



Understanding the role and impact of the third sector in providing care and support services

**August 2021**

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First published in August 2021

# Acknowledgements

We would like to thank the many individuals who gave their time to assist in this research, all of whom were important in the writing of this report. This research would not have been possible without all of these contributions.

# Glossary

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| Association of Directors of Social Services (ADSS) Cymru | A membership organisation which represents directors of social services, heads of adult services, children’s services and business services from all 22 local authorities on a range of national and regional issues of social care policy, practice and resourcing. |
| All Wales Forum | Organisation which represents the views of Parents and Carers of people with learning disabilities. |
| County Voluntary Council (CVC) | Based in each local authority, CVSs provide advice and information to local voluntary and community groups on volunteering, funding sources and a wide range of other issues. |
| Dewis Cymru | Dewis Cymru is a website to help people find information about organisations and services that can help them take control of their own well-being. It has been developed in response to the Social Services and Well-being (Wales) Act 2014, to provide a resource for people who use care and support services and their carers. It aims to help people to navigate the range of organisations and services across Wales which can support them in meeting their care and support and wellbeing needs. |
| Health Board | Local health boards are responsible for planning and delivering NHS services in their areas. |
| InfoEngine | Infoengine is the online directory of third sector services in Wales and is provided by Third Sector Support Wales, a partnership of County Voluntary Councils and Wales Council for Voluntary Action. |
| Integrated Care Fund | Run by the Welsh Government, the Integrated Care Fund is a preventative programme which also seeks to integrate health and social care services to improve the lives of the most vulnerable people in society. |
| National Commissioning Board | The National Commissioning Board has been established to improve the quality of commissioning in Wales and develop effective practice in relation to integrated commissioning between local authorities and local health boards. |
| Regional Partnership Boards | Regional Partnership Boards were established as part of the Social Services and Well Being Act (Wales) RPBs have been established as part of the Social Services and Well Being Act to improve the well-being of the population and improve how health and care services are delivered. |
| Social Firm Wales | Social Firms Wales is the National Support Agency for Social Firm Development. |
| Wales Council for Voluntary Action (WCVA) | WCVA is the national membership body for voluntary organisations in Wales. |
| Third Sector Data Hub | The Third Sector Data Hub, developed for the WCVA, provides a range of data on the Third Sector in Wales. The Hub contains data from the WCVA, Charity Commission, NCVO Almanac, Welsh Government, and more sources. Data includes numbers of organisations, sector income, volunteering hours, areas of work, where groups are located and more. |

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# Introduction

The third sector in Wales plays a crucial role in providing care and support services. The implementation of the Social Services and Well-being (Wales) Act 2014 has meant very significant changes in how social services are planned, commissioned, and delivered, with more emphasis on:

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| * prevention and early intervention * the promotion of well-being and how services can help people achieve what matters to them * co-production, where citizens and professionals work together as equal partners, seeing people as assets, and ‘working with, not to’ * multi-agency working and collaboration |

Reflecting these principles, the Act places a duty on local authorities to promote social enterprises, co-operatives, user-led services and the third sector to deliver care and support and preventative services for adults, children, young people, carers, their families, and communities.

In January 2021 Social Care Wales commissioned the Wales Co-operative Centre, in partnership with Wavehill, to deliver a research project to understand the following:

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| 1. Number of third sector organisations delivering care and support services 2. Number of people third sector organisations are supporting in Wales 3. Impact of third sector services in preventing critical care and support needs 4. Where third sectors are doing good work in giving people voice and control |

This report provides our findings on the first three questions. We hope the report will inform future discussion on achieving greater consistency in partnership working between local authorities and the third sector in the delivery of care and support services and activities. The report also aims to provide guidance and recommendations on a sustainable approach to establishing the role and contribution of the third sector in providing care and support services in Wales. For the fourth question, we are publishing examples of good work on the *Supporting care commissioners and procurers to promote social value models of delivery* page of the Wales Co-operative Centre website.[[1]](#footnote-2)

This report is intended for:

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| * Planners and other people who need to forecast the volume and type of services required in different parts of Wales * Commissioners who need to identify the best options to deliver outcomes for people who use care and support * Funders, for example, government bodies, who provide grants or other types of funding to third sector organisations |

# Summary and recommendations

## Summary

The aim of this research is to support discussions on greater consistency in partnership working between the third sector, local authorities and health boards in the delivery of care and support. It also aims to provide guidance and recommendations on a sustainable approach to establishing the role and contribution of the third sector in providing care and support services in Wales.

## Policy context

The focus on prevention and early intervention in the Social Services and Wellbeing (Wales) Act (2014) recognises that a broad range of organisations contribute to delaying and reducing the need for care and support and improving care and wellbeing outcomes. However, while policy sets out clearly different levels of prevention, in practice, mapping and measuring delivery in social care is hampered by a lack of consistent understanding.

Previous research has highlighted challenges with finding data about social enterprise models and third sector ownership in social care, and a lack of robust research about the role of third sector organisations in delivering social care services.

Many of the care and support services and activities provided by third sector organisations in Wales would support social prescribing initiatives by providing community-based support that people can be referred to (social prescribing is explained in Section 7.2 of this report). Raising the profile of the services and activities provided by third sector organisations could contribute to the success of these initiatives.

Individuals and carers often access more than one form of care and support at any one time. Some may use certain types of support regularly, occasionally or for a set period of time. Third sector organisations are well-placed to support these changing needs.

## Scale and scope of the third sector

Carrying out this research has highlighted how difficult it is to identify the scale and scope of third sector activity. Many organisations do not recognise their work as preventing the need for care and support or as contributing to wider social care outcomes, even though their activity is likely to support wider objectives around wellbeing, prevention and care and support.

Several directories hold information on care and support services and activities and there is a danger of duplication.

## Findings from the survey

We received responses to our survey from organisations in all 22 local authority areas in Wales. Around one in five respondents said they delivered care and support services and activities across all of Wales.

South East Wales has the most care and support services and activities, with Mid Wales the lowest. More than half the organisations have been delivering services for more than ten years, demonstrating the maturity of third sector provision in Wales.

Around a quarter of organisations do not employ paid staff, with two in five employing between 1 to 9 paid staff. One-third of the organisations have between 1-9 volunteers and a similar proportion between 10-24 volunteers. Organisations in Ceredigion and Conwy report the lowest numbers of volunteers with Powys, Cardiff and Caerphilly having the highest.

The most common types of support services and activities provided by third sector organisations were information, advice and guidance, preventative services and care and support. Residential and home care services made up a small proportion of the third sector organisations that applied to our survey.

Between them, the organisations that responded to the survey reported to be providing care and support services to approaching half a million people. The total number of people supported by the third sector will be much higher, highlighting the scale of support provided by the sector. In addition, two-thirds of the organisations in the survey plan to expand their services over the next 3 years, suggesting that the third sector will play an even bigger role in the future

## Impact measurement

Third sector organisations in our study did not refer to the *National outcomes framework for people who need care and support and carers who need support*, even though many are providing a direct contribution the wellbeing outcomes in the framework.

We found an absence of shared understanding and agreement on what is meant by impact assessment. Responses suggest that organisations may be conflating measuring impacts with measuring outputs. Just over half of third sector organisations said that they do not currently measure the impact of their services. One of the main reasons for not being able to measure impact is a lack of resource. In addition, many organisations have not received any training or support on measuring the impact of their care and support services and activities.

A key driver for measuring impact was meeting the requirements from funders. As our report outlines, this creates challenges for third sector organisations that receive funding from multiple sources, notably where funders have different expectations and requirements. Third sector organisations have highlighted a range of practical challenges and considerations to measuring the impact and effectiveness of care and support services they provide.

Given the focus of delivering a person-centred approach, many organisations have reservations around employing impact measurement tools that were seen as impersonal, tokenistic, and potentially generated reputational risks.

## Commissioning practice

People in our workshops in third sector organisations expressed a desire to be more engaged in the assessment of local needs and discussions about the provision of preventative services and how practice varies across Wales. They highlighted the opportunity for more inclusive and collaborative commissioning practices by local authorities, as well as greater collaboration between third sector providers.

The key finding from our study was that there is a lack of data available to support better commissioning by local authorities.

## Recommendations

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| 1. The findings of this research should be shared widely with projects and organisations across Wales to inform future policy and practice, especially those with activities focused on social prescribing, volunteering, community resourcefulness, loneliness and social isolation, and commissioning practice. 2. We need to find sustainable ways to more fully capture data held on and by third sector services. Projects to improve and expand data sharing and data linkage in Wales should prioritise data from third sector care and support services and activities to more effectively track progress against Section 16 of the Social Services and Well-being (Wales) Act 2014. This could be facilitated by:  * accessing data from directories and platforms containing information about third sector activities to avoid duplication of effort. * building stronger links national providers and the County Voluntary Councils, to help the process of capturing intelligence and data on the nature of care and support services and activities provided by third sector organisations.  1. Further work is required to improve local and regional commissioning practice to promote the involvement of third sector care and support providers in local population needs and wellbeing assessments and the delivery of preventative services. 2. Review support and skills development available for third sector organisations on how to evaluate the impact of services on people who need care and support. Consider producing guidance for third sector organisations on options and approaches for measuring their contribution to the prevention and early intervention objectives outlined in the Act. This should be informed by working with commissioners and funders on the nature of evidence they request as part of commissioned or funded services. 3. Key national partners should explore options to share good practice involving the role of the third sector in preventing critical care and support needs and giving people voice and control. This should consider how existing research can be brought together to generate learning and provide advice and guidance both for commissioners and third sector organisations. 4. Further research may be required to understand whether volunteer-led third sector organisations delivering care and support services have access to the volunteer capacity they need. This is important both in terms of service continuity and enabling the expansion of care and support provision. |

# Research methods

We used both qualitative and quantitative methods to deliver the research required within the specified timescales. We aimed to include all third sector organisations delivering care and support services and activities in Wales, including those registered outside of Wales. Further detail on our research method can be found in [Appendix 1](#_Appendix_1_Research).

## Definitions

A key challenge for this research was establishing a consistent definition of third sector organisations and care and support services. We defined a third sector organisation as one that is neither public sector nor private sector and is independent of government. This includes:

* Voluntary organisations
* Community groups
* Tenants and residents groups
* Faith groups
* Housing Associations
* Most co-operatives and social enterprises
* Most sports organisations
* Grant making trusts
* Private clubs

Early intervention and prevention[[2]](#footnote-3) can describe a diverse range of services and activities. We focused on three categories:

* care and support
* preventative services
* information, advice, or assistance

We excluded health interventions or clinical care but included care and support services provided by either paid or unpaid staff.

## Review of existing data

We accessed several directories in April 2021, including the Third Sector Data Hub[[3]](#footnote-4), the Charity Commission for England and Wales[[4]](#footnote-5), Dewis Cymru[[5]](#footnote-6) and InfoEngine[[6]](#footnote-7).

