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Sustaining community-led action in recovery:

Learning lessons from the community response to COVID-19 in Wales

Supplementary Information report

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Suggested Citation

Grey CNB, Homolova L, Maggio V, Di Cara N, Rees S, Haworth CMA, Davies AR and Davis OSP. (2022). ***Sustaining community-led action in recovery: learning lessons from the community response to COVID-19 in Wales. Supplementary Information report.*** Cardiff: Public Health Wales NHS Trust.

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Funding statement

This project is supported by the Health Foundation's COVID-19 Research programme (Grant ID: 2306463). The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

OSPD and CMAH are funded by the Alan Turing Institute under the EPSRC grant EP/N510129/1. CMAH is supported by a Philip Leverhulme Prize.

Acknowledgments

We would like to thank the following for their contributions to the research activities: Colleagues at Public Health Wales, Kate Isherwood for assisting with the survey data analysis, James Bailey for assisting with quality assurance of qualitative data, and Chiara Tuveri for project support and assisting with recruitment of interview participants.

We would like to thank the project steering group members for their continued guidance, input, insights, and support with recruitment: Marie-Clare Hunter (Patient and Public Involvement and Engagement), Jayne Catherall (Patient and Public Involvement and Engagement), Carl Cooper (Powys Association of Voluntary Organisations/ County Voluntary Councils Cymru), Clover Rodrigues (Welsh Local Government Association), Duncan Mackenzie (Data Cymru), Nicola Evans (Welsh Government), Rachel Jones (Welsh Government), Claire Thomas (Welsh Government), Hannah Durrant (Wales Centre for Public Policy), Chris Buchan (Welsh Government), Aaron Fortt (Welsh Government), Rachel Rowlands (Cwm Taf Morgannwg Regional Partnership Board), Helen Davies (Age Connects Morgannwg), Deborah Hardoon (What Works Centre for Wellbeing) and Stewart Martin (What Works Centre for Wellbeing).

We would also like to thank all the organisations who kindly supported us with recruiting participants to the study (Gwent Association of Voluntary Organisations, Wales Council for Voluntary Action, Welsh Local Government Association, County Voluntary Councils, Regional Partnership Boards, Aneurin Bevan University Health Board, Aneurin Bevan Gwent Public Health Team, Swansea Bay University Health Board, Llanhilleth Miners Institute, Community Connections, The Bridges Centre, Monmouthshire County Council, Blaenau Gwent County Council and Welsh Government). As well as everyone who contributed to the research through giving their time and insights.

Finally, we would like to thank the following who kindly reviewed the report: Aaron Fortt (Third Sector Unit, Welsh Government), Chris Buchan (Community and Third Sector Policy, Welsh Government), Sian Williams (Communities Division, Welsh Government), Sally Rees (Wales Council for Voluntary Action), Hannah Durrant (Wales Centre for Public Policy) and Stewart Martin (What Works Centre for Wellbeing).

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ISBN: 978-1-78986-154-850
phw.nhs.wales/publications/

Contents

1.0 Background

1.1 The COVID-19 Pandemic in Wales and its health and social impact

In December 2019, a novel coronavirus was identified in Wuhan, China that was subsequently named SARS-CoV-2 (1), causing a disease referred to as COVID-19. In Wales, the first case of COVID-19 was identified on 28 February 2020, in a returning traveller from Northern Italy and on 11 March 2020, The World Health Organization (WHO) declared COVID-19 to be a pandemic (2). The response to controlling the pandemic across the UK included behavioural and social interventions (BSI), including social distancing, 'lockdowns', stringent self-isolation measures in those who had been exposed to the virus, and those identified as being clinically extremely vulnerable to COVID-19 were advised to 'shield', limiting contact with others.

The direct and indirect health and social consequences from the pandemic and the BSI measures imposed are not yet fully understood, but a number of recent reports have begun to reflect on the impact across populations in the UK. For example, the Health Foundation describe 'five dimensions of impact'. These include: direct impact of COVID-19 particularly as it is unevenly distributed across the population and in deprived communities; impact on acute care for conditions not related to COVID-19; impact on non-acute care; medium and long term impact of movement restrictions; and finally, longer term impact on NHS and social care capacity and resilience (3). All of these dimensions will in different ways test the resilience of our communities, and our ability to withstand stress and challenge, to adapt and survive adverse circumstances (4).

Social inequalities in the impact of pandemics have been observed in historical events, and emerging evidence for COVID-19 suggests a similar disproportionate and potentially lasting impact on those who are already disadvantaged (5–8). Meaning that populations face the virus and the BSI measures implemented from an uneven starting point (9). Contributing factors include underlying inequalities in the social determinants of health, and higher prevalence of underlying chronic disease (non-communicable disease; NCDs); which have the potential to increase the severity of short and long term morbidity, and to increase mortality (5,8). Populations already disadvantaged are experiencing COVID-19 as a syndemic; a co-occurring, synergistic pandemic that is interacting with and exacerbating their existing NCDs and social conditions (5) and widening the social gradient in health and disease (health equity gap). Additionally, the short- and long-term political and economic consequences of the virus and the control measures implemented are likely to disproportionately impact the health and wellbeing of the already vulnerable (e.g. marginalised populations). Alongside creating newly vulnerable groups (e.g. those self-employed, single parent households, furloughed, self-isolating, ability to work from home, frontline workers, the elderly, children and young people, women etc.) (8,10–14).

1.2 Community-led response to the pandemic

A resilient community consists of the people within it and the wider structures and systems that the community is part of, alongside being able to effectively draw on community assets (4). Factors that contribute to a resilient community include human (social) assets (e.g. cohesive and connected population, individual skills and attributes); and structural assets (e.g. the natural and physical environment, and economic resources) (4). During disasters, interventions that strengthen social connections, networks, levels of formal and informal partnerships, connections to key local organisations, and accessibility are critical; as well as the community's ability to mobilise and utilise resources quickly and coherently (4).

Informal and formal volunteers are an important component of community-led disaster response (15), and a key principle of disaster risk reduction and localised resilience building (16). During emergencies citizens tend to become more cohesive and engaged in pro-social behaviour (16). With a strong desire to help, or 'compelling need to do something' (15), citizens - or **'informal volunteers'** - are usually first on the scene as part of community mobilisation, as well as remaining after official services have ceased; and play a vital role in both helping those who are affected and helping official agencies (16,17). Communities themselves are often the most knowledgeable about their own needs and how to meet them and already have connections and trust established (17,18). Motivation behind participation comes from shared values and culture of responsibility to one's community and society (15), and with activities reinforcing and creating new social capital (15). Participation by informal volunteers can be both spontaneous and unplanned, or deliberate and carefully planned (16). Informal volunteers have the advantage of often having 'real time', 'on the ground' views of the issues and problems that people are facing, and are flexible and can configure themselves and their responses to meet local needs, without being constrained in the ways that formal response organisations are by their pre-established rules, strategies and technologies (15,16).

There are two broad types of informal volunteers: **extending** (from existing groups and organisations, e.g. local sports clubs) with a good understanding of local needs and ability to draw on local networks and resources, and **emergent** (response to real or perceived unmet need) that is less visible and often does not lead to on-going, formal organisation (15,16). During Wave One of the COVID-19 pandemic, many individuals in Wales responded to the crisis to become **emergent** or **extending** volunteers ('here to help'), and becoming part of organised response through community groups. Individuals often initially volunteered with the primary purpose of supporting those in their communities perceived as particularly vulnerable such as those 'shielding' (15,16). During COVID-19 pandemic, there was an increasing reliance on delivering services and organising volunteerism digitally, or virtually, due to BSI restrictions leading to both opportunities and challenges and having to adapt at speed (19).

This community-led response by informal volunteers forms because of a perceived urgent need that is not met by others, but it tends to be unstable with frequent traits of: activities altering as needs and priorities change, forming and disbanding suddenly (15). Most ***emergent*** community groups cease to exist after the crisis is over, with membership constantly changing, little or no leadership structure, and a focus on short-term decision making/action (15).

1.3 Sustaining community-led action within complex systems

Evidence suggests that spontaneous disaster response can lead to longer-term involvement in more organised volunteering and community work, i.e. through **formalisation of volunteer response** capacity (**formal volunteers**), and a 'volunteering revolution', through for example, new civil society organisations being created, and trust being built with those with power (15). Given the huge beneficial impact of this on-the-ground community response, it is important to understand how to create the conditions that

enable, support, and sustain community-led action and effectively integrate it to the wider complex system. This can help create resilient communities that are able to respond to both, any on-going impact post-wave one of the COVID-19 pandemic and to future crises (be that infectious disease, climate change, or economic impact). There is some evidence to suggest structural drivers for health equity are likely to play an important role in strengthening a community's resilience; which include policy coherence, social participation, and routes to action empowering community mobilisation (20).

The mobilisation of individual, informal volunteers that spontaneously arises in response to a disaster situation is not isolated but sits within more complicated social structures, or complex systems (21). For example, **informal volunteers** may operate as individuals, as members of community groups, or as **formal volunteers** by participating in more formally organised response, such as:

Local and national community groups with new emergency functions: during Wave One of the COVID-19 pandemic in Wales, some volunteers joined community groups, contributing to locally organised response. These included joining formal local (e.g. social action volunteering) and national volunteer groups (22,23), and new informal hyper-local (neighbourhood) groups (19,23). These local groups could be described as **extending organisations** (reflecting established structures that take on new and unexpected functions (e.g. engineering firms making respirators)), or **emergent organisations** (reflecting new structures and tasks forming during or immediately after emergency (e.g. restaurant giving out meals to victims; new COVID-19 Mutual Aid groups brought together after a call out on social media)) (15,16). Whilst this extending or emergent localised response is less likely to have formal response plans, training, or organisational structures for dealing with COVID-19 pandemic, they do address a key gap in disaster response that cannot be fulfilled by more formal, national responses (22).

Nationally-led community groups with existing emergency functions: other volunteers joined *established* and *expanding* nationally-led (formal) volunteering initiatives that are more structured and with greater experience of working together on a variety of tasks (22). These included **established organisations** (e.g. fire service, health and social care), and **expanding organisations** - volunteer organisations with latent emergency functions that take on regular tasks through new structures (e.g. Salvation Army, Third Sector). Such formal community groups will have had the advantage of having and being part of more formal emergency planning for dealing with disasters or emergencies, however, these formal structures are still likely to have been challenged by the pandemic (22), for example, through workers having to shield or change their working behaviour (e.g. to remote or reduced delivery of services) impacting capacity and function.

Capturing the learning from the upsurge in community-led action during the COVID-19 pandemic, is of key importance to better equip individuals and communities to respond and positively adapt to future globally unprecedented events. By learning from the experiences of volunteers, formal and informal groups, and those coordinating support during the COVID-19 pandemic in order to help sustain volunteering, identify enabling infrastructures, and to support efficient and effective mobilisation in the future in order to build resilient communities and as a protective factor against widening health inequalities. Additionally, the unstable nature of informal volunteering makes it difficult to measure with traditional sources of data. Examining new digital data sources could contribute to our understanding of the levels and types of informal volunteering in real time. These data sources can also contribute to the measurement of need in real-time to facilitate timely intervention and support.

This study aims to understand the role of community-led action as a protective factor against widening health inequalities during the COVID-19 pandemic. Specifically:

- To examine what factors enabled community-led action in response to need amongst the most deprived areas in Wales during the COVID-19 pandemic.
- To understand to what extent community-led action can address underlying determinants of inequalities in health.

- To understand how can this community-led action be sustained and effectively integrated into the health, third sector, and social support system.
- To examine whether unstructured data can be applied to provide insights into the levels of need and community-led action in real-time

Understanding how to build resilient communities to be able to respond and recover from future emergencies, is important for population health, both in Wales and internationally. This is reflected in the Well-being of Future Generations Act, United Nations Sustainable Development Goals, and World Health Organization's Health 2020 framework, amongst others. Better understanding of the impact of the pandemic, distribution of resilience assets across Wales, how these become leveraged in local responses to pandemic, and the extent to which citizen-led action can contribute to health equity, would help policy makers to be able to better support less resilient communities and prepare for future adverse events.

2.0 Methodology

We adopted a mixed-methods approach that included undertaking:

- a **survey of volunteers** across Wales (to explore the wider context of community participation in voluntary activities and contributing factors);
- **semi-structured interviews** (to explore experiences and perspectives of the different stakeholders across the system); and
- **sentiment analysis of open and unstructured data** (to explore the potential of using novel data to identify levels of needs and levels of population wellbeing in real-time).

Ethical approval was received on 17th March 2021, from University of Bristol, Faculty of Health Sciences Research Ethics Committee (Ref. 115444).

Definitions:

Throughout this report, we take a broad and inclusive view of volunteering to include **volunteers of all types** (both informal and formal; and the intersection between these as individuals move between roles); who undertook a range of **volunteering activities** that were unpaid and freely chosen, under the broad umbrella of **community-led action** during the pandemic (*see Section 1.0 for more detail).*

2.1 Survey of volunteers across Wales

A cross-sectional online survey was open for 8 weeks (from 12th May to 9th July 2021), targeting formal and informal volunteers (age ≥18 years; living, working and/or volunteering in Wales). A multifaceted snowball approach was taken to distribute the survey through key stakeholders, targeting an opportunistic sample of formal and informal volunteer groups across Wales. Formal volunteers were recruited via public and third sector organisations with strong links to volunteering, and via the Volunteering Wales Platform to reach 22,000 volunteers held on their database at the time. Intensive engagement with informal volunteers was sought via community groups largely using social media platforms. Responses from individuals who did not engage in volunteering activities during the pandemic were also included. In order to reach the largest number of all different types of volunteers possible, a snowballing approach to recruitment was deemed the most appropriate. However, this means that the results should be interpreted carefully, in terms of generalisability.

The survey collected socioeconomic details (sex, age, education, employment, postcode), level of engagement in volunteering activities during the pandemic (i.e. March 2020-July 2021), (type of activity, motivation, benefits, barriers to volunteering, digital volunteerism), level of personal resilience (measured using Resilience Research Centre -Adult Resilience Measure (RRC-ARM-12) (24), categorised into quartiles defined as <42 'low', 43-48 'moderate' and ≥49 'high' scores), and health and wellbeing (measured using General Health Question from National Survey for Wales (25) and the Short Warwick-Edinburgh Mental

Wellbeing Scale (SWEMWBS) (26) dichotomised into 'low' or 'high' by using one standard deviation below or above the mean). Lower Super Output Areas (LSOA) derived from postcodes, were used to calculate rurality and Welsh Index of Multiple Deprivation (WIMD) quintile.

The online survey was accessed 3517 times, providing 2075 eligible responses for analysis (partial responses were defined as where <21% of the questionnaire was completed; missing and ineligible responses were removed). This elicited an approximate 59% valid completion rate; calculated as n=2075/3517.

Descriptive and multivariate analysis was carried out using IBM SPSS Statistics for Windows, Version 24.0.

Appendix with tables of results available on request.

2.2 Qualitative insights through a systems-lens

We applied a systems-lens approach (27) to the structure of the qualitative interviews, which enabled exploration of how a wider set of stakeholders across the system experienced, and also responded to the mobilisation of action on the ground, during the pandemic. To gain an in-depth understanding of the wider context, key enablers and experiences across the wider context, the interviews explored factors enabling community-led action, to what extent this elicited new volunteerism, volunteers' characteristics and their motivations, barriers, benefits gained and impact, use and role of digital technology; alongside what worked well and challenges experienced. We also explored perspectives from across the system on what is needed to sustain community-led action beyond the pandemic, alongside how to better integrate community-led action with the wider system.

The identification of communities for the in-depth qualitative study was undertaken through a **coproduction approach, directed by the study steering group**. The purpose was to identify two communities of a similar population size, reflecting urban and rural environments, and both with high need for support (high deprivation or pockets of 'hidden' deprivation). These two areas were **identified in consultation** with the Wales Council for Voluntary Action, County Voluntary Councils and Wales Local Government Association, reflecting on rurality, deprivation, and in recognition that there were number of other studies on volunteering underway across Wales at the time, and a key priority was not to duplicate research in already saturated areas. Therefore, the study focused on two communities in South Wales within the same Health Board and County Voluntary Council catchments (namely Aneurin Bevan University Health Board and Gwent Association of Voluntary Action). These were Blaenau Gwent (urban community) and Monmouthshire (rural community).

Although Monmouthshire is considered overall an affluent area according to WIMD, there are also 'area pockets of masked or hidden deprivation' falling into the most deprived 30% in Wales (e.g. deprivation in rural areas tend to be on a smaller scale and more geographically dispersed and therefore often less 'visible' within WIMD, compared to concentration of deprivation in other local authorities) (28–30). In Monmouthshire, these pockets of deprivation seem to be largely driven by gaps in income and employment disparities between individual areas (e.g. commuters are high earners but Monmouthshire residents who both live and work in the county tend to have incomes below national average), with stark gaps between individuals and communities within the local authority (28,30). It also has a higher than average proportion of ageing population and reducing younger population (28), combined with challenges around transport, which was during the COVID-19 pandemic reflected in increased levels of need per area. The qualitative interviews within Monmouthshire were focused on capturing perspectives from these more deprived areas.

Participants aged 18 years and older were recruited through using a purposive and snowball sampling approach via key stakeholders (e.g. the Poverty and Inequality teams) and community groups. Participants

were provided with a brief overview of the script in advance of the interview to reflect on their experience beforehand. Written or verbal consent was obtained from each participant before interview.

We conducted semi-structured, in-depth interviews by telephone and over Microsoft Teams lasting approximately 90 min. We completed 51 interviews represented across the system layers; including recipients of support (n=10), volunteers (n=24), and strategic leads from across health boards, the third sector organisations, and local government (n=17). Of the 51 interviewees, 31 identified as females and 20 as males.

All data was transcribed, anonymised, coded and analysed (using the computer-assisted qualitative data analysis software (CAQDAS) package QSR International Pty Ltd. (2021) NVivo (Version 12)). General themes were identified through basic thematic analyses (31). A deductive approach was applied and an initial hierarchical coding framework was developed and applied systematically to the data, alongside a data driven approach where new 'free codes' emerging from the data could also be generated. 10% of the data was coded by two researchers (LH, JB) to ensure inter-rater reliability. Once initial coding was completed, the 'candidate themes' and the initial coding framework were brought together into overarching themes to build the model. Regular meetings took place throughout the coding process between the two researchers to explore the data and arrive at consensus.

2.3 Open and unstructured data analysis

2.3.1 Social media data

Social media data, including Twitter, has been used to derive useful indicators of community wellbeing in the USA through the World Wellbeing Project (32). We were interested in the application of this approach to Wales within the context of the COVID-19 pandemic.

We collected and analysed Twitter data in 2020 to investigate whether this unstructured data could provide insights into population wellbeing at higher time resolution than annual surveys. To do so, we developed a dedicated software package that allows for an easy retrieval and storage of the Twitter data based on Twitter's recently released Academic API which grants access to the full Twitter archive (up to 10M tweets/month). The tool is open source, and publicly available on GitHub: https://github.com/DynamicGenetics/tweet-suite.

Using this tool, we retrospectively collected tweets from the 1st March 2020 to the 31st October 2020 across Wales, resulting in a total of 2,074,305 tweets from 41,612 individual accounts; an average of 259,288 tweets per month.

For the analysis, we retained the textual content of each tweet and the corresponding reference location (i.e. bounding box coordinate of the approximate location on the map). Collected locations were mapped to the Local Authority they mostly likely correspond to; using a probabilistic algorithm we developed, which considers the area of the overlapping regions, and their population density.

First, we analysed whether the proportion of individuals tweeting in each area is aligned with digital exclusion in those areas, to test whether Twitter data reflected the expected trends. Digital exclusion was represented by two measures available from the data collected in the COVID-19 Community Response map: (A) the proportion of patients in each GP surgery registered with the "My Health Online" system in May 2020 (aggregated per Local Authority); (B) the number of people who have regular access to the internet from the National Survey for Wales 2018-19 (33). Each of these two measures were compared to the number of unique people tweeting over the considered time period, aggregated by Local Authority.

The second research question we considered aimed to understand whether data from Twitter can represent a valuable proxy of population mood and wellbeing. To do so, we first investigated which measure of Twitter sentiment most effectively predicted wellbeing across Welsh Local Authorities at a single time point. This measure was then used to forecast mood across Wales over time. We used VADER (34) to analyse the sentiment of tweet textual data. For each tweet, VADER produces three sentiment scores, respectively referring to positive, negative and neutral sentiment. A single composite score (i.e. compound score) provides a single summary value of the three sentiment measures.

To assess sentiment prediction across Local Authorities, we used data from the Wales Well-being Survey between 9th June and 13th July (N=12,989), which measured general well-being using the Warwick Edinburgh Mental Wellbeing Scale (WEMWEBS), and distress with the Kessler Distress Scale (35). Using these data we aimed to test the correlation between wellbeing and distress with positive, negative and compound Twitter sentiment across all Welsh Local Authorities.

To test the potential for sentiment scores from Twitter to forecast mood over time in the Welsh population we used data from the 'Britain's Mood Measured Weekly', a project to measure the mood of the British public on a weekly basis run by YouGov (36). This data can be disaggregated to the Welsh population, with a sample of approximately 100 different people answering each week. YouGov's methodology involves weighting their raw data by age, gender, social class, region and level of education (37). To further corroborate the obtained results, Granger Causality analysis (38) was used to assess whether the forecasted mood across Wales correlates with the sentiment measure over time.

2.3.2 COVID-19 Community Response Map

The COVID-19 Response Map brings together open and unstructured data sources to try and help inform community needs and response. The initial map included information to identify geographical areas where there may be a higher proportion of the population in need of support during the COVID-19 pandemic (e.g. during lockdown, experiencing self-isolation or shielding) and the level of community activity in the area as identified in unstructured data (e.g. self-organising communities and third sector organisations).

Data providing an indication on the proportion of the population who may be in need of support included the incidence of COVID-19 cases and the number of people at higher risk (e.g. shielding and self-isolating groups). Data providing an indication on the levels of citizen-led community support included data identified through social media sources, self-organising communities and third sector organisations across Wales (39), local community groups registered on the COVID Mutual Aid (40) website and Police Rewired (41).

During this project we updated the COVID-19 Community Response Map with further time-sensitive data including COVID-19 vaccination uptake (42), and the Twitter sentiment measure ***VADER compound*** (i.e. the single composite measure) over the past seven days across each Local Authority.

We have written an updated framework in open code, which allows it to automatically call the most recent data for the relevant variables to populate the map, including continually collecting public Twitter data from Wales.

