



The contribution of the voluntary, community and social enterprise sector to health and wellbeing in Humber, Coast and Vale

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February 2022

About the author

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The contents of the report express the views of the author and do not necessarily reflect the views or policies of the commissioning partners.

Third Sector Trends Study

Data in this report is drawn from the Third Sector Trends study was conceived and originally commissioned by Northern Rock Foundation with research conducted by the universities of Southampton, Teesside and Durham. The Community Foundation Tyne & Wear and Northumberland was a co-founder of the research and is now responsible for its legacy. The Community Foundation is now collaborating with partners including St Chad's College at the University of Durham, Power to Change and Garfield Weston Foundation to expand and continue the research. All publications from the Third Sector Trends study are available free to download at this address: <https://www.communityfoundation.org.uk/knowledge-and-leadership/third-sector-trends-research/>

The Commissioning Partnership

This report derives from a wider research project which was initiated and funded by a commissioning partnership including: West Yorkshire Combined Authority, West Yorkshire and Harrogate Health and Care Partnership, Humber, Coast and Vale Health and Care Partnership, Yorkshire Sport Foundation, Community First Yorkshire, and Two Ridings Community Foundation. This additional research was funded by the Humber, Coast and Vale Health and Care Partnership



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Foreword

The VCSE Sector across Humber, Coast and Vale is diverse, made up of many organisations and people that deliver their services supporting a wide range of causes. The sector is a crucial element to support people with their Health and Wellbeing.

This report has been commissioned by the Humber, Coast and Vale Health and Care Partnership and the VCSE Leadership Group to understand more about the sector and how our geography and the places that make up Humber, Coast and Vale are served.

Professor Tony Chapman, from St Chad's College at Durham University has worked with the VCSE Leadership Group over the last year, completing an initial look at the size and scale of the VCSE sector, which showcased the value of the sector and contribution it can make to health and wellbeing of our people.

Following this report the group asked Tony to go further and look at how the sector is split across our unique geography that has a mix of urban and rural areas and a large section of coastal communities.

The findings within this report begin to plot the VCSE sector alongside the differences we see across Humber, Coast and Vale in terms of deprivation, health inequalities and our geography. The report provides a tool for strategists to think about the approaches to take ensure the VCSE sector can play its role in supporting the health and wellbeing of Humber, Coast and Vale residents.

Gary Sainty
VCSE Programme Director
Humber, Coast and Vale Health and Care Partnership

February 2022

Section 1

Introduction

This report was commissioned by the Humber, Coast and Vale Health and Care Partnership to provide robust intelligence on the work of the voluntary, community and social enterprise sector (VCSE).¹

This report develops analysis undertaken in a project commissioned in 2021 by West Yorkshire Combined Authority, together with the Health and Care Partnerships for West Yorkshire and Harrogate, and Humber, Coast and Vale, Yorkshire Sport Foundation, Community First Yorkshire, and Two Ridings Community Foundation commissioned this study to improve understanding of the structure, dynamics and economic and social value of the regional voluntary, community and social enterprise (VCSE) sector.

This report aims to dig deeper into the available data on VCSE sector activity in Humber, Coast and Vale Health and Care Partnership area² in order to explore the purpose and extent of support provided and to find out where such support is distributed. It is hoped that the report will help inform debate about the role the VCSE can or should play in supporting health and wellbeing in communities.

In area context, this report explores the extent to which VCSE organisations engage directly with local authorities and health organisations by delivering public services under contract and engaging in formal partnership working arrangements. But the likelihood is that this only represents the tip of the iceberg of the overall contribution of the VCSE sector. Consequently, this report also looks at less direct contributions that VCSE organisations make to public health and wellbeing by working on issues such as building people's confidence to manage their lives, tackling social isolation and improving access to services.

¹ *Humber, Coast and Vale Health and Care Partnership long term plan, 2019-2024*, Hull: Humber, Coast and Vale Health and Care Partnership (2019) <https://humbercoastandvale.org.uk/wp-content/uploads/2020/03/FINAL-REVISED-HUMBER, COAST AND VALE-Partnership-Long-Term-Plan-v5.0.pdf>. NHS England also recognises the important role that the VCSE plays in supporting people and their communities particularly in relation to issues associated with health and well-being in local areas. See NHS England, Partnerships and relationships: <https://www.england.nhs.uk/ourwork/part-rel/>

² Full details on the scope and areas of operation of the partnership can be found here: <https://humbercoastandvale.org.uk/>

Section 2

The VCSE sector in local context

This section of the report provides a basis for the interpretation of data in subsequent analysis by presenting a brief statistical profile of the socio-economic situation in Humber, Coast and Vale.

The analysis begins with a discussion of variations across unitary local authorities (including *City of York, East Riding of Yorkshire, City of Kingston upon Hull, North Lincolnshire* and *North East Lincolnshire*) and North Yorkshire County Council Districts (*Craven, Hambleton, Harrogate, Richmondshire, Ryedale, Scarborough* and *Selby*). Craven is not part of the Humber, Coast and Vale Health and Care Partnership area, and is therefore excluded from summary statistics.

The analysis will then be broadened to compare the situation of coastal areas of Humber, Coast and Vale with inland areas. This will be accompanied by an exploration of rural and urban variations.

2.1 Area profile of Humber, Coast and Vale

Variations in local socio-economic circumstances are likely to shape patterns of demand for services provided by the public, private and VCSE sectors. So it is useful to look in more detail at area statistics to help interpret findings on VCSE structure, dynamics and purpose in subsequent sections of this report.

Table 2.1 presents data on the extent of deprivation. Data on local authority areas are presented in rank order (as measured by overall score in the English Indices of Deprivation) with the most affluent area, Harrogate, at the top of the table.

It is evident from these data that there are wide disparities in affluence across Humber, Coast and Vale. For example, only 6 per cent of people suffer income deprivation in Harrogate compared with 23 per cent in Hull. Variations in levels of child poverty are even more pronounced with only 7 per cent in Harrogate but reaching 29 per cent in Hull.

Long-term employment is a strong indicator of income deprivation. In Hull, over 12 per cent of the population are in such a situation compared with fewer than 1 per cent in every North Yorkshire district apart from Scarborough (2.7 per cent) and Selby (1.8 per cent). Variations in the percentage of older people living in deprivation follows a similar pattern. Over a quarter of older people have income deprivation in Hull compared with only 8 per cent in Harrogate.

Health and wellbeing

This report is especially concerned with issues surrounding health and wellbeing. Table 2.2 shows that variations follow a similar pattern to those presented in Table 2.1 on income deprivation. For example, life expectancy of males and females tends to be much higher in more affluent areas. This tends to produce a higher concentration of people over the age of 85 in more affluent areas – which in turn may shape patterns of demand for health and social care support.

	Percent of people with income deprivation	Percentage children in poverty	Percentage in long-term unemployment	Older People in Deprivation, English Indices of Deprivation, 2019	IMD Score, 2019
Harrogate	6.2	6.7	0.2	7.7	10.9 (most affluent)
York	7.0	9.9	0.6	9.4	11.7
Hambleton	6.6	8.7	0.5	7.7	12.0
Richmondshire	5.8	8.2	0.3	7.7	12.1
Selby	7.5	9.8	1.8	9.2	12.7
Craven	6.6	7.0	0.2	8.1	12.8
East Riding of Yorkshire	9.4	11.6	3.3	10.8	15.6
Ryedale	7.9	10.4	0.5	9.2	15.7
North Lincolnshire	13.1	18.0	2.8	13.5	22.1
Scarborough	14.4	17.9	2.7	14.4	26.3
North East Lincolnshire	19.0	26.9	3.3	17.0	31.3
Kingston upon Hull	22.6	28.5	12.5	25.7	40.6 (least affluent)
England (median)	10.8	14.7	2.0	11.7	n/a

	Population aged 65 years and over	Population aged 85 years and over	Life expectancy at birth for females	Life expectancy at birth for males	Limiting long-term illness or disability
Harrogate	23.6	3.6	84.8	80.9	15.6
York	18.4	2.6	83.6	80.2	15.3
Hambleton	26.5	3.3	85.0	81.8	16.9
Richmondshire	21.4	2.5	83.8	81.5	15.2
Selby	20.4	2.3	83.7	80.4	16.4
Craven	27.3	3.9	85.1	81.4	17.9
East Riding of Yorkshire	26.2	3.2	83.6	80.2	19.1
Ryedale	27.0	3.6	85.3	80.8	17.8
North Lincolnshire	21.3	2.6	82.6	78.9	19.3
Scarborough	27.5	3.5	82.9	78.4	22.4
North East Lincolnshire	20.6	2.8	82.2	77.6	19.5
Kingston upon Hull	15.1	1.8	80.1	76.0	19.7
England (median)	19.6	2.6	83.6	80.0	17.5

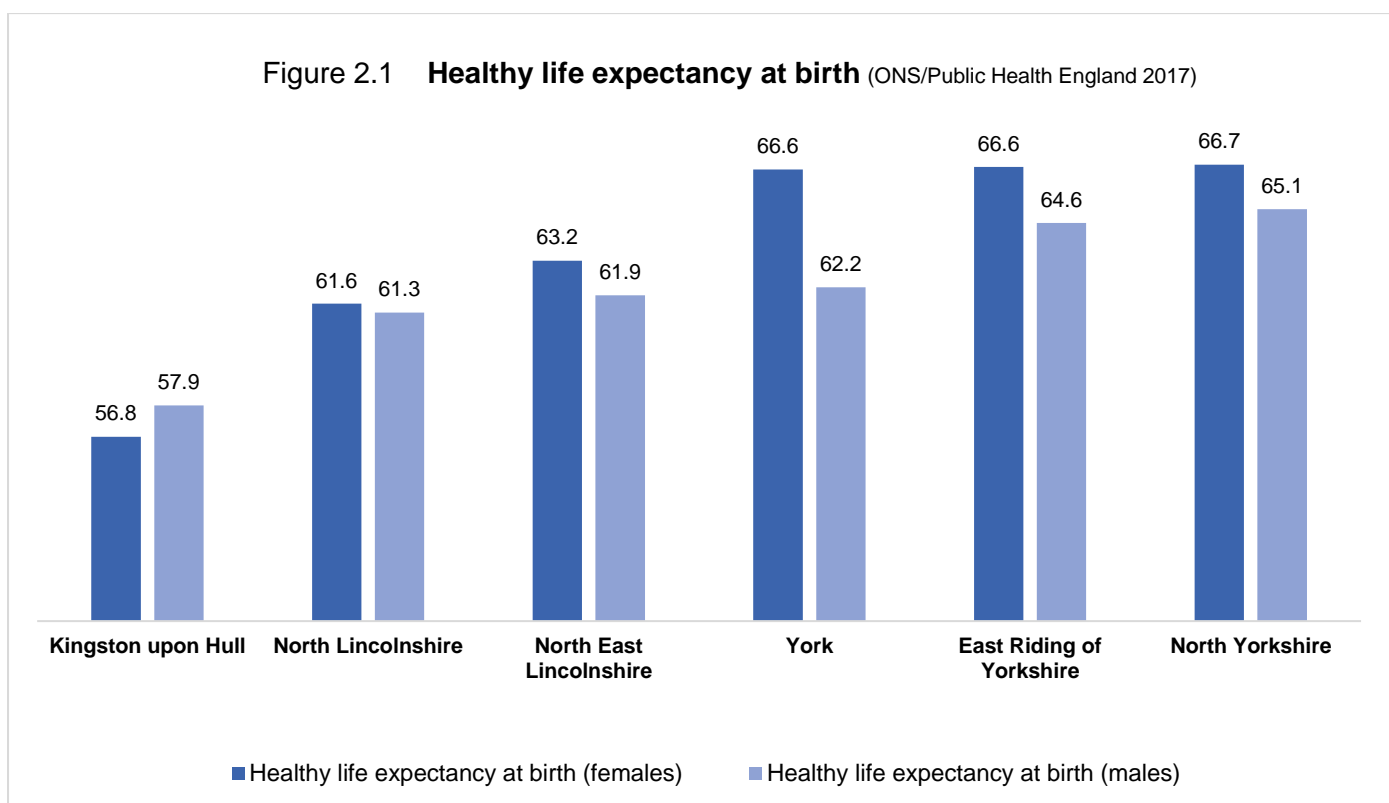
In recent years there has been a policy shift in many societies towards the measurement and encouragement of ‘healthy life expectancy’.³ In England, data are collected by the ONS on self-perceptions of health.⁴ Healthy life expectancy is defined as follows:

The healthy life expectancy measure adds a ‘quality of life’ dimension to estimates of life expectancy by dividing it into time spent in different states of health. Health status estimates are based on the following survey question; ‘How is your health in general; would you say it was... very good, good, fair, bad, or very bad’. If a respondent answered ‘very good’ or ‘good’ they were classified as having ‘good’ health. Those who answered ‘fair’, ‘bad’, or ‘very bad’ were classified as having ‘not good’ health and equate to those in ‘poor’ health.

This provides a useful benchmark for the analysis of spatial variations in healthy life expectancy. Unfortunately, data are only published at upper-tier local authority levels. Nevertheless, analysis of these data helps to show that variations in healthy life expectancy are shaped by factors such as area affluence or deprivation.

Figure 2.1 presents headline data on healthy life expectancy in the six upper tier local authority areas of Humber, Coast and Vale. The data are presented with the lowest levels of healthy life expectancy on the left hand side of the table and the highest on the right hand side.

Healthy life expectancy in Kingston upon Hull is very low at 57 for females and 58 for males when compared with North Yorkshire where healthy life expectancy is 67 for females and 65 for males. It is notable that variations in life expectancy by gender in York are particularly pronounced.



³ Welsh, C., Matthews, F. and Jagger, C. (2021) ‘Trends in life expectancy and healthy life years at birth and age 65 in the UK, 2008–2016, and other countries of the EU28: An observational cross-sectional study’, *The Lancet Regional Health*, [https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762\(20\)30023-5/fulltext](https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762(20)30023-5/fulltext)

⁴ Source: Public Health England, 2017. <https://www.gov.uk/government/publications/health-profile-for-england/chapter-1-life-expectancy-and-healthy-life-expectancy>

As Table 2.3 demonstrates, the proportion of the life span with ‘good health’ varies considerably across areas. The likelihood is, however, that variations in statistics will be much more pronounced in each local authority area when comparing the most and least affluent neighbourhoods.

Table 2.3 Life expectancy and healthy life expectancy in Humber, Coast and Vale (ONS 2022)				
		Life expectancy at birth	Healthy life expectancy at birth	Proportion of life spent in "good" health (%)
East Riding of Yorkshire	Females	82.8	66.6	80.4
	Males	79.3	64.6	81.5
Kingston upon Hull	Females	80.3	56.8	70.7
	Males	75.9	57.9	76.3
North East Lincolnshire	Females	81.6	63.2	77.4
	Males	61.9	61.9	79.9
North Lincolnshire	Females	82.0	61.6	75.22
	Males	78.4	61.3	78.2
North Yorkshire	Females	83.4	66.7	78.0
	Males	79.7	65.1	81.7
York	Females	82.9	66.6	80.3
	Males	79.2	62.2	78.5
England	Females	83.1	64.1	77.1
	Males	79.5	63.4	79.7

Deprivation, social isolation and diversity

Levels of personal wellbeing are shaped by the living conditions of individuals. As shown in Table 2.4, there are variations in this aspect of wellbeing according to levels of area affluence – but not to the same extent as when comparing income deprivation.

For example, overcrowding in houses tends to be more prevalent in the less affluent areas of Hull (8 per cent) and Scarborough (6 per cent), but also in York which has significant pockets of deprivation together with high levels of demand for urban accommodation. Fuel poverty is almost equally common across all areas, running between 8 and 12 per cent.

Similarly, variations in the percentages of older people living alone are not heavily pronounced, ranging between 27 and 32 per cent in all areas apart from Hull where 37 per cent of older people live alone. This indicates that support for socially isolated people may be high across the whole of Humber, Coast and Vale.

Table 2.4 Personal wellbeing in local authority areas in Humber, Coast and Vale				
	Overcrowded houses, 2011	Fuel Poverty, 2018	Older people living alone	IMD Score, 2019
Harrogate	4.4	8.3	30.0	10.9
York	7.1	8.5	32.3	11.7
Hambleton	2.6	9.5	29.0	12.0
Richmondshire	4.1	10.4	27.6	12.1
Selby	3.5	8.3	27.9	12.7
Craven	3.8	10.6	31.2	12.8
East Riding of Yorkshire	3.1	9.4	27.3	15.6
Ryedale	3.0	11.7	29.5	15.7
North Lincolnshire	3.6	9.8	29.8	22.1
Scarborough	6.0	12.1	32.2	26.3
North East Lincolnshire	4.1	10.1	32.5	31.3
Kingston upon Hull	8.0	10.6	36.6	40.6
England (median)	5.4	9.9	30.6	n/a

Patterns of social diversity can shape levels of demand for services. As Table 2.5 indicates that the situation in Humber, Coast and Vale is quite complex. The highest concentration of 'none White UK' residents are in Hull, York, Harrogate and North Lincolnshire.

