

Agenda – Equality, Local Government and Communities Committee

Meeting Venue:

Committee Room 5 – Tŷ Hywel

Meeting date: 2 November 2020

Meeting time: 13.15

For further information contact:

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Pre-meeting (13.15 – 13.45)

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

1 Introductions, apologies, substitutions and declarations of interest

2 Inquiry into COVID-19 and its impact on the voluntary sector – evidence session 1

(13.45 – 14.30)

(Pages 1 – 54)

Ruth Marks, Chief Executive, WCVA

Fiona Liddell, Manager, Helpforce Cymru

Noreen Blanluet, Lead consultant, Co-production Network for Wales

Break (14.30 – 14.45)



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

(14.45 – 15.30)

(Pages 55 – 70)

Kate Griffiths, Director for Wales, British Red Cross

Jas Bains, Chief Executive, Hafod

Break (15.30 – 15.45)

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

(15.45 – 16.45)

(Pages 71 – 91)

Carol Mack, Chair, Wales Funders Forum

Rebecca Watkins, Foundation Director, Moondance Foundation

Richard Williams, Chief Executive, Community Foundation Wales

John Rose, Wales Director, National Lottery Community Fund

5 Paper(s) to note

(Pages 92 – 93)

5.1 Additional evidence from Welsh Women's Aid in relation to the inquiry into COVID-19

(Pages 94 – 100)

5.2 Letter from the Chair of the Economy, Infrastructure and Skills Committee to the Minister for Economy, Transport and North Wales in relation to the impact of COVID-19

(Pages 101 – 103)

5.3 Correspondence from the Older People's Commissioner for Wales in relation to the impact of COVID-19

(Pages 104 – 105)

5.4 Briefing from the Equality and Human Rights Commission in relation to residential care in Wales and the COVID-19 pandemic

(Pages 106 – 136)

- 5.5 Letter from the Chair of the Legislation, Justice and Constitution Committee to the Llywydd in relation to COVID-19 regulations**
(Pages 137 – 139)
- 5.6 Correspondence from Welsh Women's Aid in relation to the Domestic Abuse Bill**
(Pages 140 – 142)
- 5.7 Letter from the Deputy Minister and Chief Whip to the Chair and Chair of the Legislation, Justice and Constitution Committee in relation to the Domestic Abuse Bill**
(Pages 143 – 144)
- 5.8 Letter from the Chair of the Public Accounts Committee in relation to rough sleeping**
(Page 145)
- 5.9 Letter from the Wales Governance Centre in relation to inequality within the criminal justice system in Wales**
(Pages 146 – 150)
- 6 Motion under Standing Order 17.42(ix) to resolve to exclude the public from the remainder of the meeting**
- 7 Inquiry into COVID-19 and its impact on the voluntary sector – consideration of evidence received**
(16.45 – 17.00)

Document is Restricted

Equalities, Local Government and Communities committee inquiry:

The impact of COVID-19 on the voluntary sector

Contents:

1. [The voluntary sector in Wales](#)
2. [the impact of the pandemic on the sector, in terms of funding and service delivery](#)
3. [the effectiveness of support from the UK and Welsh government and local authorities](#)
4. [volunteering and community resilience](#)
5. [good practice, future opportunities and challenges](#)

1. The voluntary sector in Wales

The coronavirus pandemic has shown that the voluntary sector has never been more needed. Wales has a long-standing history of volunteering, mutual aid and voluntary action, especially at a community level. This has been reinforced throughout the last six months during the coronavirus pandemic (and the flooding as a consequence of Storm Dennis in February).

The voluntary sector has responded incredibly. It has been swift, agile and made a huge difference to individuals and communities across Wales.

This is an incredibly challenging time for many voluntary organisations – we will see deep and permanent change to sector landscape in Wales. Future is hugely uncertain. There are opportunities to create better future in the longer term in the way we respond now. We need a strong and resilient sector if we are to do this.

Background

The voluntary sector in Wales is a vibrant and diverse sector, which can be hard to categorise:

- The voluntary sector includes registered charities, but also social enterprises, community groups, unincorporated voluntary organisations, and, recently, mutual aid groups.
- Education/training, health, and sport are the largest areas of work for voluntary organisations. However, the sector covers a wide range of areas and activities.

Charities based in Wales are smaller than their counterparts in England and Scotland:

- There are 32,000 voluntary organisations, of which 7300 are charities.
- Wales has the highest percentage of micro charities in the UK (53%). A further 32% are small charities.¹
- Charitable income per head is half what it is for charities based in England and Scotland. (approx. £400 per head in Wales and £800 in England and Scotland.) However, this is partly due to the location of registered offices of major charities who operate UK-wide, and are registered outside of Wales.²

Volunteers contribute to the economic, social and cultural fabric of Wales:

- Prior to COVID-19, it was estimated that approximately 938,000 volunteers contribute 145 million hours, each year, which is worth £1.7 billion. This is equivalent to around 3.1% of the Wales GDP³.
- Volunteering also has significant value, which is less easily defined in monetary terms, in terms of individual wellbeing, social cohesion, inclusion, economic regeneration, and the development of social capital.

¹ Micro: less than £10,000, Small: less than £100,000

² DataHub, WCVA website

³ Welsh Government Third Sector Scheme Report 2017 -18)

2. The impact of the pandemic on the sector, in terms of funding and service delivery

WCVA wishes to see a resilient voluntary sector. We define this as a sector which can continue to deliver benefits despite a significant shock, such as the COVID-19 pandemic. This includes being agile in its provision of services, being able to meet increased need, and being financially secure.

Increased hardship

The Coronavirus pandemic has increased hardship in Wales, and this has led to an increased demand on the voluntary sector. Some areas where the sector has seen increased demand include:

- Support for those in self-isolation or shielding due to the pandemic (including people no longer required to adhere to specific regulations but who lack the confidence to routinely leave their house).
- Support for people with medical conditions.
- Support for people who have experienced challenges due to the lockdown, such as those suffering from abuse or family estrangement.
- Mental health support and befriending services.
- Support for people who have lost income due to the lockdown or the resulting pandemic, especially those who are now destitute.
- Home-based cultural, arts and education provision during the lockdown.

For example, PAVO's Community Connectors scheme rose from having an average of 220 referrals a month to 1,632 at the height of the spring 2020 Covid-19 outbreak. This has resulted in redeployment of staff into the service and moving to a seven-day-a-week operation.

All of these services are vital to people with whom charities work. The lockdown created a surge in demand that would have been difficult for the sector to manage, especially given the need to develop newer digital ways of working, in normal times. The financial uncertainty being faced by many organisations at this time has made this need for new and adapted service delivery methods especially challenging.

Impact of COVID-19 on service delivery

The pressures on individuals and communities relating to COVID-19 are seeing increasing demand on voluntary sector services.

These pressures disproportionately affect some groups. This includes the elderly, those with underlying health conditions, people with disabilities, many BAME communities, refugees and asylum seekers, people with mental health challenges and those vulnerable to domestic violence.

Initially, the physical lockdown restrictions made it harder to respond to these. Vital services that demand face-to-face contact have new concerns around safeguarding and huge pressures in accessing PPE.

Ongoing services have been reduced or stopped in the short term whilst resource is redirected towards COVID-19. Those services are a lifeline for some and will have an immediate impact (for example, for people with substance misuse issues). Re-engaging when services open will be hard.

Organisations are adapting to deliver activities digitally. However, not everybody has access to the technology needed or space at home to talk in private. This disproportionately affects some groups. One organisation told us about its concerns on the impact on young people in respect of mental health, isolation, loneliness, and education.

Despite these challenges, organisations are stepping up and adapting the way they work to deliver new and existing activities. Digital is helping people to reach out, engage, organise, deliver activities, and even fundraise. Overnight, people are discovering digital solutions that previously would have been seen as impossible. A whole range of services are going online creating possibilities for the longer term. We have seen collaboration across organisational and sectoral boundaries – people working together to focus on the immediate crisis, putting traditional barriers aside.

Impact of COVID-19 on finances

The sector is experiencing significant financial losses. As a consequence, the sector is less able to help those people it works with at exactly the

time when the demand for the services and activities it provides is greatest.

UK-wide, charities are estimated to lose 24% of their total income for the year⁴. We estimate that this would be approx. £620m for charities with headquarters in Wales, and a further loss to UK-wide charities which operate in Wales.

Welsh charities are smaller than their counterparts in England and Scotland and Wales has the highest percentage of micro charities in the UK (53%). A further 32% are small charities. (Micro: less than 10k, Small: less than 100k). For smaller charities like those in Wales, significant changes in fundraising income can be particularly problematic. The Centre for Social Justice estimates that 24% of charities with an income of less than £1m have NO reserves, making their ability to survive and adapt during this time less likely.

It is not yet clear how many redundancies there will be – many are waiting to re-assess at the end of the Coronavirus Job Retention Scheme – but we know:

- 33% of charities said they expected to have to make job cuts in the next 12 months.
- A further 36% of charities said they were unsure if they would have to make redundancies.⁵

Opportunities for future income-generation are also reduced. For example, mass participation events, an important fundraising income stream, are likely to continue to face restrictions even as other restrictions are lifted. Many organisations also rely on hospitality, leisure or retail facilities which continue to face financial challenges (and may not be eligible for business support as total income may not be reduced significantly, but project-restricted funding cannot be used to make up the balance).

⁴ Research on a UK-wide basis by NCVO, Charity Finance Group, Institute of Fundraising and supported by PricewaterhouseCoopers.

⁵ Research by Acevo and the Centre for Mental Health.

3. The effectiveness of support from the UK and Welsh government and local authorities

Background

The Welsh Government was quick off the mark in releasing funds for the voluntary sector, primarily though funds administered by the Wales Council for Voluntary Action. These consist of:

- Voluntary Sector Emergency Fund. This ran from April until August and supported enabled those providing vital support to groups such as: people in isolation, the elderly, carers, people struggling to access food etc so that they can be supported during this time. It distributed £7.5 million.
- Voluntary Sector Recovery Fund. This is the successor to the Voluntary Sector Emergency Fund, and focuses on reducing inequalities across society as a result of the Covid-19 pandemic and will provide the resources for the voluntary sector to embed safe practises to carry on delivering essential services across Wales.
- Third Sector Resilience Fund. This is a blended loan and grant scheme to support voluntary sector organisations' ongoing revenue costs and has provided over £4.7 million to voluntary organisations. It is now in phase 2, which includes three strands: survive, improve, and diversify.

In addition to this, we note Welsh Government has provided more targeted funding at specific sectors, including directly to hospices and for organisations tackling domestic violence, and through funds to support the cultural and sports sectors, for example, which can be accessed by voluntary sector organisations.

The total amount of funding available to the sector in Wales appears to be broadly comparable to the amounts delivered to the voluntary sector in England by the UK Government, although comparisons are difficult due to the way these grants were delivered in the two nations. Scotland provided higher levels of funding. The voluntary sector also made use of both Welsh Government-provided schemes (such as the business rates grant scheme) and UK Government-provided schemes (such as the

Coronavirus Job Retention Scheme) which were not specifically aimed at the voluntary sector.

However, there is still a significant gap between the total amount of funding provided by government and the substantial losses expected by the sector.

Effectiveness

The sector has made good use of the funds provided by the Welsh Government⁶. We also appreciate that the Welsh Government has made additional funding available to enable the voluntary sector to support the wider recovery.

This funding has often been roughly equivalent to Westminster funding, although we note that there are gaps, for example in direct grants to frontline services. Equivalent grants would be

It is clear to us that the Welsh Government was quicker at releasing this funding to the sector than elsewhere in the UK and that this meant that organisations were quicker to respond to the crisis than would otherwise have been the case.

A combination of the funding available from various governments has meant that many voluntary sector organisations have been able to 'weather the storm' until now, especially in relation to staff losses.

This can be a mixed picture due to the diversity of the sector. Some organisations will have had significant income reduction, especially those who rely on their own income generating activity. Other micro organisations, and informal groups, have very little funding. Some will have accessed additional funding to support the emergency response. This can often be based on individual organisations' ways of working than on any particular sector.

However, in the medium-term, here is a significant likelihood of charity closures, or mergers. For larger organisations, reductions in funding may not mean closure, but will mean having to reduce their work with people.

⁶ A list of Voluntary Services Emergency Fund recipients is available here: <https://wcva.cymru/wp-content/uploads/2020/06/VSEF-recipients.pdf>

The Welsh Government has also recently released funds to support the recovery. Every area of the recovery can be supported by the voluntary sector. However, this will come at a time when the sector's resources are significantly strained.

Recommendation: Building on the Third Sector Resilience Fund, the Welsh Government should provide funding increase resilience of sector and its ability to play its part in immediate support for communities during the recovery. Given the length of the crisis, consideration should be given to extending this beyond the current financial year.

4. Volunteering and community resilience

The sense of community spirit is, a positive outcome from the crisis. Although many volunteers and communities have witnessed hardship in their communities, they have also come together to support each other. WCVA believes that this spirit will be important to support the recovery.

Notably, there has been a surge in volunteering since the start of the pandemic:

- Since the start of the coronavirus outbreak, 18,000 people have signed up on Volunteering-Wales.net – Wales’s website for volunteering.
- There is a more consistent volunteering infrastructure in Wales than elsewhere in the UK. Third Sector Support Wales (consisting of WCVA and local CVCs) has been ready to start supporting volunteers in their communities. This was supported by the all-Wales volunteering database volunteering-wales.net.
- Early analysis suggests 40% of new volunteers would like to continue to volunteer after coronavirus pandemic.
- Some volunteering opportunities pre-Covid-19 have ceased due to self-isolation and/or impact of requests from employers to do more (i.e. frontline staff). Consequently, vulnerable beneficiaries are no longer in receipt of volunteer support.
- All sectors recognise that volunteers will not all return immediately when restrictions are lifted and that there may be a shortfall. Organisations may need to recruit again after the outbreak and support with this may be required.
- There have also been a significant number of local community-based mutual aid groups, largely co-ordinated online. These are informal and unofficial so it can be hard to map their size and scale.

Likewise, we have seen the value of resilient communities throughout this pandemic. This includes existing community groups, many of whom were able to respond quickly and are working to continue to provide support to their community in this crisis. For example, MaesNi in Maesgeirchen, Bangor, provided food and emergency cash support to people during the first lockdown⁷.

⁷ See [further work](#) from the Bevan Foundation.

Likewise, may people also become more engaged with their community, and especially local nature spots, during the pandemic.

WCVA believes there is a real opportunity to sustain this volunteer and community response following the pandemic, both to support the recovery and to promote wellbeing in Wales more widely. With the recent interest in volunteering, we believe that there is scope to build on this response.

Recommendation: The Welsh Government should work with the voluntary sector to identify areas across its work where volunteering can support the recovery, public services, or well-being. This should include an active leadership role for the sector in working with the Welsh Government to identify new areas, beginning with key areas where investment can lead to volunteering opportunities which support wellbeing in the recovery. Specific proposals include upgrading volunteering-wales.net to address inequality of volunteering across different groups; and funding for programmes related to nature, young people, and moving people back to the labour market.

Recommendation: The Welsh Government should develop a programme of empowering communities across Wales, acting as an enabling state for community action. This should include a Community Wealth Fund and legislation to provide greater ability for communities to be involved in local action.

5. Good practice, future opportunities and challenges.

WCVA has been listening to the sector to gather insight into which practices have worked well, and which haven't. We have also looked worked with organisations to explore what this might mean for the future – both good and bad⁸. WCVA is supporting IWA's initiative to develop a Sensemaker tool to support voluntary organisations across Wales to continue to capture learning.

Looking at the future, Covid-19 should be seen in the context of wider events and change. This includes leaving the EU, responding to the nature and climate crisis, transforming service models including in health and social care and adapting to digitally driven change. As well as a specific health crisis, Covid-19 is driving other change which will be hugely challenging for health and wellbeing, the economy and employment, poverty and inequality.

Our diverse voluntary sector has an essential role to play in supporting people's current and future wellbeing during this time.

Despite these enormous challenges, there are positive lessons to learn. Across the sector, we have been forced to do things differently – often at a scale and speed thought impossible pre-pandemic. Whilst there are plenty of things that organisations would not want to maintain, we've also seen change that has worked well. The need to innovate has forced us to find new solutions. This includes new collaborations and more inclusive digital services. We saw more agile commissioning and data-sharing that allowed better joint responses.

Opportunities to create a better future in the long term have also been created. The enormous disruption created by Covid-19 has created opportunities to change established systems and behaviours that were driving inequality, environmental damage and disempowered communities. There is a strong ambition across our 'build back better'. Our value-driven sector has a vital role to play in shaping and delivering this. WCVA is working to support organisations to influence a positive future.

⁸ [How we can prepare for different futures](#), August 2020

If we are to achieve this collectively, Wales needs to maintain and resilient voluntary sector, able to adapt to the considerable challenges ahead.

Good practice

The crisis has shown the difference that can be made by people coming together voluntarily. This was particularly in response to an emergency, something that was seen earlier in the year during the floods.

The community response has been essential to many people's wellbeing. New and informal groups sprung up across the country, including mutual aid groups. The local community action was able to work at speeds and in ways that other parts of society were not. They often led the way.

Certain things helped those groups to get going quickly and to make a bigger difference:

- It helped where community infrastructure was already in place – both in terms of relationships and physical infrastructure
- Good relationships with local business and public bodies
- The huge need and ability to respond quickly motivated thousands

We need to do more work to explore what worked and what didn't to inform future practice.

The swift informal response also gave rise to questions on how to sustain motivation, keep everyone safe and supported and encourage appropriate governance. These are issues infrastructure bodies are working on.

We saw a great deal of good practice within our sector, including rapid changes to service models and creative ways of maintaining vital support to people⁹. This includes new ways of delivering digitally. Many organisations reported how they were able to increase and diversify engagement through new digital approaches.

Throughout this crisis, voluntary and community organisations have been responding alongside public and private sector partners. Both the

⁹ See *Preparing for Different Futures – final report*

voluntary sector and its partners have benefited from this engagement. It has often led to the voluntary sector being able to reflect the views of its services users into pandemic planning, and to the public sector enabling the voluntary sector to deliver more effectively.

However, this collaboration has been variable across Wales. There are examples of excellent collaboration within and across sectors. There are also examples of poor practice, with top-down decision-making within public bodies excluding voluntary sector and citizen involvement. We must take this opportunity to learn and strengthen this collaboration and to make sure it is universal. Some of the examples of what worked well included more agile commissioning and data sharing.

There is a wide-range of areas where the voluntary sector can be involved in supporting the recovery. These include: support for health and mental health of people who have been adversely affected by the pandemic, helping children and young people who fell behind during the pandemic due to lost hours, addressing inequalities which were exacerbated by the crisis, supporting communities which have been adversely affected, relief of poverty following the recession, and providing support for people to return to the labour market.

In each of these cases, the voluntary sector can reach specific people who may not always benefit from other public services equally. They can also improve services by more effectively reflecting the views of the people and communities they work with into the policy-making process.

Recommendation: In future recovery work, the Welsh Government should ensure that all parts of the public sector engage with the voluntary sector in policy-making and service delivery. This should also lead to greater partnership beyond the recovery and include the voices of the voluntary sector as well as the people with whom they work.

Future opportunities and challenges

While the sector faces a significant period of upheaval and challenge, there are some opportunities. As outlined in section four, this includes in the volunteering and community sectors. There is an opportunity for the sector to support the current and next Welsh Government's recovery plans. There is likely to be a significant investment from the Welsh

Government in the next few years in economic recovery. This provides an opportunity to develop policy and programmes in which the voluntary sector can add value to the Welsh Government's programme.

In particular, we would draw the committee's attention to the following areas in which the voluntary sector can play a role in supporting a green and just recovery:

- Preventative health care to reduce strain on the formal health service, such as through social prescribing.
- Investment in community nature and conservation projects.
- Supporting young people, either through the youth services, or through investing in youth volunteering.
- Community and voluntary sector-led employability programmes.

Many across the sector are clear that they see this as an opportunity to more fundamentally restructure systems and behaviours to create a more sustainable future. There are ideas and energy across different parts of the sector around this. This is reflected in national movements such as the emerging [Wellbeing Economy Alliance in Wales](#). Voluntary and community groups also provide models that provide the seeds of how things could be done differently – and better -in the future. Examples include community energy and food initiatives, through to alternative ways of providing social care.

The huge uncertainty and speed of change that is taking place currently creates significant opportunities for change for the better, as well as threats. The voluntary sector, made up of value-drive organisations, has a critical role to play in shaping responses that lead to positive futures.

If we are to take opportunities to shape a positive future, Wales will need an active and resilient voluntary sector. This is not something we can take for granted. As well as the considerable financial challenges, our sector is facing challenges to adapt to different ways of leadership, governance and service delivery. Whilst many organisations have adapted swiftly to digital working, it is clear now that voluntary organisations will need support in building skills, capacity, culture and infrastructure to work digitally. Infrastructure bodies have a key role to play here, something which should be supported by government.

Recommendation: The Welsh Government should work with the voluntary sector to identify areas across its work where the sector can support the recovery, public services, or well-being. Some are highlighted above.

Recommendation: The Welsh Government should invest in voluntary sector programmes which support the recovery, in a similar manner to the Voluntary Services Recovery Fund. Given the length of the crisis, consideration should be given to extending this beyond the current financial year

Submission to the Equality, Local Government and Communities Committee inquiry into the impact of Covid-19 on the Voluntary sector.

Fiona Liddell. Helpforce Manager Wales

Helpforce perspective

[Helpforce](#) aims to develop the potential of volunteering in health and care services, working in England mainly with NHS organisations and across the UK through national partnerships.

In Wales, [Helpforce Cymru](#) is hosted by Wales Council for Voluntary Action, part funded by Welsh Government, informed by Wales own policy context and supported by a Wales steering group.

During Covid-19 the work broadened to engage with all aspects of the volunteering response to the pandemic.

Volunteering and community resilience - themes and issues

Conversations and meetings during the first three months of Covid-19 have been analysed to distil key themes and issues. These are presented diagrammatically in Annexe 1, under the headings of a) volunteer response, b) volunteering through Covid-19 and c) Volunteering post Covid-19.

A presentation at a UK research conference of the Voluntary Sector Studies Network, delivered jointly with Wales Centre for Public Policy, explored the preconditions for effective volunteer response, based on analysis of over 50 collected case studies. These fell under four broad headings:

- Local knowledge
- Resourcefulness and flexibility
- Relationships
- Infrastructure and support in place

The presentation is included in Annexe 2 and a blog (not yet published) based on this work in Annexe 3.

Future opportunities and challenges

The spectrum of volunteering includes a very wide range from informal, community action to more formally managed and focussed roles and tasks. (The presentation in Annexe 2 highlights examples which fall between these extremes).

In considering the strategic opportunities to be gained from volunteering, these need to be considered separately; a few comments therefore are offered on each below.

Informal community volunteer response

This unprecedented response proved to be speedy, creative and effective, bringing existing resources and initiatives together locally and attracting new support.