3.0 Results

3.1 Community-led Action during the pandemic

A total of 2075 individuals responded to the volunteering survey. Where demographic information was provided, three-quarters were female (73.7%, 1507/2044), over half were aged between 45-64 years old (54.5%, 1125/2062), almost 60% (59.0%, 1222/2069) were educated to degree-level, with the largest proportion (70.2%, 1199/1707) living in the three least deprived quintiles. Nearly half of the respondents did not experience employment changes during the pandemic (47.5%, 944/1987) (see Appendix, Table 1).

Of all survey respondents, 90.3% (1873/2075) volunteered during the pandemic, and 9.7% (202/2075) did not take part in any volunteering activities during the pandemic (non-volunteers) (see Appendix, Table 1). Of those survey respondents who **volunteered** during the pandemic, one-third (33.4%, 625/1873) volunteered in a formal capacity, a third (34.7%, 649/1873) volunteered informally, and 32.0% (599/1873) took part in activities that involved both formal and informal (mixed) volunteering (see Appendix, Table 1).

3.1.1 Socio-economic background of volunteers

Of those survey respondents who **volunteered** during the pandemic, nearly three-quarters were female (74.4%, 1374/1847), over half were educated to degree level or higher (59.7%, 1115/1868) and over half were aged between 45-64 years (55.0%, 1024/1862), predominantly white (96.8%, 1781/1839) (see Appendix, Table 3).

These volunteers were more likely to be employed full-time at the time of the survey (34.8%, 649/1864) or economically inactive (34.5%, 644/1864) compared to those employed part-time (18.9%, 353/1864). Nearly a half, reported no change to their employment status during the pandemic (47.5%, 859/1807) (see Appendix, Table 3).

Of those survey respondents who **did not volunteer** during the pandemic (9.7%, 202/2075), more than half were female (67.5%, 133/197), over half were educated to degree level or higher (53.2%, 107/201) and aged between 55-65 years (51.5%, 103/200) (see Appendix, Table 6). The non-volunteer respondents were more likely to be employed full-time at the time of the survey (42.3%, 85/201) or be economically inactive (34.8%, 70/201) (see Appendix, Table 6).

Comparing **informal and formal** volunteering roles of survey respondents, females were more likely to choose informal volunteering (84.2%, 553/649) and males more likely to choose formal volunteering (35.1%, 217/625). Older age groups were more likely to choose formal volunteering (56.4%, 35/623) and middle age groups more likely to choose informal volunteering (47.8%, 307 /642) (see Appendix, Table 2). Those survey respondents who were involved in informal volunteering, were less likely to be economically inactive (27.1%, 174/643) compared to formal volunteers (39.9%, 249/624).

Over half of volunteers were in an urban location (61.1%, 945/1546), with a higher proportion in the more deprived quintiles (see Appendix, Table 3).

3.1.2 Health and wellbeing of volunteers

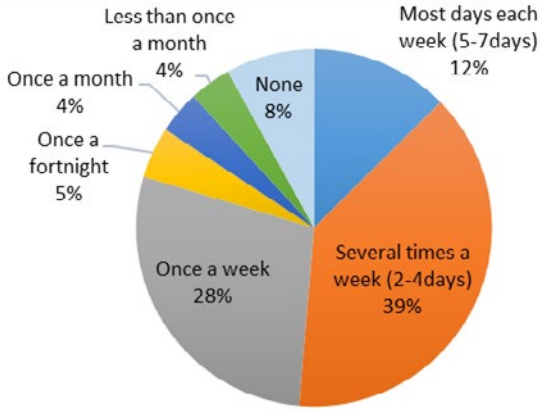
Survey respondents who were engaged in volunteering during the pandemic, tended to have moderate to high resilience (86.3%, 1156/1339), good to very good general health (76.2%, 1177/1544), and average to high wellbeing (80.7%, 1144/1417) (see Appendix, Table 4). More than half of all surveyed volunteers felt that people in their local community supported each other well during the pandemic (52.8%, 987/1869) and a third reported speaking to their neighbours more often than prior to the pandemic (38.0%, 710/1867) (see Appendix, Table 5).

3.1.3 Exploring community-led action during the pandemic

Frequency of community-led action

Survey respondents were asked about their level of engagement with volunteering from the beginning of the pandemic in Wales (from March 2020-July 2021). During the pandemic, nearly half of those respondents who volunteered did so several times (2-4 days) a week (39.0%, 671/1723), followed by just under a third taking part at least once a week (28.0%, 482/1723) (see Figure 1).

Figure 1: Frequency of volunteering amongst volunteers during the pandemic, from March 2020 to July 2021 (n=1723)



Notes: The frequency was averaged out across whole pandemic.

Routes into community-led action

The most common ways that survey respondents who volunteered first got involved during the pandemic, included friends or family needing help (47.6%, 892/1873), responding to a post on social media (22.9%, 428/1873), signing up to the Volunteering Wales website (18.4%), 345/1873), being already part of a local community group (15.4%, 289/1873), contacting a local volunteer centre or a County Voluntary Council (13.3%, 250/1873), followed by 12.9% (241/1873) responding to a request for NHS volunteers and 10.3% (193/1873) to a request from their Local Authority. Only 4.5% (85/1873) of participants responded to a leaflet or a note, and 3.8% (71/1873) volunteered as part of a local community sport club or group (see Appendix, Table 7). Many of the surveyed volunteers undertook multiple volunteering activities.

Roles and activities

Most volunteering activities provided practical support for other people near them (e.g. food shopping) (60.6%, 1130/1865), befriending (44.6%, 831/1865), supporting others over the phone (28.4%, 530/1865) or helping with food parcels/foodbanks (19.6%, 365/1865) (see Appendix, Table 8). About 16.9%

(315/1865) provided or organised support through activities online, and 15.7% (292/1865) volunteered at vaccination centres (see Appendix, Table 8). Further activities undertaken, as described in qualitative interviews, included: prescription pick up, emotional support, dog walking, transportation (especially in more rural areas and when vaccination clinics opened up), volunteering for the NHS, preparing online activities for families, and support accessing digital devices.

3.1.4 The extent to which the pandemic elicited new community-led action

Those new to community-led action

The survey showed that of 1873 respondents that reported active involvement in community-led action during the pandemic, three-quarters (73.4%, 1352/1842) were already volunteering in some capacity before the pandemic and a quarter (26.6%, 490/1842) took up volunteering for the first time during the pandemic. New volunteers were more likely to be female (78.8%, 386/490), compared to the continuing volunteers (72.8%, 984/1352), and less likely to be in the 65+ age group (10.7% (53/495) for new volunteers compared to 24.2% (330/1362) for continuing volunteers; see Appendix, Table 9). Of those who newly engaged in volunteering, 43.8% (217/496) joined informal activities, 37.9% (188/496) formal and 18.3% (91/496) both (see Appendix, Table 9).

Existing volunteers who extended their reach

Active volunteers extended their volunteering activities engaging in more formal and/or informal groups (see Figure 2). Many of the survey respondents already engaged in formal volunteering prior to the pandemic continued that engagement, whereas some also became involved in informal volunteering activities, and a smaller proportion switched to focusing on informal activities (see Figure 2).

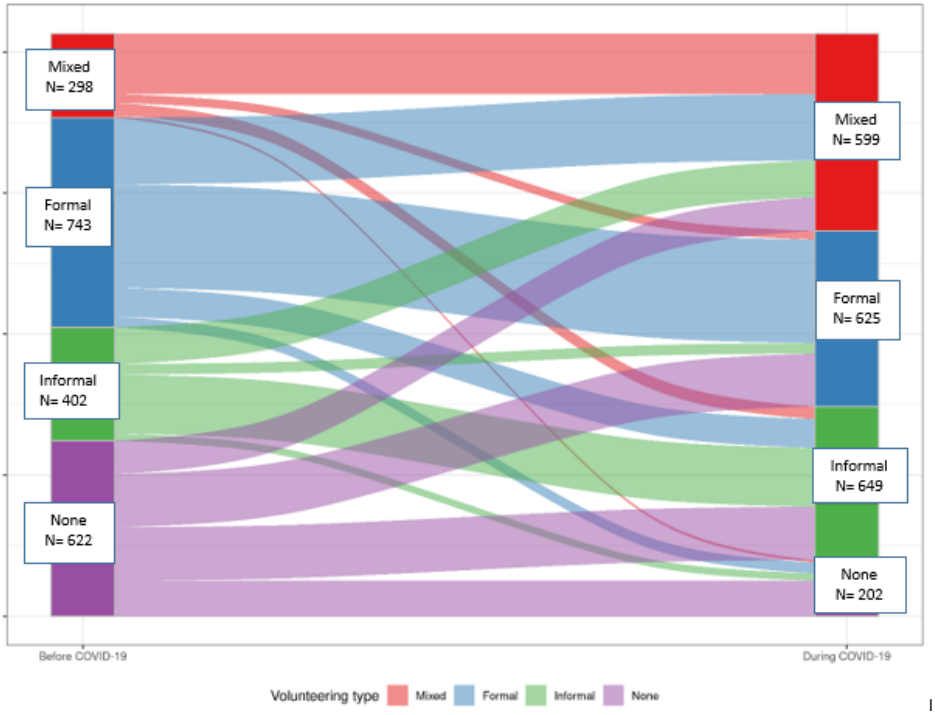
Similarly, the majority of those who engaged in informal volunteering previously, continued, and a smaller proportion also became involved in formal volunteering activities (see Figure 2).

Non-volunteers or those who stepped back

Of the survey respondents who **did not volunteer** during the pandemic, more than half (63.3%, 126/199) had never volunteered (see Appendix, Table 6). A smaller proportion (36.7%, 73/199) had engaged in volunteering activities in the past, but did not continue during the pandemic (see Appendix, Table 6). Strategic Leads often reflected in qualitative interviews on losing a proportion of existing volunteer population due to shielding requirements.

> *Normally, they tend to be people who are retired and have got the time on their hands, but they still want to give something back. But what's happening is a lot of those people were shielding and the volunteers that were coming through to fill that void were actually younger people who were on furlough.* (Strategic Lead, Blaenau Gwent)

Figure 2: Changes in community-led action: comparing engagement in volunteering pre-pandemic to during the pandemic (March 2020 to July 2021).



Those stepping forward during the pandemic

Those stepping forward to volunteer or coordinate less formal local community mutual aid groups included existing community leaders/organisers, as well as new volunteers offering to apply their transferable skills. The community mutual aid groups leaders or 'gate keepers' often had existing transferable leadership and management skills or professional background.

> *We had a guy that organises stuff in the Met, he was organising the police force down here and then up the road from him he was also coordinating volunteers. Doing all that coordinating that he's been doing as part of his job and he was brilliant at it.* (Strategic Lead, Monmouthshire)

The impact of the pandemic on day-to-day life and continuity of service provision, alongside the public health measures introduced - all **created a unique context for community-led action**. Some stakeholders reflected in the qualitative interviews that there was no 'typical' profile for someone wanting to support their community during the pandemic, as characteristics varied greatly. However, **a shift in the demographic profile of volunteers was noted** as a result of the older, retired population shielding (leading to some volunteering organisations/groups having to restructure their services to continue), alongside emerging new volunteers who felt they had more time to help because of being on furlough, self-employed or now working from home (see Section 3.2.4).

> *Individuals who probably were too busy for community work prior to this but maybe furloughed, working from home, thought differently about their community because they were of a demographic that could help, and they stepped forward.* (Strategic Lead, Monmouthshire)

This employment pattern also aligns with the one reported by the survey participants. However, results from the survey highlighted that despite the retired population being more affected by shielding advice; a fifth of those engaged in community-led action during the pandemic were aged 65+ years (20.7%, 385/1862).

Summary of key points

- Characteristics of surveyed volunteers during the pandemic included: over three quarters were females, over half were those aged 45-64 years old, over 60% educated to degree level, from the three least deprived quintiles.
- Changes in volunteering behaviour before and during pandemic were observed. Many of those who were already active volunteers, continued during the pandemic.
- Many active volunteers also extended their volunteering activities, across both formal and informal groups.
- There were also active volunteers who stepped back during pandemic, some having to shield.
- About a quarter of the volunteer population was new to volunteering, with many continuing to work throughout the pandemic in full-time or part-time capacity.
- A shift in demographic profile has been noted, with the emerging volunteers being younger than the usual profile.

3.2 Factors enabling community-led action in response to COVID-19 pandemic

3.2.1 The initial drivers for mobilising community-led action

Through the qualitative insights, it was possible to explore in more detail the key drivers contributing to the initial mobilisation and community involvement in volunteering during the pandemic in Wales. A sense of urgency and a global emergency, the impact of the pandemic on those most at risk in local communities and mitigation of impact in communities led to the initial mobilisation of community response in Wales. Through thematic analysis, the following key drivers were identified:

Key drivers for initiating community-led action:

i. Public perception of risk: foresight and media attention.
ii. Anticipating impact locally: getting prepared.
iii. Mitigating impact locally: early action.

i. Public perception of risk: foresight and media attention

Insights from the interviews highlighted that initial mobilisation of community involvement was often **driven by a degree of foresight** (or early warning) generated from unprecedented media attention on the potential scale and severity of the impact of a novel virus that was rapidly spreading across other European regions (e.g. Northern Italy), resulting in sense of urgency and **need to act quickly to prepare**.

> *The chair of the Village Hall Committee foresaw some of the difficulties that were going to happen. I mean, he started to talk about doing something before lockdown started, so that by the time lockdown started we were already well into our planning.* (Volunteer, Monmouthshire)

> *Around that time, people were talking about hospitals being overwhelmed, it was a national crisis and I just thought, well, I would do anything functional or beyond to just do my bit, you know. It's kind of like war time situation, really. You do your bit.* (Volunteer, Blaenau Gwent)

ii. Anticipating impact locally: getting prepared

Early action was also underpinned by the **anticipation of health and social consequences** in local communities of both the virus and BSI mitigation measures introduced (e.g. 'lock downs' and self-isolation measures) in Wales, and the **need to mitigate the likely negative impact** – such as perceived gaps in support provision whilst formal agencies coordinated.

> *I felt like all the other villages had pulled it all together and our village was vulnerable in that way; and if there had been a long lockdown and shortage of food and things, we could - some people could - have ended up in trouble really and really suffering.* (Volunteer, Monmouthshire)

iii. Mitigating impact locally: early action

Early action was in response to the perceived **impact on the more vulnerable** within the community (elderly, clinically vulnerable, self-isolating) from the pandemic (see Section 1.1). Later, as the pandemic progressed, it became apparent that there were also more hidden (emerging vulnerabilities) and more complex needs (exacerbating vulnerabilities) requiring support (e.g. as a result of service disruption and shift to online provision).

> *I felt somebody out there is going to be really vulnerable and won't be able to get supplies if we're all locked-in (this is at the beginning of the first lockdown). I need to make sure that they know that there are people who would be willing to get their shopping or whatever they needed.* (Volunteer, Monmouthshire)

The degree of response and level of coordination varied greatly across the different volunteer groups and communities in Wales. However, through the qualitative insights we identified a number of common factors that contributed towards enabling community-led action to take place, explained in more details below. These can be considered from the perspective of a **collective community response** as strength of social capital and pre-existing social networks (section 3.2.3) and adopting an asset and placed-based approach to response (section 3.2.3); and **individual-level response** through individual enablers and motivators (section 3.2.4).

3.2.2 Collective community response: Strength of social capital, and pre-existing social relationships and networks

Areas with high levels of **community cohesion and pre-existing social networks**, alongside strong presence of an **active anchor organisation** (e.g. village hall with a committee, Church, local business, charity or County Voluntary Council) had an established foundation and infrastructure for the community to draw upon to enable rapid set up during the pandemic.

> *You need a strong community so that you are ready for something like this happening, and I think the fact that the village hall here has been very strong and very active meant that we were able to do it. And I think that side of communities sometimes gets forgotten or you know over-looked, just how much that community cohesion matters.* (Volunteer, Monmouthshire)

> *We're very good in our local borough at responding to a crisis. The pandemic was on a massive scale but you would get that level of involvement at a local crisis as well. So if your local school flooded, you would have the community there in a heartbeat to do whatever they needed to do to save that school. So that is something that is traditional in our community. We just saw it on a very much larger scale with the pandemic.* (Strategic Lead, Blaenau Gwent)

The ability of the community to **draw on existing community assets and resources** and to harness human capital (e.g. skills, resources, and networks of individual members) was instrumental in the response. This was visibly reflected in the initial speed of set up, coordination, and capacity of the groups to continue adapting to set up adequate systems for managing informal volunteers, requests, and delivery of the activities.

> *We also had the infrastructure in place to begin with, having the Village Hall Committee, so we had the volunteers, the start of the volunteer group already, we had the communication links from the Village Hall Committee, so we were able to get started more quickly because of that already being there.* (Volunteer, Monmouthshire)

In rural areas, remoteness and limited access to services often meant there already existed a strong culture of relying on community. In urban areas, this was also evident, but tended to happen on a more hyper-local (e.g. street) level - where often the communities were very closely-knit. The pandemic has highlighted, but also reinforced, the **importance of local, placed-based support** for community resilience in the context of emergencies, alongside the **value of strong social connections**.

> *You might only be out there 10 minutes, 20 minutes, but actually the fact that you've spoken to each other, not only makes their day if they live on their own and yours, but also it allows you the opportunity to just talk. Then something might come up and you might either help each other out or, know someone who can help.* (Recipient, Blaenau Gwent)

Many volunteers, but also recipients of support, reflected on the importance of regularly checking-in with their neighbours during the pandemic, especially if they were perceived as vulnerable. Many elderly residents with family living elsewhere and unable to visit due to lockdown measures, became completely reliant on their local community for support overnight.

> *I tried to ring around different neighbours, because I was shielding. I couldn't go and actually see them physically and obviously the pandemic wouldn't have allowed us to do that. But I think sometimes, especially people who lived on their own in the street, that call might just be the one thing they need that day, it might just make their day, someone ringing up to see how they are to know they are not on their own, while they can't go out.* (Recipient of support, Blaenau Gwent)

We saw a similar pattern amongst the survey respondents, where the majority felt that the local community supported each other very well (52.8%, 987/1869). Those located in least deprived quintiles also reported speaking to their neighbours more often than before the pandemic (42.5%, 174/409) and

feeling comfortable asking their neighbour for help (40.0%, 163/408) - compared to volunteers in the lower deprivation quantiles (see Appendix, Table 5).

> *They're aware that they've got an elderly neighbour who lives a door or a couple of doors away, who they've always known was there, but because they've been so busy working, socialising, getting on with their own lives, they've just assumed that somebody else would be looking out for that person, whereas they've now learned that maybe not everybody has somebody, and just getting their shopping or even just a chat will make a difference.* (Volunteer, Monmouthshire)

Summary of key points

- **Key enabling factors** across all areas included good levels of **social cohesion** and **pre-existing strong social networks,** supported by the **presence of an active anchor organisation** (formal or informal) and its infrastructure that enabled rapid set up of support; as well as the ability to draw on existing **community assets and resources.**
- The pandemic highlighted the importance of **local place-based support** and **value of strong social connections.**

3.2.3 Collective community response: Adopting an asset and place-based approach

From the interviews, it was reflected that in some less populated areas spontaneously emerging community groups largely **self-managed their localised response.** Such groups were most often based in small villages in rural but affluent areas, with few residents and where reliance on local knowledge, resources, and word of mouth was sufficient to coordinate support.

In more populated areas key to enabling a well-coordinated response was the **multi-agency, partnership working** across formal and informal groups, built on positive relationships that existed prior to or were established during the pandemic**.** Many strategic leads reaffirmed that public bodies benefited greatly from the **extended flexibility, capacity, and reach** that community-led groups and informal volunteers offered and their **local knowledge**, and **networks**. Equally, volunteers highlighted that community groups benefited from public sector **expertise** and **support with volunteer recruitment and management**, **governance, training**, guidance for **safeguarding**, and **access to funding** (e.g. Third Sector Emergency Recovery Fund).

> *There's been an outpouring of the community, they stepped forward, they actually have some fantastic ideas, solutions, they feel a sense of ownership in their community at the moment and we developed some really solid relationships as public sector within the community in a different way than we ever have before.* (Strategic Lead, Monmouthshire)

> *I think really it is just having had a longstanding presence in the community, and having a feel really for how people are connected and who's actually in need of it.* (Volunteer, Blaenau Gwent)

Community groups worked closely with the wider public and third sector organisations and had the advantage of agility, operating from a position of trust, with the ability to make decisions quickly and flexibly respond to changing priorities. One example was a local community support group (originally a local charity) taking on an area response coordination role, which grew from covering a small-contained area to supporting a whole borough efficiently.

> *I think [it] is incredible because they adapted so quickly to doing something that they just did not normally do, have not done before. I suppose, for me, what it demonstrates is the flexibility and innovation of the third sector, that if they've got the funding and the volunteers, they will deliver anything that you put in front of them.* (Strategic Lead, Blaenau Gwent)

Most local authorities set up locality-based response teams or "community hubs", integrating local organisations, community leaders, and community groups into locality response pathways. In some areas, coordinators were redeployed staff, individuals from community and partnership teams who already knew the area well and had previously developed close links with the community leaders and existing volunteers. In areas where existing community connectors or an equivalent scheme were in place, this was also built upon.

> *The local authority response to the pandemic was to set up community hubs. So, they used their redeployed staff or their shielding staff to run, to set up four hubs in those main towns. They gathered all the information on what was happening, what were the assets, who was helping in those towns, and they gathered that information to make the links between those provisions. So, everybody started to know each other outside their towns or the area that they provided service for.*(Strategic Lead, Blaenau Gwent)

> *Lots of staff were drafted in to help a particular area of the county, in that they would be there to be a point of contact for any community volunteers, community leaders to support them if things were going wrong, if they knew of people who needed more extreme support. So, that was a fantastic model of supporting the response from the community, was absolutely A* in my view.* (Strategic Lead, Monmouthshire)

Careful integration with official health and social care services was important when vulnerable people with more complex needs where identified, where volunteers could draw upon an effective referral pathway to a 'front door' social worker who worked closely with the community, offering support and advice. This was seen as working well and with the **intention to integrate or continue with a similar model going forward**.

> *We needed some social work capacity at the front end to do that kind of assessing that need and to really understand what support an individual needs and whether or not they are at that threshold for needing more kind of statutory support services or a care and support package that we could put in place to help those individuals. It's that kind of the complexity of some of these things.* (Strategic Lead, Monmouthshire)

To provide an integrated response, local public and third sector teams proactively carried out **regular**

mapping exercises to understand what services and support charities, third sector groups, and community groups were providing and what geographical coverage, as well as identifying gaps or duplication in support provision. This also included lists of shops, local businesses, services that continued operating and local community groups and community organisations that stepped up to support. This ensured, public and third sector services could always signpost individuals to support provided as locally as possible.

