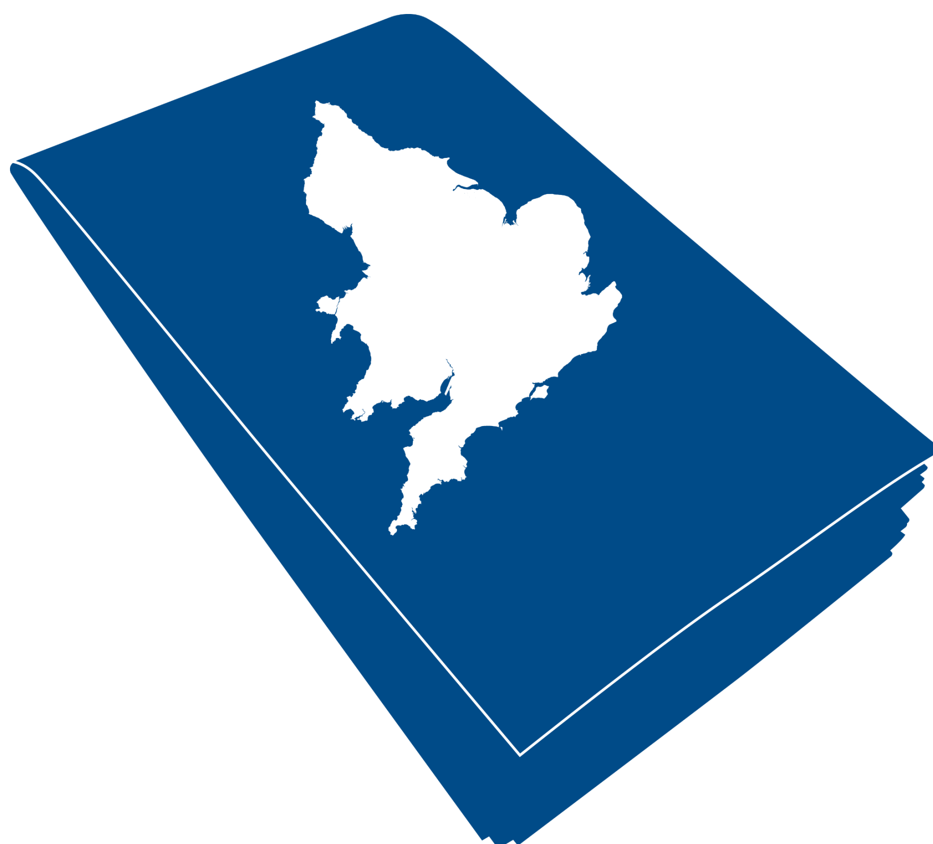
Levelling up through employment

The role of the VCSE in partnership with the health and social care sectors



VCSE
health &
wellbeing
alliance

A partnership project lead by Citizens Advice for the VCSE Health and Wellbeing Alliance: October 2021

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1. Executive summary

Introduction

“Existing deprivation has exacerbated the impact of the pandemic, and correlates with measures such as IMD (indices of multiple deprivation) score, low (healthy) life expectancy, etc. It's mainly deprivation (which reflects the) pattern of the impact of the pandemic”

(Health system specialist).

The Government is setting out a ‘levelling up’ agenda across many parts of the country. Its intentions have been brought into sharper focus because of the impact of COVID-19, particularly the growing evidence of current and potential negative impact on employment.

This report was funded in the Autumn of 2020 by project sponsors as part of the VCSE Health and Wellbeing Alliance (HWA) additional projects programme. The proposition from Citizen’s Advice, alongside its partner HWA members, is to collaboratively explore how the VCSE sector is, or can, positively influence the levelling up agenda around employment - and associated issues - through co-production of local initiatives alongside local health and social care delivery. The following approach would be taken to gather the qualitative evidence:

- choose four geographical places within England to showcase both best practice and options for development and innovation.
- from within each of the four geographical fieldwork areas, identify and interview representatives from the VCSE sector (as the local community representatives), health and social care commissioners/providers, and the local employment infrastructure. Ensuring interviews establish what the local challenges and enablers are to levelling up - with a focus on access to employment and sustainable work and careers
- contextualising the work with a literature review and a ‘roundtable’ discussion.

Report structure

This report consists of three parts:

1. **A literature review** - which outlines
    a. the policy context
    b. an understanding of statutory requirements
    c. partnership mechanisms
    d. funding levers to develop sustainable local employment opportunities and challenges as well as solutions and highlighted best practice.

   We recommend readers read the literature review to give further insights into the societal and economic factors that have informed this research and how the levelling up is intended to impact.
2. **This report** - which seeks to share the primary research and learning from the case studies at a national level, by extrapolating the potential impacts for both local practice and national policy by shining a light on the work going on in four ‘levelling up’ areas.
3. **A roundtable discussion** (and write up) with project sponsors, contributing partners and invited think-tanks and researchers.

Summary of findings

The 'levelling up' agenda throws up a key question….**is it the people or a place that is 'levelled up' to improve local prosperity, the conditions for local good work, and to reduce health inequalities?** On evaluation of all evidence reviewed under this study, this report contends that it is both people and place that is levelled up.

Securing good work is a key indicator to improve individual, and collective, health and economic wellbeing outcomes. In practice, it relies on multi-organisational coherence to best upskill the 'person' to be work-ready and create sustainable opportunities at 'place'.

Our study found consistent messages from the report's collaborators about the conditions needed to ensure good local work, which is a need for all to understand:

- the common local factors that prevent good local work
- the VCSE offer to support improving access to good work
- how wider local infrastructure can best join up to improve economic and wellbeing outcomes.

Section 1: Insight from the VCSE sector about the challenges and enablers to levelling up in their local area

Personal and community characteristics which are barriers to good work:

- **Individual's circumstance.** Who you are, has an impact on an individual's ability to find good work and maintain it. This is further compounded by where you live. For many people being able to be 'work ready' is a significant challenge, regardless of the employment opportunities that are available to them.
- **Low aspirations** are deep-rooted, complex and interdependent, and are a direct result of socio-economic conditions. Low aspirations affect confidence and self-belief, hindering progression into work for the individual and impeding progress on the levelling up agenda.
- **Lack of 'job density,' meaning there are too few jobs available per resident.** This has been exacerbated by the COVID-19 pandemic with sectors that normally offer entry-level positions having been proportionately affected. As we move forward, there is a clear desire amongst stakeholders to increase local employment opportunities; but not perpetuate systems and cultures of poor-quality employment with low pay and limited prospects for development, such as those prevalent in, for example, the care sector.
- **Transport infrastructure and access to places of employment** present a barrier to employment across all four fieldwork areas. Transport connectivity to locations of centres of employment can make accessibility a challenge. Available, but often low paid, work is often based on industrial estates on the outskirts of urban areas. Poor transport and low car ownership act as a barrier to social mobility by restricting access to employment.
- **Digital Exclusion** - lacking digital skills or access - means people are increasingly being left behind in the labour market and in accessing good work. It is observed primarily by those aged over 50, and has further been exacerbated by the COVID-19 pandemic as training and support has also transitioned to only being accessible online.
- **Ill health and the health impact of COVID-19** is a barrier to employment. Mental and physical health problems are experienced disproportionately by communities more likely not to be in good work. The COVID-19 pandemic has exacerbated this health issue affecting access to work, voluntary work

and apprenticeships. VCSE organisations have faced a huge demand for support from people losing work, including not having a job after furlough; this demand will increase once furlough schemes end.

Structural issues

- **Understanding that the VCSE sector's offer is vital in supporting people into employment** as the sector possesses unique knowledge about the local population and the challenges they face. They also possess the skills and are usually best placed, to support individuals experiencing difficulties entering the job market.
- **Uptake of apprenticeships and volunteering.** Apprenticeships and voluntary work increase confidence and self-esteem and give individuals the practical skills needed to enter the working world. Apprenticeships are readily available, however across the board uptake is low. Apprenticeship and volunteering roles need to be attractive to local populations, particularly young people. This requires work with local employers and collaborative design of these opportunities with the local community.
- **Lack of sustained funding and a broader strategy for employment support** means this support will not be available, which is a barrier towards accessing employment and also to 'levelling up'. Where there is often no common 'agenda' for local employment support, organisations often work in 'silos', as opposed to working towards a specified and agreed goal. Instead of funding 'new' programmes, more effort should go into scoping what is already happening and then directing funding to programmes that are positively impacting the local community.
- **Lack of VCSE voice and collaboration at system level**, for example at an integrated care system level, often means they are left out of local conversations and decision-making and are not consulted on changes, future projects or innovative ideas to tackle local issues. However, commissioners spoke highly of the VCSE sector and expressed a willingness to work together as equal players and develop joint strategies to tackle important local issues on health, wellbeing, employment and the economy. The best collaborative working is where established and new VCSE organisations are included, and where information-sharing infrastructure is clear and straightforward

Section 2: Identify how the VCSE and the health and care sector can work collaboratively and co-productively to set priorities and take joint action on this agenda at a local level

- **Build shared purposes, ambitions and common ground between the VCSE and health and care sectors**. All collaborators agreed that their sectors were currently focused on influencing outcomes, which inform better health, good employment and the levelling up agenda. A number of these outcomes will be shared ones therefore it is important to recognise and define what those shared outcomes are, and establish the cross-sector 'buy-in' necessary to implement them. Joint purpose needs to be clearly articulated. Our research showed that where collaborations are 'formalised', roles are better understood and the local service system is more effective.
- **Overcome and embrace cross-sector organisational and cultural differences.** Stakeholders need to recognise the strengths and limitations that are inherent in the different sectors, in order to work in ways that complement each other's strengths. The strength of the VCSE is not likely to be clinical (nor should it be) but it can reduce the need for clinical interventions, for example helping people to be work-ready, or by supporting people to stay well in their homes. Organisation and cultural understanding will deliver a more effective distribution of resources and those resources can be better employed by simplifying and standardising common service system practices.

- **Place-based: the importance of 'anchor institutions' and promoting a shared understanding of social value.** VCSE, public sector and employer anchor institutions can function as key sites of co-production and collaboration for levelling up; and commissioning agencies have the ability to influence the promotion of good work and reduce health inequalities. Shared clarity about 'local social value' is needed for a diverse VCSE sector to be able to engage with - and demonstrate - social value consistently. A place-based approach, ensures understanding of the requirements and inequalities of all local communities within a 'place' so that, for example, deprived neighbourhoods surrounded by areas of relative affluence are recognised as needing investment; and places which are perceived as homogeneously prosperous may still have significant work to do in reducing inequalities. A place-based approach to reduce health inequalities is a fundamental starting point.
- **Creating a pipeline into good work within sustainable local industries** offers both health and social benefits that increase local prosperity, and aspiration levels in levelling up areas. A strong, inclusive economy can act as a protective force against poverty and prevent the worst effects of threats to health such as a pandemic. In turn, this supports people who have personal and community characteristics (as identified above) which may be a barrier to good work. Embedding equality and inclusivity should be an important part of 'levelling up', so the 'pipeline' into good work does not become exclusionary. There is a shared desire to see sustainability and resilience featured in local COVID-19 recovery plans, not repeating many of the failings of short-termism in previous 'recession recovery' plans.
- **Combining long-termism and VCSE collaboration to achieve a sustainable ecosystem.** A long-term strategic vision is not just about how service system partners work together but also needs to focus on the role that system plays throughout people's whole life journey. Addressing deep-rooted barriers and exclusion will deliver diverse and inclusive education, employment and volunteering opportunities for people at all stages of their lives.
- **Additionality versus substitution.** The VCSE's ability to deliver as an equal local partner will only be effective if the sector's energy isn't absorbed by acting as the safety net for universal and essential service roles. Our research found that austerity has made this inevitable in many places, but it is important to consider the long-term consequences of this replacement activity. Competition for resources, and for kudos, does not necessarily best engender the collaborative and joined-up approaches needed to support people into good work.
- **The VCSE sector must lead by example** as employers that offer working conditions and prospects that will be good for health. To achieve this VCSEs talked about their growth ambitions - to be part of their local area's asset-base and to add more economic value as anchor institutions themselves. However, this can be stymied by funding mechanisms that lead to short-term security (and employment contracts) and inhibit long-term planning and sustainability.

Summary recommendations for local Practice and wider Policy are to focus on:

- **Scope the needs and work aspirations** of local populations and develop place-based approaches to reducing health inequalities.
- **Know the populations that require more support to be work-ready**, and enable the VCSE, which is demonstrably best placed, to deliver that support through collaborative working and sustainable funding.
- Support **young people into apprenticeships and volunteering** and be given more opportunities to co-design provision.
- There needs to be a **greater focus on improving digital access** and skills of the population.

- **Remove barriers for local people to get into work**, by improving ways to access work, i.e transport concessions, affordable ways to get online to support home working etc.
- **Ensure local partnerships are 'real'**. Ask "which partner is best placed to deliver" each part of a local infrastructure service to support work-readiness and deliver good, sustainable employment.
- **Commission and grant-fund for the long-term**, with a shared understanding of local social value.
- Using available policies and legislation or creating formalised relationships to ensure **better information sharing and collaboration.**
- **Remove barriers to innovation within local health systems** to ensure health service transformation is targeted at local needs.
- **VCSE organisations need to 'level up' themselves**. To be effective 'equal business partners', support needs to be accessible by VCSE partners to develop capacity and capability.
- Addressing **shortage of staff within the health and care as a starting point** for more effective local working.
- Ask "**how can the VCSE strengthen our local area offer to attract inward investment**?" .

An immediate quick win is to **involve local VCSE in local post COVID-19 recovery planning**. Knowledge and experience they have accrued over the last 12 months can help effectively shape recovery plans, and enable community co-design.

2. About the project: people and purpose

People

This project was grant-funded through the VCSE Health and Wellbeing Alliance.

Project sponsors: NHS England and NHS Improvement, Public Health England, Department of Health and Social Care.

Lead organisation: Citizens Advice.
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Project partners:
Homeless Link
Men's Health Forum
Young People's Health Partnership
Association of Mental Health Providers
NAVCA.

Acknowledgement

Thank you to all who have participated in this research, either by interviewing, being involved in discussions or sharing local resources. Your time and knowledge made this project possible.
Please see Appendix 1 for a list of collaborating organisations

We hope the findings will support your work.

3. Methodology

This place-based comparative study focused on gathering qualitative observations to explore how the VCSE and health and care sectors can collaborate positively to add value to each other's work and influence the levelling up agenda, including employment and associated issues.

Citizens Advice commissioned researchers to:

- gain insight from the VCSE sector within diverse communities about what they perceive as the challenges and enablers to levelling up in their local area, with a particular focus on access to employment and good work:
    - Personal and community characteristics
    - Structural issues.
- Identify how the VCSE and health and care sector can work co-productively to set priorities and act on this agenda at a local level
- Define a shared agenda focused on:
    - sustaining effective local employment within the health and social care sector, VCSE infrastructure and wider workforce
    - enabling more opportunities for people excluded or marginalised from good work.
- To identify and share any key messages that can influence policy and practice at a national level.

The research focused on four places: Liverpool, Knowsley, Walsall and Gosport. Citizens Advice researchers and core partners chose these fieldwork areas because they met the following criteria:

- Met the Government and other common criteria as areas that will benefit from 'levelling up'
- Effective current investment of local VCSE funding – for example through 'Building Better Opportunities'
- Evidence of effective local VCSE joint working where this includes a focus on employment and associated issues
- An effective local Citizens Advice organisation, which will have regularly collated employment and associated issue data
- Evidence of health inequalities and social and economic deprivation levels that are below the England 'mean' level
- The VCSE has an effective voice on the local health and wellbeing board and local economic growth board (or similar)
- Each fieldwork area be either a town or city or a similar-sized coastal town identified for levelling up.

Rural areas were not included in the study, as the impact of the study needed to be linked long-term via indices of multiple deprivation and national databases, which are currently focussed on concentrated need (urban areas, market); so don't capture dispersed (rural) need yet.

As well as trying to focus on housing status and individual or familial characteristics, the study was interested in hearing about the local impact on younger people through the VCSE, who do not traditionally engage with local VCSE infrastructure organisations. Under 25s have been disproportionately negatively impacted around employment because of COVID-19.

The research consisted of:

- A review of the existing literature on levelling up and employment (policies and best practice) that informed our methodology
- The development of a shared framework for research that was agreed with project sponsors and system partners
- Primary research within the four identified levelling up fieldwork areas - three sites that would benefit from 'levelling up' and one existing best practice on experiences of barriers to employment and ideas on how local health services could help in both increasing employability and local opportunities
- Semi-structured interviews, conducted by local VCSE researchers, with VCSE organisations and stakeholders in local health, social care and economic development or policy (see research introduction in section 6)
- Independent analysis by Citizens Advice and Public Health England.

In light of COVID-19, local researchers engaged with VCSE organisations where they had direct engagement with service users and community members in the delivery/governance of their activities, rather than setting up working groups/focus groups directly with communities.

4. Literature review: Key messages

There are two ways of thinking about inclusive growth: connecting people to jobs and changing the economy. In addition to creating more resilient economies, other contributions will include:

- employability support and direct job creation for the most disadvantaged
- providing affordable childcare, housing and transport
- stimulating entrepreneurship, increased productivity and innovation
- brokering economic opportunities between local places and the private and public sectors
- circulating local money and underpinning thriving communities; and influencing wider business behaviour to be more responsible and inclusive by illustrating ways of incentivising and behaving (e.g. lower pay differentials).

