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## FOREWORD

Mark Llewellyn, Welsh Institute for Health and Social Care, University of South Wales

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In April 2015 the Welsh Institute for Health and Social Care (WIHSC) provided a report to the Alliance of Alliances and the Wales Council for Voluntary Action (WCVA) on improving regional leadership and the relationships between local and national organisations within health and social care in the third sector in Wales.<sup>1</sup> Much has happened since, and with the recent publication of the Welsh Audit Office report<sup>2</sup> there has been a focus again on the nature of the relationships the third sector has with a range of different partners, both internally and externally, and the opportunities this presents. Challenges around commissioning and the relationship between organisations and the public sector, the overall funding of the sector, workforce pressures and requirements, the context of Brexit and other factors remain, which perhaps mean that this is a good time to take stock.

In this context, and recognising its role in being able to provide a space in which to help progress this work, WIHSC has been working in partnership with WCVA (as the national membership body for the sector) and Age Alliance Wales (a network of organisations focused on older people's needs and issues). We are taking as a 'case' for consideration the health and social care needs of older people, and working with colleagues across the appropriate parts of the public and third sector to address three key areas: existing practice and influence; commissioning, relationships and funding; and the future.

The first stage of the project is the production of this Think Piece report. In this document, WIHSC has received a series of contributions from a number of leaders from within parts of the third sector that are focused on the health and care needs of older people. The contributions (in the form of short essays) have been sought from people with deliberately different perspectives on the matter in hand.

In the spirit of debate and dialogue, I commend this report to you. The purpose of this paper is to get people to think, and I trust that it will do that, even if you don't agree with everything that has been written herein! It is published ahead of two round-tables meetings that are scheduled to follow in the summer months. A short report of the discussions will follow in the autumn.



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<sup>1</sup> Llewellyn M, Longley M, Garthwaite T, Evans R and Hilgart J (2015) *Improving regional leadership and the relationships between local and national organisations within the third sector in Wales* Alliance of Alliances and the Wales Council for Voluntary Action, 43pp – available on request from the lead author: [mark.llewellyn@southwales.ac.uk](mailto:mark.llewellyn@southwales.ac.uk)

<sup>2</sup> Welsh Audit Office (2017) *Local Authority Funding of Third Sector Services* – accessed, 13.2.17 from <http://www.audit.wales/publication/local-authority-funding-third-sector-services>

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# INTRODUCTION

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## Ruth Marks, WCVA

The third sector – encompassing registered charities, social enterprises, co-operatives, voluntary and community organisations – is a diverse sector. Operating in every community across Wales, activities may or may not have links to formal organisations in terms of its geography or sphere of interest. The sector supports and works for the health and social care rights and needs of older people, as it does for the rights and needs of children, the arts, sport, the environment and every aspect of civic society.

WCVA's latest data indicates that there are over 33,000 third sector organisations active in Wales and of these, 10.42% work in health and social care, and 4.6% with older people. The latest Volunteering in Wales report notes that informal volunteering (such as doing errands or providing transport) was undertaken by over 1.6 million adults in 2013-2015, a significant input of time by the people of Wales into the health and wellbeing of their neighbours, particularly older people.

This report considers three key areas of existing practice and influence; commissioning, relationships and funding; and the future. These are important issues to discuss and possibly agree some changes, in order to improve provision and evolve services via stronger relationships and systems.

There is an underpinning principle about listening and playing to our strengths. The National Principles for Public Engagement in Wales provide a useful framework for planning and evaluating engagement work effectively. They point to the importance of listening to older people and each other within the sector in addition to recognising, mutually respecting and playing to our individual and collective strengths. In doing so, there is also the opportunity to move further towards genuine co-production of public services, with providers and users working together to create sustainable services for their communities.

Existing practice and influence should include the experts in the field - older people themselves, as volunteers and as service users. There are respected national charities whose mission and purpose is to directly work with and support older people. Many other charities and voluntary groups engage with older people including through the arts, sport and education. Supporting this activity are infrastructure bodies including the County Voluntary Councils (CVCs), WCVA and others like the Wales Co-op Centre. Between us we have many ways to influence. Existing structures such as the Third Sector Scheme and the Third Sector Partnership Council offer access to the machinery of Government. Many charities and networks meet directly with Ministers in addition to the scheme. There is also new legislation setting out structures where decisions about service need, provision and funding are made.

Working together, across, within, in formal collaboration or informal partnerships should be the best way to improve practice and influence, with organisations using evidence to both understand and communicate the positive impact that they have.

Commissioning, relationships and funding are contextualised in the knowledge we share about increasing need alongside decreasing public funds. The days of grants are not gone, but are substantially in decline. The focus is on contracts and procurement that often gives rise to competition rather than collaboration. The recent Wales Audit Office (WAO) report noted that 'inconsistencies in local authorities' arrangements for funding the third sector make it difficult to demonstrate value for money' and the challenging environment this is creating, particularly for small, local groups. There are concerns about the negative impact this has not only on an organisation's viability, but importantly, on the quality of services provided.

The WAO report raises important questions and challenges for improving the strategic and funding relationships between local government and the sector, in order to improve services to people. Building trust across the sector and with the public sector should enable a greater recognition of

strengths and potential partnerships. A joint bid is usually seen as stronger, offering greater quality and better value for money than two individual and competing bids. Building trust and a robust evidence base will serve the sector and importantly older people better.

Turning to the future – the UN Principles for Older People set out five themes: independence, participation, self-fulfilment, care, and dignity. The Older People's Commissioner for Wales is legally obliged to have regard to these principles and I believe they provide a solid foundation on which to base discussions about the future. We need to listen to older people and each other, consider behaving differently ourselves to support different ways of working to deliver in the different policy and practice environment taking a rights based approach, within a principles framework.

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## Ceri Jackson, Age Alliance Wales

Living longer and enjoyed fulfilled lives is something we all aspire to and thanks to medical advances our aging nation is growing exponentially; between 2016 and 2039 the population aged 65 plus will increase by 39% {per cent}. So how do we rise to the challenge and shift away from medical models and silos to provide person centred, co-produced and integrated support? Of course, there are many examples of good practice but the challenge is sustainability and embedding that good practice everywhere. Austerity and public sector commissioning and procurement processes continue to be a significant barrier, together with a rising expectation that the third sector will plug the gaps.

Seventy per cent of people aged 75 or over report that their daily activities are limited due {to} a health problem or disability. So how do we ensure we work collaboratively to meet the needs of our population as we live longer with more complex conditions and higher expectations of a healthy, active and fulfilled life?

Older people contribute significantly to our economy and should not be seen as a drain on our resources.

In my day job as Director of RNIB Cymru I have the privilege of meeting many of the people we support through our extensive range of services including hospital based support service, welfare rights and digital inclusion. I call it my reality check. I recently visited our Advice Team in Colwyn Bay, the team of Advisors provide an excellent service to people with sight loss. Advisors undertake a quality of life and welfare rights assessment. Invariably the customer is referred to partners, social services and other RNIB services. The feedback from our customers is excellent and the service has supported customers to claim over £5m of benefits they are entitled to in the last 12 months, mostly through mandatory reconsiderations and tribunals. The qualitative feedback provides a helpful reminder of other pivotal support, for example, finding a mobile hairdresser, joining a talk and support group, attending a reading group at the local library and getting online for the first time to shop or chat to family.

All too often public sector services provide reactive, episodic care, rather than providing advice and support that prevents poor health and enables independence and the best possible quality of life. There appears to be an increasing void between the legislative and policy frameworks and reality - one example of this is the local authority generic assessment approach, resulting in some people not having an appropriate assessment of need and being left to cope alone or rely on the third sector.

There is no doubt we need a cultural shift to ensure services are co-produced and person-centred and to ensure sustainable strategic relationships across the third and public sector in Wales. The challenging external environment requires us to utilise our finite resources wisely. There has never been a greater need for us to develop and sustain strategic relationships which drive a collaborative person centred approach and make the best use of expertise and resources. This isn't a "nice to have" - it's essential if we are to meet increasing need and ensure Wales is a good place for our later years. Healthy competition should be encouraged but parochialism should not.

I am proud to have been part of the third sector for over two decades. The sector is diverse and this should be celebrated. It contributes £3.7 billion to the economy, employs 79,000 people in Wales and makes a huge contribution to health and social care. The sector has a strong track record of innovating and has a wealth of experience and expertise. However the third sector continues to face challenges with less funding and increased competition; and poor public sector commissioning and procurement processes have compounded these challenges.

The sector is often misunderstood by key decision makers, treated like the poor relation, brought into the conversation too late and expected to plug public sector gaps. Age Alliance Wales is committed to working together to improve the lives of older people. It is a clear example of how the sector collaborates, adds value and reflects the voice of the older person. Age Alliance Wales has been providing feedback, challenge and opportunities to move the debate on but there is no doubt that there is significant challenge.

Legislative frameworks are providing new platforms and there is cause for optimism but we need to reach beyond safe boundaries, challenge objectively, be courageous, strengthen individual and collective involvement and find the space to be smarter and drive change.

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## THINK PIECE 1

### THINKING ABOUT HOME CARE – A SYSTEMS THINKING ALTERNATIVE

Mandy Tilston-Viney and Adrian Roper, Cartrefi Cymru Co-Operative

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We are used to hearing that Home Care is in crisis; that fewer and fewer older people are getting help from a service that will cost more and more as we all get older; that Home Care causes Delayed Transfers of Care, resulting in huge strain upon our hospitals. But we don't hear much about why the Home Care system operates as it does, or about the thinking behind the practices that maintain it in a dysfunctional state.

Commissioners have attempted to address the issues with larger contracts and shorter call times, none of which have led to greater sustainability, or greater satisfaction amongst the people receiving support. It is a service dominated by a message of attrition –that there isn't enough to go around and we must all make do with less.

