

Insights and Learning Session

Community partnerships to address crisis ([video here](#))

1. Welcome and introductions

Attendees introduced themselves and their interests via the chat function.

Zainab from Nishkam Centre (Nishkam Civic Association) Community organisation providing advice and advocacy beside other services in Birmingham 🌻

Pippa Mackie from CA Kingston and particularly interested to hear how community coordinated support works in other areas- locally it seems to me that the local authority is keen to hold the reigns of such work rather than co design and run things as equal partners. I wonder if that is echoed elsewhere.

Tiya from the Access to Justice Foundation, here to listen and learn more from communities and Janet!

Megan Redhouse from Nucleus Legal Advice. We are based in Earls Court and Ealing and offer free legal advice to local residents. We focus on debt, housing, welfare benefits and employment. Looking to build more partnerships and strengthen the work we can do in the community

Elayne Hill from Central England Law Centre here I am here to hear more about this work and look at developing this is our area

Miriam Katche from JRS UK London. We provide advice and support to refused asylum seekers in London. I am here to learn and hopefully form new partnerships.

Laura Holland from Citizens Advice North Yorkshire. I look after our legal services team and I'm here to learn different approaches, and very happy to make new connections too!

Indigo Redfern from GL11 Comm, our community hub has organised the community response for covid and now for cost of living crisis. We work with local churches and communities and also with district and county councils to fill in the gaps in villages.

Alex Feery, trainee solicitor from Vauxhall Law Centre and Justice First Fellow. We provide free advice in Welfare Benefits, Housing and Debt. Looking to explore and develop advice partnerships in Liverpool.

Victoria Speed from the Employment Legal Advice Network that is aimed at bringing together organisations in London that provide employment advice. All are welcome to join and we do have guest members from outside of London. It is supported by Trust for London. You can email me at victoria@trustforlondon.org.uk.

Cian Hickey from Law Centre Northern Ireland and we are interested to learn more about how we can better develop our community led advice services through better partnerships.

Mark Foster, I recently completed a report on skills gap in advice work.

Moira Dennison from the Clinics Team in LawWorks. I'm here to learn and find out more about initiatives across the country.

Martha Ostick here representing the organisation Friends, Families and Travellers on behalf of our director Sarah Mann. we work to support Gypsies, travellers and all nomadic people throughout England, operating an outreach service only withing Sussex and a national helpline

Sarah Sauvat - from Island Advice Centre who works on the THCAN (Tower Hamlets Community Advice Network) Referral system with the help of CCS

Pamela Robotham from Greenwich Housing Rights. We are interested to learn more about how we can better develop our community led advice services through better partnership

Rosa Coleman from London Legal Support Trust. We are currently running a cost of living project in London funded by GLA in partnership with London Citizens Advice. The aim is to increase advice available for those facing issues from the cost of living crisis, hoping to improve referral routes between local community orgs, CAs, and our Centres of Excellence (specialist legal advice agencies). Keen to hear more about coordination systems & how learning from the CCS programme can be applied further.

Sarah Darby from Oxford Community Work Agency. We provide a free 2nd tier service in debt, welfare benefits and Housing across Oxfordshire. Here to listen and learn.

Joe Hui Project Manager for Chinese Community Wellbeing Society. We are a community charity supporting the Chinese speaking community in the south west England via our Helpline service. We already work with and refer to U of Exeter Law Centre A2J.

Vincent Willson, CA Teignbridge in Devon. We run an Access to Justice project providing free legal advice on domestic violence, child arrangements, non-molestation orders for litigants in person. Looking to see how we can improve the coordination of partnership working in the field of free family law advice, money and benefits advice.

Dr Liz Curran, I am from Nottingham Law School and my remit is access to justice. I have come from Australia recently and my work has been in delivery and evaluating multidisciplinary practice and legal empowerment of trusted intermediaries and community to work for holistic joined up services. This is my area of research and impact evaluation too. Hoping I can value add in the UK having done work here over many years but now living & working in Notts.

