



EXECUTIVE SUMMARY: Evaluation of year 2 of the Coordinated Community Support Programme

Summary of full report by Cloud Chamber for The Children's Society and CCS partners

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About the Coordinated Community Support Programme

The Coordinated Community Support Programme

The Children's Society (TCS), in partnership with Buttle UK, the Lloyds Bank Foundation, Children in Need, The Church of England, The Legal Education Foundation, The Local Government Association (LGA), Trust for London, Smallwood Trust, Stepchange and Trussell Trust are delivering the Coordinated Community Support (CCS) Programme.

The CCS programme works primarily in 4 local areas (Norfolk, Oldham, Swansea and Tower Hamlets) to improve coordination between locally-based agencies providing support (including grant support, advice, legal support, access to food and other services) to people in financial crisis.

This evaluation report describes the impact and learning from year 2 of a 3-year programme.

About the evaluation

The year 2 evaluation assesses the contribution of the programme to change, primarily at pilot site level (local systems change) with some reflections on the contribution to national systems too. We used a mix of quantitative and qualitative methods and contribution analysis to assess the contribution of CCS activity to systems change. This evaluation covers the funded activity from October 2020-September 2021 known as year 2 of the programme. Thirty-four (34) people were consulted and this was triangulated with quantitative data from surveys and monitoring.

Learning coordination

The programme has a learning coordinator to support reflection between pilot sites and beyond.

Summary of achievements from year 2 of the CCS programme

Our evaluation of year 2 of the CCS programme has identified the following learning points:

Local systems: Coordination

- 1: The key features of coordination are better understood and have been progressed in 4 pilot sites
- 2: CCS have a central role to play in motivating networks
- 3: Organisations are more likely to have access to a referral system
- 4: The programme is working towards longer term sustainability of networks and referral systems

Local systems: Reach and access

- 5: Improved capability for organisations to make appropriate interventions
- 6: Increased ability for organisations to reach more people
- 7: Improving access to support for children, young people and families

Local systems: Partnerships

- 8: There are pockets of visibility of the programme within local authorities
- 9: In pilot sites there has been a step towards a more joined up support offer between LA and VCS

Beyond the pilot sites

- 11: The programme is sharing good practice with other localities
- 12: Evidence from the CCS programme is supporting TCS efforts to influence system structures at a national level

Summary of progress in 4 pilot sites

These tables illustrate, in broad terms, how each pilot site is evolving with support from CCS programme with respect to these key features. **Green** indicates some long term security (e.g. THCAN is an established network and likely to continue beyond the duration of the CCS programme), **orange** indicates that the area is at the beginning of a process (e.g. OCAN is in the process of rolling out its referral mechanism) and **red** indicates that there are firm activities planned but have not materialised at time of writing (e.g. a business case has been drafted in Norfolk to sustain the funding of the system). Where there is no tick it means that no action has been taken.

