



Harnessing the Power of Communities

State of the **Third Sector** in Leeds 2020



Produced for Forum Central by [Nifty Sustainability CIC](#).



Additional case studies produced by Nifty Sustainability CIC and
Leeds Beckett University.



Foreword

Leeds City Council

Our ambition for Leeds is to be a compassionate city with a strong economy: we cannot hope to achieve this without a strong and effective Third Sector.

How incredibly fortunate we are, then, that this is precisely what we have here in Leeds. This has not been achieved simply by good luck, but by the commitment and hard work over time by Third Sector organisations, Leeds City Council and other partners to develop strong and trusted relationships that enable us to work well together.

This State of the Sector report provides us with a clear and robust picture of the Third Sector for Health and Care in Leeds, and it contributes to developing a shared narrative for the city.

This is a powerful resource that helps us to value the scale, depth, benefits and resources that Leeds' Third Sector provides, as well as being a useful resource to ensure its ongoing resilience. It is also a welcome addition as we embark on our 2021 Joint Needs Assessment.

We hope our partners and colleagues will make good use of this report to improve our collective understanding, showcasing as it does many of the Third Sector's assets, including the organisations, workforce, economic contribution and benefits to the health and wellbeing of the people of Leeds.

We will all need to work hard to optimise those benefits as we seek to do more with less in the future.

The sector's expertise, its ability to leverage lived experience and its reach into some of the most under-represented communities experiencing the greatest inequalities are all evidenced in this report. As a consequence of the mature relationship between the third sector and the Council and the city's strong and effective third sector for health and care Leeds is in a position of strength.

As this report shows, our Third Sector's strength is the richness of its diversity and its adaptability to changing circumstances – never more in evidence than in its extraordinary response to the Covid-19 pandemic.

Councillor James Lewis

Leader of Leeds City Council

NHS Leeds CCG

Leeds is a wonderful vibrant city.

And yet it occurred to me when talking with one of my fantastic Third Sector colleagues recently that both the NHS and the Third Sector are on the receiving end of a very unequal society, and picking-up its consequences.

Whether it's the queues for Mental Health, the GP or A&E in my world, or the queues for foodbanks, employment support, or healthy activities for children or older people in hers, the wider determinants of health and inequality are everywhere to see.

Given we seek to serve the same people and face many of the same challenges it is essential that we continue to work together under a shared vision. In Leeds we have a Third Sector that is truly reflective of the vibrancy of the city as a whole, full of energy and compassion.

This report provides a stark reminder that, just like many individuals we work with, as well as having tremendous assets there are some deep challenges and risks facing the sector too.

As we collectively face a period of increasing demand and reducing resources, it will be important that we work together to imaginatively and creatively meet those challenges. It won't be easy, but this report not only describes the challenges but emphasises the importance of what is at stake and points towards solutions.

If we continue to hold citizens and communities at the centre of what we do with a shared sense of compassion and purpose, I believe that together we can rise to that challenge and that the Third Sector will make an increasing contribution to improving the health of the poorest fastest.

Tim Ryley

Chief Executive, NHS Leeds CCG

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Executive summary

We often hear that Leeds has a strong and active Third Sector that makes a significant contribution to people living in Leeds, their health and wellbeing, and to the local economy, and that it delivers valuable impact. But these claims have, until now, lacked a strong, collective, evidence base, so we have not had a clear understanding of what the Third Sector looks like in Leeds, what it contributes to the City and its people.

This research starts to address this by bringing together data and findings from a wide range of qualitative and quantitative sources from across the City. It aims to present a clearer picture of the Third Sector in Leeds, in particular the hugely significant role the Sector plays in health and care. The aim here is to build a 'snap-shot' of Leeds that can be updated periodically, in order to support people within the Sector, key stakeholders, and decision makers, including commissioners, that collaborate with Third Sector Organisations (TSOs) in the City.

The focus of this report is to articulate the key findings from the research, with a focus on how the Leeds Third Sector supports health and care. It shows that TSOs with impacts in health and care account for around three-quarters of the whole Third Sector in Leeds. Whilst this report does not provide a detailed picture for the City's entire Third Sector, we anticipate its findings will also be extremely useful for wider Third Sector partners as a platform to help them produce that fuller picture in the future.

This report, together with case studies¹ of eleven Leeds' TSOs, articulates and evidences the strength, capacity, diversity, and importance of the Third Sector as a strategic partner in the wider health and care system of Leeds. It is an opportunity to acknowledge and celebrate the Third Sector in Leeds – and be proud of what Leeds has.

It provides detail on the composition of the Sector, its size and sources of income, the people who work and volunteer in it, and the positive impacts of their work across a diverse range of beneficiaries. It also explores and illustrates the added value and wealth of wider benefits that TSOs achieve for the health and care of people in Leeds, particularly:

- Supporting those experiencing the greatest health inequalities
- Supporting people throughout their life course
- Addressing challenges across the wider determinants of health (e.g. housing, employment, income, physical activities)
- Supporting people with complex health issues
- Prevention and/or early intervention, including personalised support (Left Shift) to keep people well
- Place-based or via their communities of interest (e.g. groups of people who share an identity, or those who share an experience)
- Intersectionality, reflecting the combined impact combination of gender, race, faith, disability and/or socio-economic status.

These are all benefits that are advocated for and valued by health and care commissioners and organisations in Leeds, but they are not always understood as well as they should be. The report has highlighted vulnerabilities within the Sector to illustrate why, at this critical time for the wider health and care system, it is crucial that the Sector and its City partners continue to work collectively to mitigate these.

¹ Examples and summaries are included in this report with full case studies produced by Nifty Sustainability CIC and Leeds Beckett University available separately.



The research also highlights a number of gaps in our knowledge and identifies further research priorities for the immediate future, these include: how best to ensure that leaders with lived experience of the issues they seek to address are engaged with decision making; how to ensure sustainability and equitable distribution of funding; and how best to support people and build capacity in the Sector to ensure it can continue to contribute to the richness and diversity of Leeds.

There have been challenges in undertaking this research. Most notably, as the first of its kind for Leeds, a number of assumptions have had to be drawn where, for example, data are not available, are incomplete, are insufficiently granular (e.g. not Leeds specific or not Sector specific), or inconsistent across different sources. Another major challenge is, of course, the impact of the COVID-19 pandemic on the Third Sector. As identified in the Resilience Survey² findings co-ordinated by Voluntary Action Leeds, the picture in Leeds is likely to change considerably throughout 2021.

This report reflects on these challenges to draw out and articulate key findings as clearly and consistently as possible in order to provide a degree of confidence in the headline figures calculated.

Where gaps in knowledge remain, these are explained. This research should therefore be seen as a platform for future research and a first step in a process to improve our understanding and articulation of the Third Sector, its role and value to the City. Forum Central and Voluntary Action Leeds alongside our partners and stakeholders expect to build on this foundation over time to continue this process.

In summary, the full report details the key findings and critical reflections from a review of publicly available quantitative and qualitative data with brief follow up interviews with key stakeholders,³ to present a 'snap-shot' of the value and reach of this important sector. This executive summary (summarised below in tables i to iv)⁴ is structured around the key research questions developed with the State of the Sector (SotS) Advisory Group.⁵ Detailed findings, a range of brief examples, and more in depth case studies are used throughout the report to illustrate the Sector's impact on health and care in Leeds to help decision-makers understand the Sector and ensure its continued sustainability and growth.

² [Third Sector Resilience in Leeds](#): The Effects of COVID-19 on Third Sector Organisations. December 2020.

³ For details of qualitative review see Appendix 1.

⁴ See also accompanying slide deck of [headline findings](#) from the SotS and Third Sector Resilience reports.

⁵ See appendix 1 for list of original research questions developed from discussions with SotS Advisory Group.

What does the Third Sector in Leeds look like?

Table i: *Composition of the Leeds Voluntary Community and Social Enterprise Sector*

| | |
|--|--|
| How many organisations are there? | <ul style="list-style-type: none"> • Total registered charities = 1,533⁶ • An estimated 2,000 new, emerging, un-constituted, or otherwise informal, organisations are also working in the Third Sector. These organisations are well connected to their communities, increasing opportunities for inclusion of diverse voices. • Estimated total number of TSOs in Leeds = 3,500. |
| What size are they? | <ul style="list-style-type: none"> • Around 75% of organisations across the whole Sector are micro (<£10k annual income) or small (£10k to <£100k), but these account for just 5.6% of the sector by income.⁷ • The average income for a micro organisation is £3,578 per annum. For small organisations the average income is £34,446 per annum. • On average micro organisations have no employees and one FTE volunteer. This person is typically the founder. Small organisations have, on average, 1 FTE employee. • 297 medium (£100k to £1m) and 62 large (>£1m to £10m) organisations work in sectors contributing to wider determinants of health. |
| What 'proportion' of the sector contributes to health and care? How many organisations are there in health and wellbeing sectors? | <ul style="list-style-type: none"> • Approximately three quarters⁸ of organisations working in the Third Sector (77%, 1,180) in Leeds have impacts contributing to wider determinants of health. • Of these, around 170 registered TSOs (approximately 11% of registered organisations)⁹ have purposes directly relating to physical and mental healthcare services. An additional 254 have purposes that are closely related to health and wellbeing therefore in total around a third (424) work in specifically health and care related contexts. • Organisations whose aims, purposes or activities relate to the wider determinants of health (circa. 726) and, therefore, contribute to prevention, early intervention, healthy habits, supporting behaviour change and Left Shift make up the biggest group. |

⁶ Registered charities from Charity Commission with main operations in Leeds as at November 2020

⁷ Section 3 and Appendix 3 give full breakdown for income categories

⁸ 76% when using wider determinants of health from Barton, H. and Grant, M. (2006) A health map for the local human habitat. The Journal of the Royal Society for the Promotion of Health, 126(6), pp252-253

⁹ Based on data from Charity Commission verified using Forum Central and Leeds City Council data.

How is the sector funded and resourced?

- **Estimated total annual income¹⁰ for health and wellbeing Third Sector in 2019/20 = £281.2 million.**
- Significant sources of income for 2019/20 include:
 - Leeds City Council procured services from TSOs to the value of £106.3 million.¹¹
 - The NHS Leeds CCG smaller grants and contracts which total £233 million across non-NHS public, private and TSOs.^{12,13} The total proportion of this spent directly into the Third Sector is not known.
 - Leeds Community Foundation (£4.1 million across 634 grants average £5000).
 - The National Lottery (circa. £6.4 million across 189 projects).
- Most grants are small and short term. The funding (and wider financial situation) for many small and grassroots TSOs is precarious leaving them vulnerable to shocks and uncertainty about their sustainability. This is a challenge for the Sector given its importance in connecting with communities and providing leadership. Partners across the Sector (e.g. TSL, VAL, Forum Central and Leeds Community Foundation are working closely with funders and commissioners to develop more sustainable funding models.
- Around a third of registered TSOs also generate additional income through fundraising and commercial activities including wills, gifts and donations, space hire, sale of products, and services. These funds are typically used to pay for core functions.
- Income generating activities have been significantly affected by COVID-19 and organisations have had to adapt their services.¹⁴

Who are the people in the workforce?

- **An estimated 9,650 workers and 8,600 trustee roles¹⁵ are undertaken across the Sector and an additional 40,000¹⁶ to 70,000 volunteers** bring skills, expertise, and capacity across a diverse range of roles.
- We know that numbers of employees and volunteers across the sector have been significantly affected by COVID-19. New volunteers stepped up to support the most vulnerable members of society, however, many experienced volunteers, for example older people or people who are shielding were no longer able to volunteer.
- The important role of experts in the Sector is critical. Leaders of grassroots, small and large organisations, who often have lived experience of discrimination or inequality, and/or the wider challenges and opportunities communities face, are integral to the City's ability to meet growing demand for support and services with limited resources. Examples of their roles as strategic decision makers in the wider health system, e.g. sitting on boards, acting as consultants, providing expert guidance, are highlighted here.

¹⁰ Including estimated income for non-constituted and new organisations. Excluding major registered charities, see appendix 5. The total income to the sector is £558.6 million, however over 40% of this total is accounted for by just 12 major TSOs with incomes over £10million. With the exception of those with significant community and health and care impacts in Leeds (i.e. St Gemma's, St Anne's, and Leeds University Union), these have been removed from this analysis. See appendix 5 for detail.

¹¹ [Leeds City Council Analysis of 2018/19 Payments to the Third Sector](#). Excludes annual payment to Aspire of £24.2 million.

¹² NHS Leeds CCG [Annual Report and Accounts](#). See pp 5-6. Includes payments to 'Mental health learning disabilities' but not including annual payments to Yorkshire Air Ambulance.

¹³ See note in section 3 for more detail.

¹⁴ [Third Sector Resilience in West Yorkshire and Harrogate Report December 2020](#)


¹⁵ Note this is the total number of trustee roles not the number of people who act as trustees. That figure is significantly lower as individuals frequently hold multiple roles.

¹⁶ 41,607 reported volunteers in registered charities in Leeds.



What do the do?

Table ii: Leeds Voluntary Community and Social Enterprise Sector activities, health and wellbeing impacts and beneficiaries

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|--|--|
| <div>What sectors do they work in?</div> <div></div> | <p>In Leeds, multiple inequalities known to be significant for health and wellbeing exist. The total population of Leeds is 793,139.¹⁷ Of this:</p> <ul style="list-style-type: none">• An estimated 224,000 people (28%) live in the most deprived 10% of areas, with almost 80% living in seven of the Local Care Partnerships (Harehills, Chapeltown, Middleton, Burmantofts and Richmond Hill, Beeston, Seacroft, and Armley).• Around 25% of people live in what has been termed ‘deprived Leeds’, with an estimated 28% of ‘preventable life years’ lost being from people living in these areas.¹⁸ <p>A strategic approach is being adopted to tackle health and wider inequalities across the City with partners in public and Third Sectors working together.</p> <ul style="list-style-type: none">• This analysis highlights that the voluntary, community, faith and social enterprise organisations that make up the Third Sector work in ways that support and contribute to tackling inequalities and improving all areas of life, including ‘wider determinants of health’.^{19, 20}• When Third Sector workers and volunteers with lived experience and/or close connections with communities provide input from a service user perspective, e.g. through advocacy or lived experience, and in some cases this is harnessed to co-produce²¹ service development.• Building community and reducing isolation come through strongly as a key area of focus and impact. Specifically, TSOs work across health & wellbeing, education, community development, relief of poverty, raising awareness of and tackling inequalities (notably disability, mental health, race, gender, and sexuality).• TSOs and leaders use their cross-sectoral knowledge, understanding of the challenges, and connection to communities in ways that are integral to the City’s Place Based²² Approach to Population Health Management (PHM). This research shows that where leaders are seen as equal partners in the wider health and care system, the expertise, capacity, and knowledge integral to the Sector can play a key role in shaping innovation, vision and fair distribution of resources. This is happening, but not yet across the board. |
|--|--|

¹⁶ 41,607 reported volunteers in registered charities in Leeds.
¹⁷ [From total population estimate 2019.](#)
¹⁸ [Leeds CCG Inequalities Framework.](#)
¹⁹ Health Equity in England: [The Marmot Review](#) 10 Years on.
²⁰ Barton, H. and Grant, M. (2006) A health map for the local human habitat. The Journal of the Royal Society for the Promotion of Health, 126(6), pp252-253
²¹ [Leeds System Blueprint for Population Health Management.](#)
²² [Place based approaches](#) recognise that to make a significant change to health outcomes at a population level it is necessary to not just treat disease or the causes of disease but to address the wider determinants of health and to consider the impact of psychosocial and protective factors.

| | |
|--|--|
| <p>Who benefits from their work?</p> | <p>Leeds has a strategic aspiration to ‘...be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest’.²³ This analysis demonstrates that the Third Sector plays a crucial role in achieving this aspiration:</p> <ul style="list-style-type: none"> • A diverse range of people, especially those who are most in need, benefit from the services offered across the Third Sector. • Some organisations clearly benefit specific groups or communities such as the Sunshine and Smiles café that primarily supports children and young people with Downs Syndrome and their families, or Carers Leeds which supports unpaid/family carers. Others work with a broader demographic such as the Hamara Centre which works with the local community and also has expertise working with people from diverse ethnicities. Others still work with beneficiaries in a particular geographical area such as BARCA in the west of Leeds and the Orion Partnership in the east. <p>Whether organisations focus their work on a geographical area, or a specific community of interest, these are typically aligned with areas that experience high levels of deprivation.</p> <ul style="list-style-type: none"> • The greatest proportion of registered Leeds charities (by number) work with children and young people. • Other significant beneficiary groups include Disabled people, older people, and people from diverse ethnicities. • Clear community benefits come from TSOs working (often in partnership or collaboration) across sectors, issues and beneficiary groups. <p>This collaborative, cross sectoral approach (which appears to be driven by need) not only benefits the local population, but it also supports decision makers looking to improve population outcomes and reduce health inequalities through a whole system approach.</p> |
| <p>What community or individual issues / problems are they addressing / supporting?</p> | <p>The case studies developed as part of the SotS research show that the range of issues and areas of need being addressed by organisations working in the Third Sector is vast, but these can be summarised as relating to:</p> <ul style="list-style-type: none"> • poverty, • inequality, • mental health, • physical and learning disabilities, • social isolation and exclusion, and, • Population Health Management. |

²³ [Leeds Health & Care plan.](#)

What does the Third Sector contribute to the City?

Table iii: *Contribution of the Voluntary Community and Social Enterprise Sector in Leeds*

| | |
|---|--|
| <p>What is its value added?</p> | <p>Many of the people and communities who benefit from Third Sector work often experience complex health and care needs, requiring a great deal of support. As TSOs provide a person-centred approach, they are often well-placed to support and improve other conditions that are impacting on an individual's wellbeing.</p> <ul style="list-style-type: none"> • The Third Sector enriches the City. TSOs contribute across all the strategic goals of the city to become 'the Best City for health and well-being'.²⁴ • Connectivity across the Sector contributes to physical and mental wellbeing, helping people to stay well, be connected and supported, and increasing inclusion and equity in decision making. • As an integral part of the wider health and care system, TSOs play a crucial role in a wide range of health and wellbeing related activities across the City. TSOs support, advise, and add capacity to NHS services, from key life stages from birth to death and through universal services as well as those targeting health conditions, e.g. diabetes and cancer, to advocacy around mental health crises and support services. • The Sector provides a bridge between the most marginalised communities and health services, particularly in the most deprived areas of Leeds where TSOs play a unique and essential role in connecting people. |
| <p>Assets identified through Asset Based Community Development</p> | <p>Networks that are supporting and working in the Sector are taking an Assets Based Community Development (ABCD) approach, for example:</p> <ul style="list-style-type: none"> • Community Care Hubs, led by groups of local TSOs who are trusted by the local community are working across all 33 wards in Leeds. The hubs provide a mechanism for communities to be involved in design and delivery of local services.²⁵ • Leeds Neighbourhood Networks (LNNs) are community organisations that support older people to participate in their communities through a range of services and activities provided at neighbourhood level. There are 34 LNNs²⁶ in total covering the whole of the City. The work of the LNNs has been shown to be particularly valuable and a key part of the City's response to the COVID-19 pandemic.²⁷ • The Leeds City Council ABCD programme is being delivered with 14 'Pathfinder' organisations.²⁸ Together these TSOs have provided training for 25 TSOs and 326 individuals. 'The impact of this activity can be seen in the range of ways that ABCD has been embraced by the Third Sector', for example, 'Neighbourhood Networks who have built ABCD into new service and grant specifications.'²⁹ |

²⁴ [Leeds Health & Wellbeing Strategy 2016-2021](#), NHS Leeds Clinical Commission Group.

²⁵ [TSL Community Care Hubs update, December 2020](#).

²⁶ As at 19th April 2021.

²⁷ [Ever More Needed?](#) The role of the LNNs during the COVID-19 Pandemic.

²⁸ [ABCD Pathfinders](#)

²⁹ [Leeds City Council Executive Board Report ABCD](#)

What resources are shared?
How and where does this happen?

- There are many examples of collaboration and partnership, networking, generous leadership and mutual aid i.e. shared resources, and facilities across the Sector. Some key organisations in the city are mentioned as sharing resources and expertise around capacity building for example VAL, Forum Central, and Leeds Involving People. Others share physical space e.g. the Orion Partnership.
- The expertise and knowledge of people working in the sector is shared across organisations and services, for example language and translation services. This happens through both formal networks of organisations (e.g. Our Future Leeds, or Women's Lives Leeds) as well as more organically, for example (e.g. Leeds where organisations signpost one another's services or create opportunities based on demand Community Foundation's Healthy Holidays).
- Sharing of resources and expertise has been especially evident throughout the COVID-19 pandemic.

Places and spaces

- **TSOs are typically based in parts of the city seen as having greatest deprivation**, however, some areas (notably South West Leeds) have fewer locally based organisations than others (notably Central and North East).
- It is difficult to quantify the value of physical assets used in the Sector as spaces and facilities are shared across organisations. We can't say a great deal about physical assets in terms of what are 'owned' by TSOs, what are 'used' (e.g. rented facilities or public spaces), and what are 'shared' e.g. co-located. However, this report illustrates that **sharing resources and spaces for mutual benefit is commonplace throughout the City**, e.g. Inkwell, Stringer House, CATCH Leeds and their ARK facilities, New Wortley Community Centre, Kirkstall Valley Development Trust, Bramley Baths, Holbeck Together, The Old Fire Station, and Seacroft partners including LS14 Trust.
- **Networks of organisations are working together across geographies, beneficiary groups, and across sectors**, e.g. in Local Care Partnerships. Sources of funding to keep critical places and spaces open are varied, but typically include grant funding, income from tenancies, and income from space hire for events for example.
- COVID-19 has impacted organisations depending on use of space for income. Some are finding new opportunities to collaborate to increase accessibility to physical spaces and reduce isolation (for example green spaces) during the pandemic.



