loti

Preventing Residents from Reaching Crisis

A toolkit to support the adoption of preventative approaches

Developed by

Hackney   Newham London

Contents

About this project

The '[Preventing Residents from Reaching Crisis](#)' project sought to explore the role and effectiveness of a range of solutions to prevent vulnerable residents from reaching crisis. Those solutions included conducting frontline staff-led training, hosting reflective peer support sessions, developing a digital referral tool for customer service staff, and piloting a Link Worker model.

The project was conducted by Hackney and Newham councils in the first half of 2021 and was funded by the [London Office of Technology and Innovation](#) (LOTI), as part of its [Covid Innovation Fund](#).

Why this project?

During the Covid pandemic, the needs of many vulnerable residents' were exacerbated. Boroughs experimented with a range of new ways of working within their organisations and with local and voluntary organisations to address those needs before they escalated. This project sought to build on boroughs' range of new and improved relationships with internal services and community partners to identify resident needs and intervene early.

The evaluation of this project, which will conclude in the autumn of 2021, will provide insights on the sustainability of this holistic, preventative model. This will be published on the LOTI website [loti.london](#).

About this toolkit

This toolkit was developed by the Hackney and Newham teams and seeks to share the methods, approaches and outputs delivered by the project, to make it easier for other boroughs wishing to emulate this approach. Each section outlines guidance and practical tips for running workshops with staff and designing technical solutions for finding and signposting residents to relevant services.

Introduction to the teams at Hackney and Newham

This project was made possible by a multidisciplinary team of subject matter experts, service designers, delivery managers, developers and other roles. Below you'll find a list of colleagues who contributed. Their contact details can be found on the last page of this document.

Hackney:
- Zoe Tyndall (Change Support Team Manager, LB Hackney)
- Claudia Knowles (Service Designer, LB Hackney)

Newham:
- Phil Veasey (Public Health, LB Newham)
- Helena Taylor (Public Health, LB Newham)

For **Core Conversations training**: Izzie Hurrell, and Dennis Vergne from [Basis](#)

For **Better Conversations digital tool**: [MadeTech](#); Chris Caden (Delivery Manager, LB Hackney)

For **UCL Evaluation**
Sarah Averi Albala (Institute of Innovation and Public Purpose)

Section A: Why do we need to work preventatively across the system?

1. **Communities are experiencing increasingly complex disadvantage. The only way to cope with rising caseloads and reduced resources is to intervene earlier:**

The [MHCLG Index of Deprivation research in 2019](#) showed that Newham and Hackney both suffered from some of the highest rates of deprivation in London. More than a decade of austerity, combined with a housing crisis, stagnant wages and an ageing population have left our communities facing huge challenges. These vulnerabilities were exacerbated by the pandemic in 2020, placing huge new pressures on both Councils. There isn't enough capacity in the system to support our communities through these challenges unless we invest resources upstream, intervening before residents reach crisis.

2. **The pandemic offers a rare opportunity to innovate:**

Moving boroughs' systems and cultures to preventative ways of working is an enormous change process. But as LOTI recognised when they developed the Covid Innovation Fund, despite the pandemic's challenges, the crisis has also been a catalyst for many positive new ways of working:
- Virtually all staff have adopted new digital tools through remote working, building digital skills and confidence
- The shared sense of urgency has allowed boroughs to quickly stand up, test and iterate new services
- Boroughs have demonstrated far more balanced partnership working with their local voluntary and community sector organisations (VCSOs)
- Boroughs have devolved more trust down to frontline staff, giving them space and flexibility to respond to each resident's needs

3. **We know from staff research that they want to work in these ways:**

More than 250 frontline staff across Newham and Hackney completed a baseline survey responding to 30 behavioural and attitudinal statements. Some clear themes emerged:
- Staff enjoy their jobs most when they feel they can actually help people (96% strongly agree)
- But there are three clear areas where boroughs sometimes make it difficult for staff to do this consistently:

[>>Baseline survey questions](#)