Vanguard Method Systems Thinking teaches its practitioners to think about “The System” in its widest sense. It encourages an in-depth exploration of “The Work” right at the grassroots so that leaders begin to appreciate how a failure in one part of the system has its knock-on effect elsewhere - with extra expenditure, time and work for whoever ends up mopping the mess.

Cartrefi Cymru Co-operative is the largest voluntary sector provider of care and support in Wales, mainly supporting people with learning disabilities, but in North Wales we have a small Home Care service operating in Arfon, in mountainous Snowdonia. This little service strives to organise 25 staff to carry out 723 calls a week to about 40 people, between 6.45am and 10.15 at night, 7 days a week, over a rural area of about 200 square miles.

#### HOW DOES HOME CARE WORK NOW?

Home Care traditionally works in this way: people are assessed as needing help for a set amount of time at fairly predictable times of day i.e. “Breakfast, Lunch, Tea, Bed”. The calls are grouped into rounds, running from person A to B to C etc. Managers try to keep costs down by grouping calls as close together as possible, which is a tough call because they have little control over where new packages of care will be situated. Cartrefi pays staff for their time on the road at their standard contracted rate and pays their mileage at 45p a mile. Travel is expensive.

The rounds change constantly. People die. They go into residential care. New people, living in different places, need calls. Staff have variable contracts, prefer to work different hours on different days, take holidays and sick leave. Nursing the staff rota is the biggest consumer of manager time. That and dealing with bureaucracy. The managers are under huge pressure on a daily basis in an unenviable job. These are good people, trying to get things right by running hard on the treadmill of doom.

#### WHAT MATTERS?

A Vanguard check on our Home Care system began with an exploration of what matters to the people using it. We looked at records to see what people asked for, what they received, and what they complained about. This revealed that What Matters to the majority of service users can be expressed in this way:

- *I need a reliable service.*
- *I need a flexible level of service that can give me more when I need it and less when I don't.*
- *I want staff who suit me, who I can establish a bond with.*

- *I want people who can help me with what I need help with, when I want it, whatever that help is.*
- *I need help with my wellbeing (not just personal care).*
- *I want a service that listens and meets my individual needs.*
- *I want to feel informed and in control.*

But the system as it stands is not set up to deliver these things: people are repeatedly frustrated by unreliability, by a one size fits all, task-based service, in which a varying stream of staff try to fit in someone's important wellbeing-related requests around the constraints of the Care Plan, often in their own time. There is no incentive for providers to **be** flexible or to innovate. The focus is on feeding the machine – putting more money in via bigger block contracts in an attempt to entice providers with promises of the elusive Economies of Scale.

So who does the Home Care system actually work for? Does Time and Task commissioning work for the staff who run from call to call, all too often on zero hours contracts, with little or no travel time given between calls so that for-profit providers can make a surplus? Does it work for the Home Care managers who spend their time nursing the rota and on the bureaucracy that providers, commissioners and inspectors impose upon them in an attempt to control the system? Does it work for the social workers who have been obliged to assess whether someone is needy and vulnerable enough to receive a Home Care service and then to reassess for the extra 15 minutes for support that everybody knows Mrs Jones really needs? And does it work for the older people receiving Home Care, who may be entirely dependent upon Home Care staff to meet their social and emotional needs?

Vanguard tells us that every system has its “waste” and is likely to be chock-full of bureaucracy and processes that we design into it. In Cartrefi's small service, we have a talented, creative management team that would much rather be out in the field, talking to people and finding out if we're doing what matters. But at the moment, their time is consumed by the rota and the bureaucracy. They made a record of all the demands on their time over a week. There were 306 demands. Only 14 related to the people we support, with only 1 direct call from a service user. Home Care eats managers for breakfast.

Where does the micro-management and bureaucracy stem from? Ironically, a lot of it is driven by a desire to control costs. There's a fear that if you let people have what matters to them, they will ask for the earth and the demand will be uncontrollable. But have we tested out how realistic that fear is? Have we looked to see whether, if we cater for people's emotional and social needs in a different way, people will place fewer demands on the Home Care system or the Health system or the Justice system? And have we looked for waste in the system? Well, mileage for randomly located calls is waste. Nursing the rota is waste. All the calls to social workers to ask for another 15 minutes are waste. And it all costs money.

## **JOAN**

Joan is 85 years old. She lives alone in a small Welsh cottage on the outskirts of a village. She's isolated and her mobility has decreased over time. In the past couple of years she has had some falls that have knocked her confidence and she can't get out like she used to. Joan's care is funded by Health because Joan has a long standing severe mental health problem. Everyone agrees that Joan is very vulnerable.

A care package was arranged with Cartrefi in 2009 to prompt Joan to take her meds, encourage personal hygiene, and prepare breakfast and a bit of tea. Two calls a day, half an hour each, morning and evening, at set times. What Matters to Joan if you were to ask her is having the Sun newspaper in the morning and a steady supply of fags.

Reading through communication books and log entries showed an array of interactions between the staff on the ground, the managers in the office, and the health and social care professionals, too-ing and fro-ing in an attempt to sort out the problems Joan was facing on an ongoing basis.

If you look through this record of what's happened in Joan's life, you see that other things are important too: keeping an eye on her physical and mental health; keeping a close tab on her meds; keeping in touch with her neighbours; keeping her safe by trying to tackle the chaos that her house quickly becomes; making sure she's got food and money; trying to keep the accumulating stack of newspapers next to the fire from setting alight.

There are three different care providers and a care coordinator involved in Joan's Home Care, all with the responsibility to help her live her life well. So how effective has this service been? The Protection of Vulnerable Adults referrals we made, after repeated episodes of Joan having no food or money in the house when the system failed, would indicate "not very well". And there's the time it took to get Joan's toenails cut by a chiropodist: a concerted effort from staff and managers for just over 3 months and in that time it got so bad Joan couldn't put her shoes on and had to walk about in her stockings. How can that happen with this level of support?

There are many other examples of such system failures, even in that small service in Arfon. The scale of waste and avoidable suffering across all of Home Care, every day, must be immense.

## UNDERPINNINGS

So what is the thinking that sits behind this pressurised system? Why do we have so much waste and a failure to meet basic needs?

As reflective Providers we have identified thinking such as:

- We can't trust the staff not to rip us off, so we'll monitor and control them.
- We can't have staff working with autonomy because we don't trust them and we'll lose control.
- We have responsibilities and we have to retain control

And the Commissioner is thinking exactly the same things. They don't trust us and we don't trust our staff. This has landed us all with the top-down, command and control model of working that misses delivering What Matters every single day.

Our staff struggle from person to person, fielding swathes of unmet need as best they can. As a provider we struggle to meet the lowly purpose of doing the calls as best we can and breaking even. The people we support often struggle uncomplaining with unfulfilled lives, stifling discontent in the name of not making a fuss.

All of this is unsustainable and is testing Home Care to destruction. But if we remember What Matters to people using this service, then that brings us to a new Purpose: *to get to know people really well and do what's important*. If we can concentrate on that, then the potential is there for an amazing transformation.

As a multi-stakeholder co-operative, we are up for doing right by the people we support and our employees. And with admirable willingness to try something different, Gwynedd Council are working with us to carry out an experiment in the village of Bethesda. Our aim is to see whether it is possible to redesign Home Care so that it becomes an empowering system to commission, to work in and to receive.

Our Bethesda Experiment will particularly test out two propositions:

- That skilled and knowledgeable staff working on a local patch, with the power to make decisions about what they do, is a more sustainable way of providing Home Care – and compatible with decent staff terms and conditions;
- That skilled and knowledgeable staff who are using their resources, and the local community's resources, will be able to help people to do much more of What Matters to them - in a system

that recognises their needs as human beings.

This redesign of Home Care will test out the principles of Co-operation and Co-production at every step. With the support of the Social Services and Wellbeing Act, we'll all be focussed on finding out What Matters to people who are vulnerable, while at the same time looking at their strengths and assets to see how we can supplement those things that need supplementing.

Local Authorities and Health Boards are being compelled to think about what they commission and how. We're fortunate that some, like Gwynedd, are prepared to see if, rather than simply retendering a service, we can work together to re-design the whole system.

### **SCALING UP?**

Our experiment is purposefully small at present and scaling up will bring challenges as we introduce people who are used to working in a traditional way to an unfamiliar alternative. Scaling up is not simply a case of rolling out a training course and telling staff they now have permission to Do What Matters. A new approach requires normative learning – getting into the heart of the work to experience first-hand the waste, failure and missed opportunity that exists in the traditional model. Having a successful, redesigned model running alongside the old system creates a useful comparison and an opportunity for experiencing how it feels to work on the ground to work in a in a different way. The comparison creates a cognitive dissonance that is hard to ignore. As one of our staff has said, "I'm not going back to working like that. It's just wrong. I can't do it anymore." That is the secret detonator of scale.

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## THINK PIECE 2

### DIFFERENT STRANDS

Jeff Collins

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#### INTRODUCTION

Most experienced people in this subject in Wales will know of historic celebrations of enjoying successes and the comparisons with England, Scotland and Northern Ireland. Numbers and statistics in this emotive subject are dangerous and will not be used in this paper. Yet most who have worked in this arena will acknowledge that the good communication channels between the third sector and the statutory sector have paid an essential role in enhancing this situation.

History will demonstrate a movement away from a WCVA dominated picture some 15/16 years ago through a journey, sometimes painful, that evolved into Age Alliance. However, a stock-take in 2017 may be demonstrating that the journey continues. Readers of this will know of the myriad of different reasons, both internal and external to their own organisations, but suffice to say here that those reasons may all combine to paint a very different 2017 picture with stark differences to one that existed a few years ago. To celebrate this history and encourage some different conversations, this short paper will offer some subjects that may energise some different thinking. The subjects are derived from “existing practice and influence” from the Project Outline. The end-point is to improve further those essential communication channels. To be slightly more provocative, and encourage a counter, each subject has a more mischievous question!

