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# **NCB DH Strategic Partnership: Year 3 evaluation**

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# 1. Introduction

## 1.1 Introduction to the DH strategic partner programme

In 2009, NCB was awarded funding from the Department of Health (DH) to join its strategic partner programme. The strategic partnership was lead by the Voluntary Sector Support programme (VSS), a department within NCB that provides a variety of practical support to the children and young people's voluntary sector. NCB also works to ensure government listens to the voices of children and young people and the voluntary sector organisations that work for them. More specifically, the overarching strategic grant outcomes to be achieved by year 3 were that:

1. The children and young people's voluntary sector is better informed of emerging DH policy
2. The children and young people's voluntary sector is more able to put policy in to practice
3. The children and young people's voluntary sector is more aware of health and well-being funding
4. The children and young people's voluntary sector is more able to respond to health and well-being funding streams
5. DH officials are more aware of the views of key stakeholders in the children and young people's voluntary sector on priority initiatives
6. The needs of children and young people are better integrated in to other strategic partners' work.

## 1.2 Introduction to the evaluation

The initial strategic partner grant was due to finish in March 2012. As such, NCB commissioned an evaluation of the work in its third year, focussing on the extent to which the stated outcomes above had been achieved. In light of an extension of funding until 2013, the evaluation will also consider:

- Future priorities for the programme
- The extent and ways in which the programme has impacted upon NCB over the three-year period.

Full details of the evaluation methodology can be found in Chapter 2.

## 1.3 This report

This report will outline key findings from the evaluation following the structure outlined below:

- **Chapter 2** briefly outlines the methodology
- **Chapter 3** outlines early implementation and management arrangements for the strategic grant, drawing on interviews from NCB and DH staff.
- **Chapter 4** describes in more depth the outputs and activities undertaken within the grant. This chapter draws on interviews with staff, DH and strategic partners as well as an online survey carried out with the VSS network and focus groups carried out with children and young people.
- **Chapter 5** explores stakeholder perceptions around the impact of the NCB strategic partner grant, again drawing on perspectives of staff, DH, strategic partners, the VSS network and children and young people.
- **Chapter 6** briefly examines stakeholder views regarding priorities going forward into the final year of funding.
- **Chapter 7** brings together key findings and draws conclusions on the extent to which NCB has achieved its stated outcomes.

## 2. Methodology

The evaluation focussed on the 'high level' outcomes for the programme outlined in section 1.1 of this report. Given the methodological problems measuring the impact of an intervention on 'a sector' that includes hugely diverse organisations - many of which operate 'below the radar' - a mixed method evaluation was designed to capture the perspectives of a range of stakeholders, and their *perceptions* of the quality and impact of the various strands of work undertaken.

### 2.1 Data collection

In all **72** individuals contributed their views to the evaluation, which comprised five key strands of work:

#### **1. Survey of the VSS network**

An online survey of the VSS network was carried out in March 2012. The network comprises around 650 individuals who have voluntarily signed up to receive the VSS e-bulletin or who have attended a training or consultation event of some kind.

The questionnaire focused on gaining views regarding the usefulness and impact of a range of resources produced by NCB, and the work of the VSS programme. Respondents were asked for ways in which resources could be improved and the programme as a whole could be more effective.

The survey software Snap was used, and network members were invited by email to take part in the survey. The survey was distributed to the VSS network by programme staff. Responses were received from 53 individuals. Data cleaning involved removing 5 partial responses, leaving 48 cases for analysis.

As the sample is small and not representative, we cannot assume the views of respondents are representative of the network, nor the wider children and young people's voluntary sector. However it does provide some feedback from a number of organisations who are known to have had contact with the strategic grant outputs and who were motivated to respond to the survey.

The questionnaire did not include a great deal of questions regarding 'who' respondents were or the organisations they represented. However we do know that:

- Around one third of responses were from organisations with income below £100,000, another third between £100,000 and £1million, and a final third over £1million (see table 1.1 overleaf).

**Table 2.1 Income of respondents' organisations**

	(%)
Under £10,000	13
Between £10,001 and £100,000	19
Between £100,001 and £500,000	28
Between £500,001 and £1million	9
Over £1million	31

Note, N=32

- There was a fair spread with regards to the geographic remit of the organisations that respondents worked for. The largest group within the sample worked within a local authority or health body boundary (see table 2.2 below).

**Table 2.2 Geographic remit of respondents' organisations**

	(%)
Community or neighbourhood	16
Local authority or PCT (or other health boundary)	34
Regional	8
England	21
UK	18
International	3

Note, N=38

- Six out of ten respondents had an operational rather than strategic role (see table 2.3 below).

**Table 2.3 Respondent's role**

	(%)
Mainly operational	61
Mainly strategic	39

Note, N=38

## ***2. Interviews with representatives of strategic partner organisations***

Telephone interviews were carried out with representatives from **nine** strategic partner organisations. Interviews covered:

- own strategic partner involvement and objectives
- experience of strategic partner meetings and NCB input in to these
- views regarding the quality of work carried out by NCB
- views regarding the impact of NCB work- on own or other organisations.

The sample was chosen from a long-list of strategic partners and constructed purposively to include a range of organisations: focusing on different issues (including those who had obvious and less obvious links to the work of NCB), different levels of contact with NCB, and service delivery and infrastructure organisations.

### **3. Focus groups with children and young people**

Two focus groups were carried out with **12** young people in total who had been consulted by NCB about emerging central government and health policies. The focus groups explored young people's views about how and why they were involved, the topics they were consulted on, and whether they had received feedback on how their views had been used or acted upon.

### **4. Interviews with representatives from DH**

Two representatives from the DH were invited to take part in in-depth telephone interviews. One of these was carried out; feedback was sought from the other by email. Interview questions posed focused the effectiveness of NCB within the strategic partnership and their impact on the partnership and on DH, including:

- overall implementation and management
- quality and reach of outputs
- contribution to the strategic partner meetings and collaborative working
- impact of the NCB strategic partnership on DH awareness of the children and young people's voluntary sector stakeholders on priority issues.