- **Unclear expectations** - not enough staff believe that it's their role to go beyond a resident's immediate needs, having holistic conversations or making referrals to other services:
    - Only a third of staff (35%) agree that *"I'm expected to talk to residents about things in their life that aren't related to my specific job role"*
    - And a similar minority (38%) agree that: *"I am expected to connect residents with opportunities for support in local charities or community organisations"*
    - A full 14% of our respondents were happy to agree with the rather defeatist sentiment: *"If a resident isn't eligible for a service I deliver, there's nothing else I or my team can do for them"*
- **Time pressures** - there is clearly a tension between the time this sort of work takes and the large caseloads which virtually all staff are handling:
    - *"I can think of times in the past week that I've been able to take the time to solve a problem for a resident"* - 26% agree
    - *"My manager would prefer me to take more time with a resident to solve a problem, rather than getting through my caseload more quickly"* - 27% agree
    - *"I don't have time to take longer with each resident to help them solve a problem"* - 33% agree
- **Collaboration and referrals** - the most significant barrier which emerged from this survey was the difficulty of working with other services to link residents with the right support:
    - *"I regularly work with other teams to solve residents' problems"* - 35% agree
    - *"I can think of occasions in the last week that I've connected residents with support from another Council or voluntary sector service"* - 23% agree
    - *"It's easy to make successful referrals to a wide range of council and voluntary sector services"* - 7% agree
    - *"Most of the time when I make a referral to another service, I don't know whether it has been followed up or not"* - 50% agree

This survey gave us invaluable insight into the areas staff felt they needed most support on, and was crucial in how the project team discussed plans with senior leaders in their organisations. It has also provided baseline figures on staff attitudes and behaviours that can be repeated over time to understand if the interventions laid out in this toolkit are making a difference.

4. Academic research confirms that the public sector is moving from New Public Management to focusing on new forms of public value

Public sector capacity and capability is crucial for delivering services that meaningfully shape and create an environment in which people can thrive. Fundamentally, government intervention is only effective if the state has the corresponding capabilities to act. Areas that help to build up such capacity include investment in digital infrastructure, reducing silos and making welfare services more comprehensive, enhancing procurement and delivery.

Unfortunately the state has largely been positioned in the role of a market fixer. Further, because of the impacts of new public management (NPM) - the approach to public sector management championed since the early 2000s - governments have been placed in a reactive rather than proactive position. This has resulted in measuring performance through efficiency targets and narrow KPIs that often restrict interventions rather than capture their value. Little of this supports the rollout of preventative measures that could help vulnerable residents before they reach crisis, and address problems when they are smaller and easier to solve.

There is an opportunity to recognise the constraints of this framing and offer a new way forward of how to think about welfare services. There is ample research evidence that investment into the preventative new ways of working set out in this toolkit will not only improve population health outcomes, but also help to develop public sector capability and capacity within social welfare services.

Who are we supporting?

The work described in this document focuses on a target group of residents in our boroughs: those who have complex needs, who might not currently be receiving support, or who are waiting to access the right kind of support. People like Anna, Jed and Ines.

Anna
- Anna had been living at a friend's house for 3-4 months on the other side of London. She felt she was overstaying her welcome. She is homeless, and unsure if soon she will be illegal in the country as she doesn't yet have leave to remain status).
- She is unemployed, gains Universal Credit and suffers from both some mental and physical illness.

- She feels if only she could have her own place to stay, maybe the rest would fall into place.
- She's sought help from the Red Cross, Newham Housing, Newham Money, her GP and others, but the services have not coordinated with each other to support her.

Jed

- Jed's and his wife's income is low and unstable. Covid had a big negative impact. Their working hours often fluctuated but are now minimal.
- They are in debt with rent and have council tax and energy arrears. They are using a bank overdraft and paying off a payday loan taken to cover essential household expenses.
- The children are now back at school but working more hours will mean paying for childcare as there is no one to babysit the children.
- Jed is hesitant to ask for help and provide all information about their situation as he feels ashamed.
- Jed's wife is part of a community group who convince her to contact the Council.

Ines

- Ines is a 70 year-old married woman. Her and her husband are Spanish speakers, with limited English.
- Ines has been shielding throughout the pandemic: she is a stroke survivor and is living with heart disease, diabetes and dementia.
- In 2020 she began having falls in the bathroom - their shower fitting is not appropriate for her needs.
- Ines's husband is experiencing severe distress - worried about her wellbeing and struggling to cope, particularly after each fall. Shielding has left the couple severely isolated for more than a year.
- Her husband's levels of distress combined with the language barriers mean he has repeated poor quality interactions with Council services, leading to frustration on both sides and no progress connecting him to the services they need.

