Volunteering and wellbeing in the pandemic

Part I: Learning from practice

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June 2021

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Summary

- The volunteer response to the pandemic in Wales has been significant, with increased interest in volunteering since March 2020.

- This report explores the relationship between volunteering and wellbeing during the pandemic in Wales by analysing practice-based case studies of volunteering.

- Practice-based case studies can provide a rich source of evidence on what works but it can be difficult to draw robust, generalisable conclusions from them.

- We apply a 'case study synthesis' method to 50 Welsh case studies and found key themes related to the purpose and approach of volunteering, its outcomes, and how it enabled individual and community wellbeing.

- Most volunteering aimed to meet basic needs (providing food/medicine); there were many examples of how volunteering infrastructures enabled that activity.

- The case studies identified a range of individual and community wellbeing outcomes.

- Social connection was the main individual wellbeing outcome, focused on direct interaction between volunteers and those they were helping. This resulted from activities aimed at meeting basic needs and was connected to a sense of purpose gained from volunteering.

- This social connection enabled community wellbeing in helping to sustain 'A Wales of Cohesive Communities'. This was possible because of the infrastructures facilitating volunteering. Actions to support health and equality were also often underpinned by and helped to develop cohesive communities.

- Enablers of wellbeing related to the volunteer experience were the direct nature of the volunteering activity, a 'relaxation' of volunteering participation, and the work-life circumstances of volunteers.

- Enablers of wellbeing related to the role of volunteering infrastructures included capacity building, partnership working, the use of technology, and organisations' ability to adapt.

- Findings highlight the importance of social connection and point to issues related to the sustainability of volunteering post-pandemic as well as the role of public services in facilitating volunteering in future.

Introduction

This report presents an analysis of practice-based case studies of volunteering in Wales during the Coronavirus pandemic. It explores the relationship between volunteering and individual and community wellbeing.

Volunteers and the third sector in Wales have responded nimbly to the pandemic. Interest in volunteering appeared to increase, with data from the Wales-wide volunteering website Volunteering Wales (unpublished) showing a significant spike in people registering to volunteer early in the pandemic – from 459 registrations in February 2020 to 10,336 in March 2020.

Since the pandemic began, Wales Council for Voluntary Action (WCVA), Welsh Local Government Association (WLGA), and partner organisations have collected case studies about volunteering from across Wales. We applied a 'case study synthesis' method developed by South et al. (2021) to 50 of these case studies.

This report is part of a wider project on volunteering and wellbeing conducted between February-March 2021, which also includes a rapid review of evidence on volunteering and wellbeing during the pandemic (Boelman, 2021). These reports should be read in conjunction with the accompanying summary report and recommendations (Taylor-Collins et al., 2021).

The project was led by WCVA in partnership with the Wales Centre for Public Policy (WCPP) and WLGA. It was funded by the Welsh Government's Coronavirus Recovery Grant for Volunteering 2020/21. The project will build on the work of the Third Sector Partnership Council's Covid recovery sub-group, informing the Welsh Government's work on enabling the voluntary sector and volunteering to contribute to a recovery that supports the wellbeing goals in the Well-being of Future Generations Act (2015).

Definitions

We take an inclusive view of **volunteering** to mean any activity which is unpaid, freely chosen, and benefits others or the environment (Ellis Paine et al., 2010). This includes both 'formal' volunteering (through an organisation or group) and informal or reciprocal help (such as mutual aid).

By **individual wellbeing**, we mean both the wellbeing of the individual volunteer and the wellbeing of the person(s) the volunteer is supporting. We use the definition of

subjective wellbeing adopted in a recent review of volunteering and wellbeing by Stuart et al. (2020), commissioned by the What Works Centre for Wellbeing:

how satisfied we are with our lives, our sense that what we do in life is worthwhile, our day-to-day emotional experiences (happiness and anxiety) and wider mental wellbeing.

This report also draws on the theory of change for volunteer wellbeing in Stuart et al., 2020. Key indicators of individual wellbeing and the theory of change can be found in Annex 1.

The concept of **community wellbeing** which underpins this report aligns to the definition set out in the Well-being of Future Generations Act (2015):

the state of our population, society and our environment across Wales overall. It looks to ensure that people have the economic, social, environmental and cultural conditions around them to be well.

There are seven wellbeing goals which can be considered indicators of community wellbeing (see Annex 1). This report uses the following definition for consistency with previous work in this area, particularly by the What Works Centre for Wellbeing, which is similar to the concept of wellbeing outlined in the Act:

Community wellbeing is the combination of social, economic, environmental, cultural, and political conditions identified by individuals and their communities as essential for them to flourish and fulfil their potential. (Wiseman & Brasher, 2008)

About the case studies

Case studies were provided by WCVA and WLGA[1], as well as from a recent study by the New Local Government Association (Kay and Morgan, 2021). One was written in Welsh and the others in English. All case studies named in this report either had permission from the group/organisation or are publicly available online.

The case studies were written in different formats. Some were written on a template which requested specific information (e.g. what happened, partners involved, impact, and what worked) while others were paragraphs summarising activities. Most

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[1] The WLGA case studies are all available online: **https://www.wlga.wales/good-council-practice-covid-19**

included testimonials from volunteers, those being helped, or organisations/groups coordinating the activity.

The case studies cover a range of volunteering activities, from befriending services to delivering food and prescriptions. Activities involved a variety of groups and organisations, including charities, county councils (CCs), county borough councils (CBCs), county voluntary councils (CVCs), town and community councils, and community groups. There is a good geographical spread of case studies covering all local authority areas. For a full list of case studies, see Annex 2.

Methodology

The 'case study synthesis' method is an innovative approach to analysing practice-based case studies. It aims to address a methodological gap in relation to the use of practice-based evidence in informing decision making (South et al., 2021). Practice-based case studies provide detailed accounts of highly context-specific innovations. Consequently, it can be difficult to generalise findings and transfer learning across sites. The case study synthesis method we applied allows more generalisable findings to emerge from systematic analysis of the key themes across a collection of context-specific case studies.

Case studies were selected for analysis on the following inclusion criteria:

- Collected during the pandemic (March 2020 – March 2021).

- About activity in Wales, including details on where the activity has taken place.

- Relevant to wellbeing (individual/community).

- Telling a story about volunteering during the pandemic, including as a minimum basic detail on what happened, how, and why.

50 case studies met the criteria and were included in the review. These were analysed by the research team following the three-step process developed by South et al. (2021). The first step involved reading all the case studies and extracting commonly-reported information on details such as volunteering activity, partnerships, impact on wellbeing, and impact measures. The second and third steps involved identifying and refining common themes on the relationship between volunteering and wellbeing across the case studies. Further details on the methodology can be found in Annex 3.

