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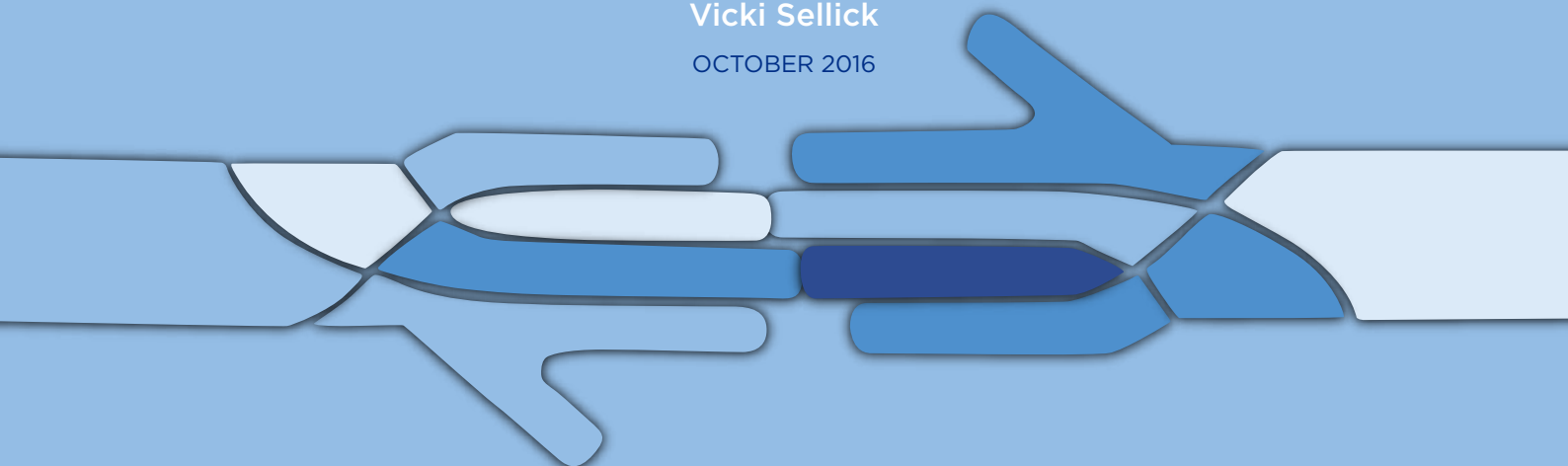
People Helping People

Lessons learned from three
years supporting social
action innovations to scale

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Vicki Sellick

OCTOBER 2016



The Centre for Social Action Innovation Fund (CSAIF) was a partnership between Nesta and the Cabinet Office. From April 2013 to March 2016, it supported 52 organisations to grow the reach and impact of innovations which mobilised people's time, energy and talents to help each other, working alongside public services.

Acknowledgements

With thanks to the 52 social action innovations and their volunteers for inspiration, and to the Nesta and Cabinet Office colleagues for their input and advice.

About the Centre for Social Action

The Innovation Fund is a key part of the Centre for Social Action's broader programme. Since 2013 the Cabinet Office has invested more than £36 million through the Centre for Social Action to identify and accelerate the development and spread of high impact social action initiatives that complement public services and improve social outcomes. By 2020 Cabinet Office will invest £15m in a further phase of the Centre.

About Nesta

Nesta is an innovation charity with a mission to help people and organisations bring great ideas to life.

We are dedicated to supporting ideas that can help improve all our lives, with activities ranging from early-stage investment to in-depth research and practical programmes.

Nesta is a registered charity in England and Wales with company number 7706036 and charity number 1144091. Registered as a charity in Scotland number SCO42833. Registered office: 1 Plough Place, London, EC4A 1DE.

People Helping People

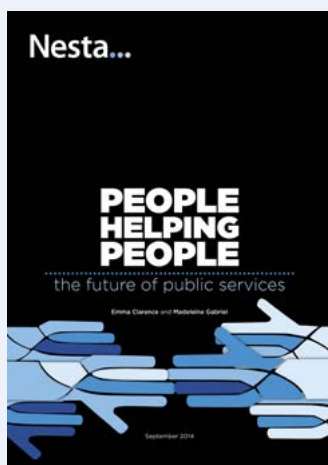
Lessons learned from three years supporting social action innovations to scale

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Other publications in this series

This report draws together the lessons and insights from across the three year Centre for Social Action Innovation Fund. It is part of a series of outputs from the Fund, each available to download at www.nesta.org.uk/publications



Published by our programme partners TSIP.

Executive summary

We know that when people help other people it creates stronger communities and higher levels of social capital – economic, social and wellbeing. This kind of social action transforms lives, helping students who have fallen behind at schools to catch up, job seekers to find work, isolated older people to feel connected and less lonely and more.

That's why Nesta and the Cabinet Office have together invested £14.5 million in the Centre for Social Action Innovation Fund over the last three years to:

- Develop a pipeline of social action innovations across a range of priority outcome areas.
- Support the most promising innovations to grow their impact, including building robust evidence of what works.
- Enable a small number of proven innovations to achieve impact at significant scale.

Through this work, we have supported 52 innovations, and more than 70,000 generous people across England have given their time and expertise to help nearly 175,000 people to date. Innovations leveraged a further £18 million of investment as they have grown and some have reached significant scale, able to deliver their services to any public service in England that commissions them. For example, any primary school can now request a Code Club, any local authority a Shared Lives Plus caring scheme, any Ambulance Trust a GoodSAM first responder scheme, any GP surgery a Breathe Easy group or Diabetes UK peer support group, any job centre a CIPD Steps Ahead mentor, any Prison Governor a User Voice Council, any city a GoodGym and so on. And any older person can call a Silverline call centre and any young person can receive a Get Connected advisor.

This has been a significant achievement and the case for highly targeted social action having a positive influence on people's lives is beginning to be made. The scope for advancing the use of social action to support public services and better outcomes remains large, however.

£10.5
million

invested by Cabinet Office

and
£4
million

invested by Nesta in
the Centre for Social
Action Innovation Fund

Lessons learnt by theme

This report explores the lessons learnt from the Centre for Social Action Innovation Fund. It takes each of the eight priority themes under which we supported innovations, sharing the case studies and impact metrics and drawing out four to five lessons from each. These include:

1. **Social action to transform the lives of young people** – one of the most established sectors where social action can play a part, with significant evidence and corresponding demand from schools.
2. **Using digital technology to change lives** – where our experience suggests two exciting new forms of social action – remote volunteering and data donation – as well as simply using digital technology to connect with volunteers, has great potential.
3. **Social action to support people to manage long-term conditions** – a sector where social action is becoming the norm, including widespread recognition of peer support. We reflect on the evidence and motivators and on the wider infrastructure for social action initiatives like peer support to connect with mainstream public service delivery.
4. **Social action to support citizens to age well** – where savings to the state can be significant and our experience suggests evidence is well regarded by commissioners so provides a route to scale the best.
5. **Social action to build resilient communities through impact volunteering** – based on the premise that all communities have assets to share (be it skills, talents, time and energy) the lessons here are relevant to all. We also explore the motivations of volunteers such as self-interest and reciprocity as well as altruism.
6. **Social action to support people back to work** – perhaps the most challenging sector we worked in with high supply, low awareness and demand, but some promising results.
7. **Social action to meet city-wide needs** – the Cities of Service programme – we discuss the key facets of the model we can all learn from – a senior lead, a clear brand, stopping any intervention that is not impactful early, building new and collaborative relationships between citizens and the state to design interventions, and more.
8. **Social action in hospitals** – the Helping in Hospitals programme – we reflect on the sharpness impact volunteering, and a desire to collect data to illustrate this impact, brought as well as recruitment and retention lessons learnt.



Lessons learnt as a funder

We also explore the lessons learnt as a grant maker in this space, having designed a Fund that was especially focused on scaling and improving evidence of impact. We reflect that:

- The innovations that succeeded planned for scale from the start and had a clear mode of growth such as licensing and affiliation or organisational growth;
- Building the skills for, and prioritising the collection of, quality data is needed if innovations are to grow and demonstrate their impact in order to challenge the status quo and dislodge less effective models;
- Innovations that are integrated within the public sector infrastructure had the best chance of success;
- There's real benefit to grant makers working with an investor mindset; and
- There's much to be learnt from failure as well as success.

More work to be done

It is clear from these innovative examples across a wide range of policy areas, the high quality evidence of impact, the examples operating at scale and, most importantly, the difference the interventions have made to lives on the ground, that there is significant potential for social action to redesigning public services. However, despite this, social action is still perceived by many as a 'nice to have' rather than an integrated component of open and facilitative public services.

We remain convinced that the future of public services is people powered but there is more work to be done to convince senior policymakers and politicians, as well as local commissioners and public service managers like head teachers, social care workers and GPs, that social action augmenting public services ought to be the norm rather than the exception.



1. Introduction



What is social action

Whether we call it formal or informal volunteering, giving, social action or simply ‘people helping people’, spending time in the service of others is a deeply ingrained part of our culture. The latest data shows that in the UK 70 per cent of adults volunteered at least once during the year and 47 per cent gave their time at least once a month.¹

We know that when people help other people it creates stronger communities and higher levels of social capital – with all of the associated economic, social, and health and wellbeing benefits that brings.² In the long run such ties can help public services, by reducing demands on them. At the same time, we know that benefits flow back to people who participate in social action, from a positive impact on their health and wellbeing, through to gaining valuable skills and experience.

Whether it's communities coming together to tackle local challenges, neighbours offering support to people in need or simply people helping people through everyday acts, social action is having an increasingly important role in meeting the needs of local communities.

And social action is not just the work of the charity sector; many members of the public give their time to augment the work of public services – from the 23,000 volunteer magistrates to 17,000 Special Constables to the 80,000 school governors. Our report *People Helping People* (2014) identified that the value of time that people voluntarily give in support of public services is equal to £34 billion each year.³ Social action has become integral to many public services and we see the potential to go much further.

Our previous work in this space

Nesta has a longstanding commitment to co-production⁴ and opening up public services, so that the people who rely on them might also be given an opportunity to take an active part in designing and delivering them.

In 2011, we launched the People Powered Health programme⁵ to help people with long-term health conditions work together with professionals for better health. Among a range of other innovations, the programme confirmed the value of **peer support** - groups of similar people helping each other manage their health conditions, or simply providing friendship and social connections - and **social prescribing** - referring people to non-medical, community-based services to improve their health and wellbeing, from exercise coaches or debt advice to volunteering opportunities.

With the Centre for Social Action Innovation Fund, we wanted to take these **people helping people models** further, finding the best new ways to:

- Draw on the skills and resources in communities to help people, and to complement the work of public service professionals.
- Encourage service users - patients, pupils, people in care or job-seekers - to help themselves and each other.

Our aim was to grow the most promising models of voluntary, community and peer engagement, and to spread them across public services. We wanted to help stimulate a new movement of **people-powered public services**.



The potential of people-powered public services drawing on social action

There is universal agreement that public services as we have inherited them are not fit for the future challenges we face. An ageing population, living in increasingly isolated circumstances, with more long-term conditions, will require more support than the state alone can provide. Our existing models - where public services are provided for people - are not well placed to meet these increasing demands and rising public expectations, especially given constrained resources.

At present public services, on the whole, are not oriented to tapping into the wealth of abilities, expertise and assets among people outside the system. Jobcentres, for example, are not designed to harness the potential of people to help others, such as through peer to peer support or volunteer mentoring. The time available for GP consultations leaves little room for doctors to engage with patients and to explore the opportunities in the wider community that could improve their health and well-being.

Our health, care and welfare systems are geared to react when things go wrong - and that's right. In a crisis, we need trained professionals. Yet increasingly, the challenges our society faces are not one-off emergencies but complex and intractable problems, like chronic illness, loneliness, worklessness and an ageing population.

We could be making more of the skills of IT professionals to teach children to code for example, or the unique insights of patients managing their long-term condition well to support newly diagnosed patients to do the same, or the comfort and care of a volunteer holding the hand of a patient recovering in hospital (and other things nursing staff would love to do if time allowed).

We need a **new organising principle** for public services and we think people powered public services that make the most of skilled professionals and social action, is just that. As we outlined in our 2014 publication *People Helping People: the future of public services*, there are five things that social action in and alongside public services can do:

- 1 Increase the resources available to achieve social goals** - Through social action, it's also often possible to do things that staff find difficult to do because of constraints on their time, or things that are not core to service delivery and would therefore be difficult to fund. Volunteers, for example, can help provide emotional support, spend more time with service users than professionals are able to, or bring their local or specialist knowledge to services.
- 2 Give public services access to new expertise and knowledge** - When members of the public get involved in public services, they often bring skills, knowledge and experience that paid staff may not have. Whether it is experience as a service user or patient, or additional insights from different fields (e.g. a marketing executive offering their time and different perspective to a school as a school governor).
- 3 Reach people and places that public services cannot reach** - Physically citizens might be able to respond faster in a crisis because of geography. And citizens will have more time to give than a professional supporting an isolated older person or helping someone manage a long-term condition for example - in fact the average GP appointment lasts 12 minutes,⁶ so peer support groups can provide a way for people living with long-term conditions to get far more support than they could from their primary care provider alone.



- 4 **Lead to a fundamental change in the way we respond to social needs and challenges**
- 200 years ago foster care and hospices had not been created, but today they are a fundamental part of society's care for the most vulnerable.
- 5 **Create better services and reciprocal value for the people who give their time** -
Mobilising people's energies in support of public service goals can improve outcomes for users of public services. There's good evidence for example that volunteer tutors can help students get better grades at school and innovations like UserVoice in prisons can reduce re-offending rates. Volunteers can also influence the way that services are delivered, making them more responsive to their communities or hold them to account.



About this report

This report sets out our lessons and insights from the innovations we backed (our portfolio as we refer to them throughout), and our own experience of running the fund. We hope it is of use to other innovators and funders considering similar endeavours, and to policymakers and influencers considering the potential for and impact of social action augmenting public services – namely people powered public services.



2. The Centre for Social Action Innovation Fund



The Centre for Social Action Innovation Fund was a partnership between Nesta and the Cabinet Office. From April 2013 to March 2016, we supported over 50 organisations across England to develop and grow the reach and impact of social action innovations mobilising people's time, energy and talents to help each other, working alongside public services.

£14.5
million

invested by
Cabinet Office
and **Nesta**
in the
Fund



£12.3
million

in grants to 52
organisations



£2.2
million

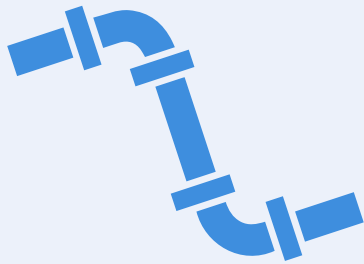
spent on non-financial
advice and support

In total, we backed more than 52 innovations, investing £12,285,466 in grants and a further £2,233,398 in non-financial advice and support, including rigorous evaluation of the outcomes for the people helped by these innovations.



Our approach and assumptions

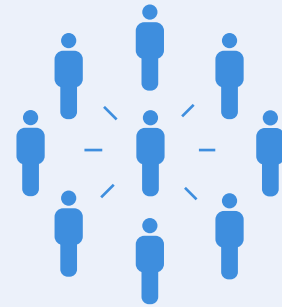
The aims of the fund were to:



Develop a pipeline of social action innovations across a range of priority outcome areas



Support the most promising innovations to grow their impact, including building robust evidence of what works



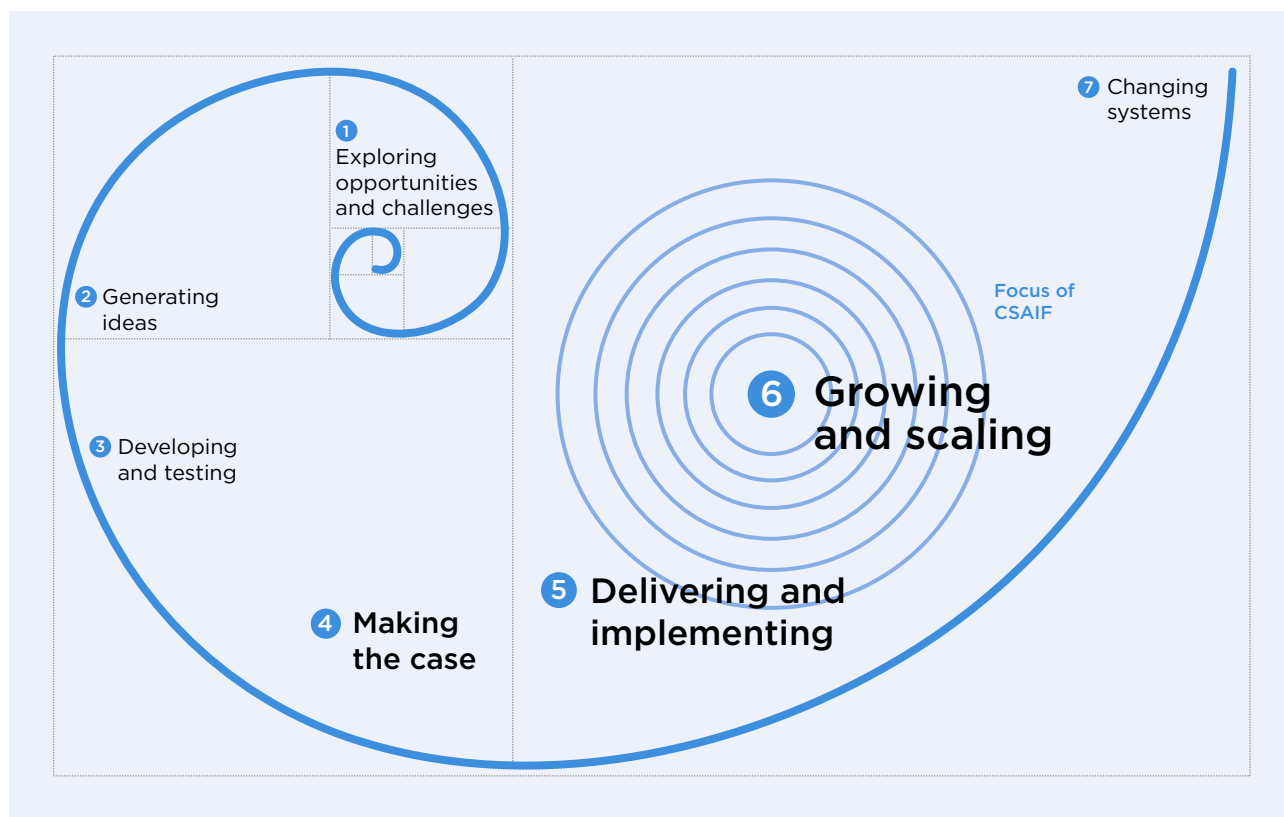
Enable a small number of proven innovations to achieve impact at significant scale

Our model was built on the assumption that there were good examples operating at modest scale, which could grow rapidly with the right financial and non-financial support. This meant that we could focus our efforts on scaling existing successful innovations rather than on prototyping (tested and iterated multiple times), and on replication rather than invention (brand new ideas) - see diagram overleaf. Focusing purely on scale, at this volume, was a different emphasis for Nesta's grant makers. Whilst our investments team focus on supporting innovations (who will achieve a financial and social return) to achieve significant scale, our grant making to charities, social enterprises and the public sector had been primarily concerned with getting new ideas off the ground rather than supporting them to grow to significant scale (though the approach built on the successful Innovation in Giving Fund which ran from 2011-3).