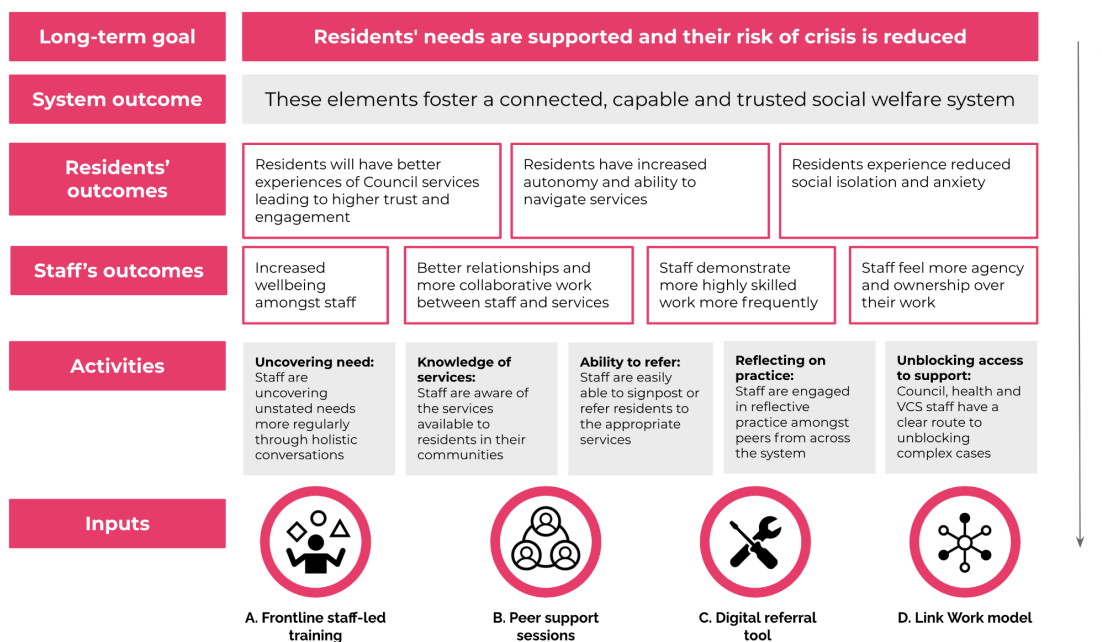# Section B: How can we embed preventative practices in our council?

In this section:

Theory of Change

A Theory of Change describes how change within a specific context is achieved through specific interventions - detailing how to get from A (your current state) to B (your desired outcome).

Theory of Change Framework preventing residents from reaching crisis
View here

Long-term goal	Residents' needs are supported and their risk of crisis is reduced				
System outcome	These elements foster a connected, capable and trusted social welfare system				
Residents' outcomes	Residents will have better experiences of Council services leading to higher trust and engagement	Residents have increased autonomy and ability to navigate services		Residents experience reduced social isolation and anxiety	
Staff's outcomes	Increased wellbeing amongst staff	Better relationships and more collaborative work between staff and services	Staff demonstrate more highly skilled work more frequently	Staff feel more agency and ownership over their work	
Activities	**Uncovering need:** Staff are uncovering unstated needs more regularly through holistic conversations	**Knowledge of services:** Staff are aware of the services available to residents in their communities	**Ability to refer:** Staff are easily able to signpost or refer residents to the appropriate services	**Reflecting on practice:** Staff are engaged in reflective practice amongst peers from across the system	**Unblocking access to support:** Council, health and VCS staff have a clear route to unblocking complex cases
Inputs	A. Frontline staff-led training	B. Peer support sessions	C. Digital referral tool	D. Link Work model	

Interventions

a) Frontline staff-led training
Provision to build skills and relationships across the system (Newham)

Overview
The [Social Welfare Alliance](#) (SWA) was launched in October 2020 offering a training programme and development pathway to enhance the skills of all frontline workers and create better connectivity between Newham Council and Voluntary sector organisations.

We developed two training components for the SWA:
- Core Conversations, focusing on building relationships and trust with residents.
- Subject-specific training, facilitated by sector specialists.

Core Conversations Training
To develop multi-skilled front-line workers who can help residents in a more holistic way and without too many handoffs, training needs to focus on developing relationships as well as specific skills and knowledge, such as housing and immigration.

Core Conversations training focuses on:
- Relationship and non-judgemental understanding
- Not a time-bound service with standard output, but support that could be varied depending on the person and situation
- There is no 'them and us' - we recognise that we could all be in a similar situation, and sometimes we have been
- Not taking control - we can't solve problems *for* other people, but we want people to know they are not on their own.

The training is interactive, building people's skills and allowing them to practise in a safe environment.

So far, more than 150 frontline staff have attended Core Conversations training in Newham, and more than 45 in Hackney.

Toolkit: how you can set this up
Contact the Basis team if you are interested in setting up Core Conversations in your borough.

