



# The impact of third sector organisations in supporting children and young people in Leeds

---

February 2024

Young Lives Leeds is a forum for third sector organisations in Leeds that support children and young people. The forum chose to conduct a piece of research with its members to show the impact of third sector organisations that work with children, families and young people, in a climate where demand and complexity of need is increasing, but funding is becoming increasingly scarce.

The purpose of this research was to analyse a small sample of third sector activity and its impact, and to make this available to all Young Lives Leeds members to support them with service planning, discussions with funders, and in thinking about new partnerships and ways of working.

We collected data from **13** organisations working with children and young people between April and June 2023 (Q1). This was shared voluntarily by organisations, and was generally in the format of monitoring reports they were required to complete for funders (including Leeds City Council, West Yorkshire ICB and others). We also conducted follow up interviews with a small number of individuals from organisations to clarify reporting methods and gain further insight.

This report presents a snap-shot of the impact the third sector has on children and young people (CYP) based on a sample of data. Although this will not be entirely representative, it is intended to highlight some of the key strengths of the sector in its crucial role as part of a wider system, supporting children, young people and families.

## Key impacts

Across 13 organisations, **11,048** children and young people received support (in total, not distinct). This support was delivered through more than **3795** sessions throughout the quarter (that's **41** sessions a day!) which included:

- Youth groups
- Skate sessions
- 1:1 counselling
- Outreach youth work
- Dance classes
- Tea-time clubs
- Behavioural assessments
- Play groups
- Assessments for mobility aids
- Leadership training
- Young persons Housing Support
- Access to employment support
- Welfare advice support
- Mediation service

There are approximately 667 third sector organisations in Leeds supporting children and young people. If we took our sample to be representative, this would mean the third sector was delivering 197,340 interventions (sessions, groups, 1:1 support) each quarter.

Of those that captured this data, 93% of the CYP supported did not receive any other support from statutory agencies (e.g. social care), which would equate to around 10,284 CYP in our sample. If these organisations did not exist, these CYP may not be receiving any support.

Although the CYP receiving support were mostly not engaged with statutory services, some had higher or more complex needs:

- Of those that captured this data, 29% of the CYP supported were looking for support around self harm and suicidal thoughts. Of these, 1 in 3 had attempted self harm or suicide during the period.
- 1 in 10 CYP received support to reduce their engagement in crime and anti-social behaviour
- 7% of CYP received support around using alcohol and drugs

## Diverse communities

Children and young people from diverse communities are underrepresented in the majority of services to support social, emotional and mental health in Leeds.<sup>[i]</sup>

On average, 41% of the CYP supported by third sector organisations during this period were from a culturally diverse background (non-White British). In Leeds, non-white British as an ethnicity makes up 35% of school-aged children, showing that the third sector organisations we collected data from are successful in reaching and supporting culturally diverse communities.

[i] Social, Emotional and Mental Health Needs Assessment: Children and young people from Black, Asian and Ethnic Minority Communities in Leeds (2019).



Why is the third sector effective in reaching and supporting CYP from culturally diverse backgrounds?

*“It’s about developing relationships and a better understanding of different communities [...] with [one community], it’s all about developing trust with parents, so we started a parent’s group with a separate one for girls at the same time. But with [a different community], they don’t like coming to groups, it’s all about the relationships they have with the workers.”*

*“I think this is mainly because we are rooted in the community, families know our reputation and for some we worked with their parents”*

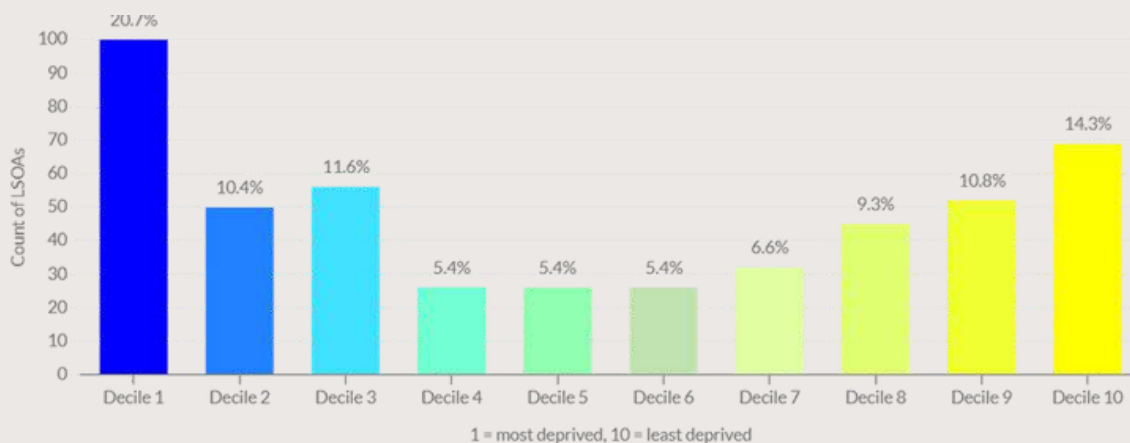
*“It’s got to be specific, it’s got to feel like it’s for them. They [young people from culturally diverse communities] absolutely wouldn’t attend universal services.”*

[Quotes from third sector organisations]



## Deprived areas

21% of children and young people in Leeds live in the 10% most deprived areas, and this number is increasing.[ii]



[ii] Leeds Joint Strategic Needs Assessment 2021

51% of the CYP supported by third sector organisations during this period were living in the 10% most deprived areas in Leeds. The third sector organisations we collected data from have been successful in targeting their support towards those living in the most deprived communities.



