

COronavirus Vulnerabilities and INFOrmation dynamics Research and Modelling

Governmental response in Wales during the COVID-19 pandemic

Authors

Stéphanie Barillé, Sergei Shubin, Louise Condon, Diana Beljaars Swansea University

Swallsed University

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Swansea University

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The initial UK-wide coordination and collaboration ended on 25 March 2020, and Wales gained the power to manage the pandemic independently from other nations.

Wales is a country that is part of the United Kingdom. Constitutionally, the United Kingdom has its parliament and government in Westminster; in the primary chamber of the UK parliament, the House of Commons, Wales is represented by 40 members of parliament (MPs). Following a referendum in favour of devolution in 1997, the National Assembly for Wales was created in 1999, transferring the powers of the Secretary of State for Wales to the devolved government.

Devolution grants the National Assembly for Wales the power to decide how the Westminster government's budget for Wales is spent and administered. In 2006, the National Assembly for Wales was given legislative powers, resulting in the creation of a Welsh Parliament and a Welsh Assembly Government, comprising of a Prime Minister for Wales, Welsh ministers and deputy ministers. There are twenty areas of responsibility devolved to the National Assembly for Wales, including economic development, health, social welfare and local governments. Initially the four nations forming the United Kingdom worked together to respond to the coronavirus pandemic. However, the Coronavirus Restrictions were approved by the Welsh Parliament on March 25, 2020, giving Wales the power to manage the pandemic independently of the other British nations. The Welsh Government comprises of several departments, including Public Health Wales that manages health emergencies. Emergency planning in Wales is consistent with the United Kingdom's Civil Contingencies Act 2004, but it includes the Welsh Government's involvement and the participation of operating organisations is uniquely Welsh in the UK context. Wales Resilience Forum is the highest authority for emergency planning in Wales and works in cooperation with local resilience forums and other agencies.

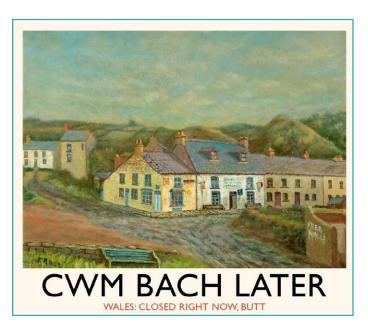


UK government response to the pandemic



There were four phases in the UK government's response to the pandemic (Haddon and Ittoo, 2020). In the earliest phase in January and February 2020, when the four devolved nations worked together, the Department of Health and Social Care played a leading role in the government response. COBR (Cabinet Office Briefing Rooms) meetings started on January 24, 2020, and although the participants of these meetings are not made public, we know they comprised of key ministers and officials. COBR is a dedicated crisis management facility of the UK government, which is activated in the incidents or events of national significance (Kapucu, 2009); it is an important component of crisis management as authorities come together to identify appropriate responses to a crisis. We know that "the Scientific Advisory Group for Emergencies (SAGE) first met as a precautionary measure on January 22, 2020, led by the government chief scientific adviser (GCSA), Sir Patrick Vallance, and the chief medical officer (CMO), Chris Whitty. SAGE is an ad hoc committee that brings together government scientists and officials with external experts"¹.

In the second phase in **March 2020**, COBR was the main forum for decision making in relation to COVID-19 in the UK and included the devolved nations in these meetings from early March (Haddon and Ittoo, 2020). SAGE meetings were also held during that time and served to inform and advise all devolved nations. On March 18, 2020, Wales initiated its own health protection regulations. While SAGE meetings provide scientific advice to guide policy and regulations, in practice authorities agree on the best approach to handle the pandemic during COBR meetings. SAGE meetings therefore inform decisions taken during COBR meetings² and between January 22, 2020 and February 25, 2021, SAGE held 82 meetings³.





The third phase of government's response was the lockdown, which lasted from mid-March to early May 2020, the date when restrictions where eased in Wales (Haddon and Ittoo, 2020). In addition to COBR, "Ministers from the devolved administrations also attended meetings of five new ministerial implementation groups (MIGs) that were established to look at specific aspects of the coronavirus response"⁴. Wales followed England into lockdown on March 23, although schools and non-essential retail shops were already closed in Wales from March 20, 2020. Each of the devolved nations also follows advice from their Chief Medical Officer (Frank Atherton in Wales) and Chief Scientific Adviser (Rob Olford in Wales). The Chief Medical Officer works with the Welsh Government on policy for public health⁵, and the Chief Scientific Adviser advises the Welsh Government on matters related to health science ⁶.