All the information you need to be able to run Core Conversations sessions yourself is available in this folder, which includes:
- Slides on the principles behind how to have great Core Conversations, to refer to during the session and share with participants at the end
- Prework to email to participants a few days before the session (should take about 20mins to complete)
- Facilitator flow for the session itself, and template emails to send out before and after the session
- Context and scenario dialogue for a resident and the Social Welfare Advisor, for the role play element of the session.

Recruiting participants:
- 12-16 participants per session, maximum 20
- Combination of people from different teams and organisations

Wider Specialist Training Sessions
The need for these specialist sessions was identified as part of the idea to upskill existing frontline staff interacting with residents on a daily basis.

It was thought there would be value in existing community staff providing a level of specialist information about services, such as Housing, but also knowing when and how to refer onto services. To prevent residents feeling like they're being 'bandied around' and to give staff the knowledge and information to be able to help on a deeper level initially rather than sometimes not knowing how best to help that person in navigating a complex environment of support.

We started small, running four sessions on:
- Finance & Employability run by Our Newham Money and Citizens Advice Newham
- Housing & Homelessness run by the Council's Housing Service
- Early Help and Family Support run by the Council's Early Help team
- Immigration for non-immigration advisers run by PRAXIS

A key part of this is that the people running the sessions are the very people who will take referrals when they're made, allowing them to start building a relationship with frontline workers in the local area.

More than 1,300 frontline staff have attended since November 2020 and the range of session topics has continued to grow based on feedback of what is needed.

Toolkit: how you can set this up
- Contact the Newham team (see contact details at the end of the toolkit) if you are interested in setting up subject specific training in your borough. Sessions structures generally include:
- Key things to look out for when talking with clients
- Initial advice/ triage skills
- The key elements of this service area that you need to know
- How to refer into the service speedily and efficiently
- Time for discussion
- You can view the SWA training resources [here].
- View the subject specific training topics [here].
- Example subject specific session plan [here].

Lessons learned
1. Take the time to source the most suitable training facilitator for each subject, work with them on the session structure ensuring that:
   a. It's interactive
   b. There is time for conversation/networking, a break and relevant resources are ready to share with attendees after the session
2. Always have an additional person alongside the facilitator to support the session assisting with any technical issues, managing breakout rooms and feeding in questions. This means the facilitator can focus on the delivery.
3. Provide a clear overview of the session content so people know what they are signing up for and they can ensure it is the right session for them to be attending
4. Provide [clear joining instructions and expectations on the day].
5. Content should be tailored to what's most useful for frontline staff in the questions/situations they are supporting, rather than what the service thinks is key information

Feedback from staff
"Often we interact with people spontaneously however, this session gave us an insight into thinking more about how we approach people with empathy and sensitivity, being non-judgmental, upholding respect, dignity and confidentiality."
- Core Conversations attendee

"Brilliant host. She made a complicated topic with lots of jargon that previously confused me into something clear, easy to understand and immediately

applicable to my volunteering role. Fantastic training and a way to help us all understand our fellow Newham residents. Thank you!" - Bitesize Immigration training attendee

"I didn't know much about processes for those that are homeless or under threat of homelessness so this session was very helpful at broadening my knowledge. There is much I can apply to my day to day working and I found the information on duty to refer and the homeless test very helpful." - Housing and Homelessnes training attendee

"I have been Delivering specialist training sessions on Finance and Employability as part of the Social Welfare Alliance training programme since November 2020. This has meant I have been able to form partnerships with voluntary sector organisations to co-deliver sessions and streamline referrals. The training sessions have continuously developed based on feedback from attendees and facilitator reflection." - Our Newham Money, Service Delivery Coordinator

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b) Reflective peer support sessions
Continuously building skills and supporting wellbeing

Overview
Through peer support sessions, we aim to support frontline staff to continuously build their skills and relationships and to support their wellbeing, so that they can deliver the best possible service to our residents.

The problems we are trying to address are:
- Frontline teams often have difficult conversations with residents and can become burnt out
- There are few opportunities to reinforce the training that teams receive on holistic conversations
- Sharing with others and supporting each other in a team increases overall wellbeing and the sharing of skills and learning
- Working from home has reduced opportunities for doing this sort of mutual support

Peer support sessions involve:
- A group of six frontline practitioners, each from different teams and organisations
- Meeting for one hour each week
- A facilitator who can guide the discussion, build trust within the group, help contain and support the group's concerns and emotions, and recognise when issues might need to be escalated.

Toolkit: how you can set this up

Contact one of the Hackney team if you are interested in setting up peer support sessions in your own borough.

