CAN

Community Action Norfolk

**The VCSE Sector Landscape
in West and North Norfolk**

2025

Contents

Executive Summary

This report provides baseline information on the experiences and capacity of the Voluntary, Community and Social Enterprise (VCSE) sector in West and North Norfolk, reflects on the broader landscape, and explores opportunities for more effective collaboration in addressing shared outcomes. This work has been funded by the Norfolk and Waveney Integrated Care Board (ICB), and CAN has worked closely with West and North Norfolk Place Teams.

The Current Landscape

Our engagement has shown that the VCSE sector operating in West and North Norfolk is facing unprecedented challenges and uncertainty highlighted by the closure of West Norfolk Carers in March 2025 after more than 30 years of delivering services and support. The pressures on the VCSE sector are varied, complex and interconnected, with common factors being significant and sustained increases in demand, client complexity, expenditure, and uncertainty. This is impacting the VCSE sector's capacity and capability to deliver services and support, and is inhibiting its resilience and ability to engage with an ever evolving statutory landscape. Within the VCSE sector there is a lack of clarity regarding decision making structures and access to these, particularly within the Integrated Care System (ICS), adding to the challenges of collaborative working with the sector feeling undervalued as a partner in tackling health inequalties.

Deeply intertwined social, economic, and geographic challenges can be seen when looking at the needs of communities in West and North Norfolk, in an environment where existing support structures are increasingly under strain. Whether loneliness and social isolation, transport, mental health, or young people our engagement with the VCSE sector shows that understanding local nuances and complexities, and how these interplay with broader societal trends such as the transition to digital, is vital.

Looking Ahead

Against a backdrop of substantial change including Devolution, Local Government Reorganisation, ICB Budget Cuts, Marmot Place Programme in West Norfolk, and other strategic developments, the next few years will be a critical time for ensuring that the VCSE sector is a valued partner in addressing the underlying causes of inequality and wider determinants of health. The VCSE sector has highlighted that to effectively support shared outcomes there needs to be transparent, honest and open communication that enables trusted local relationships to be developed and maintained, in an environment based on inclusiveness, empowerment and fairness.

CAN's involvement in strategic conversations across the county, and our role as an infrastructure organisation, means we are engaged in a wide range of agendas which would benefit from the knowledge, expertise and community reach of the VCSE sector, utilising the Ladder of Co-Production. Some examples of where there could be greater alignment and collaboration include Community Voices, ICS Health Inequalities Commitments, Norfolk County Council (NCC)'s Adult Social Care Transformation Plan particularly around Asset Based Community Development, and programmes such as NCC's Connect To Work.

Communication

- Resources tailored to the VCSE sector and communities explaining in 'simple English' the purpose, boundaries and priorities of health structures relevant to West and North Norfolk. Along with mechanisms for tailored updates to the VCSE sector on new approaches, priorities, opportunities etc and how VCSEs can express their interest in engaging with these.
- Publication of case studies by the ICB to increase awareness, understanding and recognition of the support and services offered by VCSE's, and the direct and indirect impacts of these on individuals, communities, and wider determinants.

VCSE Capacity Building

- Practical in-kind support and resources shared by statutory partners upskilling VCSE sector colleagues around data, digital, communications, and accessibility.
- 'VCSE Funding Officer' roles which address the capacity of the VCSE sector to explore and apply for funding opportunities.
- Funding of CANs 'Trustee Recruitment and Succession Project' which would develop a toolkit of templates and resources that would support the resillience of community assets.

Cross-Sector Collaboration

- Greater support of existing and valued local networks as mechanisms for networking, awareness raising, and engagement with the VCSE sector.
- Facilitation of targeted, meaningful and local cross-sector conversations building on themes identified in this report, such as transport and youth, focused on solutions and action. With VCSE organisations resourced to lead, plan and facilitate consultation events ensuring engagement is shaped by those closest to communities and designed with inclusion at its heart.
- Co-ordinated approach to developing local relationships between community assets, faith groups and businesses in rural communities that increases local awareness of the VCSE sector and its ability to meet with clients within their local community.
- 'Service User Transport Fund' easily accessible by the VCSE sector in a short timeframe for transport costs associated with enabling service users to access services or support.

Community Resilience

- Greater rural proofing of services, projects and initiatives, acknowledging a 'one size fits all' approach rarely suits rural areas with unique characteristics.
- Facilitation of VCSE support for young people to build confidence and resilience around practical life and employability skills, including mentoring and intergenerational activities. For all ages 'stepping stone' provison that develops people's confidence and ability to access services and support.
- Asset Based Community Development (ABCD) approaches that enable communities to develop better social cohesion and ownership of local health inequalities initiatives. To include ABCD training for statutory and VCSE staff on how this differs from the current deficit delivery model and how to adapt targets to align more effectively with community needs.

Our Engagement with the VCSE Sector

To explore and understand the complex and changing landscape in West and North Norfolk CAN has engaged directly with colleagues at facilitated in-person sessions, gathered organisational survey responses, and utilised existing networks and relationships to collate additional insights, alongside desktop research.

- Facilitated 8 in-person workshops across West and North Norfolk in January and February 2025 attended by 35 individuals (excluding CAN), representing 27 different organisations or services. These were held predominantly in rural locations including Cromer, North Walsham, Holt, and Hunstanton, as well as King's Lynn, to increase engagement with smaller local organisations. These provided valuable insights and facilitated connections between attendees.

- A detailed online survey for VCSE organisations operating in North and/or West Norfolk went live in January 2025, developed in partnership with ICB West and North Norfolk Place Teams, with 51 organisations responding (10 partial responses). During its promotion many VCSE colleagues said the 'health' terminology and language used in some questions, and its overall length, were a barrier in their motivation and ability to complete the survey significantly impacting our response rate *("this survey seems overly complicated", "it's very long"*). CAN are aware of at least 10 VCSE colleagues who viewed the survey but did not complete even a partial response.

- 2 in-person sessions in February 2025 of North Norfolk and Breckland Referrers Network, facilitated by CAN, attended by 32 individuals (excluding CAN) providing an opportunity to hear the views of frontline VCSE colleagues. A in-person West Norfolk Referrers Network session was held in November 2024 attended by 27 colleagues (excluding CAN).

- Online sessions of CAN's West Norfolk VCSE Hub were held in January and February 2025 with 8 VCSE guest speakers informing and connecting with 46 attendees (excluding CAN), providing additional insights. Between January and March 2025 CAN also engaged individually with more than 15 VCSE colleagues to gather additional insights. Alongside this CAN's Management Team have gathered insights from meetings and events attended in West and North Norfolk on a broad range of topics relevant to the VCSE sector.
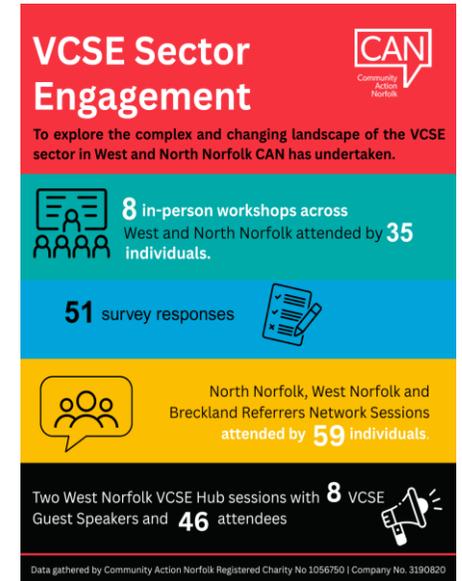
VCSE Engagement: Lessons Learnt

The VCSE sector is diverse ranging from informal community groups to registered charities which themselves vary in size and capacity with different aims and delivery. Therefore, it is important to target engagement appropriately and effectively, in a way that is accessible, fair, transparent and open to enable trust and accountability - *"difficult not to get surveyed out and mostly aimed at senior staff who often do not have the time."* This highlights the importance of considering the ability of VCSE colleagues to engage e.g. the in-person conversations held above were valued by CAN and those present, but challenging for some colleagues to attend.

There has been a significant amount of research conducted locally and nationally on the pressures facing the VCSE sector, as highlighted below. Other research exploring issues within communities, such as affordable housing, are included later in this report.

1. **Empowering Communities Partnership (ECP) State of the Norfolk VCSE Sector: 2024 Findings and Updated 2025 Report**

CAN supported the development and distribution of this consultation, with its findings aligning with our own.

- 71% report that their financial position has worsened in the last six months, up from 54%.
- 33% have had to use unplanned financial reserves, compared to 21% previously.
- 25% have reduced their services due to funding shortfalls, up from 17%.
- 50% of organisations now have paid roles at risk, compared to 33%.
- 79% are confident they will still be operating next year, a decrease from 88% in the previous survey.
- 29% of organisations are relying more on volunteers, up from 17% last year.

2. **National VCSE Barometer: Dashboard and March 2025 Report** - includes extract below which resonates with local experiences.

Many barometer respondents are experiencing sustained and growing operational and financial pressures. The multiplicity of challenges of the past 12-24 months has undermined their resilience, and the addition of new employment costs in the coming year presents a landscape of multiple coinciding threats. The upcoming increases in National Living Wage (NLW) and Employer National Insurance Contributions (ERNICs) may not be significantly or directly impactful for some particularly micro, small and volunteer-led organisations but they coincide with ongoing cross-sector challenges that are already damaging individual and community resilience.
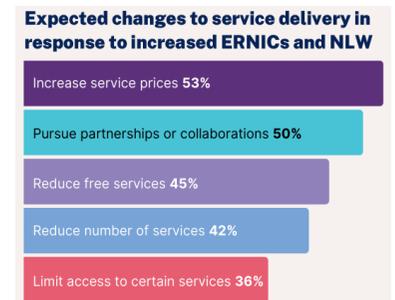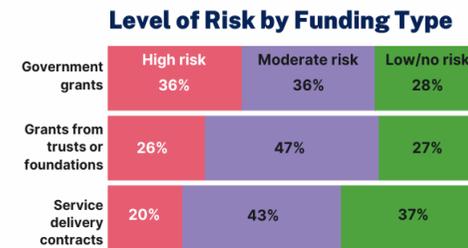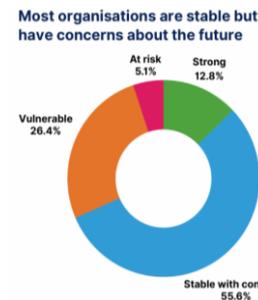
3. **National Council for Voluntary Organisations (NCVO)**

The Road Ahead 2025 says that the UK charity sector stands at a crossroads in 2025, facing an evolving landscape shaped by economic pressures, policy changes, and shifting public expectations. Many organisations have already cut back as far as they can, with no more room to make savings the risk now is that many organisations will need to go further reducing investment in training and development or wellbeing programmes, which could impact their long-term ability to recruit and retain good talent.

As we move forward, it is imperative that charity leaders, funders, policymakers, and communities work together to create a sector that is sustainable, equitable, and capable of addressing the growing needs of society.

The above refers to CAF UK Giving Report 2025 in which a downward trend is especially pronounced among young people, 36% of 16 to 24-year-olds say they donated or sponsored in the past 12 months compared to 52% in 2019.

The Power Of Small, published April 2025, shows voluntary organisations with an income of less than £1m feel underrepresented, excluded from decision making, and struggle to navigate infrastructure that they felt sometimes appeared to prioritise larger organisations. There's a need for smalls to have a stronger voice in policy development, representation in funder decisions, and advocacy for systemic changes to funding structures. For collaboration to be meaningful, they must be seen not just as service providers, but as strategic partners with deep community or cause-specific insight. This will require deliberate changes to how partnerships are initiated, structured and sustained, particularly at the local level.

4. **Project Connect: What Young Adults in Norfolk say about Loneliness, Isolation and feeling Socially Connected**

CAN is part of Project Connect, which has published research revealing that while social action can help young people feel less alone through encouraging connection and purpose, young people need more. They need safe, inclusive spaces where they can build relationships naturally. The research also highlights the crossover between loneliness, economic instability, and mental health challenges, reinforcing the need for a holistic approach. For Norfolk, addressing youth loneliness is essential for building a stronger, happier and more engaged generation. Ensuring young people have opportunities to participate in shaping their communities, while also having the support and space to connect informally, can create lasting social change. *"Feeling lonely or isolated is mainly seen as an older person's issue. But in recent years, the opposite has been true. Data tells us that loneliness and social isolation among young people is increasing."*

5. **National Association for Voluntary and Community Action (NAVCA): Walking A Tightrope**

This research demonstrates how Local Infrastructure Organisations (LIOs), such as CAN, operate in a highly complex environment balancing multiple expectations, relationships, and pressures from all directions. It highlights just how demanding this role is and the skills, strategy, and resilience needed to navigate the complexity. With many LIOs working with small teams stretched beyond capacity, sometimes taking on more than they are funded for. At the same time, local authorities and health systems, facing their own financial and staffing pressures, often place high expectations on LIOs to step in and fill gaps.

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Local Context

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CAN's role as an infrastructure organisation means we are involved in a range of agendas affecting Norfolk's VCSE sector, from the impacts of new legislation such as the Terrorism (Protection of Premises) Act 2025 also known as Martyn's Law, to implementing energy efficiency measures to mitigate Climate Change. Below are some examples of developments to be aware of when considering the themes identified in this report.

