



LSx

London Sustainability Exchange

Needs assessment of 15 London-based frontline health organisations



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BROOKLYNDHURST



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1 Executive summary

London Sustainability Exchange (LSx) is running a network over the next three years (until Dec 2012) to support 15 frontline organisations delivering health and mental health services to Londoners. Two focus groups were held with professionals working within these organisations – one with junior staff/volunteers and one with senior managers – to assess the needs they have and to enable the network to be tailored accordingly.

The focus groups highlighted the following key findings:

- There are **very few existing links between these 15 organisations**. They are unaware of each other and what they do and, as a result, they are not currently working together and sharing best practice.
- **The organisations do not think of themselves as being similar to one another**. Whilst London Councils may perceive them to be similar (i.e. they are all delivering health and mental health services to disadvantaged communities), the organisations perceived themselves to be tackling different health issues, in different communities, in different parts of London.
- **The organisations found it difficult to envision a way they could work with other organisations in the network that were not doing *exactly* the same thing as them or operating in the *same* borough**. This was due to the nature of their funding (which is borough specific, based on how many people they can service locally) and the highly competitive, target driven environment in which they operate.
- For the most part, **individuals appeared to be well served by existing networks** (providing e-bulletins, newsletters, networking events and training opportunities).
- **People expressed some ‘network fatigue’ and questioned the rationale for both a new network, and one that was geared towards these particular 15 organisations** (and not one that was more suited to their needs, i.e. linking organisations in the same borough who could work together under existing funding constraints).

LSx is not well known to these organisations and in order to compete within the ‘noise’ of existing networks, the solution is threefold:

- **LSx must make solid links between smaller groups of organisations within the network, possibly through twinning/mentoring, and target their needs directly**. The organisations themselves must perceive these linkages to be similar, i.e. that they are working on similar health issues and can, therefore, increase the amount of people they can access and service. (This is the mark by which they are constantly measured and the mark by which they form a basis for all their current opportunities and future needs, i.e. will the new health network do x, which will let me access more people?)

- **The network needs to focus on issues where the organisations are keen to work together** (some issues are common to all organisations, such as monitoring and evaluation) where the appeal of participating in the network would be increased engagement with funders (where individual grumbles have had little effect in the past, e.g. reporting procedures).
- Above all, **the new network needs to think small**. Organisations were not ready to think about a joint information gathering and management system (which would add to the considerable burden already felt by individuals, particularly senior managers) unless existing reporting procedures were to be used and streamlined. In the first instance, they wanted and needed to know more about each other and if and how they could work together.

In order to achieve this, the three main ideas were for the network to provide:

- **A directory of service provision** - in the first instance this should be of the 15 organisations in the network but ideally, would include a wider group of relevant organisations.
- **A means of advertising the specific needs of individual organisations to each other so that they may work together in the future**. Examples would include where to find specific language services, e.g. Farsi and Spanish translations, how to access funding opportunities and to find venues in different parts of London.
- **Training opportunities for less senior staff/volunteers**. This idea would need to be explored further and tailored to specific groups of organisations, but examples could include basic information on policy and regulation.

2 Introduction

Third sector organisations play a vital and expanding role in the provision and delivery of public services, which has been increasingly recognised at a national level through various third sector strategies.¹ In London, the role of the third sector in providing on-the-ground health and mental health support has been recognised through the creation of a network, run by London Sustainability Exchange (LSx), to support 15 of these organisations.

These 15 organisations provide vital services, which benefit a wide spectrum of diverse Londoners, yet many are small, highly reliant on public and volunteer support and operate within very tight resource restraints. Brook Lyndhurst was commissioned to conduct two focus groups to assess and clarify the needs of the individuals within these organisations, in order to ensure that support is targeted appropriately and tailored accordingly. The findings will help LSx and these organisations map the landscape in which they operate and envision a way forward, where information and best practice is better shared. As a result, this

¹ E.g. the strategic review of Department of Health funding of third sector organisations (2008) and the NHS's third sector strategic partner programme 2010/2011. See http://kingsfund.blogs.com/health_management/2010/02/third-sector-strategic-partner-programme-201011.html for more information.

network will improve the ability of these organisations to effectively and efficiently deliver (and increase uptake of) their services across a wide spectrum of London’s population.