There is a challenge to build on this by:

- Supporting the sustainability and the independence of local groups
- Connecting with other local provision by statutory and voluntary sector partners, to enable joined-up services
- Conversation and better mutual understanding about appropriate levels of risk associated with different activity and context

Formal volunteering eg to support the NHS

It was notable that during Covid-19:

- a) no local CVC or Health Board experienced a lack of volunteers
- b) formal opportunities for volunteering were in short supply, largely because of the need to reassess and redefine or adapt existing roles and processes, or to develop new ones.
- c) health boards took very different approaches to volunteer involvement, including pausing all volunteering, focussing on patient welfare and developing frontline roles in field hospitals.

d) some effective working partnerships with local County Voluntary Councils and voluntary organisations were demonstrated.

There is a challenge to build on this by:

- Promoting cross sector working between statutory and voluntary organisations in order to enable more rapid and flexible involvement of volunteers
- Encouraging conversations at strategic levels about the role of volunteering, including risk and governance issues, the planning and investment required and benefits to be gained
- Building up a trained and flexible volunteer base in order to complement ongoing clinical care and to meet future unexpected demands.

Volunteering & Covid-19

key themes

**a digest from conversations with local authorities,
Health Boards, CVCs and third sector
March - June 2020**

Fiona Liddell

Helpforce Cymru Manager, WCVA

volunteer response

maintaining individuals interest

30 - 40 % want to continue to volunteer

individuals experience difficulty in volunteering

local collaboration to help supply of and demand for volunteers

improving infrastructure for future emergency response

generic Covid 19 opportunity created in every county

website 'a godsend'

signposting to CVCs and to Volunteering Wales website

potential to develop ESV schemes / opps targeted at employers

new interest in volunteering

volunteering brokerage

many normal opportunities closed and insufficient new opps

value to staff of grassroots engagement

volunteer response

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increased profile of volunteering

Good Sam scheme confusion in Wales

Volunteers Week, #power of youth #nevermoreneeded

variable links with eg Town and CCs LAs, CVCs

need for guidance

spontaneous community response

impact of campaigns

data reporting from Volunteering Wales

management and safeguarding issues

service gap if groups disband?

'organic' engagement style

alternative recruitment platforms promoted in some areas

data collection and management systems

sustainability post Covid?

speedy, informal response to community need

overall picture unknown

volunteering through Covid



volunteering post Covid 19

new patterns of volunteering

training to support digital approaches

digital inclusion issues

potential of Volunteering Wales Task app

need to be based on good practice eg WCVA/Wales TUC Charter and IIV

more online volunteering

micro volunteering

more Employer supported volunteering?

minimise red tape

emerging from lockdown

need for guidance

confusion caused by UK differences on easing restrictions

improving infrastructure for future emergency response

access to PPE - who pays

transport issues

community transport volunteer shortage

less use of public transport

new opportunities/needs

increased poverty and unemployment

changed community needs

changed volunteer demographic

new partnerships

mental health/confidence needs

clarity needed about who does what (eg CVC/Council)

co-production of volunteer solutions

culture of public services

kindness in public policy

capture learning to inform developments

more permissive; less bureaucracy

new narrative around risk - recognising 'ordinary vulnerability'

embedding new relationships between third sector and statutory partners

strategic vision for volunteers in workforce and operational planning



Wales Centre for Public Policy
Canolfan Polisi Cyhoeddus Cymru

WcVA
CgGC

helplu
helpforce

Pandemic recovery and volunteering in Wales

Challenges, opportunities,
and a research agenda

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Emma Taylor-Collins, Wales Centre for Public Policy (presenting)
Dr Fiona Liddell, Wales Council for Voluntary Action (presenting)
Dr Hannah Durrant, Wales Centre for Public Policy
7 September 2020, Voluntary Sector & Volunteering Research e-Conference

Our approach and theme

Analysis of conversations, research, events, between March-July 2020 led us to the question:

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What pre-conditions seem to have aided the volunteer response to the pandemic in Wales?

helplu
helpforce

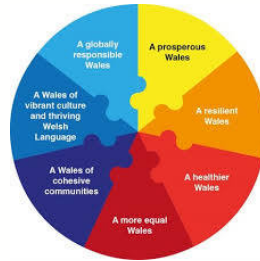


 @WCfPP

Policy and practice context

Wales-wide

Well-being of
Future Generations
(Wales) Act 2015



Prosperity for All:
the national
strategy

Taking Wales Forward

 Gwirfoddoli Cymru
Volunteering Wales

WcVA
CGGC

Cymru Iachach:
ein Cynllun Iechyd a Gofal Cymdeithasol

A Healthier Wales:
our Plan for Health and Social Care

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WcVA
CGGC

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 Wales Centre for Public Policy
Canolfan Polisi Cyhoeddus Cymru

Local coordination

- Local authorities
- County Voluntary Councils (CVCs)
- Town and community councils

Volunteering to support statutory services

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Denbighshire County Council



Blood Bikes Wales



NHS Health Boards

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 Wales Centre for Public Policy
Canolfan Polisi Cyhoeddus Cymru

Community-based response



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Nanny Biscuit, Flintshire



Briton Ferry Covid-19
volunteer response,
Neath Port Talbot



Llandegla Community
Shop, Wrexham

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What pre-conditions seem to have aided this volunteer response?

- **Local knowledge** (see Taylor and Wilson, 2020; Alakeson and Brett, 2020).
- **Resourcefulness and flexibility of existing volunteers/volunteer services**
 - 'Resourcefulness' rather than 'resilience' (see McCabe et al, 2020)
- **Effective working relationships**
 - Mobilisation of existing networks (Macmillan, 2020a; Taylor and Wilson 2020)
 - Pooling of resources and signposting
 - Five Ways of Working (Well-being of Future Generations Act)
- **Infrastructure and support**
 - Digital tools (Volunteer Wales)
 - Volunteer support infrastructure

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Thoughts on a research agenda

- What other factors might have facilitated the volunteer response to the pandemic? What might have hindered it? What about other kinds of volunteer response not covered here (e.g. Mutual Aid)?
- How have the preconditions for effective working between the voluntary sector and statutory public services enabled or undermined:
 - Effective and equal sharing of power, responsibility and roles
 - Service and user experience
 - Accountability and safeguarding
- How effective has the response been? What needs have gone unmet during the crisis, and what might we put in place now to address anticipated need during future lockdowns or pandemics?

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Building on strong foundations: the volunteer response to the pandemic in Wales

Emma Taylor-Collins, Fiona Liddell, and Hannah Durrant

Over the past few months we've heard a lot about the significant volunteer response to the pandemic. As in the rest of the UK, volunteers and the third sector in Wales have responded nimbly and innovatively. In May 2020, [over a third \(35%\) of people](#) in Wales looked after or gave help or support to family members, friends, neighbours or others – an increase from 29% in the previous year.

But it is unlikely that this response has sprung out of nowhere. Keen to understand what the pre-conditions might be that made this response possible in Wales, we examined a range of case studies on volunteering and Covid-19, collected by WCVA. We looked for the enabling factors which seem to lie behind them.

Support for statutory provision

Several volunteering schemes were set up to provide intentional support to statutory services. The local County Voluntary Council (CVC) in many cases appeared to be a vital link between the local authority, community organisations, and volunteers.

For example, early in the pandemic Denbighshire County Council recognised its need for additional capacity to meet the needs of shielded and vulnerable people. From the outset it discussed with its local CVC how volunteers could help, with the CVC setting up and running a referral scheme for coordinating a community volunteer response.

Volunteers were recruited via the Volunteering Wales website, and either referred to other organisations or matched with requests for support, such as shopping, prescription collection, and dog walking.

In this way the community response was organised in line with safe practice for volunteers and those they supported, and linked in with local voluntary and statutory provision, aiming to ensure the most effective use of volunteer resources.

Bringing the community together

In Briton Ferry several community organisations came together to form a coordinated network in response to the pandemic, drawing on their particular services and expertise.

Just before lockdown, the conductor of a local choir instigated a meeting with representatives of local community groups including elected members, businesses, social services and the local CVC. They put in place systems aiming to help the most vulnerable community members through the crisis and help to 'take the strain off the NHS' if the situation worsened.

Individual organisations offered their resources and engaged volunteers to provide services. For example, the community hub became the distribution point for essential supplies; the foodbank expanded its service to include weekly deliveries; another set up activities to support women's mental and emotional wellbeing; and the Boys and Girls Club developed and distributed activities for children.

Adapting to meet new needs

Llandegla Community Shop and café has been run by volunteers and two part-time paid staff for several years. The cafe had to close during the pandemic, the shop operated reduced hours and there was risk of using up financial reserves just to keep running. Since the nearest shopping town is a round trip of 18 miles, the shop is vital to the local community and especially so during lockdown.

A small emergency grant from a local business, administered by the CVC, enabled them to continue and to develop their service, including providing home delivery to isolated individuals and a prescription collection service. The group is looking at how to sustain these newly developed services in the future.

What might have made this response possible?

From these and other case studies collected we identified four factors which seem to have been especially important in enabling the volunteer response to the pandemic in Wales.

- **Local knowledge**

Place-based organising, with knowledge of the local area, was important for identifying local needs and for understanding how those needs changed in relation to the pandemic. [Recent literature](#) on community organising in the pandemic suggests local knowledge has enabled a speedy community response in other parts of the UK.

- **Resourcefulness and flexibility**

Having a strong volunteer base already in place – with the capacity to be flexible in terms of the services they provide – enabled a rapid pivot from existing to new activity in response to the pandemic. [Angus McCabe and others](#) refer to this as ‘resourcefulness’ rather than resilience to shift focus away from the idea that communities are responsible for ‘coping’ with a crisis and towards the idea that with limited but essential resources communities can respond effectively.

- **Relationships**

Most of our case studies showed that effective working relationships between bodies seemed to result in a joined up and speedy response. We saw these relationships manifest through, for example, joint calls for volunteer recruitment between councils and CVCs and joint or coordinated delivery of services. These demonstrated an ability to pool resources and signpost to redirect support where it was needed and could be accommodated.

- **Infrastructure and support in place**

Digital infrastructure was already in place to support voluntary activity through the all Wales website www.volunteering-Wales.net. Existing infrastructure in the form of local authorities, health boards, CVCs, town and community councils was also important in coordinating and facilitating the response.

What can this tell us?

Our review of the case studies in Wales suggests that across different geographies, types of activity, and stakeholders, there are some similarities in the existing networks and practice which may have helped enable the volunteer response to the pandemic. We also saw some of this earlier in the year, before the pandemic. The community response to the floods in Wales at the start of 2020, though reacting to a different kind of crisis, also drew on the established local knowledge, relationships, and infrastructure, and demonstrated flexibility in responding to local need (see for example [stories](#) on the Storm Dennis response in Rhondda Cynon Taf). This suggests that maintaining these conditions will be important not just in responding to future lockdowns or pandemics, but also in responding to the increasingly common environmental crises we’re likely to experience in future.

What we don't yet know is what other factors might have facilitated the volunteer response to the pandemic or crises such as the floods, or what might have hindered it. We also don't know enough about how effective the response has been, and what needs might have gone unmet over the past seven months. Greater understanding of this might help to identify what we might put in place now to address anticipated need in the future.

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Impact of the pandemic on the voluntary sector

The view from the Co-production Network for Wales

Collated by: Noreen Blanluet, noreen@copronet.wales

1. Shift in relationship between statutory sector and third sector

- There has been increased recognition from public bodies (and local authorities especially) of the value and the role that the third sector plays.
- The third sector and community organisations are more flexible to respond to need; they apply no or low eligibility criteria based on trust and community relationships (“if you say you need help, we believe you”), and as a result provide often small scale, but creative and immediate support.
- Public bodies and local authorities have been recognising this strength, putting more trust in the third sector, and sharing information more readily.
- We need to be able to hold on to this ability to be more open with sharing information, and being able to ask and offer help (reciprocal relationship between third and statutory sector).
- Organisations must play an enabling role (and be supported to do so, it’s a new thing for many). They should play to their strengths, provide help and coaching to the third sector where useful, but also “get out of the way” and let the third sector and community groups do what they do best. Organisations must not take over or institutionalise (and crush) things that seem to work well in the community.

2. Resourcing the third sector in the short and long term

- The third sector was already stretched and dealing with increasing referrals from local authorities due to austerity (this was already a concern pre-lockdown).
- To maintain the shift in power and increased collaborative relationships between statutory and third sectors, funding and also reporting will need to be re-examined.
- To continue operating and doing what it does best, the third sector will need longer-term resourcing and support (as well as the immediate Covid relief funds that are currently being made available.)
- We hear a lot that people have little time to think, they’re having to react all the time (and this will not ease as we are going into the second wave and the pressures of winter).
- If we want to learn in real time, identify what works and keep it, change what’s not working, we need to be able to take stock and reflect. Our infrastructure needs to support time to think and consider long term improvements to our ways of working, as well as taking care of the immediate frontline delivery.

3. Learning curve (and creative curve)

- The third sector (as well as everyone else delivering services) has been learning very fast how to shift any normally face-to-face delivery, to working remotely: using a blend of online/digital interventions and other modalities (e.g. phone check-ins, doorstep activities, letters and activity packs).

- Digital inclusion and exclusion have offered opportunities as well as challenges. Organisations are rapidly learning and adapting, and trying to make sure people aren't forgotten, in the midst of the various forms of lockdown inequalities. (This is easier for hyperlocal organisations and groups to do.)
- There is no one size fits all and community groups and local third sector organisations are better placed to create local solutions to national challenges. Being able to share learning and examples of good practice would be of wide benefit. (As per previous comment - we need time to learn and reflect together, or we will be creating more narrow silos of operation.)

4. Looking through a co-production and citizen involvement lens

- Co-production happened during lockdown where it was already happening, with organisations (statutory and third sector both) listening to people, enabling everyone to build on their strengths, finding creative solutions, and collaborating effectively across silos.
- The third sector could co-produce better overall, just like the statutory sector could. There is a tendency to jump to providing solutions (especially if the organisation deliver a service), and not taking as much time to listen and build on people's strengths towards desired outcomes. It is a fine line to tread during an emergency crisis response and the understanding of co-production (when and when not to apply it) isn't fully embedded across organisations.
- During lockdown wasn't the time to learn the mindset and behaviours of co-production and citizen involvement (as organisations had enough on their plate to deal with) - but as this approach would enable them to make better use of resources and develop community (and organisational) resilience, it keeps becoming increasingly important.
- This also relates back to the comment above about bringing long term improvements to our ways of working, as well as taking care of the immediate emergency delivery.



Leaving no one behind

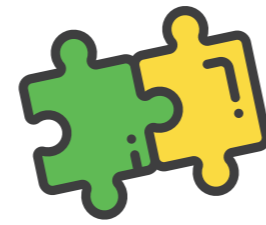
Hafod Covid-19 story board



Chronicling our Covid-19 journey serves a number of objectives consistent with our mission, values and strategic objectives:



Shared insight into key events and decision making for all colleagues



Widens appreciation and understanding of the operating environment



Demonstrates an ongoing commitment to openness and transparency



Improves internal communication flows



Invites opportunity for greater levels of engagement and scrutiny



Strengthens accountability e.g. executive to the frontline and vice a versa



Constitutes good governance

We have consistently demonstrated a strong desire for horizon scanning best practice, being prepared to challenge established orthodoxies in pursuit of securing better outcomes and an insatiable appetite for implementing learning into practice. As difficult and challenging the Covid-19 experience is let's try and embrace it in the hope that good things will also emerge.

Step 1

In a crisis, you first need to meet people where they are. People's most basic needs must be met and they need to feel safe. Naturally, no one is interested in talking about the future when they are more concerned about hand sanitiser and toilet rolls.

In response, adopting a programme management approach a number of actions were taken to accommodate the rapidly changing circumstances while maintaining sufficient overview, strong accountability, financial control and risk management.

We ensure our colleagues are kept informed through regular updates, web pages with useful information and FAQs and notifications by text message. Our Board gave our leadership the freedom to make critical business decisions in an agile way. In turn, our leadership team empowers our front-line.

One of our top priorities is to ensure all essential PPE is readily available to colleagues in care and support services.

This is done in tandem with local authority partners and Welsh Government.

No matter the cost, the safety and well-being of people was paramount

Step 2

We realised there were a number of matters that required urgent attention which impacted our day-to-day work flow so we established nine key project themes:



PPE



Well-being



Service Delivery



Communications



Compliance



Customer



Deployment



Finance



New Ways of Working

Once the essential needs were being addressed, we began to gradually shift the focus towards adjustment, common purpose and opportunities for growth (although rapid innovation and learning was also taking place throughout this period).

At this stage our Chief Executive invited the Executive Board and managers across the organisation to undergo a process of pause and reflect. It was important that we took a step back and evaluated our actions and thoughts in the context of the external environment rather than continue to operate in emergency, crisis mode.



Colleagues are invited to share their fears, concerns, hopes and aspirations through a series of Facebook Live and video town hall conversations and other group formations.



Thus far our Chief Executive has engaged directly with over 500 colleagues and the following represents the unfolding story.

Step 3

There is an underlying anxiety expressed by some colleagues concerned about the uncertainty of the future which may have implications for their livelihoods and families.



Risk

Anxiety and uncertainty build and begin to affect colleagues' well-being, as well as the productivity and effectiveness of the business



Our response has been to consistently communicate messages that strike the right balance between cautiously optimistic and the reality of the situation, where many factors are outside our control. However, as a long-term social business we must see beyond the current political and economic climate to adapt and deliver our social mission.

Regularly communicating the availability of a wide range of counselling and support measures through Lifeworks. Allied with confidential one to one support offered through experienced and trained HR colleagues.

Pause and Reflect was in part initiated so that colleagues had the opportunity to think and contribute into a future that was not overly fixated with the crisis of the present.

‘I am amazed at how quickly people adapted to working from home’

The response to home-working has been positive. Colleagues commented on the positive benefits of not having to travel to our head office, St Hilary Court and the impact of this on carbon consumption.

People also commented on the flexible working arrangements which allowed them to better manage their work/life balance and accommodate caring and schooling commitments.

We undertook a step change in the adoption of new technology which has given greater confidence and willingness to embrace the digital world.

Conversely, a small, but not insignificant number expressed concerns about the loss of social relationships and enquired how this could be addressed.



Colleagues were overwhelmingly appreciative of the efforts of our IT team in helping to smooth the transition to remote working



Risk 1 The transition to home working is not accompanied by changing work and management practices, to accommodate the complexity of colleagues' circumstances

Risk 2 Frontline colleagues' well-being and mental health is affected in the longer-term, due to the stress and trauma of dealing with Covid-19 outbreaks and contending with excessive death and emotional situations



What additional measures should we be exploring to assist with the well-being of our colleagues, both immediately and in the longer-term?

We recognise some colleagues retain deep seated anxieties regarding their health and economic prospects which will require ongoing monitoring, support and actions

Step 6

Concerns were expressed at the impact of the virus on our customer base, who disproportionately live in the most deprived areas, work in low-skilled occupations and are heavily state benefit dependant. Socio-economic consequences are likely to follow the pattern of previous downturns, and it could be argued many of our customers have not recovered from the 2009 downturn.



Risk

If we do not put the right mitigations in place and re-think our role in supporting communities and economies, the impacts will be more harmful and long-lasting



What are the implications with regards to our current interventions and approaches? Do we need to modify or develop (perhaps radical) new ways of working to reduce the impact?

On the understanding that those who are vulnerable and marginalised will be further exposed, we will look to review how the work of our neighbourhood coaches can be better aligned to meet needs and aspirations.

With regards to care, how will we sustain good quality services and spaces in a damaged and fragile economy and market? How can we prevent people from falling into the cracks between siloed services?

‘We used to find the door to be half ajar and now it’s fully open’

Mostly colleagues thus far had found the experience liberating and empowering. Layers of bureaucracy had been removed, greater autonomy was exercised and decision-making short circuited to the perceived benefit of individuals, the organisation and customers. Colleagues commented that they were improving their resilience and resourcefulness and other new skill sets were emerging.

Colleagues attributed progress to the extensive work being undertaken in recent years to improve organisation culture.



Risk

If this new-found autonomy and agency felt by colleagues does not continue beyond the crisis and the benefits we have seen do not continue to materialise



What can be done to hold on to the positive practices, behaviours and culture that has emerged through the crisis and make them part of the way we work?

Are we taking a structured approach to learning what works for us and what does not?

A heightened awareness among colleagues emerges in relation to driving better cost and value throughout the organisation. Colleagues took it upon themselves to identify small and large areas for cost reduction and improved productivity, but quite rightly pointed to limitations of the existing technical infrastructure as a barrier to progress.



Risk

Colleagues' readiness to work differently and more efficiently outpaces the development of our infrastructure and we miss opportunities to drive greater value throughout the business



How quickly can we tackle the short term IT development issues such as Office 365/One Drive, the telephone system, Wi-Fi, telecare, paperless office before embarking on an advanced digitisation programme?

Step 9

Covid-19 has prompted the short term shift and numerous innovations in how data is used for public good, with a possibility that some of the shifts may become permanent.

So far through the crisis our customers have really responded well to enquiries about their well-being, particularly those who are isolated, which suggests that the position of trust we occupy is quite unique.



Risk

Our protectiveness of data and reluctance to push for greater flexibility may stand in the way of working proactively and identifying customers' problems earlier



How can we be proactive with our customers around health protection?

How do we better connect with public health?

How do we instigate the discussions across the sector?

Being digitally excluded can severely limit people's ability to participate in everyday life (a staggering 80% of Hafod's residents elected to respond the Survey of Tenants and Residents (STAR) satisfaction survey via the post, in preference to an online questionnaire).

However, the ability to use digital technology to stay connected is only part of the picture. The ability to afford digital connectivity and equipment is also a barrier for many.



Risk

The negative effects of being lonely, isolated or lacking access to information and services online makes bad situations worse for many of our customers



How can we work with customers to address social isolation and loneliness?

How can we work with partners to pioneer low and high technology solutions, including the feasibility of mobile devices and internet being gifted as part of the tenancy start up?

Ostensibly our offer is significant, given the strength of community connections, endowments and skills we have at our disposal. These give us a major stake and anchoring role in local economies (‘Hafod Manifesto’).

We can, therefore leverage resources for the long term benefit of communities, continue to invest in pay conditions and career pathways and the branding of social care, develop our role in prevention and slowing down the escalation of major public health concerns and orientate supply chains to local suppliers.



Risk 1 The regulatory system does not support and facilitate our ambitions to work in this way

Risk 2 We lack the political support to move forward



How do we transition from an organisation still mainly procuring goods and services from larger to small suppliers linked to the locality model?

How do we influence policy and secure changes in the way we are regulated, to free us up to innovate and fulfil our potential as an anchor institution?

Step 11

We must ensure the risk to the new normal and economic revival does not come at the expense of climate change. It is estimated to make our current assets carbon neutral will cost an additional £60million.



How do we communicate to tenants that life-cycle timescales for kitchens and bathrooms will be much extended and that instead money will be spent on alternative components; electrical heating, PV, solar hot water, cladding and higher standards of windows and doors to reduce energy costs and to decrease carbon emissions?