There are several limitations to the approach we took. The short-term nature of this project limited the number of case studies that could be analysed. In addition, the case studies included generally provide a summative assessment of volunteering

activities and focus on successful experiences, likely because they were written by the organisations themselves. Examples with less positive wellbeing effects may not have submitted case studies. We are therefore less able to draw conclusions about what has worked less well, or whose needs might not have been met. Furthermore, almost all are written by CCs and CBCs, CVCs, or the third sector. This analysis therefore misses the perspectives of others that have led the volunteer response in Wales, such as town and community councils, as well as the perspective of volunteers. As such, these case studies represent only a small sample of the many volunteer activities that went on during the pandemic.

The remainder of this report is split into the key themes identified in the case studies. These relate to the purpose and approach of volunteering, its outcomes, and how it enabled the development of individual and community wellbeing.

Purpose and approach of volunteering

The overarching purpose of the activities described in the case studies was responding to new or increased need, and to increased interest from people wanting to volunteer in response to the pandemic. This corresponded to two broad areas of activity: **meeting basic needs** (volunteer activity) and **developing volunteer infrastructures** (activity of coordinating bodies).

Volunteering was generally geographically localised: it was both coordinated and carried out by local organisations or community members. Most case studies were about groups or organisations shifting services in response to the pandemic, such as switching to digital forms of support or meeting different needs, rather than groups or organisations that were entirely new.

Meeting basic needs

Volunteer activity was primarily focused on meeting basic needs through practical tasks such as shopping and prescription delivery. Some activities supported health and social care infrastructures and services, and there were some examples of emotional wellbeing-focused activities such as 'kindness calls', distance befriending schemes, and helplines. For example, the Centre for African Entrepreneurship opened volunteer-supported helplines for individuals with mental health difficulties. A staff member described how

> **It's been a big success so far – we've been able to ease the burden for many vulnerable BAME [Black, Asian and Minority Ethnic] people by ensuring they no longer have to worry about struggling to put food on the table or suffering in silence with their mental health.**

For those supporting health and social care, activities included providing transport to medical appointments, such as Llanwrtyd Community Transport, or specialist services to those with particular needs. Consequently, most volunteer activity centred on direct interaction between people (rather than 'secondary' support such as fundraising or admin).

Developing and maintaining volunteer infrastructures

The activity of coordinating bodies (primarily CCs, CBCs and CVCs) could be loosely divided into three categories: **recruiting volunteers**; **matching volunteers** to those requiring support; and **connecting organisations, groups, and services** by brokering relationships to ensure a joined-up approach. Few case studies provide detail or reflect on the success of these linking activities, but partnerships were highlighted as key. These involved a range of organisations and groups, including CCs and CBCs, town and community councils, CVCs, health services, voluntary organisations, the private sector, religious bodies, and community groups.

Volunteer recruitment – which also involved mobilising volunteers to meet the change in demand – was a focus of many of case studies, and partnerships helped facilitate and expedite recruitment processes. This often involved making best use of partner organisations' skills and resources, as noted in the Maesgeirchen community in Gwynedd, where organisations included a local community café, councillors, and voluntary groups. In Swansea, the Swansea Council for Voluntary Service (SCVS) and Swansea University partnered to deliver prescriptions locally: SCVS recruited volunteers who had signed up on Volunteering Wales, and Discovery (a volunteer-led organisation based at the university) processed Disclosure and Barring Service (DBS) checks for them.

For those case studies focused on **matching volunteers**, partnerships also played a key role. Ceredigion CC and Ceredigion Association of Voluntary Organisations partnered to coordinate the volunteer response and match volunteers. In many cases, partnerships supported the identification of need through a combination of the expertise, experience and networks of groups embedded in communities, and of public services, local authorities and the third sector.

In case studies where activities involved **connecting organisations**, partnerships ensured overlaps and gaps were avoided and, again, that experience and information could be shared to provide effective support to those who needed it. The combination of local intel and professional expertise (e.g. on funding, constitution and the functioning of statutory services) proved particularly valuable. In the Flintshire CC case study, the partnership between the council and the Flintshire Local Voluntary Council (FLVC) to recruit volunteers was credited with enabling an effective response:

> **close collaboration between the Council and FLVC is essential for success with each party bringing valuable skills and demonstrating strong community relationships.**

Technology also played a key role in both matching individuals and connecting organisations. Bespoke applications and platforms were used to facilitate volunteer matching. Local platforms to recruit and match volunteers were developed or enhanced in response to the pandemic, such as Pembrokeshire's 'Community Hub' – 'a one-stop shop for any support required during the current pandemic' – and Monmouthshire's 'Our Monmouthshire', which advertises volunteer opportunities and enables residents to 'exchange acts of kindness'. Organisations working in partnership also used technology to stay connected, such as through video conferencing and cloud technology. There was little reflection on the efficacy of different technologies for either matching individuals or connecting organisations, but the case studies suggest technology has been key.

Outcomes

The case studies identified several outcomes from volunteering. These were often listed as quantified outputs – e.g., number of volunteers involved, number of food parcels delivered, or number of people receiving help. Often, however, these data were supplemented by testimonials from volunteers, those they were helping, or organisations/groups coordinating the activity. This qualitative data offered the richest insight into how volunteering supported both individual and community wellbeing.

Individual wellbeing

In contrast to much of the existing literature on volunteering and wellbeing, most case studies reported the impact on those receiving support, rather than volunteers themselves. While impacts were reported about activities that explicitly aimed to develop wellbeing (e.g. kindness calls), many cases highlighted wellbeing outcomes

resulting from transactional activities predominantly aimed at meeting basic physical needs, such as delivering food and prescriptions. These activities centred on direct interaction and were described as providing **a range of additional emotional and mental health benefits associated with social connection.** For example, in Swansea the Centre for African Entrepreneurship distributed food parcels to vulnerable ethnic minority households, and volunteers used these opportunities to provide support and information.

In Caerphilly, one group took services they had previously provided in a community hall out to the community, offered new services to meet needs, and worked with new (and newly-vulnerable) groups. They also partnered with the council and Fareshare Cymru to bridge gaps left by reduced capacity in other agencies, reinforcing the importance of partnerships. The important wellbeing dimensions of more transactional volunteering services were well captured by the daughter of a man who was referred to the group by social services for help with shopping:

> **I live over 240 miles away … [the group] is a lifeline to my dad and I just want to say a "big thank you" to everyone involved. As a family we greatly appreciate the service, smiles, kindness and support you have given him.**

As well as meeting her dad's basic needs, the volunteering provided her and her family with reassurance and fostered a sense of **social connection and inclusion**. This also highlights the vulnerability faced by those without support networks nearby, and the role of local volunteers stepping into roles that for others might have been fulfilled by friends or family. In helping to meet basic needs, this volunteering also helped identify wider needs, such as emotional wellbeing, that might otherwise have remained unknown.