- Recruit an experienced facilitator to help set up the sessions and train group members to eventually lead the sessions themselves. A facilitator may use a range of methods, such as [AMBIT](). We recommend a simple structure that can be replicated and scaled that doesn't have to use a known model but focuses on containing the emotion of the group and building the facilitation skills of members who are trained.
- Set up peer support groups
  - 5-6 frontline practitioners from a mixture of council, voluntary and health sectors
  - Colleagues from the same team/managers should not be in the same group
  - Group members should ideally work directly with residents or manage teams who do
- Run the sessions
  - Run blocks of 10 sessions for each group
  - 1 hour per week at the same time each week - first thing in the morning tends to work best
  - Attendees need to commit to at least 8 of the 10 sessions to ensure continuity of the group

Useful resources:
- [Peer support facilitator job description]()
- [Peer support session summary for recruitment comms]()

Lessons learned
1. When recruiting group members, take the time to speak to each participant individually for 10-15 minutes beforehand to ensure they understand what is involved, ask what they'd like to gain from the sessions, and confirm their attendance.
2. Spend time getting service managers onboard so that participants are supported to dedicate 1 hour per week to the sessions.

Feedback from staff

"It's a safe space for us to express ourselves."

"It allows us to start the day well having discussed our concerns."

"I've learnt a lot from listening to the team and their day to day experiences."

c) Digital referral tool
To support better conversation and facilitate better referrals (Hackney)

Overview
The Better Conversations tool supports resident-facing professionals to make quality referrals on behalf of vulnerable residents.

The tool allows users to:
- Search for support services and see key information including service description and eligibility criteria
- Select services by categories of need
- Create referrals and send them to a range of Council, NHS and voluntary sector organisations
- Select multiple services to share with a resident after
- Feedback on the search results and service listings to allow the development team to continually improve it based on their feedback

The tool

Search results

Loneliness or isolation

If the results don't contain a service or information you require, please let us know.

▶ **Provide feedback**

Anxiety or mental he... Loneliness or isolat... Safe and healthy bod... Council

Adult Social Care Information and Assessment Team

0208 356 6262
access@hackney.gov.uk

For referrals to the Council's Adult Social Care service

☐ **Share service with a resident**

Create Referral

Loneliness or isolat... Safe and healthy bod... Exercise and wellbei... Arts and creativity

AgeUK East London
This is for Older people

020 8981 7124
info@ageukeastlondon.org.uk
82 RUSSIA LANE , , LONDON

Our phone line is open for anyone who is struggling and needs some advice or support. If we are unable to help you directly, we will signpost you to a relevant person or organisation that can. Community, online and befriending Activities/Services

☐ **Share service with a resident**

Toolkit: how you can set this up

Contact one of the Hackney team if you are interested in developing Better Conversations for your own borough. Useful resources include:

- GitHub repos
- Runbook
- User research library
- Show & Tell slides and weeknotes from the development phase

#1 Show & Tell	#1 Weeknote
#2 Show & Tell	#2 Weeknote
#3 Show & Tell	#3 Weeknote
#4 Show & Tell	#4 Weeknote

- **Epics** (this is a term used in Agile delivery and refers to a chunk of work consisting of different tasks - called user stories). Below are the main user stories used to develop the digital tool.

  - As a frontline professional, I need to be able to find local support services so that I know appropriate services for residents.

- - As a frontline professional, I need to be confident that the service data is up to date.
    - As a frontline professional, I need to be able to easily share information about services with a resident, so that they can access the services themselves.
    - As a frontline professional, I need to be able to refer residents to services so that they can have follow-up support.
    - As a referrer, I need to receive a receipt of the referral I've sent so that I have a record of the referral.
    - As a resident, I need to receive a receipt of my referral so that I have clear information about which service I've been referred to.
    - As a service receiving referrals, I need to see the right amount of information which can help me to follow-up and support the referred resident.

- **Prototypes and wireframes**

  [First prototype of this phase](#) [Prototype v2.5 - Interactive prototype](#)

  [Better Conversation v1](#) - Figma Files [Better Conversation v2](#) - Figma Files

  [Better Conversation v2.1](#) - Figma Files [Better Conversation v2.2](#) - Figma Files

  [Better Conversation v2.3](#) - Figma Files [Better Conversation v2.4](#) - Figma Files

  [Better Conversation v2.5](#) - Figma Files

- **Service Assessment & slides**
    - **[Service Assessment Trello Board](#)**
    - **[Slide deck from the assessment](#)**

- The tool has been developed with the support of public sector digital agency [MadeTech](#).