Step 12

Step 13





Information for the Equalities, Local Government and Communities Committee, 2 November 2020

Re: Scrutiny of Covid-19 and its impact on the voluntary sector

1. About the Wales Funders Forum and our submission

1.1 The Wales Funders Forum is an informal network of funders from the public, private and voluntary sector who are based in and/or fund work in Wales. Our mission is to strengthen and support funders, to promote effective funding practices and to learn about current and emerging issues to meet the needs of Wales. We bring funders together quarterly to:

- Promote and share good funding practice
- Share learning about ‘what works’, ‘what doesn’t work’ and why
- Share information and learning about evidence of need for funding
- Provide opportunities to discuss and debate developments in Wales that impact on funders and the causes and organisations they fund
- Provide opportunities for funders to collaborate and network with each other

1.2 In the immediate aftermath of the lockdown, many funders signed a [Covid-19 Funders Statement](#), pledging to be as flexible as possible during this period so that civil society groups could focus on the vital work of supporting some of the most vulnerable people in our communities. Funders stepped in to provide financial support for those facing lost income and acute financial difficulties. They reached out to existing grant holders to offer additional support to meet emergency needs. They made increased funding available and speeded up their processes to get money to where it is needed most.

1.3 To support funders to work more closely together, the Forum increased the frequency of its meetings from quarterly to weekly, facilitating data sharing on awards in order to understand the spread of funding, to respond accordingly, and to minimise the risk of duplication. We continue to meet monthly for this purpose in addition to maintaining the quarterly meetings.

1.4 This written evidence about the four topics under consideration by the committee have been sourced from responses from the membership, information shared by members and notes from the meetings of the forum in the period of the pandemic. The Wales Funders Forum is an informal network and it should be noted

that the views of individual members of the forum shared in this document, would not necessarily be the view of the collective membership. In addition some members of the forum will be submitting their own evidence to the committee.

1.5. The remainder of this paper looks at each of the four topics under consideration by the committee:-

2. Funding and service delivery

2.1. Members of the Wales Funders Forum include the main grant giving organisations in Wales and worked together more closely than ever to ensure that funding went to the Welsh charities, organisations and communities that need it most during lockdown. To date more than £32 million has been distributed by Forum members to communities across Wales during the pandemic.

2.2. Back in March as we found ourselves in unprecedented times, as communities, voluntary organisation and funders started to navigate themselves through the pandemic. As noted above, many funders, including members of the Wales Funders Forum, took the coordinated approach of adopting the [Covid-19 Funders Statement](#), developed by London Funders. The essential points are that signatories commit to supporting their grant recipients by being flexible with grants and reporting deadlines and listening to the needs of their recipients.

2.3 Through the Forum and with the support of the WCVA, funders from across Wales published statements about their intent and approach during the pandemic. This included detailing about the budgets for grants programmes, emergency funds and additional support to grant holders.

2.4 Flexibility and understanding characterised the response from the spectrum of funders who make up the Wales Funders Forum. Funders reacted swiftly with emergency funding to support the sector, and gave care and thought to support existing grant holders adapt to the crisis situation. To give some examples:-

2.5.1. The Steve Morgan Foundation suspended normal applications in order to focus on delivering an Emergency Fund, providing funding to charities delivering additional emergency services and those experiencing a loss in fundraised income to stay operational.

2.5.2. The Waterloo Foundation contributed £200,000 to the Wales Coronavirus Relief Fund set up by Community Foundation Wales to support Welsh community groups responding to the crisis. In addition, Waterloo encouraged its current grant holders to contact their fund manager about how the Foundation could help, and made it clear that they would continue to make grant payments and review applications in line with their funding criteria as usual.

2.5.3. Members of the forum such as Pen-y-Cymoedd Community Fund have been agile and changed how they work to meet the crisis, including reducing the turnaround time between organisations submitting applications and receiving a grant. The Co-op Foundation de-restricted project grants and gave flexibility on timings. A statement by BBC Children in Need simply read “If you have a grant from

us at the moment, we want you to know that we are going to do our very best to help you.”

2.6. The funding interests and priorities of Wales Funders Forum members varies considerably geographically, demographically, by themes and by mechanisms of funding.

2.7. Members shared intelligence on themes emerging from the pool of applications received and contact with existing grant-holders. It was clear that many voluntary organisations saw a significant and sudden drop in income when public fundraising and trading income dried up overnight as social distancing measures made these impossible.

2.8. Members saw an increase in applications for food poverty/distribution, for equipment and outreach to tackle digital exclusion, and from organisations that were re-designing services to respond rapidly to the new circumstances. Covid-19 had a disproportionate impact on Black, Asian and Minority Ethnic communities and funders took action to ensure that their funding was reaching these communities.

2.9. Throughout the pandemic Forum members have had clear insight into service delivery from the third sector. Many groups increased their services and/or adapted their delivery approach, with grant funding supporting these increases, as other income sources dipped, cash flow tightened, and the sector spent its reserves.

2.10. Digital delivery of services was a key theme. Anecdotally we have evidence that there were some groups that failed to make this work, with digital exclusion, and for staff access to devices, connectivity and training all proving to be issues. Some groups found that engagement wasn't as fruitful, but others, especially those working with children and young people on the autism spectrum or with emotional challenges, found digital sessions to be good.

2.11. BBC Children in Need attempted to address some of the issues around digital inclusion through its Covid-19 Funding Streams, specifically its Booster Grants programme. With the fund designed to be as flexible as possible, this provided opportunities to apply for technology, infrastructure, additional staffing, immediate core costs, training, activities and anything else which could directly support children and young people affected by the pandemic. Again, evidence of this flexible supportive approach that members of the forum took to support the voluntary sector.

2.12 Lloyds Bank Foundation support charities with an annual income of £25,000 to £1 million to deal with complex social issues. They identified clear patterns that could be recognised in service delivery in response to Covid-19:

- **focus on crisis management**, with food delivery and other essentials featuring prominently (and subsequently a shift away from more in-depth support in some services)
- **lots of activity shifting to online / remote support**
- **problems faced by those without online access**, with some referring to writing letters as a way to engage those without access to technology
- **former clients needing support**

- **lots of focus on mental health needs** and concerns about the impact of the crisis on mental health.

2.13 The National Lottery Community Fund in its [Voices From the Pandemic](#) series shared in depth interviews with organisations working on the frontline. The interviews explore in more detail what grantholders have done, what they've learned and how they'd advise others, based on their experiences. One such interview was with grant holder Action in Caerau and Ely (ACE). While ACE runs a wide range of projects, from children's play schemes to a community woodworking shed, most of the work is face to face. Lockdown meant choosing what to continue, and how. ACE focused on making best use of their resources, turning their building into a food distribution hub, supporting beneficiaries of a food pantry project with emergency food parcels.

2.14 Supporting food purchase and distribution, was the focus of many of the responses funded by members of the forum. This included supporting to put in the infrastructure needed for distribution. Food supplies also ran out much quicker than expected for many grant holders, with members of the forum having to top up support in some cases.

2.15 Members of the forum also reported that as those they supported were coping with the increased demand on their services, they were also dealing with a number of other issues such as: staff on furlough; taking critical governance decisions over service provision, operations and sustainability while meeting remotely; and in the case of local infrastructure charities, coordinating activity, providing essential services and mobilising others who wanted to help to ensure people got the help they need, while endeavouring to minimise gaps and duplication.

3.0 The effectiveness of support from the UK and Welsh government and local authorities

3.1 Membership of the forum includes foundations that fund throughout the UK, funders that operate throughout Wales, and grant-makers that fund only in a particular locality. This gives a variety of perspectives on this issue.

3.2. Charity Bank lends money to charities and social enterprises throughout the UK, and has supported 55 projects in Wales since 2002, with a value of over £10 million. Anecdotal feedback that they are receiving suggests that there are more generous support packages available to access in Wales.

3.3. UnLtd, a leading provider of support to social entrepreneurs, has found Welsh Government extremely supportive to the social enterprise sector as a whole through regular contact and via their Economic Resilience Fund funding programmes which have helped some of our more established social entrepreneurs. There have been challenges for more early stage entrepreneurs seeking financial aid as they start out. The UK Government has also supported UnLtd's Social Enterprise Support Fund.

3.4 One issue that has caused some confusion has been the ‘Barnett consequential’ For instance, in April, when the Chancellor of the Exchequer announced the extra £750 million coronavirus funding for frontline charities across the UK, it was unclear for several weeks how this funding was to be utilised and distributed in Wales, which made it more difficult for Forum members to make decisions on the distribution of their own funds.

3.5 Similarly, in May when UK Government announced £76 million to support safe spaces and hotlines during the 'lockdown', including £38 million to support vulnerable children and modern slavery victims (including those exploited by county lines gangs), it again took some time for it to become clear on what it meant for Wales in terms of extra money.

3.6 In April of this year the Education Minister, Kirsty Williams, announced up to £3 million to support ‘digitally excluded’ learners during the coronavirus pandemic. While this was welcome news as only government can act at this scale, members of the forum with an interest in education nevertheless reported frustration with seeing first hand children and young people spending lockdown without the required technology and connectivity in their homes, as the planned interventions and support did not reach them. The Waterloo Foundation supported with projects such as that by Ysgol Garth Olwg in Rhondda Cynon Taff, who received £10,000 towards an e-learning platform. Moondance Foundation also supported such projects, providing £3,000 to Cwmclydach Primary School also in Rhondda Cynon Taff with online learning activities and IT equipment for pupils.

3.7 Government initiatives such as food vouchers for pupils receiving free school meals were also welcomed. Forum members did see some examples, of how they often failed to work in practice. For example, Waterloo Foundation are aware from grant-holders of families who received vouchers for a specific supermarket located 10-20 miles away, which were very difficult to use without public transport or access to a vehicle.

3.8 In addition free school meal eligibility is potentially a crude measurement of poverty, particularly at a time when many families were probably “unofficially” falling into that category during the pandemic. Schools were fantastic in recognising this and ensuring support was given to vulnerable families, whatever their official status. A good example of this provided again by Waterloo Foundation is the Cadoxton Primary School in Barry and the associated charity, Cadog’s Corner, who served their communities so well, ensuring they have access to healthy, wholesome food through a “Pay as you feel” food shop.

4. Volunteering and community resilience

4.1 During the pandemic Forum members have seen the emergence of both informal and formal volunteering on a scale that hasn’t been witnessed before, with a real diversity in the way in which people are engaging.

4.2. The Building Communities Trust (BCT) pointed to a perceived growth in young people volunteering, particularly informally. With a proportion of the older, more

traditional volunteer cohort finding themselves increasingly socially isolated and in need of support themselves, it seems as though the younger age group is stepping up to the plate in many cases.

4.3. BCT were able to give many examples where people, groups and organisations were helping one another and delivering practical interventions to help people and their communities. For example, benches made by one community so that people could sit and meet up yet remain socially distanced. New people and groups are emerging and taking action, with people making new connections, coming together and helping one another. Participants in BCT work felt that ‘some community members have really shone’ and ‘true community champions have come forward’ since the crisis started.

4.4 UnLtd reported noticing an increased interest in people wishing to start out as new social entrepreneurs, and has been receiving many more applications for support than usual, either through awards or via joint programmes e.g. the Welsh ICE virtual 5-9 Club for social entrepreneurs starting in the South Wales Valleys. Awards are now open to new applicants with a larger budget available in Wales until March 2021. UnLtd has moved to providing all support online, which has proved very effective especially links with peers with common interests across Wales and the UK.

4.5. More generally and anecdotally funders who support social business can see that new opportunities have undoubtedly come out of the pandemic. In many areas of Wales, the importance of community and local services has been brought into sharp focus and the importance of social enterprise in that mix has become apparent. The role and flexibility of new social businesses is also becoming apparent in this change.

4.6. The pandemic has highlighted the importance of community resilience - the sustained ability to use resources to respond, withstand and recover from adverse situations - and the importance of resilience within the voluntary sector. A number of members provide additional support to the organisations that they fund. For example:-

4.7.1. Lloyds Bank Foundation provides a range of developmental support, including training, consultancy and mentoring alongside their funding to help strengthen the charities they support. During the pandemic they increased and adapted this support to meet the priority needs as a result of the pandemic.

4.7.2. The National Lottery Community Fund in August 2019 commissioned a third sector directory of support services for voluntary organisations seeking assistance with organisational resilience. They also have an online strengths checker that allows potential applicants to address these needs in future funding applications to the fund or through variation to existing grants.

5. Good practice and future opportunities and challenges

5.1 Throughout the Pandemic, members of the forum have worked closely together to avoid duplication and share intelligence. For example, The National Lottery Community Fund, WCVA and Community Foundation Wales have collaborated in grant scheme design so that between the three funders, they had funding available that targeted the full cross-section of the sector.

5.2. Forum members are also considering how we can work together strategically in the future to support the post-pandemic recovery. The National Lottery Community Fund, who provide secretariat support for the Forum, has committed to fund some research work focused on making the Forum even more strategic and effective, thus better placed to deliver the collective future response that will be required to meet the continuing challenges faced by the voluntary sector.

5.3. WCVA estimates that the voluntary sector in Wales will have lost approximately £230m in income during the first three months of lockdown. The funding available from Wales Funders Forum members is nowhere near enough to cover the income deficit left by Covid19 and very sadly, but unavoidably, the voluntary sector will have a different shape on the other side of this pandemic. Whilst it is not possible for funders to fill the gap in income, members of the Wales Funders Forum will continue to work collaboratively to ensure that the funding that is available is spent well and reaches as many organisations as possible.

5.4. Forum members are reporting concerns from the sector about the availability of 'normal' funding during 2020 and 2021 as funders divert their budgets from 'business as usual' to address emergency needs. Funders understand that voluntary organisations in Wales are currently facing concern and uncertainty about both their immediate and longer-term future. We are encouraging Forum members to share plans for grant distribution once the emergency fund response has passed.

5.5 As noted above, the lockdown and pandemic have provided the impetus for funders to review and consider their processes and approach. A number of funders and members of the forum have recently dispensed with historical rules about what they can fund, and it seems likely that this may lead to more widespread adoption of more flexible funding, including for core costs.

5.6. For example, as a part of its Covid Recovery Fund the Lloyds Bank Foundation offered a two-year unrestricted grant of £50,000 with dedicated organisational development support. This was offered with the realisation that to survive the aftermath of the pandemic, the charities that they fund have needed to alter the way in which they operate, deliver services and source income. Given the funding challenges that the charities they support are facing, the Foundation is considering how it can share learning and success stories about funding core costs, as part of a strategy focused on reaching and influencing other funders, or those who don't already support such costs.

5.7. UnLtd has reviewed its application systems and launched a more user-friendly and inclusive application process. They have also committed to ensuring at least 50%

of awards go to social entrepreneurs who are BAME, disabled or over 50 years of age. They anticipate a greater demand for their services in the future as we recover from the pandemic and consider that the challenge will be ensuring that they provide the most relevant and best support to those social entrepreneurs with the potential to make the biggest difference, with limited resources. They plan to continue working closely with Welsh partners to ensure support goes where it is most needed.

5.8. The Forum also heard from the UK-wide Association of Charitable Foundations (ACF), which shared the findings from its [Stronger Foundations](#) initiative on how to apply a diversity, equity and inclusion lens to funding practice, as well as recommendations on excellent learning and impact practice. ACF has also been working with partners to develop the [Funders' Collaborative Hub](#) to enable increased understanding, closer alignment, and opportunities for funder collaboration in the post-emergency phase of Covid-19, and the Forum will look to link into this work as it develops. The web platform to support collaboration launches early in November.

5.9. Another initiative that has been given active consideration by the Forum is the Living Wage. Members of the forum who are Living Wage Funders are committed to tackling low pay by encouraging the organisations they support to pay the real Living Wage, as determined and promoted by the Living Wage Foundation, and have actively encouraged other funders to also provide this support to the voluntary sector.

5.10. In conclusion it is clear that as members of the Wales Funders' Forum look ahead to the next stage, they are considering how they can support organisations to recover and make plans for what their new futures look like. As they do this [statements about the ongoing plans will be available on the WCVA website.](#)

5.11 As the voluntary sector pivoted to deal with the pandemic, so did the membership of the Wales Funders Forum, providing support both financially and in kind to the voluntary sector in Wales at unprecedented levels. Forum members will pivot again to support the recovery and flourishing of the voluntary sector in Wales.



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26 October 2020

Information for the Welsh Parliament Equality, Local Government and Communities Committee

Re: Scrutiny of COVID-19 and its impacts on the voluntary sector – Monday, 2 November

From: Rebecca Watkins, Director of The Moondance Foundation

- Introduction

The Moondance Foundation is a family charitable foundation, set up by Diane and Henry Engelhardt to further their family's philanthropy and giving in 2010.

The Moondance Foundation is a registered charity (Registered Charity No: 1139224) and a registered company limited by guarantee (Company no: 07448773).

Moondance's Mission: To prevent or relieve poverty, support the welfare and wellbeing of women, children, the elderly and the vulnerable in our society, improve health outcomes, raise educational standards and preserve our environment for future generations.

On 25 March 2020 Moondance launched its Covid-19 Relief Fund to support charitable organisations and activities in Wales. To date, Moondance has awarded 764 grants totalling over £6.9 million.

These grants have supported grassroots organisations, community groups, national charities working in Wales, playgroups, primary and secondary schools, and organisation working in the areas of homelessness, domestic violence, sexual abuse, and mental health & wellbeing, plus many more. Items provided range from essential food parcels to help support vulnerable people suffering from food poverty, to computers and tablets to redress digital deprivation and isolation.

- Funding and Service delivery

Funders have come together in response to Covid-19. For example, the Wales Funders' Forum (members include: WCVA, National Lottery Community Fund, Community Foundation Wales, The Waterloo Foundation, Pen y Cymoedd Wind Farm Community Fund, Lloyds Bank Foundation, Coalfields Regeneration Trust, BBC Children in Need, Architectural Heritage Fund & others) who met four times a year, started weekly virtual meetings. These meetings have provided the opportunity to discuss what funds were available, explore the areas where the need was the greatest and to share details of funding awarded.

Funders responded immediately to the crisis and were able to make quick decisions. Moondance could process applications and have the money in the applicant's bank account within 48 hours.

Also, there has been increased discussion with the Welsh Government's Communities and Third Sector team.

With lockdown the third sector organisations saw demand increase immediately for their services and activities.

Community Groups responded and adapted quickly to the greater demand, despite an uncertain about where funds would come from and for how long they would have to deliver.

The lockdown severely impacted charities who had diversified their sources of income with other income generating activities, such as cafés or training, to reduce their overall reliance on statutory funding. They saw their income cease instantly, and their diversification, and in many cases innovation, was in this circumstance detrimental to their finances.

- Effectiveness of support from the UK and Welsh Government and local authorities:

Messaging from the UK and Welsh Government about what is available has often been confusing, and it then took time to implement and reach the people in need. At the onset of the lockdown, the focus was very much on businesses with the third sector naturally feeling abandoned. It took some time to realise the impact of the lockdown on the third sector, but when established the WCVA programmes to distribute Welsh Government money were effective.

Examples where messaging and delay have not been helpful:

1. Education announcement about funding to overcome digital deprivation, through our work, we have not heard of anyone who has benefitted or been able to access this funding.
2. Support for playgroups was slow coming from the Welsh Government and provide support for income lost early in lockdown not to help recovery going forward. I have been told that as a result uptake has been limited.

- Volunteering and community resilience

Communities and volunteers have risen to the challenges of Covid-19, reaching out to support the young, elderly, disabled, sick and isolated. However, it is not known how long support can continue at this level before sustained commitment will begin to wane and fall away.

New community groups and regional collaborations have been formed in the crisis to support their local areas effectively. The need for these groups in the future should be considered, and appropriate governance put in place to ensure their survival.

During this crisis, funders have overlooked some of the poor governance practices to respond to the need. This cannot continue as it would be to the detriment to the third sector in Wales. For example, the late filing of documentation with the Charity Commission was overlooked.

- Good practice and future opportunities and challenges

Greater collaboration and transparency between funders, including the Welsh Government, can only help support the third sector in the future. Funders continue to explore how we can work together to raise standards and ensure the future resilience of the third sector in Wales.

An acknowledgement that new community groups need support to put in place essential governance. Recognition that community groups must work with their communities, vulnerable people, to help them back on their feet and reduce their reliance on support and handouts.

Covid-19 and the national lockdown has highlighted throughout Wales the levels of deprivation including food poverty, lack of essential items and digital resources. We must continue to recognise this and take steps to ensure that vulnerable individuals and families receive the help they need to improve their lives.

This crisis has seen national charities working in Wales cut their workforce, and we need to ensure that the people of Wales do not suffer because of their withdrawal. For example, Breast Cancer Now, Prostate Cancer and Bowel Cancer UK have all made the position of the head for Wales redundant.

Finally, Covid-19 has had an immediate impact on the third sector in Wales, seeing increased demand for services and a loss of income. While the various Covid-19 emergency relief funds have mitigated some loss of income, the effect of Covid-19 will be felt for many months, possibly years, to come. As the furlough scheme ends, there is the risk greater unemployment leading to even greater deprivation which could be exacerbated by less funding being available.



Summary notes – Evidence for Equalities, Local Government and Communities Committee, November 2, 2020

1. Funding

Important role of Community Foundation Wales' partnership with the National Emergencies Trust in attracting added £3.7m funding to support third sector in Wales. This meant that Wales benefitted from UK-level corporates who usually wouldn't engage at a local level in Wales (Google, Hewlett Packard, Marks and Spencer etc), and Trusts and Foundations who we'd like to invest more in Wales. We were able to work closely with NET, building their insight of needs in Wales.

At the outset, Community Foundation Wales moved quickly to establish the Wales Coronavirus Resilience Fund. This gave a focus to public generosity and philanthropy and was able to attract valuable funding support from Welsh businesses such as Admiral and Welsh Water. The set-up of the fund meant that we avoided the emergence of a myriad of locally-sourced funds across Wales (as we see when there is a local issue eg flooding) and issues/concerns around governance and fund management.

Funding has been released quickly and upfront, which has been great news for successful groups. Given the uncertain financial situation affecting foundation endowments, largely invested on financial markets to create charitable returns, we are likely to see a difficult year ahead.

Many funders have been asking for projects to fund at this time. At a time when many funding channels are drying up, this is storing up a problem for groups who will not be able to sustain the new work on a funded basis.

Trust and foundation funding is playing an important role in supporting the sector through this difficult time. But with the loss of trading income and event-based fundraising, it's not realistic for the sector to rely on sustainable funding from Trust and Foundations in the medium term. While organisations primarily funded through commissioning are less impacted by the pandemic currently, they too will face great uncertainty and concern about their future funding. The sector is facing colossal changes in how it is funded – and we are going to need strong leadership skills and high quality development support to survive and thrive. This is going to require strong infrastructure support and partnership work bringing together government, funders and other partners.

Opportunity

- Continue to build and develop Community Foundation Wales and National Emergencies Trust relationship for future emergency responses
- Develop the Community Foundation Wales funding model for national and local emergency funds to ensure quality, public trust and corporate support
- Supporting the sector in Wales to quickly adapt to the new funding context
- Use the findings from Community Foundation Wales Loud and Clear [report](#) to encourage funders to support core rather than projects, meaning organisations have the freedom to adapt in ever-changing situations.