We also assumed that building a portfolio of good examples (perhaps even household names) which were well evidenced, would raise awareness of the power of social action augmenting public services, creating significant demand from local commissioners for these sorts of approaches. As such we set aside resources to invest in evidence, to commission research on the subject and to regularly bring together groups of policymakers and influencers to debate the merits of the approach.

This work was fuelled by an underlying presumption that public services as they currently operate were not open enough to the assets of local people and would not be able to live meet the increasing demand and expectations of the public in their current format. We hoped the work of the Centre for Social Action Innovation Fund would catalyse a wider shift in the organising principle of public services.

Focus of fund on growing and scaling¹⁶



Selecting the innovations

Between April 2013 and July 2014 we invited proposals from proven innovations who felt they could scale to mobilise many more volunteers to:

- Support young people to succeed.
- Help people to age well.
- Build resilient communities through impact volunteering.
- Support the unemployed into employment.
- Help people to better manage their long-term health conditions.
- Use digital technology to change lives.

We received more than 1,400 expressions of interest. Our team worked to develop proposals with the best 93 innovations, testing their assumptions and evidence of impact as well as carrying out due diligence about demand and operational capacity. As part of this process 54 proposals were reviewed by an advisory panel of independent experts. Ultimately Nesta and the Cabinet Office awarded grants and non-financial support to 39 innovations.

1,400 
Expressions of interest received

 **90**
Invited to
submit proposals

60 
Proposal scrutinised by an advisory panel

 **39**
Innovations
awarded a grant

In November 2014, following a review of the portfolio, we also gave a small number of grants to high performing existing grantees to accelerate the pace of their scaling.

In parallel we also ran two funds to replicate good ideas – Cities of Service and Helping in Hospitals. This was a different model of supporting innovations to scale, incentivising public sector agencies to adopt proven innovations that they may have had little awareness of.

Cities of Service

Launched in the United States in 2009 by former New York City Mayor Michael Bloomberg, Cities of Service is a model to connect local councils and local residents to identify challenges, and solve problems together. The movement has made a significant difference for millions of people across America, delivering projects that help children improve their reading, reduce loneliness for the elderly, and make more environmentally friendly.

In 2013, with the help and support of its US founders, we launched an open call for applications from local authorities to replicate the model and become the pioneers of Cities of Service UK. More than 22 applied to adapt and implement the US Cities of Service model in their own city or town to mobilise local people to work with paid professionals to meet their city's most pressing needs.

Following a competitive application process, seven local authorities were invited to take part in the programme and awarded grant funding to make it a reality. Some were awarded £30,000 to pump prime new initiatives to mobilise volunteers. Others were awarded the same plus an additional £150,000 to appoint a Chief Service Officer who reported directly to the local authority Chief Executive and championed the contributions volunteers could make across the council.

22

Applications

7

**Local authorities
awarded a grant**

Helping in Hospitals

In 2010, King's College Hospital transformed the way it deployed volunteers. It asked staff what they would like to do for patients, but don't have time to do, then used this list to deploy volunteers to do this work. The roles were frontline, for example welcoming patients, guiding them around the hospital, providing comfort, support and reassurance in wards, as well as sitting with them holding their hands whilst they recovered from anaesthetic or an operation.

The model proved to be a great success. Staff saw how volunteers added value rather than replacing paid staff, volunteers enjoyed the work, and patients felt comforted and connected. They found that patient satisfaction was 3.34 per cent higher amongst patients who had interacted with a volunteer than those who hadn't.

Inspired by this work, we established Helping in Hospitals, inviting other hospitals to replicate the best of the King's College hospital volunteering model, create new impact volunteering roles which made a direct difference for specific patient outcomes and robustly measure evidence of impact. We received 32 applications and selected six Hospital Trusts to work with. All were awarded around £100,000 to implement their plans.

32

Applications

6

**Hospitals
awarded a grant**

Our approach to supporting innovations

Our approach to the Centre for Social Action Innovation Fund built on the success of the £10 million Innovation in Giving fund, which we launched with the Cabinet Office in 2011. In particular we created a fund design that included:

- **Intensive pre-application advice and support** in developing full proposals, evolving a similar approach taken on the Innovation in Giving Fund. This was a 'high touch' approach with regular contact and co-authorship of the final proposals. Nesta's staff acted as critical friends to the projects at this stage, rather than simply carrying out due diligence on the first draft of a proposal submitted with little contact between the grant maker and applicant.
- **Proactive development of a pipeline of potential awardees** as an investment fund might, with rolling application deadlines open for six months. However, in reality most projects waited until the final deadline before applying to the fund and we are unlikely to repeat this. We also directly intervened to build a pipeline where necessary – running replication funds (see above) and actively seeking partners to embed specific innovations. For example, we wrote to every ambulance service in the country to find a willing partner to test GoodSAM. Thanks to the pioneering work of the London Ambulance Service the app now mobilises first aiders to respond to cardiac events alongside an ambulance crew when alerted from the 999 dispatch centre.
- **The advice of an Advisory Panel** who provided expertise and challenge to our full proposals. They were not a selection panel – but rather used their experience of different sectors and issues to 'kick the tyres' of proposals as part of our due diligence process.
- **A 'whole-portfolio' view of risk.** The premise of the Fund was to back and scale proven innovations, ensuring high impact. Within the portfolio of 52 there was also space to award a handful of grants to higher risk innovations who, if successful, could deliver high impact – mobilising many thousands of volunteers to have a profound impact on public service outcomes.
- **Openness to different forms of scaling.** As our report *What does it take to go BIG? Insights on scaling social innovations from the Centre for Social Action Innovation Fund* outlines we backed innovations which scaled through four different routes: organisational growth (the traditional model of organic growth retaining the existing team), partnerships, licensing and replication through networks. We were relentless in pushing innovations to make the most of the resources around them to grow sustainably.
- **Systematic integration of our Standards of Evidence⁷ within the fund.** This was the first time Nesta had adopted this approach outside of our Impact Investments⁸ activity. Every innovation was given support to develop a Theory of

Level 5

You have manuals, systems and procedures to ensure consistent replication and positive impact

Level 4

You have one + independent replication evaluations that confirms these conclusions

Level 3

You can demonstrate causality using a control or comparison group

Level 2

You capture data that shows positive change, but you cannot confirm you caused this

Level 1

You can describe what you do and why it matters, logically, coherently and convincingly



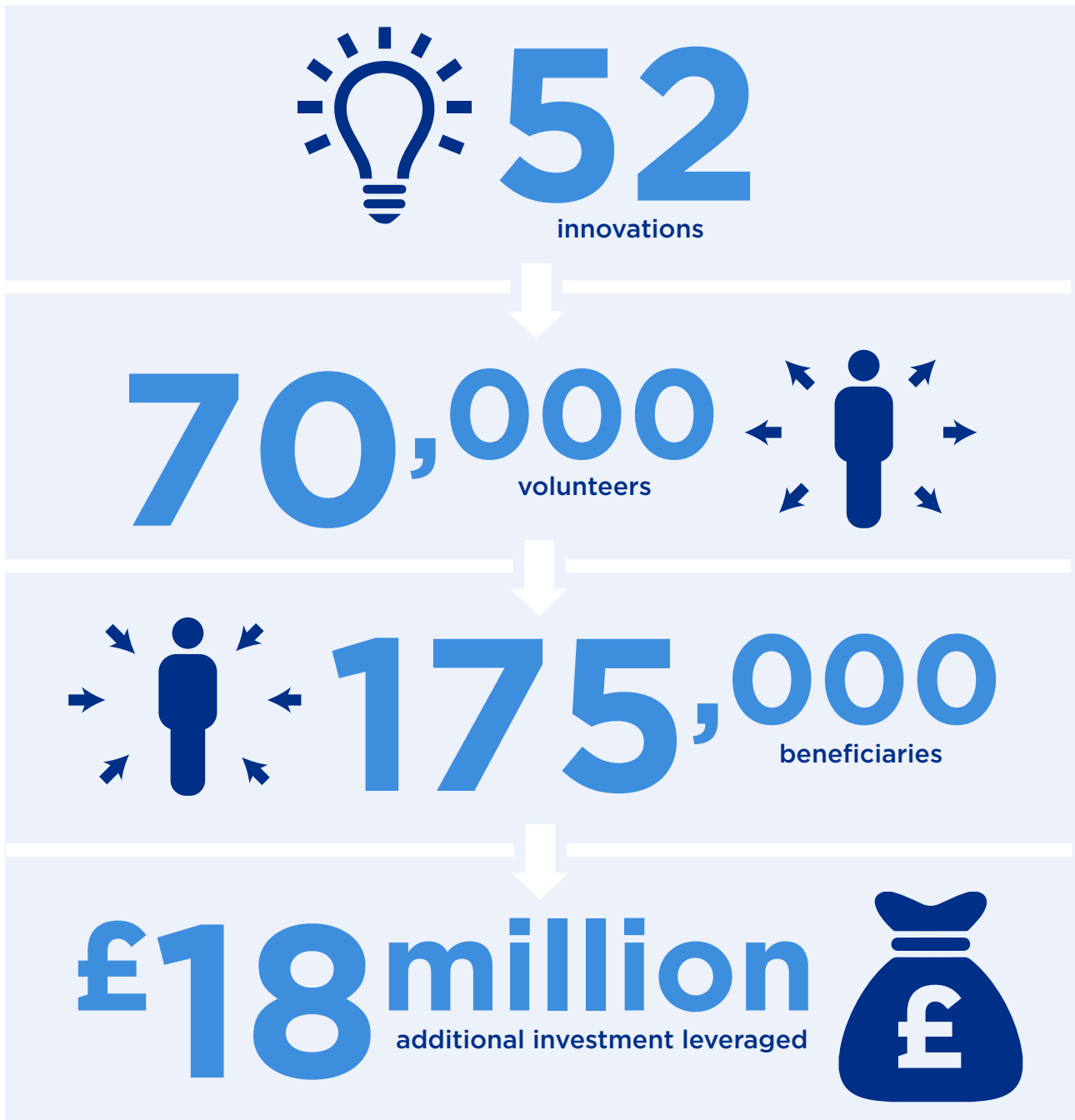
Change and gather data through the lifetime of the grant to improve their evidence of impact. Their evaluations were independently verified at the end of the programme to see if they had moved up the Standards of Evidence. We discuss the findings from this approach on page 75.

- **An enhanced role for evidence and high expectations for evaluation.** We recognised that Nesta did not have all of the requisite skills in-house and so we appointed an impact partner The Social Innovation Partnership (TSIP) to:
 - Assess the existing evidence base underpinning applicants' proposals.
 - Support innovations to develop a clear programme model or Theory of Change.
 - Provide support to innovations to design and commission evaluations, strengthen their own data collection, monitoring and evaluation processes and build their confidence and capability to work with evidence.
 - Build a systematic monitoring and evaluation schedule into organisations' grant milestones to ensure a continued focus on evidence
 - External validation of data, notifying innovations if their new impact evidence enabled them to move up the Standards of Evidence.
- **A significant budget for non-financial support.** In total we spent around £3 million on non-financial support and programme running costs. This was a deliberate and unusually high investment (20 per cent+ compared to 5-10 per cent for most programmes) in:
 - **Developing a much more intensive grant management relationship** - Nesta staff managed a small portfolio of around seven innovations each, so were available to attend board meetings and pitches, make connections to networks etc.
 - **Learning as a cohort** - At Nesta we know that time and space for people from across sectors and disciplines to come together creates energising conversations and new collaborations and partnerships. Throughout the life of the Fund, we tried to bring together the innovations in cohort events to support their peers, and to access a vibrant mix of inputs from mentors, advisors, experts in technology and finance, policy makers and other funders.
 - **Specific training and advice** - whether provided one-to-one or in groups, we commissioned good amounts of technical support e.g., legal costs to set-up affiliate agreements, or technology consultants to build new contact management systems.
- **Close collaboration with our colleagues in government.** We designed the fund not as a delivery partner for the Cabinet Office, but rather as a co-funded partnership, where each brought finance and different skills. The Cabinet Office played a particularly strong role in advising on the policy arena, making high level introductions and promoting the most successful innovations to build awareness amongst government departments.



Headline impact to date

Through the 52 innovations, more than 70,000 people across England have given their time and expertise to help nearly 175,000 people to date - from simple acts of kindness such as helping an older neighbour, through to more intensive support such as tutoring a disadvantaged child or sharing their home with someone with a learning disability.



As well as looking at the growth trajectory of awardees to assess their impact, we have also assessed how grant funding has been used to leverage funds from other funders and investors. To date more than £18 million has been secured by the innovations from other sources to help them grow.

Each has improved their evidence of impact. 11 innovations have been validated at level 2 and two validated at level 3 on the Nesta Standards of Evidence so far. More will come later in 2016.

But these are blunt tools for demonstrating impact. Each innovation has its own story to tell of the scale reached and of lives changed, and we've tried to capture as many in the case studies of this report as possible. Here's a sample of eight you shouldn't miss:

£26,000

Per year cheaper to live with a Shared Lives Plus carer than in residential care



3,500

The number of times GoodGym's TV advert was aired on prime time TV during March 2015⁹



63%

Reduction in GP attendances in one surgery in Stockport



127,000



Young people have now been taught to code by Code Club



lives saved in London after a GoodSAM first aider gave CPR, alerted by the London Ambulance Service

3,616

Young people helped to find work by Steps Ahead mentors from CIPD



23,000

Meals using fresh fruit and vegetables grown and given to families in need in Plymouth



28%

Reduction in patient anxiety about discharge after Home to Hospital support in Kingston Hospital NHS Trust

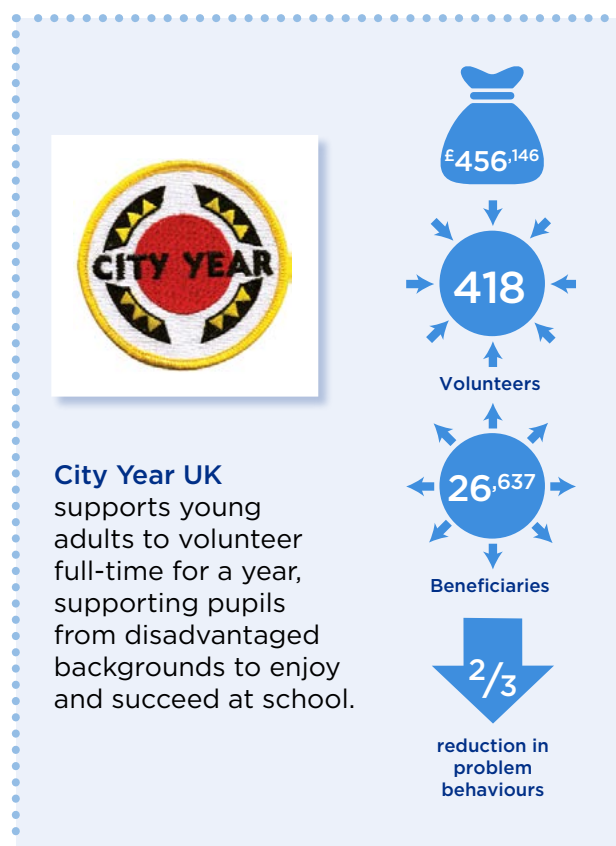
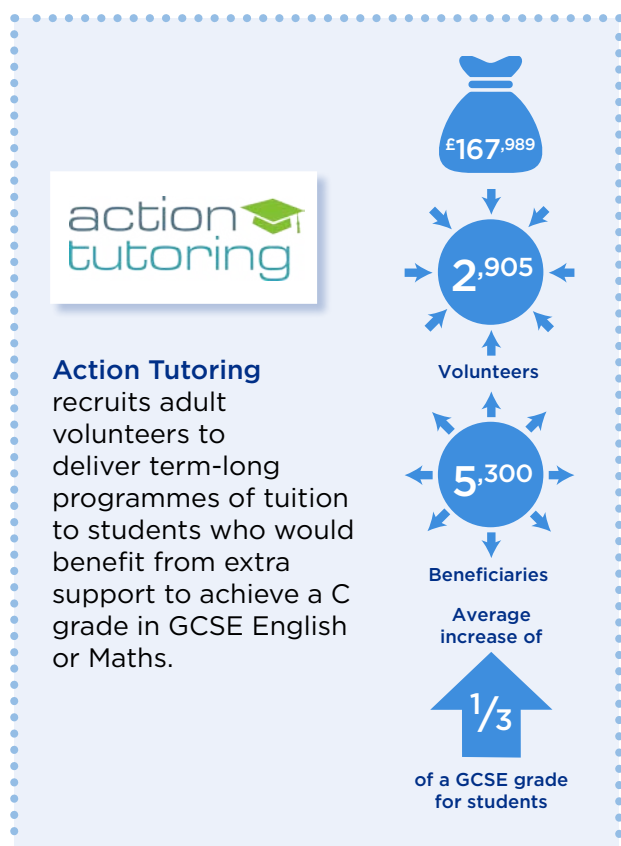
3. Social action to transform the lives of young people



We know that social action can make a profound difference to the lives of young people, especially those most in need of help such as those from deprived areas or care leavers, for example.

