations. They developed streamlined systems that involved a minimum of bureaucracy so that they could get the money distributed as quickly as possible. They also brokered arrangements for some of the mutual/COVID aid groups that did not have bank accounts to be able to access funding.

Supporting volunteering

A national appeal was made for volunteers to help and Volunteering Wales, a national platform that recruits and registers volunteers, saw a large number of people come forward who were directed to local CVCs which, in turn, directed them to local voluntary organisations (or deployed them themselves). The CVCs quickly adapted and streamlined systems for DBS checks on volunteers.

⁵ The Gwent Association of Voluntary Organisations (GAVO) - covers the counties of Newport, Monmouthshire and Blaenau Gwent

Providing advice and guidance

CVCs also played an important role providing advice and guidance in areas such as safeguarding, particularly to smaller organisations and mutual aid groups with less experience. In some counties their role was wider, producing newsletters that went out to communities that explained national guidance and its local implementation.

LOCAL AUTHORITY RESPONSES

Much of the local authorities' response was targeted at those already accessing statutory services, such as social services, and those considered vulnerable or those identified as at risk as a result of the pandemic; most notably, the 130,000 people in Wales who were sent shielding letters. In addition, local authorities across the areas studied set up single points of contact, such as telephone helplines. These were used to help identify those in need of support and/or enable them to access support, primarily by signposting them to local authority support services and also community organisations and groups. As we outline in section 8, local authorities were also involved in coordinating and supporting action by community organisations and mutual aid groups.

Identifying and supporting those sent shielding letters

Those on shielding lists were advised not to go out or mix with people outside their household. Not all people in this group required support, but local authorities described establishing who did and who did not need support, as a significant task. In some cases, council staff were re-deployed to telephone and/or visit people to identify those in need of support and liaised with local groups to ensure that help was forthcoming. The numbers of people helped were considerable; for example, Blaenau Gwent; Gwynedd and Ynys Môn councils each reported helping around 1000 people; Neath Port Talbot CBC reported helping 1,300 people, Caerphilly CBC reported helping 1,560 people and Rhondda Cynon Taf CBC reported helping 2,800 people ([WLGA, 2020a](#), [WLGA, 2020b](#), [WLGA, 2020c](#), [WLGA, 2020d](#); [WLGA, 2020e](#)).

Support for other groups

As well as identifying those who were shielding, local authorities:

- continued to perform their other statutory duties and, for example, all local authorities were involved in supporting children and young people eligible for free school meals through a mix of food parcels, vouchers or financial transfers;
- were involved in efforts to identify others who were, for example, struggling to access or afford food, through leafleting and door knocking. Although local authorities closed community facing information services, they set up phone lines that could respond to needs. Sometimes these were developed with the local CVC and information hubs were developed; and
- supported action by others, including support for community food programmes and food banks.

THE STRENGTHS AND LIMITATIONS OF COMMUNITY RESPONSES

The research identified a number of key strengths associated with the response of community organisations and mutual aid groups, most notably:

- the speed and agility of their response;
- the inclusive nature of support provided; and
- the person- or human-centred response that mobilised local assets, including organisations' own social capital (such as trust and local networks).

However, as we also outline, the research identified a number of constraints or weaknesses associated with the response of community organisations and mutual aid groups including:

- the fragility of some community organisations;
- the lack of specialist expertise;
- inconsistencies in provision;
- the dangers of deregulation and acting with haste; and
- difficulties deploying volunteers.

SPEED AND AGILITY

In general, the less formal the structure of a group, organisation or service, the quicker they were able to adapt and respond to needs. The small scale of community organisations with their very targeted focus on one community (of people or geography) along with less institutional inertia, smaller and flatter management structures where decision makers were closer to the problems, coupled with more limited bureaucracy, all facilitated faster decision making. Informal activities led by a local leader or group were the most flexible and responsive whilst public sector responses were generally much slower. Many local authorities valued the speed of the community response, commenting that often community action was happening weeks before they could act:

"We were playing catch up with the community in the first months...we could not move as quickly as the community groups – they formed more quickly than us."

