

The contribution of the VCSE sector to health and wellbeing in Humber, Coast and Vale

(Summary report)

Tony Chapman
Policy&Practice
St Chad's College
Durham University

February 2022

About the author

Professor Tony Chapman is Director of Policy&Practice Chad's College, Durham University and Honorary Professor in the Department of Sociology, Durham University.

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

Third Sector Trends Study

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

The Commissioning Partnership

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



Published by

Policy&Practice
St Chad's College
Durham University
18 North Bailey
Durham DH1 3RH

<https://www.stchads.ac.uk/category/research/>

February 2022

Preamble

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

The aim of this research project was to inform debate on how to enhance understanding of the impact the VCSE sector can make through formal partnership working arrangements, (by for example, delivering services under contract), and by undertaking other supportive or facilitative activities of a complementary nature that sustain or strengthen the health and wellbeing of the local population. This summary report outlines the main findings from the main report and includes the discussion of these finding in policy and practice context.

Summary of key findings

Area profile

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

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

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

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

In recent years there has been a policy shift in many societies towards the measurement and encouragement of 'healthy life expectancy'. In England, data are collected by the ONS provide a useful benchmark for analysis which show that variations in healthy life expectancy are shaped by factors such as area affluence or deprivation (see Figure 1). For example, healthy life expectancy in Kingston upon Hull, for example, is very low at 57 for females and 58 for males when compared

with North Yorkshire where healthy life expectancy is 67 for females and 65 for males.

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

Capacity in the VCSE sector

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

Affluence or deprivation has an impact on levels of demand for vital services from VCSE organisations and support and those which facilitate participation in activities that sustain or enhance healthy living. Sector capacity is not, however, distributed equitably across unitary local authority areas and county council districts. Most districts of North Yorkshire have more than twice as many VCSE organisations per 1,000 resident population than in local authorities of Hull, North Lincolnshire and North East Lincolnshire (see Figure 2).

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

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

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

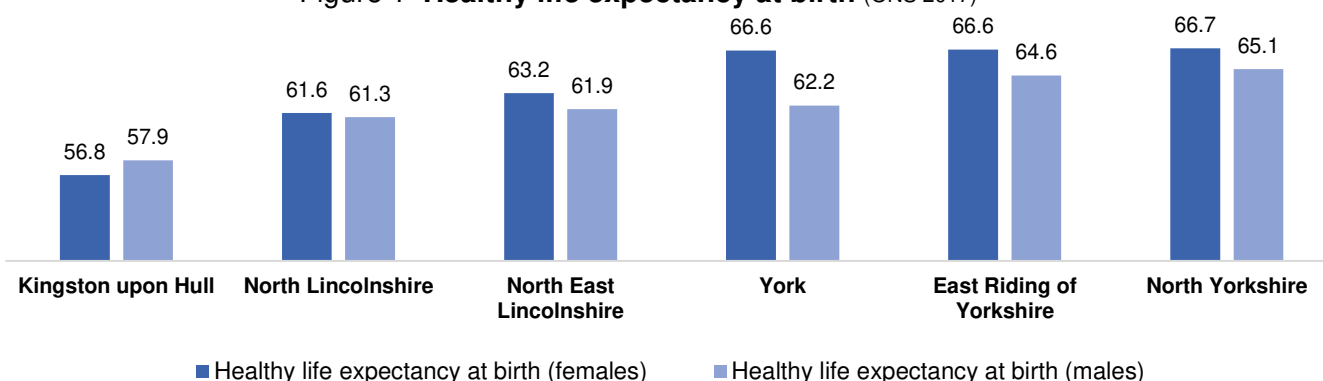
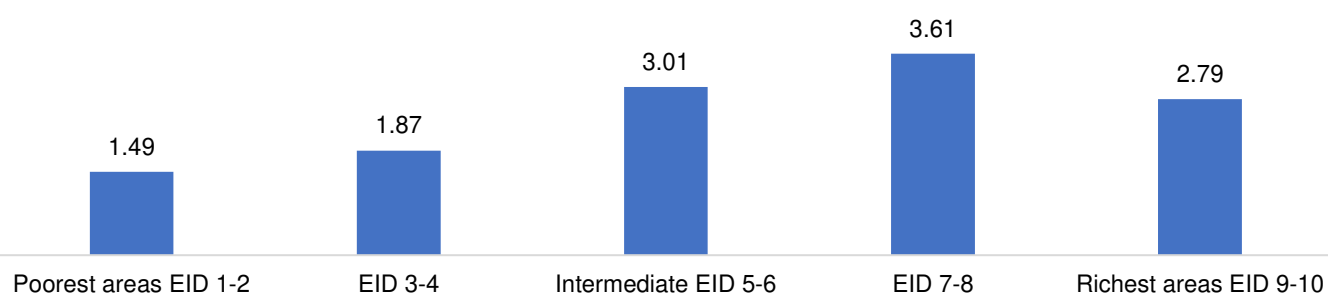
Figure 1 **Healthy life expectancy at birth** (ONS 2017)Figure 2 **Number of charities per 1,000 population in each EID quintile in Humber, Coast and Vale** (ONS, Charity Commission)

