



UK COMMUNITY
FOUNDATIONS
GIVING FOR LOCAL GOOD

VITAL SIGNS AND THE UK VOLUNTARY SECTOR

UTILISING THE UK COMMUNITY
FOUNDATIONS' VITAL SIGNS INITIATIVE TO
MODEL PHILANTHROPIC GIVING



The
GOLDSMITHS'
Company Charity



PART ONE

UK VITAL SIGNS – TOP LEVEL ANALYSIS

OVERVIEW

| | |
|------------------------|----------|
| THE BIG PICTURE..... | 3 |
| EXECUTIVE SUMMARY..... | 4 |
| KEY FINDINGS..... | 5 |
| CALL TO ACTION..... | 6 |

THE BROADER CONTEXT

| | |
|----------------------------|----------|
| HEALTHY LIVING..... | 7 |
| FAIRNESS AND EQUALITY..... | 8 |
| STRONG COMMUNITIES..... | 9 |

CONCLUSION & RECOMMENDATIONS

| | |
|----------------------------|-----------|
| HEALTHY LIVING..... | 11 |
| FAIRNESS AND EQUALITY..... | 12 |
| STRONG COMMUNITIES..... | 12 |

PART TWO

UK VITAL SIGNS DATA – ANALYSIS OF NATIONAL NEED

INTRODUCTION

| | |
|----------------------------|-----------|
| VITAL SIGNS..... | 14 |
| COMMUNITY FOUNDATIONS..... | 15 |
| STRATEGY..... | 16 |
| METHODOLOGY..... | 16 |

STAGE ONE – VITAL SIGNS CONTENT ANALYSIS 2013-17

| | |
|--------------------------|-----------|
| VITAL SIGNS IN 2017..... | 17 |
|--------------------------|-----------|

STAGE TWO – VITAL SIGNS AND CHARITABLE FUNDING: USING VITAL SIGNS TO HIGHLIGHT AREAS OF ACUTE NEED

| | |
|-----------------------------------------------------------------------------|-----------|
| DEPRIVATION AND EQUALITY ACROSS THE UK: MAPPING AREAS OF ACUTE NEED..... | 22 |
|-----------------------------------------------------------------------------|-----------|

STAGE THREE – BREXIT AND THE CHARITABLE SECTOR: ANALYSING THE EFFECTS OF THE UK LEAVING THE EUROPEAN UNION

| | |
|--------------------------------------------------------------------|-----------|
| CHARITABLE FUNDING AND THE EUROPEAN UNION..... | 27 |
| EU FUNDING AND VITAL SIGNS..... | 28 |
| ADDITIONAL POTENTIAL IMPACTS OF EXITING THE EUROPEAN UNION..... | 28 |
| APPENDIX..... | 30 |
| COVERAGE..... | 34 |
| ACKNOWLEDGEMENTS & CONTACT DETAILS..... | 35 |

LIST OF FIGURES FOR DATA WORK

- Figure 1.** Most Common Vital Signs Themes 2017
Figure 2. Most commonly prioritised Vital Signs themes across the UK Community Foundation network 2013-2017
Figure 3. 20 local authorities with the highest proportion of their neighbourhoods in the most deprived 10 per cent of neighbourhoods nationally (source: ONS)
Figure 4. Comparison of deprivation and charitable funding per person
Figure 5. Ten Local Authorities with high deprivation and low charitable spend.
Figure 6. Grant-making by sub-sector (Source: NCVO)
Figure 7. Funding areas from which English charities benefitted in 2015 (Source: Directory of Social Change)

UK VITAL SIGNS TOP LEVEL ANALYSIS

OVERVIEW

THE BIG PICTURE

Following the 2016 EU referendum, communities across the UK, and the voluntary sector organisations that support them, face significant risks in terms of future stability.

Community Foundations work with local businesses, donors, funders and government to create tailored programmes of grant-making based on local need. It is the depth of our local knowledge and our ability to assimilate learning from across multiple localities that means we are ideally placed to analyse the highs and lows of community life in the UK. Furthermore, this allows us to identify themes which may be exacerbated following our departure from the EU.

Originating in Toronto, Vital Signs was launched by the UK Community Foundation network in 2013 and has continued to grow in strength and impact ever since. It presents a pioneering approach to how we assess community wellbeing. By listening to hard and soft data gathered from each locality, Community Foundations can balance quantitative findings against human experience.

This report, generously funded by The Goldsmiths' Company Charity, is the first time our regional findings have been drawn together to create a national picture and it could not have come at a more critical time. This research will provide a more rounded view for community focused organisations, funders, philanthropists and government alike – to assess the most prevalent issues facing our society today and establish viable solutions to alleviate existing deprivations.

To date, quality of life indicators provided by local government have often been relied upon to determine the wellbeing of a given area. Whilst this data is extremely useful for mapping the provision of social services and assessing the severity of deprivation using needs statistics, it does not provide a full 360-degree view of the problems facing UK residents.

Understanding the needs of a community and the issues it faces is the first step to being able to solve them. This is what Vital Signs does.



EXECUTIVE SUMMARY

This is the first national Vital Signs report of its kind to be seen in the UK. Our deepest gratitude goes to our esteemed partners The Goldsmiths' Company Charity – without whom this vital project would not have been possible.

The results of the 2016 EU referendum highlighted a severe division across the UK. It showed a polarised society; illustrating the void between those who feel more acknowledged and supported in their locality, and those experiencing a more serious social and economic disconnect.

Whilst the full scope of Brexit's impact is difficult to quantify, we know the repercussions will be significant and the recovery time long. As things stand, the charity sector will have some considerable challenges to negotiate. One of the more obvious hurdles will centre around the retraction of substantial EU funding streams – the minimum value of which we know to be **£258.4m**.¹

Furthermore, we know this funding has been unevenly weighted in terms of its distribution; meaning that certain regions and charitable causes will be hit harder than others.

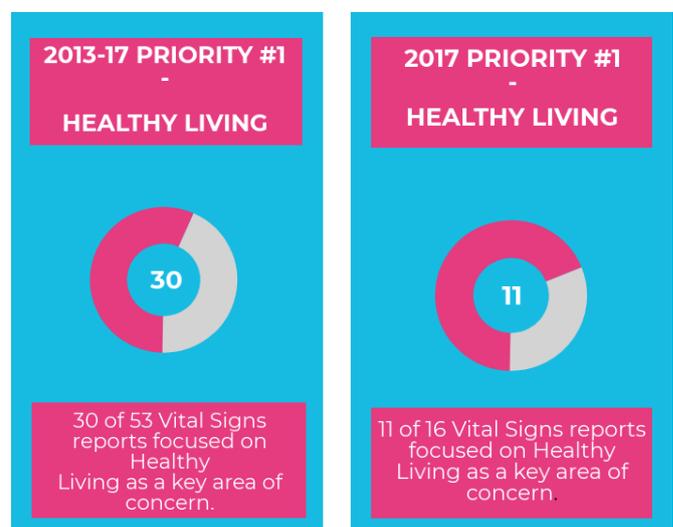
From data gathered from Civil Society Almanacs, we can see what a critical role the charity, voluntary and community sector plays in terms of UK social economy. The voluntary sector contributed **£15.3bn** in 2015/16, representing around **0.8%** of total GDP.²

To put this amount in context, the contribution of the sector is similar to the GDP of Estonia (**£15.5bn**, ranked **101** out of **198** countries).² Therefore, it is surprising that the voluntary sector has not been included in government sectoral assessments and little provision has been made for the impact of Brexit on the sector – and the beneficiary communities it supports.

