# Leeds VCSE Work and Health Trailblazer Grants 2025 - 2026

Forum Central working in partnership with Leeds City Council are pleased to invite applications from VCSE organisations in Leeds to run Work and Health focused projects in Leeds.

This funding is part of the [DWP Trailblazer](https://www.wypartnership.co.uk/news-and-blog/news/west-yorkshire-secures-gbp20m-help-tackle-ill-health-and-support-people-back-work). It is supported by West Yorkshire Combined Authority and Mayor Tracy Brabin.

Funding will support projects from inception to 31 March 2026. All activity **must be delivered** within these dates.

Please note, Forum Central has not yet received confirmation of source grant funding from Leeds Local Authority. Therefore, although the fund is open to applications, no awards will be made until the funding is received. Unfortunately neither Forum Central nor Leeds City Council can accept liability for any costs incurred should the grant fund not progress and reserves the right to withdraw the intention to offer a grant until the agreement is in place.

## Purpose of Grants

Grants will support local Voluntary and community sector groups to  **deliver activity which will engage and mobilise disadvantaged or inactive people and start their progress towards employment.**

The sector can provide some of the most innovative ways of providing learning opportunities to groups that have traditionally been hard to engage. In total the grants will support over 400 Leeds residents.

## Grants offered:

Total funds available is £720k

Proposals are sought for projects at a value of £15k-50k and £51k to £100k.

Groups who apply must be properly constituted VCSE organisations or groups. The application process will confirm this status.

Successful applicants will be paid on a 50/50 split, with the initial payment of the grant made after approval of the application, a second payment made on completion of agreed outputs and outcomes

## Target groups:

Proposals must target residents with a **health condition or disability who are not in paid employment.** This includes those who are classed as ‘long-term sick’ and those from ethnically diverse communities more susceptible to incidences of ill health.

Evidence shows the following three health conditions and or disabilities issues have the highest impact on health and thus economic inactivity, and **we will prioritise applications which address these issues**:

* CVD, respiratory, digestive, diabetes
* Musculoskeletal
* Mental health

Subject to suitable applications we will target **50% of available funds** to projects which support people with these 3 conditions.

Other factors which impact on economic activity are listed below. The remaining 50% will be targeted on projects working with these populations;

* autism
* difficulty in seeing (while wearing spectacles or contact lenses)
* difficulty in hearing
* epilepsy
* severe or specific learning difficulties
* speech impediment
* severe disfigurement, skin condition, allergies
* other problems or disabilities
* Progressive illness not included elsewhere (for example, cancer, multiple sclerosis, symptomatic HIV, Parkinson's disease, muscular dystrophy)

Please note that these are health conditions as classified by the DWP, we have challenged the language and we would not expect you to use this language when collecting data but you will see these terms on the data collection forms. Collecting the data in these ways is a condition of the funding.

Within these target groups we **welcome proposals** which target people also experiencing deprivation or other groups demonstrably facing additional major hurdles to employment, specifically:

* Young people (aged 16-24)
* Over 50s (up to 64)
* residents of deprived wards (IMD 1 & 2)
* someone who has been in or experienced care
* individuals with caring responsibilities
* lone parents
* People with experience of the criminal justice system
* and people experiencing homelessness

## Funded activities

The grants will support activities which help individuals to remove barriers they face to progressing towards employment. Projects will provide pre-employment support through the VCSE sector to identify and engage people who are furthest away from the labour market in their own communities.

Projects must be innovative and progressive programmes which support eligible participants. Activities should take place in non-pressurised community, learning or development contexts with an understanding of participants needs treating all participants equally.

Examples include

* Engagement activities with a focus on quality of life
* Intensive wraparound support
* Pathways to creative health projects
* Support to help people navigate the system of support
* Integration with other Trailblazer and NHSE Accelerator activities (such as Employment Hub in Leeds)
* Co-location of health services in VCSE settings
* Tailored learning and volunteering in communities.

Projects must show how they will increase participants' confidence and self-esteem and inspire them to take the first steps into accessing support in safe and trusted environments. They should motivate participants to grow in confidence, ambition, resilience and develop new skills.