Services, programmes, and collaborations

Formal and informal collaboration across the sector is evident. Sometimes quite diverse organisations work together in partnerships some examples include:

- Organisations within The Solidarity Network have come together to work for **communities experiencing marginalisation and some of the most severe health inequalities in Leeds**. The organisations comprise Leeds GATE, BASIS Yorkshire, LASSN and Yorkshire MESMAC work with Gypsies and Travellers, Sex Workers, Asylum Seekers and Refugees, communities affected by HIV and LGBTQ+ communities.
- ‘Communities of Interest’ are **groups of people who share an identity (for example people with a learning disability, LGBT+ individuals) or those who share an experience (for example the homeless community, people leaving prison, unpaid carers)**. Forum Central and partners initially identified a number of communities of interest who experience additional barriers to communication, and some of the TSOs that work to support them. Forum Central is working in partnership with Voluntary Action Leeds, Healthwatch and Leeds City Council to support a growing network of community-based organisations in order to address inequalities and connect better to decision makers across the Leeds health and care system. The aim is that communities of interest are well placed to respond to current challenges, and also help develop a future system which is both personalised and responsive to the needs of all communities of Leeds.
- The Leeds Food Aid Network³⁰ **brings together food provision services in the City** – this includes soup kitchens, outreach activities, foodbanks, cafes, and food growing enterprises - **to support people experiencing food poverty or insecurity**.
- Many collaborations, for example the Orion Partnership and the Neighbourhood Networks show that **TSOs are often connected across multiple networks**. The case studies start to consider what different organisations bring to a partnership, but more research on this, and how the organisations are working together towards City wide health and care outcomes such as the ‘Shaping our Future’³¹ agenda to improve strategic commissioning and implement integrated care that includes the Third Sector more integrally.
- Fall Into Place Theatre³² (Improving the wellbeing of charity workers through creativity), which also partners with other Seacroft TSOs **to provide COVID-19 response support and wider neighbourhood empowerment initiatives**.
- **Digitisation has become an increasingly relevant issue for the Sector**. In Leeds, 83% of TSOs³³ reported that they have adapted their method of delivery to meet newly emerging and changing needs e.g. ALaDDIN³⁴ for people with autism and learning disabilities and the cross-sector collaboration 100% Digital Leeds to improve digital inclusion³⁵. However, it has been highlighted that digital exclusion has been a barrier to reaching some vulnerable groups, including older people, those for whom English is a second language, disabled people, those experiencing domestic abuse, and those living in poverty. TSOs are also mobilising to provide devices and data for vulnerable groups³⁶, but this is recognised as an ongoing challenge.

³⁰ <https://leedsfoodaidnetwork.co.uk/>

³¹ [Leeds CCG Shaping our Future](#)

³² <https://fallintoplace.co.uk/>

³³ [Third Sector Resilience in West Yorkshire and Harrogate Report, December 2020](#).

³⁴ [ALaDDIN](#) Digital Inclusion video.

³⁵ [100% Digital Leeds](#) is a Leeds City Council led initiative working with partners to improve digital inclusion across the city.

³⁶ Examples include [Digital Access West Yorkshire](#), [Solidaritech](#), [Tech Angels](#).

Structure and governance

Table iv: **Executive summary of headlines and key findings**

Are least heard voices represented?

- We know that some communities are already disadvantaged in terms of health outcomes, and that these disadvantages are exacerbated by structural inequalities.³⁷
- We also know that grassroots and peer led organisations are typically small or micro, often new, emerging or un-constituted, and reliant on single or small groups of individuals; working with very small budgets to represent marginalised people and communities. What we do not yet know is whether, given other pressures on resources, and existing structural inequalities, the capacity of these vital peer led and grassroots organisations that increase voice and representation of disadvantaged people and communities is being sufficiently developed to meet growing demand.
- There is good evidence of organisations having developed from grassroots being led by people with lived experience. This research suggests TSOs frequently have volunteers and paid workers in leadership roles who reflect the communities they are working in/with, for example the Black Health Initiative (BHI),³⁸ or DAMASQ,³⁹ supporting the Syrian community and Leeds Irish Health & Homes.⁴⁰ This increases opportunities for those voices to be heard. However, we do not have sufficient data to draw conclusions on whether people in leadership roles across the sector reflect the diversity of the City, or whether diverse voices are being heard in order to reduce inequalities.
- Forum Central and partners initially identified a number of Communities of Interest⁴¹ who experience additional barriers to communication, and some of the TSOs that work to support them. Forum Central is working in partnership with Voluntary Action Leeds, Healthwatch and Leeds City Council to support a growing network of community-based organisations in order to address inequalities and connect better to decision makers across the Leeds health and care system to respond to current challenges, and also helps develop a future system which is both personalised and responsive to the needs of all communities of Leeds.

³⁷ For discussions see The Marmot Review 2010 and 2020, the Kings Fund, and Public Health England.

³⁸ [Black Health Initiative](#)

³⁹ [DAMASQ](#)

⁴⁰ [Leeds Irish Health & Homes](#)

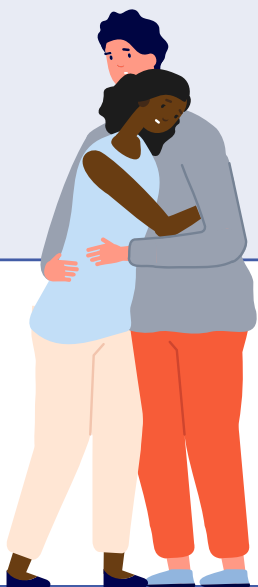
⁴¹ 'Communities of Interest' are groups of people who share an identity (for example people with a learning disability, LGBT+ individuals) or those who share an experience (for example the homeless community, people leaving prison, unpaid carers).

Where are there gaps?

- Moving forward, emerging evidence on inequalities⁴² will increase our understanding of whether people who have experienced discrimination or have diverse or protected characteristics hold leadership and decision making roles across the whole sector.
- Nationally, organisations such as Charity So White have highlighted the lack of diversity in leadership in the sector. Forum Central and Voluntary Action Leeds and Leeds Community Foundation are working together to address this.
- Similarly, our understanding of intersectionality is, as yet, limited. This highlights a need for further research to understand how best to support and recruit more people whose combination of gender, race, faith, disability and/or socio-economic status affects their recruitment and development.⁴³
- From this review, TSOs are tackling inequalities and are connected across the eco-system, although further research needs to be done to understand how and where this is happening well, and where there are challenges.

What support and advocacy exists for the Sector?

- Support and advocacy for leaders (especially those with lived experience) is happening through infrastructure organisations including Forum Central, Voluntary Action Leeds, and Leeds Community Foundation as well as specialist organisations such as Advonet, Leeds Involving People and Hamara Healthy Living Centre , but more is needed to meet structural and funding challenges.
- There are strong connections across organisations in the form of peer-to-peer networking as well as connections with anchor organisations, and these (formal and informal) networks are becoming integral to strategic decision making including the Shaping our Future agenda.
- Formal networks and programmes of work such as Harnessing the Power of Communities and Third Sector Partnership, with key stakeholders and decision makers from third, public and statutory sectors working as communities of practice are strengthening collaborative approaches to meeting health and wellbeing challenges Leeds faces.



⁴¹ 'Communities of Interest' are groups of people who share an identity (for example people with a learning disability, LGBT+ individuals) or those who share an experience (for example the homeless community, people leaving prison, unpaid carers).

⁴² See up and coming research from Leeds Community Foundation and Leeds City Council for examples

⁴³ Note that LGBT+ mapping referenced in section 2 suggests it is not for all protected characteristics.

1 Introduction - Harnessing the Power of Communities

This State of the Sector (SotS) work has clear, wide reaching benefits for a range of stakeholders in Leeds and the wider region. It is evident that the Third Sector plays a key role in supporting the City's strategic goals which seek to make Leeds 'the Best City for health and well-being'.⁴⁴ This work, with a focus on TSOs' impact on health & wellbeing, is one of the outputs from the wider Harnessing the Power of Communities (HPoC) programme.

Forum Central (FC) is leading the HPoC Programme, supported by the West Yorkshire & Harrogate (WY&H) Integrated Care Partnership transformation funding, and NHS Leeds Clinical Commissioning Group (CCG). This programme aims to ensure that the contribution of the Third Sector to the City is understood, valued, and supported across all areas of activity through both investment and inclusion in decision making.⁴⁵

This report summarises the research findings from a wide reaching review of publicly available quantitative and qualitative data, and interviews with key stakeholders that took place between August 2020 and January 2021 (see Appendix 2). It presents a 'snap-shot' of the composition and reach of the Sector, together with critical reflections on the value of the Sector to the City; its strengths and attributes as well as the resource and capacity challenges it faces in meeting growing demand. Detailed findings, examples, and case studies are used throughout to illustrate the Sector's impact on health and wellbeing in Leeds. The aim here is to provide an evidence base that will help key stakeholders and decision-makers understand the infrastructure and support requirements to ensure the Sector's sustainability and growth.

Purpose

This report provides a snapshot in time of the scale and contribution of the sector in order to:

- Champion and celebrate the Sector, as well as understand gaps and needs.
- Articulate value, impact, strength, reach, and different levels of connections across the wider health and care system. Show the Sector's value as a connected ecosystem, where the whole is greater than the sum of its parts.
- Help manage expectations and be realistic about the Sectors capabilities.
- Help build the business case for longer term funding and investment to support Third Sector capacity.
- Understand effectiveness and value for money, as well as consider areas for improvement.
- Provide examples of collaborative and partnership approaches that make it easier for decision makers to fund, support, and work with TSOs.

⁴⁴ **Leeds Health & Wellbeing Strategy 2016-2021**, NHS Leeds Clinical Commission Group.
⁴⁵ **Forum Central Local Care Partnerships Development**.



The aim is to clearly articulate and provide evidence of the ways that the Third Sector adds value to the City, for example by:

- Giving voice to marginalised and under-represented people and communities. Raising awareness and promoting equity and diversity.
- Promoting good health and wellbeing, reducing loneliness and isolation, and facilitating preventive healthcare.
- Enabling people and supporting communities to share resources and face complex challenges together.
- Providing quality employment and volunteering opportunities that utilise and build knowledge, skills and capacity.
- Supporting the strategic aims of the City and the local economy.
- Staying relevant and connected to challenges and opportunities faced by communities 'on the ground'.

The report recognises the work of around 20,000 staff and trustees: experts in their fields working across a wide range of TSOs, as well as the contribution of more than 40,000⁴⁶ volunteers. This is a sector whose visibility, scale, and function in supporting the most vulnerable in our society has been greatly impacted in both positive and negative ways by the COVID-19 pandemic. For example, Voluntary Action Leeds (VAL) reports that 8,000 volunteers stepped up to support their communities at this challenging time. There have clearly been challenges, yet TSOs have worked together with partners across the Leeds health and care system. Because of the close connections between TSOs and the communities they work with, they have been able to provide help and advocate for people who most need support and have shown that working together for the common good leads to amazing things.

Challenges facing the Third Sector in Leeds

The value of the Sector is recognised beyond Leeds: the '#NeverMoreNeeded'⁴⁷ campaign cites the Chief Economist of the Bank of England describing the 'social sector'⁴⁸ as an 'institutional immune system' vital in 'supporting the left-behind and left alone'. Indeed, demand for social change, including as a result of recognition of significant impacts of health inequalities brought to the fore during the pandemic,^{49, 50} has gained traction and raised awareness of the role the Sector has to play in moving towards more equitable societies. Whilst the pandemic has increased recognition of the Sector's value, it has also highlighted, exacerbated, and accelerated pre-existing challenges in three main ways. First is the combination of increased demand for the services and reduced income within the Sector itself estimated for the UK as a whole as a loss of £4.3 billion in the first 12 weeks of lockdown.⁵¹

The UK's **Third Sector** is estimated to have **lost £4.3 billion of income** in the first 12 weeks of lockdown

Second is the severe impact on Local Authorities' budgets (and other major sources of income), limiting their ability to support the Sector whilst at the same time leaving more un-met need to be addressed.⁵² Third is that demand for services across the Sector has increased dramatically as the impacts of COVID-19 in communities become clear. Many TSOs are responding to these challenges in innovative ways, for example, by partnering with other organisations, or diversifying their services (see for example the work of Community Care Hubs or Holbeck Together as well as the case studies in this report).

⁴⁶ 41,607 Based on estimated numbers of volunteers for 2019/20 reported to Charity Commission.

⁴⁷ [Never More Needed, NCVO.](#)

⁴⁸ In reference to the Third Sector.

⁴⁹ [Independent SAGE Report 21: Covid-19 and Health Inequality.](#)

⁵⁰ [Black Lives Matter.](#)

⁵¹ Charities set to lose £4billion over 12 weeks due to pandemic. [Civil Society, March 2020.](#)

⁵² [Third Sector Resilience in West Yorkshire & Harrogate, December 2020.](#)

To a large extent, many of the challenges and vulnerabilities discussed in this report were evident prior to COVID-19. Limits to resources and increased demand for services due to a decade of austerity and depleting council funding are well understood and documented. The pandemic has simply shone a light on the consequences of a continued budgetary⁵³ squeeze: inequality in society and its impacts on health, insecurity, and in turn the limits to the Sector's ability to respond to rising need.⁵⁴ Whilst there is much uncertainty - e.g. the predicted length of the current pandemic, the impacts of the climate emergency on the City of Leeds (e.g. flooding and extreme weather events), and the economic implications of Brexit - demand for the Sector's services looks set to increase, at a time when its own resilience is challenged.

National context: shifts and trends

There is broad recognition of the need for continued and strengthened connection between the Public and Third Sectors, and enhanced relationships between different parts of the whole health and care system. The NHS Long Term Plan,⁵⁵ for example, describes how greater local partnership working through Integrated Care Systems that involve the Third Sector, the NHS and Local Authorities in provision of health services and prevention of avoidable disease, is essential.

In West Yorkshire, these developments are fast moving and taking shape at pace. A West Yorkshire level Integrated Care System (ICS) is taking on the current accountability of the Leeds CCG. The Development and implementation of the Integrated Care Partnership (ICP) as described in 'Developing an Integrated Care Partnership in Leeds, progress, proposals and next steps' which in essence will be a local ICP or an alliance for Leeds as a 'place'. Within the ICP NHS, social care, third sector providers, NHS and local authority commissioners will work together to improve population health outcomes through collaboration not competition.

Within the ICP NHS, social care, third sector providers, NHS and local authority commissioners will work together to improve population health outcomes through collaboration not competition.

The urgency of tackling upstream determinants of health linked to social deprivation was starkly made in the Marmot Review 10 Years On⁵⁶. This presented evidence for a widening of health inequalities (life expectancy and ill health) by level of deprivation, an issue exacerbated by funding cuts. The value and potential for the Third Sector to contribute to supporting their communities was highlighted during the early stages of the COVID-19 pandemic, and health care systems wish to learn from and build on this practice in COVID-19 recovery programmes.⁵⁷

Nationally, there is an increasing trend towards digitisation of healthcare (health and wellbeing apps; appointment bookings; online consultations) as illustrated in reports by Healthwatch.⁵⁸ In Leeds, 83% of TSOs reported adapting their method of delivery to meet newly emerging and changing needs. However, it has been highlighted that digital exclusion is a barrier to reaching vulnerable groups, including older people, those for whom English is a second language, Disabled people, those experiencing domestic abuse, and those living in poverty.⁵⁹ This is particularly challenging for the Sector because people working and volunteering in the Sector are, similarly, suffering from digital exclusion. The Third Sector Resilience research reports that 40% of staff are feeling isolated by relying on digital technology, 28% feel they lack suitable training for staff. In addition, 25% of organisations state that they do not have resources to invest in digital technology.⁶⁰

⁵³ For a useful note on the impact of budget cuts on service provision see Leeds City Council Analysis of Third Sector Payments 2018/19

⁵⁴ [Third Sector Resilience in West Yorkshire & Harrogate, December 2020.](#)

⁵⁵ [NHS Long Term Plan.](#)

⁵⁶ [Health Equity in England, The Marmot Review 10 years on.](#)

⁵⁷ A new relationship between the NHS, people and communities: [Learning from COVID-19.](#) NHS Confederation.

⁵⁸ [Healthwatch](#), and [Healthwatch Leeds.](#)

⁵⁹ [Third sector resilience in West Yorkshire and Harrogate:](#) Before and during Covid 19.

⁶⁰ [Third Sector Resilience Survey into the Effects of Covid-19 on the Third Sector in Leeds.](#)

The Third Sector Resilience research reports that 40% of staff are feeling isolated by relying on digital technology, 28% feel they lack suitable training for staff. In addition, 25% of organisations state that they do not have resources to invest in digital technology.

Our approach

In consultation with the State of the Sector (SotS) Editorial Group (part of the SotS Advisory Group (AG)), a number of key research questions were developed (see Appendix 1). Between August 2020 and January 2021, a wide range of quantitative and qualitative data from secondary, Third and public sector sources was reviewed. An in-depth thematic analysis of documents, texts and statistical data was conducted to draw together relevant features from different, diverse data sets. This was used to inform selection of a sample of TSOs (see Appendix 2) used to verify and illustrate key findings.

Purposive, stratified sampling was used to select organisations for review (see Appendix 3). In total 59 TSOs were reviewed, with 11 examples selected for further, more detailed review and case studies. Whilst this is a small proportion of the Sector, case studies were chosen to represent a diverse range of organisations, activities, impacts and beneficiaries reflective of the sector as a whole. Data from these organisations' websites and reports were collated into eleven case studies, with follow up interviews with key stakeholders from each organisation used to validate findings. Examples and case studies⁶¹ are used throughout to illustrate key themes and provide a feel for the breadth and depth of the work of the Sector.

The analysis looked at the data through three lenses:

1. **Leeds' health and care priorities of the City** - what the Third Sector contributes to the city's strategic aims via a brief review of key strategies, structures, and socio-economic context.
2. **The life course**⁶² - what the Third Sector contributes to the 'Life-course' of a Leeds citizen; a timeline of life stages and the points at which people interact with TSOs.
3. **Determinants of health**⁶³ - it is widely recognised that factors beyond provision of formalised health care affect our health and well-being. The Marmot Review of Health Equity in England is clear in its assessment that 'The health of the population is not just a matter of how well the health service is funded and functions, important as that is: health is closely linked to the conditions in which people are born, grow, live, work and age and inequities in power, money and resources – the social determinants of health.'⁶⁴

The Kings' Fund for example summarises recent research to show that that 57 - 75% of our wellbeing is affected by the wider determinants of health rather than formal healthcare.⁶⁵

⁶¹ Summaries of case studies are included in this report. Full case studies produced by Nifty Sustainability CIC and Leeds Beckett University are available from Forum Central separately.

⁶² **Health Matters: Prevention – a Life Course Approach.**

⁶³ Barton, H. and Grant, M. (2006) A health map for the local human habitat. The Journal of the Royal Society for the Promotion of Health, 126(6), pp252-253.

⁶⁴ **Health Equity in England: the Marmot Review 10 years on.**

⁶⁵ **Broader Determinants of Health: Future Trends.** The King's Fund.

For this review, we have primarily used Barton & Grant's (2006) 'Health Map for the Local Human Habitat' (Figure 1 below) - as a framework to consider the services the Third Sector provides that relate to enhancing conditions for good health and care. The level of detail of the Barton and Grant model is useful here. Other similar frameworks, such as Dahlgren and Whitehead's 1991 earlier model (see Figure 2 below) are also widely used by partners including Public Health England.

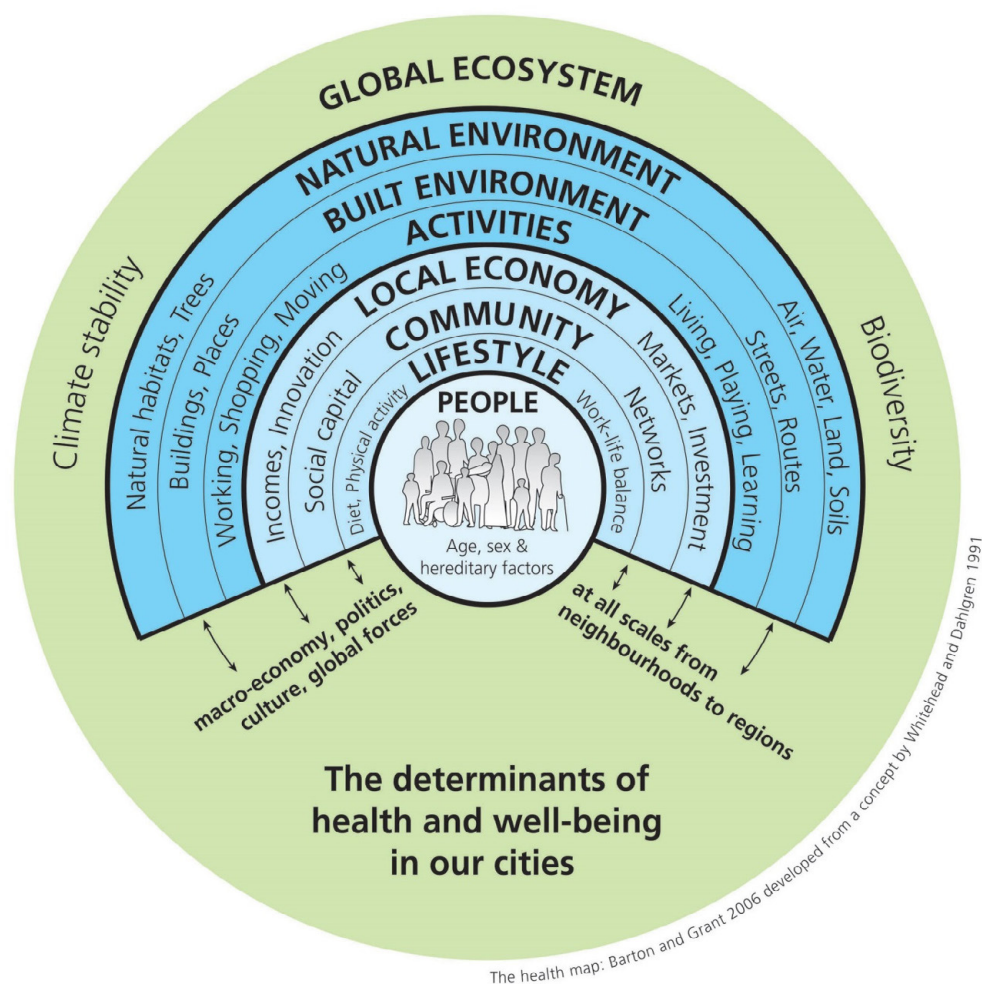


Figure 1: **'Determinants of health and well-being in our cities'**
Barton and Grant, 2006

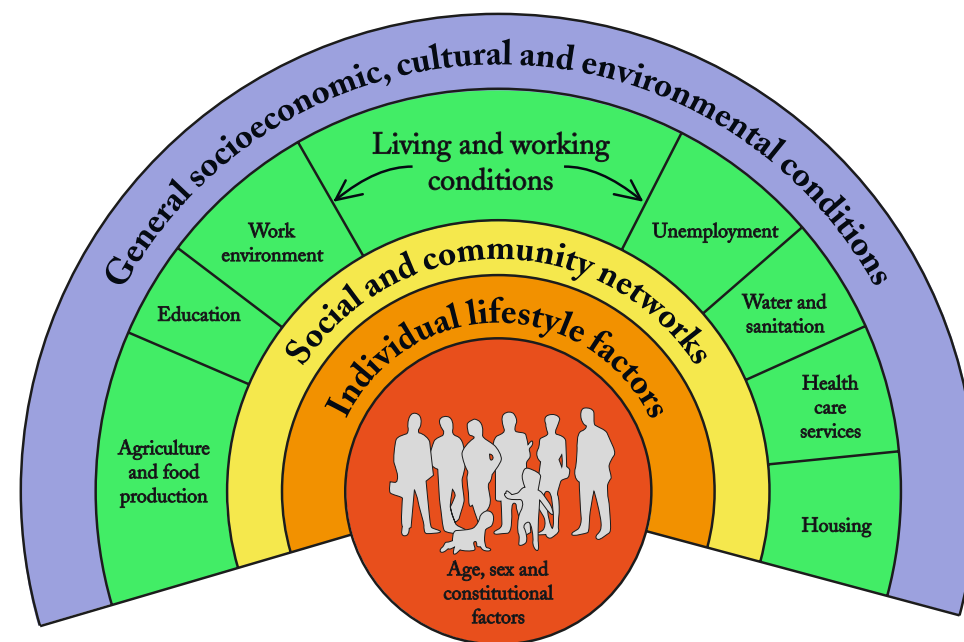


Figure 2: **Layers of influence on individual health.**
Dahlgren and Whitehead, 1991⁶⁶

⁶⁶ [The Dahlgren – Whitehead Rainbow.](#)

Language and terminology

The language being used by, and in reference to, people who experience discrimination is changing and evolving. This report reflects this changing landscape. We have listened to and adopted guidance offered from people with lived experience of discrimination,⁶⁷ both to ensure we are acting as allies and to avoid causing further harm through the use of casual and inaccurate language. We understand that language will change over time, and that people will feel differently about language used to describe diverse characteristics. To reflect this, the terminology used in live documents and future iterations of this work will adapt accordingly. Similarly, we know that people self-identify in different ways, and the organisations featured in this report use a variety of terms for the people who they engage with: 'service users', 'beneficiaries', 'members', or 'participants' for example.