## Survey of third sector organisations

We disseminated an online survey through a range of networks including:

* Wales Council for Voluntary Action (WCVA): dissemination to 32,286 organisations registered on their database
* Charity Commission for England and Wales: dissemination to 1,549 charities registered in Wales whose charitable objectives suggest early intervention and prevention activities
* Dewis Cymru: direct invitation to 282 organisations registered on the site whose service descriptions suggest early intervention and prevention activities
* InfoEngine: dissemination to all third sector organisations registered with the directory
* National Commissioning Board: dissemination via WLGA to over 340 members including local authorities and local health boards
* County Voluntary Councils (CVCs): dissemination to all 19 CVCs in Wales via WCVA
* Association of Directors of Social Services (ADSS) Cymru: dissemination to the ADSS Cymru network via Social Care Wales
* Health and Social Care Facilitators Group: dissemination to the group via WCVA
* All Wales Forum: dissemination to the alliance of parent and carer networks across Wales and partner organisations
* Social Firm Wales: dissemination via the National Support Agency for Social Firm development across Wales.
* Regional Partnership Board Network: dissemination via Social Care Wales.

The survey was open from 22nd February to 12th April 2021 and we received responses from 240 third sector organisations. Based on figures from InfoEngine, this equates to approximately 11.5 per cent of third sector organisations who deliver care and support in Wales.

The survey is available in [Appendix 2](#_Appendix_2_Mapping).

## Interviews and focus groups

We completed consultations with a range of strategic stakeholders that provide care and support services across Wales. Most of the third sector organisations delivered services within their local communities and a small number provided care and support services throughout Wales.

We hosted six focus group sessions involving a range of third sector organisations and completed a further eight one-to-one interviews with third sector providers.

# Policy context

## Key Points

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| * The legal framework in Wales promotes opportunities for high-quality, person centred adult social care delivered by a vibrant third sector. * People’s care and support is commissioned through local authorities, local health boards or directly by themselves. This highlights the importance of partners working together. |

## Social Services and Well-being (Wales) Act 2014

The third sector in Wales plays an important role in providing care and support through services, activities, promoting ways people can take care of themselves and manage their situations. The *Social Services and Well-being (Wales) Act* (The Act) includes a focus on prevention and early intervention, helping raise the profile of how the third sector to delivers care, support and preventative services for adults, carers, their families, and communities.

A key aspect of the Act (Section 16) is that it requires ‘*the promotion by local authorities of social enterprises,[[7]](#footnote-8) co-operatives, user led services and the third sector in the provision in their areas of care and support and support for carers*’ and, specifically, a local authority must promote:

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| * the development in its area of social enterprises to provide care and support and preventative services; * the development in its area of co-operative organisations or arrangements to provide care and support and preventative services; * the involvement of persons for whom care and support or preventative services are to be provided in the design and operation of that provision; * the availability in its area of care and support and preventative services from third sector organisations). |

The legal framework in Wales promotes opportunities for high-quality, person centred adult social care delivered by a vibrant third sector.

A report into adult social care social enterprises and the foundational economy in Wales found that social enterprises can respond to local needs, often in innovative ways, but if they are to thrive and grow into an important part of social care provision risks to their success and sustainability need to be addressed.[[8]](#footnote-9) The report concludes that this would be most effective as part of a wider cultural change within local authorities that extends far beyond their duty to implement Section 16 (of the Act). We found the same issues in our engagement with third sector organisations, four years after publication of the report.

## Well-being of Future Generations (Wales) Act 2015

Third sector organisations, particularly those delivering care and support activities, can make a significant contribution to meeting the well-being goals in the *Well-being of Future Generations (Wales) Act.* They can support the goal to build a prosperous and resilient Wales by developing an economy and communities that are strong, resilient and sustainable. They can do this by delivering sustainable economic growth while developing positive social change and innovation. They are anchored in their communities and invest in communities in a way that brings economic and social benefits; they tend to employ more people than other types of businesses with similar revenues, and often operate in hard-to-reach, economically challenged communities.

## Prosperity for All

*Prosperity for All* is a key strategic document launched by Welsh Government in 2017. It outlines the Welsh Government’s commitment to “health in all policies”; to improve health through wider activities such as housing, parenting, education and employability. One of its aims is to build resilient communities, culture and language by helping communities to maintain local facilities that bring people together and take ownership of assets in their local area. This relies on a strong foundational economy. The third sector is at the heart of the foundational economy by creating local employment and volunteering opportunities to provide much needed local services, where mainstream business may have withdrawn from the market.

## A Healthier Wales

*A Healthier Wales* (2018) aims to ensure everyone in Wales has longer, healthier and happier lives, and remain active and independent in their own homes for as long as possible. It describes transformation to a whole system approach to health and social care, with the third sector as key delivery partners.

Third sector organisations are well placed to support the shift of services from hospitals to communities and homes. They are usually embedded in their local communities and use the principles of co-production to develop services with community stakeholders. The third sector is seen as a key partner in delivering innovation with good outcomes and demonstrated value for money in health and social care.

## Rebalancing care and support

The Rebalancing care and support white paper proposed ways to improve social care delivery to achieve the vision set out in the Social Services and Well-being (Wales) Act 2014[[9]](#footnote-10). Social care is commissioned through local authorities, local health boards or directly by themselves and provided by over 1,000 providers, mostly from the independent sector, who often compete for the same contracts. The white paper highlights the importance of stronger partnership working and commissioning arrangements in a complex landscape.

Although the white paper points to evidence of good practice, it also states that there is little space for social value organisations and limited data sharing. Previous research has highlighted challenges with accessing data on social enterprise models and third sector ownership in the social care sector.[[10]](#footnote-11)

# Key findings from the survey

## Key Points

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| --- |
| * We received responses to the survey from organisations in all 22 local authorities in Wales. Around one in five respondents indicated that they delivered care and support services and activities across all of Wales. North Wales Regional Partnership Board area accounted for the highest number of care and support services and activities in our survey responses, with Powys the lowest. * More than half of the organisations that responded have been delivering services for over 10 years, indicating a mature of the third sector across Wales. * Around a quarter of organisations indicated that they did not employ any paid staff, with two in five employing between 1 and 9 paid staff. * Around a third of organisations had between 1 and 9 volunteers and a similar proportion had between 10-24 volunteers. Ceredigion and Conwy had the lowest reported numbers of volunteers with Powys, Cardiff and Caerphilly having the highest. * The most common types of service and activity provided by third sector organisations were:   + information, advice and guidance   + preventative services   + care and support * Residential and home care services made up a small proportion of the third sector organisations that replied to our survey. * Third sector organisations who responded to the survey were providing care and support services to approaching half a million people between them. * The main source of income for third sector organisations delivering care and support services are grants, either from government, local authorities or the public sector. * Two thirds of third sector organisations are planning to expand their services over the next 3 years. |

This section gives evidence from:

* 240 survey responses received from third sector organisations
* qualitative evidence from our interviews and focus groups with strategic partners and third sector organisations.

There is no baseline information about the amount and range of care and support services and activities delivered by the third sector in Wales. Our report shows some important themes to help discussions about fulfilling the aims of the *Social Services and Well-being (Wales) Act.*

## Profile of responding organisations

Charities accounted for the largest proportion (75%) of businesses responding to our survey (Figure 5.1), followed by social enterprises (25%). These proportions broadly correspond to the size of these sectors, with 8,157 registered charities[[11]](#footnote-12) and 2,022 social businesses in Wales.[[12]](#footnote-13) Some respondents (6%) felt their type of business was not covered in the survey response options, either because they were unsure or the response options were not broad enough to cover all third sector types (for example, responses included Unincorporated Social Enterprise, Community Benefit Society, local community group or a Community Interest Company).

This shows the importance of agreeing how third sector organisations should be categorised and recorded. A lack of standardisation makes it difficult to bring together different sources of data and intelligence to show the amount and range of the third sector organisations providing care and support services in Wales.

## Figure . Type of business

Note: Respondents could select multiple answers, therefore totals are greater than 100%

We asked respondents to provide details of their legal status; Charitable incorporated organisation (40%) and a Company Limited by Guarantee (37%) were the most common responses (Figure 5.2). Nearly one in ten (8%) respondents indicated that they did not know the legal status of their organisation.

## Figure . Legal status of organisation

Note: Respondents could select multiple answers, therefore totals are greater than 100%

## Where care and support services are delivered

Our survey was completed by organisations working in all 22 local authority areas in Wales. Around one in five (19%) respondents told us that they deliver care and support services and activities across all of Wales. Powys (14%) and Denbighshire (13%) had for the highest proportion of respondents with Ceredigion and Merthyr Tydfil the lowest (each 5%) (we provide a full breakdown by local authority in [Appendix 3](#_Appendix_3_Data)). This corresponds with information from the WCVA Data Hub which highlights that Powys and Denbighshire have the greatest number of charities per 1,000 people.[[13]](#footnote-14) Thirteen per cent of respondents had offices outside Wales.

Analysis by Regional Partnership Board area, which includes Health Boards, local authorities and the third sector, indicates that North Wales and Gwent account for the largest proportion of responses by some distance (Figure 5.3).

## Figure . Distribution of respondents by Regional Partnership Board area

Information about where third sector organisations deliver care and support services and activities is valuable in contributing towards joint strategic assessments of care and support needs (Section 14 requirement of the Social Services and Well-being (Wales) Act 2014).

## How long organisations have been delivering services

The length of time organisations have been delivering services shows the maturity of the third sector across Wales, with more than half stating that they have delivered services for over 10 years (Figure 5.4).

## Figure . How long organisations have been delivering care and support services and activities

Social enterprises have on average been delivering care and support services and activities for less time than other types of business (Figure 5.5).

## Figure . How long organisations have been delivering services by type of business

## Profile of workforce

We asked respondents about the number of paid staff and volunteers they employ in Wales . Around a quarter (23%) of organisations do not employ any paid staff with a further 41% employing between 1 to 9 paid staff (Figure 5.6). Combined, these account for around two thirds of organisations responding to the survey. Around one third of organisations employed between 10 and 249 paid staff, which would be defined as a small and medium sized enterprise (SME). Only 2% of third sector organisations employed over 250 paid staff (comparable to a large enterprise)[[14]](#footnote-15).

## Figure . Number of paid staff employed

Note: Totals add up to 99% due to whole number rounding

The majority of organisations that provided a response (197, or 88%) use volunteers to help deliver care and support services and activities. The number of volunteers in an organisation ranged from 1 to 5,000. Around one third (35%) of organisations have between 19 volunteers and a similar proportion (34%) between 10-24 volunteers. Only a small number of organisations reported having over 250 volunteers actively delivering support services and activities in Wales (Table 5.1).

## Table . Number of volunteers

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| --- | --- | --- |
| **Volunteer Bandings** | **N** | **%** |
| 1 to 9 | 60 | 35% |
| 10 to 24 | 58 | 34% |
| 25 to 249 | 49 | 28% |
| 250+ | 6 | 3% |
| Total | 173 |  |

Analysis of the number of volunteers by Regional Partnership Board area reveals that Gwent has the highest number of volunteers by some distance (Figure 5.7).

