Working with communities to tackle COVID-19

Evaluation of the COVID-19 Community Information Programme in City and Hackney

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Glossary

'Minoritised', 'underserved', 'marginalised' communities	There is no satisfactory overarching term that can encompass the wide range of people and circumstances which needed to be discussed in this report. The report was trying to talk about the many groups of people who, because of institutional racism, poverty, disability and other structural factors, were less likely or able to access information or services. The term 'minoritised', coined by Yasmin Gunaratnum in 2003, provides a social constructionist approach to understanding that people are actively minoritised by others, rather than naturally existing as a minority, as the terms 'racial minorities' or 'ethnic minorities' imply. 'Minoritisation' reflects a social process shaped by power. *From 'Using the right words to address racial disparities in COVID-19' www.thelancet.com/public-health Vol 5 August 2020*
'**Community Champions' and 'Champions'**	Individuals who signed up to the programme and who were expected to have meaningful conversations with family, friends, colleagues and the public about the topic of COVID-19 and help disseminate key Public Health information. Champions included both volunteers and paid staff. For the latter their contribution to this programme may have been voluntary and additional to their main paid job.
VCS	The voluntary and community sector. There are an estimated 166,150 voluntary organisations in the UK[1], ranging from large, national, registered charities, with complex systems and staffing structures to small local grassroots agencies comprising a handful of unpaid volunteers. The VCS encompasses an enormous range of aims, contexts, functions and ways of working to provide services and address particular needs, service gaps, inequalities and disadvantage.

[1] https://beta.ncvo.org.uk/ncvo-publications/uk-civil-society-almanac-2021/

Executive summary

This evaluation examined the collaboration between the City and Hackney Public Health Team and local voluntary and community sector (VCS) organisations and volunteers, to help limit the spread and impact of COVID-19 in this area of London. The evaluation's mixed methodology included surveys and qualitative focus groups and interviews, as well as secondary analysis of available programme data.

Launched in August 2020, the programme aimed to ensure that accurate, timely and accessible information on COVID-19 was communicated effectively to often underserved communities and that they got the necessary support to access COVID-19 services. The programme was a close partnership between and designed and delivered by Public Health, Volunteer Centre Hackney (VCH), and Hackney Giving, the grant-giving arm of Hackney CVS.

The programme prioritised people identified to be at a disproportionately higher risk of both contracting and suffering seriously from COVID-19. At the same time, many diverse and/or deprived groups were often marginalised from mainstream communications and services. This included people living in poverty, people from racially minoritised groups and those who had pre-existing conditions. To help address this, the programme recruited volunteers and empowered local and specialist community organisations to provide bespoke information and support to members of their communities. This built on the trust, working processes and support systems VCS organisations had already established, sometimes over decades.

The programme distributed £686,010, through 68 grants, to 60 VCS organisations. Many of these were small grassroots organisations. Individual grants ranged from £4,000 to £20,000.

The programme recruited a total of 248 Public Health Community Champions, referred to as 'Community Champions' or 'Champions' in this report. Half of those recruited were estimated to have been active as Champions at any one time. Between autumn 2021 and spring 2022, 61 people were assessed to be active. Most of the Champions recruited or active were based in a VCS or statutory organisation and over two-thirds in one of the COVID-19 grant-funded organisations. This partly reflects the requirement in earlier grant rounds to appoint a staff member or volunteer as a Champion.

In terms of reach, the programme worked with many ethnically diverse communities (26 were specifically named), and with young people, older people, disabled people and/or those living with long-term health conditions, those living on low incomes, homeless people and families. Grant-funded organisations worked in at least 24 different languages and the 61 recently active Champions spoke 20 languages between them, although there is some overlap between the Champions and organisations. Stakeholders identified that the main

groups missing from both the grants and Champion group were organisations working with Gypsy, Roma and Traveller or LGBTQIA+ people. It is unknown which other population groups in City and Hackney, who had extra needs, were not reached.

The VCS organisations and Champions were given regular support in the form of updated COVID-19 information and guidance, materials to share, training and a rapid response question and answer service on COVID-19 provided by Public Health.

- **Communication and support by VCS organisations and Community Champions**

The grant-funded organisations and Champions informed and supported their communities and service users in a variety of ways. The findings show that they developed services to respond to emerging access, cultural, and other needs, identified on the ground. The evaluation categorised their diverse activities as follows:

- Providing, and increasing access to, up-to-date information on COVID-19 and addressing specific concerns e.g. about the vaccines.
- Making information accessible for each particular audience. This included translating communications into community languages and/or more accessible English and making full use of social media, print media, videos, texts, meetings, group discussions and individual conversations.
- Assisting people in practical ways to access COVID-19 related services, for example helping people to book tests and vaccinations, and overcome the digital divide.
- Reassuring people who were afraid of the immigration consequences of accessing NHS services to get vaccinated and helping them register for primary health care.
- Working with Public Health on a strategic level with faith and business leaders in respective communities to get their buy-in to the guidelines and to reassure their communities for example that the vaccines met faith rules.
- Providing, and helping people access, mental health and emotional support, including bereavement support and social contact with others.
- Directly providing and supporting people to access physical and general health and wellbeing support, activities and other practical support.

In addition to providing information and services to their communities, service users and groups, the Champions and grant-funded organisations reported back to Public Health about needs observed on the ground. This created a two-way communications loop which was felt to have helped improve the local response to the pandemic.

- **Reported outcomes**

Although there was no data to statistically quantify or prove outcomes or impact, the Champions and VCS organisations were in no doubt that their work had made a big difference to their communities and service users. They reported that their information, advice, practical assistance and emotional support had helped many people understand COVID-19, related rules and how to keep safe; had brought about a change in some people's opinions and behaviour; had enabled more people to get vaccinated; and helped people cope with lockdown and other restrictions.

VCS organisations reported several beneficial outcomes for them. They felt that this programme had improved their profile and appreciation of their role and work with Public Health, provided a more coherent framework for their COVID-19 response and had broadened their networking and collaboration with other VCS agencies. They became more aware of wider health needs among their communities and service users and were prompted to pursue more work around physical and mental health and wellbeing.

The Champions reported many personal outcomes, such as improved knowledge; increased confidence and skills; being more likely to follow the guidance themselves; feeling part of a larger network; and agency and pride in making a difference to others.

Public Health was said to have achieved much greater reach and engagement with diverse communities and groups than would have been possible without this programme. Working with VCS organisations and Champions provided the channel, structure and trusted relationships to share key COVID-19 messaging to many marginalised groups in high need.

For VCH and Hackney Giving, involvement in this programme brought more publicity, helped them extend their large networks, strengthened relationships with other VCS organisations and provided deeper insights into health and other challenges facing different communities.

- **What worked**

Using a VCS-led delivery model was applauded. Public Health's partnership with Hackney Giving and VCH built on their strategic roles, expertise and well-established relationships with the wider VCS, and so avoided unnecessary delays or duplication. Funding and collaborating with diverse grassroots VCS organisations gave Public Health extensive reach into diverse communities. A critical factor was the freedom these organisations were given to build on their understanding of their diverse communities' needs and their long-established relationships and trust, to design appropriate service delivery.

The model of appointing a Champion as the information lead in an organisation enhanced confidence that the information being shared was as up-to-date and as accurate as possible,

in the context of constant changes and information conflicts. Many likened this to the role of a Safeguarding Lead.

Although social and other media were used to the full, one-to-one conversations and group discussions proved just as vital, especially for people digitally excluded and for those who had the most concerns and reservations about the COVID-19 messaging and vaccines.

Trust proved vital. Service users and community members were said to need to trust the messenger as much as the message. Diverse communities' trust in these VCS organisations and individual Champions was contrasted to their deep distrust of statutory bodies, a problem aggravated during the pandemic by the continuous changing nature of the COVID-19 policies and communications.

- **Challenges found**

Emerging challenges around COVID-19 messaging were interrelated and layered, including poverty, disability, language, digital exclusion and some distrust in the vaccine and statutory organisations.

It was challenging for everyone to keep abreast of the ever-changing context, rules and related information and service needs. As time went on, many people were said to have tired of the COVID-19 messaging, or felt it was less relevant as their lives had become so limited. It then proved more effective to cover COVID-19 information and guidance indirectly by embedding these in other activities and events.

Everyone concerned had to work in a fast-changing, emergency situation, mostly remotely. In addition, many had to cope with illness and bereavements in their own communities.

The grant-funded organisations and Champions noticed an increase in self-reported mental health issues over time.

Some challenges were identified in the programme design:

- The reporting requirements for the Round 1 and Round 2 grants were described as disproportionate in terms of the metrics requested, the time and resources needed to provide information, the organisations' size and how the data provided was used.
- There was more focus on measuring programme outputs, such as the numbers who signed up as Champions, or social media posts, rather than on assessing outcomes.
- Each Champion model employed over time had different expectations. It was difficult to assess the engagement of the Champions not based in VCS organisations.
- A parallelism was detected between the Champion and grant-funded strands. The inability to meet in person possibly aggravated this. But it may have contributed to

the reported duplication, especially in reporting, meetings and internal communications.

- The terms ‘co-production’ and ‘co-design’ were widely used. As these are mutable terms, prone to multiple interpretations and can cover a wide range of collaboration, they need to be clearly defined in each project and situation to ensure mutual understanding and acknowledgement of structural and practical limitations.

Introduction

A. Overview

This evaluation examines the processes and effectiveness of an innovative community information and support programme in the London Borough of Hackney and the City of London (City). Launched in autumn 2020, this collaboration between Public Health, Hackney Giving, the Volunteer Centre Hackney (VCH) and a large number of voluntary and community sector (VCS) organisations and individuals in the area, was designed to help limit the spread and impact of COVID-19 on local people. It prioritised often underserved and marginalised groups, who had been identified as being at higher risk of both contracting the disease and suffering seriously from it, directly and indirectly. The programme aimed to ensure that they got accurate, timely and accessible information relating to COVID-19. At the same time, it collated feedback about what was happening on the ground to inform the local response to the pandemic. Over time, the programme expanded its approach to encompass wider health outcomes and tackle inequalities, in partnership with local communities.

The core programme aims were to:

- ensure up to date, timely and accessible COVID-19 information was communicated effectively among the diverse communities of City and Hackney;
- assist people to access appropriate COVID-19 and other support services;
- collate feedback about the effectiveness of the public health messaging;
- use insights gained to improve communications and local responses to the pandemic;
- help develop an effective partnership between Public Health and the VCS to tackle health inequalities and improve health outcomes.

The programme had four key strands:

- Sixty voluntary and community sector (VCS) organisations in City and Hackney were given grants and support to help them assist their diverse communities and service users. These grants helped the VCS share relevant information, improve access to COVID-19 services and provide direct services;
- Individual Public Health Community Champions (referred to as 'Community Champions' or 'Champions' in this report) were recruited. Their role was to share up to date information around COVID-19 and help people access services.
- Public Health provided Champions and grant-funded organisations with the latest information relating to COVID-19, resources to disseminate among communities and a question and answer service which enabled quick access to emerging questions.
- The Champions and VCS organisations shared feedback about what was happening on the ground to help inform Public Health's response to the pandemic and help them refine their approaches and communications.

Section 1 covers the programme background and context.
Section 2 covers the design of the community information programme.
Section 3 covers the work undertaken by the VCS organisations and Community Champions.
Section 4 covers reported outcomes.
Section 5 covers what was found to work and help the programme's effectiveness.
Section 6 covers the main challenges encountered.

B. The evaluation

A process evaluation was originally commissioned to examine the grant funding and extended to the Community Champion work in February 2022. This evaluation describes the programme contexts, aims, overall design and inputs and the work of the VCS organisations and Champions, before exploring the emerging data around outcomes, what worked well and less well plus key recommendations.

The evaluation aims were to:

- Explore what difference if any this programme made to the grant-funded organisations, Champions and the people they support around COVID-19 and related wellbeing and other issues;
- Examine the key processes, enablers, challenges and contextual factors of different aspects of the programme;
- Help understand what approaches, communication methods, information and support used by Champions and VCS organisations worked best and why across diverse communities and any gaps;
- Identify priority learning points to help plan future collaborative public health initiatives between City and Hackney Public Health Team and the VCS.

The evaluation was led and mainly conducted by a qualified researcher and adopted a mixed-methods approach. Data collection included surveys, focus groups *(n=10*) and qualitative interviews (*n=3*) with Champions and the grant-funded organisations; qualitative interviews with project partners (*n=7*); and secondary analysis of monitoring, meeting notes, reports and other data collected by the programme partners.

More details about the evaluation are provided in Appendix A.

Section 1. Background and context to the programme

Section summary

This section briefly sets out how COVID-19 was known to affect people in City and Hackney.

City and Hackney populations are very diverse ethnically, while Hackney was also ranked as the 19th most deprived local authority area in England in 2019.

City and Hackney followed national trends in that COVID-19 hit certain groups hardest. This included those on low incomes, older people, people from racially minoritised groups, and/or people with some pre-existing illness or disabilities, and/or working in more exposed occupations and risk factors were often layered. While on the whole the City of London is relatively affluent, it contains pockets of deprivation.

A. COVID-19 and its unequal impact

The first cases of 'COVID-19', were detected in the UK in January 2020. In March 2020, the World Health Organisation (WHO) declared a pandemic and the UK, like many other countries, introduced emergency measures, such as lockdowns and social distancing, to limit the spread of infection. By 26 April 2022 at least 190,124[2] people were recorded as having died from COVID-19 in the UK, on the basis of death certificates, and an estimated 1.7 million people reported that they were suffering from 'Long COVID'.

While COVID-19 affected people from all backgrounds and walks of life, it quickly became evident that already disadvantaged groups faced disproportionately higher risks in terms of being infected, suffering greater ill health and dying. Research by the Office of National Statistics (ONS) and others has consistently found that the disease itself and measures such as lockdown, exacerbated existing health, socio-economic, racial and ethnic inequalities (Bambra et al., 2021; Marmot et al., 2020; Kenway et al., 2020). The relevant interrelated factors in the City and Hackney area which compound each other include:

- Rates of infection, severe illness and death were notably higher in deprived areas.
- People with pre-existing chronic medical conditions, including diabetes, obesity, cardiovascular disease and chronic obstructive airway disease, face a greater risk of catching the disease, becoming severely ill and dying.
- The likelihood of these comorbidities tends to be higher among more socio-economically deprived groups (e.g. Marmot, 2020).
- Following safety measures to limit transmission, such as social distancing, or self-isolating once infected, were not feasible for many parents, carers, people in

[2] Coronavirus (COVID-19) in the UK dashboard, https://coronavirus.data.gov.uk/details/deaths.

multi-generational housing, or those without spare rooms, or second bathrooms or kitchens.

- Workers in certain occupations could not exercise the option to work from home, or avoid public transport, or socially distance, especially those in public facing roles, such as health, social care, transport, delivery, education, cleaning and retail. They ran a daily risk of catching the disease, more-so those in health and care settings.
- While many employees were furloughed and got paid a retainer when workplaces were forced to close, those in some sectors and in less secure employment lost their jobs, increasing other risks, including debt, food and fuel poverty and homelessness.
- COVID-19 and the related restrictions have exacerbated existing mental health and other long-term conditions; highlighted loneliness and social isolation; and had a profound effect on children and young people, carers and people with learning disabilities, not least because of reduced access to treatment, care and support.
- The available data shows that many minoritised and disadvantaged communities faced extra risks and that the pandemic intensified existing inequality fault-lines (e.g. PHE, 2020; Ministry for Equalities 2021; ONS Jan 2022[3]).
- While the precise impact varied across different groups, and with successive 'waves' over time, the general picture was that many racially minoritised communities were more at risk of getting infected, and/or becoming critically ill and/or dying from COVID-19. This was only partially explained by an increased likelihood of living in deprived areas, or having pre-existing conditions, or working in high risk sectors. In other words, some groups remained at a higher risk even when these factors were accounted for (ONS Jan 2022).
- One study noted that young black people were three times more likely to be unemployed than young white people, as a consequence of COVID-19 (Partnership for London, 2021).
- In addition to the effects of deprivation and racism, asylum seekers, undocumented migrants and others, denied access to 'public funds', may be reluctant to access health care because of fear of the Home office and/or deportation (Doctors of the World, 2020).
- Risks can be aggravated by limited access to mainstream COVID-19 information and advice, due to language, the digital divide, low awareness and other barriers.
- Many communities' (dis)trust in public health messaging does not occur in a vacuum and can be mediated by experiences of inequality and discrimination (e.g. Razai, et al, 2021; Knight et al., 2018). Early in the pandemic, the history of experimentation without consent on Black communities, poor and coercive mental health care, and the criminalisation of people who are mentally ill all gained traction.

[3]ONS 26/1/22 Estimate of COVID-19 mortality rates by ethnic group. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/updatingethniccontrastsindeathsinvolvingthecoronaviruscovid19englandandwales/8december2020to1december2021

B. Inequalities in City and Hackney

Fig 1. Illustration of key sociodemographic characteristics of Hackney residents

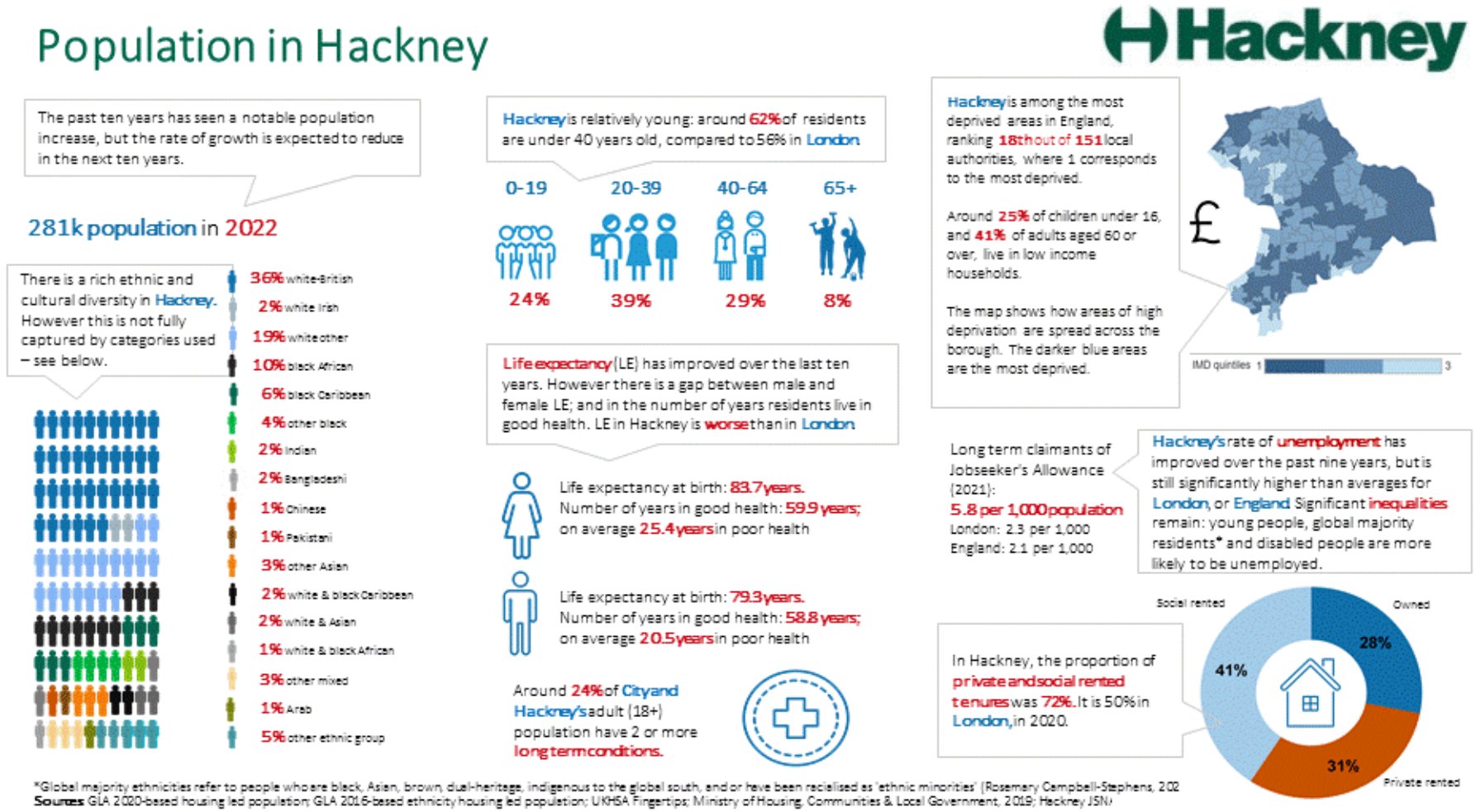
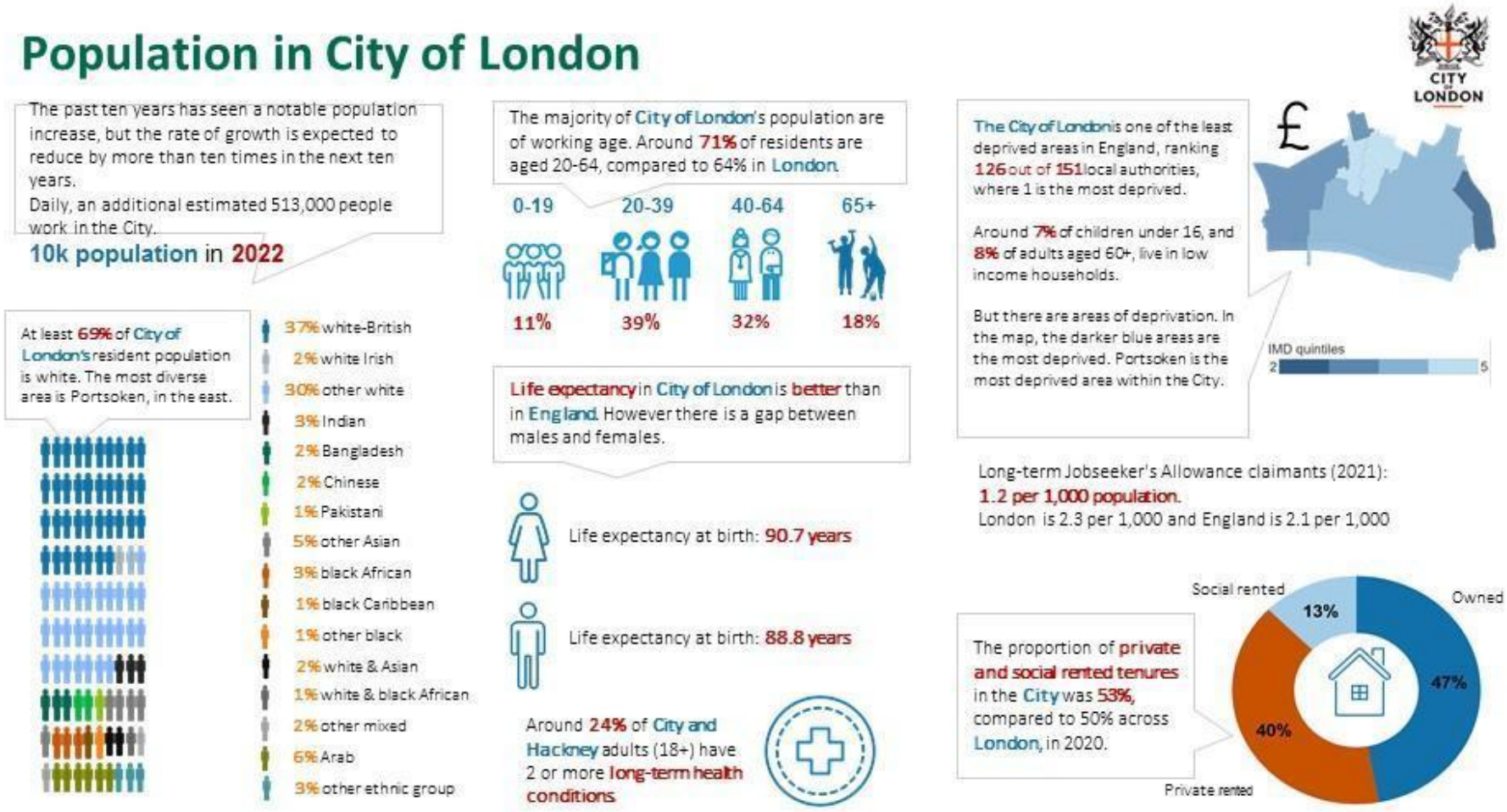


Fig 2. Illustration of key sociodemographic characteristics of City residents



Sources: GLA 2020-based housing led population; GLA 2016-based ethnicity housing led population; City of London website, UKHSA Fingertips; Ministry of Housing, Communities & Local Government, 2019; Hackney JSNA website; ONS 2020, UKHSA Borough profile 2019.