THE INCLUSIVE NATURE OF SUPPORT PROVIDED

Community organisations provided a broader spectrum of support to a wider range of people than statutory services (often constrained by thresholds, eligibility criteria, or relatively fixed offer and targets) could. Community organisations offered both targeted support to the

vulnerable and whole community support. Moreover, in all areas, community-level work identified and supported vulnerable people who were unknown to public services, uncovering hidden need.

THE PERSON- OR HUMAN-CENTRED RESPONSE THAT MOBILISED LOCAL ASSETS

The hyper-local nature of community level work (working on a small scale), coupled with the flexibility of community organisations and mutual aid groups, enabled more holistic, person- or human-centred responses and, where needed, on-going involvement and support. This went beyond crisis intervention and helped ensure that people were not treated as passive victims as, for example, the delivery of food parcels by commercial suppliers risked doing; they could, for example:

- talk to people on the doorstep while they were delivering food, about their difficulties, helping address loneliness and social isolation and identifying hidden needs;
- prepare and supply appropriate food that met individual households' dietary and cultural needs, in ways that it was difficult for large national programmes, operating at scale, to do;
- interpret guidance and information into local languages and also sometimes simply in plain English or Welsh, in a way that made it accessible and understandable,
- help link those in the community who wanted to help with those who needed some help.

Community organisations and groups were also able to work creatively with local businesses, public services and community members to identify, link and mobilise local assets and develop place-based responses to challenges. There were also examples of community organisations working to build sustainable links across the community and the local economy; these included:

- using funding to commission local cafes and restaurants to prepare meals for people;
- developing community allotment, garden and growing projects;
- establishing new community pantry/larder and community fridge programmes;
- e-commerce or local buying developments; and
- supporting volunteers and community leaders who developed mutual/COVID aid groups.

SOCIAL CAPITAL: TRUST AND NETWORKS

Community organisations' social capital, most notably trust and local networks, coupled with the nature of the crisis, which made it easier for people to ask for and give help, were crucial in identifying needs and linking to and mobilising local assets to address those needs; as one local authority interviewee put it:

“Community organisations bridged the gap. People don’t like the council and they had built trust within the community. Community organisations are independent and less official, people feel they can talk to them and won’t be reported.”

Staff and volunteers often knew the people they were supporting, or they could get to know people and sustain their support over time. This meant that community organisations and/or more informal mutual aid groups were able to maintain a relationship with people and families, respond as needs changed and avoid a “revolving door” scenario of providing emergency short term help then waiting until another crisis occurred before helping again.

LOOKING BEYOND THE CRISIS

This was primarily a crisis response. Its speed and severity meant people were forced to think on their feet but over time some community organisations started to work on longer term planning. The crisis helped shine a spotlight on underlying problems and structural inequalities which predated the lockdown. The success of local responses and the new relationships forged through lockdown, and discussed further in section 8, have given groups momentum and confidence to try to tackle these issues. Work also started to be done on initiatives that would continue to build community cohesion and ensure that the people who had been “discovered” as a result of the crisis were not abandoned but were given ongoing support.

THE FRAGILITY OF SOME COMMUNITY ORGANISATIONS

Not all community organisations were able to cope with the challenges of the pandemic. A significant number of community organisations and groups closed down during the lockdown, largely because they relied on volunteers who were older and needed to shield, or because trustees and committees were concerned about exposing staff and volunteers to contracting and/or spreading COVID, and associated liabilities for the organisation. However, some of these were able to re-open as younger volunteers came forward. There were also organisations that were solely building-based, such as community centres, or which were reliant upon income that was lost during the lockdown, that had to close.

Moreover, the resilience of even those community organisations that remained open was challenged by the physical and emotional demands of responding to the crisis. The crisis invigorated people, and many described the sense of energy and purpose. However, over time, the punishingly long hours and often emotionally draining nature of the work was taking its toll upon both paid staff and volunteers, threatening the ability to sustain support over extended periods.