### **5. Interviews with NCB staff**

In depth interviews were carried out with **three** members of staff from NCB, with differing levels of strategic and operational responsibility in relation to the VSS programme. These interviews focused on:

- the implementation of the VSS programme and outputs produced
- effectiveness in reaching and informing the sector
- the nature and extent of collaborative working with DH and strategic partners
- perceptions of impact on children and young people's voluntary sector organisations and DH
- impact on NCB and opportunities to maximise the work

## **2.3 Data handling and analysis**

### ***Qualitative data***

All interviews and focus groups were recorded using a digital recorder; interviews over 30 minutes long were also transcribed verbatim before analysis. Qualitative data were analysed using Framework, a systematic in-depth method that involves summarising data (either from transcript or direct from an audio recording) into a series of thematic charts. This enables an exploration of emerging themes and topics across cases.

### ***Quantitative data***

Quantitative data generated through the online survey was transferred from the Snap online survey software to PASW for analysis. Following the transfer, data cleaning was undertaken in order to identify duplicate or blank cases and assign missing data. At this stage five cases were removed, leaving 48 cases for analysis. Basic descriptive frequencies were provided for each variable. The small number of respondents meant that comparative analysis between groups of respondents was not appropriate.



## **3. Developing the VSS programme and DH strategic grant**

This chapter briefly describes the early stages of the developing the VSS programme within NCB and explores the internal and external management arrangements in place. The chapter draws on feedback from NCB staff and DH interviews.

### **3.1 Background to VSS and the strategic grant**

The DH voluntary sector strategic partnership commenced in 2009 and funds a total of 18<sup>1</sup> diverse voluntary sector organisations. The initial grant was due to finish in March 2012, however it has been extended for one year for all partners, meaning it will now finish at the end of March 2013. A DH interviewee described the overall aim of the partnership as being to bring the voice of the voluntary sector to DH policies and programmes, and build capacity within the voluntary sector, underpinned by the principle of collaboration. NCB staff recognised DH as an organisation that valued, and had strong historical links with, the voluntary sector.

The VSS programme emerged as the legacy from the VCS Engage programme previously hosted by NCB between 2006-2008, which supported the children and young people's voluntary sector to develop skills and participate in commissioning. NCB staff explained that there was strategic level recognition as a whole that NCB had a lot of contact with the children and young people's voluntary sector, but that this was somewhat hidden and uncoordinated across the organisation. The VSS programme, and the DH strategic grant, was seen as a one way to develop and join-up that work so that NCB could better represent a broad section of the voluntary sector. In its implementation, the programme took a more external facing position; put simply by one staff interviewee as "a project that delivers outcomes to external people".

The agreed outcomes for the DH strategic grant were outlined in section 1.1 of this report, largely focusing on promoting the views and needs of children and young people within the strategic partnership and supporting the children and young people's voluntary sector in relation to health policy and funding streams. In the words of one staff interviewee, the purpose of NCB was to be "middle man"; to digest policy and other information and disseminate it to a sector that might not have the time or capacity to do it themselves.

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<sup>1</sup> Round one of funding in 2009 funded 11 organisations, two further rounds of funding have seen seven more organisations join the partnership.

## 3.2 Management arrangements for the NCB strategic partnership

A DH interviewee outlined briefly the ongoing monitoring processes in place for the strategic partnership, which comprised agreeing annual delivery plans and reporting on milestones and budgets at various fixed points throughout each year. However they also pointed out that in reality monitoring arrangements were fairly informal. The interviewee said that DH had a “good transparent relationship” with strategic partners, and ongoing dialogue through monthly meetings and otherwise. DH reported they were very satisfied with how NCB had managed the grant, having never had cause to chase up monitoring data.

Likewise, NCB staff appeared very satisfied with the relationship with DH. One NCB interviewee described the monitoring team as “helpful, consistent and supportive”. Another pointed out the positive nature of the relationship with DH and compared this favourably with other grant givers. This interviewee also welcomed the flexibility built in to the annual planning and monitoring processes. It was seen as beneficial that the programme did not have to adhere rigidly to a delivery plan drawn up in 2009 as this enabled the programme to develop and remain responsive in each new year.

The VSS programme had experienced some changes in management arrangements throughout its implementation, partly due to an internal restructure at NCB. In this restructure, VSS had switched from being located in the ‘operations’ arm of the organisation to a department with a policy and practice focus. These differing positions were thought to have influenced the delivery of the VSS programme in two key ways:

- First it was thought to have affected the level of emphasis on voluntary sector capacity building versus health within the delivery of the strategic grant. One interviewee hoped that going forward there would be a greater balance between the two.
- Second it was thought to have impacted on the ability of the programme to engage with and work across the different departments in NCB, particularly where there was a low level of understanding of, and identification with, the voluntary sector.

Having a dedicated project manager appointed early on to focus full-time on the strategic grant and other VSS programme activities was found to be beneficial by VSS staff. This was aided by the appointment of other team members giving the programme additional necessary capacity.

## 4. Delivering the NCB strategic grant

Chapter 4 focuses on the processes by which NCB delivered the objectives of the strategic grant, focusing on the activities undertaken and outputs produced. First it looks at the nature of the strategic partnership and how well NCB have worked collaboratively within it. Second it looks at what the programme has done to support the children and young people's voluntary sector directly and how useful this has been. Finally it looks at how NCB involved children and young people and their views on these participation opportunities. This chapter draws on interviews with NCB staff, DH and strategic partners, the survey of the VSS network, and focus groups with young people.

### 4.1 How has NCB contributed to the strategic partnership?

#### *Strategic partner meetings*

Strategic partners meet each month for a full day. A DH interviewee described the meetings as an opportunity for policy leads to present an area of work and put key questions to strategic partners. The meetings therefore enable a dialogue between the voluntary sector and DH, helping establish the sector's role in relation to health topics and where partners can have an input. The meetings have also provided opportunities for partners to update each other on their work and identify areas for collaboration.