We primarily adopt terms used by organisations themselves within the case studies, and elsewhere refer to 'beneficiaries' for consistency. It should be noted that where we do use terms which we know can be misleading or problematic, but are commonplace, such as 'BAME' or 'DUPLO', we do so because this either highlights an issue or challenge, or, for example, in case studies where leaders with lived experience use the terminology in communication with funders.

Finally, there are lots of ways of talking about the Third Sector and the organisations working within it. We have adopted the term Third Sector in the view that it is inclusive of a wide range of formal and informal organisations (including charities and faith groups for example) working on issues with community and social impacts. It also reflects the language typically used by funders and statutory bodies. However, we recognise that by referring to the 'Third Sector' we may not fully reflect some of the challenges faced by organisations that are left out of decision making processes.

⁶⁷ See for examples [BAME Over](#), [Charity so White](#), [Outreach Youth](#).

Report structure

This report presents key findings and critical reflections from the SotS research. Additional resources suited to a range of audiences and stakeholders are available. At present these include:

- The individual, in depth case studies of TSOs produced to accompany this work are available separately.
- A separate SotS Executive Summary.
- Slide deck with key findings and headlines.

Following this introduction, the report is structured as follows:

- **Section two** sets the scene for Leeds with reference to strategic priorities for the city, challenges, resources, and assets.
- **Section three** presents data on the whole sector's composition; its size, income, range and type of organisations.
- **Section four** focuses in on the Third Sector as it relates to health and care to detail the size and type of organisations that make up this significant proportion of the Sector, its income and sources of funding, activities, people, and beneficiaries.
- **Section five** explores the activities of different organisations in more detail to highlight what they do, who benefits and the value this adds to the health and care system in Leeds.
- **Section six** draws out critical reflections, key observations and concluding thoughts.



2 The Leeds Context

In this section:

- Leeds' strategic priorities
- 'Shaping our Future' and population health management approach for Leeds
- Asset Based Community Development
- Third Sector infrastructure in Leeds

Leeds strategic priorities: building equity and resilience for health and wellbeing

The health and wellbeing of Leeds' residents and communities is reliant on a thriving Third Sector, and its many and diverse organisations support strong partnerships between community and healthcare services. The Leeds Health and Wellbeing Strategy (2016-2021)⁶⁸ is a management plan developed to ensure that all Leeds' citizens are adequately supported. The strategy focuses on support in 12 key areas:

1. **Childhood**
2. **Older people**
3. **Connecting communities**
4. **Housing and the environment**
5. **Strong economy and local jobs**
6. **More physical activity**
7. **Maximising benefits of technology**
8. **Better focus on prevention of illness**
9. **Support in self care**
10. **Supporting physical and mental health equally**
11. **Valued, well trained, and well supported work forces**
12. **The best care in the right place at the right time**

These key areas clearly closely align to the wider determinants of health, with a place based focus on prioritising factors that most relate to Leeds context.

The plan also recognises the work of 'over 70,000 unpaid carers and volunteers' who contribute to health and wellbeing, and it stresses the need to recognise, value and support these people. The overall ambition is that 'Leeds will be the best city for health and wellbeing'.

In line with this, the Leeds Healthcare Inequalities Framework describes how the Leeds Clinical Commissioning Group (CCG) will use its £1.3bn resources to support Leeds as 'a healthy and caring city for people of all ages where people who are the poorest improve their health the fastest'.

The Leeds CCG aims to:

1. Work with Public Health colleagues around preventative measures and encourage a healthy lifestyle (e.g. stopping smoking and harmful alcohol use and increasing exercise).
2. Improve 'the causes of the causes', e.g. improve housing and public spaces, including more green spaces.
3. Ensure access to effective and adequate treatment, support, and care for all e.g. supporting health literacy.

⁶⁸ **The Leeds Health & Wellbeing Strategy 2016-2021**, This strategy is currently being updated and extended in line with the need to re-build and continue to develop the Leeds wide strategy in response to COVID-19.

In Leeds, multiple inequalities known to be significant for health and wellbeing have been considered in order to tackle these aims strategically.

For context, the total population of Leeds is 793,139.⁶⁹ Of this, an estimated 224,000 people (28%) live in the most deprived 10% of areas, with almost 80% living in 7 of the Local Care Partnerships (Harehills, Chapeltown, Middleton, Burmantofts and Richmond Hill, Beeston, Seacroft, and Armley). Around 25% of people live in 'deprived Leeds', with an estimated 28% of 'preventable life years' lost being from people living in these areas.⁷⁰

Appendix 4 includes a summary of wider socio-economic indicators relevant to health and wellbeing in Leeds.

Research is underway to better understand the nature and impact of inequalities in Leeds with a focus on the health and wellbeing of disadvantaged and discriminated against communities. Two examples of this work are:

- The West Yorkshire and Harrogate Black Asian and Minority Ethnic Review Panel⁷¹ (conducted between mid-July and early September 2020) found significant inequalities with respect to COVID-19 diagnoses which were highest in Black ethnic groups, and lowest in White ethnic groups. Several concerns related specifically to Black ethnic groups including:
 - The need for, but current lack of, tailored information in accessible and culturally appropriate formats.
 - Digital exclusion, language barriers and the need for improved access to interpretation services.
 - Incorrect health messaging from other media sources or social networks.

- The LGBT+ Mapping Project⁷² is an evaluation of the formal and informal LGBT+ infrastructure in Leeds. Commissioned by Leeds Community Foundation (LCF) in conjunction with Leeds City Council (LCC), it considered challenges faced by the LGBT+ community, and support needed, as well as how to build up existing LGBT+ networks. A key finding of the mapping project is that LGBT+ led volunteer groups in the city rely on partnerships with other TSOs, e.g. for space and to increase their visibility. In addition, it found that there is an 'activist glass ceiling' for many people who have experienced discrimination doing LGBT+ work which made it difficult to access the resources necessary to do community work.⁷³

Significant progress is being made in Leeds in terms of developing a better understanding of the impacts of inequalities and how to develop the strategic, partnership approach to 'building equity and resilience for health and wellbeing'. This work is ongoing and integral to the more systemic, strategic approach being adopted by partners in Leeds as part of the City's place based, Population Health Management (PHM), work.

⁶⁹ [From total population estimate 2019.](#)

⁷⁰ [Leeds CCG Inequalities Framework.](#)

⁷¹ [WY&H Health Partnership BAME Review Panel.](#)

⁷² [LGBT+ Mapping Project.](#)

⁷³ [ibid]



‘Shaping our Future’ - Population Health Management in Leeds

Place based approaches to reducing health inequalities recognise that to improve health outcomes at a population level it is necessary to look beyond treating disease or the causes of disease, and instead also address the wider determinants of health and wellbeing. Nationally, the NHS, and other statutory bodies, are starting to take more community centred, place based approaches to health and care which value the contribution that communities themselves have in improving health outcomes.⁷⁴

The Population Health Management (PHM) approach⁷⁵ ‘...moves away from managing disease in silos to an approach based on defined populations of people, who may have multiple ‘disease conditions’ or life challenges...’⁷⁶

NHS Leeds CCG’s ‘Shaping our Future’^{77, 78, 79} programme has been developed to support this strategic, data driven approach to commissioning for improved population health outcomes. For commissioners, this is seen as a move away from traditional competitive approaches to tendering to deliver services into the NHS, to one that supports collaboration between partners, including Third Sector organisations with a formalised role for Integrated Care Systems.

In Leeds, Local Care Partnerships are being developed in primary care to create a culture where local people are at the heart of local health care delivery. The Third Sector has a critical leadership role in helping develop these integrated systems, generating and sharing the data that underpins the PHM approach, and working together through alliances and networks to improve health outcomes.

As part of the Shaping our Future programme, Forum Central has been funded by Leeds CCG to carry out a scoping exercise to better understand infrastructure required to ensure a wide range of TSOs in Leeds become equal partners in the new approach. Key findings from the scoping study⁸⁰ include:

- The need to rebalance the relationship between small (including grassroots) and large organisations and strengthen the role of TSOs as strategic partners.
- Trust between funders, commissioners, and TSOs is essential. Open and transparent communication will be integral to this.
- The need for an asset based and resource sharing approach.
- Strong leadership across the health and care system including from TSOs as equal partners.

The vision set out in the Leeds Health and Wellbeing Strategy is that ‘Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest’. The ambition is that the PHM, place based, personalised care approach articulated in Shaping our Future will help realise this vision in an equitable way with a clear remit for the VSCE sector.

⁷⁴ [Place Based Approaches to Reducing Health Inequalities, NHS 2019.](#)

⁷⁵ [Population Health and Population Health Management Programme.](#)

⁷⁶ [System Blueprint for Population Health Management.](#)

⁷⁷ [Leeds NHS CCG Shaping our Future: Third Sector Health & Care Leaders' Network.](#)

⁷⁸ [What is Shaping our Future, Forum Central.](#)

⁷⁹ [Shaping our Future Report January 2021.](#)

⁸⁰ [ibid]

Asset Based Community Development (ABCD)

The ABCD approach is asset based, community led, relationship oriented, inclusion focused, and place based. It uses the resources of a place – its people, green spaces, buildings, facilities, networks – to focus on strengths and encourage genuine social and economic change.⁸¹

ABCD has been embraced by the Third Sector. Leeds Neighbourhood Networks (see Box 1), for example, have built the approach into new service and grant specifications. One example of the effectiveness of the ABCD approach is the Leeds City Council (LCC) supported programme. Working with Third Sector organisations, LCC has developed an asset based approach to community development (ABCD) to empower people and communities to create change, build connections and ‘unlock assets’ in 14 neighbourhoods.⁸² The Asset Based Community Development and Asset Based Approaches Executive Board paper (September 2020)⁸³ reports that:

‘The partnership with Leeds’ strong, vibrant and diverse Third Sector, many of whom, like Touchstone, have a strong track record in using asset based approaches, has been key to the success of ABCD. Leading Third Sector organisations including VAL, Forum Central and Healthwatch have championed both ABCD and people’s voice across Leeds.’

Support for TSOs to develop their skills and knowledge of ABCD has helped to extend the assets based approach across the city. In 2019/20, 25 Third Sector organisations and 326 individuals participated in ABCD training sessions.

Third Sector infrastructure organisations in Leeds.

What the Leeds context shows is the rich range of programmes, partnerships and systems that involve the Third Sector to contribute the achievement of city-wide strategies for health and care. This is facilitated by the long established infrastructure network that provides practical support, information and voice and influence. This includes Forum Central, Voluntary Action Leeds, Leeds Community Foundation and West Yorkshire Community Accounting Service.

These bodies enable expertise and opportunities around funding, volunteering, governance and delivery to be developed and shared between organisations.

Infrastructure support has facilitated third sector organisations to develop expertise to be system leaders of community approaches and supported person centred and holistic developments in mental health, older people children and young people, learning disabilities physical and sensory impairments influencing key strategic boards.

Their role as convenors and co-ordinators within the Third Sector also enables health and care commissioners, as well as national funders, to shape and manage funded programmes that make better use of TSOs capabilities for local delivery.

⁸¹ Research, including The Marmot Reviews 2010 and 2020, has emphasised the importance of utilising local assets as key resources in tackling inequalities.

⁸² [LCC Executive Board Report - ABCD - Sept 2020 Final BG.](#)

⁸³ [ibid]

3 Composition of the Third Sector in Leeds

This section presents data on the whole Third Sector in Leeds in terms of its composition, its size, income, range and types of organisations. Section four below then goes on to focus on the significant proportion of the sector that relates to health and care. In this section:

- Number, size, and type of organisations working across the whole Third Sector.
- Leeds' Third Sector response to COVID-19.

Number, size and types of organisations working across the whole Third Sector in Leeds

The Third Sector in Leeds broadly breaks down into the following:

- registered organisations, including charities, Trusts, Charitable Incorporated Organisations (CIOs), and co-operatives)
- un-constituted organisations, such as informal community groups and grassroots organisations, and Social Enterprises (SEs).

In total there are 1,533 registered charities in Leeds.⁸⁴
As shown below, total registered income for the Sector is estimated to be £358.16 million for 2019/20 reporting period.

Table 1: **Number, size and proportion of registered charities in Leeds**

| Income band ⁸⁵ | Type | No of organisations ⁸⁶ | Proportion of sector by number | Mean annual income | Total income per band | Proportion of sector by £ income |
|--|---------------------|-----------------------------------|--------------------------------|----------------------|-----------------------|----------------------------------|
| <£10k | Micro | 545 | 38% | ⁸⁷ £3,578 | £1,728,212 | 0.48% |
| £10k to <£100k | Small | 534 | 37% | £34,446 | £18,428,485 | 5.1% |
| £100k to <£1m | Medium | 298 | 21% | £309,198 | £92,350,080 | 25.78% |
| £1m to <£10m | Large | 62 | 4% | £2,903,948 | £180,044,806 | 50.27% |
| £10million+ | Major ⁸⁸ | 3 | <0.002% | £21,869,710 | £65,609,129 | 18.32% |
| TOTAL INCOME OF REGISTERED CHARITIES: | | | | | | £358,160,712 |

⁸⁴ From Charity Commission data (1st December 2020) accessed using [Charity Explorer](#) and [Charity Base](#) (see Appendix 3).

⁸⁵ Using Charity Commission definition.

⁸⁶ Note this is not the same as total number of registered charities as it does not include: organisations with nil returns for income, newly formed charities who have not yet reported income, or most major (income over £10million) charities.

⁸⁷ This average does not include registered charities with nil return of income for 2019/20.

⁸⁸ There are in total 12 major (income of £10m or over) registered charities in Leeds with a total income of £232.6 million in 2019/20. Three of these, St Anne's, St Gemma's and Leeds University Union are included in this analysis as they have clear community and health & wellbeing impacts in Leeds. For a breakdown of incomes of other major registered charities see appendix 5.

Table 1 summarises registered charities in terms of the number of each in different income bands, and the proportion of the Sector by number and income.

In terms of number of organisations, **75% of the sector is made up of small or micro organisations** i.e. 545 micro (income of less than £10k per annum), and 534 small (incomes of less than £100,000 per annum). However, these account for just **5.6% of the Sector by income**.

Similarly, just under one third of the income of the Leeds Third Sector (£112.5 million, 31.4%) is generated by 96% of the organisations in the sector who have annual incomes of under £1million.

Total income of registered charities in Leeds for 2020:
£358.16 million



This distribution in terms of size and relative income is relevant in Leeds for a number of key reasons including:

- Smaller organisations demonstrate that they have close connections to their communities (see case studies throughout) and so understand and respond to changing needs in dynamic and innovative ways.⁸⁹
- They are more likely to engage with and employ people with lived experience of the issues and challenges they are supporting than other sectors.^{90, 91}

- They tend to spend more into local economies with higher social returns on investment from the 'Leeds pound' or 'social pound'.⁹² This further underlines the positive impacts of the sector on local economy, which in turn supports health and wellbeing. However, micro and small organisations also tend to have smaller reserves and have reported⁹³ they do not feel financially resilient.
- Strategic priorities in Leeds (including place based approaches, see section two for discussion) recognise the need to rebalance the relationship between small and large organisations.

New, emerging, and un-constituted organisations

In addition to registered TSOs, a number of new, emerging, or un-constituted organisations operate in Leeds. These organisations are typically micro (i.e. with income of less than £10k per annum) in size and funding, do not have legal status, formalised governance structures or purposes, but nonetheless are crucial to the fabric of the City and reflect the diversity of the Sector. Some do evolve to become formalised over time, whilst others prefer to remain small and informal. In response to COVID-19 for example, many street or neighbourhood based mutual aid groups have been established, it is yet to be seen whether these will formalise.

⁸⁹ [UK Civil Society Almanac: Key Trends 2018. NCVO.](#)

⁹⁰ [Gov.uk Employment by Sector.](#)

⁹¹ [What does ethnic diversity really look like in the charity sector? Charity Job](#)

⁹² [Foundational Economy](#) Manifesto. Note: [The LBU work referenced by LCC Executive Board Report - ABCD - Sept 2020 Final BG](#) also makes this point.

⁹³ [Third Sector Resilience in West Yorkshire and Harrogate Report December 2020.](#)

It is difficult to determine a definitive total of how many such organisations exist in Leeds. Similarly, complete assessments of size, roles, income, and impacts are challenging. However, given the value of organisations of this nature, it is important to try to draw some conclusions using secondary data and widely accepted proxies in order to provide a baseline understanding.

Rich, local knowledge of the sector developed by Voluntary Action Leeds (VAL) estimates 'over 3,500 TSOs' in total (VAL AGM, 2020).⁹⁴ As a mid-way point between the higher and lower estimates (see Appendix 3), this is a sensible baseline. This would mean an additional circa.2,000 un-constituted TSOs are working in Leeds.

Leeds' Third Sector response to COVID-19

Throughout the COVID-19 pandemic, TSOs have been integral to the City's response to managing and mitigating against impacts including through formal arrangements through, for example, Leeds Multi-Agency Command and Control Arrangements.⁹⁵ Community Care Hubs, which were linked to the LCC Welfare Support Referral Service were rapidly established at the start of the first lockdown, and these provided vital services and support for communities across Leeds and ensured the most vulnerable were cared for.⁹⁶

Leeds Third Sector Resilience Reports⁹⁷ were produced by Voluntary Action Leeds (with Forum Central, Third Sector Leeds (TSL), WY&H Partnership, Leeds Community Foundation (LCF) and Social Enterprise Yorkshire and Humberside (SEYH), Harnessing the Power of Communities (HPoC)) in early summer 2020 and again in December 2020.⁹⁸ The reports show that TSOs responded rapidly and effectively to the complex challenges resulting from the COVID-19 pandemic.

As part of a collaborative City-wide approach,^{99,100} the Third Sector provided essential support to people and communities, with organisations adapting their services to meet existing needs as well as cope with additional demand.

The Resilience Report noted that 52% of respondents reported an increased demand for service.

For many TSOs, meeting additional demand and challenges had, and continues to have, significant operational and financial impacts including reduced funding, the necessity to eat into financial reserves, and the challenge of coping with rising demand with (sometimes) fewer volunteers and paid staff.



⁹⁴ [Voluntary Action Leeds AGM 21st Sept 2020.](#)

⁹⁵ [Leeds Multi-Agency Command & Control Arrangements.](#)

⁹⁶ [Voluntary Action Leeds AGM 21st Sept 2020.](#)

⁹⁷ [Third Sector Resilience in West Yorkshire and Harrogate Report December 2020.](#)

⁹⁸ [Third Sector Resilience Follow Up Survey.](#)

⁹⁹ [LEEDS STRATEGIC RESPONSE & RECOVERY PLAN – Coronavirus \(COVID-19.](#)

¹⁰⁰ [Leeds Bronze COVID-19 Vaccination Steering Group meeting January 2021.](#)

Some 10% of organisations have had to make redundancies, and a further 26% of organisations are unsure about whether redundancies will be necessary in the near future. In addition, more than a third (36%) of organisations who responded to the survey did not expect to be financially sustainable beyond the end of this financial year.¹⁰¹

Digitisation has also become an increasingly relevant issue for the sector as organisations seek to meet demand and innovate to maintain their services and reach new beneficiaries, especially where additional lockdowns, school closures and shielding made face to face contact impossible.

In Leeds, 83% of TSOs¹⁰² reported that they adapted their method of delivery in this way to meet newly emerging and changing needs.

They are being supported in doing so by collaborations such as ALaDDIN¹⁰³ and public sector initiatives 100% Digital Leeds,¹⁰⁴ and Leeds City Council is working with Forum Central and others to ensure provision matches need.

However, it has been highlighted that digital exclusion is a significant barrier to reaching some vulnerable groups, including older people, those for whom English is a second language, Disabled people, those experiencing domestic abuse, and people living in poverty.¹⁰⁵ Digital capability and digital exclusion have also been a challenge for TSOs, as well as the people they support:

74% of organisations are finding digital exclusion an issue for people they work with, reporting that 62% of the people they support not having access to digital technology.

This is exacerbated by the fact that the Third Sector experiences digital exclusion itself, with **25% of organisations not having the resources to invest in digital technology.**

TSOs have and continue to respond to these inequalities by, for example, mobilising to provide devices and data for vulnerable groups. Good examples of this include Digital Access West Yorkshire,¹⁰⁶ Solidaritech,¹⁰⁷ and Tech Angels.¹⁰⁸

As the pandemic continues and demand for services and capacity within the Third Sector changes, organisations are responding in different, often innovative ways, with short term funding masking longer term shortfalls and many finding opportunities to build capacity and resilience despite additional pressures on their operations.