Niamh O'Reilly and I am the new Network Manager for Advice UK (We are the UK's largest support network for independent advice organisations). My background is Immigration and Asylum advice and supervision, after that I ran a Trussell Trust/Citizens Advice food bank project, Very interested in partnerships and community advice, we are doing ongoing work on this! Also really interested in funding and recognising the value of advice in the current climate. we are doing a cost of living evidence exercise at the moment- please feel free to contact me to share any feedback on what you are seeing or comments about what you think we should be saying on this:
niamh.o'reilly@adviceuk.org.uk

Shalaleh Barlow from Central Law CIC. We are the only NFP Law firm in England and we are owned by a charity. I am head of Family Law but we also cover Housing, Employment and some Civil Law. Our remit from public funding (not legal aid) is to widen access to justice, including a presence at Courts in Essex thanks to the ATJ. we are also funded by Essex County Council and we work with their Well-being Service as a resource for residents. We do work nationally and use offer a range of excellent services to anyone who needs help. We support serving members of the Armed Forces in Essex at both Garrison and Brigade levels, offering free legal representation and advice to their members. Our new ATJF grant means that we can work with Essex Uni Law Centre, BPP and ULaw to deliver legal support in Courts to meet the need to LiPs.

MdIR gave an overview to the purpose of the meeting. This is a tester session aiming to give more time to allow a more in depth exploration of some of the projects and updates that have been shared, at the Justice and Innovation Group in particular.

The session will focus on how this information and learning can be implemented into our work, and what additional resources we might need to do that. If the content and the format are useful, the Network will look to continue these sessions.

MdIR reiterated the role of the Network for Justice to link the community with knowledge and expertise that can improve their work, and to bring together learning to understand more about the issues, and solutions with a focus on areas of interest as defined or highlighted by the community.

2. Community Coordinate Support (CCS) Programme overview ([video here](#))

The focus of the session was developing and using community partnerships to address crisis. While this is not a new topic in the justice community, there has been a lot more focus on interrogating and

developing work in this area. In November last year the Network for Justice facilitated a two part session on Working With Communities which highlighted some of the delivery and monitoring and evaluation models in use (notes and recordings found [here](#)), as well as discussing and sharing the approach of funders and the use of research in this space (notes and recordings found [here](#)).

This session looked in depth look at the evaluation of a recent cross sector project called the Community Coordinated Support Programme to update understanding and gain more detailed insights into the experiencing of building and maintaining formal partnerships across councils, communities, and advice organisations.

Learning Coordinator of the CCS Programme Janet Grauberg joined the session to share learnings from the final evaluation of the project and started with an initial overview of the objectives and approach of the programme.

Janet's slides can be found [here](#).

Background

The "Not Making Ends Meet" report conducted by The Children's Society and The Church of England which found that **the first port of call for crisis support was often voluntary sector or other statutory services, rather than local welfare assistance schemes**, and that families tended to "bounce around" different services trying but failing to access support.

The report can be found here: <https://www.coordinatedcommunitysupport.org.uk/content/not-making-ends-meet-0>.

Programme design

The three year programme started in September 2019, the pandemic affected the programme somewhat and was structured as follows:

Year 1 understanding the landscape of local support and VCS initiatives,

Year 2 formalising the networks and introducing digital referral mechanisms, and

Year 3 building on this and focusing on sustainability.

The developmental work of the programme was spread across three Tiers:

Tier 1: Localised coordination to support awareness of and access to local support services.

Tier 2: Working to connect Local Authority welfare assistance schemes with other local support services.

Tier 3: Collecting and collating evidence and impact to influence policy at a national level.

The Theory of Change centralised **coordination as the enabler for increased awareness of and access to support services for people in crisis**.

Definitions

Coordination as:

- A **network** of local organisations, meeting regularly, sharing information about services on offer and emerging issues, most of which pre-existed the programme, and
- A **digital referral system**, underpinning the networks, allowing VCS and statutory organisations to refer people to each other's organisations.

Evaluation

The KPIs set out in the initial funding bid were based around the increase in number of users. It emerged after a 6 month period that these were unhelpful measures, particularly post pandemic where the numbers of users universally increased, rendering the impact of the CCS contribution unidentifiable.