In the fourth phase Wales started to ease in restrictions in early May 2020 Wales created a Technical Advisory Cell (TAC) and a Technical Advisory Group (TAG) to support SAGE in advising the Welsh Government and Public Health Wales⁷. From then on, the restrictions in Wales were reviewed every 21 days according to the latest scientific evidence and advice⁸. TAG – SAGE experts, alongside the Chief Scientific Adviser for Health Rob Olford- met three times a week to discuss the progress of the pandemic. TAG-SAGE experts inform the ministers, which in turn present changes to the regulations to the Cabinet for consideration. The Cabinet makes the final decision which is communicated to the ministers the last Thursday before the changes in restrictions are made public. The ministers meet with scientific experts one last time before the review to make sure that the change of restrictions is consistent with infection and transmission information. From mid-May onward, Welsh Government continued to review the ease or reinforcement of coronavirus restrictions every 21 days.





STAY AT HOME

⁴ <u>see here</u> | ⁵ <u>see here</u> | ⁶ <u>see here</u> | ⁷ <u>see here</u> | ⁸ <u>see here</u>

Social, economic, cultural and legal factors used in governmental response



The Welsh Government's response to coronavirus includes social support for those affected by the pandemic⁹. Campaigns focusing on well-being support have been initiated both by Public Health Wales¹⁰ and the Welsh Government¹¹, and the latter has compiled a list of resources to support mental health and wellness¹² during the pandemic. To cater for the needs of certain groups, several local councils, charities and organisations have compiled guidance. For example, ethnic minorities' and migrants' advocacy groups have shared information in several languages about coronavirus¹³.

In economic terms, to manage the potential negative impact of the lockdown and restrictions, the Welsh Government has implemented financial

schemes to protect businesses ("Eat Out to Help Out" to support the hospitality industry, Economic Resilience Fund), individuals (for example the Coronavirus Job Retention Scheme¹⁴, self-isolation scheme, sick pay enhancement scheme), or the cultural sector (Cultural Resilience Fund, Cultural Recovery Fund). The Coronavirus Job Retention Scheme, also known as furlough, allows 'any UK employers [...] to contact HMRC for a grant to cover 80% of the salary of retained workers.'¹⁵ Selfemployed workers initially did not qualify for any support, but this was corrected on March 26, 2020.



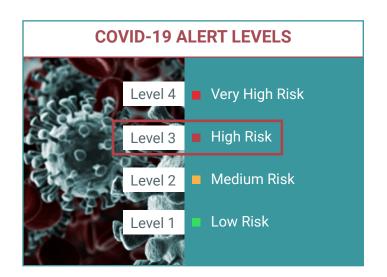


The Welsh government guidelines were declared largely successful by the South Wales Police because they played on a collectivist Welsh identity

To ensure the effectiveness of policy making, Welsh government attempted to provide a culturally sensitive response to the pandemic that reflected existing public attitudes and subjective norms, whilst being sympathetic to dominant perceptions of behavioural control (Yan et al., 2020). At the core of the crisis decision-making was a strong expectation that most of the Welsh public would comply with the norms set out by the government, reflecting key qualities of collectivism, community and solidarity as a part of Welsh national identity (Evans, 2019). In this context, governmental decision-making drew on communal values and stressed individual responsibility to take COVID-19

protective measures not only for the sake of personal safety but for the sake of others. As a result, the Welsh Government regulations introduced COVID-19 measures that largely targeted individuals through self-regulation and increased personal responsibility for responding to regular information updates (government's press conferences) and instructions for individually targeted self-protection. Although some individuals valued their individual freedom and remained sceptical to decisions made by the Government, most of the Welsh public showed tolerance for behavioural intervention during the COVID-19 pandemic.

Throughout the pandemic the Welsh Government created and updated rules and regulations on social gatherings. A set of restrictions was created for each 'alert level' to facilitate the understanding of the rules and their compliance, while also introducing law enforcement's restrictions on citizens' rights.





Adaptation of governmental response to vulnerable groups



The pandemic had differential effects on different groups, increasing risks and exacerbating existing inequalities (Bentley, 2020; Platt & Warwick, 2020; Banks & Xu, 2020; Wang, 2021). Originally, Welsh government responses to COVID-19, while addressing some health-related vulnerabilities, did not necessarily target specific categories of people who had limited potential to protect themselves or found themselves at increased risk due to social inequality. Focusing on general health recommendations based on scientific and epidemic knowledge, the government did not immediately address vulnerabilities related to differential gendered, racialised, and social class related exposure to the pandemic. However, as the pandemic continued there were important adaptations as the government recommended specific control practices and broadened the definitions of vulnerability for those dealing with multiple risks and exposure to the virus due to existing inequalities. These adaptations included provisions for BAME groups, people without sufficient resources to participate in pandemic selfgovernance (such as Gypsy Roma Travellers) or unable to develop full knowledge of risks (such as people with learning disabilities).