Activities should also connect residents with supportive community networks as they progress towards and into other activities such as, further learning, volunteering and employment. All inventions should have a focus on moving people closer to the labour market through improved health and wellbeing

## Eligible participants

The focus of the DWP Trailblazer is to reduce economic inactivity through interventions to support economically inactive Leeds residents that have the right to work in the UK, however up to 20% of the total may include residents deemed unemployed, however they must have a health condition:

Economically inactive people, or people who have been unemployed, who are receiving support to be in employment, including self-employment, for at least a 2 week of a four-week period following support.

* + Economically inactive individuals are those not in work and not actively seeking work (unlike unemployed individuals who are actively seeking work). Not all economically inactive individuals claim benefits. For those that do, this would include those claiming either “legacy” benefits or those within specific conditionality regimes in Universal Credit (UC). The former here includes Employment Support Allowance (ESA), Incapacity Benefit (IB) and Income Support (IS). The latter here includes claimants within the Preparation Requirement or Work Focused Interview Requirement conditionality regimes (or equivalent for all the above). There is no length of time on inactivity required. People count if they are 16+.

Unemployed as defined by the International Labour Organisation (ILO) are those:

* + Without a job, have been actively seeking work in the past four weeks, and are available to start in the next two weeks.
  + Out of work, have found a job and are waiting to start it in the next two weeks.

Not all unemployed persons claim unemployment-related benefits. This is due to either not being entitled to claim unemployment-related benefits or choosing not to do so. Here, unemployment-related benefits is defined as those in receipt of Job Seekers Allowance (JSA) or are in the Intensive Work Search Regime within Universal Credit (UC).

## Outputs, Outcomes and evidence requirements

Grant holders are required to deliver value for money which will be measured, by a comparative assessment of costs and through measured Outputs and outcomes.

Successful proposals will demonstrate their delivery of these outputs and outcomes.

### Outcomes:

Number of people in employment, including self-employment, following support:

* The number of people who were previously unemployed or economically inactive, who have received support, and who have been in employment, including self-employment, for at least a 2 week of a four-week period following that support. This includes those moving into the “Working with requirements” or the “Working enough i.e. no working requirements” regimes on Universal Credit system.

Number of people in Education /training/employability training/focussed health provision following support:

* People who have received support and who are newly engaged in education (lifelong learning, formal education), training activities (off-the-job/in-the-job training, vocational training, etc.) employability support (for eg Employment Hub or other keyworker employment support) or on a focussed health provision immediately upon leaving the project.

Number of people with improved health (self-declared)

* People who have received support who have self-declared an improvement in their health through the interventions provided.

Number of people sustaining engagement for 6 weeks:

* People who have received support and have maintained engagement for a minimum of 6 weeks

Number of people with reduced structural barriers

* The number of people who have been supported to reduce barriers to employment and skills. These barriers can take a variety of forms and will interact with other characteristics of labour market disadvantage such as gender, age, health, disability and ethnicity to reduce their likelihood of labour market and skills engagement. While not exhaustive, types of commonly experienced barriers might include homelessness, being an ex-offender, being a care leaver or having substance dependency issues. Other types of barriers might relate to access to services such as care services including childcare, transport, digital and financial. Barriers may also relate to lack of interpersonal and employability skills such as confidence, motivation and behavioural issues.

Projected outcomes and outputs should be recorded in [Annexe 1](https://docs.google.com/spreadsheets/d/1vrQPkBJ4IOLsNRE9vm4jPei7rVUNayXr/edit?usp=sharing&ouid=108760349036923582059&rtpof=true&sd=true). Please save a copy of this document to complete and submit with your application. It will also be used throughout for monitoring purposes.

## Eligible project costs

This is a revenue funding grant. Funding cannot be used for significant capital costs. Funding can be used for staff cost, premises costs, costs of materials, organisation overheads and to support participation. This includes reimbursement of travel costs. Incentives (paying participants to attend with cash or vouchers) are not permitted. Your application must demonstrate good value for money a maximum intervention rate for an individual participant will be applied at £2.5k, although it is envisaged the rate will be lower across the programme as a whole.