2. Research

At the outset Community Foundation Wales ran an open-ended consultation to help shape its funding plans. Many groups then felt comfortable in approaching us to explain their situations when they didn't fit our criteria. We were able to be flexible and reach out where we saw gaps. Groups who gave feedback through this helped shape our funding decisions through the first six months, particularly in enhancing some of our grant levels, helping to identify gaps and increased our ability to work strategically.

Most funders would have carried out some level of research/insight-building. Having a more open approach to this across the sector would have helped collaborative working and decision-making.

Opportunity

- Wales Funders Forum is considering how funders can share information and work more collaboratively.

3. Supporting BAME communities

The funding sector generally has been criticised for not reaching the communities affected by the virus. In Wales, Community Foundation Wales has worked with partner organisations to invite applications from different communities. We do know that some groups struggled to find funding. Understanding that BAME communities were disproportionately affected, this was a factor in our grant decision-making and over-rode some of our usual criteria and quality markers. In the longer term, the pandemic experience has highlighted a need to improve the ability of BAME groups to secure funding.

Opportunity

- Funders have undoubtedly stepped up their engagement with different communities affected by the pandemic. We will continue to do this and to work on ensuring equitable support
- Improving the ability of BAME groups to secure funding in the longer term.

4. Giving voice

We felt that an important role alongside our grant-making was in telling the story of what groups were achieving. At a time when communities were feeling the full pain of the pandemic, we sought to balance this by supporting groups to tell their story. It also improved their skills sets for promoting their work and increased their confidence as we featured the videos that were shared to a wider audience. This was important, we feel, in building community resilience and morale and highlighting the community sector in Wales at its strongest.

Opportunity

- Recognising the importance of sharing stories of resilience at times of crisis. The important role of this in strengthening communities and encouraging others to take positive action.

5. Fraud

The first six months of the pandemic saw a significant increase in fraudulent applications. CFW policy is to report fraudulent applications to the police. Funders worked collaboratively, sharing information to stop these applications. We have reviewed and stepped up our security checks as a result – whilst seeking not to slow down applications times.

6. Partnership-working

In Wales we are fortunate to have strong relationships across partners, but Covid-19 pushed us to be more active partners, first of all in sharing information, then in joint planning so that we worked together to ensure our funding was most effective. Regular meetings with key partners and other funders kept everyone connected and informed, and were helpful.

We had strong relationships with Welsh Government and other funders throughout, with regular meetings to keep open communication channels. Despite attempts we were not able to engage or work alongside the Welsh Resilience Forum or the local partnerships. In a different emergency scenario, particularly with decision-making at a more local/regional level, this could be critically important so that funding strategies are aligned.

Opportunity

- We are building further on this through Wales Funders Forum and looking at how we can scale up our collaboration work
- We are very interested in the funding application model which has been developed by London Funders - an integrated process for its funders, cutting out lots of duplication for grant applicants. There are other technology solutions to this too which we are looking at
- Developing stronger links between funders and the Welsh Resilience community that can kick-in quickly in the case of local and national emergencies.

7. Volunteering

We have seen an increase in volunteering activity amongst younger people. This is a significant change at a time when we can see that volunteer activity for older people has been restricted. We saw a strong focus on public sector-based volunteering – it's important the community groups and charities and their volunteering needs are not overlooked at the time when they need that support the most.

Opportunity

- While sections of the population have had to stop their volunteering, other sections were motivated to start volunteering. More active targeting of this audience could bring positive results for the voluntary sector
- Can we maintain focus on third sector volunteering alongside public-service support?

8. Ad hoc voluntary work – Mutual Aid groups

We have seen a significant increase in these type of Facebook/Whatsapp-based groups of local people who are helping others. Much of it is unseen and happening on a very informal level, but with significant local impact. The groups, in the main, have not needed funding, or certainly only small amounts to buy food etc. This community-based support is tremendously valuable – it does however pose some important questions for the sector and society around our expectations on good governance and safeguarding.

Opportunity

- At a time of crisis, is society prepared to take more risks to ensure people have the local support they need?
- Can we develop a proportionate governance checklist for quick set-up groups like this, which encourages them to do things safely without adding too much red tape?

Contact details:

For more information or to discuss further:

Richard Williams, Chief Executive, Community Foundation Wales – richard@communityfoundationwales.org.uk

Evidence to the Welsh Parliament Equality, Local Government and Communities Committee on behalf of The National Lottery Community Fund regarding the impact of the Covid 19 Pandemic on the Voluntary Sector in Wales

1. About the National Lottery Community Fund and our submission

- 1.1 The National Lottery Community Fund is one of the 12 UK distributors of money raised through the National Lottery for good causes. We support people and communities to thrive and believe that people understand what's needed in their communities better than anyone else. Every time someone purchases a National Lottery ticket, they are helping people to take a lead to improve their lives and communities.
- 1.2 Our work is divided into five portfolios, covering funding across England, Northern Ireland, Wales and Scotland, as well as the UK as a whole. In Wales we have three regional teams covering South Wales & Central, North Wales, and Mid & West Wales. These teams allow us to be flexible and responsive in our support to customers. We have embedded our presence in communities and used our deeper understanding of local context to inform and improve decision making. We distribute approximately £35-£40m million annually to good causes in Wales, of which over 95% goes to the voluntary sector.
- 1.3 Whilst we are governed by a UK Board, which is responsible for setting our long-term strategy and key policies, in each of the devolved nations, strategy relating to funding themes and priorities is delegated to country committees, like our own [Wales Committee](#). This ensures that decisions about our funding in Wales are made in Wales.
- 1.4 As a funder of community-led activity across the UK, we have been at the forefront of supporting communities in Wales to respond to the challenges of the COVID-19 Pandemic. We feel that it is important for us to respond to the Equality, Local Government and Communities Committee's Scrutiny of COVID-19 and its impact on the voluntary sector to highlight the learning that we have gathered and to highlight our ongoing support for the voluntary sector.
- 1.5 We would welcome the opportunity to expand on our submission further at a future meeting of the Committee. If you wish to discuss its contents, or would like further information, please contact our Director, John Rose at john.rose@tnlcommunityfund.org.uk.

2. The National Lottery Community Fund's response to the COVID-19 Pandemic

2.1 Our response to date

As one of the largest funders in the UK, and in Wales, we have moved quickly to support organisations and the communities that they serve.

2.2 Within the first three weeks of lockdown, we mobilised our funding to support the COVID-19 response. Our flagship funding programmes in Wales, [National Lottery Awards for All](#) & [People & Places](#), prioritised applications from organisations:

- supporting people who were at high risk from COVID-19
- supporting communities most likely to face increased demand and challenges as a direct result of measures to prevent the result of COVID-19
- connecting communities and supporting communities to work together to respond to COVID-19.

2.3 We also offered considerable support to our existing grant holders by allowing them to use their grants flexibly to address immediate needs resulting from the COVID-19 crisis. We proactively approached them to establish how they had been affected and to offer upward grant variations to meet costs associated with their emergency response, or financial support for those facing lost income or acute financial difficulties.

2.4 Our contribution to helping communities in Wales meet the challenges of COVID-19 has been significant, with over **660 awards** being made through either grant variations or new applications, amounting to nearly **£19 million** since April 2020. These awards have helped to tackle both the emergency and give provide a longer term funding beyond the immediate crisis.

2.5 Through our UK Funding Portfolio, we have also funded organisations to work with communities to consider how things are changing as a result of COVID-19 and to help them move towards recovery and renewal by planning for a better future. Our **Emerging Futures Fund** made 51 awards totalling **£2 million**, five of which were awarded in Wales:

- Disability Wales, *#UnlockedLives*, £23,500
- Ethnic Youth Support Team in partnership with ProMo Cymru & Race Alliance Wales, *We are Wales, stepping up during COVID-19*, £49,500
- Gentle Radical Ltd, *Doorstep Revolution*, £39,852
- Sub-Saharan Africa Panel, *Siku Za Mbele/Days Ahead*, £47,000
- WCVA, Better Future Wales, £45,791

2.6 To help us build our own comprehensive picture of the impact that COVID-19 is having across the UK, we have established our own **Scanning and Sensing Network** to enable colleagues to share what they are hearing and learning. By building up a picture in this way we are better able to identify

good practice, common challenges and possible solutions of the future. We are sharing this insight with our customers and stakeholders, as well as using it to inform our ongoing response to the Pandemic. While a short response such as this does not afford the opportunity to go into every issue in depth, we recommend [visiting the section of our website](#) where we have started to share and highlight some of this learning.

2.7 We currently have insight on the following, with more learning to follow:

- [Helplines & advice lines: practical learning for remote service delivery](#)
- [Domestic abuse](#)
- [Bereavement & end of life](#)
- [BAME Communities](#)
- [Money & Finances](#)
- [Loneliness](#)
- [Supporting Young People](#)
- [Food](#)
- [Community Infrastructure](#)
- [Networks and Peer Support](#)

2.8 Working with other Funders

Throughout the Pandemic, we have worked closely with other funders through the **Wales Funder's Forum (WFF)**. We strongly encouraged the sharing of data between funders and, using our administrative role within WFF, we successfully coordinated this information sharing to share knowledge and avoid duplication. As part of our ongoing commitment, we are funding research work focused on making the WFF more effective, more strategic and better placed to deliver the collective future response that will be required to meet the continuing challenges faced by the voluntary sector.

3. The challenges and changes facing the voluntary sector

3.1 It is important to stress that the voluntary sector is incredibly diverse and varied, covering organisations of many different types and sizes. It has meant that the Pandemic has had impacted on them in varying degrees, particularly in terms of income. While many organisations have had to at least temporarily cease activities to a greater or lesser extent, those that rely on the delivery of those activities to sustain an income have been amongst the hardest hit. To this end, it is medium-sized and larger organisations that have borne the brunt, albeit in different ways. While smaller grassroots organisations may have experienced a hiatus, they tend to rely on modest income and the goodwill of volunteers and members rather than significant funding. The evidence that we offer below mainly reflects the impact of the Pandemic on medium and larger organisations.

- 3.2 During 'lockdown' we noticed that many organisations had to adapt quickly to maintain services and respond to the immediacy of the Pandemic. It is to their credit that they were able to do so in difficult circumstances and with reduced income, particularly those organisations delivering front line services. Paradoxically, organisations that are predominantly reliant on grant funding seem to have been better placed to weather the crisis as funders have worked at pace to top up existing grants and offer maximum flexibility to grant their holders.
- 3.3 Many have turned to digital technology for the first time to deliver services, although some do not have access to the necessary equipment. Even if this move towards digital has been driven by necessity rather than choice, this is likely to make its presence felt on a more permanent basis. However, it has its limitations as many organisations and individuals may still lack the skills to keep up with these developments, pushing them to the margins. Those operating in rural areas have had the added difficulty of poor broadband provision. While some will embrace the changes, others will need ongoing support to keep up and adapt.
- 3.4 Even for larger charities with effective fundraising operations, the drops in income brought about by the cancellation of mass participation events, for example, will be difficult to sustain. Organisations that operate trading arms as a source of revenue have also been particularly hit. A collapse in demand for services during lockdown, or a significantly reduced footfall impacting on retail, has seen income from commercial activity drop significantly.
- 3.5 The experience of the pandemic has also varied by the sector within which an organisation operates, as well as by its size. Environmental charities are amongst the hardest hit and are bracing themselves for long-term financial losses due to reduced membership, the closure of visitor attractions and decreased donations. This may impact on their ability to care for land, protect wildlife, and tackle climate change in the future.
- 3.6 Medium and large organisations are more likely to have reserves that they can utilise, but even this is not as straightforward as it may seem. Many reserves are often tied up as financial investments; with the volatility of the markets and an economy now in recession, cashing in those investments is likely to yield a poor return.
- 3.7 Ultimately, the COVID-19 Pandemic has served to make pre-existing long term and systemic challenges for the voluntary sector even more acute. It means that the existential challenges facing many organisations, at a time when they are expected to play a continuing role in supporting communities through the ongoing Pandemic and beyond, are considerable. Here we summarise the areas where our research has shown that voluntary organisations are struggling:

- **Fundraising and income generation** - the capacity and capability to diversify is still a huge area of concern, and funders like us must consider whether we have a responsibility to help our grantees to become stable and sustainable.
- **Financial management** - there is evidence in some organisations of a basic lack of understanding of budgeting, how to manage cash flow, and reporting effectively, as well as an absence of effective risk management processes. These skills are even more crucial at a time when organisations are facing unprecedented financial challenges exacerbated by the Pandemic.
- **Leadership & governance** - good leadership is important in creating organisational resilience, and in this context, it encompasses the role of trustees, senior management and staff. Deficiencies in experience, expertise and capacity have all have been further exposed by the Pandemic.
- **Business Planning** - there can seem to be low awareness of the importance of planning and a lack of capacity to do the necessary work it requires, especially the vital longer-term strategic planning needed to support communities and organisations to recover from COVID-19.
- **Monitoring, evaluation and use of evidence** - the voluntary sector is only just beginning to appreciate the importance of collecting high quality data as a means of managing performance, persuading boards, donors and other stakeholders of organisational effectiveness, and as a tool for understanding its own impact.
- **Adapting to change and alternative approaches** - the Pandemic has highlighted that some organisations need support to adapt and evolve to meet the changing needs of the communities that they serve, now and in the future. Some lack the capacity and knowledge to work in new ways and need to do more to learn from other organisations to join up understanding and help each other as these new issues emerge.

3.8 Without a strong and viable voluntary sector, communities across Wales will struggle to recover from the wide-ranging impact of the Pandemic, which is why Funders must step in to maximise the support that they can offer, both financially and ‘in-kind’.

3.9 The changing nature of Volunteering

The Pandemic has seen the emergence of a new willingness to volunteer within Wales. An unprecedented number of new volunteers have registered with [Volunteering Wales](#) to help their communities to get through the Pandemic, although the local co-ordination of this surge of volunteers across Wales has been mixed and variable. Our own research has suggested a mix of approaches comprising of:

- areas where the local authority is leading volunteer co-ordination
- areas where the county voluntary council (CVC) is leading volunteer co-ordination
- areas where there is much more of a partnership approach between the two
- a limited number of areas with poor volunteer coordination.

3.10 On the whole, both local authorities and CVCs have signposted volunteers to Volunteering Wales through their own websites. These established channels do not account for the informal volunteering that is now happening in communities 'off the radar'. This is often coordinated by citizens through social media and has raised some safeguarding concerns. Informal volunteering like this is much more difficult to regulate. Formal volunteering routes are already experiencing a huge demand for DBS checks and safeguarding training as a result of their own volunteer surge. The fact is that this is how more and more people are now choosing to volunteer means the sector may need to adapt to respond.

3.11 Colleagues at WCVA and Building Communities Trust have pointed to a perceived growth in young people volunteering, particularly on the informal side of things. With the older, more traditional volunteer cohort finding themselves increasingly socially isolated and in need of the support themselves, younger people seem to be stepping in. Whether or not this new enthusiasm for volunteering can be harnessed and encouraged in the longer term remains to be seen, but the hallmark of the Pandemic in Wales has been the willingness of people to 'do their bit'.

4. Supporting the voluntary sector and communities to recover

4.1 While there has been a significant mobilisation of funds from Welsh Government and other funders to support the voluntary sector through the immediacy Pandemic, it is less clear as to what funding will be available to support it in the future. The loss of EU structural funding following Brexit is one such example. Voluntary organisations benefited significantly from this funding, and while the UK Government has announced plans for a UK Shared Prosperity Fund to replace them, it remains unclear as to how this funding will be distributed and spent in Wales. Our conversations have highlighted significant concern about future funding opportunities, particularly the possibility that government funding for the voluntary sector may be reduced as part of future savings to the public finances to cover the costs associated with the Pandemic.

- 4.2 For our part, and as long as income holds up, we will continue to make National Lottery Funding available to the voluntary sector and communities in Wales. Next year, we will conduct a comprehensive review of our Wales funding portfolio to inform future funding priorities. It will consider the impacts of COVID-19 alongside other significant developments like Brexit, as well as our ongoing commitments to tackling climate change and supporting equality, diversity & inclusion.
- 4.3 In the medium-term, we will continue to support communities and the voluntary sector to recover from the Pandemic, while also encouraging them to adapt for the longer-term. Therefore, we are introducing three new funding priorities in Wales:
- Support organisations to adapt or diversify their organisations and services to respond to new and future challenges
 - Support communities adversely affected by COVID-19
 - Support communities and organisations to become more resilient to enable them to respond better to future context.
- 4.4 These will apply across both our main grant programmes; **People & Places** and **National Lottery Awards for All**, with the latter being the main source of support for those seeking help with the short-term implications of the Pandemic. As well as providing grant funding for projects, we are also adapting our funding criteria to include direct support for organisations, proactively encouraging both future applicants and existing grant holders to take advantage of the opportunity to request additional financial support toward their organisational development. We will offer this alongside the advisory support that we have already put in place, like our online 'strengths checker' and third sector directory, equipping our staff with the skills that they need to provide more guidance and support on organisational resilience.
- 4.5 We believe that the Fund's reach, capacity and expertise right across Wales can help to ensure that organisations and communities have the support from us that they need to access National Lottery funding at this crucial time.
- 4.6 The legislation that governs us also permits us to use our grant making expertise to distribute funding on behalf of other organisations where those opportunities closely align with our own priorities. We have previously worked in partnership with both WEFO and The Welsh Government matching funding with our own and distributing these enhanced funding streams through our established programmes. Our extensive knowledge of the voluntary sector in Wales, and our close relationships with organisations at both the national and local levels, makes us ideally placed to provide this service on an "at cost" basis. As such, we are always open to opportunities to distribute other funds to the voluntary sector.

Agenda Item 5

Equality, Local Government and Communities Committee

2 November 2020 – papers to note cover sheet

Paper no.	Issue	From	Action point
ELGC(5)-28-20 Paper 9	Inquiry into COVID-19 and its impact on matters relating to the Equality, Local Government and Communities Committee's remit	Welsh Women's Aid	To note
ELGC(5)-28-20 Paper 10	Impacts of COVID-19: Economy, Infrastructure and Skills Committee – Open call for evidence and experiences	Chair of the Economy, Infrastructure and Skills Committee	To note
ELGC(5)-28-20 Paper 11	Inquiry into COVID-19 and its impact on matters relating to the Equality, Local Government and Communities Committee's remit	Older People's Commissioner	To note
ELGC(5)-28-20 Paper 12	Inquiry into COVID-19 and its impact on matters relating to the Equality, Local Government and Communities Committee's remit	Equality and Human Rights Commission	To note
ELGC(5)-28-20 Paper 13	COVID-19 regulations	Chair of the Legislation, Justice and Constitution Committee	To note

ELGC(5)-28-20 Paper 14	Domestic Abuse Bill	Welsh Women's Aid	To note
ELGC(5)-28-20 Paper 15	Domestic Abuse Bill	Deputy Minister and Chief Whip	To note
ELGC(5)-28-20 Paper 16	Rough sleeping in Wales	Chair of the Public Accounts Committee	To note
ELGC(5)-28-20 Paper 17	Forward work planning (inequality within the criminal justice system in Wales)	Wales Governance Centre	To note

Agenda Item 5.1

Welsh Women's Aid briefing: Short, medium and long-term actions needed to support survivors of VAWDASV throughout and beyond the COVID-19 pandemic

The COVID-19 pandemic has held a magnifying glass to the unacceptable global presence of violence against women. We have seen in detail gaps in protection and support, unsustainable funding models for specialist support and the dangers and barriers which face survivors in Wales.

Throughout the COVID-19 pandemic it can be anticipated that all areas have seen increasing domestic abuse, sexual violence, forced marriage, so called honour- based violence, child sexual abuse, FGM, exploitation and other forms of violence against women and girls. Since the lockdown was instigated, Welsh Women's Aid, along with sister organisations, have been representing to Welsh and UK governments that it is highly foreseeable that the emergency response measures to the pandemic will lead to an increase in harm to women and children.

Available data shows:

- During the initial lockdown period, contact with Wales' national helpline Live Fear Free rose by up to 49%, call time trebled with those making contact often reporting more frequent abuse with shorter escalation periods. Visits to the Live Fear Free website increased by 144% in the last month and there were 1,683 homepage visits to the site made in April compared with 690 in March.¹
- Nationally police forces across England and Wales have recorded an 8% increase in domestic abuse compared with the same period last year.²
- Imkaan has reported that services led 'by and for' black and minoritised women have reported significant increases in demand – particularly for refuge spaces.³

In July Welsh Women's Aid hosted a roundtable event which focussed on actions needed to build back with a preventative and early intervention focus VAWDASV to bring about change that lasts.⁴ Following this we also responded to the Welsh Government consultation on Our Future Wales post COVID-19 lockdown measures. A key focus is on preparing services for an influx of referrals as lockdown measures ease. Whilst also considering additional factors caused by the arrival of a second wave, the new local restrictions being introduced in response and actions which must be implemented.

¹ Live Fear Free and Welsh Government monitoring data.

² National Police Chiefs Council, Data from Operation Talla

³ Imkaan, The Impact of the Two Pandemics: VAWG and COVID-19 on Black and Minoritised Women and Girls, May 2020

⁴ <https://www.welshomensaid.org.uk/2020/08/creating-change-that-lasts-responding-to-vawdasv-following-the-covid-19-pandemic-roundtable/>

Below we have highlighted key actions for the short, medium and long-term to ensure survivors of all forms of VAWDASV are able to access support, and that services are equipped to adapt and maintain provision regardless of how the pandemic and Government response to it develops.

This briefing has been informed by our the Creating Change that Lasts roundtable event, joint Welsh Women's Aid and NSPCC Children and Young People roundtable event, Welsh Women's Aid quarterly data reports, 2 surveys carried out with specialist services on the impact of COVID 19 and consistent conversation with the Live Fear Free Helpline, our member services, the wider sector and the people they support.

Short-term

These are actions which must be implemented immediately to ensure women and children across Wales have access to relevant and effective support, and the immediate safety of frontline specialist support workers is protected.

- *Communication and support for survivors in 'local lockdown' areas with new restrictions.* The introduction of lockdown areas and new restrictions brings with it the possibility of initial issues we saw at the beginning of lockdown resurfacing. This is a crucial time period to:
 - Get the word to survivors that services are available and can be reached in a number of safe and secure ways. Share Welsh Government ['Home shouldn't be a place of fear'](#) campaign.
 - Promote the [Welsh Women's Aid Bystander Toolkit](#) and [Live Fear Free Helpline](#) to ensure all Welsh citizens and agencies can get help for a person they're concerned for.
 - Circulate information about [mask exemptions](#) for people who've experienced trauma.
 - Highlight Welsh Government guidance that seeking safety from violence and abuse are legitimate exemptions for leaving your local area.⁵
- *Ensure communications and provision are intersectional and reach all survivors.* Communication that support is available and the subsequent provision needs to be accessible to *all* survivors. The needs of women of colour and survivors from minoritised communities, LGBT survivors, survivors with disabilities and survivors living in rural areas must be at the forefront of planning and provision to ensure barriers to support are removed and the support provided is needs led. All agencies working alongside services with this specialist knowledge and survivors with these experiences will be key to getting this right.
- *Ensure workplaces are supportive to survivors of all forms of VAWDASV.* There needs to be action in ensuring that workplaces have effective policies and procedures in place covering all forms of VAWDASV, and that these are adapted to remote and new working arrangements.