> *At first, it was making sure that we had the mapping of the services that we knew were available, be it from charities, third-sector groups or community groups who were providing and continuing to provide their service or knew ad hoc support from other community groups, who just decided to start up a volunteer service or groceries and local food shops, who were happy to take telephone orders and do deliveries that sort of thing. Making sure that we had as much information as possible about what was happening in the community, so that those locality response team members could signpost individuals towards that support.* (Strategic Lead, Blaenau Gwent)

Some community-led groups also **worked closely with local external agencies** (e.g. schools, third sector support organisations, local authority) to help identify individuals who were vulnerable and in need of support (e.g. where shielded households were living), or to help official agencies in a support capacity to meet demand.

Summary of key points

- In smaller, rural but often affluent areas local knowledge, resources, and word of mouth was often sufficient to coordinate **localised support by community groups**.
- In more populated areas, **multi-agency, partnership working** (existing or newly established) between public bodies, third sector, local organisations and local community groups was important for enabling well-coordinated, regional response.
- Local community groups worked closely with public and third sector, playing a vital role in **expanding reach and capacity of support**, drawing on **local knowledge and networks**; operating from a **position of trust, greater agility, with the ability to act quickly and flexibly adapt** to changing priorities.
- Public and third sector bodies provided an **important infrastructure for community groups**, through expertise in volunteers' recruitment and management, safeguarding and risk assessment, access to funding and training.
- Local coordination was set by many local authorities through creating **locality-based response teams**, integrating local organisations, community leaders and community groups into locality response pathways.
- Careful integration with official health and social care services was important when **vulnerable people with more complex needs** were identified, with the intention to integrate or continue with a similar model going forward post-pandemic.
- To enable integrated response, local public and third sector teams undertook **regular mapping exercises** of existing support provision and its geographical coverage, as well as working closely with local external agencies to identify vulnerable populations, alongside identifying gaps or duplications in support provision.

3.2.4 Individual-level response: enablers, motivations and challenges

The pandemic gave people 'permission' to act; with ordinary citizens stepping up and getting involved in their community, many of whom were new to volunteering. **It created a unique combination of individual-level enabling factors for community-led action**, such as change in individual circumstances (e.g. shift to working from home, flexible working, being furloughed, having more time), having to stay local, and providing opportunities to take part (e.g. calls for local volunteers on social media, national call for volunteers).

> *COVID-19 gave people the permission to ask for help and to act. There was a clear common purpose, which organisations, community groups and individuals alike shared, that's there. How do we recreate that purpose?* (Strategic Lead, Monmouthshire)

Motivation behind community-led action varied. From qualitative insights, this included wanting and feeling able to help (e.g. age, health, time); raised awareness of need and vulnerability; a sense of duty and wanting to give back to the community; wanting to support the NHS, having skills and resources to offer; but also more personal reasons such as the need for social contact and creating a structure to one's day.

> *I've always had ties to my birthplace, but I felt that it had given me so much that I took from the area and now that I'm retired after 38 years of teaching, I knew there was a lot I could give back and it seems my time to give a little bit of payback you know.* (Volunteer, Blaenau Gwent)

> *I was unemployed at the time so I thought, I mean, it's good to keep yourself occupied I think really. I think that's one of the biggest things, if you find yourself slipping out of normal sleeping pattern, to have at least one day a week where you've got more of a structure to it, is definitely beneficial for mental health.* (Volunteer, Blaenau Gwent)

> *I'm an engineer by background so in terms of motivation at that point it was like right now I've got a problem to solve, I'll go and build the solution to the problem. So the motivation then was that I'm doing something useful and we're organising something that will be practically useful for all these people for however long this thing takes.* (Volunteer, Monmouthshire)

The survey showed that the **main enablers** for taking part in activities during the pandemic for both **new and existing volunteers** included: **feeling able to help** (85.3%, 1589/1862), **having time** (63.2%, 1176/1862), **being local so it was easy** (50.3%, 936/1862), feeling that their **skills and experience could help others** (48.3%, 900/1862), and wanting to **improve things in their local community** (42.5%, 791/1862) (see Appendix, Table10) .

Respondents who were continued volunteers, were more likely to report that they felt they had **skills and experience** they could offer (52.4% compared to 37.1% of new volunteers), and that it is part of their **religious belief or philosophy** to help others (26.3% compared to 14.3% of new volunteers). Whereas for new volunteers, **feeling able to help was important** (89.7% compared to 83.7% of continued volunteers) (see Appendix, Table 10).

Differences by deprivation areas

Making a difference to the health and wellbeing of others was paramount to driving people to want to volunteer during the pandemic, from across all deprivation quintiles. A higher proportion of volunteers from more deprived areas reported that a motivator was that they had previously been helped by others (see Appendix, Table 11). The survey found that looking at benefits of volunteering across deprivation quintiles that volunteers in the more deprived quintiles tended to be more likely to report that volunteering helped to improve their mental health and wellbeing and confidence (43.0%, 80/186); physical health (14.2%, 37/261); and helped them meet new people and feel less isolated (38.2%, 71/186) compared to the less deprived quintiles (see Appendix, Table 13). Across all the deprivation quintiles it was clear that the feeling of making a difference to the health and wellbeing of others was paramount to driving people to want to volunteer during the pandemic (see Appendix, Table 13).

Individual and area structural challenges in more deprived areas

It is important however to recognise that those experiencing greater inequalities (i.e. on lower incomes; in precarious employment or housing, unemployed) will often face multiple challenges and have other practical priorities competing with the prospect of engaging in volunteering.

> *It's easy to stereotype but those individual will have a lot of different things going on in their lives, and for whom actually things are just a bit harder than they are for most people, and that can happen for all sorts of reasons.* (Strategic Lead, Monmouthshire)

> *There's a lot of people out there who just can't afford to be volunteers, they are too busy making a living, yes, maybe they have 2 or 3 jobs on the go at one time, they can't really take the time out to do that kind of thing, and we're lucky. There's only the two of us, we haven't got children, we've made our money essentially, we're fairly stable, so that's there as well.* (Volunteer, Blaenau Gwent)

The survey also found that looking at barriers to volunteering across deprivation quintiles that volunteer respondents in the more deprived quintiles tended to be more likely to report that **distance and lack of transport was a problem** (7.8%, 14/180), as well as **health problems** (16.1%, 29/180) or having n**o time due to work** (32.8%, 58/180), compared to the less deprived quintiles (see Appendix, Table 14).

Reasons to continue volunteering in more deprived areas

The survey also explored the likelihood of volunteer respondents continuing volunteering over the next 12 months, across deprivation quintiles. Volunteers in the more deprived quintiles tended to be more likely to report as **reasons to continue** volunteering activities: the **positive impact** it was having on their own health and wellbeing, gaining new skills and experience, wanting a more active role supporting a specific cause or charity, compared to the less deprived quintiles (see Appendix, Table 15).

Summary of key points

- The pandemic **created a unique context** for community-led action in providing opportunities to take part and permission to act (e.g. local, regional, national calls for volunteers), in combination with **individual-level enabling factors** such as change in circumstances with shift to home working, furlough scheme, staying local and having more time.
- **Drivers for volunteerism** were focused around wanting to make a difference to the health and wellbeing of others during the pandemic, across all deprivation quintiles. They included having a strong community focus (e.g. increased awareness of local needs and giving back to the community), having transferable skillsets or resources (e.g. car), alongside altruistic values (e.g. wanting to help) and meeting personal needs (e.g. social contact).
- **Main motivators and enablers** for new and existing volunteers during the pandemic included feeling able to help, having time, activities being local, feeling skills and experience could help, and wanting to improve things for others. **Existing volunteers** were more likely to be driven by having skills and experience to offer and for an ethos of helping others being part of their religious belief or philosophy. New volunteers were more likely to be driven by a feeling of being able to help others during the pandemic.
- For volunteers in more **deprived areas**, being previously helped by others was a key motivator to volunteer during pandemic. Those volunteers also reported as benefits improved mental wellbeing and confidence, physical health, meeting new people, and feeling less isolated.
- Those experiencing greater inequalities already faced **multiple challenges** competing with the prospects of engaging with volunteering.
- Volunteers in more deprived areas reported **distance and lack of transport** and **health problems** as common barriers to volunteering.
- Volunteers in the more deprived quintiles were more likely to want to continue volunteering activities because of the **positive impact** this was having on their own health and wellbeing, gaining new skills and experience, and wanting a more active role supporting a specific cause or charity.

3.2.5 The role of digital tools to mobilise and respond

Role of digital in volunteering

The BSI measures imposed during the pandemic meant that digital technology and access to the internet, including use of social media platforms, was critical for communicating and accessing support (e.g. online shopping), as well as formal support services shifting to online modes of service delivery.

> *Absolutely necessary, there was no way I could have done anything without being online - I couldn't have done. I suppose I would have had to have gone out, but I would have felt that I was dicing with death.* (Recipient of support, Blaenau Gwent)

Harnessing digital tools and platforms enabled continuity of services during the pandemic and expanded some volunteering opportunities. For example, by reaching a greater pool of volunteers unlimited by geographic boundaries, reducing travel time and costs, and making volunteering and training more flexible, and accessible. **Organisations realised the potential of remote training and volunteering to make opportunities more inclusive and expressed intention to move towards a mixed delivery model in the future.**

They are particularly the people who work nine to five to have that flexibility of not having a whole evening taken out of their week when they're busy already is fantastic and I wouldn't have even dreamt of it prior to this. (Strategic Lead, Monmouthshire)

The internet and social media platforms were also key tools for recruiting a wider pool of volunteers (e.g. 22.9 %, 428/1873) of survey respondents used social media as a route into volunteering, 18.4% (345/1873) signed up via the Volunteering Wales website), coordinating local support, and information dissemination. Providing opportunity for cross-agency working, greater flexibility and speed of coordinating support, and working in partnership to resolve issues.

Qualitative insights showed that the creation of a dedicated area-specific Facebook page was often the first starting point for a new local community group and often used as the main channel to share information and requests for help with members. Most local groups had dedicated administrators who regularly monitored posts and oversaw coordination of support. WhatsApp and email were used primarily as tools for communicating directly with volunteers when coordinating support, WhatsApp due to its instant reach and ability to quickly share messages with larger groups. Other groups also used Google forms to support administrative processes.

The survey found that to connect to other volunteers or community support, Facebook (56.5%, 1049/1858) was the most used form of digital communication during the pandemic, followed by email (54.3%, 1008/1858), WhatsApp (47.1%, 875/1858) and video conferencing (42.6%, 792/1858). Over a third of survey respondents (37.0%, 685/1852) were accessing digital technology once to several times a day, in order to connect with other volunteers (see Appendix, Table 12).

Barriers and enablers to using digital tools

Barriers to using digital technology included concerns about privacy/security of personal information (24.0%, 436/1817), lack of interest in using social media to engage with community support (13.4%, 243/1817), lack of comfort due to content not being moderated (12.1%, 219/1817), and internet connectivity issues (9.9%, 179/1817). Conversely, **enablers included** confidence using technology (76.4%, 1389/1817) and ease getting involved in supporting community (35.8%, 650/1817); with 46.4% (843/1817) stating that they would be likely to continue using social media platforms to connect with other volunteers and to their local community in the future. No significant differences in enablers or barriers were seen across deprivation quintiles (see Appendix, Table 12).

Engagement with the digitally excluded

The pandemic highlighted the importance of digital and its key role in coordination of support during such emergency, but also highlighted the associated challenges, the existing **digital inequalities**, and concerns over reaching those who may be **digitally excluded.** Reflections from qualitative insights often stressed how areas with high digital exclusion (often the more deprived areas with poorer infrastructure) were hit particularly hard, as many services and support moved online; as well as faced barriers to working from home or home schooling.

It was very, very difficult to find a way of communicating information to those people, also around things like where they could access support because everything seemed to be happening through Facebook and social media at one stage. (Volunteer, Blaenau Gwent)

Interviewees reported that some people within communities struggled to adapt (e.g. accessing a webpage), amplified by lack of face-to-face support during enforcement of BSI measures, exacerbating social and health inequalities and their ability to connect socially to others (resulting in loneliness); or being able to access reliable, accurate and up-to-date information about the pandemic. In some instances, this was also linked to affordability of the internet connection and devices.

> *There were some people who for a range of reasons were unable to access that and were really lonely, and were calling up either the council or calling volunteers, because actually they just needed some human contact.* (Strategic Lead, Blaenau Gwent)

> *I always had to get my sister to find numbers for me to try and access information, because I couldn't get on the internet. So, that was difficult. Once you got numbers, it would then just totally direct you back to the internet, so you could not find anything out. Everything was done online, applying for any help was all online, so haven't been able to access any help because for me having to pay £25-£30 a month for internet before the pandemic, you know I don't use the internet, I haven't got Facebook or any of the things that you would use on the internet, so it wasn't really a problem. But it became a problem in the pandemic when I was stuck at home all the time.* (Recipient of support, Monmouthshire)

Adaptations needed

To address some of the above challenges, community groups and organisations adopted alternative solutions to **reach those who were digitally excluded**. For example, ensuring they utilised multiple communication channels, such as setting up dedicated telephone helplines, alongside door-to-door leafleting, newsletters, or word of mouth - so that those digitally excluded individuals were still able to access support. An example was the ***Digital Doorstep Project*** in Monmouthshire, where iPads were taken out by community volunteers to enable those without IT or digital access to use Skype or Zoom to connect with their families.

> *We just printed some flyers with our names and numbers as contact points and said, you know look, we'd be happy to do anything you needed, even if it just a chat or a phone call. If you need something collected or shopping, just call us, we're here to help.* (Volunteer, Monmouthshire)

This has led to a greater drive during the pandemic to **support digitally excluded population to get online**, for example, through partnership with organisations like Age Cymru, Digital Communities Wales, councils or schools assisting with identifying digitally excluded pupils. There is an on-going need to support digital inclusion, through for example focus on digital literacy training, access to grants to buy basic IT equipment, creating digital buddies, enabling local libraries to stock IT equipment (e.g. tablets, dongles and WIFI devices) to be loaned out. It is also important that information and support continues to be provided via multiple channels.

> *The libraries have got a small kind of stock of IT devices that they loan out to people who are perhaps housebound, so that they can access e-books and that sort of thing. One of the things we thought would be useful if we could identify funding for them, we could expand on the stock of equipment they've got, maybe get dongles and Wi Fi devices to give people data and access to broadband, so that we could start addressing digital exclusion, so that we could maybe loan tablets to people on a try before they buy basis.* (Strategic Lead, Blaenau Gwent)

Some community-led group coordinators also reflected that using the community Facebook page for monitoring referrals was inadequate and unsuitable, due to the challenges in keeping up with surges of demands and personal information attached to requests. To address this, some groups creatively harnessed resources they had access to, ranging from simple tools such as Google Drive to specific software management systems (e.g. Jira).

Summary of key points

- Harnessing digital tools and platforms enabled continuity of services during the pandemic and expanded some volunteering opportunities; coordination of support and expanded flexibility and inclusivity of volunteering opportunities (e.g. recruitment, training, voluntary activities unlimited by geographical boundaries).
- The pandemic highlighted challenges around digital inequalities and reaching the digitally excluded, and the likely disproportionate impact on these groups as services and support moved online, and home schooling and home working became part of pandemic response.
- This led to a greater drive to address the challenges of reaching the digitally excluded and in supporting the digitally excluded population to get online.

3.3 Addressing underlying determinants of inequalities in health

3.3.1 Identifying need within communities during the pandemic (emerging, exacerbating, and long-term)

Early identification of new and emerging needs

To reach those most vulnerable, local authorities, public and third sector organisations, together with the community groups **pro-actively reached out** to all individuals listed on the shielded list to **identify what support was needed** and to **raise awareness of what was available**. All interviewees reflected that there was a huge value in doing that. To identify any additional needs possibly unknown to services, many volunteers received training to be able to **notice any signs** of recipients requiring any other additional support, for example, when delivering shopping or prescriptions. Important points raised by most of volunteers and strategic leads also included **awareness of the population groups which perhaps were just about surviving prior to the pandemic**, but their livelihood and ability to continue to financially cover the basics became severely impacted.

> *In these communities, people do not have a lot of money, and if you're living paycheck to paycheck, then if you're going to lose your job, then you're in a very bad situation. These people wouldn't have savings or investments they could liquidate. So, I think it's essential really to have schemes like this where at the most basic level, things like food, you can get for free.* (Volunteer, Blaenau Gwent)

> *As time went on, it was people who had lost their jobs, or people who had been furloughed, and people who needed actually support around things like benefits, they needed access to small grants, they needed support with debt counselling, and they needed food actually in some instances.* (Strategic Lead, Monmouthshire)

Accessing support during the pandemic on the local level was also valued greatly by the recipients, who saw the additional benefit of personalised contact and seeing someone face-to-face, and the sense that they can rely on their local community for support.

> *If it is local, at least people can see who they're talking to, if they can talk to them face-to-face, great. I think myself it's very important.* (Recipient of support, Blaenau Gwent)

> *It's a feeling of being cared about by your local community. And again I think that binds you to your community, that gives you that sense of feeling not on your own.* (Volunteer, Monmouthshire)

Added value of community response: understanding characteristics of newly vulnerable groups

Going forward, requires a consideration and **understanding of the characteristics** of the **newly vulnerable groups** impacted by the pandemic and measures introduced; and to **ensure these groups are not left behind**. Strategic Leads often reflected on a **whole new group of people coming through** claiming housing benefits, asking for assistance with food provision, council tax and rent payments. They also reflected on the complexity of some of the issues individuals were presenting with (e.g. complex health and social care needs), which were previously unknown to these services, and which in many instances felt: '*out of the scope for the volunteers'*.

> *We had lots of reasons for people phoning. They didn't have food, nothing in the cupboards, couldn't go out, couldn't get food so it was getting emergency there. Some were struggling with their heating and their lighting. That support would then be picked up by the Benefits Team, and they would look into getting those sort of things sorted, they'd look at different grants for them. I also did quite a number of referrals for supporting people during the time because there was a lot more going on with housing situations, as well and in some cases mental health had got a lot worse.* (Strategic Lead, Blaenau Gwent)

Among the particularly **newly vulnerable groups** highlighted in the interviews, were groups that happened to experience an **overnight change in their employment status/situation**. Those on **zero-hours contracts or who had been furloughed** often did not understand how to apply for benefits or what they were eligible for, meaning they often missed out on the support available or got into debt. For some, such as those **who were self-employed, made redundant or lost their job,** this overnight change in circumstances often resulted in tipping them over the poverty line, with no savings or financial buffers to help with the most basic needs, such as food and utility bills payments. Those requiring support also included **low-income households impacted by the BSI measures introduced for self-isolation requirements**, as those **already claiming benefits** were excluded from the initial self-isolation payment support offer. For **parents/households on low income and with children, having to self-isolate** also meant they had to increase spending on food and utilities during this time. This overnight change in needs was visible and reflected in the substantial demand for provision of food parcels and food boxes, alongside increased demands on foodbanks (e.g. in some places individual foodbanks needed to make over 100 deliveries a day).

> *People were really struggling financially, they were in hardship and they couldn't afford the things on their [shopping] list you know, but we would never know that as an organisations until they fell into absolute crisis.* (Strategic Lead, Blaenau Gwent)

We needed some social work capacity at the front end to do that kind of assessing that need and to really understand what support an individual needs and whether or not they are that threshold for needing more kind of statutory support services or a care, and support package that we could put in place to help those individuals, it's that kind of the complexity. (Strategic Lead, Blaenau Gwent)

Needs of individuals with registered disability

Recipients reflected that there is a need to improve information sharing and support provision for those with registered disabilities during the pandemic. This related to ensuring greater accessibility to key information and their formats; alongside improved guidance. For example, a need for increased support for individuals with visual impairments in environments such as supermarkets and GP surgeries was noted. Clearly communicating the location of the one-way systems where these existed, as well as increased awareness of guide dogs being unable to pick up on social distancing measures would have been beneficial. Those with hearing impairment and hearing loss faced particularly difficulties around facemasks wear and their impact on their ability to communicate with others (e.g. lip reading). Suggestions from recipients included having a way to highlight individuals with any registered disability on the system, who may require additional assistance.

The one-way system signs on the floors in supermarkets, everything is on a one-way system, but unfortunately the guide dogs don't understand that and if you can't see the signs, you're kind of restricted. I was speaking to other people who are visually impaired and I said I was nervous about going out, but so was quite a lot of others. (Recipient of support, Blaenau Gwent)

On-going needs and long-term impact

Volunteers and recipients highlighted the need to ensure support **provision is in place for any on-going needs of those vulnerable** as we moved into recovery and local community groups decrease provision or cease completely; alongside identifying any anticipated needs from longer-term impact. Volunteers highlighted this in relation to for example **elderly population who had been shielding** for a long period and **developed anxiety around re-engaging back** with the society (e.g. going out shopping, leaving the house), who will need support to reengage. Other examples of on-going needs included continuous demand for shopping and prescription collection even when restriction eased, support for those with mobility issues, alongside needs of individuals with financial difficulties around rent arrears, debts, food and utilities payments.

Even though shielding has ended, a few people who were receiving shopping through the pandemic are now in a position where they feel that they are not able to walk around a supermarket because physically, they have degenerated so much from not doing any physical activity, that they feel they've not got the strength to be able to walk around their local supermarket. So that's something else that is sort of being looked at with social services about how we can support people to build their muscles back up and try and get back out into the community. (Strategic Lead, Blaenau Gwent)

When I'm speaking to organisations about their clients, they're falling into two camps. There are the ones who have had their vaccination and can't wait to get back out there. And then there seems to be the other camp that is just – is it safe to come out yet, I know I've had my vaccination but there's these variants. (Strategic Lead, Blaenau Gwent)

Summary of key points

- To reach those vulnerable to the impacts of the pandemic and any measures introduced, it is important to **identify any emerging needs early**, alongside those more complex needs, and how best to coordinate support across sectors.
- To ensure no groups are left behind, **understanding the characteristics of the newly vulnerable** groups and whose needs are likely to be **exacerbated** even further is critical (e.g. furloughed, self-employed, made redundant, low-income households).
- To **understand what support was available**, local authorities highlighted the value of pro-actively carrying out localised **mapping exercises** across the system (public and third sector, community level) to understand support provision across localities, geographical coverage, and identify any gaps or duplications in provision.
- More attention is required to consider the **needs and support** provision for **groups with registered disability** (e.g. visual impairment, hearing difficulty), alongside improving accessibility of key information and formats; and providing tailored guidance to support, especially around adjusting to BSI measures.
- Going forward, it is critical to **identify long-term impact** and any **on-going needs** for support, as we start the transition to recovery and community groups wind down or cease to exist.