## Project reporting

Successful grant recipients will be required to submit regular progress reports providing qualitative information and feedback on funded activities and their impact - this will form part of the programme evaluation

Project paperwork to assist you in the collection for this information and evidence collection will be provided and must be used.

Projects will be required to collect and report data in the following areas

* Participant names, address, DOB, sex, NI number
* Dates participants contacted, started support, ended support
* Employment history and status at start, during and at end of support.
* Engagement in formal training at start and end of support
* Disability status and other barriers to work
* Benefits claiming and time spent inactive / NEET
* Historic Special Educational Needs and ESOL flags
* Information on other disadvantages or caring responsibilities

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## Measuring improved health

The agreed measurement tool is the EQ-5D-5L.

This is a [link to the agreed measurement tool EQ-5D-5L](https://drive.google.com/file/d/1FQDh51r2Twa49sCWqDTgJ2Y1_5Z3NmGp/view). This tool measures "improved health”. This will be used by funded projects.

## Registration of participants

This is the required [participant registration form](https://docs.google.com/document/d/1ow1P6MvnriHsHrhw-w-EkDWaGpfNw2Xk/edit). This is mandatory for funded providers to use. We will go through this form with funding providers along with all monitoring requirements.

## Application process

**To apply for this grant, you must complete the application form, linked below.**

[**Leeds VCSE Work and Health Trailblazer Grant Application Form**](https://docs.google.com/forms/d/e/1FAIpQLSdbAhWlt18VtYD9_kdFlolp0E_Clqluuc5IvqdfilhpVIpKyg/viewform?usp=header)

**It must be submitted by 5pm noon on 8 July 2025.**

It is intended that decisions will be made, and funding agreements issued by week commencing 4 August 2025.

Please make sure you submit all supporting documents including [Annexe 1](https://docs.google.com/spreadsheets/d/1vrQPkBJ4IOLsNRE9vm4jPei7rVUNayXr/edit?usp=sharing&ouid=108760349036923582059&rtpof=true&sd=true) . Please save a copy of this document to complete and submit with your application and send it to [grants@forumcentral.org.uk](mailto:grants@forumcentral.org.uk) when you complete your application.

## Decision making process

Eligibility checks take place when a bid arrives, and some may be declined at this stage if they do not meet the criteria for the fund or all the questions are not completed. At this stage checks on whether the project is already funded will be completed.

Applications will be independently assessed and then reviewed by a panel convened by Forum Central.

The panel will include Third Sector Leaders /VCSE representatives, Leeds City Council Employment and Skills team, place-based ICB colleges, Local Job Centre Plus, and the Leeds Health and Care Academy.

**The decision of the panel will be final.** Not all eligible bids will be successful as this Fund is expected to be over-subscribed.

The panel will consider each application as follows:

* Does it fully meet the criteria?
* Is it clear what the project offers?
* Is the need demonstrated?
* Will it deliver outputs and outcomes (into work, education/training, reduced health barriers)
* Is it well-costed/value-for-money?
* Does it evidence ability to mobilise quickly and deliver by 31 March 2026?
* How well will it align with mainstream provision?
* Does it target the most deprived wards in Leeds
* Who will be supported e.g.:
  + Ethnicity
  + Disability/Health condition
  + Age group (16-24, 25-49 or 50-64). Must be of working age 16-64

Funding can be back dated for activity which has been taking place since April 2025 which is not funded elsewhere (other than reserves) and meets criteria of the programme.

**Additional reading**

[West Yorkshire Health and Skills Plan](https://www.westyorks-ca.gov.uk/media/tmfl33nf/work-health-and-skills-plan-250211.pdf)

## Leeds City Council note on background and context

Current national government policy recognises the necessity of a new approach to supporting those disadvantaged in the labour market, particularly those in ‘Non-Work Search’ Universal Credit claimant groups. A White Paper [(‘Get Britain Working’)](https://www.gov.uk/government/publications/get-britain-working-white-paper/get-britain-working-white-paper) was published on 26 November 2024, outlining key strategic ambitions for national government as they relate to health-related barriers to work – notably, ‘empowering local areas and leaders in England to take a leading role in addressing economic inactivity.