THE LACK OF SPECIALIST EXPERTISE

While community organisations often knew their communities well, they did not always have the specialist skills and knowledge that some people with severe and/or complex needs required; for example, community level phone lines set up to deal with emergencies found that they were taking calls that volunteers and staff did not always know how to deal with, such as people who were worried about their jobs, or feeling suicidal.

POST CODE LOTTERIES

Unlike national and county services, local community organisations functioned at a scale that allowed responses to individual need and the shaping and development of local resources. This inevitably reduced the scope for economies of scale and meant that there would never be a consistent response in communities across Wales. Moreover, while the organic, de-centred, bottom-up nature of the community response was a key strength, this, coupled with differences in the strength of place-based assets in each area, inevitably meant responses differed across both geographical area and sector.

However, it is important not to exalt consistency over other goals. The bottom-up, locally driven response meant that the actions that were taken were usually better tailored to the community they served and more effective as a result. So, for example, one community talked about how the son of the local chemist shop was delivering prescriptions in his car, so there was no need to develop a volunteer prescription delivery programme; another described how a local school had opened its kitchens and was preparing more meals than they could distribute, so they were able to work with other organisations to have the meals delivered elsewhere.

Equally, one important consequence of the range and volume of informal, spontaneous community-led action was that it was difficult to identify where there were gaps in community support, or to plan strategically. Although no one interviewed was able to identify any area or community where there was no support, there was also no clear picture of who, if anyone, had been missed.

THE DANGERS OF DEREGULATION AND ACTING WITH HASTE

The speed of the crisis and the surge in activity, often led by individuals and organisations who sometimes had little experience, or who were trying to work in new ways with new groups, caused some concerns around safeguarding and health and safety. In some cases, groups took risks that the public sector and/or more established voluntary organisations would not have taken. Indeed, some community-based organisations facilitated the mutual aid activity that developed locally and sometimes this was seen as a way of enabling local action without taking on the risks of liability that an established organisation might face.

There were also concerns that approaches and practices that had developed for good reasons were cast aside or ignored by some of the newer groups; for example, as section five

outlines, some county and national organisations worried that the number of food banks that developed, and the lack of regulation or rules about eligibility for accessing them, would mean that people might abuse the system. However, community organisations and groups were more likely to talk about people who needed food having to be encouraged to access a food bank, and did not report any signs of abuse.

THE DEPLOYMENT OF VOLUNTEERS

There was a massive increase in people registering as volunteers. Although as outline above, large numbers of existing volunteers had to step back because, for example, they were shielding, a wave of younger volunteers, often furloughed from their jobs, became involved in community action. CVCs and community groups often struggled to fully mobilize the number of people who put themselves forward as volunteers; this reflected:

- the large number of people for put their names forward;
- the closure of many voluntary and community organisations who normally recruit and deploy volunteers; and
- the limited roles available and the social distancing requirements; one organisation said that logistically it was much easier and safer to have two or three volunteers packing up food parcels and delivering them, even though many more people offered to help.

There are concerns that people may have been disillusioned by having put themselves forward but were not able to volunteer, will step back as they return to work and become more “time poor”. However, some organisations reported that interest in volunteering has continued to be as high at the end of 2020 as it was during the crisis.

A MULTI-LAYERED RESPONSE

The picture that emerges through the research is of a multi-layered response to the crisis with specific roles being undertaken by the most relevant sector. There were exceptions to the model, and it often emerged organically, rather than being deliberately planned. However, generally it was clear that aspects of the response to the crisis could either only be done, or were done most efficiently and effectively, at different levels; these included action at a:

- national level (by the UK or Welsh Government);
- county level (e.g. by local authorities or CVCs); or
- local level (e.g. by community organisations or mutual aid groups).

ACTION AT A NATIONAL LEVEL

Action at national level by, for example, the Westminster (UK) or Senedd (Welsh Government) included:

- providing financial support to those who could not work during the pandemic and who were either furloughed or made redundant;
- supplying finance to resource county and community support; and
- setting and communicating national policy and regulations including, for example, guidance on safe working practices and legal requirements (e.g. around the use and processing of personal data).

