



**NATIONAL  
LOTTERY FUNDED**



**European Union**  
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*Building Better Opportunities*



**CROYDON HEALTH AND  
EMPLOYMENT PARTNERSHIP  
(CHEP)**

# ***EVALUATION REPORT***

*Completed January 2019*



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# 1. Introduction

## 1.1

### Aim

The aim of this evaluation report will be to answer the following questions and to make recommendations to support the learning process. It will address how best to support those furthest away from the labour market into employment, education or training and how future programmes should be developed to provide the greatest impact.

#### 1.1.1

##### Descriptive

1. What difference did this project make, to who and why?
2. Did people move towards or into employment, training and job search?
3. Was the programme implemented as planned?
4. What worked well, for whom, in what circumstances, at what time and why?  
(We will tell the stories of both the participants and the partner's journey through the programme)
5. What would have happened without the programme?

#### 1.1.2

##### Causal

5. What were the unique aspects of this programme?  
How did that influence the success of the programme?
6. What unique characteristics of each partner have contributed to the programme's success? What are the negative aspects of the model?
7. Did anything happen that wasn't expected to happen?
8. How were participants supported by partners, lead partner, funders, managing agent?
9. If you were to run this project again, what might you do differently?

## 1.1.3

### Evaluative

10. Did the project meet its desired outcomes?
11. Is the project demonstrating value for money?
12. What are the key learning points/ recommendations from this programme?



## 2. Methodology

### How was information synthesized?

#### 2.1

#### Views: monitoring platform

Our Views programme collected the required data for the programme, including participant details, outputs and results. It also collected supporting evidence: notes, pictures, case studies etc.

#### 2.2

#### Story telling

The aim was to use local enterprise 'The Future of Croydon' (FoC) as our independent media partner. FoC would collate videos and recordings of the journeys taken throughout the programme by partners and participants. This would create a visual story of the programme that would contribute to this evaluation report.

#### 2.3

#### Surveys

We also collated Outcomes Survey and Outcomes tables to measure the wider outcomes of the programme – measuring participant's feelings of wellbeing after the programme.

This data has helped us to evaluate whether the programme achieved its target outputs, results and outcomes but we have analysed the programme further to determine the causality between this achievement and the prescribed partnership model.



# 3 The Project Description

Croydon Health and Employment Partnership (CHEP) is part of the Building Better Opportunities programme, funded by the Big Lottery Fund (BLF) and European Social Fund (ESF).

## 3.1 Aim and scope of the project

The aim of the partnership has been to secure local jobs for local people, using collaboration across Croydon's voluntary, community and social enterprise (VCSE) sector to maximise volunteering, training and supported employment opportunities for our client groups. The full scope of the project encompassed a focus on healthy lifestyles and overcoming health barriers to accessing employment support. The project has delivered a range of healthy lifestyle interventions using sport and healthy lifestyle sessions to strengthen each participant's self-reliance and well-being; together with a varied programme of business and employment support services to help participants take positive steps towards job search, education, training, employment or self-employment. The support delivered by our eight VCSE Partners has been sustained both during and often after our participants' training and work experiences, as part of a personalised and integrated package designed to match each individual's needs. This project underpinned the borough's new jobs brokerage service and formed a key part of Croydon's strategy to achieve social value from the redevelopment of its town centre.

### **The Four Outcomes we set out to achieve:**

- Participants lead more organised lives - sustained by peer-support, social networking and group activities delivering economic benefits.
- Participants lead healthier lifestyles - becoming responsible for their own health and wellbeing through engagement in physical activity, healthy eating and other health improvement activities.
- Participants are job-ready and accessing work - training, mentoring and business support, preparing participants for volunteering, work experience, start-up and employment opportunities.
- Communities are stronger - benefiting from a new network of community activities delivering social, health and economic benefits.

## 3.2 How and where we delivered the project

This project is based in Croydon, a London borough with the highest areas of deprivation across the Coast to Capital region. Croydon is entering a phase of economic and social regeneration that will have a lasting impact on local communities. Our long-term goal was to ensure that this impact was positive.

We delivered the project by carrying out a customised set of empowerment, health improvement and employment support activities that tackled health inequalities – aiming to ensure that local people could contribute to and benefit from Croydon's economic revival.



### 3.2.1 The how

This project targeted vulnerable people that were previously unable to access the sort of intensive 1-2-1 support programme in which our partners specialise. We provided a unique service by taking an integrated approach that supported people to move into employment at a pace that suited them, with a wrap-around health and support package in place that was customised to their needs. A key factor in our delivery has been the tailored approach taken to each individual's journey. We delivered a programme of activities designed to move individuals forward, with participation determined by a person's skills-set and well-being at the time. Each Partner supported on average 15 participants, with one partner (Palace for Life Foundation) doubling that number. Our Employment Consultant Officers (ECOs) established a detailed needs analysis with each participant that determined the most necessary and effective interventions. We proceeded on the basis that no two individuals are the same, all have very different learning profiles and all acquired new skills and developed existing skills in different ways. Our aim has been to avoid the constraints and strictures of conventional courses set out over a specific number of weeks that require people to start at a set point and date and attend at a set time and place over an extended period of time, which for many of the individuals we worked with was just not practical or sustainable.

### 3.2.2 And the where

Based in Croydon, our beneficiaries have been local residents and the employment opportunities offered were within Croydon, to fulfil our aim of getting local people into local jobs. The project set out to use our Asset Based Community Development (ABCD) methodologies of outreach engagement to target the most isolated and excluded people in Croydon, nurturing the budding entrepreneurialism resident within our 'hardest-to-reach' communities. This relies on community builders and volunteer connectors having a regular presence on the street, making face to face contact with people and identifying their passions and signposting them to resources that can help to make things happen for them, working at their pace. However, generally recruitment was never an issue, with partners finding it relatively easy to access to those 'furthest from the labour market' due to their established presence within the community and day to day work with their specific target group.

*CHEP Launch, Centrale Croydon*



### 3.2.3

#### Who we worked with and why

This project plan was assembled by a partnership of VCS agencies that take an empowering approach to health improvement and employment support. The plan presented a collaborative approach to delivering an integrated programme of support activities for local people. The majority of CHEP Partners have track-records in successful collaboration and the strength of their partnership working ensured that every participant could access joined-up services that were customised to their unique circumstances.

CVA has built up extensive experience over the past 20 years in assembling VCS partnerships to deliver on health, family support, employment and social regeneration projects - targeting hard-to-reach communities within hotspot areas; building social value and boosting VCS capacity at the grassroots level; and aligning locally-based activity with national flagship programmes delivering on central government priorities.