Figure 2.8 shows how VCSE organisations are distributed in English Indices of Deprivation (EID) quintiles in coastal and non-coastal areas. There are very significant variations between these types of locations. In coastal areas, nearly 32 per cent of VCSE organisations are located in the poorest quintile of deprivation compared with just 4 per cent in non-coastal areas. At the other end of the spectrum, only 5 per cent of VCSE organisations in coastal areas are located in the most affluent quintile compared with 33 per cent in inland areas (see Figure 3).

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

VCSE sector resources

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

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

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

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

In total, there are 28,800 full-time equivalent employees and volunteers in the VCSE sector in Humber, Coast and Vale providing 47 million hours of work annually (see Figure 4). Levels of employment differ across unitary local authorities and county council districts. Employment tends to be concentrated in VCSE organisations based in urban areas of Harrogate, York, Hull and North East Lincolnshire – but that is not to say that all working time is expended in these areas.

The number of volunteers per 1,000 resident population varies by area. There are bigger concentrations of regular volunteers in more affluent districts of North Yorkshire and the City of York (ranging from 94-148 volunteers per 1,000 residents) compared with only 33 per 1,000 in North Lincolnshire and 45 per 1,000 in Kingston upon Hull (see Figure 5).

Figure 3 **VCSE organisational distribution by area affluence in coastal and non-coastal areas** (Charity Commission register data, June 2021)

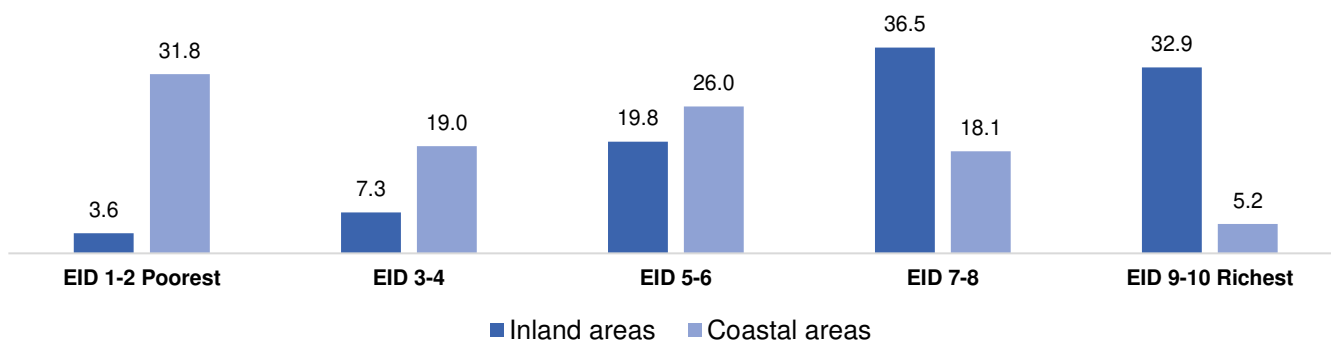
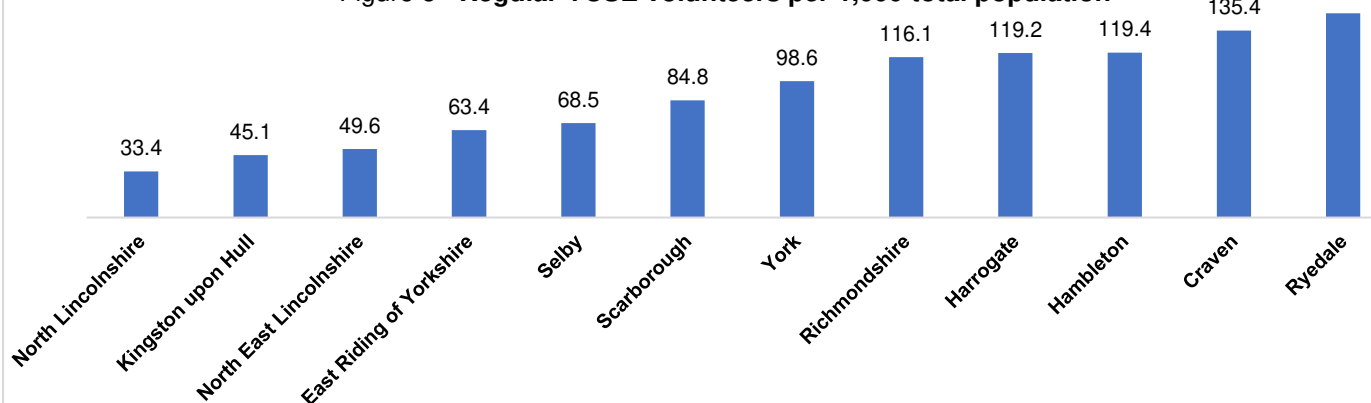