The programme also found that reporting on these KPIs was burdensome for the participating organisations, and, in addition, there was not enough capacity centrally to provide data analysis support.

Based on this, the evaluation process was changed to **an outcome focused model with increased coordination as the key element of reporting**. Coordination was defined and participating organisational staff were interviewed.

Q&A session (video [here](#))

a. How were the pilot areas chosen?

The Local Government Association went to Local Authorities on behalf of the CCS Programme to encourage them to get involved in a bid. A key criterion was that Local Authorities had to have a **Local Welfare Assistance Scheme** in operation.

Despite being bid leaders, all the funds went to VCS organisations, **this mechanism tied in support from Local Authorities to VCS organisations in their areas.**

b. How were the adapted KPIs decided across the partnerships?

The CCS team developed a draft Theory of Change logic model and then tested that with key stakeholders at the pilot sites. This was a light touch process to take account of the need to focus on Programme delivery and frontline capacity issues.

c. How can you demonstrate that people are getting better support than they otherwise would have? (video [here](#))

This could only be shown as part of a randomised control trial method, which was not something the CCS Programme set out to undertake, not least because of the lack of an ethical counterfactual (to randomise who should and should not be helped).

Instead, **the alternative employed was to go to the professionals who were working with users and ask them how coordination had made their work to support users easier.**

Attendees shared some comments.

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| Ethical control groups | Good point about ethical counterfactual. It's difficult in this type of work. The work around of asking professionals is key and valuable/valid and used in public health. |
| Additional research | Going Deeper Report (findings on partnership and collaboration): https://www.ntu.ac.uk/_data/assets/pdf_file/0046/1849879/Going-Deeper-IH-Stage-III-Research-Evaluation-Report-260622.pdf |
| | https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3512672 |
| | Taylor-Barnett, Pamela and Curran, Elizabeth, Pathways to Empowerment and Justice: The Invisible Hurdles Stage II Research and Evaluation Final Report (June 15, 2021). Available at SSRN: https://ssrn.com/abstract=3867295 or http://dx.doi.org/10.2139/ssrn.3867295 |
| | Curran, Elizabeth, From Fragmented to Holistic: Starting the Evidence Base for Client – Centred Practice through Navigation: a Report on the Research Evaluation of the Hammersmith Fulham Law Centre ‘Women’s Crisis Navigator Service Project’ (Pilot) (August 5, 2021). Available at SSRN: https://ssrn.com/abstract=3899573 or http://dx.doi.org/10.2139/ssrn.3899573 |
| | I have a recent paper I gave on lessons about relationships & collaboration from my research I gave to a conference in August (just notes) happy to share its a pdf. Liz.Curran02@ntu.ac.uk 'Lawyer Secondary Consultations: improving access to justice and human rights: reaching clients otherwise excluded through professional support in a multi-disciplinary practice' 8(1) Journal of Social Inclusion (2017) https://josi.journals.griffith.edu.au/index.php/inclusion/article/view/8 |

d. What type of issues were your core beneficiaries experiencing? (video [here](#))

People who were in financial crisis, particularly groups who might be largely managing but then be engulfed by crisis due to a single or specific issue arising.

We don't know whether that's a separated out cohort, the pandemic increased the mix of people accessing services, but our aim was to address the cohort of users who bounce around multiple services.

The nature of this focus on users allowed organisations and staff to address all the issues affecting financial instability, rather than report on numbers in individual cases or activities and **triage the issues effectively**.

3. Programme learning and outcomes ([video here](#))

Three key lessons

1. **Better local coordination provides benefit** for people who need advice and support, professionals working in organisations offering advice and support, and strategically for all those working in an area.
2. **The form that coordination takes will vary from place to place**, but there are some common elements that can be identified.
It's important not to be too imperative about the structure as an adaptable approach will be able to best meet local area needs. For example, the breakthrough for Swansea came when the footprint of the referral system expanded to include Neath Port Talbot, to match the Wales Government Regional Advice Network.
3. **“Organising the slices better doesn't make the cake grow bigger”**
There is a fallacy that by joining up services better we will be able to meet demand, this is not what we found. Better local coordination does not, of itself, resolve capacity challenges in local services, or people's financial crisis.
In addition to this, coordination costs, with the bulk of resources around coordination going to support engagement and relationship development, alongside investment in systems and software.