## Figure . Number of volunteers by Regional Partnership Board area against population

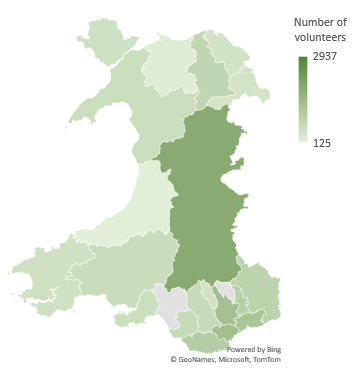
A more detailed breakdown by local authority area (Figure 5.8) shows that organisations in Ceredigion and Conwy reported the lowest numbers of volunteers, with Powys, Cardiff and Caerphilly having the highest. Our engagement with third sector organisations emphasised the value volunteers provided through their reach into communities and the peer-to-peer nature of their support. Some organisations raised concerns about the pressures facing volunteers through the pandemic and the need to ensure their wellbeing was considered in service planning and delivery.

*‘We are very much volunteer led but as we grow it is not sustainable. Volunteers can feel under pressure to deliver services. Often volunteers get lots out of being involved in service provision, but, they should not be in a position where they are having to lead and run things because that is no longer supporting their wellbeing.’* (Supported business, Cardiff)

One reason for organisations not using volunteers was the difficulty in ensuring continuity of service. This was particularly relevant for organisations providing direct care and support to vulnerable people, where a lack of continuity may lead to negative outcomes.

*‘We did try to use more volunteers, but, local authorities expect a consistent service and it’s not fair to put pressure on volunteers that might have other things going on in their lives. We found that the only way we can use volunteers is in a supporting role, led by a paid member of staff.’* (Supported business, Torfaen)

## Figure . Map of volunteer numbers by local authority area



## Profile of care and support services provided

The most common types of support services and activities provided by organisations responding to our survey were information, advice, and guidance (IAG)[[15]](#footnote-16) (68%), preventative services[[16]](#footnote-17) (55%) and care and support (51%) (Figure 5.9). Third sector organisations providing residential and home care services made up a small proportion of the respondents to our survey.

A considerable range of services fall within categories such as IAG or preventative services, which is a challenge for collecting consistent data. Responding organisations also self-defined whether the services they provide fall within these categories.

Further information and guidance on the amount and type of services provided may be available through networks such as the Wales National Advice Network and the Wales Independent Advice Providers Forum. This highlights an opportunity to find information and insight by linking data collection with a range of national forums and networks that represent the voice of third sector providers.

## Figure . Typical care and support services and activities provided

## Number of adults supported

The organisations that responded to our survey provide care and support services to about half a million people between them. Around one third of organisations provide care and support services to less than 100 people (based on delivery in 2019). Just over one fifth provided services to over 1,000 people (Figure 5.10).

## Figure . Estimated number of adults supported in 2019

Organisations that indicated that they had not supported any people in 2019 (4% of respondents) either were not a direct delivery organisation or they were a new organisation formed since 2019.

North Wales showed the highest number of adults supported (Figure 5.11), which is likely to be tied to this region also having the second highest number of volunteers and highest proportion of care and support services and activities.

## Figure . Number of adults supported by the third sector by Regional Partnership Board area

Third sector organisations in Cardiff support the largest number of adults in a local authority area, followed by Newport and the Vale of Glamorgan (Figure 5.12). Organisations in Ceredigion and Pembrokeshire supported the lowest number of adults, which corresponds with the lower number of care and support services and activities delivered in these areas.

## Figure . Number of adults supported by the third sector in each local authority area

## Proportion of people supported accessing service areas

Care and support services and preventative services account for the support provided to around seven in ten people (Figure 5.13). Only 3.5% of people accessed third sector services to support for unpaid carers (this includes support to anyone who provides care and support to family members, friends, or neighbours).

Figure 5.13 Proportion of people accessing difference care and support services and activities

## Financial profile

Around a quarter (23%) of organisations responding to our survey had an annual turnover or total income in the last financial year of under £25,000 and just under a half (45%) under £100,000 (Figure 5.14).

## Figure . Organisational turnover or total income in the last financial year

The main sources of income for third sector organisations delivering care and support services are grants, either from government/local authority or public sector (referenced by 48% of respondents), other grants (47%) and donations (44%) (Figure 5.15). Almost three quarters (71%) of respondents generated income from trading.

## Figure . Main sources of income

## Future plans

Two thirds (66%) of third sector organisations responding to our survey indicated they plan to expand their services over the next 3 years. Day care, domiciliary care and residential care are more likely to be expanded (Figure 5.16) which, as shown in Figure 4.9, accounted for the lowest proportion of services in 2019.

## Figure . Planning to expand by service area

All supported businesses responding to the survey plan to expand in the next three years. Over eight in ten (84%) social enterprises were also planning to expand over the same period (Figure 5.17).

## Figure . Plans to expand by business type

# Impact of Covid-19 on demand for services

## Increasing demand

We asked organisations to what extent the Covid-19 pandemic had impacted on the demand for the care and support services and activities they provide. Just under two thirds (64%) experienced higher demand and just under one quarter (22%) experienced lower demand (Figure 5.18). There were different impacts on different care and support services, for example increased demand for befriending services or support with shopping and reduced demand for centre-based provision due to facilities being closed because of the pandemic.

## Figure . Impact of Covid-19 on demand for services

One of the themes from our engagement was the increased profile and role for the third sector due to their immediate responses to the support needs of people and local communities through the pandemic.

*‘We have seen so many day services that have closed over the past few years in our area. At the moment apart from befriending services or community sitting services we are the only organisation where someone can get out of their house and have that kind of service with a community feel and social interaction.’* (Social enterprise, Neath Port Talbot)

*‘This is what the third sector is good at, responding immediately to the needs of others whereas primary and secondary care services are more based on seeing what problems are and then changing.’* (Charitable Trust, Cardiff)

*‘The amount that the voluntary sector was able to provide and facilitate during Covid was amazing. The number of people that got in touch with local CVC’s, it was thousands across the country. The pandemic had made the public realise what we can achieve, but, only if we are at the table during the early stages of the debate and development. We need to get in sooner or we only get the crumbs, however, we are often the ones that are expected to pick up the pieces.’* (Charity, Powys)

## New models of delivery

The third sector response to the pandemic has encouraged or required some organisations to develop new services and models of delivering care and support services and activities. This showcased how the sector can be creative and responsive to the immediate care and support needs of people within the community.

*‘In the first 3 weeks of covid we took 3,500 calls providing services from shopping to basic advocacy support. For the past 6 months we have been going back to those clients, of which 450 have remained on our books and have regular contact.’* (Social enterprise, Vale of Glamorgan)

*‘Early into lockdown it became apparent that there was a need amongst the elderly in the community. We visited with food and flowers to see how people were. During those doorstep visits it was clear how worried and lonely people were. We did tailor made art packs, bird feeders, planters. In some of our coastal villages lots of people were isolated as their families moved away. Phone calls were also really important to people. People felt connected with the community. People that were fine at the during the first lockdown are now far from fine. There is a real issue with waiting lists and if is really affecting their health, they are in pain and distress, waiting for operations.’* (Social enterprise, Neath Port Talbot)

*‘The pandemic has really hard on our businesses and communities in Wales, but as an organisation it has really allowed us to think outside of the box and to be really creative. People can’t come to us, but, we can travel to them safely, so we created the letterbox chats. We were driving all around the borough just to knock on people’s doors and say hello from a safe distance. It gives me goosebumps thinking about it, all people wanted was to see a friendly face, someone that they were used to seeing. It allowed us to dig deep and think how we could carry on.’* (Social enterprise, Neath Port Talbot)

Organisations have also sought out new partnerships and delivered care and support services collaboratively, making sure they are focused on the needs of the individual.

## Digital delivery

One of the challenges faced by many third sector organisations in delivering care and support services and activities through the pandemic was switching some aspects of provision online. Given the social distancing guidelines set out by government and the need for many people who use care and support services to ‘shield’ due to their vulnerability, where possible a range of care and support services were quickly moved online to make sure some support was available when many other services (statutory and third sector) were temporarily halted.

One of the difficulties in providing care and support services online was that many of their clients either did not have access to the internet or did not wish to access support through online channels. For many third sector organisations, this highlighted how important face-to-face contact is in delivering care and support services and the use of a person-centred approach to encourage take-up of services within the community.

*‘The challenge is we have some clients where they have had no access to the internet and some in supported living accommodation that don’t have access. We have tried to contact by phone and send out activity packs. If we didn’t contact them, there would be no contact at all.’* (Supported Firm, Merthyr Tydfil)

*‘During the pandemic, because our services are face to face we have been listening to the practitioners that have been saying that our clients don’t want online delivery. Moving online was the first thing that we did, we trained staff and moved meetings online, but we found that our clients didn’t want to be online, they missed that face interaction and a year into the pandemic the feelings of those people that missed social contact have progressed even worse. Via Zoom, clients said yes they got the information and yes they got the support, but, that one to one, sitting in a room feeling that someone is interested in me, someone is giving me eye contact is something that they were missing.’* (Charity, Carmarthenshire)

# Impact measurement

## Key Points

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| * Third sector organisations delivering care and support services did not talk about the national outcomes framework for people who need care and support and carers who need support, even though many of them are providing a direct contribution to the personal wellbeing outcomes outlined in the framework. * There is no shared understanding and agreement on what constitutes impact assessment. Where some organisations refer to measuring impact, responses suggest that they may be conflating this with measuring outputs. * Just over half of third sector organisations said that they do not currently measure the impact of their services. One of the main reasons for not being able to measure impact is a lack of capacity. * Many organisations said that they have not received any training or support to help them measure the impact of their care and support services and activities. * One of the main reasons organisations measured impact was because it was required by funders. This is challenging for third sector organisations who receive funding from multiple sources, as different funders will have different expectations and requirements. * Third sector organisations highlighted a range of practical challenges to measuring the impact and effectiveness of care and support services they provide. Given the focus of using a person-centred approach, many organisations have reservations around employing impact measurement tools that were impersonal, tokenistic, and potentially generated reputational risks. |

In 2011, the Welsh Government published its ambitions for the future of social care in *Sustainable Social Services for Wales: A Framework for Action*[[17]](#footnote-18). This framework aimed to help meet the challenges facing social services and create a system centred on the well-being of people who need care and support and carers who need support. The national outcomes framework for people who need care and support and carers (Figure 6.1) describe what well-being means for care and support services under the Social Services and Well-being (Wales) Act 2014[[18]](#footnote-19).

## Figure . National Outcomes Framework



The national outcomes framework was not referred to in our engagement with third sector organisations delivering care and support services, even though many are providing a direct contribution to the well-being outcomes stated.

## Proportion of organisations measuring impact

Just over half (54%) of organisations responding to our survey said that they did not measure the impact of their services (either generally or specifically to prevent critical care and support needs). Many third sector organisations wish to address this so they can show the value they provide both to the individuals they support and to wider society.