Overall NCB staff and strategic partner interviewees felt a good range of policy makers attended the meetings, though agenda setting was said to have been a fairly 'top down' process. Partners commented that when representatives attending from other strategic partner organisations have been of appropriate and commensurate seniority, and when there was consistency in attendance, this has had a positive impact on the quality of the partnership. An NCB staff member described how positive relationships with other strategic partners had grown over time, overcoming perceived 'differences' between the organisations represented, for example small versus large national organisations.

#### *NCB's contribution to strategic partner meetings*

Strategic partner interviewees were complimentary about the input from NCB at the meetings. NCB were considered one of the more 'active' members, having 'prominent', 'strong', and 'vocal' representation. Interviewees also noted NCB's enthusiasm, pragmatism and commitment to the partnership. This view was echoed by DH who also considered NCB to be an active and vocal member.

Strategic partner interviewees were generally more familiar with NCB as an organisation as a whole, than of the VSS programme in particular. This was either because they had a prior working relationship with or knowledge of NCB, or because they were newer to the partnership and had had less time to develop relationships generally. One partner interviewee commented that it was unclear how the voluntary sector related work of NCB connected to the rest of the organisation's work given that it works across all sectors.

There was much more clarity though regarding NCB's expertise in relation to children and young people:

*They're the ones that I would go to on anything to do with children and young people's policy issues. They stuck out quite obviously for that (Strategic partner)*

*Very good at making sure the young person's voice is always there (Strategic partner)*

NCB was seen by partners as being particularly strong in highlighting where health policies or issues impacted upon children and young people or where their voices were missing but relevant to discussions. The view of a DH interviewee supported this, describing how NCB always got involved in discussions as "there is always the perspective of children and young people to bring to the table".

### ***Collaborative working within the strategic partnership***

A number of the strategic partners interviewed gave examples of when NCB had undertaken additional pieces of work, both with others and independently. These included:

- Producing a poster to promote LINKs
- Collating information about strategic partner's work on commissioning
- Supporting members new to the partnership
- Collating descriptors of strategic partners for wider dissemination
- Supporting the logistics of events organisation.

Overall these were found to be useful, and beneficial to either individual organisations or the broader partnership.

Some strategic partners felt there were no obvious, or only very niche, areas of overlap between their own and NCB's work. A suggestion was made that more time could be built in to strategic partner meetings to further enable the exploration of possible collaborations. This view was mirrored by one staff interviewee who felt there was more potential for collaborative working. Another staff member commented that although the high frequency of strategic partner meetings was useful in developing relationships and generating momentum, it made finding additional time to explore collaborations more difficult.

Despite a possible lack of opportunity for substantial joint ventures, a collaborative 'mindset' was recognised in NCB. One strategic partner stressed the need for member organisations to understand the difference between acting as a strategic partner and simply representing their own organisation; they felt that NCB was one of the organisations that understood this distinction.

From the perspective of DH, this was also the case. NCB's willingness to take part in 'listening events' to inform NHS reforms, and volunteering to lead a 'joint learning event' around commissioning, were viewed positively, and NCB was recognised as one of DH's "best collaborative workers".

## 4.2 How has NCB worked with the children and young people's voluntary sector directly?

Since 2009, NCB has produced a range of outputs and activities to support voluntary and community organisations directly. These have included:

- Website
- E-bulletin
- Policy briefings
- Training
- Research
- A series of consultation events with children and young people
- Individual support and signposting.

### ***Reaching the sector***

Over this period of time, NCB has developed the large virtual VSS 'network' with whom it communicates frequently through an e-bulletin. Programme staff described several steps taken in order to effectively engage organisations, with a particular understanding that a proportion of the sector consists of small organisations with limited staffing and financial capacity. These steps included:

- Adopting an 'outreach' approach to promoting the programme rather than just relying on email: for example thinking about where the voluntary sector is *located* and operates in order to disseminate training opportunities, described as being akin to "detective work".
- Removing financial barriers to engagement: offering free training and resources (the programme did experiment with charging a nominal fee for training but this reduced take-up).
- Adapting communications: keeping them practical, useful and concise so they are accessible and match time and staffing capacity of organisations.

VSS staff recognised the importance of putting in extra effort to finding smaller organisations and providing individual support or signposting where appropriate, as this can lead to greater impact:

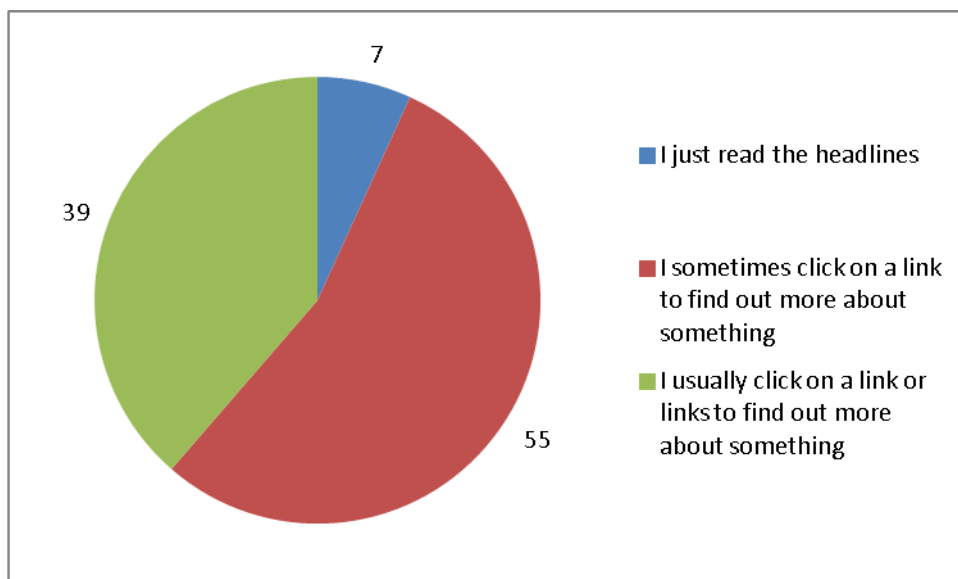
*[Member of small VCS organisation] came on one of the trainings and then we signed him up to the bulletin, he got the bulletin, he was asking about it, so we had a bit of an email conversation about other funding, and I sent him some stuff, and he ended up getting some funding, and now he's up and running. And then, yeah, I think it's been really important to try and keep that, when somebody emails make sure that they have a really quite quick and immediate contact back (VSS staff member)*