#### SOME DIFFERENT STRANDS OF THINKING:

##### Volunteering

It is a truth to observe that in Health and Social Care the staff to volunteer ratio has decreased especially in more recent years in the third sector. The advent of more rigorous, and more carefully inspected standards supported by the requirement for more qualified practitioners are but only a few of many strands of thinking that have encouraged this movement. Indeed, there are now some voluntary sector organisations who deliver some services devoid of any volunteer component, and others who charge a commercial fee for some services. This piece is not to encourage “competition”, criticise, or promote a right/wrong debate; it is to start some more innovative thinking and conversations along different paths. Can/should the volunteering “offer” be more carefully examined to include work experience, apprentices, temporary placements, linkages with education (adult and young people), recruitment, university and college placements of volunteers, and any number of other different initiatives? In turn, and following the example of other funding agencies should, commissioners be looking at volunteer numbers and setting minimum examined standards?

*In reality, what is the difference between the service your 3<sup>rd</sup> sector agency offers, and a purely commercial perhaps even cheaper alternative? Is it time for you to return to the basics of the 3<sup>rd</sup> sector?*

##### Value for money

“Austerity, washing its own face, audit, best value, unit costs....” are now very common words and phrases that proliferate in the commissioning of/competition for services by the third sector. While this piece acknowledges the need to save money and to be as efficient as possible is this subject always being viewed through the right microscope? Should the third sector provider accept that they should be seeking only to recover ...% of the costs with their own, internal, charitable fundraising departments accepting the need to find the rest? In parallel should the commissioner recognise this

also in helping the service provider raise the additional funding? This would/could have advantages in publicity, bedding the service into the local community, volunteer recruitment, and making the initiative “owned” locally. On the one hand the need for competitive/commercial business management is not discouraged but the principals and fundamental values of the provider should feature in a local context also? This conversation should not consider this as an inevitable drop in standards rather it should strive for the contrary.

*In acknowledging that they must, and will inevitably return, is it timely now to put the spreadsheet, business case, and the calculator away from the limelight? Is it not time for that vulnerable person to return to centre stage and for the 3<sup>rd</sup> sector to rejoice in the help we/you can offer?*

### **Vulnerable people**

Should the commissioner have a more dominant view over the precise service they are commissioning? Most third sector providers have a target audience that is/was established historically and this piece would not wish to question that principal. Yet commissioners in 2017 have also a host of data and information that may better define “vulnerability” in their community. In preliminary work into an NHS struggling with numbers, for example, is it right, and germane in 2017 to use the words “vulnerable” and “older people” in the same sentence? Demographics are moving quickly, the number of people retiring with an outstanding mortgage are increasing, just as the number of people facing retirement with a much smaller pension are increasing also. Home ownership statistics are also changing rapidly and this will change the affordability/vulnerability profile of local community. The thinking point(s) offered is to ask if the commissioner needs to have a bigger say in what is being commissioned, and is/has the third sector lagging in its understanding of our ever-evolving local communities? (Including also the sharing of data that feeds these trends).

*We know from experience that this debate must not be allowed to stagnate. Many players in the 3<sup>rd</sup> sector were established in different times and the calendar has moved on! As uncomfortable and unpalatable internally as it may be, it is not about time the case for the deserving service user was re-examined?*

### **The national debate**

There are now several examples of large UK wide third sector organisations in this field that have restructured/reorganised in the more recent years. This is being done at a time when Brexit and the devolution debate in Scotland dominate the media as simultaneously the fundraising climate becomes more onerous and demanding. It follows that in a UK climate there are economic arguments to slim down the UK management structures with contingency planning should greater devolution become more possible/probable. Is it a fact, therefore, that the capacity of third sector organisations to invest in more wider management initiatives in Wales has/is being reduced? Is it therefore a thinking piece to ask the Welsh Government and other statutory sector partners to take cognisance of this? Has the on/off debate over local government reorganisation, the design and redesign of regional structures, and the statutory local government overview simply become too big for the average third sector partner to contribute as much as they would like? Can this be made simpler and less demanding? Should also the role of CVCs become part of this debate?

*Wales has a very proud history of a solid relationship with the 3<sup>rd</sup> sector that will stand scrutiny. Is there a danger that in difficult financial times this will be prejudiced because it is easier to contort and ever expand the audience rather than “cut to the chase”?*

### **Partnerships**

There are now some good examples of good partnership arrangements with different third sector agencies working together under a single commissioning umbrella. There are also one or two examples where such arrangements have not worked. Partnerships such as this have been an ambition for many years but countered by some agencies concerned over retaining their own identity, ethos,

and position in their own communities. The counter argument has always been that in some circumstances it is possible with honest dialogue and contingencies to prevent worst case scenarios. This thinking piece is to examine these examples and to understand and advertise the learning and the problem areas. This can be undertaken in the knowledge that these arrangements are encouraged by the Welsh Government and attractive to other funding bodies also.

*The reality is that locally, and for often the wrong reasons this subject can become unpalatable! Once again is it not timely for the vulnerable person to return to centre stage with other sensitivities given a better proportion?*

## **CONCLUSION**

This short paper would offer that the timing of this work is vital. Experienced observers of the Third Sector in Wales would note that the journey over the past few years has been successful with the occasional uncomfortable moment. The latter worst case scenario has nearly been resolved by the strong and open relationship the sector has had with The Centre. The end of this discussion must, it is offered, bear this in mind.

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## THINK PIECE 3

### SEEKING THE HOW

#### Richard Williams, Action on Hearing Loss

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The lady was called Glenys. She needed help.

Glenys was in her late 80s. Her call came through our general switchboard and instantly the team could tell she was exasperated. She needed help.

She had called Social Services after deciding enough was enough – her hearing loss had reached the point where she was cut off from those around her and was starting to feel vulnerable and unsafe. She was a proud woman and not used to reaching out. But she needed help.

Glenys had some idea that there is equipment available that could help her. Maybe, something that could help her use the phone to keep in touch with friends and family. Maybe, some kind of door alarm that could help her hear when there was someone at her frontdoor. That would make her feel safer in her own home. Maybe, something to help her watch the television at noise levels that didn't annoy her neighbours. She had some idea. But she needed help.

Her first call was to the council call centre, where the lady she spoke with was lovely and suggested to her that she should call the 'Third Sector'. There weren't too many questions about this and within minutes she was given the number to speak to the charity Action on Hearing Loss Cymru, where I work.

When Glenys's call arrived with us, our team knew instantly that the solutions were fairly simple. She needed to be assessed by a social worker, who has been trained to carry out assessments for deaf people. She should then be provided with specialist equipment to help her feel safer and be independent. She should be advised about a visual door alarm, a specially adapted telephone and a TV listening device.

In all, it would cost the council a couple of hundred pounds – and Glenys would regain control of her life.

But. Glenys can't buy this equipment herself. All of her money goes on the essentials – heating, food, water. There is no way that she could stretch to 'a couple of hundred pounds'.

The council lady was lovely but hadn't thought to ask. Maybe she didn't know the cost of the items, maybe she didn't want to pry into someone's personal affairs. So after a conversation with us Glenys had no choice but to go back to the local authority call centre and start all over again.

Days on, and after struggling through numerous frustrating phone calls (remember Glenys has a hearing loss and finds it difficult on the phone) she is still without that little bit of help she needs.

I share this story to bring to the fore what we are seeing across Wales as the new social care system adapts to the new legislation, and the consequences for members of the public and the third sector.

It is a fairly typical example that we are seeing across Wales, of people being 'overzealously' directed away from local authority support to the third sector without, at first, the right questions being asked to identify if this is appropriate.

At the same time the same council insists that it has a budget to support people with assistive technology and that they have the staff capacity to support people. The support, clearly, is still there – but the public are having to fight their way through the system to get to it. So something is clearly not yet working.

Of course the DNA of third sector organisations dictates that we would want to help someone in this situation. However a sector shorn of core funding and with no additional resource to back up social services in this way is not going to be able to fill the kind of gaps we are seeing. The sad truth is that in this time of reducing core support, Brexit and public service cuts, the sector is at its least resilient – at the very same time that the public needs us most.

So what can be done?

Supporting members of the public to find their own solutions, one of the core drivers of the new Social Services and Well-being Act, is of course a sensible approach. To deliver this, the right support at the right time is critical – both in the public service and third sector.

Surely moving responsibility from public services to the third sector should see a proportionate movement of resources and far closer working across our various sectors?

Then Glenys could have been supported as part of a robust and integrated pathway, where clear responsibilities are identified and owned.

We are clearly nowhere near there yet. To achieve that, we need to drastically step up our ability to plan and commission.

All too often, and despite good intentions, funding rounds are rushed out with very little notice and guidelines that are open to local interpretation. Often this transpires into new projects which are squeezed into shape to fit the funding guidelines. All of which means there is little time to listen, engage and jointly plan.

And then we end up with people like Glenys falling through the cracks, being pushed from pillar to post as she looks for that very simple bit of support that will make all of the difference.

More rigour is needed in the way public funds are used and allocated in Wales, with greater transparency and visibility of how decisions are made – and how the public and third sector can influence and engage with that process.

Local communities including the third sector should be more fully involved in decisions on how we shape and run our services.

That means going beyond our current ways of working and engaging. It means more than a workshop or a survey monkey which is promoted to the same network of ‘the engaged’. We need to be listening to the wider public, to hear their voices more widely. We need to go further than the regular ‘faces’ who are ready and willing to join in with committees and consultation events.

Recently at a third sector event, I was on a panel discussing the new Regional Partnership Boards and a lady at the back of the hall stood up and asked how could she as an individual person raise an issue around the care needs of her family.