ACTION AT A COUNTY LEVEL

Action at national level by, for example, local authorities, CVCs, health and emergency services included:

- targeted contact with people normally supported by health or social care services (e.g. developing shielding lists);
- developing single points of contact, such as dedicated phone numbers and directories of service contacts, which could be used to inform signposting;
- distributing funding to community organisations and mutual aid groups;
- establishing forums to help coordinate the work of different people and groups and identify gaps and priorities;
- providing access to PPE;
- providing information/training on safeguarding;
- managing the large numbers of people who offered to volunteer (e.g., by identifying where they could be placed) and providing support with DBS checks;
- identifying and providing support to those entitled to free school meals (such as cash transfers, vouchers and food parcels); and

- providing advice and locally relevant information on policy and regulations to organisations and communities.

ACTION AT A COMMUNITY LEVEL

Action at a community level by for example, community organisations and mutual aid groups, included, for example:

- identifying vulnerable people not known to services, and supporting them and/or referring them to statutory services;
- supporting community wellbeing (beyond emergency needs) and providing long-term, sustained support accessible across the whole community;
- facilitating and supporting local leadership and ownership of responses (e.g. local volunteering, people donating to food banks and organising local activities, recording community experiences);
- developing local phone lines and other channels of communication, such as doorstep conversations, that offered safe, trusted, non-judgmental information and support⁶;
- providing clear and trusted information on policy and regulations through multiple routes including newsletters, social media (e.g. Facebook and WhatsApp) and door to door contact.

Given the scale and complexity of the crisis, at its best, this multi-layered approach meant that the work of community organisations and mutual aid groups underpinned the work of national and local government and other key players such as, where relevant, housing associations, and helped address efficiently and effectively gaps in support for those already known to services and/or who did not meet eligibility criteria. Where it worked well, it was also an example of how the public and voluntary/community sector could work together to meet people's needs; as local authority representatives commented:

"I would struggle to see how provided services could have filled the gaps and made all the calls [without community organisations]. We needed the volume and coverage that the third sector gave us."

⁶ For example, we were told that people would be afraid to call an "official" helpline to say they were worried about feeding their children but were willing to share their concerns with a trusted local organisation.

“Without community organisation involvement we would have redeployed people and been less creative - there would have been a tendency to use the service list, and look at what we could buy in.”

Where the response worked less well was when national and local government initiatives undermined or attempted to crowd out the work of community organisations and mutual aid groups. Across Wales this was relatively rare. However, there were areas where, for example, the local authority failed to engage with community or voluntary organisations. In addition, examples like the funding of a national response to prescription collection long after local groups had organised a response, or attempts by some local authority staff of “take over” the local organising that had been done, were seen as at best unhelpful and at worst, damaging

Similarly, there were some examples, especially amongst the newly formed independent mutual/COVID aid groups, where people either had not got the time or the inclination to collaborate with structures developed in the county; for example, in one county over a hundred new neighbourhood groups were identified, but only around three quarters of these contributed to area hub structures developed by the CVC and the local authority. This led to some concerns about duplication, for example where a lot of new food banks were established, and also complicated efforts to map where there were gaps.

COLLABORATION AND COORDINATION BETWEEN ORGANISATIONS

In exploring relationships between organisations and the differing layers of the response, the research explored:

- the importance of community and organisational leadership;
- collaboration and coordination between organisations;
- support, such as funding, advice and guidance; and
- barriers and constraints: what did not work so well.

COMMUNITY AND ORGANISATIONAL LEADERSHIP

The lockdown situation happened very quickly and services and groups had to draw up plans and develop new ways of working in real time. The shock unbalanced services and groups and responses were often reactive. The withdrawal of staff from frontline roles and the shift to homeworking or furloughing of staff reduced capacity. Local leadership and initiative within local authorities, CVCs and community groups and communities themselves, were critical in mobilising local responses.

