Independent Evaluation of the City and Hackney VCS Enabler Programme
Executive Summary

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The VCS Enabler Programme

The City and Hackney VCS Enabler Programme ('the programme') was set up in Spring 2021, with the aim of improving collaboration and partnership working between the Voluntary and Community Sector (VCS) and local health and care systems, such as City and Hackney Public Health and Integrated Care Partnership Board, the City of London Corporation and Hackney Council (LBH).

This innovative infrastructure programme aimed to help health and care bodies connect and work more effectively with the numerous VCS organisations in City and Hackney (CH) and benefit from their expertise and reach. City and Hackney's population is highly diverse in terms of ethnicity and other characteristics[1,2]. Black and other minoritised communities are known to endure relatively high levels of entrenched poverty, inequity and deprivation, all of which predicate poor health outcomes, and face a range of barriers in accessing suitable services. Many VCS organisations in this area work with and were created by diverse groups. Hearing directly from and partnering with the VCS was hoped to improve engagement with more marginalised communities and help design more acceptable and accessible services to address health inequalities and assist health promotion and prevention.

The evaluation

In spring 2023 an experienced social researcher was commissioned to conduct an independent, formative and process evaluation. This aimed to assess the programme's progress over its first two years and provide useful and timely learning points. It focused on the programme's role; operational approach, processes, reach and engagement; reported outputs, enablers, challenges and outcomes; and recommendations for improvements. Fifty participants from a wide range of VCS and statutory sector organisations shared their experiences and views in qualitative, in-depth interviews and focus groups. The evaluation analysed these alongside monitoring, written feedback and other data collated by programme staff.

Key findings

These are set out as follows:

1. The programme approach and processes
2. Key outputs to April 2023
3. Enablers
4. Outcomes
5. Challenges
6. Recommendations

1.   Programme approach and processes

The programme comprises a small staff group, based in the VCS umbralla organisation, Hackney Council for Voluntary Services (HCVS), and representatives from VCS and statutory organisations. The VCS Leadership Group set overall priorities. Programme staff actively foster networking and collaboration, the identification and progressing of health and care issues which are relevant to local people and provide '*the glue*' and secretariat which '*grease the wheels*' of the programme. For instance, the staff identify and engage new groups and individuals, organise numerous meetings, introduce and 'explain' VCS and statutory organisations to each other, gather and share information, progress policy issues identified at meetings and undertake a lot of behind-the-scenes linking and support.

The programme's main operational approach is to:

- Pro-actively link the statutory sector and VCS on both organisational and individual levels.
- Organise generalist and specialist meetings to enhance information sharing, networking and cross-sector collaboration and identify

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important topics which merit further exploration.
- Provide the necessary support to help progress prioritised issues and develop these into policy strategies and recommendations, through specialist fora or bespoke working groups.
- Ensure information is shared with and from the City and Hackney Boards, the City and Hackney Neighbourhoods Programme and other statutory systems[3].
- Link new and small VCS to useful capacity building support, training and guidance within HCVS.

2.   Key outputs to April 2023

Over its first two years, the programme's main activities and outputs were:
- Extensive VCS and statutory sector participation in over 100 cross-sector meetings, including:
  - Six generalist Assemblies, monthly coffee mornings, seven different special interest groups, fora and networks (each of which meet three to six times a year), and numerous ad-hoc working groups, addressing discrete topics.
  - These attracted approximately 1900 individual attendances[4], by 673 individuals
  - The attendees were: 440 staff and volunteers from 229 VCS organisations, supporting different population and interest groups; 189 statutory sector staff from 30 organisations and departments; 21 people from 6 housing associations; and 23 others.
- Initiating and supporting collaboration between the VCS and the statutory sector, to identify priority topics relevant to the diverse local population groups and needs.
- Assisting the co-production of several policies and strategies, such as Hackney's new LGBTQIA+ strategy
- Contributing to many other policies developed by the local health and care sector, including the Health and Wellbeing Strategy, place-based

outcomes, the Equalities Impact Assessment and Resident Involvement model.
- Facilitating the development of City and Hackney's anti-racist commissioning principles, and a consortium working to reduce discrimination in school exclusion.
- Helping CH Public Health progress initiatives with less often reached priority groups, around issues such as obesity, long-term health conditions, smoking and physical activity.
- Assisting local VCS organisations secure £70,000 funding to support asylum seekers, subject to the 'No Recourse to Public Funds' rule.
- Supporting development of the processes for £150,000 funding, through the Integrated Communications and Engagement Group.
- Providing evidence to CH Public Health to apply for £500,000 under the Better Health Fund.
- Helping researchers at St George's University engage with and gather input from an African women's group in participatory research around vaccine hesitancy and distrust of health institutions. The study is written up in the BMJ[5].