3.3.2 Exploring differences in community-led action between urban and rural communities

At closer inspection, findings from qualitative interviews from across the two areas (Blaenau Gwent and Monmouthshire) highlighted some small differences such as routes to recruitment of volunteers that varied across each locality. Each area coordinated this slightly differently, depending on their underlying existing infrastructure, relationships and what body was best placed to help manage and oversee volunteer recruitment. In some areas this was led by the third sector, local authority or WCVA via a national call to the Volunteering Wales Platform; other areas brought in specialist agencies skilled in recruiting and managing volunteers (e.g. Volunteering for Wellbeing in Monmouthshire, Volunteering Matters in Blaenau Gwent). Community-led groups often recruited their own volunteers, through their own channels.

Overall, the community response varied from community to community, regardless of the urban/rural split. The differences between individual communities related also to existing levels of local needs, which were described by interviewees as driven by the underlying structural, contextual and population characteristics of a particular community, and levels of deprivation.

The levels of emerging and exacerbating needs in communities during the pandemic were influenced by the underlying health and social characteristics of its population (e.g. economic activity of individuals and *individual resilience*) and available community assets to draw on (e.g. financial capital and other supporting infrastructure or *community resilience*). In our qualitative findings, interviewees reflected that communities in more deprived areas and already vulnerable to economic fluctuations were often more impacted by the pandemic, reflected in higher levels of needs and to some extent limited resources available within the community to draw upon.

Whilst urban areas were facing challenges due to existing levels of needs linked to deprivation, rural areas were likely to be more vulnerable to impacts due to difficulty with accessing services (distance) and also population profile tend to be older, retired population.

Summary of key points

- The community response varied from community to community.
- Regardless of the urban/rural split, the community response varied from community to community.
- Underlying health and social characteristics of a community's population and available community assets influenced the levels of emerging and exacerbating needs in communities during the pandemic.
- Deprived communities already vulnerable to economic fluctuations were often more impacted by the pandemic, reflected in higher levels of needs and to some extent limited resources available within the community to draw upon.
- Whilst urban areas were facing challenges due to existing levels of needs linked to deprivation, rural areas were likely to be more vulnerable to impacts due to difficulty with accessing services (distance) and also population profile tend to be older, retired population.

Similarities in response between urban and rural communities

However, despite such challenges, communities across both urban and rural areas were often described as having a sense of shared identity, with strong culture of helping, which was reflected in mobilising to respond to the pandemic.

> *It is being one of those small valley communities, relatively vulnerable, fragile local economy, because there is a mix of people that would be commuting out to Cardiff for their office jobs, and then in the borough itself its highly reliant on the manufacturing industry, car mechanics industry and retail, that sort of thing. Obviously, the furlough would have come into that in the first instance, but I think there was a lot of anxiety from a lot of people in the borough because they worked in industries that weren't particularly safe at that time and they weren't able to just work from home at the drop of a hat.* (Strategic Lead, Blaenau Gwent)

> *A lot of people are born and bred here as rural workers, as farmers. But there's also a population of people who've retired here and obviously that means that there's quite a lot of older people here because people have either moved here to retire or people who have always lived here are living here but their children may have moved away to find education or employment elsewhere. I think people are quite resilient here because they have to be to live here. We haven't got very much in the way of facilities or Services.* (Strategic Lead, Monmouthshire)

Geography: urban vs rural

Qualitative data showed there were some notable **similarities in community-led response** and coordination across urban and rural locations, for example visible in the **focus on the hyper-local** support provision and a strong **connection to place**. If there were **any variations**, these were rather dependent on the **size of place** (e.g. number of households), **population profile, local infrastructure and resources**.

Most community groups in **small rural areas** coordinated support within their own village or town's geographical boundaries, to support as locally as possible, both to ensure local capacity and to reduce risk

of infection by complying with imposed travel restrictions. Groups in these rural areas were more likely to rely on resources available within their community and in some cases were completely self-sufficient.

> *I mean, we were being advised not to go beyond five miles and that pretty much kept us local because of where we are. So that was the main reason. And also because I knew that the other villages who were only a couple of miles away were already setting up their own volunteer networks. I think an impression I got was that these things were popping up on a very local level. And we just needed one for our area.* (Volunteer, Monmouthshire)

> *You could look at it with a lens to think this is almost quite tribal, you know. We just look after our own.* (Strategic Lead, Monmouthshire)

The support coordinated across **urban**, more densely populated areas varied in scale and coverage, and collaboration with external organisations to reach those in need was more common. However, the focus on **hyper-local** and **strong connection to a place** was also visible in urban communities, specifically in support provision coordinated across very small geographical units (e.g. street level), where communities were described as very closely-knit, or splitting bigger areas into smaller more manageable units (e.g. cluster of streets).

> *It is purely a Valleys local authority area, very place-based in terms of the feel of the community, no one really considers themselves to be from Blaenau Gwent as such, in my experience it is just they are from that particular area, so they are from Ebbw Vale, or from Tredegar, or Brynmawr, essentially.* (Strategic Lead, Blaenau Gwent)

> *I don't think it's that one neighbourhood isn't concerned about what's happening in another neighbourhood, they're just very focused on their own locality. On their own little village or their own street or, you know, which is understandable as well.* (Strategic Lead, Blaenau Gwent)

In **Blaenau Gwent (urban area)**, this **hyper-local approach** was often referred to in some ways as positively compensating for lack of resources, or other structural challenges affecting the area, and resulting in a strong community-led response, albeit more visible on a neighbourhood level.

> *We are a traditional coal and iron borough. So we have very close networks of communities across the borough who are typically, we are all based in little villages and towns. We're traditionally people who will all know everyone else and their families and their dogs. Lots of different, not only just that neighbourhood network but lots of little groups and societies that have grown.* (Strategic Lead, Blaenau Gwent)

In places where a particular community group functioned very efficiently, local authorities and third sector supported such groups to expand and coordinate support for a larger area, extending from the community to cover a whole county or borough (e.g. ***Chepstow Community Group*** in Monmouthshire; Group coordinated by ***Cymru Creations*** in Blaenau Gwent).

Localised social connectivity

Some of the differences in community-led response across communities were considered to be driven by the **size of place**. Coordinating support **in smaller localities** had the advantage of having local networks, knowledge and connections to build upon, alongside drawing on existing community resources and activities. It also meant the support **provision relied on trust**, much more **informal approach**, gathered from **local insights** and **knowledge** of the community, including personal networks. In comparison, communities which covered support for bigger geography or were more densely populated, the response required greater coordination and structures, supported by partnership working between the community and external organisations.

> *We were helped by the fact that we're a small community, we weren't a group of strangers coming together in an urban area to do this. We're a small community, we know each other. So, in many ways we knew the strengths of our volunteers and when we knew that we needed somebody to do a particular task I might say, "So, is there somebody you think that would be particularly good at doing that?" And come up with three or four names, and then go and ask them.* (Volunteer, Monmouthshire)

Local people, their skills & resources

The differences in community response also depended on the **availability of local resources** in terms of **social capital**, but also **human capital**, which all contributed towards the mobilisation of community-led action and getting it off the ground. In terms of human capital, key drivers were the skills and resources the community groups, coordinators and volunteers brought in that informed and complemented delivery of more formal services. For example, leadership and management skills or other professional backgrounds that could be transferred and applied during the pandemic.

> *I think the stage of life that we're at, we're both experienced and we've both had jobs that have been challenging, so we're used to challenges and I mean, you know, before I used to manage large numbers of people, so I was used to doing that, which is a useful skill.* (Volunteer, Monmouthshire)

Equally important was the role of individuals who were **embedded in their communities** and who were known and trusted, and understood local challenges and were able to identify those likely to become vulnerable as a result of the pandemic.

> *It's much more having people who are very aware of the locals, they're very aware of the challenges, they're very aware of the people. She might have been working with some of these people for five or six years, so she's very aware of their situations. I think yes, people, the social network that's probably the driving force of getting it off the ground.* (Volunteer, Blaenau Gwent)

Existing relationship e.g. local community & anchor organisations

Areas where the **existing community leadership infrastructure** was already well established (e.g. taking an Asset Based Community Development (ABCD) approach) and supported by the local authority, were able to mobilise action in partnership with the community more quickly, by building on the existing links and networks. This also included the local authority recognising and investing in developing community leadership skills, for example, the Be Community pilot in Monmouthshire that offered mentoring,

community leadership training, and created a relationship change between the council and individual.

> *We were in a good place before the pandemic in terms of our kind of infrastructure that was already there, we recognised that there were people in communities that were leaders, they were supporting, so they were almost like supporting other volunteers, they'd almost moved into like a managerial role within the community anyway the week before the pandemic.* (Strategic Lead, Monmouthshire)

This included the ability to draw on resources within the community, for **example anchor organisations embedded in the community** that were able to absorb and act as hubs for coordination - were critical in some places (e.g. Churches, Rotary Clubs, Women's Institutes, Miner's institutes etc.), but also the presence of local businesses offering support.

> *We had the Rotary Club that were happy to take referrals from us, again shopping and prescription deliveries mainly. There was a couple of little shops that were happy to do food deliveries, a couple of town council members who were willing to go and take on referrals and go and deliver the food and shopping as well, and then the other people that we relied on were our own staff that we added into the teams as those outreach workers.* (Strategic Lead, Blaenau Gwent)

> *I happen to be Treasurer of the Village Hall Committee, which meant that I got access to a bank account, which a lot of people knew about already. It made sense to use the bank, just as a holding account, so that if volunteers were doing shopping for somebody that somebody could pay the Village Hall and then we would pay the volunteer expenses.* (Volunteers, Monmouthshire)

Localities, which had experience of responding to previous crises (e.g. such as flooding) were able to draw on these experiences and their resilience in their response to the COVID-19 pandemic.

> *We're very good in our local borough at responding to a crisis. So the pandemic was on a massive scale but you would get that level of involvement at a local crisis as well. So if your local school flooded, you would have the community there in a heartbeat to do whatever they needed to do to save that school. So that is something that is traditional in our community. We just saw it on a very much larger scale with the pandemic.* (Strategic Lead, Blaenau Gwent)

Summary of key points

- Communities across both urban and rural areas were often described as having a sense of **shared identity**, with strong **culture of helping**, which was reflected in mobilising to respond to the pandemic, driven by a strong **connection to place**. **Existing embeddedness** of individuals and community leadership/anchor organisations meant that action could be mobilised faster when the pandemic started.
- There is **no 'one size fits all'** approach to the coordination of community-led support. Great variations were observed across communities, largely driven by size, population profile, and levels of existing infrastructure and resources (e.g. relationships and existing physical, social and human assets/capital).
- Irrespective of community size, population or place, common themes were **hyper-local connectedness and support provision**, a sense of common identity, people and skills embedded in the community, and links with anchor organisations.
- In rural areas, local communities were smaller and **coordinated the support** within their own village or town boundary; relying on trust and existing embeddedness in the community, a more informal approach, local insights and knowledge.
- Similar boundary restrictions were visible also in urban areas, with examples of community support based around much smaller geographical units, on a **hyper-local level** (e.g. street-level or few streets combined).

Consideration of the demographic profile of the area and community-led response

The demographic profile of the area or locality contributed to shaping of the coordination of community support and provision. Rural, more affluent areas were likely to have more resources to draw upon, but at the same time more likely to have larger elderly population. There were also pockets in rural areas with more working age members, which had weaker community links at the start, as these often were transient due to commuting to where they could get work, and were sometimes referred to as 'community deserts'. In these areas, the BSI measures to 'work from home' meant that more working aged people had time to be involved and discover their local community. Majority of the volunteers would be those in their 40's or 50's, people with young families or working from home; or those furloughed or self-employed who found themselves with more time.

> *The demographics of Chepstow, it may be that more people there lived and worked there whereas somewhere like, let's say Usk, which is a more affluent area as a whole, it might be that people who live there don't work there. So, as people started to go back to work, if you live and work in Chepstow it's still easy for you to do a bit of volunteering in the evening. But if you live in Usk and you have to commute away, or maybe live away during the week, it's more difficult for you to maintain that.* (Strategic Lead, Monmouthshire)

More deprived areas had population with greater proportion of vulnerable people due to higher levels of economic inactivity, larger proportion of population on benefit support and with chronic health issues.

> *From my perspective on the demographic-there is quite high levels of poor mental health, and quite high levels of other long-term health conditions as well, which possibly go back to the industrial past of the area. There is high levels of unemployment. Unfortunately that sort of presents the problems that Blaenau Gwent have, but underneath all of that are very strong communities that work together and help each other, that comes out of all of that.* (Strategic Lead, Blaenau Gwent)

Participants reflected how volunteering efforts were not constrained only to activities carried out by the 'visible' volunteers on the ground. In fact, volunteers had multitude of forms and the boundaries between being a recipient and a volunteer were sometimes blurred. For example, those receiving support often expressed the desire for 'reciprocity', the intention to give back to the community that supported them; as well as those with poorer health shielding – and many of these individuals were actively seeking opportunities to contribute to their community during the pandemic in other ways.

> *I've been able to continue working while it's all going on, to keep me safe and be able to help the service. When I couldn't do anything in the first part, when we were trying to get things sorted, I must admit it was harder in the aspect that I knew staff were needing help at work, but there was nothing I could do about it. So, I joined the Gwent Wellbeing Team, the champions who help send messages out to friends and families about updates.* (Volunteer, Blaenau Gwent)

Strategic Leads from the local councils reflected that the appetite to help and volunteer was also visible in more deprived areas, with economically inactive individuals finding ways to contribute, alongside those with underlying health conditions - suggesting volunteering and the benefits it brings was not necessarily restricted only to those in more stable financial situation or those with good health:

> *We have also volunteers who we know struggle with health conditions themselves particularly emotional wellbeing, mental wellbeing that have other conditions and they regularly volunteer because it just helps them, makes them feel better, so you know and I think it's a distraction from their own challenges sometimes to be helping other people.* (Strategic Lead, Blaenau Gwent)

> *Lady up the road, whose never worked or hadn't worked for a very, very long time, got children and she was sending out all sorts of wellbeing packages to families in need.* (Strategic Lead, Blaenau Gwent)

Looking at socio-economic characteristics of volunteers across deprivation quintiles, the survey found that volunteers in the more deprived quintiles tended to be younger, more ethnically diverse, and had less formal education compared to the less deprived quintiles. However, no difference was seen in employment or type of volunteering across the different quintiles (see Appendix, Table 3).

Summary of key points

- The demographic profile of the area or locality contributed to shaping of the coordination of community support and provision.
- Rural, more affluent areas were likely to have more resources to draw on, but also a larger elderly population and larger transient working age population (i.e. commuters).
- More deprived areas were more likely to have greater proportions of vulnerable people due to higher levels of economic inactivity, larger proportion of population on benefit support and with chronic health issues.
- During the pandemic, 'work from home' and furlough meant that working age population had greater opportunities to volunteer; in more deprived communities it was reflected that the economically inactive and those with underlying health conditions were also driven to find alternative ways to support their communities through volunteering.

3.3.3 Reducing the impact of the pandemic on existing inequalities

The community-driven response has contributed to reducing the impact of the pandemic on existing inequalities by:

i. Expanding reach and capacity.

ii. Being responsive and delivering localised support.

iii. Strengthening community cohesion.

i. By expanding reach and capacity

Local authorities (including Town and Community Councils) were able to extend their reach and capacity for providing support and information by working in partnership with local community groups. The strategic leads/public sector **drew on the local expertise, capacity and reach from voluntary groups**, enabling to scale up the response. Local volunteers were often described by strategic leads as the '***ears and eyes on the ground***', also contributing to identifying individuals needing additional support that would otherwise be unlikely to be known to services and as such contributing to **early prevention**.

> *The volunteers would pick up on other things, these are probably the same sorts of people that we would normally miss out on, so the people who would fall through the gaps otherwise.* (Strategic Lead, Monmouthshire)

> *Well, I have got to be honest I don't know what I would've done without them. I really don't know, it doesn't even bear thinking about actually. It's been-well it's been a life saver for me.* (Recipients of support, Monmouthshire)

Services were grateful and aware of how much the volunteers contributed to the response and worked hard at developing these relationships. Working in partnership also raised awareness of the breadth of organisations and groups existing on local levels that going forward, strategic leads felt helped increased their knowledge of where to signpost in the future.

> *They all just worked in partnership and harmony together, just to do the best they could for the community.* (Strategic Lead, Blaenau Gwent)

ii. By being responsive and delivering localised support

This was evident also in the reflections of the recipients, who saw their local community support as a critical lifeline and expressed often their gratitude for knowing that the '***community support was there, should they ever need it'***. Community groups were able to mobilise quickly to find practical solutions for needs that needed addressing. This was especially critical at the start of the pandemic where they provided essential support, addressing challenges and needs that were emerging locally (e.g. concerns for vulnerable family members during lockdown, food deliveries, prescription pick up, providing benefits-related school meals during lockdown to eligible pupils), giving services time to set up adequate response systems.

> *The pharmacies basically said - if your group hadn't stepped in then we would have probably just collapsed through the demand. You know, because they didn't have delivery capacity to get prescriptions out to people who were shielding, they would have potentially not been able to get prescriptions to people who needed them.* (Volunteer, Monmouthshire)

> *I dread to think actually, if you think you didn't have any of that resource at a community level. I think organisations, public sector organisations would have been swamped and not only because of our ability to serve the numbers that would have needed that support but also thinking about the loss of staff in the first couple of waves and we all experienced as public sector where staff were having to isolate or poorly themselves or shielding themselves and suddenly a whole load of the work force was taken straight out of the equation and then a lot of the work force then were furloughed so they were taken out of the equation.* (Strategic Lead, Monmouthshire)

iii. By strengthening community cohesion

The impact of community support was much wider than practical needs and extended to supporting mental health and mitigating social isolation and loneliness, by reaching out to those who could benefit from a telephone call, or simply taking the opportunity for a brief conversation at the back of delivering shopping, or prescriptions. This element of reciprocity also strengthened networks and social bonds between community members, and bridges to those providing support.

> *It was just standing there on the doorstep talking to somebody, you know. Yes I can telephone people but there's no face-to-face contact, having to email everybody. But that face-to-face contact, that's what kept me going. One girl came, and we've got little plastic chairs outside the flats and she picked up a chair, sat down on it, she was there for about 20 minutes just talking to me. You know, and I walked in, closed the door and burst into tears that somebody had taken time out of their day to just chat with me.* (Recipient, Blaenau Gwent)

It was often reflected in qualitative interviews, how the community-driven support also contributed towards wider community benefits, such as a strengthening community cohesion and sense of belonging to one's community. The survey reported similar findings that 85.9% (1605/1869) of participants agreed or strongly agreed that they felt that in their local community/neighbourhood people had been supporting each other very well during the pandemic. 38.0% (710/1867) stated that since the pandemic, they spoke to their neighbours more often than before, 70.0% (1308/1866) would feel comfortable asking someone in their community to collect essentials for them if they needed it, and 30.7% (573/1868) felt that compared to before the pandemic began, they felt more comfortable asking someone in their community for help (see Appendix, Table 5).

> *Everyone has been really supportive. Even the lady that lives opposite me, who has probably only moved in year before the pandemic, I didn't even know her name, she came to the door and knocked and just walked back to the edge of the drive and just said- if you need anything, just wave out of the window and one of us will come across and see what you need.* (Recipient of support, Blaenau Gwent)

Summary of key points

- The community-driven response has contributed to reducing the impact of the pandemic on existing inequalities by **expanding reach and capacity**; **enabling locally delivered, place-based support** and filling in for gaps; and through **strengthening community cohesion.**
- To reach those vulnerable to the impacts of the pandemic and any measures introduced, it is important to **identify any emerging needs early**, alongside identifying those with more complex needs, and how best to coordinate support across sectors.

3.4 Sustainability and integration into wider system

3.4.1 Guiding principles to sustaining involvement in community-led action

The survey findings highlighted that over 65.6% (1225/1868) of those respondents volunteering at the time were intending to continue to do so over the next 12 months, with main reasons being: felt they were making a difference (64.1%, 1182/1845); had a positive impact on the health and wellbeing of others (47.4 %, 874/1845) and became more aware of the needs in their community (40.7%, 751/1845) (see Appendix, Table 15). Other reasons included: felt a sense of duty or obligation (31.3%, 577/1845); felt more connected to their community (29.4%, 542/1845). Those respondents volunteering **in more than one setting** were the most likely group to report intent to continue volunteering over the next 12 months (92.6%, 553/597), followed by informal volunteers (87.6%, 547/624) and followed by those in formal settings (82.8%, 536/647) (see Appendix, Table 16).

Compared to volunteers in formal setting, informal volunteers were slightly more likely to report as reasons to continue: being aware of needs of others in their community (42.7%, 272/637 vs 39.8%, 244/613) and feeling more connected to their community (27.9%. 178/637 vs 24.6%, 151/613) (see Appendix, Table 16).

To identify how best to sustain and harness this community-led action, it is important to understand its key features and what drew people to it. Community-led action and its mobilisation during the pandemic was by

its nature very informal, coproduced by the community members, and coordinated at the grassroots level with the view to meet local needs. Community groups were agile, able to make quick decisions, adapting as the needs arose and evolving their processes throughout their response. This also meant that there was a great degree of flexibility for those offering time to support. Many informal volunteers and community-led groups (who were largely working age population) reflected in their interviews on number of key enablers that would support their continued involvement and participation. These largely centred around:

Key enablers of continued involvement and participation:

i. Expectations and commitments required.
ii. Time and flexibility.
iii. Maintaining sense of autonomy.
iv. Governance support.
v. Support at transition points and continued purpose.
vi. Avoiding over-dependency.

i. Expectations and commitments required; piece-meal volunteering; the value of unstructured and infrequent involvement

When asked about their continued involvement, **informal volunteers** reflected on **the need to shift** some of the existing volunteering practices, in terms of how volunteers participate. The substantial commitment often required from traditional formal volunteering opportunities was perceived as not viable for the full-time working age population. This group preferred 'unstructured' opportunities described as having '***lower barriers to entry than formally advertised opportunities***'. Formal volunteering was perceived by this group as consisting of too many internal processes and related paperwork, restrictive in its role outlined by the different volunteering policies. The informal volunteers preferred instead 'infrequent' and 'piece-meal' volunteering, such as an opportunity to offer an hour of their time locally as and when they had it.

> *Those sort of invitations to volunteer for things always seem to be much more – they are very specific in what is required of the volunteer and often it's quite a substantial commitment that is not really viable to sign up for, if you also have a job. I think one of the things that's been quite nice about the type of volunteering that the group has encouraged, is that you can do a little bit of it and you know when it suits you.'*(Volunteer, Monmouthshire)

> *One of the things with us being a less formal group with probably lower barriers to entry than if you kind of volunteer for a formally advertised volunteering opportunity- they may well interview you, you probably have to fill in 25 pages of various different types of consent and policy related forms, you might not be able to start until they've completed a whole load of internal processes, you'll probably have to go on a training course.* (Volunteer, Monmouthshire)

Reflections from coordinators of the informal community groups also highlighted that the key to enable flexibility and piece-meal volunteering opportunities was in having dedicated roles (e.g. coordinators; volunteers). These were seen as critical to ensure flexibility and manageable demands. Some volunteer coordinators reflected on taking on too much at the start of the pandemic and almost burning out and learning to spread the responsibilities across the team.

ii. Time and flexibility

The key for this group of volunteers to continue was about engineering opportunities that are more compatible with the working lives volunteers were returning to, and ones that match their availability, time and interests. Some suggestions included creating regional or local platforms, which could list neighbourhood teams and local community teams that operate in the area- as many informal volunteers interested to continue preferred to reach out to local teams.