In terms of Vital Signs, **Healthy Living** has emerged as the number

one priority for UK communities since our research began back in 2013. Yet worryingly, this is being consistently underfunded with health-related grants accounting for just **2.7%** of all charitable grant-making in 2015.³

The fairness of our society has also emerged as a key concern – with both Vital Signs data and the Brexit vote showing community cohesion to be at an all-time low. It is imperative we learn from Brexit, and the environment that led to it, to prevent these issues from escalating. We need to channel urgent resources to support cold spot areas across the UK, to better connect those living in more deprived regions with the services they so desperately require.



KEY FINDINGS

The three most prevalent themes to emerge from all 2017 Vital Signs reports were **Healthy Living** (68% of participating Community Foundations reported on this theme), **Fairness and Equality** (highlighted by 56% of Community Foundations) and, **Strong Communities** (raised in 38% of reports).

Many of the Community Foundations that focused on **Healthy Living**, recognised **Mental Health** as a critical sub theme within that category, declaring an **urgent need for support**.

Our research shows a **chronic funding deficit in terms of what's available for mental health charities and support organisations across the UK**. There are serious concerns regarding the shortfall of support services available for those living with mental health conditions.

Common themes arising across all 2017 reports include issues of **health, inequality, and deprivation**. Furthermore, Community Foundations are reporting that **the poorest and most marginalised in society are suffering disproportionately**.

Issues around inequality have been shown to directly influence health outcomes, with evidence suggesting that **minority groups are more likely to suffer from mental health issues**.

There is an obvious but **notable disparity of health outcomes between rich and poor**. Community Foundations suggest that the number of residents suffering from poor health and/or deprivation can have a direct correlation with issues around **community cohesion** and **social isolation**.

Healthy Living ranks as the number one theme to emerge, not just from Community Foundation reports in 2017, but over the complete history of Vital Signs UK.

However, health-related grants accounted for just **2.7%** of all charitable grant-making in 2015.[‡] This suggests **underfunding of health-related causes**, especially considering the rising levels of need identified through Vital Signs.[‡]

The same funding mismatch is evident when we assess the thematic split of EU funding across the UK's charitable sector in 2015 – with just £1.6m out of a possible £194m (in directly managed funds) being assigned to health.[‡]

The top three most common themes to feature across all UK Vital Signs research (2013-2017) are **Healthy Living, Fairness and Equality**, and **Housing and Homelessness** – the latter of which Community Foundations have reported on consistently, as a growing problem facing the UK.

[‡] It should be noted that this figure of 2.7% relates to direct health intervention projects and excludes social care and research. These categories, which will both include some aspects relating to health and well-being, account for 4.8% and 2.5% respectively. For more information on how the grants are categorised please see the NCVO report here: <https://data.ncvo.org.uk/a/almanac17/grant-making/>



CALL TO ACTION

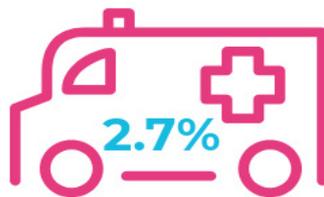
Government support is going to be crucial if we are to steady communities for the likely turbulence ahead. Additional support structures and more intelligent distribution of funding will be key. The government proposed Shared Prosperity Fund (UKSFP) or similar, will be essential and must be in place by 2020.

We must turn our attention to health-related causes, which are currently severely underfunded and leading to acute problems emerging across the UK.

Future deficits as a result of Brexit will only deepen the crisis facing essential services such as those relating to social care, mental health and rehabilitation – all of which have been proven to have knock on effects in terms of overall community cohesion.

It is vital we think collaboratively both as sector and in partnership with government, to determine how we protect the support services that are most at risk – services such as social care where the need is critical, and the demand is high.

Data from the National Council for Voluntary Organisations (NCVO) shows that provision of social services ranks as the most common charitable focus, both by number of charities dedicated to this cause and in terms of overall spending. We need to trust more and invest more in the expertise of the voluntary sector – which has been proven to have its finger on the pulse, in terms of recognising and responding to the emerging needs of UK communities.



Charitable grants towards Health represented just 2.7% of all charitable grant-making in 2015³



THE BROADER CONTEXT

In terms of context and social commentary, the priority themes to have emerged from Vital Signs 2017 are particularly interesting. Considering our data was collected at the time of the EU referendum, it adds an important layer to our findings, to assess the themes of *Healthy Living*, *Fairness and Equality*, and *Strong Communities* against the backdrop of the current political landscape.

The following section will consider each theme within the broader context of Brexit, to assess some of the possible links, causes and repercussions under each thematic area.

HEALTHY LIVING

(featured in 68% of reports)

Vital Signs found *Healthy Living* to be the number one concern for communities across the UK, with mental health and social care raised as significant sub sections. Both areas are already suffering the effects of substantial funding cuts and both are expected to be further impacted by our departure from the EU.

Norfolk Community Foundation (NCF) captured the severity of the care crisis within its 2017 Vital Signs edition. It is estimated that more than 94,000 people in Norfolk alone are providing unpaid care, which is thought to save local statutory services approximately £1.6bn each year. NCF also uncovered that around 23,200 people are providing more than 50 hours of care per week.

NCF used findings from a 2017 national survey to further substantiate the impacts on carers themselves who are often affected by isolation, depression and other health concerns. The survey established that a quarter of recipients had not had a day off from caring in five years, and that three in five reported having a long-term health condition.

Despite this, NCVO data tells us that there is a direct underfunding (2.7% of all charitable grant-making in 2015)³ of health-related causes, especially considering the rising levels of need identified through Vital Signs. When we assess Directory of Social Change (DSC) figures, which illustrate how EU funds have been distributed by theme in the UK, we again see very little proportionally being directed towards health (only £1.9m out of a total £258.4m awarded to UK charities in 2015).¹

There is a striking mismatch here; especially in light of *Healthy Living* rating as our most pressing community priority, not just in recent years but since our Vital Signs research began in 2013. This raises the question of why so little charitable funding has been designated to health-related causes, when the need is clearly so great.

It is true that other themes such as *Aid* and *Research* in particular – which received the vast majority of EU funds in 2015 – are likely to feel the loss of this funding more deeply. Services relating to *mental health and social care*, however, are already in a state of emergency – meaning that the loss of £1.9m in EU funds could have significant implications for this sector and of course, there are other factors at play.



HEALTH AND SOCIAL CARE WORKFORCE:

“The charity sector too will feel the effects of restricting EU migration, which could have a domino effect on the delivery of social care”

Marley Morris, IPPR senior research fellow

Whilst the loss of EU funds to health focused charities may be relatively minimal, there are multiple impact points of the Brexit decision, and it is the collective effect of these factors which will need to be assessed in line with one another.

Another pressure point will be the effects on the health and social care workforce once the end of EU free movement becomes a reality. NCVO data shows that in March 2017 there were 869,000 people working in the voluntary sector. Most were from the UK (814,000) but 33,000 were from the EU and 22,000 from the rest of the world.⁴

NCVO reports that in 2016 4.2% of workers were from the EU and the three largest sub sectors for the entire EU workforce were **Social Work (38%), Membership (16%) and Education (13%).**⁴

We also know that London, the South East, and South West of England accounts for 40% of UK nationals working in the voluntary sector. If we compare this with EU nationals the increase is striking. An overwhelming majority (71%) of EU workers are clustered in these same three regions. Furthermore, over half of that workforce (54%) is focused solely in London.⁴

Therefore, the south of England and London will feel the decrease in EU nationals most deeply and organisations operating in the sphere of social care could suffer especially detrimental effects.

In the case of the voluntary sector, we know this is most likely to effect managerial positions, as in 2016 60% of the EU workforce worked in higher or lower managerial roles.⁴

The distribution of EU charitable funding is already likely to have disproportionate effects in terms of certain geographical regions and cause – and now it seems the same is true in terms of workforce impact.

FAIRNESS AND EQUALITY

(featured in 56% of reports)

The fairness of our society has been consistently raised as a growing concern amongst UK communities. Vital Signs highlighted further inequalities in terms of deprivation levels across the UK, demonstrating that the knock-on effects to health outcomes and general wellbeing are far greater for those living in poorer regions experiencing multiple deprivation.