The City of London had a resident population of 10,938 in 2020, according to the Local Government Association (LGA), with an estimated additional 513,000 people working in the City each day, predominantly in the financial, legal and related sectors[4]. The City of London's apparent affluence masks considerable variation, and pockets of relatively high deprivation in some areas. Moreover, homelessness is a major challenge, especially rough sleeping.

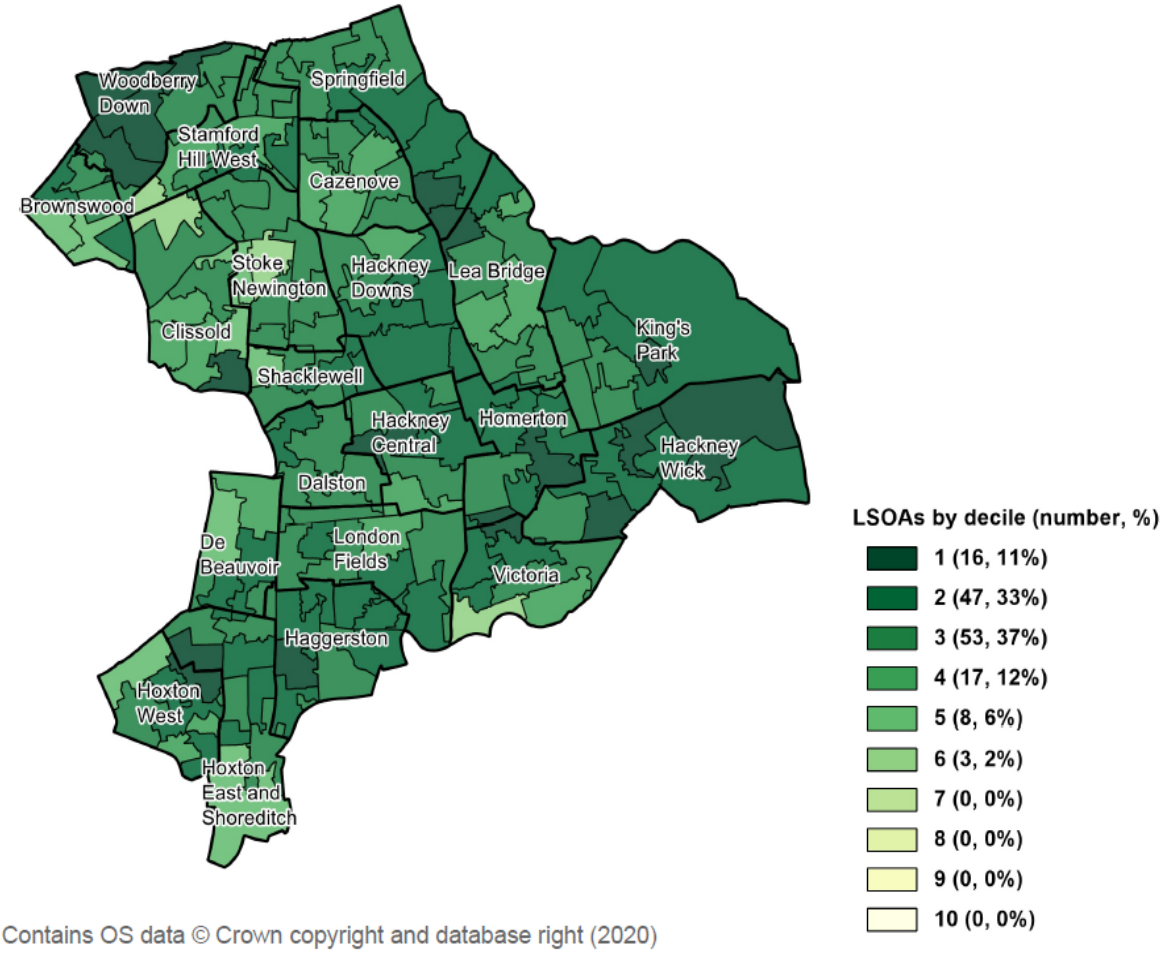
As can be seen from the chart on page 12**, Hackney** is a relatively young, highly diverse, east London borough with a population of approximately 280,900[5]. Spoken language can be another indicator of diversity: and according to the Census 88 main home languages are spoken in addition to English in the borough[6]. The headline data does not fully reflect the full and **rich diversity** of the area. Many distinct communities are grouped under the 'other' or 'other White' categories. This includes the estimated 7% of the population who are Charedi Jewish; the 6% who are Turkish, Kurdish or Cypriot; and people from Eastern and Western Europe. Other significant population groups, who have discrete histories and experiences are often aggregated. For instance, Chinese, Vietnamese and Cambodian people are often combined under the 'Asian' umbrella, alongside people with roots in Pakistan, Bangladesh and India. Many of the categorisations commonly used are problematic in their sheer breadth and generality: 'black African', 'North' or 'South American' and 'European' encompass whole continents, innumerable countries and enormous diversity.

The data for Hackney also points to relatively **high socio-economic deprivation and health inequalities.** Indicators, shown in the chart, include relatively high rates of claiming unemployment benefit, renting, long-term health problems and disabilities and low life expectancy. The Hackney Borough Profile, compiled in 2020, shows that areas of high deprivation are spread across the borough. In the 2019 Index of Multiple Deprivation map, shown in Fig. 3, the darker areas are the most deprived [7,8,9].

Fig.3. Socio economic map of City and Hackney: Index of Multiple Deprivation by Lower Super

[4] https://www.cityoflondon.gov.uk/about-us/about-the-city-of-london-corporation/our-role-in-london
[5] ONS estimates 2020
[6] https://drive.google.com/file/d/1_KsPGfaHANgewA3YMsmUEyU3HhYzHatX/view
[7] Hackney Borough Profile August 2020
[8] https://hackney.gov.uk/statistics-evidence-plans-and-strategies
[9] LBH 2019 Facts and figures https://hackney.gov.uk/statistics-evidence-plans-and-strategies

Output Areas, 2020. Provided by LB Hackney[10] (1 is the most deprived area, 10 is the least deprived)



Source: ONS, Population estimates. Ministry of Housing, Communities & Local Government, English indices of deprivation 2019.

C. COVID-19 in City and Hackney

By 20th June 2022[11], 91,615 cases of COVID-19 had been recorded in Hackney and the City of London and there had been 641 deaths where COVID-19 was mentioned on the death certificate[12]. Early on in the pandemic it became clear that data on how COVID-19 affected Hackney and City residents was following national trends, not least in the pattern of unequal risk among certain sectors of the population. The risk of severe illness increased the older you were, and/or if you are a learning disabled person, and/or certain pre-existing health

[10] Lower-level Support Output Areas (LSOAs) have equal numbers of households (650) and/ or residents (1500)

[11] https://coronavirus.data.gov.uk/details/cases?areaType=ltla&areaName=Hackney%20and%20City%20of%20London, accessed 28/4/22

[12] This excludes cases and deaths before tests for COVID-19 were developed in 2020, and excludes people who did not get tested using PCRs. https://coronavirus.data.gov.uk/details/deaths?areaType=overview&areaName=United%20Kingdom

conditions, and/or belonged to a racially minoritised group. An analysis by the North East London Clinical Commissioning Group (CCG) in September 2020 found that the risk of hospitalisation was much higher for those over 70, people with a learning disability, males, or those who were obese, or from certain ethnic backgrounds. These disparities widened further when it came to the risk of dying. Here the risk was over 12 times higher for those aged 70, almost 5 times higher for people with learning disabilities; and over twice as high for people with dementia. People from Asian and black backgrounds were more likely to die from COVID-19 than white people of the same age and characteristics[13]. A research study reported in the BMJ analysed COVID-19 mortality by ethnicity during the two first waves in England, using ONS data on 29 million adults in England. It found that "*..in the first wave, all ethnic minority groups were at elevated risk of COVID-19 related death compared to the white British population*", when factors such as age, underlying health conditions and geography were controlled. In the second wave, the disparity reduced across most groups, including for people from black African and black Caribbean backgrounds. However, it remained substantially higher for people from Bangladeshi backgrounds and worsened for those from Pakistani backgrounds. (Nafilyan, et al., 2021). LB Hackney's detailed analysis of how COVID-19 affected the borough can be found here.

D. Public health messaging around COVID-19

The pandemic saw public health messaging on a massive scale, aiming to convince people of the need for social distancing, self-isolation, hygiene measures, mask wearing and other stringent measures. The public health response had to keep up to speed with rapidly changing scenarios. Once vaccinations were developed in December 2020, the messaging included exhortations to get vaccinated and information on entitlement and how to access. Following the official guidance and advice demanded substantial and unprecedented behaviour change and adjustment on the part of individuals, drastically limiting their lives and livelihoods. The Behavioural Insights Team emphasised the importance of addressing practical considerations and barriers, and of motivating people to protect loved ones and the importance of trust in health care professionals. An earlier report by the LGA about programmes aimed to encourage behaviour change discussed the balance between encouraging and incentivising people. It concluded that there was insufficient evidence around the effectiveness of 'nudging', and that the positive evidence at that time was often derived from small-scale and/or international studies. This makes it difficult to ascertain the applicability of any messages to diverse inner London boroughs. Nonetheless they recommend that strategies should always be matched to assessed local needs, are proportionate and are properly funded to support people to change behaviour[14].

[13] The NEL CCG overs Barking and Dagenham, City and Hackney, Havering, Tower Hamlets, Newham, Redbridge and Waltham Forest

[14] LGA (2013) Changing behaviours in public health. To nudge or to shove. LGA. London

Section 2. The community information programme

Summary

Launched in August 2020, this was a close partnership between the City and Hackney Public Health Team, Volunteer Centre Hackney and Hackney Giving. It recognised the greater risks faced by diverse and deprived groups, and the need for bespoke information and support provided by members of their own communities who were already trusted. The programme funded VCS organisations and recruited Community Champions. Their role was to share the latest information in accessible and appropriate ways and provide feedback to Public Health about information and service needs among their groups.

The programme distributed £686,010 in 68 grants to 60 VCS organisations. Grants ranged from £4k to £20k and covered information, help to access COVID-19 services and other support around COVID-19 and more general health and wellbeing.

In total, 248 Champions were recruited. Most were based in VCS or statutory organisations and about half in one of the 60 grant-funded organisations. This may reflect the requirement in the first two grant rounds to appoint a staff member or volunteer as a Champion. Half those recruited were estimated to have been active as Champions at any time, and between autumn 2021 and spring 2022, 61 people were considered to be active. Most of these were linked to one of the grant-funded organisations.

In terms of reach, the 60 grant-funded organisations worked with ethnically diverse communities (26 were specifically named), and with young people, older people, disabled people or those with health conditions, those on low income, homeless people and families. Many served everyone in their local area. Grant-funded organisations worked in at least 24 different languages. Between them, the 61 recently active Champions spoke 20 languages. The main groups identified as missing from the grants were organisations working with Gypsy, Roma and Traveller or LGBTQIA+ people.

The VCS organisations and Champions were given a variety of support. This included up to date COVID-19 information and guidance from Public Health; translated communications materials to share, regular meetings; Champions training and support; and a rapid response question and answer service.

This section explains:

A. The programme aims, policy and commissioning context and design partners
B. Programme methods, VCS grant funding and Champions

A. Programme aims

In early 2020, Hackney Council and City of London Corporation responded quickly to COVID-19 with public information and support, such as providing households with food and basic essentials and supporting people who had to isolate[15].
The programme was launched at the height of the pandemic in August 2020 by the City and Hackney Public Health Team, in partnership with Volunteer Centre Hackney (VCH) Hackney CVS (HCVS) and Hackney Giving with funding allocated to Public Health from central government to support the local pandemic response.

It was based on the following understandings:

- Many groups, including many of City and Hackney's diverse communities, people on low incomes or living in poverty, homeless people, older people and disabled people faced disproportionately higher risks of infection, and of suffering severely, or dying, from COVID-19;
- Each community and group needed bespoke approaches to help access their discrete information, advice and support needs and circumstances;
- VCS organisations and volunteers based in these communities were better placed to understand needs and would be more effective in engaging people, sharing information and advice and providing necessary support, than official bodies. It was hoped they could help make Public Health information more acceptable and accessible, address doubts and concerns and help people access services.

The programme formed part of Public Health's broad response to the pandemic and work to reduce the risks of people being admitted to hospital or dying. Its overarching aim was to help minimise some of the greater risks and hardships faced by less often heard and disadvantaged groups. The main objectives were to:

- ensure that up to date, timely and accessible information relating to COVID-19 was communicated effectively among the diverse communities and marginalised groups;
- assist people to access appropriate services, including testing, financial, practical and mental health support and services;
- collate feedback about what was happening on the ground, including how people responded to health messaging;
- to use insights gained to improve information and local responses to the pandemic;
- help inform and develop a partnership approach to enable Public Health and the VCS and local communities to work together to tackle health inequalities and improve health outcomes.

[15] https://hackney.gov.uk/coronavirus-support#helpline; https://www.cityoflondon.gov.uk/footer/covid-19

The three components of the programme were:

A. funding and supporting the VCS in Hackney and the City to help inform and support diverse communities in appropriate ways, including by hosting and supporting Champions;
B. recruiting, training and supporting individuals as Community Champions, to provide information and advice to people and help them access services; and
C. supporting organisations and Champions with the latest public health information and guidance and facilitating access to COVID-19 related services, including testing, practical support and, once available, vaccinations.

- **Policy and commissioning context**

From August 2020 to July 2021 the programme was allocated £729,225 from Central Government 'Test and Trace' funding. Subsequently, Central Government's local Contain Outbreak Management Fund (COMF) funded the Public Health Team's programme lead. In December 2020 Public Health secured a further £288,654 from the Ministry of Housing, Communities and Local Government (MHCLG). Its successor, the Department for Levelling Up, Housing and Communities (DLUHC), then awarded £185,000 in early 2022 to help people disproportionately impacted by Covid-19 vaccine inequity. At the time of writing, the Community Champions strand is funded from the Public Health budget until March 2023.

- **Programme theory of change**

A theory of change was co-designed by Public Health, VCH, Hackney Giving and shared with grant-funded organisations in a forum. The chart below summarises the context, inputs, desired outcomes and some of the underpinning assumptions

Fig 4. Theory of change for the programme

Issue/ context	Inputs	Activities & Outputs	Outcomes - impact		
			For Community Champions	Short-term for City & Hackney	Long-term for City & Hackney
• High rates C19 & severe illness in City & Hackney • From 2021: relatively low vaccine take-up • Socio-economic & health inequalities. • Unequal impact C19 for diverse communities. • Language needs • Unequal access to C19 information • Misinformation • Well-established VCS umbrella organisations: HG, VCH and HCVS	• Funding for PH & partners • Grants to VCS • Train Community Champions • Up to date information, support & links to other support available	• Information produced & shared by PH and VCS • VCS & CCs use range of methods to match groups' & communities' needs • Feedback & insights gained from 'the ground' to inform response	• Increased C19 knowledge & awareness • Increased confidence to communicate and share C19 information & guidance with others, e.g. about testing & vaccines • More able to signpost people to services	• More people know about C19, follow guidance & limit infection • More equitable access to tests & vaccines • More collaboration between VCS & statutory sector • Improved trust in statutory sector • Services co-produced & meet the needs of local communities	• C19 rates lower than might have been • Reduction in inequalities in experience of C19 • C&H residents are more able to protect themselves
	Assumptions Grant processes work. Range & number of champions recruited. PH information meets needs.	**Assumptions** VCS & Champions reproduce & share enough info and know how best to address diverse communities' needs & concerns.	**Assumptions** • Information & training matches champions' needs. • Information is appropriate & timely for communities. • Information & advice addresses all communities' needs and concerns. • People feel reassured, informed & respond positively. • Other challenges are minimised.		

- **The programme design partners**

The programme was designed and delivered by three partners: City and Hackney Public Health Team (Public Health), Volunteer Centre Hackney (VCH) and Hackney Giving, Hackney CVS's grant-giving arm.

The City and Hackney Public Health Team In the face of COVID-19, Hackney Council and City Corporation pursued numerous initiatives to minimise the impact of the pandemic in the area. As part of this, Public Health helped secure and channel funding to VCS organisations, worked with Hackney Giving to award grants and with VCH to recruit and support Community Champions. As well as regular COVID-19 information updates and advice to VCS organisations, Champions and the public, they provided a range of support to the grant-funded VCS organisations and Champions. The programme team was led by one part-time Senior Public Health Specialist (at 0.8 of a full-time equivalent), with input from a Senior Public Health Practitioner and other colleagues. A Communications Officer has been in post between March and May 2021 and since September 2021.

Volunteer Centre Hackney (VCH) is a volunteering infrastructure not-for-profit organisation, which has been working in Hackney for over 20 years. VCH recruits, trains and supports volunteers and matches them to agencies and individuals who would benefit from volunteer support. They also provide volunteer recruitment and management guidance to community organisations and groups. During the pandemic, they worked quickly to set up a COVID-19 response programme to meet residents' needs for food and essential supplies, as well as emotional support. VCH helped recruit and induct Community Champions, provided formal and informal support and organised peer support sessions; organised and/or delivered training; convened monthly Community Champion and other meetings; and maintained an overview of this part of the programme along with Public Health. VCH played a key role in collating Champions' feedback, concerns and questions and activity to Public Health. The VCH work has been undertaken by a part-time (0.8 FTE) Programme Manager; a part-time (0.6 FTE) administrator; and a six-month, part-time, outreach officer.

Hackney Giving, part of the long established Hackney Council for Voluntary Service (Hackney CVS), provides a single system for local residents, businesses and public sector partners to support not-for-profit and grassroots organisations with funding, time or skills. Grants are distributed through an open application process. In response to COVID-19 Hackney Giving set up a Coronavirus Response Fund, attracting funding from the corporate sector, Hackney Council, the local Clinical Commissioning Group and individual donations and awarded its first grants to VCS organisations in April 2020. Hackney Giving brought its well-established infrastructure, professional processes and expertise to this programme. Core funding from City Bridge Trust contributed to a part-time Development and Programme Manager to help set up and run the grant scheme. Additional programme funding supported 0.4 to 1.9 FTE staff over the course of the programme, including a temporary administration and finance officer, sessional outreach workers, communications, administrative support and management.

B. Programme methods of delivery

The three main programme delivery methods were:

1) VCS organisations received grants to help them support their communities and provide feedback to Public Health on diverse communities' needs around COVID-19;
2) Individual 'Community Champions' were recruited to share information within their networks and provide insights back to Public Health, creating a two-way information loop;
3) All partners provided support to the grant-funded organisations and Champions. Public Health ensured they received the most up to date COVID-19 information and responded to questions and issues emerging from communities and groups.

1) The COVID-19 VCS Information and Small Grants

Each grant round had a slightly different set of aims and priorities. This evaluation focuses on the Round 1 and Round 2 COVID-19 Information Grants and the Information 'Small' Grants, outlined in Fig 5 below. Appendix B lists all recipient organisations for these and other COVID-19 grants provided by Hackney Giving and Public Health. However, it is quite possible that some of the points made by evaluation participants apply to other Public Health COVID-19 grants and/or Hackney Giving COVID-19 grants funded from other sources as well, not least the Equitable Vaccine Uptake Grants.