- CAN is part of the **Norfolk Anti-Poverty Alliance** which launched in February 2025. Together, we can learn and start to work and campaign for the changes that are needed locally and nationally to end poverty in Norfolk. A panel discussion is taking place in King's Lynn in June 2025 on what is going wrong and needs to change, with attendees able to learn about the work of the Anti-Poverty Alliance and meet representatives from services working locally to tackle poverty.
- CAN has been supporting the ICB's **Norfolk and Waveney Research Engagement Network** in its engagement with the VCSE sector to understand the real cost for community groups to be involved in research, supporting the development of resources on communities understanding of and ability to engage in research.
- CAN, as part of the Empowering Communities Partnership (ECP), facilitates the **Norfolk VCSE Leadership Network** which at its May 2025 in-person event will be sharing a number of clear "asks" to local statutory and government partners to improve ways of working with the VCSE sector, based on Civil Society Covenant principles. The ECP has been working closely with Norfolk County Council regarding Norfolk's Local Growth Plan to ensure representation of the VCSE sector and its asks within this.
- CAN's **Talking About Cancer Together** Project is bringing together colleagues across statutory and VCSE sectors to improve awareness of and access to cancer support. In May 2025 its Norfolk Cancer Network is facilitating an open cross-sector conversation on 'Engaging & Educating Schools in Cancer Awareness' to enable shared learning and collaboration.
- CAN's commitment to supporting community assets to '**Go Green**' continues having received multiple small funding pots to support communities understanding of the complexities of energy efficiency improvements, from audits to decarbonisation plans. This is developing resources, contacts and knowledge which could be further utilised.
- CAN will be continuing its support of **Project Connect** as we know isolation and loneliness has an impact on mental health and wellbeing, experiences of education, work and life more broadly and this plays out differently for different people, with 16-24 year olds now reporting the highest levels of loneliness of any age group.
- CAN is a member of the **Action with Communities in Rural England (ACRE) Network** through which we employ a **Rural Housing Enabler (RHE)**, support evidence of rural needs and solutions, and provide practical community development support to rural communities.
- CAN is a partner in the **Volunteering for Health** project supporting the Innovation Fund for new and creative approaches to volunteering for those with learning disabilities, neurodiversity or autism, looked-after children, or with other disadvantaged groups

From April 2025 several essential support mechanisms have lost funding affecting a range of services including loneliness and social isolation initiatives, advice and guidance support via Age UK and Citizens Advice, and other key services. This may limit access to vital support for vulnerable individuals potentially increasing pressure on other services and will add the challenges of referring clients to suitable activities. In addition, significant changes in the benefit system are underway such as people who are socially isolated having to attend in person to process claims, creating further impacts.

As we individually and collectively navigate this 'perfect storm' of change on multiple fronts bringing uncertainty across Norfolk and the potential loss of local knowledge and relationships, it is a critical moment for strengthening collaboration and inclusion with kindness, compassion and understanding across all sectors.

"More meetings like this one - provides opportunities to share/network and hear about how other services doing."

"Keep doing these as they are a great opportunity to support and share clients."

Themes across West and North Norfolk

- **The Importance of Language in Enabling Collaboration**

The majority of VCSE colleagues we engaged with said the language used by statutory 'health' organisations, services and structures needs to be simpler and more relatable. Often colleagues were not aware of, or did not fully understand, structures such as Place Boards and Health & Wellbeing Partnerships and their relevance within the 'health system', and to stakeholders such as the VCSE sector. There was also a lack of clarity around the meaning of terminology such as Integrated Neighbourhood Teams and System Integration, as a result VCSE organisations often did not realise their work aligns with or supports statutory priorities.

This is creating significant barriers in the VCSE sector's ability to effectively inform and influence what is seen as complex decision-making structures, with a lack of awareness and clarity regarding their purpose and physical boundaries. Often attendees expressed the need for less talking and more action, suggesting that VCSE's should be invited into relevant, timely and focused discussions to enable impactful conversations that develop working relationships. For many it was important that the VCSE sector is valued and an equal partner in addressing local health inequalities and wider determinants of health, with recognition of and support for the skills, resources and knowledge within the VCSE sector. Overall, there was a willingness amongst the VCSE sector to engage with 'health' and participate in open dialogue and discussion if done accessibly, collaboratively, and equally. *"Easy access to Place Boards, right people at the right time and clearer evidence of their work would be helpful. Clarity and visibility."*

- **Making Transport Accessible is Complex**

There are many factors which affect people's ability to utilise public and community transport, including personal confidence, affordability, availability, reliability, and flexibility. All of which are important in enabling service users to access essential services/support, education, employment, community activities, and social spaces, which reduces social isolation, loneliness and other issues. Transport tends to be viewed in terms of its availability, often forgetting that many do not or cannot access transport because they are physically or mentally unable to without support - *"Transport and mobility often go hand in hand. For many this is as much about confidence as it is about physical ability."* There is a need for more services that support people of all ages to use public and community transport as VCSEs are seeing more people who are anxious or lack confidence to travel and use timetables. In West Norfolk Hilgay, Wisbech, Heacham, and Hunstanton were identified as significantly challenging for those without access to a car, with buses from Downham Market tending to go to King's Lynn only bypassing rural communities. For young people the cost of learning to drive and then owning and using a car is prohibitively expensive, with a lack of appropriate taxis for those who are disabled.

VCSE delivery is often dependent on the availability of volunteers, and employees, which can be restricted by an inability to utilise public and community transport. The additional costs associated with rurality can also impact delivery, with many organisations highlighting the challenge of finding additional funding to support people with accessing in-person activities or services and the need for outreach support funding to cover its true cost. *"If we want to use community transport we find that the transport organisation is almost always willing, but needs to be funded. We then have to think about adding funding to bid before we are sure of need. We don't always know where people will be coming from in advance or their financial situation or if they drive. The transport organisation will also look to identify funding in some cases. Often by the time we have found enough we have lost the impetus or the links. If we had a pot we could just use it would be much easier."*

- **The Impacts of Increasing Case Complexity**

For many VCSE's the complexity of cases, and hence the amount of support offered to service users, continues to increase impacting the resources required to meet demand. These complex needs often require support over a longer period, and it can be more challenging to engage clients in services and activities with some VCSEs suggesting that working people are becoming the new 'hard to reach', which may not align with funding targets or priorities. For service user's small milestones and changes, which can take a long time to reach, can have a powerful impact on their lives with these outcomes often not recognised within monitoring and reporting requirements, which instead focus on numbers and statistics with longer term outcomes hard to demonstrate. *"We are seeing more and more complex cases which really impacts our funding success. We have to work with smaller groups and funders not willing to pay for small numbers."*

Our increasingly digital society and the use of online forms and apps to access services and information is confusing many older clients who often do not have the means or skills to navigate this, adding to the complexity and length of providing advice. VCSE organisations said they need more support with Personal Independence Payment (PIP) assessment appointments, as there is a lot of confusion over the transfer to Universal Credit, with communication to clients from statutory organisations seeming to be getting worse. *"People do not fit into the boxes that statutory systems would like them to. We need a local solution for many people, but it is not cost effective nor does it suit the way projects work. The cheapest solution not always being the best one."*

- **Longer Term Funding and Stability Are Essential**

Throughout our conversations with VCSE colleagues there was an emphasis on the need for longer term funding that enables services and activities to be embedded within communities, with core funding a constant challenge yet essential to the sustainability of the VCSE sector. *"How do we get across to commissioners etc that we also need core costs - just paying for food and advice services does not cover general staffing costs. We spend too much time chasing money and concentrating on keeping staff employed - it gets in the way of what we want to do."*

Many examples were shared of the uncertainty and lack of timely communication regarding statutory contract and service level agreement renewals/extensions combined with short deadlines, impacting the sector's resilience and sustainability. This against a backdrop of ongoing statutory budget cuts, devolution and local government reorganisation has created a feeling within the VCSE sector of not being protected or valued, despite the sector's widely acknowledged role in preventative health outcomes and wider determinants of health. It was also felt that competition for funding has consistently increased, grants have become more specific, and there are

limited funded opportunities to collaborate effectively, with very little funding for preventative work reaching smaller VCSEs. An example was the reduction in, and annual uncertainty of, the continuation of Hardship Funding and the pressures associated with the short timeframe in which this can be accessed.

Many organisations highlighted how the VCSE sector often goes beyond its funded remit, supporting clients in many other ways, but struggles to get recognition or sufficient funding for this - *"60% of calls are for advice and we cannot get funding to do this."* The funding of signposting services, at the expense of the capacity of organisations and services being referred to, was noted leading to a loss of service continuity and an inability to maintain and develop relationships and partnerships. *"We need £200k just to stand still, the harder we have to work for the core stuff the less time we have for client support and we are having to work harder and harder to stand still."* and *"I know there is no money but it seems there is no love for the VCSE sector at the moment. We need to see a seismic shift in the priorities of Health, County, Local Government and Funders. If the VCSE comes first we can drive opportunities because we know they will last and we won't do a load of work for nothing."*

- **Relationships and Communication Are Fundamental**

The value and importance of relationships, and creating opportunities to develop these, was demonstrated in all the in-person sessions we facilitated, despite the challenges of attending these for the sector - *"It's getting harder to find the time to talk to each other as we are all busy."* Bringing together VCSE, and other, colleagues face to face enabled connections to be made and knowledge to be shared, with networking highlighted of key importance in developing awareness of what other organisations/services offer and effective working relationships.

GPs were often stated as one of the most challenging to engage with, driven by the significant variation in their willingness to cooperate - *"Just trying to get some leaflets displayed took me an hour in one surgery!"* A GP who attended one of our workshops said, *"we have lost a lot of continuity and no longer are able to maintain personal contact and often cannot respond to individuals."* There was a desire for more clarity regarding the variation in Social Prescribing offer across Norfolk including how best to engage with Social Prescribers in West and North Norfolk. CAN is exploring a survey to Breckland GP surgeries in response to Breckland Referrers Network wanting better relationships with GP surgeries and more information sharing.

VCSEs were interested in opportunities for developing relationships with businesses, to bring more resources into the VCSE sector and to support activity at a local level, recognising that many within the VCSE sector do not currently have the capacity or skills to develop this - *"There must be loads of smaller businesses able to help with all sorts of things - if we could encourage them it would be a great resource."*

- **Appropriate Community Spaces Needed for Client Meetings**

Finding suitable and affordable spaces to meet with clients in rural communities has becoming increasingly challenging, particularly when needing to have confidential conversations and access to parking or good public transport links. The increasing cost of maintaining buildings is impacting VCSEs with premises, who are often having to increase hire rates to cover costs. In Hunstanton the issue of free parking only being available for a maximum of 45 minutes was highlighted, with examples of VCSEs having

to limit training sessions or hold events/training at locations with onsite parking. In Swaffham a lack of venues and community groups relating to physical activity was noted and for those with mobile services finding appropriate places to park has been a challenge.

- **The Changing Dynamics of Youth Employment**

Discussions have emphasised the challenges young people are facing in finding and accessing jobs, work placements and experience, and the increased anxieties and lack of resilience they are experiencing. "*Jobs people used to have at 16 a few years ago are now jobs 20-year-olds are applying for"*, with examples of young people refused weekend work because of turning down work during school hours or offered zero-hour contracts.

Colleagues expressed a need for more career's advice and support for young people, so they can explore next steps, possibilities, and build confidence, as many young people are feeling 'lost' as they leave school with no real direction and life skills and are often avoiding things that might be challenging. Yet there is too much red tape associated with youth volunteering opportunities putting off potential placements and examples of some employers openly admitting they avoid work placements as too much work to set up and manage them. VCSEs also shared the need for youth opinions from those who are isolated and not actively engaged.

In Thetford an increase in knife crime has seen young people more concerned about travelling alone, which may be putting them off attending the limited choices of activities and events, with Mental Health issues seeming more prevalent making offering advice more challenging and meaning it takes longer to deal with clients especially if neurodivergent or in crisis. *"We need some systemic changes to make a difference and maybe we need to have local meetings like this to see what can be done."*

Additional Themes in North Norfolk

- **Rurality Needs More Recognition**

In North Norfolk there was a strong feeling that strategic discussions, and subsequent funding and resources, are Norwich and Great Yarmouth focused, and do not consider the different experiences of those delivering and receiving support in rural areas of North Norfolk. Rurally there are many people on the edge of vulnerability that often not aware of, identifying those hidden but in need would demonstrate demand for and viability of rural services and support. One organisation had used Voluntary Norfolk's Get Involved Platform for volunteer recruitment but *"got nothing from it, it's really for Norwich and not very good at matching people locally in rural areas."*

- **The Value of Local Connection**

This was demonstrated by small organisations, such as Holt & District Dementia Support which supports 30 clients within a 10-mile radius of Holt through its 40 volunteers (20 of which carry out home visits). They receive many legacies and bequests meaning capacity is a bigger issue than funding, *"we could double our capacity with known demand"*, with the need for more volunteers a significant barrier to expanding their support and red tape adding additional complications - *"recruiting volunteers is exhausting, most come through word of mouth, between DBS, Safeguarding, H&S training etc it's all too complicated."* and *"There are a large number of recently retired volunteers who would like to do more but are put off by the unnecessary bureaucracy they come across when giving their time and enormous experience for free."*

Additional Theme in West Norfolk

- **The Need for Digital Training**

VCSE colleagues identified a mismatch between the platforms younger people use to access information and what VCSE organisations think they use, with VCSE's needing the skills and knowledge to keep messaging and communications 'relevant' but often cannot afford the resources (time and staff) to do this. They suggested training on how to effectively use different platforms e.g. TikTok, LinkedIn etc for different purposes. Colleagues also shared how they struggle to find appropriate digital training for clients who are given access to technology and software but don't understand how to use it, meaning they give up accessing services and support having Mental Health and other impacts. There is a need for computer and software (including apps) training and confidence building, as more and more access to services is digital which excludes/discourages people from getting out, applying for jobs, accessing complex systems such as Universal Credit etc. This is hampered by poor Wi-Fi and phone signal around King's Lynn and rural areas. It was identified that those who are homeless or in shared accommodation particularly lack access to devices.