Lessons learned

3. We benefitted a huge amount from using features of other products to deliver Better Conversations. We used our local Find Support Services API to present support services; Gov.Notify to send referral and signposting

emails and we linked Customer Services staff from their case management system to the tool.

4. Don't try and do everything all at once. The biggest problem with referrals in Hackney is that there are very few feedback loops. However, we opted to deliver a tool which can make referrals, take learning from staff using the tool and apply that to scoping out test solutions for tracking referrals.

5. Onboarding new staff takes time and lots of engagement. We found that almost all teams were very enthusiastic about the tools when we presented it. However, the uptake amongst teams was mixed. Getting teams to really engage, use the tool and give critical feedback requires a lot of engagement, research and delivering improvements to the tool based on their feedback.

Feedback from staff
"This tool makes referral simple. I really like that I can keep a record of the referrals I've made as their receipts go straight to my email inbox."

"It was very easy to use, the customer confirmed that they received a text message from us regarding the referral so they were glad that they were in the loop of things."

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d) Link Worker model
Providing additional support navigating multiple or complex services for those resident who need it (Hackney)

We have trialled two approaches to implementing Link Work:
1. Dedicated Link Workers (Hackney)
2. Link Work embedded into existing roles and teams (Newham)

Overview

Link Work involves:
- Spending time with residents to understand their full range of needs
- Working collaboratively with other teams and agencies to find the right support for someone
- Navigating Council services for residents and partner agencies, where a partner agency might hold the key relationship with the resident
- Acting as an advocate for residents or their key support worker within the Council
- Gaining consent from the resident to share their details with other teams or agencies at each step

Link Work aims to support people who:

- Have medium-high levels of need, but don't need to be referred to a multidisciplinary team meeting
- Struggle to engage with Council services
- Might have stopped engaging with their key support worker in the Council or a Voluntary and Community Sector (VCS) organisation
- Are being supported by a key support worker in a VCS organisation, but the support worker is struggling to navigate or engage with Council services
- When starting with a small number of Link Workers, support should focus on people who have the needs listed above, and whose referrals into Council services have been blocked or stalled for any reason - ensuring that the normal routes in have been tried first

Dedicated Link Worker model pathway map
Download the Link Worker pathway map
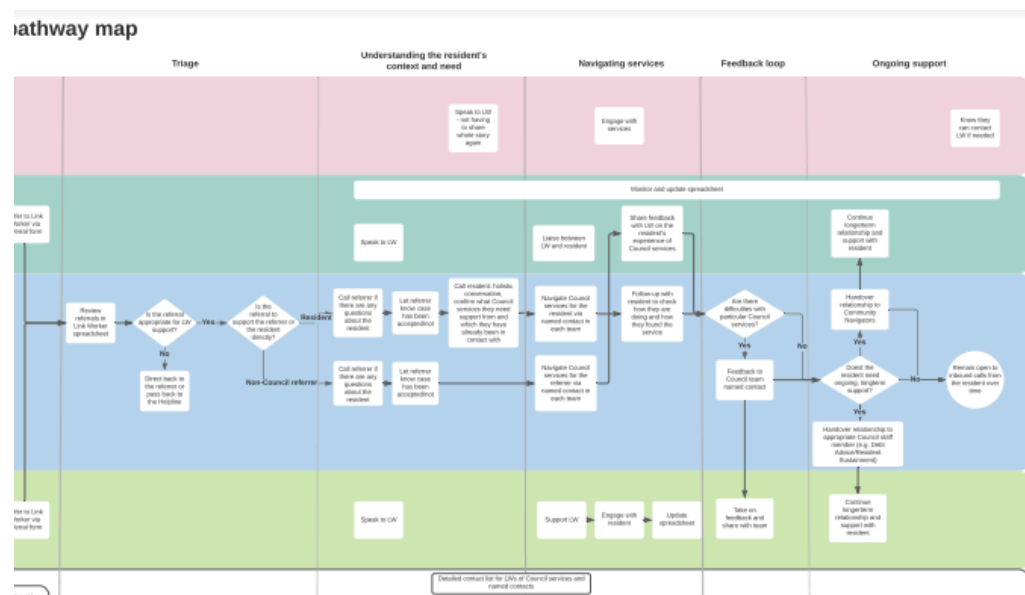
Toolkit: how you can set this up
Contact the Hackney team if you are interested in setting up a Link Work approach in your own borough.