The UK has many relevant examples which, if better recognised and increased, could help realise more inclusive and sustainable economies requiring consideration of social economy organisations within 'mainstream' economic strategies, or procurement opportunities, for example, those arising from city growth strategies.

Measuring levelling up

There needs to be more research to establish a set of local employment outcomes (for people and place) that can help to demonstrate levelling up. Examples of outcomes might include:

- People have career aspirations and achieve their ambitions through education, training, employment and learning.
- People have enhanced skills, employment prospects and incomes. Indicators could include percentage of people in training, education, unemployed people getting jobs or being supported)
- People are working or have made progress to finding meaningful employment
- Places have sustainable economic growth for communities and business
- Places have improved competitiveness and profitable businesses, providing good quality work. Indicators could include numbers of jobs created.

The impact of employment disparities

Fall in employment can cause an increase in the prevalence of chronic illnesses in those of working age, and disadvantaged groups are far more likely to face redundancy than the general population. The precarious position of households coming into the COVID-19 crisis, coupled with the actual impact of the crisis, means that a significant rise in the numbers of people living in poverty and destitution over the coming years is highly likely.

The relationship between low income and poor health and its impact is well established. For example, poor health can also lead to a reduced income, through reduced hours and higher expenses, and job insecurity leads to higher self-reported ill health compared to workers in secure employment.

Causes of employment disparities

The literature review highlighted many causes of employment disparities pre-COVID-19. Some examples are:

- Disinvestment in adult education for the low paid
- Low uptake of adult learning; competition for higher skills
- Rise of insecure and low wages
- Lack of targeted support for:
    - older unemployed people
    - younger unemployed people
    - ethnic minorities
- The rise of insecure work and low wages.

To tackle these, the UK needs to build an adult skills system that enables retraining into medium-skilled work and develops targeted initiatives to support disadvantaged groups to gain good employment. Changes will inevitably contribute to an increase in inequality and reduce opportunities for social mobility.

Enablers that have the potential to contribute to levelling up through employment and have worked well to date.

- **Economic-led enablers -** Key initiatives that support local authority efforts to create jobs include local enterprise partnerships (LEPs) and enterprise zones (EZs). Central government policy supports these schemes and they have been further supported by growth deals, which provide additional funding, for example the Shared Prosperity Fund.

- **Health-led enablers -** The conditions in which we work have a significant impact on our health. Good quality jobs can be protective of health, whereas poor quality work can be adverse for health. Health policy and infrastructure such as Health in All Policies (HiAP), the Care Act 2014 and Better Care Fund to name a few, can promote levelling up through employment. The VCSE has a role to play as providers of services, influencers and members of local institutions.
  Another enabler was ensuring the health and social care workforce could mobilise and retain social care staff as well as providing good jobs. The VCSE is engaged as both not-for-profit provider organisations and as a wider community driver in advocating for changes to social care systems and the status of employees.

Funding initiatives such as European Social funding, Building Better Opportunities invest and health and wellbeing boards support a more joined up approach to tackling root causes of poor health, poverty. They often promote social inclusion and drive local jobs and growth.

The VCSE's role in supporting inclusive growth

It is important to move away from a simplistic 'market failure' view of the VCSE. Rather, we should see the social economy both as part of a diverse and inclusive economy, as well as having radical and transformatory potential to enable new possibilities, and ways of thinking about society, democracy and economics. A search of the main VCSE organisations that are in the market of employment, employment training and assistance around employability revealed that:

- at a national level, the market tends to be dominated by larger, private sector organisations commissioned to undertake government contracts
- the market can be quite fragmented with organisations looking at specialisms, help and guidance around barriers to employment may focus on specific areas, such as hearing impairment, sight loss, disability, mental health, ex-service personnel etc.

Therefore, even if funding is directed towards the VCSE to meet growing demand, the infrastructure needs support and to organise itself around a broader theme of service delivery for example a range of services that address deprivation & take a whole-person approach in a particular area.

Please find the full literature review here.

5. Context - analysis of the barriers to finding good work

What is meant by 'levelling up'?

Levelling up has become a catch-all phrase for addressing regional disparities across the UK. The current prime minister promised in his first speech to 'level up across Britain' and "answer the plea of the forgotten people and the left-behind towns" *(Politics Home, 2020*). However, the implied regional differences vary significantly depending on the economic or social outcomes in question. Since then, these deep-seated disparities have been exacerbated by the negative impact COVID-19 has had on employment

Regional disparities

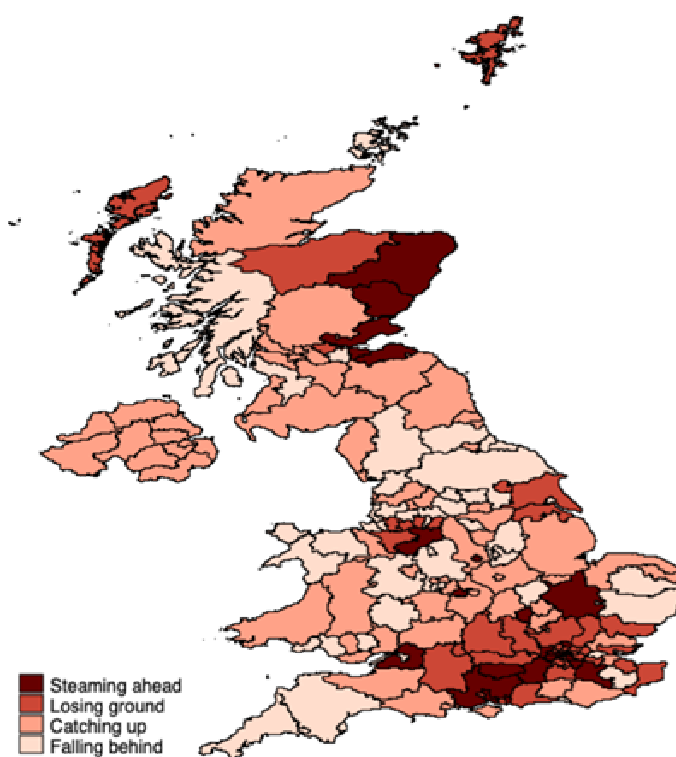


Figure 1: The Government's 'falling behind' regions** (**Industrial Strategy Council, 2020)

As identified by the Industrial Strategy Council, in Feb 2020:

- **Steaming ahead**: region with above-average initial productivity, and above-average productivity growth
- **Losing ground**: region with above-average initial productivity, but below-average productivity growth
- **Catching up:** region with below-average initial productivity, but above-average productivity growth
- **Falling behind**: region with below-average initial productivity, and below-average productivity growth.

The specifics of which places should be 'levelled up', and how, remains unclear at the time of writing. 'Left behind' areas have mostly been discussed in terms of economic development thus far. The Institute for Fiscal Studies (IFS) defines these as areas characterised by broad economic underperformance, which manifests itself in low pay and high rates of unemployment, resulting in poor living standards.

Left behind areas with high income deprivation are more likely to have a range of health conditions including serious mental illness, obesity, diabetes, and learning disabilities *(Baker, 2019).*
Poor health also influences the productivity gap between regions. University of York found that decreasing rates of ill health by 1.2% and decreasing mortality rates by 0.7% would reduce the gap in GVA per head between the Northern Powerhouse and the rest of England by 10%. In Liverpool City Region, as much as *'33% of the productivity gap between the region and the rest of the country can be attributed to ill health' (Bambra et. al, 2018).*

People with low incomes who reside in locations defined as towns (in England), are more likely to have low life expectancy or low self-reported health. Therefore, the commitment to 'level up' also needs to address geographical health inequalities *(Goodair, Kenny and Marteau, 2020).*

Levelling up - people or place?

When targeting interventions to support levelling up, are these interventions targeted at people or are they targeted at place.

- Policies that encourage the creation of local jobs, addressing structural factors such as housing and transport for example, can be an indirect way of improving outcomes for people in places that score low on income and productivity measures.

- Policies aimed at specific people will directly help increase income levels and employment prospects of people living in a particular area, regardless of whether their job is local or not *(Frontier Economics, 2020).*

- The fact that 'levelling up' speaks about 'the north-south divide' and 'city versus rural' suggests indirect ways of targeting people (i.e. local job creation, as opposed to commuting to existing nodes of business activity). This posits a greater role for local employers, the community sector and other stakeholders to take a more locally variegated approach.

- If London and the south-east continue to drive job growth, especially high-skilled, high paid job growth, then improving social outcomes will rely on the ease through which people from disadvantaged backgrounds can find work in the capital. Yet the cost of housing, the cost of living and the cost of transport and the competition for work from large-scale emigration remain a huge barrier for people from moving to the south-east *(Social Mobility Commission, 2019)*.

From the research above targeting both people and place will give the best chance of levelling up.

The rise in barriers to finding good work before COVID-19

'Good work offers job security, provides a decent income, widens social networks and gives people a purpose. This contributes to improving physical and mental wellbeing. The health benefits of good work extend beyond working-age adults to their children, wider social network and communities'

(Public Health Scotland, 2019).

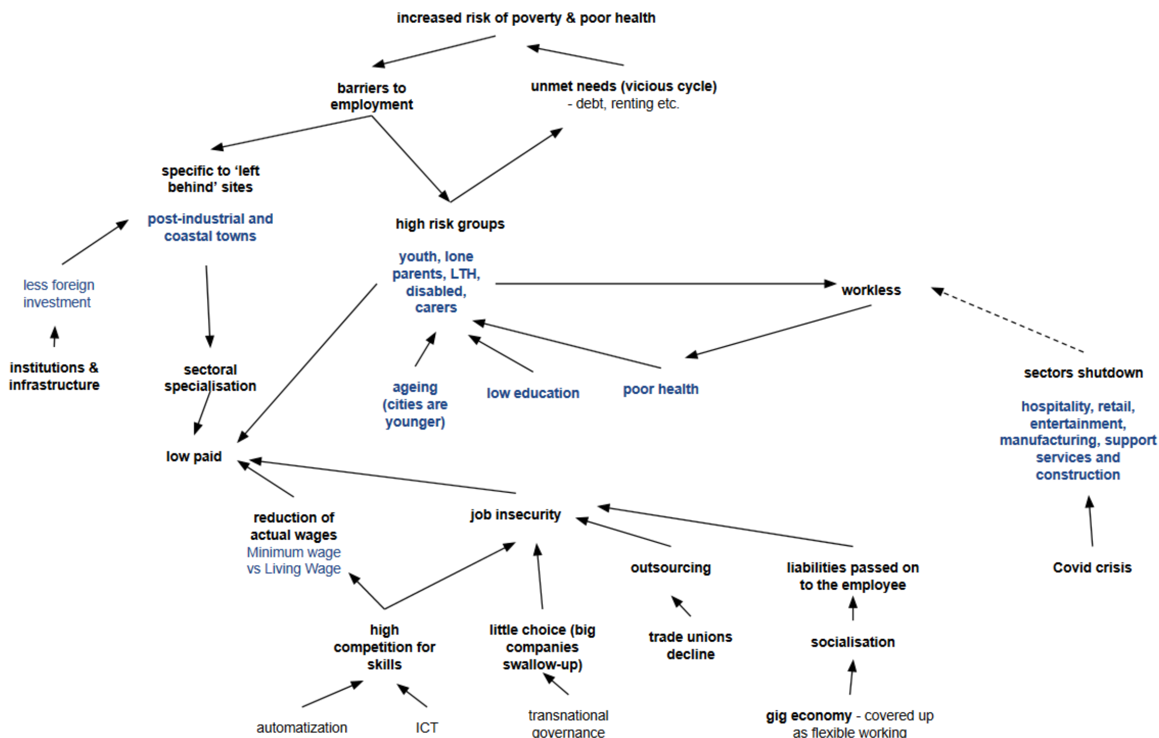


Figure 2. Unemployment and low paid work - structural causes of employment disparities

The recent 10-year update of the 2010 'Marmot Review' *(Institute of Health Equality, 2020)* highlights that while rates of employment have increased since 2010, there have been significant changes to the quality of work over the past decade, with serious implications for people's long-term health. The burden of low-quality work falls disproportionately on certain groups. It is concentrated among those with less education and lower social status. Collectively, young people under 25 are particularly badly affected, and there are significant geographical variations.

It has been hypothesised that one reason why the proportion of individuals in work has not fallen further during the most recent pre - COVID-19 recession in the UK is because there has been an increase in the proportion of self-employed workers with very low incomes, who may be regarded as the 'hidden unemployed' i.e. the 'gig economy'.

Britain has long had a problem with 'sticky floors' in its workforce; it has poor pay, poor progression and large numbers of low-skilled jobs. There is also a trend towards more unstable (or 'flexible') employment *(Social Mobility Commission, 2019).*

The Living Wage Foundation estimates that the living wage – the wage they define to be required in order to live a minimum standard of life – is £9.50 across the UK and £10.85 in London, compared to the national living wage of £8.91 for those over 25. This suggests that thousands of 'hard-working people' are still not able to make ends meet. This is in part because minimum wages are driven by economic theory therefore minimum wages do not always compensate for actual living costs. *(Social Mobility Commission, 2019).*

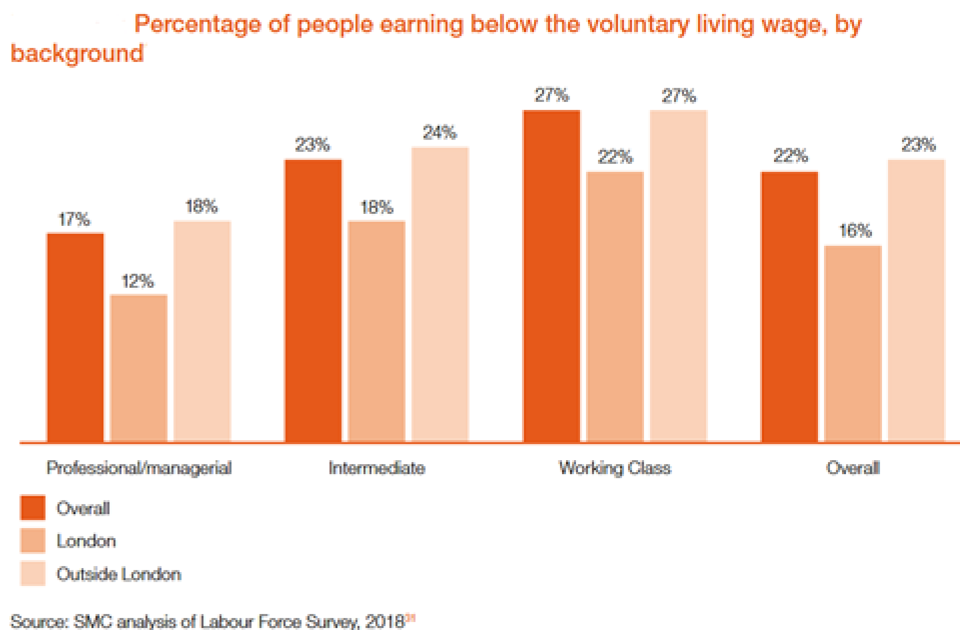


Figure 3: People earning below living wage in 2018 (Social Mobility Commission, 2019)

The decade of 'post-crisis recovery' since 2008 raises serious questions about what decent work is today and who has access to it. Rising employment rates often lead to increases in

- part-time and short-term work
- low-paid work
- zero-hours contracts
- in-work poverty.

This recovery has contradictory macroeconomic implications, since under-employment and job insecurity, compounded by cuts to welfare, have a destabilising effect on consumption, which, in turn, slows GDP growth. In the era of austerity, public service cuts have underwritten a crisis in the provisioning of care needs – of 'social reproduction' – the brunt of which is being borne by women, low-income households, and ethnic minority communities *(Sheffield Political Economy Research Institute, 2019).*

What is the impact of not being able to find good work?

Poverty

- Research from a Citizens Advice report *(Citizens Advice, 2020)* shows that the risks of redundancy are not being faced equally. **Disadvantaged groups and those with caring responsibilities are far more likely to be facing redundancy** than the general population.
    - One in four disabled people (27%) are facing redundancy.

- One in two people who are extremely clinically vulnerable to coronavirus (48%) are facing redundancy.
- Two in five people with caring responsibilities (39%), either for children or clinically vulnerable adults, are facing redundancy.
- Three in 10 people with children under 18 (31%) are facing redundancy, compared to less than one in 10 (7%) of those who don't have children under 18. This indicates that women will be disproportionately affected.