West Norfolk VCSE Hub

CAN facilitates online sessions every 6 weeks, providing a valued opportunity for VCSE organisations, as guest speakers, to share what they are doing with colleagues across sectors and make connections. In January 2025 Purfleet Trust's Housing Support Manager said, *'We are seeing many more people experiencing homelessness due to increased rents and 'Section 21' where private landlords repossess properties from assured shorthold tenants without having to establish fault on the part of the tenant. A lot of people are living pay check to pay check and really struggling with Mental Health. The causes of homelessness have changed over the last few years from predominantly drug and alcohol addiction to a lack of social and affordable housing, with unaffordable private rents and those working unable to afford the cumulative costs of rent/mortgage, council tax, utilities etc.'*

In February King's Lynn Foodbank's Strategic Project Manager said, *'In 2024 we provided over 6,500 food parcels to people across West Norfolk (more than 15% higher than 2020) and gave out over £58,000 of energy vouchers. For 78% of service users their sole source of income is benefits, mostly Universal Credit, which is insufficient to cover the essentials. Interest rates are going up and expecting food prices to increase over this year by about 3% which will have an impact. Financial donations enabled us to spend about £30,000 in 2024 on food to keep parcels at minimum rations, which has been the case for the last 18 months.'*

In February Sue Lambert Trust, a charity in Norfolk that supports victims of sexual abuse and sexual violence, announced that due to a reduction in funding, the number of people who can access its counselling will be reduced by 20%. The charity highlights that in 2024, 57% of clients were directed to the charity by their GP, wellbeing or mental health services, because the NHS in Norfolk does not provide specialist therapy support for victims of sexual violence.

Due to changes in funding the Your Norfolk Advice Network helpline (previously run by Age UK Norfolk) was closed at the end of March 2025.

Our Survey Insights

78% of responses were from registered charities, 14% from unregistered community groups, and the remaining 8% from a Community Interest Company and Public Sector Organisations. **59% of respondents viewed themselves as small,** 33% as medium and 8% as large. This was based on the number of employees, staff, volunteers or members, income/turnover, or geographic coverage/reach. There was significant variation amongst those that viewed themselves as small, from respondents with only a few volunteers to those with over 20 staff, or an income of just over £1m, highlighting the contrasting perceptions of a small VCSE organisation and the diversity within the sector. Further detail can be found in Appendix A, Table 1.

Service Delivery
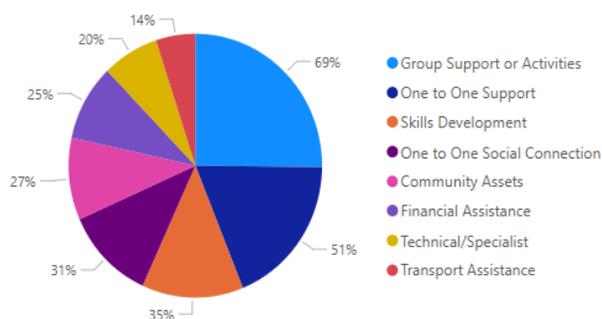
69% of respondents **are offering group support or activities, 51% one to one support** e.g. provision of information, advice, guidance, **35% skills development** e.g. training, courses, qualifications, **31% one to one social connection**, 27% community assets e.g. community centre, foodbank, 25% financial assistance, 20% technical/specialist, and 14% transport assistance. Examples of technical/specialist services were accredited immigration, legal, social welfare, money, and debt advice, and infrastructure support.

Specific services and activities highlighted were advocacy, befriending, creative arts (e.g. live performances and rural cinema screenings), carer respite breaks, end of life and domiciliary care, counselling (bereavement and cancer), peer support, warm spaces, emergency planning, independent living support (e.g. equipment), day centre (including lunch club and deliveries), education, training, employment, signposting/information sharing, practical support (e.g. assisting with the booking of medical appointments), and the facilitation of community events and social connection (such as Annual Norfolk Small Charities Showcase and North Walsham Big Bash). Some respondents highlighted their role in enabling collaboration, influence and service user voice across systems and sectors.

45% of in-person services or activities are delivered in King's Lynn, followed by 35% in Downham Market, 33% in Sheringham, 33% in North Walsham, 27% in Cromer, 27% in Hunstanton, 25% in Holt, 24% in Aylsham, 22% in Swaffham, 20% in Stalham, 20% in Fakenham, 16% in Wells Next The Sea, and 14% in Hoveton, and 29% delivered within people's homes. *"We do pop up sessions as needed (and funded) in any of these towns listed."*

39% of respondents selected other towns, villages and parishes - *"[We] vary the places we offer our service to try and engage as much of the community as possible, often focussing on areas of rural isolation."* In North Norfolk this included Acle, Bacton, Belaugh, Blofield, Buckenham, Brundall, Cantley, East Runton, Freethorpe, Halvergate, Hassingham, Hickling, Hindolveston, Holt, Kettlestone, Limpenhoe, Lingwood, Ludham, Upton, Reedham, Swanton Morley, Swanton
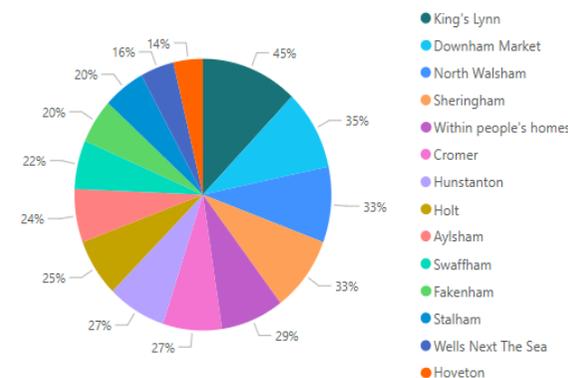
Novers, South Walsham, Southwood, Strumpshaw, Trimingham, Walsingham, and Wroxham. In West Norfolk, Barton Bendish, Dersingham, Hillington, Shouldham, Stanhoe, Syderstone, Tilney All Saints, Wereham, Wicken Green, and Watton. *"We move our coffee mornings around to make them more accessible geographically."*

When asked **who can access services or activities offered 47% said anyone in Norfolk**, 22% said anyone living within the Borough Council of King's Lynn and West Norfolk, 16% said anyone living within North Norfolk District Council, 12% said anyone living within Breckland District Council, 8% said anyone living within Broadland District Council. "*We are frequently contacted by families from across Norfolk asking for our help as they have no service in their area. We are unable to support these families.*"

- Anyone in Norfolk
- Anyone in West Norfolk District
- People in specific towns/villages
- Access varies
- Anyone in North Norfolk District
- Anyone in Breckland District
- Anyone in Broadland District
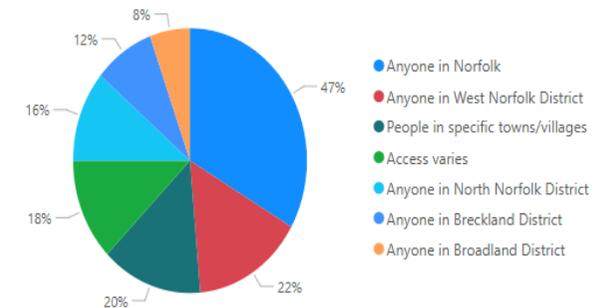
20% said only people living in specific towns, villages or parishes in West and North Norfolk specifying Acle, Aylsham, Barton Bendish, Creakes, Cromer, Downham Market, Heacham, Holt, Hunstanton, King's Lynn, Litcham, North Walsham, Sheringham, Swaffham, The Burnhams, Walsingham, Warham, Wells next the Sea, Wicken Green, Wighton and surrounding area/villages. 18% said access varies across the services/activities they deliver. *"Occasionally people from other areas ask for help and we don't say no if it is appropriate and no one in their area can help."*

Multiple respondents said access is dependent on people being able to travel - *"Given the demographic, and location, we are aware that many cannot directly access our services, without a great deal of effort and cost."* - or targeted at specific cohorts, e.g. people affected by dementia, families with children, or 16-30's not in education, employment, or training. Others highlighted the flexibility and evolution of their services e.g. some Men's Shed now welcoming ladies. *"Our membership is open to people with a diagnosis of autism who live in West Norfolk, but our coffee support groups, talks/workshops and online information are open and available to anyone who has an interest in autism. We know from the hundreds of people we support and their feedback that we make a massive difference to autistic lives and those of their families."*

Most respondents said transport accessibility is a barrier in the delivery of in-person services and activities due to the rurality of West and North Norfolk. Often people are unable to access services, activities and employment because public and community transport to these is not available or appropriate. Respondents emphasised limited routes, stops, timetables and long journey times, often not aligning with service/support timings, locations and community venues, or providing the flexibility needed e.g. when appointments change at short notice. *"Most of our courses start after 10 and finish before 5 so transport is more frequent."* In addition, the increasing cost of transport is progressively unaffordable for some service users. *"Community transport services can be expensive."*

It is important to recognise that **some people do not have the confidence** to access support and utilise transport - *"We get numerous people enquiring but they need confidence to attend, a buddy system would help to encourage people to attend."* Often organisations are not able to assist existing or potential service users with public, private or volunteer transport unless they have sought additional funding, limiting access - *"Transport for rurally isolated families is a challenge for them to access our group support."*, *"We would love to be able to transport young people and families into our centre from the villages, but this is prohibitively costly."* With some sharing pressures

from statutory partners not willing to pay for transport meaning people are not accessing the most appropriate resources or support. Specific locations highlighted as being challenging were Fakenham, Hunstanton, Stalham, Swaffham, and Wells.

"Stalham is a challenging place for young people to live, this is entirely due to the very poor bus transport. The Job Centre is in North Walsham. We have to provide the transport to fit in with appointment times that often change at short notice. You can't get a job in North Walsham because there is no bus back to Stalham after 5pm. It is a trial getting to college in Norwich, you have to leave on a very early bus or get to college late after 10am."

"Wells is often forgotten by NNDC because we sit on the border with West Norfolk - transport links or community bus service run out of North Walsham and won't run as far as Wells. We find that services we have attracted to run from our premises struggle to attract staff as they live in Kings Lynn or Norwich and the journey is too far when on a low salary. There is a huge need locally for support with SEND, education, mental health and wider health needs but due to the position of Wells and the fact that the deprivation is masked by the wealthy residents locally skewing the statistics we really struggle to secure funding and services."

"The availability of community transport to bring clients and carers to our dementia Poppy Cafes has reduced as Holt Caring has had to focus more and more of its resources on taking older people to and from medical appointments at the local GP practice or to hospital appointments in Cromer and Norwich."