Link Workers need to:
- Have a strong level of empathy
- Work relationally
- Not be afraid to have difficult conversations
- Have a strong understanding of the Council system, what each team does and how to navigate the referral processes
- Have good internal relationships in the Council system

Link Workers need to be supported by:
- Strong internal communication:
  - Link Workers cannot support residents by navigating the system if they themselves are blocked by a lack of communication internally
  - Internal teams need to communicate their services and pathways well to both residents and colleagues, including setting expectations and clear timelines for residents which Link Workers can restate
- Inductions with Council service teams in order to fully understand the support they can provide, to meet individuals and know them by name, and for the Council teams to understand Link Work
- Supportive management that includes:
  - Working with residents with highly complex needs is difficult
  - Link Workers need to know that their managers can unblock issues and escalate concerns if they are unable to
  - Weekly case reviews as a team
  - Peer support sessions
  - No limit on time spent supporting each resident
  - Support to escalate feedback for other Council or VCS teams, for example where there are repeated blocks in the system, or a trend of specific cases coming through
- Recommended training:
  - Frontline staff-led training on holistic conversations - knowing how to spot red flags and have a holistic conversation to understand someone's wider needs
  - Trauma-informed training - for example something similar to City & Hackney's [Childhood Adversity, Trauma and Resilience (ChATR)](#) training
- Recommended tools:
  - A digital resource with all local Council and VCS services that allows someone to make referrals. This could be a digital tool or a detailed spreadsheet prototype.
  - A resource with named contacts in all Council teams
  - A list of relevant multi-disciplinary teams to escalate complex cases to
  - Additional useful datasets e.g. housing register details

Lessons learned
1. It helps for Link Workers to be embedded in the Council so they can navigate services and unblock issues where needed.
2. Link Workers need key contacts in each Council service to get direct information.
3. A feedback loop back to services is crucial - Link Workers often uncover difficulties in accessing or referring to services. This feedback needs to be

escalated and acted upon by services to improve the process for other residents and organisations referring in.

4. Communication is key - a lot of Link Work is uncovering what the next steps in a process are. Services need to make their processes extremely clear and communicate them to other teams, organisations and to residents.

Feedback from staff and residents

"[The Link Worker] went above and beyond in assisting the residents referred through the link worker pilot with their complex needs.

[One resident] told me on the phone how [the Link Worker] helped her access the CAB East End team to acquire some electricity and gas vouchers.

She explained how much their help meant to her as she and her son have been struggling financially waiting to get PIP. They both have other complex needs.

Her long-awaited scheduled online PIP assessment meeting that [the Link Worker] helped set up was postponed last week at the last minute leaving the resident devastated.

She said [the Link Worker] called her and showed her such empathy and compassion in signposting her to receive the fuel vouchers. She explained how much that action had lifted her spirits.

Until their intervention, the resident said she had been trying since before lockdown to process her PIP application."

- Hackney Quest, local voluntary sector organisation

Section C: How do we measure impact?

Developmental Evaluation

The Theory of Change helps to inform how to go about evaluating the intervention. The evaluation plan is based on a set of questions stemming from the theory of change and will be sourced from process and developmental evaluation frameworks. The decision to use a developmental evaluation approach is due to the complexity of the intervention, how there are multiple inputs into the intervention design and consequently the outputs and outcomes of this approach must be considered within the dynamics of the environment.

Innovation vs improvement

The four elements of the intervention - training, peer support, digital tool and link work - are mechanisms for innovation that are infused into an existing system.

Innovation in social change occurs when there is a change in practice, policies, programmes or resource flows. Innovation is distinct from improvement in that it causes reorganisation at a systems level and can occur at the level of an organisation, a network or society at large. For this reason, normal evaluation techniques only work in more static situations – standardisation of inputs, consistency of treatment, uniformity of outcomes and clarity of causal linkages – are unhelpful, even harmful, to situations where an innovation is being launched into a system.

Innovation as a process

Developmental Evaluation thinking will support the process of innovation within an organisation and in its activities. Initiatives that are innovative are often in a state of continuous development and adaptation as they occur within a changing environment. Developmental evaluation places emphasis on learning and use of learning to continuously refine the innovation and to be responsive to the environment and context within which the innovation is operating.[1]

Developmental evaluation will help to suggest what new experiments should be tried. It also takes into account changes to an organisation – to its structure, governance, relationships – in as much as they constitute an important context within which innovation takes place.[2]

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[1] Gamble J.A.A. A Developmental Evaluation Primer.
https://mcconnellfoundation.ca/wp-content/uploads/2017/07/A-Developmental-Evaluation-Primer-EN.pdf
[2] Gamble J.A.A. A Developmental Evaluation Primer.
https://mcconnellfoundation.ca/wp-content/uploads/2017/07/A-Developmental-Evaluation-Primer-EN.pdf

With the emphasis on process and the wide variability in approach and method, there is a risk in developmental evaluation of losing the results focus that is a critical element in the work. It attends to process elements because it is understood that they are vital in achieving results. However, since the purpose is development, developmental evaluation must focus on the relationship between processes and outcomes, understanding the connections in deeper ways and developing effective approaches that produce innovative results appropriate to, and meaningful within, the emergent context.