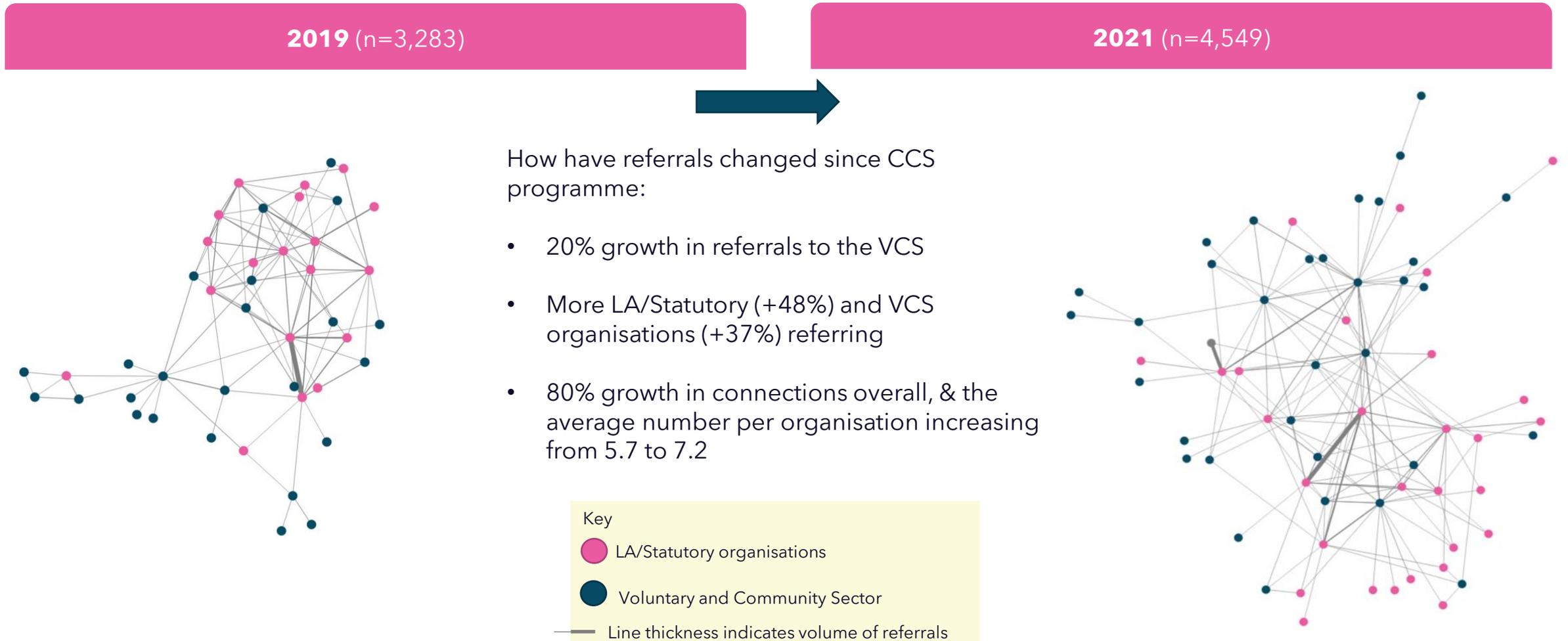
This represents the status as of end of September 2021 (year 2 of the programme) and things are rapidly developing.

| Baseline 2019 | Network | Referral System | Resource |
|---------------|---------|-----------------|----------|
| Norfolk | ✓ | ✓ | |
| Oldham | | | |
| Swansea | | | |
| Tower Hamlets | ✓ | | |

| End of year 2 - Sept 2021 | Network | Referral System | Recourse during CCS programme | Resource and legitimacy to manage long term |
|---------------------------|---------|-----------------|-------------------------------|---|
| Norfolk | ✓ | ✓ | ✓ | ✓ |
| Oldham | ✓ | ✓ | ✓ | |
| Swansea | ✓ | ✓ | ✓ | |
| Tower Hamlets | ✓ | ✓ | ✓ | |

The impact of a referral system - the Norfolk experience

Of the 4 pilot sites, Norfolk has the longest standing referral system. The data below illustrates referrals pre-CCS and at the end of year 2



Data shows all referrals made (both accepted and declined) Source: Cloud Chamber analysis of NCAN referral data. Line thickness indicates volume of referrals. Diagram shows greater interconnected nature of referrals in 2021 c.f. 2019 - indicating greater collaboration

The importance of networks, why they matter and CCS role in them

Most agencies involved in networks in the 4 pilot sites are advice agencies.

The programme has attempted to engage other agency-types (e.g. food providers) with limited success. However, working with agencies who are receptive has been a sensible use of programme resources. There are opportunities for other types of agencies (such as schools and foodbanks) to "plug into" the networks as they develop.

Increased referrals between agencies (because of networking alone).

The CCS team reflect that in year 2 there has been more focus on the quality of relationships within networks rather than a pressure to "grow" the networks. There is an acknowledgement that having a smaller number of engaged agencies involved might be a better use of resource as opposed to engaging larger number of agencies who are not ready /able to engage meaningfully.

While digital referral systems have been described as a "glue" to hold a network together, partners are keen to stress that the network (in and of itself) remains an important feature - "the referral system isn't replacing good communication" (Oldham).