⁵ <https://twitter.com/LiveFearFree/status/1308119106114195462>

Human resources, managers and any workplace champions/union representatives should be provided with additional information on their roles in supporting employees affected by VAWDASV. This should include training such as Trusted Professional training⁶ and for devolved public bodies ensure they continue to adhere to the National Training Framework across all levels.

- *Ensure referral routes to specialist services are prepared for the rise in disclosures by children and young people at schools.* As children return to education and schools inevitably receive an influx of disclosures, we have to ensure effective referrals to specialist support for all children requiring it and that these services are sufficiently resourced to support these referrals. This resource must also reflect that children and young people need support as survivors of abuse in their own right, not having ‘witnessed’ abuse. It is key to get this right at the earliest stage possible to prevent future harm and trauma.
- *Solidify frontline staff in specialist services as key workers, ensuring they have continued access to PPE and have prioritised access to testing, childcare and vaccinations as developed.* Frontline staff in specialist services have been key to ensuring women and children have been able to receive support when they need it most. However, from the first introduction of initial UK lockdown measures,⁷ staff shortages due to sickness, necessary self-quarantine and limited childcare access has limited services’ capacity. Every effort must be made to keep frontline specialist workers safe, and fully equipped to provide support.
- *Housing and homelessness plans must be informed by specialist VAWDASV services.* Accommodation based support, including refuge, for survivors of VAWDASV differs from wider homelessness support as it is an important element of building safety, support, and enabling long-term freedom from violence and abuse. Like other elements of the Housing Support Grant the support element is the critical part of the person’s journey. Housing support regional leads must work with local specialist services to consider how access to appropriate, safe refuge and move on housing is of adequate levels of support for adults and children. Specialist services have a critical role to play in developing and delivering the response to homelessness and COVID 19. It is critical local authorities engage with VAWDASV providers in their area to have a picture of need and the to ensure VAWDASV is embedded into the planned response. Many accessing homelessness services will have experienced some or many forms VAWDASV in their past and will still be impacted by the trauma of these experiences.

⁶ <https://www.welshwomensaid.org.uk/what-we-do/change-that-lasts/south-wales/trusted-professionals/>

⁷ <https://www.welshwomensaid.org.uk/2020/03/responding-to-violence-against-women-domestic-abuse-and-sexual-violence-during-the-covid-19-pandemic/>

- *Ensure health services facilitate identification and disclosure with onward referral to specialist support.* Changes to accessing health care, such as phone call access to GPs and A&E triage systems may create barriers for identifying those experiencing abuse. The implementations of new systems need to consider how space will be created to enable disclosures and to safely signpost or refer to specialist support. Staff managing triage calls or other points of contact with patients that have changed due to COVID-19 need to be trained to safely respond and act on disclosures within the current situation, in line with the National Training Framework.
- *Access to test and tracing system needs to consider the safety and support needs of survivors.* Many survivors will not be able to share personal details as it could be significantly dangerous for them to disclose where they have been or to be traced. Systems have been discussed with the test and trace system, to support contacting survivors accessing refuges can be done through the safety of linking with specialist support services. Advice has also been given to tracing service to understand the barriers to a survivor participating in the process. If someone is or has experienced coercive controlling relationship they may experience restricted access to testing, restricted in who they are able or allowed to be contact with, there may be significant dangers in disclosing to a testing centre who they have been in contact with or being traced. They may also be restricted in complying with self-isolation.
- *Ensuring we continue to hold perpetrators to account.* Courts have a backlog of cases that they are currently going through. This has meant that in many cases survivors have gone through additional distress with cases being postponed and delayed further. They will require additional support and advocacy to support them in engaging with the new set up of courts and the delays. Survivors with multiple needs, will need additional support to navigate the new court processes and access systems through socially distanced mechanisms, including accessing remote evidence centres. The delay and backlogs must not see a reduction in perpetrators being held to account, we must ensure bail conditions are robust and do not enable further abuse and we must see sentencing remain proportionate. Perpetrator services have adapted their provision to meet with COVID-19 restrictions, these services need to be continued throughout new local lockdowns, recognising that there will be increased demand for these services going forward as evidenced in increased calls to the Respect UK helpline.
- *Proactively plan for the safety and support of survivors of sexual exploitation and women engaged in prostitution.* Survivors of sexual exploitation and women engaged in prostitution have continue to navigate multiple complex barriers in the wake of the pandemic. In addition to the significant harm they already experience, many will be facing additional risks surrounding unsuitable/ unsafe housing, access to hygiene facilities, increased risk of infection, decreased income, increased police sanctions and increased abuse and harassment (from communities, buyers, and 'pimps'). The VAWDASV risks surrounding COVID-19 have largely been framed around domestic abuse, meaning survivors of other forms of VAWDASV, their realities and adequate housing/ support is not centred in planning. As the nature of the

pandemic and our response to it continues to evolve as we plan for the future of Wales, it is vital that the safety and wellbeing of all survivors is included. These concerns also need to be embedded for medium and long-term planning for VAWDASV, including the Welsh Government National VAWDASV National Strategy refresh.

Medium-term

These are actions which must be implemented to ensure specialist services and wider agencies are adequately prepared and resourced to maintain and adapt provision as the pandemic and the Government response to it continues to develop.

- *Monitor the need for additional funding ahead of March 2021 £1.5million spend deadline.* We welcomed the announcement of an additional £1.5 million COVID-19 funding to be utilised until 31 March 2020. As the effects of the pandemic will be long lasting and continue to change both the support which is needed and the way in which provision is delivered, we call for this to be acknowledged in the Welsh Government budget and future commission practices and levels of continued investment across the VAWDASV sector.
- *Recentre Violence Against Women, Sexual Abuse, and Domestic Violence as a Welsh Government priority and renew commitment to embedding existing legislation across all directorates.* The COVID-19 pandemic has highlighted the lack of cross government strategic awareness and focus on the legislation's intended purpose to enable a cross-government, cross-department response to end VAWDASV and end the postcode lottery survivors face when seeking safety and support. We believe that until the purpose of the Act is achieved, consequences of the pandemic will continue to disproportionately effect survivors of VAWDASV. Recentring VAWDASV as a Welsh Government priority will ensure the safety of women and children is considered in policy development and emerging emergency measures.
- *Re-establishment of national governance structures to provide oversight of the delivery of the purpose of the Act and the National strategy and delivery plan.* During the COVID-19 pandemic, the Welsh Government have led weekly and bi-weekly VAWDASV Strategic COVID meetings that have provided a space to feed in and respond to the immediate crisis. Welsh Women's Aid has raised that there needs to be a strategic focus now on planning for the future. We held our roundtable to enable the beginning of these discussions however leadership now needs to come from ministerial, adviser and official levels to take this forward. The National VAWDASV Expert Stakeholder Group has only met twice in the last 2 years. The governance structure at a national level must be re-instated and must engage across directorates. It has a role in monitoring and reviewing on progress to the national strategy and delivery plan and needs to have feed in from the Sustainable Funding Task and Finish Group, HBV Leadership Group, Vulnerable Children and Safeguarding Group and All Wales Sexual Violence group to strategically bring together work that has been instigated before and during the pandemic to monitor the strategic delivery in line with the duties in the Act.

- *Ensure dedicated children workers in both refuge and community services to provide practical and therapeutic services for children and young people to enable them to recover from their experiences, recognise abuse and develop healthy relationships in the future.* Children and young people are being specifically impacted by the current climate which provides increased opportunity for perpetrators to monitor and control family members, increased opportunity for online sexual exploitation and results in more children and young people becoming “invisible” to services.⁸ Specialist services that provide support for children and young people report that there are significant concerns for the wellbeing of children and young people across refuge and community support. Therapeutic support has not been possible with adapted online support and safeguarding/welfare checks are challenging as it is not clear who is in the room and with young children they are not able to access independently.
- *Increase the availability of varied flexible accommodation and support for survivors.* Accommodation based support, including refuge, for survivors of VAWDASV is an important element of building safety, support, and enabling long-term freedom from violence and abuse. The pandemic has magnified the importance of a safe home. Each survivor’s needs will be unique to their experience, services must be well resourced to offer this flexibility.

Long-term

These are actions which must be implemented to ensure a stable foundation on which to build a ‘new normal’ where we commit to ending violence against women and children in all its forms. Although these actions are ‘long-term’ the work to fulfil them must begin today.

- *Ensure funding for the VAWDASV specialist sector is sustainable and reflects nuances across provision.* COVID-19 has demonstrated that now more than ever services need to be in receipt of secure and sustainable funding to be able to both react and plan for changing needs and environment. As the specialist support sector navigate the fall out and work to mitigate further damage, secure funding will ensure access to refuge, trauma informed practice, therapeutic support, prevention work, perpetrator interventions and support in the community can continue. Sustainable funding means sustainability of specialist VAWDASV support and shows a commitment to ending VAWDASV as opposed to managing a crisis response.
- *Commit to a long-term solution for supporting survivors with no recourse to public funds (NRPF).* Emergency COVID-19 funds enabled services to support survivors with No Recourse to Public Funds (NRPF). Services have raised concerns regarding women with NRPF following

⁸ <https://www.welshwomensaid.org.uk/2020/03/supporting-children-and-young-people-through-the-coronavirus-pandemic/>

the pandemic and the removal of access to emergency funds. Having supported the women during lockdown they will not be able to remove the support due to the risk she will have to return to her abuser or face destitution. If the women are to be supported in refuge rent and support costs will need to be covered. A long-term commitment to supporting women with NRPF is the only way we can ensure *every survivor* will have access to safety and support.

- *Invest in early intervention and prevention.* It is vital that we do not lose sight of prevention of VAWDASV and enabling early access to support during and post COVID 19. VAWDASV is preventable. This means we can take action to stopping VAWDASV happening in the first place, whilst also take earlier action to ensure we are preventing further harm for those already impacted. In Wales there is a prevention agenda across a number of remits VAWDASV, ACEs, Future Generations, Violence prevention Unit, housing, safeguarding – particularly creating join up on legislative and policy agendas that would build on the synergy developed during COVID 19. We have seen a move to recognise the VAWDASV as a public health pandemic during COVID-19 in Wales and this prioritisation must not be lost post COVID-19. The World Health Organisation has produced briefings on VAWG and COVID-19, with evidence based on global information and previous pandemic research, available [here](#).
- *Create communities that are aware of the prevalence of VAWDASV, take action to challenge it and provide supportive responses to survivors.* During the COVID-19 pandemic Welsh Women's Aid have focused on ensuring that support networks remain available to survivors and that communities are aware of how to take supportive action. Learning from our Ask Me programme, we have developed our Bystander Toolkit that provided a range of information to get the message out there on how different community actors could still be active bystanders during COVID-19 in safe and supportive manner.

Any comments or questions regarding this briefing can be directed to:

Jordan Brewer

Policy and Research Officer

JordanBrewer@welshwomensaid.org.uk

Agenda Item 5.2

Ken Skates MS
Minister for Economy, Transport and North Wales

13 October 2020

Dear Ken,

As Helen Mary Jones mentioned in Plenary on 7 October, as part of our ongoing inquiry into Covid-19 Recovery, we took evidence on Wednesday 7 October from long-term affected sectors including tourism, hospitality, retail and the hair and beauty industry. In advance of agreeing a full report, the Committee would like to seek assurances on a specific issue raised which requires prompt attention, and which we understand you are already looking into.

Victoria Brownlie of the National Hair and Beauty Federation (NHBF) highlighted the disproportionate impact of current restrictions in the guidance on close contact services on beauty parlours. The guidance strongly advises against treatments around the face, which constitute 50-70% of treatments offered by the beauty industry, an industry which is 95% female.

The hair and beauty industry is a significant contributor to the Welsh foundational economy and to health and wellbeing. However its importance stretches beyond this, Victoria highlighted salons and beauty parlours are a key force in drawing people to the high street and as such generate footfall for other businesses, and they also often act as local community hubs.

Another reason the industry is vital to the Welsh economy is it is a large employer of women. Most hair and beauty businesses are micro businesses owned by female entrepreneurs and supporting working women with children.

Victoria Brownlie pointed to the need to be constantly amending the guidance to ensure that Covid-secure services can be offered so that businesses can generate income again. The NHBF's evidence also urged against any “flippancy” in how the sector is perceived and treated, and expressed concern that the economic contribution it makes is not always recognised.

As you'll be aware from Victoria Brownlie's letter to you dated 7 October, the NHBF have warned that over a third of hair and beauty businesses in Wales have said they are unsure they will survive beyond Christmas. The NHBF has highlighted to us that if these businesses fail there is not just the tragedy of a previously prosperous businesses closing but also the risk that then people currently employed may need to turn to the 'black market' for work. Unregulated hair and beauty treatments are risky for both the practitioner and their clients.

Members would welcome assurances that there is no unconscious gender bias being shown in Welsh Government's policy approach to this sector. We note that in response to the ELGC's recent report 'Into Sharp Relief: inequality and the pandemic', Welsh Government said that further impact assessments relating to Coronavirus regulations and guidance will be published, and it would be “looking to learn the lessons of the past few months.”

The Committee welcomes your response to Helen Mary Jones' question in Plenary and your commitment to look into potential anomalies in the close contact guidance, and would like to be updated with the outcome of this. However we would also like to ask the following questions:

- What consideration has been given to the impact of these close contact guidance on the viability of businesses in the hair and beauty sector?
- How does the guidance in Wales on undertaking treatments in the 'high risk zone' compare to that in other UK nations?
- Are you satisfied that there has been adequate impact assessment of these continued restrictions? and
- As this guidance requires regular review, what is the process for this?

I have copied this letter to John Griffiths in light of his role as chair of the Equality, Local Government and Communities Committee.

A handwritten signature in black ink that reads "Russell George". The signature is written in a cursive style with a large initial 'R' and a long horizontal flourish at the end.

Russell George MS

Chair: Economy, Infrastructure and Skills Committee

Agenda Item 5.3

John Griffiths MS
Chair, Equality, Local Government and Communities Committee
Senedd Cymru
Cardiff
CF99 1NA

15 October 2020

Dear Chair,

Re: Evidence session with the Deputy Minister and Chief Whip, 12 October 2020

I hope that you and your family are keeping well during these challenging times.

Following your evidence session with the Deputy Minister and Chief Whip, I thought it would be helpful to restate my position regarding the Welsh Government's *Covid-19 Reconstruction: Challenges and Priorities* report published last week.

There are elements of the report which I believe will be beneficial to older people and reflect some of the issues I discussed with the Counsel General and Minister for European Transition in a meeting in June and which are set out in my [Leave No-one Behind: Action for an age-friendly recovery](#) report, which was published in August.

However, as stated in my [response](#) to the report, I was shocked and disappointed that the report did not explicitly recognise older people as a group that has been disproportionately impacted by the Covid-19 pandemic, nor recognise their important contributions to Welsh society, our economy, and older people's crucial role in Wales' recovery and future.

I have written to the Counsel General and Minister for European Transition to outline my concerns and have requested a meeting to constructively discuss the action needed to ensure that every generation feels recognised and valued and older people can be full participants in Wales' reconstruction and recovery.

I am aware that Age Cymru and the leaders of Wales' national older people's organisations have raised similar concerns, and have also written to the Counsel General and Minister for European Transition.

If you require any further information, or if I can assist the Committee in your inquiries any further, please do not hesitate to get in touch.

I have copied this letter to the Deputy Minister and Chief Whip, Counsel General and Minister for European Transition, and the Deputy Minister for Health and Social Services for their information.

Yours sincerely,

A handwritten signature in black ink, reading 'Heléna Herklots', with a horizontal flourish underneath.

Heléna Herklots CBE
Older People's Commissioner for Wales

CC:

Jane Hutt, Deputy Minister and Chief Whip

Jeremy Miles, Counsel General and Minister for European Transition

Julie Morgan, Deputy Minister for Health and Social Services

Equality and human rights in residential care in Wales during coronavirus

October 2020

About us

The Equality and Human Rights Commission is Great Britain's national equality body and accredited by the United Nations as an 'A status' national human rights institution. We operate independently as a statutory public body established under the Equality Act 2006. We have been given powers by Parliament to advise Government on the equality and human rights implications of laws and proposed laws, and to publish information or provide advice on any matter related to equality, diversity and human rights. Find out more about our work on our [website](#).

Introduction

1. The coronavirus pandemic has had a profound impact on those who live in residential care and raised serious questions about the value we place on older and disabled people's lives. There is evidence that equality and human rights standards have not been upheld, including in key decisions about care home admissions, visits and access to critical care. As we prepare for the next wave of the pandemic, we have an important opportunity to examine how these decisions were made and what more needs to be done to safeguard older and disabled people's rights.
2. Now more than ever our equality and human rights laws should be at the heart of decision-making. These laws set out the government and service providers' obligations to protect people's lives, dignity, wellbeing and freedoms. They provide a practical framework to navigate decisions about maintaining and balancing our full range of rights, helping to assess the impact of restrictions and whether they are proportionate and appropriate to individual needs. One of the important principles of equality and human rights law is that every effort should be made to involve people in decisions that affect them. Listening to and learning from the lived experiences of older and disabled people is crucial as we move forward.
3. This briefing describes the key issues that have arisen in care homes, and sets out the equality and human rights framework that should be applied to prevent them happening again and to improve practice. It is intended to support decision-makers and providers to comply with their obligations and embed equality and human rights considerations in the ongoing response to the pandemic. Throughout the briefing we use 'care homes' to refer to all types of residential social care for adults, including provision for older people and disabled adults of any age. This information relates to Wales. We have also published a [briefing on coronavirus in care homes in England](#).

Issues that have arisen in care homes¹

Deaths from COVID-19

4. Almost 19,400 care home residents across England and Wales died with COVID-19 up to 12 June, accounting for nearly 40 per cent of all deaths from the virus.² Overall, care home deaths have increased by almost 66 per cent in Wales compared with previous years.³ Deaths from COVID-19 in care homes were initially not included in official reports.⁴
5. There have been disproportionate deaths among some groups, including those aged 65 and over,⁵ those from Black and Asian groups⁶ and men.⁷ Almost half of care home residents who died had dementia or Alzheimer's disease.⁸ Data gaps persist in Wales and it has not been possible to break down deaths for all protected characteristics.

¹ We held a roundtable discussion with a range of stakeholders on 9 September 2020 to gather evidence on the issues that emerged during the first wave of the pandemic and views on the practical recommendations needed to mitigate these in future. Stakeholders included: Social Care Wales, Alzheimers Society, Older People's Commissioner for Wales, Macmillan Cancer Support, Age Cymru, Welsh Senate for Older People, Royal College of Nursing, Care Inspectorate Wales and Disability Wales. We engaged separately with the Welsh Local Government Association and Care Forum Wales. Where the evidence in our briefing is drawn from this engagement, we cite 'EHRC Wales stakeholder engagement' in subsequent footnotes.

² The most recent analysis of the impact of coronavirus on the care sector is for the period up to 12 June. ONS (3 July 2020), '[Deaths involving COVID-19 in the care sector, England and Wales: deaths occurring up to 12 June 2020 and registered up to 20 June 2020 \(provisional\)](#)', figure 2; and ONS (23 June 2020), '[Comparison of weekly death occurrences in England and Wales: up to week ending 26 June 2020](#)', figure 1. In this period there were 46,425 deaths involving COVID-19 reported in England, including 18,562 among care home residents (39.8 per cent) and 2,370 deaths involving Covid-19 reported in Wales, including 826 among care home residents (34.9 per cent). This includes care home residents who died in care homes and in hospitals. The ONS definition of 'involving COVID-19' is where COVID-19 was mentioned anywhere on the death certificate, whether as an underlying cause or not.

³ Bell, D. et al. (29 August 2020), '[COVID-19 mortality and long-term care: a UK comparison](#)', International Long Term Care Policy Network. The analysis compares the number of deaths during the pandemic to average weekly deaths during the previous 5-year period, as a measure of 'excess deaths'. This approach deals with misdiagnosed deaths and deaths that have other immediate causes but would not have occurred without the pandemic.

⁴ Blackall, M. (18 April 2020), '[UK Care Home Covid-19 deaths 'may be five times government estimate'](#)', The Guardian.

⁵ ONS (3 July 2020), '[Deaths involving COVID-19 in the care sector, England and Wales: deaths occurring up to 12 June 2020 and registered up to 20 June 2020 \(provisional\)](#)', figure 8.

⁶ Wider evidence across England and Wales suggests people from some ethnic groups are at a higher risk from COVID-19, see ONS (7 May 2020), '[Coronavirus \(COVID-19\) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020](#)'.

⁷ ONS (3 July 2020), '[Deaths involving COVID-19 in the care sector, England and Wales: deaths occurring up to 12 June 2020 and registered up to 20 June 2020 \(provisional\)](#)', figure 5.

⁸ ONS (3 July 2020), '[Deaths involving COVID-19 in the care sector, England and Wales: deaths occurring up to 12 June 2020 and registered up to 20 June 2020 \(provisional\)](#)'.

Admissions and testing

6. In the first stages of the pandemic, the Welsh Government instructed Local Health Boards to discharge all patients deemed medically fit so they could free up NHS capacity to treat COVID-19 patients.⁹ Some individuals were discharged from hospitals into residential care but there was no requirement for testing prior to admission.¹⁰ This has been identified as a potential factor in the spread of coronavirus to care homes.¹¹ Welsh Government has since issued guidance that requires testing of all individuals being discharged from hospital into care homes, regardless of whether or not they were admitted to hospital with COVID-19.¹² Despite more recent improvements in testing capacity,¹³ providers have continued to report difficulties on the ground and delays getting results.¹⁴
7. Requirements for residents to isolate in the absence of tests or confirmed results can have a significant effect on their mental and physical health. One care home manager in Wales reported that isolation has a “huge impact on mental health and well-being”, resulting in decreased mobility and people eating and drinking less.¹⁵

Personal protective equipment (PPE)

8. There were widespread reports of insufficient access to PPE in care homes during the first wave of the pandemic.¹⁶ The Welsh Government is responsible for providing PPE supplies to local authorities, and directors of social service manage and co-ordinate distribution to care providers in their areas.¹⁷ Our stakeholder engagement found care providers experienced difficulties getting sufficient PPE

⁹ Welsh Government and Public Health Wales (April 2020), [‘COVID-19 Hospital Discharge Service Requirements \(Wales\)’](#).

¹⁰ See e.g. Bell, D. et al. (29 August 2020), [‘COVID-19 mortality and long-term care: a UK comparison’](#), International Long Term Care Policy Network.

¹¹ Ibid.

¹² Welsh Government (7 May 2020), [‘Care homes testing policy’](#) [accessed 12 October].

¹³ The Welsh Government has committed to regular testing of care home residents and staff. Welsh Government (2 May 2020), [‘Written statement: Coronavirus testing in care homes’](#) and Welsh Government (7 May 2020), [‘Care homes testing policy’](#) [accessed 12 October].