3.   Key enablers found and what was reported to be working well

The programme has ambitious aims and provides the brokerage to introduce and connect different sectors and people, who commonly do not know each other, and often have misapprehensions. Such cross-sector and multi-agency networking and formal meetings would be much more difficult and sometimes impossible to coordinate otherwise. Ideas to improve policies or services might go nowhere without an organisation providing infrastructure support, skills and local knowledge and trust to move things along. Many factors were found to underpin and be critical to this work. For example:
- The close collaboration developed by City and Hackney VCS and statutory sectors to work on COVID-19. This proved effective in engaging marginalised and less often heard groups in information and vaccination programmes.
- Embedding the programme within and championing the VCS was said to achieve much

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[3] And in time with and NEL Integrated Care Partnership
[4] This is not the same as individuals, as many people attended more than once and/or more than one type of meeting
[5] https://bmjopen.bmj.com/content/13/1/e063462;

more traction and trust than would be likely if similar initiatives were attempted by a statutory health or care organisation alone.

- The range, insights and expertise of Hackney's extensive and vibrant VCS and their willingness to engage and directly share local communities' needs and experiences of health and care policies and services.
- Programme staff's understanding of and respect for the VCS and statutory sector partners and their different priorities, stresses and needs.
- Staff drive, inclusivity, hard work, determination and skills in linking people. Much appreciation was voiced for their understanding and behind the scenes work to progress issues and build local VCS capacity.
- The extent of programme activity and joint work, albeit this is hard to quantify or demonstrate.
- Connecting organisations and individuals and the creation of '*safe spaces'* for the VCS to meet other organisations in the '*same room'* and voice community issues, such as mistrust.
- Cross-sector contact and extensive input from different organisations helped joint working and dialogue and incrementally augmented mutual knowledge, relationships respect and trust.
- The programme was described as the '*sum of those involved'*, in recognition of the extensive VCS and statutory sector participation, buy-in, good-will and willingness to engage.
- Hearing directly from the VCS and community members enabled the statutory sector to appreciate diverse communities' experiences, fears and views, as well as fears, distrust and other barriers to accessing services.
- For the statutory sector, hearing *'fresh voices'* identified factors which were not previously appreciated, and provided deeper insights and a more '*solid'* platform for new strategies.
- The statutory sector said they benefitted from VCS openness, '*honesty'* and *'challenge'*. They described this process as like having a *'critical friend'* and hoped this would enhance buy-in across different communities.
- The 'backfill 'payments helped some VCS cover meeting time and other programme work.
- Locating this programme in HCVS boosted the programme in many ways. For example, it built on HCVS's networks, infrastructure and

reputation, thus minimising the reinvention 'of the wheel', which might have happened otherwise.

- HCVS's lengthy experience of working with large and small VCS assisted the programme to build on existing relationships and networks, and direct VCS organisations to HCVS capacity building, training advice and other support.

4.   Reported outcomes to date

It is notoriously difficult to locate, measure or attribute outcomes in health or social care programmes, for example in this instance the desired changes in relationships, community engagement, co-production, etc, let alone any impact on health or care inequalities. It takes time for any outcomes to materialise. Moreover, appropriate indicators of change and what counts as valid 'evidence' of outcomes requires establishing baseline data and agreeing robust methods at the outset. The evaluation found that this programme had to date placed most emphasis on establishing processes and ensuring inputs and outputs. Moreover, in general, only programme staff and those directly involved were aware of a specific piece of work or any effect from it.

That said, several outcomes were reported for the organisations and individuals involved in the programme.

- Evaluation participants felt more connected with VCS and statutory sector organisations and personal in City and Hackney and that they had benefited from new and re-invigorated networking and partnerships.
- The sharing of information and insights had improved markedly. All parties felt more in touch with what was happening locally.
- Participating VCS felt more '*in the conversation'* and more listened to when raising issues important to their communities.
- They reported that they had gained confidence, validation, kudos and leverage as well as a better appreciation of strategic processes and systems.
- The statutory sector said they benefitted from more routine and meaningful connections with *'real'* people and *'having the right people in the room'.* Many reported having had little or no contact with any VCS before.