### ***Views on resources and support***

Members of the VSS network were invited to participate in an online survey regarding the quality and usefulness of resources developed by NCB as part of the strategic grant.

In relation to the **monthly e-bulletin**, the majority of respondents said they 'always' or 'sometimes' read it (60 per cent and 35 per cent respectively). Just two said that they did not read it, indicating they were unaware they received it<sup>2</sup>. Of those who had read it, all but three said that they read more than just the headlines (see figure 4.1 below):

**Figure 4.1 How much of the e-bulletin is read by respondents**



Note, n= 44

Overall, feedback about the content of the bulletin was positive (see table 4.1). There was strong agreement that it was clear and easy to read, validating staff attempts to provide concise and accessible information. Around two thirds stated it was relevant to their work and kept them up to date. However a lower proportion reported that the VSS e-bulletin was the main source of information about policy and funding. This is perhaps unsurprising given the variety of alternative sources available on these topics.

**Table 4.1 Views regarding the VSS e-bulletin**

	Agree (%)	Neither agree nor disagree (%)	Disagree (%)	N
Clear and easy to read	86	14	0	46
Relevant to my work	66	34	0	44
Keeps me up to date	71	27	2	44
Main source of information about health policy	19	56	26	43
Main source of information about health funding	17	56	26	43

<sup>2</sup> We can speculate that those more engaged with NCB were more likely to participate in the survey, so results may just represent one particular perspective.

A small number of network members chose to follow-up their assessment with a further comment:

- One suggested that the bulletin incorporate 'topic boxes' that focus on different issues e.g. health, education, the environment etc.
- One noted that the bulletin was their main source of information about policy and practice relating to young people's issues.
- One commented that links in the bulletin didn't work when forwarded to colleagues and suggested that the web addresses be published in the text.
- A final, very complimentary, comment stated "your demand-led, targeted approach can never go wrong".

Respondents were asked to indicate which resources they had accessed from a pre-defined list. The three most commonly accessed were the **website** (77 per cent), **research** (73 per cent) and **policy briefings** (65 per cent). They were then asked how useful each of the resources they selected had been (see table 4.2 below).

**Table 4.2 Views regarding the usefulness of NCB resources**

	Very useful (%)	Fairly useful (%)	Not at all useful (%)	N
Website	52	48	0	31
Research	43	54	4	28
Policy briefings	59	41	0	27
Consultations with children and young people	54	46	0	24
Training	71	29	0	21
Information and funding	41	59	0	17
One-to-one support	50	50	0	2

**Training** emerged as particularly useful for those who indicated they had accessed it<sup>3</sup>: seven out of ten of whom reported it to be 'very useful'. In fact, all but one type of output was reported to be either 'very' or 'fairly' useful<sup>4</sup>. The exception was in the case of the research published by the programme; one person indicated that this was 'not at all useful'.

Three additional comments were given at this point, which all related to the benefits of being able to access the 'first hand' **views of young people**:

- One respondent asked NCB to 'keep it up', as this met with one of their own strategic priorities.
- One highlighted their usefulness to their charity given the difficulty in finding young people's views on these topics elsewhere.

<sup>3</sup> NCB have undertaken a separate evaluation of their training so it was not explored in any more depth within this evaluation.

<sup>4</sup> It is worth remembering the small number and self-selecting nature of respondents. It is likely that the views of those with limited awareness or experience of VSS outputs are not included here.

- A final comment described how a health practitioner had been able to use consultation findings directly in supporting young people (and young men in particular) to understand their health needs and where to find information.

Strategic partner interviewees were also aware of a number of outputs that NCB had produced to support the voluntary sector, either through presentations given at meetings or through email communications. The **e-bulletin** was the output most interviewees were aware of and this was said to be of good quality. **Research** regarding the nature of the children and young people's voluntary sector had highlighted to one partner the number of small organisations within the sector and their vulnerability in the current economic climate. Also, the mapping of LINKs was useful to another who had been better able to support their own members in engaging with their local network based on the information produced.

When asked about the nature and quality of outputs, a DH interviewee highlighted the broad work NCB had done on **commissioning** and described the **website** as a "well used mechanism" for sharing information between strategic partners. They also judged the work to gain the **views of young people** as "impressive".

### 4.3 How has NCB captured the views of children and young people?

Two focus groups were carried out with young people who had been involved in consultations facilitated by NCB. Within these, a feedback form was also used to find out how much young people agreed with a range of positive and negative statements regarding their involvement<sup>5</sup>.

#### ***Did young people enjoy taking part?***

Young people recalled discussing a wide range of health policies, services and issues. These included:

- NHS Constitution
- Health and Social Care White Paper
- LINKs
- Health records
- Health spending
- Communication between young people and health professionals
- Availability and suitability of health information for young people
- Healthy eating
- Availability and location of health services.

When presented with the statement 'I like the topics we talk about', young people gave a positive response with an average 'agreement score' of 4.

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<sup>5</sup> Young people were asked to say how much they agreed or disagreed with a statement using a scale 0-5 scale where 0 indicated very low agreement and 5 indicated very high agreement.