The focus groups were held in March 2010 at the Bonnington Café, Vauxhall. In order to ensure opinions were representative from all levels within the organisations, one was held with volunteers/junior staff and the other with senior managers.



This brief report outlines our findings from these two groups in a further six sections, discussing: 3) current service provision; 4) attitudes to existing networks and the new health network; 5) sharing and learning; 6) monitoring and evaluation; and 7) conclusions, based on our key findings; and 8) recommendations for LSx’s new health network.

3 Current service provision

Table 1 – Summary of current service provision

The organisations

The 15 organisations deliver a wide range of health services, in different London locations, with different types of people. As a result, the organisations did not readily identify with each other.

The organisations often operate in a number of London boroughs (dependant on where they receive funding). Clients can be international or national but most are referred locally.

Their policy landscape

These organisations operate in a highly pressurised environment; there is an increased emphasis on monitoring and evaluation (i.e. having to prove their worth by the number of referrals they obtain) in a backdrop of reduced funding and increased competition. Moreover, there is a greater demand for their services (both in absolute numbers and types of people).

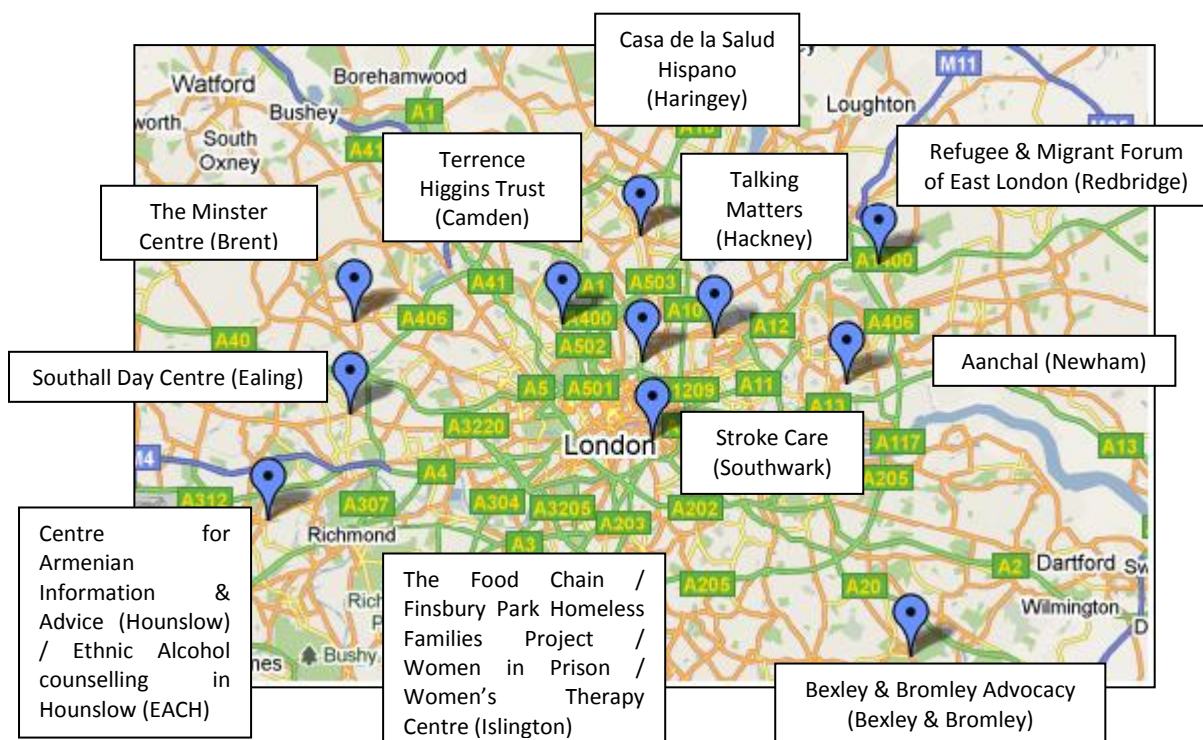
Many organisations felt as if they did not have a voice with funders (who did not really take the time to engage with them and that they cannot feed back to funders about what’s really going on).

In order to understand how the new network may help professionals working within these 15 organisations it is important to appreciate what they do, who they reach, how they perceive each other and the climate in which they operate.