The black, Asian and minority ethnic population tends to be quite low in Humber, Coast and Vale compared with other parts of Yorkshire and Humber (and especially so in West Yorkshire). The largest concentrations are in Hull, York, Richmondshire and North Lincolnshire.

Table 2.5 Diversity in the local population in local authority areas in Humber, Coast and Vale				
	Population whose ethnicity is not 'White UK'	Population who cannot speak English well or at all	Black and Minority Ethnic Population	IMD Score, 2019
Harrogate	8.3	0.6	3.7	10.9
York	9.8	0.6	5.7	11.7
Hambleton	3.7	0.3	1.7	12.0
Richmondshire	6.6	0.5	4.6	12.1
Selby	4.5	0.6	1.6	12.7
Craven	4.6	0.3	2.6	12.8
East Riding of Yorkshire	3.9	0.4	1.9	15.6
Ryedale	3.8	0.3	1.3	15.7
North Lincolnshire	7.7	1.3	4.0	22.1
Scarborough	4.8	0.5	2.5	26.3
North East Lincolnshire	4.6	0.6	2.6	31.3
Kingston upon Hull	10.3	1.8	5.9	40.6
England (median)	9.7	0.6	5.2	n/a

2.2 Spatial distribution of VCSE organisations

Affluence or deprivation has an impact on levels of demand for services in localities. It is necessary, therefore, to look at the distribution of VCSE organisations across unitary local authorities and county council districts, coastal and inland areas, and in rural and urban areas.

Estimates on the number of organisations in Humber, Coast and Vale are provided in Table 2.6.⁵ The majority of VCSE organisations are registered charities, but about a quarter of the registered sector is comprised of organisations with other legal forms, such as Community Interest Companies (CICs) and Cooperatives and Community Benefit Societies (CCBS).

Estimates suggest that 'unregistered' organisations, associations, societies and groups could number over 7,500. Evidence suggests that such entities are likely to be small, informal in structure and address issues of interest to their members or participants. Little is known about their activities, however, so this report focuses entirely upon registered organisations about which much more data are available.

Legal form	Estimated number of VCSE organisations and groups	Percentage of all registered VCSE organisations
Registered Charities	3,878	65.7
Charitable Incorporated Organisations	555	9.4
Community Amateur Sport Clubs	215	3.6
Community Interest Companies	423	7.2
Other registered organisations	829	14.1
Total VCSE organisations	5,900	100.0
Estimated number of unregistered organisations or groups ⁶	7,612	
<i>Total registered and informal sector</i>	13,512	

Unitary local authorities and county council districts

This section looks at the structure of the VCSE sector in the context of local authority boundaries. To interpret findings, it is first necessary to compare the social context in local authority areas.

Table 2.7 shows the ratio of VCSE organisations to the number of people living in each area. It is clear that most districts of North Yorkshire have more than twice as many VCSE organisations per 1,000 resident population than in local authorities of Hull, North Lincolnshire and North East Lincolnshire.

⁵ Full details on how these estimates were constructed is available in Chapman (2021), *The structure, dynamics and impact of the VCSE*, Durham, Policy&Practice. The report is available at this web address: <https://www.stchads.ac.uk/research/research-news/the-difference-the-third-sector-makes/>

⁶ It is not possible to state with certainty how many organisations and groups sit 'below the radar' in Yorkshire and Humber. Many local infrastructure organisations (such as Councils for Voluntary Service), for example, hold listings of local members or associates which enumerate many more groups than can be identified on registers. For a full explanation, see the initial report, Chapman (2021) *ibid.* pp. 20-21.

	Number of VCSE organisations	Area population	Number of VCSEs per 1,000 resident population
North Yorkshire	3,236	614,505	5.3
<i>Craven</i>	381	56,832	6.7
<i>Hambleton</i>	537	91,134	5.9
<i>Harrogate</i>	882	160,533	5.5
<i>Richmondshire</i>	308	53,244	5.8
<i>Ryedale</i>	396	54,920	7.2
<i>Scarborough</i>	432	108,736	4.0
<i>Selby</i>	300	89,106	3.4
York	874	209,893	4.2
East Riding of Yorkshire	1,063	339,614	3.1
Kingston upon Hull	470	260,645	1.8
North Lincolnshire	388	172,005	2.3
North East Lincolnshire	253	159,821	1.6
Humber, Coast and Vale	14,297	5,479,615	2.6

As shown in Table 2.8, VCSE organisations in Humber, Coast and Vale vary in size. In some local authorities there is a concentration of larger VCSE organisations (and especially so in the cities of Hull and York where more than 15 per cent of VCSE organisations have annual incomes above £250,000).

By contrast in many North Yorkshire districts, VCSE organisations tend to be smaller. Over 75 per cent of VCSE organisations in Craven, Hambleton, Richmondshire, Ryedale, Selby, North Lincolnshire and East Riding of Yorkshire) have annual income below £50,000.

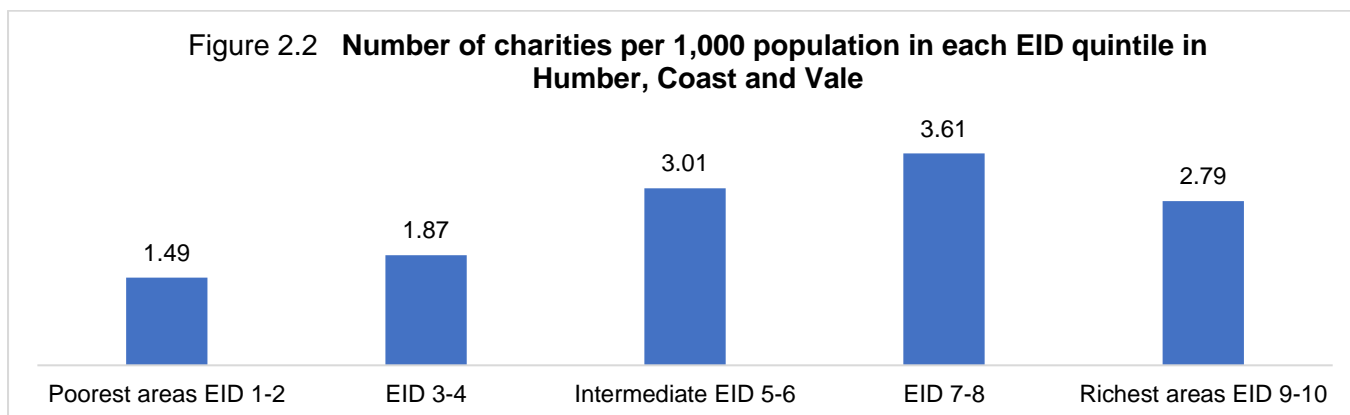
	Micro (income £10,000 or less)	Small (income £10,000 - £49,999)	Medium (income £50,000 - £249,999)	Large (income £250,000 - £1m)	Big (income £1m - £25)	N=
Craven (<i>not included in Humber, Coast and Vale</i>)	53.5	26.2	16.1	3.1	1.0	381
Hambleton	53.3	28.0	12.9	4.7	1.0	537
Harrogate	44.7	29.6	16.0	6.6	3.0	882
Richmondshire	56.7	22.5	16.0	3.9	0.9	308
Ryedale	56.2	24.2	12.8	4.4	2.4	396
Scarborough	47.8	23.8	21.3	4.9	2.2	432
Selby	51.6	25.3	17.3	4.4	1.3	300
City of York	35.2	24.1	25.2	10.2	5.3	874
East Riding of Yorkshire	52.4	27.2	15.7	4.0	0.8	1,063
Kingston upon Hull	29.5	26.3	23.8	13.3	7.1	470
North East Lincolnshire	40.0	28.4	18.4	8.9	4.2	388
North Lincolnshire	52.6	27.8	15.5	2.4	1.7	253
Humber, Coast and Vale (excluding Craven)	47.0	26.4	17.8	6.1	2.7	5,903

Table 2.9 shows that the distribution of VCSE organisations in each area is shaped to a large extent by local socio-economic conditions. For example, very few VCSEs appear to be operating in the most deprived areas of North Yorkshire – this is due to the general affluence of these areas (i.e. there are no areas with the deepest statistical levels of deprivation). In Scarborough, by contrast, over 40 per cent of its local VCSE organisations are located in the two least affluent quintiles.

In those local authority areas which have many areas of deep social deprivation such as Hull and North East Lincolnshire, the pattern of distribution of VCSE organisations is affected. Nearly 60 per cent of VCSE organisations in Hull and 37 per cent in North East Lincolnshire are located in the poorest quintile of deprivation. In subsequent sections of this report, an assessment of the activities of VCSE organisations in more or less affluent areas will be explored to see whether the focus of organisations vary depending on local circumstances.

Table 2.9 Distribution of registered charities in Humber, Coast and Vale unitary local authorities and districts by English Indices of Deprivation (Charity Commission Register, June 2021)						
(Row percentages)	Poorest areas		Intermediate		Richest areas	Registered charities
	EID 1-2	EID 3-4	EID 5-6	EID 7-8	EID 9-10	
North Yorkshire	2.8	7.6	24.8	39.0	25.8	2,388
<i>Craven</i>	0.0	3.6	5.8	62.8	27.7	274
<i>Hambleton</i>	0.0	4.3	6.8	48.7	40.2	396
<i>Harrogate</i>	0.3	4.8	14.0	45.7	35.3	652
<i>Richmondshire</i>	0.0	0.4	43.2	34.1	22.3	229
<i>Ryedale</i>	0.0	7.0	56.0	26.5	10.4	298
<i>Scarborough</i>	18.9	23.3	31.8	17.0	9.1	318
<i>Selby</i>	0.5	10.0	15.8	38.0	35.7	221
City of York	8.9	14.6	19.9	18.8	37.8	643
East Riding of Yorkshire	5.1	8.4	20.8	29.7	36.1	785
Kingston upon Hull	59.4	15.1	17.4	8.1	0.0	345
North Lincolnshire	9.4	13.9	33.1	35.5	8.0	287
North East Lincolnshire	36.7	15.4	15.4	27.7	4.8	188

The preceding analysis has shown that VCSE organisations are distributed unevenly across areas depending on levels of affluence or deprivation. But it is important not to lose sight of the fact that there are proportionally fewer charities in the poorest quintiles than in more affluent areas (see Figure 2.2). There are many more VCSE sector organisations in more affluent areas than in more deprived areas.

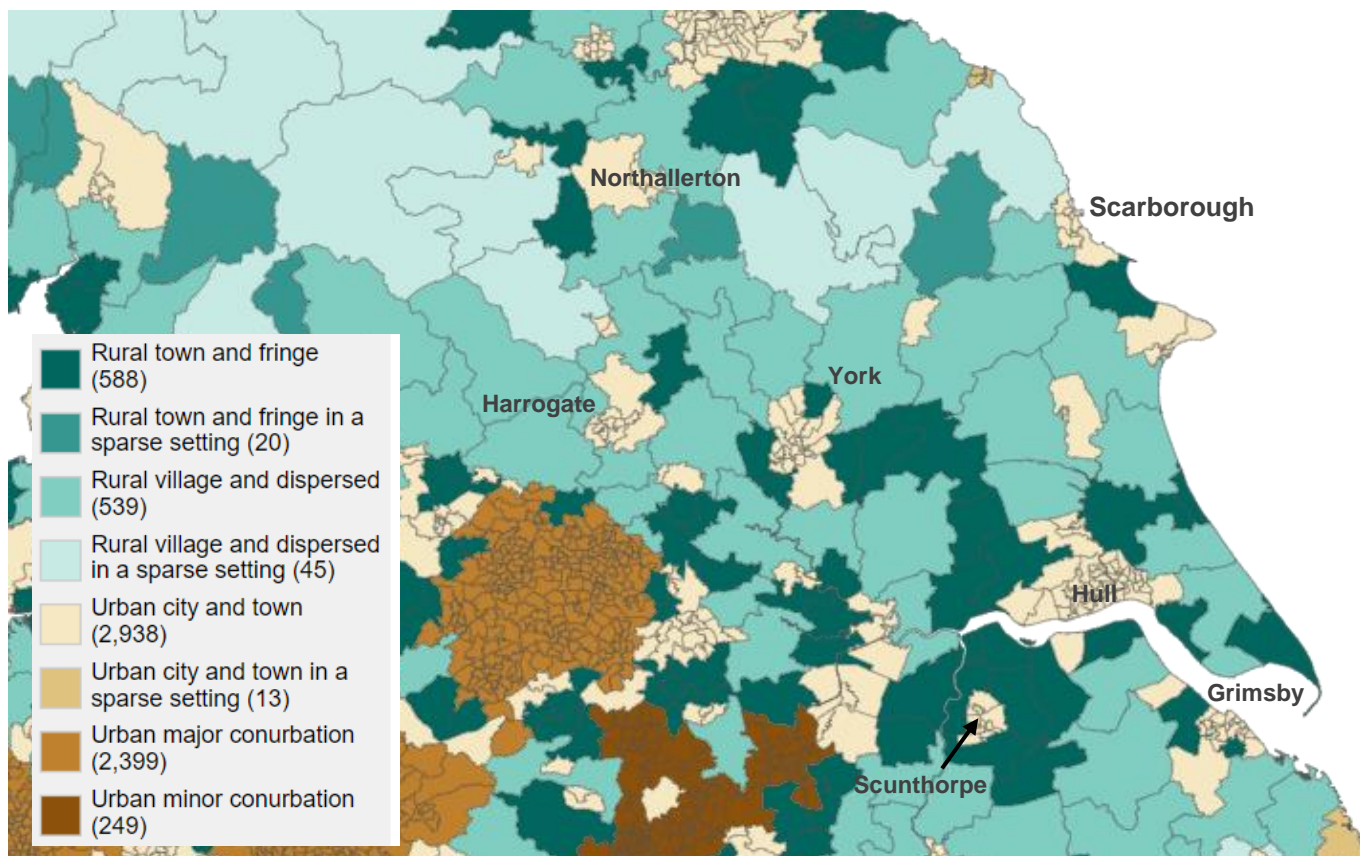


⁷ Source: Two ONS datasets were used to match LSOA population statistics with IMD sub domains scores: ONS Lower layer Super Output Area population estimates (supporting information);

Rural and urban areas

This section compares the situation in rural and urban areas of Humber, Coast and Vale. As shown in Figure 2.3, there are areas of urban concentration in Humber, Coast and Vale (and neighbouring districts). The main urban centres are located in Hull, York, Harrogate, Scunthorpe, Grimsby and Scarborough. But there are also many smaller market towns which serve large rural hinterlands, such as Whitby, Richmond, Northallerton, Thirsk, Ripon and Pickering. The neighbouring metropolitan areas of Bradford and Leeds will have an impact on area dynamics in close-by districts of Humber, Coast and Vale due to commuter flows into cities.

Figure 2.3 Urban and rural areas in Humber, Coast and Vale and neighbouring areas

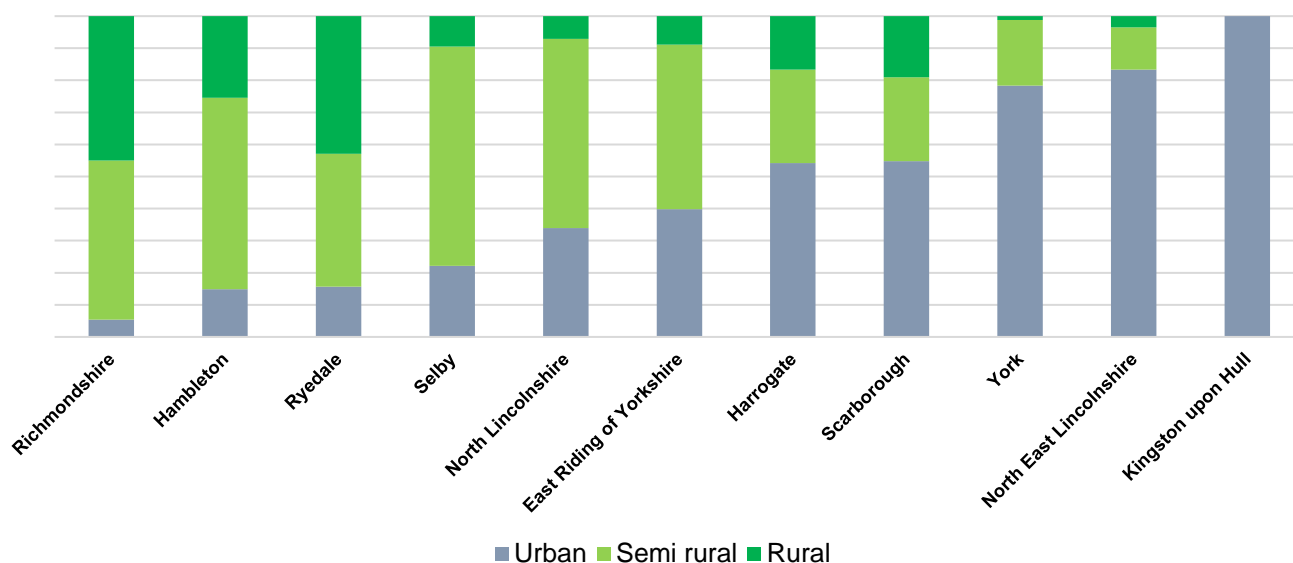


The distinctions between rural and urban areas presented in Figure 2.4 have been collapsed into four categories for use in the analysis of the VCSE sector in this report.⁸ Figure 2.4 shows how organisations are distributed by spatial characteristics in each local authority or district in Humber, Coast and Vale. The most rural districts and authorities feature to the left of the graph and the most urban to the right.