- The study also shows **those living in the private rented sector** are more likely than those living in other household tenures to **have been adversely affected by the pandemic**, with 36% of private sector renters seeing their income fall by 20 per cent or more.
- The precarious position of households coming into the COVID-19 pandemic, coupled with the impact of the crisis, means that a significant rise in the numbers of people living in poverty and destitution over the coming years is highly likely. The National Institute for Economic and Social Research (NIESR) estimates that over a million working-age adults will have been forced into extreme poverty during 2020 *(Lenoel et al., 2020).*

People from ethnic minority backgrounds

- **People from ethnic minority backgrounds have been disproportionately affected by COVID-19**. Many ethnic minority groups have populations (particularly younger people) who have been disproportionately impacted by lack of opportunity to gain and retain good work; and, through the COVID-19 pandemic, are also more likely to work in shut-down sectors.
- This is **particularly striking for the Bangladeshi and Pakistani group**s. For example, *'Bangladeshi men are four times as likely to work in shut-down sectors as white British men, due in large part to their concentration in the restaurant sector, and Pakistani men nearly three times as likely, due in part to their concentration in taxi driving' (Fiscal Studies, 2020).*
- Comparing disparities in pay, employment, and unemployment among different ethnic groups in the UK shows that there has been little change over the past 25 years. Indeed, *'for black, Pakistani and Bangladeshi men and women, **pay gaps** with white men and women **have widened**' (Manning and Rose 2021).*

It should be noted in our primary data that the four fieldwork areas in our research have the following population profile of 'Non-White British' or 'Other White' (2011 census):

- Gosport = 3.6%;
- Liverpool = 9%;
- Knowsley = 1.6%;
- Walsall = 17.5%.

This scope of this research did not look specifically at the impact of ethnicity on access to local good work.

Low pay and insufficient hours

- Of all those low paid in 2006, only one in six made a sustained progression onto higher wages ten years later.
- **Over half were 'stuck' on low pay** for this period with no imminent prospects to progress. (Benzeval et al., 2014)
- Low paid workers face acute problems of large firms dominating in certain sectors. Nearly **one in six (16 per cent) low paid workers are employed by just 20 firms**, reducing choice and competition for improved job conditions *(Social Mobility Commission, 2019).*
- The **low paid have already suffered the worst of the economic effects** of this pandemic; they are more likely to have lost their job, or hours and pay, or to have been furloughed. *'They also suffered greater health risks – they were less likely to be able to work from the safety of their homes' (Resolution Foundation, 2020).*

Ill-health

- The IFS estimated that the fall in employment over the 12 months after the 2008 crisis caused an increase of 900,000 in the prevalence of chronic illnesses in those of working age. The IFS evidenced that a 1 per cent fall in employment leads to a 2 per cent rise in the prevalence of chronic health conditions among the working age population *(Fiscal Studies, 2020).* Predictions indicate that the UK is on track for exactly that, so the post COVID-19 impact will mirror the impact of the 2008 recession.

End of year	Employment rate	Difference	Increase in prevalence of chronic illness among working population	Increased number of people with chronic illness among working population
Dec 2019	76.5%	-	-	-
Jan 2021	75.0%	-1.5%	3%	971,220*

Table 1 Based on 3% of ONS labour market people in employment - 32,374000 (March 2021).

- We can predict a similar pattern around suicide. Liverpool University *(BMJ 2012)* found that between 2008 and 2010, there were 846 more suicides among men than would have been expected based on historical trends, and 155 more suicides among women
- Income affects health through different broad pathways:
  - *material* - through the ability to afford a healthy lifestyle
  - *psycho-social* - through the impact that having insufficient income has on stress levels
  - *behavioural* - the material and psycho-social impact of income can lead to maladaptive coping strategies such as harmful levels of drinking and smoking.
- **Poor health can also lead to a reduced overall income** caused by reduced hours and higher expenses.
- **Job insecurity leads to higher self-reported ill health** relative to workers in secure employment. Workers exposed to chronic job insecurity had the highest self-reported morbidity, indicating that job security might act as a chronic stressor.

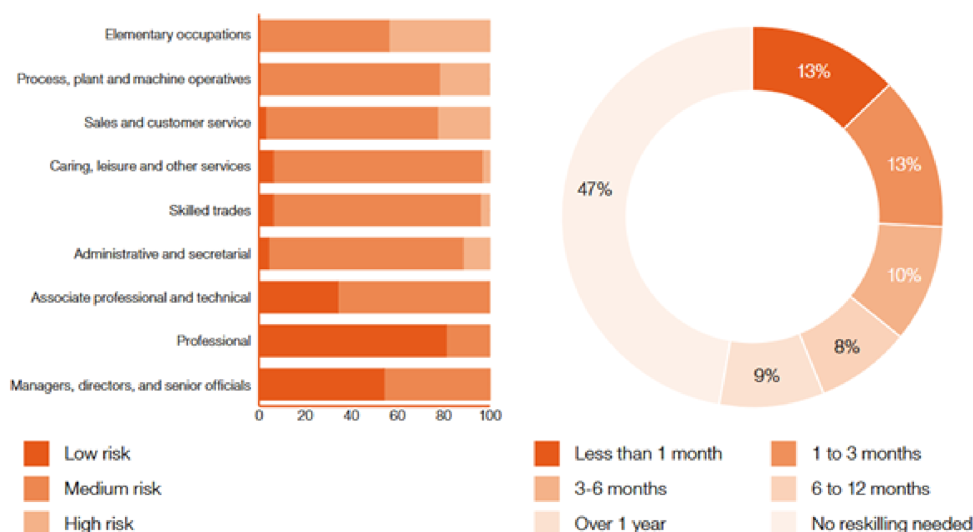
What are the causes of not being able to find good work?

Poor Education and learning opportunities

- **Disinvestment in adult education for the low paid**. The large volume of Britons stuck in low pay is set against the context of a steady year-on-year decline in the number of those participating in adult education, with a 10 per cent drop in 2017/18 compared to 2015/16.
- **The poorest adults with the lowest qualifications are the least likely to access training.** Recent Social Mobility Commission research found that; almost half (49 per cent) from the lowest socio-economic group receive no training at all after leaving school, compared to 20 per cent from the highest socio-economic group. This means that those stuck in low pay have fewer opportunities to upskill or retrain *(Social Mobility Commission, 2019)*.
- **Low uptake of adult learning.** The most frequent obstacles to participation in lifelong learning in 2016 were existing work schedules (59.8%) and cost (45.2%). The lack of flexibility in training opportunities is also a barrier to adult learning and participation in education.

Available skill gaps

- **Competition for higher skills**. In the context of automatisation and technological advancement, the affluent are more likely to benefit from changes that require upskilling. Employers are more likely to invest in those with higher skills, and graduates are three times more likely to receive training than those with no qualifications.
- **Low skilled jobs are likely to be easily automated** - especially in administration, manufacturing and retail, employing significant numbers of workers in these roles. Therefore job losses can be expected, as automation increases.



Source: World Economic Forum, *The Future of Jobs Report 2018*, 2018

Figure 4: Worldwide reskilling required due to threat of automation (World Economic Forum, 2018)

Gender

- Estimations suggest that **relatively young and relatively old men respond to higher unemployment rates by withdrawing from the labour market**. These groups are likely to find it easier to substitute alternative activities for work or job search, with the young tending to, for example, becoming students and the relatively old taking early retirement *(Bank of England, 2011).*
- **Among women, there has tended to be a dip in participation at the traditional child-rearing ages** from the mid-20s to mid-30s. Participation rates for women then peak around the mid-40s at just above 80%, a lower level than for men *(Bank of England, 2011).*

Lack of targeted support for older unemployed people

- A lack of targeted support for **older unemployed people to find work coupled with age discrimination in the workplace can also prevent or disincentivise longer working lives**. Poor health and caring responsibilities are two of the major factors that push older people out of the labour market. The majority of those leaving their jobs between 50 and 64 move into unemployment or onto disability benefits rather than retirement *(Cory, 2012).*

Implications

- If skill gaps are left unaddressed, there is a risk of leaving people worse off, exacerbating the cycle of disadvantage that is already entrenching poor social mobility generation-on-generation. **Investment needs to be quickly channelled into building an adult skills system that enables retraining into medium-skilled work.** Without these changes, social mobility will inevitably get worse as the more educated pull ahead and the low-skilled are left behind, living from vulnerable job to vulnerable job.
- The challenge is not simply to get more people into work. **Creating more and better jobs and connecting people in poverty to opportunities are essential** for an inclusive growth agenda.
- Even if we propose to level up places (therefore targeting people indirectly), it cannot be assumed that economic growth in an area will automatically benefit local workless people or those in low-paid employment; nor will it improve health and wellbeing for everyone. ***'People across the whole health gradient need opportunities to participate in the beneficial aspects of the local economy****' (Local Government Association, 2020).*
- **Health, social care and the community sectors have an increased role in creating a joint levelling up agenda for employment,** with long-term implications for health improvement and prevention. To this end, inclusive growth has strong similarities to the population health agenda *(Institute of Health Equality, 2020)*, given the obvious and pressing links between the social determinants of health and low economic productivity in the areas discussed.

6. Research: Introduction

The aim of the research was to look for emerging evidence on how the VCSE and health and social care sectors could influence the creation of a local inclusive economy, as this directly responds to the need for creating more, and better quality, employment opportunities for local communities.

Research questions sought to understand:

1. What does levelling up mean in the context of employment? What are the main structural and personal barriers to employment?
2. What is the VCSE's offer for supporting levelling up through employment and how is this evidenced?
3. What are the partnership opportunities between the VCSE and the health and social care sectors? Are there any examples that demonstrate impact?
4. How could these partnership opportunities be improved, in order to co-produce employment initiatives?

The research needed to collate data to understand:

- examples of good practice on the VCSE role in influencing local employment prospects;
- high-level mapping of relevant local stakeholders;
- background documentation on local employment initiatives.

Primary source data came through a number of semi-structured interviews using a common template and consent form with each interviewee. The research from the four fieldwork areas have been combined into themes and reflect the honest and sometimes challenging voices and experiences of 44 interviewees across five stakeholder categories:

1. Economic policy specialist (i.e Local Enterprise Partnership)
2. Health system specialist (i.e Primary Care Network, Integrated Care System)
3. Social care commissioner
4. Local VCSE Infrastructure organisations (i.e Council for Voluntary Service)
5. Local VCSE service provider (i.e local Citizens Advice service).

The names of individual collaborators from each stakeholder category have been anonymised to ensure participants could be honest and open about the challenges.

Some very clear messages and themes emerged, alongside a real enthusiasm to make a difference in all four fieldwork areas. This will however, partially depend upon the ability of organisations and systems to change their existing approach and perspective. Some issues, such as transport, will be very difficult to resolve without a significant injection of central government funding. So, the opportunities and needs are evident, but tangible support and unified action will be needed to move the levelling up agenda forward in these areas.

Within the findings below *italics* or quotation marks have been used to denote direct quotations of the words used by interviewees.

7. Research: Thematic findings

Section 1: Gain insight from VCSE sector within diverse communities about what they perceive as the challenges and enablers to levelling up in their local area

This section focuses on access to employment and good work, as evidenced from the four fieldwork areas.

- **Personal and community characteristics**
- **Structural issues**

Personal and community characteristics which are barriers to good work include:

Difficult life circumstances and low aspirations

The findings highlighted first and foremost low aspirations as a barrier to employment. The causes of low aspirations are deep-rooted, complex and interdependent, and are a direct result of socio-economic conditions. Low aspirations affect confidence and self-belief, hindering progression into work for the individual and likewise impeding progress on the levelling up agenda;

"…we're supporting many thousands of people each year who are in some of the most challenging of circumstances, and very often they are dealing with experiences of homelessness, abuse, exploitation, addiction, contact with the criminal justice system and many more besides, and I think what we would see in our services is that many of those factors have been, from a very early stage often in people's lives, acted as barriers to accessing employment"

(Local VCSE service provider).

Where an individual presents to a VCSE support organisation with life issues, these issues take priority over finding and sustaining employment. For young people aged between 18-25, whom the findings highlighted as a group facing particular challenges in entering the job market, it is observed that personal circumstances such as a disruptive home life and housing issues negatively impact on educational attainment. These young people also have low levels of self-esteem and self-belief, and a general lack of confidence in their abilities to achieve in school and in the workplace.

"…I think, at a more personal level, the areas that need to be addressed are in resilience and self-esteem and then how we support people to have good resiliency, but also their self-esteem and their view of the world and [what they] believe they can achieve themselves. I think that for many, many things in life, but they often overlook those more fundamental things like self-esteem"

(Economic policy specialist).

Another common theme was multi-generational unemployment within families and how this negatively affects young people to access work. Multigenerational unemployment is observed to negatively affect confidence and self-belief, hindering progression to employment. In parts of Walsall, for example, interviewees spoke of particular areas in the town known to have issues with generational unemployment, particularly in the north-east region. For a lot of these families, unemployment and receiving benefits *"is a normal part of life."* *(Local VCSE service provider).*

"People's belief in themselves, that's what we hear a lot. 'Well, I can't. My mum never did, my nan never did.' Without being able to hold your head high you're never going to apply for those jobs that maybe will stretch you, or that course… I think unless we improve people's self-worth and belief, we can't move this forward"

(Local VCSE service provider).

"…third-generation unemployed families, where perhaps their parents have never been in employment, or their grandparents have never been in employment. They've never had that support to understand what their role is as an employee, so that's something we've tried to address"

(Local VCSE service provider).

Those experiencing homelessness, young people (particularly those not in education, employment and training (NEET)), women (especially lone parents), those with continuing educational needs and learning disabilities, people from ethnic minority populations and those who have worked in industries that have suffered closures due to COVID-19 were identified as groups experiencing particular challenges in obtaining employment across all four fieldwork areas. For people with educational needs and learning disabilities, interviewees identified that upon leaving school, there are sometimes gaps in the support available, meaning individuals *"become more isolated, less confident, they lose the impetus that they had at school, and they lose their friendships and the peer support that they had"* (Local VCSE service provider). When they enter the workplace, there is sometimes a lack of disclosure from the person about their condition which hinders further support being offered in the workplace. A general lack of understanding of learning disabilities and disorders, particularly autism, was also identified, meaning these individuals are less likely to be able to sustain employment once it is attained.

VCSE representatives highlighted women as a group not only facing barriers into employment, but also sustaining employment. Lone parents, who are usually women, are burdened with the cost of childcare, whilst women who have faced discrimination, exploitation or have been in the criminal justice system lack confidence and self-esteem. Mature women who have traditionally looked after their children and have been out of the employment market for some years often need additional support to gain confidence and to be 'work ready'. Carers were identified as another group commonly supported to get into work, with most of these being women. Often, long term carers have been absent from the workplace and lack paid work experience, requiring additional support to attain work. For individuals from ethnic minority communities, barriers mostly centre around language and individual or collective discrimination.

Work is needed across local systems to ensure all players understand that work-readiness is not static, but rather it changes with the life circumstances of the individual. For VCSE organisations, this 'revolving door' nature of supporting individuals to get into work heavily impacts on budgets and is dependent on funding.

"…there has been quite a lot of work done around this sort of concept around work readiness, and in sort of policy terms [is often] talked about a lot, about people being work ready. I think what we would say is that that changes all the time, so somebody might be work ready, they start, but things are often changing for them all the time, so actually what constitutes work readiness, it's this sort of artificial construct really"

(Local VCSE service provider).

For those with disabilities, support is often needed on an ongoing basis, even after work has been secured, to ensure they *'settle in'* and are comfortable with navigating what is an unfamiliar environment. For this group, it can be difficult to face the competition of the typical job market when other candidates do not have the same challenges. The VCSE sector has observed that the market is lacking in jobs for those with disabilities:

"There's the barrier of the fact that when you go for an interview, you're up against it. With the best will in the world, you're competing in a marketplace that will be hard to break down, if you've got a disability. Regardless of

all of the legislation and equality claims by the employer, there always is. There will be somebody who can do the job better than you can, so why would an employer choose you? Yes, so the jobs for disabled people aren't there. When you're competing in an able market, it's difficult"

(Local VCSE service provider).

Lack of 'job density,' challenges with the employment market and a change in the local market job offer

Another barrier towards employment is a lack of 'job density,' meaning there are too few jobs available per resident. This has largely been caused by changes in the local job market. Gosport, for example, has a large proportion of employees and volunteers commuting out of Gosport daily as the employment opportunities in the area are limited - there are only 8 major local employers. Supply simply does not match demand:

"Locally, Gosport as a peninsula only has 0.51 of a job per working adult, one constraint to this is the land available for businesses to be able to call Gosport home and grow and expand within our local area"

(Local VCSE service provider).

"Gosport's a town in transition. It was very much heavily integrated with the Ministry of Defence and that sector and supporting industries for that, and that has been progressively getting taken away from us. We're also a peninsula, so our ability to access and attract businesses is limited"

(Local VCSE service provider).

For Gosport, the top sectors for employment are travel and tourism, hospitality and retail - all sectors which have faced closures during the COVID-19 pandemic. Gosport already had a high unemployment rate, even before the pandemic. A relatively large proportion of the people not in employment were already in the 'unready to work' category, mostly due to ill-health. The local borough council, in trying to address the lack of jobs, is working closely with the Ministry of Defence to redevelop vacant sites for the benefit of the community and local economy.

"We have seen the shrinkage of Gosport War Memorial Hospital. When we talk about jobs in the health and social care sector, I think it's really important that we have that investment in Gosport - it's needed because of the economic corridor"

(Local VCSE service provider).

Walsall, Liverpool and Knowsley face similar challenges concerning job losses as a result of the pandemic. Sectors which normally offer entry level positions suited to young people, or those with fewer formal qualifications, have *"taken a huge hit,"* compounding some of the difficulties experienced by young people and other job seekers (Local VCSE representative). Interviewees also point to historical underinvestment leading to the lack of job opportunities, although in Walsall investment levels are observed as now taking an *"upward trajectory"*

(Economic policy specialist).