Fig 5. The three COVID-19 Information and small grants covered in this evaluation

- **COVID-19 Information grants.** These were awarded in two rounds, in autumn 2020 and in spring 2021. In total, 44 grants were awarded, funded by central government money allocated to local authority Public Health teams to fight the pandemic. Organisations could only qualify for one Messenger or Contact Point Grant in all.
  24 **'Messenger'** and 20 **'Contact Point',** grants (total £570,476) were awarded to VCS organisations and aimed to help two-way information flow on COVID-19. Being embedded within their communities, these organisations were seen as better placed than Public Health in making information and support accessible, appropriate and acceptable.
  The 'Messenger Grants', of up to £10,000, required organisations to share relevant health updates with their communities. The 'Contact Point' grants, of up to £20,000, similarly expected VCS organisations to share the latest information. In addition, they were asked to serve as community points of contact, to relay their communities' questions and concerns back to Public Health, and in turn help improve the appropriateness and accessibility of Public Health information and inform the wider local pandemic response.

- **COVID-19 Information small grants** (total £115,534), were allocated in summer 2021. These 24 grants were limited to £5,000 each and funded by the MHCLG, via Public Health. This grant round targeted VCS organisations with lower turnovers, and was open to organisations who

had received a previous grant. These grants aimed to reach smaller and more 'grassroots' organisations with the hope of engaging people who were more marginalised. The remit of these grants extended beyond sharing information on COVID-19 and aimed to support communities' wider physical, emotional and mental health as well. This was underpinned by mounting evidence that the combination of the disease itself, the deaths of loved ones, combined with lockdowns, social isolation and other measures, were taking their toll and, again, disproportionately affecting disadvantaged communities, disabled people and young people among others.

Table 1 below summarises the 68 grants awarded to 60 VCS organisations, totalling £686,010. Most organisations received one grant. Eight organisations were awarded two grants.

Table 1. Details of the three COVID-19 'Information grant' rounds

Name of grant	Funder	Timing of awards	Max grant per agency	Number of grants	Total funding awarded
COVID-19 Information, 'Messenger' (24 grants made) And 'Contact Point' grants (20 grants made)	C&H PH (using COMF funding)	Round 1: Oct - Nov 2020	'Messenger' grants: £10,000 max and 'Contact Point' grants: £20,000 max	27	£385,923.12
		Round 2: March 2021		17	£184,553.51
Round 3: COVID-19 Information 'small' grants	MHCLG	July 2021	£5,000	24	£115,534.24
68 grants were awarded to 60 VCS organisations.				**Total granted:**	**£686,010.87**

The grant application and decision process

Grant criteria were developed by Hackney Giving and Public Health. Applications were assessed by a team drawn from Hackney Giving, Public Health and other staff from LB Hackney and a representative from a VCS organisation which had not applied for those grants (four in total). Written applications had to include evidence of governance and financial systems, such as a formal constitution and accounts; engagement with, and reach into, communities most negatively affected; and the feasibility of the proposals. Ensuring a range of projects was an additional consideration. Priority was given to VCS organisations working with communities disproportionately affected by COVID-19. This included

minoritised[16] ethnic, racial and faith groups and people experiencing language barriers; older and young people, disabled people and those with long term health conditions; and people in vulnerable housing. In subsequent rounds, because of previous gaps identified, more effort was put into attracting agencies that worked with people from black African, black Caribbean and Bangladeshi heritage communities, as well as with people who had sensory or learning disabilities. Often, applications were unsuccessful due to lack of evidence around finances or systems, reach, or governance. Many were encouraged and supported to re-apply when they had collated the necessary information.

2) The City and Hackney Public Health Community Champions

'Community Champions' follow in the UK's long and rich history of volunteering. Many not for profit organisations have developed 'Champion', 'ambassador' and other names for volunteer schemes. For instance, Coram runs a long-standing parents' champion programme, to support families, and NHS England engage Health and Wellbeing Champions. A rapid review of international evidence by Public Health England (2021) defines 'Champions' as "*community members who volunteer to promote health and wellbeing or improve conditions in their local community. Champions use their social networks and life experience to address barriers to engagement and improve connections between services and disadvantaged communities*" (p3).

Recruitment of the Community Champions

This Community Champion programme launched in August 2020. HCVS and VCH promoted the programme through their existing extensive channels to VCS. Organisations awarded a COVID-19 information grant in autumn 2020 were required to nominate a volunteer or staff member as a Champion. Each successive grant round tried to reach more communities and groups identified as disproportionately affected by COVID-19 and was accompanied by drives to recruit more Community Champions. Later the opportunity to be a Champion was broadened to invite anyone who worked, volunteered, lived, or studied in City and Hackney. An example of a recruitment poster can be found in Appendix C1.

The number of Champions

Between August 2020 and February 2022, a total of 248 people signed up as Champions. The vast majority (210, or 85%) were based in a VCS or a statutory organisation. Nearly half (123, or 50%) have been based in a VCS organisation which received a COVID-19 Information or Equitable Vaccine Uptake Grant. Table 2 below shows the numbers of recruited Champions connected to a grant-funded, or another VCS or statutory organisation, or none, based on information they provided when joining.

[16] This is not a numerical term primarily, but is used to reflect a group's position in society- see Glossary.

Table 2. Numbers of all Champions recruited and their links to VCS and other organisations

Where the 248 recruited Champions were based		**Number of Champions**	**%**
Based in a COVID-19 grant-funded organisation	Round 1 or Round 2 COVID-19 Information Grants (these organisations may have had one of the other grants below too)	104	42%
	COVID-19 Information Small Grant only (ie not in Round 1 or 2, nor an Equitable Vaccine Uptake Grant)*	1	0
	Equitable Vaccine Uptake Grant[17] only (ie VCS organisations that did not also receive COVID-19 Information Rounds 1 or 2, or COVID-19 Small Grant)**	18	7%
Based in another VCS organisation, which did not get an Information, Vaccine or other COVID-19 grant from HG, PH or CCG (as far as is known)		62	25%
Based in a non-VCS organisation, including health-care institutions		26	10%
'Unattached' Champions (who were not linked to any organisation)		37	15%
Total		**248**	**100%**

* 21 Champions were linked to a VCS that got a COVID-19 Small Grant
** 45 Champions were from organisations who received an Equitable Vaccine Uptake Grant.

Ascertaining the number of 'active' Community Champions

Between autumn 2020 and February 2022, Champion recruitment was steady with occasional peaks. A total of 248 people signed up over this period and 153 attended the Make Every Conversation Count (MECC) training at least once. However, by summer 2021 it was clear that there was some flux. By then a minority of Champions attended meetings or had contact with the programme. There was no standardised method to collate feedback about their activities on the ground.

This evaluation tried to ascertain how many of the 248 recruited over the two years were engaged and undertaking what might be called 'Community Champion' activity. It was important to try to understand the number of Champions who had remained in the programme, and had carried out the expected role at any time and how many Champions could be called upon to pursue the Champion role now and in the future. It proved challenging to arrive at reliable figures, not least because there was no agreed definition of what 'active' looked like, and there were large gaps in the available data. In March 2022, VCH and Public Health examined all the data available and drew up the following indicators of Community Champion 'activity':

- recorded attendance at the monthly Community Champion Forum;
- training attendance;

[17] These grants were aimed to reduce vaccine uptake inequity and were jointly funded by the CCG and Public Health. Although they were not within the scope of this evaluation, most of the organisations who received these grants were involved in the Community Champions programme and are included here for that reason.

- amount of contact between each Champion and VCH or Public Health;
- work reported by individual Champions; and
- VCH and Public Health observations of work undertaken by Champions, e.g. hosting testing kit distribution points.

This exercise defined 'active' as meeting at least two of the above criteria, for instance attending a training session and a meeting. This review concluded that approximately 125 of the 248 people recruited had been 'active' at some point of the programme, and that 61 could be defined as currently 'active', during the period September 2021 to February 2022. Full details of how this analysis was conducted are given in Appendix C2.

It was acknowledged that the methods of analysis were not robust and may have resulted in both under-and over-counting. For example, individuals' names were not always recorded at meetings; some VCS organisations had several Champions, but only one attended the forum and had most contact with VCH. There is no comprehensive data on if, or how, Champions applied the training or the information in newsletters or on what activities they undertook on the ground. Last but not least, most of the 61 Champions counted as still active in spring 2022 were based in grant-funded organisations. It is hard to disaggregate the activity as a grant-funded organisation from that of a Champion. As appointing a Champion was a condition of funding, it was unknown how many would continue after these grants ended.

- **Data on attrition**

There was limited data available to explain the reasons for attrition. The new VCH Programme Manager conducted exit interviews with 38 Champions. Most of these had to stop volunteering because of changed personal circumstances, including caring responsibilities, or getting COVID-19, or having to return to work when furlough ended. Other reasons given in focus groups were champion who were students or staff moved on.

It is not possible to present reliable monitoring data on Champion meeting attendance, their use of the Public Health information streams, activities or outcomes. This type of data collection is intrinsically challenging and more-so in this programme for several reasons:

- The programme was set up at speed in response to an emergency. This constantly threw up new challenges to be addressed equally fast;
- Programme delivery was prioritised over this type of data collection;
- Much of the expected Champion activity is inherently difficult to measure in any reliable way, for example, the number or types of conversations with family or neighbours, let alone potential outcomes from these;
- Many Champions were volunteers and not paid to carry out this work, let alone conduct additional monitoring;

- Each tranche of Champions recruited were given different expectations, and worked in different contexts. Those based in organisations may have been able to avail of infrastructure and expertise to collect relevant data. But some worked alone;
- It is difficult to distinguish the work of Champions from that of their organisations. The current active Champions were mostly based in grant-funded organisations; and
- The remote working necessitated by COVID-19, especially only meeting online and working from home created additional challenges.

This challenge in assessing the numbers of active Champions, champion activity and levels of attrition chimes with findings from the Newham Community Champion programme[18].

More details on the 61 recently active Champions

- **Where the 61 active Champions are based**

Roughly eight in 10 of the 61 Champions (47, or 77%) were based in one of the VCS organisations which got a COVID-19 information grant and/or an Equitable Vaccine Uptake grant (Table 3). This may reflect the fact that the Round 1 and Round 2 grant-funded organisations were expected to appoint at least one Champion from among their staff or volunteers, and could use some of their funding to support the Champion role. All but two of the remaining 14 Champions were attached to other organisations. These included a health care setting, Hackney Council and VCH.

Table 3: Where the 61 active Champions were based

	Number of CC	Sub totals	%
COVID 19 Information Grant Round 1 or 2 (and possibly a small grant)	39	47	77%
Equitable Vaccine Uptake Grant (Round 1 or 2) only*	7		
COVID-19 Information Small Grant only**	1		
VCS organisation not getting a COVID-19 grant	7		11%
Other organisations - not VCS	5		8%
Not attached to any organisation	2		3%
	61		**100%**

*In total, 13 Champions were based in organisations which received an Equitable Vaccine Uptake Grant. Six of these also received a COVID-19 Information grant

**In total, 11 Champions were based in a VCS organisation which received a COVID-19 Information Small Grant. Most of these organisations had also received a Round 1 or Round 2 COVID-19 Information grant.

[18] https://www.newham.gov.uk/coronavirus-covid-19/covid-health-champions

- **Champions' expectations and role**

Recruitment of Champions was ongoing, but the programme employed different approaches to Champions over time as summarised in Table 4 below. All Champions were expected to access and share Public Health information. But after that, each 'phase' of Champions had different inputs and requirements. The main distinctions are set out in the chart below.

At its most active, the Champion role was to share up to date Public Health information with their networks, including friends, family, colleagues and community members. Their purposeful but sensitive conversations were intended to help improve the flow of information to those most in need and assist people to access services and provide feedback to Public Health to inform further messaging and the wider pandemic response.

Table 4. Expectations of the different Community Champions 'Phases'

Champion	Who this applied to	Inputs and requirements
Champions recruited in 'Phase 1' (from August 2020)	● Open to anyone from a VCS organisation from August 2020. ● No need to be connected to a grant-funded organisation	● **Expected to access and share Public Health information** ● Induction and MECC training provided ● Attendance at monthly Community Champion forums was recommended but not described as an explicit requirement of the role
Champions recruited as part of the COVID-19 Information Grants requirements	● Round 1 and Round 2 information grant VCS had to appoint a Champion from their staff or volunteers	● **Expected to access and share Public Health information** ● Required to attend MECC & induction training ● Required to attend monthly Community Champion forum
Champions recruited in 'Phase 2' (from February 2021)	● People based in any VCS organisation ● People in non-VCS organisations; ● People not attached to any organisation	● **Expected to access and share Public Health information** ● Sent an induction video and PowerPoint presentations to watch at home ● MECC and induction training and attendance at monthly Community Champion forums was optional

VCH gathered qualitative feedback from some champions to help understand their motivations for becoming a Community Champion. The main themes identified were:

- *To help tackle misinformation*
- *Access training and information on how to communicate Public Health messages*
- *Get access to reliable, accurate, trustworthy information*
- *Understand more about the vaccine and be able to answer people's questions*

- *To help the community, especially vulnerable groups*
- *To support their organisation's volunteers, staff, service users*

- **Reach: demographic data about Community Champions and the people served by the grant-funded organisations**

A fundamental premise of this programme was that the Champions and grant-funded organisations would already know or work with the various vulnerable groups known to be at high risk of suffering more severely from COVID-19, and because of this connectedness be able to relay more acceptable COVID-19 information and support, ascertain needs and highlight emerging issues to Public Health. The evaluation explored who volunteered as Community Champions and what communities were served by them and the VCS organisations.

Much of the data about the Champions come from the sign-up questionnaire completed by 184 Champions, and data on the 61 recently active Champions. The data on the grant-funded organisations were provided in their grant applications.

- **Geographical areas covered**

Most of the grant-funded organisations covered all of Hackney and/or the City. Some said they worked in specific areas: City, North Hackney, South Hackney, Dalston, Shoreditch, Homerton, Hackney Wick and Woodberry Downs.

All of the 184 Champions who completed the sign-up form lived, worked, studied or volunteered in Hackney and the City. The vast majority, 163 (89%), lived, worked, studied or volunteered in Hackney; 12 (6.5%) were connected to both City and Hackney, and 8 (4.3%) to the City alone[19]. Six local councillors signed-up to become Champions.

- **Gender of Community Champions**

Over two thirds (128 or 69%) of the 184 Community Champions were female. Similarly, 35 (65%) of the recently active Champions are female.

- **Age of Community Champions**

There was a wide spread of ages among Champions. Table 5 below compares the ages of 54 of the 61 recently active Champions with the 184 who answered this question in their 'sign-up' profiling questionnaire. Approximately three-quarters of the recently active Champions were aged 40 or older. There were more younger Champions among the 184 who originally signed up. Across both groups, the prevalence of Champions over 40 was higher, compared to the available data on City and Hackney's population.

[19] One Champion did not answer this question.

Table 5: Ages of currently active Community Champions compared to large group recruited (*n=54*)

Age range	54 recently active Champions	184 Champions who completed sign-up data
16-17	0	8 (4%)
18-29	6 (11%)	32 (17%)
30-39	6 (11%)	26 (14%)
40-49	12 (22%)	40 (22%)
50-59	20 (37%)	38 (21%)
60-69	3 (6%)	23 (13%)
70+	5 (9%)	11 (6%)
Not stated	2 (4%)	6 (3%)
Total	**54(100%)**	**184 (100%)**

- **Available data on the 'reach' of the 60 grant-funded organisations**

A wide range of organisations were encouraged to apply and grant-funded to help to support many of City and Hackney's diverse communities. In their grant applications, organisations had to specify which communities and groups they served. Appendix B3 lists all the grant-funded organisations and the communities served. This suggests they had a broad reach between them. In addition, many referred to generic and indistinct terms used, such as 'migrants' and people from 'North Africa', or 'Horn of Africa', East Africa', 'West Africa' or people from 'black and Asian' backgrounds. Several grant-funded organisations worked with many different groups and communities and met multiple needs, as these categorisations crossed over in real life. The following list presents how VCS organisations categorised the ethnicity and nationality of some of their service users.

Fig 6. List of ethnicities and nationalities which were specifically mentioned

• African French-speaking communities • Cambodia • Charedi • Chinese • Congolese • East African • Eritrean • Ethiopian • Filipino • Ghanaian • Greek and Turkish Cypriot • Irish • Japanese	• Kenyan • Kurdish • Laos • Nigerian • Rwandan • Somali • Sudanese • Tanzanian • Turkish • Ugandan • Vietnamese • West African • Zimbabwean

- **Community Champion racial and ethnic heritage**

Table 6 below shows the racial and ethnic heritage of the 184 Champions who answered this question in their 'sign-up' profiling questionnaire. As can be seen from Table 6, the Champions are quite diverse. 'White British' was the largest single group. This data is available at a more granular level, but we were not able to present numbers under 8 because of data protection rules to protect individual identities. For this reason, we aggregated some categories due to the small numbers and cannot report others. These are shown with an asterisk*.

Table 6. Community Champions reported racial and ethnic heritage *(n=184)*

Community Champion racial and ethnic heritage	**184 Champions who completed sign-up data**
Arab	*
Asian or Asian British	19 (11%)
other Asian	*
Black or black British - black African	23 (14%)
other black African	11 (7%)
Charedi Jewish	*
Black or black British – Caribbean	11 (7%)
Turkish, Turkish Cypriot, Kurdish	13 (8%)
White British	61 (39%)
other white	17 (10%)
Irish	*
Latin/South/ Central American	*
Mixed or multiple background - black Caribbean and white	*
Mixed or multiple background - other	*

Not stated	8 (5%)

A higher than average proportion of the 184 Champions self-classified as 'black or black British - black African' and 'white British'; and a lower than average self-classified as 'white other', compared to the available data on City and Hackney's population. These trends were also observed among the currently active Champions. However, among the currently active Champions, the prevalence of Champions who self-classified as 'white British' and 'white other' was more representative of the City and Hackney population, in comparison to the 184 Champions who completed the sign-up survey.

- **Languages spoken**

Language is another indication of the diversity served. The grant-funded organisations reported that their staff and volunteers, who often included Champions, provided services in multiple community languages. One reported that they routinely translated all their COVID-19 information into seven or eight languages.

In the profile 'sign-up' questionnaire completed by 184 Community Champions, 178 responded to the question asking which languages they spoke. This data shows that:

- Just under half, 90 (49%), spoke English as their sole language
- Nearly one third, 55 (30%), were bilingual
- One in ten, 18 (10%) were trilingual
- At least 33 languages were spoken between them
- The languages most frequently mentioned by these Champions were French, Turkish, Spanish, Yoruba and Bengali.

Fig 7. List of languages spoken by recently active Community Champions and VCS organisations

Afrikan	Amharic	Arabic	Bulgarian	Bengali	Cantonese	Chinese
Creole	English	Ewe	Fanti	Filipino	French	German
Greek	Gujarati	Hausa	Hebrew	Indonesian	Ibo	Irish
Italian	Koranko	Korean	Krio	Kurmanji	Kurdish	Limbe
Lingala	Luganda	Yoruba	Mende	Patois	Portuguese	Punjabi
Romanian	Russian	Shona	Somali	Spanish	Swahili	Thai
Teme	Tigrigna	Turkish	Twi	Urdu	Vietnamese	Yiddish

In all, 24 languages were mentioned by the grant-funded organisations in their applications, and 20 by the 61 recently active Champions. The list of languages reported is shown in Fig 7.

According to the Census 2011, after English, the five main languages spoken by Hackney residents were Turkish, Polish, Spanish, French and Bengali; and among the City of London

residents, it was French, Spanish, Bengali, German and Italian. This indicates that the main language gap in this programme was Polish. However the census data is over 10 years old and might be slightly out of date.

- **Other priority groups mentioned by VCS organisations in their applications**

The grant-funded organisations reported that they worked with and targeted the following groups :

- **People with certain health conditions and disabilities.** This included disabled people, people with learning disabilities, or visual impairment, or autism, HIV and other long term health conditions, and those with special educational needs (SEND), LGBTQIA+ and people vulnerable to ill health.
- **Women:** from certain backgrounds, especially women with low levels of literacy in English and in their own languages; and survivors of domestic violence.
- **Age:** older people, children, young people and their families.
- **Carers and families,** especially those on low incomes or isolated.
- **Deprivation:** people on low income and in food poverty, unemployed people and people who are homeless or vulnerably housed.

Appendix C4 provides more details on reported religious affiliation and disability among the Community Champions.

- **Attempts to maximise reach**

The evaluation attempted to identify any other groups likely to be disproportionately affected by COVID-19, but not included in the programme. All programme partners reported working really hard and continuously challenging themselves to ensure as wide a reach as possible. The results reflect Public Health's expertise and use of emerging evidence and the extensive reach of Hackney CVS and VCH.

Initially 483 VCS organisations were encouraged to apply for grants. Extensive additional outreach was undertaken across networks, special interest groups and in other ways to encourage more to apply. Successive grant rounds actively sought to include communities and organisations which appeared to have missed out earlier. In the early days, Hackney Giving specifically invited applications from VCS organisations working with Turkish, black Caribbean and Asian communities, or with people with learning disabilities or homeless people. Hackney Giving ran workshops and provided other support to interested organisations to help them make effective grant applications and maximise their chances of success. Some VCS applied for other grants besides the three evaluated here.

Similar efforts were made to ensure a diverse range of Champions were recruited to reflect local demographics and help meet needs. For example, between January and June 2021, VCH and Public Health analysed gaps in recruited Champion demographics and assigned a VCH staff member to conduct outreach and engage with communities to recruit Champions.

It is impossible to judge if all groups have been adequately covered, or to know why some VCS did not apply for grants, or did not sign up as Champions. Partners commented on two

main groups that remained absent from the list of communities served, despite different outreach attempts: LGBTQIA+ and Gypsy, Traveller and Roma people. It was feared that young LGBTQIA+ people may have suffered even more than their peers from social isolation; and the CCG recorded that vaccination rates were low among people recorded to be from Gypsy, Roma or Traveller communities.