These outcomes were also found among volunteers. Volunteers valued social connection alongside wider benefits of this direct interaction, such as a **sense of purpose, fulfilment, and personal development** ('intermediary outcomes' that can lead to increased wellbeing – Stuart et al., 2020). The overarching theme for both those being helped and the volunteers was enjoyment relating to meaningful human connection – a complex, simultaneous meeting of physical and emotional need through direct interaction. Beyond this intuitive, comprehensive, and mutually reinforcing notion of wellbeing, the case studies rarely differentiated between or disaggregated the 'types' of wellbeing they had an impact on (along the lines of the wellbeing indicators in Annex 2). For example, in Denbighshire, a volunteer who had been shopping for people who were isolating centres this interplay between basic need and social connection in his description of the value of volunteering to his wellbeing:

> **I am not sure who helps who more! The stories, life experience and perspective of those who I have shopped for have inspired me greatly. We often talk about the need for our communities to be closer and less individualistic. I have felt that this during this extremely difficult time we have seen hope and love shared in so many ways that have brought us closer together.**

He also draws on ideas about community wellbeing (discussed below) in relating his experience to helping develop a wider sense of community in his local area. This also highlights how for many of the volunteers in these case studies, mutuality was an important part of the positive experience of volunteering because they felt that both they and the person they were helping benefitted.

In other cases, this mutuality existed because the volunteers had themselves experienced the same challenges as those they were helping, such as those at Action on Hearing Loss (Hear to Help) in Powys, many of whom had hearing loss themselves. Since most case studies focused on impacts on people being helped, evidence about mutual benefits for volunteers and recipients was relatively sparse. When case studies did discuss these impacts, testimonials focused on **increased life satisfaction among volunteers**, along with a **sense of purpose** and **personal growth**, and relational benefits manifesting in feelings of **social connection and inclusion**. A case study of a member of one volunteer group highlights this particularly clearly:

> **I was receiving kindness calls from a volunteer, I was struggling with mental health issues and social isolation. I didn't go out. I was scared to go out of my door. I didn't have much confidence. Before I started talking to my caller, I hated talking on the phone … With regular calls, I built up my confidence talking on the phone and started to go out on small walks.**

He was subsequently asked to volunteer himself and began making kindness calls and shopping for people, as well as learning how to run the local foodbank. He said:

> **My confidence is endless now. I am no longer afraid to go outside. I love meeting new people. [The volunteer centre] gave me my life back. They gave me a purpose.**

The apparently more transactional activities that were typical of most of the volunteering discussed in the case studies also provided mutual benefits. In another example, a volunteer at Swansea Council for Voluntary Services, delivering

medicines to vulnerable or shielding people, described the life satisfaction they got from this activity:

Knowing that they [recipient] now have the medication that is vital for them and to see how grateful they are for the service I have provided. One lady even said I was an angel, which really moved me.

In Flintshire, more than 60 newly-recruited volunteers worked alongside the local authority to provide supplementary support for core social care services and support pandemic-related activities. One volunteer reported the **sense of purpose** they achieved through this volunteering:

I feel privileged to have actually contributed something to getting the home open and ready for business. I also met up with a couple of other volunteers which was good, it was also positive that we were fully integrated with the staff and just got on with things.

Community wellbeing

In the case studies, connections between volunteering and community wellbeing centred on three of the Well-being of Future Generations Act goals: **A Healthier Wales, A More Equal Wales, and A Wales of Cohesive Communities**. These manifested through the volunteer activities and through the volunteer infrastructure supporting them. The activities described above as aiming to meet basic needs promoted 'A Healthier Wales' through the provision of food, medication, physical and emotional support, and 'A More Equal Wales' by supporting those disproportionately impacted by the pandemic and mitigating the deepening of these inequalities. For example, Llanwrtyd Community Transport in Powys aimed to address the digital exclusion faced by those unable to do their shopping online. In many cases, this activity did not necessarily aim to make Wales healthier or more equal than it might have been before the pandemic; rather, it aimed to prevent Wales from becoming *less* healthy or *less* equal than it might otherwise have been.

Importantly, these actions to **support health and equality** were often underpinned by and helped to develop **cohesive communities**. It is notable that in most examples of activity supporting health and equality, such as food or prescription delivery, testimonials from those who were helped did not generally focus on how they were prevented from going hungry or how they now had access to medication; instead, they tended to focus on the **social connection and inclusion** developed through volunteering. For example, a resident who shopped at Llandegla Community Shop and Café in Conwy during the pandemic focused on the social connection

benefits of the shop staying open. This individual said of the shop staff (many of whom are volunteers):

> **You have been amazing. Your community spirit is always prevalent making everyone feel so very welcome. Bless you all. Can't wait to see you all again in the cafe for my coffee and a chat with the lovely staff.**

Another individual who had been helped by the Bridgend Association of Voluntary Organisations (BAVO) described how shielding had affected his physical health:

> **I can feel that I'm getting stiffer and unfit since I haven't been anywhere for months. Gail [from BAVO] has introduced me to Feel Good for Life – a keep fit group that is running on Zoom. … FGFL group is a good bunch of people and the chatting and socialising we do at the end of the session is what I look forward to! I think I have met some new friends and I am looking forward to meeting them in person in the future.**

In helping to meet his physical health needs, the keep fit group had also helped to improve his emotional wellbeing. In this way, the social connection and inclusion developed through this meeting of basic needs to support **A Healthier Wales** was a powerful enabler of community wellbeing in that it helped to sustain **A Wales of Cohesive Communities**.

In turn, meeting basic needs helped to foster wider community wellbeing. For example, the Well-fed Emergency Food Support programme in Flintshire involved a partnership between the CC and ClwydAlyn (housing association/charity). Twenty-six volunteer drivers were recruited to deliver 29,000 meals to over 500 households. The case described how:

> **It is not just about volunteering to deliver the food parcels, the drivers are also helping support the wellbeing of our residents as well as themselves which in turn has created a great community spirit.**

In many cases, this was made possible by the infrastructures facilitating volunteer activity – the organisations and groups that recruited, trained, matched, and coordinated volunteering. This infrastructure included large organisations such as councils and Wales-wide charities as well as small, informal networks and groups. For example, in Monmouthshire town councils created a 'Town Ambassador Programme' with support from the CC and the Gwent Association for Voluntary Organisations, connecting local volunteers to people who feel unsure about leaving their homes and helping boost their confidence in returning to town centres as restrictions ease.

In Briton Ferry, members of the local community initiated a range of volunteer activities to support local people in response to the pandemic. This support expanded from help with essentials to include online social groups and activities. The self-initiated nature of this example points to **pre-existing community cohesion**, and the activities of volunteers also helped forge new links and friendships which, the case reported, 'aids in building a strong, safe and resilient community'.

This kind of working demonstrates the **cohesive communities** already in place in many parts of Wales prior to the pandemic. Volunteering activity to support health and basic needs might not have been possible, or may have been more difficult, without this existing infrastructure.

Wellbeing enablers

Achieving wellbeing outcomes was made possible by the **experience of volunteering** during the pandemic and through **ways of working** between organisations/groups. These acted as enablers of wellbeing, as discussed below.

The experience of volunteering

Direct volunteering activity

With a focus on meeting basic needs, volunteering centred around **direct interaction between individuals**, often (though not always) within their local communities. This enabled a range of wellbeing outcomes relating to social connection, as discussed above. The **shared experience of the pandemic** also created a sense of camaraderie between those involved in volunteering, alongside a strong motivation for action. One volunteer for Rhondda Cynon Taf CBC reported 'It's very rewarding when you tell someone the support they can gain and you see the relief in their eyes.'