Multiple respondents highlighted the **challenge of finding suitable venues, in terms of capacity and privacy, at an affordable cost**, limiting where they operate and impacting their ability to have a physical presence - *"Room hire has become more expensive, due to the increased cost of heating, maintenance and insurance."*

The **rurality** of West and North Norfolk significantly **impacts VCSE workforce** (staff and volunteer) **costs**, due to higher travel expenses and additional journey times - *"Our services are very costly, due to the rural nature of Norfolk, transport is costly and can take time."*, and **workforce recruitment and retention,** due to the necessity of car ownership and commuting distances, affecting the viability of service delivery which can be dependent on the availability of volunteers and unreliable internet and post infrastructure. *"Limited by availability of volunteers interested or able to provide this service. The volunteers all need to be car drivers."* and *"We struggle to attract volunteers to support our project delivery due to the need for people to be in paid work, volunteering has become a luxury, you need to be in a secure financial position to be able to volunteer on a weekday."* and *"Our volunteers are generally retired and ageing will become increasingly relevant. Whilst we try to attract younger volunteers, this seems difficult as the working generation struggle to balance income and time pressures."*

The need for **additional funding or resources to expand delivery** was often highlighted - *"It would be good to extend our services to areas where people tell us they are under served, or that commissioned services do not meet their needs, to do this we need to increase our grant funded income."* and *"Over 38,000 people with sight loss in Norfolk, a majority of those are elderly with limited access to transport. The need is much higher than we can currently meet, we would like to offer more local services, but this is limited by resources. Cost and the number of volunteers limit this provision."* and *"We would love to have hubs where we can replicate our outpatient services so they are more accessible to patients, but we don't have resource of funding available to grow staff resource."*

Examples were given of rurality impacting the **ability of smaller groups to fundraise and share information** promoting their services more widely - *"It is a challenge to attract audiences for fundraising due to the rural location and small pool of people. We are unintentionally competing with village halls and community centres in other villages, who also have the same problem."* and *"We find it hard to enrol new people to our services who are rural due to getting the information of our services out to them either by newspaper or leaflet due to cost of advertising."*

Some respondents expressed the importance of partnership within service delivery and their interest in working collaboratively to increase community engagement with services - *"Only our outreach workers come to most locations, could some of our specialist teams hold sessions in communities as well? If so, who could set them up and work with us on this?"* and *"Working Well Norfolk is a pilot for Connect To Work which will be rolled out across the summer and is looking to link in with more local provision."*

Seasonality was highlighted in terms of rural locations being challenging to access in winter due to weather conditions, and in summer due to traffic in popular seaside towns. In addition, small charities and community groups running services or activities often find it challenging to access support because they are time poor due to other commitments - *"The smallest charities in Norfolk do not often access the support or services of the larger infrastructure support bodies, as many events and activities take place Mon-Fri daytimes when many of these organisations (like ourselves) are driven by part or full time employees working for others."*

Our delivery is focused on…
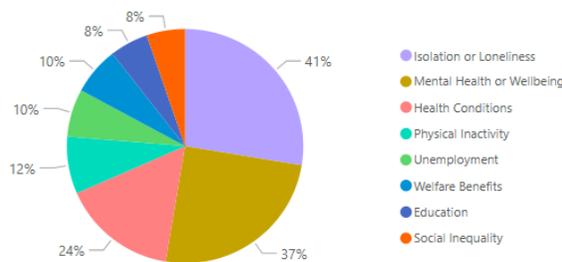
78% of respondents said delivery focused on Isolation or Loneliness, and Mental Health or Wellbeing, highlighting the preventative nature of the VCSE sector, with physical inactivity part of delivery for 47% followed by digital exclusion and social inequality (33%). The least prevalent delivery areas and most signposted/referred were Substance Misue and Violence or Abuse, with **Community Transport the area that respondents would most like to develop their support.**

We would like to develop our support in relation to…
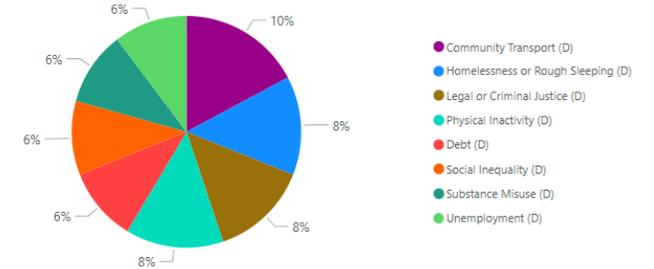
Some of our delivery is focused on…
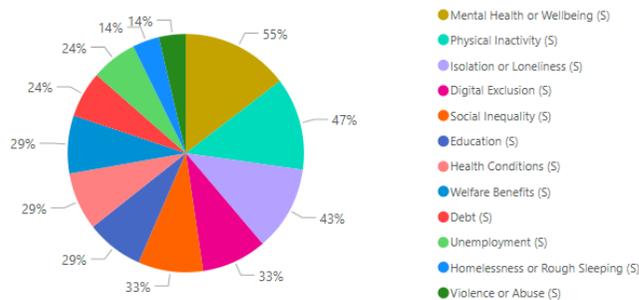
We signpost or refer to other organisations regarding this…
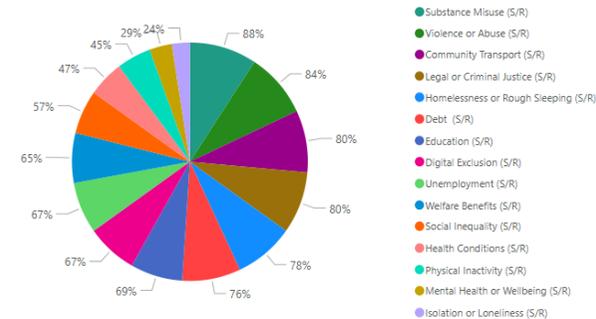
Many respondents highlighted the **increasing needs of young people** accessing their services who are experiencing complex mental health, trauma and isolation issues - *"Young people are struggling post covid with finding a way to live in society when they missed so much social interaction and became reliant on social media and online entertainment."* and *"Mental health support for young people is difficult to access locally and services are expensive to access even if through a charity setting."*

Comments included the chaotic nature of some people's lives making it difficult to arrange support, long waiting lists in other organisations/services (or access restrictions) meaning clients are not getting timely access to appropriate financial and emotional support and often returning to the organisation that signposted or referred them. As well as the importance of ensuring information provided is up to date, accessible and relevant when signposting or referring so people are not passed onwards numerous times, increasing financial hardship and the value of VCSE delivery in cutting across multiple themes through the development of trusted relationships. *"There can be long waiting times hence the board has invested in training for staff to undertake more complex work, which would traditionally be delivered by formal services such as the DWP."* and *"We find it had to signpost people from our service as partner agencies don't have the languages, trust, cultural understanding."* and *"We often feel challenged with how much info we have to support clients with."* and *"There is limited support for those with vision impairment, and there tends to be a lack of understanding of their needs - digital exclusion. Many of the courses, support sessions do not cover accessibility, how to use voice over, screen readers, short cut keys etc."* and *"We are seeing an increasing number of people who are overwhelmed by their situation and who we are struggling to support due to a limit to tangible difference we can make. We find our services are a sticking plaster not a move towards change and sustainable futures. The coastal region we work in has pockets of deprivation that are hidden by the number of wealthy second home owners and people who have retired to the area into their holiday homes. Services we signpost into are mainly in Kings Lynn or Norwich or online which is a barrier for people to access support and have such long waiting lists that people don't feel any real change is possible."*

In terms of reaching those who would benefit from their support respondents felt Word of Mouth (by clients/service users or professionals) was most effective for them, followed by in-person community events, networking (i.e. informing staff or volunteers in other organisations/groups of your support), social media (particularly Facebook Pages and Groups, Instagram and LinkedIn), and online directories.

Comments included the importance of utilising local press, such as radio and magazines/newspapers alongside leaflets/posters, and engaging with local businesses and community venues to reach those not accessing online platforms. For those reliant on volunteers often time-poor due to other commitments, maintaining their own websites can be difficult. Also mentioned was the importance of directories being kept up to date to be useful and the value of in-person contact.

Community Needs in West Norfolk

COMMUNITY NEEDS IN WEST NORFOLK	
Loneliness and social isolation	36%
Mental health	21%
Service provision	18%
Transport	18%
Funding	14%
Financial hardship	11%

When asked about the needs of individuals and communities they support in West Norfolk 36% of respondents identified loneliness and social isolation, with respondents reporting increasingly interconnected needs. Some attributed loneliness and social isolation to the lingering effects of Covid-19 such as a reluctance to socialise, which coupled with other factors, negatively impacts the participation of community members in initiatives trying to foster community connections. Further insights regarding the effects of the pandemic as a cause of loneliness and isolation can be found here from a loneliness workshop CAN co-delivered in 2024.

A correlation was identified between loneliness and social isolation and nearly every other issue raised by respondents. For example, the move toward digitalisation mentioned by 14% was seen as reinforcing isolation, particularly for older residents without access to the internet or digital literacy. While some organisations have found digital delivery viable and efficient, many pointed out that large portions of their client base, particularly elderly residents, lack access to Wi-Fi, digital skills, or confidence. *"The growth in online social environments allows people to avoid face to face contact and to curate a social presence, but this does not then address real isolation and loneliness. This, in turn reduces attendance at those social events designed to address these issues, making them less viable. Unfortunately, digital exclusion, particularly for the older generation most likely to suffer isolation and loneliness, makes this worse."*

Mental Health was raised by 21% of respondents and included a shortage of Mental Health education, support opportunities, and local services with needs deeply interconnected with other issues. *"Health services [are] not so good at providing follow up support. Mental health issues [are] getting worse, and we have fewer places to refer people to for support, so we do a lot ourselves."* 14% of respondents noted issues with statutory and health services including long waiting lists to access support, limited services when needing to signpost individuals to Mental Health care, and an example of many individuals looking for Mental Health support in order to access their community (and reduce their feelings of loneliness) but this not being a service they are able to provide.

Alongside rising community needs, a number of respondents highlighted the growing pressure being placed on the VCSE sector with 14% of respondents commenting on a noticeable increase in demand for their services as more individuals turn to local organisations for support, often when statutory or mainstream services are inaccessible. At the same time, an equal proportion (14%) pointed to reduced funding opportunities, with fewer available grants and less consistent investment from local authorities. This financial strain is made worse by the rising cost of service delivery, leaving many organisations stretched thin. Several noted that while they are being asked to fill growing gaps in the system, they are doing so with fewer resources and greater uncertainty, creating a challenging environment for long-term planning and sustainability. *"We are seeing a huge increase in referrals and demand for our service. Cost of delivery has gone up, both in terms of materials, room hire, travel cost & volunteer costs. But also changes to the living wage, employee contributions and so on, means there is less to spend on delivery. This means we need to increase our income simply to maintain a level of support and stand still. Pressure is on to innovate services, when really what is required is stability - there are fewer grants available, and there is great strain across the sector. […] Looking to the future, I am not optimistic. I fear more of the voluntary sector orgs will close, more will be expected of services who remain, and very importantly - skills will be lost, and less skilled agencies will pick up the slack - it's a worrying merry-go-round."*

18% of respondents highlighted the prevailing issue of transport underlining its ongoing and unresolved barrier to inclusion and wellbeing. Poor transport options continue to limit people's ability to access essential services, affordable food, community activities, and social spaces, all of which are critical in addressing the issues raised. Its persistent presence in our data suggests it remains a foundational issue that continues to undermine wider efforts to improve community wellbeing. One respondent mentioned the rise of electronic vehicles, such as e-scooters, creating new forms of anxiety, particularly among older residents who are unable to hear them, making them more prone to accidents. As a result, older individuals fear going out and being in danger, becoming more secluded, highlighting how shifts in the way people move through shared spaces can unintentionally create further exclusion and potential risks to certain populations.

Other needs and challenges identified were:
- Financial hardship in the community, including older residents increasingly relying on foodbanks.
- Lack of services and activities in villages and rural areas, and a concentration of services in King's Lynn.
- Closure of specialist services, including ACCESS, which provided key immigration advice and support to refugees and asylum seekers.

When asked what should be prioritised, 91% of respondents commented on approaches and systems-level changes required to effectively address these needs including awareness raising, networking opportunities and multi-sector collaboration. 24% of respondents raised the urgent need for statutory services to develop a better understanding of local communities and the VCSE sector. This lack of understanding was seen as a core reason why some services are underused, poorly targeted, or inaccessible. Several respondents stressed that when statutory bodies fail to appreciate the true needs and complex barriers people face, they are less likely to invest in the right types of support, such as early intervention or place-based initiatives that foster community connection. *"In Lynn the NCC spent i think 15million on a "hub" that no one wanted or wants. And people are angry that there is money for that but not for schools or hospitals. We recently did a consultation for the council face to face visiting small groups […] And they wanted to talk about pot holes, the "hub", antisocial behaviours, litter, all the things that impact on their lives daily....there is a gap between what people want and what our communities get given."*

In addition to the immediate challenges caused by a poor understanding of communities, some respondents warned of long-term consequences if current approaches remain unchanged, such as the potential impact of disproportionately focusing resources on the older population because of current demographics. While acknowledging the needs of older residents, they highlighted the risk that other groups such as families, children, and young people are being overlooked. From their perspective, this imbalance reflects a deeper neglect of younger generations, which if left unaddressed could lead to more entrenched issues in the future. Meeting the needs of children and families today is not just about fairness but about safeguarding the long-term resilience and wellbeing of the whole community. *"There is a lot of focus on the elderly in our region because they make up a large part of the demographic - this doesn't create a strong future for our community. Early years, family support and young people support will help create stronger futures and ultimately less need within the older demographic because they have lived happy and healthy lives."* and *"Support of children and young people to build life skills, resilience and complete education to give best chance of healthy futures."*

Another approach was collaboration which several respondents identified as a means of achieving the better understanding required from statutory bodies. 15% of respondents specifically mentioned the importance of improved partnerships between the VCSE sector and statutory bodies, and also within the sector and with communities themselves. Collaboration was seen as essential to gaining richer, more accurate insights into communities lived experiences, the barriers people face in accessing support, and the nuanced ways that challenges like loneliness, poor transport, and Mental Health play out on the ground. Closely connected to this was a call for greater awareness of support within the community and amongst service providers, with 18% of respondents highlighting the need for better visibility of the support that already exists including improving outreach, strengthening links between services, and ensuring people know how and where to get help. *"ICB and Health service as a whole should work more in partnership with those organisations on the ground to ensure their full understanding of the issues being faced."*