As shown within our Stage One content analysis, mental health conditions were found to be particularly prevalent amongst minority groups such as the disabled, LGBTQI+ groups and asylum seekers. Social isolation has proven to have negative impacts on physical health, which should also be considered within the context of our ageing population, amongst whom issues of loneliness and isolation are notable.

SOCIAL DISCORD:

The divide between voters during the 2016 referendum is indicative of the underlying problems resonating across the UK. It is vital that we listen and respond to the discord within our communities.

The Young Foundation has used data from 360 Giving

2017 PRIORITY #2
-
FAIRNESS/EQUALITY



9 of 16 Vital Signs reports focused on Fairness/Equality as a key area of concern.



Rochdale received the lowest amount of charitable spend per person in England

to illustrate the link between issues felt across UK communities and their feelings towards Brexit. When reflecting upon the UK's decision to leave the EU, the foundation commented:

“This result not only epitomised a clear division and lack of understanding between people, communities and institutions, but also discontentment with the status quo. The vote took place in the context of rising inequality, with communities across the UK being altered and reshaped, sometimes radically, by the disruptive effects of austerity and poverty.”

Furthermore, their data showed that ‘Remain areas not only tend to be less deprived but on average, they have also benefitted from more funding and expenditure from philanthropic and public bodies.’ On the flip side ‘a lack of charitable spend and trust and foundation funding is also a predictor of voting leave’.⁵

As highlighted within our data analysis, the Home Office confirmed there was a notable increase in hate crime around the time of the EU referendum in 2016/17. This worrying development was further supported by our 2017 Vital Signs reports – 38% of which stated the need to improve community cohesion as a key concern.

When faced with these findings, it is clear that more efforts need to be dedicated towards unifying our communities and tackling issues around exclusion. Moreover, urgent support must be directed towards those living in the deepest pockets of deprivation to avoid further marginalisation of the most vulnerable in our society.

STRONG COMMUNITIES

(featured in 38% of reports)

There is clearly an uneven spread when it comes to distribution of both funding and support services across the UK. Those facing the most severe levels of need are suffering across multiple themes, leading to more acute problems emerging in areas with the lowest capacity for resilience.

Inevitably, this further impacts on community cohesion, leading to more prevalent issues of social isolation, further exacerbated by a lack of integrated support systems. Therefore, we are seeing the strength of prosperous UK communities increasing – whilst those already struggling with multiple deprivations are cast further adrift.

These issues have snowballed, leaving sections of society feeling neglected by government, support services and the wider community. It is highly likely, looking at the research undertaken by The Young Foundation, that these factors were strong influencers in the Brexit vote. This has been illustrated by cross-referencing the 2015 Index of Multiple Deprivation with data from 360 Giving.

For example, the index shows Great Yarmouth to be in the top 20 local authorities with the highest proportion of neighbourhoods in the most deprived 10% across the UK.

2017 PRIORITY #3
STRONG
COMMUNITIES



11 of 16 Vital Signs reports
focused on Healthy
Living as a key area of
concern.



UK-based charities received at least £258m of EU funding in 2015

The Young Foundation also identifies Great Yarmouth as a 'cold spot' in terms of low levels of public and charitable spend, set against high levels of deprivation. Moreover, this would seem to have a direct correlation with Great Yarmouth ranking in the top 10 local authorities with the highest percentage (in this case 71%) of votes to leave the EU.⁵

All but one of the top 10 local authorities with high deprivation and low charitable spend have been covered by our Vital Signs research since 2013. Our research verifies that these communities are battling the impact of deprivation across multiple reported themes.

THE LOSS OF EU FUNDING:

The retraction of EU funding streams will introduce further challenges in terms of community strength and resilience. The nature of how EU funds are distributed is complex. They are often multifaceted, being dispersed via intermediary organisations such as local authorities. This means that funds may be further segmented by local councils, who then in turn fund a myriad of organisations under the parameters of that project, for example SMEs, businesses and charities.

Whilst DSC has modelled the possible impact this could have on the charity sector, this could prove to be the tip of the iceberg in terms of the true effects felt across each community and the range of organisations impacted.

Additionally, if we consider the geographical spread of EU charitable funds across the UK, we again see how unevenly this has been allocated across the four nations. As demonstrated by DSC, the vast majority of combined EU funding (under direct and shared management) from which UK charities benefitted in 2015 was awarded within England. English charities therefore benefitted from £229.8m (out of an England, Scotland and Wales

total of £257.0m) with Scotland receiving £26.1m and Wales receiving just £1.1m.

In the case of Northern Ireland, NICVA (Northern Ireland Council for Voluntary Action) data estimates that the total funding to the voluntary and community projects in 2014/15 was £10.5 m. Some sources suggest that the actual figure could well be much higher. So it is clear that the potential loss to the charitable/voluntary sector in Northern Ireland would be very substantial.

The loss of EU funding will also greatly affect charitable organisations within England.



Almost 1 in every 2
neighbourhoods in
Middlesbrough are ranked in
the most deprived
10 per cent of
neighbourhoods nationally



CONCLUSION & RECOMMENDATIONS

HEALTHY LIVING

A healthy community is the sum of all its parts – we need to work from the ground up to ensure that every member of that community can access the vital services that contribute to general wellbeing.

Conclusion: There is an urgent need to channel increased funding towards health-related causes, charities and support organisations – with a significant focus on *mental health* and *social care*. *Healthy Living* and related health outcomes have continuously emerged as the most pressing concerns amongst Vital Signs reports, both for 2017 and across the five years that this research has been undertaken. In particular, rising levels of poor mental health, especially amongst young people, have been reported on by many Community Foundations.

Suggested Action: Fund organisations specifically working within the mental health sphere that are looking to support innovative and original ways of tackling the problem to engage young people more effectively.

Suggested Action: Invest more in social care initiatives and strengthen support structures for UK carers. This can have positive outcomes across multiple themes – reducing issues of isolation and improving mental health amongst members of the caring community.

Suggested Action: Act quickly to safeguard services most at risk such as social care where the need is critical, and the demand is high. We need to trust more and invest more in the voluntary sector – a sector which data shows has already made activity under these vital themes its number one priority.[†]

Suggested Action: Dedicate a portion of funding in the short term to projects focused on systems change – ensuring available funding is better utilised and improving the sustainability of projects for years to come.

[†]NCVO data shows that provision of social services ranks as the most common charitable focus, both by number of charities dedicated to this cause, and in terms of overall spending.



FAIRNESS AND EQUALITY

More support needs to be efficiently delivered to cold spot areas across the UK and greater attention must be given to areas suffering from multiple deprivations.

Conclusion: Inequality is a huge problem across England, with many Community Foundations witnessing areas of acute need where deprivation is high, but funding levels are low. This is linked to a number of additional themes such as health and wellbeing, where the most marginalised in society are suffering disproportionately from poor health and a lack of access to services.

Suggested Action: Revisit the Big Lottery Fund's 'Fair Share' trust to establish learning points for helping areas not receiving their 'fair share' – <https://www.ukcommunityfoundations.org/our-programmes/fair-share-trust>

Suggested Action: Significant research has been carried out to date identifying cold spots in terms of funding. Further mapping of existing services and community consultation would avoid duplication of resource and allow for more impactful distribution of public and philanthropic funds.

STRONG COMMUNITIES

It is imperative to improve the strength and resilience of our communities – not only on the ground, but across third sector organisations that support vital services and beneficiary communities.

Conclusion: A number of Vital Signs reports reflected on a lack of community cohesion. They particularly commented on the effect this can have on health-related outcomes, especially on the more vulnerable in society with low mobility, such as the elderly or disabled.

Suggested Action: Look to support community groups and projects that bring diverse groups of people together in order to build community cohesion, for example intergenerational projects.