CVA began the process of involving VCS partners as soon as the original Building Better Opportunities contracts emerged, convening 3 meetings of the Croydon Voluntary Sector Alliance (CVSA) to discuss potential collaborations, followed by a series of 1:1 meetings with CEOs of partner agencies that resulted, at the latest CVSA meeting on 15 July 2016, in CVA having selected over 30 partners with track records in employment support. This newly assembled consortium agreed unanimously at the CVSA workshop discussions that given the levels of need in Croydon, CVA should make the case for area-based ESF funding.

1:1 interviews and two roundtable sessions were then held with partners before the drafting of the bid. CVA has a bid governance process and its trustees then became involved in approving the bid – approving partner involvement, checking the budgets and reporting to full Board on the proposal meeting CVA's strategic priorities. The 8 project partners were chosen for their experience in supporting a range of client-groups managing long-term health conditions - and a shared ethos based on bringing healthy lifestyles and employment support activities to every participant as a personalised and integrated package that matches their needs.

Several small partners were specifically selected who were working on a day to day basis with the 'hardest to reach' but had low levels of capacity and few resources. It was felt that the project could help to build their capacity and improve their effectiveness and sustainability, with support from CVA and other more established partners.

The project activities were joined up across the partnership, actively managing referrals and meeting regularly to discuss participants and how, collaboratively, they can support individuals to improve their health and navigate their journey to full independence. The two levels of activity - promoting health and promoting work, were coordinated by the partnership with enough flexibility to ensure that it is always the participant's needs that govern the nature and level of activities undertaken, with no one forced to follow activities that didn't match their personal goals.

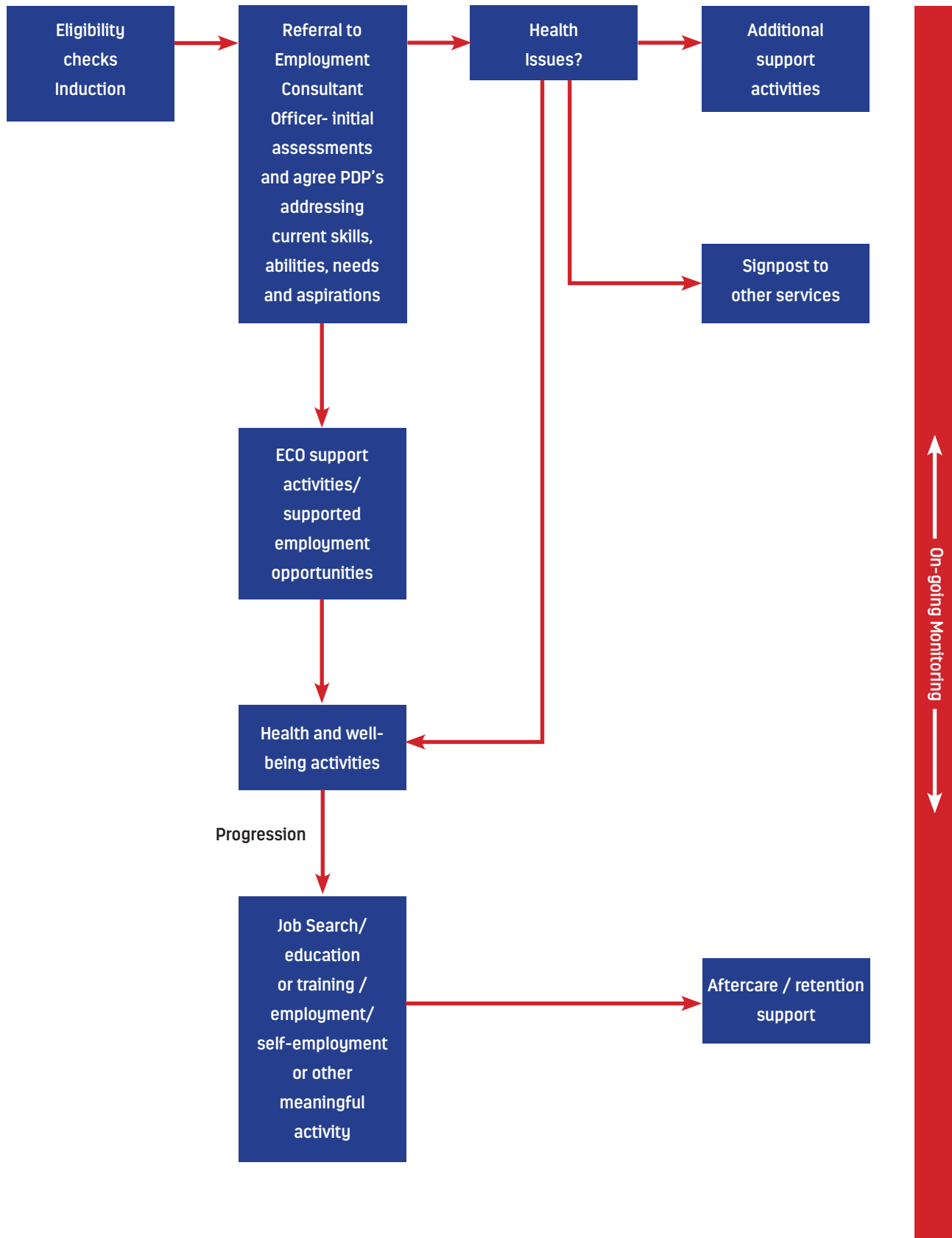
All partners promoted their range of healthy lifestyles activities, either offered in house or by signposting to additional partners. These helped to build confidence using drama, sports or social activities in order to overcome any barriers that people may still face to getting into work. For example, the ECOs supported people to access CPFC's football sessions or the other physical activities such as gardening delivered by Revivify Community Initiative, Healthy Hub activities delivered by Age UK Croydon and Zumba by Raising Great Aspirations.



### 3.2.4

#### What each partner will deliver:

Each partner has followed a common 'Participant Journey'



(ARCC 2016)



### 3.2.5 Who benefitted

The programme has been of benefit to individuals in need of a service that is extremely hard to access, namely, one delivered on the basis of relationship-building underpinned by a personalised and holistic approach. Our partner agencies specialised in supporting people with long term health problems, both physical and mental. Many of our participants led chaotic lifestyles involving drugs and alcohol misuse, social isolation, homelessness, domestic violence or depression. The project has been of benefit to many of those identified through the Joint Strategic Needs Assessment (JSNA) as having the highest need in the borough - such as people with self-reported anxiety, others who did not feel supported to manage their own long term conditions, lone parents claiming benefits (the majority of whom were women), the significantly higher number of GP recorded people with severe mental illness prevalence and the disproportionate number of people identified as homeless. The project has had a focus on people with mental health issues; people with disabilities; women; older people and people from BME communities.