This direct interaction between individuals meant that the kind of volunteering most common in these case studies was, far from being the 'remote' experience that might be expected of volunteering during a pandemic – with increased digital volunteering and social distancing measures in place – in fact a **highly personal** experience.

'Relaxing' the volunteer experience

There were many examples of new volunteering opportunities that did not require lengthy waits for DBS checks, long-term commitments, or affiliation to specific organisations. These also offered a more 'informal' experience, such as neighbour-to-neighbour support.

In many case studies, volunteering could not be easily categorised as either 'formal' or 'informal'. Instead, **informality and formality were interwoven**, both in the nature of the activity and the structures/bodies coordinating it. The volunteering activities to meet basic needs was often inseparable from the activities of mutual aid groups or informal help between neighbours, despite sometimes being coordinated by, or linked to, a formal group or organisation. For instance, in Neath Port Talbot, 'Street Champions' supported their neighbours by delivering food and prescriptions to them, coordinated by the consortium of organisations and individuals in the Briton Ferry Covid-19 Support Group.

This blend of formality and informality could also be seen in the way that many constituted organisations, CCs, and CVCs shifted their volunteer recruitment processes to become more informal, such as by relaxing their registration criteria. This was often designed to expedite processes and respond rapidly to community needs but it also had the effect, in some cases, of removing barriers to encourage new volunteers. For example, Denbighshire Voluntary Services Council removed membership fees while streamlining volunteer registration processes and enabling telephone registration. Furthermore, these formal groups/bodies often worked in partnership with one another – and with community groups – to 'deploy' volunteers, who might have been placed with a local health board, a mutual aid group, or a neighbour. These diverse partnerships and referral pathways made it difficult to draw distinctions between formal and informal volunteering. Crucially, they also highlight the extensive and complex organisational structures behind many seemingly informal or 'neighbourly' activities.

Work-life contexts

The case studies showed that the pandemic **made it possible for people to volunteer** who otherwise may not have had time. For example, in Pembrokeshire furloughed staff were among 100 volunteers making and delivering PPE, coordinated by the local CVC. Volunteers undertook these tasks flexibly, 'at levels that suited them'. Several cases studies referred to new volunteers who were on furlough or working from home wanting to 'keep busy' and 'feel useful'.

Alongside this increased time, the **grounding of people in their local areas**, forced by lockdown, was associated with increased capacity and willingness to engage with the community. A volunteer at Swansea Council for Voluntary Service described how, though they had already been volunteering with SCVS for two years, lockdown and furlough catalysed their increased involvement:

> **Already being a volunteer for SCVS for two years and being furloughed from work during this period, I wanted to try and do something to help my**

community. Not only to keep myself busy and give myself a break from the monotony of staying at home, for my mental health and to help others. Knowing there are people out there who are in difficult situations, such as being forced to stay home due to illness or other self-isolation reasons such as shielding. I knew I had to make the most out of my situation.

In this example, their increased volunteer activity was also spurred on by wanting to improve their own wellbeing as well as that of others. This could also be seen in Bridgend, where organisers of the Building Resilient Communities/Community Companions scheme saw an increase in volunteers early in the pandemic because people wanted to help those who were vulnerable or lonely. However, they subsequently found it more difficult to recruit telephone befrienders later in the year

due to individuals returning to work after being furloughed and many volunteers growing tired of staying indoors and wanting more active roles outside of the home.

In response, they launched a recruitment campaign and encouraged active volunteers to befriend more than one person to meet need, but this challenge was also faced by others – Gwynedd's Community Spirit, for instance, noted that some volunteers had returned during the October 'firebreak' in Wales but had stopped during the summer. These highlight the **potential longer-term challenges organisations may face in retaining volunteers** after the pandemic subsides.

Ways of working

Capacity building

Linked to the relaxation of volunteering discussed above, **funding and training played a key role in coordinating bodies' activities**, many of which either 'scaled-up' or adapted services in response to the pandemic. Grant programmes with rapid, rolling decision-making processes and flexible criteria (including availability to informal groups), helped facilitate activity across many of the case studies. These were often administered by CVCs. In the Vale of Glamorgan, the Vale Heroes scheme provided grants of up to £3,000 to support the cost of initiatives that helped those severely affected by the pandemic. Community groups and voluntary organisations, town and community councils, and eligible businesses could apply.

Training and advice, from leadership to data protection, was also an important enabler – often provided by CVCs and, to a lesser extent, third sector organisations

and councils. For example, Nanny Biscuit, a community organisation in Flintshire, described a range of support provided by Flintshire Local Voluntary Council (FLVC):

> **We have had weekly (and sometimes daily!) conversations with FLVC to help us manage the very fast establishing of such a large infrastructure of food distribution and volunteer management. They have provided a sounding board and have kept us up to date with new issues and provided advice on shaping our offer. They have also provided us with links to other groups and organisations.**

Partnership working

Collaboration is one of the five ways of working under the Well-being of Future Generations Act. It was evident in many of the case studies, which highlighted how **diverse state and non-state actors worked from hyperlocal to regional scales to enable the sharing of expertise, information, networks, leverage, and workload**. One programme (Connecting Communities in Bridgend) had involved 77 partner organisations during the pandemic, and three councils (Wrexham, Flintshire, and Denbighshire) co-delivered a Regional Community Cohesion Service helping charities and groups in turn to support minority communities in the region. This helped identify need and avoid gaps/duplication in support.

The prevalence of partnership working to match need with volunteer capacity underlined **the importance of local knowledge, and points to communities as sources of expertise and support**. Communities, in turn, benefitted from the expertise of larger organisations and local authorities, who could provide advice on topics such as funding and safeguarding, as well as information on the activities and scope of public services and how to navigate interactions with them. The way this knowledge exchange happened, sometimes organically, can be seen in examples such as the Newtown Network:

> **I became a volunteer in the Newtown Covid-19 group after seeing the group on Facebook. It was started off by one young lady, joined soon by two council staff … also as volunteers. However, after a short period I realised the group could do with Ponthafren's expertise [local charity] … the town council staff also brought Newtown council to build the support network.**

Harnessing technology

The **ability to deliver services digitally was critical** for many groups and organisations, though contingent on the nature of services provided, digital capacity, and organisational structure. **Technology also helped enable partnership working**

through video conferencing and in the logistics of volunteer coordination. One example was British Red Cross volunteers delivering prescriptions to people who were shielding or self-isolating and who lacked social networks. This was in part made possible by a digital platform set up by the Welsh Government, the National Pharmacy Association, third sector organisations, and the Royal Mail. Pharmacies and volunteers were linked using digital technology, although the actual volunteering was face-to-face.