Suggested Action: Direct funding towards integration initiatives aimed at reducing social exclusion amongst minority groups, who can experience higher instances of mental ill health.

Conclusion: The strength of certain cause focused organisations within the third sector could be affected following our departure from the EU. Some funding areas are currently benefitting from high levels of support from EU sources – such as international aid and research. These funding areas therefore face greater risk from a possible reduction in funding as a result of Brexit.



Suggested Action: Analyse EU funding alongside additional resources, such as the Royal Society 2017 report ‘*The role of EU funding in UK research and innovation*’, in order to further establish the level of dependence the charitable sector and SMEs have on EU funding.

Suggested Action: Encourage the Office for Civil Society to conduct a thorough sectoral impact assessment, with estimations on the total amount of funding that could be lost.

Suggested Action: Conduct a consultation with charities and community groups, particularly to assess how much EU funding they have received in the last 5-10 years.

Suggested Action: Encourage greater collaboration between umbrella bodies. They are uniquely placed to promote and disseminate learning around successful, replicable, projects that can be rolled out in multiple localities. This would again improve the efficiency of services not just within their immediate networks, but across the community of grant-making bodies operating in the UK.

OVERARCHING RECOMMENDATIONS

Government support will play a vital role in determining the strength and resilience of UK communities post Brexit. Discussions have begun around a Shared Prosperity Fund (UKSFP) to replace the various EU funding streams longer term.

- **The creation of a Shared Prosperity Fund or equivalent will be imperative, and a significant support structure must be in place by 2020.** It is critical that third sector leaders and community focused organisations are consulted at the outset of these plans, so that meaningful and impactful recommendations can be incorporated within government strategy.

- Further diversification of third sector funding streams will be key – identifying assets that are currently under-utilised and applying them more effectively. For instance, work already underway to identify and reinvest dormant assets for the benefit of local communities. **Support from government regarding the distribution of a Community Wealth Fund could prove transformational.**

UK VITAL SIGNS DATA ANALYSIS OF NATIONAL NEED

INTRODUCTION

VITAL SIGNS

Vital Signs is a tool for measuring the specific issues, challenges and strengths that present themselves within a given location. Conceived by a group of Canadian civic leaders, the aspiration was to increase community engagement and devise a sustainable system for gauging the vitality and wellbeing of communities.

Using a combination of government statistics, existing research and surveys with local residents, Vital Signs reports give a full picture of social trends, key community needs and what people think of the places where they live and work.

First started by Toronto Foundation in 2001, Vital Signs is now an international initiative, engaging over 85 communities worldwide and counting. The main output of the programme is the Vital Signs report, which provides Community Foundations with a valuable tool to present to donors. It can be used to educate community philanthropists on the specific needs of their local area and to influence the themes of their philanthropy.

“As advisor for the John Bell Fund at the Community Foundation, I find Vital Signs to be a valuable piece of research which can assist me on my journey as a philanthropist. It provides me with the knowledge of key issues in our region that need further support, and this is important for us as we seek to inspire change in our local community.”

Sir Nigel Sherlock, KCVO, OBE, on working with Tyne & Wear and Northumberland Community Foundation



In summary, Vital Signs enables Community Foundations to:

- Increase the effectiveness of investment in communities, including grant-making.
- Ensure community philanthropists are informed about issues and opportunities in the community, so that their philanthropy makes a true difference.
- Facilitate collaboration between individuals and groups to address social issues.
- Guide the work of community leaders, residents, organisations, policy makers, public bodies and the private sector.

“We’ve always known about the issues people in our communities are facing but Vital Signs enables us to share the full picture with everyone we meet. Even a key stakeholder at a local council said, ‘We’ve never had all this information in one place before.’ As a result, we’re raising new funding to tackle the root causes of the problems people here face and inspiring more philanthropy to help give everyone a fair chance of a good life.”

Sue Turner, CEO Quartet Community Foundation

WHY IS IT SO IMPORTANT?

Vital Signs gives communities a voice – measuring the temperature of different cities and communities across the UK to uncover the areas that need help. By running this initiative, Community Foundations can then guide the generosity of local philanthropists and national funders toward the areas that need it most.

COMMUNITY FOUNDATIONS

UKCF is the leadership organisation for the network of all accredited Community Foundations spanning the length and breadth of the UK. All 46 of our foundations help people and organisations to invest in local communities, where it is most needed and where it will have the greatest impact.

The opportunity for UKCF to carry out this piece of work, encompassing all the Vital Signs research emerging from our network, is significant. This allows us to expose and understand issues which are manifesting on a regional and national basis. In turn, this helps us in conversations with large funders and philanthropists, enabling them to channel their charitable investments into areas of both geography and theme, where the need is pressing and where the greatest difference can be made.

Carrying out this research on a biennial basis allows us to build up a picture over time on issues which have a national focus and understand how this reveals itself in different communities across the UK. Given that our most recent Vital Signs research was carried out in 2016, the year of the EU referendum, this is a critical and challenging time to start our thinking about these national trends.



STRATEGY

Stage One of this analysis aims to explore the outcomes of the 16 Vital Signs reports released in 2017 and investigate whether there are any common themes emerging throughout England and Northern Ireland (*see Appendix*).

It will then progress to map and evaluate whether there are any commonalities across the five years that Vital Signs has currently been in operation, particularly highlighting any themes that have been more prevalent and whether there are any areas where support may have been reduced.

Stage Two of the analysis will then aim to utilise Vital Signs as a lens through which to examine the distribution of charitable funding across England and identify any particular under-funded areas of acute need.

Stage Three of the analysis will then discuss the possible impact of the UK leaving the EU on the charitable sector, and how Vital Signs can help to effectively target potential new areas of need.

METHODOLOGY

In order to establish which themes were highlighted or emphasised in each report, this analysis took a number of steps. For Community Foundations that used the A-E grading system, the data utilised the themes that were graded the lowest in any given report. For Community Foundations that did not utilise the grading system, the priority themes for that particular year were based on a thematic analysis looking at the following factors:

- If the Community Foundation highlighted a particular theme in more detail – for example if a particular theme was the focus of a ‘mini’ report.
- If there was any element of community consultation which highlighted particular themes.
- For Community Foundations such as Lancashire & Merseyside who reported on a borough or unitary authority basis, the analysis tallied the most common themes per borough or unitary authority to establish a countywide priority.

STAGE ONE

VITAL SIGNS CONTENT ANALYSIS 2013-17

VITAL SIGNS IN 2017

2017 saw the production of 16 Vital Signs reports. The content and breadth of these reports varied, with some Community Foundations reporting on 10 or more themes, and others focusing on producing a smaller report that focused in detail on three or fewer themes. The Community Foundations that published Vital Signs reports in 2017 were:

| | |
|------------------------------|---------------------------|
| • Bedfordshire and Luton | • Lincolnshire |
| • Calderdale | • Merseyside |
| • Cambridgeshire | • Milton Keynes |
| • Cornwall | • Norfolk |
| • East End | • Northern Ireland |
| • Gloucestershire | • Quartet |
| • Lancashire | • South Yorkshire |
| • Leicestershire and Rutland | • Two Ridings (Harrogate) |

Following an analysis of the content of these 16 Vital Signs reports, the theme that was the most recurrent amongst the reports was *Healthy Living*, with more than two thirds of participating Community Foundations having either a partial or complete focus on this topic (fig 1). *Fairness/Equality* followed *Healthy Living* into second place, with *Strong Communities* the third most popular theme seen in reports in 2017:

| 2017 Most Common Vital Signs Themes | Number of Reports Featuring This Theme |
|-------------------------------------|----------------------------------------|
| 1. Healthy Living | 11/16 (68%) |
| 2. Fairness/Equality | 9/16 (56%) |
| 3. Strong Communities | 6/16 (38%) |

Figure 1. Most Common Vital Signs Themes 2017



It is clear from analysing the discourse around all the utilised themes that there is a strong argument being made by Community Foundations that these themes do not stand in isolation. In fact, a number of reports focused on specific sub-themes under these three main themes, or discussed how certain themes are interrelated.

