

# **Modelling excellence in the charity sector**

**Learning from 20 years of the  
GSK IMPACT Awards**

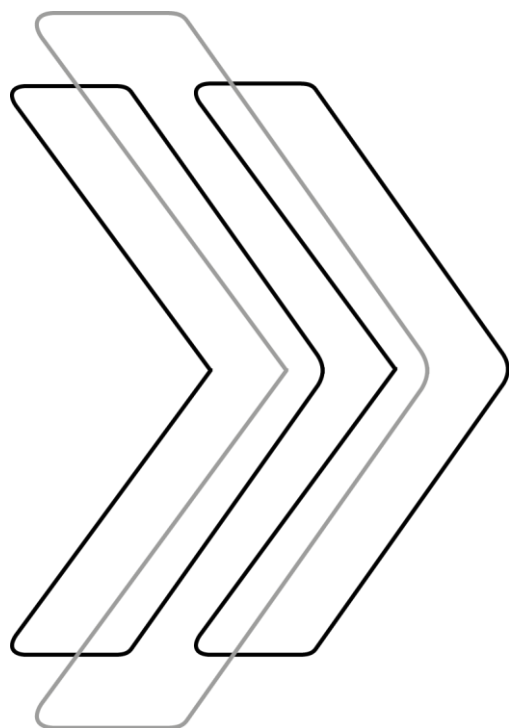
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This independent report was commissioned by GSK as part of the 20th anniversary of the GSK IMPACT Awards. The views in the report are those of the authors and all conclusions are the authors' own.

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# 1 Executive summary

## Background

The voluntary and community sector (VCS) has always played an important part in the delivery of public services in the United Kingdom (UK). In recent years, a number of common factors across the four countries of the UK have played a role in influencing the context in which VCS organisations work and the contribution they make. These include:

- the impact of economic recession
- health and social care reforms
- changes in how ‘voluntary and community’ is represented in public policy
- social and demographic changes in the population.

The way in which VCS organisations have adapted to these changes, and led responses to them, has given them an increasingly major role in the health and social care system.

Since 1997, The King’s Fund has worked in partnership with GSK to manage the GSK IMPACT Awards, which recognise and reward the work of small- to medium-sized charities working in the area of community-based health and wellbeing. Each year, up to 10 charities are awarded the title of GSK IMPACT Award winner, one of which is selected by the judges as the overall winner.

The awards involve a robust assessment process, focusing on the six areas of IMPACT: innovation, management, partnership, achievement, community focus and targeting need. This report gathers the learning from that assessment process, looking at the winners since 2008 (a total of 118 charities), which is supported by a survey of previous award winners. It examines:

- the context in which the charities are working
- the characteristics and capabilities of the winners
- what good practice looks like
- what challenges the sector faces.

## Characteristics of GSK IMPACT Award winners

The GSK IMPACT Award winners are reflective of a highly diverse group of organisations that make up small- to medium-sized charities supporting people's health and wellbeing. Our review of their characteristics is in part determined by areas that form the focus of the awards process but nonetheless within these, components and approaches reflective of good practice can be identified. These are outlined in the table below.

Characteristics	Components and approaches
Models and approaches	<ul style="list-style-type: none"><li>• services strongly rooted in the community</li><li>• identification and understanding of need</li></ul>
Service provision	<ul style="list-style-type: none"><li>• use of established models</li><li>• an entrepreneurial approach to provision</li><li>• limited but notable examples of unique interventions to meet population needs</li></ul>
Use of volunteers	<ul style="list-style-type: none"><li>• increased capacity, to engage and empower communities</li><li>• effective support and management of volunteers</li></ul>
Partnership working	<ul style="list-style-type: none"><li>• partnerships that enable and support service delivery</li><li>• strategic partnerships where charities play an active role in identifying issues and finding solutions</li></ul>
Funding	<ul style="list-style-type: none"><li>• efforts to diversify and increase funding</li><li>• the development of partnerships to support joint funding</li><li>• responses to funding insecurity</li></ul>
Governance	<ul style="list-style-type: none"><li>• strong operational policies and procedures</li><li>• board skills that reflect the changing nature of the charity sector</li><li>• strategic leadership and capacity</li></ul>
Measurement of impact and outcomes	<ul style="list-style-type: none"><li>• routine collection of data</li><li>• use of outcome measures</li><li>• evaluation and the use of data to inform practice and demonstrate impact</li></ul>

## What makes a charity an award winner?

The key factor that can lead to a GSK IMPACT Award winner being judged as 'excellent', as opposed to 'good', is the spread of good practice across the domains that are considered. More broadly, our analysis additionally identifies three areas in which award winners stand out.

The first area involves charities playing to their strengths and moving beyond only providing services. This is supported by charities having a coherent overall model that frames the services they provide, and actively considering how the value provided by what they do aligns with the context of other providers and contributes towards their overarching aims and agendas.

The second area is in their support and development of volunteers. Their use of volunteers tends to go beyond capacity-building, so as to ensure that the needs and views of individuals and communities are embedded within their work, and it is of note that they upskill volunteers to empower and enable them to spread their skills and knowledge beyond the direct focus of the charity's engagement.

The third area is in their development of robust governance and organisational capability. An increasing diversity in the skills and capabilities of trustees and management over the years reflects growing operational requirements and the changing context in which they operate, while maintaining representation of and links to the communities they serve. In recent years, there is evidence that award winners have been adopting an increasingly strategic approach to meeting these needs and focusing on areas of development and delivery that maximise impact.

Although the award winners demonstrate significant areas of strength, the collection and use of data to demonstrate impact is an area in which development needs remain. Data collection and variety of measures used has evolved over the years and all award winners of recent years are able to articulate the value of individual activities. However, evidence of data being used to support strategic planning and aggregation of data to demonstrate impact and the 'added value' of a charity's activities as a whole remains rare.

## Organisational requirements of an award-winning charity

Our analysis of what makes an award-winning charity identifies four areas that repeatedly arise as key to effective organisational management:

- strategic planning – undertaken on a regular basis to constantly ensure a fit with the charity's environment and keep ahead of developments; clear alignment of strategy with operational planning and with outcomes and impact; proactive consideration of organisational form to support sustainability and impact
- board development – evolution of governance and management from the initial development of the charity to providing effective oversight of operations as it grows, and enabling future development of the charity and strategic direction
- risk management – ongoing consideration of risk and proactive management, most notable being the need to manage the risks associated with loss of income

- leadership succession planning – adoption of roles and responsibilities that support a transition of leadership and vision, most notably from the original founding individuals as the charity matures, and at the chief executive officer (CEO) level.

Over the years, there is increasing evidence of the development of practice in each of these areas among the award winners. However, there remains variation and there is an ongoing need to share learning and practice on tackling these issues more widely.

## The challenges going forward

There are many well-documented challenges for the sector, the three most prominent being: funding, changes in commissioning practice, and public expectations and trust. Our survey of the GSK IMPACT Awards Network explored the impact of a range of reported challenges, with follow-up questions identifying how these challenges translate into practice, including the approach being taken by charities to manage each. Responses showed the following.

- The ability to manage capacity and demand was a major concern. Charities were pursuing opportunities to diversify and generate funding, but struggling to reduce dependence on government and statutory funding. Despite this, charities were considering how they could better demonstrate value and effectiveness, align their service delivery and strategic direction with wider agendas, maximise resources and balance service delivery with other approaches such as supporting others' learning and development needs. These pressures were very real, with some taking difficult decisions to streamline provision and raise income from clients.
- The value of taking a lead in working collaboratively towards a shared agenda with partners was identified as important, particularly when it was built on and reflected the core values and strengths of the charities. Challenges from partnership working largely arose from the current context of funding and contracting, including insufficient reflection of running costs, restrictive contracts and being tied into larger consortia for funding applications or service provision. Cultural differences between stakeholders in public sector health and social care and the charity sector additionally created barriers to collaborative working.
- The pressures of meeting capacity and demand were in turn passed down to staff through increasing caseloads and broadened roles, while restrictions on provision could themselves undermine the passion and commitment individuals brought to meeting those needs. Staff faced multiple insecurities about whether they would be able to continue to offer a service to clients, as well as if their post would remain, on an annual basis. The demands of organisational change could also place additional pressures on staff.



## Leading a path to success

The GSK IMPACT Award winners individually provide examples of the VCS making exceptional contributions to health and social care. One of the most powerful features that award winners share is the ability to continuously adapt and develop their services based on a collaborative relationship with the communities and populations they serve, matched by their ability to facilitate partnerships with other organisations in order to deliver.

This does not happen in isolation and underpinning what makes an award-winning charity is effective leadership. Furthermore, the leadership task reflects the requirements of not only running an organisation that delivers high-quality services but also doing so consistently within a context of negotiating increasing financial insecurity and a changing commissioning landscape.

Developing the leadership of small- to medium-sized charities providing health and wellbeing support is vital to the strength and sustainability of the VCS in this area. The GSK IMPACT Awards in the UK have been unique in recognising and responding to this, supporting winners with a training and development programme that aims to build the leadership skills required in the system. Sharing this learning and disseminating the skills and capabilities required of effective leadership will be important in sustaining progress and in supporting future generations of award-winning charities.

## 2 Introduction

### The GSK IMPACT Awards

The GSK IMPACT Awards programme is a programme that operates in Ireland, the UK and the United States. In the UK, on which this report focuses, the programme is organised and managed in partnership with The King's Fund, and it distributed its 20th-anniversary awards in May 2017. The overall goal of the awards is to strengthen the work of small- to medium-sized voluntary organisations working in the field of community-based health and wellbeing. This is achieved through recognising and rewarding charities whose work has had a demonstrable impact on the health of local communities; and highlighting award winners as models of good practice in health work. 'Small- to medium-sized' organisations are currently defined as those with a turnover of between £25,000 and £2 million.

The programme has been consistently popular among charities and large numbers apply. In the three-month period during which the latest round of awards was open for applications (July to September 2016), there were 35,757 visitors to one or more pages associated with the programme on The King's Fund's website, 27,623 of whom were first-time visitors, demonstrating that the programme is reaching thousands of organisations across the UK. The number of charities applying to the GSK IMPACT Awards has risen from 265 in 1997 to 406 in 2017.

Although there have been changes in the format over the years, the awards process remains one of the most robust and testing in the VCS. Following their application, charities are shortlisted by a panel that includes programme leads at The King's Fund and members of GSK. All shortlisted charities receive an in-depth assessment from an independent assessor, focusing on six areas of IMPACT: innovation, management, partnership, achievement, community focus and targeting need. Taking the form of a site visit, the assessment serves as much as a mini-consultancy exercise as it does an information-gathering opportunity, offering an analysis of weaknesses and strengths and advice as part of the process. The quality and commitment to this process is a testament to the strength of the charities that have emerged as award winners across the years.

Each year, up to 10 charities are awarded the title of GSK IMPACT Award winner, one of which is selected by the judges as the overall winner. The award package is different in each of the three countries in which the programme operates. In the UK, it includes:

- an unrestricted sum of funding (£30,000 for winners and an additional £10,000 for the overall winner)
- professional support to develop a film about the charity's work
- an intensive three-day training and development programme
- the opportunity to join the GSK IMPACT Awards Network.

## Overview of this report

The GSK IMPACT Award-winning charities have all been judged to be models of good practice in the field of community-based health and wellbeing. The learning generated from the GSK IMPACT Award assessment process and the subsequent organisations that go on to become winners provides a unique opportunity to explore what makes an award-winning charity, and what good practice looks like: their strengths and challenges. Collected over time, it also provides valuable insights into the changing nature of the VCS and what it means to model excellence within the current context of health and social care in the UK.

This report draws together data collected as part of the assessment process. The analysis is restricted to award winners between 2008 and 2017 to capture the learning that is most relevant to the organisations and to the landscape within which they currently operate. This represents a total of 118 charities. In addition, we conducted an online survey of GSK IMPACT Awards Network members, to which 46 out of 119 organisations responded (a response rate of 26%).

The report covers the following areas:

- the policy and context that frame the role and operation of charities
- common characteristics of GSK IMPACT Award winners
- the capabilities that award winners demonstrate
- what makes a charity an award winner
- common factors contributing to organisational effectiveness
- the challenges that small- to medium-sized charities face.

### 3 Policy and contextual influences on the voluntary and community sector

The GSK IMPACT Awards in the UK cover each of the four countries of the UK. Responsibility for health and many local authority functions, including social care and education, is devolved to each individual country. Award winners are therefore subject to different government policies and regulation arrangements, depending on where they are registered and operate. Despite this, there are a number of distinct commonalities in the social and economic contexts that each country is faced with and in the overarching policy agendas that the devolved governments have adopted in recent years. The following sections provide a broad overview of these agendas and how they frame the issues that effective VCS organisations need to manage.

#### The impact of economic recession

The impact of the economic recession on the UK economy has been far reaching, with one of the most evident impacts being reductions in public sector funding. This has been felt differentially by government departments and across the devolved nations. Most of the VCS's income from government comes from relationships with local and central government (including the National Health Service) (NCVO 2017). The delegation of powers to local government within Northern Ireland differs, however, and as such public funding for VCS organisations comes predominately from non-departmental public bodies and statutory agencies, with significantly smaller amounts from local and central government (NICVA 2010).