> *The way in which they have given their time, has tended to be kind of lots of people contributing a small amount infrequently and in an unstructured way, rather than a small number of people committing a lot of their time in a much more structured way.* (Volunteer, Monmouthshire)

> *Sometimes you can go on to different sites but it's maybe Wales wide or UK wide, and you kind of need to know where your local branch or team are. Because sometimes it can have a bit more of a personal feel.* (Recipient of Support, Blaenau Gwent)

iii. Maintaining sense of autonomy

The community-driven grassroots action was accompanied by a strong sense of ownership, members expressed feeling proud at how they came together as a community and what they achieved. Whilst those volunteers/groups acknowledged the benefits gained from support they received from the local authority or third sector (particularly with the more formal processes) - any integration or efforts to sustain this type of volunteering needs to be able to maintain the autonomy of the group, the sense of ownership and the decision-making within the group. Offering formal support, without formalising the informal.

> *This is a very, very different sort of third sector activity, it is very from the grassroots up, and it relies on people feeling autonomous.* (Volunteer, Monmouthshire)

> *They want their autonomy; they've got together and created something and feel proud of what they've created. We definitely need the help and support from the Authorities, but what doesn't work is them coming in and telling us what to do. Even if what they're telling us is probably right and we could be doing something better, it still doesn't go down very well.* (Volunteer, Monmouthshire)

iv. Governance support

Going forward, informal volunteers highlighted the need to also gather lessons learnt from the experience of the community-led groups to create a best practice guidance or a manual on how to set up a community group in an emergency. This was seen as extremely useful in supporting the community to step forward in the future, should they need to. To empower the community to step up, the manual could include guidance on how to set up a group (structure and coordination), list of skillsets and resources required and how to access key tools to support efficient coordination from the start (e.g. templates, forms, money handling, referrals, case management systems). This could include a list of resources for support with more formal processes (e.g. safeguarding, risk assessments), key contact list for staff in local government, local authority, third sector who can offer support and expertise with training, volunteers recruitment and management; DBS checks; advice, guidance on access to funding.

> *There seemed to be lots of groups like ours, springing up all over the place but they were all doing it completely differently, as you would imagine, because there was no best practice guidance as to how to throw together a Covid response organisation, because nobody's done that before.* (Volunteer, Monmouthshire)

Volunteers further reflected on the benefit of setting up an emergency start up fund that could sit perhaps within the County Council, community groups can access in an emergency. Examples of some of these initial costs that the community used their own personal money to purchase towards at the start, included paying for leaflets and posters printing, card machines, yellow vests, ID cards etc.

> *If there had just been a couple of hundred quid to get you started, just to pay for leaflets, to pay for card machines that kind of thing at the start. I think that would have made it much easier. A contact and some kind of guidance notes on setting up a group would be useful. If you just had a manual that said, this is what worked-that would've got us to the kind of 90% mark before we started, I think. A lot of it was desperately trying to figure out how to solve problems, but they've been solved now.* (Volunteer, Monmouthshire)

> *They have sample policies and procedures that you can download and you can adapt for your own organisation. Things like that are very, very useful for community groups, who are wanting to make a difference but maybe aren't used to the business corporate model of working and having you know, policies for this and that, and policies and procedures. It's knowing where to get things like child protection training and training in first aid. You know, all of those essential things that every organisation needs to work effectively.* (Volunteer, Monmouthshire)

v. Support at transition points and continued purpose

As pandemic response started transitioning towards recovery, groups reflected that there was a real need for an on-going conversation between the public and third sector services and the community groups. Community-led groups expressed the need for support particularly at key transition points, as the recovery period starts, when the demand is still high but volunteers start returning to work, reducing the capacity to deliver. With reduced capacity and requests still coming through, these were being managed by a handful of volunteers but it became more challenging to cover, as many volunteers had started to return to work and for many groups the funding support received was coming to an end, and donations were decreasing as people felt the emergency was no longer there. It is at this point that going forward, the community-led groups faced questions of a) winding back and how far, b) redefining their purpose and c) longevity.

> *What we were doing was an emergency, should we carry on doing these things when there isn't an emergency?* (Volunteer, Monmouthshire)

> *It's about **identifying local need**, because that was the key driver for us, there was a real need for us to do what we did. I think it's all about solving a problem, it's all about tackling a need that exists. Well, you can only do that if you know what the needs are.* (Volunteer, Monmouthshire)

Community groups varied in their levels of interest in continuing beyond the urgent need and were generally split into: a) those with a long-term vision; b) those unsure of their purpose beyond the pandemic but saw value in the community network that they set up; c) those happy to continue provision but just

within their own community boundaries; and d) those that cease to exist as soon as an emergency is no longer there. There were also groups, which saw value in continuing their provision to meet wider local needs by applying for a charitable status. However these faced a number of barriers, such as a shift from informal to formal, which required them to establish processes and policies, demand for more commitment from members, identify access to funding to continue and develop activities.

> *These COVID-19 groups that were set up, the mutual aid groups, have moved onto other things. They've developed community fridges. They've developed meal sharing options for community. They've started to help out each other in their own street. So it's an example of whereby the community have been empowered to do, not just by us but by Covid 19.* (Strategic Lead, Monmouthshire)

Interestingly, most community-led groups that slowed down when the urgency and demand for their support decreased as restriction started to lift, many coordinators kept details of volunteers and group channels open, so that they can be up and running back up quickly-should they need or a third wave arrives.

vi. Avoiding over-dependency

Many community groups felt they were making **decisions about their future continuity** in isolation, and would have welcomed **better information sharing and an on-going conversation** with local authorities as we were entering into recovery, to understand what services are coming back, if there was a need for the community group to continue in some capacity as the groups' support provision and capacity winds down. There were concerns about creating over-dependency on the groups' services, which were often seen as 'filling in a gap' and 'temporary', whilst the emergency was there. Many expressed a need to plan ahead for a managed exit strategy, particularly for the vulnerable people the community groups were supporting and who may have become dependent on them.

> *It's the sustaining it over time, but I don't think it ever needed to look the same forever because the situation has changed hasn't it, but yes it's almost like a managed decline I suppose, how you kind of work with that withdrawal and make sure you're not left with vulnerable people.* (Strategic Lead, Monmouthshire)

Some groups felt strongly about the system not depending and not relying on an informal COVID-19 specific group of volunteers to deliver what they perceived as 'core services', suggesting clearer boundaries may be required to be drawn around core services provision.

> *We're sort of now thinking, well, which of the things that we were doing because it was an emergency should we carry on doing when it's not an emergency? I think we're quite conscious that it feels like many of the things that were in place before have gone away and don't seem to have necessarily come back in the same form. So, there is a bit of a danger, it feels, that people ultimately end up being dependent on us, who weren't dependent on us pre-Covid and probably shouldn't be dependent on us in the long run.* (Volunteer, Monmouthshire)

> *It would be helpful to feel like there was a bit more resilience at kind of local government level in how some of these core services are getting provided that doesn't have to rely just on us – you know because it's one thing to rely on a big organisation, where potentially they might have a contract in place for the provision of certain services or there might be sort of formal*

funding provided from central government or from other sources to support that and enable that service. Whereas it feels with us- it's just sort of ,oh well now you exist, so we'll use you and we'll use you as a kind of part of our normal day to day operation and that doesn't seem quite right. (Volunteer, Monmouthshire)

Core considerations to support volunteering/community action for the future

- Engagement with those interested in volunteering is likely to be more successful if there are a range of opportunities extending from those requiring unstructured, infrequent commitment, to those enabling compatibility with informal volunteers other commitments (e.g. work or caring for others).
- Integration and efforts to sustain community-led action or informal volunteering needs to maintain sense of autonomy, localised ownership, and avoid formalising the informal.
- A best practice guidance or a 'how to manual' to help empower community-led action in an emergency was identified as a useful resource for the future including governance support, through to identifying a long-term vision, structure and sources of funding.
- Engagement with emergent community groups can help support decision-making around their continuity and further purpose.
- Avoiding over-dependency on community-mutual aid groups where support should be provided by core services, is likely to support more sustained response.

3.4.2 Structural and system-level enablers to sustaining community-led action

Key structural enablers for sustaining and harnessing community-led engagement from strategic leads perspective centred around:

Structural enablers for sustaining and harnessing community-led engagement:

i. Community-partnership model.
ii. Harnessing Expertise.
iii. Invest, Connect and Be present.
iv. Ongoing Conversations.
v. Funding and Recognition.

i. Community-partnership model

Strategic Leads saw the key to continued engagement in enabling and building further upon the community partnership model, and in strengthening relationships established during the pandemic between public sector, community groups and any intermediaries. For public bodies to offer their expertise, without imposing any formalised systems on the community, and for community groups to understand who they need to reach out to and how, when support is required.

If you formalise them, you might lose what attracted people to them, because I suppose the fact that it was just an interested and conscientious group of people who got together, they don't want a policy, and they don't want a constitution, it sort of puts them off. (Strategic Lead, Monmouthshire)

I think we've seen an overwhelming response from the community and it would be a shame if we as public sector do not continue that relationship. So to continue to build on that and find out now what do communities need to get them back up and thriving and working again, and how do we help them to do that. (Strategic Lead, Monmouthshire)

Many strategic leads reflected on the **value of** organising **place-based provision of support**, connecting the support **as locally as possible,** strengthening local relationships, and strengthening community-driven support; continuing to invest in those neighbourhood networks. The challenge for local authorities was perceived around how best to continue to engage with the community, and the need to invest time and energy in building those relationships and trust in the long-term. Referred examples of areas where this worked particularly well included localities which have adopted community development principles at the leadership level, for example harnessing the asset-based approach or the ABCD approach in Monmouthshire.

I think that personalised place-based understanding, the heart of a community and where people live, that's where we need to really understand and unpick and the best way you'll ever understand a community is to go and talk to the people that live in it. (Strategic Lead, Monmouthshire)

If we get this right and if we embed that sense of community, that place-based sense of community, where we've got that whole pathway of support from really informal, either getting involved yourself or supporting an individual, right the way through to formal, if that is organised on the basis of place. (Strategic Lead, Monmouthshire)

ii. Harnessing expertise

As part of the community-partnership model, strategic leads saw value in their role coming along to support community-led action, with their expertise and access to the resources. This included, supporting the community to achieve its goals (e.g. providing training, governance, safeguarding, risk assessments) and linking the community to resources (e.g. accessing funding, staff for expertise from specific organisations, complex case management). But also helping with the wider coordination of support and resources across the region, including helping to recruit, manage and support volunteers or bringing-in specialist agencies that had the infrastructure and were best placed to support this, as well as redeployed staff.

What's important is you have to mobilise it through an infrastructure, you can't just allow anybody and everybody to just rock up to someone's front door and say, "I'm here to help". That's why we did the read across the systems, any intelligence that we had, and we were allowed to do this from a data protection point of view, because we did have permission from health and social care, we were allowed to read across any system to see if there were any particular vulnerabilities for individuals, either from a volunteering perspective where we

wouldn't send a volunteer, but actually we would make sure that that person was supported by a paid member of staff, and we did do quite a bit of that also just to make sure that we didn't put our volunteers into any vulnerable situation too. (Strategic Lead, Blaenau Gwent)

Participants reflected that Local Authority/County Councils were particularly well-placed to offer support to on the ground community-led volunteers, for example when dealing with complex cases that are beyond informal volunteers' capacity. This included expert advice/assessment of needs, volunteer support around managing the relationship and expectation of the recipients (establishing healthy boundaries); assist with linking up with appropriate support services if the volunteer flagged up concerns around additional needs.

It tends to be around the complexity of the cases. So volunteers would start working with somebody and all of a sudden that person would be asking for more and more. They would be ringing them up for emotional support in the evenings and things like that. A lot of people struggle with that and that's where we came in to help support that person, for a range of different things. It could be for linking up to actual services but also volunteer responses as well. So volunteer befriending where they've got additional support, volunteering support around how they kind of manage relationships and that sort of stuff. (Strategic Lead, Blaenau Gwent)

It's just making sure they've got the right guidance and boundaries and you know training and everything behind them at the same time. I think the role of volunteering is definitely more visible and hopefully it will just continue to do so as long as everybody is treated well and with respect and support. (Volunteer, Monmouthshire)

iii. Invest, connect & be present

Strategic Leads felt that it was important for the public sector to **invest time** and **effort** in continuing to work with volunteers **to maintain those relationships** built during the pandemic. This meant asking questions such as:

What we have got to do is invest the time, energy and effort in maintaining those relationships and really building that equal partnership with those individuals. So if there is something that they maybe got an hour a week that they want to do, how can we assist them to do that, if they need us to. (Strategic Lead, Monmouthshire)

To enable continuity, it was important to gain a greater understanding of what motivates and what else matter to those informal volunteers in their communities. Additional value was placed upon connecting community leaders with each other and with the wider public/third sector to establish links or strengthen existing ones.

It's about keeping that relationship and understanding. "Okay, you don't have much time now but is there something you are thinking about being part of or getting involved in as we go forward". Also, there is a bit of provocation with the community as well, around some of the things we know are challenges in their area – "Does that matter to you or are you even aware of that and is there anybody in your community you think you would like to step forward? (Strategic Lead, Monmouthshire)

We've seen kind of a response where people step forward, where they have the time. I think those individuals, and now potentially some of them have gone back to work so they don't have much time anymore as they would like to have, but I think it's about tapping into that. I've always said that kind of intrinsic motivation to help, they obviously feel passionate about their community, that's something that they felt, very much that they wanted to offer up their time and energy and efforts during the pandemic. (Strategic Lead, Monmouthshire)

This also meant **continuing investing in those key anchor organisations** in the community, **the physical infrastructure** around which often the community response centred during the pandemic (e.g. village halls, Churches, institutes, charities, local businesses), they were the gathering points for the community. These organisations had the advantage of being **well-embedded in the community** and offered **infrastructure that enabled a rapid set up** and coordination of the response (e.g. using Church premises to store and distribute food; using village hall committee's bank accounts and newsletters to set up a group and distribute key information to residents). Many leads and volunteers reflected on the **critical role of these embedded (or anchor) organisations** at facilitating the response, but also their important role in creating opportunities for bringing the community together post COVID-19 pandemic, often in areas where nothing else was present.

I think the village hall comes back into its own, really. That's being the hub of the village. The hall has always tried to put on something that includes everybody and particularly things like breakfast, where you get everybody from the babies right up to the oldest people. I think that's where the sort of community heart is really here. (Strategic Lead, Blaenau Gwent)

iv. Ongoing conversation

Stakeholders reflected upon key transition periods in the pandemic timeline and the stages of the community-led response at which they felt community groups needed more support or guidance. Many communities had undertaken a rapid adaptation and flexed their systems as we entered the different stages of the pandemic (first wave, second wave, recovery). This meant reviewing and improving their response systems and support monitoring after the initial first wave, the need to increase capacity to meet the increasing demands, but also need to introduce elements of safe-guarding, risk and needs assessments as pandemic went on and more complex needs started emerging. Many of these groups evolved and refined their systems and processes, as the COVID-19 pandemic progressed. At these points, public services (County Voluntary Councils, Community Councils, Local Authority) played an important role in coming along and supporting the local delivery with their resources and expertise, acting as a sounding board, offering support with safeguarding training, DBS checks of volunteers- utilising their contacts, resources and expertise to support the community's response.

Strategic Leads also acknowledged the role they can play to support community groups with transition periods, when the urgency of the emergency started tailing off or the need for support decreased (e.g. after first wave; once in recovery period).

There is a central function. We've got the relationships with the volunteers, and what we did consistently, as things started to tail off after the first wave, was to talk to them about what their longer-term vision was as a group. But others, some of our more elderly groups in rural areas, said, "Look, we're going to keep our WhatsApp group going. We're going to still ask each other for support but we've got no long-term vision to work with you and social services and

others on this". And then, there's a bit in the middle whereby they're not quite sure, or they weren't quite sure what their purpose could be going forward but they knew there was a value in the community network that they'd set up. (Strategic Lead, Monmouthshire)

It feels like the group has done really valuable work throughout the pandemic and that we've built something in terms of a community commitment and people are really coming together and feeling like they want to help each other, which we want to keep. But we have to draw some boundaries around what services we're going to provide, because naturally people's volunteering time is drying up, because they're returning to more normal working patterns. Some people probably have just worked really hard over the last several months and need a break. (Volunteer, Monmouthshire)

v. Recognition, value and funding

Stakeholders reflected on the value of the public sector agencies, creating a supportive environment that enables communities to also recognise each other's milestones, and be inspired by each other. Public sector can support that by for example providing funding (e.g. Third Sector Emergency Fund), community spaces, and having a presence in the community-so that community knows where to come for support.

Recognising the contribution and the value that communities have created and you know that is a local recognition but also perhaps a national recognition that we need to kind of recognise all of our communities. (Strategic Lead, Monmouthshire)

Strategic Leads acknowledged fully that to enable and empower communities to continue their participation, further support with access to funding would be required, including securing long-term continuity of funding for some of the key third sector organisations embedded within.

Community organisations need money to put the lights on, to welcome people, to give them a coffee, to give them a biscuit and going forward if we continue to take people to those groups to support them instead of Social Care interaction. (Strategic Lead, Blaenau Gwent)

It's not just so you've got the security of knowing you can continue your services and continue to support your community, but it's also from a job-security point of view as well for staff. I've lost two staff in the last two months and one of them was definitely down to the fact that she felt insecure about the future of her role. (Strategic Lead, Monmouthshire)

Core considerations to support volunteering/community action for the future

Community-partnership model

- Continue to strengthen relationships established during the pandemic between pubic, third sector and communities.
- Consider adopting a place-based approach to integrated support provision.

Harnessing Expertise

- Public and Third Sector have a key role in being able to offer expertise and support local community delivery with access to their resources (e.g. DBS checks for volunteers, safeguarding).

Invest, Connect and Be present

- Invest time and effort for public agencies to maintain relationships built during the pandemic and continue building equal partnerships with communities.
- Invest in communities to ensure continuity of key anchor organisations, community hubs that can offer infrastructure enabling a rapid set up in the pandemic.

On-going Conversations

- Continue to engage with emergent community groups, and support them at transitions to recovery, if they wish to exist beyond the pandemic.

Funding and Recognition

- Creating an environment supportive of community-led action can encourage further participation (e.g. support with identifying funding, access to community spaces).
- Consider more sustainable funding models for voluntary organisations in Wales, with longer-term strategic visions (longer funding periods).
- Recognise and acknowledge the value and contribution communities have created, locally or nationally.

3.4.3 What are the barriers to sustaining community-led action?

Survey findings showed that about 4.8% (91/1868) of those respondents who volunteered during the pandemic indicated they were unlikely to continue over the next 12 months. Most common reasons for not continuing included: having less time now (34.3%, 444/1295); due to health problems (15.4%, 200/1295) and feeling that their efforts were not always appreciated (8%, 104/1295) (see Appendix, Table 15). 'Feeling not appreciated' was specific to survey participants, whilst across qualitative findings most volunteers reported feeling well supported and well appreciated. Where volunteers reflected on feeling perhaps less appreciated, this included couple of formal volunteers who expressed some discontent on how things were handled, linked to **perception of lack of pace to harness all the momentum** and enthusiasm of volunteers at the start of pandemic, alongside not being able to place them. This was a significant challenge, also identified by strategic leads, who reflected on the difficulty of mismatch between the need and the demand, the number of volunteers coming forward and the organisational capacity to place them into roles or develop new ones, and process them.

> *Initially there was a glut of volunteers but nothing going on that we could place them in. And we couldn't place them just anywhere, because of the way we work with volunteers, we can only place them with an organisation that's got the proper policies in place, safeguarding, volunteering policies, and all that kind of thing. So, it was difficult for us. So, there was a little disjoint originally in the early stages.* (Strategic Lead, Blaenau Gwent)

In the qualitative interviews, community mutual aid groups and informal volunteers also reflected on a **number of common barriers** experienced from their perspective, throughout their response to the pandemic these included:

Common barriers to community-led response:

i. Lack of presence of a national coordinator.
ii. Formal barriers to entry.
iii. Safeguarding.
iv. Shifting the burden.
v. Existing community groups and re-opening.

i. Lack of presence of a national coordinator

When reflecting on the context at the start of the pandemic, some community mutual aid groups felt there was a lack of presence of a national coordinator or an overarching body at the start, feeling there was no infrastructure: '***no one to lean on***' (Volunteer, Monmouthshire), which lead to most communities stepping into action. This was often described as '***frantically throwing things together***' in the first couple of weeks it took to set up and reflected upon as: '***improvising out of necessity not out of choice***' (Volunteer, Monmouthshire).

> *Everything was about to fall over, so we had to step in (e.g. our pharmacy collapsing).* (Volunteer, Monmouthshire)

> *It would be really good if next time something like this happens, we feel like there's better things for us to rely on than just everybody in the community sorting things out for themselves.* (Volunteer, Monmouthshire)

ii. Formal barriers to entry

A couple of formal volunteers who signed up to volunteer at start of pandemic, reflected on their frustrations from a lack of pace and barriers to entry at the initial registration stages, resulting in what was described as '***a lot of form filling and not much volunteering***'. These were perceived as ***bureaucratic*** obstacles, including what some described as '***over the top***' risk assessments. This was felt resulted sometimes in '***loss of the moment***' and interest of the volunteer. Some reflected upon frustration from having to wait for the opportunity to volunteer, partially due to demand, and partially due to pandemic restriction measures impacting on the delivery of the volunteering activity.

> *There certainly are some bureaucratic obstacles and there's all these different people doing different things, it's not very joined up. Too many forms, too many emails saying, this is available, that's available, we've got a training session here, we've got something there, but the paradox was, and the slightly black comedy of the whole thing was that I haven't been able to have experiences to talk about, you know.* (Volunteer, Monmouthshire)

iii. Safeguarding volunteers and recipients

Informal volunteers highlighted that clearer boundaries were needed for safeguarding of volunteers and recipients, but delivered in a way that do not overburden the volunteers with structures and processes. These volunteers often reflected on the challenges around the increasing demand some recipients placed upon volunteers as pandemic progressed (e.g. those who had more complex needs) and which sometimes felt beyond the capability and role of the volunteer. Community groups were highly aware of potential safeguarding issues, and wanted to ensure safety of both recipients and a positive experience for the volunteers as well. Some informal volunteers felt the processes to recruit and organise volunteers at the start by public sector/third sector organisations and DBS checks could have been done at more pace, with less barriers in place to get going. Otherwise, community groups felt this risked groups skipping on such arrangements just out of necessity, and potentially introducing more safeguarding issues.