¹⁰¹ [Third Sector Resilience in Leeds The effects of COVID-19 on TSOs in Leeds, December 2020](#)

¹⁰² [ibid]

¹⁰³ [Digital inclusion video from ALaDDIN.](#)

¹⁰⁴ [Leeds Digital Inclusion](#)

¹⁰⁵ [Healthwatch Leeds reports that 90,000 adults in Leeds \(more than 1 in 10\) do not have essential digital skills, and 50,000 Leeds residents are not online at all.](#)

¹⁰⁶ [Access West Yorkshire](#)

¹⁰⁷ [Solidaritech](#)

¹⁰⁸ [Tech Angels](#)

The qualitative review of TSOs suggests that typical responses include:

- Moving services and operations online, and supporting other organisations to do so (e.g. TSOs using 100% Digital Leeds resources to implement this, Digital Access West Yorkshire distributing donated laptops).
- Collaborating with other organisations and community hubs to share resources, understand demand, and provide mutual support (e.g. Voluntary Action Leeds).
- Appealing for new volunteers, where existing volunteers were, for example, shielding or self-isolating (e.g. Kirkstall Valley Development Trust).
- Offering 'socially distanced' services and activities to help reduce isolation and loneliness (e.g. Slung Low, New Wortley Community Association).
- Focusing activities to support the most vulnerable to meet their essential needs (e.g. Leeds Neighbourhood Networks, PAFRAS).
- Using networks and social media to raise awareness of resourcing and funding challenges (e.g. Meanwood Valley Urban Farm appeal).

FOCUS: Leeds Neighbourhood Networks (LNNs)

The Leeds Neighbourhood Networks¹⁰⁹ (LNNs) are a group of 34 TSOs that support older people to live independently and get involved with community projects. In response to COVID-19, some LNNs adapted, becoming part of the Community Care Hub network, to focus on the provision of food, medicine, and other essential items, as well as ensuring that those in need had access to necessary emotional and social support. A number of factors dictated whether or not LNNs could respond: e.g. resources and limitations, pre-existing provision and whether that would cover the increased need for support in the community, and whether or not the smaller networks were linked to larger organisations.

In 2021 LNNs are now reportedly moving from the 'crisis' phase of response to the 'recovery' phase, attempting to reach 'a new normal'.¹¹⁰ A key part of their ability to build resilience rests in being able to access more guidance on the citywide 'vision' for the LNN's role. Expected areas where most people will need support in 'a new normal' include unemployment, confidence, mental and physical health, isolation, and digital inclusion. The LNNs and their key stakeholders aim to develop clear communications regarding the longer term role of LNNs in COVID-19 recovery and understanding how LNNs can be supported and resourced to play their full role.

Box 1 above illustrates the case of Leeds Neighbourhood Networks. In this case their ability to respond to the crisis rests in connectedness between organisations and with the wider Leeds eco-system.

In addition, The Third Sector Resilience Report (December 2020)¹¹¹ also found that smaller TSOs are less likely to have sustainable financing and so are at risk of having to limit activities due to lack of resources. The report also noted that, as emergency funding diminishes, medium and long-term sustainability become more challenging, with organisations using but not replenishing reserves, or securing funds to cover core costs. **36% are using reserves to survive, 44% have seen their earned income more than halved and 26% saw income reduced by at least three quarters.**

Funding, capacity, and sustainability of micro and small (and grassroots) organisations is discussed further below, but in summary this is evidently a significant issue for the Sector when the vast majority of organisations fall into this category.

¹⁰⁹ [Leeds Older People's Forum Neighbourhood Networks](#)

¹¹⁰ A review is underway to consider future Community Care Hub, including the role of NNs, development funded by LCF.

¹¹¹ [Third Sector Resilience in West Yorkshire & Harrogate, 2020.](#)

4 Health and Care in Focus

A growing body of research shows that health and wellbeing is not only affected by access to services, but also by access to connections, social networks, friendships and financial sustainability.

A 2015 study found a lack of social connections to be as harmful to your health as smoking 15 cigarettes a day.¹¹²

The Marmot Reviews (2010, 2020)¹¹³ conclude that social, community networks and friendships not only have an impact on reducing the risk of mortality or developing certain diseases, but that they also help individuals to recover when they do fall ill. Loneliness is associated with an increased risk of developing coronary heart disease and stroke,¹¹⁴ puts individuals at greater risk of cognitive decline,¹¹⁵ increases depression¹¹⁶ and risk of suicide.¹¹⁷

Lonely older people are 1.8 times more likely to visit their GP, 1.6 times more likely to visit Accident and Emergency and 3.5 times more likely to enter local authority funded social care.¹¹⁸

Taking a broad definition of health and wellbeing (supported by the model of health and wellbeing from Barton & Grant 2006,¹¹⁹ and from Leeds Health & Wellbeing Strategy), **it is estimated that around 77% (1,180) of registered TSOs¹²⁰ in Leeds have a role in the health in care system.**

Estimated total income for health and care Third Sector Organisations in Leeds for 2020:

£281.2 million



As is the case for the whole sector, TSOs working in health care are typically micro (income less than £10k per annum) and small (income less than £100k per annum). Table 2 provides a breakdown of these according to size and average income for the health and care sector. Taking these totals for each income bracket (and including assuming and including an estimate for new, emerging, or un-constituted organisations¹²¹), an accurate estimated total income of the sector is therefore:¹²²

¹¹² Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review (Holt-Lunstad et al)

¹¹³ **The Marmot Review: Fair Society Healthy Lives.**

¹¹⁴ Valtorta et al 2016

¹¹⁵ James et al, 2010

¹¹⁶ Cacioppo et al, 2006

¹¹⁷ O'Connell et al, 2004

¹¹⁸ Social Finance 2015

¹¹⁹ Barton, H. and Grant, M. (2006) A health map for the local human habitat. The Journal of the Royal Society for the Promotion of Health, 126(6), pp252-253

¹²⁰ Based on their recorded purposes and activities. See Appendix 3.

¹²¹ With an average income of £3,578 therefore total non-constituted income = $(0.77 * (3500 - 1533)) * £3578 = £7,037,926$.

¹²² Income from registered TSOs working in health and care sectors (£357,51,662) + estimated income from un-constituted TSOs (£67,066,362) = £425,018,024

Table 2: **Size and income of TSOs involved with health and care.**

| Income band ¹²³ | Type | No of organisations ¹²⁴ | Proportion of sector by number | Average annual income | Total income per band | Proportion of sector by £ income |
|-------------------------------------|---|------------------------------------|--------------------------------|-----------------------|-----------------------|----------------------------------|
| New | – | 58 | 5% | – | – | – |
| <£10k | Micro | 420 | 35.6% | £3,168 | £1,329,523 | 0.5% |
| £10k to <£100k | Small | 422 | 35.8% | £34,398 | £14,516,113 | 5.3% |
| £100k to <£1m | Medium | 229 | 19.4% | £295,818 | £67,538,498 | 24.5% |
| £1m to <£10m | Large | 48 | 4% | £2,656,818 | £126,836,498 | 46% |
| £10million+ | Major ¹²⁵ | 3 | 0.3% | £21,869,710 | £65,609,129 | 23.8% |
| | Estimate for new, emerging and un-constituted | | | | £5,419,203 | |
| TOTAL INCOME OF HEALTH & CARE TSOS: | | | | | £281,249,059 | |

TSOs working in health and care support communities in a range of different ways and their roles change according to need and capacity. Whilst it is recognised that there is some overlap, for this analysis, TSOs have been categorised in three main ways. These are:

- Organisations with direct health or care roles such as provision of health or care services. Examples of this type of organisation include St Gemma's Hospice¹²⁶ provides care and support for local people with terminal and life-limiting illnesses, or BARCA Leeds who employ mental health professionals and refer people who would not otherwise typically access NHS services.¹²⁷
- Organisations that offer specific health, care, or wellbeing activities and services such as guidance, or good health awareness and advocacy such. Black Health Initiative,¹²⁸ or Battle Scars fall into this category.

- Organisations whose aims, purposes or activities relate to the wider determinants of health and so contribute to prevention, early intervention, healthy habits, supporting behaviour change and Left Shift. This is the biggest group and includes a diverse range of organisations such as befriending projects, outdoor and environmental activities, Healthy Holidays activities, food and nutrition co-operatives, sports clubs & societies, youth and older peoples' groups. Most grassroots, peer-led, un-constituted and newly emerging organisations fall into this category.

¹²³ Using Charity Commission definition of income bands.

¹²⁴ Note this is not the same as total number of registered charities as it does not include: organisations with nil returns for 2019/20, or most major (income over £10million) charities.

¹²⁵ There are in total 12 major (income of £10m or over) registered charities in Leeds with a total income of £232.6 million in 2019/20. Three of these, St Anne's, St Gemma's and Leeds University Union are included in this analysis as they have clear community and health & wellbeing impacts in Leeds. For a breakdown of incomes of other major registered charities see appendix 5.

¹²⁶ [St Gemma's Hospice](#)

¹²⁷ [Barca Leeds](#)

¹²⁸ [Black Health Initiative](#)

Table 2 provides a breakdown of these different categories with details of *estimated*¹²⁹ total numbers of employees and volunteers working in health and care settings. These figures should be taken as estimates only, in part because records of volunteer and employee numbers are not always up to date but also because volunteers often hold multiple roles across organisations. In addition, it should be noted that other estimates suggest up to 70,000 people¹³⁰ act as unpaid carers (e.g. people caring for relatives) or volunteers in the sector.

As illustrated, health and care organisations across all categories employ skilled workers and many also co-ordinate volunteers who are integral to health and care system provision, and play a vital role in utilising lived experience and developing employment and leadership skills across Leeds. This lived experience and connection volunteers have with communities often helps TSOs to act as a conduit between communities and health and care services. These essential roles of volunteers are explored further and highlighted throughout the case studies.

| | No. of Third Sector Organisations | Average No. of employees | Average No. of volunteers / Third Sector Organisations | Estimated total employees | Estimated total volunteers |
|---|-----------------------------------|--------------------------|--|---------------------------|----------------------------|
| TSOs with direct H&C roles e.g. hospices, mental health services | 170 | 29 | 46 | 4,930 | 7,820 |
| TSOs working in wider health and care settings | 254 | 29 | 46 | 7,366 | 11,684 |
| TOTAL IN HEALTH & CARE | 424 | | | 12,296 | 19,504 |
| Additional TSOs with activities broadly relating to wider determinants of health ¹³¹ | 756 | 3 | 27 | 2,712 | 24,408 |
| TOTAL inc. WIDER DETERMINANTS | 1,180 | | | 15,008 | 43,912 |

Table 3: Health and care TSOs in Leeds with employee and volunteer estimates

¹²⁹ Based on average number of volunteers per organisation reported to Charity Commission as at November 2020.

¹³⁰ The Leeds Health and Wellbeing Strategy (2016-2021)

¹³¹ This figure should be treated with a degree of caution given that purposes and activities with impacts across the determinants of health often overlap (e.g. mental health support and debt advice) and it is difficult to fully disaggregate the data at organisational level.

As with the wider sector, micro and small organisations make up the biggest proportion of organisations contributing to health and wellbeing. However, it is difficult to accurately estimate how many organisations fall into each category given activities and purposes often overlap across determinants of health. This is explored further throughout the case studies.

Grassroots and peer-led organisations

An interesting feature of the Third Sector in Leeds is that many micro and small organisations can be classed as grassroots and peer-led TSOs that are critical to health and wellbeing in Leeds. Typically, they are led by an individual (or small group) with lived experience of the issue, community, or place being supported. As a result, they tend to develop organically in response to community need. These individuals and groups can be characterised by their strong connections with, and understanding of, the communities they represent. They often work inter-generationally and inter-culturally.

These grassroots and peer-led organisations face a unique set of challenges. These include limited capacity or experience of managing an organisation, challenges in recording and evidencing impacts, unclear connections or networks for support, and difficulties in securing funding (other than very small or short term grants). This may lead to service provision with little or very limited funding (often no core funding).

Box 2 below provides an illustration of one such small organisation called Battle Scars

FOCUS: Battle Scars

- Battle Scars is proactive in seeking to contribute to policy and practice around self-harm and mental health crisis provision
- Battle Scars is a survivor led organisation and service users, volunteers and members guide new services and publications
- Battle Scars is currently very small and relatively new, but activities and demand are clearly growing



Battle Scars was established as a community group in Leeds in April 2016 and became a registered charity in February 2018. It was set up by CEO, Jenny Groves, as a direct result of her own negative experiences with trying to access mental health support. Jenny had no previous experience of running a charity and had to learn everything on the job but now offers advice to other organisations in the same position. She reports that organisations such as VAL, Forum Central and Leeds Involving People have been invaluable in helping her develop the organisation. Battle Scars' activity is funded through a mixture of small grants, donations, and income from training, all of which Jenny leads on securing. Volunteers form a crucial part of the organisation and account for the majority of the organisation's capacity. Battle Scars also now plays a valuable advisory role in mental health crisis support, advocating on behalf of service users, contributing research, reviewing resources, sitting on steering groups and attending summits. Jenny reports that this element of the work was largely accidental but is pleased to be able to give voice to those who would otherwise not be heard.

These grassroots and peer-led organisations face a unique set of challenges. These include limited capacity or experience of managing an organisation, challenges in recording and evidencing impacts, unclear connections or networks for support, and difficulties in securing funding (other than very small or short term grants). This may lead to service provision with little or very limited funding (often no core funding).

Small, grassroots and peer-led organisations can (and do) also become victims of their own success, whereby successful results and high levels of need for support in communities rapidly increase interest and demand in their service.

Similarly, as noted above, individuals in grassroots organisations are recognised as experts in their field and in the case study examples reviewed as part of this research are frequently asked to advocate for issues and/or provide advice and guidance e.g. on statutory groups. Whilst this is a positive step towards increasing representation of their remit across Leeds institutions (and very much in line with strategic moves toward greater collaboration and a people centred approach), it can also stretch the individuals and small groups beyond capacity. In this way, individuals risk being overstretched as service demand increases without additional capacity or support to grow sustainably.

In addition, it is important to note, that micro (<£10k per annum) and small (<£100k per annum) TSOs are more likely to have small (or no) financial reserves and the impact of COVID-19 has had a further negative affect on their financial resilience. In Leeds, 44% of small TSOs reported having very limited reserves with less than 3 months' worth of finance for operations.¹³²

With these challenges in mind and, given the recognised importance of micro and small organisations for Leeds and the health and well-being sector, Leeds Community Foundation, Forum Central and partners are seeking to ensure multi-year funding (see box below on HPoC Small Grants Programme), which can be used for core costs such as salaries. It is hoped this will help facilitate the difficult transition towards becoming sustainable organisations with, for example, more than one employee to grow capacity.

Funding and sources of income

In keeping with the national picture, significant sources of funding in Leeds¹³³ include:

- Local Government (Leeds City Council (LCC)),
- the NHS (including Leeds CCG and NHS England),
- the National Lottery,
- smaller or other national grant giving organisations (see appendix 6 for examples),
- trusts and wills,
- Income generation, e.g. through charging for services, events, facilities, etc.
- donations and other fundraising.

¹³² VAL, WY&H Third Sector Resilience Report, December 2020.

¹³³ Identified from Charity Commission, Charity Choice and qualitative desk top review.



Appendix 6 summarises the main bodies that make grants relating to health and wellbeing in Leeds. These include:

- **Leeds Community Foundation** (part of the national UK Community Foundation network) provides grants to thousands of organisations across the City totalling £4.1 million in 2018/19 (see box 3 below).
- **Leeds City Council (LCC)** makes annual payments to TSOs for services delivered of around £106 million (2019). They outsource a range of health and wellbeing (and wider) services to TSOs. A total of 1,309 organisations received LCC payments in 2018/2019 (approximately 1/3 of the sector by number), of these 47% (598) received grants under £1,000. The 'Top 25' recipients received payments totalling £81.7 million (2019). For the majority of those organisations, LCC is the single biggest (often only significant) source of funding.
- **NHS Leeds CCG** makes small grant and contract payments for services delivered by non-NHS organisations totalling around £233 million (2019/20). However, whilst we know from their Annual Report and Accounts that Third Sector organisations are delivering services across a wide range of health and well-being needs (including mental health support, advocacy, education on diet, sport and physical activity for example) and in collaboration with NHS organisations, it is not possible to disaggregate (or even confidently estimate) the proportion of this that is paid into / delivered by the Third Sector.

FOCUS: HPoC Small Grants Programme



Forum Central and Leeds Community Foundation are working in partnership with funding from NHS Leeds CCG and West Yorkshire & Harrogate Health and Care Partnership (WY&H) to ensure the Third Sector is better connected, influential and well resourced. This will ensure the Sector is an active, integral part of local health and care systems transformation to create systems-wide culture-shift.

As part of a wider programme including investment in infrastructure, representation, leadership and workforce, the Harnessing the Power of Communities (HPoC) small grants programme aims to invest in small (i.e. with incomes of less than £100,000), grassroots and geographically embedded organisations to deliver one to two year projects which will 'improve the health and wellbeing of people in communities identified as the most deprived in Leeds'.

This funding programme delivered by LCF supports small and emerging organisations to improve the health and wellbeing of people in communities identified as the most deprived, building on local assets to address locally identified needs and working with Local Care Partnerships. Seventeen were funded in 2020 (see below) and re-opened for applications in March 2021. This approach is helping to utilise and build on local capacity and assets to address locally identified needs. Key features include:

- A strategic, partnership approach is being taken to award making activity in order to support small and grassroots organisations.
- Offering two years of funding is key to capacity building and improved health and wellbeing outcomes in communities.
- Collaborations and partnership approaches are starting to form where organisations have mutual interests. This is generating added value where community organisations are embedded in their communities but connected across localities, beneficiary groups and need.
- Awardees are enabled to deliver projects with impacts across all determinants of health.
- Grants awarded to organisations are supporting a wide range of beneficiaries across the whole life course.
- The people and organisations who have received grants are clearly embedded in their local geographical community and/or are closely connected with, trusted by and often stem from the communities of interest they serve.
- The pandemic has understandably had an impact on capacity to deliver and timings, but all organisations have adapted their work to continue to support local people.

¹³⁴ National Lottery Leeds Investments YE March 2019

¹³⁵ **Leeds Community Foundation**

¹³⁶ **LCC Annual report on payments to the 3rd sector**

¹³⁷ When comparing LCC payments to total income recorded by Charity Commission.

¹³⁸ **NHS Leeds CCG annual report and accounts**

¹³⁹ HPoC Small Grants Programme Funders Report November 2020

Box 3: Harnessing the Power of Communities Small Grant Programme

Across all sources, funding is typically short term, with small pots of funding being typical. This aligns with the fact that TSOs working in health and care are typically small, but suggests a lack of sustainability across the system with high levels of administrative burden where the need to constantly seek funding is a drain on resources.

A number of significant challenges and gaps in knowledge around funding have emerged. These include:

- Organisations with significant, sector wide grant making remits (e.g. NHS CCG) record and report their activities in different ways and more could be done by local partners to share detail and analyse investment in the sector. Leeds City Council annual 'Report on Payments to the Third Sector' is an example of good practice in terms of reporting detail and analysis with a clear breakdown of spending. It also highlights up and coming challenges to the sector.
- Other sources of data on grants and funding (e.g. funders' reports) are not typically granular enough to establish either total grants made into the City, or grants awarded to organisations with wider determinants of health impacts.
- Reporting of grant data is done by individual organisations to the Charity Commission on an annual basis. There is no requirement to record all grants received by organisations reporting as micro-entities for example, and income from a variety of sources can be aggregated in reporting totals.

We are able to draw conclusions about sources of income from a desk top review of grant makers reports and reference to the national picture in relation to the contribution to the total sector income figure for health and wellbeing noted above (£281.2 million) though it is not possible to accurately define the total awards from major grant givers, together with smaller awards and other activities. In addition, the case studies illustrate what grant funding allows different TSOs to do. In summary key themes relating to grants are:

Most (i.e. the biggest number and also as a proportion of spend) grants and payments awarded are small. Leeds Community Foundation average grant size is £2.5 to £5k,¹⁴⁰ and around half of TSOs receiving payments from Leeds City Council (665 out of 1,309 (2019)¹⁴¹ receive under £1,000. The National Lottery average grant size in 2020 is £22k.¹⁴²

Micro and small organisations do not typically access national sources of grant funding (although there is some evidence that this might be changing, this may in large part be due to impacts of COVID-19 and applications to national schemes). Medium sized organisations (£100k to £1m) typically record funding from one major funding body, and large organisations from two or more different funding bodies.

More smaller grants (by number) are being awarded to greater numbers of organisations within the sector year on year (although this is not the case with LCC payments). Whilst this indicates smaller and grass roots organisations are starting to access funding opportunities, significantly it also suggests an increasingly high amount of administrative work is being undertaken by very many micro and small TSOs relating to the application and monitoring processes for small grant awards.

There is some evidence to suggest reduced/levelling off of total income from grants nationally over the last five years,¹⁴³ however it's not clear how this affects Leeds totals (and see figure 2 below for Leeds), and impacts from COVID-19 will make it challenging to see patterns.

Leeds CCG small grants and payments for delivery of services / contracts outside of the NHS has increased year on year. Whilst, as noted above, it is not clear what proportion of these payments is made to TSOs, this might suggest a growing reliance on this funding stream.

In contrast to national trends, data from 360 Giving¹⁴⁴ suggest that organisations in Leeds are accessing grant opportunities in greater numbers. As shown in figure 2 below, the number of grants given in the wider Leeds district is on a general upward trend (with 2020 as an outlier). However, these annual totals include grants awarded to some public and private sector organisations (e.g. with Limited Trusts) as well as TSOs, and organisations in the wider Yorkshire and Humber region.