*‘We are a long-established charity, and all of our activities are benefitting and adding social value, but as the third sector we are not measuring it. And when we do, we are failing to measure it accurately.’* (Charity, Gwynedd)

*‘We are our own worst enemy in that sense, because we will just crack on and do it and not worry about measuring impact we are more interested in results and getting the service delivered but it does leave us vulnerable to that vacuum of evidence and tracking progress because if there was push from the private sector, that wanted to do the same thing, they could probably make impact measurement sound very attractive and charge for it.’* (Co-operative, Cardiff))

## Capacity pressures

One of the main reasons highlighted by third sector organisations for not being able to measure impact (or not in a way that they would like) is their lack of skills, capacity, or resources. Many organisations suggested that they were unable or unwilling to move resources from front line delivery as this could have negative consequences for the quality of care and support provided.

*‘Impact measurement is the bottom of the pile for us, it is just the two of us and we have so much to do with the charity, that impact measurement is one of the last things to think about unfortunately.’* (Charity, Rhondda Cynon Taff)

*‘Generally, it is ‘business as usual’ and we forget about the end product of what we actually do. And the impact that we have on people’s lives. We are not good at shouting about what we do and what we do well, because we are so busy doing business as usual.’* (Supported business, Cardiff)

*‘This is something that we would like to capture more data around this, we know at the moment that we are not particularly good at monitoring the impact that we are having, apart from the fact of people saying that you are doing a wonderful job and having a whole wall of wonderful cards that we have had from the people that we have supported. We recognise that this is not getting fed up to the relevant authorities and we know that we have to get better.’* (Social Enterprise, Wrexham)

## Cost

The lack of funding to enable third sector organisations to invest time and resources in measuring impact was also raised during our engagement. A common theme was that grant funding, a main source of funding for many third sector organisations, did not always cover the costs of measuring impact, such as capacity, training or administration costs.

*‘In terms of measuring impact most of our money comes from grants and there is no money to pay for research and evaluation, they don’t see it as a primary purpose. We then struggle to get an evidence base to support our discussions with health.’* (Social enterprise, Cardiff)

## Funder requirements

One of the main reasons organisations measured impact was because it was required by funders. Third sector organisations told us funders have a diverse range of expectations. This is challenging for third sector organisations who receive funding from multiple sources, as different funders will have different expectations and requirements.

*‘Funders seem to have a different understanding of how impact can be explained in the data. They ask for numbers or statistics and it’s frustrating because we have the narrative and evidence of impact, but funders just seem to want numerical data… it seems hard to meet in the middle.’* (Charitable Trust, Cardiff)

*‘Funders look for everything. If you have more than one funder, they all want different measures and evidence and this takes up a lot of time. There is nothing generic.’* (Charity, Ceredigion)

*‘The third sector also gets labelled tier zero, but, that doesn’t communicate a great deal of value, but in that tier zero primary care domain being able to evidence the impact is really important. When you are looking at dialogue with health, health understandably wants to see that they are investing in evidence-based practice. You need back-up to support your claims, otherwise you lack credibility.’* (Social enterprise, Rhondda Cynon Taf)

Some third sector organisations are frustrated by their funder’s narrow focus on outputs and finances that appears to place less value on the difference that care and support services make to the lives of those supported. This highlights a need for stronger lines of communication between funded third sector providers and those funding and commissioning services.

*‘Over the past few years where the local authority has commissioned our activities using an outcomes-based approach we have had less impact measures required. To be honest this means that we haven’t been measuring as much as we should. The local authority doesn’t want to know about our broader impact, they focus on issues such as finance, specific numbers.’* (Social enterprise, Vale of Glamorgan)

## Practical challenges given nature of people supported

The diversity of care and support services provided by third sector organisations is shown in the responses to our survey and is one of the key strengths of the sector, enabling them to respond to the needs of people and communities. Approaches to measuring impact need to be tailored and appropriate for the contexts within which services are provided. They also need to consider the profile of people who access social care and support.

*‘We support people with Alzheimer’s and dementia and people never get asked for their views, because it is just assumed that they won’t be able to give one. People in these groups have fluctuating capacity and when you are trying to explain this to funders you are explaining the impact in terms of a third person. Funders seem to think this isn’t good enough because they would have preferred that person to fill in a questionnaire, but it’s not always possible.’* (Social enterprise, Neath Port Talbot)

Third sector organisations highlighted a range of practical challenges to measuring the impact and effectiveness of care and support services they provide. Given the focus of using a person-centred approach, many organisations have reservations around employing impact measurement tools that were impersonal, tokenistic, and potentially generated reputational risks.

*‘It is really difficult when you are working with people in the community, you get feedback on a daily basis, what worked, what didn’t and what is needed. If you did this more formally people would immediately say I don’t have time to fill that in.’* (Charity, Ceredigion)

*‘We use user surveys, designed by the local authority, because the survey is so complicated and long that we get very few returned. Its remembering that many of our service users have complicated lives and we need impact measures that not putting burdens on them to complete. We need something quick and easy.’* (Charity, Ceredigion)

This reiterates the value of third sector organisations working collaboratively with funders or commissioners to review and agree how to measure impact.

## Confidence in measuring impact

Around a third (30%) of organisations responding to our survey said they were very confident in measuring impact, with just over half (54%) being somewhat confident (Figure 6.2). Many organisations (just under half) had not received any training or support to help them measure the impact of their care and support services and activities.

## Figure . Levels of confidence in measuring impact

This highlights an opportunity for organisations like Social Care Wales and the WCVA to explore how learning and development could improve confidence and skills.

‘We are always asking people how they feel about our services, but, do we record it effectively, do we then take that into account and measure and I don’t think that we do.’

(Supported business, Cardiff)

# Impact measurement tools used

## Range of tools

Feedback from our survey highlights the range of tools used by third sector organisations to measure the impact of their care and support services. By far the most referenced tool or approach was the use of case studies. Even here there are different interpretations of what a case study is, which may simply be capturing anecdotal evidence from people who use care and support services or something more detailed using a structured template or process. Respondents emphasised the value of case studies and qualitative evidence in measuring impact for people who use care and support services.

*‘We have created case studies where we have been working with clients over a period of time. We do have baseline information when they come to us and we often have to create support plans and we can then understand where they are in terms of verbal engagement and then we add to that information every time they come to us and this would involve recording change.’* (Charitable Trust, Cardiff)

*‘We use lots of case studies, we have consciously captured more on film this year, something that lends itself very well to social media, but we are also including links to film clips in our monitoring as well, because, having that human story, the individuals with their own unique set of needs, being able to hear and see the impact that our services have on an individual is key. I could, as a professional describe for hours on end the affects that our services have, but, it would not have the same impact as hearing it from an individual directly.’* (Social enterprise, Cardiff)

Other tools referenced by respondents included:

* Results Based Accountability (RBA)
* Social Return on Investment (SROI)
* Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)
* Outcomes Star
* Family Assessment Tool
* Most Significant Change
* Health of the Nation Outcome Scales (HoNOS)

Several organisations told us that their impact measurement approach was tied into their customer relationship management system or operating platform.

*‘We use an outcomes-based framework, we would have a questionnaire when they access our services about what matters to them, our whole conversation is about the ‘what matters to them’ model. We would ask them again 3 or 6 months into the support. We also have a SROI framework that we are using too’.* (Charity, Flintshire)

People had different views on whether measurement tools were available and easy to use, which is understandable given the differing scale and capacity of third sector organisations delivering care and support services. A small number of organisations had secured external support (e.g. University or research consultancy) to help them measure impact, but this was the exception rather than the rule. Several organisations stated that navigating the range of different tools and approaches was itself a challenge (i.e. selecting which one was right for them).

*‘There are tools out there and there have been tools out there for several decades, but, they are very complex, very difficult, very costly and very time consuming to complete, especially when you are looking at it with that additional element of monetary value.’*

(Supported business, Torfaen)

*‘The tools that I have seen are geared towards large scale projects and our work doesn’t lend itself to that very well.’* (Co-operative, Cardiff)

*‘Generally third sector organisations are small and we are all really busy. What we need is an easy toolkit of quick impact processes.’* (Charity, Anglesey)

A few organisations also stated that some established tools could only be accessed on licence, creating financial pressures and barriers.

## Outputs or impacts

The lack of shared understanding and agreement about what an impact assessment involves was a theme from the survey analysis and workshop sessions. Where some organisations refer to measuring impact, responses suggest that they may be conflating this with measuring outputs. This may be driven by funder requirements to report on the number of people supported.

*‘We get out there and we make those differences. We record how many clients we see and how many services we deliver to clients and how much income these services deliver. These are just figures to me, they really don’t show the impact on people’s lives.’* (Charity, Merthyr Tydfil)

*‘We are bad at measuring our impact. We have spent a lot of time being commissioned in a way that doesn’t need us to measure impact and so we have been and in a lot of cases still are being commissioned for stat services and then measured on whether we have done them or not and that is at loggerheads with measuring impact’.* (Co-operative, Cardiff)

Respondents emphasised that quantitative measures to evidence the impact of care and support services and activities could limit, or fail to fully show, the difference that services were making to people’s lives.

*‘It is hard to measure the impact with something quantifiable.’* (Social enterprise, Gwynedd)

*‘We have always gravitated towards a more qualitative approach to our monitoring… so, we get lots of lovely stories of success and independent living where impact is significant but they are always case by case and story based as opposed to data.’ (*Co-operative, Cardiff)

*‘Our impact measurement tends to be through conversations. For our clients, impact of our services is about them moving on from traditional disability services and moving on to doing what they want to do.’* (Charity, Flintshire)

This highlights the value of supporting third sector organisations (and potentially funders and commissioners) to understand the terms used in evaluation such as outputs, outcomes, and impacts.

## External influences, causality, attribution and counterfactuals

Discussion in our workshop sessions highlighted the complexity and challenges of measuring the impact of care and support services and their contribution to preventing critical care and support needs. People supported by third sector organisations frequently accessed support from a range of providers (statutory, third and private sector) which is a challenge for identifying the impact of an individual service. Impact measurement needs to consider the nature of care and support service provision and how to measure the real impact of third sector organisations.

*‘In terms of measuring impact, I have spoken to local authorities before and said in terms of measuring impact what would happen if we were not here. This is sometimes a good place to start from when you are looking at measuring impact. Looking at the what if question can be a short cut to identifying what you do, because sometimes it is difficult to identify what you are achieving on a day-to-day basis and the impact that you have.’* (Charity, Rhondda Cynon Taf)

*‘It would be interesting if someone could develop something that’s bespoke, bringing in the people that have received care, families and with communities and providers. That would be really valuable. You would have the possibility of setting some type of benchmark that commissioners and providers could use to measure impact. However, you can’t do this well unless you involve the people receiving services. You are back to people then and everyone’s expectation of our service is different. We want measures to track that.’* (Charity, Swansea)

Third sector organisations were unclear about how robustly statutory services measured impact. For example, how community-based support contributes to the achievement of goals and outcomes within individual care and support plans.