In total we backed six innovations where the time and energy given by volunteers could be shown to improve opportunities and outcomes for young people. These clustered into three categories:

1. Volunteers acting as **tutors** (be they adults, peers or near peers) to improve student academic attainment at school, where we awarded grants to Action Tutoring, Team Up and The Access Project.
2. Volunteers acting as **mentors** to support students to succeed at school, where grants were awarded to City Year UK and Transforming Lives for Good (TLG).
3. Volunteers **teaching new skills** to enhance young people's future attainment and job prospects, where we awarded a grant to Code Club.





Code Club is a network of free, volunteer-led, after-school coding clubs for children aged nine to 11.



Team Up deploys volunteer university students to support secondary aged students from disadvantaged backgrounds to succeed academically.



The Access Project aims to increase the number of children from deprived backgrounds who attend the most selective universities by matching students with volunteer tutors.



TLG's Early Intervention Programme recruits volunteers from local churches to coach children who have been identified by their school as needing extra support to manage their behaviour and emotions.



Lessons learnt

1. **Demand is high from schools for social action** - There is a clear customer base and demand for this kind of work as social action is well evidenced at making a difference to young people's lives. For example, Code Club receives new requests each week from Primary Schools wanting to establish a club. However as commissioning is so fragmented (often on a school by school basis) it can be hugely challenging to scale quickly. Some of our innovations, found success scaling geographically by locating staff in one region of large cities where they would spend a day a week with five schools to keep the innovation's profile high and troubleshoot. Others found success in marketing to academy chains where more than one school might 'buy' at once.

CASE STUDY

Code Club

Code Club is a network of free, volunteer led, after-school coding clubs for children aged nine to 11. Code Club volunteers go to their local primary school and spend an hour every week, teaching children to code through games and project-based learning. Code Club's ethos is about having fun, being creative and learning by doing.

Code Club set up its first pilot in April 2012, working with around 20 clubs to test out their materials and teaching approach. It now has more than 4,449 Code Clubs in the UK, teaching over 62,000 kids.

By the end of 2018, they aim to have more than 7000 active clubs reaching 155,000 beneficiaries per year. They have recently partnered with the Raspberry Pi Foundation



to help them scale, connecting them to a product which is at the heart of hobby coding.

? You might not know

Code Club aim to continue their rapid growth in the coming years. By the end of 2018, they aim to have more than 7,000 active clubs reaching 155,000 beneficiaries per year. They have recently partnered with the Raspberry Pi Foundation, connecting them to a product which is at the heart of hobby coding.

In numbers

64% of young people attending the clubs had no coding experience before joining

Grown from

1,108 clubs in 2014 → **5,000** clubs in June 2016

127,000 have learnt to code at Code Club and that number is likely to reach **155,000+** by 2018

2. **All schools could be people powered** - It's good that demand is high because there is significant value in schools being people powered, drawing in the best of a local community's assets to mentor bringing a range of benefits such as experience (like City Year UK or TLG's volunteers), networks and unusual voices (like The Access Project's corporate volunteers), new skills (like Code Club volunteers) and more.
3. **The sector attracts super volunteers** - Many people are motivated by supporting young people to succeed and as such they are often willing to give on many fronts. TLG volunteers were willing to give both their time and their money - paying personally to establish the intervention in new deprived schools. And City Year UK volunteers give their time for a full academic year, living on just a small stipend, an incredible gift of high intensity giving over an extended period.

CASE STUDY

City Year UK

City Year UK supports young adults to volunteer full-time for a year, supporting pupils from disadvantaged backgrounds to enjoy and succeed at school. Teams of volunteers are mentors, tutors, and role models from first thing in the morning through to after-school clubs, Monday to Thursday. Working with children inside and outside classrooms across the school day, delivering well-evidenced interventions at a scale and intensity that the school couldn't otherwise achieve, teams have a proven impact on the attendance, behaviour and English and maths performance of target pupils.

On Fridays volunteers receive training both to increase the impact of their work in schools and to enhance their personal and leadership skills. With support from City Year



UK's corporate backers, they explore careers, build professional networks and practice CV-writing and interview skills.

? You might not know

All City Year volunteers wear a striking red jacket and uniform at all times whilst volunteering. The uniform makes them recognisable to children and parents and reinforces a powerful, idealistic culture that plays an important role in reinforcing the character and behaviours of City Year UK's central value: 'Be the change that you wish to see in the world.'

In numbers

25% reduction of the number of target pupils failing to make progress in English.

2/3^{rds} reduction in problem behaviour

95% of volunteers said the experience helped them prepare for work

- 4. There are some common traits to high impact tutoring** – In summer 2015 we commissioned research to understand the factors contributing towards high quality one-to-one support (coaching, mentoring and tutoring) in schools. We discovered several common traits, from good programme design and project management, through to effective school engagement and evaluation, that contribute towards high quality provision.¹¹ We have recently launched the People Powered Tutoring programme¹² to test whether these well evidenced tutoring interventions can be replicated remotely using cheap technology like skype, to the same effect.
- 5. Corporate volunteers offer routes to scale.** Perhaps more than any of our other themes, this cohort utilised corporate engagement well. From sponsorship, to hosting fundraisers, to mobilising staff in skilled roles to give their time to local school children. Corporate social responsibility is becoming more central to recruitment of the best graduates in sectors like professional services, accountancy and law, offering a new scale of opportunity for social action innovations to grow in partnership with these firms.

CASE STUDY

The Access Project

The Access Project supports young people from disadvantaged backgrounds to progress to selective universities through one-to-one academic tuition with volunteer tutors and personalised university support and guidance. The charity offers students targeted academic support at both GCSE and A Level, helping them to boost their grades in the subjects they need most help with.



The Access Project partners with schools and businesses to deliver the programme and is currently working with approximately 900 students. We supported them to take their proven model outside of London, scaling to Birmingham.

In numbers

0.43 grade improvement at GCSE on average for tutored students

55% of tutored students go on to a 'top-third' university

1 of only **2** innovations validated at **Level 3** on our **Standards of Evidence**, meaning they can show causality between their model and its impact on student grades



4. Using digital technology to change lives

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Digital technology is changing the way we do social action. Innovations ranging from social media, mobile internet, GPS technology and cloud computing have opened up new and exciting ways for us to give our time to the causes that matter to us.

Examples include peers sharing information online (like how to better manage a long term conditions), or volunteers signing up as online mentors or tutors (for example to coach young people to improve academically or deal with bullying). Smartphone enabled social action can be a powerful tool to mass mobilise volunteers in a crisis (like a first aid emergency or the floods), whilst social media can help to crowdsource a solution or to encourage generosity amongst neighbours.

Yet we have only scratched the surface of what is possible. This is why we backed a portfolio of six innovations with a track record of harnessing the power of digital technology for social action to scale. These clustered into three categories:

- **People sharing their time, energy and skills remotely through digital channels** (apps, SMS, websites etc.), where grants were awarded to d2 Digital By Design Ltd, Beyond Boundaries by Body and Soul, Get Connected and TalkLife.
- **People sharing their time in person because they are alerted to a need digitally**, where a grant was awarded to the London Ambulance Service.
- **People sharing their data for the public good as a form of giving**, where a grant was awarded to 100 for Parkinson's by uMotif Ltd.



Get Connected (now called **The Mix**) is the UK's helpline for under-25's who need help but don't know where to turn.



London Ambulance Service worked with **GoodSAM** to integrate their app into their response to 999 calls, alerting first aiders to cardiac events in their vicinity.





100 for Parkinson's by **uMotif** is a global, smartphone powered, study unlocking new findings in Parkinson's.



d2 Digital's Evie is a text message support service from peers to improve sobriety in alcoholics.



Beyond Boundaries by **Body and Soul** is a remote network for young people living with HIV to support one another as peers.



TalkLife is a social networking app where young people can post about life and receive support from peers to improve their mental health.



Lessons learnt

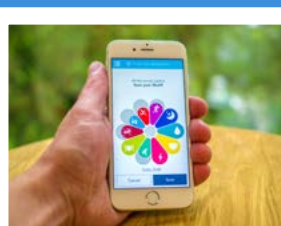
There are huge opportunities to scale social action through digital approaches. Early lessons and insights from our digital social action cohort include:

1. **Data donation is a pioneering and exciting new form of social action** - 100 for Parkinson's has demonstrated that people are willing to donate their own health data as a service to their community and in the hope of improving the lives of those who share their condition, in this case Parkinson's Disease. This is a very different form of social action at scale and we could see many more examples.

CASE STUDY

uMotif's 100 for Parkinson's

100 for Parkinson's is a global smartphone powered study unlocking new findings in Parkinson's. The study uses participants own Android or Apple smartphones or tablets. People with Parkinson's and comparators who do not have Parkinson's are tracking their health for 100 days and donating their data for research into Parkinson's. The work has received ethics approval from the Liverpool School of Tropical Medicine and the data set will be made available for research approved by a committee formed of UK Parkinson's charities once the study completes.



The project, led by uMotif, is pioneering a new form of social action at scale – people donating their own health data as a service to their community in the hope of improving the lives of those who share their condition by using their smartphones.

? You might not know

You can still sign up! Why not download today at www.100forparkinsons.com and help the 127,000 people with Parkinson's in the UK.

In numbers

175^m patient-generated data points have collected to date

8,000+ quality of life surveys have been completed from people with Parkinson's

56.3%

of those signed up for the project are 50+ years; age is not necessarily a barrier of digital health use

2. **Remote volunteering offers enormous potential across the voluntary sector** – Moving operations online can help charities to deliver services at much lower cost. The Get Connected model of remote volunteering led to an increase in volunteer numbers and diversity, an increase in young people supported and reduction in overheads. It's not hard to imagine all many more charities (especially those with helplines or webchat) using remote volunteers within next five years.

CASE STUDY

Get Connected

Get Connected (now part of The Mix)¹³ is the UK's helpline for under-25s who need help but don't know where to turn.

They have created a digital platform for volunteers to give their time when and where they choose - answering calls from



young people and 'live chat' on the website from their own home, or office. Previously Get Connected volunteers had to travel into central London offices for fixed shifts.

In numbers

42% extra capacity created as **Get Connected** scaled in this way

3. If you can **integrate with existing public service systems, the impact is likely to be much greater**. For example, London Ambulance Service integrated the GoodSAM app into their response to 999 calls (alongside an ambulance) to great effect - bringing in a carefully crafted innovation from 'outside the system' and making it a core part of their operations rather than an 'add on'.

CASE STUDY

GoodSAM and London Ambulance Service



Though thousands of Londoners are trained in first aid, most can only help in a crisis if they happened upon an incident. London Ambulance Service recognised that if more first aiders knew there was an incident happening nearby, they might be willing to find a defibrillator and give CPR, whilst an ambulance was on its way and in doing so increase someone's chance of survival dramatically.

They partnered with GoodSAM a mobile app that alerts trained responders (e.g. off duty doctors, nurses, paramedics and qualified first aiders) to nearby life threatening emergencies, integrating it into their call handling centre.

Now when a 999 call is received in London, if it is a cardiac event, London Ambulance

Service immediately deploys BOTH an Ambulance with trained professionals and an alert to all responders in the vicinity asking if they can help. Responders are alerted via their smartphone.

Following a successful partnership with London Ambulance Service GoodSAM are now working with East Midlands Ambulance Service and the North West Ambulance Service to integrate the technology in their call handling centres, with the aim of being UK wide by 2019.

? You might not know

You can still sign up! Why not download today on the Android or iOS app stores.

In numbers

2 confirmed life saved (and two unconfirmed) in London to date, where a responder alerted on the app by **London Ambulance Service** arrived and used a defibrillator to help, whilst an ambulance was on its way

8,992 qualified responders have registered to volunteer in London alone

25,000 Automatic External Defibrillators (AEDs) are listed on GoodSAM. If there is one nearby, the app routes first aiders to pick one up on their way to help

- 4. Digital by default saves money and can mobilise more people** - Not all social action innovations can be enabled by a digital platform. But those that can make good use of apps, websites, virtual training or meetings and more are at a natural advantage in being able to scale quickly and cheaply by quickly on-boarding new users be they volunteers or beneficiaries. Many of our innovations used our funding to create new digitised tracking systems for volunteers, or beneficiary outcomes and new contact management systems for keeping track of supporters and income. Thinking digital by default can make scaling and tracking impact easier.



5. Social action to support people to manage long-term conditions

Long-term conditions or chronic diseases are conditions for which there is currently no cure, and which are managed with drugs and other treatment, for example: diabetes, chronic obstructive pulmonary disease, arthritis and hypertension.

Helping people with long-term conditions enjoy a better quality of life is a key challenge of our time. As the population ages and science advances we are living longer, but increasingly with more health term conditions - currently about 15 million people in England have a long-term condition. Treatment and care for people is estimated to take up around £7 in every £10 of total health and social care expenditure. But even with a hypothetical infinite pot of resources, it is a challenge that new drugs and surgery simply cannot solve alone.

Our previous work on the People Powered Health programme had demonstrated the importance of peer support, which enables people to share their experiences and support each other as equals, and in ways that build resilience and address what matters most to people in their everyday lives. It also has the potential to increase people's confidence, mood and wellbeing - and ultimately health - while improving care, delivering better outcomes and reducing costs to the NHS. Peer support involves people drawing on shared personal experience or circumstances to help one another, often in a way that is mutually beneficial.

- Much of the portfolio therefore concentrated on **scaling proven condition-specific peer support interventions**, with four grants to The British Lung Foundation, Diabetes UK, RNIB, and the Stroke Association.
- Awards to promote **social action in tackling healthcare challenges, such as inactivity** (ukactive), **carer isolation** (Carers UK) and **care and support planning** for people with complex needs (My Support Broker).
- Finally an ambitious grant was made to a council trying to **redesign public services**, putting social action at the heart of its work - Stockport Metropolitan MBC.



UKActive places exercise professionals in GP surgeries to help inactive patients to set realistic and achievable personal physical activity goals, which is complemented by face-to-face and online peer support groups.



The British Lung Foundation offers peer support groups to help people with chronic lung conditions to manage their health and wellbeing.





Diabetes UK facilitates peer support groups to help people better manage their condition.



MySupportBroker draws on the expertise of people with long-term conditions to help others lead better lives – taking control and planning their own care.

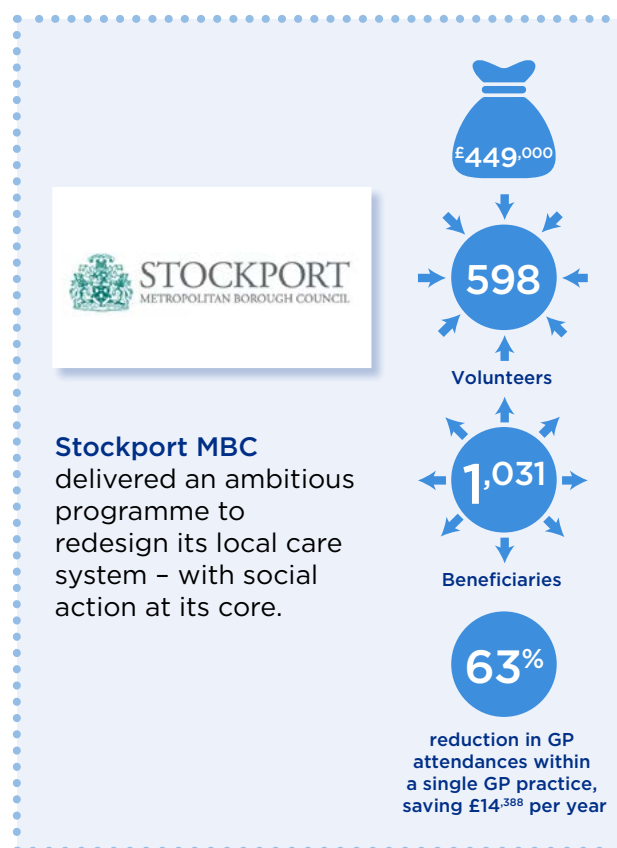
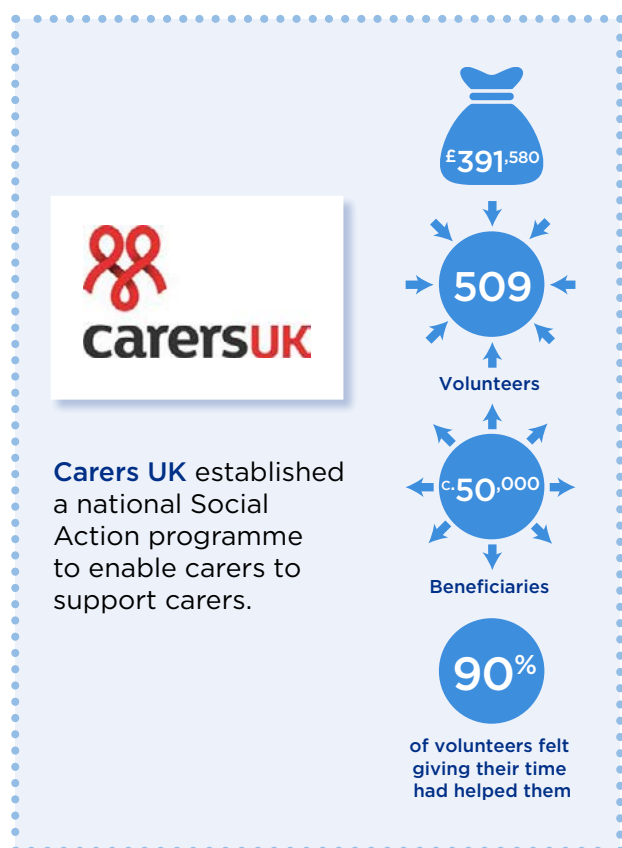


RNIB developed a telephone-based group peer support and education service for individuals living with sight loss.