CCS have added value to the networks in the following ways:

- Modelling collaborative working
- Bringing a fresh pair of eyes
- Cross pollination from other pilot sites
- Providing additional time and capacity to busy organisations

Why a referral system matters and the difference it is making in 4 pilot sites

Moving from a signposting-mindset - Organisations who use the referral system - including those in the relatively early stages - report that they are more able to refer rather than signpost people as a result of the system. It is likely that some of the onward contacts made in year 2 of the programme (via NCAN and THCAN) would have taken place without the system - although many may have been a signpost rather than a referral.

Improving accountability between agencies - The referral systems encourage accountability between organisations. This is increasing trust that fellow advice providers are taking responsibility for follow-up work.

More referrals to specialist services, timely referrals leading to improved service user experience - Network members recognise that the referral system ensures that referrals are more likely to be dealt with quickly and appropriately.

Confidence amongst practitioners who are time-poor - Some agencies express a lack of confidence in their knowledge and awareness of other agencies. They are hopeful that the referral system will improve their confidence and make them more able to do their job well.

Recognition of the potential of the referral process to improve joint working - There is optimism that the momentum gained through the referral system will improve joint working amongst networks more generally, giving them a focal point.

Beyond the pilot sites - a credible programme with reach beyond the 4 pilot sites

There are two ways in which the CCS programme contributes to national systems change - systems leadership and system structures.

System leadership

This refers to the level of collaboration, joint-working and sharing of information. In a CCS context, this includes sharing best-practice and sharing with receptive (e.g. sub regional) partners. Examples include:

- CCS has established a network of **local authority learning partners** who are interested in understanding more about the CCS programme and how the lessons can be applied within their local authorities. Engagement is via a mix of quarterly meetings and more informal/ad-hoc conversations about specific issues, typically with an operational focus on challenges and potential responses. This engagement has included presentations from the pilot sites with a focus on their referral networks.
- CCS has been involved in the **Robust Safety Net initiative** by the Greater London Authorities which kicked-off in Summer 2021 and aims to improve coordination and funding in the advice sector. This has provided the opportunity to share experience and insights from the CCS programme around issues such as coordination, access and influencing.