In England, public sector funding for health has been protected, while funding for local government has seen some of the biggest reductions, with almost one in three councils having faced cuts to their spending of 30 per cent or more between 2009/10 and 2016/17 (Amin-Smith *et al* 2016). The Scottish government has also kept spending on health relatively flat since 2010; the Welsh government initially cut spending but has since increased funding from 2014/15; and the government in Northern Ireland has increased funding in health (Dayan 2015). Both Scotland and Wales have seen cuts in local government funding, but to a lesser

extent than England, and as a result, service spending has fallen by less on average in those nations (Amin-Smith *et al* 2016).

In England, VCS income from government fell from 2009/10 but increased between 2012/13 and 2014/15 (NCVO 2017). This growth was isolated to larger organisations. Income for small- to medium-sized charities fell further between 2012/13 and 2013/14, but saw a small increase in 2014/15 (NCVO 2017). Data on VCS organisations in Scotland shows similar trends, with public sector funding down from 42 per cent in 2010 to 34 per cent in 2013 and with small- and medium-sized charities experiencing the sharpest level of cuts (SCVO 2016).

## Health and social care reform

The UK has seen significant reforms to its respective health and social care systems in the past decade. In all four countries of the UK, there has been an increasing commitment to the values of integration, co-operation and collaboration (Doheny 2015).

The Health and Social Care (Reform) Act 2009 in Northern Ireland probably reflects the earliest restructure. The reforms created a single large commissioning body – Health and Social Care Ireland – and five large health and social care trusts responsible for the delivery of primary, secondary and community health care. Co-terminous with the new trusts were five local commissioning groups. One of the key features of the reforms was to place public health at the centre of the new system in the form of the Public Health Agency. Alongside specific tasks, this agency is responsible for promoting partnership among health care, local authority and voluntary and community organisations.

Like Northern Ireland, reform in Scotland also moved towards integration, with the Public Bodies (Joint Working) (Scotland) Act 2014 setting out the legislative framework for integrating health and social care in Scotland. The VCS is defined in legislation and guidance as a key partner across integration and is required to operate in a number of different ways and at different points within the new structure (Voluntary Action Scotland *et al* 2015). Local integration joint boards hold a single budget and act as a single commissioner for health and social care. They have responsibility for the planning, resources and operational oversight of integrated services within the strategic plan. They are made up of representatives from the health board, the local authority, the VCS and those who use health and social care services.

Arguably, England has engaged in the most extensive reforms. The Health and Social Care Act 2012 changed the structure of the health landscape, abolishing some organisations (such as regional strategic health authorities) and introducing new ones. Primary care trusts were replaced by local clinical commissioning groups and health and wellbeing boards were given the task of developing local strategies. Health and wellbeing boards brought together the extended role of local authorities, alongside the local NHS, representation from communities

in the form of Local Healthwatch and other stakeholders including the VCS. A further change was the shift in commissioning responsibilities from the NHS to local authorities of some key areas of public health.

Wales has probably seen the least structural reform, with the most recent reorganisation in 2009 resulting in the formal merger of commissioning and providing functions in the NHS into local health boards. More recently, however, the Social Services and Well-being (Wales) Act 2014 created a new legal framework that imposes duties on local authorities and health boards to require them to promote the wellbeing of those who need care and support, and their carers. One of the most distinctive provisions in the Act is the requirement that local authorities must promote the development of third sector organisations to provide care and support and preventative services.

Each of these reforms has led to varying degrees of change to the context in which VCS organisations operate and to the relationships they build with stakeholders in the process. A survey of VCS organisations in England found that although there was some good practice, many organisations were underutilised by local partners in health and care and only 9 per cent of respondents felt that their organisation was linked with the work of the health and wellbeing board (Regional Voices 2015). It is too early to say what the impact of the structural reforms in Scotland will be on the VCS, and how the new statutory duties in Welsh legislation will play out on the ground, but undoubtedly, they will require ongoing negotiation and investment from charities to capitalise on developments as they arise.

## The voluntary and community sector within public policy

In recent years, VCS organisations have been subject not only to policies that define their operation, but also increasingly to policies that have framed and reframed their role within the context of other areas of government policy.

In England, there has been a growing awareness across government of the role and contribution of the VCS. This awareness has been shaped in part by government policies, including:

- attempts to stimulate a more diverse and creative provider sector in public services
- support for volunteering and social action and a greater focus on communities as assets
- the shifting tension in policy between competition and integration, and between organisational autonomy and place-based collaborative approaches to care
- a focus on the outcomes of, and payment mechanisms for, the VCS.

The most notable incarnation of this, the Big Society, emerged as part of the Conservative Party's 2010 general election manifesto, although in practice it incorporated many of the elements of policy from previous governments (Cabinet Office 2010). The coalition government in England saw a new compact between government and the VCS, and the Office for Civil Society was established. There has been a reduction in financial support for infrastructure organisations, but support through initiatives such as the Strategic Partner Programme and the Big Lottery Fund's Transforming Local Infrastructure programme continued to seek to develop the sector. Alongside this have been policies to introduce new funding models, notably social investment, and the Public Services (Social Value) Act 2012, which has provided a basis for procurement driven by consideration of wider benefits than just cost. Finally, government policy across the board has seen an emphasis on efficiency and value for money, but this has also been accompanied by a more proactive role for the Charities Commission, resulting in increased scrutiny of the sector and an increasing importance given to demonstrating outcomes and impact.

In both Wales and Northern Ireland there is a strong policy commitment to supporting the VCS, with central government funding for infrastructure to support the development of the sector. The Welsh government has a statutory requirement to set out how it will promote the interests of third sector organisations. This takes the form of the Third Sector Scheme, which covers arrangements for consultation, working in partnership with the sector and funding. This policy was updated in 2014 to reflect the government's interest in and support for VCS organisations in three key areas:

- **stronger communities** – supporting people to make a voluntary contribution to their communities, providing care and building people's confidence and skills, and creating employment and local enterprise
- **better policy** – using frontline knowledge and expertise of the sector to shape policies, procedures and services
- **better public services** – capitalising on the innovative and transformative role of the VCS in making public services reach more people and become more sensitive to their needs.

The Third Sector Scheme includes arrangements for funding third sector infrastructure. The scheme was followed by national policy on volunteering in 2015, developed jointly with the VCS, through the Third Sector Partnership Council.

In Northern Ireland, a concordat exists between the executive and the third sector, setting out the roles and responsibilities of each party. A joint government–VCS forum facilitates discussion of issues that impact on the relationships between the VCS, the Northern Ireland government and its agencies. Support for the VCS is delivered through a Regional

Infrastructure Support Programme (RISP), which supports the core costs of regional infrastructure organisations and enables the following five strands of work:

- generic support functions – providing support functions likely to be needed by all VCS organisations, including capacity-building and leadership/representation of the VCS
- support for volunteering – supporting, promoting and maximising volunteering across Northern Ireland
- faith-based engagement – recognising and supporting the role of faith-based organisations
- women in rural and disadvantaged areas – providing specialist support to women’s VCS organisations, serving to address marginalised and isolated women
- generalist advice – providing support to a consortium of advice agencies.

Running alongside this, there is an ongoing review of the RISP, which is seeking to support the greater involvement of the VCS in the design of the programme.

In Scotland, a network of third sector interfaces is funded by the Scottish government to deliver four core functions:

- developing volunteering
- developing social enterprise
- supporting and developing a strong third sector
- building the relationship with community planning (acting as a conduit and connecting the VCS with the implementation of the Single Outcome Agreements and community planning process).

The network aims to ensure equality of access to services available in the VCS, with a common service framework outlining core services that all VCS organisations should provide. This, in turn, is underpinned by a set of common outcomes, which cover the operation, quality and effectiveness of VCS organisations. An intermediary body – Voluntary Action Scotland – represents the third sector interfaces and supports and develops the network’s members.

Recent policy developments in Scotland have seen a review of the role of third sector interfaces. The Christie Commission on the future delivery of public services established four pillars for public sector reform: prevention, performance, people and partnership. The focus on prevention and partnership working, along with a shift in focus from public sector to public service, placed the VCS at the core of this reform agenda. The Scottish government has



committed to involve the VCS in public service reform through new community planning arrangements, putting communities at the heart of planning. The Community Empowerment (Scotland) Act 2015 aims to drive an increased involvement of community-based organisations, and includes a strengthening of the statutory base for community planning.

## Responding to social and demographic changes

A final area of developments that impact notably on the VCS is an increased national awareness and reflection in policy of social and demographic changes in the population and the relationship between government and the public in relation to public service provision.

In relation to health and social care, the key underlying social and demographic changes include increasing numbers of older people and people living with long-term conditions. Alongside these there is an increasing focus on:

- promoting independence
- supporting people to stay at home
- encouraging self-care
- empowering people to make decisions about their own care
- co-design of services.

New models of care have been developed, especially community-based services, and there is an increased emphasis on anticipatory care and prevention. These have often involved a greater sharing of responsibilities between individuals, communities and the state.

Many of these have a direct impact on the VCS and are areas where the sector plays a key role. This is being reflected in broader emerging policies and approaches. In England, the *NHS five year forward view* (NHS England *et al* 2014), an overarching plan for the NHS, outlines a commitment to developing stronger partnerships with VCS organisations as part of a ‘new relationship with patients and communities’. In Northern Ireland, the Transforming Your Care programme outlines a similar scale of ambition, and engaging with the VCS in designing services and developing their capacity to be key partners in the delivery of services has been identified as a key component. In Scotland, the Reshaping Care of Older People programme requires local authorities to establish strategic partnerships, which includes the VCS as one of the specified stakeholder groups.

Alongside the structural reforms outlined previously, these policies further define the role and value of the community sector, and importantly how the services and approach can serve to meet various agendas outlined by government.

## 4 Characteristics and capabilities of GSK IMPACT Award winners

The VCS represents a highly diverse group of organisations that are not easily classified and the charities that make up the GSK IMPACT Award winners over the past 10 years reflect this. They include charities that operate at a local level, within individual communities or locations, those that provide services or activities across a region and those that operate at a national level addressing issues that individuals and communities across the UK experience. Some aim to support populations to address the wider health and wellbeing challenges of society, others target individuals with specific health conditions or adverse life experiences – matching an acute understanding of needs with tailored support – and a further group serve to provide vital, and in some cases the only, information and support for individuals with rare and unique health conditions. (See Appendix A for further information on these and other demographics for the award winners.)

It is impossible to capture this diversity within a single report, and undoubtedly the individual films made by the charities as part of the award package provide the best representation (The King's Fund, undated). Despite this, the GSK IMPACT Award assessment process examines a range of information on key areas of performance, from what the charities do, to how they do it. This chapter outlines common characteristics and capabilities across these domains.

### Models and approaches

A range of models and approaches was found in the assessments of the GSK IMPACT Award winners. Among the charities with a local or regional focus, common approaches included:

- providing information and advice, and raising awareness
- developing and enabling support among peers and the wider community
- providing 'core' services, including those where there is a statutory duty to provide them, eg, sexual health services, counselling and women's refuges
- undertaking a range of projects and initiatives that aim to provide unique approaches, targeting specific groups or needs.

Many of these charities sought to offer services that were strongly rooted in the community. They achieved this through:

- maximising access to services through community-based models such as drop-in sessions and ‘one-stop shops’
- employing strong models of outreach work, including out-of-hours services
- taking a proactive approach to service development in response to identified need
- recognising the community as a wider resource and working to maximise this, eg, making full use of community settings, delivering services through other VCS organisations and empowering individuals and community groups.

These often seemed to be a function of how the charities were established but which appeared, in most cases, to have remained core to their approach. In other examples, the service (or approach) appeared to have developed, particularly in response to a focus on the wider needs of the population in question and gaps in provision. This had resulted in a diversification of services from the original model.

The identification and understanding of need was a very strong component of the contribution that many charities made, both in their local area and nationally, for those that operated or had influence at that level. The insight that working with specific conditions or populations brought to many of these charities not only informed their own work, but also, when shared, provided vital opportunities for other stakeholder groups to understand and tackle need.

Although we saw some differences of approach between charities with a local or regional focus and those working at a national or UK-wide level, there were also some distinct commonalities. One of these was a focus on providing information and advice and raising awareness. This often included raising awareness among wider stakeholder groups, including policy-makers and practitioners, as well as patients and the public. A second approach common among the national and UK-wide charities and the few charities that operated at the regional level was the delivery of local support groups, facilitating local peer support and enabling provision and reach at scale.

## Service provision

A minority of charities were commissioned to provide services that local government is statutorily obliged to provide. Of these, the most notable were sexual health services, including screening and pregnancy testing; administration of direct payments; and the registration of young people with disabilities in England under the Children and Families Act 2014. In many cases these formed a core around which additional services were developed. This was less evident, however, for charities commissioned to provide sexual health services

where the statutory provision tended to be just one of the services they provided but was not integrated into the wider portfolio of activities they delivered.

The use of established, well-defined service models and interventions was common among the charities. Among these were counselling services, healthy living centres and women's refuges. These models were frequently used to develop a package of activities providing a holistic 'wraparound' service, or targeted and tailored activities for specific groups but each seeking to provide a holistic approach and meet the multiple needs of the populations they served.