Stroke Association provides practical and emotional support for stroke survivors through peers who know what it's like to recover from a stroke.





Lessons learnt

- 1. Reciprocity is an important motivator for volunteers.** Beyond personal beliefs or interest in participating in a fun or social activity, the idea of both giving and receiving support was an important motivator for volunteers with long term conditions. Carers UK found that there was a strong appetite from their members to use their experience to support other carers and to receive the benefit of others' experience – 66 per cent of members surveyed said that they wished to receive support from a peer, whilst 67 per cent were willing to share their experiences to support others.
- 2. Peer support can help reach 'high risk' groups** - New research¹⁷ shows that peer support is an effective mechanism to improve the outcomes of 'hardly reached' groups – that is, 'high risk' groups that are hardly reached by clinical and preventive services but account for disproportionate levels of avoidable and expensive care. This work is especially important in building connections and friendships, and connecting 'high risk groups' with others in their locality, which has been shown to have an important impact on wellbeing and other health outcomes.
- 3. The most effective volunteers were trained.** It's easy to assume volunteering is a low overhead activity, but whilst it can be a frugal solution to helping people better manage their long-term conditions, the costs of recruiting and training volunteers shouldn't be skimmed on. Face-to-face peer support delivered by trained has the biggest impact on improving emotional and physical wellbeing.¹⁸ RNIB made training of peer facilitators mandatory as did MySupportBroker.

CASE STUDY

RNIB's Time to Talk

RNIB created a facilitated peer group format to provide a safe space for older people who are affected by sight loss to discuss their lives and situation with others. Experienced volunteers facilitated weekly hour long telephone small group sessions for four weeks. The groups provided a safe context and framework for participants to discuss their lives with sight loss and to receive signposting information to useful sources of information and support, including technology. Over 1,000 older people with sight loss took part during the first year. The



mix of people taking part led to rich and wide discussions.

? You might not know

The service was initially designed for newly diagnosed individuals, but demand for the service was so high that it was opened to any older person affected by sight loss.

In numbers

77% of users felt more knowledgeable about organisations, technology and equipment

72%
of users felt
more positive
about the future

84% of users found it
helpful to discuss their
sight loss with their peers

4. **Developing relationships with public service professionals was key to scaling the best innovations.** The British Lung Foundation were able to make the case to commissioners that Integrated Breathe Easy groups effectively dovetailed with existing services for people with chronic lung conditions, such as pulmonary rehabilitation. They have also built an evidence base to show how Integrated Breathe Easy can contribute to wider health outcomes, such as better self-management, unplanned GP visits and unplanned hospital admissions. This has put them in a strong position to negotiate close links with CCGs and a significant level of involvement from healthcare professionals in group meetings.

CASE STUDY

The British Lung Foundation's Integrated Breathe Easy Groups

The British Lung Foundation have set-up an impressive nationwide support network of Breathe Easy groups for those living with lung conditions, their family and friends. Until recently these groups have often been delivered in isolation and used in an ad-hoc way by healthcare professionals. We supported The British Lung Foundation to scale a new format for the group, with groups integrated directly into local care pathways and where sessions are co-produced with the participants and supported by a care professional who attend on a regular basis.



This tailored and structured approach has positive results and The British Lung Foundation has now grown the model, implementing it in 24 existing groups and 19 new groups.

? You might not know

Respiratory nurses spend up to two hours per month with each group, that's 1,032 hours a year in the 43 groups we helped alone.

In numbers

44%

of participants knew more about local services available for people

42%

per cent reduction in unplanned GP visits and a

57%

reduction in unplanned hospital admissions¹⁹

90%

of participants felt more confident and more in control of their lung condition

5. The infrastructure of large charities is a great starting point for scaling new ideas.

We worked with a number of larger charities to specifically grow or replicate a proven innovation they had incubated (e.g., a specific 'best in class' peer support model). Big charities are not often known as innovators, but we found tremendous capacity in the organisations we worked with and an underlying infrastructure and reputation to quickly scale something that works. Working with large charities opened up opportunities to take marginal ideas to the mainstream in ways that social enterprises and smaller charities struggled to do.



6. Social action to support older people to age well

Each day our life expectancy increases by five hours.²⁰ With the anticipated shifts in our population, our society is set to face enormous changes in the coming decades. And there is also often a big gap between what really matters to older people's health and wellbeing - like having meaningful connections with others, remaining independent for as long as possible, and having a sense of purpose - and the priorities of existing services.

With growing numbers of older people experiencing loneliness and social isolation, small tweaks to the public health system simply won't be enough. What we need is a fundamental rethink of the way we approach health and care services - putting people in the lead, making better use of community resources and building in co-production at every level.

We supported eight innovations to help people age well including:

- Volunteers giving their time to **support neighbours and reduce isolation**, including awards to the Good Neighbours Scheme by Bedfordshire Rural Communities Charity, North London Cares, First Call by British Red Cross and The Silverline.
- Volunteers giving their time **alongside professionals as part of care pathways** for 'at risk' older people presenting to GPs, including supporting Rebuilding Connections by Social Finance, Age UK Integrated Care Pathway and
- Volunteers entering a **formal caring relationship with older people in need**, where we backed Shared Lives Plus.
- **Older people themselves sharing time motivated by reciprocity**, where we backed Green Gyms by The Conservation Volunteers.



Bedfordshire Rural Communities Charity's Good Neighbours Scheme provides a structured way for people to contribute to their immediate neighbourhoods and support their older neighbours.



North London Cares and South London Cares recruits young professional volunteers to support their older neighbours to tackle loneliness and anxiety amongst older people through a combination of practical and social support.





Rebuilding Connections by Social Finance mobilises volunteers to support local older people referred by GPs, and utilises an innovative payment by outcomes approach through a Social Impact Bond.



Age UK's Personalised Integrated Care Pathway mobilises volunteers to support older people, helping to coordinate a personalised care plan and reconnect with their communities.

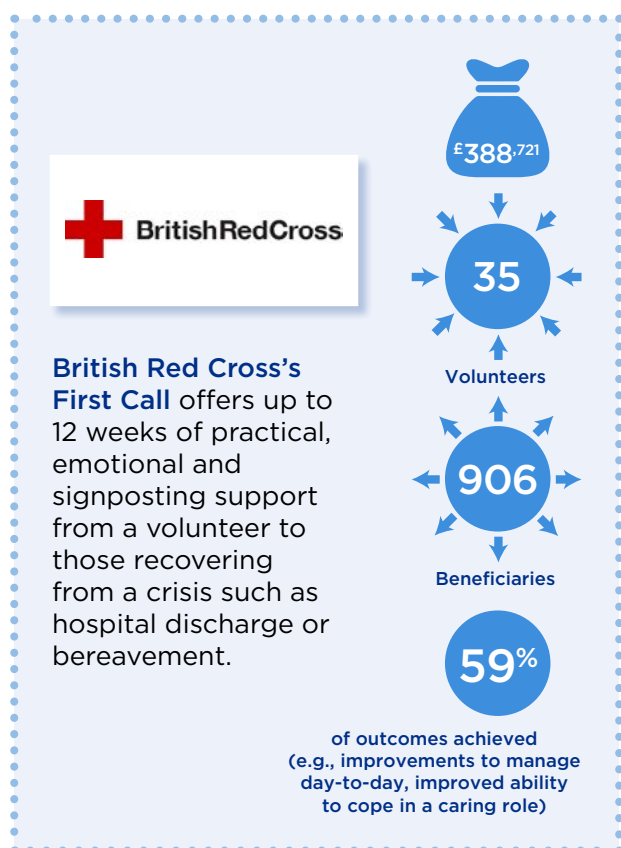


Shared Lives Plus carers share their own home and family life with an older or disabled person, as an alternative to traditional care services.



Green Gyms by The Conservation Volunteers mobilise volunteers to take part in outdoor, group-based and physically challenging activities that also improve green spaces for the wider community benefit.





Lessons learnt

1. **The savings to the state in this field are significant** - We saw savings in two forms. Firstly some innovations were simply cheaper than a state-based alternative. Living with another family who provide wrap around care through Shared Lives Plus is £26,000 less than residential care, for example. But the preventative costs are even greater. Social Finance estimate that the cost that can be avoided if actions are targeted at the most lonely is £6,000 per person over ten years. This provides key evidence for commissioners on the benefits of investing in programmes to reduce loneliness.

CASE STUDY

Shared Lives Plus

Shared Lives Plus is a radical social action innovation, where vulnerable adults live with Shared Lives carers, rather than in residential care or other service buildings.

It matches individuals, couples and families who are willing to give their time and share their homes with vulnerable adults (older people who can no longer live alone, people with learning disabilities or mental health issues and others) who need help to live independently, providing support and accommodation, and, most importantly, friendship, fun and a sense of belonging.



SharedLivesPlus
THE UK NETWORK FOR SHARED LIVES AND HOMESHARE

? You might not know

Shared Lives carers receive a weekly payment which is typically £250-£400 for the care they give, but they include the individual in their family and community life 24-hours a day, seven days a week. Their family and friends get involved on an unpaid basis, forming an informal network of support for beneficiaries who become 'one of the family'.

In numbers

More than **9,000** volunteers are supporting more than **13,000** vulnerable adults across the UK

£26,000 Saved a year for people with learning disabilities and **£8,000** a year for people with mental health issues

2. **There is a sector wide appetite for social action that could take many of these models to significant scale in the next few years** - Many of the innovations in the portfolio were commissioned by Clinical Commissioning Groups (CCGs), for example British Red Cross's First Call Service. NHS England's Five Year Forward View recognised that three million volunteers already make a critical contribution to the healthcare system and set out a vision for more volunteers to become part of the extended NHS family. Research suggests there is demand, too - the King's Fund has estimated that around 24 million British adults would consider volunteering in the healthcare sector, if approached in the right way and at the right time. Together this suggests that demand for volunteering and supply of volunteers in healthcare could both increase significantly in the next few years.

CASE STUDY

Age UK's Personalised Integrated Care Programme



Age UK's Personalised Integrated Care Programme brings together voluntary, health and care organisations in local areas to support older people living with long-term conditions who are at risk of being hospitalised.

Once identified, Age UK staff and volunteers work with older people to draw out their own personal goals – this could be as simple as being able to take their dog for a walk. From here, a primary care-led, multidisciplinary team create a plan which provides a combination of medical and non-medical care, centred around the individual and helping them achieve their goals.

Volunteers then work with the older people involved for six to 12 weeks to support them in see this plan through, for example by calling once a week to chat or accompanying them on walks to set a regular pattern of walking each day.

? You might not know

Many older people supported by the work have now gone on to become volunteers themselves.

In numbers²⁴

26% reduction in non-elective hospital admissions

20% of people supported go on to become volunteers themselves

20% average improvement in wellbeing

3. **Evidence, evidence and more evidence secures 'buyers'** - We consistently found that capturing evidence of impact in ways that responded and overlapped with NHS professionals was key to scaling. 'Buyers' (commissioners or direct users) were more likely to partner when provided with good quality social and economic impact data. This was particularly true for Social Finance who have successfully established their Reconnections Social Impact Bond, the first Social Impact Bond in the country tackling loneliness. Social investment was secured by bringing together international best practice and evidence on how to positively address loneliness. The outcomes based contract, with payments dependant on reductions in loneliness points, ensures there is a continued explicit focus on understanding what is working to reduce loneliness.

4. **Many of the best models are built on local insights and factors, so replicating them is challenging but worthwhile** - The best models build on rich local networks, and often specific individuals, and are rooted in the local context. Replicating these in a different place takes a lot of time and engagement. For example, North London Cares and South London Cares began as small community organisations and have developed into major sister networks with growing profile and reach, currently with over 4,000 people tackling loneliness and isolation together. They grew from the grassroots, understanding and responding to community in real time. Over the next five years the Cares family propose to sustainably double the number of people they are working with, across London and through expansion to two additional UK cities through a social franchising model.

CASE STUDY

North London Cares and South London Cares

North London Cares and South London Cares are sister community networks of young professionals and older neighbours, spending time together through social clubs, one-to-one friendships and a pro-active outreach programme. The community reduces isolation and loneliness amongst older people and young professionals alike, and improves confidence, skills, resilience and connection.

After promising results in North London, they replicated in South London - focused on replicating the culture and philosophy, of the model while also retaining the identity and freedom to innovate within the new second location. For example, social clubs look



different in both areas reflecting different demands of the local populations but they always bring older and young neighbours together to share time, laughter and a new experiences.

? You might not know

Over the next five years the 'Cares family' are expanding, aiming to double the number of people they work with. They are currently scoping locations and exploring franchising models.

In numbers

2,800 older people and **3,300** volunteers in the network

125,000 interactions and **26,000** volunteer hours given to communities

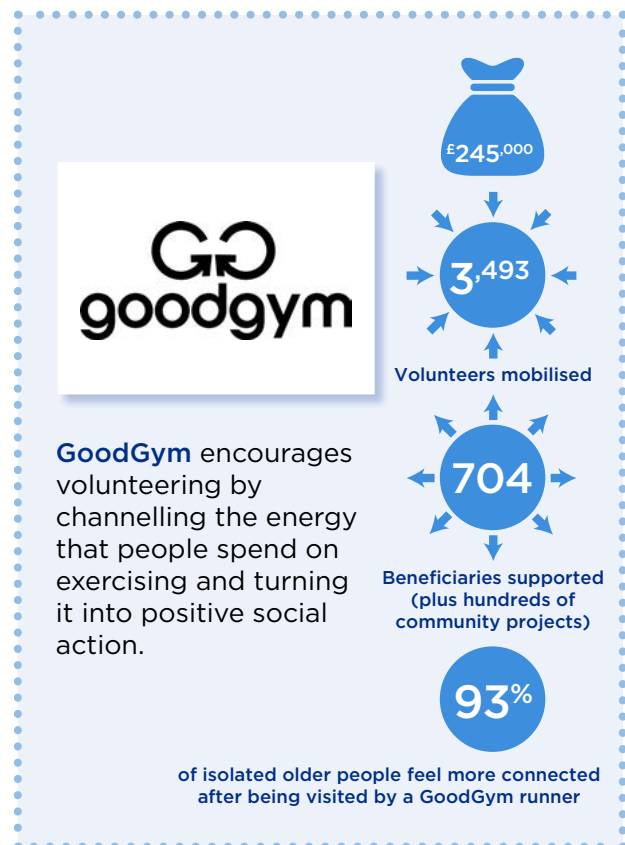
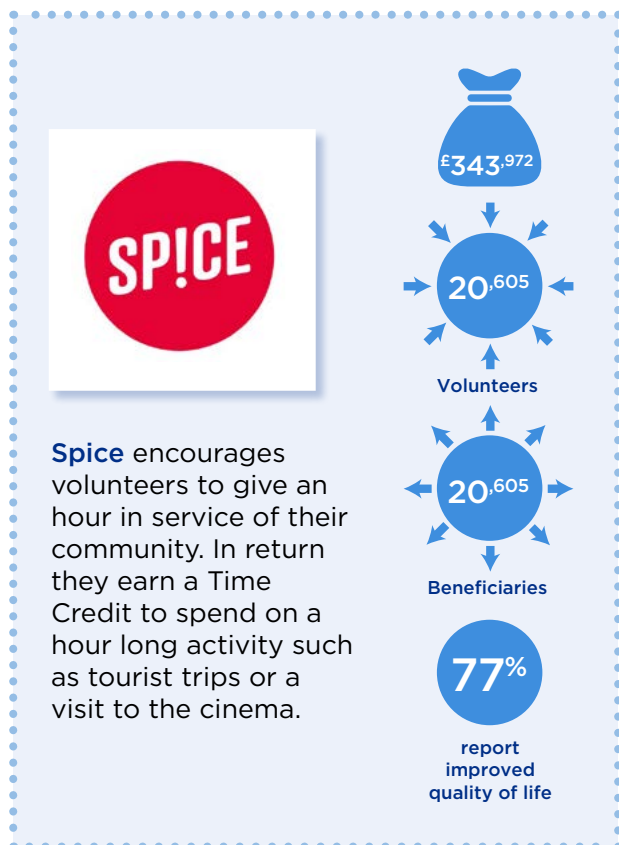
7. Social action to build resilient communities through impact volunteering



Impact volunteering – where demonstrable impact on a specific outcome can be shown from a specific volunteering activity – was a feature of the whole Fund. But we also selected a handful of innovations operating in a wide range of public service areas where social action was well placed to act, but which were each exemplars in their field with proven evidence of impact.