For example, of the 16 reports released during 2017, there were a number of common sub-themes around the topic of *Healthy Living*. One such focus was that many Community Foundations that focused on *Healthy Living* included an emphasis on *mental health*, with a number of Community Foundations even choosing to highlight *mental health* with a dedicated section in their reports.

Northern Ireland, Milton Keynes, Two Ridings, Quartet, and Berkshire all focused in detail on mental health concerns, and many more Community Foundations also touched upon it as a growing problem – illustrating that it is **an issue witnessed throughout the UK**.

One particular theme with regards to mental health that originated of a number of reports was a concern over a **lack of support services** for those with mental health conditions. This pattern suggests that there is a **chronic lack of funding available for mental health charities and support organisations throughout the UK**:

“Mental health is also an important area where lack of funding and services is having an impact, despite growing need.”

Bedfordshire and Luton

“Among young people 17 and under, hospital admissions for mental health-related reasons have increased 57%”

Milton Keynes

‘Mental health in particular was noted as being a widespread concern for respondents to our questionnaire, especially a feeling that support services are not comprehensive or lengthy enough. Currently Cornwall does not have a specialist mental health inpatient unit for young people.’

Cornwall

‘We are seeing very significant increases in the incidence of mental health problems and related behavioural problems, such as substance abuse and self-harm. At the same time, resources to address those problems have shrunk considerably in recent years and many local people have been left unable to access the support they need.’

Milton Keynes

Additionally, a smaller amount of Community Foundations focused specifically on **young people’s mental health**. This is a multifaceted problem, and includes both young people with mental health conditions, but also considers the effect the mental health of parents can have on their children. A number of reports touched upon this as an emerging issue:

‘Parental mental health has a critical impact on children’s mental health. 22,700 children and young people in Cambridgeshire live with a parent with mental illness. Between one and two-thirds of these children and young people are likely to develop mental health problems themselves.’

Cambridgeshire



Another sub-theme of *Healthy Living* that was explored by a number of Community Foundations was the connection between health and deprivation and how this translates to a lack of support for the most economically disadvantaged individuals in communities. Here we can see a clear overlap between the most common theme *Healthy Living*, and second most common theme *Fairness/Equality*:

‘Those in the most deprived areas were twice as likely to score higher in terms of mental health issues at 27% than those in the least deprived areas at 13%.’

Northern Ireland

‘Gloucestershire faces the same health challenges we see across the UK, with increasing numbers of patients, particularly young people, with mental health needs and a growing gap between rich and poor.’

Gloucestershire

‘Where you live in Harrogate district has an impact on your life expectancy: men in Harrogate district living in the most deprived areas have a life expectancy gap of 5.1 years compared with men in the most affluent areas of Harrogate district.’

Two Ridings

“Healthy Living in the East End is poor, with life expectancy significantly lower than the England average despite the gap reducing since 2014.”

East End

This link between equality and health outcomes can also be seen through a number of Community Foundations who proposed that minority groups (for example the disabled, LGBTQI+ groups and asylum seekers) are more likely to be affected by mental health conditions:

‘Mental health affects people from every part of our community. Those who are most likely to be affected by mental ill health are people who face multiple disadvantages including poverty, homelessness and disability.’

Quartet

‘The mental health spotlight has failed to adequately highlight the issues faced by refugees and asylum seekers, who may have suffered high levels of trauma in their country of origin.’

Northern Ireland

Whilst there were clear links being made between health outcomes and inequality, many Community Foundations also used their reports in 2017 to express concerns about large amounts of inequality more generally within their region:

‘It is clear that not everyone in Norfolk has equal access to community support, services and opportunities, and as statutory provision continues to contract, this inequality will become ever more stark’

Norfolk

‘Fairness underlies several of the themes in this report – difficulties with health, housing, safety or learning are frequently caused or exacerbated by poverty.’

Leicestershire and Rutland

Issues around health and inequality are evidently big concerns for Community Foundations and were strong focuses of the 2017 reports. The interconnectivity between these two themes is also



clearly observable, and many Community Foundations have commented on the uneven nature of health outcomes between the least and most prosperous in society.

This interconnectivity can also be witnessed when considering the third most common Vital Signs theme found amongst the 16 reports published in 2017 – *Strong Communities*. A number of Community Foundations in particular used their 2017 Vital Signs report to suggest residents suffering from poor health and/or deprivation can have a direct impact on how strong a community can be:

‘Loneliness and exclusion have a negative impact on mental health. Social isolation increases the risk of premature death by up to 29% and can increase chances of developing physical disease. Older people are particularly at risk. Community belonging, cohesion and relationships are vital for well-being.’
Quartet

This theme of *Strong Communities* also relates to issues of community unity. This is evident in a number of Vital Signs reports which found their region has suffered from a lack of community cohesion and an increase in social isolation:

“People living with impairment or a disabling health problem can face significant barriers to inclusion in community life. Issues of social isolation are particularly acute in rural areas where disabled people may rely solely on under serviced public transport to get from A to B.”

Norfolk

‘...only 66% of people in Calderdale feel that people from different backgrounds get on well together. This is 10% worse than the national average and therefore significantly affects the overall assessment of community cohesion.’

Calderdale

From this top-level discourse analysis of the 16 reports published in 2017 it is clear there are common themes running throughout the reports. In particular issues around health, inequality, and deprivation were all focused upon in great detail. Community Foundations are reporting that the poorest and most marginalised in society are suffering disproportionately, and this is in turn having an impact on the togetherness and cohesion of communities.

However, when conducting a thematic analysis over the first five years of Vital Signs reports, it is clear that *Healthy Living* comes out on top overall, not just in 2017:

| 2013-2017 Most Common Themes | Number of reports with a focus on this theme |
|--------------------------------------|----------------------------------------------|
| Healthy Living | 30 |
| Fairness/Equality | 23 |
| Housing and Homelessness | 17 |
| Education & Learning | 14 |
| Strong Communities | 14 |
| Work | 11 |
| Safety/Crime | 8 |
| Children, Young People, and Families | 5 |
| Local Economy | 4 |
| Arts, Culture and Heritage | 3 |
| Environment | 3 |
| Rural Living | 3 |
| Social Isolation | 2 |
| Access to Services | 1 |
| Transport | 1 |

Figure 2. Most commonly prioritised Vital Signs themes across the UK Community Foundation network 2013-2017



As we can see from Figure 2, of the 53 Vital Signs reports included as part of this analysis, *Healthy Living* has featured as a key theme in over half of them (56%). Furthermore, as in 2017, *Fairness/Equality* is also the second most consistently concerning theme appearing throughout the lifespan of Vital Signs, with 23 of the 53 reports (43%) focusing on this theme in detail. However, in contrast to the analysis solely of the 2017 reports, over the five-year lifespan of Vital Signs the third most recurrent theme was *Housing and Homelessness*.

Whilst concerns around housing and homelessness have never featured prominently as the most frequently occurring Vital Signs theme on a year-by-year basis, it is an issue that has been steadily reported upon across the five years of Vital Signs, culminating in it being the third most pressing concern.

In particular, Community Foundations have reported on homelessness as an issue they are worried is a growing problem:

“The people in Bedfordshire and Luton continue to face significant housing problems. This region has a number of characteristics which are shared with many of the London boroughs including overcrowding [and] high levels of homelessness ”

Bedfordshire and Luton

“Homelessness continues to be an issue, with the number of people sleeping rough on the county’s streets increasing ever year”

Gloucestershire

“...homelessness acceptances via the local authority in the area have risen by 29.6%”

Calderdale

With clear evidence that recurrent themes exist across the five years of Vital Signs reports, we can now attempt to map this information against funding opportunities. How much are these themes being addressed by charitable funding? And in particular to what degree is the inequality highlighted in these 53 Vital Signs reports mirrored in the help and support specific regions are receiving?