Although the GSK IMPACT Awards include an assessment of 'innovation', this tended to be about developing particular ways of delivering a service effectively, rather than creating entirely new types of service. The group of award-winning charities is perhaps best characterised as entrepreneurial rather than innovative – their services reflected a constantly evolving portfolio of initiatives and provision developed in response to changing need in their communities.

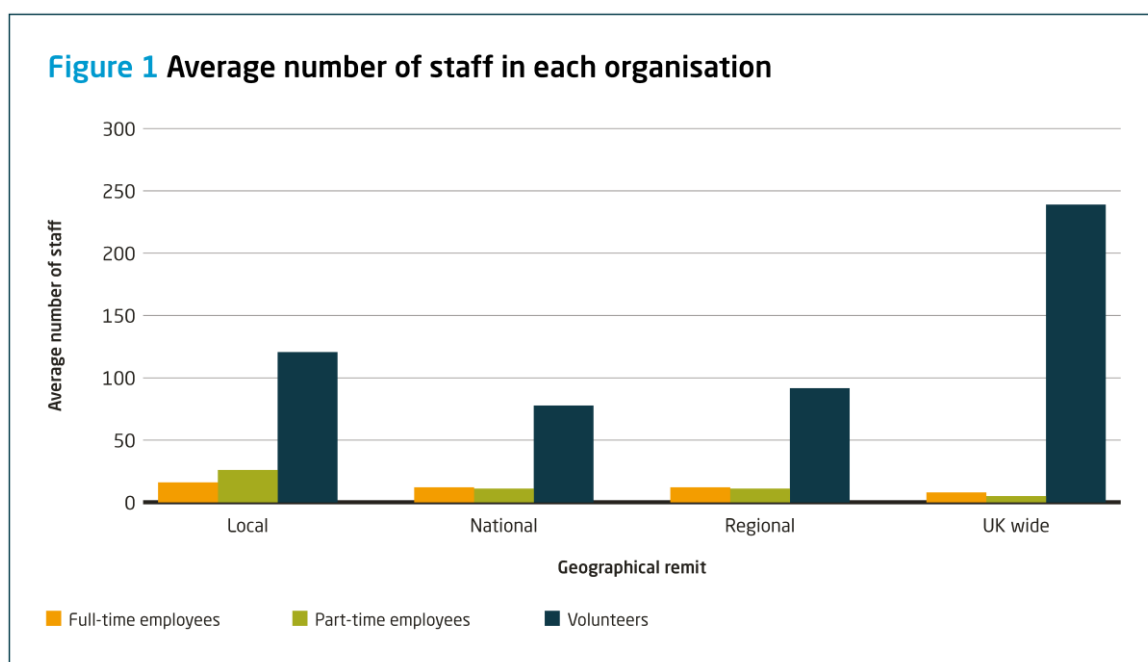
That said, we did find that a few charities had created innovative and unique interventions and service models. Several of these innovations appeared to have arisen serendipitously as the charities had sought to develop means of meeting the needs of their populations, while for a few the development of a new model of working underpinned the charity's mission.

## Use of volunteers

There is a focus on the use of volunteers in the GSK IMPACT Award assessment process, particularly in later years, and so we found a wealth of material on the role that volunteers played and on how the charities managed and developed their volunteer workforce. All but a handful of the charities worked with volunteers as part of their work, with considerable variation in the numbers of volunteers (from 2 to 400) and in the role that they played. In the majority of cases, volunteers provided regular and ongoing support to the charities. However, a few charities, particularly those active at a national level, supported a wider group of members who were called on to support individual activities. Volunteers performed a range of functions, which are outlined below.

### *Increasing capacity*

The majority of the charities were providing services with a relatively small workforce (see Figure 1) and so volunteers played a very clear role in expanding their capacity and reach.



Those charities providing community-based health education and activities, in particular, had trained volunteers to deliver services in their own communities. Several national charities provided overarching support for networks of local support groups, which in turn raised awareness and engaged with individuals in the local area.

In the majority of cases, the charities recruited volunteers and trained and developed them specifically for their roles, although rarely some sought to utilise volunteers with existing skill sets, including those in the counselling profession. Many of the roles that volunteers took on – such as running support groups, providing peer support, disseminating information, delivering community activities and supporting fundraising – will not be unfamiliar to those with a general knowledge of the charity sector. However, the unique focus of many charities on those with adverse life and social experiences meant that the delivery of health and social care support required engagement with marginalised groups and the role played by volunteers in these contexts often reflected considerable responsibility and skill.

Those organisations with small numbers of volunteers tended to be the most specialised in their service provision, and so volunteers were not involved in the direct delivery of their services, often associated with the sensitive nature of the work they did.

### *Engaging and empowering communities*

A second distinctive feature we saw was the use of volunteers to ensure that charities remained embedded in and responsive to community needs. This was particularly valuable in supporting charities to move from providing a ‘one-size-fits-all’ service to enabling communities to identify needs and come up with their own solutions. Some charities also sought to actively engage individuals from marginalised and diverse communities in volunteering. These volunteers both supported charities to understand and develop ways of targeting the needs of those communities and also had the credibility and skills to work as peer supporters within the communities. This enabled charities to support communities that may have been seen by statutory organisations as ‘hard to reach’ or due to language barriers had limited access to care. Volunteers were often framed within award applications as a reflection of the strong community values enabling the input of the local community. Such approaches could be seen as ‘closing the circle’ – from receiving services to providing them – creating an ongoing mechanism to support a sustainable volunteer workforce, and forming part of a wider remit of such charities to support the holistic needs of individuals.

Some organisations, particularly those working with marginalised groups, offered volunteering opportunities within the organisation as a specific component their provision. This was framed as a mechanism to support and enable individuals to gain experience and confidence before entering the workforce but also as a means of sharing the unique skills and experience gained as a ‘peer’.

We found that engaging individuals in volunteering from the communities that organisations sought to support additionally provided charities with a voice and active advocacy towards meeting the needs of those populations. This was particularly evident in charities operating at the national and UK-wide scale where volunteers often supported the wider aims of the charity through raising awareness and disseminating information at a local level.

A very few charities developed people *not* through volunteering but through paid roles, for example paid peer educators who were also offered training and in-depth support and opportunities to work in the charity’s head office to build up experience.

### *Support and management of volunteers*

The assessment process highly values the ability of charities to offer training and supervision and meet the development needs of volunteers. Many charities, particularly in more recent years, had strong processes for people applying to become a volunteer, with standardised

online application forms and an interview procedure, reflecting the high number of applicants and the complexity of the work that volunteers were engaged in. Structures that were in place to ensure the effective management of volunteers included:

- a handbook
- an induction programme
- a training programme
- probation periods
- regular supervision, including supervision of staff undertaking clinical roles by a relevant clinical professional
- regular appraisals
- development opportunities
- a dedicated manager overseeing volunteer recruitment and management
- recognition and motivational schemes such as ‘volunteer of the month’.

Many of these good volunteer management practices were evident in charities where volunteers were providing services and support, irrespective of the level of time and skill the role entailed, and was reflective of an overall approach that sought to invest in volunteers and the role that volunteers played. This commitment was also reflected in the decision to place limits on the number of volunteers in some charities, where they felt they were unable to provide sufficient support and management.

## Partnerships

Perhaps two of the most notable characteristics of the charities were their diverse relationships and proactive approach to partnership working, as illustrated below.

### *Delivery partnerships*

Partnerships at a local level tended to support service delivery. Those we identified included:

- partnerships that facilitated access to community settings and were delivered in statutory locations – in many cases this aligned agendas, eg, healthy walks in collaboration with the National Trust) or provided access to target populations (eg, information points at the local hospital)
- partnerships that were formed to support the delivery of both organisations and to which both provided input

- Working through other organisations, eg, training staff in other organisations to deliver an intervention or developing a product for other stakeholder organisations to use.

Partnership working was often key to an outreach approach, with charities sometimes supporting core services in engaging ‘hard-to-reach’ populations. There was also widespread evidence of partnerships being formed in relation to specific projects, for example where a charity had proactively sought to work with another organisation as a means of directly or indirectly fulfilling the aim of the charity and addressing the needs of the population it supported.

It was common for organisations to mobilise expertise based on their knowledge to provide training to staff from other organisations or accreditation of other organisations in relation to a particular area of practice. For charities at the local/regional level, the workforce of other organisations providing support, including the clinical and professional workforce in the NHS and social care, featured as a key stakeholder group to influence and work with. We saw partnerships that involved upskilling staff in partner organisations in order that they could continue to deliver an intervention independently, making the shift from short-term projects to support long-term impact for a wider population.

It was not uncommon to find charities that had developed partnerships with academic organisations both to support the evaluation of programmes and projects, and also to test and disseminate novel approaches developed within the academic sector that may be beneficial to the populations they served.

### *Strategic partnerships*

We found that charities operating at a local or regional level contributed to a wide range of strategic bodies, including local VCS consortiums and strategic boards. In some cases (particularly those focused on very marginalised groups), they contributed at a national level as well. It was apparent that, in the later years of the assessments, the charities were increasingly playing a higher-profile leadership role in their local areas, for example bringing together organisations with a common interest to share good practice, co-ordinating action to drive change and developing joint bids for funding.

Often, the understanding that these charities had built from involving and engaging with particular groups over long periods of time meant that they were able to share unique insights into the needs of those groups and how to meet them. The extent to which they were embedded in a community also enabled them to share insights on broader community needs, and frequently provided a link to the community, other VCS organisations and the wider resources that were located there.

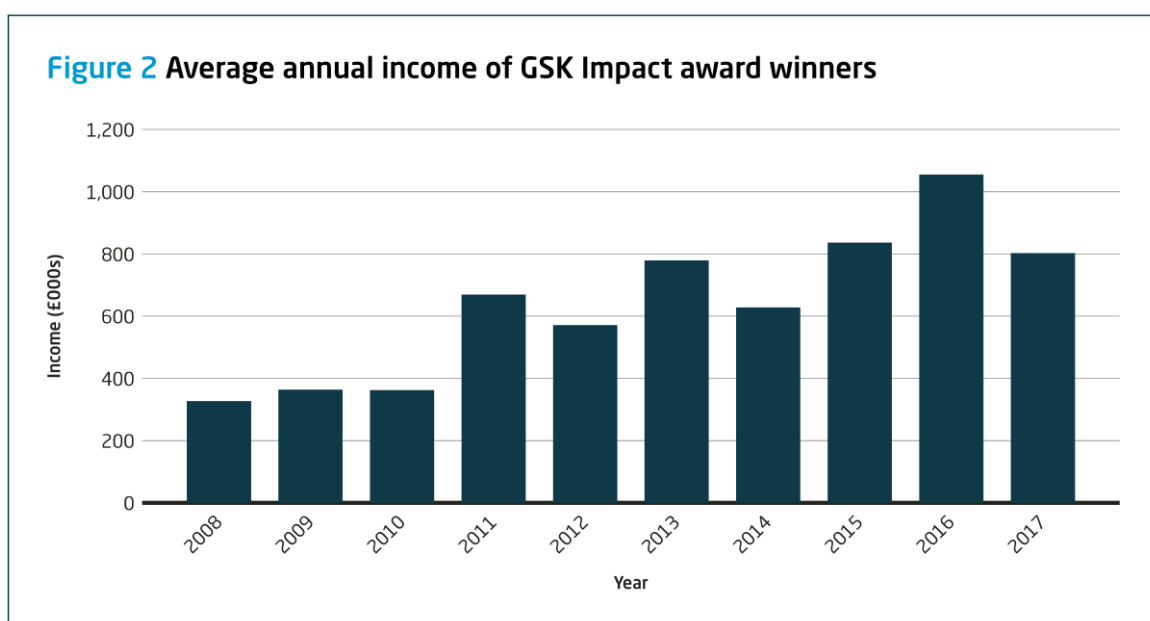


Charities that operated at a national and UK level demonstrated a proactive approach to strategic leadership and sometimes worked at an international level as well as a national level. Typically, they were involved in partnerships over raising awareness and advocating changes to policy and approaches that they believed would support the needs of the populations they served. Their role at this level reflected those taken by charities at the local and regional levels and included:

- providing insights to policy-makers
- co-ordinating activities across organisations with shared areas of interest
- sharing best practice
- providing support
- enabling engagement with target populations and communities.

## Funding

Comparison of the average annual income of GSK IMPACT Award winners from 2008 to 2017 showed that there was a general trend towards a higher average annual income over time (see Figure 2). This trend remained even when controlling for changes in inclusion criteria (see Appendix B).



In every year we analysed, there was a high degree of variation in regard to where charities obtained their funding from. However, one constant was that, in almost all cases, funding was secured over short-term periods, with the longest length of funding cited as five years, and with grants and contracts of one year being the norm. We found a strong reliance on statutory funding, the majority of which came from local authorities. The impact of cuts on local authority funding and the availability of statutory funding more widely stood out as a particular issue for VCS organisations in many of the years we analysed.

It is worth noting that dependence on statutory funding did not necessarily imply dependence on only one source: it was common for charities to be funded by several organisations and departments (which could bring with it a high administrative burden for a small charity). Equally, charities could be dependent on large individual grants from major donors that were provided over a number of years.

Almost universally, more recent award winners demonstrated a desire to pursue multiple funding sources. In addition to an emphasis on applying to other funders, charities were pursuing a number of other strategies. A second area of development was fundraising. Although this was often already a core component of the charities with a national or UK-wide remit, consideration of how fundraising activities could contribute to their overall income was also evident in charities operating at a local level in more recent years.