Her question illustrates our over-reliance on structures and networks. Of course there are ‘carer reps’ on every regional partnership board, along with local CVC members (more often 2 or even 3) and a national third sector representative. There are even ‘citizens’ reps’. Surely that means all bases are covered? It does - if we assume that the whole of our society is somehow magically structured under these categories and structures. Of course our communities are not structured like this – we are all people, with beautifully complex lives, needs and interests. Most of us are not plugged into networks, we are individuals, with views and needs of our own. We need to hear these voices – and to create space so that they can come through loud and clear as we plan future services.

The only way that our public services can fully engage with the public is by being open, by more open discussions with our communities about future needs.

That doesn’t mean small groups of people sitting in committee rooms deciding how the ICF programme funding is spent and emerging to share this with another committee. It means having open

access to information, it means giving people (including the third sector) the opportunity if it wishes to engage in discussions. It means using new technology for greater awareness and bigger discussions. It means interactive decision-making. In honesty, it will mean more work and probably some quite difficult conversations with people who have really strong opinions.

But that in turn will take us to a place where services are more in-tune with our communities, to better use of our joint capacity across all sectors. It will lead to a more engaged society.

Sure, the third sector has a really big part in this. We need to find ways of working far more effectively on a local, regional and national basis. Our communities now more than ever need to unlock the fullest value from the third sector – this is not the time for sectoral politics which can cloud and get in the way of progress.

We need clearer understanding from public services of the role of our umbrella organisations. The WCVA is not the national third sector and CVCs are not the local third sector – but they are both very important infrastructure organisations that help support the sector to achieve its fullest potential. It is important that our public services better understand this difference so that we can have better dialogues across our sector.

I genuinely believe most people within in public services want to work more effectively with the third sector. They know we are an important part of the answer to delivering future services and engaging communities.

But I recognise the third sector can be a complex beast and those in public services haven't got the time or interest in understanding our sector's various quirks and differing views when there is such an urgent need to improve services with the fullest engagement and contribution.

The missing part in all of this is the 'how.'

The biggest step that we can take in Wales to support this is a systematic improvement in the planning process.

It starts with openness – public discussions with the third sector, public and public services, which then shape a planning process and visible decision-making about future services. All in the public eye, so that those who want to contribute can do so, those who have expertise can share it, and those who rely on those services really are central to how they are shaped.

It needs support from our third sector at all levels (local/regional/national) along with the infrastructure organisations (WCVA/CVCs).

And it needs to be done quickly.

We understand that new ways of working will always take some time to bed down. But people like Glenys are out there taking steps to help themselves now – and starting to hit against walls. Once they give up on our new structures, God help us because by now we don't have any safety nets beneath us.

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## THINK PIECE 4

### THROWING THE BABY OUT WITH THE BATHWATER?

Jeff Hawkins, Age Connects Cardiff and the Vale

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#### EXISTING PRACTICE AND INFLUENCE

##### Improving the experience of working between third sector organisations and commissioners

From my experience there is little doubt that the policy drivers arising from the Well-being of Future Generations Act (Wales) 2015 and the Social Services & Well-being Act (Wales) 2014; to name two, have had an influence on the way Welsh Government, Local Government and Health approach their respective relationship with the third sector.

Arrangements have been put in place to ensure involvement of Council's for Voluntary Service (CVS's) and in some cases representation from National third sector organisations.

Age Alliance Wales influenced Welsh government and to some extent Regional Partnership Boards (RPB's) to ensure older peoples organisations were represented. However, there are inconsistencies across Wales and in many ways CVS's have been utilised as the main source of formal engagement.

Ironically, the Act's referred to above and some of the expectations around co-production, social enterprise and other organisational forms and structures such as co-operatives require a much wider appreciation of what might be possible. This begs the question about whether CVC's have the capacity and particular expertise to respond to the roles expected of them in the development of other service delivery models.

#### Good Practice

There is evidence; at a strategic level, of improvements in the approach to establishing structures and communications associated within the first year of the Cardiff and Vale Regional Partnership Board (RPB).

I think one can be satisfied that the work around the RPB in Cardiff and the Vale which has genuinely sought to look at different models of engagement in order to address the partnership responsibilities. In particular, the themed development workshops which focused on the work programme of the RPB used independent facilitated expertise. This approach has been welcomed and useful in developing understanding and shared priorities, e.g. workforce issues have been acknowledged locally as a major issue along with the unstable nature of the domiciliary care market.

The RPB recently launched web site, will go some way to improving wider communications and the sharing of information. The commitment to support the infrastructure of the partnership in terms of dedicated staff resources has been a significant benefit.

Commitment to engage with third sector representatives, separately from the formal RPB to share information and material is also evident and welcomed. By its nature the RPB is strategic and the creation of an office led Strategic Leadership Group (SLG) supporting the RPB makes sense to facilitate focused preparatory work.

This approach is necessary and clearly has benefits in term of focusing the information and recommendations to the RPB. However, it does mean that the function of the PRB is largely focused on approving recommendations, with little opportunity for more in depth understanding of the priorities, issues and impact of decisions. This is very evident in relation to Intermediate Care Funding (ICF) and commitments to third sector elements of the funding available is patchy.

In addition, whilst the themed developments workshops have been valuable, it is difficult to see how the recommendations, priorities and work arising from these sessions are being implemented. The outside additional input required from people who understand co-production/social enterprise and co-operatives seems to be missing from the SLG mechanism. As mentioned above, it is questionable whether CVC's and other representative have the background and/or capacity to move new models of practice and delivery forward and help in the transference of theory into practice. Could future funding, including ICF help to facilitate this?

For this approach to be meaningful, third sector organisations should have more opportunities to engage in both the understanding of the wider complex issues, how innovative methods/structures of delivery might add value to service priorities.

Resources are scarce; but where available, the themed co-production workshop approach could be widened to a larger audience and a stakeholder engagement strategy should form part of the RPB's ongoing approach to developing understanding, a common purpose and joint commitment to priorities.

Such a strategy should acknowledge the difficulties third sector organisations have in terms of available staff with relevant expertise in order to support engagement at all its levels and in facilitating the engagements of others from social and health care models of delivery e.g. social enterprise/co-operatives.

Future funding for the RPB should also include mechanisms to support wider third sector stakeholder engagement. The engagement of older people themselves must be a higher priority as the voice of older people in the current arrangements is weak.

### A Focus on Well-Being

The emphasis on Well-being is welcomed as it does shift the focus away from seeing people with care and support needs as passive recipients of the current available services. However, there is little evidence that sufficient work has been done on developing understanding, practice, guidance and tools that are required to produce relevant well-being outcomes in service specification. As a result, there is little experience of the methods necessary to capture these outcomes for evaluation purposes and still less evidence that older people have had an opportunity to participate and influence the development of outcomes.

I am concerned that well-being outcomes are being 'lifted' from other commissioning and procurement processes, and used inappropriately in the service design of other services.

In my experience, where well-being outcomes have been identified they are often unrelated to the activity or where they are not identified providers may be expected to explain the outcomes they will produce as part of the tender process.

Where commissioning and procurement works well it is for commissioners to adopt a co-production approach to developing well-being outcomes and measures, well ahead of any procurement process to ensure shared understanding of the value of these outcomes.

There is no conflict in getting this element correct in the design and commissioning stage of development before a procurement process is set up, although it still feels as if procurement view engagement and co-production as something to be kept at a distance. Commissioners need to set the tune and expectations around co-production.

This is vitally important because the fear is that the costs associated with delivering on well-being outcomes are not being properly determined in current contracts and could therefore set up a potential conflict in terms of the realistic costs of service delivery.

## Consequences of professionalising the relationship between the public and third sector

Historically, the roles of the public, third and private sector could be summarised as:

- Public Sector – democratic accountability, safeguarding and public service
- Third Sector – values based, independence from the state, users voice and control and public benefit
- Private Sector – for profit, responding to markets and customer expectations and service

These are old fashioned descriptions; however, they usefully demonstrate the future dilemma for third sector organisations because their perceived roles, independence and values will be challenged in this new environment.

The shift from grants to contracts has altered the relationship between the third sector and public sector overnight and could have a significant and long term impact on the ability of the sector to fulfil any of its wider recognised remit e.g. championing good causes, supporting the needs of the vulnerable and those less able to get public service support in the future.

A fundamental shift has occurred that could break an age old acknowledged mutual understanding, that the third sector stands apart from public sector, has the potential to raise unrestricted income from the general public and charitable giving and other grant funders and can recruit, train support and deploy volunteers, often to add value to the work they do with and on behalf of the public sector.

With contracts being more rigorously defined and competitive processes setting third sector organisations against each other, there is little incentive for third sector organisations to 'add value' to these contracts from their own resources in the way that would have been typical in a grant scenario or to collaborate with others at cost/risks to themselves.

There is concern that the current state of third sector in terms of capacity, sustainability and understanding means that they are not in a position to address what is required of them.

Finally, if third sector organisations are not distinguishable from the public sector, then why should they expect support from the general public?

## COMMISSIONING, RELATIONSHIPS AND FUNDING

### Challenges around commissioning and procurement

To build on the points above, the public sector should look again at opportunities to restore appropriate grants funding as a means to achieve common purpose, alongside services commissioning, particularly where it is striving to create new alternative delivery models. A grant funding strategy offers greater flexibility than formal commissioning and could mitigate the potential risk, for the third and public sector, in the development stage of innovative approaches.

Whilst I have sought to identify good practice at a strategic level through RPB, regrettably this has not yet been felt within the disciplines and practice of commissioners and procurement processes.

There is a gap between the rhetoric and aspirations at strategic level for co-production and user engagement and the reality of procurement, which seems fixed in an outdated model of 'buying' services. Unless there is a real significant organisational cultural change and development in terms of commissioning and procurement it is really difficult to see how the objects set out in Part 2, section 16 of the SSWB Act 2014 – Promoting Social Enterprise, can be achieved.