The organisations

These 15 organisations deliver a wide range of health services in different locations around London (figure 1 highlights the *main* location of each organisation). They range from providing counselling to refugees and asylum seekers to delivering meals, groceries and cookery classes to people living with HIV and AIDS.

Figure 1: The main location of the 15 frontline health organisations
(Google maps and Brook Lyndhurst)



There were notable differences of opinion, attitudes and experience between those working as staff/volunteers 'on the ground' and the senior managers; as expected, the latter group were markedly more strategic. The common generalisations made about community groups were noticeable (e.g. mostly small, funding dependent, short on time, etc.) but the professionalisation of the third sector as service providers seemed very evident, where both groups talked about reaching 'clients', rather than referring to them as the general public.

For the most part, organisations did not identify with each other and viewed themselves as distinct from others in the network, i.e. they provided different health services, in different parts of London, with different communities of people. Each organisation's relationship with its clients is very different, ranging from a three-hour cookery lesson to five years of therapy.

It was often the case that organisations operate in a number of boroughs depending on where they receive funding (more often than not, these are the neighbouring ones to the main/original locations as defined on the map above). Some clients can be international or national (through a helpline for abuse, for instance), many regional (for specialist services in particular languages, clients can be referred to boroughs across London) but on the whole, clients appear to be referred locally.

In our case... a lot of the funding tends to be borough specific. So we have to work closely within that borough.

Senior Manager

Their policy landscape

Over the past decade, the policy landscape has changed dramatically for these organisations. Where once they may have offered complementary, additional services to the National Health Service (NHS), they are now funded for delivery of frontline health services.

The greatest manifestation of these pressures is in the 'language of referrals' that underpinned both focus groups. That is to say, the amount of people they can access and service, the mark by which they are constantly measured and the mark by which they form a basis for all their current opportunities and future needs (i.e. will the new health network do x, which will let me access more people? By doing y, can I get more referrals and therefore, more funding?)

Organisations described a highly pressurised environment, increasingly target driven (with an increased emphasis on monitoring and evaluation) where everyone was keen to ensure their statistics looked better than others, so they could be seen to reach the most people or be the most effective.

I understand the need for it (monitoring and evaluation), but at the same time it can feel a bit too much.

Senior Manager

A decrease in available funding has only served to increase competition (from each other as well as the public and private sectors).

Everyone is just, they've just closed off since the funding was taken away... they're trying to hold onto their clients and their stats. They don't want anyone else coming in. It's actually a very cutthroat business out there.

Staff member

With reduced funding and increased competition, individuals spoke of less partnership working and more area based conflicts; there appear to be tensions between local councils, primary care trusts and family justice centres and these organisations (for instance, on occasion they have funding for more clients but don't get referrals). One organisation stated that local authorities (and the people within them) don't always think of the community groups as an authority on community issues.

Organisations from the voluntary, independent or statutory sectors are... not willing to refer out. At times, we've had, so much reluctance out there. They're not wanting to work together. I don't know whether it's fear of losing their stats or what, but they will not refer out.

Staff member

And developing partnerships is (difficult) because, I think, everybody seems to want to be working on their own, because funding is so tight these days.

Senior Manager

There are tensions actually, between what the boroughs are trying to achieve, what boxes they're trying to tick.

Senior Manager

Organisations stated that service provision has been compounded in two main ways. Firstly, with the worsening economic climate over the past few years and a reduction in funding, basic demand for services has actually *increased*. Secondly, services have had to evolve to cater for a *wider* range of people (for instance, organisations specialising in domestic violence in Asian communities have also reported an increase in referrals from British communities), which places extra strain on resources. Language issues were repeatedly raised as an issue for groups, either due to the need to repeatedly translate documents into numerous languages, or because of the need to find people (therapists etc) who can speak different languages.

When I started (it) was just homelessness. And then asylum seekers and refugees started joining in from 1991. First one ethnicity, then another...but now at the moment it's mixed..

Senior Manager

Many organisations felt as if funders did not really take the time to engage with them and that they cannot feed back to funders about what's really going on.

It would be good if there was a way they could listen more to what's going on, on the ground. If there was a way to create more of a channel of communication for what's really happening in local services, I think that would be very beneficial.

Senior Manager

The biggest obstacle against organisations increasing their service provision (and providing more Londoners with health services) was the issue of funding. There were smaller day to day obstacles, such as monitoring and evaluation (described below), but overall they seemed ready to roll out services to more people if they were able to increase the levels of funding that they received.

