

A photograph of a man in a blue t-shirt smiling warmly at a woman in a teal patterned shirt. They are in an indoor setting, possibly a community center or office, with a whiteboard and posters visible in the background.

Keeping folk well and happy in their own homes

How the VCSE helps avoid hospital admission for people who have a learning disability and autistic people.

2024/2025

Executive Summary

This report summarises the findings from a survey and in-depth interviews with 25 VCSE organisations that support people with a learning disability and autistic people across North East and North Cumbria. It demonstrates how these organisations contribute directly to ICS priorities: avoiding hospital admission, enabling better life outcomes for autistic and neurodivergent people, and providing pre/post diagnostic support.

VCSE organisations play a unique and vital role in creating community, reducing isolation, supporting mental and physical health, and helping individuals build the confidence and resilience to thrive in everyday life. Their work often reaches those most at risk of falling through the gaps in the system.

Findings highlight:

- Strong impact of VCSE services on avoiding crisis and admission.
- Value for money through preventative and long-term support.
- High levels of trust, co-production, and lived experience leadership.
- Barriers including fragmented funding, under-recognition, and lack of strategic inclusion in ICS systems.

Recommendations

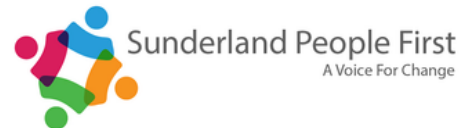
Recommendations include greater investment in core capacity, formalised partnerships, support for evidence gathering, and recognition of the sector's contribution to tackling health inequalities, and opportunities for larger organisations to support smaller ones in kind (NHS to support the VCSE, larger VCSE organisations to support smaller organisations).



About the Good Life Collaborative

The Good Life Collaborative (GLC) is a collaborative of local independent organisations with strong connections with local people and communities across the North East and Cumbria. We have worked together over many years and have now joined forces to better progress a shared vision for the region.

Our members:



Each year, GLC organisations support over 125,000 people with a learning disability, autistic people, and their families to stay healthy, connected, and safe. These organisations are led by the people they serve, who contribute as employees, volunteers, and leaders. GLC aims to enable and develop good practice in health and social care by working with people who have lived experience, sharing their views, and co-producing creative solutions to improve health and wellbeing.

GLC organisations support people to:

- Maintain and improve their health and wellbeing
- Access information, advice, and guidance
- Manage crisis situations
- Stay safe
- Speak up, using advocacy and other methods
- Make and maintain friendships and networks of support
- Move towards employment
- Be connected to their local communities



Research Aims

This research project aimed to increase the understanding, and document how VCSE (Voluntary, Community and Social Enterprise) organisations contribute to reducing hospital admissions, particularly for people with learning disabilities and autistic people. It responds to a recognised gap in system-wide knowledge and visibility of community-based support.

The research sought to:

- Identify examples of VCSE supports that help reduce or avoid hospital admissions.
- Explore the mechanisms behind their impact.
- Understand challenges and enablers.
- Propose replicable elements of a community model of care.
- Share findings across Integrated Care System (ICS) structures and VCSE networks.

Methodology

Each GLC member organisation carried out:

- In-depth interviews with local VCSE organisations.
- Light-touch data collection from a wider range of groups.

Key themes explored in interviews included:

- Activities delivered
- Impact and evidence
- Challenges and enablers
- Value for money
- Potential for replication
- Strategic messages for ICS leaders

Case examples were collated in detail, offering qualitative insight into successful approaches to community-based support.

Organisations Interviewed:

- Adapt – North East
- All Disabilities Matter
- Better Days
- Border Links
- Bridge Creative
- Café JJ's
- Carlisle Mencap
- Daisy Chain
- Darlington Association on Disability (including the People's Parliament)
- Friends Action North East (FANE)
- Gateway into the Community
- Inclusion North
- Jack and Josephine Project
- Kapow
- KeyRing, Darlington
- Lawnmowers Independent Theatre Company
- LD: North East
- Liberdade Community Development Trust
- Media Savvy
- Mencap
- Northern Butterflies
- Pallion Action Group
- People First Independent Advocacy
- Skills for People
- SpLinter Group
- Sunderland People First
- Sunshine Co-operative
- Stomping Ground
- Darlington Association on Disability
- Twisting Ducks Theatre Company
- Wishing Well Club, Newton Aycliffe
- Your Voice Counts

Thematic Analysis and Key Findings: Keeping People Well and the Importance of Community

The evidence base, including work by Simon Duffy and others, shows that social inclusion — friends, support, and confidence to navigate systems — reduces crisis and improves life outcomes.

VCSE organisations are keeping people well — not just reacting to crisis. A clear link exists between social isolation and poor health outcomes, and the organisations in this report directly address this.

They build inclusive communities, support individuals over the long term, and offer safe spaces for people who are often excluded from traditional services. Many provide out-of-hours support, including evenings and weekends, and operate with informal eligibility, acting as a true safety net.