The production of Area Plans also requires a clear commitment to reporting on the development of Social Value Forums and it is clear that commissioning and procurement MUST take a more considered and developmental co-produced approach to service design if we are to achieve the change necessary to meet future challenges.

There are considerable workforce issues facing the whole health and social care community and the current commissioning and procurement experience coupled with the concerns about the future role of third sector organisations will not help to address the challenges we all face in making employment and volunteering an attractive proposition against other competing employment markets and opportunities.

The anxieties created by persistent uncertainties in short term funding commitments and the watering down of previous long term strategic relationship with third sector organisations, largely achieved through core funding grant programmes, has had a significant effect on stability and sustainability of the sector, including the retention of employees.

A research study could look into workforce development and retention to provide high quality services. More detail as to the effects and long term impact of the current environment on third sector organisations, is necessary.

## **THE FUTURE**

Third sector organisation must be prepared to address change and development, organisationally and culturally if they are to form part of the answer to the challenges.

What is at stake is the continued relevance of third sector organisation within a changing socio-economic environment. The emphasis on alternative delivery models, social enterprise, co-operatives etc. seems to suggest that the current established third sector is not fit for purpose and less relevant.

The emphasis on new structures of organisations seem to be seen as a panacea for positive change. From my opinion little regard is being given to the destabilising impact this could have on existing organisations and service provision. Are we in danger of throwing the baby out with the bathwater, by focussing to move on organisational structures?

I am concerned that the pressure to come up with different operating model will lead to some organisations seeing this as the best way of winning new public sector business. It is a worrying concept and raises questions about the distinctness of the sector.

WCVA, CVS's and third sector organisations must work together to help and support learning and development across the sector, specifically addresses the skills required to turn policy objectives into practice that does not damage the sector in the long term.

There is already a rich mixture of diverse organisations, this has been a feature of our success, simply because the state is rolling back its role, and 'outsourcing' delivery, does not mean the sector should passively accept all that is being expected of them.

More work is required to explore the implications of the changing environment on the future roles of third sector organisation in term of its voice for the vulnerable and the campaigning and influencing role.

There is room for a longitudinal study commencing with an assessment of the nature of the thirds sector and its perceived role currently and how, over time this develops and/or changes. Such a study would serve in the short term to help organisation to explore and understand the potential impact, currently and offer a future insight into how unwanted impact could be mitigated.

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## THINK PIECE 5

### THE OTHER NINETY PERCENT OF THE ICEBERG

Powys Association of Voluntary Organisations (PAVO) with input from Pembrokeshire Association of Voluntary Services (PAVS)

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In the current flurry of activity resulting from the Social Services and Wellbeing Act and Wellbeing of Future Generations Acts and the myriad changes to processes, principles and structures they have generated, are we at risk of losing sight of ‘what matters’?

It would be ironic, but there is a real risk that we might.

From a Mid and West Wales County Voluntary Council perspective, we see an awful lot of energy and resource being expended by large public service institutions, both public and third sector, to ‘reform’ ‘modernise’ or ‘realign’ services for older citizens in the light of the new legislation and the challenging climate for public sector finances.

This is no bad thing; services need to continually adapt to remain relevant to what the service user wants and needs.

However, it often feels that there is a disproportionate fixation upon the highly visible 10% of the public service iceberg; with only scant regard being paid to the 90% that is largely hidden within the fabric of day-to-day life of our communities.

It’s not perhaps comfortable to acknowledge, but at the community-level ‘coal face’ it is often the high-end public sector functions, social care and health services and just as importantly, the big third sector institutions, which seem to be the focus of attention, have the loudest voice and the lion’s share of public resources.

These are in many ways ‘blue light’ public services for older people in crisis or need; providing essential support, advice and care (and in the case of the third sector institutions lobbying and voice as well) without which life would be impossible for many of Wales’ citizens. Like all ‘blue light’ services, it is crucial they are there when we need them, but for most of us they are not a feature of our life day-to-day. We know of them, and when they matter to us they really do matter; but until that day arrives they are remote to us.

The other 90% of public services that exist for older people (the mass of the iceberg hidden from easy view below the surface of our communities) are so interwoven into community life that their use can at times be almost unconscious and frequently not thought about as using a ‘service’ at all. They are the activities, services and one-to-one human contacts that have emerged from our communities and which are indivisible from them.

An older citizen in a town in Mid Wales will typically have access to the following (and indeed may often also be involved in running them themselves):

- A Community Transport service
- A luncheon club
- A number of all-age leisure and activity groups both formal and informal (games, hobbies and interests)
- Befriending support (both formal and informal, individual and group based)



- A generic ‘community support’ group providing information and low level support services
- Church and faith based activities and groups
- One or more community owned and run venues hosting a wide range of different social activities, community groups and events
- Outreach sessions and activities run by condition-specific county level organisations (e.g. mental health, carers, disability, etc.)
- A leg club or community podiatry service
- A monthly dementia or neuro Café (or similar)
- A supported shopping service
- One or more formally structured social group or club targeted at the older citizen (pensioner group, Probus, U3A etc.)
- A Rotary and/or services club (Royal British Legion, RAFA, etc.)
- A local mental health support organisation

Whilst some of these services will be exclusively for older people, the majority will be multi-generational. Furthermore, the vast majority of these services will receive little or no funding support from the public purse.

These services have, in most cases, grown organically within communities, the product of individuals coming together around issues and needs that are important to them and to those around them. Consciously or unconsciously they all reflect a very human perspective, which is that being an older person isn’t a ‘condition’ and that people are more than just a list of their individual service needs.

At their inception, some of these services may have benefited from public monies, but few will be the result of direct intervention by public sector bodies or the programmes of large national charities. Indeed, most of those services that survive and thrive are those which emerge from within the community; those that are sometimes instigated from ‘on high’ generally lasting only as long as funding from that source continues. The ‘Communities First’ programme is perhaps an object lesson in this dynamic.

We will perhaps never be able to empirically quantify the totality of how many instances of bed blocking this community infrastructure reduces or high level service demands it prevents; but we all know it does and this is strongly reflected in some of the measures within the Social Services and Wellbeing (Wales) Act 2015.

We also need to reflect that whilst these outcome measures are important to those of us involved in public service strategy and provision, it is their quality of life that matters to older citizens using them, not the numbers.

So is there any role for the state, the public service commissioner, or the large charity institutions in this dynamic?

Yes. But this role needs to embrace the dynamic of applying the ‘what matters’ principle in seeking to support community level services, just as strongly as it needs it’s focus on ‘what matters’ for the individual citizen.

So ‘what matters’?

Service commissioners need to focus more clearly upon the whole commissioning cycle as a tool in helping making coproduction with citizens and third sector a reality; involving them as equals in all stages of the process.

A service specification which does not provide ‘what matters’ to the service user and does not reflect

what providers are best fitted to provide and which does not draw upon their expertise and insight has failed. Whilst we see some emerging examples of good practice at county levels, there is still too much 'consultation with' and too little 'participation of' both citizen and community third sector alike in public sector commissioning practice.

Similarly, in terms of the Wellbeing agenda, the third sector does much to contribute to well-being and has great potential to contribute more; particularly in support of prevention and early intervention. But we still often see voluntary and community action being perceived as low-level rather than being considered as fundamental to the core economy and to community resilience, which is the bedrock of co-produced services.

Public sector funding squeezes have fuelled expectations that the third sector can deliver well-being services free of charge or at minimal cost; this is not the case. Every volunteer delivered service will still have the costs of supporting those volunteers and its service delivery infrastructure. Volunteering comes free of charge but not free of cost.

What of the voice of older people? Every Welsh county has its own tapestry of Third Sector 50+ Forums, older people's forums, engagement projects (such as those offered through the Community Voice programme). But sadly voice does not always equate to influence, nor is securing the voice an end in itself. There is still much to be done to move from voice to influence to action. Service coproduction can be a means to achieving action this but requires the willingness and ability of commissioners to defer to the voice, not just listen to it.

There is a huge scope for co-produced services which are designed and delivered by older people (care co-operatives). In Pembrokeshire for example there is a group of older people who are keen to develop an intergenerational co-housing scheme and it is evident in many communities that older people could be much more directly involved in social care provision through co-operatives or user-led care models.

Wales also needs to move from competitive to collaborative commissioning if the benefits of coproduction are to be realised. Competitive commissioning sets third sector organisations against each other and risks driving price and quality down to the lowest point possible. Collaborative commissioning enables organisations to come together and play to their strengths, offering a good value service that delivers multiple outcomes including positive social impact.

What of Third Sector funding for older peoples services more generally?

Whilst a recent WAO report suggests that there has been a significant increase in third sector funding, this is not what County Voluntary Councils and those with whom we work are seeing on the ground. Many groups previously in receipt of grants or small contracts from the public sector have had funding withdrawn or significantly reduced.

Overall, there seems to be too much emphasis on third sector funding by public sector funders as an area for reduction, even though it represents a very small percentage of health board and local authority health and social care budgets. The way forward needs to lie in changing conversations to being about whole service transformation rather than funding allocations; only this can enable the real focus to be upon improving prevention and early intervention and delivering better life outcomes for older people and the consequent savings in reduced need for high end services.

But it's not just all about money. The hidden 90% of services are not high cost but they do have other needs.

The strength of community delivered services is their spontaneity, community support and resilience. However, whether big or small, they have the governance, service quality, training and service development needs in just the same way public sector or charity institutions have.

This has to be met by support; support that is more than just web based information resources or high

cost consultants and which reflects local experience and context. This is the role of Wales' County Voluntary Councils, to work with (not do for) and to develop the skills and confidence of those starting, running and extending the community level services for older citizens upon which the delivery of so many outcomes of Social Services and Wellbeing Act are predicated.