Further comments suggested they found topics interesting and important (explored in more depth later in this section), and the meetings enjoyable.

*Overall I think it's a brilliant idea to have these types of events that get young people involved (Young person)*

*It was a long way to travel, but I think it's worth it (Young person)*

*This was my first time being part of the NCB. It was really fun! (Young person)*

When probed on the way meetings worked, young people described a range of methods developed by NCB to help them share their views on health policies and issues. These included designing smart phone 'apps', looking at case studies of young people's health needs, using 'red, amber, green' rating systems to give feedback on health information, and looking at very large policy documents in manageable chunks.

Other aspects that they enjoyed were making up their own rules for the meetings, having an opportunity to share opinions with like minded other young people, making new friends and seeing familiar faces, the 'buzz' and atmosphere of meetings, and the approachable staff.

The groups were also asked what they liked least about the meetings or if there was anything they would change. There were some different views about the pace at which they ran. For some these could be slow or repetitive at times, for others they seemed too quick:

*Sometimes it felt like things were said over and over again but in different ways (Young person)*

*Some activities seemed quite rushed (Young person)*

This suggests the facilitators pitched it about right overall to meet the needs of a broad group.

### ***Are young people able to share their views?***

Young people were asked how much they agreed with the statement 'It is easy for me to say what I think at meetings'. This also received a high mean 'agreement score' (4) suggesting participants felt comfortable speaking up and putting their views forward.

Amongst additional comments there was some acknowledgement that it could be difficult to speak up if you weren't very confident or felt intimidated by stronger personalities in the group. However there were a greater number of comments regarding how members were encouraged to give their opinions and respect each other's, and were given the time needed to share their views. The 'group agreement' was recognised by some as a useful tool in ensuring everybody had their say, along with reassurances of confidentiality, openness, friendliness and the fact there were no right or wrong answers.

### ***How relevant were the topics to young people?***

In the focus group, the statement 'Young people don't have opinions about health services' received a low overall score of 2, indicating that respondents felt the opposite; that young people do have opinions about health.

Furthermore, the topics were deemed to be highly relevant. The young people identified themselves as current or future users of health services, and thought it particularly important that they were involved at a time when so many changes were taking place in health policy and they could have an influence:

*[We] are the next generation of young people to use health services... [we] will be affected greatly with the decisions being made (Young person)*

*Health services affect everyone- we care about how we are treated (Young person)*

Some also suggested that they felt a responsibility to contribute to the shaping of health services, and that this was a positive thing they could do for others:

*Feel like you are making a difference to the health of young people by being involved (Young person)*

*Good to have a proactive voice rather than just complaining (Young person)*

A few group members explained that young people rarely have opportunities to share their opinions. They thought there was a misconception that young people aren't interested but that this was only because they don't get asked:

*Do have opinions but not listened to or able to express them (Young person)*

*Parents are sometimes asked rather than young people (Young person)*

*Don't have much of an opinion because only adults are asked what they think (Young person)*

## 5. Impact and effectiveness of the NCB strategic grant

The report now focuses on the overall impact and effectiveness of the DH strategic grant to NCB, drawing on the full range of data gathered for the purposes of the evaluation. This builds on findings presented in the previous chapter, bearing in mind the initial objectives of the grant were to:

- Raise awareness in the children and young people's voluntary sector about health policy and the ability to put this in to practice
- Raise awareness in the children and young people's voluntary sector about health and well being funding streams and ability to respond
- Raise awareness in DH about the views of key stakeholders in the children and young people's voluntary sector on key priority initiatives
- Integrate the needs of children and young people in to strategic partner's work.

In addition, this chapter will consider the impact that delivering the DH strategic grant has had on NCB internally.

### 5.1 Impact on the children and young people's voluntary sector

#### *Awareness of and ability to adapt to emerging health policy*

When VSS network members were asked how informed they felt about emerging health policies, the majority of respondents said they felt 'fairly' well informed. The remainder were evenly split with regards to feeling 'very' informed or uninformed (see table 5.1 below).

**Table 5.1 Awareness of emerging health policy**

	(%)
Very well informed	14
Fairly well informed	67
Not very well informed	19

*Note, n= 42*

Half of respondents indicated that they had been able to respond 'a fair amount' or 'a great deal' to emerging health policies (24 per cent, n=10 apiece).

To gauge the effectiveness of the VSS programme, those who had indicated having some level of awareness or ability to respond to emerging health policy were asked to what extent the programme had contributed to this. Table 5.2 overleaf outlines their views, illustrating that in both matters NCB was perceived as a contributing factor for about three quarters of respondents.

**Table 5.2 Views on how much NCB has contributed to awareness/ action**

	Not at all (%)	A fair amount (%)	A great deal (%)	N
Awareness of emerging health policy	24	44	32	34
Ability to adapt to emerging health policy	25	45	35	20

When asked to elaborate on the support received, respondents indicated how being aware of policy had supported them in restructuring and realigning internally, developing funding applications and planning for the future. One commented that the policy information they had received was “accurate, accessible and fast”.

When asked about what could be improved, six respondents asked NCB to continue in the same manner. One suggested that daily updates would be useful, and requested greater analysis of the implications of changes. One network member recommended that policy updates link to existing online forums so that member could participate in discussion with other professionals on the topics.

### ***Awareness of and ability to adapt to health funding streams***

The questions above were put to the VSS network again, this time in relation to health funding streams rather than policy. This time, nearly half of respondents reported they were ‘not very well informed’ of available health funding (see 5.3 below).

**Table 5.3 Awareness of health funding**

	(%)
Very well informed	12
Fairly well informed	41
Not very well informed	47

*Note, n= 42*

However, half of respondents (exactly 50 per cent) felt they were able to respond to health funding opportunities when they arose.

Again, to gauge the effectiveness of the VSS programme, those who had indicated having some level of awareness or ability to respond to health funding were asked to what extent the programme had contributed to this. Table 5.4 overleaf outlines their views.