¹⁴⁰ [Leeds Community Foundation](#)

¹⁴¹ [An analysis of 2018/19 Payments to the Third Sector](#), 2019

¹⁴² [National Lottery Community Fund Investment in Leeds](#) and [National Lottery Community grants](#)

¹⁴³ [NCVO 2020 Almanac](#)

¹⁴⁴ Based on 360 Giving GrantNav search for Leeds

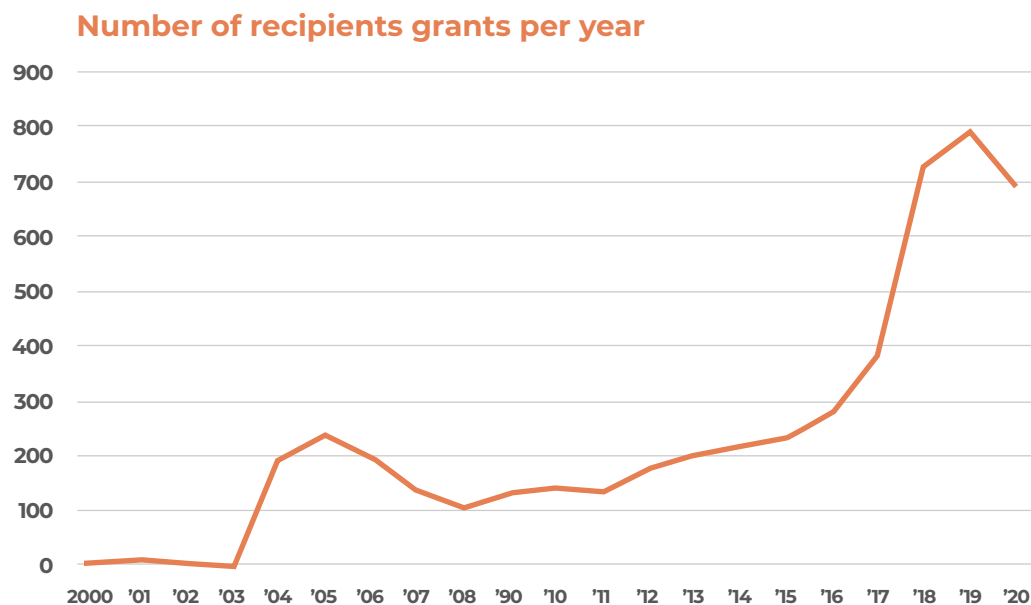


Figure 3: Number of grants awarded (360 Giving data) per year in Leeds District

The analysis above does not attempt to fully account for the inevitable impacts on funding and grants resulting from the COVID-19 pandemic. Whilst many funders and grant makers have been able to be flexible, there are concerns across the sector that funding is still short term, that opportunities to raise funds and income from other (e.g. commercial or social enterprise) sources is limited, and that Local Authorities will struggle to meet funding gaps. With this in mind, infrastructure organisations are calling for continued focus on longer term investments in community based approaches to ensure financial resilience.

In the light of known, significant impacts on funding, Third Sector advocacy and support organisations¹⁴⁵ are recommending that commissioning and funders work together to simplify contracting and commissioning arrangements, including monitoring requirements, and to develop a shared application format. This strategic approach will help leaders and decision makers to focus resources on tackling health inequalities and improving outcomes and create an environment where planning and commissioning happens in a different way, enabling providers to work together better, with increased focus on system integration.

In addition to grants and payments for services delivered to statutory bodies, other sources of income are evident across the Sector.

This analysis suggests that pre-COVID-19 income sources are mixed and varied including grant funding but also commercial and social enterprise income e.g. from cafés, delivery of health and care services, CSR activities, training / consultancy, fundraising, legacies and wills, fundraising activities (?) and social prescribing.

For example, organisations in the Orion Partnership (see case study) generate income from consultancy services, training, venue hire, social enterprise, donations, grants and the Public Health and CCG contracts. Similarly, Meanwood Valley Urban Farm (see box 4 below) generates income from visitors, donations (money as well as in kind), sales of produce education, and Local Authority contract and grants to deliver services.

¹⁴⁵ For example TSL, VAL, Forum Central

FOCUS: Meandwood Valley Urban Farm

- Access to green space and animals has been a 'critical lifeline' for people during lockdown
- Volunteers play a significant role in keeping the farm operational
- Strategic priorities include increasing accessibility for children living in deprived inner city areas
- Innovative and diverse funding streams include delivery of educational programmes, grants, donations, membership of Community Supported Agriculture scheme and sales of produce
- MVUF is keen to extend their eco/social prescribing offering. Their CEO Adam Ogilvie suggests that a 'joined up' system for this across the City would benefit TSOs wanting to expand their health and care services in this way



As with many VCS Organisations, MVUF has an innovative range of diverse funding sources that enable the organisation to run, along with the help of around 400 registered volunteers. Their main sources of funding include:

- income from farm admissions, sales, and donations,
- government contracts and a grant,
- educational days/half-days for school children,
- supported volunteering,
- running a community supported agriculture service which provides veg boxes from the farm for a membership fee, and,
- allotments, CSA membership, and sale of produce.

Box 4: Meanwood Valley Urban Farm

This blended model of income generation is common across the Sector with around a third of organisations¹⁴⁶ reporting additional commercial activity. Those TSOs reporting some level of commercial activity account for around 80% of the sector, and demonstrates the sector has responded to encouragement [to diversify its income streams] however, it is not possible to establish the proportion of total income generated from commercial versus charitable fundraising activities across the sector, and a brief investigation of sample organisations does not suggest a clear pattern to this.

As noted above, it is clear however, that this commercial activity has been particularly impacted by COVID-19 where opportunities for revenue generation have been curtailed which must be a cause for concern for decision makers and leaders across the sector.

¹⁴⁶ Of the 1533 registered charities in Leeds, 428 also have a registered commercial arm. This granularity is not yet available for health and care focused organisations.

Places and spaces

The built and natural environment are known to play a crucial role in physical and mental health and well-being.^{147,148} Leeds City Council Health and Social Care map¹⁴⁹ helps illustrate where activity is taking place across the city by showing both reach and geographical locations of TSOs contributing to health and wellbeing of communities. The maps in Appendix 4 highlight that TSOs operate in areas with high levels of deprivation.

It is however difficult to fully quantify the range and number of physical places and spaces managed by or utilised by the Sector as a whole, in part because considerable activity takes place beyond registered addresses and headquarters.

Community halls, schools, medical centres, places of worship, leisure centres, community sports facilities, public libraries, job centres, playgrounds, multi-use games areas, green spaces and more are in widespread use.

Organisations utilise physical spaces in different and innovative ways, often providing services in a number of alternative venues in order to connect with more of the City, reduce stigma by providing user-friendly access, and go where the need is greatest (e.g. Case study: Battle Scars men's groups). These diverse places and spaces form part of the rich fabric and culture of Leeds and provide opportunities for people and communities to come together, get active, share resources, reduce isolation and loneliness, and help build capacity in communities.



There are too many places to list here, but notable ones (i.e. those that have been named by TSOs in this review as being important to the communities they work with) include, Bramley Baths, the Old Fire Station at Gipton, VAL's Stringer House in Hunslet, New Wortley Community Centre, ARK at CATCH Leeds in Harehills, Shine in Harehills, Inkwell Arts in Chapel Allerton, and Unit 11 community space managed by Kirkstall Valley Development Trust (KVDT).

Some of these spaces, which are focal points of community activity, rely on grant funding to stay open (e.g. Lottery Community funding and LCF grant for Unit 11),¹⁵⁰ others, e.g. the Old Fire Station are funded through a mix of income from grants (LCF) and income from tenancies,¹⁵¹ and others still, e.g. Shine,¹⁵² are social enterprises, often established with support from grant funds.

A number of publicly accessible natural environments and green spaces in the City are managed by Third Sector organisations such as The Conservation Volunteers, Meanwood Valley Urban Farm (see box 3 above), Kirkstall Valley Farm, and the Leeds Permaculture Society. There is a strategic desire to increase community access to green spaces for health and wellbeing benefits, and the Third Sector has a role in doing so through initiatives such as social and eco prescribing.

¹⁴⁷ Barton & Grant 2006

¹⁴⁸ Leeds Health and Well-being Strategy 2016 to 2020

¹⁴⁹ [Leeds City Council Health and Care maps](#)

¹⁵⁰ [Kirkstall Valley Development Trust Unit 11](#)

¹⁵¹ [The Old Fire Station](#)

¹⁵² [Shine Collective](#)

As noted in the Meanwood Valley Urban Farm case study, such green spaces provide enormous benefit to individuals and communities, giving access to nature which is proven to improve physical and mental health. One great feature of the way green spaces across the City are benefitting communities to have health and wellbeing impacts, is that TSOs are connecting (e.g. across geographies, or beneficiary groups, or issues) to support increased access to green spaces.

Some stand out examples include:

- The Conservation Volunteers have used a large, quiet, allotment site in LS11 as a safe space to carry out socially distanced gardening activities with other local community groups to join. Women's Lives Leeds, the Black Asian and Minority Ethnic hub group in Chapel Allerton, and the Seacroft Community On Top group (SCOT) have joined each others' sessions and fostered new relationships as a result.
- Young volunteers at CATCH designed, built, and manage their educational farm. They also re-modelled the donated bus and shipping containers for the food hub, gym, and media centre.¹⁵³ These spaces are used by other community and youth groups.

Clearly, during the COVID-19 pandemic there are challenges for organisations whose main source of income derives from a physical space or requires face to face activity.

¹⁵³ [CATCH Educational Farm, CATCH Leeds](#)

¹⁵⁴ [Social Enterprise and COVID-19](#)

Whilst many organisations (particularly social enterprises¹⁵⁴) have been seen to 'pivot' or adapt their activity during the pandemic (e.g. by moving services online), others are struggling, and will continue to struggle, with loss of income and the compounded impacts of austerity and lockdown restrictions.

An additional challenge for some TSOs relates to the closure of public spaces such as libraries and leisure centres – again resulting from both the impacts of lockdown and from previous cuts to services as a result of Austerity measures and government funding cuts. Other organisations which have pivoted successfully face a different dilemma, where they will need to choose between continuing with their adapted services or returning to the previous service when there is actually demand for both models.



FOCUS: St Anne's Resource Centre

- St Anne's centre has been located for many years in central Leeds and has 16 members of paid staff.
- The centre mostly works with people aged 18+, who are homeless or at risk of becoming homeless.
- Clients may have support needs around housing, benefits, mental health and/or drug or alcohol issues.
- It is funded by Leeds City Council and through monetary and in-kind donations.



What does the organisation bring to the Third Sector and community members in Leeds?

The Centre addresses issues facing some of the most vulnerable members of the community, providing a first contact point that people can access without a referral. It aims to deal with issues before they escalate, which can head off costs in the criminal justice and health systems. The Centre addresses many wider determinants of health.

How do they work?

The Centre deals with the 'human side' of homelessness. Staff provide trauma informed care, which recognises that homelessness and addiction are often the result of childhood trauma. The Centre offers a space where clients have dignity and respect, often through the provision of basic needs such as eating a meal without being disturbed, stared at or judged. It provides and hosts a range of services, offering added value in work with health, local government and Third Sector partners. A co-located GP practice provides services to its clients. There is significant value in a range of services being available to support clients in one physical space because they face many barriers accessing support at other locations. This has the potential to offer better treatment and recovery pathways.

Box 5: St Anne's Community Services

Other types of organisations

In addition to registered charities, a range of other types of organisations with health and wellbeing benefits operate in Leeds including:

- Housing Associations
- Mutual and Friendly Societies
- Sports and social clubs and societies without charitable status
- Employee owned businesses and co-operatives
- Faith groups
- Trades unions and workers associations
- Social enterprises and Community Interest Companies.

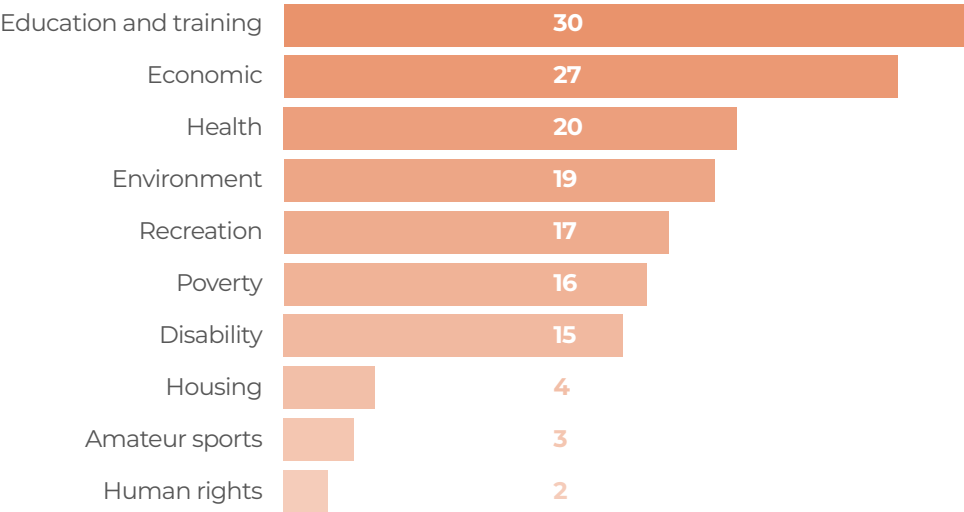
Many of these are also registered charities and so will be represented in the analysis of composition above. However, from the available data, we can't accurately estimate numbers of each of these in Leeds without further research. We do know that they are connected to the wider Third Sector eco-system and having impacts associated with determinants of health in diverse ways. Box 6 provides detail for social enterprises to illustrate their impacts and roles.



FOCUS: Social Enterprise

Nationally, the UK has seen a growth in number and scope of social enterprises (SEs) in recent decades (gov.uk). As with registered charities, one reason often given for this is that they appear to be filling the gap left by reducing public services. Of the 79 Leeds based social enterprises registered with Social Enterprise Yorkshire & Humberside, most are small or micro in line with the wider sector.

Social Enterprise Sectors



Health and wellbeing-related areas that Leeds' social enterprises work in

SEs are involved in a wide range of activities related to health and well-being including social and eco housing (e.g. Leeds Community Homes, LILAC), and projects to improve the built and natural environment (e.g. Leeds Love It Share IT, SCRAP, Seagulls). Nationally, they also use preventative approaches to health, including social and eco prescribing, environmental and amateur sporting activities in order to encourage physical activity and support improved mental health. The total number of SEs in Leeds is unknown, however, we do know that of the 77 of the SEs registered with SEYH, most work in areas relating to health and well-being.

One key point in considering the current and future role of SEs in Leeds in health and wellbeing, is that they have historically been identified as being vulnerable to economic fluctuations and in particular to changes in public sector policy and funding.¹⁵⁵ Changes in funding of public sector services can, for example, present opportunities for SEs to deliver services previously managed within local authorities. In this way, austerity and the dramatic reduction in Local Authority funding has been associated with an increase in provision in the private sector activity in formerly social/public realms with SEs forming part of this.

Conversely, reductions in resources available means that SEs whose purposes are associated with core public services are competing with other voluntary and community organisations for scarce public sector resources. The ongoing impacts of the COVID-19 pandemic on SEs' abilities to operate and deliver services is clearly not yet fully understood. However, SEs are known to face similar challenges to both private and community sector organisations at this time, and so whilst SEs have flexibility to adapt and seek multiple sources of funding, caution should be taken in terms of expectations of their ability to sustainably meet growing demand for services without more structured support.

¹⁵⁵ **There are 471,000 social enterprises in the UK**, government report finds

Box 6: Social enterprises and their role in health and wellbeing

In summary, this section presents a breakdown of the number, size (in terms of income), and type of TSOs in Leeds with a focus on those with impacts associated with the wider determinants of health.

Key headlines include:

- The majority, about 77% (1,180) of registered charities in Leeds report that they have purposes (aims) associated with wider determinants of health.
- Un-constituted organisations form a significant part of the sector (estimated at around 57%, or 2,000 organisations). These are typically micro organisations with incomes under £10k.
- The average income for a micro TSOs working in health and care is £3,168.
- The total estimated income for organisations working in the wider health and well-being sector is £281.2 million.
- Sources of funding include grants and payments for services from national and local bodies notably Leeds Community Foundation, Leeds City Council and NHS Leeds CCG.
- Other diverse sources of income include self-generated income, for example, cafes, rental of spaces, consultancy fees, fundraising, and donations.
- TSOs have diversified their activities in light of the COVID-19 pandemic, for example, by moving to online activities. This has worked well for some, but challenges remain for TSOs reliant on face to face activities either for service delivery or income.
- Small and grassroots organisations have close connections with the issues and communities they support, however funding opportunities are limited which impacts their capacity to become sustainable. Advocates are working in partnership to develop ways to better support these organisations through system wide funding principles.



5 What do they do? What sectors do they work in, and who benefits?

This section explores organisations in the Third Sector in more detail:

- Who benefits from their work?
- What change results from their work?
- What community or individual issues / problems are they addressing / supporting?

Beneficiaries / service users

The whole range of sizes and types of TSOs are involved in work across diverse, but often interconnected, areas of interest including health and wellbeing, care, housing, education, community development, sports and physical activity, community safety (?), and conservation.

Figure 4 below summarises the number of organisations according to the beneficiaries they serve.

¹⁵⁶ Charity Commission

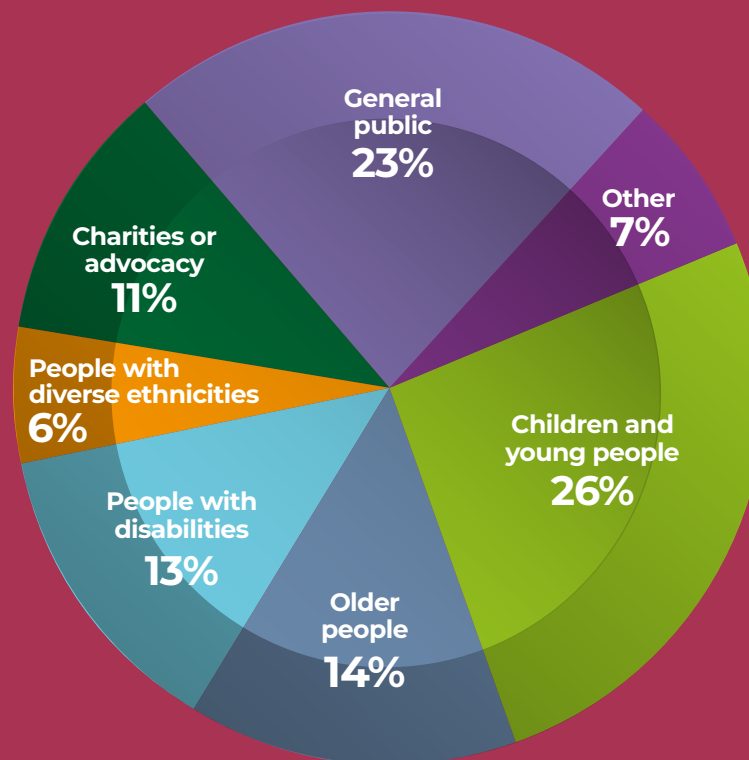


Figure 4: **Proportion of TSOs working with different beneficiary groups**

Many organisations seek to benefit people with protected characteristics (as defined in the Equalities Act 2010); younger and older people, Disabled people, people from diverse ethnicities. However, arguably, what the data here might miss is recognition of intersectionality. This is relevant for two main reasons. Firstly, challenges, and specifically poorer health outcomes, are often compounded by inequalities across multiple protected characteristics. Secondly, the categorisation of data here is based on reported¹⁵⁶ principal beneficiaries but does not reflect where beneficiary groups overlap e.g. Black Disabled children and young people.

Many TSOs work with groups and beneficiaries on these intersectional, compounded issues. The case study below of Shantona Women's and Family Centre illustrates how single organisations often have impacts across a range of issues for different beneficiary groups in response to these intersectional needs.

FOCUS: Shantona Women's and Family Centre

The Shantona Centre was established in Harehills, Leeds in 1998 by two Bangladeshi women and now has 27 members of staff.

The Shantona centre works with people from 26 different communities across the life course and in 2019, Shantona supported 1,700 people with wide-ranging issues relating to health, domestic abuse, Child Sexual Exploitation and community cohesion.



**Shantona Women's
& Family Centre**

What does the organisation bring to the Third Sector and community members in Leeds?

Shantona has a specialist knowledge of working with many Black, Asian, minority ethnic, and refugee communities in Leeds. The organisation offers community-based provision with an in-depth understanding of the cultural practices and community languages in their locality, and it is also well connected across the city through collaborations and partnerships, which positions them well to bridge the gap between, for example, the most disengaged women and mainstream services.

Many statutory and Third Sector services have low referral rates for specific communities e.g. South Asian women, but Shantona can increase access through education around services and through being a trusted source of support.

How do they work?

The centre has built strong, trusting relationships with the communities of Harehills using a person-centred approach to create a safe, welcoming environment. Shantona has a diverse offer that adapts to the needs of the community with specialisms in highly sensitive topics.

They use a 'community messengers' model where volunteers share simple, key messages with their friends and families. The approach has been used to great effect in reducing infant mortality and educating people about domestic abuse and has also been adopted in other areas of the UK. Education is central to improving health and wellbeing and their approach is effective for the people they work with.

Box 7: Shantona Women's and Family Centre

People: volunteers, workers, trustees

One of the biggest assets of the Third Sector is the people working and volunteering within it.

20,000 skilled workers and trustees

Table 4 below provides a summary of the (mean) average employment data for registered TSOs. We recognise that these figures will underestimate paid and unpaid work that takes place. It is also not reflective of the impact of COVID-19 on employee and volunteer numbers.

The Third Sector Resilience (December 2020)¹⁵⁷ report for example suggests that 10% of organisations have already had to make redundancies, with a further 9% planning to do so and more than 25% unsure about future redundancies. The report also notes 71% of organisations reported a reduction in volunteers, and the percentage of organisations with no volunteers doubled from 11% to 22%.

The report describes a 'constantly changing landscape' given that, whilst new volunteers have been recruited e.g. through Voluntary Action Leeds' Community Cares volunteers, a great many others, for example older people or those shielding, have stopped. Often new volunteers are younger people, students, or people who have been furloughed from other employment.

However, retaining and training these volunteers presents new challenges, and 71% of organisations in Leeds have fewer volunteers now than they did in January 2020.¹⁵⁸

| Size | Average number of trustees | Median ¹⁵⁹ number of employees | Average number of volunteers |
|--------|----------------------------|---|------------------------------|
| Micro | 4 | <1 ¹⁶⁰ | Trustees |
| Small | 6 | 3 | 27 |
| Medium | 9 | 8 | 53 |
| Large | 9 | 67 | 120 |
| Major | 12 | 373 ¹⁶¹ | 1603 |

Table 4: Average number of trustees and volunteers per TSO by size of organisation

There are challenges in providing an in depth understanding of the scale and value of volunteering activity in Leeds. Volunteer numbers fluctuate, TSOs record and report volunteer activity in different ways, and the roles they fulfil are extremely diverse - everything from clearing riverbeds, to youth work, to pro bono legal support - and therefore estimating equivalent hours worked, salaries, or economic value¹⁶² at city scale is not possible.