4 Attitudes to networks (including that proposed by LSx)

Table 2 – Summary of attitudes to networks

Organisations are already served well by existing networks and expressed a little ‘network fatigue’.

Individuals questioned the rationale for linking these particular 15 organisations in one network, when a borough specific network or a network incorporating more organisations, may be more useful to them.

Organisations felt the network could be most useful in identifying common themes that link them together.

The more junior staff members/volunteers were, overall, more enthusiastic about the new network.

Individuals within these health organisations are already relying on a wide range of existing networks to meet their needs, e.g. Voluntary Action Islington, the Learning Disability Centre, the Learning Trust in Hackney, the Migrant Organisation Development Agency, the Refugee Council, etc. These networks are providing numerous useful benefits, such as e-bulletins, training, networking sessions, the opportunity to meet people, to read policy papers & new publications and access to learning opportunities.

There seemed to be a little ‘network fatigue’ across both groups of people, where they felt inundated with information and events, but consistently lacked the time to attend to them. Indeed, a general comment made was about whether there was really a need for another network rather than just for an increase in funding to existing networks.

Across both groups, individuals wanted the LSx network to offer something specific to their organisation, with an emphasis on quality, rather than adding to the existing ‘noise’ in their inbox. They weren’t interested in incentives and wanted to know how the network could help drive referrals.

Quality rather than quantity

Staff member

A lovely lunch is very nice, but it will only go so far.

Senior Manager

The key to attracting their support, enthusiasm and interest, was in finding common themes to unite them.

(Not) unless they can come up with an idea to link us up, around a common goal. That would work. A common goal.

Senior Manager

Generally, the **volunteers/staff** members were much more positive about the idea of a new network and could see a role for it.

(These networks) are essential for us because they provide the bulk of our training

Staff member

At least they've woken up now, the London Councils... they didn't think about this before.

Staff member

We can all meet our stats by referring on to other organisations in the network

Staff member

When prompted further about specific events, the volunteer/staff group were unable to provide convenient times (noting that this varies from week to week) although many liked the idea of mornings and lunches (they liked that the focus group had been held at breakfast so that the day had not been interrupted). They suggested a mix of people should be invited i.e. so the more senior managers/trustees could learn about what they were doing and vice versa. They also thought that more weight could be given to outcomes of the networking events if decision-makers are present.

They suggested that it would be best if the venues could be rotated so that it could suit different organisations every time (i.e. west London, followed by north etc). When prompted further, they were amenable to the idea of hosting events (so long as they did not have to chair them etc.)

I think using each others' venues is a good way, because it helps to build up the relationship. Even to know just geographically where people are, and faces, and who belongs to what organisation. That makes a huge difference.

Staff member

Moreover, despite being keener on the idea of a new network, the volunteers/less senior staff did still suggest that the network should 'think small' with the opportunity to allow the network to 'bed in' slowly. These individuals were not in agreement that events needed to be held on a quarterly basis; one suggested half yearly would be adequate.

The **senior managers** ranged from being much more cautious to overtly hostile. Overall, they were conscious that it may just add to the existing 'noise' of information they were sent; they wanted something meaningful and useful to their individual organisation.

Quite often I look at the first paragraph [of an e-bulletin] and it goes straight in the bin.

Senior Manager

Most organisations were unable to imagine how they could work with organisations who did not operate in the same borough as them, because their funding is always borough specific.

I'd say definitely (there is a role for the network). Unfortunately, it would have to be borough specific.

Senior Manager

You can't have Haringey working with Hounslow.

Senior Manager

Much of their funding is specific to particular demographics too, making it even more difficult for individuals to make the links from one organisation to another. Where they were able to make the links, e.g. that many gay men with HIV may also abuse drugs, they stated they would need funding *before* they could work together.

(For us three organisations to work together) it would have to be someone with HIV, getting food delivered to their house, who spoke Spanish and had a drug and alcohol problem, in three specific boroughs.

Senior Manager

Some of the hostility felt by a few individuals, within the context of the pressures and existing 'noise' described above, was about the rationale for linking these specific 15 organisations together. They argued that it would be more useful for them to link with partners that specifically did the same thing as them, with the same client group.