Mental health challenges are frequently driven by social determinants such as debt, housing, or discrimination — areas where VCSEs provide joined-up, responsive support. Their person-centred approaches address issues holistically.

Bridging Gaps in the System

VCSE organisations support people where other services have failed. Examples include STOMP initiatives, supporting families of children who cannot attend school, and keyworkers or family support teams offering drop-ins and sustained outreach. These services work flexibly, creatively, and relationally — doing daily what the ICB hopes to achieve through co-production. Yet co-production is often unsupported structurally.

Replicable Innovation and Under-Recognised Assets

Many VCSE models are proven, scalable, and aligned with ICB priorities. Yet some organisations receive no NHS funding at all. Support could be offered in kind — such as support with PR, help with impact recording, legal or HR advice, design support, or space. It is clear that some organisations doing vital work remain unknown to system leaders, particularly smaller arts-based or volunteer-run groups.

Range of Work

The organisations involved in this research support a wide range of services. These include mental health support, community integration, vocational training, creative engagement, and therapeutic services.

Collectively, they reach thousands of individuals each year across the region, particularly people with learning disabilities and autistic people. Many operate across different life domains— education, employment, housing, health— offering wraparound support that meets people where they are.

VCSEs also help people on clinical pathways: managing long waits for autism diagnosis, supporting families, and embedding health literacy through PBS or mindfulness. They support GPs via link workers, helping people with learning disabilities and others access the right treatment, attend screenings, and improve their wellbeing.

Voice

These VCSE organisations centre the voice of lived experience, not only in service delivery but in leadership. Many are user-led or employ significant numbers of autistic people and those with learning disabilities. Their role in amplifying marginalised voices and co-producing services contributes to trust, cultural competence, and relevance, distinguishing them from statutory provision.

1. Tackling Social Isolation and Building Relationships

VCSE organisations play a critical role in reducing social isolation. Activities such as friendship groups, peer support, discos, and training programmes help individuals develop new social connections. Respondents highlighted that many people they support rarely leave the house without these opportunities.

“People who were very isolated now get out of the house, they have friends, they have done new activities.”

Research confirms that social isolation is a major health risk, increasing the likelihood of mortality and mental health issues (Campaign to End Loneliness, 2022).

2. Preventative Mental Health Support

VCSEs offer non-clinical spaces where people talk, share experiences, and receive informal support or signposting. These early-stage interventions prevent escalation into crisis, offering vital community-based mental health support.

“They talk about their issues and may feel better after... or they may need signposting for further support.”

This approach aligns with national policy on prevention and community mental health (NHS England, 2016).

3. Enabling Independence and Life Skills

Many case studies described how people learned practical skills to live more independently. These included safe use of technology, navigating public transport, and health literacy. As a result, people were less dependent on statutory services.

“They now go to the theatre together unsupported... they actually go out without staff or family in attendance.”

This supports the social model of disability and aligns with ICS aims of promoting autonomy.



4. Health Engagement and Prevention

Some VCSEs support people to access preventive healthcare, such as attending screenings or GP appointments. These are often areas where people with learning disabilities face barriers.

“A person we worked with had their first smear test. She’s now an advocate for this work.” Such interventions help address the inequalities highlighted by the NHS LeDeR programme.

5. Value for Money and Cost Avoidance

Respondents consistently felt their work prevented crisis and offered better value than statutory alternatives. Although formal costings were rare, services were often run by volunteers or on minimal budgets.

“It is obvious how much cheaper we are than NHS or social care services.”

This supports wider research on community-based prevention as a cost-effective model (The King's Fund, 2013).

6. Replicability and Scaling

Most organisations believed their model could be replicated if given access to modest funding and infrastructure: “Yes, easily! We do work in Yorkshire already... we could run groups elsewhere if paid.”

7. Partnerships and Systems Connectivity

Strong relationships with families, community groups, health services, and local authorities were seen as vital. However, partnerships were often informal and underdeveloped.

“Parents and carers, support workers, NHS Trusts, PCNs... these are our lifelines.”



Quantitative and Mixed-Methods Insights

The dataset also included structured survey responses from participating VCSE organisations. While not fully comprehensive, this added valuable detail and depth to the qualitative themes.

Key insights include:

Scale and Reach: Respondents reported supporting between a few dozen to over 6,000 individuals annually. This underscores the wide variation in size and scope among VCSEs, but collectively demonstrates a significant contribution to population health and inclusion.

Engagement of People with Lived Experience: Many organisations involve people with learning disabilities, autism, or caring responsibilities in service delivery as volunteers or staff. This is a core strength, although not all respondents collect formal data on lived experience. In some services, 20–50% of volunteers were estimated to be autistic or carers, and up to 30 people with learning disabilities were engaged in one setting.

Approaches to Mental Health Support: Nearly all organisations reported a role in supporting emotional wellbeing and preventing mental health crisis. Methods included early intervention, meaningful activity, peer support, and supportive relationships. Interventions were often informal, relational, and community-embedded.

Hospital Admission Prevention: Organisations highlighted their preventative work — from confidence-building and therapeutic arts to practical help and crisis de-escalation. This echoed and deepened themes from interviews, confirming a shared commitment to keeping people well and out of hospital.