> *The danger is that people just through necessity skip all of those things and that does potentially build up risk that you're gonna end up with somebody who's participating in the group, who perhaps if you knew a bit more about them or somebody did a little bit of a background check, you might not want them participating.* (Volunteer, Monmouthshire)

iv. Shifting the burden

Some groups, which have been covering bigger areas expressed concerns over public sector organisations '*shifting the burden*', and whether there was an over-reliance on communities to provide support for issues that were considered core services, which have funding and infrastructure and expertise to deliver this.

> *We've certainly seen a shift towards people seeing it as a service rather like a volunteering organisation. So, it's an expected thing to some extent, taken for granted now and I think on the back of that we'd probably lose donations because people won't see it the same way.* (Volunteer, Monmouthshire)

> *There is a point, where it is above and beyond what a volunteer can provide. Now the prescriptions is one example, but also things to do with mental health, things to do with dementia. Volunteers were coming back to us now saying "oh I can't cope". That was quite interesting from our perspective. They were taking on a lot more than perhaps then a volunteer should be and there is a place where services can step in and we have done so, you know.* (Strategic Lead, Monmouthshire)

v. Existing community groups and re-opening

At the time of interviews (May-July 2021) there were concerns raised over the re-opening stage, especially for **community groups that existed pre-pandemic** that may need **support with guidance** around **functioning in the new COVID-19 regulatory context**.

> *We want to sort of promote to people that these services are opening up again, that the community centres are open again, this is what it's going to look like. To encourage people to come back out and start using the centres and the venues, and the facilities again.* (Strategic Lead, Blaenau Gwent)

Summary of key points

- **Key barriers to sustaining community-led action** and informal volunteers' involvement post-pandemic included-**changes to individual circumstances** such as having less time, due to health problems, or not feeling appreciated.
- An over-arching **presence of a national coordinator at the start of pandemic** would have been welcomed, having an infrastructure for community to lean on.
- Other challenges experienced related to early recruitment period at start of pandemic, and perceived lack of pace from volunteers' perspective around harnessing the momentum and enthusiasm of volunteers-which led to loss of interest, or to picking up more informal activities locally instead.
- Organisations identified **need and demand challenge**, resulting out of lack of capacity and infrastructure at the start of pandemic to process, place or develop new roles for such a large number of volunteers.
- Some volunteers felt there were formal barriers to entry, resulting in too much form filling and processes, which limited how quickly new volunteers could get involved.
- Some COVID-19 mutual aid groups and strategic leads also expressed concerns over creating an over-reliance on community groups, especially where the demands of the role has gone beyond volunteers' capability and capacity, and consideration is required to ensure this is not replacing the role of core services.
- Support at re-opening stage is required, as we move to recovery, for community groups that existed prior to pandemic to assist with re-adapting to the new context.

3.5 Using unstructured data to provide real-time insights

To understand local needs and support provision in real time, we wanted to explore the potential of using novel data (such as social media data) for complementing local information with real-time insights to better understand how communities are coping in the pandemic.

We explored the possibility of using unstructured data from the social media site Twitter to understand population mood and wellbeing. We first tested whether data from Twitter reflected measured rates of digital exclusion across Local Authorities (see Section 3.5.1.). We then went on to test the efficacy of forecasting mood and wellbeing between Local Authorities at one time point (see Section 3.5.2), and across all the Local Authorities across time (see Section 3.5.3).

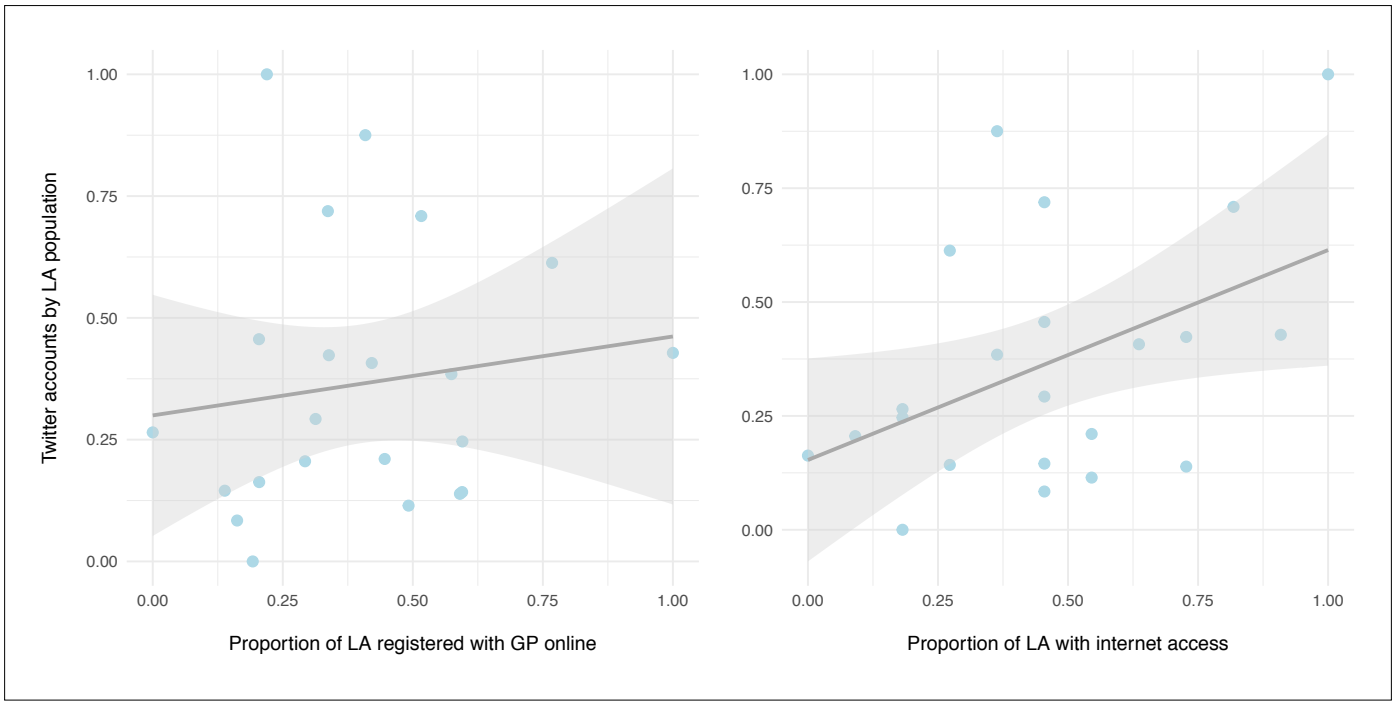
3.5.1 Twitter and Digital Exclusion

To measure digital exclusion we considered both the proportions of GP patients in each Local Authority who were registered with digital GP services (2020), and the proportion of people in each Local Authority who reported having regular access to the internet (2018). Taking the number of unique Twitter accounts from each Local Authority as a proportion of the population, and the respective rates of digital exclusion, all standardised to the range of 0 to 1, we calculated Pearson's Correlation Co-efficient.

The correlation between number of accounts per area and people registered with their GP's digital services is $r = 0.139$ ($p = 0.537$). The correlation between number of accounts per area and people with access to

the internet is $r = 0.453$ ($p = 0.034$). These correlations are visualised in Figure 3. The proportion of the Local Authority registered with GP digital services is not correlated with the proportion of the population tweeting. However, when considering the proportion of the population with internet access we see that these are correlated, and that this correlation rejects the null hypothesis that there is no relationship between these variables.

Figure 3: Two scatter diagrams which show the correlation between the number of Twitter accounts detected per each Local Authority population, and respectively, the proportion of GP patients in the Local Authority registered for online GP services (left) and the proportion of the Local Authority who report having regular internet access (right). Blue dots indicate individual Local Authorities, with a dark grey regression line, and grey shading indicating the standard error.



3.5.2 Wellbeing and Twitter across geographies

In order to test whether Twitter data is a predictor of wellbeing levels across geographies in Wales we correlated the three sentiment measures derived from Twitter (positive, negative, compound) with general wellbeing and distress measured by the Wales Wellbeing Survey.

We found that the most successful result was that compound Twitter sentiment (that is, the single summary sentiment score) was correlated with measured general wellbeing ($r = 0.56$, $p = 0.007$). We also found that measured distress was correlated with negative Twitter sentiment ($r = 0.47$, $p = 0.029$) and compound Twitter sentiment ($r = -0.52$, $p = 0.014$). Positive Twitter sentiment was not correlated with wellbeing ($r = 0.03$, $p = 0.906$).

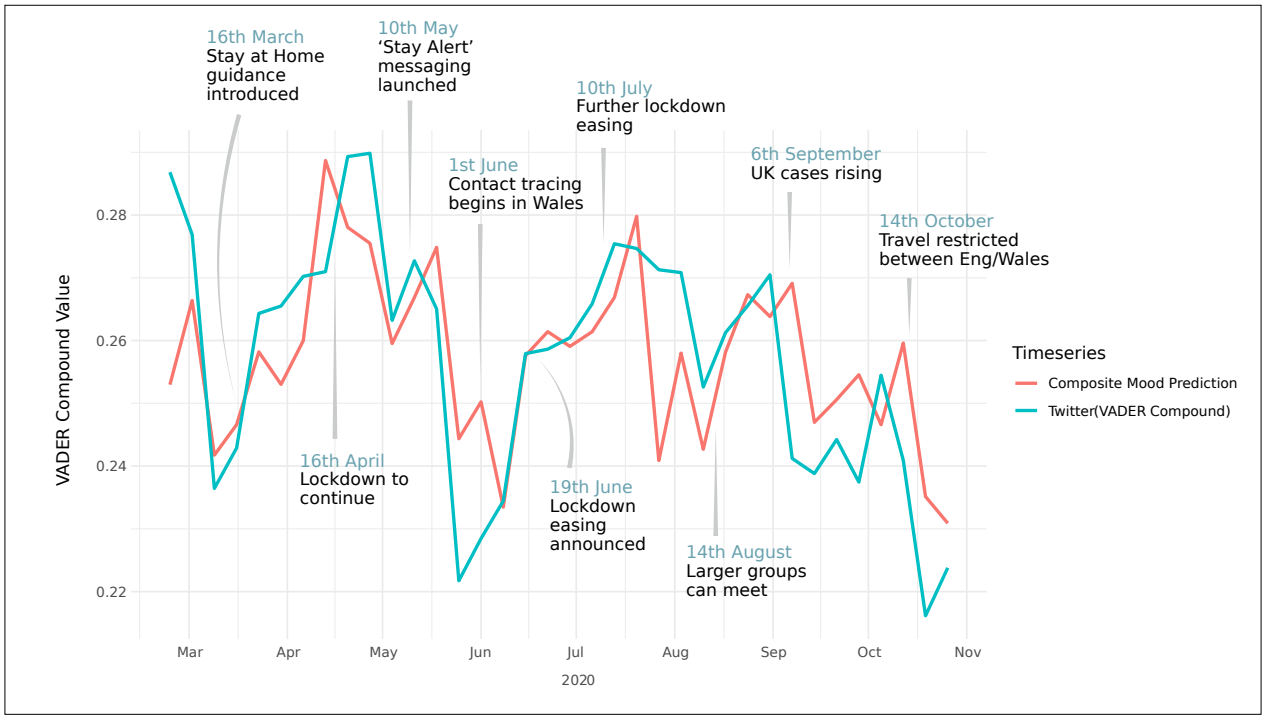
Given this we can conclude that the textual data derived from Twitter can give a signal of population wellbeing and distress at a single time point across geographic areas. On this basis we determined that compound sentiment was the most useful attribute of Twitter textual data to test with time series analysis. Compound sentiment is also beneficial since a single measure is more easily summarised than two different measures, and is more straightforward to interpret.

3.5.3 Mood and Twitter across time

In order to compare Twitter and mood across time we made use of the 12 emotions that are surveyed as part of "Britain's Mood Measured Weekly". We aggregated Twitter sentiment as a weekly mean, and then generated a linear combination of the 12 mood values to a single composite value by regressing the values against the sentiment score. This gave us a single mood value that could be compared to VADER sentiment as a time series, which can inform us as to whether the VADER compound score of Twitter sentiment can act as a proxy for mood. Figure 4 shows the two resulting time series of Twitter sentiment and the derived mood composite score, mapped against key events in the COVID-19 pandemic throughout 2020.

These two time series are correlated with $r = 0.695$ ($p < 0.0001$). We also applied Granger Causality analysis to get a better understanding of which time series is more useful in forecasting the other (in this instance we are not seeking to imply that there is actually a causal link between these variables). This can be tested with different lag lengths, meaning that it is possible to test whether one variable may forecast another a number of weeks in advance. We found that Twitter sentiment Granger-causes the mood composite score, and that this result held with lag of one, two or three weeks. Conversely, the mood composite score did not Granger-cause Twitter sentiment with any lag. This implies that Twitter is providing signals of mood up to three weeks before this mood is reported by the population.

Figure 4: Twitter sentiment (measured using VADER compound) in the Welsh population and the derived mood composite from "Britain's Mood Measured Weekly" collected by YouGov for the Welsh population mapped weekly from March to October 2020. The graph is annotated with significant dates from the COVID-19 pandemic in Wales.



3.5.4 Enhancements to the COVID-19 Community Response Map

The COVID-19 Community Response Map has been updated with recurring data from the Public Health Wales Vaccination reports and using VADER compound sentiment. These allow the user of the map (viewable here: https://covidresponsemap.wales/map.html) to see how Twitter sentiment differs across Welsh Local Authorities, and also how current vaccination rates differ by population.

4.0 Discussion and conclusion

The aim of this study was to understand the role of community-led action during the COVID-19 pandemic, the enabling factors, the extent to which community-led action can address underlying determinants of inequalities in health, and how community-led action can be sustained and integrated into the health, third sector, and social support system.

Given the time and resources available during the COVID-19 pandemic, it was not possible to carry out a representative population survey of community-led action in Wales. Therefore, we launched an online survey of volunteering and achieved a total of 2075 responses from across Wales. By bringing together the findings from this cross-sectional survey, alongside in-depth qualitative interviews in two areas of Wales, we provide an overview of the community-led response in Wales during the COVID-19 pandemic. Here we consider the key themes from our study, within the context of the wider evidence base, to draw out the key implications for sustained and integrated community-led action in Wales in the future.

Community-led action and the pandemic

During the pandemic, community-led action surged across Wales in response to the health and social consequences of the virus (19). Communities were driven to support each other in response to a perceived and real need in the community and strong desire to help, or compelling 'need to do something'; as well as concern for the vulnerable within the community. People responded to the crisis through volunteerism becoming an integral (informal) part of the wider more formal response (system). Local communities stepped up and self-organised around a common purpose to meet practical needs, which soon expanded to include emotional needs (43), through:

- **Informal** (hyper-local or community) groups e.g. COVID-19 mutual aid; grassroots response; or as **individual response** e.g. helping neighbours, contact cards through door
- More **formalised response,** as 'traditional volunteers' (existing) or via 'call to action' and helping in vaccine centres (emergent).

We found that knowing someone personally who needed help, seeing a call out for volunteers on social media, signing up to the Volunteering Wales Website and being part of an already existing local community group-were the four most common ways for volunteers to first get involved in volunteering.

Characteristics of volunteers

Over 90% of the survey respondents were individuals who volunteered in some capacity during the pandemic. Our study showed that of the respondents who volunteered the majority were female, educated to at least degree level or higher, aged between 45-65 years old and predominantly white. In comparison to profile of volunteers at pre-pandemic levels, data from National Survey for Wales showed that in 2019-2020, 26% of their survey respondents were volunteering at the time (44), and were mostly

aged between 65-74 years, with at least degree level or higher educational qualification. This difference may reflect the different population who responded to the survey, but may also reflect a shift in the 'traditional' age profile of volunteers, with more younger individuals stepping forward due to there being less pressures on their time, as also supported by the qualitative interviews.

The survey results also showed that those respondents who engaged in volunteering during the pandemic tended to have moderate to high resilience, good to very good general health, and average to high wellbeing. Although volunteers in more deprived areas reported poorer general health, there was no difference seen in resilience or wellbeing amongst volunteers across different deprivation quintiles. Similarly, we have noted from qualitative insights that being in poorer health was not necessarily a barrier to actively seeking ways to support others during the response, and in some instances, the boundary between being a helper or a recipient of support was more blurred.

Main motivators for taking part in activities for volunteers during the pandemic included **feeling able to help** (age, health) and **having time**. **The wider motivating factors** included a **strong community focus** (e.g. increased awareness of local needs and giving back to the community), **having transferable skillsets** or **resources** (e.g. a car), alongside **altruistic values** (e.g. wanting to help) and **meeting personal needs** (e.g. for social contact).

New to volunteering

About **a third** of those respondents who volunteered during the pandemic were **new to volunteering**. These new volunteers were more likely to be female and less likely to be in the 65^{+} age group, more likely to be of **working age** (45-65 years) and in **full-time or part-time** employment, and more likely to take part in informal volunteering. Our findings showed that the combination of changes in individual-level enabling factors (e.g. shift to home-working, having more time, having to stay local) alongside BSI measures introduced, the perception of a global emergency and the sense of urgency, all contributed to creating a unique context and opportunities that enabled more individuals to volunteer and take part in the pandemic response. Many were able to offer and apply their existing skills locally to help support the response.

Existing volunteers-extending reach

Our findings showed that large proportion (three quarters) of those respondents who volunteered during the pandemic had volunteered previously and tended to maintain their involvement in pre-existing activities throughout the pandemic (where it was possible). Our study also found that many of existing volunteers picked up new additional activities and were more likely to extend their reach during the pandemic, through volunteering across mixed settings (formal and informal). This is in-line with the National Survey for Wales 2020-21 findings (44) with 62% of those who volunteered during the pandemic (in June 2020) said in previous year's survey they volunteered for other organisations or clubs already at pre-pandemic.

Those who stepped back or never volunteered before

A proportion of respondents who volunteered before the pandemic, had to step back due to shielding requirements or concerns over the risks of contracting the virus. Findings from the interviews indicated this was observed mainly amongst those retired or in the 65+ age group. Although not part of this study, there is a value in future research exploring what proportion of the pre-existing volunteers have returned to volunteering as restrictions eased off and vaccination rates of the population increased.

Our survey also included a small proportion of respondents (less than 10%) who **did not volunteer**

during the pandemic. These were of a similar demographic profile as volunteers, with the exception of majority being within the 55-64 or 65+ age group. This enabled us to also gain insights into the reasons of those choosing not to take part. Over a half of these have never volunteered, and just under a quarter volunteered previously before the pandemic in a formal setting. **Main reasons** why **non-volunteers did not take part** in volunteering **during the pandemic**, was partially due to **limitations in individual circumstances** (such as having no time due to work, having other caring commitments), alongside **risk-related concerns** such as putting themselves or family at risk of COVID-19, **having to self-isolate/shield** because of COVID-19 or due to **other health problems**.

The formal and informal volunteering setting and fluidity

Of the volunteers who responded to the survey, one third volunteered in formal settings, a third volunteered informally, and a third took part in activities that involved both formal and informal volunteering. Although previous literature indicates that formal and informal volunteers are distinct groups (43), we found that the **type of volunteering setting was not always exclusive**, and that there was a lot of **fluidity and movement between activities surveyed** volunteers were involved in throughout the pandemic and compared to their activities pre-pandemic; with **many volunteering across mixed settings (both formal and informal)**. We also noted that the **boundaries between those helping and those receiving support were often blurred**, during the pandemic. Some differences across age groups were noted, with **the working-age population (35-54 years) being more likely to choose informal volunteering** (volunteer in their neighbourhood or local community), whilst **55 and above age groups** were more likely to **prefer to volunteer formally**. Females were more likely to choose informal volunteering and males more likely formal volunteering. Those who were involved in **informal volunteering were less likely to be economically inactive**. No difference was seen between volunteering setting and rurality; over half of surveyed volunteers lived in an urban location.

The role of community-led action in the pandemic and in reducing health inequalities

Partnership working, between local authorities, third sector, health and local community groups was **critical to extending reach and capacity** to support those vulnerable in the community, and in raising awareness of available assets. Local community groups and volunteers on the ground played a critical role in reaching those in need, **drawing on local knowledge and networks**; **operating from a position of trust**, with the **ability to act quickly**, stay **agile and flexibly adapt to changing priorities**. The community-driven response has **contributed to reducing the impact of the pandemic** and **exacerbating existing inequalities** further **by**: i) **expanding reach and capacity**; ii) **being responsive and delivering localised support**; and iii) through **strengthening community cohesion** (see Section 3.3.3).

Differences in community-led action across communities

There is no one size fits all approach to the coordination of community-led support. Findings from this study highlighted variations across localities and communities, largely driven by levels of existing infrastructure, relationships and existing physical, social and human assets (see Sections 3.3.2). The size of place, economic profile and population demographic/characteristics for the given locality can be indicative of likely health and social impacts of the pandemic, typically reflected in levels of existing, emerging and exacerbating needs for the area. The differences in engagement in volunteering across communities seemed to be also reflected in the individual and area-level structural challenges in deprived areas (see Section 3.2.4). Regardless of urban or rural setting, all communities focused on a number of key themes to deliver support including a focus on hyperlocal, drawing on the connectedness and skills of people, and established or new links with community/volunteering anchor organisations (see Section 3.2.2).

Emerging needs, vulnerability and support

Our findings highlighted the importance of community-led action in identifying early any emerging needs, alongside those likely to become exacerbated by the pandemic and any control measures introduced (see Section 3.3.1). This localised understanding of emerging needs and ability to connect with the most vulnerable was regarded as a key strength in the community-led response (see Section 3.3.1). Community groups and volunteers also recognised the value of digital tools to connect and share information, but also the impact of digital exclusion as a barrier to accessing or being aware of support available. For example, amongst those with a registered disability, with existing mental or physical health issues or other more complex needs, low-income households or those with finances already under strain, those experiencing sudden change in employment leaving them in a precarious position and debt. Alongside understanding needs, strategic leads stressed the importance of conducting localised mapping exercises across all system layers to identify operating formal and informal support organisations and community groups, their focus and geographical coverage, alongside identifying any gaps or duplications in provision (see Section 3.3.1). Although many of the practices adopted were designed to meet the needs in the immediate response to the crisis, considerations of addressing any long-term impacts of the pandemic are essential as we transition towards recovery.