Digitally-enabled efforts to prioritise the most vulnerable people did, however, presuppose a level of digital access. While issues of digital exclusion are likely to be widespread, especially in rural areas and for more vulnerable groups, there were some examples of how digital exclusion was addressed. Torfaen CBC's Community Support mobile app was launched in response to the pandemic for both volunteers and those needing support to register their offers of help/requests. But the council also made a webpage available for those without a mobile phone, and a telephone number for those with no internet access, aiming to mitigate the risk of digital exclusion. Similarly, in Newport the council worked with Save the Children to loan 800 devices to children who would otherwise not have been able to access online education. In other cases, both access to digital devices and support to use them was provided, helping address issues of digital exclusion.

Organisational adaptability

Given the continuously shifting circumstances throughout the pandemic and the limitations posed by lockdown restrictions, the **ability to adapt or transform operating models was key to supporting both individual and community wellbeing**. This involved the redeployment of staff, collaboration with partners, moving service provision into the community, and tailoring to the (changed) local context. Sometimes council staff were asked to volunteer, such as in Caerphilly CBC's 'Buddy scheme' for vulnerable people and in Neath Port Talbot's 'Safe and Well' service.

In some cases there was a blended approach. For example, the Community Care and Wellbeing Service in Cardiff kept its office open but moved its counselling service online and delivered online psycho-education courses which were well-received. In Merthyr Tydfil, the Stephen and George Charitable Trust moved from functioning as a community hub running classes, activities, and a café to providing support in the community. Community-based support was both physical, such as providing educational packs for young people and food parcels, and virtual such as provision of online lessons. This change in approach stemmed from what was described as

> **a sudden realisation – we needed to actively get out and about to properly support our community … the new services have given hope to an increasingly desolate community.**

Crucially, flexibility was not just as a feature of small-scale or informal community organisations, but as something critical (and possible) within more formal structures. Many councils developed new ways of working, creating new positions, redeploying staff, and building new logistical frameworks for community support and participation. For example, Cardiff Council's 'Together for Cardiff' scheme, set up at the start of the pandemic, enables volunteers to register and be matched with opportunities, and there are plans to establish a network of 'anchor organisations' to support the new groups emerging in response to the pandemic.

The relationship between volunteering and wellbeing

This report has discussed the key findings from the analysis of case studies in exploring the relationship between volunteering and wellbeing during the pandemic.

Figure 1 summarises these findings and shows the connections between the themes and the wellbeing outcomes identified. It shows that the volunteering highlighted in these case studies resulted from an increase in both need and in those wanting to help others and their communities. This volunteering tended to be coordinated by a group or organisation working in partnership with others to match volunteers with those needing help.

Volunteering primarily aimed to address basic physical needs, such as providing food and medicine. In addressing these basic needs, emotional support was often also provided, resulting from the direct interaction between the volunteer and the person being helped. In both the coordinating organisations and the volunteering experience itself was a blend of formality and informality that aimed to get the right support to those who needed it.

The role of the volunteers and the coordinating organisations led to individual wellbeing outcomes for both the volunteers and those being helped, as well as community wellbeing outcomes. Individual wellbeing outcomes including improved mental health, and intermediary outcomes, especially fulfilment, personal growth and development, were underpinned by the social connection developed through the direct interaction between volunteers and those they helped. Community wellbeing

outcomes centred on community cohesion, while improving health and equality provided an impetus for achieving this cohesion. Ultimately, individual and community wellbeing were mutually reinforcing, with cohesive communities a product and enabler of both.

Figure1: The relationship between volunteering and wellbeing during the pandemic
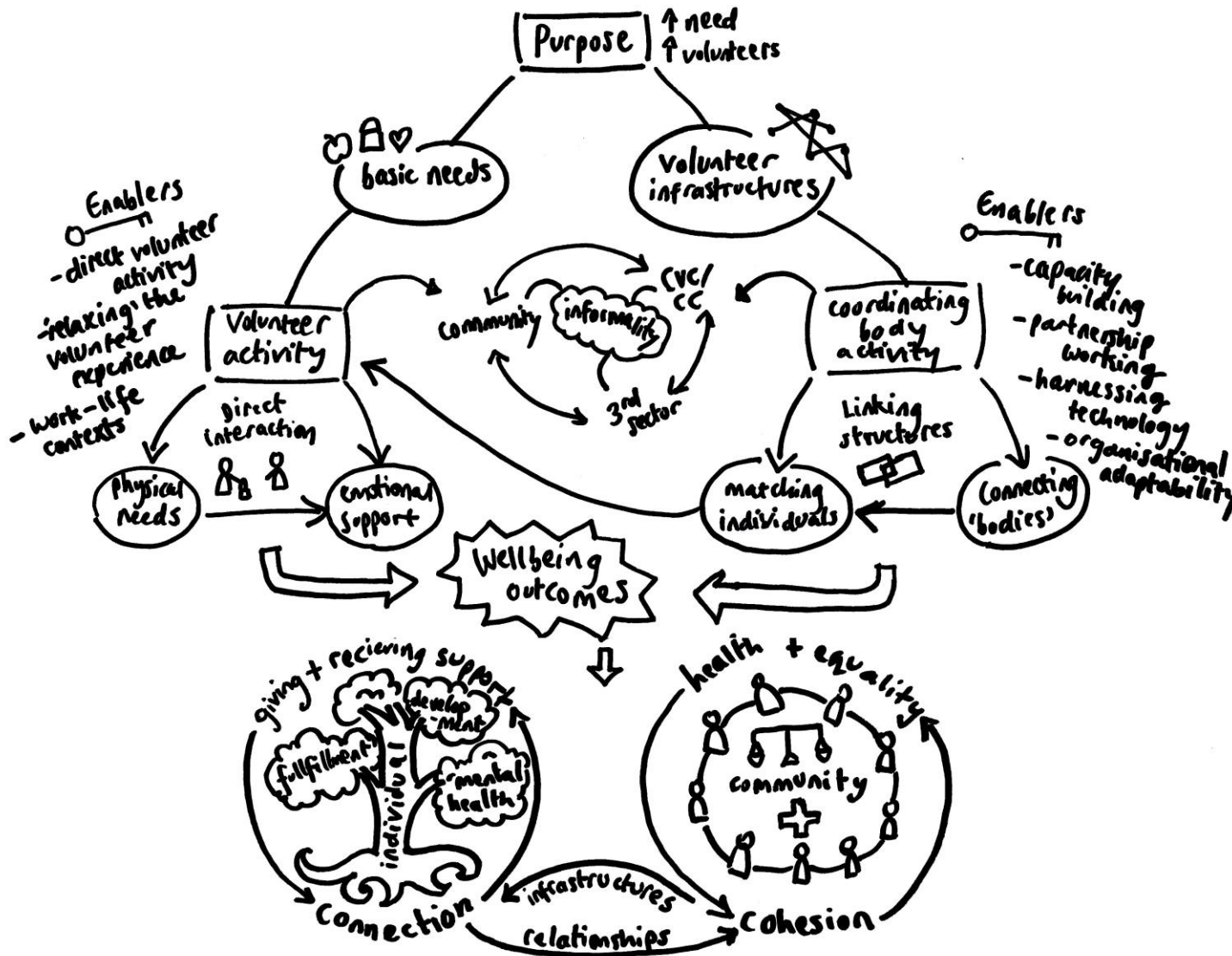
Reflections and implications

These reflections and implications are drawn from our findings on the purpose of and approach to volunteering during the pandemic, the wellbeing outcomes achieved, and the wellbeing enablers identified.