- **Limitations in data and potential analysis**

Attempts here to categorise service users demographically and by presenting needs are accepted as inadequate in capturing the diversity of the people the Champions or the VCS organisations worked with. For example:

- People fit many 'boxes' and definitions overlap. Those working with certain communities or covering a geographical area tried to respond to the needs of everyone in that group or locality as much as possible. This included responding to new needs emerging. This included people from racially minoritised groups, older people, children, young people, people with long-term physical or mental health conditions, disabled people and those living in poverty.
- Some of the umbrella ethnicity categories used are often very large, for example 'black African', although the grant-funded organisations were invited to and often did specify nationalities or more distinct classifications
- Many of the grant-funded organisations had an open-door policy, encompassing numerous priority categories and did not have a single 'target group'.
- Some pre-defined categories are not consistently applied or transparent. 'Young people' is quite an indistinct category. Legally this can cover up to 25, for example in disability and looked after children legislation. Many agencies use their own age bands, including 18, 21, 25 and 30.
- Mental health and physical health issues increased during the pandemic, and may have become more apparent. Some grant-funded organisations and Champions reported becoming aware of health and disability needs they previously did not know about. Organisations that did not normally work on 'health' matters as such, felt the need to do so because of the impact of COVID-19 on their service users.
- Unanticipated immigration advice issues and questions about immigration status emerged. This included large numbers of people with no recourse to public funds, and/or afraid of jeopardising their asylum or other applications or status, if for example they got vaccinated or accessed the NHS. In other words, more organisations and Champions may have ended up working on immigration matters.
- It was outside the scope of this evaluation to assess how many people in need, because of COVID-19, or more generally, were not served by either the grant-funded organisations or Champions. The Phase 2 recruitment drive aimed to address this, by recruiting people who were not attached to any organisation to be Champions. There is no available data on who this particular cohort of Champions supported.

3) Support provided to grant-funded organisations and the Community Champions

VCS organisations and Champions were offered a range of support to help ensure they had the most up to date COVID-19 information and guidance and assistance to carry out this work, especially given the context of working remotely and dealing with a new, and highly-charged, evolving and rapidly changing emergency situation. In the early days, this doubled as a way to provide a sense of common purpose. The main forms of support were:

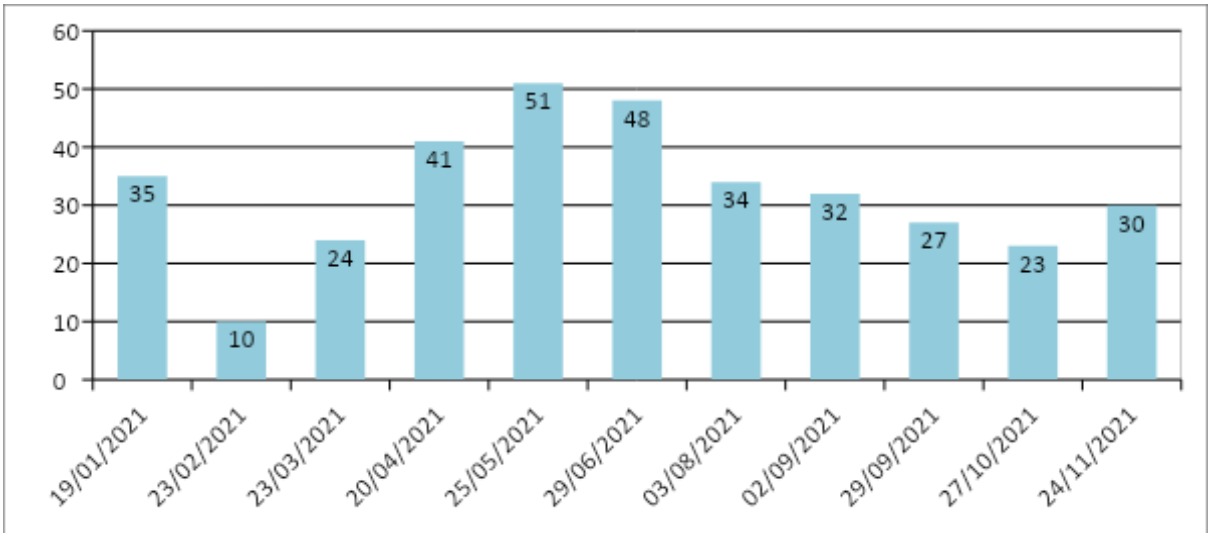
- Monthly and other meetings for grant-funded organisations and Champions
- Training and peer support for Community Champions
- Regular WhatsApp texts with key messages
- A weekly newsletter with key information and messaging from Public Health
- An email rapid response question and answer service
- Other support from Public Health, VCH and Hackney Giving

- **The Grants Forum and Champions Forum**

The Round 1 and Round 2 grant-funded organisations were expected to attend a monthly online Grant-holders' Forum. The organisations that received a small information grant were invited to join these too, but their attendance was not obligatory. Community Champions based in the Round 1 and 2 grant-funded organisations were also invited to these. In addition, they were invited to a separate, monthly, online Champions' Forum. This was optional for other Champions (i.e. those not attached to a grant-funded organisation)

These monthly fora were intended to enable two-way information sharing and provide support, and break-out rooms enabled focused discussion on particular topics. Typically, Public Health clarified the latest COVID-19 information and guidance and Champions and grant-funded organisations had the opportunity to share insights about their experiences and observations on the ground. Often guest speakers were invited, e.g. to explain the Test and Trace system, vaccinations, and local long-COVID services. The fora were also used to discuss and consult on wider health matters. Attendance at fora ranged from 5 to 56, with lower attendance at the start of the programme, and from January 2022, after the Round 1 and Round 2 grants had expired. On average, 26 participants attended the Champions' Forum, and 32 the Grant-holders Forum. This number includes Public Health, VCH and Hackney Giving staff. The chart below (Fig.8) shows the monthly attendance at the Grant-holders Forum.

Fig 8. Number of participants attending the grant-funded organisations' forum, January to November 2021



Over autumn and winter 2021, VCH and Public Health convened a number of meetings with Community Champions who supported specific groups, for example disabled people and young people. As well as sharing information and resources and providing tailored support, these meetings helped VCH and Public Health gather insights to develop appropriate communication materials and support for these groups. Other consultation sessions captured Champions' views and ideas on wider strategic developments, such as Hackney's Health and Wellbeing strategy consultation.

- **Community Champion Training**

Champions based in Round 1 and 2 grant-funded organisations were expected to attend an induction and Making Every Contact Count (MECC) training, but this was voluntary for the Phase 2 Champions. MECC training was provided by a specialist MECC training provider funded by Public Health (Social Marketing Gateway). In the first few months, MECC was combined with the induction delivered by Public Health, but later each course was delivered separately. All training was provided online because of the pandemic. The training aimed to support Champions to talk to people about COVID-19 and wider health and wellbeing. From July 2021 onwards, training included role-plays to help Champions explore how they might react to different issues and contexts, and motivational interviewing techniques. The latter approaches a topic from the other person's perspective, involves reflective listening and helps people explore the changes they wish, and feel able, to make, based on their own values and interests, rather than being told by the Champion what they should do.

The induction session enabled Champions to get to know each other and the VCH and Public Health teams, and the Community Champion role. Information was shared about COVID-19, its symptoms, how to limit transmission and City and Hackney COVID-19 data. Phase 2 Champions, who were recruited after February 2021, and not necessarily linked to any organisation, were sent a welcome pack with COVID-19 related information and training videos and given the option to attend the induction and MECC training if they wanted to.

According to data supplied by VCH, a total of 165 individual Community Champions received an induction and 153 received MECC training. Approximately 27 Champions attended MECC training twice, the second as a refresher. Table 7 below shows the breakdown by course and date in spring 2022. Additional optional courses were offered to those who had already received MECC training. Six Champions attended an initial MECC 'train the trainer' session, which enabled them to train colleagues and others in MECC; 12 attended mental health first-aid training; and 15 attended training on testing and vaccines (see Table 8 below).

Table 7. Community Champion MECC training attendance

MECC training course	**Total individual Champions**
Combined MECC and Induction (Aug 2020- Feb 2021)	134
MECC July 2021	8
MECC September 2021	2
MECC December 2021	8
MECC March 2022	1
Total individual unique Champions trained in MECC	**153**

Table 8. Community Champion training attendance

Type of training	**Number of sessions**	**Number of attendees**
Vaccine specific MECC	1	8
Mental Health First Aid	2	12
Bespoke vaccine and testing training	2	15
MECC train the trainer course	1	6

- **Community Champion peer support sessions**

The VCH Programme Manager introduced regular peer support sessions in August 2021, in response to Champions' feedback that they would welcome more time, in an informal setting, to assimilate the training, network, discuss issues and work on their confidence and skills in applying the MECC training. Nine peer support sessions were delivered up to March 2022, four of which were MECC peer support and refresher sessions. In total, 26 Champions participated in these nine meetings, with six to nine Champions attending each. These aimed to provide Champions with a safe and informal opportunity to network, ask questions, share learning or concerns and explore alternative approaches with fellow

Champions. It was also hoped that they would help Champions build their confidence and skills in applying MECC principles in practice. The peer support sessions helped to gather insights from Champions which were used to inform the fora and programme development.

- **Public Health's rapid response question and answer service ('Test and Trace Inbox')**

As part of their wider response to the pandemic, Public Health ran a rapid response phone line and email system for schools, businesses and other agencies to answer any COVID-19 related questions and help them provide information and advice. This was made available to Champions and VCS organisations and enabled them to ask questions asked by their communities and service users. It was staffed and monitored five days a week to enable a fast response. Organisations and Champions used this to feed in their observations on emerging COVID-19 issues. Between October 2020 and March 2022, 139 questions were submitted via the Test and Trace inbox, by over 60 Community Champions. These covered testing, vaccination, communications, support and other themes. This is likely an underestimate as it did not include the growing number of enquiries sent directly to VCH or to members of the Public Health team working directly on this programme.

- **Other Public Health strategies to provide up to date information and advice**

  - **Email newsletter:** since early 2020 Public Health has published a weekly newsletter and emailed this to Champions, the grant-funded organisations, Public Health team members, Hackney Giving, VCH and other organisations. As well as the most recent information and guidance, newsletters give details on COVID-19 community-based testing or vaccination clinics.
  - **A WhatsApp broadcast** has been sent to Champions and grant-funded organisations, since April 2021, again highlighting priority messages. In March 2022 this was sent to 87 people who had signed up to the group. Recipients could forward the messages.
  - **Information shared in each forum** and related points, as well as feedback shared by Champions and organisations was subsequently emailed to the VCS grant-funded organisations and Champions, not just those who attended.
  - **An online Communication Toolkit** is updated weekly by the Public Health team. This contains information and materials on COVID-19 from the LB Hackney Communications Team, Public Health England, the NHS, the Great London Authority and national or local charities, in formats which facilitate sharing in social media, email, text and print. Translated materials from the Community Champions and grant-funded organisations are also shared via this toolkit.

- **Other support provided**

- The VCH programme manager emailed and phoned individual Champions on a regular basis according to their expressed communication preference. The manager offered support, inquired how the Champion was finding the role, gathered feedback on needs and issues arising and discussed how the information provided in meetings might apply to the particular groups they worked with. Champions were found to be much more receptive to phone calls than emails. However not all had provided their telephone number and only one-third consented to be contacted by phone.

- Before launching each round of COVID-19 Information grants, Hackney Giving ran workshops to explain the background and purpose, and advise on how to write submissions and evidence criteria. An outreach officer invited, encouraged and supported organisations not already involved to apply for grants by phone, email and using trusted intermediaries. When COVID-19 rules allowed, Hackney Giving staff visited many of the grant-funded organisations, to meet people directly for the first time, discuss their context and grant-funded work, as well as provide some informal support and gather narrative feedback on their grant-funded activities. VCS organisations reported that they enjoyed the face to face meetings and found this was an easier way for them to demonstrate what they did and how they used their grants.

Section 3. VCS organisations' and Community Champions' work

Summary

The grant-funded organisations and Community Champions informed and supported their communities and service users in a range of ways. In addition to pursuing what was promised in grant applications or set out in the Community Champion role, the findings show that they responded to emerging access, cultural and other considerations and developed services to respond to these.

The evaluation divided the activities undertaken into these broad categories:

A. Providing and increasing access to up-to-date information on COVID-19 including translating information and making it more accessible. Information was shared by social and print media, videos, texts, group discussions and individual conversations. Providing feedback to Public Health assisted their responsiveness to issues emerging.
B. Practical assistance to access COVID-19 related services, for example helping people book tests and vaccinations, get vaccinated and overcome the digital divide.
C. Providing, and helping people access, mental health and emotional support and helping them have or enabling social contact with others.
D. Providing and helping people access physical/general health.
E. Other practical support and activities.

This section examines the information and other activities undertaken by the grant-funded organisations and the Community Champions. Findings on reported outcomes, what proved most effective and the challenges encountered are covered in the subsequent sections.

A. Providing, and increasing access to, up to date information on COVID-19

A primary aim of the programme was to ensure timely, accurate and accessible information reached the diverse populations and marginalised groups in Hackney and the City of London, to help them understand and be better able to follow current laws and guidance and ultimately keep as safe as possible and limit the spread of the virus. This included addressing concerns, questions and misinformation. Initially the information grants were intended to publicise the Test and Trace system and gather local insight to inform Public Health's

response. From January 2021 mass vaccination was a major game changer and created its own information needs. This is discussed under B below.

At least once a week, Public Health shared the latest information about the virus, legal restrictions, current guidance, official advice, and other relevant details and resources. This included leaflets, posters and infographics, to share or adapt, and links to access more details, from Public Health's online Communication toolkit. Organisations and Champions shared these fact sheets and downloadable resources intact, or amended and translated them to match their communities' and service users' needs.

They reported that their targeted messaging was essential because many people found it difficult to access, comprehend or follow the ever-changing mainstream messaging, compounded by the speed of evolution of the virus and the measures introduced. The grant-funded organisations developed ways to routinely include information in their interactions with their communities. They increased communications dramatically and developed new approaches too. Organisations and Champions fed back to Public Health, Hackney Giving and VCH about their work on COVID-19 and the issues they encountered day-to-day, both formally and informally. This helped inform Public Health's responses too.

> "*Every time a newsletter came out, I cascade that information down to volunteers and make myself available, if anybody wants to call and talk about vaccination or lateral flow test, or PCR tests, or anything. Once I started doing that ... often staff would come and ask me questions and I would then find out the answers if I didn't know myself*"
>
> Community Champion in focus group

The following list of information sharing methods used by grant-funded organisations and Community Champions are derived from monitoring reports, focus groups, surveys, fora and other meetings and feedback.

Fig 9. The range and combination of methods and media the organisations and Champions used

Sharing, adapting and producing information

- sharing updates at speed, sometimes before Public Health information was sent out
- sharing **infographics** published by Public Health and finding, adapting and sharing other agencies' materials and infographics
- designing and **printing** posters, leaflets and flyers
- sending updates via **social media** (mainly Facebook, Twitter, Instagram and TikTok);
- developing dedicated pages on their **websites**
- **emailing** individuals and running a dedicated email service or Mailchimp
- sending individuals **texts and WhatsApp** messages, creating WhatsApp groups and encouraging some peer-to peer messaging
- creating and sharing **videos** on COVID-19 related topics: one organisation launched their own YouTube channel
- producing their own **audio recordings and soundbites** of key public health messages
- writing articles for relevant **newspapers** and newsletters, e.g. for Turkish and Jewish communities

- making and paying for **advertising** for international TV stations used by their community
- designing and displaying **banners and notices** on their buildings and fences
- **posting** letters to current and previous service users who were unlikely to be online and delivering leaflets or information sheets door-to-door

Translating information into different languages or accessible formats

- **rewriting** the Public Health **information** to make it more accessible, e.g. by prioritising key points, **translating** it into community languages or into more accessible English, making it culturally appropriate, using visuals, and generally meeting groups' and individuals' needs.
- **recommending accessibility changes** to Public Health, including using EasyRead and Makaton[20]

Having individual conversations with residents

- regular **telephone calls** to service users, which doubled as a way to assess needs
- **face-to-face conversations**, including knocking on doors, or visiting known individuals at home and talking on their doorsteps, and initiating conversations in the street, or in places of worship, markets, parks and other public areas
- setting up specialist COVID-19 **advice lines**; in one case this ran 24/7
- running **information stalls** in local venues, sharing information **leaflets and posters** and discussing their content with shops, cafes and other community settings

Having conversations with residents in group/collective settings

- running **question and answer and discussion** sessions, online and in person
- convening **meetings/webinars** online and in person meetings once allowed
- disseminating information via their **sub-groups, networks**, volunteers and trustees
- presentations and talks in **schools** to groups of pupils
- engaging with faith **institutions**, such as mosques, churches and synagogues and talking to people at places of worship
- **training** and sharing information with all frontline, public-facing staff and volunteers to ensure they passed on key information during routine calls
- **advising and sharing information with community businesses** and local shops on minimising transmission
- **combining** information delivery with providing other services e.g. food parcels during lockdowns. Incorporating into other activities once feasible, when restrictions eased

Developing learning about the residents' experiences and needs

- providing opportunities for people to hear the **experiences** of people who had COVID-19
- providing opportunities for people to hear the experiences of people in their communities who had received the vaccine, and to see positive images of recipients.
- **surveying** their communities to help identify their main concerns, in order to address these

Modelling safe behaviours

- **modelling** their own compliance with the rules, such as mask-wearing, hand hygiene, social distancing and getting vaccinated

[20] Makaton is a communications method which uses signs and symbols

Examples are provided in Appendix C5

In the online survey completed by Community Champions in December 2021, 28 of the 33 respondents (85%) reported that they felt that the programme had helped people understand how to better protect themselves.

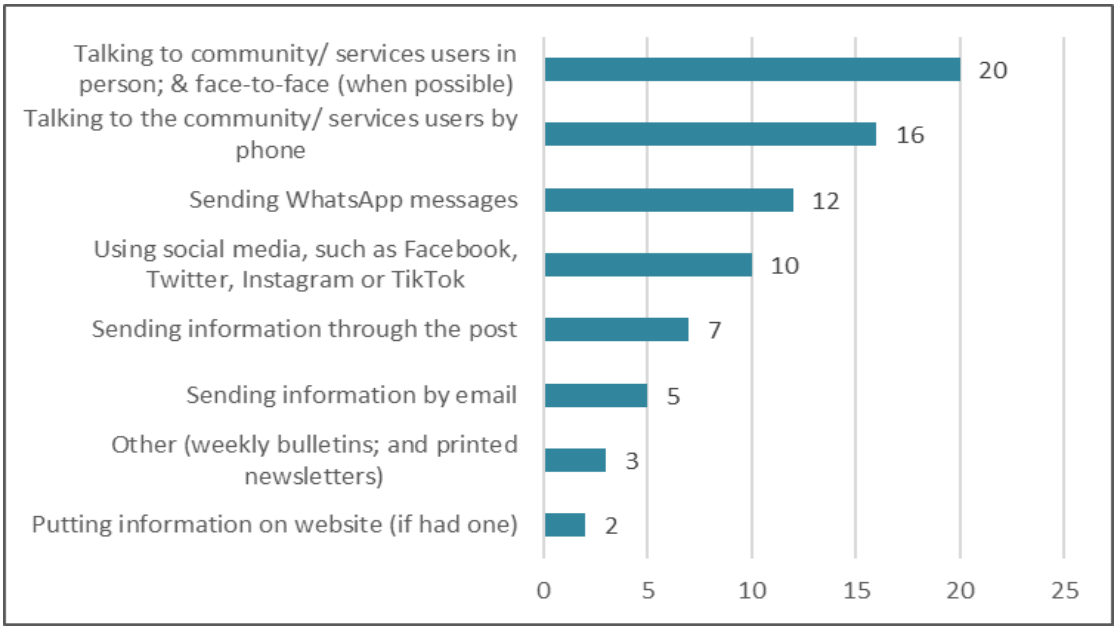
- **Social media versus 'traditional' media**

Organisations and Champions made great use of the ease, reach and speed of social media and the internet and showed great creativity in making videos, sound recordings and running webinars. They credited the regular Public Health updates for enabling them to provide new information to make posts worthwhile and interesting.

> *"Sometimes I created my own information because we have WhatsApp chat now. We have about 40/50 people. So, most of the time, I pick the.. information and break it down into small content. Then I put it on my own flyer, [and] ..on WhatsApp"*
>
> *Community Champion in focus group*

The feedback provided indicates that 'traditional' communication, such as talking directly to people, and printed letters, leaflets and newsletters, proved to be just as, if not more, important than social media. An online survey was sent to all 60 grant-funded organisations in December 2021. Twenty of the 24 organisations who responded (83%) to a question about communication methods, reported that talking to people face-to-face had proven to be the best form of communication. This was followed by telephone (16, or 61%), WhatsApp (12 or 50%) and social media (10 or 42%), as illustrated by Figure 10 below.

Fig 10. Most effective forms of communication reported by grant-funded organisations (*n=24*)



"Some people need to see the public face rather than just 'Public Health'. Like here's

an information sheet, or Hackney Council's website …. It's the public face. A lot of people want to talk to someone"

Grant-funded organisation in interview

This point was echoed in focus group discussions. Moreover, the pandemic highlighted the extent and pattern of the digital divide in this part of London. Older people, disabled people, some faith groups and low income households often lacked devices and/or necessary skills, confidence or experience. Many people preferred a conversation with another person, over the telephone or face-to-face. This provided a welcome relief from the profound isolation caused by COVID-19. As well as a vehicle to adjust and make information accessible, conversations explored and found other needs, such as for advice and reassurance. In other words, relaying information alone was rarely enough. Organisations found that talking to someone was the best way to ascertain how they were coping.

> *"Too many of our people suffer mental health problems, and they don't have access to the internet. So, they cannot do things online. They may have an iPhone but they don't know how to make use of it in terms of accessing information or translating. It is quite difficult for them*"
>
> Grant-funded organisation in focus group

This does not mean that there is no place for social media or print resources. Rather it indicates that one method does not fit all and relying on pushing information out to people is only half the story: talking to people directly remains critical.

Organisations often adopted what might be called a 'naïve' or humble approach. In other words, rather than setting themselves up as experts on COVID-19, they presented themselves as information enablers to help people acquire, discuss and become familiar with the information in their own way and that it was essential to appear non-judgmental.