Several respondents emphasised the importance of collaboration between statutory services and the VCSE sector, which must be accompanied by greater recognition amongst local authorities of the sector's expertise and knowledge, with resources directed towards those who truly understand local issues and are best placed to shape service outcomes, deliverables, and deliver support. Greater recognition, involvement and flexibility would enable the sector to respond more effectively to community needs, free from rigid guidelines imposed by statutory bodies that are often removed from frontline realities and unaware of the day-to-day barriers faced by the people they aim to support. Respondents who identified increased and better targeted funding as a key solution (24%) were not simply calling for more money, but for funding models that reflect the realities, expertise, and position of VCSE organisations on the frontline of community support. At its core is a call for a more targeted and equitable approach to funding, one that genuinely reflects local needs, and engages the communities directly with participatory approaches. *"Provide funding to those organisations that understand the issues and can deliver effectively. Ensure [there is] representation of sectors of the community of, for example bus forums to ensure that peoples issues are heard."*

Respondents urged for long-term investment in preventative services, a fairer distribution of grants, and sustained support for infrastructure bodies that help the sector remain coordinated and resilient. Several also raised concerns about the lack of understanding among commissioners, both of communities themselves and of the organisations best placed to support them. There were clear frustrations expressed over funding models that direct resources toward the loudest voices rather than the most embedded and effective services, which has led to the perception of unfair or misaligned funding decisions. As well as over funding being directed to city-based services, with rural residents expected to travel or be signposted elsewhere. Instead, participants advocated for investment in services that are rooted within rural communities themselves, where need is often high and provision sparse. *"Commissioners need a better understanding of what is available and VSO partners treated with the respect that their years of research, experience and service delivery deserves."*

Community Needs in North Norfolk

Community Needs in North Norfolk		
Loneliness and social isolation	24%	
Service provision	20%	
Transport	20%	
Ageing population	16%	
Mental health	16%	
Financial hardship	16%	

A range of growing and often overlapping challenges were highlighted when reflecting on the needs of communities respondents support in North Norfolk. Loneliness and social isolation once again emerged as a key theme, mentioned by 24%, with many suggesting a continuing social withdrawal since Covid-19, with some individuals still lacking the confidence to go out or re-engage with their communities. This persistent disconnection was seen not only as a cause of emotional distress, but as a contributing factor to broader mental health deterioration, reported by 16% of respondents.

Structural gaps in services and infrastructure were frequently cited with a decline in local services and residents increasingly needing to travel to distant towns or cities to access essentials like shopping or banking. Yet, this is often not possible due to ongoing and unresolved transport challenges, mentioned by 20% of respondents. The lack of public transport continues to disproportionately affect those without cars, particularly younger people, who are further constrained in their access to education, work, and social opportunities and a sense of being "stymied" by these limitations, with mobility and by extension inclusion dependent on car ownership. *"There are unmet needs in some of the villages in North Norfolk, particularly where they do not have many activities or services at their village hall and are not on a public or community transport route. More community transport is needed for people to get to towns with more services/activities. It is difficult for anyone without their own car to get to hospital appointments."* and *"The lack of public transport, with the exception of infrequent train service, continues to restrict local residents in what they wish to do. They are stymied if they do not have access to a car. Whilst the older population continue to get older there seems to be an increase in younger people in the community who have nowhere to go."*

Financial hardship emerged as a key pressure, cited by 16% of respondents. One respondent noted that older people are being forced to prioritise spending in ways that reduce their access to activities and services that could otherwise mitigate their loneliness and health deterioration, whilst another participant noted an increase of working families accessing foodbanks. The impact financial hardship has in other areas of people's lives and how it can be caused by other challenges once again highlights the interconnectedness of these issues.

The growing concern for young people was raised by 12% of respondents, who emphasised rising Mental Health needs, educational disengagement (including GCSE failure and school dropout), and growing issues with recreational drug use. While much attention is naturally focused on older populations, given North Norfolk's status as having one of the oldest age profiles in the country, respondents expressed concern for the younger population suggesting a widening intergenerational gap in service provision, with long-term consequences if left unaddressed. *"Young people not completing education and high levels of anxiety and mental health needs. Cost of tutors which more affluent families rely on to support their children's learning and attainment is out of reach of our service users. Young people are failing at GCSE and then dropping out of further education due to a lack of transport links and time it takes to travel to college or 6th form."* and *"Social activities for younger people are scarce, especially for those aged 14 to 30."*

Housing insecurity was flagged by 8% of respondents, both in terms of affordability and availability. Holiday lets and second homes were seen as driving up prices and displacing local residents, while young people in supported accommodation were reportedly unable to move on due to a lack of affordable options. Taken together, these insights suggest that North Norfolk's communities are facing a mix of entrenched and emerging challenges from long-standing issues like transport and rural isolation, to newer and more urgent concerns such as youth disengagement and housing pressures. As in West Norfolk, many of these issues are deeply interconnected, requiring responses that are both locally informed and intergenerational in scope.

Respondents proposed a range of priorities and solutions to the challenges identified, reflecting a desire for system-wide improvements in how services are delivered, resourced, and accessed. The most frequently mentioned theme, raised by 32% of respondents, was the need to improve transport. Suggestions included calls for a more extensive and joined-up transport network, better community transport options, and a greater recognition of how limited mobility affects access to essential services, employment, education, and social participation. As one respondent put it *"how can people reach medical appointments if they do not have their own transport".*

Another priority, highlighted by 16% of respondents, was the need to increase awareness of available support. Respondents stressed the importance of clear, accessible communication not only to make people aware of services that exist, but to build trust and engagement with them. Some specifically recommended encouraging organisations to signpost individuals to help them acknowledge the variety of support groups available to them, while others highlighted the need to improve community understanding of the benefits of creative health approaches and outdoor activities. In a context where isolation and service gaps are common, simply improving the visibility and accessibility of support could go a long way in increasing uptake and community resilience.

Funding was identified as a necessary lever for change by 12% of respondents, with particular concern expressed about the impact of recent and ongoing funding cuts. One respondent described how their organisation, after investing significant time and resources into recruiting and training staff, will probably have to make many of those individuals redundant due to financial constraints. This not only represents a waste of time and effort but also leads to a direct reduction in service capacity, limiting the support available to communities at a time of rising demand. The loss of experienced staff also increases pressure on remaining teams, disrupts continuity in service delivery, and weakens the overall resilience of organisations. These consequences highlight how funding cuts can have compounding effects undermining the very infrastructure needed to meet complex and growing community needs. *"For central government to back off on the severe cuts - and to understand the impact the cuts will have. Over many years we have recruited, supported and trained a fabulous staff team of over 70. With the cuts this will undoubtedly mean redundancies, what a huge waste of time."*

Funding was also linked to other themes such as Mental Health provision, youth support, and housing, with respondents pointing to areas where investment could address both immediate needs and longer-term community health. Notably, young people were again highlighted as a group requiring greater attention, mentioned by 12% of respondents. Participants urged for more support in helping young people develop life skills, access local opportunities, and stay within the area, rather than being forced to move to Norwich in pursuit of employment opportunities.

Mental Health, and broader health-related priorities, were present in responses with 8% stating the need to increase the availability of local Mental Health support for all ages, while 16% of respondents focused on a wide variety of health-related needs. These included raising awareness of the benefits of creative approaches to health, the need for clearer public health communication in local community spots, and more specialist support, such as dementia and stroke services. These comments underscore the need for integrated, community-based health provision, particularly in rural areas where access can be limited and needs are diverse.

"One of the priorities must be one in which GP practices develop a greater level of expertise in supporting families living with dementia as this is the first point of call for most families. There is a trend to offload these families onto other staff, often unregistered healthcare assistants who do not have the depth of knowledge to adequately support families. [....] There needs to be an integrated approach involving health (both primary care and mental health), social services and voluntary services. Navigation between all these should be made easier and not left to a family that is already struggling."

Lastly, a range of broader strategic and infrastructure-related suggestions were made in 40% of responses. These included calls for expanded social housing, increased volunteer recruitment, and a more coherent strategy to address the socio-economic consequences of an ageing population. Several responses also reiterated the importance of recognising and supporting the VCSE sector itself, particularly smaller, grassroots organisations that form the backbone of local service provision.

Working in Partnership
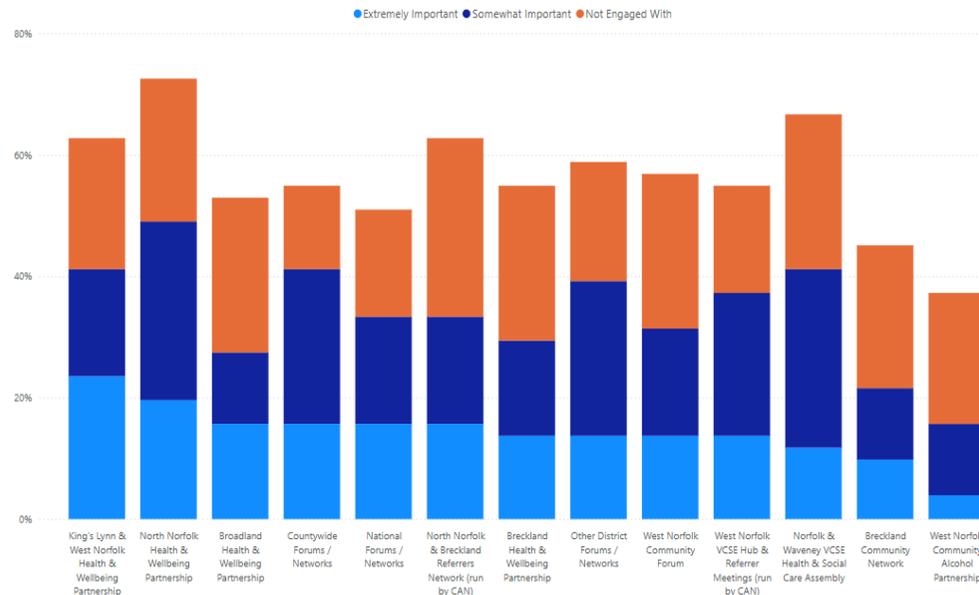
When asked about making connections and developing relationships with others working in West and/or North Norfolk the importance of current structures varied, with a significant proportion of respondents having not engaged (average of 22%), as opposed to selecting not relevant, suggesting there is a significant proportion of the VCSE sector who are not currently engaging but may wish to in the future.

For Health and Wellbeing Partnerships, North Norfolk was most important (49% extremely and somewhat important), followed by King's Lynn and West Norfolk (42%), Breckland (30%) and Broadland (28%). In terms of networks CAN's West Norfolk VCSE Hub and Referrer Meetings was important to 38%, and our North Norfolk and Breckland Referrers Network important to 34%. Other networks were Norfolk and Waveney VCSE Health and Social Care Assembly (41%), West Norfolk Community Forum (32%), Breckland Community Network (22%) and West Norfolk Community Alcohol Partnership (16%).

Additional forums which respondents highlighted as being important were West Norfolk Health Inequalities Group, North Norfolk Dementia Working Group, Broadland Support Hub, Norfolk Community Foundation's Sir Norman Lamb Coalition and Nourishing Norfolk Network, Norfolk Arts Forum, Norfolk and Suffolk Culture Board, National Rural Touring Forum, Carers Voice and North Norfolk District Council PositiviTea events and its Community Connectors.

In terms of enabling respondents to develop relationships with others regarding shared outcomes for West and/or North Norfolk comments included giving networks already in place the commitment and resources to act and their importance in raising the profile of VCSE services and support, less meetings/talking and more doing and helping each other e.g. shared data and intelligence for funding applications. Also noted was the challenge of accessing meetings and conversations and therefore the need for these to be meaningful with inclusive engagement mechanisms/structures that engages with and supports diverse VCSE organisations, the importance of communication, accessible information, networking, mentoring, advocacy, succession planning, and coordination.

"CAN forum has been brilliant at linking us with other orgs with whom we can work to more effectively deliver services, and as an impartial information source."

"Wider mutual knowledge of services, continuity and sustainability of services (and the people who provide them) is vitally important. It is very difficult to build sustainable relationships with individuals or organisations when there is constant change in policy, people and funding."

"Too many costly meetings of various kinds that do not make key decisions and effect change. It is difficult from a small organisation to engage with the whole of the commissioning and provider system with few management / other resources. Aligning the Place Boards with the Health & Wellbeing Partnerships rather than Primary care Provider Networks would be a good start."

"As Village or Town Halls become more important in the delivery of place based services for there to be a forum for all charities that run these facilities. Some of these are run by the Parish Council but others are run by volunteer Trustees and perhaps need a forum to discuss challenges such as funding, transferring to becoming a CIO and other relevant subject matters."

"As a small voluntary community group, we don't have capacity to engage with large bureaucratic bodies that are not able to provide immediate and tangible support to the community. We try to lobby for change where possible but the scale and urgency of people's need means we have to focus on supporting people."

"The Kearns Foundation engages with a number of networks locally and nationally but mainly through its Founder and Managing Trustee who works full time in the sector, and has done so for nearly 30 years. That engagement is through his "day job" where sometimes he has to wear two, or more hats, to offer and receive benefits. Without that connection, the Foundation would probably not know what, or how to engage."

38 respondents gave consent for their email addresses to be added to a mailing list managed by the Norfolk and Waveney Integrated Care Board's West and North Norfolk Place Teams.