One area of employment mentioned frequently as being in demand across all four fieldwork areas was care work – domiciliary, nursing and residential. These roles are often characterised as low-paid, with no opportunity for development or progression, meaning job retention in this sector is poor. For Liverpool and Knowsley, this also makes retaining the service and maintaining its sustainability difficult:

"There's tensions between sector providers and the affordability to sustain their service offer, based on that low payment threshold that they receive. We've got one specific organisation that's now predominantly Knowsley-rooted, but picking up Liverpool residents for its service because Liverpool pays more than Knowsley.

There's then a threat that we might lose that organisation's presence…There's more work than what they've got capacity to take on because they haven't got the workforce because there's still a bit of a stigma around health and social care, that it's low-skilled, low-paid, low-aspirational, no career development. It's not seen as a profession"

(Local VCSE service provider).

Likewise, Walsall has a large care workforce, however it has been observed that there is a reluctance to give employment opportunities to those who have no paid experience in this industry, even where there is a clear need for new talent and many candidates having the desire to enter this sector.

"…the vast majority of care jobs want a set amount of paid experience. Now, whether that's because they're so under pressure that they want people to hit the ground running... I think it's quite weird at the moment that there are loads and loads of care jobs out there, which you would expect, but that aren't for people new into care; most want X number of years' experience"

(*Local VCSE service provider*).

There is a clear desire amongst stakeholders to not perpetuate systems and cultures of poor-quality employment with low pay and limited prospects for development, such as those prevalent in the care sector. Interviewees expressed aspirations for working conditions and pay to be brought in line with the rest of the health sector. There is also a risk of higher levels of unfilled roles and residualisation of the workforce in less competitive or already more deprived areas, which perpetuates existing inequalities. This work needs to offer an equivalent health benefit to the staff as it does to the service users. Levelling up strategies need to therefore elevate the industry and other similar industries, as there is limited benefit in creating more jobs if the conditions are poor or they do not boost aspiration and long-term prosperity. Conditions, pay, and professionalism, or perceptions of professionalism, need to be improved in these sectors which are inherently sustainable, and unlikely to be lost or automated.

Employment, transport infrastructure and access

A lack of transport connectivity also presents a barrier to employment across all four fieldwork areas. Transport connectivity to locations of centres of employment can make accessibility a challenge. For example, connectivity between central Liverpool and Knowsley was identified as a challenge with one interviewee saying:

"The advantage in Liverpool is that there's an awful lot more jobs and Liverpool is very much the economic centre; its city centre is the centre of the city region in that respect. So, there is a positive correlation between proximity to the Liverpool city centre and ability to get an entry-level job in that respect, so there are some advantages there. However, some of our rail networks are really, really strong and really powerful, but 83% of our journeys, our booked transport journeys in the city region are taken by bus"

(Local VCSE service provider).

In Knowsley, the employment offer that does exist in the area is not necessarily accessible for people without their own transport as this offer is based on industrial estates on the outskirts of the district. It was highlighted that poor transport and low car ownership in the district acts as a barrier to social mobility and therefore a barrier to employment also.

"The truth is, if you live in Halewood, and the job's in Kirkby industrial estate, the challenges to physically get from where you live to the place of work - and an awful lot of the jobs available are quite low-skilled jobs as well"

(Local VCSE service provider).

Respondents in Gosport tell a similar story;

"we're probably the biggest town in England without our own railway station"
(Local VCSE infrastructure organisation).

Gosport is a peninsula and although it has a ferry that crosses to Portsmouth, transport is still a barrier to employment. Getting out of Gosport can be an issue, particularly during rush-hour. A bus route links Gosport to Fareham, however this adds an additional cost to workers and volunteers. Some areas of the town only have 4 buses a day. Gosport's access issues adversely affect its economy, employment opportunities and people's ability to travel to work, particularly those from marginalised communities. A large proportion of employees and some volunteers have to commute daily as there are limited employment opportunities in Gosport. Supply doesn't match demand, and there is a high skill need for 'anchor organisations'.

"If you're looking at someone that wants to get back to work, with a health condition that wants permitted work - that is, up to 16 hours... they have to either get a bus to Fareham, then from Fareham to Portsmouth and there's a cost issue there, or even from the ferry over again, there's also a cost and time issue. They're spending two hours going somewhere for a two-hour job and spending probably an hour's worth of their wages on travel"
(Local VCSE service provider).

Walsall experiences similar issues. Interviewees spoke at length about the kind of work that is available, similar to Liverpool and Knowsley in that this work is usually on the outskirts and difficult to reach with public transport. Additionally, employers will stipulate that a driver's licence is preferred;

"even for cleaning, a driver's licence is preferred. All the old-style jobs where you can just get up and maybe hop on the bus, they don't exist anymore. […] Unless you're working in extra care/residential nursing, whatever, they want drivers. It's very difficult to get jobs for people who don't drive. Very rarely do young people drive."
(Local VCSE service provider).

Digital exclusion

It is well understood that those who do not engage effectively with the digital world are at risk of being 'left behind.' This is also true for employment. Interviewees observed that those lacking digital skills are increasingly being left behind in the labour market, thinking that digital exclusion and a general lack of digital skills is perhaps the *"biggest barrier towards employment" (Local VCSE service provider)*.

Some of the organisations involved in this research focus exclusively on supporting individuals in gaining digital skills. This shows the perceived importance of these skills to accessing work;

"most of the people we work with have low income and perhaps have for quite a while, and they have got older Nokia type phones that don't support the internet or accessing jobs online"
(Local VCSE service provider).

Interviewees in the VCSE sector observed that people found it difficult to complete application forms online;

"both from the perspective of the devices they have access to, and their digital skills in general where they're just not confident going through very long forms on a computer without someone sitting by them to really babysit them through the process"
(Local VCSE service provider).

This exclusion is observed particularly in those aged 50+, who due to socio-economic reasons do not have access to smartphones, laptops and tablets. After years in long-term work, when people in this age group suddenly find

themselves unemployed, they are faced with a new and unfamiliar way of applying for work – digitally. This is compounded by the fact that a general shift to applying for work online has been observed over the past two decades. People in this age group sometimes also lack confidence in navigating the digital world. In addition to this, connectivity and broadband speeds can also present a barrier, with a VCSE organisation in Gosport observing that the district is *"...well behind the curve on things like high-level broadband"*

(Local VCSE service provider).

"...there is a significant shift to applying for jobs online. With being in the service for quite some time, I can remember when people used to write on to their job searches that they'd look in a local newspaper, shopfronts, things like that. […] …. now because of COVID-19, everything's gone on to online so that sort of link in, even that element's been removed now because of COVID-19. I think definitely how people find and apply for work is a massive barrier"

(Local VCSE service provider).

Digital exclusion has further been exacerbated by the COVID-19 pandemic, as training and support has also transitioned to only being accessible online.

"COVID has affected our service massively because we can't meet in groups anymore and therefore, our regular weekly groups that we would hold would again give that indirect support, say to somebody helping build their confidence, keeping up their connections. Those have gone online which means some people can't access it because some people, their anxiety levels are too high, they might not have access to a computer, they might not be able to use that kind of technology. […] it means that perhaps some of the more practical work that we would have done with somebody, just physically getting somebody out of the house, having conversations with other people had such a massive impact and that can't happen anymore"

(Local VCSE service provider).

Health and the impact of COVID-19

Ill health was also identified as a barrier towards employment, with a high number of people receiving benefits across all four fieldwork areas due to health conditions and physical and mental disabilities. Mental health problems are experienced as a barrier disproportionately by some groups within the fieldwork areas. It is also important to note that this was already the case prior to the COVID-19 pandemic, with recent research showing that the pandemic has exacerbated this issue, increasing health inequalities and growing further as a barrier to employment.

"Mental health problems were the most significant health issue for why people were either not able to access employment or to retain employment. Or indeed, even to engage in training programmes as well. Mental health has suffered significantly for the whole of the population during the pandemic - to a greater extent for those who are more vulnerable and for people living in socio-economic deprivation"

(Health system specialist).

One of the major impacts of COVID-19 had been job losses, with VCSE organisations faced with supporting individuals who have been furloughed then not returning to work. The pandemic has also affected access to voluntary work and apprenticeships due to COVID-19 measures restricting face-to-face contact. A shift in applying for work has also been observed, with individuals not being able to walk into employment agencies on the high street to enquire about work. Instead, job searching has moved to the internet which, as already mentioned, presents barriers to those without digital skills and access to devices.

Communities across the country have been faced with immediate hardship as a result of COVID-19, with many being in these situations for the first time in their lives. In Gosport's younger population, for example, local

representatives stated that those aged 19 to 25 are now more than ever before likely to be unemployed. This is compounded by the fact that if a young person is disadvantaged, they are also unlikely to have access to a good internet connection and suitable devices which aid in job searching. There is no doubt that COVID-19 has exacerbating inequalities;

"there needs to be support available to address the fact that COVID's going to result in massive, long-term changes to the labour market because what happens is things go online and being digital, that will accelerate, and it won't go back."

(Health system specialist)

Gosport has a relatively high number of people receiving benefits because of health conditions and disabilities. Before the pandemic, Jobcentre Plus was planning to develop new and innovative approaches to working with this group of people by developing new relationships with the NHS, Clinical Commissioning Group (CCG), the Further Education sector, VCSE and the local authority. Unfortunately, much of this work has been put on hold because of COVID-19.

"There's been a lot of money coming down to support businesses because of COVID, the voluntary sector has been very much a part of that and the way we've worked together to support individuals has all been very good"
(Local VCSE service provider).

"Whether that's because their risk assessments are too high, with some employers it's going to be incredibly competitive to get into an employer because, for example, we had somebody with epilepsy and nobody would touch them because they were so high risk with how frequent their fits were and how unpredictable their epilepsy was, we really struggled to get them into an employment that they wanted to be in"
(Local VCSE service provider).

Structural considerations

The strength local VCSE offers

The VCSE sector's offer is vital in supporting people into employment as the sector possesses unique knowledge about the local population and the challenges they face. They also possess unique skills which are not matched by other sectors, and these skills enable this sector to best support individuals experiencing difficulties entering the job market.

Employment support is observed to come in two forms: direct and indirect support. Direct support is focused on equipping the individual with the skills they need to obtain and sustain employment, such as assistance with job searches, completing applications, preparing for interviews and equipping the individual with essential digital skills. Indirect employment support, on the other hand, focuses on addressing personal barriers such as access to housing, increasing confidence and self-esteem. Some organisations also support individuals with accessing health and wellbeing assessments (blood pressure, cholesterol, diabetes checks) and also with cooking lessons, all of which feed into ensuring a stable home environment and solid foundation for individuals to progress into and sustain employment.

It was reflected throughout all interviews that the work that the VCSE sector does is on the whole well received and appreciated by employers, commissioners, health care providers and the Jobcentre. The VCSE sector also recognised themselves as important contributors within the local economy in their role of equipping individuals to enter the workplace and as employers themselves;

"whenever we've had our mentoring programmes in place, the employers really appreciate it, because a lot of our young people are furthest from the labour market when they come to us so they're not used to adhering to

rules and regulations, policies, procedures. So, us being able to take that time out with that young person to sit down and go through policies for example absolutely helps the employer because that means that it's not time that they're spending on it"

(Local VCSE service provider).

The VCSE is well prepared and keen to assist with programmes linked to health care.

"If doctors are seeing people who are suffering from feeling isolated and depressed [and that], don't know where to turn to, they've got money worries, they could be referring them to us. It was a while ago we tried this, but it didn't work. From my limited knowledge and understanding, doctors/GPs and those that are looking at alternative ways of support; not just prescribing medication. If somebody is feeling down and whatever, we can help with that kind of thing"

(Local VCSE service provider).

One VCSE organisation in Walsall, for example, collaborates with a local GP practice to offer social prescribing to frequently attending patients who present with social issues as opposed to medical issues needing clinical intervention. The VCSE organisation reports an improved working and collaborative relationship with the GP practice, as well as improved outcomes for patients.

"The reason why we got involved with that health centre is because they had 17,000 at their health centre, and when we spoke to the GPs there, they were saying that they could have 17 patients booked in to support on that day and only four of them might end up having medical issues that they have to support on. What they were finding in that particular locality was that the GP service was the only door that was open, so you had people presenting with health problems that were, in fact, social issues"

(Local VCSE service provider).

Where a prerequisite of obtaining funding specifies VCSE involvement, VCSEs are well engaged, which leads to positive outcomes in programmes.

"…the VCSEs were engaged right from the outset, so that they were able to input into the evidence base and the business case for the investment and putting the programme together. So, they could really lend their experience to issues facing local people and the range of support that was required…"

(Economic policy specialist).

Apprenticeships and voluntary work as a way into paid employment

Apprenticeships and voluntary work have both been shown to increase confidence and self-esteem, also giving individuals the practical skills needed to enter the working world. Interviewees expressed that apprenticeships are available in their local areas, however across the board, uptake is low. There is a general sense that young people are not inspired by what is on offer;

"a lot of young people want to work in digital, and there aren't the opportunities"

(Local VCSE service provider).

Voluntary work experience is a valuable way of building confidence, practical skills and aiding work readiness. It provides another bridge of support into employment, and it is often the first step towards employment. However, funding for voluntary programmes has reduced in recent years, decreasing such opportunities in local areas:

"We absolutely believe that volunteering is a step to paid work and should be offered... but we can't seem to attract government funding"

(Local VCSE service provider).

There was also feedback regarding the stigma that is associated with volunteering;

“as it is seen by younger people as something which is more for older people.”
(Local VCSE service provider).

Efforts are needed to address this barrier towards employment by ensuring that both apprenticeship and volunteering roles are attractive to local populations, particularly young people. This requires work with local employers about their apprenticeship and volunteering offer and collaborative design of these opportunities with the local community.

Lack of sustained funding and a broader strategy

It is well understood that funding is a growing challenge for VCSE organisations, and this was reflected in interviews across all four fieldwork areas. A lack of sustained funding for organisations providing much-needed support into employment simply means this support will not be available. This is not only a barrier towards accessing employment but also to levelling up.

Common themes emerged from the VCSE regarding a lack of a joined-up strategy for local economies and a lack of sustained funding. Some of the successful services and interventions are only funded in the short term, from sources such as the National Lottery Community Fund, which provides grants on a competitive basis. Funding from statutory partners is rarely forthcoming, largely due to a lack of available funding in those organisations:

“We went to the Lottery and, luckily enough, we made a good case and got the money, but we've got another two years of that, and then what happens?”
(Local VCSE service provider).

There is often no ‘common agenda’ for local employment support, and this results in organisations continuing to work in ‘silos’ as opposed to working towards a specified and agreed goal, with each organisation focusing inwardly:

“Healthcare focuses on healthcare only, not the community, employment or housing”
(Local VCSE service provider).

Consequently, work to address fundamental barriers to employment and aspects that affect people’s lives is not taking place system-wide, with organisations focusing on ‘quick-win’ project-based work. Interviewees expressed that there is no real understanding of how long it takes to *“turn things around”*
(Economic policy specialist).

Funding largely determines this way of working as it is often short-term, misaligned with long term strategic planning, and dedicated to new projects. Interviewees spoke of ‘transformation’ funding specifically, which is often allocated to new work over a short period of time. Instead,

“there is a real need for sustained mainstream funding which allows for 2-5-year planning, as this will only increase the impact of the work being done by the VCSE sector, other local services and funders”
(Economic policy specialist).

There are real and growing concerns about the longevity and sustainability of the VCSE offer with the current funding and commissioning environment. These issues prevent progress in levelling up as they also have an impact on partnership working and broader strategic efforts which have been encouraged by national policy.

Instead of funding new programmes, interviewees expressed that more work needs to go into scoping what is already happening and then directing funding to programmes of work that are positively impacting the local community. This way of working can serve to reduce competitiveness over funding, reduce duplication of efforts and encourage collaborative working and learning from past experiences. There is a need for more cohesive funding models across local areas, programmes and organisations which recognise the good work that is already happening. There is also a need for flexibility in funding models.

Where funding is available, it is sometimes not distributed in an equitable way, taking into consideration deprived pockets in affluent areas. For example, an interviewee from Gosport said;

"there are so many peaks and troughs around the borough between comparing the more affluent areas of Alverstoke and Lee with the less affluent areas in the town area and some of Bridgemary, Rowner. I know from our experience in trying to apply for funding, if it's done on a Gosport level, Gosport itself sometimes doesn't appear too disadvantaged when aggregated out as a borough whereas really there are areas of huge disadvantage within Gosport that get hidden by what I would call the affluent areas - which might be asset rich and cash poor but at least they're areas where there are wealthy or retired individuals"

(Local VCSE service provider).