- The programme had improved their awareness, knowledge and respect for the VCS, their work and barriers faced and realised their shared interests and motivation to help local people.
- This helped them understand how to work with more diverse VCS.
- The open, and sometimes robust, exchanges paved the way for better quality and more honest, if sometimes challenging, dialogue.
- The programme had provided greater insights into diverse communities' experiences and needs and new angles from the '*real world,* including direct experiences of current services and how say mental health symptoms can present and be explained differently among diverse cultural and religious groups.
- New relationships created platforms and had helped mobilise a joint, rapid, community responses, e.g. to the earthquakes in Turkey and Syria and a vigil for Brianna Ghey.

5.   Reported challenges

The challenges fall into external factors and those emerging from programme design and delivery.

Setting up during the COVID-19 pandemic provided the first challenge, as all organisations were focused on addressing local needs, and meetings and networking were severely restricted.

This programme works within multiple, long-standing, contexts, which impact the health and wellbeing of local people. These include long-term inequalities, structural racism and access.

The statutory sector and VCS services face financial and capacity pressures, aggravated by 'austerity' budgets. In addition, the VCS often lack core funding and face conflicting expectations, e.g. to provide high-quality services at speed and address long-term needs on inadequate, short-term, project funding. The commented that they felt undervalued and perceived as inept and amateur, but nonetheless faced high expectations.

In terms of design, the programme was found to lack its own distinct identify. The term '*VCS Enabler*' was described as opaque and jargonistic and was rarely used, even by the NHS (who had coined it). The programme was often conflated with, and referred to, as 'HCVS'. In general, no-one could say how it mapped onto the (re-) structure of statutory health and care bodies. Most evaluation participants said they lacked an overview of the programme or the priority setting processes, were only aware of work they were directly involved in and did not know if, or how, issues were pursued further. This had led to a sense that little had been achieved, despite extensive activity. As a result, many of the VCS were disheartened and statutory partners sceptical.

In terms of reach, although high numbers have participated, it was impossible to gauge the representativeness of the organisations involved or the gaps in either sector. For example, there is no up to date accurate list of VCS agencies and both sectors experience a continuous churn. Monitoring shows that some VCS and statutory partners attend just once, which could impact relationship building and continuity, as well as the scope of discussions. Furthermore, there is a question around who is best to attend. Should it be lead people in an organisation with a strategic overview, or frontline staff who experience issues first-hand when providing services to people?

The available data indicates that the programme would benefit from engaging more with VCS that work on housing, homelessness and violence against women and girls; with those working with certain communities, including Gypsy Traveller and Roma people, residents in the City of London, and 'newer' groups (e.g. South American); and from greater input from some 'larger', locally based VCS. Beyond that, there is also the question of how to balance quantity (the number of organisations and personnel and range of topics pursued (e.g. learning disabilities, mental health, access, discrimination in services, …)) with quality and depth, for meaningful and ongoing involvement in developing policies or trialling initiatives.

6.   Conclusion

This programme took an inclusive and innovative approach to making meaningful change in a highly deprived area which faces significant long-standing issues, not least inequality and poor health outcomes. The evaluation found that the programme had successfully engaged numerous

statutory and VCS organisations. The latter represented many of the area's diverse communities and interests.

The programme's commitment and hard work, alongside evident good will from all parties, were respected and have helped improve links both within and across sectors.

Both VCS and statutory participants found the programme valuable and reported benefiting in many ways. The meetings, networking and *'safe spaces'* created were highly appreciated. In turn these enabled more in depth and regular information exchange from diverse perspectives and a more frank and challenging dialogue.

The first-hand and evidenced input from the *'real world'* generated fresh insights. The collaboration on several policy initiatives were expected to gain better community buy-in because of these insights and their co-production.

Common limitations, such as the VCS inadequate core funding, cannot be addressed by one programme alone, but are possibly now more appreciated.

Many found the programme's concept and name vague and inaccessible, only knew the part of the programme they were most engaged with and lacked an adequate overview of the extent of participation or work undertaken. This indicates a need for greater communication and a regular review of participation range, continuity and gaps.