In later assessments, it was common to find that charities were considering how their activities could be used in the generation of funding, developing trading arms or forming social enterprises in order to increase self-generated income through training or to monetise an intervention they had developed in-house. Finally, social investment was mentioned a few times as something that charities were interested in exploring.

Efforts to secure ongoing funding had also led charities to reconsider their strategic direction and highlighted how they had sought to use the funding issue as an opportunity to consider new activities. Of note were charities that had extended their provision beyond their original geographical remit in order to maximise opportunities to roll out interventions. Other charities had reoriented their focus towards population groups who might enable them to access more or different funding sources.

In spite of all these attempts, we found little evidence that any of the attempts to diversify funding sources had reduced reliance on statutory funding.

In later years, we increasingly saw charities applying for funding in partnership with other agencies or as part of a consortium. This included the formation of partnerships between VCS organisations to expand reach or provide a holistic approach, and contracts to deliver services

in conjunction with other VCS organisations and with statutory agencies, commonly NHS providers and local authorities.

The national and UK-wide charities were not immune to the overall restrictions in funding, although they were less reliant on continued commissioning of services by statutory authorities at the local level than local or regional charities. Some of these charities received comparatively substantial funds from government and they were also funded through a combination of grants from trusts, legacy funding and private fundraising initiatives, and through earned income, typically through delivering training and services. Like local and regional charities, however, national and UK-wide charities were also seeking to diversify their income.

This insecurity of funding was reflected in the charities' operational plans. While individual projects and initiatives were funded through specific contracts, increases in capacity and staffing were difficult to support in the long term. There was frequently a lack of clarity from funders as to whether, and when, existing contracts would be confirmed. The sense of living somewhat hand to mouth was tangible in the assessments and across the years there were multiple examples of staff being made redundant or opting to take a pay cut when contracts ended or funding was reduced. Despite the vulnerability of funding featuring as one of the main risks for the charities, most took a reactive approach to managing income, responding to increases and decreases in funding as they arose, rather than forward planning in line with potential changes, with a few notable exceptions.

## Governance

Most charities had strong operational policies and procedures. Services providing clinical interventions, support for marginalised groups and those deemed most vulnerable, were frequently observed to have policies and practices comparable to those of statutory providers. Staff and volunteers had relevant training, regular supervision and Disclosure and Barring Service (DBS) checks where appropriate. Many charities had achieved accreditation for their management practices such as the Investors in People quality mark.

The membership and skill set of boards are a focus of the assessment process. Composition of the boards of trustees varied, and was often reflective of the maturity of the organisation. Trustees often included:

- individuals who had been integral to the establishment and early development of the organisation
- members of the local community or the people the charity represented (eg, patients with specific health conditions or their carers)

- individuals with backgrounds and skills that were beneficial to the charity.

The changing nature of the context in which charities now operate has brought additional requirements of trustees. Assessments often reflected that a charity was in the process of reviewing the profile of its board of trustees and that required skills were becoming increasingly sophisticated, with legal, financial and marketing expertise in demand. Where clinical services were provided, charities had needed to establish appropriate structures and processes for clinical governance.

In later years, most charities had an up-to-date strategic plan and an ongoing process of development, which was in turn associated with an operational plan. However, the extent to which this was linked to objective measures of impact was variable.

Across the years, the role of the CEO and the relationship between operational management and the board of trustees were highlighted as an area of weakness. The charities had often been founded by an individual or a group of individuals with a high level of commitment to the cause and an issue commonly flagged by the assessors included insufficient capacity at a management level, such that the CEO's role was dominated by day-to-day operational activities, reducing their capacity to support strategic planning and the development of the organisation. Assessors also raised the issue of insufficient planning around the succession of roles. However, the small size of some charities and funding can place additional limitations on a charity's ability to expand staffing, leaving the CEO with responsibilities that may or may not be appropriate to their role.

## Measuring impact and outcomes

Our analysis found that while there was widespread measurement of activity and outcomes across the charities, there was variation in their ability to provide evidence of impact.

Most commonly collected data included:

- activity (eg, the number of sessions delivered or participants involved)
- self-reported measures of satisfaction and improvement (eg: Did people find the intervention helpful? Did they see a benefit as a result of taking part?)
- informal feedback on services.

There was a lot of variation in how measurement was applied. Some charities measured activity and self-reported satisfaction and improvement after individual initiatives, some measured before and after; a minority measured individual 'outcomes' in the form of validated measures. Charities tended to apply different measures of impact across different activities and

programmes. For the majority of charities, their approach to measurement was related to demonstrating the impact of different initiatives and activities and so impact was defined by the aim of the activity in question (eg, to increase the number of people accessing a service).

The Clinical Outcomes in Routine Evaluation tool was the tool most commonly used and prominent among charities providing counselling services. A few other charities used validated assessment tools and statutory measures such as the local authority assessment framework, or packages to support outcomes monitoring such as those provided by Modus Outcomes and Charitylog, although these were largely associated with tracking client journeys and case management.

We found that where charities had commissioned independent evaluations, these evaluations often reflected similar approaches to that of the charity in their internal processes, that is, measuring participation, satisfaction and qualitative feedback. However, a few had taken it further and had measured impact in terms of relative value, including social return on investment and cost-benefit analysis.

Key weaknesses in measuring outcomes included:

- not gathering and measuring impact in a systematic way
- the quality of outcomes measurement – including how long improvements were sustained for
- not being able to coherently demonstrate the level and scale of benefits to users, the impact on professionals and the benefit of the organisation as a whole.

The approach taken to measurement was in part a reflection of the aims and values of funders and commissioners. Further, in many cases the data collected by the charities for individual projects was defined by the funder or commissioner themselves. Initiatives were frequently considered to be successful on the basis of a short-term measure of activity, and in some cases measures of increased activity were wrongly equated with improved outcomes. Where the approach of a charity or an intervention is well established as an effective model, activity may be a suitable marker of impact; however, more often this leaves unanswered questions around the value of projects over a longer period and importantly the value relative to similar or competing initiatives and services.

A final and related finding concerned the use of data by the charities. In some cases, data was used internally to understand needs, gaps and trends and/or to inform the charity's work in terms of what had worked and what had been less successful. However, a commonly flagged weakness was the limited aggregation of data. And although all of the charities were able to

demonstrate significant impact from individual actions and initiatives, very few were able to quantitatively demonstrate the impact and benefit of their unique portfolio as a whole.

## 5 What makes a charity an award winner?

The charities that win GSK IMPACT Awards are highly diverse, reflecting the diversity of the VCS as a whole. Nonetheless, within the characteristics and capabilities identified in the previous section, it is possible to identify actions and approaches that award winners have in common. It is important to note that not all award winners display all of these characteristics, but where they arise they provide vital insights as to the perceived importance and value of activities as a measure of good practice. This section draws together those characteristics and highlights where changes have occurred over time, framing the evolution of what has been valued as good practice within the awards process.

### Approach and services

The GSK IMPACT Award assessments commonly highlighted instances where the model that the charity employed was perceived to be adding value beyond individual service lines, through taking different and synergistic approaches. Examples included:

- providing a generic service, but also targeting those in greatest need with specialist provision
- providing services that also built local capacity
- developing approaches and services that engaged with practitioners as well as those that engaged with service users.

This ‘added value’ particularly came from an approach that placed an emphasis on actively and routinely engaging with the needs of service users and communities and responding by meeting these through developing services or tailoring approaches accordingly.

Although few examples represented truly unique services, they were identified as exceptional in relation to services provided by other organisations by being quality services that:

- took a holistic approach, tackling the wider impact of issues and conditions
- focused on the most vulnerable

- were unique within the local or clinical context by means of offering something not available in other services, providing a vital service or the charity being the main organisation meeting the needs of a particular group
- supported wider agendas, eg, reducing hospital admissions or taking a lifecourse approach.

A final attribute of the approach of and services provided by charities was where activities had raised the profile and awareness of particular issues and conditions. That some organisations had been instrumental in putting an issue on the agenda of wider stakeholders and were known for doing so was seen as an important indicator of their impact and effectiveness. This was particularly noted of charities focusing on specific issues and conditions and operating at a national/UK-wide level.

## Use of volunteers

The use of volunteers is a key factor in the GSK IMPACT Award assessments. The data shows that some organisations would not be able to deliver the services they do and have the same reach without the effective engagement and involvement of volunteers. As well as using volunteers to build capacity and support the sustainability of service provision, many of the award-winning charities developed the way in which they worked with volunteers to create opportunities for them. This included supporting volunteers to share their skills and knowledge in the community and in some cases developing volunteers so that they were able to move on to paid employment.

A final area of note was the engagement of volunteers from marginalised groups. The work of charities with groups who are seen to be vulnerable or marginalised has already been flagged as a particular area of value. The subsequent engagement of those individuals through volunteering takes this a step further, ultimately seen as providing a means to better understand the needs of those communities and to engage them in finding and developing effective solutions.

## Partnerships

The partnerships that the award-winning charities were engaged in were diverse, reflecting the location in which they operated and associated stakeholders. They typically played a role in partnerships which spanned the system and include other VCS organisations, statutory providers and commissioning bodies. The nature of these partnerships developed over time. The relationships in earlier years largely existed within the context of the services the charities provided, ie, shared spaces; or as representatives on strategic boards and committees, and while most were involved in strategic partnerships, few were taking on roles as strategic



leaders. In more recent years, the relationships described were ones in which the charities were increasingly embedded and there was greater co-dependence between partners.

These later partnerships reflected collaborative working relationships in which the charity operated as an equal partner (at least in terms of holding responsibility within the system). As partners within a system, charities were noted as playing an important role in ‘filling gaps’, and supporting solutions that contributed to the use of resources and opportunities in a system to best effect. This was reflected in examples where the work of charities was closely aligned with that of statutory agencies, and in which service delivery models were framed as supporting local authorities to meet their health inequalities agenda, or reducing hospital admissions.

The approach that the award-winning charities took to their partnership working was a distinctive feature. The assessment process found that these charities were particularly strong in building constructive and purposeful relationships, which reflected an active process of engaging with other organisations and services to enable their own work, to advocate for improvements, to support the engagement of others in a particular agenda and to develop opportunities for working synergistically. Although the majority of these later partnerships were strategic, the assessment process highlighted a proactive approach to partnership working and a propensity to work collaboratively, as opposed to opportunistically, as important attributes.

A further area of strength was the engagement of charities across individuals, communities, stakeholder groups and professional groups as a means of supporting change, and their ability to bring insights gained from this engagement to statutory providers and commissioners. This was described as of value to other stakeholders in providing a barometer for understanding need.

The assessment process also commended charities for ‘bringing a lot to the table’. This included knowledge, expertise and a professional or mature approach, including recognising the difficult context but offering constructive challenge, and in some cases supporting pragmatic and effective solutions.

## Funding

The proactive way in which the charities responded to the pressures of funding was a commonly identified strength of the award winners.

The income of early award winners showed a strong reliance on one funding stream. There was limited evidence that, at this point, charities were actively considering diversification of funding sources. The challenges of reduced public sector funding became evident in

assessments from 2010 onwards, with charities reporting a greater focus on seeking funding from grants and trusts, on fundraising and most recently on developing social enterprises and exploring the potential of social impact bonds. A further development of recent years was applications for funding in conjunction with other agencies, with joint applications providing charities the opportunity to frame their provision as part of a package of support and/or enabling access to new funding arrangements.

In every year that we examined there were charities that had managed to increase their income despite an increasingly challenging funding environment. The charities' success at achieving this while maintaining effective and quality provision was a core strength.

## Governance

The governance of charities was an area that reflected considerable change over the years in the understanding of excellence. Among earlier award winners, weaknesses in governance were commonly flagged, with the most notable being in relation to financial management and skills gaps among the board of trustees. In addition to this, strategic planning was often lacking and where it was evident there were frequent questions around its robustness. In comparison, the assessments of recent years did not show these gaps, and they generally found a more comprehensive and increasingly proactive approach to strategic planning. However, requirements of governance had also grown. Recent assessment reports reflected the need for legal, clinical and marketing expertise on the board of trustees; and management and staffing also reflected this, with an emphasis on governance, oversight of clinical work and capacity-building in order to support income generation.

Robust governance was one important factor in the professionalism and organisational effectiveness identified as common features of the award-winning charities. Other perceived attributes of professionalism included the charities' model or approach to work, their commitment and enthusiasm, the quality of their provision, their successful delivery of projects and their strong local reputation. Many of these reflections on professionalism were made within the context of partnership working, suggesting that they were evident to stakeholders and likely to have played an important role in this process.

A further distinguishing feature of the award winners was that they had representation on the board and among the staff from the communities the charities sought to serve. This was described as strengthening the charities' understanding of need and ensuring that their work remained strategically grounded in the reality of what was needed and what would work. This was evident as much in charities working at a national/UK-wide level as it was to those operating at a local level.

A final marker of value was a view that, in relation to size, funding and the length of time they had been in operation for, charities were ‘punching above their weight’ in terms of impact. This included instances where the activities of small charities had had a big impact on a large number of people, and where charities had in turn shared skills and capabilities to enable others to continue providing support beyond the timescale of individual projects. It was clear from the reports in which this was highlighted, that this was as much a reflection of the strategic approach that the charities had taken as it was of the effectiveness of the services they provided.