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates> English Indices of Deprivation 2019, File 4, sub domains of deprivation:
<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

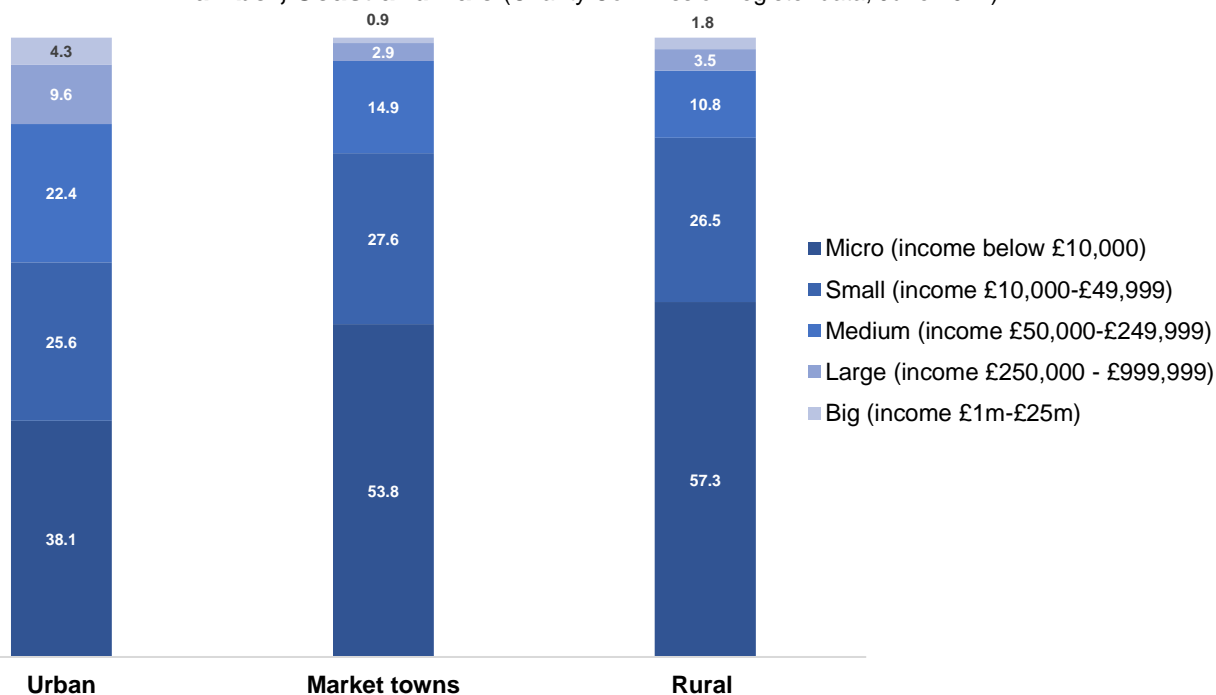
⁸ The rural and urban classifications represent collapsed categories from the full set of ten ONS categories. The collapsed categories were constructed as follows: 'Metropolitan' (A1, B1), 'Urban' (C1, C2), 'Market towns' (D1, D2, E1) and 'Rural Areas' (E2, F1, F2). The terms 'market towns' and 'rural areas' are adopted as shorthand descriptors only and do not fully reflect the formal categorisations. For more detail on how the classifications are constructed, see: Department for Environment, Food and Rural Affairs (2016) *Guide to applying the rural urban classification to data*, London, Rural Statistics Unit, Defra:
<https://www.gov.uk/government/collections/rural-urban-classification>.

Figure 2.4 Percentage of VCSE organisations in rural and urban areas in Humber, Coast and Vale Health and Care Partnership (Charity Commission Register, June 2021)



The structure of the VCSE sector varies by area type. As shown in Figure 2.5, in urban areas there is a much larger proportion of larger or big VCSE organisations (14 per cent) when compared with market towns (4 per cent) or rural areas (5 per cent). In rural areas there is a much larger proportion (57 per cent) of very small 'micro' VCSE organisations (with annual income below £10,000) when compared with urban areas (38 per cent). These variations will have a substantial impact on the extent to which the local VCSE sector has the capacity to tackle specific activities (which is explored further in Section 4).

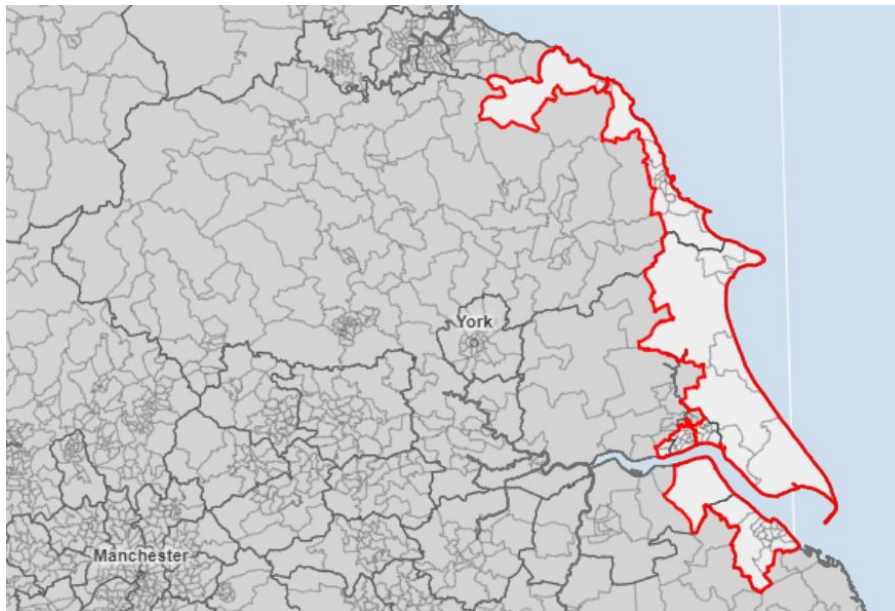
Figure 2.5 Distribution of VCSE organisations by size in urban and rural areas in Humber, Coast and Vale (Charity Commission register data, June 2021)



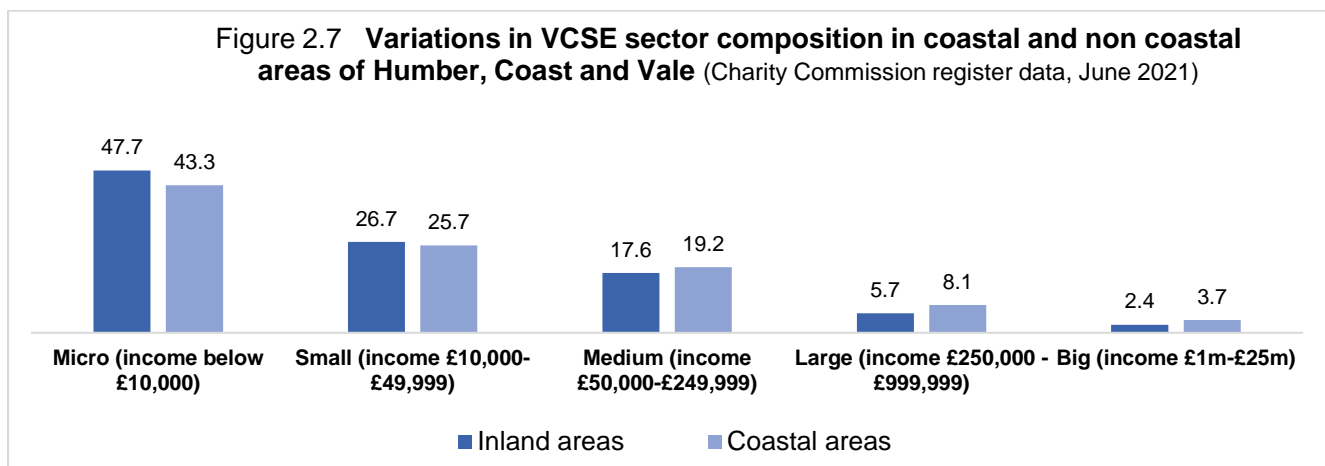
Coastal areas

In Humber, Coast and Vale Health and Care Partnership area, there is a concern that local needs may be particularly pronounced in coastal areas. For the purposes of this enquiry, 61 wards were identified in ‘coastal areas’ and are included in the analysis to compare with ‘non-coastal’ areas (see Figure 2.6).⁹

Figure 2.6 **Map of designated wards to ‘coastal area’ in Humber, Coast and Vale**



As shown in Figure 2.7, VCSE sector structure appears to be broadly similar in coastal and inland areas. However, the much larger number of VCSE organisations with income above £250,000 in coastal areas has a significant bearing on overall sector resources.¹⁰

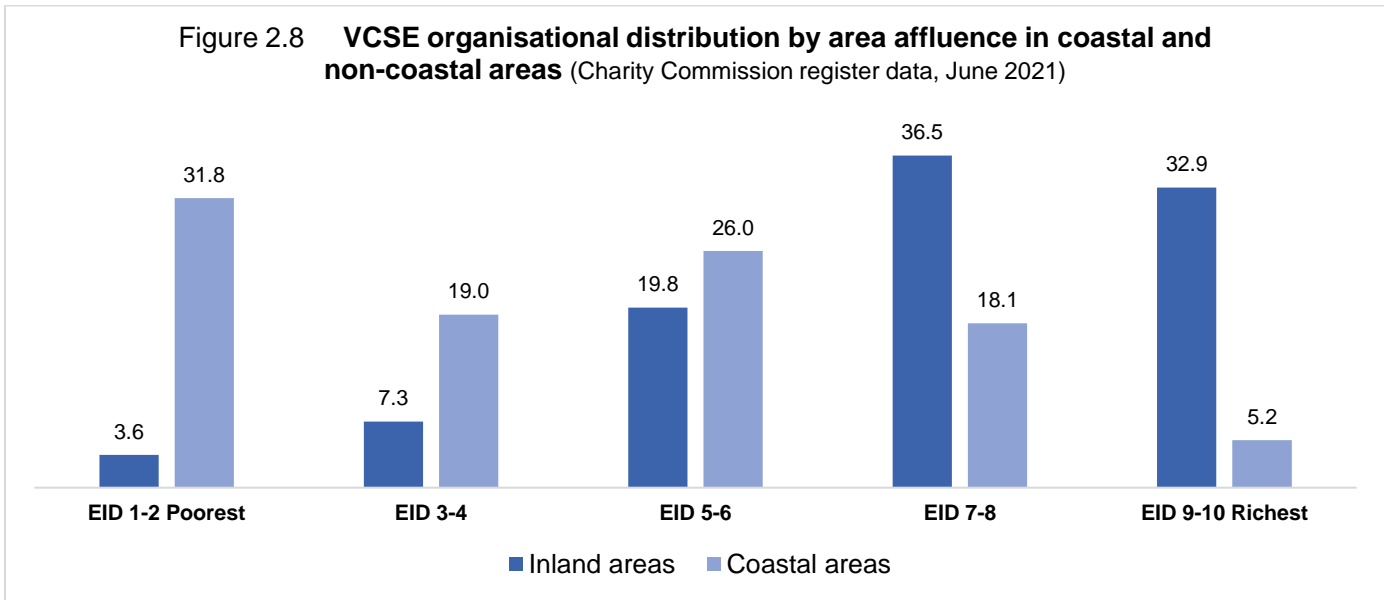


⁹ There is no nationally agreed definition of ‘coastal areas’ in England: see Whitty, C. (2021) Chief Medical Officer’s Annual Report 2021: health in coastal communities – summary and recommendations.

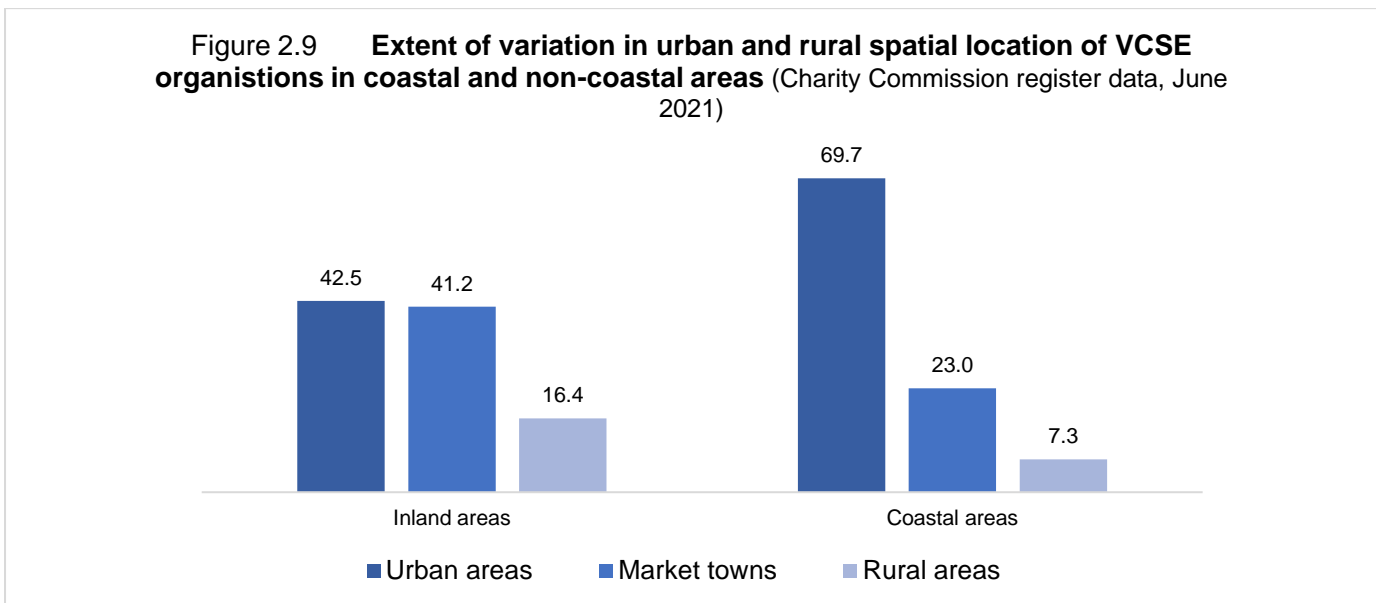
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1005217/cmo-annual-report-2021-health-in-coastal-communities-summary-and-recommendations-accessible.pdf. In this report, the definition adopted by Scotland’s CMO is adopted which stipulates that a coastal community area is defined as 5km inland area from the coast. Unfortunately this cannot be achieved precisely, due to variations in ward size, but as close an approximation as possible is adopted as shown in Figure 2.5. See for more detail on the definition of coastal areas in Scotland, James Hutton Institute (no date) Scotland’s Coastal Assets. https://www.hutton.ac.uk/sites/default/files/files/publications/hutton_coast_booklet_web.pdf

¹⁰ Distinctions between ‘coastal’ and ‘non-coastal’ areas may be affected by the inclusion of Kingston upon Hull in these areas. Because the city has a large VCSE sector and a larger than average proportion of bigger VCSE organisations, there is a likelihood that this may skew data and affect findings. Unfortunately, there are too few respondents in the remaining areas to make reliable comparisons. It is hoped that this may be rectified in the next round of the Third Sector Trends study which is scheduled to take place in the summer of 2022.