We awarded grants to innovations where:

- **Uniquely experienced people gave their time to others in a similar position**, which included grants to User Voice and Parents 1st.
- **Reciprocity often motivates people to give their time to get something in return**, which included grants to Spice and GoodGym.
- **People sharing professional skills outside of their profession**, where we awarded a grant to StreetDoctors.





StreetDoctors

supports volunteer medical students to teach emergency life-saving skills to young people at high risk of violence.



UserVoice supports prisoners to give their time to prison councils and other social action whilst serving their sentence.



Parents 1st recruits and trains volunteers with experience of parenting to offer vulnerable parents-to-be and parents of a new baby support and encouragement to give their babies the best possible start in life.



Lessons learnt

1. **Motivations of volunteers include self-interest and reciprocity as well as altruism.** Much of the marketing of volunteering opportunities is based on selfless giving of time, but these innovations had real success in promoting volunteering as an opportunity to gain something (e.g., Spice volunteers to gain a non-financial reward, GoodGym runners to get fitter, StreetDoctors and User Voice volunteers to gain experience) and reciprocity (e.g., Parents 1st volunteers to join peer groups supporting and getting support). These innovations promoted a different type of marketing - not altruistic giving but a triple win for the volunteer, beneficiary and community - that is a useful tactic in scaling social action.

CASE STUDY

Spice Time Credits

Spice Time Credits are an innovative community currency used by over 1,200 organisations. For each hour an individual gives to a service or their community they earn a printed Time Credit. This can then be spent on an hours' activity, and Spice have built a network of over 500 venues which accept Time Credits from Blackpool Tower to Thames Clippers boat trips to the Millennium Centre in Cardiff. To date over 27,000 people have been involved and almost half of these are new to volunteering.

Volunteers give their time alongside public services for example in schools, health and social care. People give more time and give



it more consistently when earning Time Credits with both earning and spending contributing to outcomes such as improved health, increased social capital and learning new skills.

? You might not know

Spice is the largest community currency organisation in the world. Almost half a million hours have been contributed to date.

In numbers

60% per cent of people feel more healthy when earning and spending Time Credits

500,000 hours contributed to date

77%

have improved quality of life

2. **Social action can mobilise 'hard to reach' volunteers like prisoners and those who have never volunteered before.** User Voice's model of user council's operating inside 15 UK prisons has given prisoners the opportunity to give their time in service of their peers, improving life at the prison, and helping them to learn skills to succeed in employment outside of prison. Meanwhile Spice's time credits scheme was the most successful intervention in mobilising new volunteers. Many had never given their time before, but the time credits (e.g., swimming pool access or cinema vouchers) incentivised them to give significant hours in service of other local people.

- 3. All communities are asset rich, you just need to work out how and why to give their time.** This cohort especially demonstrated how to harness the skills of people creatively such as skilled trainees wanting experience (e.g., StreetDoctors), people with time but little focus (e.g., User Voice) or people who had not volunteered before and/or may not have been clear what they had to give (e.g., GoodGym's older coaches and Spice volunteers). This asset based approach could help unlock many more underutilised skills or millions more hours of energy in our communities.

CASE STUDY

GoodGym

GoodGym encourages volunteering by channelling the energy that people spend on exercising and turning it into positive social action.

GoodGym arose out of a frustration with normal gyms being a waste of energy and human potential. In their model runners sign up to get fit by doing physical tasks like manual labour for community organisations (preceded by group runs to get there).

They also offer committed runners the chance to do regular runs to make social visits to isolated older people who act as



'coaches' - motivating someone to run on a cold winter's day when they might not have otherwise.

? You might not know

New Balance partnered with GoodGym in 2014 for the #useyourrun campaign. TV adverts featuring GoodGym aired across the UK during prime time TV slots like *Coronation Street*.

In numbers

93% of isolated older people feel more connected after being visited by a GoodGym runner

92% of runners agree that GoodGym increases their motivation to exercise

Doubled in size three years in a row and will grow from **25 to 100** across the UK within the next three years

- 4. It is possible to grow leanly,** keeping overheads to a minimum. StreetDoctors excelled at this. Their model includes a small core staff team connecting youth offending teams with student doctors in University towns to teach life-saving skills including giving chest compressions and how to deal with stabbing or gunfire wounds. They have cultivated a strong culture of devolved responsibility – societies of students take on the running of local teams, recruiting volunteers, organising the training and keeping an active social life. There is high demand from medical schools around the country because of the core ask and devolved model which has helped them to scale from nine to 16 locations, reaching over 3,000 young people with life-saving skills.

CASE STUDY

Street Doctors

StreetDoctors supports volunteer medical students to teach emergency life-saving skills to young people at high risk of violence. Young people learn what to do when someone is bleeding or unconscious and discuss the medical consequences of violence. In the process attitudes to violence are challenged, and young people are encouraged to view themselves as potential lifesavers capable of acting positively in a medical emergency.

Local Youth Offending Teams (YOTs) and other pay a small fee for the service, requesting training for young people who are considered 'high-risk' getting caught up in violence. Students in medical schools and junior doctors give their time to teach skills.



Volunteers report valuing the experience and skills they gain, and the 'culture of empathy' within StreetDoctors, which makes it feel more like a social movement than a traditional organisation.

? You might not know

Volunteers are responsible for all aspects of running their local team - recruiting and mentoring new volunteers, delivering sessions, fundraising, and keeping an active social life going around the team's work.

In numbers

5,000+
young people trained
in life-saving skills to date

8 known cases of young
people using life-saving
skills in an emergency

16 teams in **12** cities with nearly **300** volunteers

- Innovating can be an isolating experience without peers to learn from.** Having a group of peers for support and to act as a sounding board, can be a very useful for those who are trying to grow. It is especially useful for innovations trying to change the status quo. Unlike the innovations we back in health and employment, this group of five innovations were not operating in the same sector, so were less able to support one another as peers in their journeys to scale. For example, the innovations we backed in the employment sector held joint meetings on data measurement to share top tips and engaged with senior civil servants on the concept of volunteers in Job Centres. The innovations who sought out peers through other networks - for example others mobilising students - found it beneficial to their growth to be able to share experience and learn from best practice.



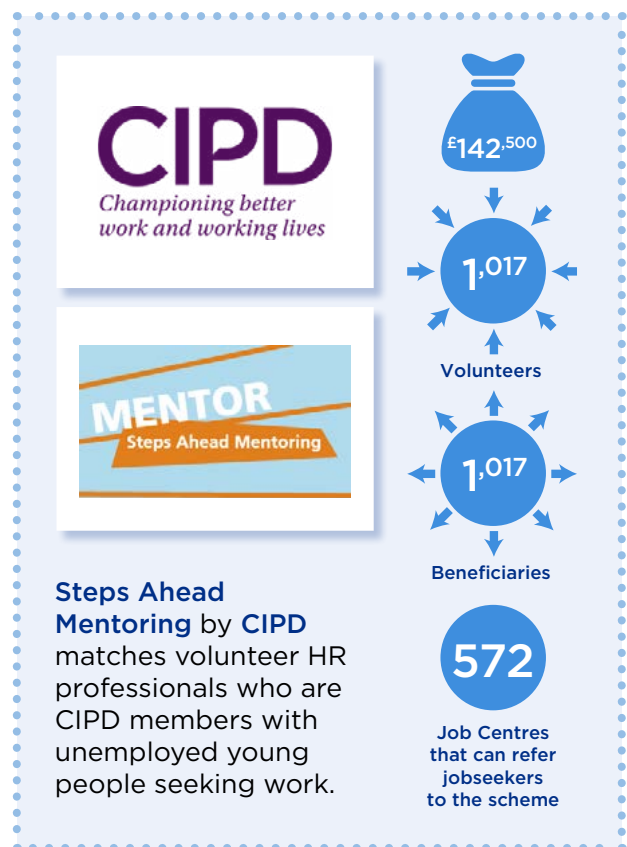
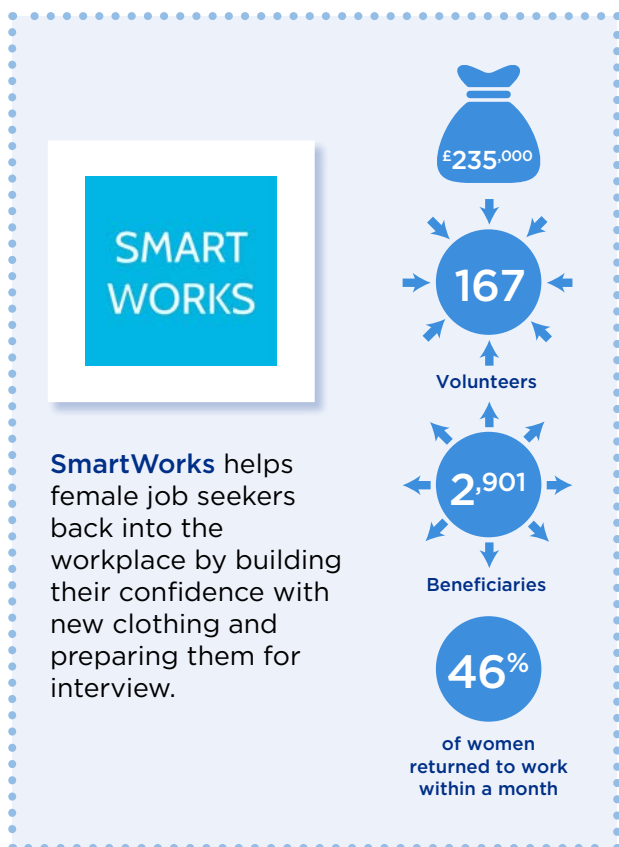
8. Social action to support people back to work

We know that many job seekers find employment through people they know rather than through advertisements. Many people (with a lifetime of experience in work) are willing to share their professional skills to coaching and mentoring others. And yet few Job Centres are able to draw in local people willing to share their networks or advice, as part of the day to day functioning of the service.

For these reasons, and because employment is such a key determinant of other life outcomes like health and wellbeing and reduce reliance on the state, we sought innovations that used social action to help unemployed people improve their skills and get back into work.

We selected six promising innovations to support to scale, including those that mobilised:

- Volunteers who share their **professional skills to help people find work**, including grants to Steps Ahead Mentoring by CIPD, and VIY (Volunteer It Yourself).
- Volunteers who are **job seekers themselves, gaining experience and giving back to their community** at the same time, with grants to The Cathedral Volunteer Programme, Vi-Ability and TaskSquad.
- Volunteers who give time to **prepare jobseekers for interview and work** and build resilience, backing SmartWorks.





Task Squad is a platform that connects young people with a track record of volunteering with short term, paid work opportunities.



The Cathedral Volunteer Programme provides structured volunteering placements in Cathedrals, training and other activities to prepare unemployed people for work, while connecting them with local employers.



Vi-Ability introduces young people (who are not in education, employment or training) to the commercial management of sports clubs, giving their time to their community.



Vi-Ability introduces young people (who are not in education, employment or training) to the commercial management of sports clubs, giving their time to their community.



Lessons learnt

1. **There is no shortage of supply but scalable innovations are harder to find.** In seeking applications for the fund we found that whilst there were a great number of innovations out there (see living map of jobs innovators²⁵ for example), many are of variable quality, largely based around employment support rather than skills, job creation or local economic growth. This was reinforced by stories from Job Centre Plus staff who feel overwhelmed by the choice of interventions and unclear what the evidence suggests is most effective.
2. **Affiliation models can be very effective for growth.** SmartWorks was one of the few innovations in the portfolio to take a licensing / affiliation route to scale. After codifying the model and stripping out unnecessary elements they sought affiliates. They set high thresholds for local boards, fundraising, premises and referral routes before accepting an affiliate to protect the work. We examine their journey in detail in our report *What does it take to go BIG? Insights on scaling social innovations from the Centre for Social Action Innovation Fund*.

CASE STUDY

SmartWorks

SmartWorks helps unemployed women back into the workplace by providing high quality interview clothes, styling advice and interview training. The model is deceptively simple, but has a profound impact on the women it supports, many of whom have been out of work for many years and are low on confidence and self-esteem.

SmartWorks established a demand driven model of licensing requiring interested parties to formally apply, demonstrating their commitment, local fundraising abilities and that they have the right skill mix within their group (e.g., someone who can build corporate partnerships, someone who can lead media campaigns, someone who understands the local job market etc.).



SMART
WORKS

Following agreement from the SmartWorks board, licensees sign a licensing agreement outlining what is required (which protected SmartWorks' brand and reputation) and what support they would be given from the central team like advice on how to recruit volunteers, and connecting them to the network of licensees to share experience.

? You might not know

Smart Works has been operating in London for 14 years before we supported them to scale the model to reach six sites in the UK. By 2019 they hope to be in ten cities with the potential to support 5,000 women a year.

In numbers

2,500 women a year supported

46% of clients secured a job within a month of receiving the service

95% of clients felt more confident at interview

3. **Evidence is underdeveloped in the sector**, especially regarding medium and long term success of job seekers. It was usual for our innovators to record jobs secured, but only some recorded if job seekers were still in employment after 13 weeks and very few after 26 or 52 weeks. This is not unusual in the sector. We supported the cohort to share best practice and systems for better data collection to address this need.
4. **The operating environment presents real challenges**. The Work Programme has been seen by many as the only game in town. Whilst the innovations in our portfolio have all made progress, many have struggled to connect to the right people at a regional level in JobCentre Plus to make the case to be commissioned. The new Work Programme 2 and devolution may present (very specific) opportunities. Most of our innovations though were less concerned with contractual relationships with JobCentre Plus and more concerned with building a steady pipeline of referred job seekers needing support into their intervention. We frequently heard stories of JobCentre staff with more than 200 possible interventions and little evidence of impact, so job seekers are often referred to one of the five or six interventions they knew about. For our innovations to succeed they had to build relationships with individual members of staff, a natural limiter of scale.

CASE STUDY

Vi-Ability

Vi-Ability is a social enterprise that works to help young people to develop their skills and find work, whilst supporting community sports clubs to become financially sustainable. Their eight week training and volunteering programme introduces young people to commercial management of sports clubs, whilst supporting them to make a positive difference to their local community through social action.

The programme was developed by former Arsenal and Liverpool Ladies footballer Kelly Davies and proved very successful in Wales. Vi-Ability has now brought the model to



VI / **ABILITY**

London and surrounding areas where they have been working with clubs like West Ham United, Ilford Sports Club and The Avenues.

? You might not know

Vi-Ability has launched a smartphone game simulating managing a football club called Football CEO. It's available to download now from <http://footballceo.org/>. All profits are ploughed back into furthering the social enterprise's work with disadvantaged young people.

In numbers

68% of young people who completed the programme found work, education or training afterwards

9. Social action to meet city-wide needs – the Cities of Service programme



The Cities of Service programme backed seven UK local authorities to adapt the US Cities of Service model of addressing city-wide needs through a partnership between the assets of local government and local people themselves.

- **Bristol, Kirklees, Plymouth and Portsmouth** were given funding to recruit a dedicated Chief Service Officer who reported directly to the local authority Chief Executive, consistent with the core US model. They were awarded £150,000 for the new positions and £30,000 to pump prime new initiatives to mobilise volunteers.
- **Barnsley, Swindon and Telford and Wrekin** were given funding to deliver Cities of Service initiatives within an existing senior position. These authorities were awarded £30,000 to pump prime new initiatives to mobilise volunteers.



Love where the Live Barnsley focused on improving neighbourhoods and encouraging food growing.



I'm In Kirklees focused on rethinking the council's strategy and approach to volunteering and mobilising volunteers to support young people with complex disabilities.



OUR PLYMOUTH

A CITIES OF SERVICE INITIATIVE

Our Plymouth focused on energy saving and growing healthy food.



PORTSMOUTH TOGETHER

Portsmouth Together focussed on mentoring students from deprived areas or who had fallen behind to achieve their GCSEs and on improving neighbourhoods.



Swindon Circles

Swindon Circles focused on reducing loneliness in isolated older people.



TELFORD & WREKIN

everybody has something to offer

Telford and Wrekin focused on community projects to grow healthy foods and improve neighbourhoods.



Lessons learnt

1. **A convening, central ‘volunteer champion’ really works.** Each council appointed a City Lead (from their existing staff) or a Chief Service Officer (a new role reporting to the Chief Executive) to champion the work. These senior roles (reporting to the Senior Management Team or the CEO) proved to be fundamental to the success of the model - giving extra capacity to consider volunteer led approaches internally, acting as a visible communication channel for external stakeholders and raising the profile of volunteering across the council and city. Interestingly, councils have reflected that neither the title itself, nor the exact line management and reporting structure in which the role sat, were as important as simply having a visible lead and the seniority to influence decisions and resource allocations.
2. **A focus on impact helps successful projects scale and gives impetus to stop failing projects sooner** - Local authorities in the programme implemented impact volunteering initiatives in priority areas for their city. Many of these were adaptations of best practice models. The principles of impact volunteering were key - a clear Theory of Change, good data to back up impact and quickly stopping anything that’s not working. The most successful were not afraid of failure, being decisive in moving away from underperforming models and refining or discontinuing models if they don’t have their intended effect.

For example, Portsmouth realised their energy saving scheme wasn’t working. Volunteers were offering to clear people’s lofts in order to have free insulation fitted, but residents were happy to do this themselves and the government’s ‘green deal’ terms changed so insulation was no longer free but subsidised. As a result take-up and impact was limited, so Portsmouth quickly stopped the work and pivoted to put their energies into another key issue, mobilising volunteers to mentor students from deprived areas or who had fallen behind to achieve their GCSEs. The impact was clear with students doing 10 per cent better in maths than their peers.
3. **Projects that met both council needs and residents preferences worked best** - Some Cities of Service initiatives had a stronger leaning towards residents’ preferences, such as the growing healthy vegetables initiatives, which helped address a clear communities’ interest but didn’t lead to a direct impact on contributing to core council service delivery. In contrast, some were driven by a council identified need. The best worked in areas that met both residents and council perceptions of need. For example, Swindon council and its residents agreed the number one priority they could collaborate on was reducing loneliness in isolated older people where volunteer and state interventions were needed.