Each partner identified specific target groups that could be supported into employment through this programme, whom they were unable to help previously. These groups include:

- Older men (50+) who are long term unemployed. This group were identified as often being lonely and isolated, with mental health issues, including anxiety, depression low self-confidence and motivation. Often cut off from family and friends, with skills that were low level and out of date or no longer appropriate due to deteriorating health.
- Women from Asian and other BME communities who had never worked or were economically inactive. These women also presented with additional health and well-being needs. These women were often socially isolated, physically inactive, with resulting physical and particularly emotional health problems. They also had specific cultural barriers to overcome to gain employment.
- People on low incomes and claiming benefits, with mental and physical health issues including low self-esteem and depression and high levels of social isolation. Barriers to employment included

simply being on very low incomes, mixed skill levels, poor diet, negative behaviour patterns and drug and alcohol problems. Their multiple problems and complex, chaotic lives made regular attendance difficult.

- Young people (18+) not able to take advantage of traditional NEET programmes including those on probation and youth offending schemes, older young people and those with mental health problems. Barriers included low levels of literacy and numeracy and language skills, criminal records, substance misuse, predominantly cannabis and alcohol, chaotic lifestyles, low self-esteem, poor behaviour and limited attention spans requiring 1:1 support. They also suffered from stress related to living conditions including living with parents and childcare issues. Lack of resilience and stickability.
- Young people (18-24) from deprived backgrounds with complex and multiple needs. Barriers included depression, low self-esteem, lack of knowledge or understanding of mainstream services, lack of social identity, feelings of isolation and high levels of anxiety.
- Adult homeless people, mainly men with additional needs, including mental health issues, substance and alcohol misuse. Barriers were largely around managing their mental health and substance misuse to enable them to engage in any employability support programmes.
- Black men age 18-35 with mental health issues who had their first onset episode of psychosis. Barriers included lack of interaction with mainstream services, stigma around mental health issues that prevented young men from seeking support, plus additional cultural and religious influences.
- People with severe and enduring mental health needs, mainly 40+ with high levels of people from BME communities. Barriers included chronic lack of self-belief, social isolation following breakdown of family relationships, impact of regular hospital stays or appointments and side effects of medication. Those who were made redundant through ill health, often presenting at GPs and pharmacies in wards of high deprivation or carers of those with health conditions. Those who were considering self-employment as a possible pathway to becoming economically active, particularly those from BAME groups and women. Those with poor credit history due to irregular earning history, possibly due to poor health when employed.



### 3.2.6 Number of people we'll work with and how their needs will be addressed

The Building Better Opportunities Project Outline required us to deliver the following outputs and results within the lifetime of the programme.

At least 200 (270) people engaged in activities to improve their work readiness, including at least:

- 100 men (135)
- 100 women (135)
- 50 people who are employed (75)
- 150 people who are economically inactive (150)
- 42 people who are 50 or older (80)
- 155 people with disabilities (175)
- 15 people from ethnic minorities (75)

In our original application we proposed to stretch these targets (in red above), however following the directive from funders to stop delivery early and to freeze funding, we resolved to focus on meeting the outline targets rather than the stretch targets.

*CHEP Partners at Launch*



### Results Required:

At least 11% of people enrolled on the project move into education or training on leaving.

At least 9% of people move into employment, including self-employment on leaving. Of these 22% must have been unemployed when joining the programme and 78% must have been economically inactive.

Of the 150 who were economically inactive people on entry to the programme, a target of 17% were to be supported into job search.

### 3.2.7 The overall impact of our activity

The project aimed to make a transformational impact by influencing the way supported employment is provided across the Borough. Our ultimate goal has been for people in Croydon to be living more physically, mentally and economically healthy lives and contribute to more vibrant, strong and connected communities across the borough. We have supported the local economy by raising people's aspirations and opening the doors to employment and training, enabling our participants to make life changes that result in improved living conditions. The project provided evidence to show that, with the right support in place, even the most vulnerable local people can benefit from major investment programmes moving into their local area.



## 4. Evaluation

### 4.1 Descriptive

#### 4.1.1 What difference did this programme make to who and why?

##### Targets and Results

Outputs	Project Outline Numbers Required	Achieved
Number of participants on programme	200	123
11% of participants move into education or training	22	15
9% of participants move into employment or self-employment	18	23
Of the numbers moving into employment, 22% must have been unemployed at the start	4	8
Of the numbers moving into employment, 78% must have been economically inactive at the start	14	15
At least 17% of people who were economically inactive at the start move into job search on leaving	26	9

● Target not achieved    ● Target within 20%    ● Target achieved

#### 4.1.2 Did people move towards or into employment, training and job search?

Of the 123 participants eligible for the programme, 15 moved into education or training. This is 12% of our participants, compared with 11% required in the programme outline.

Of the 123 participants who were eligible for the programme, 23 moved into employment. This is 19% of our participants, compared with 9% required in the programme outline.

Of those participants that moved into employment, 15 began the programme as economically inactive (65% as opposed to 78% required by the programme) and 8 were unemployed (35% as opposed to 22%)

Of the 64 participants who were economically inactive at the start, 9 moved into job search (14% compared to 17% required by the programme.)

The percentage of results for people who started as inactive are lower than expected but that is largely because the percentage of people moving into employment is higher than expected.



### 4.1.3 Participant Engagement:

The programme recorded that 123 people were 'eligible' participants, however an additional 58 others were engaged in the programme making a **total of 181 participants** that we engaged over the life of the programme.

All of these participants were dealing with a multitude of problems that had resulted in them being unemployed or economically inactive and struggling to improve their health and their social and economic situation.

#### **Gender:**

67 participants were male and 56 were female.

#### **Over 50s:**

28 were over fifty, which reveals an oft forgotten group of older people needing support when the emphasis is often on youth unemployment in Croydon. Partners such as Age UK Croydon were able to support older men, often previously in manual work but through poor health or the local impact of the economic crisis were now unemployed and unable to seek further manual work.

They felt that they lacked the skills and experience to seek alternative employment. In many cases this led to emotional and mental health issues, such as anxiety and depression. Consequently the 1:1 support from the Employment Consultant Officer (ECO) was invaluable, with initial success resulting from someone to talk to and build their confidence and awareness that alternatives were available.

#### **Disability:**

47 were recorded as disabled. This is 38% of participants, well over the 18% national average of the working age population (Source: Employers Forum on Disability) but falls short of the very high target we set ourselves. This is partly because disability was a self-declared category on the starter forms and we are aware that a large number of participants, even those with severe disabilities (including being sectioned) would not disclose this information, despite prompting and assurances regarding data security. We know that many of the participants were familiar to or drawn towards partners who specialised in supporting those particularly with mental health and can be confident that the proportion of participants with mental health problems was actually significantly higher.

Status Employment offered a continued support package to their participants with severe mental health issues to help them sustain their engagement in employment. This was regarded as invaluable by participants.

