

# What's Up Wakefield District EXECUTIVE SUMMARY

## Research report by Rocket Science for Wakefield & District Health & Community Support



# FOREWORD

By Kath Lindley

CEO at Wakefield & District Health & Community Support



As a Wakefield lass, this report makes for sobering reading. It brings into sharp focus the plethora of inequalities facing residents across the district, that in my opinion, are unacceptable in the 21st century. It also highlights the scale of the challenge facing the voluntary, community and enterprise (VCSE) organisations who support them, who often fill the gaps where no other support is available.

## Why commission the research?

The research was commissioned in 2020 to explore the impact of COVID 19 on Wakefield communities and also map the state of the VCSE sector. Internally, we wanted to inform our own grant making and wider investment strategies, and define how to deliver more for those most in need. Rocket Science conducted the research (with help from paid community interviewers) when lockdown had focussed many residents' sense of community. Partnership working across all sectors happened on a scale we'd never seen before in the district; people pulled together and found innovative ways to help the most vulnerable.

## What the data tells us

This report draws on a wide range of data and paints a worrying portrait. We live in one of the wealthiest countries of the world; it's simply not good enough that local people face such colossal health and economic inequalities.

- Almost a quarter (24%) of all children in the Wakefield district live in poverty.
- If you're born poor in Wakefield, it's likely you'll remain poor for life.
- If you live in a deprived area, it's likely you'll die 10 years sooner than a neighbour living in a more affluent postcode.

It's astonishing that against this backdrop, Wakefield district (on average) receives less than half the amount of funding and has only half the number of VCSE organisations compared to other areas with a similar demographic. This puts tremendous strain on already overstretched health and care services, and to be blunt, the people of Wakefield district deserve better.

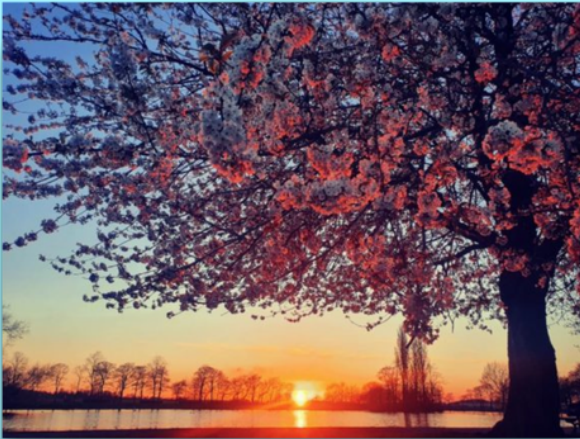
The data also includes the real life experiences of a diverse range of local residents and community leaders, and their thoughts on how services need to change and develop for people who live and work here. These insights offer us hope, and help signpost where we as an organisation can target our support and funding for the most impact, to deliver real social change.

## What's next?

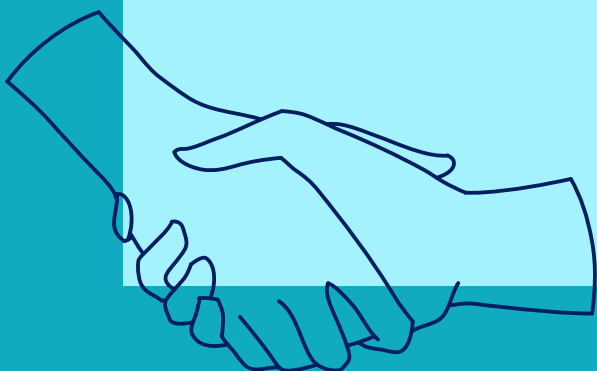
Our ambition is to 'level up' locally and we will do this by working with our partners in the statutory and health sectors, to ensure that residents get the support they need, when they need it, and that the VCSE continues to fill in the gaps in service provision for the most vulnerable. We'll be a collaborative funder, who listens, trusts and empowers VCSE organisations, and continues to work with and listen to residents through the legacy of our community interviewers, who are best placed to tell us what real people need, in order to improve their lives.

Finally, I would like to thank everyone who contributed to this research; the VCSE, elected members, our partners, wider funders, community interviewers, staff and trustees – without you this wouldn't have been possible.