In terms of the national Joint Forward Plan Priorities respondents most wanted to expand their support / delivery within Population Health Management, Reducing Inequalities and Supporting Prevention, for which 35% said all or some of their delivery directly supports this, followed by Transforming Care in Later Life (25% said delivery directly supports this).
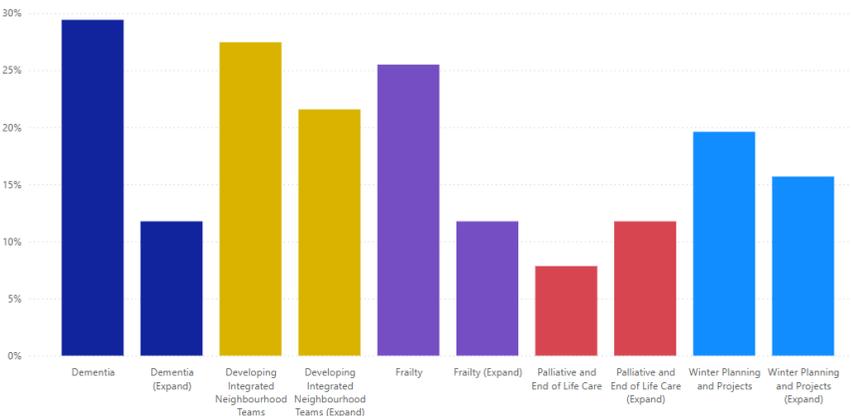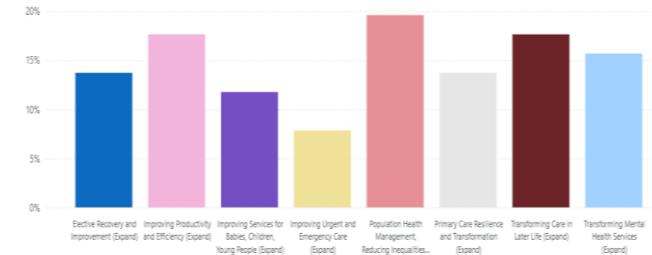
Locally in North Norfolk respondents most wanted to expand their support / delivery within Developing Integrated Neighbourhood Teams (27% said delivery directly supports this), with nearly a third (29%) saying all or some of their delivery directly supports dementia, a quarter (25%) saying this for frailty, and 20% saying this for Winter Planning and Projects (for which 16% wanted to expand support / delivery).
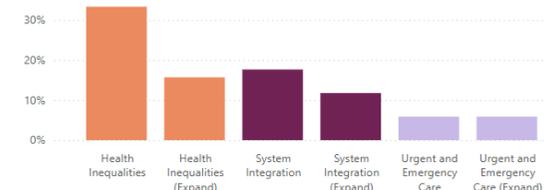
In West Norfolk 16% wanted to expand their support/delivery within health inequalities for which 33% said all or some of their delivery directly supports this.

A number of respondents highlighted that the VCSE sector tends to be holistically, and community focused which often encompasses or supports many of the more specific priorities above, with others highlighting the network of public and community buildings which could be utilised more to deliver place-based services and increase awareness. Multiple respondents wanted more data and skill sharing, as well as more information and fairer opportunities to engage regarding their work to understand how this does or could support these priorities locally, recognising capacity and the need for rural proofing. *"We often feel we are on our own in providing our services and we would welcome increased involvement in trying to develop a more comprehensive service for families living with dementia along with colleagues in statutory services. Some of these families are also living with frailty."* and *"We miss out on services in our community and funding because our reach isn't big enough to show a huge impact - the impact on a local level is not seen as enough, if each smaller community or town was better resourced with services that are needed and help build a sustainable future the cost to the NHS would reduce in the long run with a reduction in need for critical care in the main hospitals."*
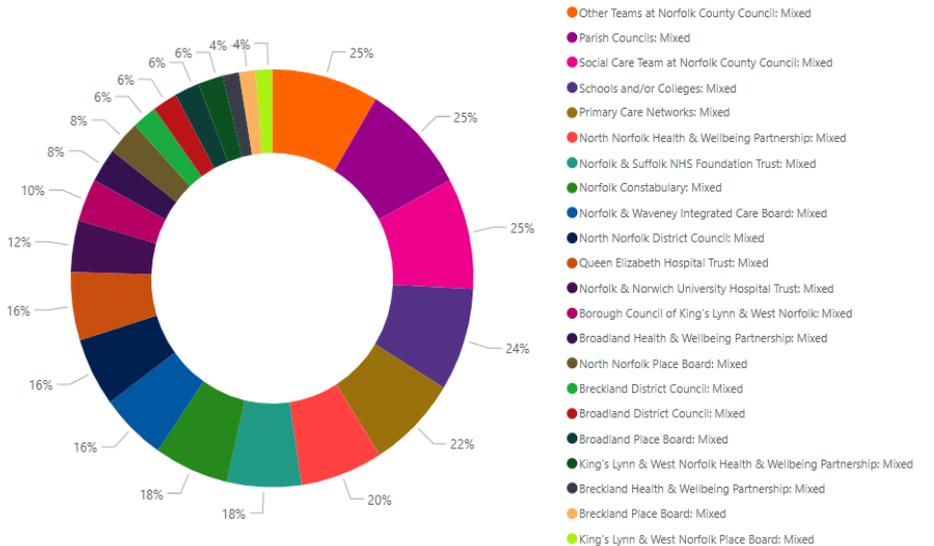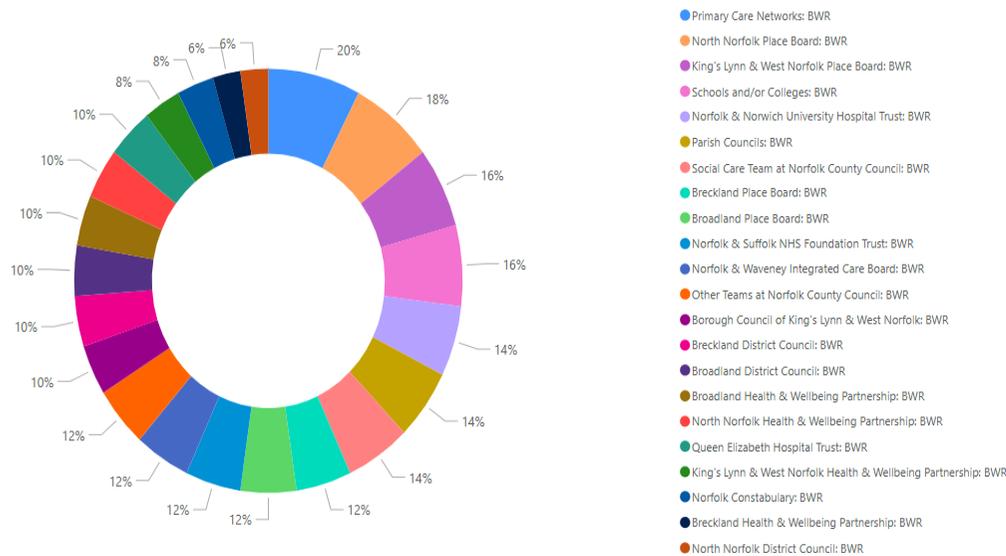
When asked about their experiences over the last 6 months of interacting with public bodies when developing or delivering services in West or North Norfolk the most positive were with the Borough Council of King's Lynn and West Norfolk (27%, with 10% Mixed and 2% Negative), followed by North Norfolk District Council (20%, with 16%
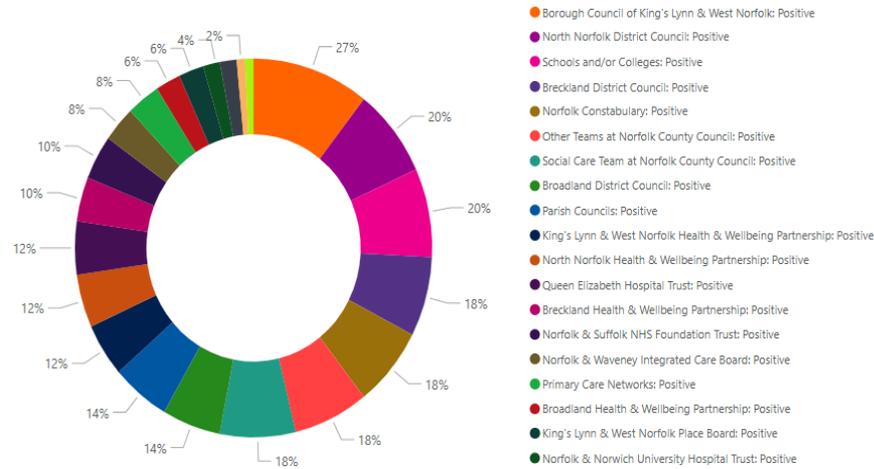
Mixed and 2% Negative). In terms of Breckland District Council experiences were 18% positive, with 6% Mixed and 2% Negative, and for Broadland District Council 14% positive with 6% Mixed.

55% said they had not interacted with King's Lynn and West Norfolk Place Board and 16% wanted to develop better working relationships, suggesting greater engagement with and awareness within the VCSE sector is needed (6% positive and 4% mixed experiences). For North Norfolk Place Board, the statistics were similar, 57% not interacted, 18% wanted better working relationships, 4% positive and 8% mixed. *"Place boards seem a bit removed from wider support mechanism and less engaged directly with vcse."*

There was a similar trend in regard to Health and Wellbeing Partnership's where in North Norfolk 45% had not interacted with this, 20% of experiences were mixed and 12% positive, with 10% wanting to develop better working relationships. In West Norfolk 55% had not interacted with this, 12% were positive and 6% mixed, with 8% wanting to develop better working relationships. *"Never heard of King's Lynn and West Norfolk Health and Wellbeing Partnership or Place Boards.", "Health and wellbeing boards generally positive and improving but being led by district can lead to challenges over where funding used (north seems to fund its own projects over others for instance)."* Primary Care Networks had the most negative experiences (10%), with 20% of respondents wanting to develop better working relationships with these.

Chart 1 legend (Positive):
- Borough Council of King's Lynn & West Norfolk: Positive
- North Norfolk District Council: Positive
- Schools and/or Colleges: Positive
- Breckland District Council: Positive
- Norfolk Constabulary: Positive
- Other Teams at Norfolk County Council: Positive
- Social Care Team at Norfolk County Council: Positive
- Broadland District Council: Positive
- Parish Councils: Positive
- King's Lynn & West Norfolk Health & Wellbeing Partnership: Positive
- North Norfolk Health & Wellbeing Partnership: Positive
- Queen Elizabeth Hospital Trust: Positive
- Breckland Health & Wellbeing Partnership: Positive
- Norfolk & Suffolk NHS Foundation Trust: Positive
- Norfolk & Waveney Integrated Care Board: Positive
- Primary Care Networks: Positive
- Broadland Health & Wellbeing Partnership: Positive
- King's Lynn & West Norfolk Place Board: Positive
- Norfolk & Norwich University Hospital Trust: Positive

Chart 2 legend (BWR):
- Primary Care Networks: BWR
- North Norfolk Place Board: BWR
- King's Lynn & West Norfolk Place Board: BWR
- Schools and/or Colleges: BWR
- Norfolk & Norwich University Hospital Trust: BWR
- Parish Councils: BWR
- Social Care Team at Norfolk County Council: BWR
- Breckland Place Board: BWR
- Broadland Place Board: BWR
- Norfolk & Suffolk NHS Foundation Trust: BWR
- Norfolk & Waveney Integrated Care Board: BWR
- Other Teams at Norfolk County Council: BWR
- Borough Council of King's Lynn & West Norfolk: BWR
- Breckland District Council: BWR
- Broadland District Council: BWR
- Broadland Health & Wellbeing Partnership: BWR
- North Norfolk Health & Wellbeing Partnership: BWR
- Queen Elizabeth Hospital Trust: BWR
- King's Lynn & West Norfolk Health & Wellbeing Partnership: BWR
- Norfolk Constabulary: BWR
- Breckland Health & Wellbeing Partnership: BWR
- North Norfolk District Council: BWR

Chart 3 legend (Mixed):
- Other Teams at Norfolk County Council: Mixed
- Parish Councils: Mixed
- Social Care Team at Norfolk County Council: Mixed
- Schools and/or Colleges: Mixed
- Primary Care Networks: Mixed
- North Norfolk Health & Wellbeing Partnership: Mixed
- Norfolk & Suffolk NHS Foundation Trust: Mixed
- Norfolk Constabulary: Mixed
- Norfolk & Waveney Integrated Care Board: Mixed
- North Norfolk District Council: Mixed
- Queen Elizabeth Hospital Trust: Mixed
- Norfolk & Norwich University Hospital Trust: Mixed
- Borough Council of King's Lynn & West Norfolk: Mixed
- Broadland Health & Wellbeing Partnership: Mixed
- North Norfolk Place Board: Mixed
- Breckland District Council: Mixed
- Broadland District Council: Mixed
- Broadland Place Board: Mixed
- King's Lynn & West Norfolk Health & Wellbeing Partnership: Mixed
- Breckland Health & Wellbeing Partnership: Mixed
- Breckland Place Board: Mixed
- King's Lynn & West Norfolk Place Board: Mixed

In terms of other stakeholders;

- Norfolk County Council - 25% of respondents had mixed experiences with both Social Care and Other Teams (18% positive and 2% negative).
- Schools and/or colleges - 24% mixed and 20% positive experiences with 16% wanting better working relationships.
- QEH - 16% mixed (12% NNUH) and 12% positive (4% NNUH), with 10% wanting better working relationships (14% NNUH).
- Parish Councils, Norfolk Constabulary and NSFT had 4% negative. Norfolk and Waveney ICB 6%.