Reaching across boundaries

The lockdown provided a shared purpose that went beyond sectoral differences. This, plus the ease of accessing meetings via online platforms such as Zoom and MS Teams and the suspension of many aspects of "normal" work, meant that contact between professionals (including local authority staff and some community organisations) increased and personal relationships improved in some areas. People not only wanted to make a difference, but were willing to ask for help, were often less defensive (and less concerned about defending their service's or organisation's reputation and more willing to accept its limitations and weakness) and shared common goals.

The new ways of working, new structures and online platforms helped also to break down barriers between sectors and departments. People talked about being able, often for the first time, to talk to policy and decision makers. It also built new links with the private sector. Overall, people talked about feeling able to take a leadership role and the power of a shared moral purpose. As a consequence, as one interviewee described it, they had moved from knowing of someone, to knowing them and being able, and having the confidence, to pick up the phone to call them. This helped break down silos and increased collaboration.

New ways of working

In some cases, the urgency of the crisis enabled new ways of working that provided greater flexibility and agility. Across local authorities, CVCs and community organisations, paid staff

(who were not furloughed or shielding), volunteers and trustees changed the way they worked, responded flexibly and used local knowledge and assets imaginatively. In one area the need for identity badges for people visiting homes was raised. Usually, it was said, it would have taken weeks to organise this, but a community member with a background in printing solved the issue overnight. Grants were being applied for and received within days, with a minimum of bureaucracy as decision making became devolved and people felt empowered to “just get on with it”. More broadly, local authority staff talked about how working outside their usual departmental remit enabled them to be more “human” in interacting with callers; for example, as one interviewee put it:

“The people who were on the helpline didn't all have social care or health or support experience. They didn't know the criteria for services, they got people's stories in the round, not just the bit that was relevant to their department and they co-ordinated packages in response. They asked basic questions, they were nosy, they were interested, they were more human.”

This move away from departmental approaches to whole person responses enabled some local authorities to become more collaborative and work more effectively with community organisations; for example, as one interviewee described:

“It was not about a local authority approach; it was a county approach. It needed the involvement of all community organisations – it has been a community response, not an LA response. We have been able to harness the strength of each organisation. “

The sheer scale of need and the independence of community groups also changed the way some local authorities worked with others; as interviewees described it:

“Our role was of facilitators and supporters rather than command and control. The community engaged and organised themselves. We couldn't control, we had to let go and have faith. It has brought us to realise that no one of us on our own is enough.”

Focusing on what you do best

Community organisations and groups did not attempt in any way to replace the role played by statutory services such as social services. Issues around, for example, tackling domestic violence, or inadequate housing or education deficits, require specialist intervention from outside the community. They also raise significant issues about the invasion of people's privacy, where community organisations seek to intervene in these areas. It was however clear that community organisations and groups generally focused on what they could deliver well, which was focused on wellbeing and preventing crisis along with practical support, rather than for example trying to provide social care, although, as was the case before the crisis, they continued to complement the work of other statutory services such as the youth service.

COLLABORATION AND CO-ORDINATION BETWEEN ORGANISATIONS

Collaboration happened at a county level between local authorities and CVCs, but it varied in nature and quality between counties. Within counties there were also variations in the communication between established community organisations and the CVC and local authority. At its best CVCs and local authorities worked closely together to plan how they could support community level activities. At its worst CVCs and local authorities worked in parallel lines with little communication.

In contrast, and as might be expected, there was little evidence of strategic or collaborative working between public bodies and the thousands of community organisations involved in the crisis response. The range and volume of informal, spontaneous community led action meant that it was difficult to identify where there were gaps in community support, or to plan strategically. Although no one interviewed was able to identify any area or community where there was no support, there was also no clear picture of who, if anyone, had been missed.

However, there were some examples of local authorities providing a county wide framework that community organisations could feed into; for example, the area hubs in Pembrokeshire and the food network in Cardiff, and examples of local authority staff working with community initiatives. The new relationships that have been forged in some counties may mean that, going forward, there is more scope for community organisations to have greater influence and impact upon public sector policy and practice.