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# INTRODUCTION

In July 2021, Rocket Science was commissioned by independent grant maker WDHCS to undertake research with to:

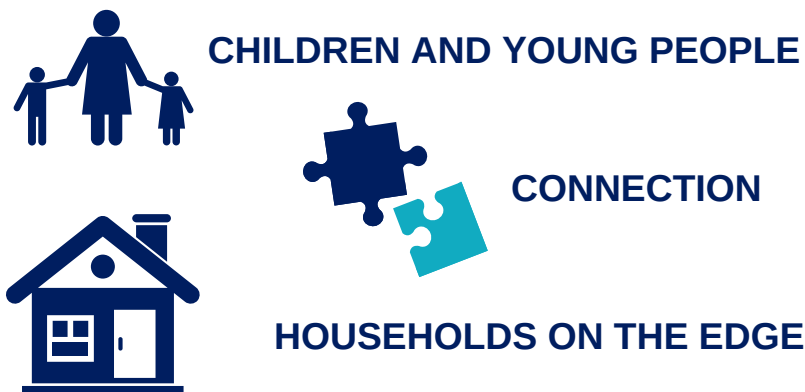
1. **Develop a portrait of the overall health and wellbeing** of the local communities in the district.
2. **Map the third sector** to better understand the charities that work across the district.
3. **Provide a special focus on the impact of Covid-19** on local communities.
4. **Make recommendations to inform future grant strategy** and partnership working.

Our definition of health and wellbeing is deliberately broad to understand the wider social determinants of health using the public health model (right).



Our research to understand these social determinants of health and how these are impacting on people's health, mental health and wellbeing has taken an inclusive mixed methodological approach.

We identified **three areas of priority need** for the district:



## DATA SOURCES AND RESEARCH PARTICIPANTS



We trained **26 Community Interviewers** from across the District, who have spoken to 240 residents about their experiences of health and wellbeing and the impact of the pandemic and their access to services.



We consulted with **78 charities and organisations** through a combination of survey, interviews and seven workshops, including four workshops to collaboratively identify solutions. The consultations were designed to understand the capacity and capability of the voluntary, community and social enterprise sector (VCSE) to meet the health and wellbeing needs of the people of Wakefield district.



We combined **43 different local and national sources of information** into a single 'data story' to develop a shared understanding of the strengths and areas of need in the district.



We created **five detailed written case studies** of the lives of people who live and work in the district.

**This summary explores the three priority areas** and the **approach to investment in community wellbeing** WDHCS should take, moving away from the traditional grant making role. This will enable WDHCS to become an active advocate for communities and catalyst of change for the district. **A full report is available** and includes detailed chapters on priority areas, a literature review of national research on the impact of the Covid-19 pandemic on existing health inequalities and a full data story.