Comments referred to the difficulty of finding the right person to talk to e.g. when trying to increase referrals from GPs, lengthy waiting times for social care, inadequacy of Mental Health services and holistic follow up, tensions with Parish Councils, the value of networking to inform of offer and the importance of improving trust, honesty, creativity and partnership. *"Our Talking Newspaper does work with some of the most vulnerable in West Norfolk and it would be reassuring to know up to date advice or connections that may support our clients."* and *"Perhaps a coordinated approach considering how local village halls could be best used for achieving the various objectives would prove fruitful."* and *"North Norfolk District Council has made strides in trying to focus on supporting the provision of care for families living with dementia and it has been helpful to be part of those discussions. We would welcome the opportunity to strengthen relationships with local GP services, NSFT and social care to improve support for our clients and carers. This includes an increase in appropriate referrals as well as improving the way in which concerns about families can be raised. It has been a pleasure during this last year to provide training to pupils from Fakenham Academy who have volunteered to be part of the new dementia cafe at Fakenham."* and *"Several of the bodies do not recognise the value of VCSEs, and the community groups in particular and consequently VCSEs are not involved in their meetings or their knowledge considered in their decision making. The community groups are very close to the vulnerable people in their community. More operational understanding of working on the front line and practical issues for patients/users would benefit decision making by strategic bodies. Therefore a process of these bodies linking with VCSEs and public to seek views on their plans when they are considering new services and changes to services. That must be in straight forward non-jargon language."*

When asked about their ability to;

- Demonstrate their value and/or impact this was highest for District Councils in Norfolk (57% strongly or somewhat agreed), followed by Norfolk County Council (47%) and local statutory health organisations (41%).
- Collaborate as equal partners to develop projects or services this was lowest for local statutory health organisations where 46% strongly or somewhat disagreed, followed by Norfolk County Council (44%) and District Councils (38%).
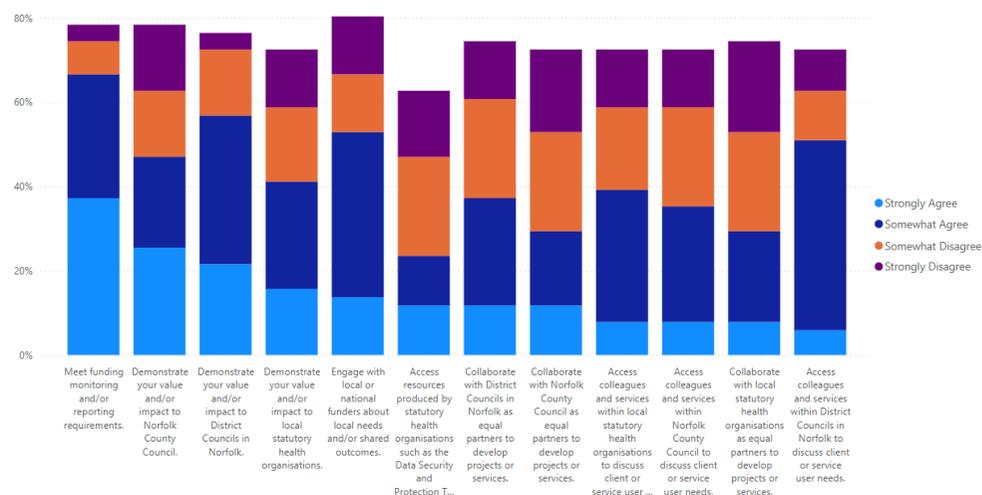
"We could start by being more open to ideas, and more willing to share the burden fairly and equally funded."

- Access colleagues and services to discuss client or service user needs this was highest for District Councils in Norfolk where 51% strongly or somewhat agreed, followed by local statutory health organisations (39%), and Norfolk County Council (35%).
- Engage with local or national funders about local needs and/or shared outcomes 39% somewhat agreed and 14% strongly agreed.
- Meet funding monitoring and/or reporting requirements 37% strongly agreed and 29% somewhat agreed.
- Access resources produced by statutory health organisations, such as the Data Security and Protection Toolkit only 24% agreed.

Comments in relation to the above included the challenges of accessing data, the barriers that GDPR and other requirements present, the need to demonstrate co-production principles in collaborative working recognising that engaging and supporting the sector should be consistent and proactive, not tokenistic or completely dependent on political expediency and funding availability. The current scale of change and the sector's diminishing capacity is affecting its ability to access and connect with the 'right' colleagues across sectors, develop relationships and be part of discussions that may lead to opportunities in terms of addressing need *- It's hard to know what councils are looking for and sometimes what opportunities that might lead to.* Increasing the importance of information sharing, communication mechanisms, contact points and shared understanding. Also noted was the competition with local authorities who are "*increasingly delivering services that the VCSE organisations traditionally did*" impacting funding availability with the sector which feels that it has greater impact and could professionally offer and contribute so much more from premises to service accessibility. *"Seems increasingly that the public sector just want access to people, to use our trusted networks to do that, often failing to adapt to the client group being focused on - particularly some of the health research."* and *"There is no avenue to interact with statutory agencies online for any of the above in our experience. If we don't know a named individual this is very hard. Personal relationships open doors, however relationships take time and there are many things we must focus on and little time as a small organisation to delegate these when we are delivering the services ourselves, often unpaid."* and *"We believe that a closer coordinated approach to the development of local community as a means of reaching people and achieving better outcomes could be beneficial."*

VCSE Capacity

Over the last 12 months respondents have seen;
- An increase in the number of people (61%) and complexity (45%) of the support they provide, with 63% and 49% respectively expecting these trends to continue over the next 12 months. For 29% this is not manageable with current resources and capacity.
- Demand for their services/activities increase (for 67%), with the number of services/activities delivered also increasing for 49%. 67% of respondents expect increased demand for their services/activities to continue over the next 12 months, with 29% saying this is not manageable with current resources and capacity (24% not sure).
- For 27% the number of volunteers has increased, for 31% stayed the same. For 31% the number of employees has stayed the same, for 18% this has increased.
- For 61% expenditure has increased yet income has stayed the same or decreased from donations for 47%, from trading for 20%, from grants for 45% and from contracts or service level agreements with public bodies for 38%. 53% of respondents expect expenditure to continue to increase over the next 12 months, with 25% saying this is not manageable with current resources and capacity (22% not sure).
- In terms of the health and wellbeing of staff and/or volunteers, for 25% this has decreased and for 49% this has stayed the same.

- Referrals received from statutory organisations/services has increased for 35% and from other VCSE organisations/services increased for 27% (31% said stayed the same). Referrals or signposting made to other organisations/services has increased for 37%.
- Understanding amongst others of the services or support respondents offer has increased for 37% and stayed the same for 33%.
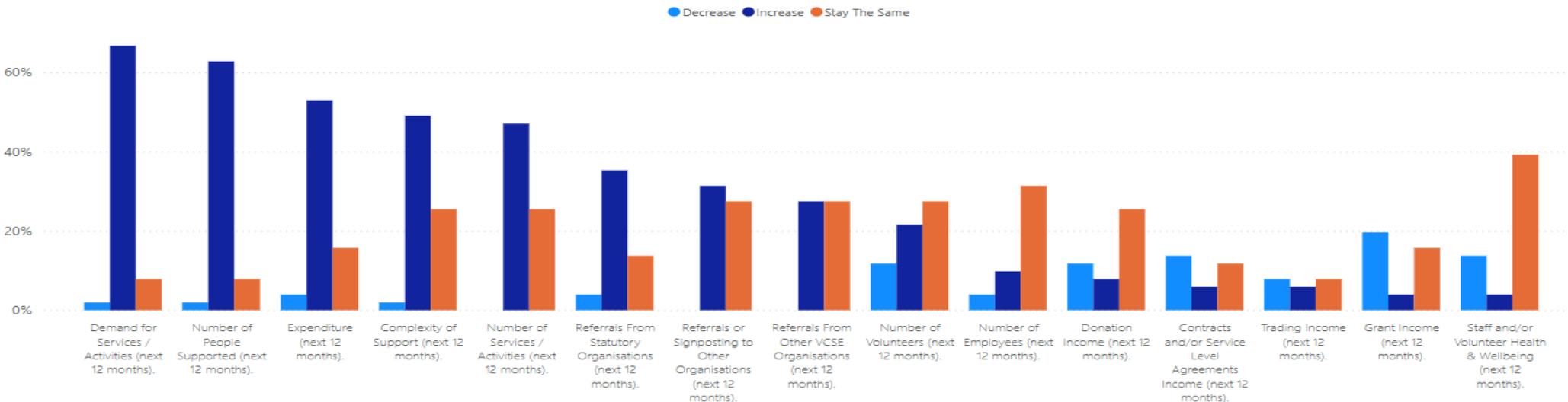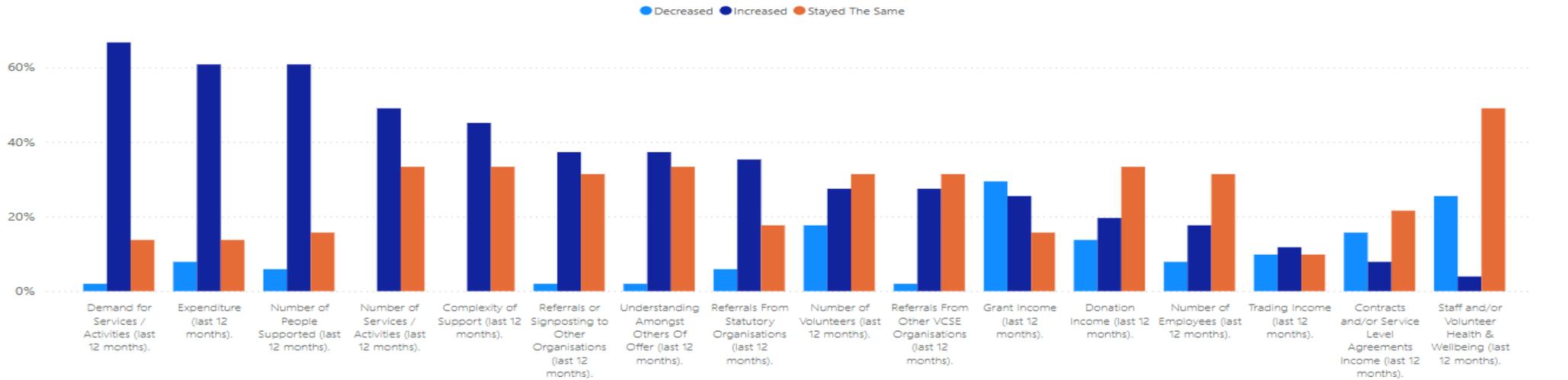

Many respondents said they are experiencing increasing uncertainty as funding decreases on multiple fronts at the same time increasing competition. The insecurity of rolling annual contracts and other short-term funding, which are not increasing in line with expenditure from National Insurance to utilities and rent, is causing significant

pressure with the sector having limited capacity and/or resources to explore, apply for and secure other income streams to survive or grow with limited support from other sectors. This is leading to workforce recruitment and retention challenges as VCSE's are unable to increase pay, the loss of expertise, an inability to upskill, impacts on workforce health and wellbeing, and increased competition for decreasing resources amongst increasing need and referrals. Other comments included risk adversity and short-sightedness, budget silos *("giving in one hand and taking back with another.")*, inadequate funding from statutory bodies referring to services, the increasing complexity of these existing and emerging challenges for leaders and managers and how this is affecting the resilience and sustainability of the sector and the services it provides. *"We barely get by but most of us are volunteers which keeps cost down (would like to have money to treat volunteers occasionally but no one wants to fund this). We would like to expand but would need a sizeable cash injection to do this and for that we need to be able to afford a bid writer which we cannot."* and *"There is a lack of fairness in the way services are funded. It also feels at times that the local authority only think they know what they want to fund - there is a lack of real understanding about what services provide, whom they support and a cavalier attitude to the needs of the community and those doing the work."* and *"This submission took up an immense amount of volunteers time only to be knocked back at the final hurdle. This kind of situation discourages people from volunteering and making it really difficult to maintain the motivation of volunteers. None of this place based agenda can be delivered without volunteers!"*

Looking ahead over the next 12 months;

- 41% were not confident they will be able to explore new technology, such as Artificial Intelligence (AI), within their organisation.
- 45% were somewhat confident, however 22% not very confident, they will be able to secure the required funding for them to continue delivering their services or activities.
- 25% were not very confident, with 35% somewhat confident, they will have the capacity or resources to develop new services/projects.
- 39% were not confident they will be able to recruit the additional staff or volunteers they need. However, 41% were somewhat confident and 25% very confident they will have the skills they need within their team either through recruitment or training.
- 49% were somewhat confident, yet 16% not very confident, they will be able to retain existing staff and volunteers.
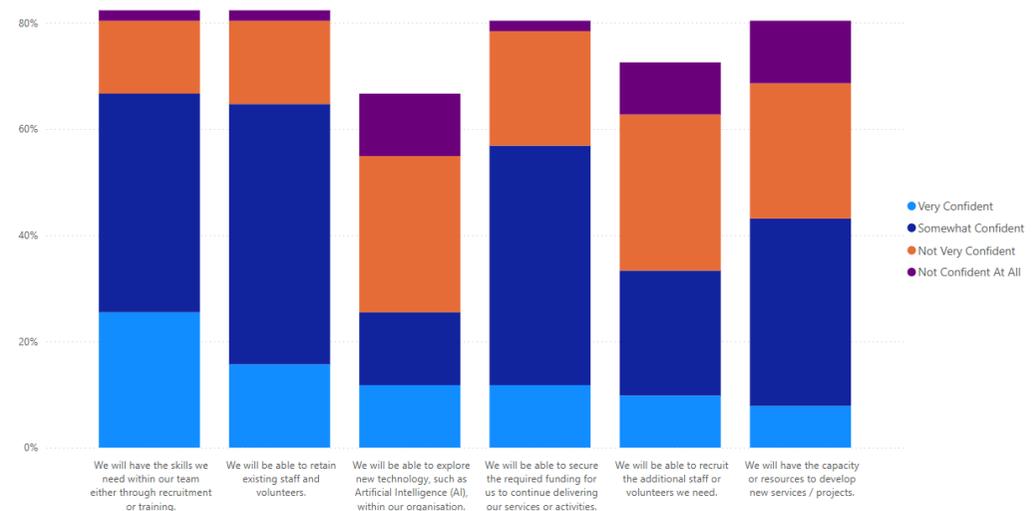
"All of these require a level of certainty to plan and develop staff and some consistency in funding - none of these in place."