Health is such a broad sector, you can't generalise it. And we're going to find our own sectors, or areas of expertise and link up with more specific partners than (the network can offer).

Senior Manager

You were saying 15 agencies involved? I mean, I wouldn't give it the time of day. I mean, there are 200,000 charities out there... We've already got hundreds of contacts that are relevant. I'm sorry.

Senior Manager

An argument commonly made was that 15 organisations, perceived to be quite different, would be ineffectual and that a larger network may be the only solution.

For something like this to work, it's got to be a big network of charities.

Senior Manager

A couple of individuals held the opinion that this network appeared to help London Councils more than it helped their own organisations (although they weren't able to understand/articulate how or why). Again, no conclusion was reached about how often they would like to meet up through the events organised by the new network; many were non committal and those that were vocal thought that four events per year was too many.

5 Sharing and learning

Table 3 – Summary of sharing and learning	
Sharing	
Organisations are not currently sharing information with each other in the network, but are not against the idea in principle.	
To work together, they would need to know more about each other and what they do (through a proposed directory of service provision, which the network could create).	
Learning	
Senior managers appeared to be well served by existing training opportunities but all individuals felt there was a need for more junior staff/volunteer training opportunities	
Individuals were keen to know where there were links between organisations, e.g. through twinning/mentoring and where they could help each other to access services/support that they needed, e.g. funding opportunities, specific language requirements.	

It is clear from speaking to individuals within both groups that there are not many existing links between the 15 organisations. This section discusses the current situation around sharing and learning for these groups, and the needs of individuals as a result.

Sharing

The organisations attending the focus groups were unfamiliar with each other; they had only occasionally heard of others in the network, they were unaware of what they did and they had not worked with each other in either formal or informal partnerships. Consequently, they had never shared information to date.

In principle, individuals in both groups did not appear to be against the idea of sharing information and helping each other, but could not easily see why they would want to (or how this might change in the future).

Well, it may not be relevant (sharing information). Some of the services don't necessarily apply. The Food Chain doesn't apply to the current client group that I work with. Neither does that charity...

Senior Manager

I tend to work with... other service providers within the boroughs I work in. So the PCT, the local council, social services, things like that... which is more relevant really.

Senior Manager

It was clear that some of the 15 organisations do work in the same places (e.g. three organisations are Islington based and some are pan-London) and, when prompted, that some of the obstacles could be overcome by simply knowing more about each other and the services they provide.

Both groups independently suggested the need for a directory of service provision, by geographical area (i.e. who provides services? Who needs services? Who commissions services?) It was suggested that this would stop them having to research who was doing what and where, and help them to find more clients. The directory was discussed in relation to the 15 organisations in the network but people liked the idea of it incorporating - over time - a wider set of organisations.

It's all about the number crunch isn't it? If I'm going to work with you, you know we can share that information and pass that data round but ...need to get clients out of it.

Staff member

I feel that these councils that have funded each of the organisations, they should actually have a directory of their services.

Staff member

Beyond a directory of services (and increased knowledge of each other), it is clear that organisations can often have quite specific needs, which they don't know how to fill, e.g. how to reach Tamil communities, where to find therapists that speak Farsi, how to access European funding, etc. Likewise, they stated that they often know of information that may assist the other organisations, e.g. they may only apply for funding in six boroughs of a pan-London fund, they often have venues and crèche facilities other organisations could use, they may have language skills that no one else has.

There was a consensus that the network would be advantageous if it could help fill some of the gaps stated above. Some people mentioned using the e-bulletins for this purpose, although others suggested that a quarterly approach would not be immediate enough for many of their requirements.

It wouldn't really work with 15 organisations, but if there was some sort of network where you could ask other organisations in London about - you know - how do I reach this community? Or where do I get funding for this? Or are there any partners who want to work on a certain project? ... Some sort of online forum. Rather than actually having meetings, which are taking us away from doing the work that we're actually wanting to do.

Senior Manager

Again, the issue of broadening the network to include more organisations was raised, to make it more relevant. The options of opening it up to London-wide or even to include another ten organisations might make it more robust.

Personally I don't see the benefit of a group of 15 people getting together to do that. I mean, it's either got to be a lot broader, or you've got to look at specific partnerships where you're going to get something out of it.