STAGE TWO

VITAL SIGNS AND CHARITABLE FUNDING: USING VITAL SIGNS TO HIGHLIGHT AREAS OF ACUTE NEED



From the analysis in Stage One it is clear that there have been a number of common areas of concern during the first five years of Vital Signs. One of the most standout themes emerging from the analysis is that there have been consistent worries about the fairness of our society.

That we live in unequal societies has been a constant concern, both in general terms, but also in how inequality can have an effect on many other factors in life, such as health outcomes, education, and life chances. Many Community Foundations have made it clear how they are currently witnessing inequality across their region as certain areas flourish whilst others flounder.

Whilst throughout the UK there are areas of high deprivation, there is a great variation between how much support these areas receive in terms of charitable funding. This section of the report will attempt to identify the more unequal areas of society, particularly by highlighting regions with relatively high levels of deprivation but low levels of charitable funding.



DEPRIVATION AND INEQUALITY ACROSS THE UK: MAPPING AREAS OF ACUTE NEED

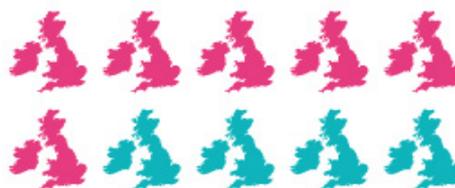
According to the Index of Multiple Deprivation 2015, the 20 local authorities with the highest proportion of their neighbourhoods in the most deprived 10 per cent of neighbourhoods nationally are:

| Local Authority | % of Neighbourhoods Deprived |
|-----------------------------|------------------------------|
| 1. Middlesbrough | 48.8 |
| 2. Knowsley | 45.9 |
| 3. Kingston upon Hull | 45.2 |
| 4. Liverpool | 45.0 |
| 5. Manchester | 40.8 |
| 6. Birmingham | 39.6 |
| 7. Blackpool | 38.3 |
| 8. Nottingham | 33.5 |
| 9. Burnley | 33.3 |
| 10. Hartlepool | 32.8 |
| 11. Bradford | 32.6 |
| 12. Blackburn with Darwen | 30.8 |
| 13. Hastings | 30.2 |
| 14. Stoke-on-Trent | 30.2 |
| 15. North East Lincolnshire | 29.2 |
| 16. Salford | 28.7 |
| 17. Rochdale | 28.4 |
| 18. Pendle | 28.1 |
| 19. Halton | 26.6 |
| 20. Great Yarmouth | 26.2 |

Figure 3. 20 local authorities with the highest proportion of their neighbourhoods in the most deprived 10 per cent of neighbourhoods nationally (source: ONS)⁶

“Halton has the fourth worst Cancer Mortality Rate in England at 187 deaths per 100,000 people, compared to the England average of 144 deaths per 100,000 people”

Merseyside (2016)



6/10 Local Authorities in England with the highest deprivation and lowest charitable spend per person are in the North West of England



These 20 districts cover the breadth of England, from Hastings on the south coast, up to Hartlepool in the North East, and indicate that deprivation and inequality is not a problem localised to any particular area.

However, where these local authority areas differ is through the amounts of funding they receive from local foundations and grant-makers. Using information available from 360giving, we have been able to map the most deprived areas against the amount of charitable funding they receive per person:

| Local Authority | % of Neighbourhoods Deprived | Total Amount of Funding | Population | Funding per Person |
|-------------------------|------------------------------|-------------------------|------------|--------------------|
| Manchester | 40.8 | £32,245,357 | 545,500 | £59.11 |
| Bradford | 32.6 | £13,204,958 | 349,561 | £37.78 |
| Salford | 28.7 | £7,158,936 | 251,300 | £28.49 |
| Great Yarmouth | 26.2 | £2,585,687 | 99,400 | £26.01 |
| Birmingham | 39.6 | £26,240,763 | 1,137,100 | £23.08 |
| Nottingham | 33.5 | £5,689,997 | 289,301 | £19.67 |
| Blackburn with Darwen | 30.8 | £2,505,729 | 147,489 | £16.99 |
| Middlesbrough | 48.8 | £2,235,728 | 138,400 | £16.15 |
| Liverpool | 45 | £6,962,322 | 491,500 | £14.17 |
| Hastings | 30.2 | £1,264,811 | 90,254 | £14.01 |
| Blackpool | 38.3 | £1,971,132 | 142,065 | £13.87 |
| Kingston upon Hull | 45.2 | £3,558,197 | 260,700 | £13.65 |
| Burnley | 33.3 | £983,119 | 73,021 | £13.46 |
| North East Lincolnshire | 29.2 | £2,068,358 | 159,616 | £12.96 |
| Pendle | 28.1 | £1,140,805 | 90,700 | £12.58 |
| Knowsley | 45.9 | £1,668,577 | 148,600 | £11.23 |
| Stoke-on-Trent | 30.2 | £2,759,553 | 270,726 | £10.19 |
| Hartlepool | 32.8 | £636,123 | 92,028 | £6.91 |
| Halton | 26.6 | £870,582 | 127,600 | £6.82 |
| Rochdale | 28.4 | £870,092 | 211,699 | £4.11 |

Figure 4. Comparison of deprivation and charitable funding per person (data source: 360giving)¹

“25% of North East Lincolnshire’s LSOAs are in the 10% most deprived for income nationally, and the area is the 31st most deprived area out of 326 areas in the country”

Lincolnshire (2017)



From this data there is a clear variation across England, with Manchester receiving £59.11 of funding per person^{††}, whilst neighbouring Rochdale receives just £4.11 per person.

Using this data we are therefore able to highlight the following local authorities as areas with high levels of deprivation and low levels of funding per person:

| Local Authority | % of Neighbourhoods Deprived | Total Amount of Funding | Population | Charitable Funding per Person |
|----------------------------|------------------------------|-------------------------|------------|-------------------------------|
| 1. Rochdale | 28.4 | £870,092 | 211,699 | £4.11 |
| 2. Halton | 26.6 | £870,582 | 127,600 | £6.82 |
| 3. Hartlepool | 32.8 | £636,123 | 92,028 | £6.91 |
| 4. Stoke-on-Trent | 30.2 | £2,759,553 | 270,726 | £10.19 |
| 5. Knowsley | 45.9 | £1,668,577 | 148,600 | £11.23 |
| 6. Pendle | 28.1 | £1,140,805 | 90,700 | £12.58 |
| 7. North East Lincolnshire | 29.2 | £2,068,358 | 159,616 | £12.96 |
| 8. Burnley | 33.3 | £983,119 | 73,021 | £13.46 |
| 9. Kingston upon Hull | 45.2 | £3,558,197 | 260,700 | £13.65 |
| 10. Blackpool | 38.3 | £1,971,132 | 142,065 | £13.87 |

Figure 5. Ten Local Authorities with high deprivation and low charitable spend.⁷

Of the ten areas highlighted above, nine have featured in Vital Signs reports since 2013. All these areas have great levels of need, particularly around the most recurrent Vital Signs themes of *Healthy Living, Fairness/Equality, and Strong Communities*:

From the analysis of the 16 2017 Vital Signs reports, it is clear that there are also certain themes which have been highlighted as nationwide issues and may not be receiving their fair share of funding.

“Average life expectancy in Blackpool is 77.3 years. This is the lowest life expectancy in Lancashire and four years below the national average.”