Multiple respondents highlighted the difficulties of recruiting and retaining volunteers particularly for skilled, responsible or active roles such as trustees or home visiting. One respondent said AI has been very useful in formulating funding strategies and proof-reading funding submissions, however some noted the requirement for capital investment. Others shared how ICB funding decisions and structural and systemic issues they have no control over make planning and developing services a challenge. *"There is lack of equity across Norfolk and Waveney in hospice and palliative care provision…postcode lottery…current palliative care provision is not place based, and so we are unable to compete (or be equal partners) to equitable and fair provision in the west."* and *"As a small organisation we offer a quality and professionally valid service to a marginalised group of people. Our regular visitor numbers are a testament to the needs in the community for regular social interaction. Our model could be easily replicated…if there were an organisational 'umbrella' for this."* and *"We only have an annual grant and without this grant our service in West Norfolk will cease."* and *"Issue of patient voice needs exploring especially in terms of getting the voice of lived experience heard by those making decisions about funding so they hear directly the benefits of what is provided and how things can be improved, but also the devastating impact of cuts."*

VCSE Support Needs

Overall Ranking	What support does your organisation or group need most in the next six months?	Comments
Most Important	Support with funding e.g. making applications or identifying income streams.	• We can get by on very little but it seems this is becoming the expectation. • Funding to allow for stabilisation and opportunity for further growth. Year on year funding streams are restrictive, time is concentrated on service delivery for small / medium sized charities so collaborative projects which could be really beneficial are sometimes missed opportunities. • More support to ensure funding submissions are aligned with and fit the appropriate national or local policy. If public sector funding is becoming more and more difficult to access then help needed in identifying private funders. • Uncertainty of income major barrier to growth. • Funding is static and going forward we believe this will be the same as councils look to cut more costs. • Opportunity to apply for funding where applicable to provide an additional cushion against rising costs. • Funding always hard and time consuming, we have had support from CAN to set up but need help to grow services. • Expert advice on future funding of our charity e.g. generating effective grant applications. • Funding and members services cuts all mean less income, we will desperately need to find other funding streams. • Strategic planning support to focus funding bids against project development is required for the board and management team. We are a small organisation that fire fights daily rather than taking a step back and planning, to build capacity in staff and the management team we need to work on operations and project delivery with funding to cover staff costs to be in a position that managers can work on future plans and strategies.

		• Organisations don't seem to understand or cater for unincorporated community group fiscally sponsored by a CIC, help finding forward thinking organisations which can cater for this.
		• Update of suitable funding sources.
	Facilitation support to develop projects or services with partners.	• Welcome working with other services, particularly statutory services, to ensure a more comprehensive service for our families living with dementia.
		• We would like to see our modern well serviced facilities used more by the organisations associated with this sector for the provision of services locally.
		• Closer links with other agencies providing a "related" service e.g. Digital Inclusion Team.
		• Help developing better relationships might be helpful as we seem to struggle to get support for clients sometimes.
		• More help/capacity to collate research findings, share information and raise awareness amongst health professionals of the benefits of non-medical/creative health interventions, something we need to spend time on as an organisation.
		• Because of the challenges over providing transport to medical appointments, we would like to work with any partners in the health and medical sector to see if we can work more efficiently together.
		• It would be possible to expand our activities through networking if we had a higher public profile.
		• Collaborative working partnerships essential
		• Joint/common approach to commissioning from the VCSE by the statutory partners would be most useful. The recently introduced procurement regime is designed to foster collaboration rather than competition, but we don't feel that our statutory partners have made the shift into working collaboratively with VCSE, as yet.
		• Like to involve more local provision in the delivery of Connect To Work, and welcome ideas for supporting residents with employability support. Our residents and local provision providers know Norfolk better than anybody!
	Training for staff and/or volunteers.	• Training for volunteers on new recruitment, particularly for committee members, digital inclusion and social isolation.
		• Help with social media - it is very time consuming to keep up.
		• Our volunteers are generally retired professionals, but as we age, the need to recruit others, with associated training, will become important.
		• Maintenance of websites and the regular posting of articles and events etc is a challenge if Trustees do not have the confidence or skills to do so. Either need free training or a publicly funded web hosting service with a helpful and proactive help desk function. I need to be able, as the contents editor, to be able to say can you post this on our website and then it gets done within 24 hours.

		• Training to keep up to date is very important to us. Having someone we can ask about any governance or perhaps operational advice issues for charities is reassuring. • We struggle with recruiting suitable volunteers.
	Digital infrastructure improvements	• We really need to find an affordable solution to updating our digital offer. • IT, data and better website vital moving forward but funding it an issue and increasingly complex.
	Operational advice/guidance	• Look for efficiencies in running our operation to provide service. • We need affordable long term accommodation so we can expand our work otherwise we are limited to renting by the hour at a local community centre preventing our growth, we need a dedicated building or part of one to deliver our hands on work. We also need a bridge into other organisations locally so we can build sustained and meaningful relationships to work together to help each other improve the environment in the widest sense for our members and the wider citizens living in the area. Identifying local income streams would be helpful as local people including business and government, are the best people to support those in the locality. They are the experts and know what they need. We want to be a part of helping to deliver that.
	Support with strategic planning e.g. access to appropriate data.	• Having good data on what the 'second language' of a location is would be useful, been thinking about making information available in other languages but don't know the need within Downham Market.
	Governance advice/guidance.	
	More affordable meeting or venue hire options in West or North Norfolk.	• Affordable meeting rooms, and an accessible community base to work from is a priority for both the people we support, and the organisation. • Venue hiring is our greatest cost and if this should increase markedly it would affect our provision of services.
	Support with internal monitoring and/or evaluation.	• Impact vs resource.
Least Important	Access to translation for clients and/or services.	• We work with 28 nationalities at the moment, we don't want language line or anything like that but a real time translator i.e. I talk into my computer and it translates it verbally into which ever language I chose.

Relevant Research

- A [study conducted by a Norfolk domestic abuse service](#) has shown that disabled adults, regardless of age, are more likely to experience domestic abuse and are more likely to be abused by a family member, partner or carer.

- A report from Crisis, "[Now I have my flat, my health is much more stable](#)", shows how soaring private rental costs across the country are leaving people particularly those on low incomes unable to afford safe, stable homes. The findings reinforce that without genuinely affordable housing, the foundations of health and wellbeing begin to crumble. The research includes an [interactive map](#) showing that just 2.7% of properties listed for private rent are affordable on Local Housing Allowance rates.

- [Bridging the Digital Divide: Local Solutions for Skills and Employment](#) published by Digital Poverty Alliance states that with the right funding, national support, and strategic partnerships, local authorities can reduce economic inactivity, close the skills gap, and create pathways into employment.

- The Centre for Economic and Business Research (Cebr) [has found that](#) public funding in the arts and culture sector generates indirect economic impact - or "spillovers" - that support the continued growth of the creative industries and wider economic development. These benefits ripple across key policy areas including investment, innovation, employment, exports, skills, public health, and regional regeneration. The report presents evidence of positive economic spillovers, which until now, have been under-recognised, illustrating how public investment in arts and culture enables economic value.

The following resources were shared by respondents to showcase their value and/or impact - North Norfolk Community Transport [Big Passenger Survey](#), Norfolk Community Law Service [Impact Report 2023/24](#), [Age UK Norfolk Annual Report](#) 2024 and [Community Singing Groups Research](#). As well as links to [Barton Bendish Village Hall](#), [King's Lynn Talking Newspaper](#), [Vision Norfolk Community Hubs](#), [Norfolk Clubhouse](#), [Fresh Start](#), [Holt Dementia Support](#), [Downham Solidarity](#), [North Walsham Community Network](#), [Singing for Breathing](#) (*"We are looking to offer a Singing for Breathing group in West Norfolk."*) and publications such as the [Holt Chronicle](#).

	Table 1: Q4 - Tell us why you have selected this e.g. was this based on your income, number of employees and/or volunteers or something else.
Small	• Low income (around £5kpa), no staff all services delivered are voluntary.
	• Number of part-time core team/practitioners and volunteers.
	• Low income, no employees and currently 7 volunteers.
	• Based on both income and staff numbers - 10 staff and 18 volunteers.
	• Mostly volunteers.
	• Our organisation operates within a defined area and provides services to a particular client group.
	• We are a small independent charity with 13 part time employees and 13 volunteers. We do not operate on a profit basis.
	• 23 staff and 56 volunteers.
	• Due to the number of volunteers and self-employed sessional workers we rely on to deliver our work.
	• The group is volunteer led, open access to the nominal client group i.e. people with dementia accompanied by a partner. Numbers attending between 20 to 30 each week.
	• Our group is run by just a few unpaid volunteers who are either parents or carers of autistic people or we are autistic ourselves. We have 250 member families.
	• Income of £1m and head count of less than 40 staff.
	• We are a village hall in a small village of approximately 560 inhabitants. We only have 5 trustees and 1 volunteer with a turnover of less than £25k!!
	• We are a grassroots charity serving our local area - I guess income wise some would now class us as medium (300K) but I always regard us as small.
	• We have around 28 volunteers with no full time employees. We support the blind and partially sighted of West Norfolk and currently provide free service to around 120 listeners with local news every 2 weeks. We rely on grants and donations to maintain our free service and so our income is somewhat irregular. Our expenses, mainly on computer equipment and USB players averages around £2500 per annum.
	• We provide a small village hall for a small rural village (population around 200) and its satellite villages. We have no employees. We have a turnover of around £7k p.a.
	• We are identified as a micro entity for grant applications.
	• We have no employees, run entirely by volunteers with an income of under £25,000 p.a.
	• Manager of a small part of a larger care and support company.
Medium	• 10 employees, 600k turnover.

	• Whilst we are part of the National Federation of WIs (which would be described as a large organisation), the Norfolk Federation has over 3,600 members in 120 WIs throughout Norfolk. • Our income was 200k last year so I think medium but looking at the large charities who get 2million we are probably still small! • Our costs to run are between £5-6million. • £750k turnover, 11 employees (8fte), working across Norfolk, Suffolk and Cambs supporting 600 creative events and activities in 100+ rural and underserved communities and enabling almost 30k interactions with creativity per year. • Although the group grows consistently the numbers fluctuate. • Number of staff 70, volunteers 15. • We are a group of voluntary Trustees who manage the village hall serving the population within a 6 mile radius of Cantley. We have an ambitious project to secure £1.2m in funds to replace our current village hall built in 1926 with a new hall by 2026 to mark the centenary - our Phase 1 of fundraising secured circa £70k to pay for the initial building conditions survey and architect plans. • Based on the number of staff (about 50 employees) and volunteers. • Based on staff numbers - 38 and 32 FTE. We're possibly a large charity. • 350 + members. • We have been established for over 200 years, and have an income of over £1million, with 15 full time and 22 part time staff. • Although nowhere near similar in size to some of the national charities, we do have representation across Norfolk and are part of Norfolk County Council. We operate 47 libraries across Norfolk, and a mobile library service which visits more rural areas of the county. We work with RVS to provide a home delivery service to those customers who are unable to travel to a library themselves. We are a not-for-profit organisation with any revenue raised being invested back into the running of the service.
Large	• While we are a small team in West Norfolk, we operate across the country and employ about 800 people. • I work for Norfolk County Council, the Boost West Norfolk Project however has only 2 project activity coordinators as well as a project manager.