We can however say with confidence that the majority of TSOs rely on volunteers and the expertise of their Trustees to deliver their services, with very few organisations with incomes of under £500k registering more than one full time equivalent (FTE) employee.

¹⁵⁷ **Third Sector Leeds Resilience Report: Before and During COVID 19**

¹⁵⁸ [ibid]

¹⁵⁹ Data variability is very high for number of employees because a large proportion of organisations record 0 employees. The median gives a better reflection of organisations' size and capacity. For micro and small organisations, employees are frequently founders.

¹⁶⁰ This is the median number of employees for all 12 major registered charities, as the average of the subset of 3 (St Anne's, St Gemma's and LUU) was skewed by very high numbers of employees at St Anne's.

¹⁶² Previous research at national and local scale has attempted to do this, however for this State of the Sector research it was agreed the data available were not granular enough to be able to make meaningful estimates. For useful examples see [Volunteer Scotland](#) or [NCVO](#).

The case studies clearly illustrate that TSOs across the City engage with, rely on, and provide diverse opportunities for volunteers in a range of different ways.

Volunteering is a vital route into employment for many, and an important opportunity for inclusive growth and developing a diverse and skilled workforce that reflects communities across Leeds.¹⁶³

Volunteers are often experts in their fields or specialists with highly skilled roles working in teams with salaried staff to add capacity, knowledge, and skills.

For example, volunteers are key for Meanwood Valley Urban Farm, Positive Action for Refugees & Asylum Seekers (PAFRAS), and many of the Ward-based Leeds Community Cares Hubs, such as CATCH.

FOCUS: CATCH

- CATCH emphasises volunteering as it sees the multiple benefits it can have for young people. It has an innovative approach to developing skills in volunteers through the Super Stars volunteer development programme
- CATCH creates a safe space for the, community particularly for young people
- CATCH leverages resources through a diverse range of strategic local partnerships.



CATCH has a membership of over 1,300 young people aged 9-17 and provides a safe space for young people to socialise, play, learn and receive support 6 days a week. Many of its activities are developed and delivered by their 100+ young volunteers.

One of the key things that makes CATCH unique is its model of operation: 'Young people are actively at the heart of running, maintaining and developing our buildings and facilities.' CATCH seeks to create 'an environment in which volunteers can gain the confidence and experience to reach their full potential'. The organisation provides volunteering opportunities itself, for example, as an Activity Helper, Café Assistant or Sports Coach and also links young people with volunteering opportunities in the community. Through the Pupil Enhancement Programme, in partnership with Carr Manor Community School, CATCH volunteer mentors support students who require additional intervention and encourage them to engage in CATCH activities.

“CATCH gives you so much responsibility at a young age... I enjoyed it: it makes you feel important and wanted.”

CATCH has developed the innovative Super Stars Volunteer Development Programme, funded by the Pears Foundation through LCF. This programme was co-produced with the digital agency Engage (who donated over 1,000 development hours of staff time pro bono), and it actively encourages young people from the age of 13 to volunteer through a progress-tracking app. Volunteers log tasks completed, training undertaken and time spent working, while developing a variety of skills that will be useful whatever they choose to do with their lives.

CATCH emphasises volunteering as it sees the multiple benefits it can have for young people such as making new friends, developing employability skills, gaining practical experience, developing an understanding of issues impacting communities and young people and making good citizens and future leaders.

Box 8: CATCH

¹⁶³ [VAL Young Lives Leeds NEET Report.](#)

Volunteers are often people with lived experience of the issue or members of the community they are volunteering to support. At Battle Scars, for example, service users often become volunteers, leading discussion groups and supporting the paid staff. In doing so they provide additional capacity for the organisation as well as build their own skills and confidence. At Zest in Gipton, many of the activities offered to the local community emphasise the role of volunteering and the benefits it can bring, and the case study of CATCH (below) shows how the power of volunteering is being harnessed in order to create positive benefits for young people.

Health inequalities and the wider determinants of health

Figure 5 below illustrates how the case study organisations (selected from the qualitative review) contribute to different determinants of health at different, often overlapping, points in a person's life course. The individual case studies then provide greater detail on individual organisation's innovative approaches to meeting demand for their services. In doing so they are integral to Leeds strategic priorities to tackle health and other inequalities (see section two).

Touchstone (see case study below) for example, focus on advocacy and equality in the health and care system. Others explain how their beneficiaries are involved in decision making. For example, Age UK Leeds has an Older People's Engagement Group which feeds into recruitment and campaigns, and The Shantona Women's and Family Centre (see box 6) example emphasise that their services are shaped by their beneficiaries and individually appropriate.

Figure 6 below then illustrates this in terms of numbers of organisations with beneficiaries, service users, or impacts at different points in a person's life course. This is a useful way to take a more person-centred view of the life stages and the points at which people interact with TSOs, particularly for people experiencing the most acute health inequalities.



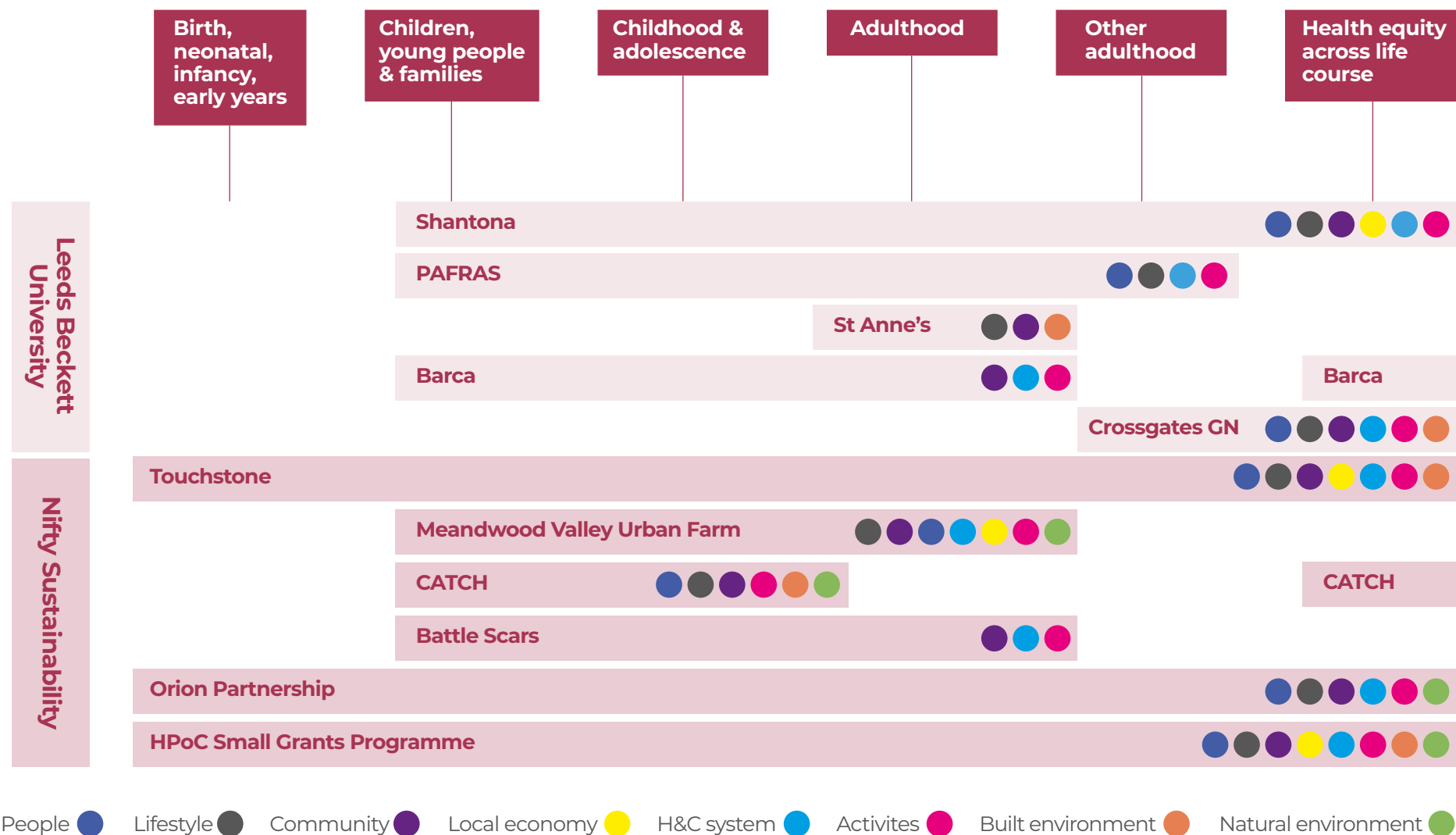


Figure 5: **Case studies operating across life course with diverse health and wellbeing impacts**

Some organisations, such as Battle Scars, provide very specific health and wellbeing services, while others tackle health and wellbeing more broadly. Building community and reducing isolation is a key area of focus for many organisations and is part of their stated aims and purposes. For many organisations, their activities are based around the principle that providing opportunities to connect and get people talking, whether that be through befriending activities, learning opportunities, or through volunteering (which is often seen as a help for the organisation and for the volunteer), is an essential part of their role.

The power and benefits of networks and collaboration

In addition, this research finds that across the Sector, TSOs are collaborating in practical ways to create multiple, mutual benefits for beneficiaries and for the Sector as a whole. Some collaborations help the TSOs themselves, whilst others improve the services they can provide to communities or individuals that they support. Notable examples of formal and informal collaborations include:

- The Leeds Food Aid Network is bringing together food provision services in the City to address food poverty, insecurity and resilience. These include drop-ins, soup kitchens, outreaches, foodbanks, cafes, and social enterprises redirecting food waste. Leeds FAN has been an integral part of Leeds City Council's Covid emergency food response.
- Touchstone networks with other organisations across a range of issues and provides support to smaller organisations.

- Age UK has formed collaborations with a network of organisations in Leeds under the 'SWIFT' programme and is also part of Linking Leeds, the Advonet consortium and the Oak Alliance.
- Healthy Holidays, delivered through Leeds City Council and the Leeds Community Foundation using charitable donations, Council funding and DfE funding, works with a wide range of Council community hubs, local TSOs and schools as well as public and private sector partners to expand their provision both in terms of reach (numbers of children and families benefitting), and services provided.
- The Harnessing the Power of Communities part of the West Yorkshire & Harrogate Transformation programme, provides a Small Grants Programme which is bringing small and grassroots organisations that are embedding in their communities together to help them connect into the wider health and care system in Leeds.
- The Leeds Solidarity Network is a group of organisations working with communities experiencing marginalisation and extreme inequality who have come together to work in solidarity. The organisations comprise Leeds GATE, BASIS Yorkshire, LASSN and Yorkshire MESMAC work with Gypsies and Travellers, Sex Workers, Asylum Seekers and Refugees, communities affected by HIV and LGBTQ+ communities. Whilst the context of these organisations and the people they work for are different the barriers and experiences of stigma are often strikingly similar. They have been awarded funding by the King's Fund¹⁶⁴ to work on intersectional issues and understand "commissioning from the margins"

¹⁶⁴ [The Kings' Fund, Healthy Communities Together.](#)

- There are 34 organisations who, as part of the **Neighbourhood Networks**, support older people to remain living independently and participate in their communities through a range of activities and services that are provided at a neighbourhood level. They reduce social isolation and loneliness, increase older people's contribution and involvement as well as their choice and control, and enhance their health and wellbeing.
- **Live Well Leeds**¹⁶⁵ is a citywide service, based in the community to provide support for people with mild to moderate support needs to manage and/or recover from their mental health, diagnosed or not. There are 16 Delivery Network Partners across the city, offering one-to-one support, group leisure/social activities, peer support and access to specialist interventions.
- The 33 ward-based **Community Care Hubs (CCH)** were established as part of the city's rapid response to ensure that the most vulnerable people in the city have access to support during the COVID-19 pandemic. Linked to Leeds City Council's Welfare Support Referral Service, the Hubs have provided food, prescription/medical supplies collection, befriending/welfare contact, health promotion and responses to other requests from the most vulnerable members of local communities. Options for the future of the Community Care Hub model are under consideration as part of the Leeds' Covid recovery plans.

¹⁶⁵ **Live Well Leeds.**

'Communities of Interest' are groups of people who share an identity (for example people with a learning disability, LGBT+ individuals) or those who share an experience (for example the homeless community, people leaving prison, unpaid carers). Forum Central and partners initially identified a number of communities of interest who experience additional barriers to communication, and some of the TSOs that work to support them. Forum Central is working in partnership with Voluntary Action Leeds, Healthwatch and Leeds City Council to support a growing network of community-based organisations in order to address inequalities. This included exploring the experience of intersecting identities, which provides invaluable feedback to decision makers across the Leeds health and care system to respond to current challenges, and also helps develop a future system which is both personalised and responsive to the needs of all communities of Leeds.

These networks play a crucial role in providing an interface with health and care networks throughout Leeds, and with health and care programmes and strategies that seek to support stronger collaboration across NHS, Council and Third Sector working.

These collaborative approaches are proving to have benefits related all the wider determinants of health and wellbeing across communities of Leeds. The Orion Partnership case study below illustrates this well to demonstrate that the 'whole is greater than the sum of its parts'.

FOCUS: The Orion Partnership

- The Orion Partnership was established by organisations based in East Leeds
- Although their activities are varied, the organisations have shared values and all seek to address social isolation and health inequalities
- Between the four organisations, the Orion Partnership contributes to most of the determinants of health and all the life course stages



The Orion Partnership is made up of four organisations working out of East Leeds: Feel Good Factor, Zest, Space 2 and the Shantona Women's Centre. Feel Good Factor states that 'collectively the consortium has over 70 years' experience of using person centred and community centred approaches; engaging, informing, inspiring, connecting, and empowering people to take positive actions to transform their health and wellbeing.' Although the organisations are diverse, they come together under the Orion Partnership to promote inclusion, tackle social isolation and reduce health inequalities. Between them, these organisations are helping many people in East/North East Leeds (LS8 and LS9) who are vulnerable and / or disadvantaged, providing a range of activities that are locally relevant and well-received.

Partnership working

The Orion Partnership was formed in 2011. It was clear to the organisations involved that partnership working was going to be key in the future and they were keen to work with others they already knew shared their values. They were also keen to work with other organisations that they knew would be pulling together and not just meeting their own organisation's agenda on a joint project.

The organisations tend to go for funding as the Orion Partnership if they feel it would add value to the project. Often this means reaching a greater range of individuals and communities. Between them, they have approximately 70 staff and speak 22 languages. Since the Partnership was formed, each of the four organisations has been the lead and accountable partner on at least one project and often share bid writing so they can play to their strengths and increase efficiency.

The key value of the partnership is the ability to share a wide range of resources across the organisations. For example, staff expertise can be shared: the Shantona Women's Centre recently delivered training to the other organisations on Islamophobia. The Partnership is embedded across the organisations. The organisations' Boards meet once a year and there is an annual staff away day out of which come the ideas for the next Orion project based on gaps in provision identified by staff working on the ground.

Programmes / Beneficiaries

The Orion Partnership delivers a variety of projects with a diverse range of funders. Most recently, the Partnership has secured a grant worth £50,000 from the West Yorkshire and Harrogate Health Inequalities fund to address issues worsened by shielding during the COVID-19 pandemic. This project will run over 12 months and aims to 'ensure the inequalities gap experienced by low income families is not widened for those asked to shield for a prolonged period of time.'

For this project, the Orion Partnership, led by Feel Good Factor, is working with Primary Care Networks (PCN) and other partners as the 'HATCH' Local Care Partnership across the areas of Chapeltown and Burmantofts, Harehills and Richmond Hill. The PCN role is to identify families they feel would benefit from the initiative. The Orion Partnership will then provide asset-based support to these families to identify particular areas of concern and ways to address these by translating 'support already offered around health and wellbeing into options that work for people who are shielding and unable to access face to face services'. This might include, for example, courses on cooking on a budget, financial management, physical activity for the family and gardening. The funding for this project will cover Support Worker hours, a Project Coordinator, expenses, training, language support and resource production.

The Orion Partnership also delivers the 'Better Together' contract in partnership with Touchstone. This is a Leeds City Council, Public Health-funded Locality Community Health Development and Information Service. The Partnership has been carrying out similar work since 2008 and has been funded in the Better Together format since 2016, receiving over £300,000 per year.

Better Together 'works within North East Leeds, supporting local communities to help address health inequalities, reduce isolation and improve physical health and wellbeing'. It does this by supporting a range of community groups offering, for example, arts and crafts, physical activities and support around healthy eating, financial inclusion and money management courses. These have all been developed in conjunction with Service Users and the Partnership prides itself on listening to what the community want, where and when.

In addition to the above, the Orion Partnership delivers a range of activities across diverse topic areas including Men's Health Development, engaging older people with technology and helping communities reduce food waste.

The Orion Partnership is also an active partner in the flourishing Men's Health Unlocked city-wide network, co-ordinated by Forum Central. Through the Manbassador Project, they have been a key delivery partner, contributing to the wider Lottery-funded project by supporting volunteer health champions in businesses across East and West Leeds. It began with a Tudor Trust grant researching men's needs and the challenges they face. A variety of initiatives were borne from the research findings and 10 informal men's groups are now supported through the Orion Well Man Programme (originally Tudor Trust-funded but has since been funded by the Big Lottery, Leeds Community Foundation, Time to Shine), and the Health Gateway Project (funded by the NHS South and East Leeds CCG, and more recently Lottery funding).

Box 9: **The Orion Partnership**

The groups encourage peer support as well as skill and knowledge sharing and provide opportunities for activities such as creative arts, swimming, gym sessions, walking, gardening, cooking, conversation and theatre trips. They also provide a safe space for learning new skills, making new friends and improving wellbeing, as well as acting as a 'springboard' to further activities and events. To ensure this work continues during the pandemic, the Orion Partnership secured Big Lottery funding to buy iPads so that those who do not have access to technology can stay connected to the group while they can't meet face to face.

"I do feel good about myself now. I've met lots of people and learnt new skills which is what I wanted. One day I might be able to get a job, if I'm ready."

The Partnership, led by Feel Good Factor, has also developed the Manbassadors Project, which is funded by Leeds City Council Public Health Department and supported by the Leeds Community Foundation. This project currently sees local businesses, such as fish and chip shops, pharmacies, gyms, newsagents, bars and sports clubs, 'acting as men's health advocates in East Leeds' with the aim of rolling it out more broadly across the City to further support vulnerable men.

Box 9: **The Orion Partnership**

The case study of the Orion Partnership above shows how a diverse group of organisations, have come together to address health inequalities. Between the organisations, they cover all of the determinants of health in different ways. The focus on Space 2 and Zest (in Boxes 10 and 11 below) shows the diversity in approach amongst the partnership, as well as the different roles of and benefits for volunteers.

FOCUS: Space 2

Space2 is an 'award winning arts and social change charity, based in inner East Leeds', sharing the Old Fire Station with Zest since they moved in in 2017. Much of Space2's work emphasises health and wellbeing and reducing isolation through art, but they also support mental health and work which breaks down the stigma around it. The latter involves anti-stigma campaigns which are co-produced with young people. Their activities, programmes and events include large scale theatre productions, working with schools, regular Men's Groups and community gardens, that integrate growing; crafting; produce-making and wellbeing.



Box 10: **Space2**

FOCUS: Zest

Established in 2002, Zest is an independent, not-for-profit organisation and registered charity. It supports the health and wellbeing of people living in disadvantaged areas of Leeds through a diverse range of activities. From running social clubs to developing cooking skills, Zest aims to improve life chances by promoting healthier lifestyles and enabling fulfilling lives. Zest reports that the activities reach approximately 1,500 people per year. Zest also offers volunteering opportunities, such as helping at a cookery class or a social activity or event organising. These opportunities are also benefiting those who get involved. For example, one volunteer stated:



“Since volunteering my self-doubt has gradually been replaced by a really positive 'can do' attitude. You are appreciated at the Ministry of Food and the staff value you both as a person and for the skills that you bring to the role.”

Box 11: **Zest**

This research has also considered and reflected on how organisations across the Sector are working in ways that respond to the urgent and increasingly recognised need to address inequalities. Over and above the review of individual organisations' work with different beneficiary groups at stages in the life course, total registered charities discussed in Section 3 have been analysed in terms of their beneficiaries protected characteristics and stages in the life course (see Figure 6). Whilst this is seen as a useful starting point, there are two significant challenges in providing this breakdown.

Firstly, publicly available data sources do not categorise data for organisations across all protected characteristics or by stage in the life course. This means that, for example, it is not currently easy to estimate the total number of organisations working on issues associated with different faiths or sexual orientation.

Secondly, data are not granular enough to accurately map where organisations work across multiple issues or characteristics, for example, young, Disabled people. Where this is the case organisations will be included for each area of their work. As discussed above, it is clear that this is important where organisations often work across beneficiaries and issues, however, the data presented here should be read with a degree of caution and treated as a point for further research.