Figure 2.8 shows how VCSE organisations are distributed in EID quintiles in coastal and non-coastal areas. There are very significant variations between these types of locations. In coastal areas, nearly 32 per cent of VCSE organisations are located in the poorest quintile of deprivation compared with just 4 per cent in non-coastal areas. At the other end of the spectrum, only 5 per cent of VCSE organisations in coastal areas are located in the most affluent quintile compared with 33 per cent in inland areas.



These wide variations in VCSE organisational location are accounted for to a large extent by the spatial characteristics of coastal and non-coastal areas. As shown in Figure 2.9, 69 per cent of VCSE organisations in coastal areas are located in urban areas compared with just 43 per cent in non-coastal areas.



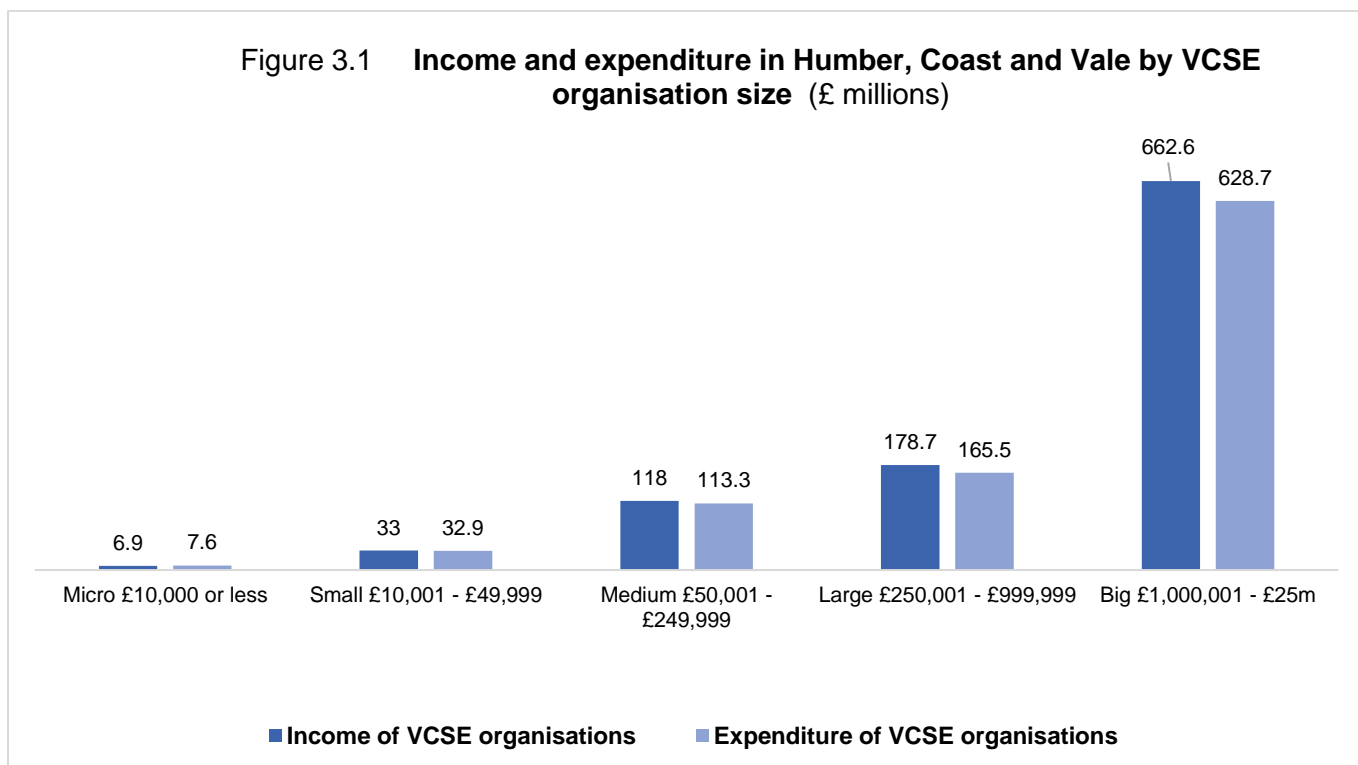
Section 3

VCSE sector capacity in localities

As shown in Section 2, the VCSE sector in Humber, Coast and Vale is large with almost 6,000 registered organisations. This section shows how sector assets, financial and people resources are distributed. Its purpose is to prepare the ground for analysis in Section 4 on how and where the VCSE sector disposes its energy to tackle issues surrounding public health and social wellbeing.

3.1 Income, expenditure and assets

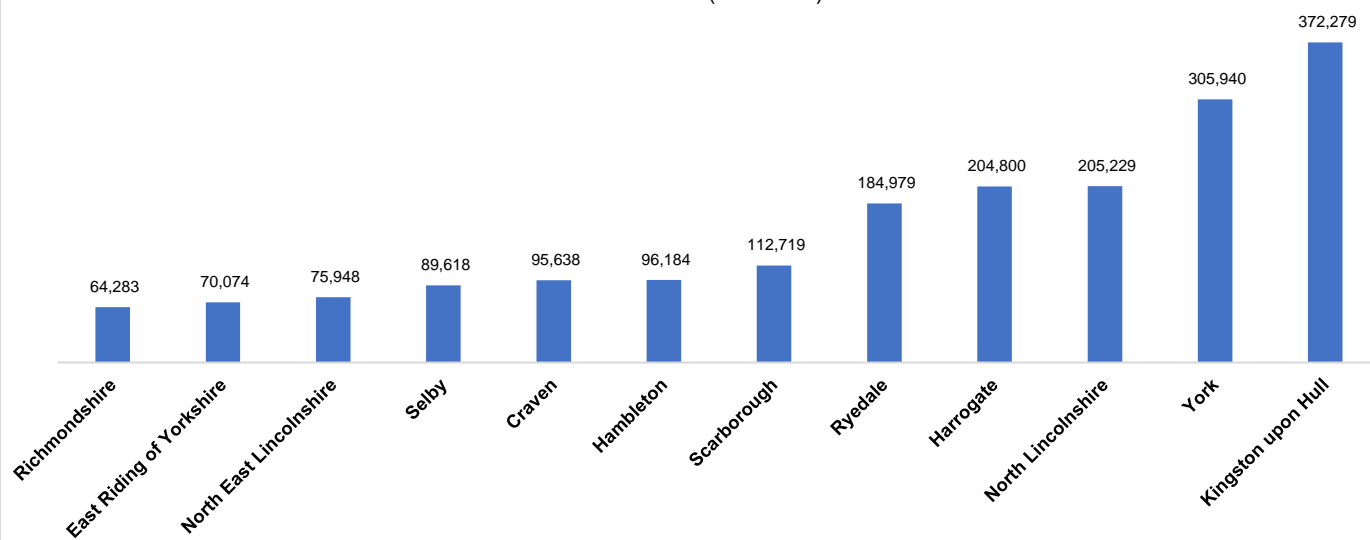
In 2020, the VCSE sector in Humber, Coast and Vale had an income of nearly £1billion and expenditure of £948 million. Income and expenditure is not distributed evenly across the sector. As Figure 3.1 shows, the biggest organisations command the lion’s share of sector income. .



Furthermore, as previously shown in Table 2.2, the distribution of VCSE organisations in local authority areas varies considerably – with bigger organisation based mainly in larger urban areas. This has a significant impact on the average income of VCSE organisations in local authorities and districts, as shown in Figure 3.2.¹¹

¹¹ It should be noted that the average income of VCSE organisations in Ryedale has been skewed by the presence of four very large organisations with a total joint income in 2020 of £87.9 million.

Figure 3.2 Average income of VCSE organisations by local authority and districts (£ millions)



Organisational assets are also distributed inequitably. As shown in Table 3.1, 75 per cent of sector assets are concentrated in larger VCSE organisations with income between £250,000 and £25 million.

Table 3.1 Estimated distribution of property, investment and cash-in-hand assets (Charity Commission Register 2020 / NCVO Almanac 2020 / Third Sector Trends, 2019)

(£ millions)	Micro (income below £10,000)	Small (income £10,000- £49,999)	Medium (income £50,000- £249,999)	Large (income £250,000 - £999,999)	Big (income £1m- £25m)	Total
Property assets	3.1	41.9	154.8	173.0	343.8	716.6
Investment assets	5.0	23.5	50.4	79.3	193.0	351.2
Cash in hand reserves	27.5	37.1	79.5	135.0	545.9	825.0
Total assets	20.7	81.1	233.3	298.6	705.8	1,339.5
Per cent of assets held	1.5	6.1	17.4	22.3	52.7	100.0

3.2 VCSE employees and volunteers

The VCSE sector in Humber, Coast and Vale has substantial employee and volunteer resources available to deliver support and services to tackle social, environmental and economic issues (Table 3.2). Employees, numbering about 23,200 deliver 38 million hours of work annually. The staff costs of VCSE organisations amount to £613 million.

About 128,000 volunteers provide an additional 9 million hours of work which represents about 25 per cent of additional resource to the sector. The replacement cost of this work would amount to between £80 million and £125 million if delivered by paid employees. There are 28,800 full-time equivalent employees and volunteers in the VCSE sector in Humber, Coast and Vale providing over 47 million hours of work annually.

	Total full-time and part-time employees / total regular volunteers	Estimated full-time equivalent employees/volunteers	Total hours worked (£ millions)	Total wages/ replacement cost¹²
Employees	36,200	23,200	38.3	£613m
Volunteers	127,700	5,600	9.2	£80m – £125m
Total workforce		28,800	47.5	£693m - £738m

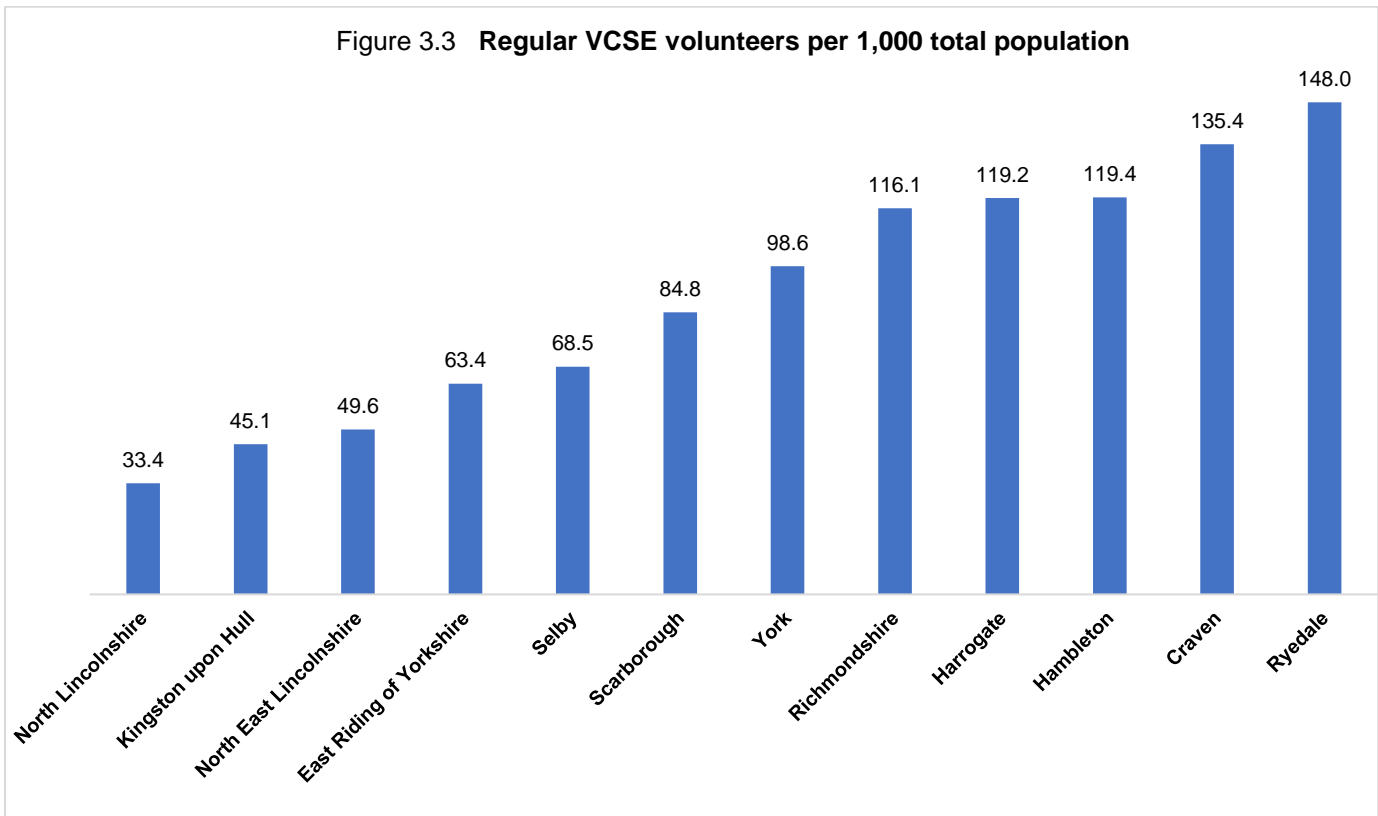
There are significant variations in the number of employees and volunteers across local authorities and districts. Differences in the number of employees are largely due to differences in the size of organisations in areas. This explains why average numbers of employees tend to be much higher in the urban areas of Harrogate, York, Hull and North East Lincolnshire.

Average volunteer numbers per VCSE organisations, by contrast, are relatively consistent ranging from about 20-25. There is an uplift in the urban areas of North East Lincolnshire, Hull and York due to the presence of larger organisations.

	Estimated full-time equivalent employees	Estimated number of volunteers	Total TSOs	Average employees per VCSE organisation	Average vols per VCSE organisation
North Yorkshire	9,846	67,692	3,234	3.0	20.9
<i>Craven</i>	839	7,735	381	2.2	20.3
<i>Hambleton</i>	1,229	10,932	537	2.3	20.4
<i>Harrogate</i>	3,602	19,167	882	4.1	21.7
<i>Richmondshire</i>	671	6,237	308	2.2	20.3
<i>Ryedale</i>	1,217	8,195	396	3.1	20.7
<i>Scarborough</i>	1,492	9,220	432	3.5	21.3
<i>Selby</i>	797	6,207	300	2.7	20.7
York	5,749	20,775	874	6.6	23.8
East Riding of Yorkshire	2,279	21,617	1,063	2.1	20.3
Hull	3,844	11,721	470	8.2	24.9
North East Lincolnshire	1,353	5,754	253	5.3	22.7
North Lincolnshire	966	7,915	388	2.5	20.4

When volunteer numbers are presented per 1,000 resident population (see Figure 3.3) a different picture emerges. It is clear that there are many more regular volunteers in more affluent districts of North Yorkshire and the City of York. Levels of regular volunteering for VCSE organisations in North and North East Lincolnshire and the Kingston upon Hull are comparably much lower.