As with the community level services themselves, support for them has to be locally accessible and approachable. For decades Wales' County Voluntary Councils have listened to those seeking their support, asking the 'what matters' question of those services and then working with them to help them develop their solution to their issues.

When thinking about the future for older people's services, don't just focus on a big-service single model solutions; such an approach will only overlook the potential that lies within the rich vitality of the hidden 90% of Wales public services to shape services that truly address 'what matters' to people. Respect, value and support that which is local and work with the County Voluntary Council to achieve this.

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## THINK PIECE 6

### ROLE OF THE THIRD SECTOR IN SHAPING THE FUTURE: WHO SHOULD IT SEEK TO INFLUENCE AND HOW?

Chris Jones, Care and Repair Cymru

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#### WHAT IS THE CURRENT INPUT OF THIRD SECTOR IN STRATEGIC DISCUSSIONS AND HOW COULD THIS BE DEVELOPED TO ENSURE THIRD SECTOR CONTRIBUTIONS CONTINUE TO INFORM AND SHAPE POLICY?

While Welsh Government policy appears to suggest an increasing role for the third sector at national, regional and community level, current intelligence and experience in the sector suggests that in reality, when it comes to integration and partnership, the overarching focus of the statutory sector, and indeed Regional Partnership Boards, is on commissioning and procurement.

At a time of austerity, budget cuts, increased demand, and high expectations on health and social care, the third sector can help innovate, adapt and respond to the sometimes devastating impact of cuts in statutory funding. It is time for the third sector to be clear about what it can offer. It needs to robustly make the case to local government and health that the third sector is a strong and equal partner, an important part of the integration agenda, and part of the solution to the massive challenges faced by public services. It is also time for our statutory partners to listen.

The health and care needs of older people are intrinsically about ensuring the provision of holistic and integrated public services. As a third sector organisation that majors on the housing needs of older people, Care & Repair Cymru has led the way in making the case for many years that planning and providing for health and social care of older people must include the distinct voices of the third sector and housing, as well as the strong statutory voices of Health and Social Care.

Some of our recent engagement work around the housing and health integration agenda can be used to highlight how a third sector organisation brings a different perspective, added value, and has influenced better outcomes to strategic discussions.

The first example relates to strategic engagement at a national level, and work being facilitated by Welsh Government to provide “Enhanced Adaptation Services” across Wales, complimented by additional funding (called Enable) to deliver improvements to service delivery, information and reach, and performance evaluation of housing adaptation services. The work is being driven through a Delivery Group which comprises Welsh Government (both Housing, and Health and Social Services Integration), the Housing Association sector, WLGA, Local Authorities (both Housing and Social Care), the Older People’s Commissioner, College of Occupational Therapists, and Care & Repair Cymru. As an equal strategic partner around the table we have utilised our significant experience, knowledge and expertise in the discussions, along with nationally collated intelligence and outcomes information from community based service delivery by Care & Repair Agencies, and feedback from older people across Wales.

Alongside contributions and perspectives of all other partners, Care & Repair’s input has undoubtedly enriched and added value to the strategic discussions about how to improve services, and has led to better outcomes. For example, Care & Repair successfully made the case for a new innovative scheme called Warm Homes Prescription using part of the “Enable” funding. This new service identifies people in need of services not because they take a traditional route of asking for a service, but because they are referred from primary care (for example GPs) because they are presenting frequently with health related problems that can be caused or exacerbated by a cold home. In effect, the GP prescribes a

warm home and Care & Repair administers and organises the work. This more proactive way of identifying people in need based on health conditions, and in effect prescribing a warm home to prevent or mitigate poor health, will reduce demand and numbers of visits to GP practices. It is a great example of innovation led by the third sector and a community based service that truly integrates the work of health, housing and third sector. In the context of other strategic discussions at the Delivery Group, Care & Repair's involvement will also help extend the public's understanding of adaptation services, how to access them, and increase overall reach of people in need. This will be achieved through integrated and co-produced publicity material used by all partners who deliver housing adaptation services, which includes the single national telephone contact number for Care & Repair.

The second example shows how a long term strategic relationship at local level based on trust, can lead to strong service delivery outcomes and innovation. For many years, Bridgend Care & Repair has been a strong community service partner for health services and at the forefront of innovation. Within the ABMU Health Board area, Bridgend Care & Repair is a good example of how long term relationships between health and the third sector can be developed and built on. It also demonstrates the value and impact of good housing as an integral part of prevention and meeting the health and care needs of older people. Early examples of Bridgend Care & Repair partnership working included developing a Safety at Home service with Social Services, developing support from Emergency (winter) Pressures with the Health Board and assisting the development of Care & Repair's Rapid Response Adaptations (RRAP) programme, which was subsequently scaled up to become a longstanding national programme. These early successes, alongside a further ambition to close service gaps, led to partnership growth with Care & Repair Bridgend becoming a strategic partner. More good outcomes are being delivered as a result of a safe environment to develop new ideas to further improve services through greater primary, secondary, intermediate care, and community collaboration. This includes Care & Repair being the principal installer of telecare; receiving ABMU funding for a seconded Falls Coordinator enabling an integrated approach to falls prevention; a prudent falls FRAT assessment during home visits, and Hospital to Home services that embed Care & Repair/housing support in the local hospital, at ward rounds and discharge planning level. In essence, the long term, sustained inclusion of Bridgend Care & Repair as a strategic partner in discussions has been a catalyst for more integrated working, led to innovation and new services, and improved outcomes for older people.

These examples clearly demonstrate the benefits of strategic engagement with the third sector, exemplifying how strong relationships can work. In summary, co-production and partnership, not commissioning; making use of all available expertise and experience; providing added value for citizens who are able to access all services of the third sector organisation; reaching more people in need.; offering different perspectives and innovation; providing true integrated working, and better client outcomes.

The challenge for the third sector, at a time when there is a need for health and social care, and all public services to collaborate more, is to provide more information to the statutory sector about good examples such as these and many others that exist, and make them become common practice and business as usual. The challenge for statutory sector is to invite the third sector to the table, listen and understand what they can offer, and engage in long and trusting partnerships to reach mutually desired outcomes for citizens across Wales.

If we really want to deliver world class public services, with less funding and bigger demand, we need to think differently about public services. So what are the critical success factors to making the third sector a truly integrated part of Welsh public services? I believe there needs to be a clear, high level, unequivocal political message from government that third sector is an equal partner, can add a huge amount of value, and discussions between third and statutory sectors should be less about commissioning and more about collaboration. There also needs to be a platform for routine discussions between senior leaders in Health, Local Government and third sector national organisations that helps build long term strategic relationships, share good ideas and develop practical

models for better integrated working. This would also help spread best practice and scale up successful services across Wales. All this will take work on all sides, and a willingness across sectors to collaborate. The crucial first step is ensuring that the third sector is embedded within strategic discussions.

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## THINK PIECE 7

### PUBLIC AND THIRD SECTORS CHALLENGES AROUND COMMISSIONING AND PROCUREMENT

Chris Hopkins, British Red Cross

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The British Red Cross helps millions of people in the UK and around the world to prepare for, respond to and recover from emergencies, disasters and conflicts. We are part of the global Red Cross and Red Crescent humanitarian network and we refuse to ignore people in crisis.

We provide support at home, transport and mobility aids to help people when they face a crisis in their daily lives. Last year our 'care in the home' services alone supported 7366 individuals living in Wales.

#### FUNDING STREAMS

As a national organisation providing independent living and care in the home services to people living across Wales, we have been in receipt of all manner of funding, including grant and contract funding from local authorities, local health boards, non-departmental public bodies and private companies.

The nature of each of these funding streams has enabled us as an organisation to develop various service models in response to the needs of the local communities we support. However, limitations of some forms of funding create significant challenges in the ability to co-produce and develop sustainable services able to demonstrate impact and outcomes to the full potential of the service in line with commissioners' priorities.

Funding to the third sector has increased over the years and we have borne witness to the growing number of social care services being delivered on behalf of the public sector.

We welcome the important role occupied by the third sector in working with statutory bodies to help them to realise their priorities and would use this opportunity to discuss how that relationship can be further developed and the outcomes maximised.

#### SHORT-TERM AND LONG-TERM

From our perspective, longer-term funding with adequate lead-in time lies at the very core of improving the current relationship between commissioner, provider and individuals to drive service development and outcomes for citizens. Currently, we still experience a commissioning focus on short term funding to reactively address immediate and urgent priorities rather than longer term preventative work, as cemented in the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015. We are hopeful that the population needs assessments will go some way to address this imbalance and public bodies will reinvest funding to provide for more preventative services but there needs to be a shift towards more long-term investment in these services.

Longer-term funding with adequate lead-in time would provide the opportunities needed for organisations to provide better services from end to end of the funding duration:

- Longer lead-in time would allow organisations, both national and more particularly smaller organisations, to develop detailed needs assessments and co-produced service proposals.
- Longer lead-in time would enable organisations to recruit and train staff and volunteers to a higher quality and level.
- Longer-term funding would provide greater service stability which would improve the

retention of staff and volunteers over that of short-term funding.

- Longer-term funding would provide adequate time to demonstrate outcomes and the impact of the service.
- Longer-term funding would require organisations to spend less time putting together applications year on year enabling greater focus during the service term to concentrate on supporting individuals.
- Longer-term funding would allow for ongoing service evaluation, learning and improvement. It would also allow for monitoring trends and changes in the individuals using the services to feed into population needs assessments.

## **UNDERSTANDING IMPACT**

Furthermore, understanding the impact of third sector commissioned health and social care interventions through robust evidence gathering and evaluation should be an integral requirement of contracts and service level agreements (SLAs). Evaluation frameworks should be in place to demonstrate that, for example, through preventative services such as social prescribing less people are attending GP surgeries and living independently at home for longer. This can only happen if organisations are funded over an adequate time to report and capture useful comparative quantitative and qualitative data and contracts and SLAs incorporate resources to provide evidence of impact. However, whilst data between the commissioner and service provider is shared, in the main, fairly easily and readily, the barriers to accessing data across health and social care hinders the ability to demonstrate a service's wider impact.