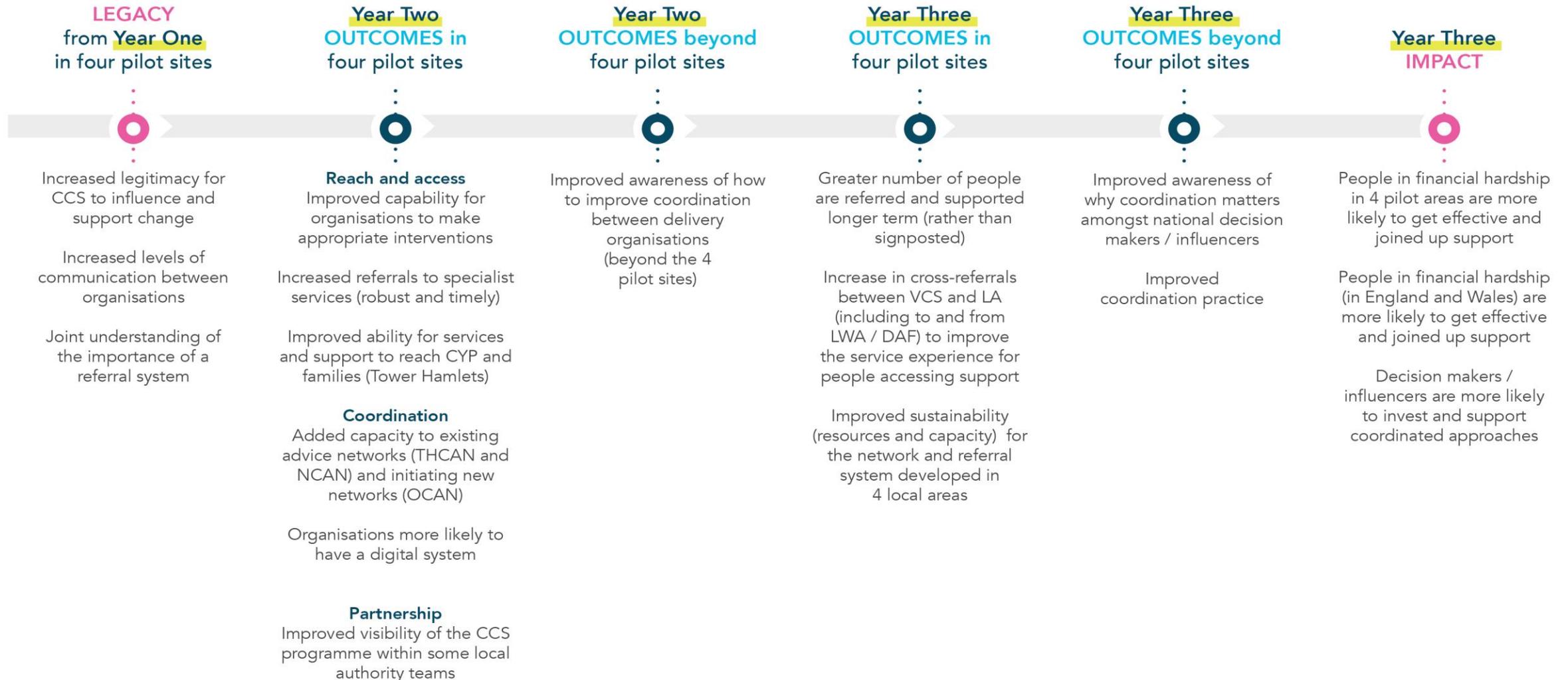
System structures

This refers to the policies, laws and regulations which determine or help support people facing hardship or crisis. In the current context this also includes influencing for financial resources to be made available to improve the system. This type of change is predominantly a national influencing activity with a focus on national governments. Examples include:

- Supporting a request for an additional £250 million of funding for Local Welfare Assistance and a **10% uplift** on funds for coordination as part of the Autumn 2021 Comprehensive Spending Review. Ultimately this was unsuccessful.
- Contributing to the **All Party Parliamentary Group (APPG)** on Vulnerable Groups reviewing the impact of the November 2020 Covid Winter Payments using a CCS example (Norfolk). The CCS programme provided a relevant and impactful case study in a short space of time in response to the call for evidence.

Change Narrative - an evolved Logic Model to reflect year 2

The Logic Model below is an evolution of the one set out at the beginning of year 2 (as found in our introduction). The outcomes below are based on the evaluation evidence and articulate what has been achieved in year 2 and aspirations for the remainder of the programme.



Recommendations and consideration points to inform Year 3

The following points should be considered by the CCS team as they enter year 3 of the programme.

Referral system recommendations

Resourcing referral system as a focus for year 3. It is recommended that options / models for funding the referral system are clearly articulated with partners (and potential funders) in each pilot site.

Training on the referral system. It is recommended that any longer term funding for networks and referral systems ensure that ongoing training for system-users is part of the funding package.

Other local-system recommendations

Build upon work with statutory services, especially schools. It is recommended that CCS identifies opportunities to collaborate with schools and leverage funding for specific school-focused collaboration projects both within and beyond the 4 pilot sites.

Long term ownership of local coordination. At the inception of CCS, it was assumed that local steering groups would be set up in each pilot site and would take ownership of the coordination agenda. To some extent, advice networks (THCAN, OCAN and NCAN) have fulfilled this role although there is heavy reliance on the capacity and skills delivered via CCS. It is recommended that steps are taken to mitigate this void (e.g. pilot-site leaders coaching / shadowing CCS colleagues).

Engagement plan for local authorities. Learning from years 1 and 2 illustrate a somewhat piecemeal approach to engaging local authorities in the programme. For year 3 it is recommended that each of the 4 local pilot sites has an engagement plan for each pilot site local authority.

Impact beyond the 4 pilot sites recommendations

Build upon partnership with LGA to share practice. There are opportunities to work with the LGA (who sits on the CCS Programme Board) to spread the learning from CCS to other local authority areas in year 3.

Continue to work with subregions to roll out good practice. The programme is showing leadership in Greater Manchester, Greater London and part of Wales where some of the pilot sites are based (Oldham, Tower Hamlets and Swansea respectively). It is recommended that the CCS team continue to inform any subregional efforts to improve joined working based on pilot site experiences.

Emphasise the role of coordination when providing evidence. It is recommended that any subsequent evidence provision looks for opportunities to share examples of why coordination matters in such contexts.

With thanks to programme partners and funders