**Table 5.4 Views on how much NCB has contributed to awareness/ action**

	Not at all (%)	A fair amount (%)	A great deal (%)	N
Awareness of emerging health funding	32	41	27	22
Ability to respond to health funding opportunities	35	55	10	20

Around two thirds of respondents indicated they believed NCB had been a contributing factor to their awareness and ability to respond to funding opportunities.

When asked to elaborate on their responses to these questions, one respondent said that they generally used another search engine to find out about funding opportunities (NCVO Funder Finder), but that the updates from NCB were still useful. One suggested NCB shift their focus from children and young people specific information and two said that health was not their area of work. These latter comments outline the varying nature of network member priorities.

The data described in section 5.1 suggests NCB may have been more effective in informing their network about health policy than funding opportunities; as respondents appeared more confident in their awareness of the former than the latter (80.0 per cent reported some awareness of policy compared to 53.5 per cent of funding). However, their confidence might also be a reflection of the difficult current funding environment.

### ***Other impact***

Respondents were invited to outline any other impact experienced as a result of the VSS programme. Four chose to give further comment:

- One person said that getting information 'first hand' put them 'ahead of the others'.
- One commented on how they felt reassured knowing there was 'a team of people giving support'.
- One respondent gave an example of being signposted to participation and inclusion training and resources by VSS staff, which they were now cascading within their organisation.
- Finally, a respondent described being supported to find leaflets for young people in relation to mental health issues. This support was said to be 'readily offered' and helped the organisation come to a decision about whether or not to develop their own leaflets for young people.

## 5.2 Impact within the strategic partnership

### *Embedding the needs and views of children and young people*

Section 4.2 outlined the work done by NCB to engage young people in discussions about health policy. Feedback from strategic partners suggested that NCB was perceived as being effective in this respect. Promoting children and young people's views was highlighted as one of NCB's key strengths:

*NCB have always been vocal in terms of contributing their thoughts on particular issues, particularly around voice and participation in terms of examples of where that has been absent... they've raised that often and always sort of contributed to those discussions. So they definitely stand out as an organisation that has a lot to say about that... and really good evidence about where that is lacking and the impact that has had (Strategic partner)*

One added that remaining vocal about children and young people's views was an achievement given that NCB was the only organisation within the partnership that had this focus. This interviewee felt it might have been easy for this voice to get lost. Overall, effectiveness in this was linked to NCB:

- *Directly* engaging children and young people, rather than just organisations who represent them.
- *Consistently* reminding partners they need to consider children and young people when exploring health issues.

It was difficult however, for the strategic partners we spoke to, to provide concrete examples of where they had integrated specific learning from the consultations in to their own work. The consultation regarding the NHS Constitution was noted as something that was useful to several partners, and one interviewee commented how it had been useful to learn about children and young people's preferences in information about health.

Despite this, there was a sense that the presence of NCB at strategic partner meetings had highlighted the *imperative* of considering children and young people's needs, and of them having a direct say on matters that affect them. Further their presence had raised, or reinforced awareness, of NCB being an organisation that specialised in matters relating to children and young people:

*Remind us that we need to consider young people when we start looking at health outcomes (Strategic partner)*

*We have a couple of workers who work on policy issues related to children and young people. Beyond working with them, if I was wanting an input on anything related to children's health there'd be no question that I'd go directly to NCB because you know what you're talking about (Strategic partner)*

The interviewee went on to describe an occasion where they had a query from one of their members that required them to contact NCB who then signposted them on to the most relevant person to help.

## **DH understanding of stakeholder views**

Data from interviews suggest that the strategic partnership had been an effective mechanism for DH policy leads to develop a greater understanding of a range of voluntary sector stakeholders' views.

Along with strategic partners, DH perceived one of NCB's key strengths to be capturing and promoting the views of children and young people. They were particularly impressed by:

- Work done to *directly* engage children and young people
- Their ability to engage children and young people in a "dry subject"
- Presentations made by NCB at strategic partner meetings.

The direct approach to gaining young people's perspectives was said to be 'refreshing' and an important factor in 'selling' the idea of children and young people's participation to other DH policy leads. A DH representative described how the department was keen to establish an ongoing forum for young people to share their views throughout the health service reforms. It was envisaged that NCB would have a role in this.

Staff interviewees described having observed a 'power shift' within the strategic partnership as a whole, as DH became more engaged over time:

*... how engaged they seem to be in comparison to how they were at the beginning. It's definitely my impression that they're asking a lot more now. There's a lot more people coming along to the strategic partner meetings to get the views of the [voluntary] sector... (VSS staff member)*

When the programme starting it was reportedly difficult to get wider policy leads to attend the strategic partner meetings- there is now a waiting list. This was seen as evidence that the process of discussing policy developments with stakeholders served a purpose and was beneficial to policy makers.

The quality of policy advice from the partnership (and NCB) was described by strategic partners as being very high and good value for money:

*DH get an awful lot out of the strategic partnership, especially when they have round tables with senior civil servants and ministers and so on. The quality of the input and advice given by voluntary sector partners is really top notch. It's not about going to have a whinge, really good stuff (Strategic partner)*

*I'm quite positive that NCB is seen as one of the key strategic partner organisations. Partly because of what they do, partly because of their approach, partly because of their ability to tap in to the various other sectors. Reliable and coming up with straightforward, useful things like consultation responses (Strategic partner)*

Recognition of this quality was said by several partners to be reflected in the fact that DH continued to fund this work at a time of wider cuts to the sector.

*These are very, very austere times, the partnership could have been a prime candidate for cuts but an awful lot of money is going in to them... could quite easily have been chopped so the ministers obviously value what they're getting from them (Strategic partner)*

However, a VSS staff member reported that the partnership received little feedback from DH regarding how these views are used. They said it would be beneficial to know how useful this was for DH so they could work out how to prioritise consulting with their membership on issues.