¹⁴ Older People’s Commissioner for Wales (June 2020), [‘Care home voices: A snapshot of life in care homes in Wales during Covid-19’](#). This point was also evidenced in our own stakeholder engagement.

¹⁵ Ibid.

¹⁶ Welsh Parliament, Health and Social Care Committee, [‘Inquiry into the impact of Covid-19 outbreak, and its management; on health and social care in Wales: report 1’](#), Older People’s Commissioner for Wales (June 2020), [‘Care home voices: A snapshot of life in care homes in Wales during Covid-19’](#); see also Jones-Berry, S. (6 May 2020), [‘No PPE masks left for care homes or homecare staff’](#), NursingStandard; and Savage, M. (9 May 2020), [‘UK care homes scramble to buy their own PPE as national deliveries fail’](#), The Guardian.

¹⁷ See Older People’s Commissioner for Wales (June 2020), [‘Care home voices: A snapshot of life in care homes in Wales during Covid-19’](#).

during the early stages of the pandemic.¹⁸ We therefore welcome Welsh Government's recent announcement which reaffirms their commitment to providing free PPE to care homes, and sets out the approach of the Care Homes Action Plan that a service level agreement has been put in place between the Welsh Local Government Association and NHS Wales Shared Services Partnership to provide PPE for social care within local authority areas, including private, independent and third sector providers.¹⁹

Withdrawal of healthcare

9. Healthcare resources were reprioritised during the first wave to meet the immediate impact of the pandemic, resulting in the withdrawal of GP and other routine healthcare services from care homes.²⁰ Evidence suggests this has had a broader impact on residents' health, potentially contributing to the number of 'excess' death in this period.²¹
10. Extremely concerning reports emerged that 'do not resuscitate' notices were applied in a blanket way to older and disabled people's care plans without consultation.²² The Chief Medical Officer and Chief Nursing Officer subsequently issued a joint letter stating that age, disability or long-term conditions should never be a sole reason for issuing a 'do no resuscitate' order against an individual's wishes.²³

Restrictions on visits

11. Blanket restrictions were put on visits to care homes during the first wave of the pandemic, which were only lifted when Welsh Government wrote to care homes on 5 June advising on how they may facilitate outdoor visits and published

¹⁸ Ibid.

¹⁹ Welsh Government (2020), ['Care Homes Action Plan: Summary of Progress'](#).

²⁰ Older People's Commissioner for Wales (June 2020), ['Care Home Voices: A snapshot of life in care homes in Wales during Covid-19'](#). Amnesty International (October 2020), ['As If Expendable: the UK Government's failure to protect older people in care homes during the Covid-19 pandemic'](#), p. 23; Alzheimer's Society (13 May 2020), ['Care homes 'left to fend for themselves' against coronavirus'](#).

²¹ Bell, D. et al. (29 August 2020), ['COVID-19 mortality and long-term care: a UK comparison'](#), International Long Term Care Policy Network. We discuss the impacts in more detail in the section on the right to health.

²² BBC News (2020) ['Coronavirus: GP surgery apology over 'do not resuscitate' form'](#). See also: OPC/EHRC (July 2020) [Statement](#). See also: Welsh Parliament, Health and Social Care Committee (July 2020) ['Inquiry into the impact of Covid-19 outbreak, and its management; on health and social care in Wales: report 1'](#)

²³ Chief Medical Officer and Chief Nursing Officer (17 April 2020). ['Joint letter from the Chief Medical Officer and Chief Nursing Officer on "do not resuscitate" notices'](#).

guidance on 25 June.²⁴The guidance to care homes provided more detail on considerations for facilitating outdoor visits, and advice to facilitate indoor visits in exceptional circumstances and on compassionate grounds. We welcome recent Welsh Government Ministerial statements and advice to care homes that any decisions to restrict visits are made only when absolutely necessary and should involve multi-agency teams.²⁵ We remain concerned, however, that local coronavirus restrictions are resulting or will result in further blanket suspensions of care home visits across those areas.

The equality and human rights framework

12. The equality and human rights framework for care homes during the pandemic comes from the Equality Act 2010, the Human Rights Act 1998, international human rights treaties and provisions in health and social care legislation. Many of the issues that have arisen in care homes will engage multiple overlapping rights.

The Equality Act 2010

13. The Equality Act 2010 ('the Equality Act') protects individuals from discrimination and promotes a fairer and more equal society. While COVID-19 poses unprecedented public health challenges, the Equality Act has not been amended or repealed. All duty-bearers with obligations under the Equality Act must therefore continue to act lawfully, taking necessary steps to prevent unlawful discrimination and deliver services with users' needs in mind.

Protected characteristics

14. The Equality Act protects people from discrimination on the basis of nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.²⁶ Most care home residents will meet the Equality Act definition of disability.²⁷ Most will be in older age groups, although a number of working age and younger disabled people also live in these settings.

²⁴ Welsh Government (2020) [Visits to care homes: guidance to providers](#)

²⁵ Welsh Government (2020) [Written Statement: update on care homes visiting](#)

²⁶ Equality and Human Rights Commission (8 January 2019), '[Protected characteristics](#)' [accessed 7 October 2020].

²⁷ Section 6 of the Equality Act defines disability as a physical or mental impairment that has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities. Many older people in residential care will meet this definition. For example, Age UK reports that an estimated 70 per cent of people in care homes in the UK live with dementia, 75 per cent have hearing

Preventing discrimination

15. The Equality Act prohibits both direct discrimination (where someone is treated differently because of a protected characteristic) and indirect discrimination (where a policy applies 'neutrally' to all groups but puts a particular group at a disadvantage). Direct discrimination (except age discrimination) cannot be justified and is always unlawful unless a specific exception applies.²⁸ Indirect discrimination may be justified (and therefore lawful), but only if it is a proportionate means of achieving a legitimate aim.²⁹
16. The Act also prohibits discrimination arising from disability (where a disabled person is treated unfavourably - rather than less favourably than another - or put at a disadvantage because of something that relates to their disability). Discrimination arising from disability is only lawful if it is a proportionate means of achieving a legitimate aim.³⁰
17. Employers, service providers and those carrying out public functions have a duty to make reasonable adjustments so that disabled people can access services, so far as reasonably practicable, as easily as non-disabled people.³¹ The duty has three parts:
 - **Changing a policy or the way something is done** – for example, changing the way care is provided to someone who has different needs to other residents. This includes providing information in accessible format.
 - **Making changes to the built environment** – for example, ensuring that public spaces are accessible to all residents and necessary adjustments for individual residents have been made
 - **Providing auxiliary aids and services** – for example, introducing new equipment like a hearing loop, or extra support (auxiliary services) where someone else is used to assist the disabled person, such as a reader, sign language interpreter or support worker, and providing information in an

loss and 60 per cent have mental health conditions. Age UK (May 2019), '[Later life in the United Kingdom 2019](#)'.

²⁸ Equality and Human Rights Commission (1 September 2014), '[Equality Act 2010: summary guidance on services, public functions and associations](#)' [accessed 8 October 2020].

²⁹ Equality and Human Rights Commission (25 November 2019), '[What is direct and indirect discrimination?](#)' [accessed 8 October 2020].

³⁰ Equality and Human Rights Commission (18 February 2020), '[Disability discrimination](#)' [accessed 8 October 2020].

³¹ Ibid.

accessible format such as large print or audio. The costs of a reasonable adjustment must not be passed on to the service user.

18. There is evidence that some older and disabled people in care homes were put at greater risk of harm by decisions taken in response to coronavirus . For example, there is a risk of asymptomatic transmission if the policy is to use PPE only with symptomatic residents.³² While this would affect all residents (and staff), those at greater risk of infection or serious illness, such as people with dementia³³ and those from ethnic minorities,³⁴ may be particularly disadvantaged. These groups may also be disproportionately affected by limited testing capacity and policies allowing admissions to care homes without effective testing.
19. As well as the risks from the virus itself, decisions to manage the spread are likely to affect people with protected characteristics differently. For example, enforcing isolation and testing may be particularly distressing for someone with learning disabilities or autism and those with dementia.³⁵ Similarly, PPE can cause issues for certain groups - for example those with hearing loss who rely on lip reading, and people with dementia who may be distressed if they cannot read emotional cues through a mask.³⁶

Public sector equality duty (PSED)

20. The PSED seeks to mainstream equality considerations in public authorities' day-to-day decision-making.³⁷ The duty requires public authorities to have due regard on an ongoing basis to the need to (a) eliminate unlawful discrimination, (b) advance equality of opportunity and (c) foster good relations between those who share protected characteristics and those who do not.³⁸ In the context of social

³²Older People's Commissioner for Wales (June 2020), '[Care home voices: A snapshot of life in care homes in Wales during Covid-19](#)'.

³³ Dementia and Alzheimer's disease are among the underlying conditions that affect the mortality rate for Covid-19. Raleigh, V. (19 August 2020), '[Deaths from Covid-19 \(coronavirus\): how are they counted and what do they show?](#)', The King's Fund.

³⁴ Wider evidence across England and Wales suggests people from some ethnic groups are at a higher risk from Covid-19, see ONS (7 May 2020), '[Coronavirus \(COVID-19\) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020](#)'.

³⁵ Alzheimer's Society (2020), '[How care homes have been affected during the coronavirus pandemic](#)' [accessed 9 October 2020]; British Geriatrics Society (2020), '[COVID-19: Managing the COVID-19 pandemic in care homes for older people](#)' [accessed 12 October].

³⁶ Some care homes have since provided PPE with clear panels to overcome these issues. See Older People's Commissioner for Wales (June 2020), '[Care Home Voices: A snapshot of life in care homes in Wales during Covid-19](#)'.

³⁷ Alzheimer's Society (2020), '[How care homes have been affected during the coronavirus pandemic](#)' [accessed 9 October 2020].

³⁸ [Equality Act 2010](#), s.149.

care, the PSED applies to public authorities (such as Government departments, local authorities and NHS bodies) and those who exercise public functions (for example where a local authority contracts out a service).³⁹

21. Having due regard to advancing equality involves: removing or minimising disadvantages suffered by people due to their protected characteristics; taking steps to meet the needs of people from protected groups where these are different from the needs of other people, including taking account of disability; and encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.⁴⁰ Fostering good relations means tackling prejudice and promoting understanding between people from different groups. Compliance with the duty may involve treating some people more favourably than others.
22. To comply with the duty, public authorities and care providers should assess the impact of policies as they are being developed and monitor the actual impact as they are implemented.⁴¹ Every effort should be made to involve people in decisions that affect them, and the greater the significance of a decision, the greater the effort should be.⁴² These steps are critically important in preventing discrimination, advancing equality and tackling disadvantage, and supporting a culture of transparency and accountability.⁴³
23. Assessments should be based on the best evidence available. If public authorities and care providers do not have the evidence they need to meet the duty they must take steps to fill the gaps, including collecting new sources of data and commissioning external advice or analysis. Where normal data gathering methods have been disrupted during the pandemic, public authorities should innovate to find alternatives.⁴⁴ Involving service users and other affected groups can also be

³⁹ More information is available in our technical guidance on the PSED. Equality and Human Rights Commission (19 February 2019), '[Equality Act technical guidance](#)'.

⁴⁰ Equality and Human Rights Commission (20 April 2020), '[Public Sector Equality Duty](#)' [accessed 9 October 2020].

⁴¹ More information is available in our technical guidance on the PSED. Equality and Human Rights Commission (19 February 2019), '[Equality Act technical guidance](#)'.

⁴² Equality and Human Rights Commission (19 February 2019), '[Equality Act technical guidance](#)', para 5.27.

⁴³ Obligations to report on how the PSED has been complied with apply across England, Wales and Scotland, though the specific requirements are different in each country. Equality and Human Rights Commission (20 April 2020), '[Public Sector Equality Duty](#)' [accessed 9 October 2020].

⁴⁴ Equality and Human Rights Commission (2020) '[Rebuilding a more equal and fairer Wales: focus on the unequal impact of the coronavirus pandemic](#)'. EHRC (2020) '[Rebuilding a more equal and fairer Wales: focus on the unequal impact of the coronavirus pandemic](#)'.

a key way to understand the potential equality impact and the disadvantages different groups face.

24. It is important in meeting the PSED to consider the cumulative impact of a series of decisions that on their own may seem relatively small but coincide to create a serious problem. For example, when taken together, restrictions on family visits, changes in normal care routines and reduced access to primary care services may have a significant impact on individuals' physical and mental health and a disproportionate impact on some groups.⁴⁵
25. It is not clear from the evidence available how some national, regional and local decisions about the response to COVID-19 in care homes were reached and whether the equality impact was considered. This may have resulted in failures to comply with the PSED. We are concerned about whether sufficient data is being collected to understand and mitigate the potential or actual impacts of ongoing policy frameworks and service delivery decisions at all levels.⁴⁶

The specific duties

26. There are number of specific equality duties in Wales that support bodies to comply with the PSED. Most relevant are the requirements to engage with affected groups (regulation 5), ensure a robust evidence base (regulation 7) and publish equality impact assessments (EIAs) in an accessible format (regulation 8(1)(d)). These requirements still apply in the context of coronavirus.
27. Feedback from our stakeholders suggests engagement with older and disabled people was lacking, and that their voices and stories were not heard or reflected in policy decisions.⁴⁷ They also told us that communications were sometimes confusing or unclear, contradictory or mistimed.
28. During the first wave of coronavirus, the Welsh Government failed to provide and publish robust equality impact assessments to demonstrate that its approach was proportionate and effective measures were in place to mitigate any discriminatory impact. A number of equality impact and integrated impact assessments have

⁴⁵ Alzheimer's Society (2020), '[How care homes have been affected during the coronavirus pandemic](#)' [accessed 9 October 2020].

⁴⁶ Care home deaths were not included in official reports until 29 April, and currently, the latest analysis of Covid-19 in the care sector is up to 20 June 2020. ONS reporting does not include ethnicity data or a breakdown of disability by impairment type. See Raleigh, V. (19 August 2020), '[Deaths from Covid-19 \(coronavirus\): how are they counted and what do they show?](#)', The King's Fund; ONS (3 July 2020), '[Deaths involving COVID-19 in the care sector, England and Wales: deaths occurring up to 12 June 2020 and registered up to 20 June 2020 \(provisional\)](#)'; ONS (6 October 2020), '[Deaths registered weekly in England and Wales, provisional: week ending 25 September 2020](#)'.

⁴⁷ EHRC Wales stakeholder engagement.

since been published retrospectively. While this is welcome, and makes a difference in demonstrating how appropriate evidence has been considered and suitable mitigation measures have been identified, we have noted a number of common themes for improvement. These relate to when they were published, mitigating actions, evaluation and engagement. We have included recommendations in these areas to help improve practice.

Human Rights Act 1998

29. The Human Rights Act 1998 (HRA) sets out the fundamental rights and freedoms to which everyone is entitled. It incorporates the European Convention on Human Rights into UK domestic law. Furthermore, the Government of Wales Act 2006 and the Wales Act 2017 stipulate that Senedd Cymru/Welsh Parliament and Welsh Government cannot make decisions or laws that do not comply with human rights legislation.⁴⁸ Public bodies and other bodies carrying out public functions⁴⁹ must not act in a way that is incompatible with the rights set out in the HRA, whether they are involved in designing policies and procedures or directly delivering services. This includes care home providers who are delivering care arranged or paid for by the local authority, either directly or indirectly, partly or in full.⁵⁰

30. Human rights have been described by UN bodies as ‘indivisible and interdependent’.⁵¹ This means they are interrelated and that one set of rights and freedoms cannot be fully enjoyed without others. During the coronavirus pandemic, it is important for Government to understand the wider impact of decisions and seek to protect our full range of rights wherever possible.

Article 2: the right to life

31. The right to life is ‘non-derogable’, which means it must be maintained even in times of emergency.⁵² Public authorities have positive obligations to protect life, including a duty to prevent avoidable deaths and to investigate deaths for which the State or a public authority may be responsible.⁵³ Public authorities should also

⁴⁸ Senedd Research (4 April 2017), [‘In brief: a quick guide to human rights in Wales’](#).

⁴⁹ Public functions are defined as ‘functions of a public nature’.

⁵⁰ See [Care Act 2014](#), s. 73.

⁵¹ See e.g. UN Human Rights Office of the High Commissioner (undated), [‘What are human rights?’](#) [accessed: 12 October 2020].

⁵² Council of Europe (7 April 2020), [‘Respecting democracy, rule of law and human rights in the framework of the COVID-19 sanitary crisis: a toolkit for member states’](#), pp. 4-5.

⁵³ This duty is often fulfilled by inquests, police investigations or public inquiries.

consider the right to life when making decisions that could put people in danger or affect their life expectancy.⁵⁴

32. A number of decisions in the COVID-19 response may have resulted in failures to adequately protect the right to life, including decisions about hospital discharges, admissions to care homes, prioritisation of testing and access to necessary healthcare and treatment. Representative groups have described how the combination of decisions in the pandemic response either ignored care home residents or treated them as expendable.⁵⁵ In Wales, the First Minister commissioned a focused and independent expert rapid review of the operational experience in care homes between July to September which was published in October 2020.⁵⁶

Article 3: freedom from ill-treatment

33. Article 3 protects people from torture and inhuman or degrading treatment. It is an absolute right, and like the right to life it must be maintained at all times, including in emergencies. Lack of resources can never be used as a defence for ill-treatment.

- Torture is defined as deliberate infliction of very serious and cruel mental or physical suffering.
- Inhuman treatment is that which causes intense physical or mental suffering, including serious physical or psychological abuse in health and care settings.⁵⁷ It covers both deliberate abuse and neglect.
- Degrading treatment is that which is extremely humiliating and undignified. Whether this threshold is reached depends on a number of factors, including the duration of the treatment, its effects and the health or 'vulnerability' of the individual. Degrading treatment covers both deliberate abuse and neglect.

34. The European Committee for the Prevention of Torture (CPT) has stated that older people's exposure to coronavirus and "extreme level of suffering" may be found

⁵⁴ Equality and Human Rights Commission (15 November 2018), '[Article 2: right to life](#)' [accessed 7 October 2020].

⁵⁵ Silver Voices (6 May 2020), "'Ignored and expendable': what are older lives worth? (briefing 30/20)" [unpublished]. See also Amnesty International (October 2020), '[As If Expendable: the UK Government's failure to protect older people in care homes during the Covid-19 pandemic](#)' and Older People's Commissioner for Wales (June 2020), '[Care Home Voices: A snapshot of life in care homes in Wales during Covid-19](#)'.

⁵⁶ Welsh Government (2020), '[Rapid review for care homes in relation to COVID-19](#)'.

⁵⁷ Equality and Human Rights Commission (15 November 2018), '[Article 3: Freedom from torture and inhuman or degrading treatment](#)' [accessed 7 October 2020].

incompatible with the UK Government's Article 3 obligations.⁵⁸ Reductions in access to routine and critical healthcare, and the mental and physical impact of isolation (including due to restrictions on visits and issues with testing capacity or delays) all have implications in this context. The CPT is clear that "an inadequate level of health care can lead rapidly to situations falling within the scope of the term 'inhuman and degrading treatment'."⁵⁹

35. Reduced oversight while inspections are paused and visits are restricted also heightens the risk of Article 3 breaches and care homes operating as closed services.⁶⁰ The advice and regulatory flexibility provided by Care Inspectorate Wales during this time has played an important role in ensuring the wellbeing of residents.⁶¹
36. The pressure on care homes in this period, the distress to residents and the challenges in implementing infection controls may result in increased use of restraint. However, there is no robust data on restraint in these settings so it is not possible to make an assessment or identify trends. Restraint is any act carried out with the purpose of restricting an individual's movement, liberty and/or freedom to act independently.⁶² It includes chemical, mechanical and physical forms of control, coercion and enforced isolation. The use of restraint on people in care homes may amount to inhuman or degrading treatment if it is not proportionate in the situation and strictly necessary to prevent harm.⁶³ Restraint is more likely to amount to inhuman and degrading treatment when it is used on groups who are at particular risk of harm or abuse.⁶⁴

⁵⁸ Council of Europe (7 April 2020), '[Respecting democracy, rule of law and human rights in the framework of the COVID-19 sanitary crisis: a toolkit for member states](#)', p. 5.

⁵⁹ Ibid.

⁶⁰ Care Inspectorate Wales suspended routine inspections on 16 March and has since moved into a 'recovery phase', using remote ways of working as far as possible. Care Inspectorate Wales (2020), '[Latest information on Novel Coronavirus \(COVID-19\)](#)' [accessed 9 October 2020].

⁶¹ Welsh Government (7 October 2020), '[Rapid review for care homes in relation to COVID-19](#)'.

⁶² EHRC (2019), '[Human rights framework for restraint](#)'. Segregation that amounts to solitary confinement (defined as 22 hours a day or longer without meaningful human contact) is contrary to human rights standards as established by the Mandela Rules. United Nations Office on Drugs and Crime (2015), '[Standard Minimum Rules for the Treatment of Prisoners \(the Nelson Mandela Rules\)](#)'.

⁶³ Equality and Human Rights Commission (March 2019), '[Human rights framework for restraint](#)'.

⁶⁴ Ibid.

Article 5: right to liberty

37. Article 5 protects individuals from arbitrary detention and provides a right to challenge detention that may be unlawful.⁶⁵ Some people who need support, for example those with dementia, may not have capacity to make decisions about their care and treatment, including decisions about whether they move into a care home and what happens when they are there – for example, their routine and whether they are allowed to leave. In these cases, restricting the person’s freedom could amount to an unlawful deprivation of liberty if appropriate safeguards are not in place.
38. The deprivation of liberty safeguards (DoLS) under the Mental Capacity Act 2005 respond to this by creating a series of checks to make sure any restrictions are necessary, appropriate and in the individual’s best interests. The Act provides that people should be supported to make decisions as far as possible, including through access to advocacy, and that any limits on their freedom should be the least restrictive option available.⁶⁶
39. Some measures introduced to manage COVID-19 in care homes could create new restrictions on people’s freedom - for example requirements to isolate, social distance or undergo testing. We are concerned that policy-makers and providers may not be considering the impact of these restrictions, whether there is a less restrictive option and what is in the individual’s best interests. More generally, we are concerned that providers may be departing from DoLS requirements during the pandemic. The Court of Protection has reported a “striking and troubling” drop in DoLS applications and a significant reduction in referrals to advocacy services,⁶⁷ although it is worth noting that this has not translated into a significant decrease for applications for DoLS to Care Inspectorate Wales. Without support for decision-making, people may not be able to make their own decisions about care and treatment, including end-of-life planning.

⁶⁵ Equality and Human Rights Commission (30 November 2018), '[Article 5: Right to liberty and security](#)' [accessed 9 October 2020].

⁶⁶ Office of the Public Guardian (2007), '[Mental Capacity Act 2005: Code of Practice](#)', p. 19.