# RESIDENTS LIVES

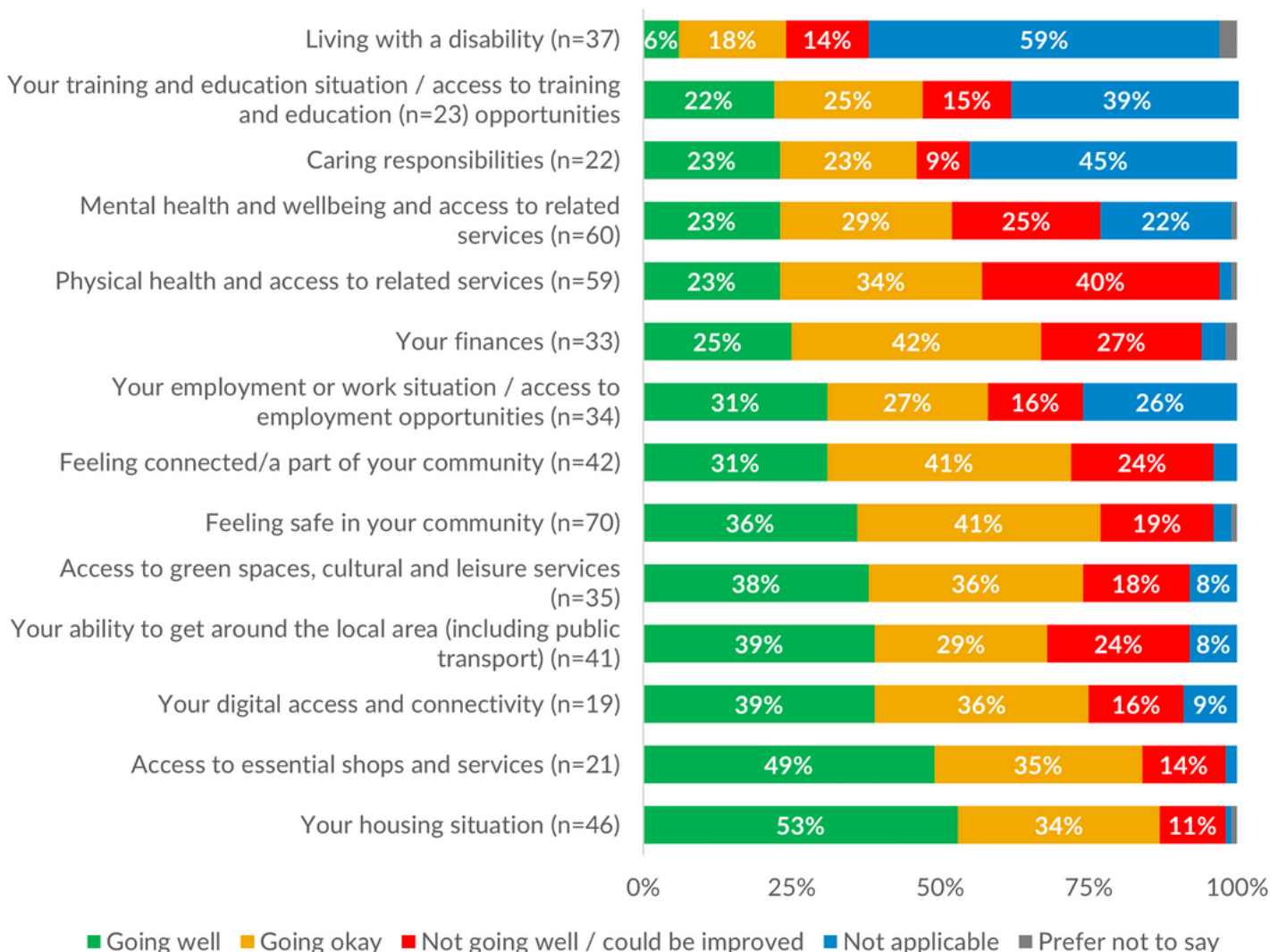


During the community interviews, residents were asked to rate various elements of their lives as going well, going okay or not going well and could be improved. Residents did not have to respond to every element and were provided with 'prefer not to say' and 'not applicable' options.

## How do you feel about the following aspects of your life?

*Think about a traffic light; green means going well, amber means okay, red means things aren't going well or could be improved.*

### How do you feel about the following aspects of your life?



\*We provided an 'Other' option in case we had missed an important aspect of life in Wakefield, which respondents felt they wanted to comment on.

# CHILDREN AND YOUNG PEOPLE



Our analysis of the data, interviews and consultation revealed that a key priority for WHDCS needed to be on **children and young people** (CYP). When testing this prioritisation of CYP in design workshops, the focus was felt to be “spot on”. There was a recognition of the challenges CYP have faced for many years due to factors such as a lack of positive role models, parental inability to manage behaviour, challenges faced within the education system and multi-generational unemployment and poverty. Specific areas of priority need are set out below:



## CHILD POVERTY

On average, nearly a quarter (24% of children in Wakefield live in poverty, however areas such as Lupset, Kinsley and Fitzwilliam and Ferrybridge, have substantially higher rates than local, regional and national averages.

“There's a big divide in social groups - people who are well off economically have more opportunities and a better quality of education. They have better support to achieve to the best of their abilities and go beyond what they thought was possible”

**Community interviewee**



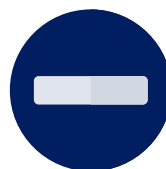
## EDUCATION AND ATTAINMENT

Whilst overall GCSE attainment in the district is good, the gap between children who are eligible for free school meals, compared to those who are not, is the biggest in the region with just under half (46%) of eligible children achieving 9-4 in GCSEs. Nearly a quarter (24%) of the young people community interviewers spoke to, felt that opportunities for training, education and employment could be improved as this was particularly true for those outside of Wakefield town.



## RECREATION

A lack of opportunity for children and young people to play, come together as peers and socially develop, was also consistently identified as a gap in provision and the closure of youth centres was often cited as a factor in this. This impacts upon perceptions of community safety when young people meet on the streets.