## Outcomes and impact

Earlier assessment reports gave little insight into the outcomes of charities’ activities beyond measurement of levels of activity. Over time, the development of more robust measurement practices became increasingly evident. This included an increasing reflection of measurement as specified by the agenda of commissioners, eg, access for marginalised groups or reduced hospital admissions. The capture and reporting of data as part of formal outcomes frameworks further reflected the increasing role of these charities as part of a statutory framework of provision and their contribution to meeting wider agendas.

Examples of impact that were framed as evidence of good practice tended to highlight individual actions and interventions that had drawn attention, rather than more comprehensive approaches taken by the charities. These included changes to national policy, the use of methods that successfully engaged groups where others had been unsuccessful, and the development of new interventions with the potential for wider benefit. Frequently the initiatives highlighted were described as having taken a creative or innovative approach, and in doing so had also served to raise the profile and awareness of the charity.

Impact was also framed in terms of evidence-based practice. Using the best evidence available was described in assessment reports as a commitment to quality, and valuable in challenging the commissioning environment (it is easier to advocate when you can show that it works). A further component was the use of formal evaluation methods. In particular, charities that had commissioned or were involved in an independent evaluation sought to use external evaluation to demonstrate impact or provide a new evidence base around key issues and approaches.

## Reflections on the strengths of a ‘good’ charity and areas for development

The assessment of the services that these charities provided and how they operated was framed within the context of the GSK IMPACT Awards and the charities that chose to apply. It was a group including many exceptional charities rather than being a representative sample. Nonetheless, the process of distilling areas of practice that contribute to being an award-

winning charity have provided us with an indication of what ‘good’ looks like in supporting health and wellbeing for small- to medium-sized charities and commissioners more generally and draws attention to areas that require further development. Here we set out our reflections on this.

Our first observation is that the value that award-winning charities add often arises from them playing to their strengths and moving beyond just providing services. This includes the development of a coherent model that frames the services they provide and develop in terms of value. It also reflects the ongoing consideration of organisational value within the context of other statutory and non-statutory providers, and that is indicative of developments in local and national agendas. In other research that we have undertaken recently, looking at the HIV sector (Baylis *et al* 2017), we were concerned about increasing numbers of areas that commissioned generic support services as part of their response to financial pressures, even though service users and clinicians clearly valued the HIV-specific support provided by specialist charities. Commissioners need to make funding decisions that balance benefit at the population level with meeting the needs of specific groups and in which value for money is a key consideration. Over time there has consistently been a diverse range of charities among the GSK IMPACT Award winners, including many having specific areas of specialism, and there has been no overall trend of a reduction in this variety. Despite pressures, no one articulation of value predominates, but remains an important factor in how the work of charities is evaluated by key stakeholders.

Volunteering is generally a core component of the GSK IMPACT Award winners’ approaches, as well as being promoted and encouraged by government policy for health and social care across the four countries of the UK. The use of volunteers varies between the charities. The diverse and often specialised roles that volunteers fill, from peer support to providing clinical interventions, should not be underplayed. But what is flagged as evidence of award-winning practice indicates that the value of volunteering goes far beyond capacity-building: using volunteers ensures that the needs and views of individuals and communities are embedded within the work of charities and upskilling volunteers empowers and enables them to spread skills and knowledge beyond the direct engagement of charities. Volunteers can be seen as part of a process of creating value, but which often requires significant skills and investment to manage and maintain, as evidenced by the previous chapter.

A recent review of small- and medium-sized charities in England highlighted governance as fundamental to a strong charity sector but that it remained an area in which there was variation in quality (Select Committee on Charities 2017). The report notes the importance of a robust structure, processes and good behaviours to deliver effective services. The description of ‘professionalism’ in the assessment process in part reflects this, but arguably other areas that are identified as demonstrative of GSK IMPACT Award winners go beyond this. Developments over the years in the skills expected at board level reflect the growing

operational requirements of charities and their ability to respond to the changing context in which they operate. Award winners often add to this the strength of having representation on the board and among the staff of the populations that they seek to serve. Good governance among these charities is increasingly about delivering effective services, ensuring that the charities not only represent but also reflect in their substance the needs and values of their target populations and communities, and apply this strategically to maximise their impact within the context in which they operate.

Impact measurement has grown in importance for charities in recent years. This capability has similarly become increasingly evident as a characteristic of award winners, but there remains a high degree of variation. Our analysis highlights two related areas where there are future development needs.

The first is in the collection and use of data. The assessment process identified considerable variation in the measures used to evaluate different activities but also in what types of activities were evaluated and how. Although we observed a trend towards expanding the use of different methods and collection of data over the years, a common critique was a failure to aggregate this type of performance, activity and outcome information to get an overview of impact. Charities typically received funding from more than one source and this can result in the use of a variety of measures and reporting requirements for each of the different activities and services that they provide. Data collected in this way may fulfil the requirements of individual contracts and grants, but can limit the ability of charities to reflect on the relative impact of individual activities required of strategic planning. Furthermore, the value of charities is defined by the individual activities and services they provide, not by the ‘added value’ that they may deliver, leaving them vulnerable to being seen as just another service provider.

The second area builds on this with an understanding of what to measure and how to demonstrate impact. It is notable within the assessment reports that actions that had grabbed attention and created publicity, as well as areas of evidence-based practice, were presented almost equally as evidence of impact. This presents a confusing picture in knowing what ‘good’ looks like. Charities are increasingly expected to be able to demonstrate outcomes comparable to other public sector organisations, yet are valued for activities with one-off impacts but with questionable evidence of effectiveness. Measures of impact are often defined in part by charities and in part by commissioners, raising important questions about the need to develop informed practice from both perspectives and which is able to balance the need to measure the specific impact of activities with a broader understanding of value that is beneficial to charities and the system as a whole.

## 6 Organisational requirements of an award-winning charity

Charities' leadership is a crucial determinant of what they do and how well they do it. By reflecting on the organisational effectiveness of GSK IMPACT Award winners and evidence from the research literature, we have sought to understand the components required to support charities in the long term, which will enable them to adapt, survive and flourish.

An analysis conducted by the Third Sector Research Centre of a broad range of third sector organisations, including small- to medium-sized charities providing social support and enabling social action, explored how organisations operate over time. It found that in order to preserve or advance their 'space' to operate within their respective strategic areas, the organisations had adopted a number of strategies, including:

- restructuring and staff redundancies
- discussions about mergers and acquisitions to save services or grow organisations
- repositioning activities and rebranding organisations to offer a more professional or business-like image (Macmillan *et al* 2013).

Although the organisations involved were chosen to be broadly reflective of the diverse range of third sector activities and the contexts in which they occur, the researchers concluded that there was an ongoing struggle among the organisations between continuing to stay true to their purpose, role and contribution and the pressures to change and adapt in order to ensure organisational survival. They managed this tension partly by negotiating their position in their field in relation to other organisations in the field. But overall, it required charities to look beyond what they current did, and to invest in organisational development and effectiveness.

The GSK IMPACT assessment process represents a snapshot in time, yet information collected as part of this process often reflects the history of the charity alongside an assessment of the current issues facing the charity in going forward. Our own analysis found five recurrent themes over the years and across different charities, covering issues that charities faced and the actions they took to mediate them. These point towards several common leadership factors that play a key role in influencing organisational effectiveness.

## Strategic planning

Strategic planning is an area that has become an increasingly important strength and focus for leaders of GSK IMPACT Award winners over time. Key areas flagged by the assessment process include the extent to which strategic planning is a core business (that is, undertaken on a regular basis) and its subsequent alignment with operational plans and with the outcomes and impact that will demonstrate its success. Particular areas where strategic planning has proven important include growth and restructuring. Although planning has often occurred in response to these actions, increasingly there is an awareness of the need to consider both potential for growth and restructuring as a core component of strategic planning. Examples in recent years have led to changes in the mission, vision and future focus of charities as leaders of organisations consider, or a reconsideration of, how and where they can achieve greatest impact within the changing context of commissioning and funding.

## Board development

A common theme among the GSK IMPACT Award winners was the evolution and changes in governance that were required from founding and furnishing the early development of a charity, to ensuring its ongoing sustainability over time. The leadership provided by the board of trustees and executives is crucial to this. Often it reflects a shift in role in the board from delivery towards oversight, and an increased requirement in the range and depth of skills to support this and subsequent development. A key risk and challenge that emerges is an ability to ensure that the organisation remains faithful and embedded to its constitution while also bringing on board the requisite wider breadth of skills and backgrounds. The assessments reflected different approaches that had proven successful, including in one case a complete turnover from the original trustees to reflect a group broadly representative of the community the charity served, but with the requisite commercial and business skills to build the organisation. In another example, the CEO continued to drive the organisation, but was supported by a strong management team to back up and oversee progress at a strategic level. Not all organisations had been successful in this evolution. Our observation is that refocusing the board and management structure, while still remaining representative, may be particularly challenging in grassroots organisations and those with strong stakeholder representation at a board level.

## Risk management

Recognition and management of risk was a capability that had clearly improved over time among the GSK IMPACT Award winners, although it still needed to develop further. It was notable that, across the years, many of the charities had had to make staff redundant, staff had opted to take pay cuts and, in some cases, the charity had undergone significant restructuring after the loss of a contract or a failure in funding. Income remained high on the risk register for most charities, yet several did not fulfil their own criteria of having funding in reserve to

meet running costs should their funding streams fail, and loss of staff remained a potential risk. It was particularly in relation to financial risk, in contrast to other areas, that management solutions were least well developed. Most organisations were actively seeking to diversify funding sources and consider ways of generating income, but beyond this, risk management appeared to be largely reactive, with a few exceptions. While some degree of protection could be enacted (eg, one charity took the decision to reduce its estate and reconsider service provision in light of impending reductions in funding), in some cases charities had had to reduce reserves or else face cuts to grant funding.

Effective leaders of charities need to pay particular attention to risk management, including financial risk. Furthermore, because of the combination of challenging environments (particularly for funding) and sometimes underdeveloped financial risk management capability, effective leaders of charities also need to turn their organisation around and lead it back to stability. Several GSK IMPACT Award winners had been through significant periods of risk from which they had since emerged through a process of strengthening of operations and refocusing provision, which as a result had enabled them to demonstrate award-winning performance and appear promising for ensuring ongoing sustainability.

## Leadership succession planning

A common finding from the assessment process was a weakness in, or an absence of, adequate succession planning. The nature of many of the charities was that they were set up and often driven initially by one or more exceptional and committed individuals. This was a key characteristic of their initial success. These individuals not only drove the organisation and set its direction, but were also often integral to the strategic partnerships that the organisation had and in many cases the external profile of the organisation.

However, this could create a number of challenges. The role of these individuals often becomes stretched as the organisation grows and where operational management is at the expense of oversight and the development of the organisation. While these individuals may be seen as key drivers of success, there are also concerns around what happens if they are no longer able to play the same role. In a few cases this was lived out where there had been a change in circumstances, limiting the capacity and availability of the CEO in particular.

It was notable that several charities had experienced periods of significant upheaval and in which the appointment of a new CEO was identified as playing a major role. Conversely, for other charities there was a more distributed approach to leadership across the organisation, in which different staff served to represent and enable the charity in its various roles. Our observation is that the ability to share and devolve leadership responsibilities across staff and to develop future leaders, rather than investing all leadership in one or two individuals, is



every bit as important and relevant in small- and medium-sized charities as it is in large statutory providers.

### Reflective leadership

A final area of note that has emerged over time is the importance of individuals' leadership style and the extent to which it is reflective. This is not to say that there is evidence that other styles are ineffective, rather to reflect the differences between those charities that are for the most part reactive in focus, and those where there is a greater recognition of where the weaknesses and strengths of the organisation are and an active consideration of actions as a result. Although this emerges largely as a result of insights garnered through assessment of the operation or governance of an organisation, it is also evident in the reported use of data and outcomes by an organisation and in the recognition that some activities are inherently unsuccessful or of low impact, and others have proven to be beneficial.

## 7 Tackling the challenges going forward

Our analysis of the GSK IMPACT Award winners over time highlights how they have often led in adapting and developing what they do and how they operate as charities in response to the growing demands and opportunities presented.

In the past decade, changes in the social and demographic characteristics of the population and the impact of funding constraints (such as reductions in social care support) have created unprecedented demand for services. The impact on public services has been well documented, so it is of little surprise that VCS organisations are also experiencing the impact of some of these pressures, and the need to ‘do more with less’ has been described as a defining feature of the sector in recent years (SCVO 2017; NCVO 2015). Reports on the sector describe three key areas of ongoing impact.

The first is funding. A report on the financial sustainability of VCS organisations found that reductions in government grants in England, along with changes in contracting, were resulting in a ‘capacity crunch’ in small- to medium-sized charities (NCVO 2015). Contract funding is frequently tightly defined, often focusing funding on the front line but providing little support to meet core costs (Select Committee on Charities 2017). The result has been further pressure on the viability and sustainability of charities, with small charities and those supporting marginalised communities experiencing this to the greatest degree (Department of Health *et al* 2016). Charities have been responding by increasingly generating income through charging for services, delivering frontline services at the expense of back-office and management resources, and adapting their business models to spread and replicate the lessons of success (Select Committee on Charities 2017). Despite the differences in national funding and support for the VCS in Scotland, Wales and Northern Ireland, national surveys of charities report similar concerns with funding (SCVO 2017; Shannon 2017; WCVA 2015).