Identifying need with using new (unstructured) data to provide real-time insights

As part of this study, we also tested the potential of utilising unstructured data sources (e.g. Twitter data) to identify real-time insights into levels of needs and support in communities coping with the COVID-19 pandemic. Our results showed that compound sentiment derived from textual data from Twitter is a beneficial single measure that can help provide a 'signal' of population wellbeing or distress at a single point in time, across geographical areas. When Twitter data was compared to the ***Britain's Mood Measured Weekly survey*** (36), Twitter provided signals of mood up to three weeks before this was reported by the population. Our findings indicate that unstructured data (such as Twitter) can be a useful tool to provide insights in real-time to understand what is happening in the communities responding to the pandemic and help identify needs early on.

Structural and individual barriers to volunteering experienced

Exploration of key barriers and challenges experienced, provided insights into some of the lessons to be learnt and possible practices to adopt in order to sustain the engagement of community groups or informal volunteers into the future (see Section 3.4). The pandemic was a catalyst in partnership working and breaking down silos in some areas, primarily dependent on how effective partnerships were pre-pandemic and with added challenges of building partnerships between public bodies and community groups comprising of volunteers, and with practical challenges of managing volunteers (19). There was a mismatch at the start of the pandemic between the number of volunteers coming forward and the roles available, as well as coordinating and managing volunteers and issues such as safeguarding (19). Our study also found this was a key challenge noted by both volunteers (who felt this led to loss of momentum) and strategic leads (who saw it as issues around capacity, infrastructure and process) (see Section 3.4.3).

Additional challenges identified by the volunteers (see Section 3.4.3), included: perception of lack of infrastructure to support at the start of the pandemic, lack of pace and barriers to volunteers initial entry, limits of volunteers' roles and concerns of over-dependency on community mutual aid groups. As we enter recovery, community groups voiced the need for on-going conversations with public and third sector services over foresight and planning; support with decision-making around continuity, purpose and longevity and ensuring continuity of support provision for on-going community needs. In recovery, some groups will wind down and cease their activities and others will want to formalise and constitute themselves as more formal groups, with appropriate access to funding and support in place (e.g. safeguarding) and ensuring that groups that are disproportionately affected by the pandemic (e.g. BAME groups) are carefully considered (19).

Importance of enabling factors contributing to sustaining volunteering

Community-led action is an important contributor to population health, and alongside social capital are key assets for strengthening resilience and reducing health and social inequalities in communities in recovery from the pandemic. Through this research, we learn from examples of what worked well to support communities during the pandemic, and how these conditions can be re-created and continued, as volunteering can play an integral role in the post pandemic recovery (19) (see Section 3.4.1, 3.4.2).

Drawing on **key findings from this report, guiding principles for sustained involvement of informal volunteers** (identified in Sections 3.4.1-3.4.3); alongside **structural and system level enablers for sustained involvement** (see Section 3.4.2) - we suggested an emerging framework for sustained engagement of community-led action across the stages of the pandemic response and beyond (see Section 4.4).

In addition, when we considered how best to integrate this community-led action as we move into recovery, and in the post pandemic to ensure no one is left behind, three key themes emerged. The responses of participants largely centred around the concepts of key mechanisms that can help support and enable this integration, which included:

i. The importance of place
ii. Considering a wider system and
iii. The levers and drivers of health equity

4.1 The importance of place

i. The Importance of Place

- Support needs to be **place-based and locally-driven** – no 'one size fits all' approach (see Section 3.3.2).
- Utilising local assets and resources embedded in the community.
- Informed by and draw upon **local knowledge, relationships, networks and trust.**
- Build on **partnership working** and **co-production principles** to increase reach and capacity.
- Local action does need coordination at some level, but not top-down rather enabling function i.e. **not doing 'to' but 'with'.**
- Key role of **anchor institutions;** physical resources, human and social capital.

The **concept of place was a central theme** throughout the interviews (see Section 3.3.2). This is particularly important in relation to understanding **its role in determining** the levels of needs and resources, alongside any existing social, human and physical assets community can draw upon to respond to the pandemic. As we have seen from the factors related to differences in response across communities, these differences were largely driven by geography, size of place, population demographic, economic profile, relationships and infrastructure. **Place** was therefore **an important factor** in determining how support gets coordinated, which we have seen resulted in local, regional, and national variations (see Section 3.3.2). However, regardless of the location, all community groups highlighted the value of local delivery, drawing on local social networks and connections, and informed by local knowledge and people (see Section 3.3.2). Communities, which already had a pre-existing infrastructure (e.g. an active key anchor

organisation), well-established working partnerships with local authority or other public and third sector bodies, had an advantage of building on these foundations, and were able to mobilise quicker and more efficiently (see Section 3.3.2).

Support mechanisms centred around place-based community-led support can play an important role in helping to address any locally emerging needs and exacerbated social and health inequalities, by enabling to expand capacity and reach, through ability to rapidly self-organise and mobilise to respond, through working in partnership with the public and third sector bodies to coordinate and contribute to early prevention, through strengthening community cohesion and sense of belonging. Strong sense of place was also reflected in the boundaries of support provision, with rural community groups coordinating support primarily within their village or town boundaries, and in more urban areas this was visibly centred around smaller geographical units, on a hyper-local level (e.g. street level) (see Section 3.3.2).

Community-led action during the pandemic has highlighted the **importance of local solutions to local issues,** and a need to **embed real community empowerment** across Wales and ensure local people are engaged and involved in finding the right solutions to issues facing their communities (17,19). Further, volunteers are important in supporting both sustainable recovery from the pandemic as potential new issues arise (e.g. mental health; recession) through their work rooted in community, and through utilising local knowledge, community trust, and community assets – which is particularly important in areas affected by health and social inequities (17,19). This also translates into wider community benefits, as trust develops and cohesion strengthens. As reported in our findings, participants reported greater sense of belonging and a sense of mutual reciprocity created between recipients, volunteers and the community.

Central to community resilience is the strong emphasis on strengthening social capital (social connections), alongside drawing on asset-based approaches that build on existing resources and infrastructure within the communities (45,46) and developing collective capacity to respond to change (47) (see Section 3.2.2, 3.2.3). Similarly, research suggests the interaction between volunteers and those they are helping, supported by wider networks and infrastructures present within communities, enables both individual and community wellbeing and helps to develop cohesive communities (46) underpinning the Well-being of Future Generations Act (48). Asset-based approaches commonly adopt a partnership-based way of working, building trust between community members and professional staff (49,50); focusing on strengthening community capitals with a strong emphasis on building social capital (4) (see Section 3.2.3). Universal asset-based approaches to community resilience are typically delivered in partnerships between local people and key organisations, based on principles of equal contribution, coproduction, and co-design to integrate, connect and align local expertise, knowledge, and resources (4). Community resilience should be rooted in a place-based approach, acknowledging and understanding existing local knowledge and resources; and not to disempower natural resilience or worsen social inequalities (4).

Previous studies have suggested that areas which were less socio-economically disadvantaged and had higher wellbeing tended to have a higher density of voluntary groups; and that more affluent communities tend to organise themselves, whereas communities who are more deprived (and need more support) tend to also have a lack of access to resources (51). We found that to some extent the more affluent rural communities were more likely to be self-sufficient or self-reliant in provision of support during pandemic. Our study showed that **those more disadvantaged communities can demonstrate a strong community-led response, as often their social capital is high, with more closely knit communities and with strong social bonds, demonstrated on the basis of place and hyper-local focus. However, greater input from external organisations may be needed to support in terms of accessing resources.** Research also suggests that rural communities tend to have individuals who are more likely to engage in formal and neighbourhood volunteering (51). In our research, we did not see such stark differences based on the rural/urban split. The hyper-local focus or neighbourhood volunteering was evident across both areas.

4.2 The wider complex system

ii. The wider complex system

- Creating environments supportive of community-led action requires enabling and promoting working in ways that are **collaborative** in nature - between communities, the public sector at all levels, and the third sector, and understanding and promoting the drivers behind volunteerism.
- **Coproducing** local solutions together with **engaged** and **empowered** communities.
- Providing opportunities for communities to **participate and influence key decisions** and **change policy and practice.**
- **Social networks and relationships** are key – both existing relationships and networks but creating new ones where there are gaps; building on the community-partnership model, enabling and supporting community leadership; and providing support around coordination, advice where they are better placed given the existing infrastructures, wider networks and access to resources.

During the pandemic, an increase in volunteerism and prosocial behaviour was seen occurring in both **existing volunteers** continuing and often expanding the action they were taking to help others and adapting to new ways of working at pace within COVID-19 BSI measures (e.g. online working; reaching the digitally excluded), as well as **new volunteers** emerging (see Section 3.1.4. and 3.0). This support was **both built on activities provided prior to the pandemic** over a longer period of time by community programmes and voluntary organisations, and also **emerging as new support** often bubbling up spontaneously from neighbourliness and community bonds (17).

This volunteerism was responsive to need in the community and essential to supporting local communities, providing services and practical support during the pandemic (e.g. delivery of essentials such as food and prescription medication), which soon expanded to supporting emotional health through befriending activities (43,46,51). This helped to reduce loneliness and increase wellbeing within communities through meaningful social connections, both for those supporting their communities and individuals being supported (18,46). Our findings also showed that many **volunteers wished to continue their involvement post-pandemic**, as they **noted wider benefits of taking part** (e.g. feeling of making a difference, having a positive impact on health of others, increased awareness of needs in the community, see Section 3.4.1). Volunteers who indicated they were **unlikely to continue volunteering**, listed so **due to changes in individual circumstances** such as having less time, due to health problems or reasons related to their experience of volunteering such as feeling that their efforts were not always appreciated (e.g. difficulty managing recipients' expectations and demands, frustration over lack of opportunities to take part) (see Section 3.4.3).

To create an environment supportive of community-led action and to discourage dissipation of volunteerism and the social connections that was so successful during the pandemic as people return to "normality" and morale and enthusiasm wanes, requires the role of public and other sectors (4,46,51). This would mean working in ways that are **collaborative in nature, coproducing local solutions together with local communities** who are engaged and **have opportunities to participate** (e.g. volunteer) **and influence key decisions and change policy and practice** (4,17) (see Section 3.4.1, 3.4.2). Our findings indicate that **organisations can achieve this** by **continuing to invest time and effort to maintain those relationships** established during the pandemic and **build further on the community-partnership model** (honouring equal partnership and the role of place), **harnessing the expertise public and third sector organisations can offer** to support community groups to achieve their goals or identify new ones (e.g. training, funding, governance, safeguarding), **offering pathways that support the flexibility around**

the structures and informal processes community-led action tend to prefer; alongside **enabling and supporting community leadership**; and **provide support around coordination**, **advice** where they are better placed given the existing infrastructures, wider networks and access to resources (e.g. complex cases referrals).

Further, the pandemic acted as a catalyst for change. **The key enablers to sustaining and harnessing community-led action** require a focus on **enabling greater flexibility around volunteering opportunities for involvement** and **creating lower barriers to entry** that can be **more compatible with the lifestyles of working age or retired population**, and offering more **flexibility in terms of levels of commitment** and **frequency** (e.g. infrequent, piece-meal volunteering), whilst enabling the community groups to maintain **sense of autonomy and ownership** (see Section 3.4.1). Ensuring, where communities are stepping up that there are **pathways to be appropriately supported**, and **community leadership is further nurtured** and **developed** (see Section 3.4.1).

There is a need to drive forwards a reduction in 'silo' working between agencies and the wider community, not only building on existing relationships and networks but creating new ones where there are gaps, to enable and promote collaborative working (18,43), utilising local knowledge, and changing policy and practice (17). As well as **ensuring that community-led action is sustainable**, through for example, **investment and funding accessible to informal and community-based groups**, **service design principles**; and **collaboration** between communities, the public sector at all levels, and the third sector (17,18). The ability to '**hand over power' to communities meaningfully** (51) – in other word **creating empowerment within communities** and **'doing with'** rather than 'doing to', is also important (see Section 3.4.2).

In more homogenous areas, socioeconomic status is replaced by cultural standing (52). With social networks and connections, local knowledge, and social trust being key dimensions associated with community organising and volunteering (51). Understanding the drivers for volunteering is important, such as having previously received support or having formed the habit of volunteering through life-experience (52), or having a large social network or attending Church (23). Research has found that volunteers value social connection and the wider benefits that result, such as sense of purpose and fulfilment and belonging, resulting in feelings of wellbeing (46,53). Findings from our study also support that. Although it has been suggested that an increase in new volunteers was driven by the furlough scheme (46), in our study we found only small number of furloughed were amongst the survey participants, but they were anecdotally referred to in the interviews when describing characteristics of new volunteers coming forward.

During the pandemic, volunteers had to adapt their services and ways of organising to becoming more digital, with many digital tools being used with different purposes – from WhatsApp as an organising platform, to Zoom/Skype being used for group calls, and Facebook for recreating face to face activities (51). Technology allowed flexibility for some services to be delivered digitally and to enable partnership working, but did require consideration of digital exclusion and consideration of access to digital devices and required support to use them (46).

In our study we found similar patterns of use (see Section 3.2.5). Shifting to digital platforms was central to enable continuity in provision and coordinate response during the pandemic, but also to enable expansion of volunteering opportunities and greater inclusivity (e.g. training, recruitment, accessibility). However, this created challenges around limited access to face-to-face support, exacerbating further existing inequalities, alongside difficulty accessing key information and support among those digitally excluded. Most community groups were highly aware of this, highlighting the importance of ensuring multiple pathways were being used to share key information, and ensuring support reached those most in need. This comes back to highlighting the role of more traditional modes of information sharing, such as dedicated telephone lines, newsletters, or in print via door-to-door leafleting.

4.3 Levers and drivers of health equity

iii. Incorporating the levers and drivers of health equality and resilience to address widening inequalities in health

- It's taking that **whole-system approach**, which means:
- Better **policy coherence** – Ensuring we understand factors underlying resilience but also ensuring we have *enabling* policies to create the environment that supports that.
- **Social participation-** understanding the role social participation plays to ensure that no one is left behind.
- Improved understanding of factors, motivations and wider context of community-led action contributing to building resilient communities and the impact on mitigating or reducing inequalities; including **empowerment.**
- Continued community-led action and integration with existing health and social care systems is essential to build resilient communities.

Community-led action in response to the pandemic has demonstrated that local communities can rapidly draw on available resources and can play a vital role in providing support to those most vulnerable, or with limited access to support. Improving our understanding of better equipping communities to actively respond and positively adapt to adversity, including health emergencies such as the current pandemic, is important for population health both in Wales and internationally and to creating resilient communities.

A **whole-system approach** is needed to create connected and empowered communities that are cohesive and resilient (4) and enable sustainable community-led action. However, it is also important to consider factors that underlay/underpin vulnerability and inequity in order ensure that no one is left behind in recovery from the pandemic. Levels of social participation and empowerment, alongside policy coherence are important drivers of health equity and are known to positively impact individual and community health and wellbeing (54). **Social participation**, such as involvement in community-led action, empowers individuals and communities when they are involved and able to define the conditions that shape their lives and health (20). Key to social participation is the provision of community resources and creating opportunities for participation and greater community cohesion. **Policy coherence** within and across individuals, organisations and levels of governance, enable greater social participation and empowerment, and create conditions for health and wellbeing (20,54). Underlying social participation and policy coherence is **empowerment of individuals and local communities**, bringing people together and providing a sense of collective destiny and control (20), enabling them to participate and take control.

4.4 Framework for actions and measuring success

Through the extensive research in this programme, we identified lessons learnt and guiding principles for sustained involvement of informal volunteers, as well as key structural enablers for sustaining and harnessing community-led engagement. The key findings from this report have been summarised into final recommendations for actions and brought together in an integrated framework of guiding principles for enabling and sustaining informal volunteering and community-led action across all sectors. These actions are considered across stages of the pandemic response (i.e. preparedness, during pandemic, at post-recovery and beyond). The framework is outlined below.

Framework for enabling and sustaining community-led involvement across pandemic response and beyond, into post-pandemic

Stages of actions during pandemic response	Opportunity for enabling and sustaining community-led involvement	Role in response	
		Strategic Leads (policy/public bodies/third sector)	Community Mutual aid groups
Preparedness			
1. Empower/enable volunteerring	Co-produce an operating framework to enable effective rapid and responsive working across public, community-led action and third sectors addressing localised needs (see Section 3.4.3)	✓	
	Identify organisations best placed to rapidly engage/empower/mobilise volunteers to respond, and supportive infrastructure to match volunteering capacity against demand (see Section 3.4.3)	✓	
	Develop "best practice" tool to support the development and sustainability of community-led action (section 3.4.1) covering governance, safeguarding, training, DBS checks, access to funding, useful contacts (e.g. local authority and county voluntary council, community and partnership teams)	✓	
2. Mapping exercise - assess needs (vulnerability) and assets (cross-sectorial & coverage)	Identify known populations at risk and groups likely to be in need of support in response to pandemic control measures - utilise existing data/databases and identify other localised vulnerable groups (see Section 3.3.1)	✓	✓

	Pro-actively carry out a localised mapping exercise across the system (public and third sector, community level) to understand support across localities, geographical coverage, and identify any gaps or duplications in provision (see Section 3.3.1)	✓	
	Coproduce resources, guidance, support and information channels to ensure inclusivity (e.g. including groups with registered disability (e.g. visual impairment, hearing difficulty)) **(see Section 3.3.1)**	✓	
	Ensure resources, guidance, support and information channels are accessible to those who may be digitally excluded (see Section 3.2.5) (e.g. Provide information and pathways to support in multiple formats (e.g. dedicated telephone lines, online, leaflets, newsletters) (see Section 3.2.5))	✓	✓
	Ensure newly vulnerable groups can access support (e.g. those experiencing sudden change in employment, furloughed, reductions in income) **(see Section 3.3.1)**	✓	
3.Networks & partnerships (ways of working, harness assets, identify challenges)	Build on existing relationships to create pathways for place-based support; consider a localised tiered support system to integrate ***a. informal volunteers b. formal volunteers c. support services*** (see Section 3.4.2)	✓	
	Provide a best practice guidance or a 'how to manual' for community-led action in emergency, including links to key resources and lessons learnt for best efficiency (see Section 3.4.3)		
	Provide support to community groups and volunteers to help manage complex cases and link with specialist services, where this is beyond their capacity (see Section 3.4.2)	✓	
4. Reducing barriers to harnessing community-led action citizenship (volunteerism)	Ensure lower barriers to entry to volunteering, reducing the amount of form filling and processes (where possible) to increase pace and turnaround (see Section 3.4.1 and 3.4.3)	✓	
	Create opportunities that enable unstructured, infrequent, piece-meal volunteering for individuals preferring informal volunteering (see Section 3.4.1)	✓	✓
	Offer support with accessing funding to ensure continued community-led support provision (see Section 3.4.1, 3.4.2)	✓	

DURING: Throughout pandemic			
5. Integrated response & placed-based approach	Consider adopting a place-based approach to integrated support provision (public and third sector, community) (see Section 3.2.3 and 3.4.2)	✓	
6.Recognise limits & boundaries of community-led action roles	Recognise the limits and boundaries of voluntary roles (informal and formal) (see Section 3.4.1; 3.4.3)	✓	✓
	Avoid over-dependency on community-mutual aid groups where support should be provided by core services (see Section 3.4.1 and 3.4.3)	✓	
7. Enabling function: support with governance, training, risk assessments, funding	Public and third sector organisation are well positioned to offer support to community groups with governance (training, risk assessments, safeguarding, DBS checks, child protection), access to funding (see Section 3.4.1 and 3.4.2)	✓	
POST: Recovery & beyond (preparing for the next disaster)			
8. Sustaining action: support empowered community-led action to continue/at transition points	Build further on relationships established to create pathways for place-based support; consider a localised tiered support system to integrate ***a. informal volunteers b. formal volunteers c. support services*** (see Section 3.4.2)	✓	✓
	Continue to harness the time, energy and desire of volunteers to help beyond recovery phase, through on-going conversations with the community groups and through creating supportive opportunities for community members to continue to stay involved (see Section 3.4.2)	✓	
	Any integration or efforts to sustain community-led action or informal volunteering need to maintain their sense of autonomy, ownership and avoid formalising the informal (see Section 3.4.2)	✓	✓
	Engineer opportunities more compatible with the working lives of informal volunteers to enable continued involvement at recovery and post-recovery stage (see Section 3.4.1)	✓	
	Public sector to maintain on-going conversation with community groups about forecasts and plans as we enter recovery, and around which services are reopening to ensure support for any remaining gaps in provision (see Section 3.4.2)	✓	

	Support community groups at key transition points with decision-making around continuity, purpose and longevity, desired structure, as informal volunteers' capacity reduces at transition into recovery (see Section 3.4.1)	✓	
	Identify long-term impact and any on-going needs for support, as we transition to recovery, and community groups wind down or cease to exist (see Section 3.4)	✓	✓
	As we enter recovery, community groups interested in continuing providing support need to identify new purpose and access to funding (e.g. gaining charitable status) (see Section 3.4.1)	✓	
9. Invest in communities: local resources/assets (e.g. anchor organisations)	Invest in communities to ensure continuity of key anchor institutions and community hubs which facilitate localised action (see Section 3.4.2)	✓	
	Support community-led groups that wish to continue their existence, with accessing funding for continuous and/or new activities, as we enter recovery (see Section 3.4.2)	✓	
	Consider the need for a longer-term strategic vision for volunteering and localised community-led action in Wales, including considerations on funding (see Section 3.4.2, 3.4.3)	✓	
	Support community groups that existed prior to the pandemic at re-opening stage, assisting with re-adapting to new context in terms of re-opening safely, carrying out risk assessments, and identifying funding to continue provision (see Section 3.4.3)	✓	
10. Acknowledge value and contribution throughout system (strengthening social networks)	Take action to recognise and acknowledge the value and contribution communities have created, locally and nationally (see Section 3.4.2)	✓	✓

Measuring success

Measuring success through evaluations of new models of community-led action emerging from the pandemic would help to demonstrate impact and develop a growing, robust evidence base for 'what works' in community-led action. Monitoring and evaluation should follow a framework to explore whether the goals of the community project or service goals are being met, to demonstrate impact, and to be able to feed learning back into the work being undertaken. This could answer whether and how the community project or service works; whether measurable outcomes have been achieved; whether it is value for money (if funded) or has measurable social value; and whether the community project or service has had its intended impact, for example is it reaching its target population or are there unintended consequences?

This evaluation could collect the information needed through a mix of quantitative and qualitative methods. From exploring health-related community resilience measured as population-level changes in resilience indicators or wellbeing (4,55), through to asset mapping exercises using Community Resilience Assessment (CRA) tools (4); and survey and qualitative data collection (55). With the methods chosen dependent on the scale of the community project or service (55).

4.5 Relevance to public health

Strengthening communities is a global and UK priority, reflected in the United Nations Sustainable Development Goals and Well-being of Future Generations Act (48). The *Marmot Review 10 Years On* - recognises that levels of community empowerment and control contribute to health inequalities (56).