¹² Replacement costs for volunteers are estimated as follows National Living Wage (lower estimate) and 80 per cent regional wage averages (higher estimate)

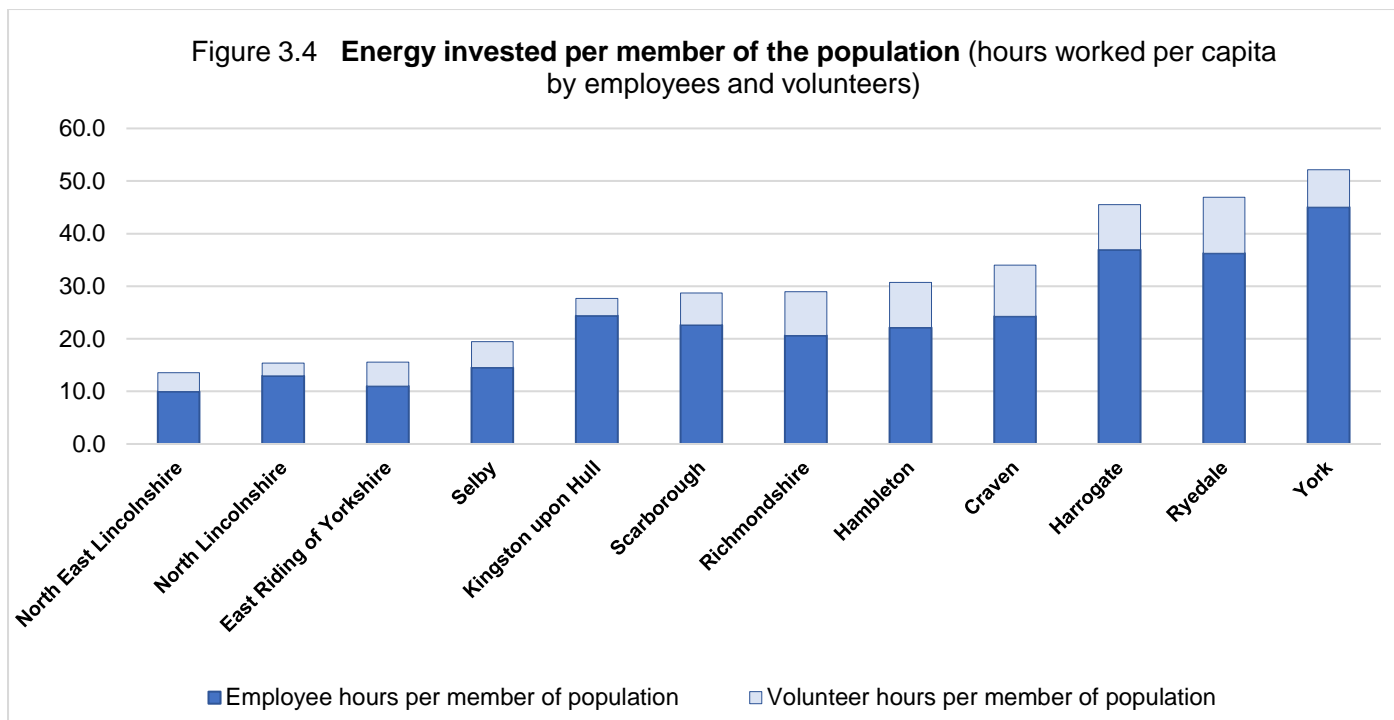


As Table 3.4 shows, this does not mean that VCSE organisations in more affluent areas have a larger than average number of regular volunteers. Instead, the proliferation of regular volunteers is produced because there are many more VCSE organisations per 1,000 members of the resident population in affluent areas than in poorer areas,

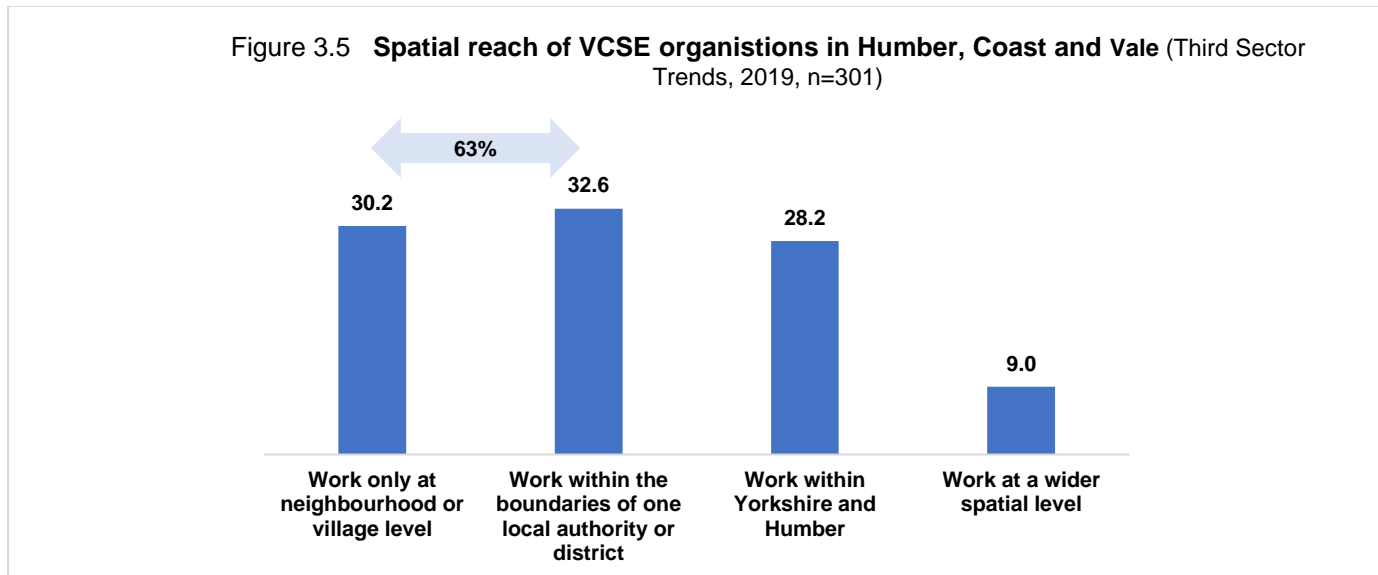
Table 3.4 The distribution of regular volunteers in richer and poorer areas

	VCSE organisations with fewer than 5 volunteers	VCSE organisations with 6 to 20 volunteers	VCSE organisations with more than 20 volunteers
EID 1-2 (Poorest areas)	30.3	34.2	35.6
EID 3-4	27.5	36.7	35.9
EID 5-6 (Intermediate)	33.2	32.6	34.2
EID 7-8	31.9	31.7	36.4
EID 9-10 (Richest areas)	28.9	34.9	36.2

The cumulative energy of employees and volunteers is uneven across local authorities and districts. As shown in Figure 3.4, the average number of hours invested in the resident population by VCSE sector employees and regular volunteers varies considerably.

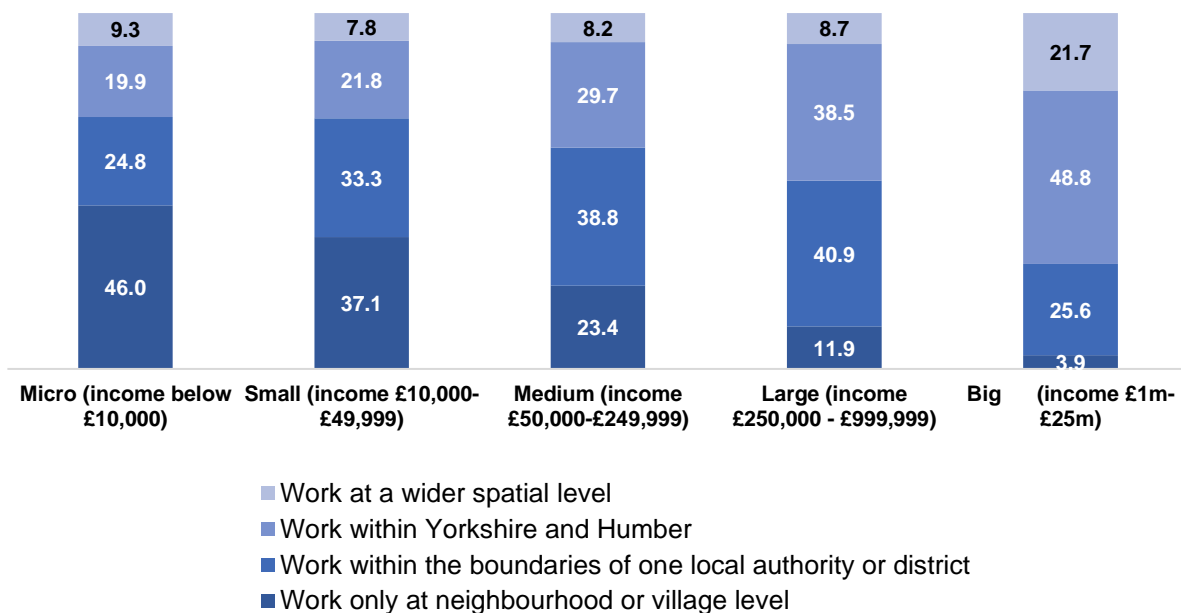


When interpreting these data, it should be noted that VCSE organisations do not necessarily limit the range of their activity to their immediate locality. As shown in Figure 3.5, across Humber, Coast and Vale a majority VCSE organisations mainly focus their energies at the neighbourhood or village level (30 per cent) or up to local authority or district level (63 per cent). About 28 per cent of VCSE organisations which are based in Humber Coast and Vale work at sub-regional or regional level in Yorkshire and Humber. Only 9 per cent of organisations work across regions, at national or international level.



Interpretation of the activities of the local VCSE sector must proceed with care because many organisations do not limit their activities to localities. Larger VCSE organisations are much more likely to work across spatial boundaries and have the greatest capacity to deliver work across communities. As shown in Figure 3.6, only 4 per cent of the biggest organisations work at neighbourhood or village level. By contrast, smaller VCSE organisations are much more likely to work at a local level. For example, 46 per cent of micro VCSE organisations work only at village or neighbourhood level.

Figure 3.6 Variations in the extent to which VCSE organisations work within or across spatial boundaries in Humber, Coast and Vale (Third Sector Trends, North of England, n=2,935)



3.3 Sector interactions

The above analysis looks at the activities of VCSE organisations at an individual level. It is important also to take into account the extent to which organisations work together in informal or formal ways. Table 3.5 shows that there is an enormous amount of informal complementary activity going on in the VCSE sector in Humber, Coast and Vale.

Around 80 per cent of organisations state that they have useful informal relationships with other voluntary organisations and groups and about a further 7 per cent show a willingness to do so in future. Nearly 70 per cent of organisations work quite closely, but informally, with other voluntary organisations and groups, and about 12 per cent more show an interest in doing so in future. Fewer VCSE organisations work in formal partnership arrangements: only 30 per cent do so; but many more are considering this prospect (around 21 per cent).

There are only very few VCSE organisations that could be described as ‘rugged independents’ which have no interest in working formally or informally with other organisations.

Table 3.5 Informal and formal partnership arrangements in the VCSE sector in Humber, Coast and Vale (Third Sector Trends, 2019)

	Yes, this is how we work now	Not at the moment, but we'd like to work this way	No, this doesn't apply to us	N=
We have useful informal relationships with other voluntary organisations and groups	79.1	6.7	14.2	282
We often work quite closely, but informally, with other voluntary organisations and groups	68.9	11.8	19.3	280
We often work in formal partnership arrangements with other voluntary organisations and groups	29.7	21.4	48.9	276

Formal relationships are often forged when VCSE organisations are working on bids for grants and contracts. As Table 3.6 shows, in the Humber, Coast and Vale Health and Care Partnership area, levels of interest in partnership bidding, and the percentage of successful VCSE organisations has fallen from 21 per cent to 17 per cent. The percentage of VCSE organisations which are aware of such opportunities will not consider bidding has risen from around 36 per cent to 48 per cent since 2013.

Table 3.6 Changing levels of interest in the delivery of public sector service delivery contracts, 2013-2019 in Humber, Coast and Vale (Third Sector Trends, 2013, 2016, 2019)						
	We are not aware of these opportunities	We are aware, but they are not relevant to our objectives	Need more information, support or perceive barriers	We are already bidding to deliver public sector services	We are already delivering public sector services	N=
2013	14.4	35.8	28.8	8.7	12.4	299
2016	17.8	39.3	22.8	4.7	15.3	359
2019	22.4	48.0	12.5	3.9	13.2	281

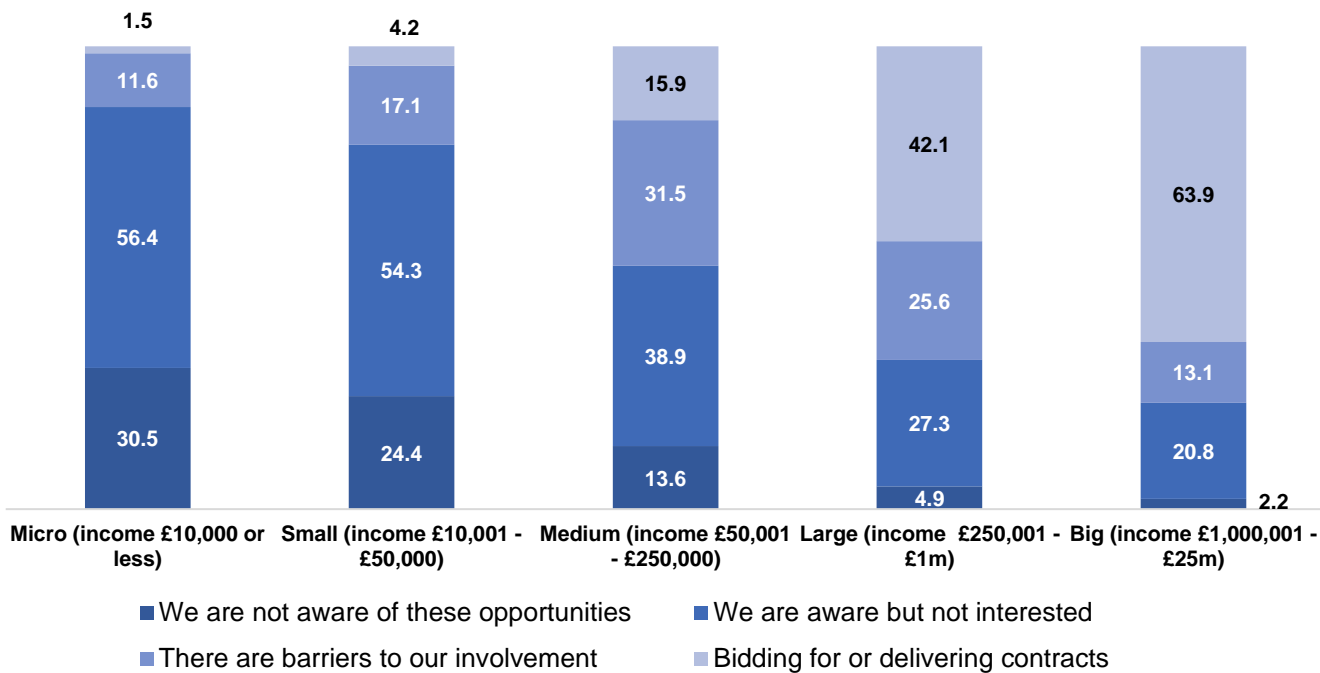
As Table 3.7 shows, general interest in bidding for grants or contracts in partnership seems to have declined to some extent in Humber, Coast and Vale in recent years. The percentage of VCSE organisations which have been successful in winning partnership bids fell from 21 per cent in 2013 to 15 per cent in 2019.

Perhaps of greater concern is the percentage of VCSE organisations which are not considering the prospect of partnership bidding – which rose from 47 per cent in 2013 to 64 per cent in 2019.

Table 3.7 Partnership bidding for grants and contracts in Humber, Coast and Vale, 2013-19 (Third Sector Trends, 2013, 2016, 2019)					
	Yes, and have been successful	Yes, and have not yet been successful	No, but we are considering this	No, we are not considering this	N=
2013	21.1	8.0	24.4	46.5	299
2016	19.9	7.7	24.3	48.1	362
2019	14.5	3.5	18.4	63.6	283

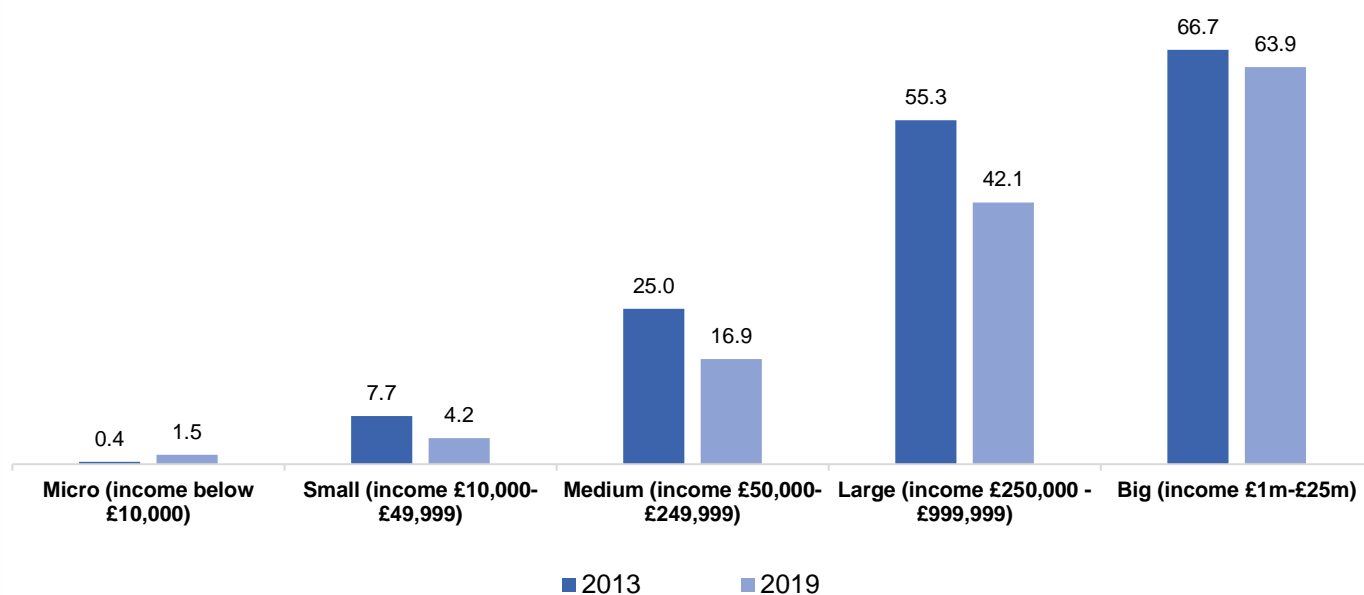
Interpretation of these findings must take into account the size of organisations in order to explain variations in willingness to engage in partnership bidding. As shown in Figure 3.7, larger VCSE organisations are much more likely to be interested in or successfully delivering contracts than smaller organisations.