On the other hand, fragmentation of funding also means the funding 'won't go far.' Support is also needed for smaller VCSE organisations in accessing start-up, continuation and development grants. For example, it is noted in Gosport that the Department for Work and Pensions has a contracting framework that does not work for many small VCSEs and those working with volunteers. The pathway into volunteering is not recognised within the DWP framework. This means that smaller VCSE organisations, or those with a volunteering offer, are unable to secure this funding stream. Commissioners also reflect that the VCSE sector would benefit from support to operate effectively in a contractual world. There is the suggestion that anchor institutions can play an active role in assisting the VCSE in bidding processes as these institutions often have the expertise to secure funding. If VCSE bids for grants or contracts with the support of NHS, social care, and other bigger players within fieldwork areas, outward investment could be achieved in the most deprived places.

Despite the gaps and challenges with funding experienced by the VCSE organisations, the sector continues to do the work required to support their local communities to access employment, with most expressing that they often continue to support individuals despite funding not being available or coming to an end, essentially *"doing the work for free" (Local VCSE service provider).*

Interviewees expressed a real passion for their work, as it is clearly valuable to each individual person that is supported.

Employers interviewed agree that the support from local VCSE organisations is extremely valuable, as employers generally do not have the resources to get people 'work ready,' so having organisations dedicated to this work is greatly appreciated by local employers. Employers also understand that the VCSE possesses a lot of specialist skill and knowledge to support individuals in accessing work, especially those groups which have been identified as facing particular challenges. The work of the VCSE has therefore had a direct impact on the levelling up agenda, but this work can only continue with sufficient funding and improved collaborative ways of working.

Innovation

Interviewees across all four fieldwork areas observe that there is a general reluctance to do things differently, particularly for well-established anchor organisations. There was an echo of views regarding systems not

‘challenging themselves’ or being ‘serious about innovation,’ and this lack of innovation is observed as a barrier towards the levelling up agenda:

“Trialling new things, that can be quite a brave step for an organisation, so if an organisation has always delivered support in care in a certain way and we come and say, actually, we want you to do things differently, that can be a barrier because that is quite a step change for some organisations who have done things the same way for a long time”

(Economic policy specialist).

VCSE organisations are keen to work within the health setting as they often have the means to offer social support sought by patients in GP practices, for example. However, the hurdle is forging an understanding with the health sector which, interviewees express, is sometimes established in its ways of working and hesitant to try new things.

It has been acknowledged that some VCSEs have little experience of bidding for contracts and securing funding. Commissioners in Walsall are working with VCSE organisations to address this, pioneering ways of working with the VCSE sector to access funding and grants, particularly during the COVID-19 pandemic;

“…sharing bids which you would think it wouldn't be unheard of to say, okay, I can show you what I've put in and it was successful and I got this amount of money, you could try this. I think that's really positive”

(Social care commissioner).

The general consensus from commissioners across all fieldwork areas is that working with the VCSE sector (alongside other partners) can only strengthen the work happening within the local context, so sharing of expertise concerning bids and obtaining funding is something that anchors should actively seek to do with VCSE organisations, as some in the VCSE sector may need more support than others to access funding for important work.

It is clear that innovative ways of delivering support are needed. The VCSE sector is often both the voice of the community and the innovator of ideas to address local issues. There should be something similar to the larger national VCSE Health and Wellbeing Alliance (https://www.england.nhs.uk/hwalliance/) but on a local basis which works with integrated care systems (ICS).

VCSE voice, collaboration, communication and respect

A clear barrier, as identified during the interviews, was the lack of a VCSE voice within their system. The VCSE sector expressed not having a voice at ICS level, often being left out of local conversations, decision-making and not being consulted on changes, future projects or innovative ideas to tackle local issues. There was also a sense that at times, some organisations in other sectors within the fieldwork areas do not respect or value the work of the VCSE sector, with some not understanding the VCSE offer.

“Respect is due to us, and that respect carries with it a need for clear communication, clear routes for funding from local organisations and the need to keep information and meetings local – so local perspectives are not lost at a regional level. There will be a clear need in the future for infrastructure bodies to have access to this kind of community chest for both innovation and sustainable funding, so that link workers/social prescribers in the future can refer in. If we are talking about employment, that is a way that we should be able to offer employment opportunities in the voluntary sector and also to be able to support people who are struggling to find work. Volunteer opportunities can be a stepping stone into employment – some of our projects have

volunteers who are also looking for work"

(Local VCSE service provider).

On the other hand, commissioners and local economy experts spoke highly of the VCSE sector, recognising the value of the VCSE sector. Commissioners expressed a willingness to work together with the VCSE, adopting a joint strategy to tackle important local issues on health, wellbeing, employment and the economy. At present, collaborative working is mostly between larger, well established organisations, but it was acknowledged by commissioners and economy experts that the local VCSE organisations, whether well-established or young in their roots, should be seen as an equal player and have a voice in local strategy and decision making.

Another emerging theme was the lack of a robust information-sharing infrastructure. More efforts need to go into building stronger relationships across organisations as this will enable better sharing on support services available. Pooling of relevant and available resources within each area could aid in clearly articulating the support available and where there are gaps in this support. This will serve to bring services together, also ensuring that individuals are being supported by the right organisation at the right time. This way of working would also aid in understanding the collective demand on the system, health, social care system and the VCSE sector, and would lead to a more cohesive delivery of support. This is especially true as individual services are stretched due to the pandemic.

"I feel like there needs to be a clever way to share information. […] it's about having that information more accessible to know what's out there. I [feel often,] we're trying to fight to be seen and we're also trying to fight to see other people, so some pool of resources so that we know what's out there to bring us together more. It's building those relationships […] I guess that getting to know each other, introducing ourselves to each other, which comes with that idea of having some kind of pool of resources where we can all join each other as a community"

(Local VCSE service provider).

"What we see very often is that it's not that there is a lack of willing on anyone's part, but just we're talking about services that were already stretched and overburdened coming into COVID"

(Local VCSE service provider).

Collaboration and information sharing does not have to be formalised through contracts and partnerships. Simply giving the local VCSE a seat at the table where important local decisions are made would serve to acknowledge this sector as an important and equal player, and give the VCSE a stronger voice within the local system.

Section 2: Identify how the VCSE and health and care sector can work collaboratively and/or co-productively to set priorities and take joint action on this agenda at a local level

Building shared purposes, ambitions and common ground between the VCSE and health and care sectors

The activities evident in the fieldwork areas suggest that there is already much work underway by the VCSE and health sectors which is aimed at improving health and wellbeing outcomes in their communities. According to the NCVO Almanac 2021, 'Just under a fifth of voluntary sector organisations work in social services. Social services - a relatively broad category - is the largest voluntary subsector, representing just under a fifth of the sector. Voluntary organisations that focus on health, research, social services, children and international development make up most of the top 10 voluntary organisations by income. (NCVO Almanac, 2021)

Key stakeholders across the VCSE and health sectors are concerned with influencing outcomes that form the levelling up agenda and would result in a more inclusive and sustainable economic system that supports a fairer distribution of prosperity. It is important to recognise and define what those shared ambitions are, and establish the cross-sector buy-in necessary to implement them. Interviewees from both sectors provided numerous examples of their willingness to act on this agenda, demonstrating the momentum that needs to be encouraged and enabled as part of the wider strategic ambitions for levelling up:

"It would be really good to work out how we could work in partnership, we've both got the same sort of ambitions and I think we're quite aligned with what employers want and what the voluntary sector needs, what the community needs, and we're always wanting to be part of that"

(Local VCSE infrastructure organisations).

The holistic nature of VCSE and Health partnership work, as well as interdependencies between the activities of a well-connected voluntary and health sector, are recognised by stakeholders. Interviewees in the health sector "*are really open to talking about a local VCSE and Local NHS strategy",* understanding that investment in one area might lead to improved outcomes in other parts of the system. *"If you invest in health, the benefit might be in social care, and if you invest in education then it might be in health" (Health system specialist).*

Health colleagues working in ICSs recognise that the VCSE sector has valuable insights that are specific to their areas of expertise. There are benefits created by including an appropriate and diverse mix of expert voices in the strategic levelling up conversations, particularly when all parties are working to improve outcomes for the same communities while reducing health inequalities.

It is a source of frustration for VCSE stakeholders in some fieldwork areas that their shared interest in improving health outcomes is not always recognised.

"(We) could take a lot of pressure off the health and social care sector…[but] it's not being utilised, and so that should be improved to the benefit of everybody, particularly the health and social care sector"

(Local VCSE infrastructure organisations).

Establishing those mutual priorities could lead to a more efficient strategic approach across different sectors. The 'added value' of a clearer joint strategy might be *"to focus everybody's attention so that there's no duplication"*, and for the effort and energy to go *"where it's needed, rather than where us as individual organisations think it's needed"*

(Local VCSE infrastructure organisations).

Taking a more strategic approach to issues such as workplace exclusion could benefit both individuals and employers. For example, capacity and enthusiasm in VCSE organisations to promote and facilitate better opportunities for their clients with disabilities, by brokering paths to employment:

"I've given presentations about the need for employers to embrace people with disabilities, and what that brings…what it brings to a workplace. I know that our guys who are in the office, they really miss our disabled volunteers, because they're a bloody hoot. It just brings so much extra to the workplace"

(Local VCSE infrastructure organisations).

Many of the existing goals for improving health and prosperity are shared across sectors, but this joint purpose needs to be clearly articulated. Locally partners need to agree on a framework for determining roles within a joined-up system. When the component parts of any decision-making and service delivery system understand and complement each other it will bring coherence and focus and avoid duplication and waste. There is agreement and evidence from all stakeholders to confirm that the VCSE sector can support, and positively contribute to, the wider strategic goals of the health sector or Local and combined authorities if it is involved as an equal partner. The key to this is agreeing joint strategic purpose, and deciding which partner is best placed to drive and deliver each part of the local service system.

Interviewees in the health sector define their *"main goal in terms of…keeping people home and well and independent with a good quality of life" (Health system specialist).*

Interventions delivered with VCSE organisations in the community demonstrate action on health;

"which doesn't require medical intervention…[but] requires a social wraparound service that can meet people's domestic needs or practical needs in the community in a way that professionals within the health service haven't got the capacity to deal with because we're already stretched in that arena"

(Health system specialist).

These interventions can both contribute to better outcomes for individuals, but also reduce demand, and therefore create more capacity, within health sector organisations too.

Formalising these collaborations

There are benefits associated with more formal ways of joining up this agenda between the sectors, for example through governance arrangements, and for this collaboration to take place at the appropriate Local or regional level. Interviewees argued that:

"It is important that the VCSE viewpoint is considered in local policy development" and advocated for local infrastructure organisations to have a strong role *"ensure that a unified voice is heard representing their sector" (Local VCSE infrastructure organisations).*

In fieldwork areas where the VCSE sector is not represented at ICS level, interviewees perceived a gap in opportunities to ensure that more *"local perspectives are not lost at a regional level" (Local VCSE infrastructure organisations).*

It is important to seize every opportunity for improving communication *'between those who are at the coalface, and those who make the decisions',* and for the organisations who are most active in the community

"to feedback to those who have the power to produce a development plan [based] on what we're seeing on the ground"

(Local VCSE infrastructure organisations).

The strength of these collaborations is also likely to be determined by the level of coherence and clarity provided by those infrastructure organisations, tasked with representing the wider VCSE sector. This formal collaboration is of equal importance both between the VCSE and statutory sectors, and between the VCSE organisations themselves, which is therefore often reflected in the effectiveness and clarity of its representative, umbrella organisation.

Partnerships are understood to *"only work if everyone is seen as an equal partner"* but interviewees *"feel sometimes that the voluntary sector is not seen or recognised as that"* in comparison to larger, statutory partners *(Local VCSE infrastructure organisations).*

In the interviews, statutory sector stakeholders with a local policy focus acknowledge that *"the voluntary and community sector has got a real interest"* in the levelling up agenda, but *"they have to generate their own funding, whether it's through social enterprise activity or whether it's through fundraising and grants"'*, which is limiting. If, however;

"you include them within that infrastructure, with a valuable role to play in terms of that grassroots, on-the-ground coalface activity, and if they're funded properly to do that, then the whole thing becomes an awful lot easier"

(Economic policy specialist).

There is a need for this collaborative and co-productive work to be 'formal' and not just ad hoc. In some fieldwork areas, stakeholders have asked *"where could we go further in having a more structured approach to a partnership?" (Local VCSE infrastructure organisations)*. There is an opportunity to use the ICS infrastructure to "*get the right people in the room'*, but the scale of these *"vast and wide"* networks means *"making sure they have got the right partnerships in place or they're talking to the right people [is] the biggest challenge"*

(Social care commissioner).

VCSE stakeholders wish to see their local authority partners, and health and wellbeing boards, *"expand and formalise [the VCSE] role"* and consider how they *"can better bring in the voluntary sector in a more formal way"*

(Local VCSE service provider).

Some interviewees voiced the concern that they "*don't feel that necessarily everybody is sat at the right table"*

(Local VCSE service provider).

Stakeholders in Liverpool have attempted to overcome these challenges by formally incorporating the VCSE sector into the Cheshire and Merseyside ICS. This demonstrates an attempt by the NHS to improve the systemic and structural partnerships between the health and voluntary sectors:

"We managed to get a little bit of support from NHS England for Voluntary Sector North West and we went down to the market, we seconded two CEOs from the sector working directly to me in the ICS, so they're part of the ICS team. The idea is to bring a consistent approach to the strategic development of services, the ICP, so the Integrated Care Partnerships have a general understanding of what the VCSE sector can do. Not just a bit of tinsel off the tree as a provider, but as a core partner in the system and that's been extremely successful"

(Health system specialist).

This partnership is formalised by a memorandum of understanding that has given strength and structure to this partnership working. The *"MOU…actually kind of physically dictates what we're going to do with the sector and how they're fully involved now",* as more than *"a piecemeal thing…. signed off by the partnership".* The agreement is felt to improve equality and accountability for progressing this collaboration, and the MOU provides a tool which can be leveraged to ensure obligations are met by;

"the whole of the NHS, and local authority, and voluntary sector…So, if we do get to a point where we hit sticking points, we can just reference the MOU, well you signed up to this…it gives that almost a policy approval to push forward, [which] makes my job a lot easier"

(Health system specialist).

Strategic, high profile buy-in is perceived to be very important for the success of this agenda, for example the mayoral support in Liverpool City Region, where *"they don't want to see anyone left behind, and an inclusive economy is certainly a buzzword [there]"*. The additional structures of the combined authority are thought

"to help [in] having the mayoral focus on it now, because there's a lot of links back through to the growth platform in that respect"

(Economic policy specialist).

Interviewees in other fieldwork areas were supportive of increased devolution too. Evidence presented from Gosport, which is not part of a devolved city region, highlighted the *"complicated local governance infrastructure, which needs to be navigated in order to get anything done"* (Economic policy specialist). In comparison with other places, there are limitations to local autonomy, particularly in terms of economic strategy and planning.

"We really need to get to a situation where we've got proper devolved local governance, where the local area has a fit-for-purpose governance structure, and it has responsibility for allocating its own resources in the manner in which it's best needed to meet the needs of that local area. I think that is actually the crux of the issue"

(Economic policy specialist).

In all fieldwork areas, the necessity is recognised to forge these collaborations at multiple levels, between those working on the ground, in client-facing roles, and at the highest strategic levels too. The fragmented VCSE networks, and individualistic nature of competitive bid processes, can make it challenging to achieve the joined-up strategy and action which actors across sectors aspire to:

"All of the CCGs also have their own grant workstreams, all-district and borough councils usually have a community grant workstream, and none of us talk to each other. For me, we've got some more opportunities to really support, but I think it works in two ways. We need [the] community partnership groups, so that we understand the local picture and what those local needs are. I'm ready for less of a top-down approach to understanding what the needs are. I think it needs to meet in the middle"

(Social care commissioner).

Health sector partners recognise that the competitive nature of commissioning has contributed to a *"fragmented voluntary sector"*, that would be of more value to the wider agenda if a collaborative system, and effective VCSE infrastructure organisations are *"making sure those real small grassroots local social enterprises, really local community level things get the support they need, [otherwise] they won't be on our radar" (Social care commissioner).*

Some health sector partners have looked to neighbouring areas for inspiration, identifying strengths in places where:

"Their CCG and council have an integrated commissioning unit…rather than grant funding where you have VCSE organisations almost competing against one another to access a very small pot, they've integrated it to create a VCSE network that makes sure that the right support that's needed in the community can access the funding to support it, recognising that actually quite a lot of proactive prevention stuff is done in the community…it saves the competition and it saves people competing and all spending ages writing bids for the same pot of money"

(Health system specialist).

In places where this formal integration of the commissioning process is possible, it might therefore avoid the competitive grant writing process with its associated challenges and drain on already stretched resources. A

commissioning environment *"that puts us into competition with each other, that doesn't have big enough cash envelopes that encourage a collaborative approach"*, can lead to *"organisations using finite resources to go through competitive processes" (Local VCSE infrastructure organisations).*
Interviewees felt that *"anything that joins it up would be fantastic" (Local VCSE service provider)*, yet also acknowledged that this will have practical and operational limitations. However strategic partners,

"can't deal with every CVS organisation; we try to work with networks in that respect and very much say, here's the opportunity, it's up to you [the VCSE sector] to bring that together"

(Economic policy specialist).