## EXCLUSION

Wakefield has the highest school suspension and exclusion rates in the region and these are substantially higher than the national average. This is particularly pronounced for children with special educational needs (SEN) who, in 2019/20, were excluded at seven times the rate and suspended at four times the rate of their peers without SEN.



## MENTAL HEALTH AND WELLBEING

This has been a significant concern raised by all who have participated in the research. A third (33%) of the young people community interviewers spoke to felt that their mental health, and access to services, could be improved.

“As a young person, I think it's hard for my generation to find quality mental health education and find appropriate people to approach and talk to about mental health.”

**Community interviewee**

# HOUSEHOLDS ON THE EDGE



'Households on the edge' is the term being used to describe those households we think are not in crisis but could easily find themselves so as a result of a lack financial resilience, their ability to meet their responsibilities, or declined health and mental health. This is used in acknowledgement of the large amounts of vital resource which services provide to people who are in crisis and the resource constraints this often imposes. By working in a preventative way with those who have the least resilience there are opportunities to avert crisis for the people themselves and alleviate pressure on these services. Again in the design workshops this concept was well received and the need for, but challenges in, providing preventative work were often discussed. Specific areas of need identified include:

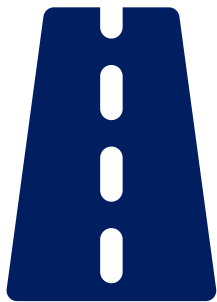


## ACCESS TO HEALTH SERVICES

Access to health services to maintain good health is a significant challenge for those outside of Wakefield town. Forty percent of people community interviewers spoke to felt that their physical health and access to related services was not going well or could be improved. This is particularly acute for disabled people with services not often being able to meet their accessibility needs, this is exacerbated by the continued use of virtual and telephone appointments brought in during the pandemic.

"Getting into a GP surgery is very difficult. [There are] some areas in the community [where] people do struggle and there is a postcode lottery as to what services you get."

**Community Interviewee**



## AREAS OF SIGNIFICANT NEED

Whilst there are generally high levels of deprivation across the district there are key areas of significant need with substantially higher levels of poverty and disability and shorter life expectancies. For example, the difference in life expectancy between Sandal and Kinsley & Fitzwilliam is 10 years. These areas also have substantially higher rates of people living with disabilities.



## FINANCIAL CRISIS

There is potential for significant financial hardship in older working age adults due to the cost of living crisis combined with increased unemployment and high levels of income to debt in this age group. Wakefield has the highest regional average for unsecured personal lending and one of the highest debt-to-income ratios in the UK of between 19%-21%.

"I never seem to have any money, I have debts and every week I am at hand to mouth. My bills are increasing and yeah, I know everybody's are but if I have no one to turn to and I can't seem to get any more money coming in what do I do where do I go. It's a nightmare to be honest. I can't seem to get out of this situation there is nothing available locally and I can't afford to travel to get help."

**Community Interviewee**

# CONNECTION



**Connection** relates to how people engage with each other, their community and the services that are available to them. It also concerns how organisations (including funders, statutory and third sector bodies) relate to each other to collaboratively meet need, make efficient use of resources, and tackle long-term challenges that the district faces. Specific areas of need identified were:



## TRANSPORT

Public transport was seen as a particular challenge for the district and a lack of affordable transport and poor connections in rural locations is impacting upon access to services, education, and opportunity. Where additional barriers, such as care needs or disabilities / long term health conditions, were present, these were seen to exacerbate issues due to limited options available for needs.

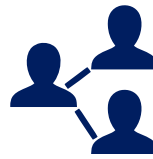
"I find it difficult to get around as my mum who I care for is in a wheelchair so I cannot get on a bus, I have to book a disabled taxi which is more expensive and limited if its already booked out and walking to things I need is too far."

**Community interviewee**



## VCSE PARTNERSHIP

VCSE organisations consistently identified the need for more opportunities for networking and understanding what the 'offer' across the district is. Whilst VCSE support organisation NOVA Wakefield is the first port of call for information and advice for the sector, only around four in ten (40%) charities are registered with them. A number of VCSE organisations identified difficulty in competing with larger national charities and identified a need to convene to share resources and compete for larger contracts. Just one in six (16%) charities have a formal partnership and just over a quarter (28%) share resources for training/events.