Figure 3.7 Interest in submitting bids to deliver public sector service delivery contracts by VCSE organisation size (Third Sector Trends, Humber, Coast and Vale, 2019)



The apparent decline in interest in the delivery of public sector services under contract indicated in Figure 3.7 would be overstated, if the number of larger VCSEs bidding for or delivering contracts has remained the same. As Figure 3.8 indicates, the steepest decline appears to be amongst VCSE organisations with income between £250,000 and £1million. For the largest VCSE organisations, participation in contract delivery has remained broadly similar (falling only slightly from 67 per cent in 2013 to 64 per cent in 2019).

Figure 3.8 Change in the percentage of VCSE organisations bidding for or delivering contracts 2013 and 2019 (Third Sector Trends, Humber, Coast and Vale)



Section 4

Engagement with public health and wellbeing

4.1 Distribution of impact by area characteristics

It is not easy to determine how VCSE energy is distributed across the range of social, environmental and economic issues within Humber, Coast and Vale. This is because most VCSE organisations work across thematic areas such as health, personal wellbeing, community wellbeing and personal financial security.¹³

Data from the Charity Commission on organisational purpose amongst smaller VCSE organisations is only of limited value because of high levels of non-completion of categories, especially by smaller VCSE organisations. The available data for larger and big organisations provides a reasonable indication of levels of engagement with public health associated issues such as addressing poverty, housing, sport and recreation and so on.

As shown in Table 4.1, amongst the 323 larger registered charities in Humber, Coast and Vale (with income above £250,000), about 20 per cent directly engage with health issues (together with 25 per cent who address issues associated with disability). Many other organisations work on associated public health issues such as poverty (22 per cent), housing (16 per cent), sport and recreation (14 per cent) and the arts (15 per cent). Very few organisations report that they address issues surrounding diversity (2 per cent).

	Large VCSE organisations (income £250,000 - £999,999)	Big VCSE organisations (income £1m-£25m)	All larger VCSE organisations (income above £250,000)
Health	20.5	22.4	20.7
Disability	26.0	24.5	25.1
Poverty	25.1	16.3	22.0
Housing	12.8	22.4	15.5
Sport and recreation	14.6	14.3	14.2
Arts	16.0	14.3	15.2
Diversity	2.7	0.0	1.9
n=	219	98	323

In impact terms (see Figure 4.1), it is clear from Third Sector Trends data that many VCSE organisations feel that they make a 'strong' or 'important' contribution to public health by addressing issues such as: health and wellbeing (61 per cent), giving people the confidence to manage their lives (45 per cent), tackling social isolation (59 per cent) and improving access to basic services (30 per cent).

¹³ The extent of VCSE activity across thematic areas of service delivery was explored in depth in the initial report, see Chapman (2021) *ibid.* Section 5.

Figure 4.1 Humber, Coast and Vale Health and Care Partnership area - VCSE organisations' perceptions of impact (Third Sector Trends 2019)

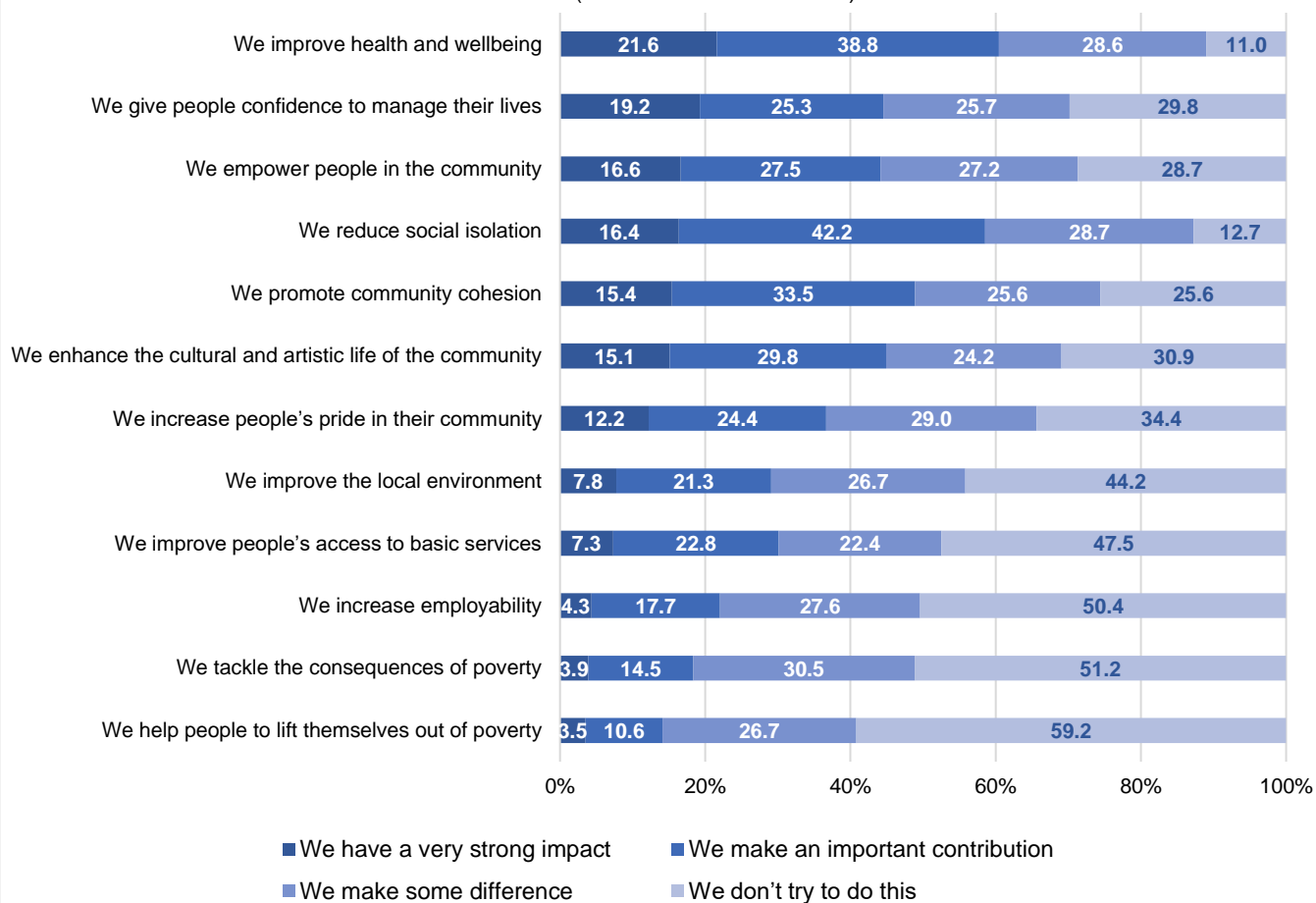


Table 4.2 shows perceptions of impact on public health related issues by size of VCSE organisations. It is clear that bigger organisations tend, in general terms, to claim higher levels of impact than smaller ones. This requires careful interpretation. VCSE organisations would be expected to claim that they have a stronger impact because their scale of activity helps them to achieve more.

It may be that larger VCSE organisations are more familiar with policy narratives surrounding social impact. From an interpretive point of view, therefore, there may be a risk that smaller VCSE organisations under-estimate their impact for those people they support.

Table 4.2 Percent reporting 'very strong impact' by size of VCSE organisations (Third Sector Trends 2019)

	Micro (income under £10,000)	Small (income £10,000 - £49,999)	Medium (income £50,000 - £249,999)	Large (income £250,000 - £999,999)	Big (income £1m or more)	Average (in rank order)
We improve health and wellbeing	19.6	18.5	39.1	49.1	56.0	32.4
We give people confidence to manage their lives	15.3	15.6	34.4	49.5	44.9	28.7
We reduce social isolation	18.6	14.5	34.6	40.2	32.6	26.2
We improve people's access to basic services	6.8	6.6	19.1	23.6	27.0	14.6

By disaggregating data on the purpose of VCSE organisations a clearer picture of sector dynamics emerges.

Table 4.3 presents Charity Commission register data on organisational purpose of registered charities and CIOs in each local authority or district (data are not available for other types of VCSE organisations). It should also be noted that data refer to where organisations are based, but does not necessarily mean that they concentrate services in just one area.

As indicated in the above analysis (see Figure 3.6) it is likely that 70 per cent of the bigger VCSE organisations work beyond local authority area or district boundaries (and especially those in Harrogate, York and Scarborough which serve North Yorkshire and East Riding of Yorkshire). Smaller VCSE organisations are more densely populated in more affluent areas. This must also be factored into the interpretation of data.

Data in Table 4.3 show that there is often a close relationship between area affluence and the extent to which local VCSE organisations engage in service provision. Indeed, there seems to be a split between those areas which focus primarily on critical personal and social needs and those which seek to promote personal and social development.

■ Meeting critical personal and social needs

Across Humber, Coast and Vale, the VCSE sector appears to be structured in such a way as to meet critical local needs. This means that there tends to be a concentration of provision in areas where needs are the greatest. For example, only 6 per cent of organisations make provisions for **people with disabilities** in Richmondshire compared with 22 per cent in Hull.

A similar pattern emerges in relation to **health** services and the **alleviation of poverty**. Only 6 per cent of organisations in Richmondshire attend to health issues compared with 19 per cent in Hull. For poverty, these percentages are 8 per cent and 21 percent respectively.

■ Promote personal and social development

The provision or facilitation of **sport and recreation** activities is much more prevalent in more affluent areas. For example, 31 per cent of charities focus on this in Richmondshire compared with only 19 per cent in Hull.

Similarly, in relation to **arts** related activities, there is much more provision in affluent areas: 26 per cent in Harrogate but only 17 per cent in Hull (which may be surprising, given the city's recent staging of City of Culture).

Local Authority District name (2019)	IMD 2019 - Rank of local concentration	Health	Disability	Poverty	Housing	Sport and Recreation	Arts and heritage	Diversity	Number of charities
Richmondshire (richest)	292	6.3	6.3	8.1	4.1	31.1	23.4	0.5	222
Harrogate	280	9.7	11.4	10.2	3.9	24.7	25.8	1.2	596
Hambleton	267	7.7	11.3	9.3	2.8	28.3	22.4	1.0	389
Ryedale	265	7.6	8.4	8.4	2.5	29.1	22.9	0.7	275
Selby	222	8.0	9.4	11.3	2.4	22.6	13.2	1.4	212
York	193	13.3	13.5	17.9	6.2	13.9	16.0	3.0	563
East Riding of Yorkshire	127	11.1	13.0	12.5	3.8	27.2	19.8	1.8	849
North Lincolnshire	87	12.5	12.9	12.5	2.7	27.1	17.6	1.0	295
Scarborough	41	13.8	16.0	14.2	6.2	20.0	17.8	1.2	325
Kingston upon Hull	7	18.5	22.2	21.1	8.8	19.1	16.8	5.7	351
NE Lincolnshire (poorest)	4	17.2	18.4	16.7	8.6	23.0	19.0	1.7	174
Humber Coast and Vale		11.4	13.1	13.1	4.6	23.9	19.9	1.9	4,251

When data are presented for the whole of Humber, Coast and Vale by areas of affluence or deprivation, a clear picture emerges (see Table 4.4). For example, in relation to health and poverty, there is twice as much provision in the poorest areas when compared with the richest. In the case of diversity, housing and disability, the differences are even more pronounced. For sport and recreation and arts provision, the reverse is the case, but not to the same extent.

Interpretation needs to be made with care, however, because the density of VCSE organisations is unequal across richer and poorer areas. And so, while 17 per cent of organisations make arts provision in the poorest areas, they are few in number (17 charities) when compared with the richest areas where 21 per cent of organisations (222 charities) make provision.

	Health	Disability	Poverty	Housing	Sport and Rec	Arts	Diversity	Number of charities
Poorest IMD 1-2	17.9	25.8	22.3	10.5	18.8	16.6	4.4	457
IMD 3-4	14.6	15.2	15.2	5.1	19.3	19.5	1.9	467
Intermediate IMD 5-6	10.4	11.4	12.2	4.2	24.4	21.4	2.0	1,115
IMD 7-8	10.0	12.3	11.3	3.9	25.5	18.8	1.1	1,151
Richest IMD 9-10	9.9	9.2	10.9	3.0	25.7	20.9	1.4	1,061
Humber, Coast and Vale	11.4	13.1	13.1	4.6	23.9	19.9	1.9	4,251

As shown in Table 4.5, in coastal areas, which tend to have higher levels of deprivation, there is more provision for critical needs such as health, disability, poverty, diversity and housing. While aspects of personal and social development are better served in inland areas.

	Health	Disability	Poverty	Housing	Sport and Rec	Arts	Diversity	Number of charities
Inland areas	10.1	11.8	12.0	3.9	24.6	20.3	1.5	3,165
Coastal areas	15.2	16.9	16.0	6.8	21.6	18.6	2.9	1,086
Humber, Coast and Vale	11.4	13.1	13.1	4.6	23.9	19.9	1.9	4,251

When distinctions are made between urban and rural areas (see Table 4.6), it is clear that there is much more concentration of VCSE capacity in urban areas for 'critical needs'; while provision for aspects of personal and social development tends to be higher in rural areas.

	Health	Disability	Poverty	Housing	Sport and Rec	Arts	Diversity
Major urban areas	15.3	17.7	17.4	6.5	18.5	18.8	3.0
Market towns	9.1	11.6	9.2	3.0	25.0	18.5	1.3
Rural areas	7.3	7.1	9.3	2.9	31.1	22.3	0.7
Humber, Coast and Vale	11.4	13.0	13.1	4.6	23.9	19.9	1.9

4.2 Perceptions of strong impact for beneficiaries

This section presents data from Third Sector Trends in Humber, Coast and Vale on VCSE organisations' perceptions of social impact in the service areas within which they work. Table 4.7 shows assessments of impact by VCSE organisations which are located in richer or poorer areas using the English Indices of Deprivation. It is clear from this table that assessments of impact tend to be much stronger amongst VCSE organisations based in the poorest areas (with the exception of impact on *enhancing the cultural and artistic life of the community and improving the local environment*).

Some findings stand out. Firstly, more than twice as many VCSE organisations based in the poorest areas (41 per cent) feel that they have a strong impact on giving people confidence to manage their lives as in the richest areas (17 per cent). Secondly, almost twice as many VCSE organisations based in the poorest areas (37 per cent) perceive that they have a strong impact on social isolation compared with 21 per cent in the most affluent areas.

In the context of data presented in Section 2, these findings should not be surprising because people in more affluent areas have higher levels of social capital. The data show, therefore, that the VCSE sector's focus on critical need is stronger in poorer areas.

Table 4.7 Percent reporting ‘very strong impact’ by location of VCSE organisations in richer or poorer areas (Third Sector Trends 2019, Yorkshire and Humber)						
	EID 1-2 Poorest	EID 3-4	EID 5-6	EID 7-8	EID 9-10 Richest	Average (in rank order)
We improve health and wellbeing	40.3	26.3	28.4	25.3	32.0	32.4
We give people confidence to manage their lives	40.6	28.8	19.7	20.7	16.8	28.7
We reduce social isolation	36.9	23.5	18.8	17.7	21.2	26.2
We improve people’s access to basic services	23.1	13.6	9.3	6.7	10.0	14.6

The spatial range within which VCSE organisations work has a bearing on their perceptions of social impact. As can be seen in Table 4.8, organisations working in the field of **health and wellbeing** which work across a wider spectrum of areas are more likely to emphasise the strong impact they achieve than those which work only at the local level.

In relation to **giving people confidence to manage their lives**, the picture is more complex. VCSE organisations which work within just one local authority or district are most likely to emphasise their strong social impact. This finding is repeated in relation to **reducing social isolation**. But it is also interesting to note that (mostly smaller) organisations which work only at neighbourhood or village level are almost equally likely to feel they make a strong impact as those (mainly bigger) organisations which work across a wider area.

VCSE organisation which feel that they have a strong impact in increasing **access services** are more likely to work within or across local authority or district boundaries.