> *"I think not being scared to have those conversations and then also not being scared to say, 'I don't know about this, let's find out, and I'll find out for you' and keeping the conversation going ... They would discuss any topics. They could challenge us, we could challenge them. And I think that worked a lot for us .. especially when it came to testing for COVID and different elements"*
>
> Grant-funded organisation in focus group

> *"We have run webinars which have allowed the public to raise their concerns directly with the Public Health team and GPs"*
>
> Survey response from grant-funded organisation

- **Who Community Champions shared information with**

Community Champions based in VCS or statutory organisations already had clearly defined target groups. They knew their communities, groups and service users and their feedback indicates they tried their best to adapt and target information and activities to suit them.

The Champions who responded to the survey reported sharing with friends, family, colleagues and to a lesser extent neighbours, as can be seen from Table 9 below.

Table 9. Who Community Champions reported sharing information with (*n=33*)

	Number	Percentage
Friends	31	94%
Family	30	91%
People who access your organisation's service(s)	24	73%
Colleagues	25	76%
Neighbours	14	42%
'Other'[21].	7	21%

One respondent explained in their own words that they share the Public Health messages with anyone they encounter:

> *"Anyone I meet that I can engage in a conversation... I will advise them by telling them about my experience with Covid and the vaccination saved me from worse harm "*
>
> Community Champion survey respondent

- **Responding to changing information needs**

As the virus, legal restrictions and guidance evolved and changed, so did information needs. The top issues which organisations and Champions said they had to address were:

- Continuous updates about the virus itself and on the rules and guidance, such as lockdown, testing, social distancing, self-isolating, travel restrictions, masks and permitted socialising.
- Safety measures, including hand hygiene and the effectiveness of facemasks.
- High levels of anxiety. People needed a lot of reassurance, especially as social contact and normal information flows and sources were disrupted and limited.
- The vaccinations. These required a great deal of explaining throughout. On top of initial confusion over eligibility and access, people were concerned about their safety, especially given their perceived unusually rapid development. Stories of negative side effects gained publicity. Breakthrough infections, new variants, the need for boosters and the administration of different types of vaccine over time all fuelled questions about the vaccine's efficacy.
- Discrete questions around vaccine safety for individuals or specific groups. For instance, people had concerns about how it might interact with other medication, or pre-existing conditions, and how it affected women's menstrual cycle and fertility.

[21] Described by respondents as anyone they met, members of a community centre, community organisations, social media and 'my students'.

- **Addressing misinformation**

An initial aim of the programme was to counter misinformation. Organisations and Champions reported small pockets of doubt about the virus's existence and that some people needed more convincing than others that it was serious.

> "*We had to convince them to make them understand how to deal with the disease and that it's killing people, how to protect yourself. …. which was also hard for some people from our community to accept"*
>
> Grant funded organisation in focus group

However rather than encountering major conspiracy theories or anti-vax campaigns, on the whole what was found were serious questions and concerns, particularly around the precise rules at any one time and their scientific base, vaccine safety and efficacy, and whether vaccines met faith rules, e.g. was it Kosher and Halal. Given the areas' population profile, possibly the most significant counter narratives ran along the lines that the vaccine was designed to make black people infertile or harm them, and that it did not comply with faith needs, especially for Muslim and Jewish communities. This built on the history of racism in science and drug trials. Unfortunately, sudden changes in rules, apparent contradictions, international policy differences and U-turns in official policies and messaging compounded the challenges and mistrust. Feeling targeted by safety and vaccination campaigns often made some people feel accused of being stupid or anti-vax, when in fact they had unanswered concerns which they wanted answers to. In a north Hackney area, which has a high Charedi Jewish population, local people felt unjustly targeted and blamed when COVID-19 hazard signage was put up on local streets.

> *"… it's about having reasonable conversations and actually saying, you know what, if you choose not to do that, that's your choice."*
>
> Community Champion in focus group

> "*The approach that we also found successful was we weren't taking a particularly didactic approach or a confrontational approach. We bring those people together and let them talk among each other … [help] them … share information and to share anxieties*"
>
> Grant-funded organisation in focus group

Several organisations, including those working with young people, ran discussions and critical thinking sessions. These helped to share and explore the public health information as well as counter theories and stories, and to help them to examine the sources and reliability of information.

> *"I never went out with loads of flyers and said, 'this is the information'. I went …with .. articles. And I'd say 'this is what is being said. .... What do you guys think about it?' Or I would go with certain topics or a little clip or video or something.... one session [was] around a story about cancer being caught from the testing kits. So we showed that video and [asked], 'OK, what do you guys think about it?'… I think having the open dialogue really works for us and then not shying away from some of the*

misinformation that's there and bring it into discussions. I think that worked for us massively"

Grant-funded organisation in focus group

- **Embedding information**

At the time of writing, the pandemic had been in the UK for over two years. Organisations and Champions had noticed that people had become somewhat 'COVID-weary' and that it was getting more difficult to repeat the same advice, make the information appear fresh or interesting and to engage the kernel of people who are less convinced or worried about COVID-19. In a move away from stand-alone messaging and didactic information sharing that had seemed necessary at the start, some organisations found that it was more effective when working with their service users to model safe behaviours, such as mask wearing, hygiene, testing or social distancing. They incorporated relevant points more 'casually' within other activities and interactions, such as language classes or exercise sessions. This was reflected in the Round 3 grants: applicants could choose how much direct COVID-19 or other health messaging they wanted to focus on to get the message across most effectively.

"people getting a bit tired with it - so now embedding more of it"

Grant-funded organisation in focus group

- **Strategic communications work**

Some organisations worked at a more strategic level with their community leaders. For example, a well-respected Charedi organisation met with local businesses and shops to explain COVID-19 transmission and the basis of the guidance. This reportedly resulted in all the shops agreeing to insist on mask wearing in their premises, which had been very variable before this. Public Health staff were invited to a meeting with the Union of Orthodox Hebrew Congregations. This resulted in their official stamp of endorsement on the promotion of COVID-19 vaccine clinics locally. Similarly, Turkish organisations approached local businesses to advise them how to comply with COVID-19 guidance themselves and how to keep customers safe and got agreement to display posters and distribute leaflets.

B. Practical assistance to access COVID-19 related services

As indicated above, alongside information, many people needed and were given substantial help to access available COVID-19 services. In the Community Champion survey, 28 of the 33 respondents (85%) reported that they had helped secure support for people. The range of assistance the organisations and Champions said they provided includes the following. Some possibly overlap with activities funded by other grants.

- Explaining the testing system, encouraging people to get tested, and supporting people to book and access tests.
- Providing face masks and hand-gel and Lateral Flow Tests (once available).

- To help minimise pressure on hospitals, one grant-funded primary health care organisation provided households in their community with oximeters to measure their blood oxygen levels if they caught COVID-19, with instructions about when to call an ambulance. This helped limit the pressure on Homerton Hospital.
- The same organisation acted as the first port of call in their community when someone fell ill with COVID-19. They helped monitor and advise the ill person and their carers by phone and advised them if and when hospital was necessary.
- Assisting people to source mobile phones and tablets (through other funding streams) and then providing training and support to enable people to use these. In turn this helped people access COVID-19 information and services directly, as well as communicate with loved ones.
- Helping people access the self-isolation grants and other support available to people in Hackney and signposting to wider support, including mental health services.
- Supporting vaccinations. Although the COVID-19 Information grants were not originally designed around the vaccine, promoting this became a core activity for most organisations and Champions as the vaccination drive rolled out. They explained eligibility, publicised availability, helped people book vaccines and boosted access by working with Public Health to organise vaccinations in local and familiar settings and pop-ups for the most marginalised groups, as well as general encouragement. Some of these VCS applied for Equitable Vaccine Uptake Grants and as part of these helped run pop-up vaccine clinics.

> *"all goes hand in hand… it's not like one or the other. Both vaccination and trying to stay safe... obviously at the beginning, it was more staying safe because the vaccine wasn't around"*
>
> Grant-funded organisation in focus group

> *"…because many don't have any online access, or they couldn't call 119, or were trying but it did not work for them… could not get through, and were not trusting of the people on the phone if they did get through, or if they arrived at the [vaccination] centre might not like the look of it or the people - so they went back home…"*
>
> Grant-funded organisation in focus group

- For certain communities, securing approval and endorsement of the vaccination by their faith or community leaders and by respected and trusted VCS organisations proved pivotal in conveying information about the vaccine and getting people vaccinated. This included getting verification that vaccines were Kosher and Halal.

> *"…the community responded to that. They would not have responded at all and did not respond to Public Health brand ...has little traction in the community"*
>
> Grant-funded organisation in focus group

- Several organisations worked closely with Public Health to ensure vaccines were provided to people not registered with GPs or on the NHS database and so not invited

to, or able to book, vaccines. Undocumented workers, asylum seekers and others who are barred from most public services because of the 'No Recourse to Public Funds' rule[22] were terrified of the legal consequences, especially on their immigration status. VCS organisations found that large numbers of people were unaware that they are legally entitled to use GPs and other primary health care. Many feared that using the NHS, or getting a vaccine would impact negatively on their refugee or other application, or result in arrest and deportation because of the 'hostile environment'[23].

- Many grant-funded organisations provided Lateral flow Tests (LFTs) to encourage and support testing, help overcome occasional shortages at pharmacies and testing sites and barriers in ordering these online. In addition, Public Health supplied LFTs to several grant-funded organisations, to distribute as 'community collection points', over late 2021 and early 2022. Ten grant-funded organisations signed up to this scheme by the end of March 2022, although others provided LFTs too.

C. Providing, and helping people access, mental health and emotional support

The data shows that organisations and Champions started to provide mental health support from early on, in response to need. Many service users found the severe restrictions on social engagement and the closure of services they normally relied on for support and social interaction very difficult to understand and to endure. This affected people who lived alone, older people and people with learning disabilities particularly hard. Needs became more pronounced as the pandemic and limitations continued for so long. Organisations tried hard to maintain direct contact with people, by ringing them and/or visiting them at home, even if they could only talk on the doorstep for safety reasons. Many organisations set up a timetable and rota for their staff and volunteers to ensure that all their service users were contacted regularly, e.g. at least once a week. They provided a listening ear, reassurance, emotional and psychological support, helped assess their people's mental health and signposted them to available services. Several organisations provided professional counselling or therapy by phone to individuals and/or group mental health and wellbeing discussion sessions.

- **Bereavement support**

As is already evident, VCS organisations and Champions frequently went beyond the brief of their grant or expected roles to respond to community needs. The need for support around

[22] Under s115 of the Asylum and Immigration Act 1999, a long list of people cannot access welfare benefits or other state support regardless of their situation or destitution. This includes asylum seekers, international students, some people with indefinite leave to remain, spouses and other family members. https://www.nrpfnetwork.org.uk/information-and-resources/rights-and-entitlements/immigration-status-and-entitlements/who-has-no-recourse-to-public-funds-nrpf

[23] https://www.jcwi.org.uk/the-hostile-environment-explained

bereavement was high, especially when no hospital visits were allowed, funeral numbers were curtailed and people could not gather to grieve. Among the Charedi community there was an additional worry that when loved ones were dying in hospital they would not be able to follow faith rules and cultural practices. One organisation reported that they secured permission from a local hospital that they could bring dying people home to die with their family. This then enabled faith rites to be followed. In addition, they got agreement that their trained healthcare volunteers could serve as official liaison, effectively acting in lieu of the family to tend the sick or dying person in hospital, help observe faith guidelines, keep the families informed and enable people to say goodbye by phone or video call. Sometimes the liaison volunteers had to say goodbye on behalf of the family.

> "*… big, big thing .. at a time when hospitals were not letting anybody attend your family … it was so bad … And we would literally go a few times a day and visit the patients and feed the patients and share messages … feed people too weak to reach out for their food, and ensure they got Kosher food … [In own experience] this liaison [worker] put up the phone to his ears because probably he could still hear. And we spoke to him [*to say goodbye*]".*
>
> *Grant-funded organisation in interview*

- **Social and mutual support**

Grant-funded organisations supported the previously digitally excluded to use technology such as video calls. They set up regular online meetings, talks, creative and social activities to bring people together and helped people keep in contact with loved ones and get and give mutual support. Online exercise, yoga, cooking and creative activities came to the fore and one organisation ran painting, creative writing and poetry sessions online. Topics included writing their feelings about the pandemic. Keeping contact with and providing reassurance and emotional support were integral to all activities. WhatsApp groups proved useful and popular and helped people contact each other and provide peer support.

> *"We put in place a befriending service throughout the pandemic, encouraging service users to call each other and look after the whole group. This has been a great way to disseminate information, alongside the work of our volunteers, since members felt they had a role in ensuring everyone was updated with the latest guidelines in order to stay safe. Very importantly, this network added a level of mental [health] support that is crucial in the times we live in"*
>
> Survey response from grant-funded organisation

Some organisations created new social opportunities to help people get out of the house and meet others, while complying with the tough number limits at any one time, e.g. 'the rule of six[24]'. For instance, one arranged a weekly paired walk and quiz. Participants, who mostly lived alone, could walk and talk in twos and explore the local area, have a cuppa (standing) and meet the staff as well.

As restrictions eased, organisations tried to get people back into services, as well as out and about and interacting with others. They put on group activities, such as physical exercise

[24] At that time any gathering of more than six people was against the law

sessions, cooking, tours of London, singing and dancing, once feasible, ensuring these were undertaken in a safe and rule compliant way. Activities doubled as ways to enable people to provide informal mutual support.

D. Physical/general health and other wellbeing support and activities

Organisations observed that for many people the restrictions had led to a deterioration of their physical health, fitness and mental health and an increase in obesity, loneliness and other problems. This was reported more for those with pre-existing physical conditions and people with learning disabilities and aligns with national research (eg Suleman et al, 2021).

In recognition of this, the Round 3 grants focused more on supporting organisations to provide information on broader physical and mental health and general wellbeing. Activities providing mental health support and opportunities for social interaction and physical activity were embedded in group and other activities. These included cycling, walking, football, gardening and yoga which were often combined with discussing COVID-19 rules too. One set up a participatory action research project around outdoor health and wellbeing and COVID-19, to enable socialising and help the agency develop an approach that would work into the future.

Participants in focus groups commonly raised problems with access to primary care (including GPs) and to local authority social care services, due to the pandemic. Examples were given of needing to assist people to book or attend GP or hospital appointments. The new processes were more complicated and could be inaccessible for some, including video conferencing and sharing photos. They observed poor monitoring of long-term conditions, such as high blood pressure, or assessments of people's disability needs and risks.

> "*a lot of people falling through the cracks who are seriously, seriously at risk … we're coming across that and I'm really concerned about that. I have had quite a few this week… people left stranded*"
>
> Grant-funded organisation in individual interview

E. Practical and financial support

Food poverty was highlighted as a very serious problem early on in the pandemic and many of the funded organisations had already responded to this through asking for donations and earlier fundraising to provide food and other household essentials. Champions and grant-funded organisations were encouraged to signpost people who needed additional support to Hackney Council's COVID-19 helpline or City COVID-19 helpline. The helplines were able to help people most in need with practical, e.g. food and prescription deliveries and financial support through social isolation grants. Organisations who were funded to provide cooked meals or groceries during the pandemic also used this opportunity to provide some social interaction and to check their emotional and physical state and signpost or link to other services.

Some organisations set up or increased their advice services, covering social security benefit entitlement and other financial support, particularly needed by those who had lost work.

Advice on overseas travel was an ongoing demand. The many diaspora in City and Hackney wanted to see families and loved ones as soon as this was allowed. As well as needing precise and up to date advice on the exact rules at that moment for each country and airline, people needed assistance to access, complete and download forms and get proof of their vaccination status.

Section 4. Reported outcomes

Summary
This section presents the outcomes reported by partners, grant-funded organisations and Champions. The qualitative data indicates that the programme may have made a difference to local communities and their experiences of COVID-19, but this is difficult to quantify or prove here.

Grant-funded organisations and Community Champions reported that their information, practical and emotional support had helped many people understand the virus and rules and how to keep safe. They felt they had changed some opinions and provided the advice and practical wherewithal to encourage and enable more people to get vaccinated.

Grant-funded organisations reported that participating in this programme had provided a more coherent framework for their COVID-19 response. Moreover, it evidenced wider health needs and prompted an interest in pursuing more work on physical and mental health and wellbeing with their community and groups. It improved the profile and understanding of VCS's work and potential contribution and increased networking and collaboration.

As so many active Champions and evaluation participants were based in grant-funded organisations, the reported outcomes for local communities overlap. Champions reported many personal outcomes, including increased knowledge and awareness of COVID-19 information; being more likely to follow the guidance themselves; improved confidence and skills; feeling part of a larger community and network; and pride in making a difference to others.

Through this programme, the Public Health team was said to have achieved much greater reach and engagement with diverse communities and groups than would have been possible otherwise. Close working with the partners, grant-funded organisations and Champions provided the structure and trusted relationships to share key COVID-19 messaging to many marginalised groups in high need.

Both VCH and Hackney Giving felt they benefited from partnering with the Public Health Team. Involvement in this programme was said to have brought more kudos and publicity and helped them extend their already large networks and strengthen relationships with VCS organisations. They also gained deeper insights into challenges facing different communities, especially around health matters.

Context

This section presents the outcomes reported by key stakeholders. There are a number of caveats to bear in mind. First and foremost, it is extremely difficult to attribute causality in a programme like this, especially given the evolving nature of the pandemic and the

programme's responses to it. All outcomes here were self-reported. It was beyond the scope of this evaluation to gather statistically robust data on changes in, or the programme's impact on, factors such as public knowledge, understanding or behaviour, let alone any changes in infection rates or vaccination levels. Such data would have required deciding a sound methodology with pre- and post-programme indicators and collecting appropriate baseline data in advance. The emergency context imposed by COVID-19 and other factors did not allow the time to develop these. Moreover, many of the relevant topics, such as understanding, behaviour and mental wellbeing are problematic to measure and attribute. It would be speculative to predict what would have happened if not for this programme, as so many variables were at play.

Secondly, it was very difficult to disaggregate the work done under the three information grants from the work undertaken as and by Champions, or from activities supported by other funding. For instance, most evaluation participants spoke about providing information on and helping people access the vaccinations, although some of the VCS organisations got separate grants for this. The introduction of vaccinations coincided with the early days of these grants and most included these as part of their COVID-19 grant work, whether or not they got discrete funding for this and vaccines were normally discussed in the regular fora. On the whole, and as described in the previous section on activities, the grant-funded organisations reported developing services they assessed their communities and service users to need. Improving access to COVID-19 vaccines was often part of this.

Last but not least, this evaluation did not collect any data directly from the communities and groups served, for various reasons. As a result, we only have second-hand observations and reports mainly from the Champions and grant-funded organisations. That said, the evaluation was able to gather and analyse experiences and feedback from the main players and their observations of any benefits for their communities and service users.

Each sub-section below examines outcomes reported by programme partners, Champions and grant-funded organisations relating to:

A. Communities and service users
B. The grant-funded organisations
C. The Community Champions
D. Hackney Giving and VCH
E. City and Hackney Public Health Team

A. Outcomes for communities and service users

The available qualitative data indicates that the programme may have made a difference to local communities and their experiences of COVID-19. Grant-funded organisations and the Community Champions reported that their information, practical and emotional support had helped many people understand the virus and rules and how to keep safe. They felt they had convinced people of the need to follow the guidance, had changed some opinions and

provided the advice and practical wherewithal to encourage and enable more people to get vaccinated. They believed they would not have done so otherwise.

> *".. it's been really, really beneficial for residents ... I think it's served the people of Hackney really, really well"*
>
> Grant-funded organisation in focus group

It was commonly said in focus groups that lots more people would have been harmed or suffered severely if not for this intervention, that others would not have been able to access the vaccination, or food, or been able to travel and that many more again would have '*felt isolated and confused*'.

> *"We [filled] a vacuum and the fact that we managed to get thousands of people vaccinated. It might be a very small number in the big scheme of things. But, that number of people would not have come forward, if not for all of the things that we did"*
>
> Grant-funded organisation in focus group

> *"We've convinced quite a lot of people, including my mom, who was completely anti. And now she has all of them done. And that was a real victory. We saved lots of lives"*
>
> Grant-funded organisation in focus group

> "*Fewer Jewish people would have been helped; more people would have died alone, denied cultural, faith and emotional needs when dying; distressing for them and for their loved ones; people would not have known the rules or how to minimise disease transmission; fewer people would have been vaccinated, including those afraid of coming forward because of immigration issues*."
>
> Grant-funded organisation lead who was also a Champion in a one-to-one interview

This work had a further unanticipated outcome in supporting groups who were not accessing health services, identifying other previously unmet health needs, and supporting people to register with a GP:

> "*As well as getting vaxxed, 60 came into the office to register with GPs. And that is a direct result … as this group of people previously had no confidence to use the health service ... We have seen pregnant women who had never been to the maternity service ... Someone who is a chain smoker for twenty years and thought that he was totally healthy*"
>
> Grant-funded organisation in focus group

The data suggests that the programme helped fill gaps caused by the closure of normal support services, including GP, mental health, local authority and other services.

> "*I think in many instances, things would have been way worse in terms of… people having to access health care… because there wasn't any health care to access."*
>
> Grant-funded organisation in focus group

It is impossible to gauge the full impact of the extensive emotional and mental health support provided, but the following quote from a grant-funded organisation reflects how the information, reassurance and practical and emotional support all blended:

> *"… they were happy to see [us] again,… knowing that they were not lost in all of what was going on, they were cared for, that we really thought about them, … were doing our best to make sure that they were in the loop and things were happening …helped everyone cope. Telephone calls and [practical support] comforted people... I think just being part of trying to make things better for people … Being able to discuss things quietly on an intimate level … and help them emotionally feel better about C19"*
>
> Grant-funded organisation in focus group

Physical, emotional and mental health benefits were reported from the wider physical and mental information and support enabled by the small grants. These were said to have helped counteract the physical and mental health deterioration caused by COVID-19 and associated restrictions.

> *"In the football group, there are four boys [who]...since COVID, dropped out of school for different reasons. And this is one of the projects they attend. So therefore, when the mother says, 'It's my children's life saver', then I believe it is"*
>
> Interview with grant-funded organisation

B. Outcomes for grant-funded organisations

Grant-funded organisations reported that participating in this programme had helped them substantially. Most of this feedback comes from the survey and focus groups with grant-funded organisations. Five main themes emerged:

- It provided a framework for organisations' overall COVID-19 response and communications;
- It enabled VCS organisations to identify and respond to their communities' needs and helped some keep afloat;
- Participation provided evidence on and prompted many to pursue more health work;
- It improved the profile and understanding of VCS and their work and contribution;
- It increased VCS networking and collaboration and associated benefits.