## How impact data is used

Impact data captured by third sector organisations is mainly used to satisfy the reporting requirements from funders. It is also used to generate learning and insight about the needs of people and communities to help organisations review the types of service they deliver and how they deliver them.

*‘Primarily that data is used for reports back to funders, so that we can demonstrate our impact. The data also informs future bids, so that we can take the information and then design projects around it and try to build on that learning and gather more information about it.’* (Social enterprise, Rhondda Cynon Taf)

Organisations also use impact data to raise awareness of their services amongst funders, commissioners and within local communities. Advocacy and helping organisations reach people who might benefit from the care and support services they provide influences their approach to measuring impact. Many organisations use the data captured through impact measurement to drive content on their website or through social media channels.

*‘Wherever possible we try to put something on our website that can act as an advert for what we are doing and the impact we have had. We have used interviews before and after the service and this becomes a showcase of offers. If we are bidding for money, we try to add in this final graphic product to demonstrate impact.’* (Social enterprise, Cardiff)

*‘Like a lot of third sector organisations we are not very good at shouting about what we are doing. The data serves a number of purposes, we use it for reporting and making a case for recontinuation of funding. Its invaluable, it is also useful in informing the work we are doing with a primary health cluster and a local health board in designing and piloting new ways of doing things. We are also looking at using the same techniques in analysing outcomes across all our services, so that you can compare and contrast the difference that an intervention makes. We are compiling a report for the local health board and a large part of that report will be outcomes data in terms of the quantitative measure that WEMWBS delivers.’* (Social enterprise, Rhondda Cynon Taf)

Visibility is an important consideration for all third sector organisations, helping them to establish links with local referral networks, health and social care professionals and communities. It also helps establish collaborative working relationships with other third sector providers, improving the quality and connectivity of provision for people who use care and support services. Several respondents said their involvement in social prescribing networks and connections with link workers had helped them to raise their profile with local commissioners.

# Commissioning practice

## Key Points

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| * Third sector organisations want to be engaged in the assessment of local needs and discussions about the provision of preventative services. * The inclusivity and transparency of commissioning practice varies, with some examples of good practice. This frustrates third sector providers, especially those working across more than one local authority area. * Our engagement highlighted a need for greater collaboration between third sector organisations. Local commissioners have a valuable market shaping role, using the joint strategic assessment process to identify opportunities to bring providers together to best meet the needs of the local population. * Many of the care and support services and activities provided by third sector organisations in Wales would support the work of social prescribing by providing community-based support that people can be referred to. |

The *Social Services and Well-being (Wales) Act* is helping to raise the profile of the third sector in delivering care and support and preventative services for adults, carers, their families, and communities. While sections within the Act have the potential to help support growth in the number and range of care and support services and activities provided by third sector organisations, such change may take several years to happen.[[19]](#footnote-20)

A recent publication by Welsh Government[[20]](#footnote-21) on the Integrated Care Fund (ICF) acknowledged that investment in social value / third sector services over the last two years has fallen short of the 20% that was hoped for by March 2021, with only 12% of ICF revenue funding being used to support the sector. The publication states an expectation that Regional Partnership Boards ensure that at least 20% of their ICF revenue spend is on social value / third sector by March 2022.

The progress made by local authorities in promoting social enterprises, co-operatives, user led services and the third sector is outside the limits of this research, but the findings provide information that could contribute towards joint strategic assessments of care and support needs (Section 14 of the Act) and in arranging for the provision of preventative services (Section 15 of the Act).

## Local commissioning models

Third sector organisations fed back that they want to be engaged in the assessment of local needs and discussions about the provision of preventative services. The sector’s response to the Covid-19 pandemic has, for some, established new links with statutory partners and other third sector providers. Yet for others their involvement in commissioning processes felt tokenistic and lacking genuine discussion and co-production.

*‘Local authorities talk the talk in terms of social value during the procurement process, however, their choice of contactors don’t always choose contractors that can fulfil the obligations. It feels like a tick box exercise rather than trying to embed the principles of [The Act].’* (Charity, Vale of Glamorgan)

*‘Leadership is crucial in creating a positive environment for the growth of these models, and local authorities may want to consider roles which champion these approaches. They may also wish to consider officer roles with specific responsibility for developing social enterprises, co-operative organisations, cooperative arrangements, user led services and the third sector.’* (Extract from Part 2 Code of Practice, supplied by Supported business, Cardiff)

*‘There are opportunities as we recovery from the pandemic, the trouble is commissioners see examples of good practice both home and abroad and say ‘we should have this in our area’ but in reality they don’t actually realise what is available already in their local area. I have heard councillors saying look at this example od supported employment; well actually here we are we are doing this already. They don’t know the flexibility of the third sector and what we can offer. Commissioners need to know what they want and then enter into dialogue. Knowing their local area.’* (Supported business, Torfaen)

The inclusivity and transparency of commissioning practice varies, with some examples of good practice. This frustrates third sector providers, especially those working across more than one local authority area.

*‘The local authority is very supportive in working with us. They are helping us look at how we can maximise resources by working together to deliver for our local community. The other local authority area that we work in is not the same. To be honest we struggle in our work with them, we just haven’t been able to build a relationship with them.’* (Social enterprise, Flintshire)

‘*Another frustration is that every local authority has completely different ways of working. Some don’t want to work with organisations outside of their county, even if clients request these services and our services would be of benefit. Working with local authorities can be very difficult. I wish we could go back to larger regional authorities so that I could just deal with one organisation.’* (Supported business, Torfaen)

*‘Building relationships with the third sector is something that needs to be prioritised by public sector organisations. We have felt, not that we are a lesser organisation, but, that it takes a strong voice to get people to listen to the third sector. We are the ones that are out in the community and we are meeting the public. We are also dealing with people, sometimes at their worst. Some of the more detached teams they need to listen to what is going on out there too, but, I think it is getting better, we’ve seen a change in attitude to the third sector.’* (Social enterprise, Neath Port Talbot)

Our engagement highlighted some cautious optimism that commissioners are becoming more aware of the range and value of care and support services provided by third sector organisations. This includes its role in delivering preventative services that can delay and reduce the need for statutory care and support provision. Research commissioned by WCVA[[21]](#footnote-22) points to some third sector organisations finding their statutory sector partners open to more innovative and flexible ways of working and a shift towards more mature and trusting relationships.

*‘The NHS is excellent at the acute end, but it is not so good at the recovery process. The third sector has shown itself to be agile, resourceful and repurpose resources. Some local authorities have also realised that they are not the best at delivering their traditional services and perhaps the third sector can deliver these better. I think there is clearly a case for the third sector delivering more services on behalf of the NHS and local authorities because they can do them better.’ (*Charity, Flintshire)

Our engagement highlighted a need for greater collaboration between third sector organisations. Local commissioners have a valuable market shaping role, using the joint strategic assessment process to identify opportunities to bring providers together to best meet the needs of the local population.

*‘We do work in a silo and we just do the job in hand, but, we realise that as third sector organisations we could be effective and have an even greater impact if we had joined up networks.’* (Charity, Swansea)

One of the challenges to third sector organisations collaborating was making sure the process was accessible for third sector organisations and not overly bureaucratic. Another challenge is developing a culture of collaboration and partnership working where organisations compete for commissions and funding.

Yet it is evident that third sector organisations are collaborating both formally (through operating agreements or partnership models) and informally (through referral, data sharing, aligning support services) to help them meet the needs of people and communities. This provides added value for local authorities that is not always seen and needs to be highlighted so that the potential of the third sector in helping people live better lives is fully realised.

## Social Prescribing

Social prescribing is where a health or social care professional seeks to help someone improve their health, wellbeing, or social welfare by connecting them to community services which might be delivered by third sector organisations, the council, or a housing association. This is provided by a network of social prescribers, Community Connectors and Local Area Coordinators across Wales.

Social prescribing can benefit people with mild or long-term mental health problems, people with complex needs, people who are socially isolated and those with multiple long-term conditions who frequently attend either primary or secondary health care. For example, signposting people who have been diagnosed with dementia to local dementia support groups. There is a growing body of evidence that social prescribing can lead to a range of positive health and well-being outcomes with studies pointing to improvements in quality of life, mental and general wellbeing, and levels of depression and anxiety.[[22]](#footnote-23)

Social prescribing has the potential to help delay and reduce the need for care and support by promoting independence, self-care and management and enabling a person to connect with community-based provision that meets their support needs (building community resourcefulness). Many of the care and support services and activities provided by third sector organisations in Wales would support the work of social prescribing by providing community-based support that people can be referred to.

# The scale and scope of third sector delivery

## Key Points

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| * The third sector currently provides traditional forms of social care but also a much wider range of services which could be considered preventative and supporting wellbeing * One of the challenges in establishing the scale and scope of third sector delivery is that many organisations do not consider what they deliver to be preventative, an early intervention or contributing to wider social care outcomes. |

Establishing a clear picture on the scale and scope of the third sector organisation contribution to care and support is challenging. Many organisations do not consider what they deliver to be preventative, an early intervention or contributing to wider social care outcomes. This highlights the importance of effective conversations between health and social care commissioners and the third sector to more clearly communicate which services and activities align with the ambitions outlined in the *Social Services and Well-being (Wales) Act.*

To provide some context for our survey, we reviewed information and intelligence about the types of third sector organisations across Wales, where they operate and what is known about their role in providing care and support services and activities. We accessed several directories including the Third Sector Data Hub, the Charity Commission for England and Wales, Dewis Cymru and InfoEngine. We present an overview below with further detail provided in [Appendix 4](#_Appendix_4_Profile).

The picture is complicated because each database uses different definitions or categorises organisations in different ways. According to the Third Sector Data Hub,[[23]](#footnote-24)  there are 8,157 registered charities in Wales, of which 53% are class as micro charities (have income less than £10,000).

According to the Third Sector Data Hub, some 32,286 third sector organisations are working in Wales, with sport and recreation followed by community activities being the most widespread activities provided (Figure 8.1). Services which may be considered more ‘in scope’ for our research include health and social care (10.44%), older people (4.6%) and disability (4.43%). Such a narrow description would fail to recognise the breadth of activities that are (or could be) preventative in nature, for example activities that people are referred to through social prescribing programmes.

## Figure . Activity profile by % of all third sector organisations in Wales

Data from the **Charity Commission for England and Wales** provides detail of 1,530 charities that may fall within the definition of third sector organisations delivering care and support services and activities. Charities who describe themselves as supporting people with disabilities or elderly / older people (who are more closely associated with the adult social care sector) account for 11% of those registered in Wales, equating to 155 organisations. The categories used by the Charity Commission are too limiting to provide any real intelligence on the amount and nature of care and support services and activities provided by all charities across Wales.