Table 4.8 Percent reporting ‘very strong impact’ by spatial range of VCSE organisations’ work (Third Sector Trends 2019, Yorkshire and Humber)					
	Work in the local community or neighbourhood	Work in the boundaries of one local authority or district	Work in Yorkshire and Humber	Work at a wider level	Average (in rank order)
We improve health and wellbeing	19.8	38.5	39.9	35.8	32.4
We give people confidence to manage their lives	16.9	35.8	32.0	31.3	28.7
We reduce social isolation	20.6	34.4	22.1	22.1	26.2
We improve people’s access to basic services	9.7	16.9	18.1	13.3	14.6

There is insufficient data from Third Sector Trends in Yorkshire and Humber on VCSE organisations working in rural areas to undertake analysis. Figure 4.2 uses data from across England and Wales to glean clues about differences in perceptions of impact on beneficiaries’ personal wellbeing.

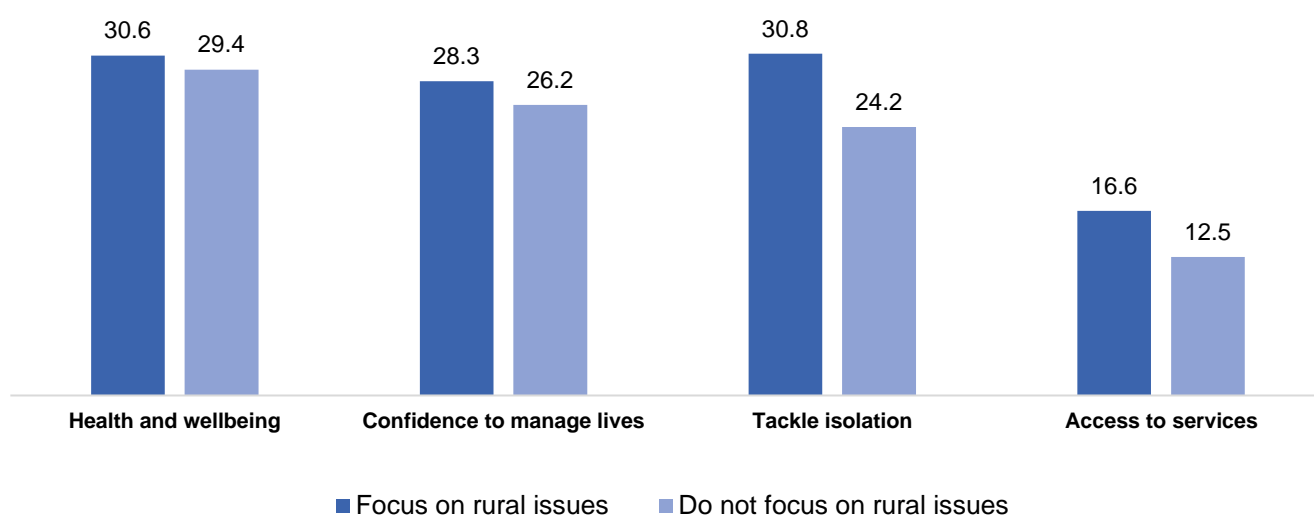
The data shows little variation in the perceptions of impact on **health and wellbeing** or **confidence to manage** lives amongst VCSEs which focus their work in rural locations when compared with those which focus on urban areas.¹⁴

In relation to **tackling isolation**, however, bigger differences can be observed: 31 per cent of VCSE organisations focusing their energies in rural areas feel that they make a big difference compared with only 24 per cent of organisations which focus effort in urban areas.

A similar finding is shown for organisations achieving impact on increasing **access to services**, though the overall perception of impact is somewhat lower. 17 per cent of VCSE organisations focusing on rural areas feel they have a strong impact compared with 13 per cent of organisations focusing effort in urban areas.

Figure 4.2 **Extent to which VCSE organisations working in rural areas perceive that they achieve a 'strong impact' on beneficiaries' wellbeing**

(Third Sector Trends, England and Wales 2019, rural=650, not rural=2,957 cases)

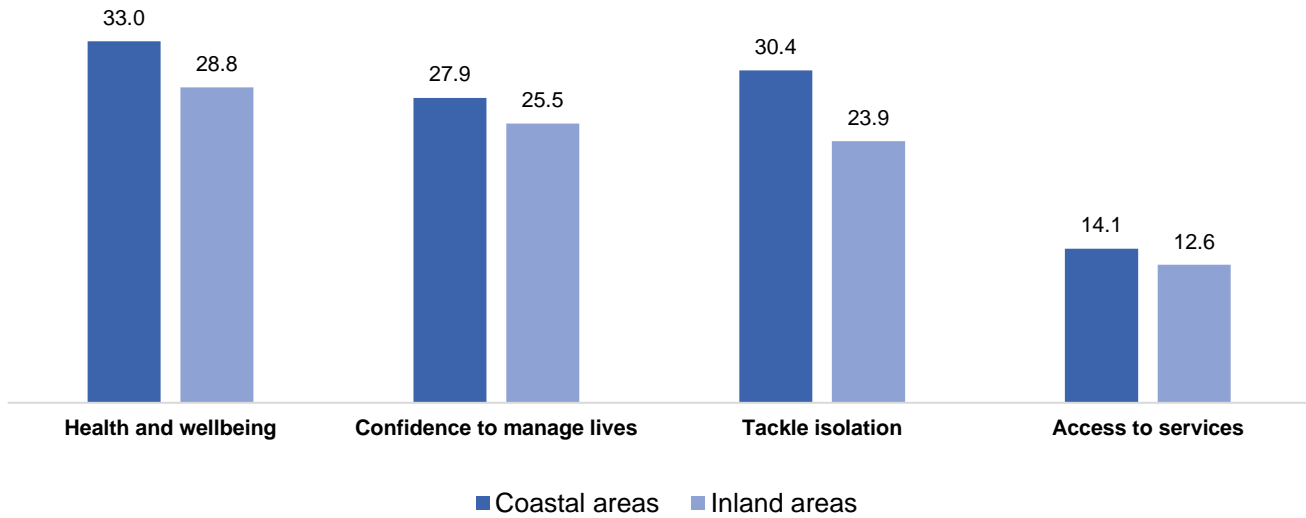


For analysis of coastal areas, it has also been necessary to use the complete Third Sector Trends sample for England and Wales to disaggregate coastal from non-coastal areas. As shown in Figure 4.3:

- Perceived impact on **health and wellbeing** is stronger amongst VCSE organisations working in coastal areas (33 per cent) compared with non-coastal areas (29 per cent).
- It is also clear that organisations working in coastal areas (30 per cent) are more likely to perceive impact in **tackling isolation** than in inland areas (24 per cent).
- Perceived impact on **confidence to manage lives** and **access to services** varies little by contrast.

¹⁴ These data differ from earlier analysis where data refer to the location of VCSE organisations. In this case a specific question about beneficiaries is used, i.e. that organisations have a specific focus on rural issues, even if they are not based in rural areas.

Figure 4.3 **Extent to which VCSE organisations working in coastal and inland areas perceive that they achieve a 'strong impact' on beneficiaries' wellbeing**
 (Third Sector Trends, England and Wales 2019, coastal=1,277, inland=2,800)

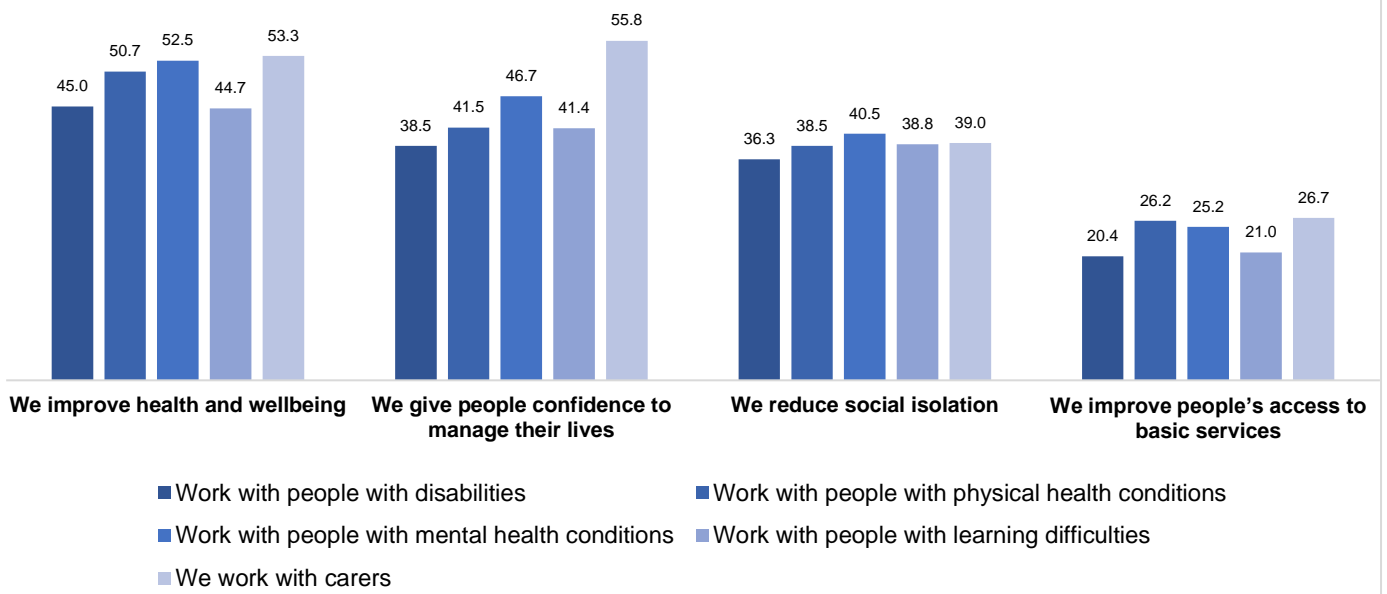


Finally, it is useful to explore whether VCSE organisations are more likely to feel they have strong impact on health related issues if they are working with health and wellbeing related beneficiary groups. Figure 4.4 presents data on VCSE organisations which serve people with physical health problems, mental health issues, learning disabilities and physical disabilities – together with VCSE organisations which support carers.

- The indications are that amongst VCSEs which work to support people with disabilities are most likely to perceive strong impact on **health and wellbeing** (45 per cent) but have relatively low levels of impact on access to services.
- Amongst VCSE organisations serving the interests of people with physical health conditions and carers, there is a stronger emphasis on improving **access to services** (26-27 per cent).
- VCSEs which support **carers** are the most likely to emphasise impact on giving people confidence to manage their lives (56 per cent), while those which work with people with disabilities are least likely to believe this to be the case (39 per cent).
- In relation to **tackling social isolation**, there are no pronounced differences between organisations serving different beneficiary groups.

Background analysis on variations between rich and poor areas, rural and urban areas and coastal and inland areas does not produce substantial variations in perceptions of impact above and beyond those already identified in the above analysis.

Figure 4.4 **Percent of VCSE organisations which feel that they make a strong contribution to health-related issues by beneficiary grouping** (Third Sector Trends 2019, Humber, Coast and Vale)



Section 5

Conclusion and discussion

The aim of this report is to inform debate on how to enhance understanding of the impact the VCSE sector can make through formal partnership working arrangements, (by for example, delivering services under contract), and by undertaking other supportive or facilitative activities of a complementary nature that sustain or strengthen the health and wellbeing of the local population.

5.1 Summary of key findings

Area profile

The report demonstrates that there are wide disparities in affluence across Humber, Coast and Vale. In much of North Yorkshire, areas are characterised by their relative affluence while in Kingston upon Hull, for example, there are concentrations of deep deprivation.

The differences between areas can be stark. Only 6 per cent of people suffer income deprivation in Harrogate compared with 23 per cent in Hull. Variations in levels of child poverty are even more pronounced with only 7 per cent in Harrogate but reaching 29 per cent in Hull. Over a quarter of older people have income deprivation in Hull compared with only 8 per cent in Harrogate.

Disparities in levels of affluence are also reflected in health and wellbeing statistics. Life expectancy of males and females tends to be much higher in more affluent areas. Levels of healthy life expectancy are also affected by local socio-economic conditions. For example, healthy life expectancy in Kingston upon Hull is very low at 57 for females and 58 for males when compared with North Yorkshire where healthy life expectancy is 67 for females and 65 for males.

There are correspondingly higher levels of long-term limiting illnesses in poorer areas, but differences are masked to some extent due to variations in population profiles. For example, there are higher concentrations of people over the age of 85 in more affluent areas – which shapes patterns of local demand for health and social care support.

Patterns of social diversity can shape levels of demand for services. The situation in Humber, Coast and Vale is quite complex. The highest concentration of ‘non-White UK’ residents are in Hull, York, Harrogate and North Lincolnshire. The black, Asian and minority ethnic population tends to be quite low in Humber, Coast and Vale compared with other parts of Yorkshire and Humber (and especially so in West Yorkshire). The largest concentrations are in Hull, York, Richmondshire and North Lincolnshire.

Capacity in the VCSE sector

There are about 5,600 registered VCSE organisations in Humber, Coast and Vale. Additionally it is estimated that there are a further 7,600 unregistered groups which sit under the radar of formal listings of registered organisations.

Affluence or deprivation has an impact on levels of demand for vital services from VCSE organisations and support and those which facilitate participation in activities

that sustain or enhance healthy living. Sector capacity is not, however, distributed equitably across unitary local authority areas and county council districts. Most districts of North Yorkshire have more than twice as many VCSE organisations per 1,000 resident population than in local authorities of Hull, North Lincolnshire and North East Lincolnshire.

The structure of the VCSE sector differs across areas. In most North Yorkshire districts, there is a much bigger proportion of small organisations. While in more urban local authorities there is a concentration of larger VCSE organisations (and especially so in the cities of Hull and York where more than 15 per cent of VCSE organisations have annual incomes above £250,000).

Variations in organisational density are shaped by levels of local affluence or deprivation. In the richest areas of Humber, Coast and Vale, there are 2.8 VCSE organisations per 1,000 population whereas in the poorest areas, there are only 1.5. These poorer places tend to be located mainly within urban areas – where there is a larger concentration of bigger VCSE organisations meeting aspects of critical need. In rural areas there is a much larger proportion (57 per cent) of very small 'micro' VCSE organisations (with annual income below £10,000) when compared with urban areas (38 per cent).

In Humber, Coast and Vale Health and Care Partnership area, there is a concern that local needs may be particularly pronounced in coastal areas. The data show that VCSE sector structure is similar in coastal and inland areas – but there is a larger number of bigger VCSE organisations (with income above £250,000) which are mainly located in coastal towns such as Scarborough, Grimsby and the City of Kingston upon Hull.

VCSE sector resources

In 2020, the VCSE sector in Humber, Coast and Vale had an income of nearly £1 billion and expenditure of £948 million. Income and expenditure are not distributed evenly across the sector.

The biggest VCSE organisations (with income between £1 million - £25 million) command the lion's share of sector income (66 per cent) while micro and small organisations (with income below £50,000 share only 4 per cent of sector income. Because the biggest organisations are located in urban areas, this is where most of sector income is concentrated – but that may not apply so neatly to patterns of expenditure as many larger organisations work across boundaries.

The VCSE sector in Humber, Coast and Vale has a large workforce of paid employees and volunteers. About 23,200 employees deliver 38 million hours of work annually. The staff costs of VCSE organisations amount to £613 million.

Additionally, about 128,000 volunteers provide an additional 9 million hours of work which represents about 25 per cent of additional resource to the sector. The replacement cost of this work would amount to between £80 million and £125 million if delivered by paid employees.

In total, there are 28,800 full-time equivalent employees and volunteers in the VCSE sector in Humber, Coast and Vale providing 47 million hours of work annually.

Levels of employment differ across unitary local authorities and county council districts. Employment tends to be concentrated in VCSE organisations based in urban areas of Harrogate, York, Hull and North East Lincolnshire – but that is not to say that all working time is expended in these areas.

The number of volunteers per 1,000 resident population varies by area. There are bigger concentrations of regular volunteers in more affluent districts of North Yorkshire and the City of York. (ranging from 94-148 volunteers per 1,000 residents)

compared with only 33 per 1,000 in North Lincolnshire and 45 per 1,000 in Kingston upon Hull.

Sector interactions

The VCSE sector often prides itself on its willingness to work collaboratively. It should, though, be stressed that perceptions of what constitutes collaborative working can vary from highly structured partnership arrangements to very informal complementary relationships.

In Humber, Coast and Vale, around 80 per cent of VCSE organisations have useful informal relationships with other voluntary organisations and groups and about a further 7 per cent show a willingness to do so in future. Nearly 70 per cent of organisations work quite closely, but informally, with other voluntary organisations and groups, and about 12 per cent more show an interest in doing so in future.