CASE STUDY

Swindon Circles

Swindon Circles matched isolated older people (who received four hours or less of social care each week), with volunteer befrienders. Older people were referred to the service by the Council's Adult Health and Social Care Department.

Volunteer befrienders met at least once a week with older people to help with their daily tasks, transport and companionship and complement any existing contacts people



have with families, friends and carers. Many older people have received over six months of support.

You might not know

Swindon Circles has proved popular. You can still sign up to volunteer.

In numbers

275 referrals so far and **132** older people currently using the service

70% of older people reported an improvement in wellbeing

40% of older people reported feeling more useful

4. **Clear branding helps** - The provenance of the Cities of Service brand was helpful for councils in communicating the potential of the model to executives internally and partners externally. Different, local branding was used to advertise opportunities for volunteering (e.g., Team Bristol or Portsmouth Together). This local branding helped volunteers respond more readily to a local 'ask' and a sense of momentum. It also helped partners to come together, for example Barnsley's successful 'Love Where You Live' brand provided a common and neutral banner for the local authority, voluntary and business partners to get behind.
5. **New relationships can and have been formed between citizen and state** - the Cities of Service model created the framework for a different form of relationship between citizens and the state. At a practical level, councils, residents and the voluntary sector came together to design solutions to local problems. For example, Telford and Wrekin's 'Pride in Your Community' initiative engaged local people in identifying how to rejuvenate problem areas in some of the most deprived neighbourhoods and then paired local volunteers with paid staff to implement the plans.

CASE STUDY

Telford and Wrekin's Pride in Your Community



TELFORD AND WREKIN
everybody has something to offer

In Telford and Wrekin, half of the council's £1.8 million litter clearing budget was being spent in just six neighbourhoods. These areas were amongst the 10 per cent most deprived neighbourhoods in the UK. Both the council and local residents wanted to tackle increasing levels of litter, graffiti and fly tipping in public spaces.

The council and local residents came together under the banner of Pride in Your Community to rebuild pride in local communities and carry out practical tasks to improve public places. Hundreds of residents

gave their time alongside paid staff to 139 different locally designed and organised projects including litter picks, street audits of potholes and fly tipping, and planting trees. Some residents were also trained in gardening and health and safety, and a tool hire scheme was developed to facilitate community clean ups.

? You might not know

Swindon Circles has proved popular. You can still sign up to volunteer.

In numbers

682
volunteers
gave their
time

50%
of volunteers reported that they also made changes to beautify their own gardens further improving a sense of pride and responsibility for the environment

For more information see our report *Cities of Service UK: Capturing the skills and energy of volunteers to address city challenges* (2016) Nesta.

10. Social action in hospitals – the Helping in Hospitals programme



Nearly every hospital in the country benefits from the generosity of local people giving their time as volunteers to help patients from signposting, to listening services, mealtime helpers serving refreshments, to volunteers to drive people to and from appointments.

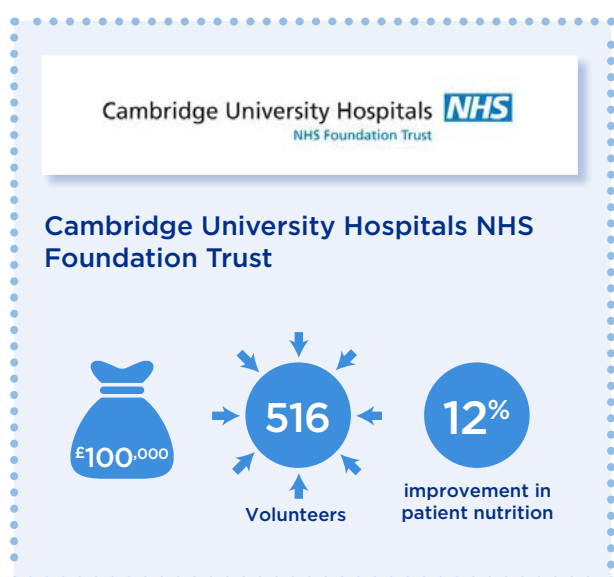
We wanted to build on this good work, but also to promote hospitals to go further - to reach out to their local communities as a source of clear, defined and prioritised support, augmenting and influenced by their staff. Our research suggests that 24 million adults would consider volunteering in a health context.²⁷ There's no shortage of willing volunteers in this promising field of social action where the scale of the opportunity is huge.

Helping in Hospitals backed six hospitals to replicate the best of King's College Hospital's impact volunteering focus, creating public facing roles where a trained volunteer is carrying out a particular task in a particular way in a particular setting, that we have evidence makes an impact on patient wellbeing or health outcomes. Roles were primarily focused on the non-clinical needs of patients and their supporters, where compassionate support can make all the difference at a time of high anxiety, and bolster the efforts of hard working clinical professionals.

We worked with six hospitals to create new impact volunteering roles (that they could demonstrate would make a difference to patient outcomes) according to their own population group and needs:

- Cambridge University Hospitals NHS Foundation Trust
- Derbyshire Community Health Services NHS Trust
- Great Western Hospitals NHS Foundation Trust
- Kingston Hospital NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- Barts Health NHS Trust

We also dedicated significant resources to support each hospital to measure the impact of their work more systematically.



Great Western Hospitals NHS NHS Foundation Trust

Great Western Hospitals NHS Foundation Trust



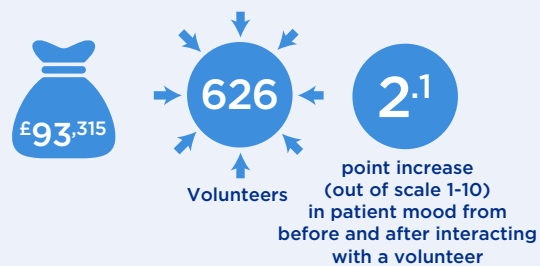
Kingston Hospital NHS NHS Foundation Trust

Kingston Hospital NHS Foundation Trust



Sheffield Teaching Hospitals NHS NHS Foundation Trust

Sheffield Teaching Hospitals NHS Foundation Trust



Barts Health NHS NHS Trust

Barts Health NHS Trust



Lessons learnt

1. **A focus on impact volunteering can re-energise recruitment and sharpen the difference volunteer roles make.** Evaluation data showed that hospital impact volunteering showed promise as a way to improve patients' experience and well-being. This is backed up the results from King's College Hospital whose new approach inspired the programme. Being clear that the roles have been designed with best practice and evidence of what works in mind is reassuring to senior stakeholders in the hospitals, attractive to potential volunteers and, ultimately means a patient's outcomes are improved. Sheffield iterated a number of volunteer roles (including a home from hospital scheme and mealtime companions) and then trained volunteers in what worked to maximise impact.

CASE STUDY

Sheffield University Teaching Hospitals NHS Trust

The Trust wanted to expand its volunteering offer, particularly to support patients returning home after a hospital admission - a transition which some patients found stressful and experienced difficulties finding ways to live well at home. An early pilot in the urology ward showed promise but in most cases the patients did not realise the support was available, and some were re-admitted again soon after social not medical reasons. The hospital redesigned the role focused on providing reassurance to the most frail patients before and after discharge. It has had a dramatic impact on reducing patient anxiety about going home.

They also expanded the reach of the Nutrition Assistant role, recruiting volunteers wanting experience of nursing or healthcare. It was a great success, partly down to the training volunteers were given (including a specific learning session on feeding safety

Sheffield Teaching Hospitals **NHS**
NHS Foundation Trust



and good practice, with experts in this field and time shadowing others) to ensure volunteers felt confident on the ward. This type of detailed analysis and adjustments can be what turns volunteering into impact volunteering.

? You might not know

Sheffield switched to group assessment sessions as part of the recruitment process for volunteers. It saved staff time and built more 'two way' communications during the recruitment process, which led to more fulfilling placements and increased volunteer retention.

In numbers

2.1 point increase
in patient mood
(on scale of 1-10)

2% increase in patient
satisfaction with eating
and drinking support

- 2. Flexible roles lead to better retention of volunteers.** All volunteers come with different motivations, skills and amounts of time to give. Most volunteers gave three hours each week, but some gave many more whilst others (especially younger people) needed roles that demanded a less intensive commitment or flexible hours. Offering a range of different volunteering roles (type or role and number of hours required) helped with recruitment, as did balancing roles to include activities that would give volunteers both a sense of achievement/value and see them deployed in the areas of greatest need. Setting clear expectations about minimum commitment (e.g. staying for three months) helped with retention. For example, Cambridge University Hospitals developed a programme specifically around young people. They offered them evening shifts to fit within their current lifestyle commitments. This also filled a gap of a lack of volunteers working at these times on the wards. And impact volunteering roles in Kingston saw volunteer retention leap from 20 per cent to 77 per cent in two years.
- 3. The best volunteers were carefully selected and well trained to have greatest impact.** Training has a cost, but gave volunteers proven methods and tools to support patients, and so the investment often paid off in results. For example Derbyshire Community Trust gave all their Home from Hospital volunteers additional dementia awareness training including practical tips on conversation tools and topics to avoid or affirm. Investment in training volunteers also meant they felt valued and their time well utilised so they were less likely to drop out of the schemes.
- 4. Measuring impact in hospitals is challenging.** Evaluation data showed that hospital impact volunteering shows promise as a way to improve patients' experience and wellbeing. There were statistically significant positive findings on 30 per cent of all outcomes, including overall patient experience, mood, anxiety levels, nutrition and hydration, and releasing nurse time to care. However, isolating the impact of volunteers on overall outcomes is extremely challenging - it requires careful planning, pre and post surveys of patient outcomes like anxiety and satisfaction and the buy-in of staff at all levels. And in some cases it is simply not possible to control for all the other factors affecting a patient (family interventions, medical history etc.). It also requires data on volunteer attendance which many found challenging because of the sheer scale of the hospital.



CASE STUDY

Kingston Hospital NHS Trust

The hospital had a well-established volunteering programme but wanted to develop specific impact volunteering roles to improve its efficacy and recruit many more volunteers. Using evidence of what works, information on tasks where staff wanted support / saw gaps and the focus of the Trust's strategy they created four impact volunteering role descriptions including a Hospital to Home discharge service helping patients to transition well and with less anxiety and dementia activity volunteers supporting patients who may find hospital confusing and keeping them company with interactive activities.

Kingston Hospital was strong at measuring the impact of all roles on patient outcomes, embedding data collection into existing processes so that it became the norm. The

Kingston Hospital **NHS**
NHS Foundation Trust



data was very helpful in showing volunteers the difference their time made and in communicating the value of volunteering to senior staff.

? You might not know

Kingston hosted a 'Come Dine With Me' evening for dining companion volunteers to taste the meals and help to choose the menus.

In numbers

28% reduction in patient anxiety about discharge

77% volunteer retention rate compared to **20%** previously

19% increase in dementia patients' mood

For more information see our report *Helping in Hospitals: A guide to high impact volunteering in hospitals* (2016) Nesta, which outlines a four-step approach any hospital can follow to achieve impact: aligning their volunteering offer with the Trust's strategy, scoping the necessary support and volunteers, scaling impact volunteering roles and measuring the impact of volunteers in a systematic and robust way.

11. Supporting social action – lessons learnt



Beyond the lessons learnt in each of the priority areas we focused on, what have we learnt about supporting social action as a grant funder? Five themes of learning stand out:

- A Planning for scale**
- B Demonstrating impact**
- C Mobilising existing infrastructure**
- D Grant making with an investor mindset**
- E Learning from failure as well as success**

A Planning for scale

Many social action innovations are intentionally neighbourhood level responses to hyper-local need. Others may start small, but have the potential to grow - ensuring that proven and effective interventions are copied and adopted elsewhere, helping many more people. The best are able to both grow, and in doing so reform the system or model in which they work.

We deliberately selected a portfolio of social action innovations with the potential to scale and a plausible route to do so which would see them integrated in the work of local public services. We observed that:

- **The best innovations had a plan to ‘go big’ from the start** - They were ambitious and set out a clear plan of how they might achieve that vision from the start, backed up by a sound Theory Of Change. They valued the feedback and intelligence that good evidence gave them about where to place emphasis in their intervention (both North London Cares and SmartWorks benefited from doing this early on for example) and quickly set out the key elements of the core of the model, keeping its fidelity in scaling to ensure that impact on the ultimate beneficiary was not compromised.
- **Scaling is a distinct process and innovations need specialist support.** We deliberately heavily invested in staffing and programme support, building a ‘high touch’ expectation with innovations. Whilst our grant funding undoubtedly opened new doors and possibilities, the non-financial support from the programme was fundamental, such as matching founders with mentors five or ten years ahead of them in the scaling journey; running events to create peer networks; and offering technical support e.g., legal costs to set-up affiliate agreements, or technology consultants to build new databases.
- **Organisational growth is attractive but not the only option** - Choosing the right business model to scale was essential. It involved hard choices about ownership and control, and the pace of scale. The innovations scaled through four major routes, each discussed further in *What does it take to go BIG? Insights on scaling social innovations from the Centre for Social Action Innovation Fund*.



Organisational growth was by far the most common route to scale amongst the 50-plus innovations. For example, GoodGym, Code Club and Get Connected also grew their model in house, growing their staff team at the same time to manage new locations and provide central control. Organisational growth is a model of scale that keeps risks minimised - with control staying at the centre and allowing organisations to grow incrementally. It can also be very attractive, with a sense of buzz about an organisation that has outgrown its office space and a real opportunity for founders or managers to take on more responsibility with direct reports, for example, thus expanding their skills and careers with the organisation. But it is not without its challenges. How do you build capacity before demand, but keep overheads manageable? How do you transfer culture and ethos to new places where staff and volunteers may be unlikely to meet? How do you bring in staff with new skills for the stage of growth?

In contrast SmartWorks and Parents 1st had great success with licensing. Both selected this approach to ensure they kept control over the fidelity of their model and protected their intellectual property and brand, but at the same time could stay small at the centre, harnessing local resources to scale. North London Cares is now considering a franchising model to expand in a similar vein. There has been much talk in the sector about licensing social models, but few examples at scale yet.

CASE STUDY

Parents 1st

Parents 1st recruit and train volunteer parents and grandparents to partner one-to-one with expectant and new parents from less advantaged communities. They 'walk the journey' with parents through pregnancy, birth and the early months of parenthood offering a continuum of intensive but informal one-to-one peer support in the parents' own homes and in hospital.

Parents 1st recognised the best way to meet demand and spread the model would be to codify it and then franchise it. The model is called Community Parenting and to protect its brand and impact Parents 1st have developed



clear criteria that must be satisfied to enter a franchise: affiliate relationship. Affiliates have access to all materials on an online sharing platform, accredited training for volunteers, evaluation database, support and advice from the central team, the brand and more.

? You might not know

Parents 1st are always looking for new affiliate areas that want to use the franchise package to support parents in their locality.

In numbers

88% of parents felt more confident about birth and parenting

92% per cent of mothers had more than one person to talk to in the postnatal period compared to **50%** at the initial stage

59% of ante-natal parents felt their wellbeing improved

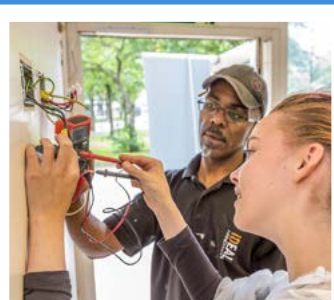
Partnership approaches helped many innovations to scale, drawing on skills, routes to users and capacities that would not otherwise be possible. For example, VIY established a partnership with DIY retailer Wickes, who not only provide free materials, tools, and reach to local tradespeople, but have also accelerated their scaling trajectory through a national partnership supporting their work financially in partnerships with local stores. And organisations like British Lung Foundation and Age UK reached many more people by tying their referral route to healthcare providers' day to day work.

CASE STUDY

Volunteer It Yourself (VIY)²⁸

VIY combines volunteering and DIY to help young people aged 14-24 learn building and construction skills on the job, by fixing local youth club buildings in need of essential repairs.

Through VIY, young volunteers are mentored by adult volunteer professional tradespeople whilst fixing local youth club buildings or carrying out essential repairs together. Seventy-five per cent of VIY participants also work towards and achieve a City & Guilds entry level trade skills qualification as part of the initiative which, combined with the



practical experience, can lead to future employment opportunities.

? You might not know

VIY has a well-established partnership with DIY retailer Wickes, who provide free materials and tools via local stores and recruit local tradespeople to become VIY mentors. This partnership has been critical to VIY's success and rapid scaling.

In numbers

64% of young people report increased employability across seven criteria

26,000+ young people and **300+** tradespeople have transformed **100+** youth club buildings

Replication also proved a successful model, especially for innovations within the public sector. We say more about this below on page 78.

- **Scaling takes years not months.** All funders want to fund impact on the ground and see the results of their investment. But scaling takes years not months, and investing in central resources / capacity to scale usually precedes growth. Multi-year grant agreements, full cost recovery and an acknowledgment that not all funding will lead to immediate impact on the ground are essential to truly support scaling.

B

Demonstrating impact

Now more than ever innovations need to be able to demonstrate why they're more effective than the models that they want to dislodge. If we want peer support to become as normal in the treatment of long-term health conditions as prescribing medication, then we've got to show GPs that it works. If we want to convince busy head teachers that establishing volunteer-led tutoring models in their school can help the most disadvantaged pupils to excel then we'll need academic results demonstrating just that.