Why is the third sector effective in reaching and supporting CYP from deprived neighbourhoods?

*“You don’t have to have a problem to come to [organisation], people feel proud to come here and own it.”*

*“We’re here, out and about in our neighborhood and visibly involved in improving it. Our staff and volunteers provide positive role models to the young people we support, facilitating engagement in ours and other local partners activities, respect for others and a sense of pride in their environment which improves wellbeing.”*

*“We care and know more about the community as we’re “plugged in” and are able to pick up quickly on issues which impact on young people’s wellbeing. There’s a willingness to work together with others who also have an interest in improving the area and young people’s mental health, each playing to our strengths to provide local solutions to some challenging issues, for example by tackling localised ASB and drug dealing.”*

[Quotes from third sector organisations]



## Mental health

In 2020, one in six (16%) of children aged 5-16 are likely to have a mental health issue or need support with their emotional wellbeing.[iii]

Some of the organisations we collected data from were specialist providers of mental health support, whereas some provided youth work or dance classes. Of those that captured this data, 57% of CYP received support with their mental health or wellbeing, making the third sector a crucial part of mental health support for children and young people, either directly, or through building protective factors to support CYP later in life.



What makes third sector organisations a crucial part of mental health support?

*“All our work is mental health support with young people. We start to have conversations at eight years old that we used to have at eleven years old.”*

*“It’s like an onion: on the outside it’s youth work, but the inside layers are counselling, protective services, it’s everything.”*

*“People trust our workers and feel comfortable sharing any concerns. They’re willing to accept suggestions of where they can access additional support if we can’t provide it.”*

[Quotes from third sector organisations]



[iii] [Leeds Mental Health Strategy 2020-2025](#)

## Preventative impact

Part of the data that third sector organisations collected were case studies and stories, which are a useful way of illustrating the positive outcomes and wider impact they have had on a young person's life.

As well as being effective in supporting children and young people, these interventions are often cost-effective for the wider system in Leeds, alleviating pressure on public sector providers and preventing more expensive and intensive support needed in future.

Although it is not possible to precisely measure the preventative impact of this support, the case studies below explore some of the possible trajectories of children and young people in Leeds, and the impact this may have had on the wider system.

### Case study 1: F

"F is a young male from a Portuguese background growing up and living in Burmantofts and Richmond Hill area of Leeds with his family. During his time living in Leeds, he has talked about gang culture within the area and experiencing knife crime firsthand, and the impact this has on the community. He has openly talked about how he has been involved in the 'streets lifestyle' since he was 12 years old, and how this lifestyle did scare him, but he could never show it. He has previously been in prison and has spoken about wanting to get away from that lifestyle and focusing on football and giving back to his community.

In the time that he has worked with us, F has taken part in consultations, workshops, and has been able to take part in activities outside of his area. As he is one of the oldest within the group, it's clear he has leadership qualities and influence within his group of peers. For example, he will consistently reinforce respect and ground rules towards the staff team and ensure his friends do the same. F has taken part in a wide range of training and activities."

“F engaged with a third sector youth work programme on several occasions over a number of years, and he has openly said that if he didn’t take part in the programme, he could’ve been negatively influenced by others and feels that he would’ve been in jail.

Over the past few months, we have seen a lot positive change in (F) and his personality and how he wants to change how he is seen within the community. He is being encouraged to volunteer as a football coach for our team, and is guiding some of the group away from negative influences.”

### Potential costs prevented

If F has committed the same offence before or another relevant offence such as threatening with an offensive weapon in a public place, they will face a minimum sentence of at least six months’ custody; the maximum sentence is four years.

The annual UK cost per prisoner (2021-22 totals) is £48,774, therefore a six month sentence in prison would cost £24,387, with a four year sentence costing £195,096.[iv] These costs don’t take into account the impact of economic inactivity during (and likely for a period after) a prison sentence. If F had continued to be involved in knife crime, he could have been either the victim or the perpetrator of a stabbing.

In 2020/21, the estimated average cost of a patient being taken to A&E by ambulance was £367.[v] One study estimates that the average cost of a stabbing to the NHS per victim is £7,196.[vi] Again, this is an average of costs for medical treatment, and doesn’t include the broader costs to society resulting from lost productivity, permanent disability, premature death and the pain and suffering of the victims and their families.

**This intervention could have saved between £24,754 and £202,292 of public money.**

[iv] [MoJ Costs per place and costs per prisoner by individual prison \(HM Prison & Probation Service Annual Report and Accounts 2021-22\)](#).