Only about a third of VCSE organisations work in formal partnership arrangements; but another fifth will consider that possibility. While only about 20 per cent of micro VCSE organisations work in more formal relationships with other organisations, over 70 per cent of the biggest organisations do so.¹⁵

Formal relationships are often forged when VCSE organisations are working on bids for grants and contracts. Success in bidding for grants or contracts in partnership has declined from 21 per cent in 2013 to 15 per cent in 2019.

The steepest decline appears to be amongst medium-sized VCSE organisations with income between £250,000 and £1million. In the largest VCSE organisations, participation in contract delivery has remained broadly similar (falling only slightly from 67 per cent in 2013 to 64 per cent in 2019).

Distribution of VCSE activity

There is a close relationship between area affluence and the extent to which local VCSE organisations engage in different types of service provision. A distinction has been observed between those areas which focus primarily on critical personal and social needs and those which seek to promote personal and social development.

There is also evidence to suggest substantive disparities in levels of need within both rural and urban areas. Spatial isolation in rural areas, especially amongst poorer residents with limited access to transport can limit engagement with what is on offer from VCSE organisations. Coastal areas appear to be particularly vulnerable in this respect where there can be a mix both of deprivation and spatial isolation.

Provision to meet **critical social needs** is concentrated in more deprived areas where demand is the greatest. For example, only 6 per cent of organisations make provisions for people with disabilities in Richmondshire compared with 22 per cent in Hull.

Similarly, in relation to health services and the alleviation of poverty. Only 6 per cent of organisations in Richmondshire attend to health issues compared with 19 per cent in Hull. For poverty, these percentages are 8 per cent and 21 percent respectively.

In more affluent areas, there is a stronger emphasis on the promotion of **personal and social development needs**. For example, sport and recreation activities are more prevalent in affluent areas: 31 per cent of VCSE organisations focus on such activity in Richmondshire compared with only 19 per cent in Hull. Similarly, in relation to cultural and arts related activities, there is much more provision in affluent areas: 26 per cent in Harrogate but only 17 per cent in Hull.

¹⁵ Chapman (2010) *Third Sector Trends in Yorkshire and the Humber, a digest of findings*, Durham, Policy&Practice. Table 13.13, p. 110. <https://www.communityfoundation.org.uk/wordpress/wp-content/uploads/2020/06/THIRD-SECTOR-TRENDS-YORKSHIRE-AND-HUMBER-2020.pdf>

Concentration on meeting critical social needs is reflected in VCSE organisations' perceptions of sector impact. More than twice as many VCSE organisations based in the poorest areas (41 per cent) feel that they have a strong impact on giving people confidence to manage their lives as in the richest areas (17 per cent). Secondly, almost twice as many VCSE organisations based in the poorest areas (37 per cent) perceive that they have a strong impact on social isolation compared with 21 per cent in the most affluent areas.

5.2 Discussion

This report shows that the VCSE sector expends an enormous amount of energy in supporting the personal, social and economic wellbeing of the residents of Humber, Coast and Vale.

The report indicates that the structure and dynamics of the VCSE sector at the local level tends to mirror the social and economic conditions of their immediate area. In *less affluent areas*, where critical social and personal needs are more prevalent, the local VCSE sector is much more likely to be structured in such a way as to tackle such issues. In *more affluent areas*, where critical needs are less pronounced, the VCSE sector is more likely to concentrate attention on personal and social development needs.

Disparities have been demonstrated on levels of energy expended by VCSE organisations across localities. The research indicates that in more affluent areas, where social capital is stronger, local residents are more likely to set up VCSE organisations to meet their needs or desires and that they are effective at securing grant or other sources of funding to keep going.

This is not to argue that less affluent areas should be thought of as 'charity deserts' and that policy emphasis be placed on increasing the *number* of VCSE organisations in poorer areas. The last thing that well-established and trusted local community organisations in poorer areas need is more competition over scarce resources. But there may be a strong case for funding bodies to recognise the crucial role these organisations can play and offer more assistance to such organisations to increase their capacity to meet local needs.

Policy drivers for 'buying' and 'investing' in VCSE activity

There is much debate currently on how to involve the VCSE sector in improving public health. Conventionally, the focus of attention has been directed towards areas where levels of critical needs are the greatest – these heightened needs are often driven by factors such as low income and poverty, poor housing, restricted access to services, amongst other things.

A key component of current debate, however, is a shifting emphasis toward reducing demand for critical services in health care systems. Increasingly policy makers are drawing upon data on levels of healthy life expectancy to help them focus resources effectively on preventative measures. It is recognised that the VCSE sector may have an important role to play in this respect because many organisations focus on 'soft outcomes'.

Engaging the VCSE sector with the strategic objectives of public sector and health sector bodies is not always straightforward. And certainly, only in specific circumstances it is possible for public sector or health sector bodies to *determine* how VCSE sector activity is delivered and distributed. This only tends to happen when contracts are let to pay for VCSE organisations to deliver specific services (in this sense such work is not, strictly speaking VCSE activity because private firms can deliver such work or public sector organisations can deliver services in-house).

This report shows that only a relatively small number of VCSE organisations in Humber, Coast and Vale are engaged in public-service delivery under contract. Bigger VCSE organisations are most likely to deliver public services at scale (although it should be noted that about 30 per cent of the biggest organisations have different interests and do not engage in public sector contracts).

But strategic plans for the delivery of public services can only work if VCSE organisations are willing to engage with contracts. It is, therefore, a matter of concern that the proportion of larger VCSE organisations doing public service delivery contracts has been falling over the last few years. Strategists may need, therefore, to investigate and address the reasons for the growing disinclination of such organisations to engage in such work.

Contracts normally stipulate that VCSE organisations achieve *tangible and measurable* personal or social outcomes. But often, VCSE organisations can ‘add value’ to these services. For example, the delivery of a contract to deliver adult personal care is likely to involve very clearly defined roles and commitments which provide little or no scope to offer additional support. But that is not to say that VCSE organisations cannot find a way to provide other types of support for people needing of personal care. This means that it is hard to draw a clear line between which organisations are most likely to deliver hard and soft outcomes.

In locality-based funding initiatives it can, nevertheless, be beneficial to draw an analytical distinction between ‘buying services’ (usually from larger VCSE organisations to deliver tangible and measurable ‘hard outcomes’) and ‘investing’ in VCSE sector activities that deliver ‘soft outcomes’ and thereby strengthen personal and community confidence, interaction, cohesion and resilience. It is helpful to keep this distinction in mind so that the source and destination of funding aligns with reasonable expectations of what can be achieved and which types of VCSE organisations may be best positioned to deliver them.

Investment in VCSE sector activity can take many forms such as:

- **Capital investments:** to create spaces or facilities for social activity to occur (for example, funding to build, enhance or convert property, the transfer of community assets, etc.)
- **Infrastructure support:** to help medium sized and smaller VCSE organisations do their work (for example, by providing funding for the enhancement of digital skills, volunteer management, back office services, etc.)
- **Investment in sector energy:** to increase sector capacity by increasing the number of regular volunteers or employees (for example, by providing funding to support VCSE organisations’ core costs, appointing development workers, etc.)
- **Investment in sector interactions:** to encourage constructive debate and build positive trusting relationships between VCSE organisations and funding bodies (by for example, funding local voluntary sector forums, sub-regional assemblies, leadership networks, etc.)

Horses for courses?

The willingness of VCSE organisations to join debates about local priorities and securing their commitment to contribute towards strategic plans is shaped by their priorities, the scale of their resources and spatial range of their activities.

- **Larger VCSE organisations** have the capacity and greater interest in tackling issues which connect with local authority and NHS strategic priorities. They tend to have larger numbers of employees who have the expertise and professionalism to deliver services and are more accustomed to doing work

which has clearly defined tangible objectives and can comply with public sector expectations surrounding monitoring and accountability.

Because they operate across wider areas, larger VCSE organisations tend to be more able to deliver public services under contract. This does not mean that large VCSE organisations are, ostensibly, *the same* as public sector bodies. They are not. Operating within the realm of civil society, larger organisations, like their smaller counterparts, share values about independence and are often keen not just to *respond* to the expectations of public bodies but they also want to *shape* them.

- **Medium sized VCSE organisations** tend to be more heavily rooted in localities. They work at a scale that does not allow them to, or they are disinterested in developing formal and hierarchical ways of working that are more common in larger organisations. Many organisations working at this scale cannot or do not want to engage directly in aspects of public service delivery but their activities, funded from other sources such as grant making foundations, underpin or complement aspects of such work.

Their local knowledge of and often long-standing connections with the community help to build understanding and trust with local people. This is a valuable resource for public sector bodies which seek to devise strategic plans to tackle social, economic and environmental issue. But that know-how is not always easy to access because medium sized organisations may not have the capacity to or interest in engaging in protracted and complex policy debate. Consequently, trusted intermediaries are often needed to help bridge the gap between higher level strategic planning with realistic and practical know-how of organisations which are rooted in communities.

- **Smaller VCSE organisations** tend to get on with their own thing and are rarely interested in getting involved in strategic debate. They may be less interested in articulating or demonstrating that their work makes a strong social impact – and their interest in connecting what they do with the strategic aims of other organisations or agencies may not be much of a priority. But as demonstrated in this report, their collective contribution to social wellbeing is enormous. So it is vital not to overlook their contribution just because it is hard to enumerate in a tangible way.

Smaller organisations are usually volunteer-led and run and as such have limited time to engage with the priorities of others. This does not mean that small organisations do not work well with others; most do so, providing those interactions are relatively informal, do not require too much effort and are of mutual benefit. Small VCSE organisations may not have complicated structures or divisions of labour, but that does not mean that they lack social complexity. Often small organisations have to work hard to keep relationships working well and can be nervous about attempts to unsettle the equilibrium when asking them to do things that may push them out of shape.

Tailoring strategic plans to local needs

The evidence suggests that systematic and consistent area-wide strategic plans to work collaboratively with the VCSE sector, if too strictly defined, would be difficult to achieve. Instead, it is recommended that distinctions are drawn between formal contractual approaches to collaborative working to deliver '**harder outcomes**' (for which organisations hold or share responsibility for accountability) and investing in less formal complementary approaches to working to achieve '**softer outcomes**' (which are harder to measure and manage, but nevertheless underpin aspects of social and personal wellbeing).

There are many ways in which VCSE organisations can align with the delivery of soft outcomes. In some cases VCSE organisations may work purposefully to tackle

issues such as social isolation or loneliness. Others may contribute towards such an objective, but do so in a tangential way. Consequently, debates on how to invest in the achievement of 'softer outcomes' of sector activity to enhance social and personal wellbeing will always be tricky.

Most public sector or health sector funding tends to be tied up with contracts to deliver public services. This means that there are limits to the extent to which the public sector can shape or determine the activities of VCSE organisations which achieve softer outcomes. But there is a good side to this. There are many other charitable trusts and community foundations which contribute grant funding to VCSE organisations to achieve such ends – together with National Lottery distributors.

This report shows that in more affluent areas there is much more of this kind of VCSE sector activity going on - and the likelihood is that it is positively associated with stronger local public health profiles. The problem strategists need to address is the relative lack of support in poorer areas for residents and to think about how best to incentivise and support the VCSE sector in these areas to level up provision across Humber, Coast and Vale.

Attempting to level up the volume of provision of VCSE activity to achieve beneficial soft outcomes does not necessarily mean replicating or emulating what is happening in more affluent areas. The activities which are popular in more affluent areas are catered for because there is demand for them. It cannot be assumed that there will be the same level of latent demand in less affluent areas. Instead, people's priorities and desires may be different so VCSE organisations keen to provide such opportunities need to respond to local demand.

There is already a lot of good work going on, funded mainly by charitable trusts, community foundations and the National Lottery Community Fund (and particularly so via Local Trust) to help facilitate the development of existing VCSE sector activity in poorer communities – or to help new organisations get going. So public sector bodies need to ensure that they participate in existing debates locally on how to support the local VCSE sector – and where appropriate assist with funding in areas which match their own strategic interests.

Most grass roots VCSE organisations are very small and need little money to get started and to carry on with their activities. But what they do need is places to do things (such as village halls or community centres), facilities to get things done (such as computers and access to the internet), help to develop the skills needed to attend to statutory requirements (such as how to establish an organisation, comply to safeguarding regulations, manage finances, and so on), and help to secure the small amounts of funding they need to facilitate their activity (such as support with identifying grant funders and help to write grant applications).

VCSE sector engagement with policy debates

Public sector and health sector organisations are very large and complex, have big budgets and considerable power in local communities. But they are also constrained to a large extent by statutory expectations and have complex organisational systems which can sometimes make it hard to be flexible and responsive to change.

Organisations in the VCSE sector can be inflexible in their outlook too because they tend to hold strong opinions on social priorities and preferred approaches to practice. Consequently they often question or challenge public sector and health sector bodies on what needs to be done to support their chosen beneficiaries.

In the field of health and social care, for example, VCSE organisations have often led the way in identifying beneficiary needs that had been neglected by public bodies and devised pioneering ways of addressing problems. Often this has led to support for specific health conditions being brought into the mainstream of public health provision.

Civil society plays an important role, therefore, in shaping policy priorities rather than just responding to them. The problem for policy makers and planners, however, is that there are *many* 'voices' in the VCSE sector competing for influence and resource. This means that achieving consensus over priorities is very hard to do – compromise is always the more likely outcome.

Even with these caveats in mind, there is still a great deal of scope for effective engagement with the VCSE sector by adopting middle-range policy objectives which draw in those organisations which want to get involved directly in the delivery of public services under contract while ensuring that beneficial links are maintained, directly or indirectly, with those VCSE organisations which want to work in less formal complementary ways.

Good cross-sector strategic thinking is generally based on a shared understanding of what is desirable and possible within resource constraints. But debates usually need to happen on different levels. Higher level strategic debates on sector engagement across Humber, Coast and Vale are likely to be dominated by larger VCSE organisations because they have the capacity to and interest in doing so, but also because they work at scale and have a broad overview of issues that relate to their area of specialism.

This does not mean that larger organisations necessarily have fine-grained understanding of issues in localities and they may struggle to hear or speak for the concerns and interests of people in local communities. At this middle range, medium sized VCSE organisations generally have their ear to the ground on local issues and because they are *in* and *of* the community are held in a position of trust with local people.

Engaging very small organisations and groups in debates on local priorities and needs can be fruitful but also challenging as their close focus on specificities sometimes run counter to more generalised or broadly-based objectives. But just because debates can be difficult does not mean that these small organisations and groups do not have grounded insights on what is possible and desirable for local communities. It is not a question of getting them 'on side', but working with them to find out what they feel is important and what will make a difference to their lives.

To bridge the gap between higher level and local level debate, infrastructure organisations or larger local VCSE organisations (sometimes referred to as 'anchor' organisations) can help facilitate discussion with medium-sized VCSE organisations which can, in turn, connect with very small organisations that show an interest in taking part in debates on area need.

It is not about ensuring that everything connects together strategically in a systematic way, but of making sure that provision is made to ensure that activity at the local level is taking place, is being supported and that it can be sustained over time.

What those activities should be is, essentially, up to the people who live in localities. Just because an activity is popular and beneficial in one place does not mean that it will be so in others. It is an obvious point, but local VCSE activity only thrives in localities when its activities are desired or needed.

The key thing to remember is that all VCSE activities tend to have some things in common. They bring people together who might not otherwise interact with each other, they give people things to think about and look forward to, they encourage at some level or another physical activity and mental acuity, and they make communities feel like good places to live.

Such activities cannot, on their own, solve intractable problems associated social deprivation which blight so many communities. But those communities which have a lot of social activity going on tend to be healthier and more confident places.

Notes

Policy&Practice

St Chad's College, Durham University

Policy&Practice is a multidisciplinary research group based at St Chad's College, Durham University. Our staff, research associates and fellows are committed to the promotion of social justice in the United Kingdom and beyond.

Policy&Practice is the banner under which this work is communicated to a wider community of interest. The College is committed to undertaking research, policy analysis and evaluation that makes a difference to the way policy makers and practitioners carry out their work, aimed ultimately at increasing the benefit gained by the people for whom they work. We do this through applied research and evaluation for a wide range of private sector organisations, independent charitable foundations, national and local government, charities and other non-profit organisations.

Our work is heavily embedded in the North of England, but we do not confine our work to this area. Several national and international studies have been undertaken over the years in continental Europe, the United States, South Africa and Japan. What we hope to do is to use our learning to help increase our scope for understanding complex social, economic and political issues and our ability to help people tackle challenges in a positive, pragmatic and effective way in new contexts.

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