If the strategic collaboration between the local infrastructure organisation and the rest of the voluntary sector is not productive, or clear, it is more challenging to make those partnerships with other sectors effective too. The *"lack of a traditional 'CVS' has, I think, hampered things"* in some areas. One example was given where *"the CVS is actually competing with the charity sector, delivering the...social prescribing work. That's taking the food out of our mouths, almost" (Local VCSE service provider).*

Overcoming and embracing cross-sector organisational and cultural differences

It is necessary for stakeholders to recognise the strengths and limitations that are inherent in the different sectors, in order to work harmoniously in ways that complement each other's strengths. The specialist community knowledge of some small VCSE organisations, for example, will be more powerful in combination with the organisational and financial might of the health sector, when directed towards the same goals.

The strength of the VCSE is not likely to be clinical (nor should it be) but it can support, or even reduce the need for, clinical interventions, by supporting people to stay well in their homes, for example, the "*hugely important befriending services*". The *"soft"* and *"formal"* types of support are both felt to be important, and inter-sector working has the potential to provide some of this in a holistic way. For example, individuals who need support with those 'softer' employment and workplace skills, and confidence building, are able to access a lot of support from experienced VCSE organisations. At the same time, they can use this offer of support to fill roles, and match skills, to the needs of bigger employers, which may be reluctant to employ those they see as a 'risk' because they don't have the resources to do any of that gradual easing into an unfamiliar work environment.

VCSE stakeholders see it as *"their role in the local system"* to work with "*employers where there are new job opportunities and contribute to that mutual benefit and growth" (Local VCSE infrastructure organisations).*

The health sector recognises that in some instances, the reduced levels of bureaucracy and restriction in the VCSE sector means that they are able to be more agile, and that they are *"much cheaper… you don't have all the silly overheads…it's very flexible" (Health system specialist).*

In places where multiple sectors have signed up to those shared goals, partners have been able to;

"challenge some of the broker work that was in the sector…there was a lot of competition and a bit of backbiting and various other things. So through this work we're able to distribute the money where it's needed the most, none of that parochial approach, because all the CEOs, I've brought all the CEOs together under one MOU for the ICS and there's a way we work, and the way we work is to reduce inequalities"

(Health system specialist).

This makes it easier to distribute resources more strategically, to where they are most needed, rather than to wherever has the best bid-writers. It is an attempt to embed an *"ethos''* that is more *"sustainable".* Some partners are attempting to move *"away from that competition process and working as a more collaborative self-help, self-assure, 'aid-and-abet' kind of a process"*

(Health system specialist).

Health sector stakeholders recognise that there is a lot *“of innovation in the voluntary sector”* as well as insights;

“that we don't know about, they bring a completely different viewpoint and knowledge to the table. So, I can go at it from a very medical perspective, but actually what is that local knowledge and what is that wider awareness of social determinants of health and things as well that they can bring?”
(Health system specialist).

The health sector partners that delivered Liverpool’s Wealth and Wellbeing Programme acknowledge the value of embedding VCSE perspectives into their strategy, and the need for VCSE;

“input to keep it going, but also to take us off in a different direction that we might not be aware of. We emphasised that right from the outset and we invited two people from the voluntary and community sector on to our task and finish group”
(Health system specialist).

Where appropriate, the *“standardisation of things like evaluation frameworks”* and tools could also support this collaboration, and tackle the *“challenge for the VCSE sector around different commissioners asking constantly for different evaluation feedback form” (Social Care Commissioner).*

For processes such as evaluation, keeping records, demonstrating social value (and varying definitions and ways of measuring this), it can be difficult for smaller VCSE organisations to adjust the ways they work and record their activities in order to suit funders:

“If we were commissioning services and going out to a VCSE and asking them really complicated social value requirements, and then a hospital two miles away does something similar but asks them for different things, it's really difficult. If you're a small charity that … only employs maybe ten people or so, you need to have a real clarity about what you're being asked for”
(Health system specialist).

Standard practices in a large health sector organisation may prove too onerous and time consuming for a small VCSE organisation to deal with, and interviewees felt these should only be imposed when necessary, such as if there are safeguarding concerns. Provided they have;
“got the quality assurance and they know it's in safe hands, we don't have the red tape that the NHS has, (so) the beauty of the voluntary sector (is the ability to) mould our services quite quickly”
(Local VCSE service provider).

The VCSE sector is often more agile and more specialist in very particular areas, but is anxious not to be seen as a *“free, or cheap resource to do stuff, rather than a long-term partner”* in need of investment. Organisations that *“provide a lot of representation and support through our voluntary sector health forum”* showed disappointment that their *“funding has never increased”,* and belief that the *“time and resource that we give to health should be recognised” (Local VCSE service provider).*

“Sometimes people assume that volunteering is free, but there is a cost around that voluntary sector” and a delicate balance to be struck, as *“to provide services they do need to have paid staff as well”*
(Local VCSE service provider).

It is necessary for other stakeholders to be mindful of this difference, and for the players with more power and resources at their disposal to respect and value the time and contributions from the VCSE. For example, VCSE organisations expressed a desire to be compensated appropriately for their time by commissioning bodies, recognising that paying for their services on an hourly or even daily basis does not reflect the requirements of making them sustainable. VCSE organisations cannot retain their staff or continue to develop their expertise if they do not operate on a secure funding basis. When VCSE organisations *“talk about capacity, we are talking*

about the right individual to represent at the right meeting or board and releasing them, then we are talking about funding and the finances behind that"

(Local VCSE infrastructure organisations).

A sense of equality between collaborating organisations needs to be nurtured, despite the differences in resource and power between, for example, a commissioning statutory health sector body and the smaller, community based VCSE organisations. The VCSE sector perceives that *"the partnerships (requests) are coming from those who have the resources",* and the interest shown in their services *"is [also] about resources, they'll talk to you about how many volunteers [rather than paid staff] can you get to run our, whatever"*

(Local VCSE infrastructure organisations).

The strength of the collaborative relationships between the health and social care sector and the VCSE sector is attributed by interviewees to the degree of trust, familiarity and consistency in the individual relationships. The importance of a consistent organisational presence, or some embedded formality in these collaborations is reinforced here, highlighted by issues such as relatively high staff turnover in the health sector leading to a; *"(lack of) stability…So just as you try to have a relationship with somebody, or community engagement then somebody on the other side changes and you're continually playing catch up and that's not great for co-developing anything because you have to build trust and some mutual recognition and that doesn't seem to exist"*

(Local VCSE infrastructure organisations).

Placed-based: the importance of anchor institutions and promoting a shared understanding of social value.

The term anchor institutions refers to large, typically public sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve *(The Health Foundation, 2019*). Anchor institutions can function as key sites of co-production and collaboration for levelling up. Institutions with commissioning power, such as local authorities and NHS organisations have the ability to influence both within and outside their organisations, for example by insisting that contractors who bid for their tenders meet certain standards regarding employment conditions. Not all but some local authorities understand social value, and in Liverpool it is said to be influencing strategy at a higher level, where the combined authority area *"very interested in the progress we've made in Knowsley around commissioning for social value [and] the community fund"*

(Local VCSE infrastructure organisations).

VCSE organisations can be anchors for similar reasons. For example local infrastructure organisations are community anchors due to their multipurpose role; they regularly work in partnership with their local authority around social value:

"... gives business an incentive because they create more social value when it's a local labour force, when they are paying the living wage. All those things are embedded if they want to do business within, with the local authority…It's about an enabling policy environment, that incentivises that good employment opportunity with the business community"

(Local VCSE infrastructure organisations).

Commissioning bodies believe that *"a lot of our private sector bodies are looking at this (sustainability and social value) because it looks great on their website, let's face it, it looks good for business*" (Health system specialist). Attributing some weighting to social value has been incorporated into several public procurement strategies, although for some it *"doesn't go far enough"* and there is some question over whether the typical 5% weighting in one of the fieldwork areas (compared to the 20% weighting given in Manchester), is *"significant enough to necessarily force the issue"*

(Economic policy specialist).

The definition of ‘social value’ and related terms can also create some difficulties for smaller VCSE organisations that seek to engage with anchor institutions.

“Within a social value framework, it can be any number of things (for some organisations) it's very difficult for them to get to grips with what it means. Does it mean apprenticeship? Sometimes people think, oh, it means we've got to create apprenticeships, but it might just be you do some local project, and do some good locally, or you donate something. It's educating organisations about what we mean by social value as well as a council” (Economic policy specialist).

There is a need for more clarity around this terminology in order for a diverse sector such as the VCSE to be able to engage with it consistently.

Some large employers, such as anchor institutions, may also have the resources and the influence to tackle some of the barriers and challenges that were raised in the previous section, such as childcare, or transport. Anchors, with their deep community roots, ought to ask how they can support these issues, and they need to be strategic in their efforts. Insourcing of contracts is one way that the NHS, or other large anchors, can impact on the issue of health problems and inequalities which are related to in-work poverty, low pay and insecure work. Hospital employers recognise that *“as an anchor institution we’re a big employer in deprived areas”,* but that the contribution to inclusive employment, for example, is *“something that can’t be mandated regionally…because it does depend on the specifics of the locations of the hospitals and (certain strategies) wouldn’t be useful Liverpool-wide, because someone from Toxteth, for an entry-level job, wouldn’t be able to travel ten miles to St Helen’s Hospital”*

(Health system specialist).

Initiatives that interviewees reported to be successful, such as offering guaranteed interviews to, or ringfencing roles for, people who had completed work experience or apprenticeships with the health sector, are advocated as valuable contributions to a joined-up, holistic employment offer. For example, in one area the ICS has determined a ‘People Board’ which *“comes together to tackle some of the workforce challenges that our system has… [they've] started to look at some of the work around those people that have lost jobs through COVID, so how to then support them into an NHS career” (Health system specialist).* These shared initiatives can contribute to both local and national ambitions:

“There's a specific people plan which links to the national people plan for the NHS and specific within that is the concept of the anchor institution and levering employment and training and linking in with voluntary services, councils and the like. So that piece of work is embedded within the workforce and work stream and is one of the pieces, one of the projects that's scheduled for work this year in the short-term, but longer-term over the next financial year as well”

(Health system specialist).

This reflects the importance of place-based, locally appropriate efforts, which reflect both local and regional needs. It is highlighted by interviewees that deprived places which are surrounded by areas of relative affluence are not always recognised as needing investment, and regions which are perceived as homogeneously prosperous may still have significant work to do in reducing inequalities. A place-based approach to reduce health inequalities is a potential fundamental starting point to understand local needs in the context of health inequalities.

Creating a pipeline into sustainable work

In all fieldwork areas, there is work to be done on both ‘supply’ and ‘demand’ in creating a more sustainable landscape of employment, and the VCSE sector (along with other stakeholders) can contribute to this goal. Creating a route into work via appropriate training and education opportunities, while making sure that those employment, apprentice and volunteer opportunities exist, and exist in good quality, sustainable industries;

could offer both health and social benefits. These benefits would increase prosperity, and aspiration levels, in those areas which have been identified as targets for levelling up. A strong, inclusive economy can act as a protective force against poverty and prevent the worst effects of disruption and threats to health such as a pandemic.

"If we know exactly what employers need, we can give them really good well-trained staff", and these staff members could be supported by the VCSE "to be able to go in there and…be able to hit the ground running". This "benefits the local economy, its benefits people from the Jobcentre, get back on their feet, get up the career ladder again, so its kind of has an all-round benefit really"

(Local VCSE infrastructure organisations).

"The added value is that we could create a pipeline of people that are ready to go into the healthcare sector or the voluntary sector. If we had that agreement like we've got with the construction sector, that we could line people up, because we've got people coming into us wanting to study at a certain level and then exiting to a world of unknown if they don't go to university"

(Local VCSE infrastructure organisations).

Squaring the circle back to supporting personal characteristics

Embedding equality and inclusivity in this agenda is important, and that the 'pipeline' to good work is not permitted to become exclusionary. There is a particular risk that inequalities as a result of low skills, digital exclusion, and variation in distance from the jobs market may have an increased negative effect on those who are already marginalised. In industries where the pandemic has led to the largest job losses, such as hospitality and tourism, which provide *"really good entry-level role[s]",* 18-25 year olds have been particularly badly affected *(Economic policy specialist).* The pool of jobseekers in these areas is therefore likely to surge, increasing the competition for those furthest from the employment market who are already under-represented *(Centre for Cities, 2021).*

Stakeholders want to avoid *"the scarring effect of previous recessions"* and to build more sustainability and resilience into their recovery plans, yet they recognise that this is significantly more difficult for some young people than others *(Economic policy specialist).* Some face particular challenges:

"Mental health (was) the most significant health issue" before COVID-19 *"for why people were either not able to access employment or to retain employment or…to engage in training programmes as well. "The pandemic has exacerbated the impact, the relevance of mental health as a barrier to employment"* and this impact has been hardest *"for those who are more vulnerable and people living in socio-economic deprivation",* following the existing axis of health inequalities

(Health system specialist).

Interviewees acknowledge that employers may have to work harder to recruit and retain those young people who face additional barriers to work:

"We have some amazing employers that really take young people in, give them the opportunity, and then you've got to put support around the young person. I'm not saying that you can change the job to fit their personal circumstances, but you do have to understand their personal circumstances, where they're coming from, and try to make reasonable adjustments for them. Not all young people have those barriers, but there are a lot of young people that do have those barriers"

(Local VCSE service provider).

This agenda, and employers, can potentially be supported by VCSE organisations that work with individuals to overcome some of these barriers and exclusions to employment. In Liverpool, the Young Persons Advocacy Service (YPAS) offers material and moral support to young people, such as interview skills, mock interviews,

training, access to funding for interview clothes, or tools that are needed for a trade. This service also offers mental health assessments and holistic support, depending on wider needs, and they are formally connected with the NHS because they offer mental health services:

"Every year we take on an apprentice, a young person between 16 and 25, and we develop them. I think we're on our sixth young person now, our sixth year. So currently, all six are still working in the organisation"

(Local VCSE service provider).

More diverse recruitment will also be sensitive and tailored to the ways people from particular demographics engage with opportunities. For example, younger populations who are active on social media are unlikely to access opportunities in the same way that older or digitally excluded people would choose to access opportunities. This issue of digital accessibility is likely to become more evident with the increase in remote working that was a consequence of the pandemic. The VCSE sector is understood to provide crucial support to improve inclusivity:

"Our digital inclusion is delivered by a network of voluntary sector organisations, our financial inclusion is delivered by a network of community and voluntary sector organisations, including Citizens Advice. We've also got some narrowing the gaps and some market activation delivery as well, which is delivered by a consortium of community and voluntary sector organisations"

(Economic policy specialist).

This aim could be supported by further consultation with the groups that are under-represented in the workforce. It is important to consider whether the opportunities fit with their aspirations, or their beliefs about their capabilities. Work needs to be done to bring these two elements into closer alignment.

In one fieldwork area, the NHS is attempting to *"pull together an academy for social prescribers"* as a way to support some side-lined groups into employment. It is an attempt to *"target those more disadvantaged areas, because it's all about health inequality".* The opportunity to join the academy;

"is offered to those people who are volunteering, or targeted at young people who perhaps don't bear the qualification or have the ability to work to a health and social care degree, or A level, or whatever. Offering them the opportunity to come and to learn how to be a social prescriber within this academy, have that, built in with some volunteering work across the partnership and we can hopefully move them into a more employed status, paid status"

(Health System Specialist).

Initiatives such as these represent the potential for good, entry level roles or volunteering opportunities for a more diverse cohort, provided that the service is supported by a well-resourced wider system, and VCSE sector, for the social prescribers to refer the people they work with into.

Combining long-termism and VCSE collaboration to achieve a sustainable ecosystem

Levelling up, reducing inequalities and creating a sustainable 'ecosystem' is recognised by interviewees to be a multi-step process, which the VCSE and health and social care sectors can tackle collaboratively. A long-term strategic vision would invite input from stakeholders and practitioners who have a role to play throughout the life journey.

Starting small, for example with volunteering opportunities; starting early, by working with schools and early years settings; and feeding the long-term ambitions of an area with a focus on sustainable, rewarding growth industries. In practice, the challenge of reversing the entrenched relationship between poor health and economic inactivity is recognised to be a long-term one, *"you don't solve that in 12 months, that's a 10-year piece that we need to do" (Local VCSE service provider).*

As part of a sustainable ecosystem, the VCSE sector *"should be able to offer employment opportunities…and also to be able to support people who are struggling to find work. [Voluntary] opportunities can be a stepping stone into employment – some of [our] projects have volunteers who are also looking for work"*

(Local VCSE service provider).

For individuals who are furthest from the job market, *"the VCSE sector has a role in terms of providing people the ability to get into the habit of working again and building experience before potentially a paid role" (Health system specialist).* This may offer particular benefits to the health and social care sector, given the surge of interest in working and volunteering in caring or community roles since the onset of the pandemic.

"There are many, many opportunities to get involved with health and social care…I suppose there probably is a role for the VCSE in terms of trying to promote that. Just recently there's been a big push in terms of recruiting into volunteering…to encourage people to step up and get involved with health and social care as a specific ask as part of the pandemic. We've seen lots of people come through and put their hand up for health and social care support roles within the voluntary sector"

(Health system specialist).