Lancashire (2016)

^{††}note: this includes a large amount of money distributed to Sport England who are based in Manchester



Throughout the 2017 Vital Signs reports there has been a clear frontrunner in terms of the most common theme – *Healthy Living*. However, when analysing the percentage of UK funding which goes directly to health-related causes, there is a clear mismatch between demand and supply:

| Funding Area | % of total income (grants made) |
|------------------------------|---------------------------------|
| International | 24.4 |
| Religion | 7.5 |
| Culture and recreation | 6.5 |
| Umbrella bodies | 6.3 |
| Law and advocacy | 6.2 |
| Scout groups and youth clubs | 5.3 |
| Grant-making foundations | 5.2 |
| Employment and training | 5.1 |
| Village Halls | 4.9 |
| Social services | 4.8 |
| Development | 4.5 |
| Environment | 3.6 |
| Education | 3.4 |
| Health | 2.7 |
| Research | 2.5 |
| Playgroups and nurseries | 2.5 |
| Housing | 2.4 |
| Parent Teacher Associations | 2.2 |

Figure 6. 2015 grant-making by sub-sector (Source: NCVO)³

From Figure 6 we can see that health-related grants accounted for just 2.7% of all charitable grant-making in 2015 (gross total amount).³ This shows there is a direct under-funding of health-related organisations compared to the need as identified by Vital Signs reports.

This therefore suggests there is a real need to fund organisations specifically working on health-related projects to tackle what has been identified as a consistent front-running concern within Vital Signs reports.

STAGE THREE

BREXIT AND THE CHARITABLE SECTOR: ANALYSING THE EFFECTS OF THE UK LEAVING THE EUROPEAN UNION

When the United Kingdom exits the EU (currently forecast to occur by 29 March 2019), many UK-based charities who receive European funding will likely face a period of disruption. This period of instability could affect both the financial and organisational operation of small and large charities alike.

CHARITABLE FUNDING AND THE EUROPEAN UNION

When considering the amount of charitable funding that British charities receive from the EU there are two main sources that are directly managed within the UK – the **European Regional Development Fund (ERDF)** and **European Social Fund (ESF)**. EU funding such as this can often be multifaceted, with many different actors and sub-contractors. However, they both act as a key source of revenue and a vital lifeline to numerous UK-based charities.

This funding benefits charities both directly through grant-making, but also indirectly by funding infrastructure projects (such as local government-led projects) which improve economic and social cohesion. There are also

a number of EU-managed sources – such as Horizon 2020 and Erasmus+ – where cuts to funding will have big impacts in areas such as teaching and training.

On exiting the EU, charities across the UK will therefore face the likely possibility of losing access to these funding streams that have directly contributed hundreds of millions of pounds to the UK voluntary sector over the past few decades – and indirectly will have contributed much more.

This direct number has been quantified by the Directory of Social Change, who estimate that UK-based charities received at least £258m in 2015 from the EU, of which £194m was directly managed.¹ This funding can be broken down as follows:



| Funding Area | Amount Awarded |
|-----------------------|----------------|
| Aid | £118,572,054 |
| Research | £50,443,107 |
| EU-specific | £14,694,757 |
| Education | £5,302,584 |
| Energy & environment | £2,021,438 |
| Health | £1,553,550 |
| Foreign policy | £1,413,888 |
| Economy & trade | £51,945 |
| Agriculture | £4,477 |
| Home & social affairs | £2,124 |
| Total | £194,059,924 |

Figure 7. Direct funding areas from which English charities benefitted in 2015 (Source: Directory of Social Change)¹

EU FUNDING AND VITAL SIGNS

From Figure 7 we can see a familiar pattern as seen in Stage Two where health, despite being the most pressing concern for Community Foundations, significantly lags behind other funding areas in terms of how much is being awarded.

Additionally, funding towards 'Home and Social Affairs' received just £2,124 of awards, compared to £118m that went towards 'Aid'.¹ When examining the definition of Home and Social Affairs as: 'Funding intended to help young and disadvantaged people into employment, encourage local economic development, and fund community groups. This category includes also funding dealing with issues of immigration and security' it is clear that this tallies with the second most common theme emanating from Vital Signs – fairness/equality. This therefore suggests a chronic lack of EU funding is going towards directly addressing inequality in society. Whilst low levels of funding are detrimental, this does mean the discontinuation of EU funding towards this theme will be of minimal impact.

As far as 'Aid' funding is concerned, whilst it receives far and away the largest amount of funding (£118m in 2015), this is funding

that is 'targeted at fostering development in low income countries around the world or responding to natural disasters and man-made crises.' (DSC. 2015).¹ Therefore, it is likely that the benefits of this funding are more likely to be seen in low income countries where UK-based aid charities directly manage projects, rather than directly helping beneficiaries in the UK. This does however highlight a need to consider the ramifications of this potential loss of funding on people outside of the UK who may currently be benefitting from EU-funded, but UK-managed, projects.

ADDITIONAL POTENTIAL IMPACTS OF EXITING THE EUROPEAN UNION

In addition to a potential funding shortfall, there are also a number of additional potential direct and indirect impacts of the UK exiting the EU.

WORKFORCE INSTABILITY

It is estimated that approximately 5% of the UK workforce (2.3 million people) is from the EU (ONS, 2018).⁸ When it is considered that 853,000 people are employed in the charitable/voluntary sector (NCVO, 2017⁹), it represents a pool of approximately 42,000 people employed in the sector who currently have uncertain futures. This will likely impact not only these individuals on a personal level, but also create instability for charities as they plan for the future.

LOSS OF OPPORTUNITIES FOR INDIVIDUAL MOBILITY AND SHARED LEARNING

Leaving the EU represents a potential loss of programmes such as Erasmus+ which offer invaluable opportunities for people employed in the sector to study, work, and train in other EU countries. Issues over freedom of movement would also potentially reduce the ease of which charities could bring in specialists to help with the delivery of their work, for example performing artists or healthcare experts.

INCREASED DEMAND FOR SERVICES

Changes to public services, particularly in the face of further cuts in a possible economic downturn, may also result in an increasing



need for charitable support across the UK. This could materialise both in terms of how Brexit may directly affect people's economic prosperity – GDP could decline by a cumulative 7.7% over 15 years according to an EU Exit Analysis conducted by *The Committee on Exiting the European Union*¹⁰ – but it also may have an impact on community cohesion. For example, according to the Home Office¹¹ there was a noted increase in hate crime around the time of the EU referendum in 2016/17. These fears correlate with the 16 Vital Signs reports produced in 2017 (compiled within the first 12 months post-referendum) where 38% of reports stated the need to improve community cohesion as a key concern (Figure 1).

REDUCTION IN DONATION INCOME

The potential ramifications on individual and collective economic wellbeing may also manifest in a reduction of charitable funding. For example, according to a report by NCVO¹² on the effects of the economic recession in 2008, there was a recorded 13% reduction in charitable donations. A similar economic situation following Brexit may therefore result in a similar reduction in donations.

IMPACT ON INVESTMENT INCOME

Uncertainty in the financial markets could also result in a potential loss of funding for charities through a reduction in the value of their investments and/or reduced investment return. This could particularly have an impact for larger grant-making foundations who rely on investment income in order to fund their grant programmes, as well as create the possibility of uncertainties around funding core costs and pension liabilities.



There are approximately
42,000 EU residents
currently employed in the
UK charitable sector



SOURCES

UKCF is grateful to all the organisations whose data is publicly available and which we have drawn on heavily to inform this report.