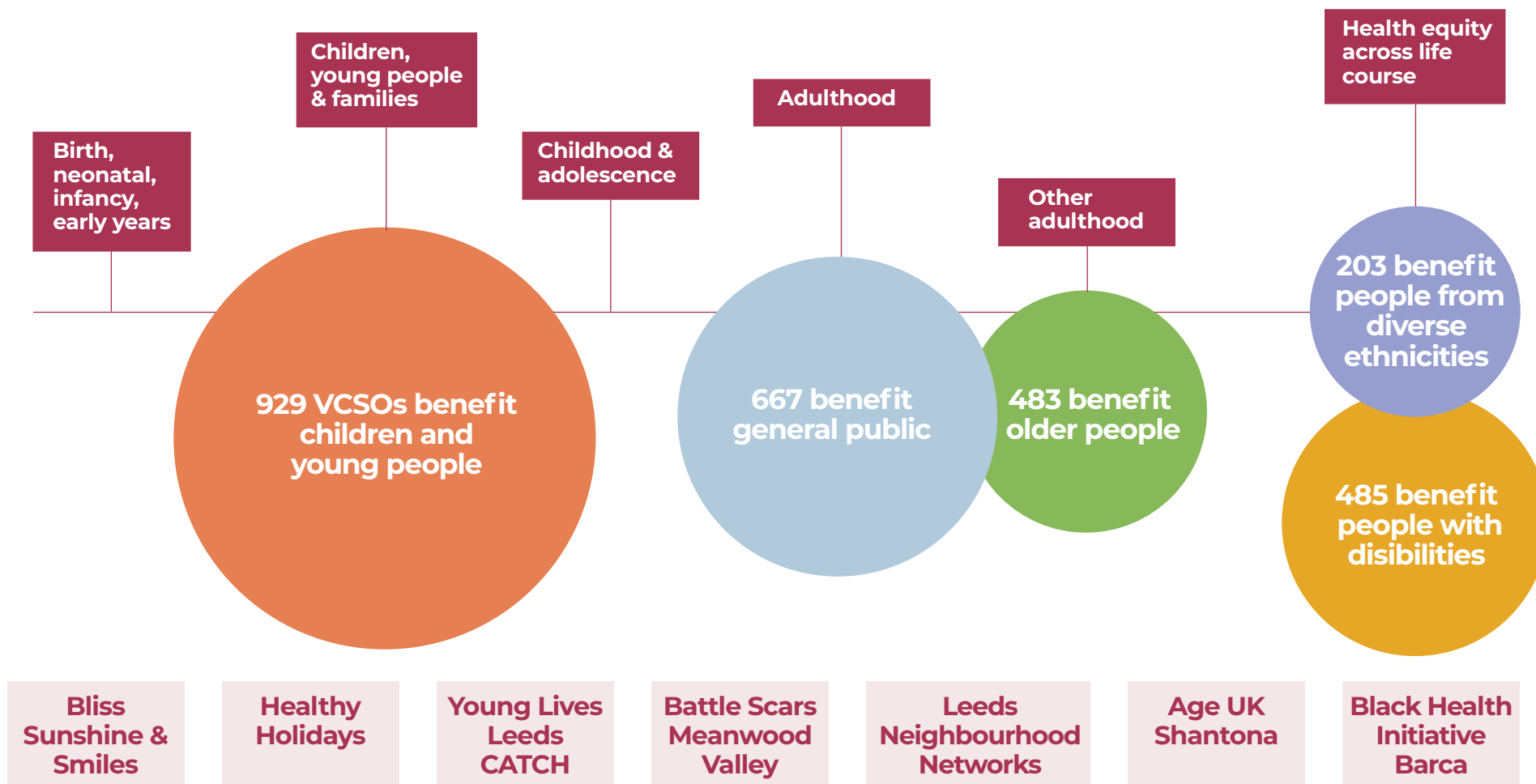


Figure 6: **Beneficiary groups at stage in life course with estimated numbers of TSOs and examples of TSOs or programmes**

With these caveats in mind, Figure 6 above summarises the estimated number of organisations serving different beneficiary groups. Many TSOs have significant impacts across a range of beneficiaries. This is illustrated well by the Touchstone case study (see box 11). Touchstone is able to do this because it is linked into a variety of other organisations through different networks as one of many TSOs integral to Leeds City Council ABCD programme for example, and also supports smaller organisations through its work.



FOCUS: Touchstone

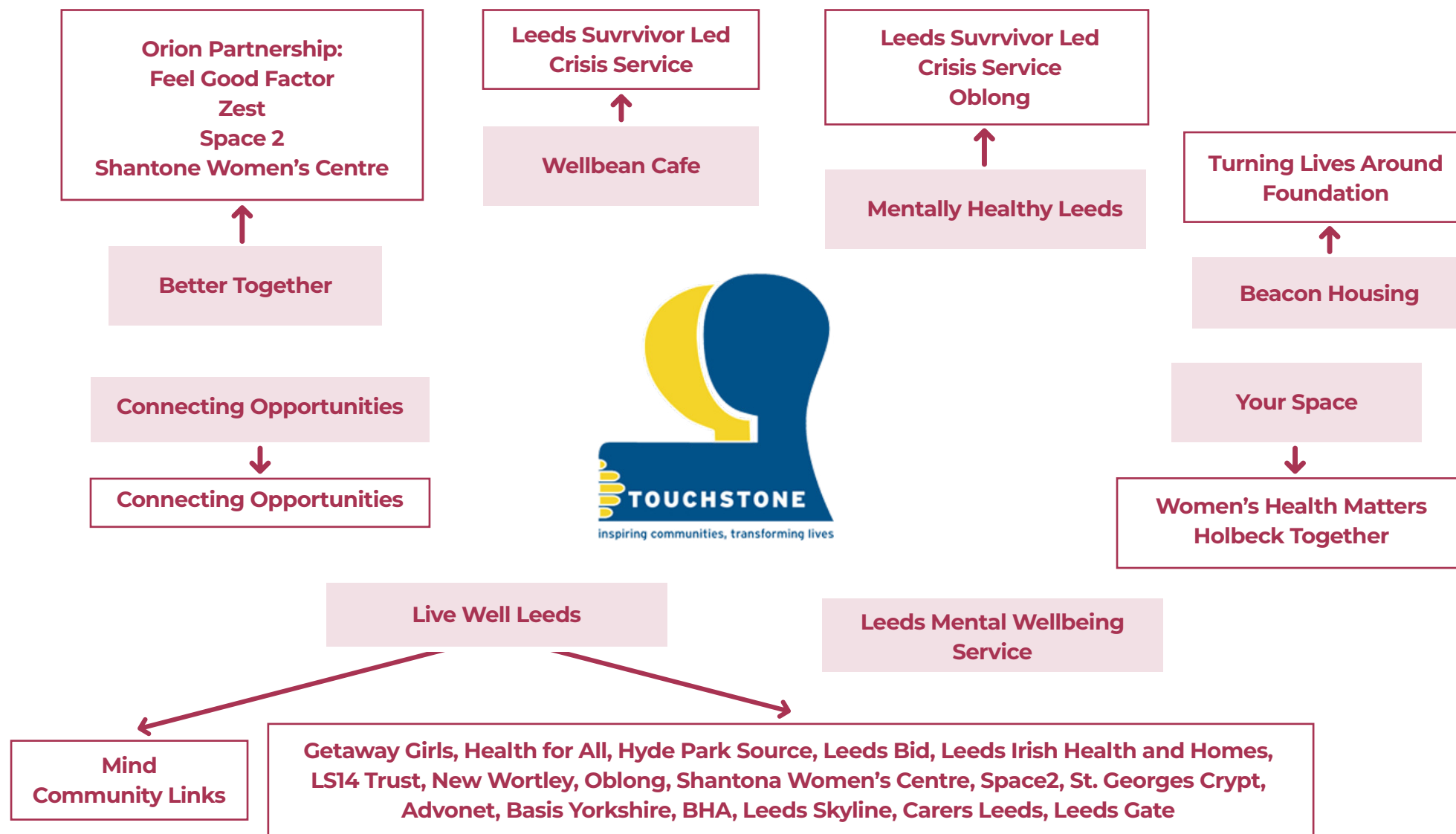
- Partnership, leadership, and collaboration are central to Touchstone's work meaning it is deeply embedded in the Third Sector ecosystem in Leeds and can support and enable the work of smaller organisations.
- The work Touchstone is involved with contributes across many of the determinants of health and is shaped by the needs of these groups and service users.
- Trustees, skilled workers and volunteers come from the diverse and typically underrepresented communities Touchstone serves.



Touchstone was first established in South Leeds in 1982 as a 'weekend club' in order to promote friendship and community. Touchstone now provides mental health and wellbeing services to over 10,000 people a year, whilst also advocating for vulnerable and marginalised individuals and groups, making them more aware of their rights, and making Leeds a more culturally competent city.

Touchstone note 'we are acutely aware of our perceived position of strength' and emphasises the organisation's desire to 'share resources, knowledge and position of influence with smaller, grass roots organisations.' As such, Touchstone is involved with a number of collaborations as part of its work, highlighting its critical role in the Leeds' Third Sector. The organisation frequently leads on projects that demonstrate its support to smaller organisations. Figure 1 shows the various initiatives Touchstone is involved with and the organisations it is working with for each.

Box 12: Touchstone



Touchstone partnerships and collaborations. Shaded boxes are initiatives Touchstone is involved with and the unshaded boxes are the organisations they are working with for each

In summary, this section has shone a light on some of the wide range of health and care benefits organisations in the Third Sector have showing the diverse range of activities and beneficiaries across communities in Leeds. Key headlines include:

- Leeds TSOs are working together across the whole life course, with some focusing on particular stages of life and others working more broadly on health equity.
- TSOs in Leeds address a wide number of the determinants of health between them, often through collaborative and partnership approaches which emerge in response to changing need. Comparatively few organisations focus on one particular area of health, highlighting how interlinked the various determinants are.
- TSOs in Leeds collaborate in order to provide a wide range of services covering communities across the city. They complement each other in their various ways of working. Some organisations focus on particular groups such as Disabled people, or people who have experienced discrimination, and others focus on particular issues, such as isolation or digital exclusion, and work across groups or geographical areas.

These key issues are explored further in Section 5 to draw conclusions on the State of the Sector.



6 The Third Sector for Health and Care in Leeds: ‘Harnessing the Power of Communities’

This section highlights key observations, headline findings, and critical reflections to draw a number of conclusions on the State of the Sector in Leeds, its value, impacts, and vulnerabilities. It focuses on the eco-system of the sector to conclude that the strengths and positive impacts of the Third Sector as a whole, play an active, critical role in supporting health and wellbeing across diverse communities of Leeds.

Connectedness – the Leeds Third Sector eco-system

TSOs in Leeds dovetail together in order to provide a wide range of services covering communities across the city. They complement each other in their various ways of working. Some organisations focus on particular groups and provide holistic activities to meet their varied needs.

This is true, for example, of the Shantona Women’s Centre, which focuses on Black, minority ethnic, and refugee communities, and provides a really wide range of support services across these groups. Other organisations focus on a particular issue which impacts people across communities, such as Battle Scars’ that focuses on self-harm. Others still, such as CATCH work a particular geographical area (in this case, Harehills) to address the specific needs of young people.

The Life Course

Leeds TSOs are working together across the whole life course, with some focusing on particular stages of life and others working more broadly on health equity. Children and older people are most often the focus of TSOs’ work, and Disabled people and communities who have experience of discriminations are key beneficiary groups for health equity. There are challenges in evidencing precise details of how many organisations work in different sectors in part due to the fact that many organisations work across multiple life stages and issues.

The case studies showcase some of the inspiring and impactful work and the various life course stages covered by different organisations (see Figure 5). The Orion Partnership, and a range of small and grassroots organisations supported through the HPoC small grants programme for example, do work that is relevant across the whole life course, St. Anne’s Resource Centre’s work focuses on adulthood, CATCH’s activities focus on younger people, and Crossgates and District Good Neighbours Scheme focus on older people. These and other case studies, together with details on the composition of the sector illustrate that the work of TSOs to tackle inequalities is very much in keeping with wider strategic direction of the City.



Determinants of health

TSOs in Leeds address a wide number of the determinants of health between them, often through collaborative and partnership approaches which emerge in response to changing need. Very few organisations focus on one particular area of health, highlighting how interlinked the various determinants are. Many organisations interact with multiple determinants of health in their work and Figure 4 shows how these relate to the case study organisations.

The vast majority are addressing 'community' and reducing isolation, in various ways such as befriending, organised activities, volunteering, discussion groups. This is likely to be critical in improving wellbeing, early interventions and reducing reliance on healthcare services.

Structure, support, and partnerships

As reported in NHS Leeds Clinical Commission Group communication 'Shaping our Future'¹⁶⁶ paper, and illustrated in the case studies, many (often diverse) organisations are working together in partnerships whether these are formal or informal. These partnerships need to be supported and nurtured with some good examples in the City of where this is happening well.

The Orion Partnership is a good example of this - a diverse set of four organisations working with different beneficiary groups, offering different services. They all started in East Leeds although two now work city-wide, and two share a venue. There are many other collaborative examples illustrated throughout this report and in the accompanying case studies. Together they demonstrate that 'the whole is greater than the sum of its parts'.

Governance, strategy / Leeds context

TSOs contribute significantly to Leeds strategic priorities as well as the national drivers for change around partnership working for health and wellbeing. Many of the organisations profiled here are helping people to avoid needing to access statutory primary healthcare, through for example, providing activities which contribute to social networks, improved diet, healthier habits supporting better self-care, and positive physical and mental wellbeing.

Others, such as Hamara, are providing a connection between some of the most marginalised communities and the health services available to them, and others still, such as Battle Scars, are advising on health care services in order that they are more effective and relevant for those that use them. Other public services are also benefiting from TSOs' work around health and wellbeing. CATCH, for example, provides a positive connection between communities, the Police, education services and Local Authorities.

¹⁶⁶ [Shaping Our future Third Sector Leaders, Forum Central.](#)



Risks, challenges, and vulnerabilities

As well as the significant impacts and value of the Sector, this research has highlighted a number of risks, challenges, and vulnerabilities in continuing to play an important strategic role in health and wellbeing in Leeds. In summary, these relate to three main issues:

- The ongoing impact of the COVID-19 pandemic. Wider research nationally¹⁶⁷ and for Leeds¹⁶⁸ shows that the Third Sector responded quickly and effectively to support the most vulnerable in our society during the crisis, and it continues to do so. This incredible effort, in partnership with wider public and private sector partners, has been widely recognised as illustrating the important role the Sector plays in health and wellbeing of people of Leeds. The pandemic has also brought into stark relief the consequences of a continued budgetary¹⁶⁹ squeeze: inequality in society and its impacts on health, insecurity, and in turn the limits to the Sector's ability to respond to rising need.¹⁷⁰ Whilst there is much uncertainty - e.g. the predicted length of the current pandemic, the impacts of Climate Change specifically on the City of Leeds (e.g. flooding and extreme weather events), and the economic implications of Brexit - demand for the Sector's services looks set to increase, at a time when the its own resilience is challenged. It is not clear how these significant external factors will impact the Sector – it's size and the number of organisations, funding and sources of income, whether organisations will have to re-shape their services and staffing, or collaborate with new partners to meet need. What we do know is that that the landscape may look very different in a year's time.

¹⁶⁷ [Charity Policy Roundup, October 2020, NCVO.](#)

¹⁶⁸ [Leeds Third Sector Resilience Report November 2020.](#)

¹⁶⁹ For a useful note on the impact of budget cuts on service provision see [Leeds City Council Analysis of Third Sector Payments 201/19](#)

¹⁷⁰ VAL, Leeds Third Sector Resilience Report, November 2020

- We know that while a good number are funded to deliver core system activity, the majority of organisations in the Sector (77% of registered charities, plus around 2,000 informal, new and un-constituted organisations) are micro or small with incomes of less than £100,000 per annum. Average annual income for a micro organisation is just £3,578 per annum, with many organisations not accessing sustainable sources of funding. These micro and small organisations have been highlighted as well placed to tackle issues relating to health inequalities and wider determinants of health and wellbeing either because of the lived experience of inequality of founders or volunteers, or because they are very well connected into communities they serve. Advocacy and support organisations are working to develop more sustainability sources of funding, however, it is not yet clear whether a joined up approach is being taken system wide.
- Capacity: Across the Sector demand for services is growing at a time when organisations' resources are stretched and people working in the Sector report facing burnout. This is a challenge not simply in terms of reduced capacity to support vulnerable people and disadvantaged groups and communities in Leeds, but also because it limits TSO leaders' capacity to ensure diverse voices are heard when strategic decisions are made that effect the Sector. This research highlights and reiterates the need for continued strategic partnerships across the wider health and care system that will listen to, collaborate with, nurture, and support TSOs that play a crucial role in health and wellbeing.

This report has also highlighted where there are gaps in knowledge or understanding and signalled potential for further research in these areas.

Beyond this report

As the first of its kind for Leeds, this State of the Sector report is the first step to building a living picture of the Third Sector in Leeds and how it supports the wider health and care system across the City. As with any research of this nature, it has also identified gaps in knowledge and therefore stimulated questions about further research that would improve our understanding of the Third Sector in Leeds and how best to both support and harness it in the future. This will be an ongoing process, but research needs already identified include:

- Greater detail on types of organisations, their purposes and impacts across different beneficiary groups, and importantly funding and financial resilience of small organisations.
- Equity, Diversity and Inclusion in leadership and decision making: This research has highlighted that TSOs connect with diverse communities, people and communities that have experience of discrimination and are impacted most severely by health inequalities. A number of case studies reflect on leaders with lived experience and their important roles in decision making across the City. What it does not fully explore is whether and to what extent leadership across the Sector fully reflects rich diversity of our City. This is especially important given increased awareness nationally¹⁷¹ of health and wellbeing impacts of discrimination.
- Direction of travel – as a snap-shot, and one that has happened in a most unusual year, this research does not fully illustrate the impacts of changing strategic approaches to planning for the wider health and care system in Leeds. Ongoing work on changes in the composition of the Sector, as well as progress in strategic, decision making, funding and commissioning activities (e.g. the Shaping our Future work), will help support decision makers.

The ambition is to create a ‘live’ resource, informed and updated by research conducted by HPoC and partners in these and wider areas, that will be used to build a solid Body of Knowledge. This up to date resource will reflect changes in the composition of the Third Sector, as well as support key stakeholders and commissioning partners in decision making that will sustain and nurture organisations in the Leeds’ Third Sector in the future.

¹⁷¹ [#BlackLivesMatter](#) and Charity [So White](#) have been instrumental in raising awareness of discrimination.

Appendices

1. Key research questions
2. Qualitative review TSOs
3. Methodology and calculations
4. Key socio economic and demographic data for Leeds
5. Sample Health and Social Care maps
6. 12 majors TSOs with incomes of £10m and over registered in Leeds
7. Example sources of funding in Leeds
8. Numbers of employees and trustees and average incomes



Appendix 1 **Key Research questions**

Research question

What does the Third Sector in Leeds look like?

How many organisations are there?

What 'proportion' of the sector contributes to health and care? How many organisations in health and wellbeing sectors?

What size are they?

What are their main sources of income?

What do they do?

What sectors do they work in?

Who benefits from their work?

What community or individual issues/problems are they addressing/supporting?

What does the Third Sector contribute to the City?

What is its value added?

Assets identified through Asset Based Community Development

People

What resources are shared? How and where does this happen?

Places and spaces – 'things you can pin on a map'

Services, programmes and collaborations

Are least heard voices represented? Where are there gaps?

Appendix 2 Qualitative review TSOs

A total of 59 TSOs were reviewed as part of the desk-top review for this research. Where publicly available data were available, organisations with evident health or wellbeing impacts were mapped against life course stages and wider determinants of health (see table v).

Case studies were then developed for 11 organisations (highlighted) based on websites, social media, and reports, these were reviewed at interview with representatives from each organisation to check key messages and validate findings.

| In depth case study lead research team | | Nifty Sustainability CIC | | Leeds Beckett University | | Additional example TSOs included in wider analysis | |
|---|---------------|---|--|---|--|---|--|
| Life course stage | | Birth, neonatal, infancy, early years | Children, young people, and families | Childhood and adolescence | Adulthood | Older Adulthood | |
| People | | Touchstone | Shantona | CATCH | Shantona | Crossgates | |
| Wider determinants of health ¹⁷² | | Bliss, Young Lives Leeds, CHSF, Sunshine & Smiles | PAFRAS | PAFRAS | PAFRAS | LNNs, Hamara, BHI, FGF, FAN, Touchstone, Advonet, VAL, Groundwork, Leeds Mind, CHSF | |
| | | | CATCH | Shantona | Orion Partnership | | |
| | | | Hamara, Zest, Sunshine & Smiles, Carers Leeds, Young Lives Leeds, Candlelighters, CHSF | Hamara, BHI, GIPSIL, Sunshine & Smiles, Groundwork, Freedom4girls, TCV, Young Lives Leeds, CHSF | Touchstone | | |
| | | | | | Meanwood VUF | | |
| | Local economy | | | Meanwood VUF, CATCH | Touchstone | | |
| | | | | VAL | Meanwood VUF, | | |
| | | | | | Hamara, GIPSIL, VAL, Groundwork, Care and Repair | | |

¹⁷² Adapted from Barton & Grant

| | | | | | | |
|------------------------------|----------------------|--------------------------------|-------------------------------|------------------------------------|---|---|
| Wider determinants of health | Lifestyle | | CATCH | CATCH | Meanwood VUF | LNNs, Hamara, FGF, Care and Repair |
| | | | Hamara, Zest, Care and Repair | Shantona | Shantona | |
| | | | | BHI, Hamara | St Anne's | |
| | | | | | Hamara, St. George's Crypt, FGF, Zest, TCV | |
| | Community | | CATCH | CATCH | Touchstone | Touchstone |
| | | | Barca | Barca | Orion Partnership | Shantona |
| | | | Shantona | Shantona | Barca | LNNs, Hamara, FGF, VAL |
| | | | Hamara, Sunshine & Smiles | Hamara, BHI, GIPSIL, Freedom4girls | Shantona | |
| | | | | | St Anne's | |
| | | | | | Hamara, LASSN, FGF, Space 2, Sunshine & Smiles, Carers Leeds, VAL, Freedom4girls, FoE Leeds, Leeds permaculture network, Meanwood VUF | |
| | Health & care system | HPoC Small Grants | HPoC Small Grants | HPoC Small Grants | HPoC Small Grants | HPoC Small Grants |
| | | Touchstone | Touchstone | Touchstone | Touchstone | Touchstone |
| | | Bliss, CHSF, Sunshine & Smiles | Barca | Barca | Barca | The Oak Alliance, St Gemma's Hospice, Wheatfield's Hospice, Advonet, CHSF |
| | | | Candlelighters, CHSF | Freedom4girls, CHSF | BHI, Carers Leeds, St Gemma's Hospice, Advonet, Freedom4girls, CHSF | |

| | | | | | | |
|------------------------------|---------------------|--|----------|---|--|------------------------------------|
| Wider determinants of health | Activities | | Barca | Barca | Shantona | Shantona |
| | | | Shantona | Shantona | Meanwood VUF | Touchstone |
| | | | CATCH | Meanwood VUF | Hamara, Feel Good Factor, Zest, Space 2, Slung Low, VAL, Groundwork, TCV | LNNs, Hamara, FGF, VAL, Groundwork |
| | | | Zest | CATCH | | |
| | | | | Hamara, Groundwork, TCV, Leeds Children's Charity | | |
| | Built environment | | CATCH | CATCH | HPoC Small Grants | HPoC Small Grants |
| | | | | | Touchstone | Care and Repair |
| | | | | | St Anne's | |
| | | | | | GIPSIL | |
| | Natural environment | | CATCH | CATCH | Meanwood VUF | HPoC Small Grants |
| | | | | Meanwood VUF | HPoC Small Grants | Groundwork |
| | | | | TCV | Groundwork, Leeds Permaculture Network, FoE Leeds, TCV, Our Future Leeds | |