The importance of social connection

At an individual level, key wellbeing outcomes were achieved because of the social connections formed through the direct interaction of volunteers and those receiving support. This interaction was initially instigated by volunteer activity to meet basic needs. This, in turn, supported community wellbeing, promoting 'a healthier Wales' and 'a more equal Wales' than might otherwise have emerged from the pandemic. This interaction and social connections provided a tangible means for building cohesive communities. These community wellbeing benefits were further reinforced by the development and adaption of infrastructures that facilitated organic, community-based volunteering responding to locally identified need, creating a positive feedback cycle.

As such, both the **volunteering relationship** (between the volunteer and those being helped, emerging from the purpose of and approach to volunteering) and the **volunteering infrastructures** in place in communities have been vital in both enabling and maintaining individual and community wellbeing during the pandemic.

In most of the case studies, **relationships manifested on a hyper-local, highly personal level, but were supported by wider networks and infrastructures**. The involvement of organisations based in local, physical spaces – from church halls to cafés – helped identify and respond to need during the pandemic. Maintaining and in some cases rebuilding these spaces, and continued dialogue between volunteers, third sector organisations, and local government at different levels about needs and how to meet them will be crucial once lockdown eases. This will ensure the right infrastructures are in place to sustain both community and individual wellbeing in the future, especially in future emergencies.

The highly personal nature of much of the volunteering in these case studies is also significant. At a time when many people have been unable to see family and friends, forging social connections with others has been possible through volunteering. Although food or medicine delivery may no longer be needed in future, social connections are likely to remain just as important as we begin to rebuild society. When the pandemic has subsided, and a 'new normal' takes hold, it may be much longer before the collective trauma of the pandemic begins to ease. **Meaningful,**

purposeful social connection to meet new community need and sustain the tangible footing for personal, wellbeing-enhancing social connections will remain important. Volunteering – and the infrastructures that make it possible – will likely be just as important in this recovery and in enabling Wales to build back better for future generations. Initiatives to support volunteering could be focused on those groups whose wellbeing has been particularly badly affected by the pandemic, such as young people (Bennett et al., 2020).

Sustainability of volunteering

The flexibility and adaptability of organisations in these case studies was partly possible because of the urgent need and the relatively short-term nature of some of the volunteering, but also likely because of **longer-term investments that have been made in volunteering infrastructure and in partnership working** in recent years in Wales, such as the Third Sector Partnership Council (the formal mechanism for regular dialogue between Welsh Government and the third sector).

This was also possible because of the **reported increase in volunteers in response to the pandemic**. None of the case studies noted that organisations or groups experienced a reduction in volunteers because they were shielding or felt uncomfortable volunteering. Rather, some organisations had to temporarily pause volunteer recruitment because they were overwhelmed by demand (such as Rhondda Cynon Taf CBC's 'Community Resilience Volunteers' scheme).

However, recent UK-wide data shows that although 20% of voluntary sector organisations saw an increase in volunteers between March 2020 and January 2021, 35% saw a decrease in that time (Nottingham Trent University, 2021). There are also examples in Wales of reduced volunteering capacity impacting organisations (Lloyd-Jones and Holtom, 2021). This highlights the limited sample of the case studies included in this report. In addition, given that many new volunteers could only volunteer because they were furloughed, **there is a risk that volunteering capacity will dip once furlough schemes end** and more normal levels of economic activity resume, despite the need for volunteering remaining. A couple of case studies reported this (Bridgend's Building Resilient Communities/Community Companions scheme and Gwynedd's Community Spirit). Volunteer recruitment strategies for the recovery period and beyond will need to be cognisant of these challenges and consider how best to meet need under changing circumstances.

The sustainability of volunteering will also be dependent on the way volunteering infrastructures continue to work after the pandemic and the continued availability of flexible funding that has been provided during the pandemic to support that work. **Continuing to adapt and to offer flexible volunteering opportunities will be**

important, as will the partnerships that have developed over the past year. The practice of collaborative working, and a recognition of its benefits, are not new. However, the prevalence of collaboration across the case studies – and its wider implications for individual and community wellbeing – suggests it is a key driver of participation. This indicates the importance of maintaining focus on shared, cross-sectoral priorities beyond the pandemic if this way of working is to be sustained.

Volunteering and public services

Some volunteering activity directly supported public service provision (e.g. roles in hospitals and care homes), while the majority did so indirectly, through early intervention. Both types of volunteering helped **enable and support the effective functioning of public services**, which may otherwise have lacked the resources and flexibility to respond to the scale of need during the pandemic.

In some cases, volunteers provided services that could not be provided, or not as effectively, by public services. At Mantell Gwynedd, collaboration between the third sector and the council helped to meet the needs of those considered 'hardest to reach', as the third sector had stronger direct relationships with the public than the council did. **Collaboration is positive both for public services and for volunteering**, and maintaining partnership working will be important in future.

However, while these examples highlight the positive impacts of volunteering to support public service provision, they also highlight the challenges – imposed by austerity and longer-term underfunding of public services – that have led to reduced capacity within public services to deal with emergencies. Connected Communities in Bridgend reported that without the partnership working that enabled volunteering, 'statutory services would have been under additional pressure and individuals could have hit a crisis.'

There are lessons to be learnt from the pandemic in increasing public services' capacity to deal with future emergencies. In addition, the pandemic has surfaced the **vital role of public services in facilitating local volunteering that in turn can help identify and meet need, enhancing individual and community wellbeing**. There is a risk that future austerity policies, introduced to compensate for the costs of the pandemic, may presume a reliance on volunteer support – perceived to be cost-free – for public services in place of investment. There is also a risk that volunteering is seen as a panacea to the wider structural inequalities facing Wales, when it is only one part of the answer. This would misunderstand the anchoring role that public services play and risk eroding the infrastructure by which community volunteering is supported. The role of public services will continue to be vital to individual and community wellbeing after the pandemic.

Conclusions

This report shows the importance of volunteering to individual and community wellbeing during the pandemic and for a wellbeing-led recovery in Wales. We demonstrate the value of and processes for forming and fostering social connection, sustaining volunteering, and ensuring effective relationships between volunteering and public services.

In exploring the experience of volunteering and volunteer coordination from a range of groups and organisations across Wales, this report highlights the value of a systematic analysis of practice-based case studies and provides insight that will be useful for practitioners and policy makers. We have shown that case study synthesis is a rigorous method that can be applied at pace, making it well suited to responding to policy and practice needs.

This analysis provides important insight that is currently missing from wider research on volunteering during the pandemic. Evidence on impacts of volunteering on wellbeing tends to focus more on the impact on the volunteer than on those they are helping (Boelman, 2021), whereas the case studies analysed in this study tend to be weighted towards the impact on those who are helped.