Overall, this programme has illustrated some of the scope and potential benefits of cross-sector collaboration, addressing intersectional issues, and the need for an infrastructure organisation to support such work.

7. Top 10 recommendations

a. Agree overarching and annual priorities (with some flexibility). Where possible, align these to City and Hackney place-based priorities, and those of the Health and Well-being Board and the Health and Care Board.

b. Co-produce a clear and transparent communications and engagement strategy to ensure key partners have an overview of, and can readily link into, programme work.

c. The VCS Leadership Group could become the programme's strategic lead, responsible for strategic level influencing, collaboration and representing the VCS on strategic boards and committees. Agreed priorities could be delivered by an operational delivery group.

d. Routinely review the VCS Leadership Group's membership and operations to ensure a healthy mix of small and larger VCS, securing capacity training by HCVS as needed.

e. Review the Special Interest Groups, fora, and networks to ensure intersectionality, inclusiveness as well as effectiveness.

f. Focus on outreach. Address any gaps in work and engagement across City and Hackney. Review the desired breadth, depth and what constitutes 'good' VCS and statutory sector participation (e.g. the number of type of organisations, needs served, extent of organisations' attendance quality of engagement, topics covered, etc)

g. Clarify the distinction between HCVS and the VCS Enabler. Consider a more accessible programme name.

h. Prioritise securing core funding for VCS, limiting reliance on project funding.

i. Continue to be creative and responsive in approaches to improving health outcomes. Keep these informed by community perspectives and use bespoke and accessible approaches for different communities. Ensure all plans are SMART and resourced.

j. Improve measurement. Agree a robust, reliable and realistic process and outcome data collection framework. Report routinely (paying care to attribution). Select and co-produce a few issues as pilots, with agreed outcome indicators to generate sound evidence around what works, or not, within certain contexts or parameters.

Appendix - organisations participating in the VCS Enabler programme

Organisation name (as provided)		
CH GP Confederation	East London NHS Foundation Trust	NHS CH CCG
CH CAMHS	Extended Access Primary Care Hub	NHS NEL CCG
CH CCG	Homerton NHS Foundation Trust	NEL Integrated Care System
CH Integrated Care Partnership	'NHS'	UCLH Psychology Department
NEL Integrated Care board		
CH Public Health,	'London Borough of Hackney'	LBH Gangs Intelligence Analyst
CH Young People Service (CHYPS)	LBH- Young Hackney	London Violence Reduction Unit
'CoL Corporation'	LBH Education -Learning Trust	CH Neighbourhoods
CoL Children's and Families Team		
Healthwatch City of London	Healthwatch Hackney	Healthwatch Waltham Forest
Metropolitan Police	DWP	
Anchor Hanover Housing Association	NLM Housing	Peabody Housing
Bangla Housing Association Ltd	Metropolitan Thames Valley Housing	Peter Bedford Housing Assoc
Clarion Housing		
LSE	LSHTM	University of Exeter
Cordis Bright	Matrix SCM	Condon Consulting
Better Leisure	MB Consults	R Consultancy
Compass Wellbeing	Obaseki Solicitors	Venishmartem Ltd
Goldsmith Personnel Care Agency	Raisin Consulted LTD	
VCS organisations		
Access All Areas	Hackney Cypriot Association	Place2Be
Ackee Housing	Hackney Education / SEND	POhWER
Action For Conservation	Hackney Foodbank	Positive East
Advice Resolutions	Hackney Herbal	Power 2 Connect
Advice Services Alliance	Hackney Independent Parents	Praxis Community Projects
Advocacy Project	Hackney Jewish Community	Precious Lives
African Community School	Hackney Marsh Partnership	Pride in Education
Age UK East London	Hackney Marsh Partnership	Project Indigo
Agudas	Hackney People First	Protect the Child First
Amrits UK	Hackney Playbus	Rainbow Community Care Association
AOPM - Communities for Youth Justice	Hackney Quest	Rainbow Grow
Apex Learning Hub	Hackney Shine	Re-engage
At Ease	Hackney Showroom	Red Roots Incubator
Badu Sports	Hackney Tours	Red Thread
Bags of Taste	Hackney Winter Night Shelter	Refugee Women's Association
Beersheba Living well	Hackney Women's Forum	Riverside
BetaMinds	Hackney Youth Orchestra Trust	Robin Hood Community Garden and Universal Board Games