The benefits of better local coordination

For people in need of advice and support

- **“No wrong door”**
People are able to access a range of advice/support from a range of service providers, including “gateway” agencies such as social prescribers, schools, and foodbanks.
Social prescribers were particularly active producing a large number of referrals.
- **Holistic support**
People are able to connect to advice and support for a range of issues that they may have using a single platform and portal to access different organisations using the same information.
- **A warm handover rather than just signposting**
If people need other help, organisations can refer them quickly, securely, and in a dignified way to others in the network, who then have better information on how to help them rather than rely in individual networks and connections.

For professionals working in organisations offering advice and support

- **Increased efficiency**
The up-to-date directory in the referral system saves professionals' time (whether staff or volunteers) in identifying the right organisation.
- **Increased awareness of available services**
Offering different types of advice, help and support. This ranges from statutory services such as Local Authority Welfare Assistance/ Resident Support Schemes, to small, local, or specialist services.
- **The opportunity to share the load between organisations**
The ability to turn off new referrals in the system while having confidence that any such referrals will be passed to another organisations – especially important for small VCS organisations.

Strategically, for all those working in a local area

- **Reducing “service bounce”**
People are more likely to get the advice and support they need more quickly, without “bouncing around the system”.
- **Increased collaboration**
Organisations who joined the network worked more together, even before the digital referral system was in place.
- **Increased collection, analysis, and use of area level data**
The digital referral system is now being used to provide area-level data to identify trends and support strategic service planning. Norfolk Community Fund used data from the NCAN system to inform its local grant-giving priorities. The LA team in Swansea said that being part of the CCS-led network had highlighted gaps in provision in the area.

Challenges for local VCS organisations

1. **Long term and diversified benefits**
Getting involved in local network meetings has costs in the short-term, and the benefits come in the long-term. Benefits may also come to other organisations and initiatives before they come to yours.
2. **Capacity**
Giving time over to partnership working when you are responsible for running an organisation and maintaining services is incredibly difficult. This is particularly true of micro organisations, which make up the majority of VCS organisations.
It can also reduce the effectiveness of the coordination, where increased referrals are generated, and organisations referred to do not have capacity to pick up the additional work to their usual demand.
3. **Roles and responsibilities**
Smaller organisations in particular may find it difficult to participate effectively in the strategic and partnership working element of coordination. Over time, the networks have developed a core group, comprising larger organisations with more strategic capacity, who drive development plus a much larger network of smaller organisations who engage less frequently.
4. **Training, skills, and systems**
Using new digital systems always requires change, onboarding, and training all of which is time consuming. Digital skills are also required and digital literacy and confidence at VCS organisations is not always high and may be particularly difficult to retain given the turnover of staff and volunteers.
In addition to this the lack of interface between referral systems and case management systems may provide barriers for use (though some see the divide as a positive thing).

Common elements of effective coordination

A network of people who:

Share a desire to achieve better outcomes collaboratively,

Have a shared understanding of the local environment in which agencies are operating, and

Are motivated to act together – “willing to leave your ego at the door”.

- Shared goals and shared values. Organisations may feel that they are in competition with one another, particularly for Local Authority funding. It takes time to build relationships of trust
- Effective coordination is built on relationships of trust between individuals within organisations and building and developing such a network takes time (years, rather than months) to enable people to work together. Covid helped with this as there was more motivation and activity to support people.
- Motivation to collaborate has to be both personal and organisational. If it is only one person, it will be lost when they move on. Collaboration has to be within the organisation’s activities and strategies otherwise it will not be enforced and valued. People have to be prepared to change – to become more open to new ways of working, and to move from a “signposting mindset” to a “referral mindset.”

An underpinning ‘mechanism’ that facilitates robust referrals across agencies.