We put a premium on demonstrating evidence of impact in the fund, spending far more than the usual 10 per cent on evaluation. Timely advice ensured this was money well spent - for example ensuring comparison group evaluations were only commissioned where an innovation's intervention was not going to change, and making the most of natural datasets (e.g., using school year data) to keep comparison group study costs low. We found that:

- **Impact volunteering has traction** – We all like to know that what we are doing is making a difference. And yet sometimes volunteers are encouraged to give their time to well-intentioned activities (which they might enjoy doing) but which do not make a significant difference to the outcomes of beneficiaries. We did not want this to be the case for any of the innovations in our Fund.

We championed impact volunteering, using it more and more heavily in our narrative as the Fund went on and ensuring all grantees had robust impact measurement in place. This meant the innovations could recruit volunteers knowing that any time given would be on impact volunteering roles and thus the 'best possible use of their hour'. This narrative on impact was important to commissioners too.



CASE STUDY

Plymouth's Energy Champions and Grow Share Cook scheme



OUR PLYMOUTH
A CITIES OF SERVICE INITIATIVE

Plymouth City Council got together with local residents and the voluntary sector in the city to design two initiatives where the council and citizens could work together to tackle a pressing need.

The city had observed a 48 per cent increase in the number of people accessing food banks compared to previous year. In response Grow Share Cook mobilised 85 volunteers who

produced and distributed food bags to families in need and ran cooking classes with fresh grown vegetables.

Energy Champions helped 2,800 households reduce their bills by an average of £146 per year. Volunteer champions were recruited and trained to give advice on saving energy and costs through switching provider, or implementing fuel efficiency advice.

In numbers

23,000 meals using fresh fruit and vegetables grown and given to families in need

2,800 households given advice on energy saving by volunteers

- **Process evaluations are worth every penny** – At least 15 innovations undertook a process evaluation of their model - a review of the logic for and implementation of each element of an intervention to better understand its impact. This work is not often funded by funders, who have a bias to demonstrating overall impact and numbers reached. Yet, a process evaluation was just what many organisations needed. It allowed the team a chance to get under the skin of an intervention that had evolved over time and really understand which components were making the difference to specific outcomes. This in turn allowed organisations to strip away unnecessary parts of the model and focus their efforts on scaling a more tightly bound, codified model that they knew worked. For example, SmartWorks had been very successful in supporting women back to work, but wanted to offer extra workshops and coaching for the small percentage that weren't successful. A process evaluation quickly demonstrated that the additional work was absorbing time without showing clear impact. Instead, SmartWorks concentrated their time on scaling their core model, and have established referral partners who can give more appropriate support for the circumstances of the individual client.

- **Investing in impact skills pays dividends** – We supported all organisations to create a Theory of Change and consider the quality of their evidence. We found that innovations had often grown quickly and they were lacking in confidence to commission good quality evaluation and manage evaluators. We intentionally invested significant financial resources in building this confidence, assembling databases of trusted evaluators, helping write good briefs to deliver evidence of sufficient quality to be validated, supporting innovations to interview and appoint evaluators and to manage their contract. This investment was well founded. Unlike other fund designs, this approach has left the skills of commissioning and interpreting quality evaluations within the staff of each innovation. It also put the innovations in the lead of their own evaluations, which meant they could gather data that would be most useful to them. For example, Action Tutoring focused their evaluation on impact data their ‘buyers’ (schools) always ask for.

CASE STUDY

Action Tutoring

Action Tutoring recruits adult volunteers to deliver targeted term long programmes of tuition to students who would benefit from extra support to achieve a C grade in GCSE English or Maths.

When Action Tutoring first started growing tutors would select their own materials to teach from. But it found it had greater impact after developing a curriculum of proven topics and high quality associated materials for all to follow. The curriculum can be tailored to individual needs and topics are selected



action
tutoring

to focus on following the baseline assessment.

Following a consistent curriculum in every school also means Action Tutoring can track progress of individual students much more readily, taking a baseline and termly assessments of their progress and aggregating the results to demonstrate evidence of impact. This large dataset has helped secure expansion into many more schools.

In numbers

Average increase of $\frac{1}{3}$ of a GCSE grade for students within six sessions (and $\frac{1}{2}$ a grade within eight sessions)

1 of only **2** innovations validated at **Level 3** on our **Standards of Evidence**, meaning their evaluation shows causality between their intervention and impact on student's grades.

9,000 hours of volunteer-led tutoring delivered a year

- **But don't assume that evidence is all that is needed** – Despite the investment, the promising results, the validated impact, not everyone will be swayed by good data. Personal stories that emotionally connect buyers with interventions are invaluable. Visiting interventions to hear those stories and see the work, and recommendations from peers both play an important role in local commissioners and buyers decisions. For example, buyers of volunteer-led tutoring and mentoring interventions (usually head teachers) often cite recommendation by another head teacher as the most important factor in making decisions. We say more about this, and our assessment of growing impact in the next chapter.

TSIP discuss the role of evidence in the fund further in *Innovations, Good Practice and Lessons Learned*, available to download.²⁹

C Mobilising existing infrastructure

- **Incentivising replication can support scaling more quickly** - We know that often the most powerful innovations are created in local areas to meet specific needs and contexts, but that doesn't mean we need to re-invent the wheel when trying to meet common challenges like reducing isolation for older people or supporting children who are falling behind at school. More should be done to share good practice - what works and what doesn't at a granular level in specific contexts. And more should be done to replicate and adapt the best. Yet innovating in the context of public services can be challenging requiring political backing, a firm grounding in what is 'best of class' and local incentives to change the status quo.

We saw the power of offering public services grants to replicate or try innovations for the first time. Many more adopted the King's College model of hospital volunteering or Cities of Service because our funding gave them the capital endorsement (and sometimes political cover) to try something new. We were also able to find 'a home' for some promising innovations like GoodSAM where we issued an invitation for Ambulance Services to apply to pilot integrating the innovation with their normal operations.

- **Working with public servants to re-shape public services.** It is clear that we need to do much more to mobilise the existing infrastructure of public services. Innovators need to engage with the public and civic institutions that are already there, figuring out how to repurpose them in a way that mobilises citizens. For example, Spice had real success scaling their model of time credits to incentivise volunteers to give their time in care homes, parks and other public service settings by working with the existing public service and civil society infrastructure. And in Stockport Metropolitan Borough Council a volunteer workforce is now working alongside care professionals in integrated teams, together delivering a range of practical activities, including support to help people manage their own care and stay healthy; 'social prescribing' – community groups, voluntary services and local activities which GPs can prescribe alongside medical treatments; coaching and buddying, and much more.



CASE STUDY

Stockport Metropolitan Borough Council's People Powered Health work



Stockport is delivering an ambitious programme to redesign its health and care system with social action at its core. The focus of the initial work is preventing people coming into the mental health system.

Volunteers working alongside community navigators and care professionals in integrated teams, together delivering a range of practical activities, including support to help people manage their own care and stay healthy and 'social prescribing' – using volunteers to set

up and support community groups and activities, which GPs can prescribe alongside medical treatments; coaching and buddying, and much more.

? You might not know

As well as preventing people coming into the mental health system, the pilot also supported the discharge of 122 patients who all had identified barriers which were preventing their moving on in the period 2013-15.

In numbers

63%
reduction in
GP attendances

£14,388 saving per year
estimated within
a single GP practice
given the above

Only **8** people have been re-admitted to the service

D Grant making with an investor mindset

The fund represented an adaptation of Nesta's usual grant making approach. Through the Innovation in Giving Fund (which closed in 2014) we had been spending more time with innovations before awarding grants, significantly investing staff time in helping them grow, and making equity investments and repayable loans. We wanted to continue this effective model in the delivery of this fund, operating more like an investor might rather than a grant-maker. For example through co-producing growth plans with the organisations in the portfolio, providing more direct coaching advice and support, making connections to suppliers, co-investing with others, being demanding about evidence of impact, and staying closely involved throughout the process through one-to-one advice, and shadowing board meetings.

The approach worked. Nesta and the Cabinet Office felt close to the journeys, successes and risks of each innovation. The innovations reported that the depth of non-financial support was invaluable and that the combination of 'strongest advocates and fiercest critics' was invaluable during the growing pains of scaling.

More rigorous analysis of proposals before award also ensured grants were allocated to the organisations with the highest chance of success in scaling. In the main CSAIF pipeline we invited 90 organisations to make full proposals with us. Sixty made it to an Advisory Panel and 39 were awarded grant funds. During this process some were excluded after further due diligence, others by mutual agreement that the focus of the Fund was not where an innovation wanted to spend their energy at the time.

As any investor would, we worked hard with each innovation to make their proposition sustainable in the lifetime of the Fund. We pushed applicants on their 'buyer/ commissioner pipeline', 'sales' strategies and marketing. We wanted to see match funding or investment, long term contracts and plans to reduce grant reliance. This was worthwhile, it forced innovations to think long term not just opportunistically. Many significantly reduced their grant reliance and created new streams of income (or simply higher charging points) from volunteers, beneficiaries and donors within the lifetime of the Fund. Many more are on a route to doing so. Some also secured further investments, but none had moved to a totally sustainable footing as the Fund ended. We had hoped to get further on this, but moving to sustainability takes time and was never going to be the core focus of those innovations which rely on public sector contracts.



E

Learning from failure as well as success

Finally, we have seen that there is much to be learnt from failure as well as success. Failure is a key part of innovation and it's important to acknowledge and recognise this.

In a small number of cases, although an intervention was well developed, the execution of its scaling plan did not turn out as we thought. We learnt that great interventions with significant user engagement may be limited in scaling success through geography and focus. For example, the TalkLife app for young people to support one another in crisis and mental health difficulties was developed in Australia. Despite the founder's and our best efforts, scaling an innovation, albeit a digital one, in two continents at one time proved too challenging. Leadership was stretched too thinly and operations were too complex. The pitfalls of leaders spread too thinly during scaling was a lesson learnt by many. We observed that you can never invest too heavily in the leadership of a scaling organisation – a principle we intend to carry to future funds.

We also learnt that the incentives for scaling must be aligned with an organisation's main drive and ambition. Some of our innovations were pulled in two directions - towards the local and the expanding, which inevitably constrained growth. For example, Bedfordshire Rural Communities Charity (BRCC) runs a brilliant 'Good Neighbours Scheme' where local volunteer groups carry out tasks for vulnerable neighbours. Many other areas wanted to copy the model and our grant supported them to do this, but balancing the demands of a local community whose needs are at the core of your mandate and the strains of a national rollout to a new set of consumers, was too challenging. Here the 'product' was good, but it needed a different route to scale.

One of the most challenging parts of scaling is taking a brilliant local intervention and making it the norm elsewhere. One of our innovations particularly struggled to scale away from home, despite the best efforts of all involved. Too many local factors that could not be replicated were key to its success. We've learnt that codifying a model quickly is vital for scaling and that not everything can be scaled by organisational growth – promoting replication, licensing and affiliation will be key in future funds.

We also came very close to granting funds to two organisations not in the portfolio, which had successful track records and plausible plans to scale. The charity sector was (and remains) fragile. One of the innovations suddenly had to divert attention to other interventions in order to stay afloat, whilst the other lost their key leader to a proposition running something with less risk attached. We learnt that scaling is reliant on having the right central team in place and committed to the task, and that not all due diligence can predict the future.





12. Scorecard – How well did we do in achieving our aims?

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So, after all of the investment and effort, did we achieve our four major aims?

AIM 1

Develop a pipeline of innovations in social action across a range of priority outcome areas

ACHIEVED

Our approach to support social action across eight public policy areas was an ambitious one. It proved easier to find and scale high quality ideas in some areas than others. For example, whilst we originally sought applications to support young people to succeed academically and to find employment, we didn't have enough applications of strength in the first round on employment. A second open call specifically focused on interventions to support people of any age into work, created a much healthier pipeline.

Nonetheless, in every policy area we now have a range of promising 'people helping people' innovations. Some have made perhaps the hardest leap, scaling to their first or second new location, delivered by a new team like SmartWorks, City Year UK, Green Gyms and Diabetes UK amongst others. Others have gone even further scaling rapidly in short periods and are on a trajectory to reach many more volunteers and transform many more lives in the coming years on a course to becoming part of the mainstream approach.

AIM 2

Support the most promising innovations to grow their impact, including building robust evidence of what works

ACHIEVED

All of the innovations have grown their impact. Between them they have reached more than 175,000 people and had a phenomenal impact - lives saved, grades earned, weight lost, jobs secured, connections made, confidence built. Because of innovations like Team Up, Action Tutoring and The Access project students who may not have made it to elite University have had their life course altered. Because of innovations like SmartWorks women who have not worked for 20 years have secured employment, and because of innovations like CIPD Steps Ahead Mentoring, Vi-Ability and VIY young people on the margins have gained new skills and secured employment. Because of innovations like North London Cares, young professionals and older neighbours across North and South London

now regularly hang out and help one another in a rapidly changing city. Social action innovation change lives.

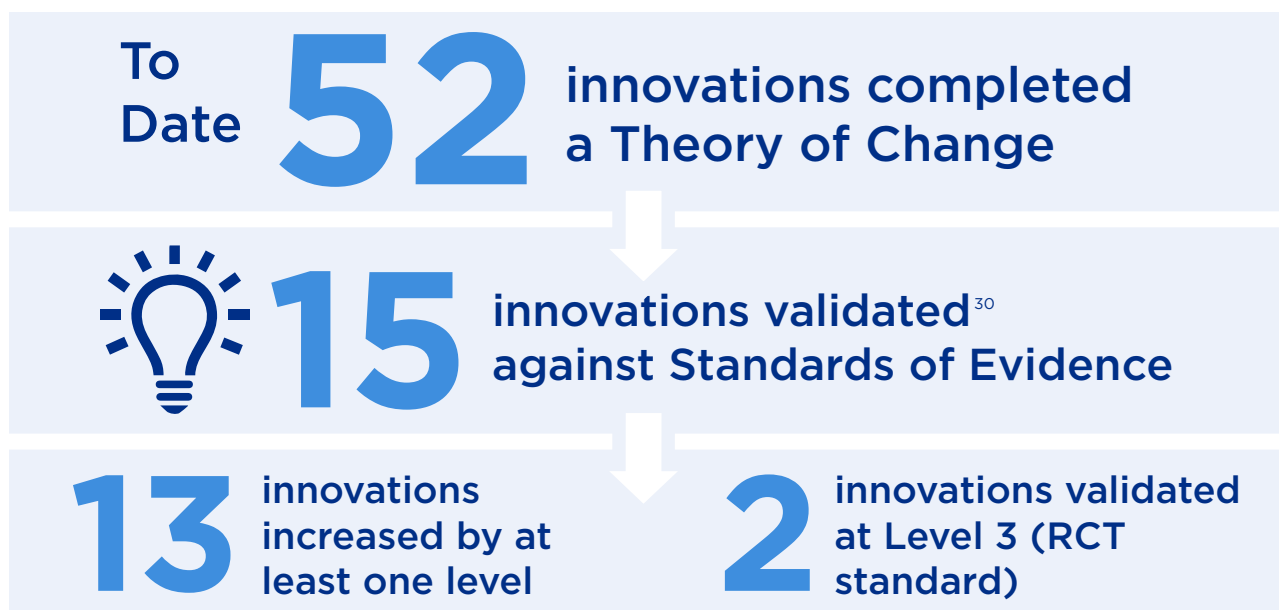
Perhaps the most profound impacts have been lives changed by deep relationships formed between peers managing long-term conditions like diabetes, visual impairment and chronic lung disease. Peer support is not a short-term intervention, but rather an established relationship where people give their time regularly in the service of one another, sharing advice and support. The evaluations from this group demonstrate the profound impact this can have on people (for example building their confidence recovering from a stroke) and that the 'effort' of giving time and sharing experience is more than rewarded by in reciprocity, with others sharing their time to help them too.



Each of the innovations has also all grown their evidence base having developed a robust Theory of Change and gathered good quality data. Those that have undertaken process evaluations have gained valuable insights into which elements of their intervention make the biggest impact on their beneficiary group and have been able to refine and optimise their interventions accordingly. This work stands them in good stead to continue to grow their impact.

Those that have undertaken full evaluations now have credible and independently verified

evidence of their impact to demonstrate the value of their work to commissioners, buyers and volunteers. 13 (of the 39 scaling innovations) have moved up a level on the Nesta Standards of Evidence, with two to date being verified at level 3 signifying an independent validation of their impact against a control group. The remaining innovations have reinforced their status at level 1 or 2 with new data. All six of the Helping in Hospitals sites and all seven of the Cities of Service sites created a Theory of Change and gathered evidence of impact for the first time.



However, our assumption that better quality evidence would lead to more demand (and more 'sales') for the innovations was only part of the picture. It is clear that great data helps, but word of mouth, personal recommendation, an external trigger to do something different (such as a change in leadership or burning platform), as well as personal stories of impact that speak to the heart (not just the head) remain just as important as good data in the decisions local commissioners make about whether to adopt new approaches.

We also have the beginnings of an evidence bank about the power of social action published online.³¹ And we have some great insights into what works, particularly in the fields of:

- **Replication** – with a learning report published on the Cities of Service³²

to guide anyone wishing to join the movement, and a Helping in Hospitals toolkit sharing best practice.³³

- **Scaling** – with a detailed and practical guide³⁴ on what it takes to 'go big' and successful routes to scaling social action innovations both from outside and within public services
- **Peer support** – with a critique³⁵ of the evidence of impact across ten innovations from the portfolio and the wider literature, and practical tips (on topics like recruitment of volunteers) for others wanting to adopt the approach.
- **Evidence** – with a report³⁶ published by our evidence partners TSIP on benefits of embedding the Standards of Evidence as a way to measure impact in a grant fund.