### **Do young people feel they are being listened to by DH?**

In focus groups we discussed with young people directly whether they thought their views were being listened to. Some young people we spoke to were aware that after each meeting their views had been summarised in a report by NCB staff (for which they are acknowledged as co-authors) and then disseminated to policy makers at DH and others people at NCB. However, it emerged through discussion, that the young people were less clear about if and how their views were actually used by DH and what impact they have had. This was reflected in their scoring against the statement 'The Department of Health listen to what we have to say' which received an average of 3. Young people said they have had feedback from NCB staff saying that the reports were welcomed by DH but that they would like more detailed feedback from policy makers.

Some focus group members felt certain that DH did not listen to the young people's views or take them seriously:

*They listen but they don't take any notice or think [our] opinions are as valid as adults' [opinions] (Young person)*

*DH will assume that because they are young people they don't know what they're talking about (Young person)*

From others, there was a view that perhaps policy makers can't always do the things that young people want them to do. They thought it important that DH enter into a dialogue with the young people to help them understand the limitations to change and more about the policy process:

*Inviting professionals from the health sector could help us understand the other side of the story (Young person)*

Young people were keen that a representative from DH or other health professionals attend future meetings to talk with them.



## 5.3 Impact on NCB

Staff described a number of ways in which being a strategic partner had impacted upon NCB. First, it was thought to be beneficial to the external profile and influence of NCB. This included:

- Raising the profile of NCB as a voice within, or for, the third sector- particularly with other children and young people's organisations.
- Having the 'status' of a strategic partner, making engaging with policy makers easier as NCB was not just seen as a 'lobbyist'.
- Developing new pieces of work with DH or others.
- Building new relationships with key voluntary sector organisations.

Second, it had raised questions regarding the extent to which supporting or representing the children and young people's voluntary sector should feature as a priority for NCB. It was noted that historically, NCB has worked very closely with local government and statutory agencies, but the VSS project had enabled NCB to reflect on its role within, and in supporting, the sector.

Finally, the VSS network is a mechanism through which NCB as a *whole* has been able to increase its reach into the children and young people's voluntary sector. The e-bulletin usually contains one piece of news regarding the wider work of NCB. In addition, feedback from VSS network members highlighted how they had been signposted to other areas within NCB (relating to health, participation and inclusion).

## 6. Going forward in the partnership

This final chapter of findings briefly pulls together messages that emerged from the data regarding what NCB could do to improve elements of their work and to focus on during the remaining 12 months of the strategic partnership.

### ***How could the strategic partnership be improved?***

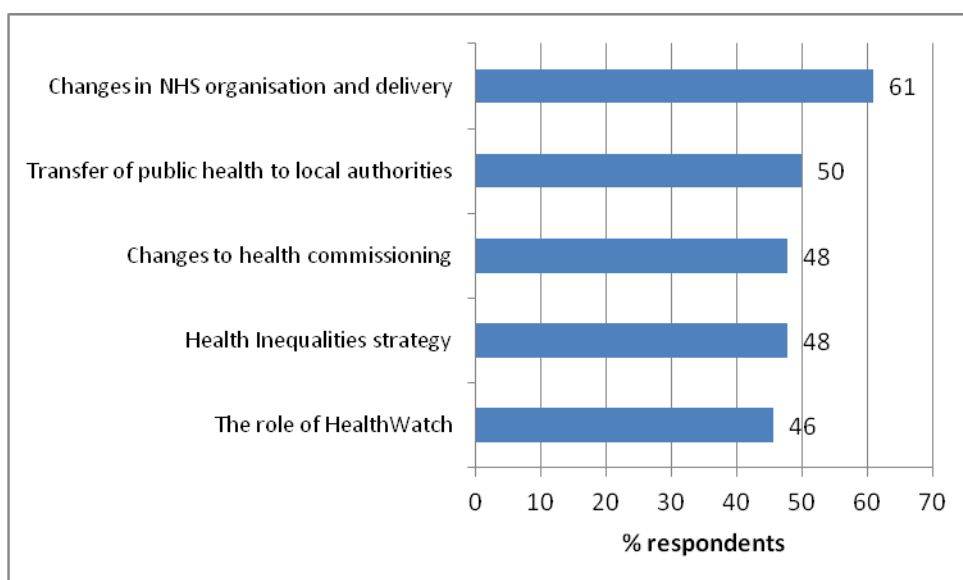
When asked how NCB could improve their input in to the strategic partnership, most views put forward by partners really focussed on ways in which the whole partnership could be improved:

- Some felt it would be beneficial for partners to have greater opportunities to identify where their work overlapped, and to build more, or stronger links, with each other - particularly for newer members.
- One suggestion was to have a strategic partner meeting without any policy makers or civil servants present.
- Some felt that partners could be given more influence in setting meeting agendas.
- In terms of policy focus, suggestions included the changing structure of the health service, the social care white paper, and commissioning.

### ***How can NCB directly support the children and young people's voluntary sector going forward?***

The VSS network were asked in the online survey what topics NCB should focus on from a defined list of known health policy areas. There were no clear messages from the network regarding priorities, as each area gained a similar amount of support (see figure 6.1). Overall, more thought NCB should focus on changes in NHS organisation and delivery.