- This has to be more robust than just the odd email.
- The digital referral mechanism **increases confidence in collaboration**. A referral system allows people to say “no” with confidence it will be picked up by someone else.
- The digital referral mechanism **increases reach** across the network. It **enables referrals from smaller, disadvantaged communities** and encourages people to think about organisations they wouldn’t otherwise refer to (including the Local Welfare Assistance Scheme). It enables specialist sub-groups (e.g., on debt).
- Mechanism **increases efficiency and impact**, and it **produces data about referral patterns** that allow organisations to spot key issues emerging.

Capacity and legitimacy to lead the network, administer the referral mechanism, and support collaboration (including bridging between VCS and the Local Authority)

- **Coordination doesn’t happen on its own**, it has a cost
- **There are various types of capacity required**: organising and facilitating events, building relationships, supporting engagement, policy engagement, growing the organisations on the network (especially smaller groups), and maintain the technical aspects (IT, licences, etc.).
- There are some examples of Local Authorities leading coordination, but most participants feel the **coordination leadership role is better situated in the VCS**. It reduces the power imbalance and builds respect for VCS leadership.
There were challenges to this, as some Local Authorities felt that it was their role to lead in coordinating local VCS work.
There were also challenges in identifying which VCS organisation was best placed to convene the coordination, while pre-existing networks in some places created a natural home for these initiatives in others changing organisational capacity, focus, and leadership played a role undulating legitimacy.
Where it was not clear which organisation might take the lead, a formal tender process was held which helped secure legitimacy, this might be something to suggest utilising more.
- There is a **lack of capacity in Local Authorities**, as well as in the VCS.

Sustained investment and leadership – it does not happen on its own

The role of Advice Agencies and Advice Networks in leading coordination

Our experience was that it was local advice agencies that stepped forward to take this leadership role. We have identified some theories as to why this might be, but they are not evidenced.

Advice agencies are:

- More likely to part of a network already.
- More likely to have an overview of the range of needs for advice and support and be accustomed to triage what they can help with and signpost/ refer to other agencies.
- More likely to have clear “client-facing” hours, together with “critical paperwork” hours enabling separate and dedicated time to support system maintenance.
- More likely to have paid staff comfortable with digital record-keeping.

CCS Programme Conclusions

1. All four of the programme sites have made progress in
 - a. developing a network of VCS organisations which are working more closely together, and with their Local Authority.
 - b. expanding or adopting a digital referral mechanism which is facilitating more efficient inter-organisational referrals and increasing reach.
2. The challenge is now one of sustainability of these networks and systems – coordination is not a free good.
3. There were side benefits in terms of giving VCS organisation some status in the local area. The programme’s support for VCS organisations was felt to have raised their status in the local area and given them “a place at the table”.

4. The programme sites note the limitations to coordination – “there’s no point having a referral system if there’s no funding for the services we refer to”.

Q&A session ([video here](#))

a. How were VCS partners identified?

The opportunity was open to all VCS organisations, but it was difficult to reach all organisations that exist. There are vast numbers of organisations that operate at District and village level who were difficult to reach and engage. There were repeated open calls to join and eventually core groups formed in local areas.

b. How do you ensure quality of service from partner organisation?

The relationship building element of this work helped to address some of these concerns. Organisations were using the presence of a referral organisation on the referral system as a quasi-assurance scheme, whereby if they had been through the training scheme and understood the principles then they would be a good quality service to refer to.

There were also protocols within the system requiring people to respond to referrals in a timely manner meaning people were assured that referrals would be picked up.

Comments from attendees:

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| Ensuring the quality of advice and referrals | One important issue is about ensuring quality of advice and knowing that, when doing a 'warm handover', the organisation receiving the referral has the systems in place to provide a quality assured service. |
| | How would CCS work if all referral agencies closed the system and were not accepting referrals due to capacity reasons. What was the wrap around service if no one was there to help and could this be used to identify the advice deserts existing across the local areas? |
| | Were you able to monitor the quality of services provided to clients referred? Our experience is that clients disappear into a black hole after referral |
| | Some years ago I was involved in setting up Devon Advice Network. It no longer exists, sadly, mainly because there was no funding for the coordination of it. The basic idea was that of 'no door is the wrong door' , so that clients had access, effectively, to any or all advice providers, regardless of the one they contacted. We had membership requirements whereby organisations had to meet basic standards re governance, insurance, principles (e.g. impartiality) and mandatory policies and we came up with the idea of a quality mark - this was based on the organisation having a robust quality assurance system, a recognised quality mark for advice e.g. AQS or was working towards qualifying for one. All members agreed that you needed some mechanism for ensuring that, when you referred someone on, you knew and, more importantly, clients knew, that the organisation to whom the referral was made provided a quality service. Certainly there were all kinds of benefits and advantages to having a network, not least that organisations did learn to trust each other more, were focussed on client outcomes and started providing some services for each other e.g. training. But, as I say, without funding for coordination, the network ended when the organisation which had taken it on lost all its funding. |