## COMMUNITY

Whilst most people our Community Interviewers spoke to felt that they were part of their community, tackling social isolation and loneliness is the priority of charities in the district. Community hubs were consistently identified as assets within the communities they are based. The impact of large housing developments without investment in infrastructure or VCSE presence was highlighted as a concern for community connection in a number of our design workshops.

"We weren't aware of other groups until Covid happened"

**Charity interviewee**



## ACCESS TO SUPPORT SERVICES

A lot of charities, and particularly those operating outside of Wakefield town, reported finding it difficult to keep abreast of developments in the area and what opportunities there are for onward referral. Issues of stigma and shame in asking for help and accessing support were seen as significant barriers for people accessing services before reaching crisis points.



# A FRAMEWORK FOR ACTION

There are a substantial number of areas of need, for both district residents and the VCSE. This inevitably presents a challenge to WDHCS and its partners in deciding priorities for action, in its support of the sector, and where to focus efforts on convening partnerships to address some of the larger issues such as housing, transport and employment that require a coordinated concentration of effort.

We know from the state of the sector review that whilst there are significant assets across the district, investment is required and the way that this is brought into the district needs to change.

“Wakefield feels a way behind a lot of other places in terms of localised funding...”

**Charity interviewee**



## GRANT FUNDING

Per person in Wakefield is half the national average, with the vast majority (81%) of grants being of less than £10,000. The funding of projects and pilots is seen as having a detrimental effect on continuity of service provision and a fracturing of the sector.



## APPLICATIONS FOR FUNDING

Are onerous and often a barrier for smaller charities. There is a common sentiment that it is often not worth ‘wasting time’ on funding, particularly given the time and resource needed to complete funding applications. The need for core funding is consistently highlighted as required by charities.

We see WDHCS as being at a pivotal point in its history, with its independence, assets, and the relationships it has, a real opportunity to tackle the health and wellbeing inequalities of communities across Wakefield district. The charity can play key role in prevention, an element of health and social care which has historically been difficult to fully address due to levels of crisis and the short-term nature of funding, as being a particular area of potential innovation for the charity.

In setting a future direction for the charity, it is important to consider the wider shifts around giving (resources, time, and money), the move from a ‘paternalistic’ mindset to one of equality and power shifts and the role that a place-based funder such as WDHCS could have given its history and connection to Wakefield.

The pandemic has also created an opportunity to think and do grant funding differently and the role that the charity has played in distributing other funding outside its own endowment has demonstrated its ability to adapt, shift and respond to change. This shift has impacted on almost all funders, with emergency response funding, the need to trust and be less risk averse alongside being more accessible, inclusive, and agile in assessing and distributing funding has accelerated this change.

# A FRAMEWORK FOR ACTION

There are existing frameworks from which WDHCS can evolve. We recommend focusing on 'wellbeing' using the principles of community wellbeing as identified by the What Works Centre for Wellbeing. It is a national recognised centre with evidence, tools, and insight for helping organisations measure their progress.

The charity can then use this framework to inform how it uses its position, independence, and assets as an agent of change through influencing, investing, catalysing and collaborating across the district.

## INFLUENCE

Advocating on needs across the district to highlight issues and inequalities and providing a narrative for action.

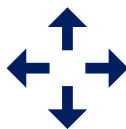
## INVEST

Work towards creating collective pots of investment to reduce duplication and make it easier for VCSE to apply for funding through a single fund rather than many. Focus on investing rather than granting – which means longer term, on organisations rather than projects and develop funder plus models to build capacity as part of the investment process.



Influence

Invest



Catalyse

Collaborate



## CATALYSE

Wakefield needs an agent of change, an independent but influential organisation that can break new ground and find and invest in new ways to make a change. It can seed ideas, be creative and use the connections, networks, and assets more effectively.

## COLLABORATE

Using the charities unique position and the insights from the research to bring services and sectors together with a focus on prevention, helping to change silos through 'team thinking' and collaboration.



Wakefield & District Health & Community Support

35 Peterson Road, Wakefield, WF1 4DU

[www.wdhcs.com](http://www.wdhcs.com)

[info@wdhcs.com](mailto:info@wdhcs.com)

@WDHCScharity

Rocket Science UK Ltd

8-12 New Bridge Street, London, EC4V

[www.rocketsciencelab.co.uk](http://www.rocketsciencelab.co.uk)

[info@rocketsciencelab.co.uk](mailto:info@rocketsciencelab.co.uk)