As discussed earlier in this report, all the case studies reported positive and successful activities. There is little mention of any negative wellbeing impacts as a result of volunteering, which recent research identifies (Boelman, 2021). In addition, many were written by established groups or organisations, with fewer written by the grassroots groups that are considered to have led much of the mutual aid activity during the pandemic. However, as we note above there was a strong emphasis on the importance of networks and partnership working across community groups, third sector organisations and local government. Nonetheless, further application of this case study synthesis method on a broader range of case studies, including more Welsh language case studies, reflecting on what did not work as well as what worked, and case studies on the experiences of those who had to stop volunteering during the pandemic, would provide further insight to complement this report.

Overall, the case studies analysed in this report represent a small but valuable sample of the many volunteering activities that have responded to the pandemic, and that collectively provide vital insight into the purpose, approach and coordination of volunteering for individual and community wellbeing.

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Annex 1: Definitions of wellbeing

Individual wellbeing

Key indicators of individual wellbeing used in this analysis are those adopted by Stuart et al. (2020) in their review of volunteering and wellbeing:

- Life satisfaction
- Happiness
- Quality of life
- Sense of purpose
- Sense of control
- Anxiety
- Depression
- Social connection and inclusion

This report also draws on the theory of change for volunteer wellbeing in Stuart et al, 2020 (see Figure 2). This gives a visual representation of how and why volunteering can result in changes in the subjective wellbeing of volunteers, identifying the 'mechanisms of change' and 'intermediate outcomes' that lead to wellbeing impacts.

Figure 2: The theory of change for volunteer wellbeing
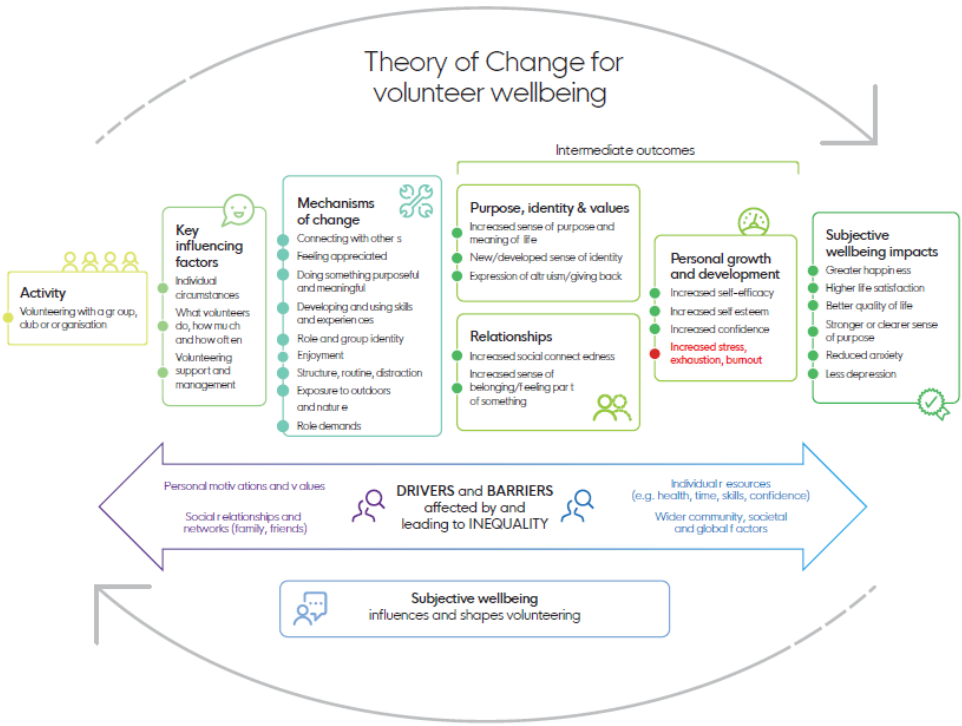
Community wellbeing

We used the wellbeing goals of the Well-being of Future Generations (Wales) Act 2015 as indicators of community wellbeing:

- **A prosperous Wales:** An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.
- **A resilient Wales**: A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example climate change).
- **A healthier Wales**: A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.
- **A more equal Wales**: A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio economic background and circumstances).
- **A Wales of cohesive communities**: Attractive, viable, safe and well-connected communities.
- **A Wales of vibrant culture and thriving Welsh language**: A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.
- **A globally responsible Wales**: A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.

Annex 2: Case studies

Table 1: Case studies included in the analysis

Case study	Location	Source	Summary of activity
Action on Hearing Loss: Hear to Help	Powys	WCVA website	Supporting people through providing minor repairs to hearing aids.
Anonymous C19 volunteers	Caerphilly	WCVA invitation to share case study	Supporting variety of community needs
Anonymous C19 volunteers (member case study)	Caerphilly	WCVA invitation to share case study	Supporting variety of community needs
Anonymous community hub	Caerphilly	Volunteering Wales Grant Scheme	Supporting variety of community needs
Blaenau Gwent CBC	Blaenau Gwent	WLGA website	Supporting vulnerable residents through a befriending service
British Red Cross and the Birth Partner Project	Cardiff	WCVA invitation to share case study	Supporting expectant and new mothers who are asylum seekers/refugees
British Red Cross	Wales-wide	WCVA invitation to share case study	Collecting and delivering prescriptions for those who are shielding
Briton Ferry Covid 19 support group	Neath Port Talbot	WCVA invitation to share case study	Supporting variety of community needs
Building Resilient Communities/ Community Companions	Bridgend	WLGA website	Telephone befriending and intergenerational penpal scheme
Centre for African Entrepreneurship	Swansea	WCVA invitation to share case study	Running a foodbank service and providing social contact and information

Ceredigion CC	Ceredigion	WLGA website	Coordinating/supporting the local volunteer response to the pandemic
Community Care and Wellbeing Service	Ceredigion	WLGA website	Counselling, befriending and advocacy services for people from diverse range of cultures
Community Connectors in Powys	Powys	WLGA website	Coordinating/supporting the local volunteer response to the pandemic
Community Resilience Hubs	Rhondda Cynon Taf	WLGA website	Coordinating/supporting the local volunteer response to the pandemic
Connect Carmarthenshire	Carmarthenshire	WLGA website	Coordinating/supporting the local volunteer response to the pandemic
Connecting Communities	Bridgend	WLGA website	Supporting a variety of community needs
Conwy Community Support Service	Conwy	WLGA website	Coordinating/supporting the local volunteer response to the pandemic
Cynllun Cyfeirio Gwynedd	Gwynedd	WCVA invitation to share case study	Supporting the development of children with needs
Denbighshire Proactive Calling Project and befriending service	Denbighshire	WLGA website	Running a befriending service for vulnerable residents
Denbighshire Voluntary Services Council	Denbighshire	WCVA invitation to share case study	Coordinating/supporting the local volunteer response to the pandemic
Flintshire Social Services	Flintshire	WCVA invitation to share case study	Providing supplementary social services support to the community
FLVC (Nanny Biscuit)	Flintshire	WCVA invitation to share case study	Supporting variety of community needs
Gwynedd's Community Spirit	Gwynedd	WLGA website	Coordinating/supporting the local volunteer response to the pandemic