Senior Manager

Senior managers liked the idea of an online space where they could ask each other questions, share information, and, more importantly, go looking for information rather than having it sent to them. The less senior group were interested in investigating the idea of sharing ‘common consent forms’, which would allow clients to be referred from one organisation to another within the network much more easily, e.g. a homeless client - having signed the *joint* consent form - could more easily be referred to another organisation for counselling, rather than having to fill the form in repeatedly on arrival at each individual organisation.

Learning

It follows that if these organisations are not sharing information, and are unaware of each other and how they may learn or share best practice, they are not currently learning from each other. Again, there are other organisations/networks that are fulfilling this requirement; most **senior managers** appeared to have many training opportunities and were very satisfied with them. Organisations spoke of very well mapped out training routes for key roles, e.g. managers, therapists, counsellors. Senior managers knew where to find good training through other networks or the NHS; the only barrier appeared to be cost (of the actual training as well as the time involved).

The issue was not as clear for **junior staff/volunteers**, who often need more routine training (to pick up the basics in policy, regulation etc) yet are finding that funding is reserved for senior people and free training has been greatly reduced.

It's difficult because the funding is so limited.

Staff member

If we can get free training, we'll take it before anything else.

Staff member

There was clear consensus that the network could play an important role in the training of more junior people, particularly volunteers (where the skill level is lower – and, possibly, easier to attain). Individuals noted that it is very time consuming to train volunteers and turnover is high (this was also the case for junior staff members who were funded for specific projects, trained at a cost of time and money to the organisation, but then lost when funding was cut or discontinued). Organisations suggested that the network could increase volunteer retention rates and reduce the burden on organisations by signposting new training and linking organisations with similar volunteering needs with each other. It was hoped that this might increase volunteer retention rates amongst organisations and also allow volunteers to pass across organisations within the network at a good skill level. (Organisations did suggest they could each provide a key component of volunteer training, e.g. basics in drug and alcohol skills, domestic violence, etc. leading to an accredited diploma in ‘volunteering’).

Individuals did not mention twinning and mentoring between similar organisations within the network, but when prompted, they supported the idea (with the caveat that organisations must really be very similar for this to work, i.e. working in the same areas or with the same groups of people etc).

6 Monitoring and evaluation

Table 4 – Summary of monitoring and evaluation

The constant issue of monitoring and evaluating their services was a huge burden for individuals/organisations.

The network could help alleviate some of this pressure by providing a collective voice on monitoring and evaluation issues and in helping to standardise reporting procedures across the organisations in the network.

In the current climate of referrals, statistics and huge competition for funds, the ability to prove what they have done is understandably a huge issue for organisations. There was wide variety in the systems people used to monitor and evaluate; some use sophisticated databases, some use paper-based systems. Above all, monitoring and evaluation was a genuine obstacle for organisations in going about their daily work.

There was a consensus that the level of monitoring and evaluation had increased; they all have to work much harder now to prove what they have achieved. Many felt that this unbalanced their workload - with an over-emphasis on evaluation sometimes to the detriment of service provision.

It actually takes away from what you're trying to achieve as well. I mean, you spend so long trying to get statistics in place.

Senior Manager

I think sometimes you change what was a great idea because the outcomes the funder wants.

Senior Manager

Many people felt that current reporting systems were not fit for purpose. For instance, it is difficult to get meaningful monitoring from people with learning disabilities and there are often issues around language and the meaning/interpretation of findings.

It's quite difficult for people to interpret the meanings (of questions in universal database)...And the concept is also different because (in) our client groups... the concept of counselling in mental health is completely alien. So there can't be a universal tool even though we translate it into different languages.

Staff member

On the whole, organisations felt they were operating in a target and outcome driven environment when many of their activities and results could not be pinned down with current evaluation tools: many of their services cannot be evaluated in the prescribed twelve-week time frame (e.g. addiction therapy) and it can be difficult to calculate the long-term impacts from short periods of contact with clients (e.g. a three-hour nutrition seminar).

In terms of the objectives of the funding, some are quite woolly, like improving health information. But obviously they want very

specific numbers. So, trying to marry those up can be quite difficult. So, it's kind of like well, if that person attended two training days, do I count them as two people? And those sorts of issues.

Senior Manager

With domestic abuse and children suffering from domestic violence as well, you can't really measure it with such short timescales.