We accessed data from **Dewis Cymru** which contains over 12,000 records of organisations, activities, and services. This is not restricted to third sector organisations and not all services listed fall within the definition of care and support adopted for our research. The entries in the directory focus on specific activities and services, rather than on the organisations responsible. There are therefore organisations with multiple entries in the database.

We identified 4,079 care and support entries in the directory of which ‘health’ and ‘care home’ were the most prevalent. The full searchable database of organisations and services is not publicly accessible. It would be helpful to analyse this data to give a fuller picture of services and activities delivered by third sector organisations.

We also accessed the **InfoEngine** Directory which contains details of 4,376 services across Wales.[[24]](#footnote-25) Like Dewis Cymru, the platform provides details on services but it is not possible to search specifically for those delivered by third sector organisations. We identified a total of 2,096 services which appear to fall within the definition of care and support services and activities adopted for our research.

These four directories host information about a range of services and activities that are likely to support well-being, social care and health. Many of the organisations registered with these directories also provided a response to our survey. There is a danger of duplication of effort and there is merit in exploring how to access data through both these platforms to help understand the number and type of services provided by third sector organisations.

One of the trends we identified when we looked at the Dewis Cymru and InfoEngine directories is that several national or UK-wide third sector organisations have multiple entries (e.g. Age Connects Wales, British Red Cross, Royal Voluntary Service, Community Transport Association, Age Cymru). This means that a core of large third sector organisations account for a large proportion of care and support services and activities.

Although many of these national organisations have provided a response to our survey, there remain gaps in the data. We recommend that projects to improve and expand data sharing and data linkage in Wales should build links with a network of national providers and County Voluntary Councils (CVCs) across Wales to help capture intelligence and data on the nature of care and support services and activities provided by third sector organisations (examples of national providers is provided in [Appendix 5](#_Appendix_5_National)).

# Caveats and limitations

There are a range of caveats and limitations to our research. The most fundamental of these is the absence of any baseline data on the number of third sector organisations delivering care and support services and activities in line with the aspirations and objectives of *the Social Services and Well-being (Wales) Act*. Our report provides a starting point to show themes and help discussion on the progress made to promote social enterprises, co-operatives, user-led services and the third sector to deliver care and support and preventative services for adults, carers, their families, and communities.

It is important to recognise that the nature of third sector delivery is dynamic, with regular changes in the type and frequency of services and activities delivered to respond to funding but also changing demand from people who use care and support services. Third sector delivery infrastructure has been placed under considerable pressure over the last 12 months because of the Covid-19 pandemic.

As outlined in a recent report from the Senedd’s Equality, Local Government and Communities Committee,[[25]](#footnote-26) prior to the pandemic the voluntary sector played an increasingly important role in supporting statutory services, as well as providing essential preventative work. The report by the Senedd[[26]](#footnote-27) acknowledges the role that the third sector has played in improving the pandemic response, highlighting the sector’s agility in responding to differing needs across Wales.

Our engagement showed that many organisations have changed the way they deliver services to provide new care and support services and activities throughout the pandemic, recognising the increased hardship in Wales and responding to a greater demand for services. As such the profile of care and support services and activities available across Wales in 2021 and moving into 2022 is likely to differ from those available prior to the pandemic. This highlights one of the challenges facing Social Care Wales and partners in establishing and maintaining an accurate picture of provision across Wales for what is a dynamic and evolving sector.

# Appendix 1 Detailed Research Methods

The research team adopted a convergent parallel design approach (see below) to enable both qualitative and quantitative data to be captured simultaneously prior to subsequently merger, analysis, and interpretation.

## Convergent parallel research design

Quantitative Data Collection and Analysis

Qualitative Data Collection and Analysis

## Mapping of third sector services

At the commencement of the research, it was important to ensure clarity and agreement on key definitions that would direct the primary data collection taken forward through a sector survey. This was important both in terms of ensuring that the responses obtained from third sector organisations were ‘in scope’ and broadly consistent and compatible with existing definitions and typologies used within the National Social Care Data Portal (NSCDP). It is noted that in the context of this research, the definition of terms such as wellbeing, care and support, third sector, prevention and impact are not uncontested, which itself highlights one of the challenges to fostering a common understanding between the third sector and local authorities. The mapping survey defined recipients of care and support services as adults aged over 18 years old and unpaid carers.

## Third sector organizations

For this research, a third sector organisation was defined as one that is neither public sector nor private sector and is independent of government. This may include:

|  |  |
| --- | --- |
| * Voluntary organisations | * Most co-operatives and social enterprises |
| * Community groups | * Most sports organisations |
| * Tenants and residents groups | * Grant making trusts |
| * Faith groups | * Private clubs |
| * Housing Associations |  |

The research aimed to engage all organisations delivering care and support services and activities in Wales, including those registered outside of Wales.

## Care and support services

The focus on prevention and early intervention as part of the Social Services and Wellbeing (Wales) Act (2014) recognizes that a broader range of organisations contribute to delaying and reducing the need for care and support and improving care and wellbeing outcomes. However, for the purpose of this mapping study, it was necessary to provide clear parameters on what is meant by care and support services. Previous research has highlighted that although prevention is a well-used term across many sectors, including health and social care, there is no clear definition or consensus of what prevention means in practice in social care.[[27]](#footnote-28) While it is clearly important to recognize the diverse array of services and activities which may fall within a definition of early intervention and prevention, for the purpose of this mapping study a tighter definition was needed.

The focus on services that support efforts to delay and reduce the need for care and support[[28]](#footnote-29) as well as the provision of care and support where needed by an individual, can be mapped across three main categories:

* care and support
* preventative services
* information, advice, or assistance

For this research, care and support services do not include health interventions or clinical care. They can include care and support services provided by either paid or unpaid staff. Example services, as outlined in the national population assessment report produce by Social Care Wales, [[29]](#footnote-30) are outlined in Figure A.2.

## Covid-19 and survey responses

The onset of the pandemic and first national lockdown in March 2020 has created significant pressures on many organisations across Wales, including third sector organisations. As such 2020 does not represent an accurate or true reflection of third sector delivery of care and support services. This has implications for any sector survey.

Standard practice would be to ask third sector organisations to provide details of the nature and number of care and support services they have delivered over the last 12 months. However, given the considerable disruption presented by the pandemic it was agreed to map care and support services and activities delivered in 2019 as this would provide a more accurate reflection of third sector provision. The mapping survey also included a question around which care and support services organisations are currently providing or will be providing once current restrictions in Wales are lifted.

## Figure A1.2- Example care and support services

|  |
| --- |
| Information, advice and assistance   * community hubs and information points * single points of access * helplines * online resources, such as DEWIS * accessing advice through a trusted source, such as a GP or pharmacist * Family Information Service * advice on finance, employment and housing * preparing people for old age * community connectors.   Promoting healthy behaviours   * public health campaigns * healthy behaviours and healthy relationships in schools * opportunities for physical activity   Earlier diagnosis of health conditions   * improving communication, including for Welsh speakers, people with a learning disability and those with a sensory impairment * earlier diagnosis and management of conditions, including dementia, autism and sensory impairment * public health screening programmes.   Preventing problems from getting worse   * family support services, including parenting interventions * crisis management * frailty programmes * falls prevention * anticipatory care plans * preventing homelessness * hospital liaison and discharge.   Supporting people to maintain their health and well-being   * reablement and enablement * recovery in mental health * psychoeducational support in the community * promoting assets of the community, such as leisure facilities * self-care groups and classes in the community * chronic/long term conditions management * intermediate care facilities * assistive technologies * peer support, including community groups * home maintenance services * social prescribing   Supportive communities and environments   * suitable built environments, transport and housing * housing and accommodation options, including Extra Care * investing in resilient communities * befriending * dementia and age friendly communities |

## Quantitative survey dissemination

The agreed mapping survey (Appendix 2) was disseminated using a ‘push-to-web’ method, which is is considered best practice among leading UK polling companies such as Ipsos MORI,[[30]](#footnote-31) as it was more likely to yield the strongest response rate given the context of Covid-19 and nature of work delivered by third sector organisations providing care and support services. Given the focus of the mapping survey in capturing mainly quantitative data on the number of third sector organisations delivering care and support services and the number of people they are supporting, the survey was intentionally succinct.

The mapping survey was disseminated on Monday 22nd February 2021 as an online link through a range of channels to encourage a healthy response rate. As there is currently no single database or directory of third sector organisations that are delivering care and support services, it was not possible to adopt a census approach and ascertain the representativeness of the responses received (this is explored further in the next section of this report). Key dissemination routes included:

|  |
| --- |
| * WCVA- dissemination to 32,286 organisations registered on their database * Charity Commission for England and Wales- dissemination to 1,549 charities registered in Wales whose charitable objectives suggests may be within scope * Dewis Cymru- direct invitation to 282 organisations registered on the site whose services suggest are within scope * InfoEngine- dissemination to all third sector organisations registered with the directory * National Commissioning Board- dissemination via WLGA to over 340 members of the national commissioning group including local authorities and local health boards * CVCs- dissemination to all 19 CVCs in Wales via WCVA * ADSS Cymru- dissemination to the ADSS Network via Social Care Wales * Health and Social Care Facilitators Group- dissemination to the group via WCVA * All Wales Forum- dissemination to the alliance of parent and carer networks across Wales and partner organisations * Social Firm Wales- dissemination via the National Support Agency for Social Firm development across Wales. * Regional Partnership Board Network- dissemination via Social Care Wales. |

Details of the research and a link to the mapping survey were actively promoted using social media channels (Twitter and Facebook). WCVA also disseminated two reminders to encourage responses. The survey was closed on Monday 12th April 2021.

The research team undertook short follow-up interviews with a purposeful sample of organisations that responded to the mapping survey and had consented to be contacted. A total of eleven follow-up interviews were completed which provided an opportunity for the research team to explore specific issues and themes pertinent to their response.

## Sector consultations

The qualitative aspects of the research were undertaken though a series of one-to-one interviews and workshop sessions. The purpose of these consultation activities was to explore in further depth the models and consequential impact of third sector services in preventing critical care and support needs.

## Strategic stakeholder engagement consultations

Strategic consultations were held with stakeholders to identify the disconnect between third sector organisations and their care services and the commissioners of care services, and other stakeholders that influence national and regional policy and action plans. Wales Co-operative Centre used its networks to have conversations with existing Communities of Practice for the Welsh Government Foundational Economy work including the Expert Procurement Panel, regional Social Value Forums, the National Commissioning Board, the WLGA convened Heads of Procurement Network and the WCVA convened Voluntary Sector Health and Social Care Planning Group. In understanding the impact made by third sector organisations we will then map this to the new TOMS for Wales to help develop a framework to support commissioners in understanding the value of third sector delivery.

## Interviews with third sector providers

Eight one-to-one interview/organisational interviews were undertaken as part of the research project. Participants for the initial three interviews were purposefully selected, based on sector of operation and organisational experience. A further five interviews were conducted with organisations that wanted to take part in the project, but were unable to attend the focus group sessions. All interviews took place virtually using Microsoft Teams.