Pre-existing relationships

Given the speed of the crisis, having pre-existing relationships and structures to build upon or repurpose was valuable. Some local authority interviewees in strategic roles commented that relationships with the voluntary and community sectors had already improved and become more partnership- orientated, due to prevention and wellbeing agendas (encouraged by the Wellbeing of Future Generations Act). They saw the improved working under lockdown

as an extension of this, a building on what went before, and a further step along the journey of improved partnership working, shifting the balance towards being community and partnership led; as one interviewee described it:

“How can we build on what worked well? When you look at the ICF and transformation funds they have stipulations and controls of the old world. We need a balance going forward – how to be creative and responsive to enable us to give communities what they want.”

Although, in most counties in Wales the crisis strengthened existing relationships between local government, CVCs and some community organisations, there is a danger that this may not be sustained. Much of the interaction that took place was at an operational or service delivery level and it is likely that at a policy making or strategic level there is less awareness within the public sector of the role community organisations play. The likely tightening of public funding in the post-COVID-19 era could lead to a re-think about the whole way that communities are supported, or it could lead to greater siloed work as departments hold onto whatever resources they have.

SUPPORT, FUNDING, ADVICE AND GUIDANCE

While place-based assets were vital, so was emergency funding from the Welsh Government, trusts and foundations and private businesses, in supporting and enabling community responses. As outlined in section 5, many funders were quick to allow existing funding held by community and voluntary organisations to be used flexibly. This was supplemented by community and local donations (e.g. of food from individuals, local supermarkets and food producers) and time (e.g. by volunteers).

Quick access to funding that trusted recipients to deliver what was needed enabled responsive work in communities. Established organisations were liberated to use resources to their best effect and grants were provided to free people from fears of survival and let them concentrate on meeting local needs. The easy access to funding also removed the competitive element facilitating greater collaborative work between groups and organisations. A “can do” culture evolved which meant that established organisations supported mutual aid groups to access funding when they did not have a bank account or formal structure.

BARRIERS AND CONSTRAINTS: WHAT DID NOT HELP?

Despite the examples of effective collaborative work between local government and community organisations these were not consistent across Wales. At their worst and, thankfully, rarely, national and local government initiatives undermined or attempted to

crowd out the work of community organisations and mutual aid groups; for example, the funding of a national response to prescription collection long after local groups had organised a response or attempts by some local authority staff to “take over” the local organising that had already been done.

Few established community or voluntary organisations talked about working with the public sector or CVCs in a strategic way. There were examples of operational collaborations, such as adapting existing work with, for example, local GPs or mental health services, to respond to current needs but little involvement of even the larger established anchor organisations in planning. This was sometimes because the strategic level work was happening with CVCs (although not always), and it would not have been a sensible use of time to meet with multiple groups. However, there were also examples cited of public services working with a select group of community organisations and excluding others, based on pre-existing relationships, and a sense of frustration from some organisations that opportunities to coordinate actions were missed.

Some CVCs were able to take a more strategic role but, as noted above, this was also largely shaped by the pre-existing quality of relationships. Those that already had an effective relationship built on this and were able to work in a way that recognised the strengths of each sector; for example, as one local authority interviewee put it:

Ownership from the community groups was very powerful. We have shared responsibility in some things and handed some things over.

There was also sometimes a cross over between the roles of the CVC and local authority, for example where the local authority took on recruiting and supporting volunteers themselves, whilst in most counties this was a role taken on by the CVC.

KEY LESSONS FOR THE FUTURE

Although the range of responses across the areas studied, can make it difficult to generalise, they also provide opportunities to reflect upon and learn about what worked well and also what didn't work so well and as we outline in this final section, a number of common themes emerge.

WHAT HELPED COMMUNITY RESPONSES?