**Figure 6.1 Priority issues for the next twelve months**

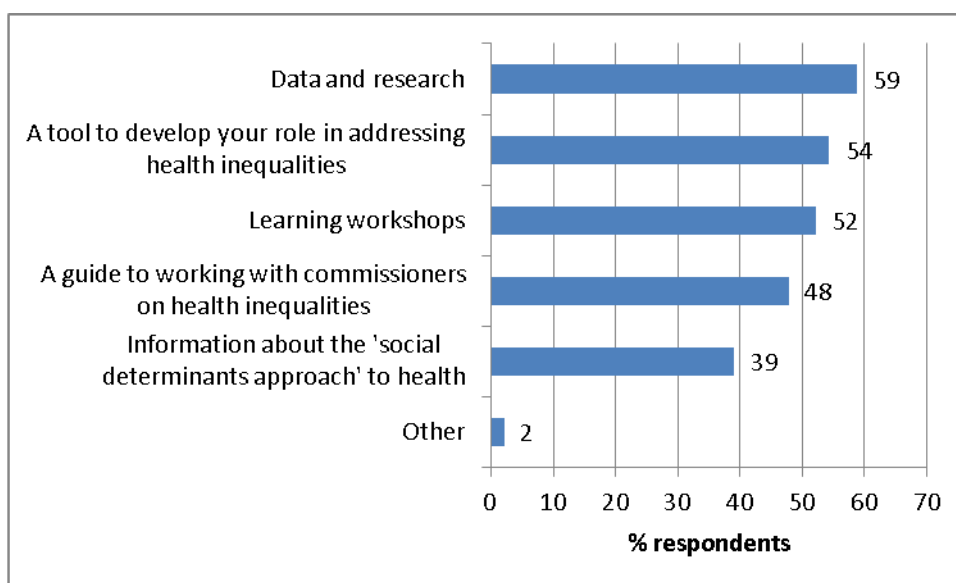


Note, n= 46

When asked to select which of the above was the **most** important, this pattern was repeated with 38 per cent of respondents selecting 'changes in NHS organisation and delivery'- suggesting this area is a priority for the network. Other options were selected by between 18 to 12 per cent of respondents.

The Health Inequalities strategy is a known priority for both DH and NCB for 2012 so the survey asked the VSS network what type of resources they would find most useful in relation to this. Responses can be seen below in figure 6.2. Again there was not a great deal of difference between responses but evidence, practical resources and learning opportunities emerged as the most popular- these were each selected by more than half of respondents.

**Figure 6.2 Resources regarding the Health Inequalities Strategy**



Note, n= 46

### ***How could NCB better involve children and young people?***

The young people who took part in the focus groups were asked if the meetings could be improved in any way:

- One suggestion was to have more 'get to know you' activities - it was thought these would be useful for integrating newer members to the group.
- One person felt there could be a better gender balance in the group by engaging more male participants in consultation activities.
- The suggestion most commonly made was to have a policy maker or somebody from DH come along to a meeting and to have more detailed feedback about how their views had (or hadn't) been influential or useful.

## 7. Conclusions

The evaluation collected views from a range of people who have come in to contact with the VSS programme in some way: strategic partners, staff, DH staff, children and young people, and the VSS network. This chapter briefly presents conclusions of the evaluation regarding the extent to which NCB has achieved its stated strategic partner outcomes. Where possible, this section also summarises key learning points for NCB going forward.

### ***Outcomes one to four: The children and young people's voluntary sector is better informed of emerging DH policy and health and well-being funding streams, and able to adapt or respond to these***

NCB have developed a range of resources to work towards the stated outcomes of its strategic partner grant, including an e-bulletin, training and research. Feedback regarding the usefulness of these from the VSS network was positive and there were very few ideas put forward about how they could be improved. However, the number of respondents to the survey was small, and it is difficult to know whether the perspectives of those less satisfied or less engaged with NCB were missing.

When network members assessed how much NCB had contributed to their awareness of DH policy and health funding, feedback suggested the programme had had a positive impact in this respect. There were some specific examples given of where support had impacted upon funding bids and organisational knowledge or practice.

The data showed that those responding had less confidence in their awareness of health funding than health policy. Therefore it might be worth NCB signposting VSS network members to other sources of funding information as well as their own information (if they don't do this already) so that members feel they are able to access as big a pool of information as possible.

### ***Outcome five: DH officials are more aware of the views of key stakeholders in the children and young people's voluntary sector on priority issues***

The findings from the evaluation portray NCB as an active and willing strategic partner to DH. As one of 18 strategic partners they have liaised with a variety of policy leads on a number of topics. They have contributed independently and also gathered the views of their network as part of broader consultations.

Perceptions among interviewees, including from DH, were that the strategic partnership was a useful resource that provided high quality information to government. The extension in funding and the 'waiting list' of policy leads to attend meetings were seen as 'proof' that the partnership has been successfully putting forward stakeholders views and that this was beneficial to DH.

There did seem to be limited knowledge as to the extent and nature of the impact that their views had. Though specifying exact changes to policy based on input might not be possible, NCB and the strategic partnership as a whole would benefit from some feedback on this from DH. It would allow partners to

feed back to their own memberships about how their views have been used, and encourage individuals to *keep* sharing their views when asked for them.

In some instances within the partnership there was a higher level of awareness of NCB than its VSS programme - though this was sometimes due to interviewees having a longer working history with NCB or some members being newer to the partnership. Not all were clear in how working with the voluntary sector related to all the other work undertaken by NCB. These findings suggest that it might be useful for the VSS Programme, or broader NCB, to consider how it communicates with the wider voluntary or children and young people's sector on its role within the partnership and within the voluntary sector.

***Outcome six: The needs of children and young people are better integrated in to the other strategic partners work***

Alongside being an effective partner to DH, feedback from a range of interviewees highlighted how NCB have acted as an effective and strong member of the wider strategic partnership. Being vocal, attending consistently and offering to take on tasks for the benefit of the group, were positive attributes identified by other partners.

These interviewees were also complimentary about the work that NCB have undertaken to directly engage children and young people in discussion on health policy and services. Further, the data suggested that NCB was successful in reminding members of strategic partnership (including DH) to consider the views and needs of young people in their own work.

Young people who took part in the evaluation generally found the participation opportunities enjoyable and interesting. Their views highlighted that young people do have opinions about health and understand the importance of making a positive contribution, for their own and others benefit.

The key message in terms of improving their engagement related to a lack of feedback from, or dialogue with, DH about how their views were received and used. The group members would welcome the opportunity to meet and discuss the topics further with representatives from DH, and NCB clearly have a role in inviting and persuading them to do so.