## Sector focus groups

A total of six focus group sessions were completed involving a range of third sector organisations. One focus group was arranged with Social Firms Wales and another was organised with a national care and support provider. The participants for the other four workshops were randomly selected from the mapping survey respondents, that had consented that they were willing to take part in the qualitative data collection part of the research. The focus groups were conducted via Zoom and Microsoft Teams and all of the sessions lasted for about 60 minutes. The focus groups were audio recorded and transcribed.

## Short oral case studies for dissemination

All third sector participants agreed to record a short oral case study that responds to a set of four key research questions to capture the impact and added value of services. Wales Co-operative Centre has used these to produce ‘case study vlogs’ for the purpose of wider dissemination and to increase engagement in a discussion on a consistent approach with the third sector.

# Appendix 2 Mapping Survey

## INTRODUCTION

Os hoffech ateb y cwestiynau yn Gymraeg, dewiswch 'Cymraeg' o'r blwch uchod

Implementation of the Social Services and Well-being (Wales) Act 2014 requires very significant changes in the way social services are planned, commissioned and delivered.

The Act places a duty on local authorities to promote social enterprises, co-operatives, user-led services and the third sector to deliver care and support and preventative services. A review of the relationship between Local Authorities and the third sector by Wales Audit Office highlighted that the third sector’s work with Local Authorities is growing, but there is not a consistent and comprehensive approach to working with the third sector.

Social Care Wales has commissioned a research project to improve the evidence based on the role and impact of third sector in providing care and support services and activities. The key objectives for the research are to capture information and insight on the following:

* The number of third sector organisations delivering care and support services and activities.
* The number of people third sector organisation are supporting in Wales.
* The impact of third sector services in preventing critical care and support needs.
* Examples of good practice in giving people voice and control.

Please click [here](https://www.wavehill.com/social-care-wales-pn) to view the Privacy Notice for this survey.

This brief survey primarily aims to help map the range of third sector organisations delivering care and support services and activities to people who live in Wales. The survey aims to ensure that a broad range of third sector organisations can be identified and included in future conversations around the delivery of care and support services.

Q2 Are you happy to continue with the survey?

Please note you can stop completing the questionnaire at any time if you decide you do not want to continue.

Yes

No

*Display This Question:*

*If Are you happy to continue with the survey? Please note you can stop completing the questionnaire... = No*

Thank you for your time. To exit this survey, you can close this tab in your browser.

We are seeking to map organisations who provide care or support to another adult who needs care. This may include emotional, as well as physical, care and support. Types of care and support services and activities could include help with home adaptations, reablement and enablement, self-care, befriending and activities that support efforts to delay and reduce the need for care and support.

Q5 For how many years has your organisation been delivering care and support services and activities?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q6 Please provide details on which care and support services and activities you provide in a typical year

Care and support

Residential

Domiciliary

Day care

Preventative services

Information, advice or assistance

Support for unpaid carers

None of the above

*Display This Question:*

*If Please provide details on which care and support services and activities you provide in a typical... = None of the above*

Thank you for your interest in this survey. Unfortunately we are only looking to talk to organisations who offer the services above.

## Organisation profile

For the purpose of this research a third sector organisation is defined as one that is neither public sector nor private sector and is independent of government. This research is looking to engage any third sector organization that is delivering care and support services and activities to people living in Wales.

Q10 Would you say that your business is any of the following…?   
  
*Please tick all that apply*

Social Enterprise (a business with primarily social objectives whose surpluses are reinvested for that purpose in the business or in the community, rather than being driven by the need to deliver profit to shareholders and owners.

Mutual / Co-operative (an organisation owned by, and run for the benefit of, their current and future members).

Charity (“A charitable organisation that raises income mainly through grants and fundraising activities”?)

Supported business whose main aim is the social and professional integration of disabled or disadvantaged persons, where at least 30% of the employees are disabled or disadvantaged workers.

Other type of third sector body (e.g. social firm)

None of the above

*Display This Question:*

*If Would you say that your business is any of the following…?  Please tick all that apply = Other type of third sector body (e.g. social firm)*

Q11 Please specify what type of third sector body you are.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q12 Please outline your organisation’s legal status:  
  
*Tick all that apply*

Company Limited by guarantee (CLG)

Company Limited by Shares (CLS)

Industrial and Provident Society (IPS) - Co-operative Society

Industrial and Provident Society (IPS) - Community Benefit Society

Community Interest Company (CIC)

Sole proprietorship

Partnership

Charitable incorporated organisation

Unincorporated organisation

Don't know

Other

*Display This Question:*

*If Please outline your organisation’s legal status: Tick all that apply = Other*

Q13 Please specify what your legal status is

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q14 Please provide your Company / CIC number / Charity number / Society Number (where applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q15 Does your organisation have the capacity to deliver services bilingually?

Yes

No

Q16 In which areas of Wales do you provide care and support services and activities? (Tick all that apply)

All of Wales

Blaenau Gwent

Bridgend

Caerphilly

Cardiff

Carmarthenshire

Ceredigion

Conwy

Denbighshire

Flintshire

Gwynedd

Isle of Anglesey

Merthyr Tydfil

Monmouthshire

Neath Port Talbot

Newport

Pembrokeshire

Powys

Rhondda Cynon Taf

Swansea

Torfaen

Vale of Glamorgan

Wrexham

Q17 Does your organisation have any offices outside of Wales?

Yes

No

Q18 Including yourself, if applicable, approximately how many paid staff are currently employed in your organisation as a whole in Wales?  
Please write in 0 if none  
*If you do not know, please leave this blank*

Full time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q19 How many volunteers does your organisation currently have in Wales? (Note this includes Non-Executive Directors / Board Members who work with your organisation voluntarily)   
Please write in 0 if none  
If you do not know, please leave this blank

Number of volunteers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Care and support services or activities**  
Due to the COVID-19 pandemic this survey is intentionally asking respondents for details of their care and support services and activities in 2019.

Q21 Roughly how many adults (aged 18 and over) would you have provided your services to in 2019?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Carry Forward All Choices - Displayed & Hidden from "Please provide details on which care and support services and activities you provide in a typical year"*

Q22 What percentage of those people would have accessed the following services?  
  
*Please answer as a whole number, you do not need a % sign. For example - 20% would be written as 20*

Care and support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Domiciliary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preventative services\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information, advice or assistance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support for unpaid carers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

None of the above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q23 Are you planning on expanding your care and support services and activities over the next 3 years?

Yes

No

**Financial data**

Q25 Please could you confirm your organisation’s turnover/total income in the last financial year.   
    
 *Please note this figure is the total for the organisation as a whole.     Please note that this should include all income sources including trading, grants and donations.    
If you do not know, please leave this blank*

Total income £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Display This Question:*

*If If Please could you confirm your organisation’s turnover/total income in the last financial year.&nbsp; &nbsp; Please note this figure is the total for the organisation as a whole.&nbsp; &nbsp;&nbsp;&... Total income £ Is Empty*

Q26 If you do not have the actual figure at hand, please provide an approximate number

Under £25,000

£25,001 to £50,000

£50,001 to £100,000

£100,001 to £250,000

£250,001 to £500,000

£501,000 to £1m

£1.01m to £2.5m

£2.51m to £5m

£5.01m to £10m

More than £10m

Not traded for a complete financial year

Made a loss

Rather not say

Don't know

*Display This Question:*

*If Does your organisation have any offices outside of Wales? = Yes*

Q27 Approximately what % of your turnover is from your Wales based offices?   
  
If you do not know please leave this blank

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If If Approximately what % of your turnover is from your Wales based offices?  If you do not know pleas... Text Response Is Empty

And Does your organisation have any offices outside of Wales? = Yes

Q28 If you do not have the actual figure at hand, please provide an approximate percentage

1 to 10%

11 to 20%

21 to 30%

31 to 40%

41 to 50%

51 to 60%

61% to 70%

71% to 80%

81% to 90%

91% to 100%

Don't know

Q29 What are the main sources of income your organisation receives? 

*(Please tick all that apply)*

Trading with the public sector (e.g. through service level agreements or contracts)

Trading with the private sector

Trading with third sector organisations (e.g. charities, voluntary groups)

Trading with other social businesses

Trading with the general public

Grants from the government/local authority / public sector

Other grants

Donations

Don't know

Other

*Display This Question:*

*If What are the main sources of income your organisation receives?  (Please tick all that apply) = Other*

Q30 If other, please specify

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Impact Measurement**

Q32 Does your organisation currently measure the impact of your services in preventing critical care and support needs?

Yes

No

*Display This Question:*

*If Does your organisation currently measure the impact of your services in preventing critical care... = Yes*

Q33 How confident are you in your ability to measure the impact of your services?

Very confident

Somewhat confident

Not very confident

Not confident at all

*Display This Question:*

*If Does your organisation currently measure the impact of your services in preventing critical care... = Yes*

Q34 Have you/your organisation received any training or support to assist you in measuring the impact of your care and support services and activities?

Yes

No

*Display This Question:*

*If Does your organisation currently measure the impact of your services in preventing critical care... = Yes*

Q35 Which impact measurement do you currently use?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Display This Question:*

*If Does your organisation currently measure the impact of your services in preventing critical care... = Yes*

Q36 How do you use or report the impact data you capture?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q37 Finally, how, if at all, has the COVID-19 pandemic has impacted on demand for your services?

We have experienced higher demand

We have experienced no change in demand

We have experienced lower demand

Q8 Please could you provide the following information about your organisation:

Organisation name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your role within the organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

your email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q38 Would you be prepared to participate in a further interview to discuss your responses in more detail?

Yes

No

Q39 Would you be interested in participating in a focus group to further discuss how the third sector and local authorities could work together?

Yes

No

Display This Question:

*If Would you be prepared to participate in a further interview to discuss your responses in more det... = Yes*

*Or Would you be interested in participating in a focus group to further discuss how the third sector... = Yes*

Q40 Please can we also take your telephone number?

Telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to complete this survey!   
    
Please click the 'submit' button to record your responses.