The second area of impact is changes in commissioning practices. Moves to competitive commissioning models, procurement processes that aim to get the most service for the least cost but may not focus on the greatest long-term value, and an emphasis on value, have had a disproportionately negative impact on small- to medium-sized charities (Department of Health *et al* 2016; Lloyds Bank Foundation for England & Wales 2016). The propensity for larger contracts often includes extensive demands at the tendering stage, and can serve to make unrealistic demands on charities in terms of both process and delivery (Lloyds Bank Foundation for England & Wales 2016). The move towards consortium bids and outcomes-

based commissioning can also leave small- to medium-sized charities at a disadvantage in comparison with other partners and larger organisations. In England, a joint review conducted by national government bodies made recommendations to support partnership working with VCS organisations, many of which focus on improved contracting and commissioning of VCS organisations (Department of Health *et al* 2016). Similar developments in public procurement have also been noted in other countries of the UK. In Northern Ireland, research commissioned by the Northern Ireland Council for Voluntary Action found an inappropriate use of procurement rules, disproportionate barriers for VCS organisations in competing for contracts and increasing weight given to cost in tender criteria, to the detriment of quality and wider social and economic goals (RSM McClure Watters 2016).

A third area of impact is that of public expectations and trust. The use of pressurised fundraising techniques, a perceived lack of accountability and transparency and negative media coverage, including a number of high-profile failures, have had an impact on the public's trust of VCS organisations (Populus 2016). A survey of public views on the sector carried out in 2016 found that public trust and confidence were at their lowest since the survey began in 2005 (Populus 2016). This has important implications for charitable giving and for the degree of scrutiny and transparency expected of VCS organisations. Despite this, the recent Select Committee on Charities (2017) concluded that trust in the sector fundamentally remains strong.

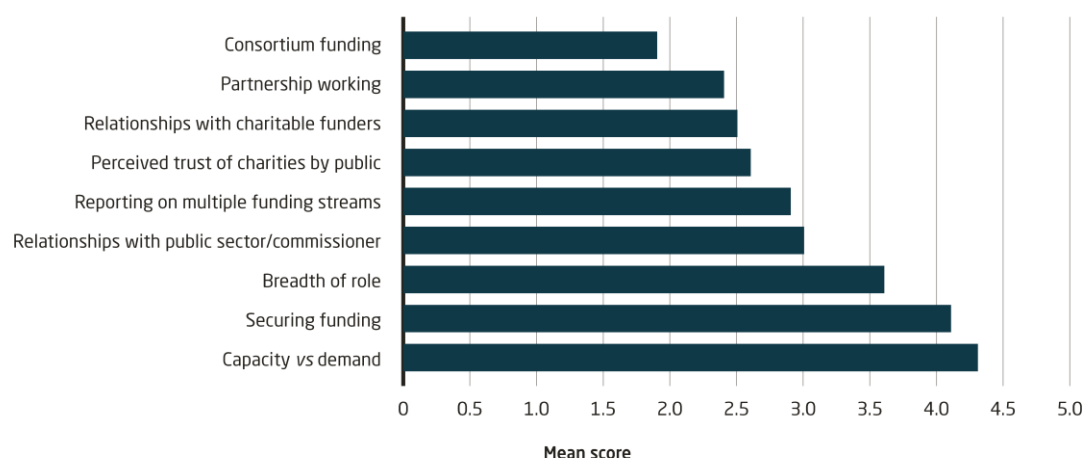
There is a consistent picture at a national level of the challenges that charities face. However, the diversity in the sector raises a question about the extent to which these represent challenges that can be mediated by effective performance and management, and whether the experience of GSK IMPACT Award winners, by their nature of being identified as 'models of good practice', provides further insights on this.

## Views from the front line

Using a survey of GSK IMPACT Awards Network members, we aimed to ascertain the extent to which documented and perceived challenges impacted on their organisation. The challenges included components drawn from the themes outlined above in addition to changes to ways of working identified from the assessment process. For each area, charities were asked to rate, on a scale of one to five, the extent to which they posed a challenge to their organisation.

The areas identified as posing the biggest challenge were the ability to balance capacity with demand, closely followed by the ability to secure funding. Other areas were perceived as challenges but to a lesser extent. Responses to the challenges presented by consortium funding showed a high degree of variance, reflecting that this may not be relevant for many charities.

**Figure 3** Extent to which the following poses a challenge to their organisation



The following sections explore how these challenges translate into practice, in terms of managing capacity and demand, relationships and partnership working, and the impact on staff health and wellbeing.

### *Managing capacity and demand*

Three key factors were highlighted that influence capacity and demand pressures. These were funding, staff and resources, and meeting wider demand.

Funding not only underpins the expansion of services to meet demand: it also, more fundamentally, underpins the ongoing sustainability of the services that the charities provide and ultimately the existence of the charities themselves. Our survey suggested that charities were considering diversification of funding streams to reduce dependence on government and statutory funders (particularly local authorities). In addition to traditional funding sources such as grants and trusts, there was greater consideration of fundraising (both community and corporate) and the potential of social enterprise and social impact bonds. These funding streams have the added benefit of maximising unrestricted funds, which reduce the risk of financial instability associated with contracts and support greater independence. To do this, many charities were having to employ extra staff to ensure the requisite capacity and skills in fundraising, procurement and tendering.

Developing and investing in partnerships was also identified as important in diversifying into new areas, providing access to new funding streams and developing strong relationships that influence strategic and commissioning decisions and demonstrate the value of the third sector to statutory partners.

As well as considering how to generate increased and more sustainable funding, charities were also considering how their service delivery and strategic direction fitted with future risks around capacity and demand. This included:

- being able to provide evidence of the value and effectiveness of services
- aligning strategy and service provision with national agendas and with areas of emerging need
- considering the balance of approaches, eg, an increased emphasis on learning and development.

While the strategic direction of some charities remained one of strengthening and developing existing work, others sought to 'be flexible and responsive, recognising that sustainability might be achieved through a different path of programme development and/or funding stream'. A number of charities reported plans to reconsider their charitable objectives and purpose while others were considering organisational restructuring, and in one case the potential for merging with another charity.

As noted previously, capacity is not just about the organisation and its funding: it is also about the use of resources. Respondents' comments around restructuring were as much about making the best use of staff capacity as they were about the amount of funding for service delivery. Examples included upskilling and developing current staff and maximising the use of volunteers, enhancing both numbers and roles. For two further charities, the need for larger premises was cited as a key factor in managing capacity.

Although charities reported an increase in demand, the extent to which net demand had increased was not clear nor whether the increase reflected their success and effectiveness in identifying and targeting unmet need. The ability to meet this increased demand with limited increases in funding is challenging, while pressures on other parts of the system mean that partners are increasingly looking to charities to fill the gaps. Building one's own empire at the expense of others, engaging in partnerships and delivering services that do not reflect the diversity and values of the sector or the people one represents, are all risks that charities reported being subject to and actively rejecting.

But charities were also having to make hard decisions about the future. Where they had reviewed their services, they reported needing to take a more focused approach to provision and targeting resources, while others reported 'streamlining' the portfolio of activities and services to ensure that the use of resources was effective, efficient and delivered the greatest impact. Others had sought to manage demand with clear messaging to manage public expectations, and getting better at saying no. Meanwhile a minority of charities were considering whether and how funds for their services could be raised from clients.

### *Relationships and partnership working*

Charities reported a range of organisations that they had successful working relationships with, which were essential to their future strategic direction and could create both opportunities and challenges for the future. Many of these examples reflected partnership working on shared and collaborative projects and included work with NHS provider organisations and other VCS organisations. Among the examples were a number of positive relationships within the context of specialist services and included successful working relationships with both commissioners and providers.

For successful relationships, charities reflected the need to be clear about how they enable them to work towards a shared agenda or support the charity to achieve its purpose. Examples included work with local businesses to train staff and work collaboratively to support a client group, and work with government and national bodies as part of advisory boards, working groups and to support policy development.

Other successes point to ways of working that articulate the values and strengths of the sector that are meaningful to other stakeholders. One charity noted that their use of social impact measures had given them greater leverage; for another, framing their role as ‘systems leaders’ had a similar impact. Building relationships that reflect and maintain the core values and strengths of the charities was particularly important.

Many of the future challenges reported by the charities reflect issues arising from the current context of funding and contracting, which in turn put pressure on the underlying working relationship. Against a background of ongoing cuts in public sector funding, charities reported a lack of recognition of the cost of providing services and achieving full cost recovery, and an assumption that cuts passed down to charities could be replaced by other sources such as grants. Increasing targeting of support (as opposed to universal or open-access services) and restrictions such as a three-month break clause on a year-long contract, put further strain on successful partnership working. At the same time, charities noted that a failure to address demand and pressures in the statutory sector were resulting in increasing unplanned and unresourced demand on their services.

An emerging risk to relationships was identified through funding streams that tied the input of charities to applications led by local authorities and statutory providers. These could be experienced as inequitable and ‘unethical’ (with the successes of the charity owned by the lead agencies, including when this reflected provision outside of the contract), and could risk compromising the independence of the charity, or result in adverse consequences as a result of not collaborating. As one charity described: ‘The greatest challenge at the moment continues to be the ongoing integration between public sector and third sector. We continue to resist to be marginalised.’

The lack of joined-up commissioning between local authority departments and between statutory organisations was flagged as inefficient and confusing, and could additionally create competition in the VCS, threatening partnership working. Challenges around the ongoing difficulty of the integration of health and social care were noted by several organisations. This may reflect the changing nature of the local system and profile of commissioning, but in one case a lack of partnership working between health and social care was highlighted as the reason why it had not been possible for a charity's application to the local authority to access social investment funding to be taken forward.

A final group of ongoing challenges appear to reflect those of different cultures. For some charities, working with public sector organisations had meant significantly greater requirements around data management and reporting, while for another the compatibility of campaigning for and supporting the user voice with being a service delivery partner had raised challenges. From the opposite perspective, the nature of local authority governance and the role of political members can prove challenging when decisions around funding are also influenced by wider issues reflective of the electorate.

Although there were few hard examples from these charities of where distrust in the sector had created a barrier, there remained perceptions that the professionalism of the sector, and the contribution that small as well as large charities can bring to the table at a national level, may be underappreciated and undervalued by some statutory organisations.

### *Impact on staff health and wellbeing*

It almost goes without saying that, given the focus of many of the GSK IMPACT Award-winning charities on people and communities experiencing specific health issues and high levels of inequality, the impact of delivering effective and compassionate care on staff (including volunteers) can be considerable. Charities highlighted the risk of the challenges outlined above having a further impact on staff health and wellbeing.

Our analysis of the assessment process found that the values and a commitment to meeting the needs of their populations were reflected right through the award-winning charities, from the board of trustees to staff and volunteers. The wider pressures in the system have created challenges in fulfilling their remit and charities reported that staff were under considerable pressure to increase caseloads and take on broadened roles. The availability of few or no additional resources has had a negative impact on the quality of service response, the amount of support that staff can provide and their ability to manage risk effectively. Restrictions on services more widely could further increase the pressure on staff, restricting the referral of patients on to appropriate services. This was reported as contributing to vicarious trauma, reduced job satisfaction, increased rates of sickness and higher turnover.

A further ongoing challenge, which can have a direct impact on staff health and wellbeing, is uncertainty of funding. Some organisations reported that this was having a significant impact on staff at the top of the organisation but that staff in their organisation had confidence that they would ‘wing it’ when it came to securing funding for their jobs. However, for other organisations this was not the case. Posts were frequently tied to public sector contracts, most of which were a year in duration, with decisions about renewal typically taken only after the contract had expired. As such, on an annual basis, many staff faced uncertainties about whether they would be able to continue to offer a service to clients, as well as whether their post would remain. Such uncertainty was described as having a profound impact on wellbeing and resilience.

A final area of challenge that was identified as having an impact on staff wellbeing is that of organisational change. In one case, new requirements and shifts in priorities from statutory commissioners required a change in the focus of roles from support to assessment; in another, the impact of organisational restructuring was also noted to be making people nervous. Such examples demonstrate that these charities are not immune to the organisational changes being experienced more widely in the system.



## 8 Leading a path to success

Health and social care services in all four countries of the UK are placing more emphasis on community-based services, and there is a stronger focus on quality of life and personalised ongoing care. Policy frameworks recognise and promote the important contribution that VCS organisations make to this development.

GSK IMPACT Award winners individually provide examples of the VCS role at its best and the contribution that VCS organisations can make. Considered collectively, they offer insights into the common characteristics and strategies of charities that are successful, and how these have changed over time.

Perhaps the single most powerful feature that award winners share is the ability to continuously adapt and develop their services based on a collaborative relationship with the communities and populations they serve: listening, responding and co-creating solutions in response to local need and insight. This in turn is matched by their ability to facilitate partnerships with other organisations to deliver services. None of the award winners has stood still: their award typically recognises achievements following a period of development, and we know from our ongoing contact with the network of award winners and those organisations that have won a second award, that they continue to develop further afterwards. This is not just about being ‘nimble’ as needs change; it often also reflects a depth of understanding of the specific contribution that the charity can make alongside its partners, and is highly contextualised.