⁶⁷ Judiciary of England and Wales (4 May 2020), '[Correspondence from Mr Justice Hayden, the Vice President of the Court of Protection, dated 4 May 2020](#)'. The CQC has made clear that safeguards remain in force during the pandemic, and that deprivations of liberty should be avoided unless absolutely necessary and proportionate to avoid harm in the individual case. CQC (26 May 2020), '[Working within the Mental Capacity Act during the coronavirus pandemic](#)' [accessed 7 October 2020].

Article 8: right to a private and family life

40. Article 8 protects the right to respect for a private and family life, home and correspondence.⁶⁸ It includes a right to physical and psychological integrity⁶⁹ and to create and maintain social relationships.⁷⁰ Public authorities can interfere with this right to pursue a legitimate aim, including to protect health, but any interference must be lawful, necessary and proportionate.⁷¹
41. Restrictions on visits and requirements to supervise visits are likely to interfere with people's Article 8 rights. Blanket restrictions are unlikely to be compliant with human rights standards. While these restrictions were introduced to help protect the lives and health of care home residents, the wider impact on their rights and health should be carefully weighed.
42. Not seeing family and friends has potentially serious implications for mental and physical health, particularly over a prolonged period.⁷² For those with dementia (who account for at least 70 per cent of care home residents in the UK)⁷³ it can result in cognitive and other skills deteriorating rapidly, including communication skills and the ability to recognise family members.⁷⁴ The Joint Committee on Human Rights heard evidence of the significant distress the absence of visits was causing young people with learning disabilities and autism.⁷⁵ The British Geriatrics Society has warned of the "real risk" of physical deconditioning due to isolation.⁷⁶ Care home residents may also rely on family members to provide important

⁶⁸ [European Convention of Human Rights](#), Article 8 (1).

⁶⁹ See European Court of Human Rights: *Osman v UK* (Application no. 23452/94), paras. 128-130; *Bevacqua and S. v Bulgaria* (Application No. 71127/01), para. 65; *Sandra Janković v Croatia* (Application No. 38478/05), para 45; *A v Croatia* (Application No. 55164/08), para 60; *Söderman v Sweden [GC]* (Application No. 5786/08), para 80.

⁷⁰ See European Court of Human Rights: *X. v Iceland* (Application No. 6825/74), pp. 86-87; *McFeeley et al. v UK* (Application No. 8317/78) para. 82.

⁷¹ [European Convention on Human Rights](#), Article 8 (2). The European Court of Human Rights has held for any interference to be 'necessary' it must correspond to a pressing social need and be proportionate in pursuit of a legitimate aim, See *The Sunday Times v UK* (Application No. 6538/74), para 59.

⁷² Age UK (22 September 2020), '[Visiting in care homes: where now?](#)'.

⁷³ Alzheimer's Society (September 2020), '[Worst hit: dementia during coronavirus](#)', p. 13.

⁷⁴ See [written evidence submitted by Alzheimer's Society \(DEL0115\)](#) to the Health and Social Care Select Committee's inquiry on 'Delivering core NHS and care services during the pandemic and beyond'.

⁷⁵ Joint Committee on Human Rights (12 June 2020), '[Human Rights and the Government's response to COVID-19: The detention of young people who are autistic and/or have learning disabilities, fifth report of session 2019-21](#)'.

⁷⁶ British Geriatrics Society (30 March 2020), '[COVID-19: Managing the COVID-19 pandemic in care homes for older people](#)' [accessed 7 October 2020].

aspects of their care.⁷⁷ While for some care home residents the risk of exposure to COVID-19 from visits outweighs the benefits, in many cases there are strong welfare reasons to allow visits to help reduce distress and ensure care needs are not neglected.⁷⁸

43. The risks associated with visits can be significantly mitigated by providing care home visitors with appropriate access to PPE and regular testing (which may allow for physical contact), and facilitating outdoor or socially distanced visits where necessary. These measures would also help avoid the need for supervised visits. A balanced approach can protect the right to life while maintaining the right to a private and family life and the right to health, ensure that care home residents' quality of life does not diminish.

Obligations under international human rights law

44. The UK Government has signed a number of international human rights treaties which are binding under international law. These treaties are not directly enforceable in the UK courts, but by ratifying them the UK Government has agreed that their requirements will be reflected in laws, policy and guidance. They can also be used to interpret the rights protected under the Human Rights Act. Welsh Government is required to respect, protect and fulfil human rights found in international law, which in practice means refraining from interference, ensuring protection against abuses and taking positive action to facilitate their enjoyment.⁷⁹
45. We highlight two key rights under these treaties, beyond those already identified through the HRA, that are particularly relevant to care homes during coronavirus: the right to health, and disabled people's right to live independently. The Government is required to respect, protect and fulfil human rights found in international law, which in practice means refraining from interference, ensuring protection against abuses and taking positive action to facilitate their enjoyment.

Incorporation of international treaties

46. The Welsh Government has incorporated some of the rights protected in international treaties into domestic legislation. For example, the Social Services and Well Being (Wales) Act requires Welsh Ministers to have due regard to the UN Principles for Older Persons and the Convention on the Rights of Persons with

⁷⁷ Alzheimer's Society (9 July 2020), '[An open letter to the Government – allow family carers key worker status](#)'; Age UK (22 September 2020), '[Visiting in care homes: where now?](#)'.

⁷⁸ British Geriatrics Society (30 March 2020), '[COVID-19: Managing the COVID-19 pandemic in care homes for older people](#)' [accessed 7 October 2020].

⁷⁹ UK Government, (2006) '[Government of Wales Act 2006](#)'

Disabilities. Other areas of Welsh Government policy reference how treaty obligations will be taken forward at a devolved level, for example the Welsh Government's 'Action on Disability: The right to independent living framework and action plan' sets out its vision for taking forward implementation of the CRPD in Wales.

The right to health

47. Under Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) the Government is required to recognise everyone's right to 'the highest attainable standard of physical and mental health', including by treating and controlling epidemic diseases.⁸⁰ The UN Committee on Economic, Social and Cultural Rights (CESCR), which reviews states' compliance with ICESCR, has highlighted that the right to health is closely related to and dependent on the realisation of other rights, including the right to life and the prohibition of torture, inhuman or degrading treatment.⁸¹
48. In fulfilling the right to health, CESCR has emphasised the importance of understanding both freedoms and entitlements, such as the right to be free from torture and non-consensual medical treatment, and the entitlement to a system of health protection that provides equality of opportunity to enjoy the highest attainable standard of health.⁸² CESCR has also highlighted the right to timely and appropriate healthcare⁸³ and the need to ensure that healthcare facilities, goods and services are available in sufficient quantity, of good quality, accessible to all without discrimination and sensitive to different cultures.⁸⁴
49. The UN Secretary General has made clear that difficult decisions about the provision of treatment to older people must be guided by 'a commitment to dignity and the right to health', under which every life has equal value.⁸⁵ Policies to the contrary, including blanket restrictions on critical care and use of 'do not resuscitate' notices without consent, may violate the right to non-discrimination

⁸⁰ [International Covenant on Economic, Social and Cultural Rights](#), Article 12.

⁸¹ Committee on Economic, Social and Cultural Rights (2000), [CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health \(Art. 12\)](#), para. 3

⁸² Committee on Economic, Social and Cultural Rights (2000), [CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health \(Art. 12\)](#), para. 8. Para 19 also emphasises 'equality of access to health care and health services'. [ICESCR](#) Article 2 stipulates that State Parties 'undertake to guarantee that the rights enunciated in the present Covenant will be exercised without discrimination of any kind'.

⁸³ Committee on Economic, Social and Cultural Rights (2000), [CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health \(Art. 12\)](#), para. 11.

⁸⁴ *Ibid.*, paras. 12 (a), (b), (c) and (d).

⁸⁵ United Nations (May 2020), [Policy Brief: The Impact of COVID-19 on older persons](#), p. 3.

under the ECHR read in conjunction with the right to life.⁸⁶ The UN Secretary General has also emphasised that even where health services unrelated to COVID-19 are scaled back, the right to health requires that older people ‘continue to receive integrated health and social care, including palliative care, rehabilitation, and other types of care’.⁸⁷

50. During the first wave of the pandemic, access to healthcare not directly related to coronavirus was limited for millions of patients when staff and funding were diverted to meet the needs of those critically ill with COVID-19.⁸⁸ In care homes, a reduction in access to healthcare and reduced diagnoses of new conditions⁸⁹ has likely contributed to the high number of ‘excess’ deaths in in this period.⁹⁰ The withdrawal of core health services is a direct challenge to the enjoyment of residents’ right to health, and should be avoided while the pandemic continues by allowing for face-to-face assessments and treatment were possible, with the use of PPE and other infection control measures.
51. Reduction in access to healthcare for the wider population risks a deterioration in health standards that could lead to a greater number of older and disabled people needing residential care in the future.

The right to live independently

52. Welsh Government is required under Article 19 of the UN Convention on the Rights of Persons with Disabilities to respect, protect and fulfil the right to independent living as part of the community. This is a fulcrum right that underpins many others. It means Welsh Government must ensure disabled people can enjoy the same self-determination and independence as everybody else.⁹¹ The right to independent living includes having choice and control over where you live and who you live with.⁹² Welsh Government should provide individualised support that

⁸⁶ [European Convention of Human Rights](#), Article 14 and Article 2.

⁸⁷ United Nations (May 2020), [‘Policy Brief: The Impact of COVID-19 on older persons’](#), p. 6.

⁸⁸ See e.g. Pigott, P. (6 October 2020) [‘Covid in Wales: Routine surgery lists have increased six-fold’](#), BBC News.

⁸⁹ EHRC Wales stakeholder engagement.

⁹⁰ In 2020, up to 12 June, there were 1,210 ‘excess’ deaths in care homes in Wales, compared to the same period in 2019. ONS (3 July 2020), [‘All data related to Deaths involving COVID-19 in the care sector, England and Wales: deaths occurring up to 12 June 2020 and registered up to 20 June 2020 \(provisional\)’](#), Table 1. A total of 4,428 care home residents in Wales died between 1 January and 12 June 2020 (including deaths related to COVID-19), compared with 3,218 deaths for the same period in 2019.

⁹¹ UN Committee on the Rights of Persons with Disabilities, [General Comment No. 5: Right to independent living](#) (27 October 2017).

⁹² *Ibid.*

enables independence and inclusion, and ensure community services that are available to the general population are accessible to disabled people.⁹³

53. The right to independent living means that disabled people are provided with all means to enable them to exercise choice and control over their lives, including making decisions about their health, wellbeing, communications and personal relationships.⁹⁴ As such, restrictions on visits to care homes from family, friends and healthcare workers, restrictions on people's freedoms, and lack of access to advocacy and supported decision-making may amount to an interference with disabled people's enjoyment of the right to independent living. Other restrictions, such as not being able to leave care homes or restrictions on socialising and leisure activities may also have an effect on independent living.⁹⁵
54. The UN Committee on the Rights of Persons with Disabilities has stated that the range of support in the community, including home-care and personal assistance support, and rehabilitation services 'must be ensured and not discontinued as they are essential for the exercise of the rights of persons with disabilities'.⁹⁶ The UN has warned that the economic impact of the pandemic could lead to future cuts to community-based care that limit the right to independent living in the longer-term.⁹⁷

Incorporation of CRPD

55. Welsh Government's 'Action on Disability: The right to independent living framework and action plan' sets out a vision for taking forward implementation of the CRPD in Wales, taking account of the UN Committee's recommendations.⁹⁸ The framework makes commitments to meaningful engagement with and involvement of disabled people in decisions that affect them, and is underpinned by the concept of co-production, recognising that 'services cannot be improved to fully meet the needs of disabled people unless they are actively involved in the design and delivery of those services.'⁹⁹ Feedback from our stakeholders

⁹³ Ibid.

⁹⁴ Ibid.

⁹⁵ See, for example, concerns summarised by representatives of Relatives and Residents Association in [oral evidence to the APPG on Coronavirus \(12 August 2020\)](#) ('many of the callers to our helpline have been telling us that the current situation in care homes is now very much like a prison with such restricted visiting, residents unable to leave the grounds of the home and those limited interactions with other residents and staff').

⁹⁶ Chair of the United Nations Committee on the Rights of Persons with Disabilities (April 2020), '[Joint Statement: Persons with Disabilities and COVID-19](#)'.

⁹⁷ United Nations (May 2020), '[Policy Brief: A Disability-Inclusive Response to COVID-19](#)'.

⁹⁸ Note that this does not equate to full incorporation.

⁹⁹ Welsh Government (2019), '[Action on Disability: the right to independent living framework and action plan](#)'.

suggests these commitments have not been met in the experience of older and disabled people in residential care settings during the pandemic, undermining their enjoyment of the right to independent living.

56. We have developed a proposed legal model for the full incorporation of the right to independent living in domestic law,¹⁰⁰ which was endorsed by the Joint Committee on Human Rights in 2019.¹⁰¹ We are concerned that the pandemic could lead to a long-term regression in standards and protections for disabled people. The incorporation of a right to independent living would in our view help prevent this, and would ensure access to redress in cases where disabled peoples' rights have been unlawfully curtailed.

Social Services and Well Being (Wales) Act 2014

57. The Social Services and Well Being (Wales) Act provides a legal framework to ensure that people living in care homes can access advice, information, guidance and advocacy services, and are involved in decision-making and have a voice and control over their care and treatment. Evidence from our stakeholders suggest this was not the reality during the first wave of COVID-19, which has exposed and exacerbated long-standing issues about people's ability to understand and realise their rights in residential care settings.

Wellbeing duty

58. Section 5 places a duty on anyone exercising duties under the Act to promote the wellbeing of people who need care and support. Our stakeholder engagement found there has been a marked decline in the wellbeing and quality of life for those living in care homes during the pandemic. For example, Alzheimer's Cymru reported that some residents with dementia experienced clear cognitive decline during the time when visits were suspended.¹⁰² This is supported by the experiences captured in the Older People's Commissioner for Wales *Care Home Voices* report.¹⁰³
59. As well as mental well-being, our stakeholder engagement found that older people's physical health had been affected by the suspension of routine

¹⁰⁰ See [our submitted evidence regarding adult social care and the right to independent living to the Joint Committee on Human Rights inquiry on the Government's response to COVID-19: human rights implications](#).

¹⁰¹ Joint Committee on Human Rights (2019), '[The detention of young people with learning disabilities and/or autism, Second report of the session 2019](#)'.

¹⁰² EHRC Wales Stakeholder Engagement

¹⁰³ Older People's Commissioner for Wales (June 2020), '[Care Home Voices: A snapshot of life in care homes in Wales during Covid-19](#)'.

healthcare appointments during the pandemic. This has led to a backlog of cancelled appointments and undiagnosed health conditions. If this is not addressed, we could face a wider health and social care crisis in the future for which the sector is not prepared.

Voice and autonomy

60. Section 6 places an overarching duty on all exercising duties to have regard to: (a) the individual's views, wishes and feelings; (b) the importance of promoting and respecting their dignity; (c) their characteristics, culture and beliefs (including, for example, language); and (d) the importance of providing appropriate support to allow them to participate in decisions that affect them.
61. Concerns were raised by stakeholders that during the first wave of the pandemic, the views, wishes and feelings of older people (described in section 6 of the Duty) were not considered, even on fundamental areas such as which home they were discharged to, if they wished to have a Do Not Resuscitate notice in place or not, and if they were able to receive visitors. While the pandemic poses unprecedented public health challenges, people should still have choice and control as provided for in the Act, and any restrictions should be strictly necessary and proportionate.

UN Principles for Older Persons

62. Section 7 places a duty of due regard to the United Nations Principles for Older Persons adopted by the General Assembly of the United Nations on 16 December 1991.¹⁰⁴ There are 18 principles, grouped into five themes, which are: independence, participation, self-fulfilment, care and dignity.¹⁰⁵ Though distinct from the international human rights treaties, and not binding on states, the Principles provide an important guide as to the direction of international best practice in relation to older peoples' rights.
63. It is clear from our engagement with stakeholders that coronavirus has exposed issues of ageism and age discrimination, and that these issues have had an effect on the response to the pandemic. Older people in care homes were perceived to have been overlooked and ignored, which would be in direct contravention of Section 7.

¹⁰⁴ [United Nations Principles for Older Persons \(Resolution 46/91\)](#).

¹⁰⁵ Welsh Government (2015), '[Social Services and Well-being \(Wales\) Act 2014: Part 2 Code of Practice \(General Functions\)](#)'.

UN Convention on the Rights of Persons with Disabilities

64. Part 2 of the Code of Practice (General Functions) states that, when exercising social services functions in relation to disabled people who need care and support, local authorities must have due regard to the UN Convention on the Rights of Persons with Disabilities.¹⁰⁶

Information and guidance

65. Section 17 requires local authorities to ensure that information, advice and assistance relating to care and support services is available and accessible. As a minimum, this should include: how the care and support system operates, the types of care and support available, how to access care and support services, and how to raise concerns about the well-being of another person who appears to have care and support needs.

66. Around a third of all older people do not know their rights and many of those who do are reluctant to 'make a fuss.'¹⁰⁷ We further found that communication to care home staff during the pandemic has been inconsistent and unclear. Care Forum Wales informed us there were significant issues around version control for guidance, which had led to confusion. The Older People's Commissioner report supported this view and found that care home managers and staff faced considerable difficulties in: 'accessing crucial information and guidance to support them in minimising the spread of the virus and protecting residents and staff. Particular issues were highlighted about the amount of rapidly changing information that care homes were receiving, often from multiple bodies, which was often confusing or contradictory.'¹⁰⁸ As one care home manager said, 'We were inundated with paperwork from multiple agencies that was duplicated and sometimes contradictory.'¹⁰⁹

Advocacy

67. Section 181 states that local authorities may be required to arrange advocacy for people who are in need of care and support.

68. Stakeholders have informed us that lack of advocacy is a longstanding issue within the social care sector, which has been exacerbated under Covid-19. This has led

¹⁰⁶ Welsh Government (30 April 2020), ''.

¹⁰⁷ Equality and Human Rights Commission Wales Stakeholder Engagement, Welsh Senate of Older People

¹⁰⁸ Older People's Commissioner for Wales (June 2020), '[Care Home Voices: A snapshot of life in care homes in Wales during Covid-19](#)'.

¹⁰⁹ Ibid.

to decisions being taken without older people's understanding, involvement or consent, in direct contravention of the advocacy provisions and principles of voice, control and co-production set out in the Act.¹¹⁰ The examples provided by our stakeholders were instead characterised by lack of involvement and autonomy for older people in decisions that affected their lives and the services they received, a lack of preventative action through inadequate provision of testing and PPE, and a failure to focus on quality of life and well-being.

Coronavirus Act 2020 and the Social Services and Well Being (Wales) Act

69. Stakeholders raised concerns over the provisions in the Coronavirus Act 2020 which enable the suspension of parts of the Social Services and Well-Being (Wales) Act 2014. This means that local authorities no longer have to carry out needs assessments, meet adults' eligible care and support needs, carry out financial assessments, or review care and support plans. Instead, local authorities are able to charge a person retrospectively for any care in certain circumstances and only have a duty to meet needs for care and support in the most serious cases.¹¹¹ Whilst Welsh Government have confirmed that no local authorities have actually used these powers,¹¹² concerns remain that it is present on the statute book and could pose risks to the rights of older and disabled people.
70. This is particularly important in light of recent evidence from the British Institute of Human Rights which found that 77 per cent of staff working in health and social care were not provided with legal training or clear information about the use of Emergency Powers under the Coronavirus Act. Similarly, 73 per cent of those surveyed were not provided with legal training or clear information about Human Rights Law,¹¹³ we hope this briefing will go some way to addressing this knowledge gap.

¹¹⁰ Social Care Wales (29 March 2017), '[Overview, Social Services and Well Being \(Wales\) Act 2014](#)' [accessed 8 October 2020]. See also EHRC Wales Stakeholder Engagement

¹¹¹ Senedd Research (12 May 2020), '[Coronavirus: emergency regulations on social care and mental health \(updated on 12 May\)](#)'.

¹¹² Welsh Government (23 September 2020), '[Letter to Chair of ELGC committee](#)'.

¹¹³ British Institute of Human Rights, (July 2020) '[The Joint Committee on Human Rights Inquiry into the human rights implications of the UK Government's Covid-19 response: Evidence from staff working in health, care and social work](#)'

The Regulation and Inspection of Social Care (Wales) Act 2016

71. This legislation creates a regulatory system centred on the needs of those who receive care and support. Under the Act, Welsh Ministers are required to protect, promote and maintain the safety and well-being of people who use regulated services (including advocacy services) and to promote and maintain high standards in the provision of services. The legislation aims to provide a robust response to the lessons learned from previous failures in the system.¹¹⁴

Welsh Language (Wales) Measure 2011

72. This measure requires that services in social care are of the same standard and are as easily and promptly available in Welsh as in English, and should be as wide-ranging and thorough. Organisations should not assume English as the default language when providing their services and Welsh speakers should not be required to ask for a service in Welsh.¹¹⁵

73. These provisions are important to ensuring older people who may only be able to communicate their care needs effectively in Welsh receive the same level of care and communication as English language speakers. For many Welsh speakers, language is an integral element of their care,¹¹⁶ especially for those with additional needs such as people with dementia who often lose their second language or those who have suffered a stroke.¹¹⁷

Ensuring compliance with equality and human rights standards

74. We recognise that the coronavirus pandemic poses unprecedented challenges for Government, and that important policy changes and guidance were implemented as the pandemic progressed, including Welsh Government's Care Homes Action Plan.¹¹⁸ However, the issues that have arisen in care homes raise real concerns that equality and human rights standards have been breached.¹¹⁹ It is crucial that

¹¹⁴ Social Care Wales (April 2019), '[Overview: Regulation and Inspection of Social Care \(Wales\) Act 2016](#)' [accessed 7 October 2020].

¹¹⁵ Social Care Wales (September 2020), '[Using Welsh at work](#)' [accessed 7 October 2020].

¹¹⁶ Welsh Government (April 2019) '[More than Just Words: Strategic Framework for Welsh Language Services in Health, Social Services and Social Care: Progress Report – Year 2](#)'.

¹¹⁷ The Conversation, 2019 [Bilingualism and dementia: how some patients lose their second language and rediscover their first](#)

¹¹⁸ This includes the [Care Homes Action Plan](#), [Visits to Care Homes: guidance for providers](#), [Guidance for providers of social care services for adults during the covid-19 pandemic](#) and [Public Health Wales' guidance for health and social care professionals](#)

¹¹⁹ A recent survey of health, care and social work staff by the British Institute of Human Rights showed half had witnessed human rights violations that involved someone being treated worse than

continuing issues are addressed, good practice is embedded and measures are put in place to prevent problems re-emerging. Building equality and human rights considerations into decision-making at both the national and local level is a key part of this.