# ****Appendix 3 Distribution of survey responses by local authority area (n=240)****

## Figure A1 Distribution of survey responses by local authority area

# Appendix 4 Profile of the third sector in Wales (additional data)

Profile of registered charities in Wales

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| --- | --- | --- |
| **Who the charity helps** | **Number of charities** | **% of registered charities** |
| The General Public/mankind | 867 | 57% |
| Children/young People | 256 | 17% |
| Other Defined Groups | 146 | 10% |
| People with Disabilities | 116 | 8% |
| Other Charities or Voluntary Bodies | 83 | 5% |
| Elderly/old People | 39 | 3% |
| People of A Particular Ethnic Or Racial Origin | 23 | 2% |
| Total | 1,530 | 100% |

Source: Charity Commission for England and Wales

Care and support entries on the Dewis Cymru platform

Source: Dewis Cymru <https://www.dewis.wales/>

## Care and support categories on the InfoEngine platform

Source: InfoEngine <https://en.infoengine.cymru/>

# Appendix 5 National providers

This research has highlighted the wide range of care and support services and activities delivered, funded, or supported by national third sector organisations actively working across Wales. These organisations hold information and intelligence of relevance for Social Care Wales, including details on the number and scope of services provided and the number of people supported. As both providers and funders of services, these national organisations are also more likely to capture evidence on the impact of their services than smaller, grassroots organisations. Examples of the range of services and support provided by national third sector organisations are presented below:

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| Age Connects Wales is a social enterprise made up of six local, independent Age Connects organisations with over 40 years’ experience supporting older people and their carers in Wales. Together, their member organisations[[31]](#footnote-32) support around 45,000 clients within 11 of the 22 local authority areas in Wales. Their aim is to provide people in Wales aged 50 plus with the assistance, support and services they need to live a healthier, more active and independent life. They deliver a range of self-sustaining activities which improve physical and emotional health and well-being and currently have over 570 active volunteers throughout Wales. |
| British Red Cross are one of the largest charities in the UK with 3,900 staff and 19,600 volunteers providing help to vulnerable people. Their 2017 impact report[[32]](#footnote-33) provides detail on a range of care and support services and activities provided across the UK, including:   * 65,200 people supported to live independently in their own home * 61,500 journeys to enable people to get to hospitals and attend medical appointments * 75,000 people provided with mobility aids in a health crisis to help them retain their independence * 90,800 people supported with equipment in the home to aid safe and independent daily living |

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| The Age Cymru network comprises independent local partners across Wales, namely:   * Age Cymru Dyfed * Age Cymru Gwent * Age Cymru Gwynedd a Môn * Age Cymru Powys * Age Cymru West Glamorgan   Partners deliver a range of services including advocacy, befriending, shopping, social activities, exercise classes, all of which fall within the scope of care and support and preventative services. Their Impact Report 2019/20 provides details on the scope and scale of services, including:   * Over 10,000 hours of physical activity experiences delivered * Over 22,000 calls to our advice lines * 100,000 resources distributed * Over £8m benefit gains for older people * Thousands of volunteering opportunities |

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| Care & Repair Cymru is a national charitable body that actively works to ensure that all older people have homes that are safe, secure, and appropriate to their needs. They provide services to a network of 13 Care & Repair Agencies across Wales. Their latest annual report[[33]](#footnote-34) reveals that during 2019/20 they completed over £13.4m housing repair and improvement work, carried out over 19,000 Rapid Response Adaptations carried out, and helped 31,000 older people to stay living independent at home. Their Hospital to a Healthier Home service helped 3,771 patients and was estimated to save 16,590 bed days. |

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| Carers Trust provide a range of support and services for unpaid carers in Wales. Their latest Impact Report provides details on the range of scope of their work across the UK, including:   * Work with 123 local network partners to provide essential support to carers of all ages * Network Partners offered information, advice, emotional support, practical help and breaks to over 438,000 carers, including more than 47,000 young carers and young adult carers * Awarding over £1.6m in grants including over £902k to support over 9,200 carers across the UK, including 3,672 young and young adult carers.   In the context of this research, the support to unpaid carers forms an integral part of the preventative landscape and contributes towards effort to manage demand on statutory health and care services. |

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| The Community Transport Association (CTA) is a national charity that represents and supports providers of community transport. This includes local charities and community groups across Wales that provide transport services that fulfil a social purpose and community benefit.  They have recently led the delivery of the Connecting Communities project, which was focused on bolstering community transport in Wales, creating new partnerships, bringing funding into the sector, and creating new transport networks that will connect communities. Community transport plays an integral role in supporting people to access care and support services and activities. |

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| Royal Voluntary Service mobilises volunteers to support those in need, in hospital and in the community. Their volunteers work at scale in the NHS, freeing up NHS staff to dedicate more time to patient care, and within communities to give practical help and support to people when they need it. They deliver and fund a range of care and support services including: social activities, hospital support, dementia support, advice and support, community companions, community transport, one to one support, exercise classes. Their 2019/20 Trustees annual report presents an overview of their work over the last 12 months, including:[[34]](#footnote-35)   * Recruitment of 3,480 volunteers into the service * Supporting over 297,000 interactions with individual clients through their Supporting You At Home, Supporting Your Recovery and Healthy and Happy Lives services * Delivered support in over 177 hospitals across England, Scotland and Wales * Set up 55 new local volunteer groups and provide support to a network of 488 branches, which have supported over 15,000 older people in community-based health and wellbeing activities. |



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1. <https://wales.coop/supporting-care-commissioners/> [↑](#footnote-ref-2)
2. For the purposes of this research, and consistent with the Social Services and Well-being (Wales) Act 2014: Code of Practice, early intervention and prevention is defined as any service which contributes towards preventing or delaying the development of people’s needs for care and support or reducing the needs for care and support of people who have such needs. It also includes services which minimize the effect on disabled people of their disabilities. [↑](#footnote-ref-3)
3. <https://wcva.cymru/the-voluntary-sector-in-wales/> [↑](#footnote-ref-4)
4. <https://register-of-charities.charitycommission.gov.uk/register/full-register-download> [↑](#footnote-ref-5)
5. <https://www.dewis.wales/> [↑](#footnote-ref-6)
6. <https://en.infoengine.cymru/> [↑](#footnote-ref-7)
7. ‘Social enterprise’ (‘menter gymdeithasol’) is defined in the Act as an organisation whose activities are wholly or mainly activities which a person might reasonably consider to be activities carried on for the benefit of society (“its social objects”), and which (a) generates most of its income through business or trade, (b) reinvests most of its profits in its social objects, (c) is independent of any public authority, and (d) is owned, controlled and managed in a way that is consistent with its social objects. [↑](#footnote-ref-8)
8. Cowie, L & Jones, IR (2017) *Adult Social Care Social Enterprises and the Foundational Economy in Wales*. Wales Institute of Social and Economic Research and Data (WISERD). [↑](#footnote-ref-9)
9. Welsh Government (2021) *Rebalancing care and support: white paper*. [↑](#footnote-ref-10)
10. Moultrie, K & Rattle, N (2015) *The Care Home Market in Wales: Mapping the Sector*. Public Policy Institute for Wales. [↑](#footnote-ref-11)
11. WCVA Third Sector Data Hub (2020) *Key data 2020.* <https://wcva.cymru/wp-content/uploads/2020/04/2020-data-hub-update-E.pdf> [↑](#footnote-ref-12)
12. Teifi, I & Allies, O (2019) *Mapping the Social Business Sector in Wales*. Social Business Wales. <https://wales.coop/wp-content/uploads/2019/06/SBW-Full-Mapping-Report-English.pdf> [↑](#footnote-ref-13)
13. WCVA Third Sector Data Hub: Key Data 2020. [↑](#footnote-ref-14)
14. Statistics for Wales (2019) *Size Analysis of Active Businesses in Wales.* Welsh Government. <https://gov.wales/sites/default/files/statistics-and-research/2019-12/size-analysis-active-businesses-2019-503.pdf> [↑](#footnote-ref-15)
15. ‘Information, advice, and guidance’ refers to providing people with information and advice relating to care and support, and to assist them to access it. [↑](#footnote-ref-16)
16. For the purpose of this research, and consistent with the Social Services and Well-being (Wales) Act 2014: Code of Practice, preventative services are defined as any service which contributes towards preventing or delaying the development of people’s needs for care and support or reducing the needs for care and support of people who have such needs. It also includes services which minimize the effect on disabled people of their disabilities. [↑](#footnote-ref-17)
17. Welsh Government (2011) *Sustainable Social Services for Wales: A Framework for Action.* [↑](#footnote-ref-18)
18. Welsh Government (2019) *Social Services: The national outcomes framework for people who need care and support and carers who need support*. [↑](#footnote-ref-19)
19. Cook, K, Iredale, R, Williams, R & Wooding, N (2019) *Measuring the Mountain: What Really Matters in Social Care to Individuals in Wales*. University of South Wales. [↑](#footnote-ref-20)
20. Welsh Government (2021) *Integrated Care Fund Revenue, Capital and Dementia Guidance 2021-2022*. [↑](#footnote-ref-21)
21. Wallace, C. & M. Llewellyn (2020)- ‘Future Wellbeing of Wales: Transforming Health and Social Care Services Close to Home’. Report for WCVA. [↑](#footnote-ref-22)
22. Buck, D & Ewbank, L (2020) *What is social prescribing?* King’s Fund. <https://www.kingsfund.org.uk/publications/social-prescribing> [↑](#footnote-ref-23)
23. WCVA Third Sector Data Hub (2020) *Key data 2020.*  [↑](#footnote-ref-24)
24. Based on a search of services undertaken on 15 April 2021. [↑](#footnote-ref-25)
25. Welsh Parliament (2021) *Impact of Covid-19 on the voluntary sector. A report by the Equality, Local Government and Communities Committee*. [↑](#footnote-ref-26)
26. Ibid [↑](#footnote-ref-27)
27. Skills for Care (2019) *Prevention in social care: where are we now?* <https://www.skillsforcare.org.uk/Documents/Leadership-and-management/Prevention/Role-of-prevention-in-social-care.pdf> [↑](#footnote-ref-28)
28. The Social Services and Well-being (Wales) Act 2014 puts greater onus on local authorities to provide preventative services which will delay, reduce or prevent needs for care and support. [↑](#footnote-ref-29)
29. Social Care Wales (2017) *Care and support in Wales: national population assessment report*. <https://socialcare.wales/cms_assets/file-uploads/SCW-NPAR-ENG.PDF> [↑](#footnote-ref-30)
30. Ipsos MORI (2019) *Push To Web Best Practice Guide*. <https://www.ipsos.com/ipsos-mori/en-uk/push-web-best-practice-guide> [↑](#footnote-ref-31)
31. Includes: North Wales Central (Conwy and Denbighshire), North East Wales (Wrexham and Flintshire), Morgannwg (Rhondda Cynon Taff, Bridgend and Merthyr Tydfil), Torfaen, Neath Port Talbot and Cardiff and the Vale of Glamorgan. [↑](#footnote-ref-32)
32. British Red Cross (2018) *The difference we made in 2017: A journey of transformation.* <https://www.redcross.org.uk/-/media/documents/about-us/the-difference-we-made-in-2017-british-red-cross.pdf> [↑](#footnote-ref-33)
33. Care and Repair Cymru (2020) *Annual Report 2019-20.* <https://www.careandrepair.org.uk/files/9716/0130/8166/Annual_Report_19.20_E...pdf> [↑](#footnote-ref-34)
34. Royal Voluntary Service (2020) *Trustees’ Annual Report and Financial Statements.* [*https*://www.royalvoluntaryservice.org.uk/Uploads/Documents/About%20us/RVS\_Annual\_Report\_Accounts\_2019-20.pdf](https://www.royalvoluntaryservice.org.uk/Uploads/Documents/About%20us/RVS_Annual_Report_Accounts_2019-20.pdf) [↑](#footnote-ref-35)