- **A framework for the VCS response to COVID-19**

The programme supported organisations to develop their own frameworks to meet their communities' needs. Many had already set up services to respond to the pandemic, and knew their communities' priorities, but the grants helped to sustain, expand and sometimes trial innovative ideas, as well as network with others. The new relationship with Public Health and other organisations and effectively serving as information hubs, helped organisations be strategic and more confident in their communications and other responses.

" People would still have come to us with questions, but … I don't think there would be .. that much capacity for staff to have information ... Much more accurate information than otherwise.'

Grant-funded organisation in focus group

The support to pass on up-to-date information proved critical in supporting people to stay as safe as possible and access services. Organisations said they gained a better understanding of the relative scope and benefits of employing various channels and methods, such as social media or printed media. They felt they became more accurate in their communications work.

"if it weren't for the grant ... we still would have done our best to disseminate correct information to the community where possible, just wouldn't have been able to spend as much time and effort on it as we were able to"

Grant-funded organisation in focus group

They benefited from the input to help structure often 'critical' conversations with members of the community and keep on top of the endless changes, which was itself 'challenging'.

"*… completely invaluable. For my sense of understanding and my mental health, I've been very grateful to have that structure to be able to push things forward*"

Grant-funded organisation in focus group

"Ensured we had the best, accurate and most up-to-date information possible, enabling us to have the confidence to pass the COVID health messages onwards. It enabled us to work closely with beneficiaries who find it hard to understand and are often not asked their opinions and thoughts on things, especially as they are amongst the most vulnerable in the community. It helped us to develop imaginative ways to work through the scariest and toughest of times"

Grant-funded organisation in survey

- **Enhancements to VCS organisations' response to their communities' needs**

Many organisations reported that they had already started providing additional services before getting the COVID-19 Information grants. But the funding made an enormous difference to scale and viability and put their work on a sounder footing. It helped them work more closely, and commonly one-to-one, with service users, which proved necessary and more effective.

"… the grant money was really great. The whole project helped us with our interaction with our young people and allowed our young people and their parents to know that there's somebody out there that really cared about them"

Grant-funded organisation in focus group

"It has enabled us to contact people we were worried about; people we believe have no internet who have not returned to our service after the lockdowns"

Grant-funded organisation in survey

The grants sometimes enabled organisations to fund and free up staff time. This included communications work, such as collating, researching, modifying, translating and disseminating information, printing materials, running advice lines and coordinating volunteers. Funding to employ dedicated communications and/or advice line staff, whose primary role was to provide accurate information, freed up time for coordinators and other staff to focus on other services and overall planning and delivery.

> "*we hired a few members… to specifically do health information. …getting the grant made us more aware of all the information we had to get our hands on. We [were able to] do extra information seeking, to be as reliable as possible*"
>
> Grant-funded organisation in focus group

This funding often helped organisations, operating on a shoe-string, keep afloat: 'a *life saver'.* It provided leverage to apply for further funding, for example to pursue more work around mental and physical health. The case for this had been evidenced and effectively piloted during the pandemic with the help of this funding.

> *"it's basically funded my role two days a week to be able to actually do this and help communications … it's hard enough as it is … Because everyone's constantly overworked and there's not enough money … basic survival for the most part"*
>
> Grant-funded organisation in focus group

- **Participation in this programme prompted broader health work by these VCS organisations**

This programme was reported to have put health more on the map for many VCS, and simultaneously convinced them of their role in this field. The Public Health Team and grant-funded organisations felt that the model of collaborating closely with the VCS, especially more grassroots organisations, could serve as a useful model for disseminating health information on other health topics.

Some of the work illustrated the extent of unmet needs and marginalisation as well as methods which can improve access, such as bringing medical care into communities in close partnership with trusted intermediaries, as had happened with pop-up vaccination clinics and providing other health checks. In early 2022 organisations and Champions responded enthusiastically to the opportunity provided by Public Health to discuss how they could continue playing a public health role.

This work brought to light previously unidentified mental, social, emotional and physical health needs among communities and service users. As well as giving these organisations a health role within their communities, it provided an opportunity to try out new approaches to health messaging and supporting health, based on observed needs and feedback. For example, many observed that embedding health information and advice in other activities such as sport, outings, yoga, mindfulness and social activities proved much more effective

than being didactic. Many organisations and Champions hoped to continue working on health and wellbeing, even if funding was not guaranteed. Plans mentioned included peer mental health support, social activities, telephone befriending and advice and yoga.

> *"… made huge difference because we were able to get the users active again ... We'll just continue going because it's such a successful project …"*
>
> Grant-funded organisation in focus group

The programme had helped organisations gather evidence of need and benefits and they planned to use evidence from their work in this programme to support future funding applications.

> *"it's given us maybe a little bit of credibility … in other areas where we would not normally be taken seriously … we can now go to GP surgeries and start really talking about social prescribing, a really strong case … it can have massive health impacts"*
>
> Grant-funded organisation in focus group

- **The programme improved the profile of the VCS and appreciation of their contribution**

This work boosted the profile of these VCS organisations and helped enhance the understanding of the sector as a whole within the Public Health Team. The partnerships with and reliance on Hackney Giving and VCH was a recognition of, and endorsed, their extensive expertise and established reach and relationships and trust among the wider VCS. While many grant-funded organisations had some prior engagement with Hackney Council, few had worked with the Public Health Team or the CCG. Over the course of this programme, through meetings and reports, they helped explain their different communities' needs; the huge range of VCS and their diverse contexts, functions, set-ups, services and approaches. This helped evidence the VCS vibrancy, innovation and responsiveness. Organisations felt that Public Health gradually developed a greater appreciation of their role and work. Public Health confirmed this.

> "*it's been really positive and inspiring...hearing about all of the things that they've been doing, some in a volunteer capacity... It's amazing*"
>
> Public Health interviewee

One organisation reported a steep increase in visits to their website and felt this showed they had become a local asset. Several established a reach and reputation beyond Hackney through their media work. A carers' group had become an unofficial consultation group for council and health bodies.

> *"Working as a small organisation, it's quite nice to feel valued by the statutory sector … which hopefully we were … We felt part of something and part of a solution*
> *… working towards one together* "
>
> Grant-funded organisation in focus group

Another outcome was grant-funded organisations' improved standing in their communities and accepted health promotion role. This was augmented by being able to channel accurate information. Some gained kudos from working with Public Health (others felt they had to walk a fine line between independence and being part of 'officialdom'). In face of high and increasing demand, organisations reported that the feedback they received showed that their communities trusted them and that they had become the '*go-to'* organisation for up to date and reliable information on the virus.

> *" …we definitely felt that we were seen as a trusted organisation and that people did come to us because they could speak to us"*
>
> Grant-funded organisation in focus group

- **The programme boosted and widened VCS networking**

All the organisations reported enjoying and benefiting from meeting others, hearing what each other was doing and gaining some mutual support and a sense of unity. This opportunity was new to some. But even those who were already part of existing local VCS networks said that they typically only encountered organisations working in the same field or with the same population groups, e.g. with older people, or Turkish people, or disabled people. The range of organisations and people in the programme proved unifying and supportive in its own way. Practitioners felt that they all faced common issues regardless of their specialist work or the different communities they worked with.

> "*Been great to meet other groups. Fantastic. We feel part of Hackney's rich tapestry. One of the best bits*"
>
> Grant-funded organisation in one-to-one interview

> "*We now have much stronger relationships with the local VCS organisations ... it was really nice to get to know those through the forums. …there's many forums you can go to, but they're all quite niche, whereas the COVID information group was just everywhere. And that was really interesting"*
>
> Grant-funded organisation in focus group

Organisations appreciated hearing first-hand what others did and the sense of working together towards a common cause. Discussions and feedback in meetings provided ideas about options to try, as well as knowledge about services they could refer people to. They felt that this momentum should continue and be used as a basis for other collaborative work.

> "We were inspired by the way other groups supported their communities and we reused some of the ideas... Having the support of other organisations gave us the mental strength to keep going as we felt we were in this together"
>
> Grant-funded organisation in survey

C. Outcomes for the Community Champions

The data used here derives mostly from the Community Champion survey (*n=33*), focus groups with Champions and the grant-funded organisations, and interviews with individual Champions (*n=12).* Most Champions who responded to the Community Champion survey and most Champions who took part in focus groups were based in grant-funded organisations and could be considered representative of the 61 active Champions at the time of this evaluation. As so many Champion evaluation participants were based in grant-funded organisations, there is an overlap in reported outcomes, and the outcomes outlined earlier are presumed to apply to these Champions as well and indeed many were reported by them. For that reason, the following focuses more on personal outcomes for the individual Champions.

All 33 Champions who responded to the online survey said that being involved in this programme had made a positive difference for them.

> *"Made me more knowledgeable and inspired me to do more to help the community during the pandemic"*
>
> Community Champion survey respondent

Across all the data sources available, the main outcomes reported were:

- Increased knowledge and awareness
- Greater likelihood to follow guidance to limit virus transmission
- Improved confidence
- New skills
- Feeling part of a larger community and network
- Pride in making a difference to others

- **Increased knowledge and awareness**

As part of the process of learning how best to inform others, one aim for the Community Champions was to improve their own awareness of how to keep safe and limit the spread of the virus. Champions reported feeling much better informed and having more insight into both COVID-19 and their communities. All 33 survey respondents reported that they had found it 'very easy' or 'quite easy' to understand the information provided; and most, 28 (85%), said they found it 'very easy' or 'quite easy' to keep on top of new information. Having access to up to date information to share with others helped Champions feel more secure and confident that they were saying and doing '*the right thing*'.

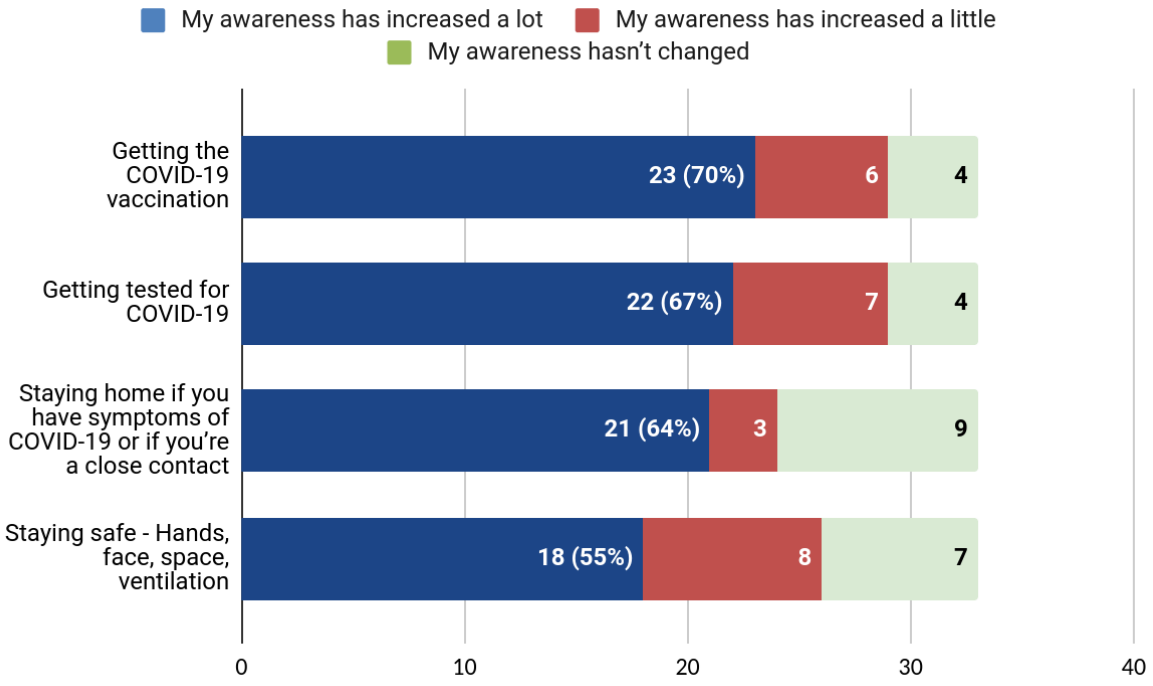
> *"More understanding about the risks of COVID"*
>
> Community Champion survey respondent

> *"I've learnt a lot from it, and it's good to get the information...some of the information doesn't filter out to the public.. it's really good … that bit more knowledge to explain things, why certain things happen. So, yeah, I enjoyed it and got a lot from it."*
>
> Focus group with Community Champions

The survey asked Champions if their awareness of ways to limit the spread of COVID-19 had changed as a result of the programme. Their responses, shown in Fig 11 below, indicate that most of these Champions' awareness of personal safety measures, testing, vaccination and self-isolation had increased a little or a lot. A minority said that their awareness had not changed, but one reported that this was because they were already well-informed. Indeed, one commented that the question had assumed that their previous level of knowledge was low, which was not the case for them.

> *"I joined to gain knowledge for my own benefit and I have found it quite good because … I've also learnt how different things affect different people"*
>
> Focus group with Community Champions

Fig 11. Self-reported changes in awareness of ways to limit COVID-19 transmission, reported by Community Champions *(n=33)*

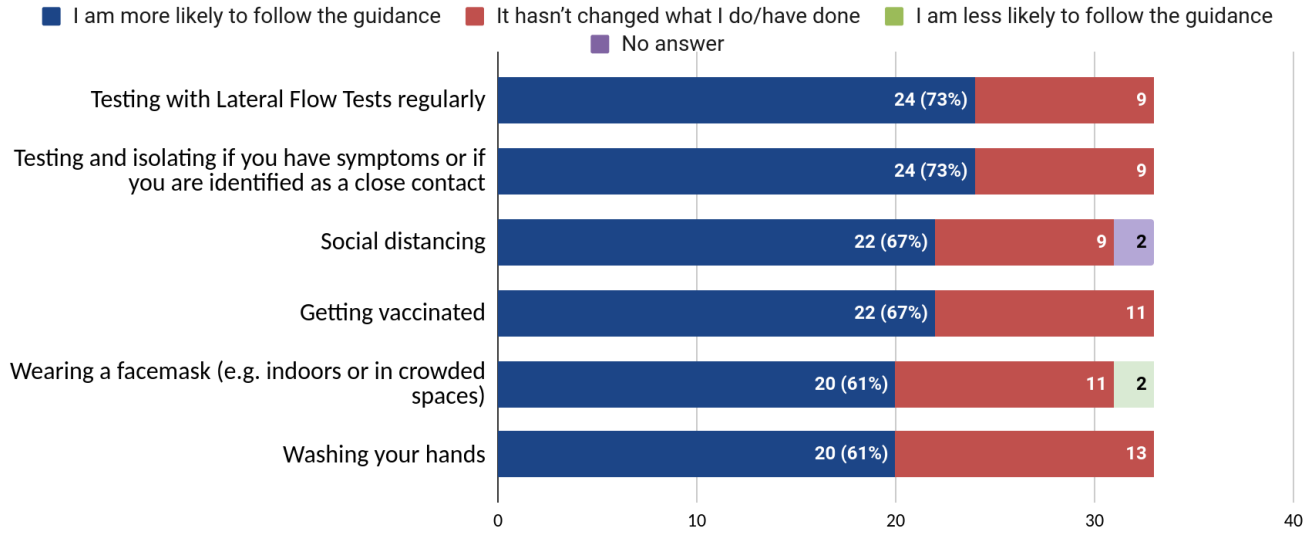


- **Greater likelihood to follow guidance to limit virus transmission**

The survey tried to explore any alteration in Champions' behaviour, by asking about any changes in their adherence to official guidance. As can be seen from Fig 12 below, the majority, (20 to 24, or 61% to 73%), reported that they were now more likely to follow measures, including testing and vaccination. By a small margin, more reported a change in their likelihood to test and isolate if symptomatic, and to get regularly tested. As with the previous question, for those who said their behaviour had not changed, we do not know if

this was because they were already adhering to the guidance, or if they did not want to. Two Champions said they were now less likely to wear a mask, but did not give any reasons.

Fig 12. Self-reported changes in following guidance, reported by Community Champions (*n=33*)



- **Improved confidence**

Champions reported feeling more confident in general and more able to strike up conversations with complete strangers. Most respondents, 28 (85%) said that the programme had helped them help others to follow guidance and take precautions to protect themselves. Over three quarters felt very confident about this. The person who reported not feeling that confident about isolating if they had COVID-19 symptoms explained that this was because '*the rules change a lot'* and they felt in need of continuous updates.

> *"The information and training received made me very confident in getting the COVID safety and vaccine information to others very easily and accurately"*
>
> *Community Champion survey respondent*

> *"I feel more confident about talking to someone I did not really know"*
>
> Community Champion survey respondent

- **Developing new skills**

Champions said they had acquired and appreciated getting new skills as well as knowledge, especially the communication skills picked up in the training provided. One commented that this might improve their future career opportunities. Several grant-funded organisations recruited community Champions from among service users, including young people. One commented on the huge difference this work had made to their young Champions:

> *"[They have] really fulfilled and thrived from the role, and one has now become a kind of permanent casual member of staff, which I think is really another positive thing that's come out of it".*

Grant-funded organisation in focus group

- **Feeling part of a larger community and network**

Community Champions reported that this role had helped them feel part of something bigger and the wider community, gave them a sense of solidarity and an opportunity to network and learn from each other. This may have helped Champions deal with their own sense of isolation and powerlessness imposed by the pandemic.

> "*It made me feel part of a larger community*"
>
> Community Champion survey respondent

> "*Connected with my community after so long a time of isolation. Great to get out and speak to people"*
>
> Community Champion in one-to-one interview

> *'I feel I've done my part in a small way… obviously health care staff were working very hard during this entire period. And you know, I felt like: 'I wish there's more that I could do'. And this gave me an opportunity to do my little bit"*
>
> Community Champion in focus group with grant-funded organisations

- **Pride in making a difference to others**

Champions expressed a sense of pride in their work and felt they had done something useful for their communities, more so if they could see they had succeeded in encouraging people to follow the guidance or improved vaccine uptake in their community.

> *"I have a sense of achievement and sense of community. I am very enthusiastic about the project and it's a nice feeling to be able to help and support vulnerable people*"
>
> One-to-one interview with Community Champion

> *"I decided to become a Champion to get the tools to answer the questions that our older residents have about COVID-19 and the vaccine… [being] able to access great training opportunities … allowed me to delve deeper and understand the root of the concern, and address some of those worries. It's okay to have concerns, but it's important to have the right answers to the questions... Now I am able to help …and support the work to protect the community."*
>
> Individual feedback from Community Champion to VCH

- **Feedback from Community Champion training**

Forty-two Champions answered a feedback survey, after attending the combined induction and MECC training between September 2020 and February 2021. Their feedback showed that:

  - Levels of satisfaction with the training session and content were high. The average score was 4.5 out of 5.

- The reported confidence in understanding the role was 4.4 out of 5.
- Champions' reported confidence in understanding the key messages they would be expected to communicate was 4.3 out of 5.
- Their reported confidence in understanding the NHS Test and Trace system was 3.9 out of 5.

The Champions who responded said they appreciated the information and resources shared as part of the training, the interactive nature of the session, the opportunity to have their questions answered and to learn from other Champions. However, they felt that the combined MECC and induction, three-hour, session was too long and the information a bit too dense and technical at times. Their suggestions for improvement included providing more information about the Champion role; more information on vaccines and incorporating more examples and case studies within the training.

From February 2021, the training was adapted based on the Champions' feedback. MECC and induction sessions were split into separate training courses and the MECC element was increased from 2 hours to 2.5 hours. This allowed more time to explore real life scenarios, using learner-led role play exercises and group discussions; more vaccine specific examples, contextualised in line with current issues raised; and more time to discuss the boundaries of the role and not needing to have all the answers to questions.
Peer support sessions were also set up in response to Champions' feedback and their expressed desire for more time to discuss and assimilate the training, network and develop confidence and skills. These are described more in Section 2, part B.

> *"I find the training information useful to help myself understand and that gives me confidence to share the correct knowledge or information"*
>
> Community Champion in survey

Nineteen Champions responded to a feedback survey after attending the stand-alone MECC training, delivered between July 2021 and December 2021. In these:

- Levels of satisfaction were high: the average score was 8.8 out of 10.
- On average the Champions gave a score of 8.5 out of 10 when asked how helpful the session had been in helping them have conversations about the vaccine.

Champions were asked what they would do differently after the training. Respondents emphasised being more respectful of other people's views, listening better, not trying to persuade people and signposting to credible information and support.

D. Reported outcomes for Volunteer Centre Hackney (VCH) and Hackney Giving

Both organisations felt they benefited from working more closely with the Public Health Team, getting to know them and becoming a trusted partner. Moreover, despite being funded by Public Health, this programme allowed both to work with Public Health on a near equal partnership basis. Although VCH and Hackney Giving already had strong profiles, they felt that working on this programme brought more kudos and publicity and helped them extend and strengthen their already large networks. It also helped build stronger relationships with VCS organisations, and raised their profile with them, around volunteer recruitment and management as well as funding and infrastructure needs of VCS organisations. They gained deeper insights into the needs and challenges facing different communities and population groups across City and Hackney, especially around health matters.

For VCH, managing this programme provided considerable learning and understanding of how the Community Champion programme can be extended to focus on wider health messaging, and on working in partnership with statutory partners, including Public Health and the North East London CCG. Co-production was said to be a key aim for VCH, and offered a way to involve residents and volunteers in shaping future service delivery. This programme offered some testing and learning around the scope to co-produce further programmes and service delivery with the council. VCH reported that their staff gained greater awareness, knowledge and understanding of COVID-19 guidance and information, for example the social distancing measures, testing and vaccinations. They also felt the programme augmented their understanding of how to improve access for communities to information, support and services in general. This and the ready access to expert Public Health advice in turn increased the credibility and value of other streams of COVID-19 information VCH disseminated.