#### **BAME:**

86 participants were from Black and Minority Ethnic groups (70%). This is the one target where we over achieved compared to our stretch targets of 75 and hugely over the percentage of 28% originally set. This not only reflects the higher than average proportion of BAME within Croydon, but more significantly demonstrates the ability of CHEP partners to attract participants from all ethnic groups.

It shows the importance of having frontline staff who reflect the diversity of the area, with 69% of all frontline workers from BME groups. It also reflects a high level of need from for BME people looking for individualised support and their previous challenges in getting help from other services. Finally, it reveals how positively people from BME groups have responded to the support on offer and how successful they have been when help is available.



#### 4.1.4

### Was the programme implemented as planned?

CHEP was one of the earliest projects to begin delivery as part of the Building Better Opportunities programme. In fact, the programme started before the *'Guide to Delivering European Funding'*, was finalised. Within the first two years of the commencement of the programme, most of the 15 Guidance sections and annexes are on their 7th or 8th update, with Annex H under the Participants section currently on its 11th iteration.

Consequently, it was extremely difficult for a programme that was delivering its first ESF funded programme to ensure that it was gathering the correct evidence from participants required by the funders, as the requirements were constantly changing. Despite the Lead Partner running regular training sessions for partners, almost as soon as this was understood and started to be adopted, the guidance changed again and partners were being issued different, often contradictory advice.

Although the partners were aware that this was a programme with very intensive administrative requirements, the constant changing guidance was one of the most frustrating and debilitating aspects of the programme which actually threatened not only the continuation of the programme and support for some of the most vulnerable people in our communities but impacted significantly on the financial stability of particularly the smallest organisations, which it originally purported to help.

Partners were initially filled with enthusiasm regarding the delivery of the programme. Having worked in their local communities for many years they were aware of the unique opportunity that this programme offered them to be able to provide individualised, one to one support for their most vulnerable participants. Most partners found it relatively easy to engage people in the programme and were keen to make progress. After the first 5 months of the programme, the programme had engaged 59 participants (21%) of our stretch target, confirming that there was a definite need for this kind of support and an ability of partners to find and engage with their target group. However, ensuring that adequate

evidence was being collected, both financial and from participants, began to impact negatively on their original implementation plans.

As partners struggled to provide the evidence, often confused about what the right evidence should be, there was a decision across the Steering Group that the focus on engagement with new participants should be reduced in order for ECOs, most of whom were part time, to focus on gathering evidence and recording progression with existing participants. As negotiations with funders become more and more problematic, resulting in a freeze on funding payments and eventually a threat to close the programme completely, funders very strongly advised partners to stop taking on new participants. This occurred approximately 15 months after the start of the programme. Most partners adhered to this advice, although one or two continued to pick up new participants who desperately needed the help this programme offered and met the eligibility requirements, although at this time, this was potentially at their own risk.

Later, once the agreement to continue the programme was agreed, it was with the caveat that no further participants would be engaged. Consequently, the fact that the programme reached 62% of its participant target, showing that the project was on track to meet its targets, is very positive and reflects on both the indefatigability of the partners, the resilience of the participants and the high level of need that this programme aimed to address.

The freeze on the programme mid-way through delivery impacted on many aspects of the original implementation plan. Apart from the freeze on the number of participants that could be engaged, there was a very real impact on partners. Some of the smaller partner's financial viability was threatened. Of the two smallest partners involved, one is no longer trading and the other has significant debts directly resulting from the programme that it is currently trying to address. All of the partners were left with significant costs that they were unable to claim, despite including them in the original approved budgets, (such as room hire). Other partners could not claim for items such as volunteer expenses, as the evidence requirements were so onerous and obscure. Many partners, particularly Palace for Life Foundation and Evolve Housing spent significant



amounts on training for participants, but because there was such a long delay on confirming eligibility of participant's files, these costs have never been claimed. Consequently, a programme that had an outcome of making communities stronger ultimately had a detrimental impact on the sustainability of partners.

The programme also intended to build upon the strength of the emerging partnership and develop a consortium that would bid for new work and provide a model of best practice for engagement of local people for local jobs, particularly those furthest from the labour market. However, as the programme hit difficulties and had payments frozen for over 9 months it became increasingly difficult for the lead body to keep partners involved with the existing programme, let alone expand it. It is a testament to the commitment of the partners and the trust they kept in the lead partner that none of the partners withdrew (although one partner stopped delivering in Year 3 Q1 as they were unable to get agreement for maternity cover from the funder).

#### 4.1.5

### What worked well, for whom, in what circumstances, at what time and why?

#### **What would have happened without the programme?**

At the end of the participant's journey they were asked to complete a short survey to assess whether they had achieved any of the wider outcomes of the programme. The questions aimed to assess the participant's feelings of well-being<sup>1</sup>, but also asked whether they felt that they had received practical help to move them into employment. Other information, such as numbers volunteering, was provided by partners in a quarterly questionnaire.

Even considering that the programme was interrupted for a significant period, with less participants able to be engaged which obviously reduces the numbers able to achieve outcomes, the results of the survey are quite mixed.

In terms of getting job ready and accessing practical support that would move them towards education or employment, participants were extremely positive. It is clear that participants received lots of practical help in completing action plan activities, linking to wider social networks with peers and more community engagement, leading towards more organised, structured lives.

However, results were significantly lower when participants reflected on improvements to their health. Even after receiving support, many participants still did not feel particularly optimistic about the future, perhaps reflecting a multitude of external issues operating outside of the programme or their ongoing pessimism about getting and retaining long term meaningful employment. Reassuringly, the target for better mental health was achieved but generally participants did not feel more knowledgeable about leading healthy lifestyles generally and rarely taking part in physical activities.

This may be due to the lack of a coherent programme offered across the partnership at all times during the programme, (noted below). This became problematic because participants were coming onto the programme

<sup>1</sup> Based on the Warwick Edinburgh Well Being Scale (WEMBS)



at different times and there was rarely a point when partners could predict that a feasible number of potential participants would be ready to participate in bespoke physical activities. Engagement in activities worked best when participants were signposted to existing activities, such as Tai Chi at ARCC or the women's well-being group at Evolve.

Participants also mentioned lack of time in their often busy, sometimes chaotic lives, to engage in physical activity (such as economically inactive carers at ARCC) and the majority indicated that mental and emotional health issues were their primary concern often precipitated by lack of employment. So inevitably, their focus was on moving towards job search or securing training or a job, over engagement in physical health activities despite encouragement from ECO, eschewing the positive impact of physical activities on mental well-being.