Our recommendations

Welsh Government

- (1) Welsh Government should continue to take urgent steps to ensure decisions about the health and care of older people in residential settings - both in individual cases and at the national policy level - are made in collaboration and consultation with older people and their representative organisations. This must be supported by clear, accessible and consistent guidance that fully complies with human rights standards, including the principles of individual autonomy and non-discrimination.
- (2) Welsh Government should ensure that the choice, control and autonomy of care home residents are retained as far as possible during the pandemic, and any restrictions are necessary, proportionate and time-bound.
- (3) Welsh Government should ensure residents of care homes have full and equal access to necessary healthcare, including GP services and hospital treatment, and that consultations are carried out face-to-face wherever possible.
- (4) Welsh Government should ensure 'do not resuscitate' notices that were wrongly applied to people's care plans are expunged.
- (5) Welsh Government should work with providers to ensure older people who lack capacity can access independent advocacy.
- (6) Welsh Government should ensure there is sufficient, reliable and timely testing capacity to ensure that people in care homes are not unnecessarily exposed to coronavirus and do not have to isolate unnecessarily, and can safely access visits from family, friends and healthcare services.
- (7) Welsh Government should ensure measures remain in place to guarantee sufficient personal protective equipment for care homes throughout the

others because of their identity or a particular protected characteristic. British Institute of Human Rights (August 2020), '[The Joint Committee on Human Rights Inquiry into the human rights implications of the UK Government's Covid-19 response: Evidence from staff working in health, care and social work](#)', p. 17.

pandemic, equipment with clear panels should be prioritised where necessary to mitigate any communication difficulties for disabled people.

- (8) Welsh Government should take steps to facilitate safe visits to care homes by extending care home testing to essential visitors, allowing them the same access to PPE and regular testing that is envisaged for care home staff in the Welsh Government winter plan.
- (9) Welsh Government should amend guidance on care home visits to prohibit blanket restrictions, including in areas where local restrictions are in place, and ensure all decisions are based on individual risk assessments so that visits are only restricted where strictly necessary. The guidance should be promoted publicly to increase understanding among providers, residents and visitors about when visits are allowed, and should be kept under review and updated to allow further relaxations to visiting policies where it is safe to do so.
- (10) Welsh Government should assess whether restraint has increased during the pandemic and work with providers, the NHS and inspectorates to identify what additional support should be made available to avoid its use and ensure transparency and effective monitoring and oversight. Guidance on avoiding the use of restraint should build on existing resources and good practice and reflect the principles set out in the Commission's human rights framework for restraint, which Welsh Government has already referenced in its guidance. Particular consideration should be given to groups who have impairments or characteristics that increase the risk of harm.
- (11) In line with the UNCRPD and the commitments outlined in the: Action on Disability: The Right to independent living framework and action plan, Welsh Government must :
 - a) provide sufficient funding to each local authority to ensure disabled people's right to independent living is protected during and following the pandemic. Funding should be provided through appropriate mechanisms, such as ring-fencing, to ensure the funding is used for that purpose.
 - b) ensure the commitments outlined in the Framework are considered when taking policy decisions relating to disabled people in residential care setting, including the commitments to meaningful engagement, involvement and co-production, and embed the social model of disability.
 - c) incorporate the right to independent living in domestic law to protect the human rights of disabled and older people during and in the aftermath of the pandemic.

- (12) Oversight of changes to social care provision across local areas should be increased to ensure that recovery planning and national policy decisions are informed by accurate and up-to-date data. The Welsh Government should consider all possible means to ensure that local authorities and care providers are able to meet increased care and support needs during and resulting from the pandemic.
- (13) Welsh Government should ask the UK Parliament to repeal the power under the Coronavirus Act 2020 to suspend the legislative requirements under the Social Services and Well Being (Wales) Act. Welsh Government should use the intelligence and legal framework provided in this briefing to ensure that older and disabled people in residential care settings are provided with the highest standards of care, as intended under the Regulation and Inspection of Social Care (Wales) Act.

Welsh Government and all relevant public bodies

- (14) In line with the specific equality duties in Wales, Welsh Government and all relevant public bodies in Wales should:
 - a) ensure engagement with older and disabled people is undertaken, considered and recorded in developing the Covid-19 response in care homes;
 - b) publish equality impact assessments at the point of completion, with clear data sources (here normal data gathering methods are disrupted or inadequate, new sources and alternative methods should be used to gain insight into potential and actual impacts for different protected characteristics); timescales for planned actions and how these actions will be monitored and evaluated;
 - c) ensure equality impact assessments and any accompanying communication are accessible, clear and appropriate;
 - d) ensure guidance for care homes is easily accessible and the latest version is easily identifiable, with a clear rationale and evidence base for decisions.

Welsh Government, Commissioners, Service planners and Care providers

- (15) Under the Social Services and Well Being (Wales) Act 2014, the Welsh Government, commissioners and service planners and care providers should:
 - a) consider the broader wellbeing areas covered under Section 5 of the Social Services and Well Being (Wales) Act in decisions about the response to the

pandemic so that quality of life is better understood and considered in future policy decisions.

- b) take steps to involve older people in the decision-making process and capture their stories and experience in order to fulfil obligations under Section 6 and under the duty to have due regard to the United Nations Principles for Older Persons.¹²⁰
 - c) take action to improve older people's understanding of their rights in residential care settings, as provided under Section 17. This should take account of those who are digitally excluded or who have additional access needs to ensure information sources and support are available to all older people.
 - d) ensure advocacy services under section 181 are available, adequately resourced and publicised within all older people's residential care settings. This includes resuming Independent Advocate visits to ensure older people are supported to participate in decisions that affect them.
- (16) The Welsh Government, commissioners and service planners and care providers communicating Covid-19 policy decisions should ensure content is easily accessible in both Welsh and English. Welsh language services should be mainstreamed so they are not an 'optional extra.'

Care Inspectorate Wales

- (17) Care Inspectorate Wales should ensure plans are in place for effective ongoing oversight for care homes throughout the pandemic, expand inspections as far as possible with priority to those services where standards are most at risk (as informed by previous inspections and local intelligence gathering), and reinstate full inspections whenever it is safe to do so. CIW should further consider taking immediate steps beyond existing routes to ensure that residents, relatives and staff can report concerns while visits are restricted.
- (18) Care Inspectorate Wales should fully utilise the powers provided under the Social Services and Well Being (Wales) Act to ensure older people's voice and well-being are at the centre of the regulation of residential care and support services during the pandemic. For example, by actively speaking and listening directly to older and disabled people during complaints and inspection procedures and acting on concerns through both formal and informal mechanisms.

¹²⁰ [Social Services and Well Being \(Wales\) Act 2014](#), section 6.

Further information

For more information, please contact:

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Elin Jones MS
Y Llywydd and Chair of the Business Committee

22 October 2020

Dear Elin

Scrutiny of Covid-19 regulations

Thank you for your letter of 8 October 2020, which we considered at our meetings on 12 and 19 October 2020.

Your letter sought to ascertain whether it would be appropriate for “the Welsh Government to flag new Regulations where the underlying principle had already been scrutinised, to enable a decision to be taken by the Business Committee about the level of further scrutiny which might be required before the debate.” As a consequence, you asked for our views on whether there was a possibility of enabling certain Covid-related Regulations to be prioritised for debate in such circumstances.

We do not believe the option suggested by the Business Committee to be appropriate for several reasons. In our view, approval for any form of legislation should not be on an ‘in principle’ basis. We do not therefore see ourselves having a role in endorsing (or rejecting) any assessment by the Welsh Government that a particular set of regulations were in principle the same as a previous set. Moreover, the value of such an assessment would in our view be questionable, given that while a new set of regulations may follow a similar policy objective, they could still be subject to reporting points under Standing Orders 21.2 or 21.3.

We believe our scrutiny of all Covid-19 regulations has been efficient and timely. We have reported on most regulations subject to the made affirmative procedure within 14 days of the instrument having been laid. In the majority of cases, this has enabled the Senedd to vote on whether the regulations should remain in force well before the 28 days permitted by the *Public Health (Control of Disease) Act 1984* and the 40 days permitted by the *Coronavirus Act 2020* (which the Senedd consented to in March this year). We

would also wish to highlight that the majority of made affirmative regulations have been laid on a Friday; this coupled with our Monday morning meeting slot means that there has inevitably been a week's gap between laying and committee scrutiny, irrespective of the work needed to prepare reports for committee consideration. We also draw attention to the comments of the Minister for Health and Social Services, Vaughan Gething MS, in Plenary on [6 October 2020](#), which we welcome:

“I also welcome the fact that the committee has, from time to time, helped us with consistency in legislative provisions. That's part of the point of the scrutiny. We're making these regulations in a rapid manner because of the fast-changing picture with coronavirus, and I think there's value in having the committee undertaking its scrutiny function before the legislature is then able to exercise its function in determining whether these regulations can continue or not.”

Nevertheless, we have considered a range of options to facilitate an even quicker scrutiny process. We discussed whether meeting more than once a week would facilitate the scrutiny of regulations laid by the Welsh Government at different points during the previous working week. Given the Welsh Government's practice of laying the majority of made affirmative regulations on a Friday, we also considered whether it would be feasible to move our Committee's regular meeting slot to a Wednesday morning, in order to consider regulations made on the previous Friday and to lay a report in time for a debate that afternoon. We also discussed whether we could give a formal commitment to report on made affirmative regulations within a 14-day deadline.

However, we concluded that such approaches are very likely to give rise to significant timetabling issues for the Welsh Government and Senedd Members. Furthermore, given the complexity of this legislation, any formalisation of our existing arrangements for the scrutiny of Covid-related legislation needs to be considered alongside the backdrop of an increasing volume of legislation to deal with the UK's exit from the EU, not least because such formalisation could potentially require additional resource or different working patterns. This latter point is particularly relevant given that our remit means that our work programme is currently heavily constrained by the necessary and important scrutiny of subordinate legislation related to EU exit and legislative consent memoranda for UK EU exit related Bills, including the constitutionally significant UK Internal Market Bill.

We recognise that matters related to the pandemic have been prioritised in government time during plenary sessions. We also considered whether the Welsh Government could consider using the draft affirmative procedure if at all possible when making Covid-related legislation under section 45C of the 1984 Act. Although we appreciate that this may not be feasible, we would encourage the Welsh Government to consider whether opportunities do exist for its use.

We will continue to do whatever we can to ensure the scrutiny of Covid-related regulations is conducted in a timely manner. However, we do not believe that our scrutiny function should be compromised in any circumstances.

I am copying this letter to the Chairs of all committees.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Mick Antoniw', with a horizontal line underneath the name.

Mick Antoniw AM
Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg
We welcome correspondence in Welsh or English

Agenda Item 5.6

The Domestic Abuse Bill 2019-21: Key priorities for survivors in Wales

The Domestic Abuse Bill 2019-21 (“the Bill”) was introduced in the House of Commons on 3 March 2020.¹

We have warmly welcomed the Bill’s recognition that children are victims of domestic abuse in their own right, this means children and young people must now be recognised as deserving adequately funded specialist support. We also greatly welcome the abolishment of the ‘rough sex defence’². There however remains several amendments and priorities for the Bill we support which we believe are vital for its success in supporting *all* survivors and aligning with existing Welsh legislation.

Welsh Women’s Aid’s Key priorities for the Bill:

- Equal protection and support for migrant women and the abolishment of no recourse to public funds (NRPF).
- Family Justice and recognition of the serious impacts of domestic abuse to children.
- Alignment with existing Welsh legislation and inclusion of representation for Welsh survivors

Equal protection and support for migrant women and NRPF

In [our original briefing](#) to the public bill committee we highlighted the impact no recourse to public funds had on survivors.

All agencies see is an immigration status they do not see us as human beings. We need help. (Survivor)

They told me to go back home to Africa as I would be safe there because he now has his stay [leave to remain]. I called the police 100s of times about him and he nearly killed me. The police know all about it. But they let him stay anyway. (Survivor)

He told me no one will believe me because of my status, that they will take my children from me. (Survivors)

We strongly support the following amendments:

- Abolish the no recourse to public funds (NRPF) policy which prevents many migrant women with insecure immigration status from accessing vital, often life-saving support and routes to safety.
- Ensure all survivors, regardless of age or immigration status, are entitled to support, equal access to welfare systems and legal tools that can provide protection from abuse, in accordance with the requirements of the Istanbul Convention which the Bill seeks to ratify.
- Extend eligibility for the existing Domestic Violence (DV) Rule, to ensure all women with insecure immigration status, not only those on spousal visas, are eligible to apply for indefinite leave to remain, and extend the time period for the Destitution Domestic Violence Concession (DDVC) to at least six months.

¹ <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets>

² <https://homeofficemedia.blog.gov.uk/2020/07/07/7626/>

- Deliver safe reporting mechanisms which ensure immigration enforcement is kept completely separate from the domestic abuse response and the safety of the victim is paramount.
- Provide long-term ring-fenced funding to ensure sustainability of BME and migrant 'by and for' specialist services.

Family Justice

There is now a significant body of evidence demonstrating the harm caused to children, young people and their non abusive parents/carers (survivors of domestic abuse) by the family justice system.³

They put you back in the same room as the abuser, to try to get you to mediate with him when he holds all the power and has dominated you for years, you haven't got a chance it's not equal. (Survivor)

He went to prison, but the family courts were just interested in him seeing the children. I'm not sure they even knew about the prison stuff. (Survivor)

Court services aren't utilising all the services in place that victims need. (Survivor)

We strongly support the following amendments:

- Ban direct cross-examination in any family, criminal or civil proceedings in all cases involving domestic abuse, sexual abuse, stalking or harassment.
- Guarantee access to special measures for survivors of domestic abuse, sexual abuse, harassment or stalking in the family and civil courts.
- End the assumption of contact in cases where children are at risk of harm from domestic abuse, with contact arrangements in domestic abuse cases based on informed judgement of a child's best interests and safety.
- Prohibit unsupervised contact for a parent waiting for trial, or on bail for, a domestic abuse related offence, or where there are ongoing criminal proceedings for domestic abuse. Amend the proposed definition of domestic abuse to make clear that children experience domestic abuse, and the Children Act 1989 needs to name coercive control as 'harm to children'.

Alignment with existing Welsh legislation

It is crucial that the Domestic Abuse Bill and the VAWDASV (Wales) 2015 Act are complimentary and not contradictory to one another. Welsh Women's Aid remain concerned about the different approaches to legislation and Strategy, which in Wales, reflects the reality that survivors may experience a myriad of different forms of abuse.

- Ensure that proposals for service models and their sustainability are aligned with similar work being carried out in Wales. There needs to be equivalent funding being allocated to support specialist organisations in Wales, that is secure and enables their sustainability. There needs

³ <https://www.welshwomensaid.org.uk/wp-content/uploads/2019/09/WWA-response-to-MOJ-inquiry-into-family-courts.pdf>

to assurance that duties on non-devolved and devolved public sector funders can work together to ensure that there are not gaps created by the differing legislative agendas.

- Acknowledge the gendered nature of domestic abuse and situate it within the myriad of violence against women and girls, in line with the UK's commitments under international law - including the Convention of the Elimination of All Forms of Discrimination against Women (CEDAW) and the Istanbul Convention and the UN Convention on the Rights of Persons with Disabilities (Article 16).
- The Domestic Abuse Commissioner has effective consultative remit with survivors and services in Wales to ensure there is an understanding of the context as to how devolved and non-devolved competency areas interact and can work effectively to ensure a holistic response in Wales as elsewhere in the UK. To enable this the Commissioners Advisory board should have representation from Wales to ensure the representation of non-devolved of survivors and services in Wales. (Currently the Bill only allows for representation from voluntary organisations for England under Duties of public authority for the Commissioner section 11 Advisory board subsection 4 (b).)

Any comments or questions regarding this briefing can be directed to:

Jordan Brewer

Welsh Women's Aid

Policy and Research Officer

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Ein cyf/Our ref MA/JH/3432/20

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15 October 2020

Dear Chair,

Thank you for your joint letter of 13 October, in response to my letter of 30 September, about the Legislative Consent Memorandum laid on 3 August with regards to the UK Government's Domestic Abuse Bill ("the Bill").

The Bill's progression through the House of Lords is being delayed, with Lords Second Reading not expected to commence until December, and subsequent stages of the Parliamentary scrutiny process to follow in the New Year. Consequently, the plenary debate scheduled to take place on 10 November has been postponed.

In the meantime, my officials are actively continuing discussions with their UK Government counterparts with regards to us seeking amendments to certain provisions within the Bill. I will write to update you on any agreements reached on these matters, and addressing the substantive points in your most recent letter as the discussions progress.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Jane', with a horizontal line above the first few letters.

Jane Hutt AS/MS

Y Dirprwy Weinidog a'r Prif Chwip
Deputy Minister and Chief Whip

John Griffiths MS – Chair, Equalities, Local Government and
Communities Committee

13 October 2020

Dear John

**Auditor General for Wales Report: Rough Sleeping in Wales – Everyone’s Problem; No One’s
Responsibility**

The Auditor General for Wales published this Report in July which was considered in Public
Accounts Committee in September.

Members were of the view that as your Committee has undertaken valuable work in this
area, that I ask your Committee to consider the policy aspects discussed in the report.

The Public Accounts Committee will consider the review of Strategic Partnerships as part
of our inquiry on the Barriers to the successful Implementation of the Well-Being of Future
Generations (Wales) Act 2015 and we may possibly use that issue as a case study.

Yours sincerely,

A handwritten signature in black ink that reads "Nick Ramsay". The signature is written in a cursive style with a long, sweeping underline.

Nick Ramsay MS
Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg / We welcome correspondence in Welsh or
English.

Agenda Item 5.9



Mr John Griffiths MS
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22 October 2020

Annwyl Mr Griffiths,

At the end of November 2020 the Wales Governance Centre's *Justice and Jurisdiction* project will come to an end. Our research into the criminal justice system in Wales has uncovered a range of issues including those relating to prison conditions, alternative criminal justice models, the legal economy, and racial disproportionality within the criminal justice system in Wales.

As our project nears its conclusion, I am writing to state that I believe that the Equality, Local Government and Communities Committee should carry out an inquiry into racial disproportionality within the criminal justice system in Wales. Our research over the past two years has identified a wide range of problems that, I believe, require urgent attention. The events over the summer following the tragic killing of George Floyd in May have only added to the case for an inquiry in Wales. And while it is true that Members of the Senedd have referred to our findings on racial disproportionality, there has been no substantial scrutiny of those findings to date.

To further underline the case for an in-depth inquiry I have provided a brief summary of some of the key areas of concern that I feel are worthy of further consideration. The points below include previously unpublished data as well as those taken from our most recent *Prisons, Probation and Sentencing in Wales* report.

Policing

- Home Office data show that there is a disproportionate use of stop and search on Black and Minority Ethnic (BAME) communities in Wales. In 2018/19, there were 13 stop and searches per 1,000 BAME people in Wales, compared with 5 searches per 1,000 White people. There were 36 stop and searches per 1,000 Black (or Black British) people in Wales in 2018/19, while Asian and Mixed groups shared the same rate of 11 searches per 1,000 people.
- Data on the number of times police tactics were used show that individuals from a BAME background were overrepresented in police use of force statistics in 2018/19. While the 2011 Census found that 4.4% of the Welsh population belonged to a BAME ethnic group, 8.9% of all incidents of police restraint were against individuals from a BAME ethnic background in 2018/19. These incidents include handcuffing (8.9%), limb/body restraints (9.1%), and ground restraints (9%).
- Individuals belonging to a BAME ethnic group in Wales were also overrepresented within police use of 'Less lethal weapons' in 2018/19. One in nine (12.4%) of all incidents where a Conducted Energy Device (i.e. a TASER) was used by Welsh forces was against someone from a BAME background in 2018/19.¹ 13.7% of all incidents where a police dog was used involved individuals from a BAME background.
- 6.6% all arrests made by Welsh police forces in 2018/19 were individuals from a BAME background. Despite comprising 0.6% of the general population, 2.4% of all those arrested in 2018/19 belonged to a Black ethnic group.

¹ This total includes all incidents including where a CED device is drawn, aimed, arced, red-dot, drive-stun, fired and angle drive-stun.

Pleas

- The Lammy Review in 2017 found that individuals from a BAME background were less likely to enter guilty pleas due to a lack of trust in the criminal justice system. Disaggregated data obtained from the Ministry of Justice show that a slightly higher proportion of White defendants (82.5%) pleaded guilty at the Crown Court in 2019 compared to individuals from a BAME (80.9%) background.

First Entrants

- Although the number of children first entering the criminal justice system has fallen in Wales, the rate has declined unevenly across different ethnic groups since 2010. While the number of White children first entering the criminal justice system in Wales fell by 87%, the number of Asian children declined by 69% and those from Black backgrounds fell by 59%.

Sentencing

- Individuals from a Black (76%), Asian (75%) and Mixed (70%) ethnic group recorded a higher custody rate at the Crown Court in Wales than White (64%) defendants in 2019.
- Those from BAME backgrounds are more likely to receive longer custodial sentences than those belonging to a White ethnic group. The average custodial sentence length in Wales was higher for Mixed (35 months), Asian (33.8 months) and Black (30.4 months) defendants sentenced in Wales in 2019 than for those from White (19.5 months) ethnic groups.

The Prison and Probation Population

- Since 2017, the number of BAME prisoners from Wales (based on home address prior to entering custody) has increased by 14% from 426 in 2017 to 484 in 2019. The overall Welsh prison population fell by 2% during this period.

- In 2019, there were 91 Black people from Wales in prison for every 10,000 of the population. This rate compared to just 14 White people per 10,000 of the population. There were 28 Asian people in prison per 10,000 and 41 people from a Mixed background per 10,000 in prison in 2019.
- Individuals from Black and Mixed ethnic groups are over-represented amongst the probation population in Wales. While White and Asian individuals were under-represented, people from a Black background were 2.5 times over-represented and individuals from Mixed ethnic group were 1.6 times overrepresented in 2019.
- For every 10,000 Black people living in Wales 129 were under probation supervision in 2019. This compared to a rate of 46 per 10,000 for individuals from a White background, 48 for Asian and 80 for those from a Mixed ethnic group.
- The Ministry of Justice's most recent *Statistics on Race in the Criminal Justice System* report found that Black prisoners are more likely to serve a higher proportion of their determinate sentences in prison than any other ethnic group. Disaggregated data show that between 2015 and 2018, Mixed prisoners from Wales (63%) served a higher proportion of their determinate sentences in prison followed by Black (61%), White (57%) and Asian (57%) prisoners.

While criminal justice is reserved to the UK Government, the Welsh Government has a clear set of responsibilities for promoting equality and tackling all forms of discrimination in Wales. The overlap and intersection between the reserved and devolved areas means that this topic has yet to receive any kind of serious analysis or scrutiny. The lack of publicly available Welsh-only criminal justice data has only added to the problem of effective oversight. The Ministry of Justice's own *Statistics on Race in the Criminal Justice System* report, for example, fails to provide a disaggregated picture for Wales and England, while the Lammy review in 2017 also focussed exclusively upon trends in 'England and Wales'.

As it currently stands, there is no clear or authoritative understanding of how different communities across Wales experience and interact with the criminal justice system. It is also unknown what steps could and should to be taken by the Welsh Government to promote

fairness and tackle discrimination within the criminal justice system. I believe that the points outlined above underscore just how important an inquiry into racial disproportionality within the Welsh criminal justice system is at this time.

I would like to take this opportunity to thank you for your time in considering this letter. If you wish to discuss this subject further or require any additional information please do not hesitate to contact me.

Yours sincerely,

Dr Robert Jones