The pandemic and its control measures, were accompanied by emergent community-led action (57–59) to support the vulnerable. Emerging evidence suggests the pandemic had greater impact on those already experiencing inequalities (9,60), exposing underlying social, health, and structural inequalities. Whilst there is recognised social gradient in empowerment (20), less is known about how inequalities affect communities' sense of control, capability for community-led action during a pandemic, or how to sustain this post-pandemic.

Underlying Health 2020 is the principle that good health and wellbeing, and reducing health inequalities has wider economic and societal benefits (24). Further, strengthening communities is a global priority, reflected in the United Nations Sustainable Development Goals (SDG) (10,25). Progressing both Health 2020 and the SDG goals would arguably have enabled us to be better equipped to face the pandemic, for example, through the development of stronger health systems, reducing health inequalities through the social determinants of health, a healthier environment, and more resilient societies (4,24). Despite these ambitious policies, inequalities within countries persist (26). Emergency situations like the pandemic can exacerbate weaknesses in infrastructure and systems, and exacerbate existing disparities in society; however they are also powerful catalysts for change and create opportunities to transform in recovery, and improve the capacity to prevent and withstand similar challenges in the future (27,28).

Additionally, the impacts of emergencies such as the pandemic often go beyond just coping with the direct health consequences and indirect socioeconomic aftermath, to having an adverse impact on mental health and wellbeing across the whole population (28). The prolonged fear, worry, uncertainty, and stress surrounding the pandemic are likely to result in mental health and psychosocial impact (29), with data from the UK looking at the reporting of general increases in anxiety, and greater increases in vulnerable groups (30).

The *Marmot Review: 10 Years On* recognises that levels of community empowerment and control contribute to health inequalities. The outputs described below will help support the actions in the Welsh Government's Recovery Plan, Leading Wales Out of the Coronavirus Pandemic, and also longer-term aspirations within the national Well-being of Future Generations (Wales) Act and the Prosperity for All strategies to accelerate positive impact, reducing inequities, and building resilience amongst all.

The focus on strengthening resilience as we move to recovery, in order to 'build back better', has come to the forefront in the context of this pandemic. Strengthening resilience is incorporated into one of the priorities in Health 2020, and is seen as playing a key role in achieving all of the SDG agenda in addressing vulnerabilities and creating sustainable societies, alongside its significance for population health and wellbeing outcomes as a precondition for a sustainable development (61).

In the COVID-19 context, resilience is seen as the opportunity to address the uncovered weaknesses, to narrow the inequalities gap and strengthen the capacity of countries, systems, communities and individuals to prepare and respond to future emergencies, such as the subsequent 'waves' of the pandemic (62). Equipping individuals, communities and systems with an increased capacity to cope, respond and positively adapt to change, is a priority for population health (4).

Framing resilience within the context of structural drivers for health equity has the potential to enable policy makers with diverse economic and socio-political contexts to advocate for action to strengthen resilience and accelerate progress towards health and prosperity for all. This is of specific relevance within the context of the pandemic in the UK and the wider context of progress against the Sustainable Development Goals (SDGs), in particular reducing income inequalities within and among countries (63).

University of Bristol and Public Health Wales developed the innovative COVID-19 Response Map, drawing together vulnerability, need, and support from digital data (39). We realised the potential to strengthen this resource, to better integrate informal and formal community support (39,54) and inform local decision-making. Additionally, continued community-led action and integration with existing health and social care systems is essential to build resilient communities (4). Disaster response and recovery can be enhanced through strengthening informal and formal social networks and partnerships; and by understanding a community's ability to mobilise and utilise resources (4). This is timely as the direct and indirect impact of the pandemic on health, social challenges, and inequalities become clearer.

Our analysis also demonstrates both the value and the potential of digital data sources for public health, and specifically for understanding communities, their pressures and how they respond to them. As expected, the uptake of Twitter across Wales mirrors patterns of digital exclusion. While this is a limitation of the data, it also suggests a novel way of exploring digital exclusion and its sequelae, and the possibility of correcting for ascertainment bias in digital data using separate information on digital exclusion across regions. We have shown that traditional local-authority-level data sources such as the ***Wales Wellbeing Survey*** can be used to fine-tune the coding of data from digital sources such as Twitter, and that public mood coded with these algorithms agrees well with weekly survey data such as ***Britain's Mood Measured Weekly*** collected over the same period. In fact, deriving indices of public mood from social media has several advantages over traditional approaches. Because they do not rely on participants recalling their past internal state, insights from social media can be gained in real time about current events, rather than in retrospect about something that happened last week. The large amounts of freely available behavioural data are also considerably easier and cheaper to gather than the typically small samples collected on a weekly basis by longitudinal studies of population mood, potentially allowing more fine-grained analyses of how responses to events vary on a regional level. This, and the possibility of detecting the digital footprints of community wellbeing as opposed to simply mood by linking in new longitudinal data sets, are intriguing directions for future research.

4.6 Conclusion

Our findings are highly relevant to current UK and international response and recovery from the pandemic, extending beyond this pandemic to civil contingency planning for future emergency events (including health, environmental, or social adversities); and the sustainability of longer-term transformational change in health and social care (64). In Wales, the findings are directly relevant to the Transformation of Health and Social Care (65), Public Service Boards (PSB) and Regional Partnership Boards (RPB), as they implement the Well-being of Future Generations Act, and put the Social Services and Well-being Act into practice (48,66). Both legal frameworks set out a stronger role for the voluntary sector and communities, actively encouraging partnership working across sectors, and requiring local authorities to promote care and support services, including local user-led and third sector organisations. As the United Nations Sustainable Development Goals, and World Health Organization's Health 2020 framework (67,68) provide the imperative to support and enable communities to respond and positively adapt to adversity, our findings are transferrable to health and social care policy and practice across the UK and internationally.

References

1. Gorbalenya A, Baker SC, Baric RS, De Groot RJ, Drosten C, Gulyaeva AA, et al. The species Severe acute respiratory syndrome-related coronavirus: classifying 2019-nCoV and naming it SARS-CoV-2. ***Nat Microbiol.*** 2020;5:536–44.
2. World Health Organization. ***WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020.*** 2020. Available from https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020 [Accessed 09.04.2022]
3. Health Foundation. ***COVID-19: Five dimensions of impact.*** 2020. Available from: https://www.health.org.uk/news-and-comment/blogs/covid-19-five-dimensions-of-impact?gclid=EAIaIQobChMI69uIzqeE9wIVh-3tCh0L9AM4EAAYASAAEgJg7fD_BwE [Accessed 09.04.2022]
4. Davies AR, Grey CNB, Homolova L, Bellis MA. ***Resilience: Understanding the interdependence between individuals and communities.*** 2019; Cardiff: Public Health Wales NHS Trust. Available from: https://phw.nhs.wales/files/research/resilience/resilience-understanding-the-interdependence-between-individuals-and-communities/ [Accessed 09.04.2022]
5. Bambra C, Riordan R, Ford J, Matthews F. The COVID-19 pandemic and health inequalities. ***J Epidemiol Community Health.*** 2020;74**:**964-968.
6. Tsai J, Wilson M. COVID-19: A potential public health problem for homeless populations. ***Lancet Public Heal.*** 2020;(April):e186-7.
7. Marshall L. ***Emerging evidence on health inequalities and COVID-19.*** Health Foundation. 2020;1–10. Available from: https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-health-inequalities-and-covid-19-may-2020 [Accessed 01.07.2021]
8. Abrams EM, Szefler SJ. COVID-19 and the impact of social determinants of health. ***Lancet Respir Med.*** 2020;8(7):659–61.
9. Bibby J, Everest G, Abbs I. Will COVID-19 be a watershed moment for health inequalities? 2020. Available from: https://www.health.org.uk/publications/long-reads/will-covid-19-be-a-watershed-moment-for-health-inequalities [Accessed 09.04.2022]
10. Editorial. Redefining vulnerability in the era of COVID-19. ***Lancet.*** 2020;395(10230):1089.
11. Khalatbari-Soltani S, Cumming RC, Delpierre C, Kelly-Irving M. Importance of collecting data on socioeconomic determinants from the early stage of the COVID-19 outbreak onwards. ***J Epidemiol Community Health.*** 2020;74(8):620–3.
12. Marmot M, Allen J. COVID-19: Exposing and amplifying inequalities. ***J Epidemiol Community Health.*** 2020;74(9):681–2.
13. Organisation for economic Co-operation and Development (OECD). Youth and COVID-19: response, recovery and resilience. 2020. Available from: https://www.oecd.org/coronavirus/policy-responses/youth-and-covid-19-response-recovery-and-resilience-c40e61c6/ [Accessed 09.04.2022]
14. World Health Organisation Regional Office for Europe. Factsheet-Vulnerable populations during COVID-19 response - Addressing vulnerability upfront in the WHO European Region (October 2020). 2020. Available from: https://www.euro.who.int/en/media-centre/sections/fact-sheets/2020/factsheet-vulnerable-populations-during-covid-19-response-addressing-vulnerability-upfront-in-the-who-european-region-october-2020 [Accessed 09.04.2022]
15. Twigg J, Mosel I. Emergent groups and spontaneous volunteers in urban disaster response. ***Environment and Urbanization.*** 2017;29(2)
16. Whittaker J, Mclennan B, Handmer J. A review of informal volunteerism in emergencies and disasters : Definition, opportunities and challenges. ***Int J Disaster Risk Reduct.*** 2015;13:358–68.
17. Taylor M, Wilson M. ***Locally rooted: The place of community organising in times of crisis.*** 2020; Community Organisers. Available from: https://www.corganisers.org.uk/news-events-and-publications/publications/locally-rooted-the-place-of-community-organising-in-times-of-crisis/ [Accessed 09.04.2022]
18. Paris L. ***Tackling loneliness in Wales through the pandemic and beyond. Stakeholders ' ideas for action.*** 2021; Wales Centre for Public Policy. Available from: https://www.wcpp.org.uk/wp-content/uploads/2021/10/Tackling-loneliness-in-Wales-through-the-pandemic-and-beyond-Stakeholders%E2%80%99-ideas-for-action.pdf [Accessed 09.04.2022]
19. Equality Local Government and Communities Committee. ***Impact of Covid-19 on the voluntary sector.*** 2021; Welsh Parliament. Available from: https://senedd.wales/media/d4jh52zz/cr-ld14075-e.pdf [Accessed 09.04.2022]

20. World Health Organization Regional Office for Europe. ***Driving forward health equity – the role of accountability, policy coherence, social participation and empowerment***. 2019. Available from: https://apps.who.int/iris/bitstream/handle/10665/324901/9789289054133-eng.pdf?sequence=5&isAllowed=y [Accessed 09.04.2022]

21. Onyx J, Leonard RJ. Complex systems leadership in emergent community projects. ***Community Development.*** 2011;46:493-510

22. Majchrzak A, Jarvenpaa SL, Hollingshead AB. Responding to Disasters Coordinating Expertise Among Emergent. ***Organization Science.*** 2007;18(1)

23. Mak HW, Fancourt D. Predictors of engaging in voluntary work during the COVID-19 pandemic: analyses of data from 31,890 adults in the UK. ***Perspect Public Health***. 2021.

24. Resilience Research Centre. ***CYRM and ARM user manual.*** 2018. Halifax, NS: Resilience Research Centre, Dalhousie University.

25. Welsh Government. ***National Survey for Wales: April 2021 to March 2022***. 2021. Available from: https://gov.wales/national-survey-wales [Accessed 09.04.2022]

26. Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., Parkinson, J., Secker, J & Stewart-Brown, S. The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and validation. ***Health and Quality of Life Outcomes,*** 2007;5:63.

27. Egan M, McGill E, Penney T, Anderson de Cuevas R, Er V, Orton L, White M, Lock K CS, Savona N, Whitehead M, Popay J, Smith R, Meier P, De Vocht F, Marks D, Andreeva M RH, M P. ***Guidance on Systems Approaches to Local Public Health Evaluation. Part 2: What to consider when planning a systems evaluation.*** 2019; London: National Institute for Health Research School for Public Health Research.

28. Monmouthshire County Council. ***Monmouthshire Wellbeing Assessment.*** 2022. Available from: https://www.monmouthshire.gov.uk/app/uploads/2022/02/Well-Being-Assessment-22-27_Monmouthshire_Consultation.pdf [Accessed 09.04.2022]

29. Welsh Government. ***Welsh Index of Multiple Deprivation (WIMD) 2019: Results Report.*** 2019. Available from: https://gov.wales/sites/default/files/statistics-and-research/2019-11/welsh-index-multiple-deprivation-2019-results-report-024.pdf [Accessed 09.04.2022]

30. Monmouthshire County Council. ***Tackling poverty and inequality action plan: Monmouthshire***. 2021. Available from: https://www.monmouthshire.gov.uk/app/uploads/2021/07/EN-Tackling-Poverty-Action-Plan.docx [Accessed 09.04.2022]

31. Braun V, Clarke V. Using thematic analysis in psychology. ***Qual Res Psychol.*** 2006;3(2):77–101.

32. Jaidka K, Giorgi S, Schwartz HA, Kern ML, Ungar LH, Eichstaedt JC. Estimating geographic subjective well-being from Twitter: A comparison of dictionary and data-driven language methods. ***Proc Natl Acad Sci.*** 2020;117(19):10165–10171.

33. Welsh Government. Collection:National Survey for Wales: April 2018 to March 2019. 2019. Available from: https://gov.wales/national-survey-wales-april-2018-march-2019 [Accessed 09.04.2022]

34. Hutto, C.J. and Gilbert E. VADER: A Parsimonious Rule-based Model for for Sentiment Analysis of Social Media Text. ***Eighth Int AAAI Conf Weblogs Soc Media***. 2014;8(1):216–25.

35. Gray N, Snowden R, O'Connor C. ***Wales Wellbeing: Assessing the impact of coronavirus on the mental health and emotional well-being of the population of Wales***. 2021.

36. YouGov. ***Britain's mood, measured weekly.*** 2021. Available from: https://yougov.co.uk/topics/science/trackers/britains-mood-measured-weekly [Accessed 09.04.2022]

37. YouGov. ***Panel Methodology. 2021.*** Available from: https://yougov.co.uk/about/panel-methodology/ [Accessed 09.04.2022]

38. Granger CWJ. Investigating Causal Relations by Econometric Models and Cross-spectral Methods. ***Econometrica***. 1969;37(3):424–38.

39. University of Bristol and Public Health Wales. ***Mapping the Community Response to COVID-19 in Wales: Using open data and digital footprint analysis to identify the communities in greatest need of support.*** 2020. Available from: https://covidresponsemap.wales/ [Accessed 09.04.2022]

40. Covid-19 Mutual Aid UK. ***Local organising to support the most vulnerable in our communities. 2021***. Available from: https://covidmutualaid.org/ [Accessed 09.04.2022]

41. Police Rewired. ***Who we are.*** 2021. Available from: https://www.policecoders.org/ [Accessed 09.04.2022]

42. Public Health Wales Health Protection. ***Rapid COVID-19 virology - Public.*** 2021. Available from: https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Headlinesummary [Accessed 09.04.2022]

43. Rees S, Lundie J, Crawford L, Jones RD. ***Mobilising Voluntary Action in Wales: Learning from volunteering activity to support post COVID-19 recovery Briefing Paper***. 2021. https://www.mvain4.uk/wp-content/uploads/2021/10/Wales-briefing-report.pdf.pdf [Accessed 09.04.2022]

44. Welsh Government. ***Volunteering (National Survey for Wales): April 2019 to March 2020. 2020***. Available from: https://gov.wales/adult-lifestyle-national-survey-wales-april-2019-march-2020 [Accessed 09.04.2022]

45. Hashagen S, Kennedy J, Paterson A, Sharp C. ***Doing With, Not To: Community Resilience and Co-production. The Implications for NHS Education for Scotland.*** 2011. Glasgow: Scottish Community Development Centre.

46. Taylor-Collins E, Havers R, Durrant H, Passey A, Bagnall A-M, South J. ***Volunteering and wellbeing in the pandemic. Part I: Learning from practice.*** 2021. Wales Centre for Public Policy and Leeds Beckett University. Available from: https://wcva.cymru/wp-content/uploads/2021/06/Volunteering-and-wellbeing-in-the-pandemic.-Part-1-Learning-from-practice.pdf [Accessed 09.04.2022]

47. Lyons C. ***Growing community resilience in East Sussex. Annual report of the Director of Public Health 2014/2015.*** 2015. Lewes.

48. National Assembly for Wales. ***Well-being of Future Generations (Wales) Act***. 2015.

49. O'Sullivan T, Corneil W, Kuziemsky C, Lemyre L, L M. ***The EnRiCH Community Intervention Collaborative Asset-Mapping to Enhance Resilience for High Risk Populations.*** 2013.

50. Owen T. ***Director of Public Health Annual Report 2014-2015.*** 2015. Carmarthen.

51. Mao G, Fernandes-Jesus M, Ntontis E, Drury J. What have we learned about COVID-19 volunteering in the UK? A rapid review of the literature. ***BMC Public Health***. 2021;21(1).

52. Dallimore DJ, Davis H, Eichsteller M, Mann R. Place, belonging and the determinants of volunteering. ***Volunt Sect Rev.*** 2018;9(1):21–38.

53. Boelman V. ***Volunteering and wellbeing in the pandemic Part II: Rapid evidence review About the WLGA.*** 2021. The Young Foundation. Available from: https://wcva.cymru/wp-content/uploads/2021/06/Volunteering-and-wellbeing-in-the-pandemic.-Part-2-Rapid-evidence-review.pdf [Accessed 09.04.2022]

54. World Health Organization. ***Healthy, prosperous lives for all: the European Health Equity Status Report.*** 2019. Available from: https://www.who.int/publications-detail-redirect/9789289054256 [Accessed 09.04.2022]

55. South J, Jones R, Stansfield JA, Bagnall A-M. ***What quantitative and qualitative methods have been developed to measure health-related community resilience at a national and local level?*** Health Evidence Network synthesis report 60. 2018.

56. Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. ***Health equity in England: the Marmot Review 10 Years On.*** London; 2020. Available from: https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on [Accessed 09.04.2022]

57. Public Health England. ***The community response to coronavirus (COVID-19).*** Public health matters. 2020. Available from: https://ukhsa.blog.gov.uk/2020/06/01/the-community-response-to-coronavirus-covid-19/ [Accessed 09.04.2022]

58. Bevan Foundation. ***Coronavirus: community responses in Merthyr Tydfil.*** 2020. Available from: https://www.bevanfoundation.org/resources/coronavirus-community-responses-in-merthyr-tydfil/ [Accessed 09.04.2022]

59. UK Government. ***Chancellor sets out extra £750 million coronavirus funding for frontline charities.*** 2020. Available from: https://www.gov.uk/government/news/chancellor-sets-out-extra-750-million-coronavirus-funding-for-frontline-charities [Accessed 09.04.2022]

60. UK Government. ***Research and analysis: Wider impacts of COVID-19 on health monitoring tool.*** 2020. Available from: https://www.gov.uk/government/statistics/wider-impacts-of-covid-19-on-health-monitoring-tool [Accessed 09.04.2022]

61. WHO Regional Health Office for Europe. ***Strengthening resilience: a priority shared by Health 2020 and the Sustainable Development goals.*** 2017. Available from: https://www.euro.who.int/en/countries/monaco/publications/strengthening-resilience-a-priority-shared-by-health-2020-and-the-sustainable-development-goals-2017 [Accessed 09.04.2022]

62. World Health Organization Regional Office for Europe. ***Resilience needed as COVID-19 measures shift, WHO tells countries.*** 2020. Available from: https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/5/resilience-needed-as-covid-19-measures-shift,-who-tells-countries [Accessed 09.04.2022]

63. Eurostat. ***How has the EU progressed towards the SDGs? Sustainable Development Indicators: key findings.*** 2021. Available from: https://ec.europa.eu/eurostat/web/products-eurostat-news/-/wdn-20210615-1 [Accessed 09.04.2022]

64. Local Government Association. ***A councillor's guide to civil emergencies***. 2018. Available from: https://www.local.gov.uk/publications/councillors-guide-civil-emergencies [Accessed 09.04.2022]

65. The Parliamentary Review of Health and Social Care in Wales. ***A Revolution from Within: Transforming Health and Care in Wales.*** 2018. Available from: https://gov.wales/sites/default/files/publications/2018-01/Review-health-social-care-report-final.pdf [Accessed 09.04.2022]

66. UK Government. S***ocial Services and Well-being (Wales) Act 2014.*** 2014.

67. United Nations. ***Sustainable Development Goals Report***. 2016. Available from: https://unstats.un.org/sdgs/report/2016/the%20sustainable%20development%20goals%20report%202016.pdf [Accessed 09.04.2022]

68. World Health Organization. ***Health 2020 A European Policy Framework and Strategy for the 21st Century.*** Copenhagen; 2013. Available from: https://www.euro.who.int/__data/assets/pdf_file/0011/199532/Health2020-Long.pdf [Accessed 09.04.2022]

A framework for enabling and sustaining community-led action in pandemic response

		Opportunities for action
Preparedness	**1 Empower/enable volunteering**	Identify organisations & infrastructure to manage and mobilise volunteers
		Provide guidance to support community-led action
		Develop an operating framework to support to enable rapid and responsive cross-sector coordination
	2 Mapping needs & assets	Identify at-risk populations
		Localised mapping of cross-sector support and identify gaps
		Ensure resources are inclusive
		Adapt the response to reach those digitally excluded
	3 Strengthen networks & partnerships	Build on existing networks or establish new ones
		Integrate specialist support for responding to those with complex needs
	4 Reduce barriers to community action	Lower barriers to entry to volunteering
		Enable unstructured volunteering opportunities
		Enabling support for accessing funding for community-led groups
During	**5 Cross-sectorial and localised integration**	Adopt an integrated approach to support provision, centred around localised coordination
	6 Understand boundaries of volunteering responsibilities, and support	Recognise limits and boundaries of voluntary roles
		Step in, where support should be provided by core services
	7 Enabling governance	Enabling support for community groups
Recovery and beyond	**8 Sustaining action**	Harness and build further the cross-sectorial relationships
		Create supportive opportunities for con-tinued involvement
		Avoid formalising the informal
		Create flexible volunteering opportunities
		Continue conversation about next steps and plans, as we enter recovery
		Provide guidance to community groups at key transition points
		Identify on-going need for support and longer-term planning
	9 Community investment	Invest locally to enable continuity of an-chor institutions and community hubs
		Enable community groups to access fund-ing to continue activities
		Consider a longer-term strategic vision for community-led action in Wales
		Support community initiatives that paused activities during the pandemic to re-adapt at re-opening stage
	10 Acknowledgment	Acknowledge the value and contribution of community-led action

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