Project Outcome	Participants are job-ready and accessing work - training, mentoring and business support, preparing participants for volunteering, work experience, start-up and employment opportunities.		
Indicators	Forecast	Actual	Variance
1 Participants are volunteering across the partnership	27	33	+6
2 Participants are receiving mentoring support as part of their journey to employment	22	30	+8
3 Participant are acquiring practical skills such as CV writing, interview skills and job search	24	101	+77
4 Participants are job ready and accessing work experience opportunities	6	30	+24
5 Participants are motivated to gain employment or self-employment	38	141	+103

Project Outcome	Communities are stronger - benefiting from a new network of community activities delivering social, health and economic benefits.		
Indicators	Forecast	Actual	Variance
2 Participants reporting the positive benefits of community engagement	17	28	+11

Project Outcome	Participants lead more organised lives - sustained by peer-support, social networking and group activities delivering economic benefits.		
Indicators	Forecast	Actual	Variance
1 Participants improve attendance and complete activities within their action plan	28	68	+40
2 Participants taking part in health-related activities across the partnership	75	31	-44
3 Participants attending peer support groups	23	24	+1
4 Participants linked to social networks within their community	14	16	+2
5 Participants feeling they are more supported	117	65	-52

Project Outcome	Participants lead healthier lifestyles - becoming responsible for their own health and wellbeing through engagement in physical activity, healthy eating and other health improvement activities.		
Indicators	Forecast	Actual	Variance
1 Participants record feeling 'more optimistic about the future', since attending the course	66	44	-22
2 Participants record feeling more physically healthy since attending the course	30	25	-5
3 Participants record better mental health since attending the course	31	31	0
4 Participants will improve their management of medication and have increased signposting to external services to resolve health issues including substance misuse and mental health.	9	7	-2
5 Participants will feel more informed and knowledgeable about how to maintain healthy lifestyles	64	37	-27

● Target not achieved    ● Target within 20%    ● Target achieved



#### 4.1.6

The participant's journey:  
What difference did this project make,  
to whom and why?

The potential of the programme was confirmed by the successful journeys made by many of the participants. Despite having to stop our proposed work with the media partner to capture participant's stories on video, we have still been able to share some participant's written stories within this report.

#### Kay's Story

Kay was at a low point having been made redundant following 12 years in her last post, in addition to other changes to her personal circumstances. She initially came to CVA looking to volunteer as a pathway to regaining her confidence and getting back into employment having struggled to get any other work.

Kay was signposted to the CHEP programme via partner Age UK Croydon, where she met Paul who helped with CV writing, job search and job applications and helped her regain her motivation and kept her focused and on target. Eventually, Kay found temporary work and finally two permanent part time jobs with two employers.

Kay says: The programme provided support and encouragement at a time when I desperately needed it, giving me a much needed focus in my job seeking, job applications and interview techniques. After each appointment I left with increased self-esteem and hope. This has led to me being back in full time employment. Words cannot express the depth of gratitude and relief to find this programme was available to me, when no other support could be found.'

#### Lionel's Story:

Lionel was struggling to find work, beginning to lose motivation which was negatively affecting his mental health. CHEP helped to restore his motivation and provided him with opportunities to progress. Despite gaps in his CV, Lionel's ECO helped him find volunteering opportunities that ultimately led to employment. Lionel's new job led to him teaching video workshops and he premiered a short film that he directed at a conference for the Charity he volunteered for.

Lionel says: 'I was disconnected from society and the working world and lacking in self-belief. CHEP helped restore my confidence in myself and expose me to life changing opportunities. 'Obstacles do not block the path, they are the path. It doesn't matter how slowly you go as long as you do not stop.' Confucius



One to one support



## 4.2

### Causal

#### 4.2.1

What were the unique aspects of this programme? How did that influence the success of the programme?

One of the most unique aspects of this programme was the decision to engage with small local delivery organisations. This decision was made in response to the original call from funders to widen access to European Social Fund resources to the voluntary and community sector. The role of CVA in Croydon is to engage with all organisations both large and small and CVA was keen to open up the opportunity to be involved in such a prestigious programme. Inclusion was primarily dependant on the ability of partners to access the specific target groups identified and to deliver the required support. On reflection, given the intensive demands of the administrative aspects of the programme and the requirement to be able to interpret and implement complex financial and participant evidence, it was overly ambitious to engage partners requiring such high levels of support in order to successfully respond to funder demands. It also exposed organisations surviving on very tight margins to very high risk, as many claims they originally thought would be honoured were not approved.

In terms of the ability of these community groups to engage with specific target groups, this clearly contributed the success of the programme. Apart from the initial launch and a number of local recruitment events, very little promotion was required to access potential participants. The Lead Partner made the decision to produce a joint promotion leaflet to ensure compliance with strict publicity rules and this fulfilled the needs of the programme - until recruitment of new participants was frozen. Some partners carried out further outreach work in order to widen certain areas of recruitment. Imagine Independence had a very specific target group of young black men experiencing their first psychotic episode. They struggled to identify young men from this group and despite outreach work linked to CVA's ABCD Community builders based in New Addington and Fieldway, wards on the outskirts of Croydon, they eventually widened their base to include older men and women with mental health issues.

#### 4.2.2

What unique characteristics of each partner have contributed to the programme's success?

Each partner brought unique characteristics to the programme, following careful selection of their ability to connect and support with target groups identified as priorities by the funders.

As previously mentioned, Age UK Croydon had expertise in working with older people. They had identified older men previously in manual work but now suffering health problems as a key beneficiary of this programme. Their project was led by a worker who was originally a beneficiary of another partner's CHEP project and was clearly able to identify and respond to the needs of men in similar circumstances.

Age UK Croydon run regular health-based activities, such as Tai Chi, Yoga, Mindfulness as well as health checks and healthy eating and their award winning 'Men in Sheds' providing a 'safe space' for men. All participants were signposted towards these activities. However, many of Age UK Croydon participants felt that most of their mental health issues were caused primarily by their unemployment and lack of prospects. They had a clear focus on getting back into work and once they had met with their ECO and started the journey towards work, their mental health began to improve.

Asian Resource Centre Croydon (ARCC): The focus of ARCC was on Asian women, most of whom were economically inactive, but looking to take the first steps towards employment, often inhibited by caring responsibilities for children or other family members. Some had only recently received the right to work or had only a temporary leave to remain, the terms of which had to be established before they could engage. Many of these women were suffering from emotional and other mental health issues for a variety of reasons, including language problems which inhibit their ability to job search on line. These communications issues also led to further social isolation and feelings of loneliness. ARCC were uniquely positioned to provide this additional support, which included signposting to their Tai Chi and dance classes and social events such as monthly coffee mornings. ARCC ran various events throughout the two years aimed at supporting equal opportunities

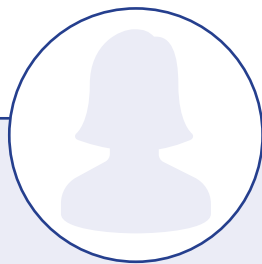




ARCC Dance Class

and diversity, such as international Women's Day, Diwali, Ramadan and Christian celebrations.