Figure 4 **The contribution of employees and volunteers in Humber, Coast and Vale** (Data sources: Charity Commission Register 2020 / NCVO Almanac 2020 / Third Sector Trends, 2019)

	Total full-time and part-time employees / total regular volunteers	Estimated full-time equivalent employees/volunteers	Total hours worked (£ millions)	Total wages/replacement cost ¹
Employees	36,200	23,200	38.3	£613m
Volunteers	127,700	5,600	9.2	£80m – £125m
Total workforce		28,800	47.5	£693m – £738m

Figure 5 **Regular VCSE volunteers per 1,000 total population**



Sector interactions

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

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

Only about a third of VCSE organisations work in formal partnership arrangements; but another fifth will consider that possibility. While only about 20 per cent of micro VCSE organisations work in more formal relationships with other organisations, over 70 per cent of the biggest organisations do so.²

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

The steepest decline appears to be amongst medium-sized VCSE organisations with income between £250,000 and £1million. In the largest VCSE organisations, participation in contract delivery has

¹ Replacement costs for volunteers are estimated as follows National Living Wage (lower estimate) and 80 per cent regional wage averages (higher estimate)

² Chapman (2010) *Third Sector Trends in Yorkshire and the Humber, a digest of findings*, Durham, Policy&Practice. Table 13.13, p. 110. <https://www.communityfoundation.org.uk/wordpress/wp-content/uploads/2020/06/THIRD-SECTOR-TRENDS-YORKSHIRE-AND-HUMBER-2020.pdf>

remained broadly similar (falling only slightly from 67 per cent in 2013 to 64 per cent in 2019).

Distribution of VCSE activity

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

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

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

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

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

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

Discussion

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

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

needs are less pronounced, the VCSE sector is more likely to concentrate attention on personal and social development needs.

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

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

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

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

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

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

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

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

and address the reasons for the growing disinclination of such organisations to engage in such work.

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

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

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

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

Horses for courses?

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

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

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

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

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

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

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

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

attempts to unsettle the equilibrium when asking them to do things that may push them out of shape.

Tailoring strategic plans to local needs

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

There are many ways in which VCSE organisations can align with the delivery of soft outcomes. In some cases VCSE organisations may work purposefully to tackle issues such as social isolation or loneliness. Others may contribute towards such an objective, but do so in a tangential way. Consequently, debates on how to invest in the achievement of 'softer outcomes' of sector activity to enhance social and personal wellbeing will always be tricky.

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

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

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

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

– and where appropriate assist with funding in areas which match their own strategic interests.

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

VCSE sector engagement with policy debates

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

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

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

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

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

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

and have a broad overview of issues that relate to their area of specialism.

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

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

To bridge the gap between higher level and local level debate, infrastructure organisations or larger local VCSE organisations (sometimes referred to as 'anchor' organisations) can help facilitate discussion with medium-sized VCSE organisations which can, in turn,

connect with very small organisations that show an interest in taking part in debates on area need.

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

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

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

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

Policy&Practice

For more information, contact:

Professor Tony Chapman
Director of Research
Policy&Practice
St Chad's College
Durham University
18 North Bailey
Durham DH1 3RH

tony.chapman@durham.ac.uk

www.stchads.ac.uk/research/