Volunteering represents *"a massive opportunity as a stepping stone to develop skills and employment, but again, as you know, volunteering [isn't] free" (Local VCSE infrastructure organisations).* The intermediary step of volunteering is viewed as best when it is part of a sustainable, long-term plan, which, when appropriate, leads to good quality employment, opportunities for progression and raised aspirations. Interviewees demonstrated a lot of support for interventions such as ILM (Intermediary Labour Market) programme:

"We're a big supporter of what was the ILM programme. We have employed people who, usually, are on the autism spectrum, for the six months where we've had funding. In one case, for somebody with autism, they now work on payroll, and they have done for the last three years, four years, starting as an ILM. The work lends itself to their capabilities and their talents as somebody with autism. Yes, we have integrated employment support, in that sense, as a benefit to individuals, but also to benefit the organisation, because we've used the ILM programme as free labour"

(Local VCSE service provider).

In recruiting more inclusively, some employers have changed their approach to focus on attributes and attitudes, rather than formal skills and qualifications, but this is recognised to still exclude some people at the first hurdle. Working proactively with school and ensuring there is universal attainment of basic qualifications, such as GCSEs or functional skills in maths and English, is still essential:

"This is one of my long-running discussions/arguments with employers, that employers will always say that they recruit an attitude and train for skill, and many of them do. Well, how do you sift? If you've got 300 applications for ten jobs, how are you going to sift to see 50? Well, we'll sift them on qualifications. Exactly. So, there's a point about how, and even though health and care are moving towards competency-based recruitment and values-based recruitment, I think there is still a qualifications thing (rebalance) that we need to do"

(Economic policy specialist).

By addressing deep rooted barriers and exclusion, there is recognition that more diverse and inclusive employment opportunities set a good example and can make workplaces and career options seem more attainable to those who are often excluded, such as in the NHS. For example, in providing a more supportive environment for people with learning disabilities:

"People with learning disabilities don't often end up in employment, so it's positive for them, but I was trying to sell it as creating positive role models for our patients and carers as well. So if we have staff who clearly have learning disabilities, but are performing their job really well, and if you've come in and you've got a child

who's got learning disabilities, then you can see that there's a route to employment for them, so it's helping our staff to reflect the local communities. So that would be an important one and I guess that's the same with ethnicity or religion or gender, we want our staff to be reflective of the people who live around us and the patient groups who are going to come in, so that would be another target"

(Health system specialist).

Working with VCSE organisations is argued to be more fruitful when the collaboration is established over a longer period of time, and is not limited to a brief pilot or temporary intervention. The integrated care partnerships (ICPs) in some local areas have ambitions to ensure that *"the contracts that are given to the voluntary sector are not just on a yearly rolling basis, they're at least a three and a two, so like a five-year contract, that really start to embed the success of those contracts"*

(Health system specialist).

There would potentially be shared benefits to this. As well as the sustainability of funding and service delivery, it would give back a lot of time to both commissioners and to VCSE organisations who lose many hours and resources completing business cases and bid writing. And it would make for more collaborative and equal working partnerships.

Local collaboration can be suitably ambitious to champion growth industries that will support better employment and skills, higher quality jobs, yet also be greener and develop more sustainable industries. For example, developing zero carbon transport networks, which boost mobility and accessibility for communities dependent on inadequate public transport networks, would also contribute to the wider decarbonisation priorities. This supports asset-based approaches, building on existing local strengths. Interviewees in Gosport discussed using their natural geography for tidal energy, and Liverpool using its local waste product of hydrogen to power industry:

"We have the potential because of our physical landmass and water mass to develop a really world-class maritime environment. You could see a huge potential input from the voluntary sector there in supporting that and encouraging kids and families to get out on the water. Part of their role, they could be training them for RNLI or GAFIRS. All of those kinds of things, but we're only touching at this stage on trying to join up those three main sectors"

(Local VCSE infrastructure organisations).

The scale of the challenge, and the extent to which existing social and health inequalities have become entrenched, requires equally significant and ambitious action. Interviewees argue that *"tinkering with tiny things is just not good enough",* and that the challenge *"requires a really good vision, it requires a bit of risk taking"*. For example, rather than another bus lane, creating and building new, greener public transport networks such as trams, *"can really create new jobs and develop sectors, that's the kind of thing we need"*

(Local VCSE service provider).

Additionality versus Substitution

It is necessary to take care in differentiating between additionality and substitution. The specialist abilities and 'extra' work that the VCSE sector is capable of can only be carried out if the sector's energy isn't absorbed by acting as the safety net, or filling universal and essential service roles.

One fieldwork area is *"thoroughly dependent on the voluntary sector to provide an element of safety netting within the community in a way that supports people to live well and meaningful and independent lives" (Health system specialist).* Many people felt that austerity has made this inevitable in many places, but it is important to consider the long-term consequences of this replacement activity to both the universal and specialist services.

One such 'extra' which may often be present in VCSE organisations is a sense of 'local' geography which is more familiar or relevant to individuals. Local geographies can also be more meaningful to communities than council boundaries or regional labels. There is some concern from the VCSE sector that focussing primarily, or only, on large-scale initiatives will risk *"just dilut[ing] the focus on areas of specific need that are probably lower level than even borough level", highlighting the "conflict…between how you put the focus on areas of need when the desire from funders is to fund things that are broader brush, homogenous level over a bigger population because they feel that might give them a bigger return. Whereas I think that's a misconceived concept"*

(Local VCSE service provider).

By working together appropriately, on more than one level, those local VCSE organisations which might be more accessible to residents than those larger health sector footprints for example, then cumulative activity can build upwards - particularly if there is a shared strategic vision and plan.

The role of the VCSE is understood by interviewees to be specific to the sector, and separate to the statutory offer. The two sectors are felt to be most effective when they are able to complement each other, and when the VCSE is able to offer something 'extra' which enriches and enhances a baseline, so that the combined efforts create more than the sum of their parts. However, competition between those sectors, and within the VCSE sector organisations themselves, remains a significant challenge – both for resources and for kudos which is important to the profile and other funding opportunities for VCSE organisations. This does not necessarily best engender the collaborative and joined-up approaches needed to support marginalised communities into work, which should be undertaken as a multi-organisational, cross-sector effort. It is a holistic process which is needed, so it is not necessarily helpful for one group over another to 'claim' the success, nor does it acknowledge the long-term nature of some of these entrenched issues which relate to long-term unemployment:

"One of my frustrations in all of this is that everybody claims, and it's more of a frustration with the employment skills and evaluation, everyone always claims it's their intervention that was the thing that got somebody into work. What we rarely do is look at the overall journey and say, well, who played different parts at different times and what was the impact on all of that? I think it's always really hard, and you talk about closure on a deal, don't you? They're the person that gets the deal done. Well, actually, no, it's the person who's done the leg work over the last ten years that gets the deal done

(Economic policy specialist).

A health system interviewee hopes that by incorporating the VCSE sector more formally into their volunteering and employment opportunities they will be able to *"get away from competition and more into a collaborative approach" (Health system specialist).* Initiatives such as social prescribing, or hosting link workers, will only work, and only add value, if there is a sustainable and well-resourced VCSE sector to refer individuals to:

"The advent of paid Link Workers is good, but they would be absolutely without any teeth at all if it wasn't for the voluntary and community sector providing that base into which to refer. I think the Primary Care Networks simply don't realise or understand what is required in order to provide that support"

(Local VCSE infrastructure organisations).

The VCSE sector can add support which does not necessarily take the form of providing employment itself, but makes employment or other opportunities easier and more manageable for individuals, particularly those encountering challenges such as digital exclusion, caring responsibilities or poor mental health. If *"a carer feels like they need counselling because of the caring role, or because the caring roles ended"* then often a well-placed VCSE organisation can best *"provide counselling for them to help them with their health and well-being"*

(Local VCSE service provider).

"We do health awareness days with the carers, where we get all sorts of different organisations in…That could be things like healthy eating, people talking about people having MoTs from their GP. It could be things like some sort of health awareness activities as well. We normally invite a nurse along to those events, and they can do a quick MOT there and then with people, check their blood pressure, etc"

(Local VCSE service provider).

An intelligent, joined-up system that is built on good collaboration and communication between the VCSE and health and social care sectors can therefore help avoid unnecessary duplication and also achieve a better balance between social and medical issues. Social and medical problems, if presented to well-connected organisations, will then be more likely to be dealt with in the right place, or supported by the right teams. Social prescribing will sometimes be the appropriate response to a clinical presentation, if that system is intelligent and well-resourced. Such holistic approaches could benefit VCSE sector organisations, public health professionals and clinicians, and the individuals who form those wider communities.

The benefit from these collaborations will come from harnessing and nurturing the existing strengths of each sector. In their differences, they can complement each other's work. The might of the health sector can offer security and sustainability in support of the agility, and local or granular specialisms of valuable VCSE organisations, as well as building on geographically specific local strengths.

The VCSE sector can lead by example

Several interviewees are concerned that some employers that they work with do not offer working conditions and prospects that will be good for health, or for reducing health inequalities (for example, not paying the living wage, or offering only zero-hour or fixed-term contracts).

"An awful lot of the jobs available are quite low-skilled jobs as well. In terms of that, what aspiration are we pushing children to achieve, compared to what does the market offer as an opportunity? It's low aspiration, low skill level"

(Local VCSE infrastructure organisations).

Some interviewees expressed reluctance to work in partnership with commissioning bodies or larger organisations that do not share their values and guidelines for employment, including within the health sector. One VCSE organisation has stopped taking NHS contracts because making staff redundant at the end of a funding period goes against their values of social responsibility:

"They have renounced NHS contracts as a statement – these were renewed on an annual basis and so each year they had to serve redundancy notice to the staff employed, which conflicts with organisational values"

(Local VCSE service provider).

VCSE organisations need to be good employers themselves, and represent *"a significant sector within the city region that probably employs a few billion pounds' worth of economic activity, so I think there's an important role as an employer which I think probably gets forgotten from time to time"*

(Economic policy specialist).

VCSE stakeholders ask, *"what's our economic contribution? How can we grow as a sector and create more opportunities…that's a capacity issue" (Local VCSE service provider).* Several VCSE organisations talked about their growth ambitions, forming part of the area's asset-base, and to add more economic value as anchor institutions themselves, not just *"bricks and mortar"* but the *"sticky knowledge"* and community roots, links and relationships with their local areas.

"As a sector, it's not just about how we, how our offer is part of that bigger solution to address these issues, it's about how our economic value, and how we get that recognised and how we grow economic value"

(Local VCSE infrastructure organisations).

"Salary rates tend to be lower in VCSE organisations, because there's a different purpose, and some of the employment offered may not be as sustainable as perhaps other organisations. That's the nature of your funding because it comes in different ways. So, there's a balance in all of that, but I think in that, to offer as high-quality employment standards as possible. We always say that within the public sector, that we're supposed to be there to model what effective and good employment practice looks like, and I think that sometimes (the VCSE) are prevented from doing that because of the nature of the funding that we can offer you in that respect"

(Economic policy specialist).

Some commissioning partners recognise that their way of commissioning services exacerbates the insecurity that levelling up approaches ought to be fighting, particularly in the ways they work with the VCSE sector:

"On a yearly basis people leave the sector, they move on, because you can't get mortgages, people haven't got that stability. I've always said from a commissioning perspective, if your service is rubbish it gets decommissioned. If it's not providing what it's providing, you just decommission it and do something else, or work together to revamp it or look at re-evaluating the brief. So you're having these yearly contracts that mean that you're putting your staff at risk every December because you don't know if you've got a contract in March is just apparent, it doesn't happen anywhere else"

(Health system specialist).

8. What does ‘levelling up’ mean for the health of young people? A perspective from Young People's Health Partnership

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Levelling up, young people’s health and COVID-19

Levelling up aims to reduce regional or geographic inequalities. However, there has been little mention of how levelling up will address health inequalities or the wider determinants of health (the conditions in which we are born, grow and age).

Prior to the pandemic, the health needs of young people were not being fully met and there were inequalities in health outcomes for different groups. Young people living in more deprived areas are more likely to be overweight or obese, smoke regularly and be killed or seriously injured in road traffic accidents.

COVID-19 has disproportionately affected young people - huge upheavals to education, examinations and university experiences; high rates of furlough and redundancy; and indications of increased loneliness and poor wellbeing. The pandemic has exacerbated pre-existing inequalities, with specific groups of young people experiencing particularly unfair outcomes.

The educational attainment gap between disadvantaged pupils and their peers grew by 46% from 2019-2020. LGBTQ+ young people, young carers and young travellers, amongst other groups of young people, were at increased risk of poor mental health during lockdown periods.

The full impact on young people’s outcomes is not yet known, as many issues will take time to become fully visible. To avoid creating a ‘lost generation’, we must place the needs of young people at the centre of decision-making.

Ensuring levelling up initiatives directly target young people

Levelling up initiatives are connected to geographies, rather than targeted to the needs of those most at risk of experiencing inequalities. Levelling up initiatives need to be strategic, explicit, transparent and based on the right outcome measures that take young people’s situation into account. We propose policies focus on the needs of young people by:

- Aligning local investments in businesses or infrastructure development with the Government’s Kickstart programme aimed at getting young people into employment opportunities, specifically young people from a range of backgrounds with a diverse set of skills.
- Ensuring educational ‘catch up’ schemes are appropriately resourced and work for all young people, including those with learning difficulties and / or special educational needs who have been particularly affected.
- Ensuring local government has the devolved power, resources and funding to deliver interventions. Local authorities have responsibility for services that contribute to the reduction of inequalities in young people (children’s social care, housing, transport, sexual health, substance use reduction). Since

2014/15, absolute cuts to local authorities in the poorest places have been six times larger than in the least deprived, which must be reversed.

- Invest in local youth services. There has been a vast reduction in funding available for youth services, which provide protective 'safe spaces' for young people, particularly those from disadvantaged backgrounds. Research from the YMCA showed a reduction from £1.4billion for youth services in 2010/11 to £429million in 2018/19, which led to the closure of 750 youth centres, 83% of youth organisations reported a decrease of income.

Young people represent the future citizens of our society and their needs must be central to levelling up policies - they must be consulted in discussions about how best to implement interventions aimed at reducing inequalities.

9. What does 'levelling up' mean for men? A perspective from Men's Health Forum

The Government's 'Levelling Up' agenda is a potentially huge opportunity for men's health. Closing the male life expectancy gap between the richest and poorest areas of England would do more for men overall than closing the life expectancy gap between men and women. The effect of closing the healthy life expectancy gap would be even greater.

The figures are shocking: in 2016-18 the difference in male life expectancy between Westminster and Middlesbrough was 9.4 years. The difference in healthy life expectancy between Richmond- upon-Thames and Blackpool is 18.4 years.

These differences are reflected in the incidence rate of a wide range of conditions - including – cardiovascular disease, respiratory disease, diabetes – as well as other factors associated with deprivation – including injuries and self-harm. Factors associated with ill-health such as smoking, obesity and substance abuse are also strongly associated with deprivation amongst men.

COVID-19 has hit men in areas of deprivation particularly hard with the higher risk associated with their gender compounded by other factors. Over the 12 months to February 2021, men in the most deprived deprivation decile faced 2.4 times the mortality rate of men in the least deprived deprivation decline and 4.1 times the mortality rate of women in the least deprived deprivation decile.

Levelling up can play a critical role in addressing this. For men – some of the most critical changes that need to be made are economic. Unemployment, in particular, hits men's health especially hard:

- Men are nearly twice as likely to have mental health problems due to being unemployed than women
- Unemployment is associated with a higher risk of suicide. The 2008 recession showed a disproportionate effect on suicide rates between men and women – with 846 extra male and 155 female suicides between 2008-2010 were linked to the recession above the trend
- Unemployed men actively seeking work have a 20% greater risk of death overall than employed men.

Not only is poor health a potential outcome of unemployment for men, but it is also a barrier to returning to and staying in work. This is particularly evident with those employed in temporary or unstable work, and amongst those men with a lower socioeconomic status.

Aside from wider economic intervention, part of the solution to this lies in a strong focus on supporting work within the NHS – with work-supportive appointment times and accessibility – and strong recognition within social prescribing and other similar support of the powerful positive role of work in enabling men's health. Similarly – given that unemployed men are less likely to access health services – there needs to be a strong focus with employment support in tackling ill-health and encouraging positive health and wellbeing.

A second area where men and boys are particularly affected is education – with boys in receipt of free school meals achieving less from an early age and being more likely to face exclusion – and long-term effects for their options in the workplace and well-being. We would like disproportionate investment to close this gap and

prepare boys for adult life, including support for mental and physical health and fitness, and preparation for the world of work.

10. What does 'levelling up' mean for people with mental health issues? A perspective from the Association of Mental Health providers

The levelling up agenda focuses on reducing geographical inequalities with a focus on the economy and jobs, however, when we think about mental health, we must consider the various factors – the wider social and economic determinants - and inequalities that also have an impact. Mental health and many common mental illnesses are defined extensively by the social, economic, and physical environments in which people are born, grow, and live. As we look beyond the pandemic, addressing the existing health inequalities, which have only widened over the last year, will be essential to "levelling up" mental health.