- People in communities and in organisations (be they community organisations or public sector organisations) being empowered to take on **leadership** roles. This was crucial, in for example, identifying and mobilising assets and linking those who needed help with those people and the assets that could help them; and in enabling **paid staff** to break down barriers between sectors and departments.
- The massive increase in people registering as **volunteers**, who were often able to replace volunteers who were shielding or self-isolating.
- Quick access to **funding** that trusted recipients to deliver what was needed and enabled responsive work in communities.
- Supportive and facilitating **local authorities** that recognised the strengths of community level work and worked to support it.
- The move away from departmental approaches in public services to **whole person responses** enabled some local authorities to become more collaborative and work more effectively with community organisations.
- Local authorities that had already (pre-COVID) improved relationships with community and voluntary sectors and become more partnership orientated recently due to the **prevention and wellbeing agendas**.
- The way local community responses, unlike national and county responses, functioned at a **scale** that allowed responses to individual need and the shaping and development of local assets.
- Community organisations and groups focused on **what they could deliver well**, which was focused on wellbeing and preventing crisis along with practical support, rather than, for example, social care.

WHAT DID NOT HELP?

- National and local government **initiatives that undermined or attempted to crowd out** the work of community organisations and mutual aid groups.
- A lack of **strategic thinking** about the role of community or voluntary organisations in some counties. Some CVCs were able to take a more strategic role but this was largely shaped by the pre-existing quality of relationships.
- The difficulties **identifying where gaps in support** were.

- The **weakness of place based assets** in some communities, where for example, the community infrastructure of community organisations was fragile, which increased reliance upon individuals and mutual aid groups and which may have made it slower and harder to mobilise a response.

IMPLICATIONS FOR THE FUTURE

The nature of the crisis meant that place-based assets were critical, and community organisations and mutual/COVID aid groups played a key role in identifying, linking and mobilising these assets. Having an infrastructure within a community, whether it be an anchor organisation or just a community centre, provides a focus for community action. It is not a prerequisite, as community action happened even where there were no pre-existing community organisations, but it does facilitate and strengthen the action.

The organic, de-centred nature of the community response was a key strength of the crisis response, but poses challenges in, for example, trying to support and co-ordinate action (e.g. to minimise duplication and identify gaps). “Doing no harm” is important here, but the crisis has also illustrated how the state can support community action by, for example, providing flexible funding. The quality of the relationship between community and voluntary sector organisations and public services is important. It functions best when they see each other as partners with a common over-arching aim and recognise each other’s strengths and also their constraints and weaknesses. They use different methods and public services primarily focus upon critical needs whilst community organisations have the potential, if allowed to do so, to build long-term sustainable strength that can prevent those critical needs arising across the whole community.

There is a need to review the funder/ funded relationship between public and voluntary or community services and what its purpose is. The lockdown illustrated how non-competitive, non-targeted funding can enable new ways of working at a community level. Accountability is important but so is trusting community organisations and the communities they work in to identify the most effective use for funding. More intelligent outcome focused evaluation, that looks at the difference funding makes rather than, for example, narrowly focusing upon the outputs delivered, may be important here.

Communication between community level work and county or national structures is difficult. Especially in a time of crisis, community groups and organisations are likely to focus on delivery rather than meetings. There is a reliance on CVCs to represent the sector, but this was patchy and, in some counties, established organisations said that they had had almost no contact with the CVC. Sustaining the new relationships and ways of working that were forged during the crisis may also be challenging, as it may prove easier to slip back into old ways of working, which can be bureaucratic and service- rather person-centred (e.g. inflexible and “siloed”);

Finally, notwithstanding the huge economic, social and human costs of the crisis, the crisis has created opportunities. For example:

- the “permission to ask for and give help” that COVID-19 provided offers some insights into how wellbeing can be supported within communities (and, for

example, how the perceived stigma of failure that comes from having to seek support can be addressed);

- it has helped highlight the value and potential contribution of community leadership, action and organisations in linking assets and mobilising local or place based assets with needs and opportunities; and
- it has given people across the community and public sectors opportunities to step up and develop leadership skills and experience, and encouraged community action, which provides a basis for strengthening both future crisis responses and also long term community development.

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