Geographical Spread and Rural Inclusion: Services were delivered across the North East and North Cumbria, with a few organisations covering Yorkshire and beyond. Several respondents flagged unique challenges in rural areas, including travel, isolation, and infrastructure.

Strong Appetite for Collaboration: Nearly all respondents expressed interest in joining a regional VCSE network. Benefits included shared learning, mapping provision, joint problem-solving, and amplifying the sector's voice in ICS design and decision-making.

These quantitative and narrative responses paint a compelling picture: VCSE organisations are not only providing trusted, flexible, and values-led support but are doing so with significant reach and embedded lived experience. Their work bridges gaps in traditional health and care systems and offers a model of community-based prevention that is scalable, adaptable, and cost-effective.

Strategic Implications

The wider policy and funding context places increasing emphasis on shifting care upstream and recognising the importance of community-led solutions. This report echoes findings from:

- The new NHS Strategic Commissioning Framework (November 2025) significantly strengthens the visibility, role and influence of the VCSE sector within Integrated Care Systems.

This signals a potential strategic opportunity to deepen partnerships, increase influence, and secure a more stable role in local arrangements.

- Taking the Temperature (VONNE, 2024), which documents pressure on VCSEs across NENC and the shortfall in sustainable investment.
- Snowballs and Eels (NAVCA, 2023), which highlights fragmented, inequitable funding flows across ICSs, stressing that cultural relationships, advice, and infrastructure are as essential as funding itself.
- Actions to Support Partnerships (King's Fund, 2023), which argues for investment not only in VCSE delivery but also in structural partnerships and shared infrastructure.
- Darzi Review (2024), which calls for systemic rebalancing toward care in the community and more honest, shared ownership of outcomes between the NHS and partners.

GLC member organisations—many led by people with lived experience—demonstrate not only reach and impact, but a culture of creativity, relational working, and long-term support that is often absent from formal systems.

However, their ability to deliver is undermined by underinvestment, siloed commissioning, and short-term contracts that increase inefficiency and hinder collaboration.

Despite this, the VCSE sector is helping meet ICB priorities in practical, often invisible ways:

- Supporting GPs and primary care through link workers.
- Helping people access screening, health checks, and understand treatment.
- Filling the gaps during long waits for autism diagnosis and support.
- Providing alternatives for people excluded from school or services.

The sector acts as a safety net, a source of innovation, and a trusted space for people with complex lives. Without further support, much of this value will remain underused or at risk.

The research confirms that VCSE organisations deliver early intervention, prevent crisis, and enhance quality of life for people often marginalised by mainstream services. They are essential to ICS objectives around integration, prevention, and tackling inequality.

This aligns with the NHS Core20PLUS5 framework and national strategies to embed the VCSE sector in health system transformation.

Recommendations

How the ICB Could Help

The VCSE sector seeks a new kind of relationship with the ICB – one rooted in mutual respect, shared purpose, and sustainable partnership. Currently, the sector is often perceived as a delivery arm rather than a co-strategist. To unlock the full value of the VCSE, the ICB could:

- **Rethink engagement:** Shift from contract-based relationships to co-production and co-investment.
- **Change perceptions:** Treat VCSEs as integral system partners, not appendages.
- **Reimagine funding flows:** Invest in innovation and capacity, not just projects. Enable full cost recovery and longer-term planning.
- **Strengthen infrastructure:** Support impact measurement, data use, communications, and digital capabilities.
- **Share risks and invest in resilience:** Recognise that innovation requires risk-sharing and trust.
- **Empower anchor organisations at place:** These can coordinate, support, and amplify the voice of smaller VCSEs, promoting sustainability.
- **Build individual relationships:** Strategic transformation depends on human connection, not just structures. Support time and space for collaboration at place level.
- **Improve visibility:** Help promote under-recognised organisations – e.g. through PR, design, and storytelling.
- **Enable replication:** Back proven models to scale across geography with practical support.

The ICB already supports regional infrastructure through VONNE. But to widen inclusion and system resilience, it should also invest in key local organisations with specific reach and trust among people with learning disabilities and autistic people. This would enable stronger partnerships across place and theme, and foster system transformation grounded in community.



Recommendations

Commission for prevention, not just crisis

Fund community-based work that keeps people well.



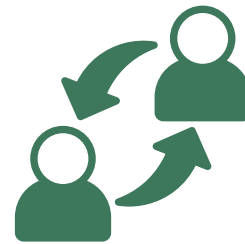
Create a Regional VCSE Evidence Hub

Share and scale what works through regional collaboration.



Invest in Peer and Lived Experience-led services

Recognise the unique role of organisations rooted in experience.



Support infrastructure

Small investments in space, staff, and digital tools unlock major impact. Support in kind can be affordable and have impact for small organisations.



Formalise Partnerships

Build consistent relationships and data pathways between VCSE and statutory services.



Include VCSE in Strategic Planning

Bring community partners in from the start of system design.