Some of this continuous adaptation is also in response to the insecurity of funding, which is the biggest risk that award winners have consistently highlighted. The VCS is an important but vulnerable resource. Funding reductions and short-term contracts focused on individual activities can have long-term consequences for these charities, not least because, despite efforts to diversify their funding, they are overwhelmingly still dependent on local commissioners. The commissioning process itself is too often onerous for a small organisation and can impose unhelpful requirements and metrics that fail to reflect the added value of small- to medium-sized charities. Where they are present, effective partnerships between charities and commissioners are a key feature of award-winning charities, and commissioners should take the lead in ensuring that this happens more consistently.

This is not to say that there is no room for development. The focus on achieving best value places an increasing pressure on charities to measure and demonstrate impact. This is an area where charities have some way to go, without which they will remain vulnerable to being

undervalued and seen as just another service provider. National organisations have a role to play in supporting charities to do this. This includes offering guidance that reflects an articulation of values that is relevant to both organisations and commissioners, but also a greater focus on identifying and sharing what ‘good’ looks like in line with these values.

## Developing leaders for the future

The importance of leadership is a recurrent theme as the award-winning charities have matured over time and, in most cases, grown in size. The role of the CEO, the board of trustees and leaders in other managerial positions, together with the governance systems that enable them to oversee activities and the partnerships they develop to deliver services, stand out as features that have grown significantly in importance over the 20 years of GSK IMPACT Awards. Yet we know from the GSK IMPACT Award winners that support and development for charity leaders are often lacking or difficult to access.

The GSK IMPACT Awards in the UK have been unique in recognising and responding to this, supporting winners with a training and development programme that aims to build the leadership skills required in the system (The King’s Fund 2017). The establishment of the GSK IMPACT Awards Network, which award-winning charities subsequently join, is a further aspect of that support. Running since 2012, it has hosted 70 VCS organisations and reflects the ongoing value of the support and development, but also the significant skills and expertise that exist among the charities and the opportunities for sharing that within the sector.

It is this framework of developing, empowering and convening charities that saw the piloting of this approach beyond the network through the Cascading Leadership programme. Piloted in 2016 with partners GSK and Comic Relief, the programme aimed to explore how charities can support and develop leaders themselves. An independent evaluation of the programme highlighted the potential of this approach in supporting leaders to develop their skills and capabilities, along with the value of developing consultancy and advocacy within the VCS (Lewis and Davis 2016). Learning from that, the Cascading Leadership programme will now be rolled out at a national scale.

In the next 20 years of the GSK IMPACT Awards, many of the challenges, such as tight funding and a need for continuous adaptation, are likely to remain. The award winners to date offer a range of insights that may help other organisations to navigate these in the future. Building on this expertise, developing and sharing a clear understanding of what ‘good’ looks like and encouraging a strong focus on the importance of effective leadership in the charitable sector, are key to achieving this and the survival and growth of a thriving VCS.

# References

Amin-Smith N, Phillips D, Simpson P (2016). *Council-level figures on spending cuts and business rates income* [online]. Institute for Fiscal Studies website. Available at: [www.ifs.org.uk/publications/8780](http://www.ifs.org.uk/publications/8780) (accessed on 13 April 2017).

Baylis A, Buck D, Anderson J, Jabbal J, Ross S (2017). *The future of HIV services in England: shaping the response to changing needs*. London: The King's Fund. Available at: [www.kingsfund.org.uk/publications/future-hiv-services-england](http://www.kingsfund.org.uk/publications/future-hiv-services-england) (accessed on 4 July 2017).

Cabinet Office (2010). *Building the Big Society* [online]. GOV.UK website. Available at: [www.gov.uk/government/publications/building-the-big-society](http://www.gov.uk/government/publications/building-the-big-society) (accessed on 5 May 2017).

Dayan M (2015). *Health spending across the UK nations: who decides how much?* [online]. Nuffield Trust website. Available at: [www.nuffieldtrust.org.uk/resource/health-spending-across-the-uk-nations-who-decides-how-much](http://www.nuffieldtrust.org.uk/resource/health-spending-across-the-uk-nations-who-decides-how-much) (accessed on 13 April 2017).

Department of Health, Public Health England, NHS England (2016). *Joint review of partnerships and investment in the voluntary, community and social enterprise organisations in the health and care sector* [online]. GOV.UK website. Available at: [www.gov.uk/government/publications/review-of-partnerships-and-investment-in-the-voluntary-sector](http://www.gov.uk/government/publications/review-of-partnerships-and-investment-in-the-voluntary-sector) (accessed on 6 June 2017).

Doheny S (2015). *The organisation of the NHS in the UK: comparing structures in the four countries*. Cardiff: National Assembly for Wales. Available at: [www.assembly.wales/research%20documents/15-020%20-%20the%20organisation%20of%20the%20nhs%20in%20the%20uk%20comparing%20structures%20in%20the%20four%20countries/15-020.pdf](http://www.assembly.wales/research%20documents/15-020%20-%20the%20organisation%20of%20the%20nhs%20in%20the%20uk%20comparing%20structures%20in%20the%20four%20countries/15-020.pdf) (accessed on 13 April 2017).

Lewis M, Davis M (2016). *Cascading Leadership: evaluation report summary* [online]. The King's Fund website. Available at: [www.kingsfund.org.uk/projects/GSK-cascading-leadership](http://www.kingsfund.org.uk/projects/GSK-cascading-leadership) (accessed on 24 May 2017).

Lloyds Bank Foundation for England & Wales (2016). *Commissioning in crisis: how current contracting and procurement processes threaten the survival of small charities* [online]. Lloyds Bank Foundation for England & Wales website. Available at: [www.lloydsbankfoundation.org.uk/news/research-and-publications](http://www.lloydsbankfoundation.org.uk/news/research-and-publications) (accessed on 13 April 2017).

Macmillan R, Taylor R, Arvidson M, Soteri-Proctor A, Teasdale S (2013). *The third sector in unsettled times: a field guide* [online]. Third Sector Research Centre website. Available at: [www.birmingham.ac.uk/generic/tsrc/research/real-times/the-third-sector-in-unsettled-times.aspx](http://www.birmingham.ac.uk/generic/tsrc/research/real-times/the-third-sector-in-unsettled-times.aspx) (accessed on 18 April 2017).

NCVO (National Council for Voluntary Organisations) (2015). 'Financial sustainability review of the voluntary sector'. Blog. Available at: <http://blogs.ncvo.org.uk/2015/07/22/a-financial-sustainability-review-of-the-voluntary-sector/> (accessed on 19 April 2017).

NCVO (2017). *UK civil society almanac 2017* [online]. NCVO website. Available at: <https://data.ncvo.org.uk/> (accessed on 13 April 2017).

NHS England, Care Quality Commission, Health Education England, Monitor, NHS Trust Development Authority, Public Health England (2014). *NHS five year forward view* [online]. NHS England website. Available at: [www.england.nhs.uk/publication/nhs-five-year-forward-view/](http://www.england.nhs.uk/publication/nhs-five-year-forward-view/) (accessed on 29 June 2017).

NICVA (Northern Ireland Council for Voluntary Action) (2010). *Impact and reaction of the voluntary and community sector to the recession in Northern Ireland (NI)* [online]. NICVA website. Available at: [www.nicva.org/resource/impact-recession-case-studies-sector-2010](http://www.nicva.org/resource/impact-recession-case-studies-sector-2010) (accessed on 13 April 2017).

Populus (2016). *Public trust and confidence in charities* [online]. GOV.UK website. Available at: [www.gov.uk/government/publications/public-trust-and-confidence-in-charities-2016](http://www.gov.uk/government/publications/public-trust-and-confidence-in-charities-2016) (accessed on 19 April 2017).

Regional Voices (2015). *Supporting influence on health and wellbeing boards: report from survey 2015* [online]. Regional Voices website. Available at: [www.regionalvoices.org/sites/default/files/library/Supporting\\_Influence\\_Survey\\_Report\\_March15.doc](http://www.regionalvoices.org/sites/default/files/library/Supporting_Influence_Survey_Report_March15.doc) (accessed on 13 April 2017).

RSM McClure Watters (2016). *Public procurement practice in Northern Ireland* [online]. NICVA website. Available at: [www.nicva.org/resource/public-procurement-practice-in-northern-ireland](http://www.nicva.org/resource/public-procurement-practice-in-northern-ireland) (accessed on 13 April 2017).

SCVO (Scottish Council for Voluntary Organisations) (2016). *Briefing: public sector funding* [online]. SCVO website. Available at: [www.scvo.org.uk/long-form-posts/briefing-public-sector-funding/](http://www.scvo.org.uk/long-form-posts/briefing-public-sector-funding/) (accessed on 13 April 2017).

SCVO (2017). *Third sector forecast for 2017* [online]. SCVO website. Available at: [www.scvo.org.uk/long-form-posts/third-sector-forecast-for-2017/](http://www.scvo.org.uk/long-form-posts/third-sector-forecast-for-2017/) (accessed on 19 April 2017).

Select Committee on Charities (2017). *Stronger charities for a stronger society* [online]. Parliament.uk website. Available at: [www.parliament.uk/business/committees/committees-a-z/lords-select/charities-committee/news-parliament-2015/charities-committee-report-published/](http://www.parliament.uk/business/committees/committees-a-z/lords-select/charities-committee/news-parliament-2015/charities-committee-report-published/) (accessed on 13 April 2017).

Shannon R (2017). *Results of NICVA's Funding Watch Survey* [online]. NICVA website. Available at: [www.nicva.org/article/results-of-nicvas-funding-watch-survey](http://www.nicva.org/article/results-of-nicvas-funding-watch-survey) (accessed on 19 April 2017).

The King's Fund (no date). *GSK IMPACT Awards* [online]. The King's Fund website. Available at: [www.kingsfund.org.uk/projects/gsk-impact-awards](http://www.kingsfund.org.uk/projects/gsk-impact-awards) (accessed on 19 April 2017).

The King's Fund (2017). *Training and development for award winners* [online]. The King's Fund website. Available at: [www.kingsfund.org.uk/projects/gsk-impact-awards/training-and-development-award-winners](http://www.kingsfund.org.uk/projects/gsk-impact-awards/training-and-development-award-winners) (accessed on 24 May 2017).

Voluntary Action Scotland, Coalition of Care and Support Providers in Scotland, Health and Social Care Alliance Scotland (2015). *Developing the third sector's role in health and social care integration* [online]. Voluntary Action Scotland website. Available at: [www.vasotland.org/news/developing-the-third-sectors-role-in-health-and-social-care-integration-tsi-handbook](http://www.vasotland.org/news/developing-the-third-sectors-role-in-health-and-social-care-integration-tsi-handbook) (accessed on 18 April 2017).

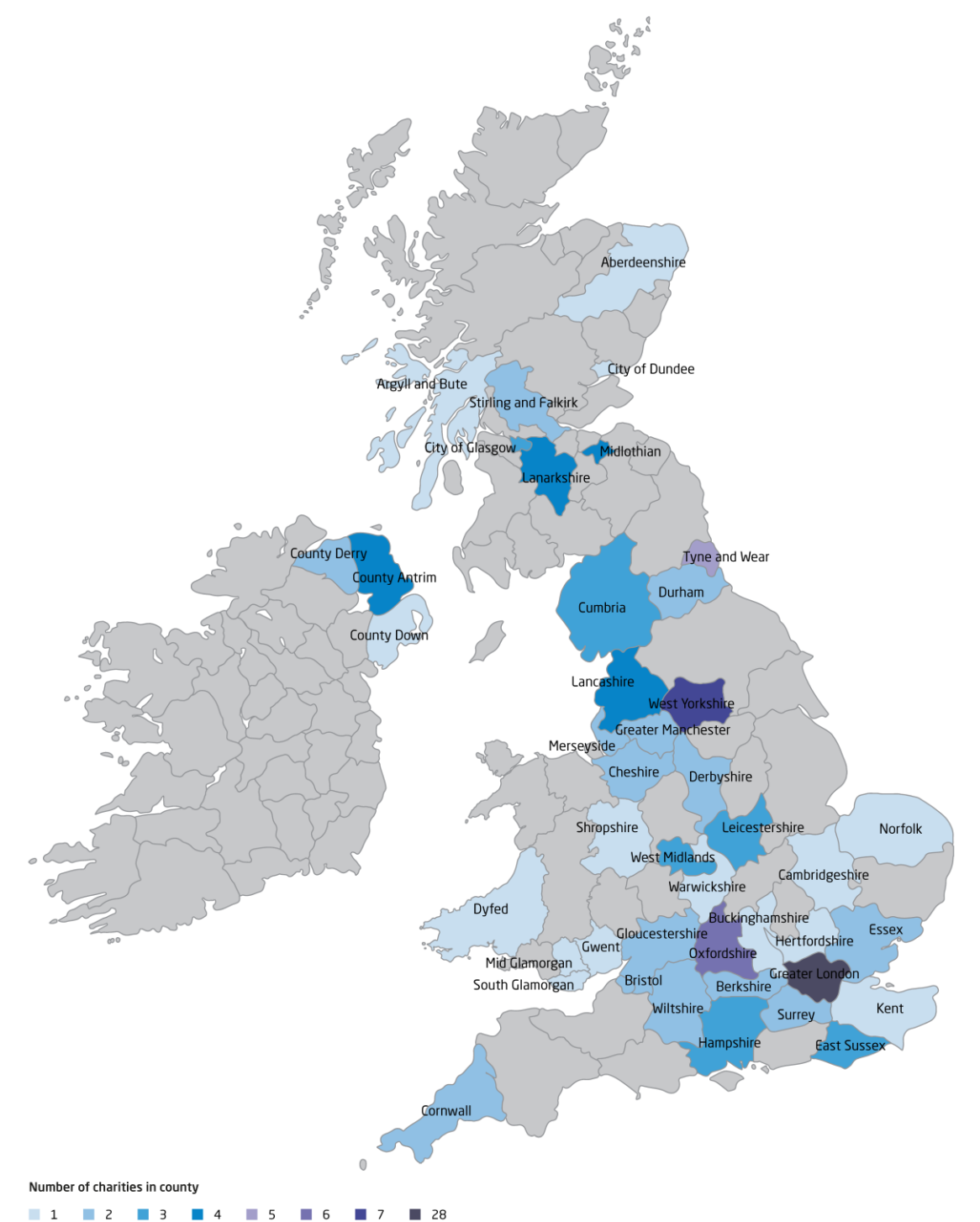
WCVA (Wales Council for Voluntary Action) (2015). *State of the sector survey 14: interim results* [online]. WCVA website. Available at: [www.wcva.org.uk/what-we-do/research/research-publications](http://www.wcva.org.uk/what-we-do/research/research-publications) (accessed on 6 June 2017).