June 2020, the report of the BAME In COVID-19 Socioeconomic Subgroup provided recommendations to mitigate the differential impact of COVID-19 on certain minority ethnic groups¹⁶. The report pointed out that individuals with low incomes were disadvantaged by the coronavirus restrictions; in November 2020, the self-isolation scheme was introduced to support people who could not work from home and had to isolate¹⁷. The Joint Committee on Vaccination and Immunisation (JCVI) advised the UK Government to include people with learning disabilities in priority groups for vaccination, which Wales did on February 24, 2021¹⁸. The Welsh Government has gathered information for local authorities to help support the Gypsy, Roma, and Traveller communities in Wales19, which have continued to be marginalised during the pandemic (Rosa, 2019; McFadden at al., 2018; Ruston & Smith, 2013). However, very few local councils have addressed the needs of Gypsy, Roma, and Traveller

communities in their handling of the pandemic²⁰. The needs of individuals with learning disabilities (LD) during the pandemic has often been misunderstood (Alexander et al., 2020; Pineda & Corburn, 2020), leading organisations such as Social Care Wales to distribute documents and resources for carers and people supporting individuals with LD²¹.

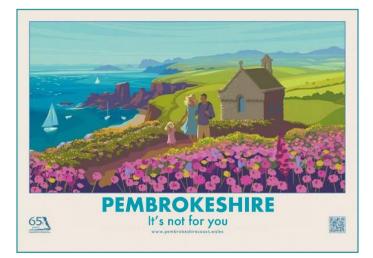
Communications from the Welsh Government were intended for the general public and often disregarded their applicability in real-life contexts; it was noted that the adoption of social distancing measures was related not only to willingness but to ability, and consequently the ability to comply with the restrictions was lower among disadvantaged groups (Atchinson et al., 2021). Moreover, BAME individuals are overrepresented in public-facing jobs (e.g. health service, retail, transport, i.e key worker roles) which meant that they could not easily isolate or work from home²².

The Welsh government initially used a narrow understanding of what it means to be 'vulnerable' in a pandemic, but later adopted the broader idea, ringing true to COVID-19 not only being a biological problem, but a societal one.



Most of the Welsh government communications are conveyed through various media channels such as television, paper and social media. The Welsh Government communicated through televised briefings to update the public on the situation and outlined the restrictions in place; it made use of media and social media to convey messages about social distancing and barrier gestures.

Initially, the four nations forming the United Kingdom worked together to respond to the coronavirus pandemic, but soon each went their own way to manage the pandemic²³⁴. **Consistent, clear and timely guidelines are essential to pandemic management and its accompanying restrictions and would have helped the public to understand risk (Attwood & Hajat, 2021)**. Many people in the UK were unaware that rules and restrictions during the COVID-19 pandemic were different across the four British nations²⁴.



Uncertainties around the applicability of policy announced by British Prime Minister Boris Johnson in the other nations could have been avoided if leaders of the devolved nations had made clearer that Downing Street information briefings did not always apply to Wales. It is generally agreed that not enough concerted efforts were made to convey this to the Welsh public.





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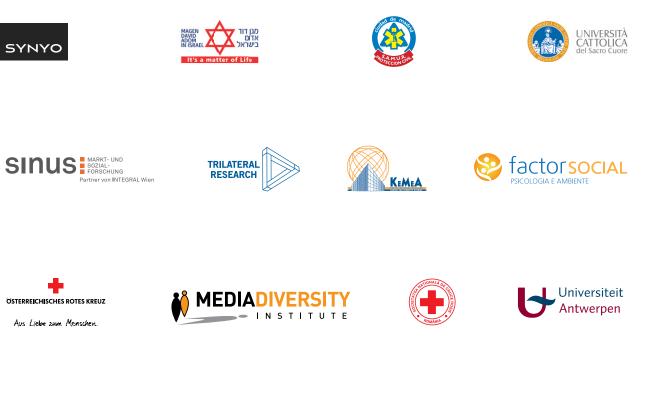
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Contact

Consortium	SYNYO GmbH (SYNYO), Austria
	Magen David Adom in Israel (MDA), Israel
	Samur Proteccion Civil (SAMUR), Spain
	Universita Cattolica del Sacro Cuore (UCSC), Italy
	SINUS Markt- und Sozialforschung GmbH (SINUS), Germany
	Trilateral Research LTD (TRI UK), UK
	Trilateral Research LTD (TRI IE), Ireland
	Kentro Meleton Asfaleias - Center for Security Studies (KEMEA), Greece
	Factor Social Consultoria em Psicossociologia e Ambiente LDA (FS), Portugal
	Austrian Red Cross (AUTRC), Austria
	Media Diversity Institute (MDI), UK
	Societatea Natională de Cruce Rosie Din România – Romanian Red Cross (SNCRR), Romania
	University of Antwerp (UANTWERPEN), Belgium
	Sapienza University of Rome (SAPIENZA), Italy
	University Rey Juan Carlos (URJC), Spain
	Swansea University (SU), UK
	Gotenborg University (UGOT), Sweden











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