c. Did engagement and relationship building suffer as a result of moving organisations online during the pandemic?

The Programme was just getting going as the pandemic started to hit. We saw a huge increase in demand to be involved with the Programme because people wanted to share their experiences and because the Programme was offering quick access to funding to address immediate need.

A significant number of interactions are still online for a range of reasons including convenience and access. If it's made any different it has been positive as it has facilitated at the Programme level, the local areas learning from each other.

d. How did social prescribers fit within these partnerships?

Sarah Sauvat from Island Advice, who coordinates the Tower Hamlets Community Advice Network spoke about her experience.

When the referral network was started during the course of the pandemic the network became aware that the largest groups of referrers were social prescribers, whereas prior to the pandemic and the digital system they had been unable to identify the different cohorts making referrals to services.

The network and system increased the numbers of referrals being made but also highlighted a lack of awareness of social welfare matters from social prescribers meaning the quality of referrals was quite low, particularly in housing.

The network addressed this by developing workshops, providing factsheets to remind social prescribers of key information, and delivering training to provide link workers within the social prescribers network to provide a single point of contact for social prescribers which can provide context of the different types and scope of advice, identifying when specialist support is needed to improve the effectiveness and quality of referrals.

When you join up different services people don't always know what advice is or what specialist advice provides as a frontline service.

For the system and referrals to become effective there is an element of training requires, and a lot of communication to improve understanding. One element of this is provided by the system which allows for feedback on why a referral has been declined which can be used as an additional educational tool.

Have you been able to improve your relationships with social prescribers?

Yes, one social prescriber who is training to become a link worker also comes to volunteer at a housing clinic which provided a huge amount of insight about the process and volume. This may be a positive model for encouraging further understanding of and development in the advice sector, as well as upskilling the social prescribing community.

There is a better understanding of how the same challenges are affecting and being felt by different parts of the ecosystem.

Comments from attendees:

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| The role of social prescribers | Law for Life discovered the role of Social Prescribers last summer when we ended up delivering training on housing rights to a group of Social Prescribers in the NW. We have tried to reach them with training and information on a national level but they work very locally |
| | Welsh Gov have consulted on a common framework for social prescribing: https://gov.wales/developing-national-framework-social-prescribing |
| | We have been involved in providing training and information to Social Prescribers and have had some projects which are connected to and funded by PCNs. We have also been involved in writing a national online training module for Social Prescribers to help them identify social welfare issues and signpost for advice. The main issue I have is that the result of Social Prescribers becoming better at identifying need and referring on, is that this increases demand without increasing capacity in the advice sector. They are a good triage point, but, in some ways, I think the first triage system should be holistic advice and then Social Prescribing - the client is much more likely to engage in (and afford) social activities which benefit their mental health if, for example, they're not worried about the bailiffs coming tomorrow because they have had appropriate benefits, housing, debt and money advice etc. |

e. Has coordination increased the ability of smaller organisations and community based initiatives to participate and effectively engage with policy change?

Certainly, during the pandemic because case studies and examples were being fed through directly from the pilot areas to The Children’s Society who were able to give voice to them.

Some VCS organisations joined exactly because they wanted to have more of a policy voice.

Since the pandemic and programme has come to an end The Children’s Society are continuing to use the lessons the Programme has generated to inform their influencing work, particularly to allow Local Authorities to be allowed flexibility to fund this kind of work.

4. What is needed so we can we adopt, change, and develop (video [here](#))

As well as learnings from the two reports speakers also highlighted some specific recommendations to different parts of the community which would enable us to achieve better service delivery using the CCS Programme learnings.