## **PARTNERSHIPS**

Since the growth in third sector commissioned services there has been increasing emphasis for organisations to develop partnership approaches to bids. Consortia, where organisations complement each other, can offer huge benefits for individuals by ensuring a more seamless experience and improved outcomes. Consortia also allow organisations to share learning and best practice to develop service delivery and encourage new ways of working. However, setting up consortia can be complex and to ensure good practice and good governance requires a significant amount of time and expertise, which many smaller organisations may not have. Longer lead-in time is necessary to allow adequate space to address governance issues, operational challenges and different organisational priorities.

In parallel to pressures on consortia, public authority budgets are getting tighter. As a third sector organisation, we want to support public authorities to fund solutions within their budget constraints but partnerships, whilst they can offer more seamless support for individuals, are not necessarily always the cheapest option. Partnerships can offer savings in economies of scale, such as shared properties, recruitment, marketing, training and shared assessments, and better outcomes for individuals. However, additional costs often arise from management and administrative costs for each organisation involved. Ideally, requests for consortia approaches to delivering commissioned services should be encouraged where achievable and appropriate but, at the same time, shouldn't automatically be seen as a cheaper option and the wider value of what consortia can achieve for individuals should be at the forefront of any commissioning decisions.

Partnership working within the third sector is often very challenging due to differences in corporate priorities and structure but that does not mean that we should not pursue opportunities where the benefits to the service user warrants organisations working together to find solutions to those barriers. Indeed, we have and continue to deliver various successful commissioned partnership service models across Wales but would emphasise that they took time to plan and develop. The third sector must harness and develop the willingness to work in partnership, both formally where appropriate and informally. The sector needs to work more closely with commissioners directly and through

community volunteer councils and regional partnership boards to influence where consortia approaches are and are not appropriate and when it would be more effective to use alternative methods of funding to achieve the best outcomes.

### **MAKING CHANGE HAPPEN**

In conclusion, across all sectors we face common challenges around funding and the need to provide support to people at a point of crisis whilst rebalancing the focus on prevention. The third sector has an important role in working with statutory partners to help them to achieve this ambition and the challenges and solutions highlighted in this paper would help to create an environment and culture for this to happen.

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## THINK PIECE 8

### HOW DOES THE THIRD SECTOR ENSURE THE VOICE OF OLDER PEOPLE (INCLUDING THOSE WHO VOLUNTEER IN THE SECTOR) IS HEARD IN AND CAN INFORM AND INFLUENCE DEBATE? THOUGHTS FROM THE DISABLED PEOPLE'S MOVEMENT

Rhian Davies, Disability Wales

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*Nothing about us, without us!* is the maxim of the international Disabled People's Movement and is the concept underpinning the UN Convention on the Rights of Disabled People (CRDP) (2007). It is both personal and political, applying as much to an individual's right to make decisions for themselves (with appropriate support) as to disabled people collectively having equal representation in the design and development of policy and services that affect our lives.

While this may appear self-evident, disabled people have fought hard over decades to challenge the perception of being tragic and helpless recipients of welfare. We developed the Social Model of Disability to demonstrate how society not impairment disables us through attitudinal, environmental and institutional barriers. We formed our own organisations which we run and control ourselves to campaign for our rights and equality and to deliver services that support independent living rather than perpetuate dependency.

During the 1980s and 90s, in pursuing a rights based agenda, the Disabled People's Movement took on not only successive governments that showed marked reluctance to introduce any form of anti-discrimination legislation but also the vested interests of some of the most well-known charities in the UK. These had the ear of Ministers and were regarded as the authority on disabled people's needs, despite them having little active role in these organisations whether as board members, employees, volunteers or service users.

The fundraising methods deployed by many charitable organisations played heavily on images of disabled people as pathetic victims of circumstance or used shock tactics concerning the perceived negative impact of particular impairments on people's lives. Services tended to be provided in segregated settings, reinforcing the idea that disabled people were unable to cope in mainstream life.

This portrayal was at odds with how disabled people were presenting the issues themselves - as having the same rights as anyone else including to a decent education, a home of our own and meaningful employment. Furthermore demands to choose and have control over how, when and by whom personal support was provided were considered extremely challenging to a one-size-fits-all approach to care services.

Despite all the odds, the Disabled People's Movement achieved some notable successes including the introduction of the Disability Discrimination Act (1995), since replaced by the Equality Act (2010), as well as the Community Care (Direct Payments) Act 1996.

#### WALES, THE SOCIAL MODEL, AND THE ROLE OF DISABILITY WALES

In Wales, the National Assembly adopted the Social Model of Disability in 2001, then in 2013, the Welsh Government published its Framework for Action on Independent Living, which sets out how it is fulfilling its obligations under the CRPD. While unsuccessful in getting reference to the Convention on the face of the Bill, after much lobbying the Social Services and Well-being Wales Act (2014) Code of

Practice (published 2015)<sup>3</sup> does state that, in exercising their social services functions, local authorities must ensure that their decisions 'have regard to a person's individual circumstances and...the UN convention on the rights of disabled people'. Section 14 of the Act also requires local authorities to promote co-operatives, social enterprises and *user-led services*.

Such a tangible impact on legislation and policy has not always translated into implementation on the ground. However it has to some extent changed the narrative concerning disabled people including within the organisations that traditionally were perceived as 'for' not 'of' disabled people. In response to the challenge from disabled activists, many disability charities have made significant changes in the way they operate and position themselves in order to be more representative.

Disability Wales itself made the transformation to become an organisation run and controlled by disabled people following a decision by members at an EGM in 2003. The memorandum and articles states that all Board members whether appointed or elected identify as disabled people; and full voting membership is open only to organisations whose constitutions stipulate that disabled people are in the majority of voting membership by at least 51%. DW is an employer and reserves posts to disabled people where this is a genuine occupational requirement. Six of DW's seven staff identify themselves as disabled people.

As the national Disabled People's Organisation, DW represents the views and priorities of its members to government with the aim of informing and influencing policy. We engage extensively with disabled people around Wales and have run several successful campaigns arising from the priorities of our members, including on access to the high street, independent living and disability hate crime. To support and equip our members with engagement, we deliver a wide range of development programmes including, most recently, *Enabling Wales*. Nearly seventy disabled people, ranging in age from 18 – 85, took part with 37 achieving certificates accredited by Agored Cymru in *Active Citizenship, Equality and Democracy*.

DW is a partner in the Big Lottery UK funded four nations project *DRILL* (Disability Research on Independent Living and Learning) which funds research proposals co-produced between disabled people and academics aimed at identifying solutions to long-standing barriers to independent living. Our Big Lottery Wales Innovation funded project *Citizen Directed Co-operatives Cymru* is supporting disabled people in Monmouthshire to set up, what is believed to be, the first co-operative in the UK that assists people with managing their Direct Payments. As part of the periodic review, DW's members contributed to the development the GB Shadow Report on the implementation of the UNCRDP in the UK, which we presented on their behalf to the CRDP Committee at the UN in Geneva earlier in 2017.

## **RESPONSIBILITIES ACROSS THE SECTOR**

*Nothing about us, without us!* applies as much to older people as disabled people. Equally, the Third Sector has a similar role to play in ensuring that older people are fully involved in decisions about their own lives as well as in organisations that advocate on their behalf or provide services to them. To do this from a position of credibility and authenticity, it is crucial that as organisations we regularly examine our own practice by asking ourselves some critical questions, including:

How and at what level are older people involved in my organisation including those that use services as well as those whose voice is seldom heard e.g. people living in institutional settings or who have protected characteristics?

Are services focussed on maintaining rights, equality and independent living, maximising the control an individual has over their own lives?

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<sup>3</sup> Welsh Government (2015), Code of practice in relation to measuring social services performance: Issued under section 145 of the Social Services and Well-being (Wales) Act 2014, p. 9, available [here](#) [accessed: 20 December 2016].

Are older people in decision making roles with the opportunity to represent their own experience e.g. through acting as spokespersons and in training delivery?

How are older people supported, equipped and engaged in identifying their priorities, contributing to consultations and in the design and delivery of new services and campaigns?

What kind of language and images is my organisation using to portray older people? Stock phrases like 'vulnerable', 'frail' and 'sufferer' together with photographic close-ups of octogenarian hands undermines the goal of achieving a society that affords older people dignity, respect and control over their own lives.

As a sector we should also make a clear distinction between different types of organisations e.g. those that directly represent older people such as campaign and peer support groups and those that provide services to them. The two are not the same and can at times be in conflict. It is therefore important to highlight this with public sector bodies, ensuring for example, that there is separate representation and support on boards and advisory groups.

More and more of us are living longer and in many cases we will spend a third of our lives as older people. Some of us will age with our impairments and others will acquire them in later life. The Disabled People's Movement advocates that whatever the cause or whenever the onset of our impairments, we are the experts of our own lives. We possess the right to live our lives as we choose, to have access to the resources that support this and to be equal participants in society.

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## THINK PIECE 9

### WHAT TYPE OF FUTURE FOR THE THIRD SECTOR IN WALES?

Ian Thomas, Age Cymru

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**Abstract:** *this 'think piece' poses questions around the perception of what the various governments, nationally and locally, perceive the third sector to be and whether the current arrangements for support of third sector arrangements are appropriate and sustainable. It argues that both the Welsh Government and local authorities default to the institutions of the Wales Council for Voluntary Action (WCVA) and the County Voluntary Councils (CVCs) as convenient shorthand in its relationship with the third sector, an attitude that is unsustainable. There will be a future for the third sector in Wales, but the type of sustainable future will depend on what the relationships will be between the various governments of Wales, and the whole of the third sector.*

In 'Your Future - Future Trends: implications for the third sector in Wales',<sup>4</sup> the WCVA has taken future thinking principles and applied them to the context of the third sector in Wales. This is a welcome shift as it brings into play bigger themes such as the impact of globalization, environmental concerns and the future of liberal democracy. For too long, and for too many, the third sector has often been said to be too insular, too present focused, and unable to think in relation to the long term. To be able to think beyond the next year, or even the next five years should be applauded.