¹ https://dsc.org.uk/wp-content/uploads/2017/11/Micro-Research-Series-2017_EU-Funding_FINAL.pdf

² <https://data.ncvo.org.uk/a/almanac18/economic-value-2015-16/>

³ <https://data.ncvo.org.uk/a/almanac17/grant-making/>

⁴ <https://data.ncvo.org.uk/a/almanac17/five-numbers-that-describe-the-european-union-workforce-in-the-uk-voluntary-sector/>

⁵ <https://youngfoundation.org/publications/patchwork-philanthropy/>

⁶ <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

⁷ <http://grantnav.threesixtygiving.org/>

⁸ <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/ukandnonukpeopleinthelabourmarket/may2018>
<https://www.jrf.org.uk/report/how-could-brexit-affect-poverty-uk>

⁹ <https://www.ncvo.org.uk/policy-and-research/vol-sector-workforce>

¹⁰ <https://www.parliament.uk/documents/commons-committees/Exiting-the-European-Union/17-19/Cross-Whitehall-briefing/EU-Exit-Analysis-Cross-Whitehall-Briefing.pdf>

¹¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/652136/hate-crime-1617-hosb1717.pdf

¹² <https://data.ncvo.org.uk/a/almanac12/what-impact-did-the-recession-have-upon-the-voluntary-sector/>



| Community Foundation | Key Theme 1 | Key Theme 2 | Key Theme 3 |
|----------------------------|--------------------------|--------------------------------------|--------------------|
| 2017 | | | |
| Bedfordshire and Luton | Housing and Homelessness | Fairness/Equality | Safety/Crime |
| Calderdale | Fairness/Equality | Housing and Homelessness | Strong Communities |
| Cambridge | Education & Learning | Children, Young People, and Families | Healthy Living |
| Cornwall | Work | Local Economy | Fairness/Equality |
| East End | Healthy Living | Fairness/Equality | Work |
| Gloucestershire | Housing and Homelessness | Safety/Crime | Healthy Living |
| Lancashire | Strong Communities | Education & Learning | Healthy Living |
| Leicestershire and Rutland | Fairness/Equality | Housing and Homelessness | Work |
| Lincolnshire | Fairness/Equality | Healthy Living | N/A |
| Merseyside | Strong Communities | Education & Learning | Healthy Living |
| Milton Keynes | Fairness/Equality | Healthy Living | Safety/Crime |
| Norfolk | Strong Communities | Healthy Living | N/A |
| Northern Ireland | Healthy Living | Education & Learning | N/A |
| Quartet | Healthy Living | Fairness/Equality | Strong Communities |
| South Yorkshire | Work | Education & Learning | Fairness/Equality |
| Two Ridings (Harrogate) | Healthy Living | Strong Communities | N/A |

| Community Foundation | Key Theme 1 | Key Theme 2 | Key Theme 3 |
|-----------------------------|--------------------------|--------------------------|----------------------|
| 2016 | | | |
| Berkshire | Healthy Living | Housing and Homelessness | Fairness/Equality |
| Buckinghamshire | Fairness/Equality | Housing and Homelessness | N/A |
| Cambridgeshire | Housing and Homelessness | Healthy Living | Fairness/Equality |
| East End | Housing and Homelessness | Safety/Crime | Work |
| Hampshire and Isle of Wight | Safety/Crime | N/A | N/A |
| Lancashire | Strong Communities | Education & Learning | Healthy Living |
| Merseyside | Strong Communities | Education & Learning | Healthy Living |
| Milton Keynes | Strong Communities | Fairness/Equality | Healthy Living |
| Norfolk | Healthy Living | Education & Learning | Fairness/Equality |
| Northern Ireland | Healthy Living | Safety/Crime | Work |
| Quartet | Housing and Homelessness | Strong Communities | Education & Learning |
| Somerset | Rural Living | Transport | N/A |



| Community Foundation | Key Theme 1 | Key Theme 2 | Key Theme 3 |
|-----------------------------|--------------------------------------|----------------------------|----------------------------|
| 2015 | | | |
| Berkshire | Housing and Homelessness | Healthy Living | Access to Services |
| Cambridgeshire | Strong Communities | Safety/Crime | Healthy Living |
| East End | Work | Housing and Homelessness | Strong Communities |
| Hampshire and Isle of Wight | Social Isolation | Housing and Homelessness | Healthy Living |
| Isle of Man | Housing and Homelessness | Fairness/Equality | Healthy Living |
| Lancashire | Children, Young People, and Families | N/A | N/A |
| Merseyside | Children, Young People, and Families | N/A | N/A |
| Milton Keynes | Healthy Living | Education & Learning | Fairness/Equality |
| Staffordshire | Fairness/Equality | Arts, Culture and Heritage | Healthy Living |
| Tyne and Wear | Healthy Living | Fairness/Equality | Education & Learning |
| Wales | Strong Communities | Rural Living | Arts, Culture and Heritage |

| Community Foundation | Key Theme 1 | Key Theme 2 | Key Theme 3 |
|-----------------------------|--------------------------|--------------------------|--------------------|
| 2014 | | | |
| Cambridgeshire | Healthy Living | N/A | N/A |
| East End | Work | Housing and Homelessness | Strong Communities |
| Essex | Education & Learning | N/A | N/A |
| Hampshire and Isle of Wight | Housing and Homelessness | Safety/Crime | Environment |
| Lancashire | Healthy Living | N/A | N/A |
| Merseyside | Healthy Living | N/A | N/A |
| Northumberland | Local Economy | Fairness/Equality | Work |
| Milton Keynes | Fairness/Equality | Healthy Living | N/A |
| Tyne and Wear | Work | Education & Learning | Healthy Living |

| Community Foundation | Key Theme 1 | Key Theme 2 | Key Theme 3 |
|----------------------|--------------------------------------|--------------------------------------|--------------------------|
| 2013 | | | |
| Cambridgeshire | Arts, Culture and Heritage | Environment | Rural Living |
| Berkshire | Fairness/Equality | Social Isolation | Housing and Homelessness |
| Essex | Local Economy | Work | Fairness/Equality |
| Lancashire | Environment | Children, Young People, and Families | Education & Learning |
| Merseyside | Children, Young People, and Families | Local Economy | Strong Communities |



| 2017 Most Common Themes | |
|--------------------------------------|----|
| Healthy Living | 11 |
| Fairness/Equality | 9 |
| Strong Communities | 6 |
| Education & Learning | 5 |
| Housing and Homelessness | 4 |
| Work | 4 |
| Safety/Crime | 3 |
| Children, Young People, and Families | 1 |
| Local Economy | 1 |

| 2016 Most Common Themes | |
|--------------------------|---|
| Healthy Living | 7 |
| Fairness/Equality | 5 |
| Housing and Homelessness | 5 |
| Education & Learning | 4 |
| Strong Communities | 4 |
| Work | 2 |
| Safety/Crime | 3 |
| Rural Living | 1 |
| Transport | 1 |

| 2015 Most Common Themes | |
|--------------------------------------|---|
| Healthy Living | 7 |
| Fairness/Equality | 4 |
| Housing and Homelessness | 4 |
| Strong Communities | 3 |
| Education & Learning | 2 |
| Children, Young People, and Families | 2 |
| Arts, Culture and Heritage | 2 |
| Work | 1 |
| Safety/Crime | 1 |
| Rural Living | 1 |
| Social Isolation | 1 |
| Access to Services | 1 |

| 2014 Most Common Themes | |
|--------------------------|---|
| Healthy Living | 5 |
| Work | 3 |
| Fairness/Equality | 2 |
| Housing and Homelessness | 2 |
| Education & Learning | 2 |
| Environment | 1 |
| Local Economy | 1 |
| Strong Communities | 1 |
| Safety/Crime | 1 |

| 2013 Most Common Themes | |
|--------------------------------------|---|
| Fairness/Equality | 2 |
| Local Economy | 2 |
| Environment | 2 |
| Children, Young People, and Families | 2 |
| Arts, Culture and Heritage | 1 |
| Social Isolation | 1 |
| Rural Living | 1 |
| Work | 1 |
| Housing and Homelessness | 1 |
| Education & Learning | 1 |
| Strong Communities | 1 |



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VITAL CONTRIBUTORS

Community Foundations involved in Vital Signs 2013-17. This map shows members and affiliate members of UK Community Foundations, whose data and findings contributed to this national report.





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