Bikur Cholim	Haddis Agape Foundation	Roj Women's Association
Black Equity Organisation	Hawa Trust	Round Chapel Old School Rooms
Black Parents Forum	Heads Up! Early Psychosis Intervention Programme	Royal National Institute for the Deaf
Black Woman's Kindness Initiative	Headway East London	SeeAbility
BlackJac Media	Healthy Minds, Healthy Bodies	Self-Employed Art Therapist
Brent CVS	Henry	Shelter
Bromley CVS	Her Wellness	Shepherd Fold Ministry
Brook	Hibiscus Dance Group	Shoreditch Trust
Career camp	HIP- Hackney Independent Parents	Skyway
Carib Eats	Hope and Faith	Social Action for Health
Caribbean community centre	Hotline Meals	Social Eyes 4Life
Centre 151	Hoxton Hall	Social Founders / ELFT
Change	Hoxton Health	Southeast and East Asian Centre (SEEAC)
Change Please Foundation	Hoxton Trust	Space
Chats Palace Arts Centre	Huddleston Centre	St Giles
Children With Voices	Imece Women Centre	St Joseph's Hospice
Chizuk	Immediate Theatre	St Katherine's Trust
Choice in Hackney	Interlink	St Mary's Secret Garden
Christians Against Poverty (Frampton Park Baptist Church)	Irie Mind	St Mungo's
Citizens Advice Bureau	Irish Elderly Advice Network	Star Children Development Initiative
City and Hackney Carers	IVAR	Student Journalist
City Connections	Ivy Street Family Centre	Studio Upstairs
Clapton Common Boys Club	Jewish Care	Studio Wayne McGregor
Clapton Commons	Just For Kids Law	Support When It Matters (SWIM)
Clapton Pond Neighbourhood Action Group	Kanlungan Filipino Consortium	Swallow's Wings
Claudia Jones	Kava therapy	Talk Changes
Clissold Park User Group	Kids	The Advocacy Project
Coffee Afrik CIC	Kinaara	The Charlie Burns Foundation
Community African Network	Kings Crescent	The Children's Society
Community Links Bromley	Kurdish and Middle Eastern Women's Organisation	The Crib
Core Arts	Labour Party	The Mentoring Lab
Dalston Eastern Curve Garden	Lev Pedro Consultancy	The National Lottery Community Fund
DayMer Turkish and Kurdish Community Centre	LGBT+ Consortium	The Quest Collective
DeafPlus	LGBTQ+ Poetry	The Sharp End
Derman	Link Up London	The Wickers Charity
Doctors of the World	Literacy Pirates	Touching Lives
East London Business Alliance	London Community Credit Union	Toynbee Hall
East London Cares	London Play Designer	Toynbee Hall/City Advice
EFA	London Plus	Tracey Booth Publishing

Elatt	Made in Hackney	Tropical Isles
Elop	Melisa UK	Turkish Cypriot Cultural Association
ESB/BLN	Men and Boys Coalition	Turn2us
Fair Money Finance	Mental Health First Aider	Turning Point
Fame Star Youth	Middle Eastern Women and Society Organisation	United We Rise UK
Family Action	Migrant voice	Unknown
Father 2 Father	Mimbre	
Find A Balance	Mind -City, Hackney & Waltham Forest	Vietnamese Mental Health Services
Finsbury Therapy Hub	MISGAV	Vision Ability
First Love Foundation	MRS Independent Living	Volunteer Centre Hackney
Five to Thrive	National HCAW	Well Space Hackney Community Interest Company
Flip Your Dog for Mental Health	National Parents and Youth Open Forum	Westminster Drug Project
Food Cycle	Neighbourhood Facilitator	WHEAT Mentor Support Trust
Founder of Engage Here CIC	New Challenge	Wick Award
Gascoyne Residents Association	New City College	Woman's Trust
Grassroots for Good/HWFC	Newington Green Alliance	Women at the Well
Hackney Archives	North-East London Gymnastics Club Ltd	Woodberry Aid/Fame Star Youth
Hackney Carers Centre	Outward	Xenia
Hackney Caribbean Elderly Organisation	Peer UK Ltd	Yad Voezer
Hackney Chinese Community Services	Performing Arts School	Z2K
Hackney Congolese Women Support Group		