The accompanying document 'Your Future - Future scenarios: implications for the third sector in Wales',<sup>5</sup> attempts to future think further through the extrapolation of four scenarios in an attempt to define what the scenarios and options for the third sector may be in 2030. In making an attempt to future think in this manner, the authors are able to frame the thinking within the existing policy frame work, most notably The Well Being of Future Generations (Wales) Act.

Critically however, the work in 'Your Future' pivots around the work of the WCVA and nineteen County Voluntary Councils (CVCs), with little or no regard to the diverse third sector that exists in Wales, and what that plethora of diversity delivers for the people of Wales. This is disappointing as the WCVA sees itself as the representative body for the wider third sector in Wales.

There has been too little challenge to the exclusive relationship, built under the Government of Wales Act, between the Welsh Government and WCVA. The third sector beyond this set of arrangements builds relationships with government separately and often within the context of a commissioner/provider relationship. This paper seeks to explore whether the existing set of arrangements are fit for purpose and whether they deliver for the people of Wales.

#### CONVENIENT SHORTHAND

Funding to the WCVA by the Welsh Government has been essential to the continuation of the WCVA itself and, arguably to the CVCs beyond it. The relationship between the Welsh Government and WCVA is encoded within the Third Sector scheme, with government officials arguably viewing the WCVA as convenient shorthand for the government commitment to the wider third sector. This relationship allows the Welsh Government to justifiably say that it has a relationship with the third sector, albeit to a very limited part of it.

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<sup>4</sup> Thomas, Rhislart, Trier (2016a) 'Your Future - Future Trends: implications for the third sector in Wales' – [http://www.wcva.org.uk/media/4679328/wcva\\_shape\\_your\\_future\\_trends.pdf](http://www.wcva.org.uk/media/4679328/wcva_shape_your_future_trends.pdf)

<sup>5</sup> Thomas, Rhislart, Trier (2016b) 'Your Future - Future scenarios: implications for the third sector in Wales' – [http://www.wcva.org.uk/media/4679321/wcva\\_shape\\_your\\_future\\_scenarios.pdf](http://www.wcva.org.uk/media/4679321/wcva_shape_your_future_scenarios.pdf)

The Third Sector Partnership Council (TSPC) is one mechanism by which the various interest groups across the third sector are brought together to interface with politicians, officials and representatives of the WCVA. It could be argued however, that this set of arrangements provides a 'buffer zone' between the diverse organizations that make up the vast majority of the third sector in Wales and the government itself. This set of arrangements may suit the Welsh Government as it allows the government to have control over who it has interface with, and limit the amount of contact with the wider third sector. At the same time the arrangement suits the WCVA who are funded by the government to set up and maintain this set of relationships. While third sector interest groups such as the Age Alliance Wales and many other alliances are represented and contribute to the work of the TSPC, it is questionable how meaningful and impactful this work can be. Perhaps a key question that now needs to be asked is whether the relationship between the institutional third sector as represented by the WCVA and the Welsh Government is set up on principles similar to the now defunct Quangos?

Beyond the relationship between the Welsh Government and WCVA, there are further issues and replications at a more local level. Across Wales a similar set of arrangements exists between local authorities and the CVCs. This replication means that there is often a default from local authorities in viewing the CVCs as representative of the wider third sector within the county boundaries. Yet in fact, the CVCs are often in direct competition with other third sector organizations to provide services in those areas. There is here further convenient shorthand in the relationship between local representative government and the third sector.

In defence of these arrangements, even within relatively small local authority boundaries, the sheer number of potential third sector providers may seem to be too complex for the local authority to navigate. The fact that a CVC is based solely within the county boundary and doesn't work across other boundaries (unlike many/most charities) will potentially simplify the situation for local commissioners. Age Alliance Wales has welcomed Regional Partnership Boards being established with representation from national organisations as a requirement. This has improved the representation of the third sector and is a step in the right direction. Local authorities now need to build on this and ensure that it is not just their local CVC sitting at other fora in their counties. It also needs to be replicated in other arrangements, for example, the Public Service Boards that are being established under the Well-being of Future Generations Act.

There still remain questions at present as to whether the current set of arrangements between local authorities around the objectivity in commissioning arrangements, and also the role of the CVCs themselves and how they represent themselves. At a local level the CVCs, like the WCVA nationally, has members which it would seek to represent and enable. The CVC should provide an important role in strategic enablement for the third sector organisations that work within its county boundary, but this role is hindered by the fact that CVCs have become service providers themselves, thereby contradicting their role in representing third sector organisations that work within their boundaries. This feels inherently contradictory in regard to why CVCs exist in the first place. Now that local authorities have started to have meaningful interaction with the wider third sector in areas such as the Regional Partnership Boards, they should become aware that the CVC may not be working in the best interests of the wider third sector but that it may have a vested interest to be the service provider itself.

In essence the existing set of arrangements between governments across Wales and the third sector establishment in the form of the WCVA and the CVCs resembles 'hegemony', as governments can be perceived as promoting the accepted third sector establishment over the many and varied third sector providers across Wales.

## **MEANINGFUL THIRD SECTOR GOVERNMENT SUPPORT**

The third sector is a complex and diverse sector with many variants within it. Wales has been able to control and make meaningful many of the relationships within the sector mainly through the creation of the alliances such as the Age Alliance Wales (AAW) and Carers Alliance. These allow organisations with similar purpose to group together to deliver common aims across the country. From a Welsh Government perspective whom, like much of the Welsh public will no doubt look upon the sheer numbers of third sector organisations working across Wales with confusion, the groupings into alliances would be a welcome system of categorization. The third sector, like the private sector for many, appears convoluted and confusing and has arguably become too complex. The existence of the alliances could, however, throw into question why we have the WCVA, at least in its current guise acting as an institutional organizer of the alliances through the TSPC. Should we consider the opportunity to de-couple the alliances from the WCVA and instead organize them in a more direct role to government?

The Welsh Government currently provides the Age Alliance with support allowing it to thrive and co-produce new offers for older people in Wales. The AAW has recently been successful in the attainment of a MOD contract to support older veterans across Wales, and this should demonstrate to the Welsh Government that a small investment in an alliance can bring much larger benefit to those who need it. In this case the Welsh Government support to the Age Alliance was built on an expectation that there would be an outcome to increase provision through collaboration. It would be beneficial to see all the alliances in Wales creating a base for co-production in Wales based on this model.. This would not replace section 64 to individual organisations, but effectively pump prime alliances of organisations working in Wales to create and deliver more for the people of Wales. This would not only enhance provision, but take pressure from other budgets such as those in health and social care.

## **EXPECTATIONS ON THE DELIVERY BY THE THIRD SECTOR**

Delivery by the third sector, cannot and should not replace what local and health authorities should be delivering on a statutory basis. The Wales we want and need, shouldn't be based on charities delivering statutory services through what they raise from the public in donations. The budgets held by local and health authorities should be used for that prime purpose. We are, however, increasingly seeing local authorities providing contract funding to some third sector organisations to provide services with a built in expectation that the charity will contribute its own resources to go beyond the parameters of the contract. In some cases provision can be made to achieve this as long as the expectations are clear at the commencement of the contract. What is unacceptable, however, is when, a local authority cuts a contract and then expects the third sector provider to still deliver but by supplementing via its own funds, often reserves which have to be held at a level by the charity to satisfy the Charity Commission. This is a dangerous practice that does a disservice to both the agreed contract arrangements and to the recipients of the service. It can also pose significant risk to the charity provider. As a recent example, one local authority recently attempted to cut funding to an advocacy contract with Age Cymru and expected the charity to continue to provide at the same level despite the fact that the authority has a duty to ensure provision in that area.

## **PAST FUNDING, FUTURE FUNDING**

The loss of section 64 funding to the third sector from the Welsh Government has had significant impact on the ability of many national third sector organisations to function. Section 64 funding was important to some charities as it gave them the ability to operate and function beyond their traditional domains. The funding provided a charity such as Age Cymru and many others, with unrestricted funding that meant core functions could be built and delivered by the charity, and allowed it to pursue other funding for important and innovative services to people across Wales. The loss of this funding has meant in many cases that charities have been less able to innovate and grow, and instead has had to rely on the growth of restricted and time limited projects. The value of such funding to older people

in Wales was that because it provided money to build and sustain a reasonable infrastructure, a charity could grow, prosper and deliver for its core users. Section 64 effectively provided such a basis for growth, innovation and delivery and, in some respects, meant a charity recipient was buffered from inevitable fluctuations in fund raising income and also from some competition in the market.

### **WHAT TYPE OF FUTURE WILL THE THIRD SECTOR HAVE IN WALES?**

Wales has an ageing population, and this has implications on demand for many services in the future. This will exert pressure on many budgets, including those in health and social care. Wales may not have the ageing 'ticking time bomb' that is often described, but potentially a perfect storm in the present day. This is not the time for the third sector to be fragile and unable to deliver. The Welsh Government and the people of Wales need a strong third sector in the present day. There is currently a diminishing funding base, intense competition often from private providers, and, at the same time a set of political arrangements across Wales that supports third sector institutions in Wales while wider third sector delivery charities struggle to fight for contracts, income from fundraising, and support from the public. The time has come for the Welsh Government to consider the third sector beyond its current view of it. There are alternative ways to support the third sector, through the direct funding of alliances with an expectation of growth, financial return and quality provision.



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