Attendees shared their experiences of supporting coordination:

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| Shared experiences around supporting coordination | Does there need to be funding or can orgs begin to operate as networks as part of standardised ways of working? |
| | Having a common agreed goal has got to be the starting point for effective partnership working. |
| | Has to be local and be relevant to community - incredibly important for impact & effectiveness. No homogenous answer. Governments and funders like it to be simple but we deal with complexity. |
| | It's fantastic to hear what best practice works in other geographical areas as it gives lots of ideas to work from, but it then needs to be adapted to each area as there's so many existing local nuances that need to be worked with. |
| | Thanks for emphasising the need to develop relationships and trust rather than a 'bolt-on' system. The challenge for local VCSE organisations is having the capacity to keep networks going in the face of the increased demand coming their way. |

a. What environment is needed to successfully implement learnings from this programme? What works well in terms of funding?

The need for Local Authority funding was not a learning from the Programme. What was found was that Local Authority support and backing on the point of legitimacy was more important than funding, this meant that organisations, particularly those who were commissioned or were likely to want to be commissioned by the Local Authority, felt that the coordinated project was a legitimate thing to be part of.

This was a three year programme with not an insubstantial number of resources invested across the period. There were three full time members of staff in the CCS team driving local engagement and supporting both the development of local participants and supporting local network coordinators.

It takes desire, commitment, and tenacity to develop and deliver a network and its benefits, where there are existing networks this energy may be easy to identify, but where there is not it takes centralised support to kick start this work and facilitate development.

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| The role of Local Authorities | In Suffolk, there is a referral network, coordinated by the county council, set up during the pandemic. It HAS brought VCSE and statutory services together, it has made a real difference to our legal triage & signposting service for clients with clustered issues, and having the council run it does mean the issue of capacity is not an issue for us, BUT concerned about the impact going forward, control, etc. I think we have definitely benefitted from the revaluation that Covid enabled. Suffolk is a large rural county (similar to Norfolk) but the will to coordinate and work together was very piecemeal before. The lack of trust (within VCSE as well |
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| | as towards statutory providers) is still there, but the warm referral network has helped to address this. |
| | Janet great point about backing & legitimacy not all about funding and time for the program in longevity critical points. |
| | Distrust and animosity sometimes between LA and community members and also VCSE in my experience so important to nurture these relationships |

b. In terms of roles and relationships, what soft skills are needed to support coordination?

Community Leadership is a key role in the programme to deliver the types of relationships that enable networks, systems, and structures to work effectively.

The need for these roles has informed our dual focus on supporting capacity and legitimacy. Some of the misfires experiences were due to the retirement of these key and pivotal personnel and successors not having the same kind of legitimacy across their networks.

These learnings were sometime s particularly hard for Local Authorities who had potentially presumed their legitimacy and were surprised when legitimacy was actually found within the VCS community, though this is also a consequence of the unique and special bond between the VCS community.

With time and the impact of Covid initial concerns about challenge and competition from across and within networks was overcome.

c. To what extent did the longevity of the Programme enable partners to participate?

Three years was just enough time to start the ball rolling in areas where there was not a pre-existing network.

The Programme aimed to help coordinate services better, not to implement networks and a digital referral system. This process of discovery was key to enabling the pilots to develop at a rate that allowed for and supported engagement and legitimacy.

d. How does investment in coordination level with providing funding to frontline services?

There's no point in funding coordination if services don't have capacity. Speaking to place based funders such as Children in Need, the Lloyds Bank Foundation, and the Joseph Rowntree Foundation, we are highlighting the additional benefits that come from supporting coordination.

Organisations and their funders want to service people who need help, and if this is the way to reach more people then this approach will achieve that aim.

In Norfolk, the local community foundation is an active participant in the network because the insights generated from the coordinated approach allows then to hear about emerging need and prioritise their grant giving accordingly.

This approach enables local funders, including Local Authorities, to look at what collectively they are funding and have a dialogue about what the overlaps and gaps are.