Table v: **Qualitative review of TSOs mapped against life course and wider determinants of health impacts**

Appendix 3 Methodology

| Item | Method / calculation | Notes |
|--|---|---|
| Total registered charities in Leeds | <p>Charity Commission data (1st December 2020) accessed using Charity Explorer and Charity Base.</p> <p>New = 82 Micro (income < £10k) = 545 Small (£10k to < £100k) = 535 Medium (£100k to <£1million) = 297 Large (£1million to <£10million) = 62 Major (£10million plus) = 12 (3 included in this analysis see Appendix 6)</p> <p>TOTAL = 1533</p> | <ul style="list-style-type: none"> Both these databases report data 'as is' without any data cleansing and therefore, whilst we have endeavoured to cross reference across the two datasets (and with wider findings), these figures are estimates only and need to be adopted with caution. TSOs with nil returns for 2019/20 have not been included in the total. |
| Estimated new, emerging and un-constituted organisations | <p>Total estimated number of TSOs less total registered charities:</p> <p>circa 2000</p> | <ul style="list-style-type: none"> Voluntary Action Leeds (VAL) estimates 'over 3,500 TSOs' in total (VAL AGM, 2020) is a midway point between upper and lower end estimates. Lower end estimates¹⁷³ suggest a national average of 2.5 such organisations per 1000 people, so for Leeds¹⁷⁴ this would be 1,983 organisations. Upper end estimates, Mohan et al (2010) have estimated that there are 3.66 of what they call 'Below the Radar' organisations per 1,000 people, which would suggest a total of 4,628 for Leeds.¹⁷⁵ |

¹⁷³ NVCO = 2.5 per 1000 people

¹⁷⁴ Taking population as 793,139 as at April 2020 from ONS 'Population Estimates for UK, England and Wales, Scotland and Northern Ireland: mid-2019-april-2020-geography=Leeds'

¹⁷⁵ $(3.66 \times 793) + 1533 = 4,435$

| | | |
|------------------------------------|--|---|
| Employees, volunteers, trustees | <p>Throughout the report Charity Commission reported data as 1st December 2020.</p> <p>TOTALS Volunteers – 41,607 Employees – 9650 Trustees – 8661</p> | <ul style="list-style-type: none"> Trustees are reported as number of filled trustee roles rather than number of individuals. Many people hold multiple roles, therefore the total number of trustees will be lower. |
| TSOs in health and care | <p>Search terms associated with wider determinants of health were used to identify registered charities whose purposes are listed as having impacts.</p> <p>This is a conservative estimate given known caveats.</p> <p>ESTIMATED TOTAL = 1,180</p> | <p>Notable challenges with calculations for this statistic include:</p> <ul style="list-style-type: none"> Based on self-reported data Charity Commission databases are not granular enough to include wider determinants of health. Terms used differ (e.g. health, health and care, wellbeing) across databases. |
| Qualitative review – Leeds context | <p>Desk top review of publicly available documents:</p> <ul style="list-style-type: none"> Initial sources include those supplied by the SotS Advisory Group Internet searches for key search terms Follow up research using Leeds based and nationally recognised sources. | <p>Referenced throughout for ease of access.</p> |

| | | |
|---|---|---|
| <p>Qualitative review – case studies</p> | <p>Purposive sampling used to identify range of organisations across key factors:</p> <ul style="list-style-type: none"> • Size of organisation • Activities and purposes relating to wider determinants of health. • Diverse beneficiaries • Geography • Known connection with, or impacts on, health and care • Gaps in knowledge or representation <p>Organisations for inclusion were identified via:</p> <ul style="list-style-type: none"> • Desk top research against the above criteria • Workshop with Editorial Group • Snowballing where organisations were connected e.g. in partnerships or where gaps in representations as above. | <p>Throughout the report, individual examples and case studies are used primarily to highlight the value of the sector and the critical role TSOs play in Health and care in Leeds.</p> |
| <p>Life course and beneficiary groups</p> | <p>Figure 6</p> <p>The total number of organisations in each category are based on searches of registered charities' reported purposes. Many organisations work across multiple beneficiaries and impacts and therefore the totals cannot be aggregated.</p> | <p>Whilst this is seen as a useful starting point, there are two significant challenges in providing this breakdown:</p> <ul style="list-style-type: none"> • Publicly available data sources used here do not categorise data across all protected characteristics, so for example it is not currently easy to estimate the total number of organisations working on issues associated with different faiths or sexual orientation. • Data are not granular enough to accurately map where organisations work across multiple issues or characteristics, for example, young Disabled people. |

Appendix 4 Social, economic, and demographic context

Summary of key socio economic and demographic data for Leeds as relevant for the wider determinants of health used in this evaluation.

| Wider determinant of health and well-being | Method / calculation | Notes |
|--|---|---|
| Natural environment | Green spaces Air Quality | Leeds has 4000 hectares of public parks and greens spaces. Parks and green spaces strategy ¹⁷⁶ being launched includes plans increase accessibility to public green spaces Clean air zone |
| Built environment | Housing | A smaller proportion of people own homes in Leeds than the national average. At £177,500 median house price is significantly lower than the national average (£230,000). |
| Local economy | Median income Multiple deprivation index | Leeds' median per annum income is lower than the national average by £1,200 Over 160,000 people in Leeds live in neighbourhoods that are amongst the 10% most deprived neighbourhoods in England. (Total pop: 789,194) 22% of the Leeds population is living in relative poverty after housing costs are deducted from income. This equates to 174,000 people in Leeds. |
| Activities | Work and income | Approximately 1 on 5 all Leeds working residents (19.7%) earned less than the Real Living Wage in 2019. In work poverty is a growing issue. In February 2020, (i.e. pre- pandemic), 33,715 people citywide were claiming Universal Credit, but by July (latest available data), this had increased to 67,174 ¹⁷⁷ (99% increase, up by 33,459 claimants). |
| Lifestyle | Life expectancy Homelessness | Life Expectancy – male life expectancy is 1.4 years lower than the national average, and female life expectancy is 1.1 years lower. At 0.08 per 1000 households, levels of recorded homelessness (2017) in Leeds are lower than the national average of 0.2 per 1000 households. |
| People | Population Skills and education | 793,139 From total population estimate 2019. A fast changing economy has implications for the skills people need to access jobs, progress within their careers and be resilient to economic shocks. ¹⁷⁸ |

Table vi: **Key socio economic and demographic data for Leeds**

¹⁷⁶ [Leeds Government](#)
¹⁷⁷ [Department of Work and Pensions](#)
¹⁷⁸ [Leeds Growth Strategy 2018-23](#)

Appendix 5 **Leeds City Council Health and Social Care maps**¹⁷⁹

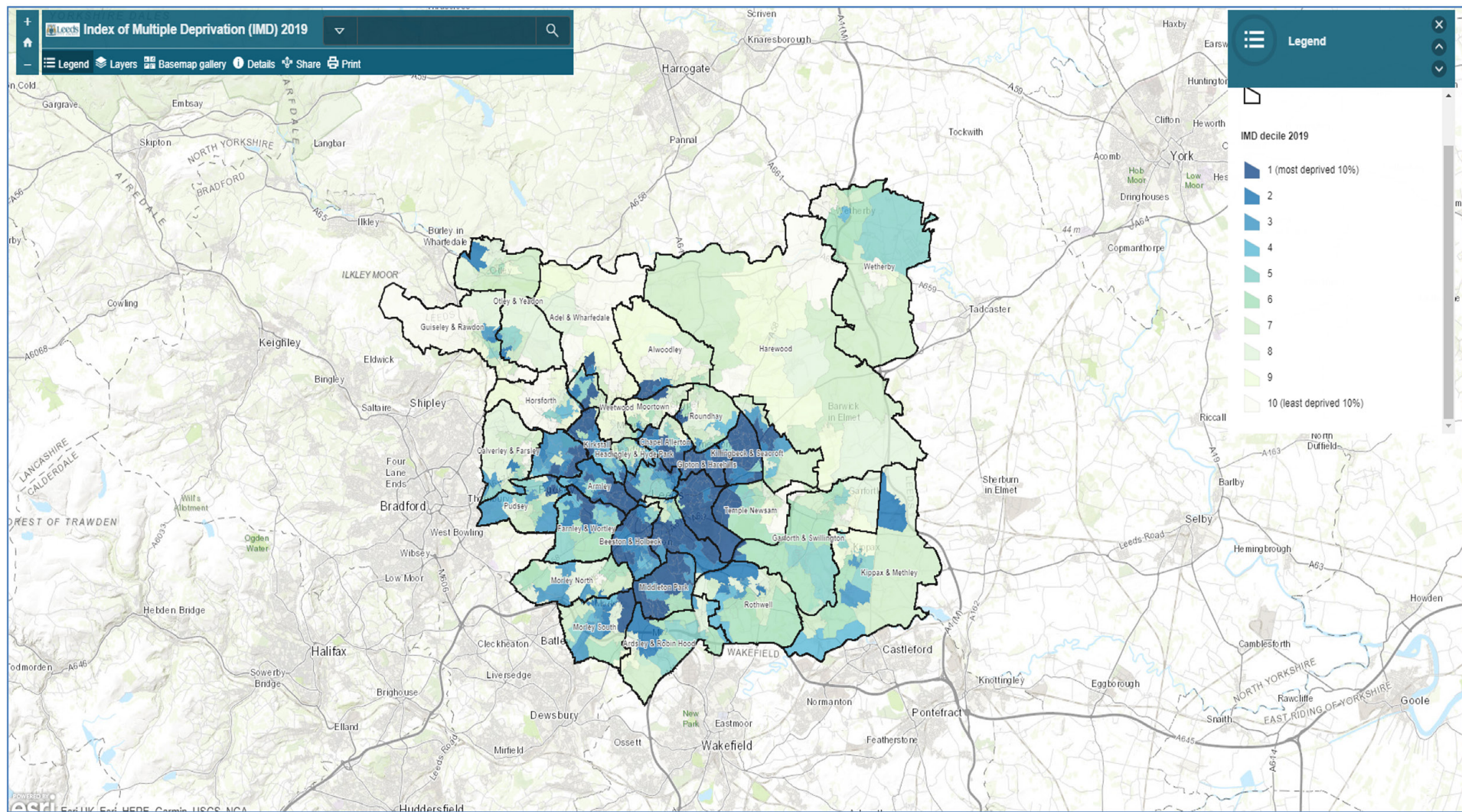


Figure i: **Leeds Index of Multiple Deprivation 2019**

¹⁷⁹ [LCC Health & Social Care Map of Leeds Dashboard](#)

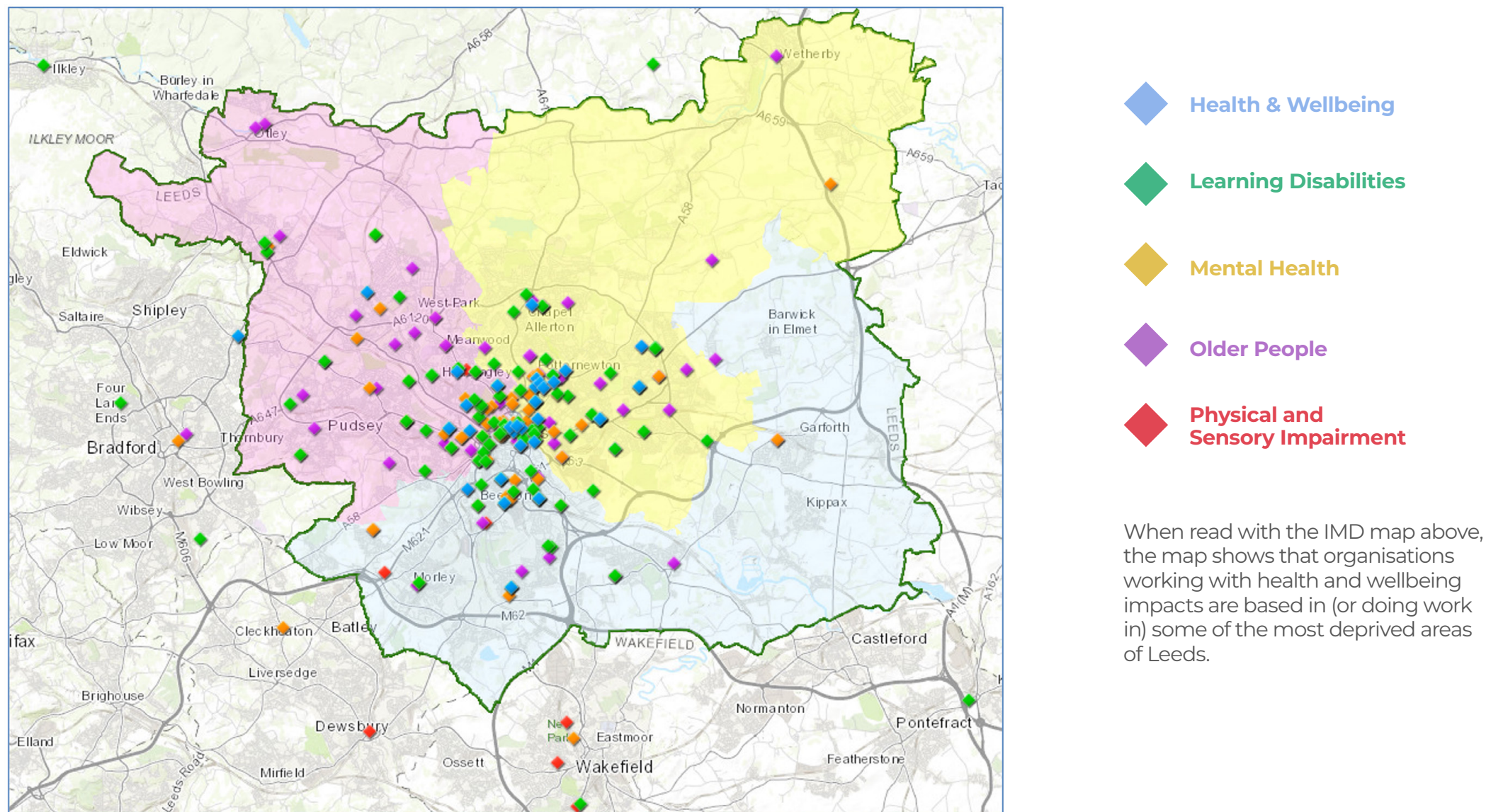


Figure ii: **Locations of Forum Central registered TSOs in Leeds.**

Appendix 6 Major organisations with registered charitable interests in Leeds

The reported total annual income for **all** registered charities in Leeds i.e. including those organisations with incomes of over £10 million in 2019/20 is £558.6 million.¹⁸⁰ The total above includes 12 major organisations registered as charities in Leeds. These account for 41.6% of the whole income of the sector. Of these, St Anne's Community Services, Leeds University Union, and St Gemma's have Leeds specific community impacts relating to the determinants of health (table vii) and so have been included in totals and analysis in this report.

Table vii below provides further details of the other major charities registered in Leeds, these have not been included in this research as they either have wider regional/national impacts or impacts unrelated to health and wellbeing. Table viii then summarises total incomes and proportion of income for the whole sector where these are included for reference.

| | Purposes | Commercial activity | Income YE20 | DoH ¹⁸¹ |
|------------------------------|------------------------------------|------------------------------------|--------------------|--|
| St Gemma's Hospice | Hospice | Yes – shops and merchandise | £10,848,502 | People, activities, community, health system |
| Leeds University Union | Students' Union | Yes – shops and merchandise | £11,040,627 | People, activities, community |
| St Anne's Community Services | Care, support and housing services | Contracted to deliver LCC services | £43,720,000 | People, activities, community, health system |
| | | | £65,609,129 | |

Table vii: **Major registered charities incomes and impacts on wider determinants of health**

¹⁸⁰ Based on declared income as reported to Charity Commission
¹⁸¹ Core or wider purposes relate to determinants of health

| Registered TSOs not included in analysis | |
|---|-------------|
| Lhasa Limited | £11,151,000 |
| Leeds Diocesan Trust | £11,389,000 |
| Yorkshire Cancer Research | £12,789,325 |
| The Free Grammar School of King Charles II | £13,417,770 |
| Leeds Grand Theatre and Opera House Limited | £15,532,696 |
| The Wilf Ward Family Trust | £19,104,904 |
| Leeds Diocesan Board of Finance | £23,838,428 |
| The Grammar School at Leeds | £27,067,883 |
| Leeds Trinity University | £32,712,155 |

Table viii: **Registered TSOs not included in analysis with 2020 incomes**

| Income band ¹⁸² | Type | Average income | Number of organisations ¹⁸³ | Proportion of sector (by number) | Proportion of sector (by £income) |
|----------------------------|--------|----------------|--|----------------------------------|-----------------------------------|
| <£10k | Micro | £3,578 | 545 | 35.6% | 0.3% |
| £10k to <£100k | Small | £34,446 | 534 | 34.9% | 3.3% |
| £100k to <£1m | Medium | £309,198 | 298 | 19.4% | 16.5% |
| £1m to <£10m | Large | £2,903,948 | 62 | 4.0% | 32.2% |
| £10m and over | Major | £19,384,358 | 12 | 0.8% | 41.6% |

Table ix: **Number and average income of TSOs per income band. All majors included**

¹⁸² As defined by Charities Commission.

¹⁸³ Not including 93 newly registered TSOs with no income details recorded as at Sept 2020.

Appendix 7 Example sources of funding

Table x: **Breakdown of key funders of Leeds Third Sector Activity**

| Funder / year | 2017 | 2018 | 2019 | 2020 |
|--|---|--|--|--|
| The National Lottery (including Awards for All) ¹⁸⁴ | 154 projects totalling £8,753,691 Mean = £56,842 | 176 projects totalling £4,419,092 Mean = £25,108 | 189 projects totalling £6,420,794 Mean = £33,972 | 57 projects totalling £1,256,500 ¹⁸⁵ Mean = £22,044 |
| | 44 TSO projects totalling £4,020,168 | 13 TSO projects found totalling £686,511 | | |
| Leeds Community Foundation ¹⁸⁶ | | | 634 grants £4.1 million total Mean = £5,000 | 660 grants - £3.7million total Mean = £2,500 |
| Leeds NHS CCG ¹⁸⁷ | | Yorkshire Ambulance Services NHS Trust £8m Mental health learning disabilities £6m Other smaller contracts £30m TOTAL - £44million | Yorkshire Ambulance Services NHS Trust £30m Mental health learning disabilities £27m Other smaller contracts £178m TOTAL - £235million | Yorkshire Ambulance Services NHS Trust £33m Mental health learning disabilities £29m Other smaller contracts £204m TOTAL - £266million |
| Leeds City Council ^{188, 189} No. of orgs receiving =<£1000 Total spend to 'Top 25' | £110.4m | £103.1m 719 | £105.75m ¹⁹⁰ 655 £60.1m | Report due March 2021 |
| BBC Children in Need ¹⁹¹ | | | 19 grants - £2,160,937 | |
| Henry Smith Charity ¹⁹² | | Yorkshire and the Humber 47 grants - £3,867,460 | Yorkshire and the Humber 40 grants - £3,170,710 | Yorkshire and the Humber 30 grants - £2,417,660 |
| Tudor Trust ¹⁹³ | Yorkshire & the Humber: 34 grants, £1,447,500 total value | Yorkshire & the Humber: 26 grants, £1,450,000 total value | Yorkshire & the Humber: 29 grants, £2,107,500 total value | Yorkshire & the Humber: 30 grants, £2,026,150 total value |
| Lloyds Bank Foundation for England and Wales ¹⁹⁴ | | | | 13 grants in Leeds totalling £637,072 |

¹⁸⁴ [The National Lottery Community Fund Grants](#)

¹⁸⁵ Not the year end total

¹⁸⁶ [Leeds Community Fund - Our Impact](#)

¹⁸⁷ [Leeds CCG, Annual Report and Accounts](#)

¹⁸⁸ [Details of Council payments to the Third Sector](#)

¹⁸⁹ [Payments to the Third Sector](#)

¹⁹⁰ Not including single annual payment of £21.6 to Aspire

¹⁹¹ [BBC Children In Need](#)

¹⁹² [The Henry Smith Charity](#)

¹⁹³ [The Tudor Trust](#)

¹⁹⁴ [Lloyds Bank Foundation, who we support](#)

Appendix 8 Funders, employees, volunteers and trustees

| Breakdown of H&C TSOs for number of trustees, employees, volunteers and funders with average income | | | | | | | |
|---|---------|----------|------------|-----------|---------|-------------|-----------------------|
| | | Trustees | Volunteers | Employees | Funders | Income | Expenditure |
| MICRO ¹⁹⁵ <£10k | median | 3 | 0 | 0 | 0 | £2,623 | £2,924 |
| | average | 4 | 0 | 1 | 0 | £3,578 | £4,231 ¹⁹⁶ |
| SMALL (£10k to <£100k) | median | 5 | 0 | 8 | 0 | £25,493 | £24,017 |
| | average | 6 | 0 | 29 | 0 | £34,446 | £33,648 |
| MEDIUM (£100k to <£1m) | median | 7 | 0 | 10 | 1 | £241,251 | £231,470 |
| | average | 7 | 3 | 50 | 1 | £325,854 | £314,613 |
| LARGE (£1m to <£10m) | median | 8 | 54 | 44 | 1 | £2,262,639 | £2,163,054 |
| | average | 9 | 75 | 135 | 2 | £3,099,147 | £2,934,359 |
| MAJOR ¹⁹⁷ (>£10m) | median | 14 | 942 | 517 | 3 | £14,475,233 | £14,107,402 |
| | average | 14 | 720 | 702 | 3 | £21,869,710 | £21,726,159 |

Table xi: **Average numbers of funders, employees, volunteers and trustees per income band**

¹⁹⁵ Typically (i.e. median) micro and small organisations have no full time employees or volunteers with activities undertaken by Trustees

¹⁹⁶ Average expenditure for micro income bracket is higher than income in part due to outliers with e.g. high start up and running costs prior to receipt of funding.

This also reflects the precarious nature of funding for micro TSOs in particular.

¹⁹⁷ I.e. the three major organisations in this analysis, therefore median is not relevant for this group.



West Yorkshire and Harrogate
Health and Care Partnership



Leeds
Community
Foundation

NHS
Leeds
Clinical Commissioning Group



LEEDS
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Other State of the Sector information, including an infographic summary and case studies,
can be found at: [**State of the sector - Forum Central**](#)