AIM 3

Enable a small number of proven innovations to achieve impact at significant scale **ACHIEVED**

Perhaps our proudest accomplishment has been playing a part in the success of a number of brilliant innovations as they have scaled. We wanted to be able to point to a few innovations which had achieved significant scale in the short timeframe of the three-year fund. That has been achieved, and their continued growth as individual organisations and ideas is heartening, but for us the impact is best seen in the round.

We now have a good number of innovations that can be commissioned by any public service who requests them in England. Any school can request a Code Club, any

local authority a Shared Lives Plus caring scheme, any Ambulance Trust a GoodSAM first responder scheme, any GP surgery a Breathe Easy group, any job centre a CIPD Steps Ahead mentor, any Prison Governor a User Voice Council, any city a GoodGym and so on. Furthermore any older person can call a Silverline call centre and any young person be advised by a Get Connected adviser.

These examples might not yet be household names, but in their sector they are recognised by commissioners and local public services across England as credible partners and delivery channels.

Top 5 innovations by number of beneficiaries in England³⁷

48,608 children taught to code by Code Club



27,839 young people supporting one another through TalkLife



26,637 students mentored by City Year



20,605 local people supported by SPICE



9,615 people supported by The British Lung Foundation



AIM 3

Raise awareness of the power of social action augmenting public services, creating significant demand from commissioners as part of a wider shift in the organising principle of public services

WORK TO BE DONE

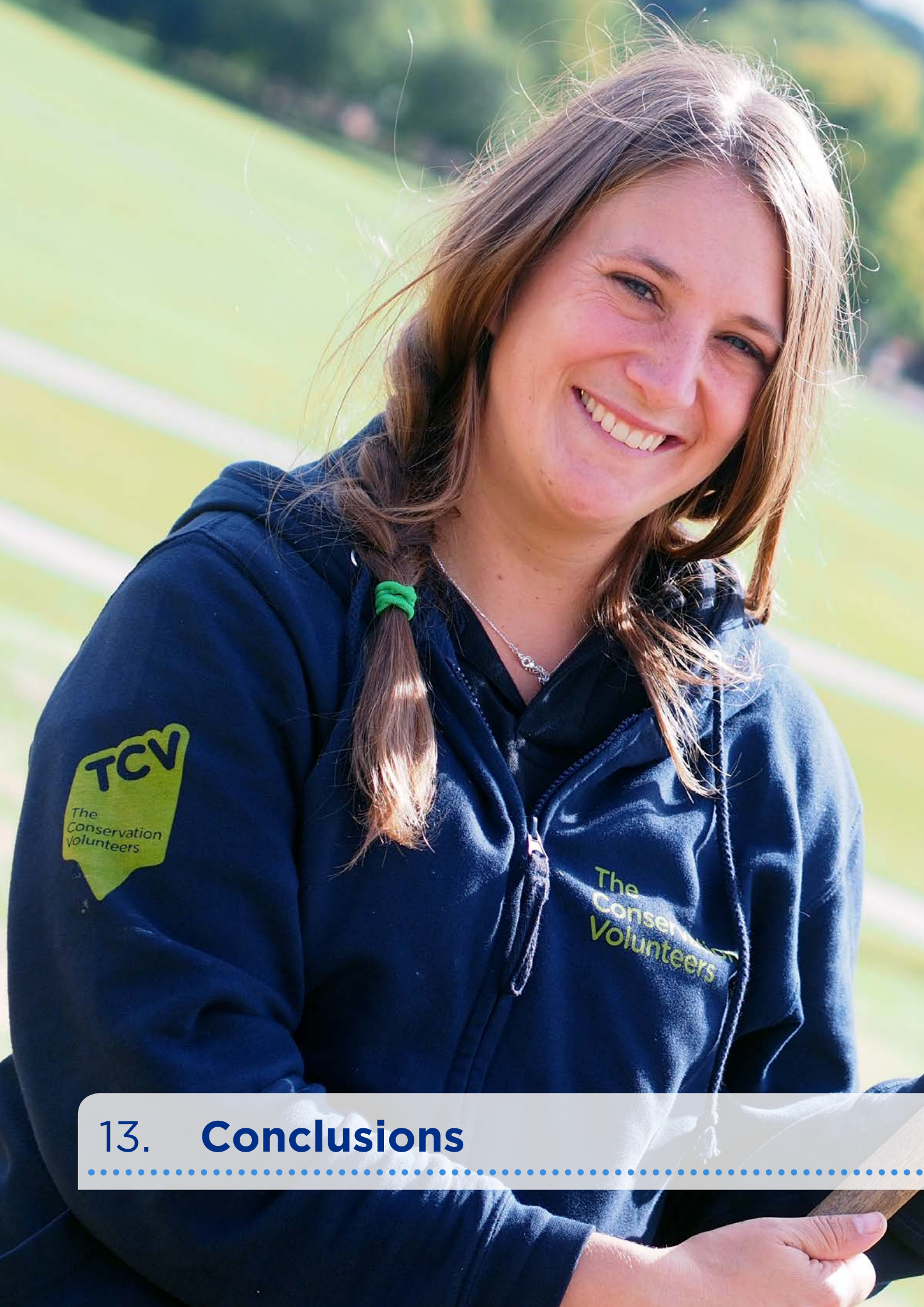
Despite the promising examples in a wide range of policy areas, the high quality evidence of impact, the examples operating at scale and, most importantly, the difference the interventions have made to lives on the ground, we are disappointed we haven't got further with winning the hearts and minds of policymakers and public sector commissioners about the value of social action.

We think the future of public services is people powered. In the health sector the language of 'health as a social movement' within NHS England has ignited debate and raised awareness, with an NHS England funded national programme underway. But in nearly all other sectors (education, justice, employment etc.) when we look back our honest assessment is that too many still perceive social action as a 'nice to have' rather than a design and reforming principle for public services. And open public services,

designed in partnership with local people's input and perspectives, sadly remain unusual rather than de-facto.

Both Nesta and the government remain resolute in our commitment to making social action the norm in augmenting the delivery of public services rather than the exception. Together we have recently announced £4.4 million across four grant funds to support social action innovations. The Minister for Civil Society has spoken of wanting to *"enable social action to grow and become routine in our public services and communities"*³⁸ and by 2020 government will invest £15 million in a further phase of the Centre for Social Action. The challenge of succinctly communicating the narrative of people-powered public services and, converting senior champions and the next generation of public sector managers of its merits, will be at the heart of this.





13. Conclusions

The evidence from this three-year programme has strengthened our resolve that social action is well placed to improve outcomes in a range of areas - from improving student's grades to helping people return to work to helping patients manage their long-term conditions. In fact the evidence base from the 52 innovations we backed suggests that open public services, augmented by people power, delivers results.

We set out with an ambitious three year agenda. Rather than focus our efforts in a single field (e.g., education), or with a single set of stakeholders (e.g., backing charities only), or using a single method (e.g., scaling by organisational growth but not replication) we intentionally funded a diverse portfolio of organisations in a variety of circumstances but each mobilising the time and talents of local people to improve lives, alongside public services. In total this amounted to eight different programmes improving outcomes for at least six different groups (young people, job seekers, patients, older people, prisoners, parents) as well as neighbourhoods; using three explicit methods to support innovations to grow (scaling, replication and digitisation); within three different sectors (public, private and voluntary or voluntary, community and social enterprise sector to give it its full title). We've also tried out some pioneering new forms of social action in the UK like data donation and Cities of Service.

8 different programmes

6 different beneficiary groups

3 different scaling methods

3 different sectors

We're pleased with the results. Most importantly lives have been changed as a result, both for the beneficiaries and the volunteers (many of whom report increased satisfaction and wellbeing) as well as for neighbourhoods and communities. But we have also achieved our aims:

- Finding a healthy pipeline of innovations in social action across a range of priority outcome areas, with 1400+ applications from innovators and 52 promising examples backed.
- Supporting the most promising to grow their impact, with innovations scaling and mobilising more than 70,000 generous people to help nearly 175,000 people to date. Building robust evidence of what works with all of the innovations completing a Theory of Change, undertaking impact data and being validated on the Standards of Evidence.
- Enabling a small number of proven innovations to achieve impact at significant scale like Code Club, Shared Lives Plus, Spice UK Active, User Voice, GoodGym and more.



We've learnt an incredible amount from the innovations that we have supported about what works. This report drew out four or five key insights for each of the programmatic themes, including:

1. **Social action to transform the lives of young people** - this is one of the most established sectors where social action can play a part alongside public services, with significant evidence and corresponding demand from schools.
2. **Using digital technology to change lives** - we discussed two exciting new forms of social action - remote volunteering and data donation - as well the opportunities for many more to use digital technology to connect with volunteers.
3. **Social action to support people to manage long term conditions** - a sector where social action is becoming the norm through widespread recognition of peer support. We reflected on the evidence and motivators and on the wider infrastructure for social action initiatives like peer support to connect with mainstream public service delivery.
4. **Social action to support citizens to age well** - we know that savings to the state can be significant here and our experience suggested evidence is well regarded by commissioners so provides a route to scale the best.
5. **Social action to build resilient communities through impact volunteering** - based on the premise that all communities have assets to share (be it skills, talents, time and energy) the lessons here were relevant to all. We also explored the motivations of volunteers such as self-interest and reciprocity as well as altruism.
6. **Social action to support people back to work** - perhaps the most challenging sector we worked in with high supply, low awareness and demand, but some proven models which are scaling rapidly.
7. **Social action to meet city-wide needs** - the Cities of Service programme - we discussed the key facets of the model we can all learn from - a senior lead, a clear brand, stopping any intervention that is not impactful early, building new and collaborative relationships between citizens and the state to design interventions, and more.
8. **Social action in hospitals** - the Helping in Hospitals programme - we reflected on the sharpness impact volunteering, and a desire to collect data to illustrate this impact, brought as well as recruitment and retention lessons learnt.

As a fund manager we have also reflected that:

- The innovations that succeeded **planned for scale from the start**. They were ambitious (wanting to be in every school, prison, local authority etc.), had a clear Theory of Change and a plausible route to reaching many more people. Most grew their own organisational capacity and operations to make this possible but others chose affiliations, licensing and partnerships to grow whilst staying lean at the centre.
- We spent a large proportion of our funds on **demonstrating impact**, supporting innovators to build the skills for and collection of quality data, knowing it was needed if innovations were to grow and dislodge the status quo. There's now an impressive evidence bank of why people powered public services improve outcomes. Data is important, although it's clearly not the only influencer for buyers and commissioners.
- A key role for us was in supporting innovations to **integrate with public sector infrastructure** - for example getting GP or jobcentre referrals or making their work part of a care pathway. In Cities of Service and Helping in Hospitals we used our role as a funder to incentivise the replication of a proven model, giving local public services finances, endorsement (and sometimes political cover) to try something new.



- There's real benefit to **grant makers working with an investor mindset**, we prioritised our own resources on engaging with each innovation regularly as a coach, providing non-financial support like mentoring, making introductions to buyers, and encouraging ambitious scaling plans from the start.
- There's much to be **learnt from failure as well as success**. Whilst most succeeded, some did not. We might have been disappointed if all of the innovations we backed had followed their scaling trajectories perfectly, perhaps indicating we didn't look hard enough for innovation over business as usual.

Where next for people helping people?

This report, and the depth of examples and stories of impact within it, gives weight to our long standing premise that mobilising the energy and contributions of members of the public should become a core design and organising principle for public services.

The public services we inherited from our grandparents are universally accepted as unsustainable in an age of rising demand and expectations alongside constrained resources. We need public services that are open not closed, empowering not just managing, and rewarding and recognising.

To make this happen we think public services must do much more to:

- Draw upon both the skills and resources in communities to help people, to complement the work of public service professionals.
- Encourage service users - patients, pupils, people in care or jobseekers - to help themselves and each other.

The innovations we backed promoted just this. Many of them provide a blueprint that could be replicated around the country, or a proven model that could easily be commissioned from organisations who now have the capacity, and regional or national reach, to meet such demand.

But despite the promising examples and the evidence of impact, this is not yet universally accepted. Many frontline public servants' roles are not designed to emphasise mapping the assets of their local community in meeting needs or designing services (for example, an advisor in a local Job Centre Plus office simply has not time beyond their 'caseload' to do such work). And whilst there is some cross government and cross party support for the re-shaping of public services in this image, there is much still to be done to win hearts and minds about the potential and impact of social action as a part of open public services.

Our vision is for public services with social action to be fully integrated (like Breathe Easy Groups with hospital discharge and GoodSAM with London Ambulance Service) and for public services to be designed with social action in mind (like Stockport's approach to peer support and people powered schools).

Both Nesta and government have committed to continuing to build the field - giving further grants to the best social action innovations, continuing to share evidence of impact and best practice and searching for promising models to replicate from around the world. Together Nesta and government have already announced £4.4 million of grant funds in 2016-2017 to promote people helping people models. And over the next four years government's Centre for Social Action will invest £15 million to continue the drive to make social action in and alongside public services the norm rather than the exception.





**million
new funds to
support
innovation in
social action
announced
in autumn 2016**



Endnotes

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2. Clarence, E. and Gabriel, M. (2014) 'People Helping People: the future of public services.' London: Nesta.
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4. Boyle, D., Coote, A., Sherwood, C. and Slay, J. (2010) 'Right Here, Right Now: Taking co-production into the mainstream.' London: Nesta
5. <http://www.nesta.org.uk/project/people-powered-health>
6. Royal College of General Practitioners (2013) 'The 2020 GP. Compendium of Evidence.' London: Royal College of General Practitioners.
7. https://www.nesta.org.uk/sites/default/files/nesta_standards_of_evidence_csaif.pdf
8. <http://www.nesta.org.uk/impact-investments>
9. You can watch the advert here: <https://www.youtube.com/watch?v=wwp8Ydc-QoU>
10. Children's progress in UK primary schools is measured in levels (1-4) each divided into sub-levels (A-C). At the end of year one most children will achieve a Level 1B, at the end of year three a level 2A-3B and at the end of year six (the end of primary school) a Level 4. The Department for Health suggests a child should progress between half and one sub level a year on average. Team Up's students progress far more rapidly than this, almost 2 sub levels a year. For more information see: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/358070/NC_assessment_qualifications_factsheet_Sept_update.pdf
11. Quinlan, O., Taylor, P., Maskrey, S., Mangan, L., Surowiec, C. and Batka, M.(2015) 'One-To-One Support: A Collaborative Quality Framework. London: Teach First, Brightside and Nesta. The report can be downloaded here: <http://www.nesta.org.uk/sites/default/files/one-to-one-support-a-collaborative-quality-framework.pdf>
12. hyperlink to PPS website (goes live on 6 Oct)
13. <http://www.themix.org.uk/>
14. Impact data from initial trial. Full evaluation results to be published in late 2016.
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17. Sokol, R. and Fisher, E. (2016) Peer Support for the Hardly Reached: A Systematic Review. 'American Journal of Public Health.' 106(7).
18. Nesta and National Voices (2015) 'Peer support - What is it and does it work?' London: Nesta and National Voices.
19. Self-reported interviews.
20. Khan, H. (2013) 'Five hours a day: Systemic innovation for an ageing population.' London: Nesta.
21. Interim results based on Cornwall delivery with 325 older people who went through the programme.
22. Shared Lives carers receive a payment of around £250 to £400 per week in housing benefit and other caring allowances. The payments are disproportionately small compared to the level of care given, 24 hours a day, seven days a week.

23. In less than three years, the Silverline has taken a million calls. Ninety per cent of callers live entirely alone, and 54 per cent of callers have absolutely no one else with whom to talk. Our funding has helped them to grow, but was used to evaluate possible models of growth and best practice and so we have not included volunteer or beneficiary numbers here.
24. Interim results based on Cornwall delivery with 325 older people who went through the programme.
25. <https://jobsinnovators.org/>
26. Work took place in 139 neighbourhoods across six deprived areas of Telford and Wrekin.
27. Nesta, TSIP and the Cabinet Office (2016) 'Helping in Hospitals: A guide to high impact volunteering in hospitals.' London: Nesta, TSIP and the Cabinet Office.
28. Image reproduced with permission of Homes For Haringey.
29. Babudu, P., Nicholls, J. and Trevithick, E. (2016) 'Innovations, good evidence and lessons learned: Embedding evidence into the Centre for Social Action Innovation Fund.' London: Nesta and TSIP. Download at <http://tsip.co.uk/images/features/Innovations-good-practice-and-lessons-learned-FINAL.pdf>
30. Independent validations of whether the evaluations demonstrate types of evidence (e.g. „positive stories, causation etc.) are currently underway. Fifteen have been completed to date.
31. <http://www.nesta.org.uk/centre-social-action-our-evidence-base>
32. Nesta, Cabinet Office, Cities of Service (2016) 'Cities of Service UK: Capturing the skills and energy of volunteers to address city challenges.' London: Nesta.
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36. Babudu, P., Nicholls, J. and Trevithick, E. (2016) 'Innovations, good evidence and lessons learned: Embedding evidence into the Centre for Social Action Innovation Fund.' London: Nesta and TSIP.
37. Note these are beneficiaries directly reached because of our backing of the innovation.
38. <https://www.gov.uk/government/speeches/giving-tuesday-2015-rob-wilson-speech>



For more information, evidence and practical advice on how to grow social action which augments public services, please see our range of learning reports and publications:



You can also find all of the validated evaluations of the innovation's evidence of impact on our social action evidence base at www.nesta.org.uk/centre-social-action-our-evidence-base

Or get in touch at csainnovationfund@nesta.org.uk

Nesta...

1 Plough Place
London EC4A 1DE

information@nesta.org.uk

 [@nesta_uk](https://twitter.com/nesta_uk)

 www.facebook.com/nesta.uk

www.nesta.org.uk

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