Senior Manager

The issue is compounded by the different reporting requirements of each funder, or sometimes even, within the same funding organisation (some organisations have funding reports to complete for 25-35 different funders). Moreover, this pressure falls mostly on senior managers.

We've got different funders who want different reports... if we could produce an annual report or a monthly report and send it to all our funders saying this is what's happened, then great. But it doesn't work like that, people have different forms. Some are manual, some are – you know – online.

Senior Manager

We've got two separate funding strands from the London councils and we're reporting separately for both.

Senior Manager

Additionally, as more and more reporting moves online, it becomes harder for the organisations to pull the data required off their own systems.

It's the difference between sending your CV off for a job application and filling in an application form.

Senior Manager

It was suggested that the network could be most useful in providing a collective voice on monitoring and evaluation procedures. Indeed, it was freely suggested that this could be a common thread which the network could use to work with organisations. (Although there were doubts that this could be done with just 15 organisations, and in the space of three years, where for instance, London Councils would have to liaise with all London boroughs and all funded organisations in order to make any changes to reporting).

I think we feel submissive in this relationship with the bigger funders. I think there is something to be said for strength in numbers and having a collective voice on some issues. Because... as a small organisation you're not going to go back to London councils and say... your reporting form sucks.

Senior Manager

Due to the difficulties that organisations had with their own monitoring and evaluation, they were against the idea of a common database (although the **less senior**

individuals/volunteers - who were not responsible for monitoring and evaluation - were more receptive to the rationale behind the idea despite being unable to see how it could happen.

The **senior managers** were, unsurprisingly, less receptive to a joint information gathering and management exercise. The current monitoring and evaluation pressures were perceived to be so onerous that they weren't even receptive to the rationale. (Why, they asked, couldn't the network simply use the existing information that they currently supplied to London Councils as part of their reporting procedures?). This idea was seen as another burden on stretched resources by over-demanding funders; they wanted to reduce the number of times they had to reproduce similar statistics in a different format and didn't see this as an opportunity to do so.

They were, however, keen on standardising existing information gathering exercises/formats which would help alleviate some of the pressure they felt.

7 Conclusions

There are a number of conclusions to be drawn from the people who attended the focus groups about the 15 organisations in this network and how it should be tailored to their needs, namely:

Current service provision

- These organisations all work on health and mental health issues with disadvantaged communities in London but they perceive themselves to be very disparate (working in different parts of the health sector, in different parts of London, with different communities of people).
- They operate in a highly pressurised, target driven environment, where they are constantly measured by referrals, i.e. how many people they can access and treat. They painted a picture of a greater demand for their services (in both absolute numbers and types of people) where the landscape is increasingly competitive – with less funding – and partnership working is strained.
- Organisations felt as if they didn't have a voice with funders, who did not take the time to engage with them but are constantly bowing to increased demands to evaluate their service provision using systems and tools that are not suited to their organisation/client group.

Attitudes to networks

- Organisations are already well-served by a crowded landscape of networks offering a proposition of e-bulletins and networking events very similar to that proposed by the new network. Many are reliant on networks that are specific to a particular issue, e.g. asylum seekers, child protection/parenting issues (which differs from this

new network's approach to link organisations under a broader umbrella of mental health, for instance).

- People expressed a little 'network fatigue' about the volume of information, training and networking opportunities sent to them which they didn't have the time or inclination to deal with (tending to trust well established networks in the first instance).
- Individuals questioned the rationale behind linking these particular 15 organisations together into one new network, where: either 1) a borough specific or service specific network may be of more use to a smaller set of organisations; or 2) a wider network incorporating many more organisations may be more robust and helpful to the sector generally. This is because organisations need referrals/partnerships with organisations in *either* the same geographical location (referrals are generally made locally and funded within a specific borough) *or* with similar organisations where they might apply for joint funding.
- LSx – and its network - must focus on quality, linking organisations around common themes with the overriding focus on driving referrals. Above all else, it must 'think small'. The network needs to convince organisations that it has a useful role to play by making the links between organisations in it, *before* it begins to consider the idea of them sharing information. (At the moment, the sharing of information seems to be a step too far; they don't even know each other).
- The more junior staff/volunteers were much more positive about the idea of a new network generally (particularly for training opportunities) whereas the senior managers saw the idea more as a burden, and were unclear how they could work with each other (for the reasons outlined above).
- Individuals seemed unwilling to commit to the idea of four new networking events per year; both groups felt that it could be less. (Although it is highly likely that organisations would feel differently and want to attend if events are made more relevant).
- When pressed, junior staff/volunteers suggested that mornings/lunchtimes were a more appropriate time to hold events, which should incorporate a mix of senior and junior individuals, at venues that were constantly rotated across London (possibly even hosted by the 15 organisations themselves).