Isle of Anglesey CC	Anglesey	WLGA website	Coordinating/supporting the local volunteer response to the pandemic
Llamau	Wales-wide	WCVA invitation to share case study	Supporting vulnerable young people, women and families through the pandemic
Llandegla community shop	Conwy	WCVA invitation to share case study	Supporting variety of community needs
Llanwrtyd Community Transport	Powys	WCVA invitation to share case study	Providing transport and food/prescription deliveries
Maesgeirchem community	Gwynedd	WCVA invitation to share case study	Supporting variety of community needs
Mantell Gwynedd	Gwynedd	*Shifting the Balance* report	Coordinating/supporting the local volunteer response to the pandemic
Monmouthshire CC	Monmouthshire	*Shifting the Balance* report	Coordinating/supporting the local volunteer response to the pandemic
Monmouthshire Community Volunteering	Monmouthshire	WLGA website	Supporting community groups
Newport CC	Newport	WLGA website	Supporting variety of community needs
Newtown Network	Powys	WCVA invitation to share case study	Coordinating/supporting the local volunteer response to the pandemic
Our Monmouthshire	Monmouthshire	WLGA website	Coordinating/supporting the local volunteer response to the pandemic
PAVS	Pembrokeshire	WCVA invitation to share case study	Providing non-medical PPE for local organisations/groups
Pembrokeshire Community Hub	Pembrokeshire	WLGA website	Coordinating/supporting the local volunteer response to the pandemic
RCT CBC	Rhondda Cynon Taf	WCVA invitation to	Supporting variety of community needs

		share case study	
Safe and Well Project to support vulnerable residents	Neath Port Talbot	WLGA website	Supporting variety of community needs
SCVS	Swansea	WCVA invitation to share case study	Delivering prescriptions
Stephens and George Charitable Trust	Merthyr Tydfil	WCVA invitation to share case study	Supporting variety of community needs
Support to volunteer groups meeting COVID challenges	Monmouthshire	WLGA website	Coordinating/supporting the local volunteer response to the pandemic
Supporting Isolated Vulnerable People through the Buddy Scheme	Caerphilly	WLGA website	Coordinating/supporting the local volunteer response to the pandemic
Swansea Samaritans	Swansea	WCVA invitation to share case study	Provide suicide prevention service
The Arches	Powys	WCVA invitation to share case study	Supporting variety of community needs
Together for Cardiff	Cardiff	WLGA website	Coordinating/supporting the local volunteer response to the pandemic
Together we are fighting Coronavirus Covid-19	Flintshire	WLGA website	Coordinating/supporting the local volunteer response to the pandemic
Torfaen Community Support Mobile App	Torfaen	WLGA website	Coordinating/supporting the local volunteer response to the pandemic
Vale Heroes	Vale of Glamorgan	WCVA invitation to	Coordinating/supporting the local volunteer response to the pandemic

| Well-fed emergency food support programme	Flintshire	WCVA invitation to share case study	Providing food to vulnerable residents
Wrexham CBC, Denbighshire CC and Flintshire CC	Wrexham, Denbighshire, Flintshire	WLGA website	Coordinating/supporting the local volunteer response to the pandemic

Annex 3: Methodology

We followed the approach taken by South et al. (2021) in screening and synthesing the case studies.

Case study screening

85 case studies were submitted to the research team. Seven of these were identified immediately as being collected prior to the pandemic and were subsequently excluded. The 78 remaining case studies were subjected to full screening on content by four members of the research team. Of these, 50 studies met the inclusion criteria and were included in the analysis.

Figure 3: Flow diagram of screening process
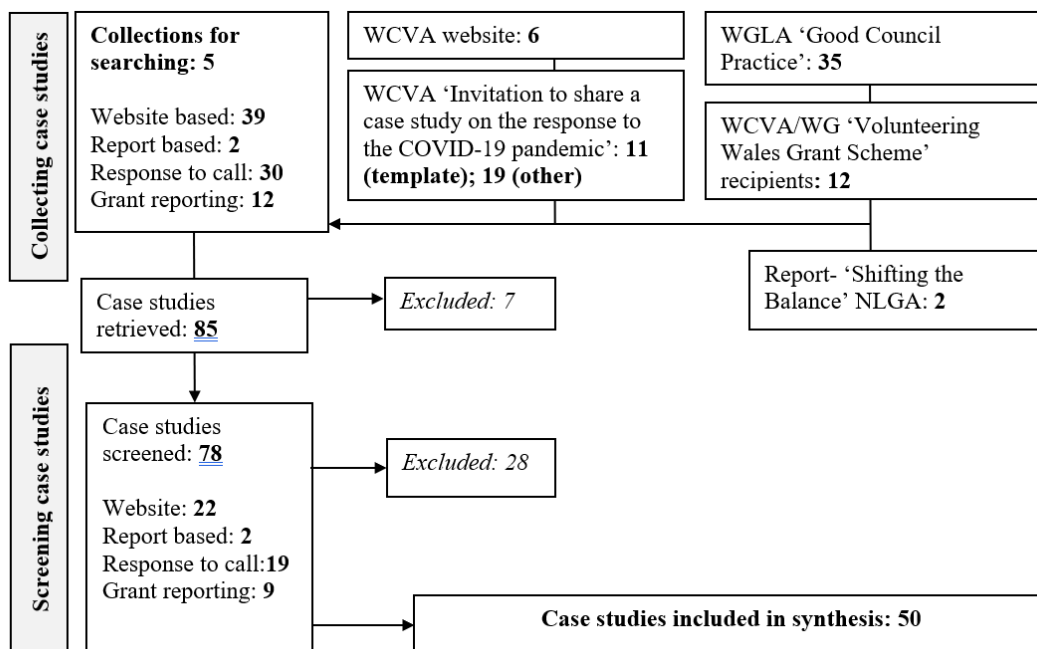
Synthesis

Following the screening process, a data extraction table was developed in Excel using commonly reported fields of information. This table was populated by four members of the research team and reviewed by experts at Leeds Beckett to ensure consistency.

The data extracted was subjected to Framework Analysis, involving two phases: the development of a 'matrix of themes' and a 'final thematic framework'. This allowed links to individual case studies to be retained, alongside analysis by variable (Khan and VanWynsberghe, 2008, in South et al., 2021). Developing the 'matrix of themes' involved the identification of a set of fields (primarily corresponding to data extraction fields), followed by a process of thematic coding, deconstructing these fields into a set of categories reflecting key (primarily descriptive) themes in the data. These thematic labels were developed and applied to the data extraction table through an iterative, cyclical process.

Throughout, interpretative memos were recorded, aiding the second phase of analysis – the development of a 'final thematic framework'. A series of 'sub themes' were identified through analysis of key patterns, commonalities and conflicts across the coded data. These were grouped into three 'major thematic categories': purpose and approach, outcomes and enablers. This framework of higher order, interpretive themes formed the basis of the analysis in this report.

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