Evaluation Questions based on Theory of Change
1. What are the impacts of peer support sessions and training on skill enhancement and knowledge of resources?
2. How do the peer support sessions and training impact overall work culture and cohesion?
3. Are frontline workers better able to facilitate conversations that result in resident trust and engagement?
4. What specific resources, tools and assistance are residents now able to engage with, and have there been any changes in behaviour and autonomy of residents due to the intervention?
5. Has the referral process improved and does it enable more appropriate and holistic care?
6. Has there been an increase in frontline workers and services working together to manage cases?

The evaluation conducted will be based on measuring the overall intervention with consideration of Donabedian's distinctions between structure (where a measure reflects attributes of the social service such as facilities and staff), processes (measure reflects the way the social service system delivers desired outcomes) and outcomes (measure assess impact on user or system).

Assessment area	Output/Outcome, Indicator, Measure of Change	Data Collection and Source
1. Effects of training and peer support sessions on knowledge and skills	Increased knowledge of housing, Core conversation curriculum, and/or immigration (based on pre/post test)	**Knowledge and skill test Structured survey of resources and skill set Case study test of frontline worker and resident user Semi-structured interviews of a mixture of frontline workers**

2. Impacts of training and peer support sessions on work culture and cohesion	Reduced burn out, reduced role stress and complexity, increased social support Workplace ethos towards integration of care Change in trust of other services Enhanced networks with other services, increase in number of "well networked" workers	**Survey based on composite of validated instruments capturing burn out, role stress and complexity and social support** **Questionnaire with open ended questions capturing trust, new networks made and exposure to resources** **Case study test of frontline worker and resident user** **Semi-structured interviews of a mixture of frontline workers**
3. Influence of facilitated conversations by frontline workers on resident service engagement and trust	Enhanced Working allyship Consistent maintenance of case (relevant for link work) Accountability and Commitment Expectations of Users vs expectations of residents Feeling listened to through empathy and sensitivity Demonstration of flexible work practices, willingness to try other ways of resolving issue	**Working alliance Inventory Scale** **Semi structured interviews of frontline workers and resident users using a mirroring questionnaire** **Thematic analysis of existing resident transcripts focused on presence or absence of known values resident users highlight in previous literature (empathy, co-working/allyship, ability to be resourceful and overcome structural barriers, continued case management**
4. Impact of interactions with trained frontline workers on resident resource access and behaviour change	Empowerment of Service user Service user access to services Social Isolation Condition Management Self-esteem and confidence	**Semi- Structured Interview of resident users experience** **Composite survey instrument** **Thematic analysis of existing resident transcripts focused on presence or absence indicators of condition management, empowerment, change in social isolation**
5. Effects of referral process interventions on presence of	Enhanced referral knowledge, confidence, trust and awareness	**Survey and open ended questionnaire administered to frontline workers capturing**

appropriate referrals and holistic care	Logistics and Suitability of information sharing -Increased efficiency in making referrals through the digital platform -increased satisfaction with referral communication Care continuity and comprehensive care Test case- ability to articulate which resources to refer a complex case to Reduction in repeat calls from same individual	**referral confidence, trust, connection and knowledge Semi-structured interviews of a mixture of frontline workers (focus on link workers) Randomised practitioners blindly assess whether a referral contained appropriate information, was sent to the right service, and if the referral left out key information (referrals**
6. Impacts of system intervention on cohesion, integration and communication of social welfare services	Changed attitudes of willingness to coordinate and communicate across providers Ease of referrals coordination and communication across providers, and between services, based on information sharing IT systems and data management	**Semi-structured interviews of a mixture of frontline service workers, voluntary sector and others within and connected into alliance who went through and did not go through training Data from Better Conversations digital platform capturing efficiency**

Conclusions

As indicated above, this work is an iterative process and we will continue to adapt our approaches in both boroughs, particularly in response to evaluation findings.

We will publish our evaluation documents in September 2021.

We have benefited enormously from the partnership working inherent to LOTI's grant making processes, and are keen to share our learnings and experience with other organisations facing similar challenges.

If you would like further background documentation on any of the work above, or just a chat with any of the teams involved, please don't hesitate to get in touch.

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