The impact of months of social isolation, significant increases in levels of anxiety and the acute distress of bereavement have all exacerbated existing health inequalities. These experiences are also likely to be compounded by significant, and increasing, financial insecurity faced by households across the country, with an estimated half a million more people expected to experience poor mental health because of the economic impact of COVID-19. The recently published Mental Health Renewal Plan, backed by £500m in funding, is a welcome step. With the announcement of a new £15 million fund for the most deprived local authority areas to invest in preventing mental ill health, it is encouraging to see support for better mental health in communities, where the knowledge and experience of the voluntary and community sector in supporting people with mental health needs can also be utilised. Crucially, the plan will consider mental health within new and existing programmes outlining a cross-government approach to improving mental health and wellbeing.

From the fifteen areas with the highest prevalence of depression, twelve were in the North West, two in the West Midlands, and one in Yorkshire, and twelve of the fifteen areas with the lowest prevalence were in London. However, seven of the ten local authority districts with the highest levels of income deprivation among older people are in London, with many of the communities experiencing the deepest economic and health inequalities living in the Capital. It must be noted that people across the country experience inequalities in mental health and the social determinants are not wholly confined by regional boundaries, so we need investment in every deprived area to not just "level up" outside of London as part of the agenda, but to achieve equity across the country.

Any levelling up initiatives must focus on the needs of those experiencing inequalities in mental health, locally, regionally, and nationally – taking into consideration education, employment, financial security, housing, communities/networks, as well as race. Disadvantage starts before birth and accumulates throughout life and as such, has a defining impact on mental health. The VCSE mental health and wellbeing sector has a key role to play alongside local and central government in ensuring inequalities are identified and addressed to improve mental health and wellbeing for everyone, everywhere.

11. What does 'levelling up' mean for people with issues of homelessness? A perspective from Homeless Link

Levelling up across the country can only happen if there is a true commitment to ending all forms of homelessness across the nation. In the year leading up to the pandemic 289,000 households in England were considered either homeless or threatened with homelessness by their local authority. As of January 2021, and through the work of Everyone In activity a staggering 37,430 people have been accommodated because they were either currently, or at risk of rough sleeping. If we are serious about levelling up we cannot ignore those experiencing the most extreme forms of destitution.

Critically, meaningful levelling-up also means addressing the long-standing, structural issues that have entrenched chronic housing need across the country. This means tackling issues such as lack of affordable housing both social homes and those in the private rented sector, poor quality, insecure private sector housing, increasing precarious employment and inadequate levels of out of work support. Being able to afford a safe, stable home is the platform from which people can thrive and fulfil their potential. And people who live in warm, safe, stable homes are far less likely to experience the physical and mental health issues that are so strongly correlated with having no permanent home.

Levelling-up must be future-proofed against the displacing effect of placed-based levelling-up through ensuring the availability of sufficient, truly affordable, long-term, stable, suitable accommodation. There is strong evidence that exclusionary displacement is a dominant process in place-based levelling up. Where the impact of social housing renewal, in combination with an influx of high-earners to 'levelled-up' areas, inflates the cost of housing, so the risk of debt and eviction grows for those whose earning power has not been enhanced by levelling up. This must be guarded against so as to ensure that levelling up activity doesn't contribute to increases in people facing homelessness. Instead this agenda should be considering how to centre preventing and ending homelessness as a key part of levelling up.

Investment in levelling up must consider the needs of all those living in a local area and that includes people experiencing homelessness. Secure, truly affordable housing that provides the stable base from which that investment can be realised is critical, as is locally availability of good quality work. If a levelling up strategy doesn't include a plan to end homelessness then it will never be truly successful.

12. What does ‘levelling up’ mean for people with money worries? A perspective from Citizens Advice

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Levelling up and the Socio economic impact of COVID-19

Citizens Advice has a key role to play in tackling the wider social and economic issues that manifest as a barrier to good employment. Through our advice and our campaigning work, we have continued to help people find a way forward.

The COVID-19 pandemic has caused huge upheaval to our daily lives. Our health, work, education and social lives have all been affected in ways we would not have thought possible as we entered 2020.

People have been affected in different ways. If you’re young, a person of colour, in a precarious job or in private rented housing you are far more likely to have suffered financially as a result of the crisis.

Over the past year, our advisors gave one-to-one advice to 1.4 million people - and saw huge variations in the type of advice they were seeking. As the pandemic started, bringing with it the need for people to shield and self-isolate, demand for advice about employment rights shot up. Queries about pay and entitlements - which covers sick pay - were particularly common.

The impact on jobs can also be seen clearly through our data. Over the summer months, as people were laid off, we saw large numbers of people seeking our help with redundancy issues, including notice periods and questions about fairness.

The data we’ve collected since the first national lockdown tells the hidden story of how people across England and Wales have been affected by the pandemic. From scams to redundancy processes, people sought advice about a huge range of problems. Often, this gave us early warnings about issues the government urgently needed to fix, whether that was gaps in the furlough scheme or the inadequacy of sick pay provision for people required to self-isolate.

Over the Pandemic we have worked tirelessly to ensure people that have or are facing worsening socio economic issues are supported. We have done this through advice and guidance but also campaigning the government to urgently fix issues which threaten to make people's situation worsen.

Falling incomes and higher living costs mean an increasing proportion of the people we help simply cannot afford to make ends meet. Many others are on the cusp of being unable to cover their costs.
Government interventions have gone some way to support people during this crisis. But with more job losses expected, further measures are needed to safeguard living standards and support the UK’s economic recovery.

To support the prevention of people's socio economic situation getting worse through recovery and beyond, Citizens Advice are urging the Government to consider the following principles and policies.

Principles

- Any government support aimed at **tackling regional inequalities should be aimed not only at places but at people as well.**
- Any discussion of improving infrastructure as a way of kick-starting regional economic development should be accompanied by an understanding that **social infrastructure is just as important in tackling**

long-term problems. Particularly post-COVID-19, it's not enough to simply build a new road, railway or industrial park. We need to look at what problems are holding people back and create locally-based solutions that will tackle the issues together. For example, if a company sets up a new branch in an area with low employment it may not successfully improve prospects for local people unless there are also projects that help potential employees with their skills, literacy, housing, in-work benefits and childcare to make the opportunities accessible to those who most need them.

- **Solutions should be co-produced with local communities and the VCSE.** As well as being based around local partnerships and led by local government. The VCSE has a significant role to play and is at its best when we work together to support individuals and families. The Government can make this easier through supporting the creative use of collaborative pilots and measuring success through the amount of distance the project as a whole has moved the client on, rather than trying to count the individual added value from each organisation.
- Factors linked to socioeconomic status, such as poverty and poor education, are hugely important in predicting health outcomes (imperial College London, 2017). **The social economy needs to be seen as part of a plural and inclusive economy**, as well as having radical and transformatory potential to enable new possibilities, and ways of thinking about society, democracy and economics. For example, a support service such as welfare advice which has a positive effect on health should be as valued as other health interventions. This equity requires innovation and organisational buy-in at all levels of system working.
- **A pragmatic longer term approach to resources, commissioning services and commissioning for outcomes will support building back better.** Systems need to build on what is there and embrace the innovations that have emerged during the pandemic. Resources need to be made available to build the capacity and capability of the VCSE sector to help regions truly level up.
- **All work should be data-led and evaluated effectively.** Citizens Advice has an unrivalled data-set within the voluntary sector that allows us to map trends in advice enquiries on a daily basis and down to ward level if needed. Set alongside data from public authorities, we believe that this could be key to helping local and national authorities understand the key priorities in each area, i.e supporting population health management.
- There are a number of barriers that make it difficult for people to access good work. These can include an individual's circumstance, low aspirations, low availability of jobs in an area, poor availability of public transport, digital exclusion, ill health and the health impacts of COVID-19. **Policy solutions** should be focussed on these issues, but these **should be devised at place to ensure that they are properly applicable to the local context.**

Policies

- Make the £20 benefit uplift permanent and ensure support for legacy benefit claimants and self-employed people so that no one is left behind
- Provide renters access to emergency loans and grants to help pay off arrears
- Build on the existing support in place for low-income households with energy bills to prevent people falling into debt with their energy providers in the first place
- Ensure support for local authorities to help people in financial difficulty, and use flexible council tax collection practices to stop people being trapped in council tax debt.

13. Discussion: Implications for policy and practice

The evidence in this report highlights the importance of good work and the wider implications when people are not given the opportunities to obtain employment and most importantly what needs to change to support people and place to level up. Were the suggested actions below to be successful, the impact in terms of health and employment could be significant. Prioritising and then implementing the best innovation identified will be the real test.

Contributors from all four fieldwork areas spoke in length about legacy issues and more specifically the support needed for communities to break the cycle of generations who are born into an almost predetermined situation where educational attainment is low, aspirations are low and generations have either been stuck in a situation were they have only been able to access low income work or no work at all. Making it harder for people within these situations to improve their social mobility. An identical story can be seen with disadvantaged groups such as the homeless, people with learning disabilities, young people, women and ethnic minorities with more needing to be done to prevent people from slipping between systems and not being able to find the support needed. These findings match research outlined in the literature review which suggests employment and earnings trajectories that individuals face over their adult lives are linked to the formation of skills during childhood. To raise people’s career prospects it is important that the **needs of local populations are scoped.** What kind of work do different groups of people in local communities aspire to, and what support do they need to make that aspiration achievable. A place-based approach to reduce health inequalities is a potential fundamental starting point to understand local needs in the context of health inequalities.

Evidence supplied by the Young people's health partnership suggests young people have been impacted disproportionately as a result of the pandemic with the full impact not yet known. Inequalities within this group have been exacerbated and educational attainment gaps increased. Contributors of this research felt there needed to be a **particular push towards apprenticeships and voluntary work, and generally more guidance for young people concerning careers especially whilst in school or just leaving school**. Work needs to go into making apprenticeships and volunteering attractive to young people and those out of work. Remove the stigma associated with both, and engage people in the development and co-design of opportunities.

Digital exclusion was also identified as a significant barrier, not just to finding work but more recently as a result of the pandemic has reduced people's ability to access essential services like health care. This means disadvantage groups are at greater risk of being ‘left behind’. Despite the transformative impact of technology on society many people in the UK remain digitally excluded. This matters as those who are excluded digitally are also far more likely to be disadvantaged according to many other social and economic measures. The digital divide exacerbates inequality (Carnegie UK Trust 2020). Contributors of this report felt strongly that there should be **greater focus on improving digital access and skills of the population.** Digital skills and internet access are essential to being active in the employment market and need to be accessible for everyone. Where we know that there are current gaps in digital accessibility there needs to be other ways to access support and routes into work (including application processes).

One of the clearest themes which came from the contributors was transport barriers. All fieldwork areas identified issues around reliability and/or cost of public transport. Disadvantaged groups or people from low-income neighbourhoods are less likely to have their own vehicle, this acts as a further barrier to finding and retaining good work. A study published by the Joseph Rowntree Foundation says poor public transport is

constraining rather than enabling people to find good work. For example, low wages are limiting commuting choices because of the trade-off with high transport costs (The Planner 2018). Contributors felt that **Tangible support for local people to get into work, by being able to get to work**, would make a significant positive impact to communities. This requires a local unified action targeted towards transport infrastructure, which in turn requires the backing and impetus of regional and central governments.

The role of the VCSE was recognised by system level contributors as an essential one in identifying the people who need the most support. VCSE organisations have strong relationships and are trusted by the people they serve. They can often be the collective voice who can advocate on behalf of these groups to help systems understand the best direct and indirect support. As a result, they have an important part to play in levelling up, regularly working with people who have fallen through the gaps in systems which are set up to support or worked with people who have accessed support that has not worked for them. The VCSE contributors felt local decision makers needed to **better understand who the populations are that require more support to be work ready**, and enable the VCSE, who are demonstrably best placed, to deliver that support through collaborative working and sustainable funding.

On a similar theme, the VCSE contributors urged all organisations involved in supporting people into work to **ensure local partnerships are 'real'**. It's important to encourage collaboration and dialogue across delivery 'footprints' which engage VCSE organisations so that they can help to co-design solutions rather than just bid to deliver them. Ask "which partner is best placed to deliver" each part of your local infrastructure to support work readiness and deliver good, sustainable employment. Recognise the VCSE as equal partners, and enable VCSE's diversity to be heard as the representative voice of local communities. This will ensure the greater likelihood of community 'buy-in' to the local service investments.

Income generation has always been a significant challenge for the VCSE. The often short term or restricted nature of funding can be a barrier to innovation and this can impact on people's lives as services reduce or terminate due to lack of investment. New Philanthropy Capital (NPC) believes that funders can strengthen charities, increase their impact and change the lives of beneficiaries, by improving the way that they fund charities. In NPC's experience, funders that take time to understand the needs and approaches of the charities they fund can improve the way those charities work. This has a knock-on effect on the lives of beneficiaries—good grant-making improves more lives (Brick et al. 2009). As a result, collaborators felt strongly that **funders should commission and grant fund for the long-term**. The VCSE organisations which took part in this research strongly recommend systems desist from short term funding agreements and contracts that destabilise VCSE workforce continuity, discourages many potentially excellent providers and does little to encourage trusting, collaborative relationships.

The COVID-19 pandemic has shone a light on the VCSE as a result of their significant contribution during the pandemic and their continued contribution to the ongoing recovery effort. Contributors to this report who operate at system level recognised that the VCSE are uniquely placed to support communities, and have a role to play in planning of care and prevention. They also need to be included in population health management and social prescribing at place. Collaborators felt **better information sharing and collaboration** would support closer working between the VCSE and decision makers; build stronger relationships across organisations as this will enable better sharing of information and knowledge of support services available and make these relationships structural not just people-based ones. The VCSE sector has a rich data set and local intelligence which would

benefit population health management. VCSE collaborators encourage systems to resource the collection so it can be used to systematically support local planning and service development.

Contributors to this report spoke in length about the importance of Innovation in transforming services for people. When resources are limited this is equally important. Extensive multi agency partnerships which include service users need to use and share their knowledge of community need to develop responses which really tackle those wider determinants that prevent people obtaining good work and contribute to poor health. One of the biggest barriers noted was around culture and the need to explore options outside medical ones, adopting an approach which sets the service user perspective as the leading principles for innovation. **Removing barriers to innovations within local health systems** will make local innovation easier and transformation more targeted at local needs.

As explored in this discussion section and evidence supplied by contributors it is clear that the VCSE has a vital role to play in developing a wider strategic goal from place to system. All contributors from system to community believe **VCSE organisations need to be given the opportunities to be equal partners**. This may mean for example that VCSE organisations may need to upskill in accessing relevant funding/grants. Understand how to deliver outcomes not just activity, venture into partnerships and be aware of how they contribute to demonstrating social value. To be effective 'equal partners' VCSE's need support in developing capacity and capability, building on social value to demonstrate the fundamentals of being effective 'business partners'; and be funded in a way that allows them to support people into and offer 'good work'. An immediate quick win is to **involve local VCSE in local post COVID-19 recovery planning**. Knowledge and experience they have accrued over the last 12 months can help effectively shape recovery plans, and enable community co-design and 'sign-off'.

Addressing shortages of staff within NHS/social care as a starting point for more effective local working was identified as a market that needs support. NHS hospitals, mental health services and community providers are now reporting a shortage of nearly 84,000 FTE staff, severely affecting key groups such as nurses, midwives and health visitors. Shortages of GPs and other staff working in primary care and community services are putting ambitions to deliver more care out of hospitals at risk (The Kings Fund, 2021). The VCSE could work with the NHS and social care commissioners/providers to target school leavers, those returning to work and those with 'informal' caring experience to be work ready and address staff shortages within the health and social care sector.

Finally, the report and literature review has evidenced throughout examples of good practice and highlighted how the sector can meaningfully contribute to supporting communities directly through delivery and indirectly by collaborating at a strategic level to develop policy and strategies. The collaborators urge decision makers when developing services/strategies/policies to tackle inequalities through attracting investment from large/new employers to create employment opportunities that they ask **"how can the VCSE support?" And involve them on an equal footing accordingly.** A 'work ready' diverse workforce will be a potential asset to any area as it competes to attract investment. The VCSE organisations in a local area will know what people and communities need to be work ready and will be able to work in partnership with systems to translate this into actions.

14. Appendix 1 - Collaborators

Representatives from the following organisations contributed to this report through interviews

Gosport

- CEMAST (Fareham College).
- Citizens Advice Gosport.
- Fareham & Gosport Friends of the Homeless.
- Gosport Borough Council.
- Gosport Central Primary Care Network.
- Member of Parliament for Gosport
- Gosport Voluntary Action.
- Hampshire County Council.
- Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups.
- Inspiring Enterprise.
- Jobcentre Plus.
- KIDS (Fareham & Gosport Young Carers).
- Rowner Community Trust.
- Solent LEP.
- St Vincent College.
- VIVID.

Walsall

- Walsall Council
- Walsall Healthcare NHS Trust
- Walsall College - Click Start
- Accord Age Matters
- Active Black Country
- Changing Lives Walsall
- One Walsall
- Autism West Midlands
- Building Better Opportunities - Family Matter
- YMCA Black Country

Liverpool

- Cheshire and Merseyside Health And Care Partnership
- Liverpool City Region Combined Authority
- Liverpool University Hospitals NHS Foundation Trust
- Young Persons Advisory Service

Knowsley

- Knowsley Metropolitan Borough Council
- One Knowsley
- Knowsley carers
- Centre 63
- Knowsley Disability Concern

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