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| The role of funders | The comment around organising better and coordinating takes more work not less as trust and relationships take time & funder should try to recognise this. The recommendations and findings in some of my Australian research on partnerships and collaborations might be of use. |
| | In the recent LSLIP programme, run by ATJF, it was interesting to see the different roles of leadership vs management in the various partnerships. The funding enabled these roles to both be funded, which was great. |
| | Trusts and Foundations have a unique role in funding this kind of work/approach because they can transcend local authority boundaries. Getting county-wide partnerships set up in a two tier area (eg Gloucestershire) is virtually impossible when the six District Councils don't all want to pitch in funding with the County |

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| | Council so it ends up being a postcode lottery in one county when one or two Districts are not covered due to lack of joining in by one or two Councils. |
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e. How does the development of a referral system fit with our needs in terms of skills and infrastructure?

The networks and the relationships are the critical things, but the systems offer important efficiencies and functionality.

As well as an investment in training, which can be ongoing as new staff and volunteers arrive, there also needs to be ongoing maintenance and administration of the systems.

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| Need for training | Training ongoing due to staff changes key and needs to be regular, progression and cover new and changing staff. |
| Additional resources on referral networks | Janet gave a presentation to the Justice and Innovation Group on the systems the referral networks used here: https://net4justice.notion.site/JIG-December-2021-Meeting-Notes-a767069de4b74115b2133aa316418309 |

5. What more do we need? (video [here](#))

The final part of the session explored the future of this and how the solutions shared may be further developed.

a. What other feedback or learning has the programme evaluation generated?

There is an increasing interest in joining up more place based work, this includes from funders, particularly Children in Need. The Greater London Authority are also really keen to try and think about increased coordination, for example around their cost of living hub and Local Authority bulletin, and the benefits this may bring in supporting Local Authorities who are trying to signpost people in need.

There is also slight discomfort at the amount of work undertaking these Programmes can be, but if you want or need a better system in three years the best time to start is now: "the best time to plant a tree was 20 years ago, the next best time is tomorrow".

b. What does future development of this programme look like?

In the same way as buying a digital referral system will not create a local network, installing structured from another area will not be a viable solution.

This is not a one size fits all, each system or structure has been adopted and adapted, the network compositions are very different. It is about what your local community needs to improve access.

These things work when they are locally embedded in the existing infrastructure and can be built on top of existing relationships.

c. What role is there for future centralised work to support local coordination?

Even in Norfolk where a system has been up and running for years there are still issues surrounding engagement for example, County Councils are engaged but District Councils are less so. There is still work to do in the identified common elements of effective coordination.

Ultimately, nothing beats getting people round a table to talk about how we can work better together, to share our experiences and to recommit to working better together, putting our organisational issues aside.

Some of these questions may be down to our own ignorance of pre-existing working being done by local communities that is for us to seek out and request to be part of, feed into, and support.

Comments from attendees:

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| <i>The importance of building on what already exists</i> | Really important point to build on existing agencies that already have an awareness of needs, triage, signposting but clear vision and values in common helps. Janet this is a great and insightful presentation. |
| | Organising the community response together before lots of fragmented hyper local groups set up is key |
| | So many communities are already doing this, working to make existing networks more effectively would help. Do come and talk to us at GL11 Community Hub, we've organised successfully for covid and CoL crisis |
| | Advice agencies are too often not involved in existing communities, I'm sorry to say. |
| <i>Using communities of practice</i> | Any views on a 'community of practice' for shared learning and discussions about overcoming barriers at a regional level. I am thinking of doing something as I used to facilitate quarterly ones in different regions with guided questions flowing from people's feedback. I was advised that in a safe space it really made a difference to confidence, communication, and ability to share work arounds, good practice, and frank discussion. Would this work here? |

6. Meeting Close

MdIR extended thanks to the speaker and those who shared their learnings and experiences via the chat, with the rest of the community.

This was an initial session dedicated to insights and learning. There has been a positive initial response from the academic community and we have several topics provisionally lined up including Health Justice Partnerships, and legal needs.

Attendees were encouraged to share their feedback on the structure of the group and content of the meeting, including what would be useful to do more of moving forward. Please complete this survey to share your thoughts.