[v] [Unit Costs of Health and Social Care 2022 \(NIHR\)](#).

[vi] [Protecting people, Promoting health: A public health approach to violence prevention for England \(Department of Health, 2012\)](#).



## Case study 2: S

“S had been referred for counselling by her housing worker, due to her anxiety and depression and extreme difficulty leaving the house.

She was on the waiting list for mental health support with CAMHS and had been for some time, the pandemic meant there was a back log.

She has a learning disability. She described difficulties with her family relationships, who she blamed for giving her an eating disorder. She also told (the charity) she had PTSD symptoms from seeing her mother die in front of her at age 10. She said that she had self-harmed in the past.

S was referred for counselling through a third sector housing support service, and received support using non-directive creative counselling techniques, which proved successful for S. The predictability of the sessions being on the same day and same place each time helped with trust and her knowing what to expect and what was expected of her.

In her last session, S’s worker conducted the closing Core 10 assessment, S’s score was 18, an improvement of 5 points, with significant improvement in anxiety symptoms as well as resilience. S has since started attending a women’s group run by the same organisations and hopes to make friends.”

### Potential costs prevented

S was due to receive support from Child and Adolescent Mental Health Services (CAMHS). In 2016, a referral to community CAMHS cost the services £2,338<sup>[vii]</sup>, and is likely to cost more now. The cost of a young person staying on the waiting list for CAHMS can reach £500 if the wait is over 12-weeks climbing to £3,338 for a wait of 12 months. S had been on the waiting list ‘for some time’ as a result of a backlog due to the COVID-19 pandemic. If S had required inpatient care, the estimated cost of this would be £61,000.

**CAHMS cost: £2,838 – £66,676**

[vii] Briefing: Children’s Mental Healthcare in England (Children’s Commissioner for England, 2017).

S has a learning disability, and her extreme difficulty leaving the house may have led to some behaviour that challenges, rooted in anxiety. Positive behavioural support (PBS) is a flexible service that aims to maintain people with learning disabilities whose behaviour challenges the community. This may have been one option for supporting S. The total cost of the average PBS intervention lasting 15 months is estimated to cost £17,264 per person. [v]

PBS cost: £17,264

S had also self-harmed in the past, presenting a potential risk of self-harming again if unsupported. The cost of treating a young person who had self-harmed varies depending on the severity and type of harm caused, but on average costs £809 including hospital admission and a psychosocial assessment.

Treatment for self-harm cost: £809

The average cost of treatment for eating disorders per person are calculated at £8,850[viii] per year, with an additional £650 per year for costs of time of work and education for those under 20 years old with an eating disorder. The average treatment period for an eating disorder is 6 years.

Treatment for eating disorder cost: £57,000

**This intervention could have saved between £77,911 – £84,749 of public money**

[viii] Review of the burden of eating disorders: mortality, disability, costs, quality of life, and family burden (Hoeken and Hoek, 2020).

### Case study 3: OF

“OF is a single mother who’s been on the waiting list for a council property for 2 years. OF came to the third sector organisation as she and her daughter were asked to leave her dad’s property after a breakdown in their relationship and she was left sofa surfing. She was placed in supported accommodation, but had to move to another property with support from her housing support keyworker as she was experiencing anti-social behaviour from a local neighbour.

Despite being a young single mother, she had been able to work some hours through agencies providing care and assistance to elderly members of her community. She had worked for numerous agencies and found she wasn’t able to get regular working hours. She found the working conditions and support with her employer to be poor. She has struggled with mental health problems in the past and has struggled to find meaningful employment.”

Through the organisation’s Employment Service, OF was supported to build an NHS Jobs profile and applied for a Clinical Support Worker role, and was referred to another third sector organisation for support with the interview process (transport, clothing etc.) She received support and advice with childcare allowance, went through the Healthier Working Futures Programme, and participated in a Young Person’s Interview Panel through the organisation as she became more confident. OF was offered employment as Urgent Clinical Support at A&E, and is feeling optimistic about her future. With support from her support worker, she has now moved into a council property and feels much more financially independent and focussed on moving forward with her life.

#### Potential costs prevented

A recent study by Centrepoin found that the average annual cost of a homeless young person is £27,347,<sup>[ix]</sup> taking into account the cost of homelessness services, mental health services, social security and output loss due to inactivity/unemployment.

**This intervention could have saved £27,347 of public money.**

[ix] Human Costs and Lost Potential: The Real Cost of Youth Homelessness (2023).

## Food for thought

This report is intended to illustrate the impact of third sector organisations in supporting children, young people and families, and to provide material for discussion around the following key questions:

- Less funding for preventative services is likely to create more expensive support needs at a later stage. How can we ensure that preventative services are protected at a time when funding and resources are scarce?
- How can we ensure that youth work is better recognised as a powerful tool in supporting young people's mental health?
- Should youth work be funded as a preventative health measure?
- Young people from marginalised communities are more likely to trust local, rooted organisations over statutory services. How can we protect and support these organisations to continue their work?