Hackney Giving was in the middle of relaunching when COVID-19 arrived. This programme helped Hackney Giving cement connections with the VCS that were somewhat distinct from Hackney CVS. Work on COVID-19 augmented their reputation and existing partnerships with the CCG and Hackney Council, and resulted in much faster growth than they had anticipated when relaunching. Before COVID-19, they had aimed to secure and provide £30,000 to VCS organisations over the first year, 2020. In practice they processed over £1million by December 2021. Indirectly this served to test and demonstrate the expertise, robustness and management of their systems and their ability to distribute and oversee large sums of money to the sector.

One unintended, unavoidable outcome affecting Hackney Giving and possibly others, was that COVID-19 work dominated the last few years and diverted Hackney Giving away from some other priorities. It may also have put more emphasis on funding rather than on other types of support and concomitant capacity building in the sector, especially for smaller VCS organisations. This was linked to the speed of delivery.

E. Reported outcomes for City and Hackney Public Health Team

The primary outcome for the Public Health Team was the reach and engagement achieved with many diverse communities and groups. With that they achieved their aims of sharing key COVID-19 messaging and facilitating access to services for many marginalised groups in high need, who were otherwise at risk of being excluded from 'mainstream' messaging. This may not have been feasible, or at least not to this extent, without working with the VCS. The VCS partners, grant-funded organisations and individual staff and volunteers provided the structure, reach and long-established trust with communities to convey information.

> *"if it wasn't for this programme ... Public Health probably wouldn't have a way to engage with [these communities]"*
>
> Public Health interviewee

> *"… the Public Health team doesn't have the necessary groundwork for this community.*
> *Our community organisations … we have done the groundwork. We do the groundwork for this community to be organised, to be together, we offer the collective space … a safe space for people… the mechanism public health team [use] is just…to disseminate information"*
>
> Grant-funded organisation in focus group

> *"Public Health would not have reached the older people, [they] would not have been trusted in the general community…[people] would have been confused by the mixed messaging and the volume of info. They would have completely missed the undocumented workers, many of whom may have since accessed GPs. This meant more people were safe, more people got support mentally, psychologically, as well as physically to help them through lockdown etc, and more people got vaxxed"*
>
> Grant-funded organisation in focus group

Conversely, Public Health reported gaining deeper insights and appreciation of the needs of diverse populations and groups, and the impact of COVID-19, not reflected in national data and research. Highlighting cultural, faith and other specific nuances and access needs of many marginalised groups helped inform Public Health's ongoing COVID-19 communications and wider response to the pandemic.

> *"There has been so much information on COVID in the news... But it was really interesting to have the feedback and the information from the Community Champions and from these organisations to know what matters …to know if what we provided ... was rated…brings reality of COVID-19, because one week six members of one community died ... it was hard ... people were just grieving "*
>
> Public Health interviewee

> *"…all those different nuances in the different communities … getting beyond the obvious … Finding out what those barriers are … it's resulted in some great inside intelligence, which is fed back into the programme … resource intensive, but … quality work...they told us stuff that no-one would have* and *we would never think about*"
>
> VCS partner in interview

Feedback from the grant-funded organisations and Champions and other discussions with them helped Public Health identify the cultural and practical considerations of setting up pop-up vaccination facilities and other special arrangements with the CCG. In turn, this enabled the vaccine to become more accepted by, and administered to, many more people than might have otherwise been feasible. The programme also brought to light the additional marginalisation and specific needs of several groups, not least people with learning disabilities, rough sleepers, undocumented workers and groups denied access to public funds and illustrated their fears and barriers accessing healthcare.

> "We have vaccinated over 1000 Japanese, Chinese and Vietnamese people. … Also, people who got the first jab now know that their immigration status is protected. When the second jab was offered many had the confidence to go to their local area to kind of look for their second jab themselves"
>
> Grant-funded organisation in focus group

Working collaboratively with Hackney Giving and VCH enabled Public Health to achieve more than they could have otherwise. They brought positive relationships with and reach into the VCS and local diverse communities, and relevant expertise in managing volunteers and grants. Public Health interviewees felt that the programme had improved their understanding of the sector as a whole and helped them establish some direct relationships and trust with them.

> *"It's not so much preconceptions being debunked, but when you're doing this work, it brings to life some of the things that are written about or spoken about … when you have very real examples through conversations with sector organisations, it deepens your understanding"*
>
> Public Health interviewee

The programme provided learning, models, relationships and other foundations for future potential public health initiatives, including the design of later COVID-19 grant initiatives, as illustrated by the development of the COVID-19 Equitable Vaccine Uptake Grants .

> *"There's a lot of … 'community engagement' and 'co-production', … a lot of jargon … Working in this sort of close partnership … has been providing really valuable learning and definitely more than what you could get by reading the same … "*
>
> Public Health interviewee

Section 5. What worked?

Summary

Using a VCS-led delivery model was applauded. Partnering with Hackney Giving and VCH built on their strategic roles and expertise and well-established relationships with the wider VCS. It thus avoided unnecessary delays or duplication.

Funding and partnering with the wide range of grassroots VCS organisations provided Public Health with greater reach into numerous diverse communities and expanded the scope and speed of the COVID-19 messaging. This made best use of those organisations' knowledge of communities' needs and long-established trust. Allowing organisations the flexibility to design their own processes to suit their communities' needs and contexts was critical.

The model of appointing a Champion as the information lead in an organisation enhanced confidence that the information being shared was accurate, in the context of constant changes. Many likened this to the role of a Safeguarding Lead.

The VCS and Champions deployed a wide range of information sharing approaches and adapted these to each audience. They made full use of translation, social media and digital technologies. But one-to-one conversations and group discussions proved just as vital, especially for people who were digitally excluded, and for those who had the most concerns and reservations about the mainstream COVID-19 messaging and vaccines.

Trust was key. Service users and community members were said to need to trust the messenger as much as the message. The programme built on the trust in these VCS organisations, individual Champions and workers. They assisted many people who otherwise had a deep distrust of statutory bodies, a problem aggravated by the continuously changing nature of the COVID-19 policies and communications.

This section explores which elements of the programme's design and implementation worked well and the reasons found as to why. Again, this is based on data from the delivery partners, grant-funded organisations and Champions but not from the people they worked with. The most successful components of this programme emerging from the available findings were:

A. Partnership with the VCS and a VCS-led delivery model
B. The model of Champions based in (mainly VCS) organisations
C. Effective information sharing strategies employed by the VCS and Champions
D. Trust in the messenger

As earlier sections on activities and outcomes detailed some of these, this section presents the most salient points relative to programme design.

A. Partnership with the VCS and a VCS-led delivery model

The Public Health Team was highly praised for the overall programme conception and model, especially partnering with, funding and supporting VCS organisations to deliver such a major initiative to help protect the most at risk groups in City and Hackney. Organisations which also worked in other boroughs commented that City and Hackney Public Health stood out and felt that the programme set-up was '*enlightened*'. Funding was seen as just one aspect of what made this programme work well: the support, sharing of recent evidence, two-way information flow and the mutual respect were reported as critical.

> *"I think this is a really good example of good public health funding. Well targeted interventions .. I think it's served the people of Hackney really, really well ... bringing in lots of small organisations, trusted organisations was a pretty enlightened approach, to a unique problem. So even if the money wasn't great, the more direct line to Public Health and information and other bits of support have been useful "*
>
> Grant-funded organisation in focus group

Public Health's partnering with Hackney Giving and VCH demonstrated an understanding of the VCS and respect for these organisations' strategic roles, expertise, connectedness and systems. Moreover, building on these two organisations' well established relationships with the wider VCS and diverse communities in City and Hackney avoided unnecessary time delays or duplication of effort.

VCH's position, experience, knowledge and skills were critical. VCH brought over 20 years' expertise of working with the not-for-profit sector and supporting and training them to engage volunteers effectively, as well as directly supporting over 11,000 individuals who wanted to volunteer. Annually VCH helps over 400 not-for-profit agencies to develop the necessary understanding, capacity and skills to run and manage volunteer programmes, for the benefit of the organisation, the volunteers, service users and Hackney as a whole. As well as supporting other organisations' volunteering efforts, VCH runs and manages its own volunteer programmes, including health-related programmes. VCH's experience in recruiting, managing, training and supporting this range and number of volunteers and volunteer schemes and responding to their feedback proved essential in their support of the Community Champion element of this programme. The new Programme Manager introduced a number of improvements, including adapting the MECC training and introducing peer support sessions for Champions and gathering their feedback more routinely.

Hackney Council for Voluntary Service (Hackney CVS), the umbrella organisation for the local VCS, has worked in the borough for 25 years, often identifying the need for and supporting the development of grassroots organisations. It responded to COVID-19 in numerous ways. Hackney Giving the funding arm of Hackney CVS, had just reconfigured its systems and processes and brought substantial professional grant-making expertise, alongside experience of partnering with the VCS and the public sector. Hackney Giving had the capacity, skills and established infrastructure to quickly set up and efficiently process

the funding and regular grants payments. It distributed its first round of grants to respond to COVID-19 in April 2020. By late March 2022, Hackney Giving had received 270 separate grant applications from 177 VCS organisations and had channelled a total of £1,209,649, through 139 grants, to 94 VCS organisations. Most of these were funded by Public Health and the CCG. Hackney Giving and Hackney CVS have extensive reach into and connections with local communities and VCS organisations. They were able to build on years of networking, supporting and building trust with and meeting the needs of diverse VCS and groups to get this programme off the ground quickly.

Supporting, informing and funding the diverse VCS was said to have expanded the reach and scope of Public Health messaging dramatically. All parties were clear that without the grant-funded organisations, Public Health would not have had the same reach into diverse communities and groups. Grant-funded organisations emphasised that the effectiveness of their COVID-19 work relied on the framework of trust they had established with their communities over many years.

Public Health recognised that these two partners, the grant-funded organisations and Champions often went above and beyond their brief, '*and worked tirelessly'* to deliver this programme.

Letting each VCS design their project to fit their context was applauded. The grant-funded organisations and Champions found Public Health very open to comments, suggestions and challenges. All parties welcomed and praised the partnership role and mutual respect shown by all parties, and the programme benefited from the two-way information flow inherent to its design. This provided feedback loops and enabled issues and challenges observed on the ground to be raised and addressed relatively quickly, in turn improving confidence in the programme systems and in the VCS organisations.

> *"...we really had good people, [Public Health] were listening… it felt there was a real kind of engagement from everybody. Because sometimes when we do projects, it feels a bit like we speak in a vacuum, like no-one is listening"*
>
> Grant funded organisation in focus group

Grant-funded organisations and Champions said they enjoyed having a '*seat at the table'* with Public Health in general, as well as taking part in some co-design meetings. As outlined in the outcomes section, these discussions may have gone beyond and achieved more than the aims of this programme, as they enhanced VCS organisations' and Champions' understanding of 'public health'. The programme helped make this topic more real and tangible and prompted many to think of other ways they could partner with Public Health to improve their communities' health and wellbeing.

B. The model of Community Champions based in (mainly VCS) organisations

As mentioned earlier, nearly all the recently active 61 Champions over autumn 2021 to spring 2022 were based in an organisation. Most (47, or 77%) of these were based in one of

the COVID-19 Information grant-funded VCS organisations or a VCS organisation which got an Equitable Vaccine Uptake grant. Seven Champions were based in other VCS agencies, and five in non-VCS organisations. Two Champions were not attached to any organisation, as far as is known.

Most Champions in grant-funded organisations and all those based in statutory bodies had already worked there prior to this programme, but some VCS organisations had recruited extra Champions too. The data indicates that there was least attrition among those attached to organisations, but this may reflect the fact that the Champion role was a condition of the VCS funding contract. Alternatively, it may signal that the framework provided by these organisations assisted retention and provided a clearer context, direction and structure for Champions to carry out their role. Additionally, the pandemic may have created its own set of push and pull factors, enablers and constraints around volunteering which might not apply in more 'normal' times.

This aspect of the Champion programme merits further attention, as data is limited especially on the reasons for attrition. Most of the data, and therefore the analysis, came from and is focused on the Champions who were active and/or attended meetings. There was little data about or feedback from Champions not connected to organisations.

Focus group participants felt that basing Champions in an organisation gave instant communication channels with clearly identified communities and service users along with a framework for the COVID-19 messaging. Existing structures and systems helped contextualise, bound, manage, guide and supervise their Champion role and activities. Organisations felt that the Champion role had been assisted by the groundwork organisations had previously done, trust and connections established and their knowledge of communities' needs and priorities. They pointed to their development of services to match needs in professional and culturally appropriate ways; and the provision of professional guidance, training, support and supervision for their staff and volunteers, including on how to work most effectively with their particular community.

One VCS manager described how they allocated the Champions to different tasks according to both the needs of the service and their strengths and attributes. For example, some were tasked to provide direct telephone support to service users, while others had more 'back-office' roles, such as translating the guidance and information, designing graphics or sharing information and materials on social media.

> *"… although the Public Health Community Champions are very helpful ... the groundwork [is needed] for that. It is not just a one person role, it [needs] an organisational role to organise and to build that trust"*
>
> Grant-funded organisation in focus group

The profile of Champions is interesting. In many grant-funded organisations, the lead person, such as the Director, CEO, Coordinator or senior practitioner, undertook the Champion role. In the statutory and health organisations the Champion had their own client base and links with other professional colleagues. In some VCS organisations, additional volunteers were recruited who were directed and coordinated by someone more senior and experienced.

This may reflect VCS capacity, especially the number of staff or volunteers already available and if systems existed to engage and support more volunteers.

The data suggests that the core Champion model that evolved over time was tighter and more strategic than perhaps what was envisaged at the start. The primary model that persisted was where the Champion was based in and working from an existing organisation (VCS or statutory), which knew its service users and their needs and had established the best ways to interact with them over the years. They also had established mechanisms to know what staff and volunteers were doing, to monitor and report on this work and provide necessary support. To that extent the Champion role fitted well into and added to the organisation's or professionals' existing work. In other words, they were not operating independently. Champions' training and support was augmented by the new VCH Programme Manager from summer 2021. They reinstated and adapted the MECC training, set up peer support and meetings to ascertain priorities and adapted training and meetings in response to Champions' feedback. This helped cement the offer to individual Champions and clarify the role as well, as providing skills and support.

The model most organisations developed was making the Champion the lead information person, who had quick access to the most reliable information and was able to cascade that among other staff, volunteers and other channels. Champions and VCS organisations appreciated the provision of the latest information from Public Health and Champions' direct access to Public Health to get queries answered. Champions cascaded their training with colleagues and shared updates with them and service users.

In the focus groups, this role was likened to that of the Safeguarding Lead in any organisation working with the public and vulnerable groups. Grant-funded organisations found it really helpful to have a named person responsible for compiling and ensuring COVID-19 information was as accurate as possible, disseminating the latest insights across the team and being the point of contact for any concerns. As well as being most efficient, this reassured VCS that their information was accurate in the ever-changing news climate.

> *"I think it's the same as safeguarding: as in everybody in an organisation is trained in Safeguarding, but there is somebody designated as a Safeguarding Officer. I think it's the same concept … just giving that comfort, 'I can contact this person'... been massive for us"*
>
> Grant-funded organisation in focus group

- **Comparisons with other Community Champion programmes**

As mentioned earlier, many local authorities mobilised volunteers to support their response to the pandemic, especially by disseminating information among underserved communities. A report from London Borough of Newham on its Community Champions programme found that they initially recruited 500 volunteers. However, they also faced issues around retaining Champions, monitoring how many Champions were active and knowing what work was being undertaken or how. The evaluation report does not clearly state how many Champions were active at different points or more latterly (Bowers and Strelitz, 2022).

In recognition of the popularity of Community Champion schemes and to help explore their scope to assist the response to the pandemic, Public Health England undertook a rapid evidence review of evaluations of Community Champion programmes (PHE, 2021). This explains the basis of their analysis and conclusions drawn, but is nonetheless not a systematic review. The findings from the UK based examples are likely to be most transferable to City and Hackney for contextual and other reasons. Overall, the PHE review did not find enough evidence to recommend any one design, but they did note a set of common parameters which appeared to boost effectiveness. These included using people with existing 'credibility and 'community networks'; developing local partnerships; and the need for 'a supportive infrastructure', 'long-term investment, time to build trust and a mature community infrastructure. All in all, this review endorses many of the approaches found in the model which evolved in City and Hackney, especially working with trusted organisations; building on existing networks, relationships and established VCS infrastructure; a two-way information flow; adopting a flexible response to meeting need; and training and supporting volunteers in their role.

C. Effective information sharing approaches employed

Grant-funded organisations and Champions used a variety of approaches to share information and make it accessible to their own audiences, as explained in Section 3. The following stand out in terms of their reported effectiveness.

- **Working with Public Health and two-way information sharing**

Grant-funded organisations and Champions have appreciated all the information shared with them and the responsiveness and speed of this, for example the respective fora and the Public Health newsletters, online resources and the email question and answer process. In these ways, Public Health made the information as accessible as possible.

> *"The training that you offer and the regular meetings. That was a support mechanism that was useful and helpful. The fact that you can ask questions and get answers pretty much straight away. I don't know if there was something I couldn't ask or couldn't get an answer to."*
>
> Community Champion in focus group

The knowledge that they had access to the most up-to-date information at any given time, and could pass on queries from their communities provided confidence that they were sharing the most accurate information. This bolstered their information role and status and made them the go-to for information.

Organisations and Champions served as conduits, sharing information to and from Public Health and local communities. In other words, most followed the 'Contact Point' grant model, even if they did not have a Contact Point grant.

"I was more confident knowing that the information I was getting was from a reliable, approved source. Hearing from the medical sources were more reassuring too"

Community Champion in survey

"I have always received answers to any enquiries I have made whether it is for a community member or myself ...'

Community Champion in survey

- **Talking to people directly and making information accessible**

It was often reported that talking to people directly, ideally in one-to-one conversations, proved more effective than 'published' information. This relied on organisations and Champions treating everyone as an individual and showing respect for and responding to people's views and concerns, rather than being didactic, critical or confrontational, but at the same time not shying away from difficult topics. Making information accessible, and understanding what this requires on a granular level was said to be necessary to meet particular needs. This included, but was not limited to, matching language and cognitive needs, for example people with learning disabilities were said to need information broken down into small steps. Embedding information in other activities and conversations enhanced access and improved its acceptability.

The public were said to like meeting, and responded positively to hearing directly from specialists. Organisations tried to enable this by running webinars and other meetings with the CCG or Public health.

The methods used to share expert information with and support diverse communities to access health services and topics showed the potential for collaboration on other health issues.

- **Tackling common group barriers and not just operating at an individual level**

Most VCS and active Champions worked with defined groups and devised ways to meet their own service users' discrete needs at a group as much as an individual level. Recognising that some access barriers affected whole groups of society and not just individuals was fundamental to finding effective solutions. This led to the recognition and special efforts being made to meet the needs of undocumented people and others afraid of immigration penalties and of people uncomfortable in certain settings.

- **Modelling**

Champions and VCS organisations felt that modelling safe behaviour, such as social distancing, hand hygiene or wearing masks was a better way to convince people of the need to follow guidance than merely telling them what the rules were.

They found it effective to share stories, photos and videos of themselves and loved ones getting vaccinated. One VCS lead shared a video of being vaccinated while pregnant, to help

dispel anxieties about that aspect: *"here is me, having the vaccine … I'm not dying".* Others shared stories of themselves and others successfully becoming pregnant 'despite' having the vaccine, to address worries about infertility.

Understanding what and who is influential within a specific community was important. This included working with faith and other leaders, to get their approval and validation that e.g. the vaccine met faith rules. In addition, some communities were observed to have informal leaders and influencers. When they got vaccinated, others followed. First-hand accounts were said to be particularly persuasive among young people. This may have worked on people's 'experience' and/or 'availability' biases: in other words the common tendency to put greater store on first-hand and direct experience and recent accounts when making decisions.

Sharing stories from people who had had COVID-19 was sometimes useful, but had to be done sensitively and respect confidentiality.

The VCS and Champions often modelled how to look for information and assess the trust-worthiness of sources, for instance by sharing online and newspaper reports around COVID-19 and facilitating group discussions about their merits. This aimed to help service users, especially young people, develop skills in discerning reliable information on any matter, not just on COVID-19.

D. Trust

Trust underpinned all aspects of this programme, for example Public Health's trust in VCS organisations and in Champions to deliver the programme, which in turn built on trust established through previous work. On the ground, the success of the programme rested on public trust in the grant-funded organisations and Champions and the information they were sharing. Many insights around (dis)trust in officialdom were shared.

- **Trust between Public Health and the VCS**

Rather than prescribing the outputs as often happens in funding streams, Public Health gave VCS organisations the freedom to define their own activities. This was hugely appreciated and considered fundamental to the success of this programme. It allowed the VCS to build on their deep knowledge of their discrete communities' requirements, earlier COVID-19 needs' assessments and on work they had already initiated.

> *"I think what works best is the trust that Hackney is giving to voluntary organisations … that flexibility that the organisations have in handling how to communicate with their service users. I think Hackney trusted us in doing that, how we tailor messages, how we post our own communications to them. I think that really works"*
>
> Grant-funded organisation in focus group

Public Health found it helpful to hear and see first-hand the direct evidence of what VCS organisations did, their motivations, hard work, commitment and connectedness within their communities.

Trust grew over the course of the programme and was said to have been enhanced by improved contact, all parties getting to know each other better on an individual as much as on an organisational level and the growing mutual respect and appreciation of respective pressures and contexts.

> *"… the benefit of the forum … and hearing first-hand … actually people haven't applied for funding to do something subversive … They've applied for funding to do the job of communicating, because people care about their communities. … talking about the efforts and the lengths that they go to … When they're [reporting] about their communities, they're thinking about real people who they know. They're not just an anonymous group: they're real people"*
>
> VCS organisation in interview

- **Communities' trust in the VCS**

In its inception, the programme was based on the premise that VCS organisations, their workers and community based Champions would be more trusted by their members and communities and so more successful in conveying the COVID-19 messaging, in comparison for example to the statutory sector. This programme confirmed that. Grant-funded organisations and Champions presented trust as a complex, multi-faceted issue, which had proved central to their COVID-19 work and achievements. In addition, they highlighted the breadth and depth of underlying alienation and mistrust in official bodies. Organisations and Champions reported that distrust in the government messaging was built on centuries of racism and of groups and communities being marginalised or ignored. During the pandemic the confused messaging and rapid policy changes fuelled doubts and suspicions. Latterly, the reports of COVID-19 rules being broken by ministers and officials demolished trust further. One grant-funded organisation commented that they felt lucky that these stories only came out in late 2021 and not earlier in the vaccination programme. Distrust was said to be common and not confined to any particular communities or groups.