West Yorkshire will be an ‘inactivity’ Trailblazer region, with the region receiving £10 m of national funding for 2025/26. Trailblazer funding will allow partners to help reduce the number of people who are economically inactive, addressing health inequalities and improving health outcomes in some of our most deprived communities. The Economic Inactivity Trailblazer will receive £10m of funding for delivery to run to March 2026 inclusive.

The opportunity to build on our existing strengths and test new approaches to address economic inactivity is timely. Economic inactivity rates are rising in West Yorkshire, with 26.3% of the working age population (399,944 residents) classed as economically inactive, compared with a national average of 21.6%. Excluding students, economic inactivity in West Yorkshire sits at 19% (vs 16% in England).

Economic inactivity due to long-term sickness is expected to increase to 7.3% (108,635 people) in West Yorkshire in 2025, according to ONS calculations. In Yorkshire and Humber, of those economically inactive due to long term sickness, 51% are aged 50 to 64 years old, 42% are aged 25 to 49 years and 7% are aged 16 to 24 years. The largest growing age group of economically inactive due to long term sickness is the 16 to 24-year-olds.

Whilst more than half of the inactive long-term sick in West Yorkshire are aged 50-64, the fastest rise in those becoming economically inactive due to ill health are in the younger age groups (though it is important to recognise this category remains relatively small in absolute terms).

In Leeds rising incidences of ill-health/disability, particularly post-pandemic are a key factor with around 32,600 of those Leeds residents economically inactive and of working age reported to be inactive due to long term sickness. Whilst unemployment in Leeds is at a historic low, persistent unemployment for key groups threatens long-term prosperity for specific demographics alongside overall regional growth ambitions set out in the Local Growth Plan. Economic inactivity due to long-term sickness or disability is often closely associated with deprivation, which influences patterns of economic inactivity across the region and within places

There is growing concern over the levels of young people (16 - 24) not in employment, education or training since the Covid-19 pandemic, particularly given the ‘scarring’ impact of youth unemployment on future opportunities. Mental health is a growing factor in why young people are not in paid employment.

The longer the time spent out of paid work, the greater the risk that a person will develop more barriers which limit their progression into paid employment and worsen their quality of life. There is recognition that for some people paid employment is several years away or will not be an option - yet improving their quality of life is critical means of addressing inequality in healthy life expectancy across West Yorkshire.

Across Leeds there are many organisations in the VCSE sector delivering vital support in communities designed to support residents to improve wellbeing and gain skills to move toward employment - generally termed ‘pre-employment support'. VCSE partners are often best placed to develop the connections, relationships and trust needed to provide effective support. To do this, it is fundamental that the VCSE sector is backed and able to play a key role in delivering work and health-focused interventions at the neighbourhood as part of the wider system of support. This has been acknowledged in the West Yorkshire Work and Health Plan which is the strategic documents guiding the allocation of funding linked to Trailblazer.

As a result The Combined Authority has approved funding in principle to its constituent Local Authorities (LAs) for them to work with their local VCSE infrastructure organisations to distribute the funds to appropriate entities as a result a Grant fund has been developed allowing Local organisations to apply for funding by providing details of the support they are looking to offer and how it aligns with the ambition to support economically inactive people or those at risk of becoming economically inactive.

Proposed actions: pre-employment support through the VCSE sector will identify and engage people who are furthest away from the labour market in their own communities. The support could include:

* Engagement activities with a focus on quality of life
* Intensive wraparound support
* Pathways to creative health projects
* Support to help people navigate the system of support
* Integration with other Trailblazer and NHSE Accelerator activities (such as Employment Hub in Leeds)
* Co-location of health services in VCSE settings
* Tailored learning and volunteering in communities.

All inventions should have a focus on moving people closer to the labour market through improved health and wellbeing.