Sharing and learning

- Organisations are not currently sharing information with each other within the network, although they are doing so with other organisations in other networks or within formal/informal partnerships at a borough level (with which they appeared happy).
- The senior managers were well served at present by existing training opportunities, whereas there appeared to be more need for learning and training opportunities for more junior staff/volunteers (agreed by both focus groups).

- Individuals did not mention twinning or mentoring, but when prompted, were enthusiastic about the idea.

Monitoring and evaluation

- Organisations used very different types of means to monitor and evaluate their services, ranging from paper based systems to sophisticated databases. All of the organisations felt a huge burden to deliver information to funders where reporting procedures were considered arbitrary, lengthy, overly complicated and repetitive. Moreover, they did not feel as if they had a voice to complain or improve the situation.
- Individuals were wary and even hostile to the idea of developing an information gathering and management system (to enable monitoring, review and assessment of the impact of services) under this new network. They saw this as an even greater burden that may only really be to the advantage of London Councils and wondered why they could not use existing reporting data that they sent in instead. They were keen, however, on standardising existing processes across the network.

8 Recommendations

There are a number of barriers identified by the individuals in the two focus groups to the likely take up of services provided by the new network. Both LSx and these organisations, however, have the same goal: to reach (more) people, more effectively. LSx would be well placed to overcome some of these limitations/attitudes by considering the following recommendations:

The network itself

- **The network needs to tailor its approach to individual organisations** – this would ensure that organisations are matched with similar organisations and that specific needs are met.
- **The network could think about widening its approach** - to include more organisations that operate in the same geographical areas or similar organisations that could partner these 15 in other parts of London.
- **The network could provide a collective voice to London Councils on the funding process and London Councils could, in return, offer some feedback to the organisations.** The organisations repeatedly spoke of issues with reporting procedures and the need to simplify evaluation tools etc. The network could enable a dialogue between London Councils and the organisations within the network to improve the relationship between the two and enable more effective service provision.

Sharing and learning

- **The network should include a directory of services – detailing information about the organisations (who they are, what they do, where they work etc).** This would help organisations become more familiar with each other and highlight some similarities between them which might enable them to work together or share information.
- **The network should twin organisations that they themselves perceive to be similar, i.e. who work in similar geographical areas with the same people and issues (not who London Councils perceive to be similar).** This may go a long way to reduce scepticism of the new network and enable sharing and learning between organisations.
- **The network should help advertise specific needs of individual organisations that others may help to fill** - possibly as part of an online posting service or as part of the proposed e-bulletin (but maybe more regularly than once per quarter). Once organisations are aware of each other and what they do, they may be able to assist each other with very specific needs that they each have on a daily basis, (e.g. the need for venues or Farsi language therapists) or even share information such as common consent forms.
- **The network could provide useful training opportunities for more junior members of staff/volunteers** (rather than senior managers). This might help fill the gap left by the reduction in training opportunities for this group of late, and help improve volunteer retention.
- **The network should focus on common themes where organisations stated they were keen to work together, which can help increase the organisations' joint voice and ultimately their impact.** Examples of useful themes would be monitoring and evaluation or pan-London/European funding opportunities.

Monitoring and evaluation

- **The network could use the information currently provided to London Councils through existing reporting procedures, rather than establishing a new information gathering and management scheme.** Organisations are at different levels of sophistication with their monitoring and evaluation procedures which would make it extremely difficult to create a new process. Moreover, this would relieve the considerable burden the organisations feel from their current reporting situations which is incredibly resource intensive. (If the current reporting procedures are inadequate and lacking in enough detail, the recommendation must be to change the existing process rather than create a new one).

By tailoring the network to the recommendations of the professionals working within the organisations it has been designed to serve, LSx will enable it to 'compete' with known and trusted existing networks. (This is important because individuals had very little prior knowledge of LSx and its aims/remit). Moreover, it will be well placed to support the

organisations to deliver more effective health services to Londoners over the next three years.