### Candice's Story:



**Candice joined CHEP because she was a single parent of two small children, one who was disabled. Despite achieving higher education qualification's Candice thought her bouts of depression plus her childcare responsibilities meant that a life off benefits seemed impossible. However, through the CHEP course Candice was able to attend child care and first aid course and is now working part time, has help with her childcare and is off benefits. Her depression has improved and she now looks forward to a better life for her and her family. Candice says: No pain, no gain. There is light at the end of every tunnel.**

Palace for Life Foundation (PFL) focuses primarily on helping young people from Croydon grow through sport. CHEP enabled them to support some of the most vulnerable people into training and employment through one to one support provided by their ECO at the times and pace that reflect the chaotic lives that some of

their young people experienced. PFL were able to use the draw of their connection with the Premier League professional club to attract some very marginalised young people onto a variety of programmes offered by the Foundation, but the unique support offered through CHEP enabled them to provide an individualised package of support, which was invaluable in enabling participants to make real progress.

Similarly, Raising Great Aspirations (RGA) focused on supporting young people, specifically those with emotional problems. The ECO's success in linking into health and education partners in Croydon resulted in an extension of the project into a secure unit for young people with extreme mental health issues such as schizophrenia, often as a result of substance misuse. Once again, the 1:1 support provided by the ECO and the volunteer mentor at the times when the young person was 'in a good place' was a unique aspect influencing the success of the programme.

Evolve Housing Support offered its clients living in 7 homeless accommodation facilities across Croydon, the opportunity to participate in CHEP. It had unique access to homeless people and promoted the opportunities offered by CHEP through healthy breakfasts, delivered by volunteers, who were often initially participants on the CHEP programme journey. Evolve quickly recognised the lack of health-related activities for women and initiated a women's mindfulness group, that was open to CHEP participants from other partners.



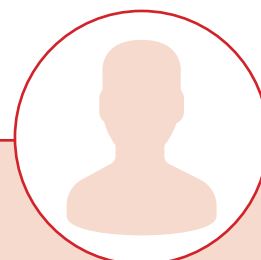
Evolve had a unique ability to engage with homeless people literally on the doorstep, however their problem was the very transient nature of many of their clients – and the often chaotic lives they lived. However, for some, CHEP offered a unique opportunity to alleviate the boredom of homelessness and help them get back on track and live more positive lives and even when they did not achieve an official 'result', the programme had a significant impact – as reflected by Alice's story (not her real name).



### **Alice's Story:**

The ECO at Evolve provided a great deal of support to one of the hostel residents who was eligible for the CHEP programme. Alice was also signposted to support from a resettlement officer and care co-ordinator of the Mental Health Trust and a substance abuse charity. Alice was looking to find more structure in her life and something to occupy her mind. She participated in several courses (some accredited) including 'Making Your Future Work for You' and wanted to get back into retail work. Alice started to engage regularly over several months and to exercise to improve her health. She was making very positive progress. Unfortunately, for several reasons, Alice's mental health began to deteriorate and she was eventually admitted to a secure unit and was unable to complete the course. However, she was continuing with her exercise sessions and was still showing interest in attending vocational courses and was still being very positive about the impact of the programme on her life.

Imagine Independence originally intended to focus on black men experiencing their first psychotic episode, however it found it difficult to engage men at this stage in their lives on such a bureaucratic programme. The clients lacked the ability to provide the evidence required to determine eligibility. Consequently, Imagine widened their target out to both men and women with mental health issues and other challenges to enable them to live full independent lives. The ECO linked with CVA's asset Based Community Development (ABCD) Community Builder to recruit new participants living in the outskirts of Croydon and attending a number of community events. Imagine also held events as part of World Mental Health Day. Their presence in Croydon for over 40 years means that they are uniquely recognised as providing support for people with mental health issues along with Status Employment.



### **Michael's Story:**

Michael was feeling very low and had been looking for work for a long time without success. He suffered from depression and was unable to communicate well, had no self-confidence and was shy in meeting people. His poor mental health meant that despite his degree he was unable to find employment. Through the CHEP programme he was eventually ready for a training programme which resulted in an offer of employment.

Michael says:

The CHEP project has had a huge impact on my life for the better. I am now hopeful for the future. My mental health has improved greatly ...for the first time I am in full time employment. I am hoping to find my own accommodation. My family and friends are overjoyed. I want to continue to work and I am engaging more with my community. I am hoping to do further training to improve my current skills for a better job. Yes, I can do it!



Status Employment have led the way in providing ongoing support for vulnerable participants once they have got into employment. They supported other CHEP partners by sharing their learning on the importance of this ongoing support. Although continued support was not specifically funded through CHEP, the reputation of Status in providing this extended resource attracted participants looking to get back into long term employment and was seen as a key aspect of the programme's success.

Revivify Community Initiative (RCI) started the programme as the 'Foodbank'. Its unique success in connecting with target participants arose from its geographical position at the heart of Croydon, the increased awareness of the foodbank for vulnerable people and referral agencies and the charisma of its founder, who became the CHEP ECO. The Foodbank also had a small space in its grounds that was developed into a healthy garden with help from CHEP volunteers, which helped participants understand how to grow and cook healthy food as part of their overall programme.

Overall, it is clear that each partner had unique and different characteristic that contributed to the delivery of a successful programme. Each organisation was embedded in the community, with strong reputations for the work they were already delivering with the target groups identified in the programme. The ability to connect with those furthest from the labour market was clear, as was their ability to progress participants through a journey towards job search, training or employment.

### 4.2.3 What are the negative aspects of the model?

The selection of a variety of community organisations of all sizes certainly influenced the success of the CHEP programme, however it also caused most consternation. Our original model envisaged smaller organisations being supported by other partners, the Lead partner (CVA), Funders (Big Lottery Fund), Coast to Capital (LEP Area) and the managing authority (Department for Work and Pensions). In the early stages this model worked well. The Steering Group of partners was extremely well attended, partners shared advice, and good practice, particularly for health related activities. Despite

struggling with the administrative demands of the programme that few partners envisaged and were not sufficiently resourced to address, the partners pulled together and with far more intensive support from the Lead Partner and BLF Officer, began to progress and manage the programme demands. However, once the BLF support moved from the Newcastle to Birmingham office, the mood changed from management support to audit function. At this point both CVA as the lead partner and its partners began to struggle with a far more stringent auditing of evidence and a lack of advice or practical support regarding various contentious aspects of the submissions. Having failed both the financial and participant file checks for Year 2 Q2, CHEP partners had their funding frozen and the whole programme threatened with closure and potentially with financial clawback. Although CVA managed to negotiate a 100% check of files that if successful would lead to programme continuation, this check took the funder a further 5 months to complete. Only with the return of the programme back to the Newcastle office did the programme officially resume. With partners only having a couple of months until the programme end date and with no funding released until September 2018 this freeze on the programme affected every aspect of the model.