# Appendix A: Demographics of GSK IMPACT Award winners

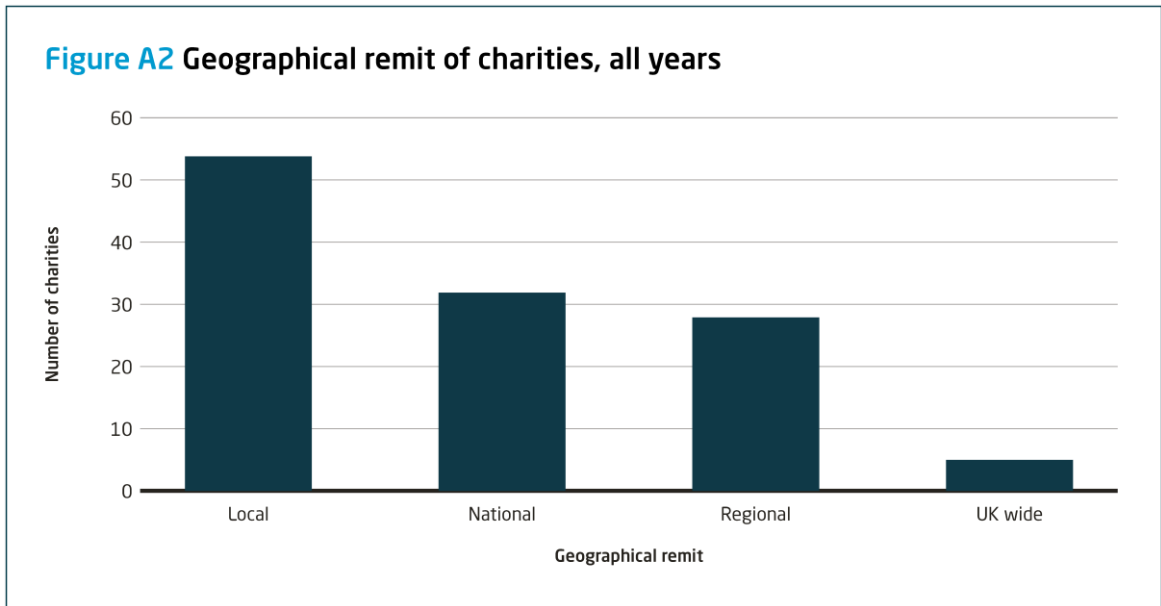
Data obtained as part of the GSK IMPACT Award process covers a range of factors, for example from location, geographical remit and populations served, to age and income. Although this data is framed by who applies for the awards and the shortlisting process itself, it provides a useful overview of what the charities that comprise the GSK IMPACT Award winners look like and do.

## Location, geographical remit and populations served

The data demonstrates the wide reach of the awards, with award winners coming from all over the UK. Although there are a few areas of the UK in which there have been a greater number of award winners, this is most notable in Greater London.

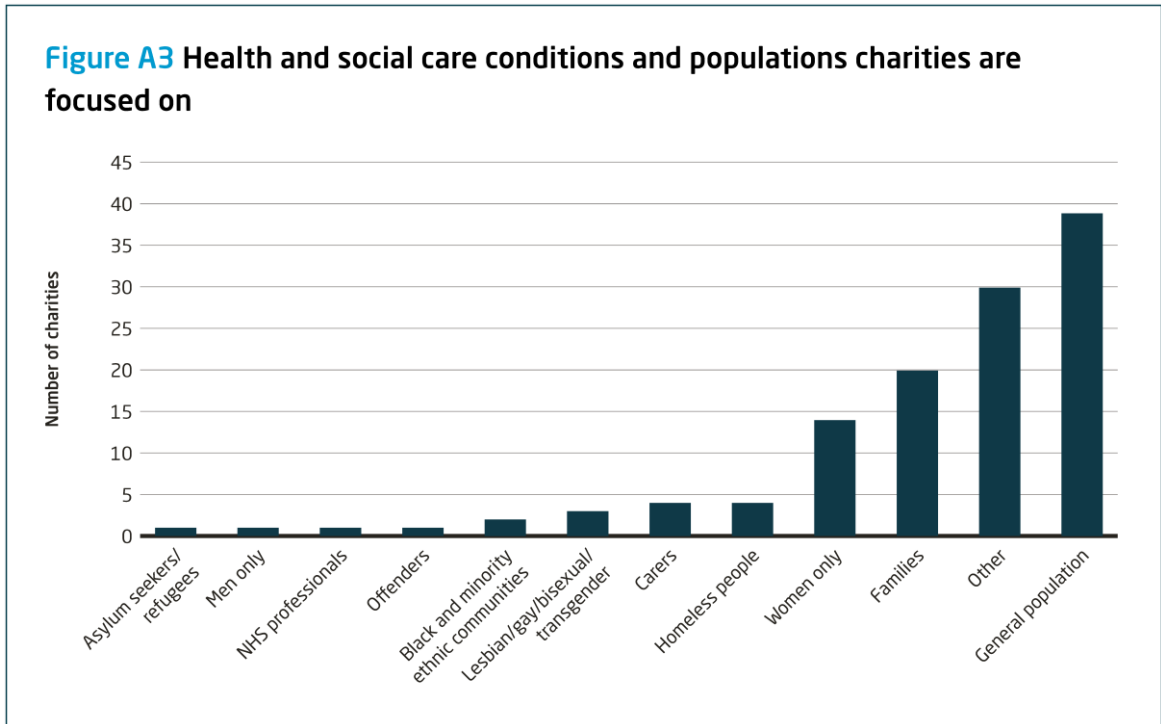


The majority of GSK IMPACT Award-winning charities describe their remit as local, a roughly equal number of charities describe themselves as having a regional or national remit and a minority describe themselves as having a UK-wide remit.



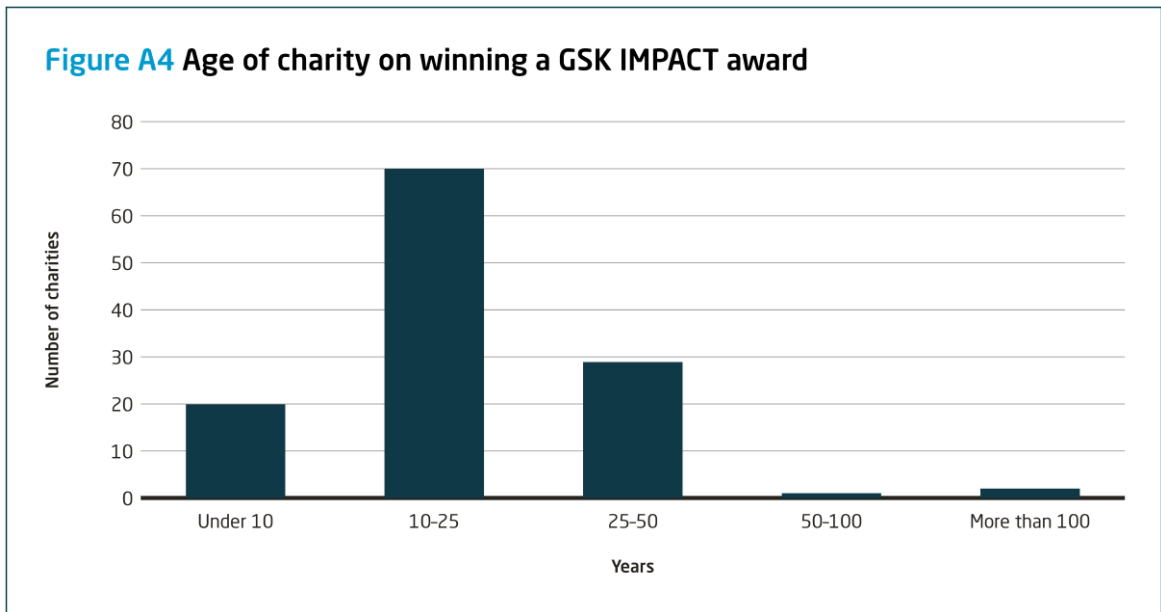
As part of the application process, charities are required to pick a category from a list that best describes the health condition or area that their organisation is most concerned with. The broad scope within which charities provide support is captured both across the categories and also particularly in the large number of charities that describe their focus as ‘other specific health conditions’. Perhaps most notable, though, is the large representation among the GSK IMPACT Award winners of charities that have a particular focus on providing support for people with mental health conditions, including people with addictions; and those providing wider support for the community through health promotion activities.



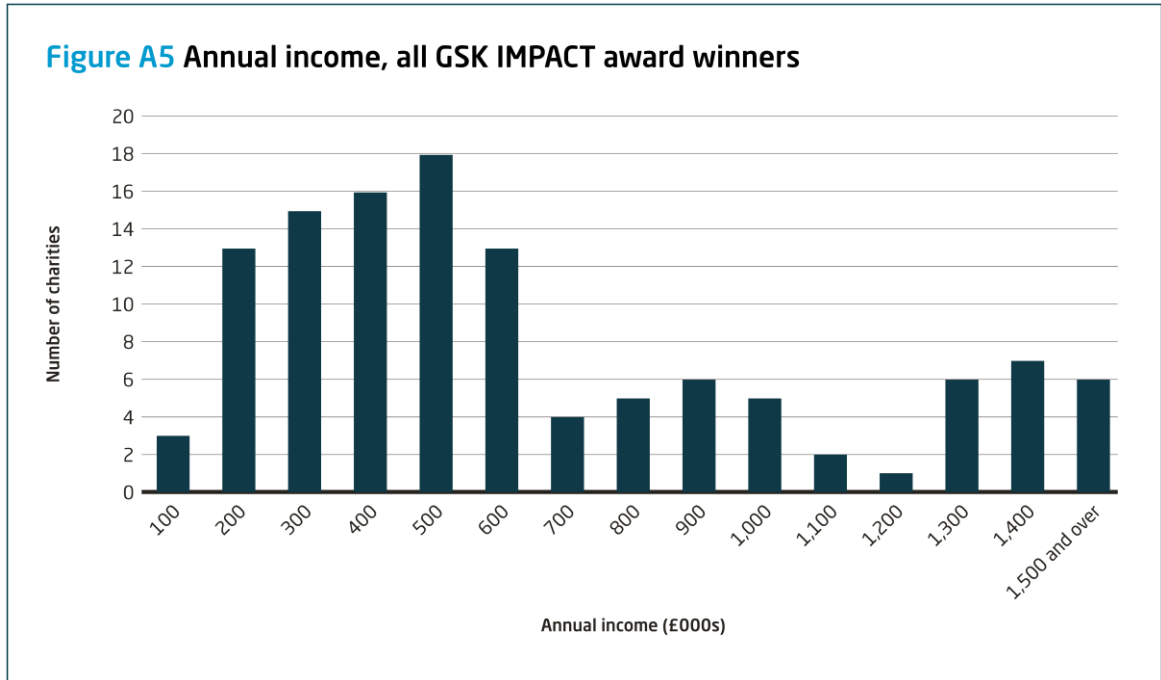


## Characteristics of charities

Charities of all ages are represented among the GSK IMPACT Award winners. Although many of the winners have been established for many years, representation among the winners of charities that have been established far more recently demonstrates that best practice and recognition at this level is not simply a reflection of longevity and maturity.



The annual income of all GSK IMPACT Award winners between 2008 and 2017 highlights that the majority of winners have an income in the lower end of the range, with a smaller group of winners that have an annual income above £1 million and a minority above that.



# Appendix B: Changes in the criteria for the GSK IMPACT Awards

The GSK IMPACT Awards target small- to medium-sized charities as defined by their annual income. Over the years, the application criteria for inclusion have changed slightly:

- 2008 charities with an income of under £1 million
- 2009 charities with an income between £10,000 and £1 million
- 2011 charities with an income between £10,000 and £1.5 million
- 2014 charities with an income of between £25,000 and £2 million.