With most partners suffering real financial hardship as a result of the freeze of payments and the lack of decision about the programme's future, CVAs priority was to submit the last four quarterly financial submissions to release backdated award payments and to submit as many compliant participant files as possible. Consequently, many of the other elements of the original model were set aside and the focus for smaller partners particularly the smaller ones was on survival rather than capacity building or extending the model to meet wider objectives resulting from the anticipated economic growth planned for Croydon.



#### 4.2.4

### Did anything happen that wasn't expected to happen?

The programme didn't intend to have such a negative impact on partners, particularly on their finances, but certainly for RGA who stopped trading partially because of the difficulties in making claims and RCI who took on additional premises, software and other office costs solely for CHEP that they have not been able to claim, the impact has been severe.

Although the programme always intended to build a strong partnership between deliverers, the issues with funders actually worked to bring partners closer together and become very supportive of each other in order to complete the programme in spite of the challenges. This was not intended, but bodes well for future collaboration.

#### 4.2.5

### How were participants supported by partners, lead partner, funders, managing agent?

Almost all of the participant experience was directly with the partners, who tried to protect them as much as possible from the negativity surrounding funding issues. The participant outcomes survey shows that 65 participants felt more supported at the end of the programme, with 44 feeling more optimistic. Many participants questioned the amount of bureaucracy required in order for them to receive support.

Considering the programme targeted those living fairly chaotic lives, the need for them to have ready access to high levels of identification showed a lack of awareness of the difficulties this might cause and how it would actually deter those most in need of support from the programme. Many also questioned the need to gather certain data characteristics and were highly suspicious of the reasons behind collection. Those that had mental health problems or were ex-offenders thought the information could be detrimental to their chances of securing employment despite reassurances from partners. Some participants and partners also questioned the length of time that their information would be held, particularly in light of GDPR, this seemed completely contradictory to the spirit of the regulations.

At the Annual Celebration of CHEP (July 2017) – just before funding was withheld, each partner nominated a minimum of one participant to receive an Achievement Award. Participants and partners were interviewed to discuss their individual journeys. Overwhelmingly, participants recognised the impact of the 1:1 support received by their ECO and the overall impact on their health and self-confidence as well as their employment prospects, as the most unique aspect of this programme for them.

Participants were informed through programme flyers, materials such as the entry and exit forms and during events that the programme was part of the Building Better Opportunities programme, funded by ESF in partnership with BLF. However, they clearly felt that most of their support came from their ECO.

The support offered by the lead partner is expressed in the statement below by one of the delivery partners.

*'I think CVA have done an incredibly good job. Having to deal with 8 different organisations, 8 different CEOs and 8 ways of working to actually knit them all together into a coherent programme I think they have done remarkably well. I look at other voluntary organisations across London and certainly CVA is one of the strongest in actually helping the smaller organisations flourish.'*

*Robert Elston: CEO Status Employment*

*Palace Captain, Scott Dann meets  
Palace for Life participants*



#### 4.2.6

### If you were to run this project again, what might you do differently?

In hindsight, we would not attempt to engage in a programme without all of the guidance in place and without a full understanding of exactly what was required in terms of evidence gathering and submission.

We would have our budgets fully approved line by line, with a clear agreement with the funder that all proposed expenditure was eligible and clear guidelines on how it should be claimed.

We would guard against the potential disruption following a change of funding officer.

There would be more scrutiny of partners and of their policies and procedures. Partners (including CVA) would be much more aware of the risk to which they are exposing themselves. Initial conversations with each organisation would include the Head of Finance, any marketing staff and HR if the organisation is lucky enough to have them. It quickly became clear that the ability of the ECO – and often their Line Manager, to access the evidence required for financial claims was extremely challenging and would have been much easier for all partners if those responsible were engaged at the outset.

We would advise partners to direct more resources towards administrators, as these requirements became more important to funders than the ability of frontline officers to engage and support participants.

In the absence of templates and guidance from funders, CVA would have insisted on implementing its own templates for items such as timesheets, which caused so many problems in terms of the logo and other (changing) requirements.

The number of participants feeling like their physical health had improved was disappointing and although the Steering Group intended to focus on providing a clearer package of health activities in year two, this was put on hold due to the freeze on the programme. The ability to pull together a comprehensive programme of free activities for CHEP participants was inhibited by the individual nature of the programme, with participants coming on to the programme at different times and with

varying readiness to engage with the health activities. Consequently, there wasn't a sufficient cohort of participants to set up new, specific activities to address health problems. Where the health activities worked well, was when existing activities were being run by partners that participants could be signposted to. This included the football sessions offered by Status Employment, Tai Chi sessions at ARCC and health checks at Age UK Croydon. CVA now has a new programme called Connect Well, which can signpost people to a huge variety of activities and services offered by local partners. If we ran the programme again, we would train partners as Connect Well Guides, who could direct participants to activities of their choice. We would encourage ECO to accompany participants on their first visit or advice activity providers that they were attending. We are now able to track their ongoing engagement.

From participant outcome surveys it also became clear that health issues of participants were predominantly emotional and mental health issues, often caused by lack of employment. Once the participant was receiving support from the ECO, many of these problems dissipated and they felt much more positive and optimistic about the future. It was the human contact, motivation and improvements to their self confidence that impacted on their health rather than engagement in a separate programme of external activities, so we would redevelop this aspect of the programme if we did it again.



*Revivify CI volunteers preparing healthy food for Christmas Lunch*



## 4.3 Evaluative

### 4.3.1 Did the project meet its desired outcomes?

In light of the interruptions in the programme enforced by the managing agent, delivery really only occurred for the first fourteen months of the programme.

Consequently, the outputs and results achieved are below original expectations but actually on track proportionately for the time actually allocated. From the results achieved over this time, it is obvious that there is a very clear demand for the type of support offered by CHEP partners, with well established, well regarded partners with sufficient resources and expertise to offer a one to one individualised package of support.

We hoped to have far more information on the journeys taken by both participants and partners and to highlight stories of particular achievement through our on-going work with a local media partner but unfortunately they were only able to fulfil the first quarter of their contract due to the freeze on funding which meant that we were unable to guarantee payment for further work.

### 4.3.2 Is the project demonstrating value for money?

In the crudest terms, the initial project award was for £700,900 to engage with a minimum of 200 participants, calculated as £3,504.5 per head. As a result of the difficulties with the programme, the project was underspent of £143,172. Consequently, in terms of numbers engaged, the spend per head could be calculated at £4,538 (558,228/123).

However, in terms of results the programme overachieved on the percentage of unemployed people achieving employment and the percentage of unemployed people moving into training or education. In this case the project clearly demonstrates value for money based on initial calculations of the managing agent.

The vagaries of the programme have resulted in most partners significantly under claiming in comparison to initial budget estimations, which they have invariably had to meet from their own finances.

### 4.3.3 What are the key learning points/ recommendations from this programme?

#### Partners

- Local community and voluntary sector organisation are best placed to engage with those furthest from the labour market, especially those with additional health problems affecting their self-confidence.
- Partners must have an existing credibility and a highly regarded presence in their area and be specifically located and embedded in the 'hotspot' areas of highest deprivation.
- Partners must be skilled and experienced in working with some of the most challenging and marginalised people in the borough who have been identified for support within the programme and who are often unknown to mainstream services. Utilising and sharing each partner's specialist skills was a significant benefit to our programme, such as the language skills that ARCC were able to provide for many Asian women engaged on the programme and Status Employment's expertise in ongoing employer engagement.
- When considering allocation of resources to the programme, the skills required by the frontline workers (ECOs) are very different to those required to present the evidence for successful submission. Each partner needs to ensure that the varied skills required to both support participants as well as collate and present financial evidence are available within the resources assigned to the programme. Administration, finance and compliance support need to be carefully considered, with detailed support from the funders to help correctly calculate the extent of the resource needed.
- The programme initially purported to want to enable smaller voluntary organisations to participate and access European Social Funding and to engage with those furthest from the labour market. However, this was not just forgotten in the process of gathering evidence, it was actively discouraged through the range of evidence collecting and claim rejections



that emerged as the programme continued.

- Partners working on a day to day basis with vulnerable people are naturally inclined to immediately help as many people as possible. However, the successful model requires more restrained pacing of recruitment of new participants to ensure that the required paperwork is made available as required.
- Too much reliance on the lead partner is not conducive to the aim of capacity building of partners. However at times the priority was to ensure that the evidence requirements were met in order to release funding for all partners. The lead partner inevitably became the key conduit dealing with the changing requirements from the managing agent. The initial support and guidance provided sometimes descended into a level of dependency required to get the whole programme to the next phase that was not ideal in the long term. In less stressful circumstances partners should have been supported to experience more organisational growth by becoming more self-sufficient and less reliant on the lead partner.

### **Consortium Approach**

- A consortium of local partners is a successful model for engaging a diverse range of local people identified as furthest from the labour market. If partners are able to build a strong respect and understanding of each other, sharing good practice and making cross referrals, they can pull together during some of the most challenging circumstances and continue to deliver a united front.
- The consortium approach can help to build the capacity of smaller partners and help them develop policies and procedures that strengthen their ability to deliver more successful individual projects and consequently strengthen the partnership. This approach should also increase opportunities for attracting new, external resources to the consortium.
- A consortium approach is more attractive to both referrers and potential employers. CHEP partners attracted over 20 employers in just one year of the programme and had begun to open an ongoing communication route with referrers and employers to increase opportunities for local people. What works best is having the range and mix of referral routes and putting time into developing those

relationships. Similarly, the benefits to both participants and partners of maximising partners expertise and utilising their networks was a significant outcome of the programme leading to long term trusted relationships between partners, referral agencies and employers.

### **Partnership Management**

- A clear Partnership Agreement and Memorandum of Understanding is essential. This became particularly important when difficulties arose with the funder – and funding was suspended.
- Open and honest communication is required at all times. This was as relevant between the Funding Officers and the Lead Partner as it was between the Lead Partner and Delivery Partners.
- Regular meetings with full disclosure of any issues arising is paramount. Our meetings progressed from steering the programme, to essential training, to address issues arising, to crisis management. The engagement of all partners from the beginning with the ethos that we were a team all learning together, became increasingly important, with partners supporting each other in a collective effort to succeed and providing ongoing motivation.

### **Guidance and Support**

- Guidance and support must be clearly available in advance of the start of the programme, so that partners can fully understand the evidence requirements and accurately assess the level of risk involved – particularly if funders are serious about opening access to European Social Funding to smaller groups from the voluntary and community sector.
- Once budgets have been agreed, partners should be supported to make accurate claims in accordance with the budget, to avoid unnecessary financial commitment. Failure of certain financial claims due to lack of evidence left some in a perilous financial position.



## Participant Interventions

- Individualised learning packages were considered to be instrumental in supporting those furthest from the labour market and were particularly successful in engaging people from Black and Ethnic Minority backgrounds.
- Comprehensive, sensitively developed needs assessment and action plans were essential to keeping participants focused on progress towards their goals.
- Having a key worker dedicated to an individual was very beneficial, offering flexible and individualised support

It was important to address participant's initial barriers to finding employment at an early stage, often starting with tackling self-confidence and self-belief issues.

- All evidence collection needs to be complete before the participant exits the programme. Once participants had achieved their goal of moving into training, employment or job search, it was difficult to get them back to complete paperwork. Similarly, changing requirements from the funders often required further follow up from participants who had exited the programme. This was often very difficult to achieve.

## Health Activities

- Participants were more likely to engage in existing health activities they were signposted to by their ECO, than attend bespoke programmes delivered by partners. Attention should focus on the ability to signpost to appropriate activities through a package such as Connect Well and then ensure the participant is welcomed and supported to attend.
- Concerns regarding poor mental health and anxiety was improved through engagement on the programme and 1:1 support to address issues of self-confidence and self-efficacy.

*ARCC Tai Chi class*



## 5. Conclusions

CHEP has delivered an innovative and integrated model of delivery aligned to the ethos and criteria of the Building Better Opportunities programme, with its emphasis on asset-based community development and tackling inequalities and social exclusion - and with BLF's strategy to open up ESF to smaller social enterprises working with the target groups. The project delivered on the C2C's strategy to develop community capacity and digital inclusion as part of the "multi-strand wrap around and longer-term solutions" to worklessness. There was close alignment to the Priority Area 7 requirements.

- Helping those with complex barriers:
- More consistent service offer:
- Early action before problems become extended:
- Access to locally provided services:

The key challenges to the success of the programme came from a lack of agreed and understood guidance available at the point of the programme's development. It is recommended that the funder's requirements are clearly established before the programme begins and that deliverers are fully aware of all expectations and clear about the potential risks.

CHEP has shown that a robust consortium of local community and voluntary sector partners, with specialised expertise and a track record of delivering to the hard to reach can engage effectively with the target groups identified for support within this programme. The flexible, individualised learning packages developed in partnership with participants that tackle their specific barriers to training, employment or job search are instrumental in achieving success. The benefit of having one to one support from one employment support officer who shadows the participant throughout their journey has been key to the programme's success. In addition, relationships between partners and both referral agencies and potential employers developed quickly and effectively. A similar consortium approach

presents a successful model for future working to achieve our programme's mission of achieving 'local jobs for local people'.







## Partners



## Lead Partner



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