Despite the normal levels of trust these VCS enjoyed, overcoming the profound distrust encountered during the pandemic was said to have made this "*the most challenging projects we've ever done*". The vaccination programme proved particularly challenging, to the extent that several organisations felt the need to not appear to be promoting it and to reassure service users that services would remain open to them regardless of vaccination status. Some very deliberately chose to not apply for grants to support vaccine work.

> *"Some people may take your word because they know you well and some who know you just as well might still not accept what you say. And it's the range of the external forces, other membership groups and the strength of the counter messages"*
>
> Grant-funded organisation in focus group

The key elements of people's trust in the VCS organisations were being well-known, part of the communities they served, with a long and positive track record; having an open and non-judgmental approach; and meeting needs and showing care and responsiveness. The findings indicate that communities' trust in them was further enhanced because these organisations had gone the extra mile to help people from the start of the pandemic.

> *"We definitely were seen as a trusted organisation: people did come to us because they could speak to us. And, on some of the issues, we actually were asking the questions for them and getting information out and publicising it. So that helped build trust … and I think ability to put the health messages in more user-friendly language was a real benefit"*
>
> Grant-funded organisation in focus group

- **Being known and part of the communities served**

VCS staff, volunteers and Champions described themselves as being part and parcel of the communities they work with and being primarily motivated to make things better in their local areas and for their communities. Being "*part of the communities",* known to people, personally and long before COVID-19 was said to be essential to being listened to.

> "*our staff are from the communities we serve and work in. They know what's going on, they know everyone, they know the families, parents, … there's that trust that's also built from familiarity that comes from being there and being part of that community. You're one of us as opposed to one of them*"
>
> Grant-funded organisation in focus group

Being a public face and providing someone people could approach and talk to in person was said to be important in itself, rather than *a 'faceless information campaign' or* a *'council hotline'.* The need to talk to someone known and trusted may have been accentuated by the reduced access to GPs and other services during the pandemic.

- **Trust had taken time and organisations had a long track record proving their worth**

Many organisations spoke of working with their communities for decades and working with successive generations of families, in itself a reflection of trust. Over that time, trust derived from having proved their worth, delivering effective and responsive services and acting in people's best interests.

> "*we've been here 25 years and ... it comes down to the services that we provide. The people that we provide services to know that we're genuine, that where we're not just like doing this for money. We have volunteers... working for free. They know that… So it creates ... more sense of community and responsibility with each other*..."
>
> Grant-funded organisation in focus group

- **Demonstrating an open and non-judgemental environment**

Organisations said they aimed to establish respectful and collaborative relationships, trust and rapport with their service users. In the past, they had provided caring, safe, welcoming, spaces and services for otherwise marginalised groups. Such rapport was said to provide "*a better environment, [for] these kind of open conversations*" and made it much easier to talk about the virus, risk levels or vaccines.

> *"It's people that they've seen before who they know and trust… that rapport, is what helps the most. Because instead of just reading it off a government website when it comes from someone that they know, they tend to be more receptive*"
>
> Community Champion /Grant-funded organisation in focus group

- **Meeting needs and showing care and responsiveness**

Organisations reported that they had always *"run everything according to what the community expects"*, which helped them reach some people who might not engage with services. Communities were said to know that these organisations and that their staff and/or volunteers were *"fighting their corner in a lot of different areas …. and that we've always had the best interests in heart"*, on both an individual and community level. This required getting to know individuals well, being interested in their lives, making special efforts to keep in contact and having the training and experience to have respectful, if challenging, conversations. Talking about COVID-19 was seen as part and parcel of this and stemmed "*from a relationship building process, not just handing out leaflets to them… because our role is to support those people to access the services or the support that they need"*. This was said to help get to the bottom of any concerns.

- **Going the extra mile for their communities**

On top of their lengthy track record of working on behalf of their communities, during the pandemic people witnessed organisations' enormous efforts and responsiveness to meet diverse needs in respectful and culturally appropriate ways, even if this carried high risks. The use of volunteers who were not being paid or otherwise seen to be gaining personally from this work earned additional respect and trust.

> *"We were in contact with them, throughout the whole pandemic. And when you're speaking to somebody, they know you love them. Your information is coming because you love them. That is different"*
>
> Grant-funded organisation in focus group

Section 6: Key challenges encountered

Summary
Emerging challenges around COVID-19 messaging were interrelated and layered, including poverty, disability, language, digital exclusion and distrust in the vaccine and statutory organisations. The grant-funded organisations and Champions noticed an increase in reported mental health issues.

Various aspects of the vaccination programme were said to have confused people. The Champions and VCS organisations had to source and provide information to address numerous concerns around safety and efficacy. The vaccines were often contentious and care was needed to not alienate people.

It was challenging to keep abreast of the ever changing context, rules and related information and service needs. Over time people were said to tire of the COVID-19 messaging and organisations and Champions found it more acceptable to cover information and guidance indirectly.

Everyone concerned had to deal with a fast-changing emergency situation, mostly working remotely. In addition, many experienced illness among their colleagues and loved ones and bereavements in their own communities and groups.

Challenges in the programme design included:

- the different Community Champion models used over time, each with different requirements
- difficulties collating and assessing Champion numbers and levels of activity.
- the reporting requirements for Round 1 and Round 2 grants. Many VCS organisations found these disproportionate in terms of time, resources and need and over-focused on counting outputs rather than other aspects.
- grant-funded organisations' generally insecure financial base. Many lacked core funding and often got by on project grants. This undermined planning.
- parallelism between the Champion and grant-funded elements. This may have caused duplication in reporting, meetings, communications and data collection.
- grant-funded organisations sometimes questioned the 'partnership' and co-design models. Most meetings were led by Public Health, although over time organisations and Champions contributed to the agenda. Much of this was unavoidable, as Public Health was the main funder and had to share the latest rules and other updates at meetings, which attendees were eager to hear.

This section brings together the main challenges, and groups these as:

A. Emerging challenges around COVID-19 messaging
B. Some challenges within the programme design

A. Emerging challenges around COVID-19 messaging

The programme was established on the premise that certain groups found it harder to access or adhere to mainstream COVID-19 messaging and services, due to marginalisation, language and other barriers. As well as trying to address those challenges the VCS organisations and Champions confirmed and added depth and texture to that general picture in their feedback and reports. Some overarching themes are picked out here.

- **Challenges are interrelated**

Many communities in City and Hackney faced multiple, layered, barriers, including racism, digital exclusion, language, disability and poverty. Digital access proved critical in this pandemic. The abrupt shift to online life and services and the concomitant denial of personal contact and closure of physical spaces and GP practices meant those who lacked equipment and/or skills could easily be left behind. They could not, or could not easily, access information updates; book PCR tests or vaccines; generate vaccine passports or travel documentation; access online school; or socialise online.

Poverty emerged as a common thread and exacerbated racial, cultural and other barriers. The heightened deprivation experienced by certain communities, especially those with no recourse to public funds, made it increasingly hard for organisations to talk about COVID-19 and the guidance, as it had a low priority given their other concerns. Similarly, grant-funded organisations commented that some of the national messaging around the vaccine related to it being an instrument to enable socialising and overseas travel. This provided no motivation to many low income or disabled community members, who rarely or never travelled and who had become accustomed to even more limited lives during the pandemic.

- **Work to promote vaccines and minimise polarisation**

COVID-19 vaccines often emerged as contentious. Although grant-funded organisations worked to assist vaccine uptake regardless of their original grant brief, many reported having to tread carefully and work strategically around this topic. Early on, much of the work involved was around conveying information and ensuring access, such as explaining or translating eligibility criteria or booking appointments, or reassuring people they were eligible.

But as time went by, it became clear that significant numbers of people remained unconvinced or had fresh doubts and that an individualised approach was necessary. Reported anxieties and alternative narratives included that the vaccines were designed to harm certain groups, or did not meet faith criteria, and/or that natural immunity was enough. The need for boosters, the switch from AstraZeneca to Pfizer, evidence of break-through infections, variants and the need to continue safety measures, such as social distancing, despite being vaccinated, all gave VCS organisations and Champions extra challenges to address. A few grant-funded organisations choose to not discuss the vaccine at all, and did not apply for grants to help promote it, because of their own ambivalence or fear of alienating some service users.

"It was quite tricky to navigate. [The organisation] just didn't talk about it at all… but we did want to talk about it, but we didn't want to be seen to be pushing it"

Grant-funded organisation in focus group

Practitioners reported that the 'anti-vax' stereotype made people more defensive and their work harder: when mostly what was needed was information, answers to questions and reassurance. Specially targeted vaccine drives sometimes added to a perceived stigmatisation:

"*There was a certain subtlety about how that was perceived ... why are they singling us out? Why do we need our own? What's going on there? And it just reinforced a lot of the disquiet.. felt by certain members"*

Grant-funded organisation in focus group

At any one time, particular doubts or questions were more difficult for the Champions and grant-funded organisations to find answers to. Such questions included a vaccine's potential interaction with an individual's medication and any particular vaccine's impact on women's menstrual cycle, an important consideration in some communities. Clinically vulnerable people wanted to know what level of immunity they had and how safe it was to resume social interaction after vaccination.

Grant-funded organisations reported that their service users relied primarily on friends and family for news, followed in order by social media and mainstream media. Some groups accessed international news more than UK channels because of language barriers, and heard more conspiracy theories in the early days via this route. Feedback in special meetings convened by Public Health and VCH with Champions and grant-funded organisations over autumn 2021 revealed that all the issues around distrust in mainstream messaging were magnified for young people and young adults, many of whom resented being treated '*like children'* and were often worried about putting toxins in their bodies and preferred to rely on their own immunity.

The pandemic meant that young people, disabled people and those with health conditions became more dependent than ever on family and carers for information. This was more pronounced when it came to the vaccine. It also illustrated a lack of agency, even for those legally able to consent in their own right, but presented a quandary for organisations who wanted to show respect for carers and give people the space to decide for themselves.

- **Proving acceptability and trust among communities**

The data from this programme illustrates the importance of acceptability of, and trust in, both the message and the messengers. A major challenge was an underlying lack of trust in the government and statutory organisations (the messengers) especially, but not only, among many less often heard and disadvantaged communities. For some groups, their distrust was said to have been fuelled by years of marginalisation, stigmatisation and racism. Organisations and Champions had to balance acting as messengers for official bodies, with maintaining their service user's trust.

"There's just like hundreds of years of systemic racism and all this stuff that comes with being in this country, which impacts, I think a lot of that work"

Grant-funded organisation in focus group

"*when you say the 'Council' people have had a real mix of experiences with … different departments [including schools more recently] ... and if you don't trust the Government as well, that's always a tough one. The reality is the information we are sharing is coming via the Government, really … We've got to be mindful of that … trust isn't built by simply pushing cheesy flyers, presuming that the public is ignorant...the information is there, but it's just how we share it that makes a difference"*

Grant-funded organisation in focus group

With COVID-19, trust was dented by the numerous, and sometimes apparently conflicting, rule changes, such as on mask wearing, social restrictions, international travel and vaccinations, often at times of relatively high COVID-19 infection and death rates. To many this contradicted the narrative of 'following the science' and signalled that policies were based more on a political agenda. It suggests that many changes were not adequately explained to the public.

"One of the most difficult questions I had in one of my sessions with a couple of young people, they literally said, 'when Sajid Javid became the health minister, he gave a speech in the morning and then within two days, asked you to change'. The young people were asking me questions, detailed questions, around the time frame: 'this was this, this morning, why has it changed now?' So how can you say this is what's real?"

Grant-funded organisation in focus group

Stories about vaccine side-effects and an apparent shift away from AstraZeneca damaged confidence in the vaccines:

" when it came to the boosters, again people were confused because … as AstraZeneca was the first shot, they [presumed] second would be the same. Then the booster was only Pfizer, and not AstraZeneca and that made people confused and worried too".

Grant-funded organisation in one-to-one interview

News reports that members of the Government had flouted lockdown and other rules, while the general public was forced to obey them, were said to be extremely damaging to an already fragile level of trust. The apparent cynicism added to challenges of advice.

"[people] question, 'Yeah, why did I actually do the vaccine, or why did I do that?' They wonder 'why could I not be with my family all that time?'... People do feel betrayed that we went to such lengths .. It was a difficult time for everybody, everyone ... tried their best ... it was difficult for everybody ... were we foolish?"

Grant-funded organisation in one-to-one interview

- **Fatigue with COVID-19 and increased recognition of mental health issues**

At the start, communities and others were eager to get information on and discuss COVID-19. But by early 2022 people were said to be "*sick of hearing about this, so sick of hearing about the vaccine*". Combined with the growing questions about the rationale for official policies, organisations and Champions found it difficult to continue talking about COVID-19 and the vaccines and had to find novel ways to do so.

While there was mounting evidence of the mental and physical health impact of the pandemic organisations reported that 'mental health' was 'taboo' in some communities, So it had to be approached sensitively and in culturally appropriate ways. In recognition of this, Public Health and Hackney Giving designed the Round 3 small grants to have a wider mental and physical wellbeing brief. Over time, the grants and Community Champion meetings focused more on these topics too.

- **Keeping abreast of an emergency and ever-changing context**

When COVID-19 first hit, programme partners and organisations reacted quickly. From then on they had to regularly adapt to a continuously evolving situation, as well as the move to remote working. Legislation, guidance and contexts commonly changed between the planning or application stages of a grant and when grants were awarded, meaning that some of the original plans had to be reworked. For example, one organisation planned to deliver services to local vulnerable groups in their building, but by the time they got the grant, many staff were furloughed and their building had to be closed to the public for months.

B. Some challenges within the programme design

The evidence points to the following learning points, which may be useful for future development of this programme or others:

- The Community Champion model and ascertaining Champion activity
- Reporting and other requirements on grant-funded organisations
- The VCS insecure funding base
- Potential duplication and parallelism in the programme
- The partnership and 'co-design' model

- **The Community Champion model, activity and attrition**

As well as the many elements of the Community Champion model which worked extremely well, this evaluation identified challenges. The findings suggest that some of these may relate to the Champion model adopted, but the evaluation did not have time to explore the model in greater depth. As reported in Section 2, other than using the reporting requirements for grant-funded organisations, no systematic methods or indicators were developed to measure Champion activities, such as the type or quality of conversations with people, or any outcomes achieved. At best, ad-hoc information was gathered within the fora and other meetings. Measuring conversations with individuals and any potential outcomes from them is inherently difficult and the decision not to do this in practice mirrored the

approach of similar programmes elsewhere. It is also difficult to disaggregate the reported activities of Champions from those of grant-funded organisations.

In terms of expected input, and as noted in Section 2, the Champions based in the Round 1 and 2 grant-funded organisations were expected to attend training and the monthly Community Champions' Forum, keep up to date with the COVID-19 information provided and share feedback. However, these expectations did not apply to Champions recruited in other tranches. For example, the Champions recruited from spring 2021 (described as 'Phase 2') were asked to sign up to the free weekly Public Health newsletter and were also invited to training and the Community Champion Forum. But these were optional and information about their activities was not collated.

As reported earlier, a detailed analysis by Public Health and VCH found that about half (125) of all those who signed up participated in at least two activities at some stage, and determined that between autumn 2021 and spring 2022, 61 Champions, could be considered 'active'. All but two of these champions were based in a VCS or other organisation, and most were in a grant-funded organisation. For them it is possible that the Champion role was part and parcel of their organisations' overall COVID-19 strategy, and so more structured and coherent. Grant-funded organisations spoke about the direct and indirect supervision and support they gave Champions. Other Champions working in organisations who attended the focus groups reported pre-existing links with a specific area or a group of people. Given the available data, this may call into question the model of 'unattached' Champions. That said, 76 of the original Champions based in VCS organisations ceased being active at some stage too.

The Champions were often referred to as 'volunteers', but it is unclear how many were unpaid. Many of the active Champions were employees and indeed commonly senior personnel in their organisation. So although they 'volunteered' to work as a Champion, they were not 'volunteers' in the sense of being unpaid for their work.

A significant number of the 248 Champions recruited disengaged at some point by March 2022, but we do not have details for most. Exit interviews were undertaken with 38 as they were leaving and found that their main reasons were changing circumstances, for instance moving job, finishing their studies, or having to return to work after maternity leave or furlough. Similar reasons were mentioned in focus groups. Overall, the rate of attrition suggests that recruitment was more successful than retention. The rate of sign-ups may also reflect a widespread eagerness to do their bit. A large-scale 2019 You-Gov survey of 10,000 UK volunteers, for NCVO, found that 80% intended to volunteer for over a year and that the most common reason for leaving was changing circumstances[25].

25 https://www.ncvo.org.uk/images/documents/policy_and_research/volunteering/Volunteer-experience_Full-Report.pdf

- **Reporting and other requirements placed on grant-funded organisations**

Round 1 and 2 organisations were asked to provide a detailed report on their activities every quarter. Reports had to include quantitative data, such as numbers of each type of any media produced, such as the number of Facebook or Twitter posts, print runs, and the number of people they had spoken to or 'reached' in other ways; a narrative description of their activities and any COVID-19 or other issues arising; plus a financial report and invoices for that quarter. They also reported to the monthly grant holder's forum and took part in other meetings and data collection exercises run by Public Health.

During the focus groups, interviews, the survey, and sometimes in the quarterly written reports and other feedback, many Round 1 and 2 grant-funded organisations said they found the reporting expectations disproportionate, both in relation to the amount of funding they received (between £7,500 and £20,000) and their staffing capacity. The turnover of these organisations ranged from £1,000 per annum to roughly £2 million. While bigger organisations were likely to have discrete finance, management, project delivery and administrative personnel, some of the smaller organisations had no paid staff.

Some felt that this degree of reporting questioned the partnership model and reflected a degree of distrust in them and their expertise.

> *"..because they know us … they must have trusted us to give us the money in the first place. To make us fill the forms and do everything again is just …"*
>
> Grant-funded organisation in focus group

This feedback was heeded and reflected in the Round 3 'small' grants. That application was simpler and the reporting requirements were less frequent and allowed a more narrative format. This made it easier for organisations to explain their work and any outcomes noticed. Round 3 organisations were quite happy with the reporting requirements. Organisations participating in the evaluation focus groups said that they enjoyed that opportunity to explain and report on their work.

VCS organisations and Champions said it was difficult to meet and balance the pressures of delivering their extra or reconfigured COVID-19 services in addition to quarterly reporting, fortnightly meetings and *"the sheer number of emails each week"* coming from VCH, Public Health and Hackney Giving. The time required to keep on top of the weekly communications was described as *"ridiculous expectations … for a small grant, on a front line organisation*". The grant holders' focus groups often grew very heated on this topic.

> *"[please] spread the meetings over different days and times. We are volunteers not full-timers, not all can attend … I feel there are too many emails from different sources, with limited time as volunteers it was quite hard to keep up"*
>
> Community Champion in survey

Evaluation participants pointed out the grant applications were themselves onerous and time consuming for small organisations, or those comprising only volunteers. One said it

took them two to three days to write. Many organisations compared this to their experiences of applying to the National Lottery and other big funders, who they said were much more understanding of their capacity and proportionate in their reporting requirements. The Excel based reporting forms were tricky to complete and prone to causing errors. Organisations indicated that the monitoring criteria and frequency had put some off applying for subsequent grants.

> *"We showed [Public Health] that we can perform and we can do what you want us to do. And then the reports as well, … a lot more questions, sometimes it's really overwhelming … especially like we are a very tiny organisation … we're all volunteers … the amount of time and effort you put in and what you're getting out is nowhere comparable … and you see that as a barrier and you don't want to do it again"*
>
> Grant-funded organisation in focus group

- **The VCS insecure funding basis**

A significant contextual challenge which emerged was the precarious funding situation which threatened the viability of many VCS organisations. Regardless of experience, evidenced need or outcomes, they often operated on a hand to mouth basis, a situation worsened by the era of 'austerity' cuts since 2010. There was some cynicism that government funding, conspicuously lacking in the previous 11 years, had suddenly become available. Many feared they would soon have to close their doors because of lack of funding. Even a temporary closure could cause irreparable damage for service users. Hackney was praised for its '*enlightened attitude towards the voluntary sector'*. But organisations craved long-term funding to give them a stable base to support core costs to meet the needs of their communities, not just short-term project funding, welcome as that was.

> *'… after ten years of austerity, organisations like ours are struggling.. And Then suddenly, the powers in place realised that there was an emergency and we had to find cash"*
>
> Grant-funded organisation in focus group

Organisations expressed frustration that on one hand they were praised and showcased for their exemplary work, whilst on the other they faced imminent closure due to lack of core funding and a reliance on piecemeal project funding, regardless of need.

> *"…so now we're left with this amazing project that every councillor in Hackney wants to come to see, and Mind are coming and bringing [their] Chief Executive. But, well, the funding ends in May. So, it's like, you know, it's good. So, why are you ending the funding …? It's very frustrating"*
>
> Grant-funded organisation in focus group

As well as funding, some of these organisations desired a package of support which included a broad range of capacity building, such as training and guidance on relevant matters. These needs could be explored further by Hackney CVS.

- **Potential duplication and parallelism in the programme**

Substantial overlap was evident in meetings and in the type and amount of information collected by Public Health and partners. As attendance at the monthly Grant-holders' Forum and the monthly Champion Forum were each obligatory for the Round 1 and 2 funded organisations and Champions, a Champion who was also the lead person in a grant-funded agency was required to attend both. This entailed a two-hour meeting each fortnight. Some organisations had enough staff and volunteers to delegate meetings, but commonly the same person attended each. This affected the smaller organisations most. In some of the more grassroots outfits no-one could attend, for example because everyone was a volunteer and had 'day-jobs' as well, or they felt they could not spare the time.

In the early days of the pandemic, both meetings may have been necessary. Everyone was eager for the latest information in a frightening, new and dynamic scenario. Perhaps the overlap that transpired between grant-funded organisations and Champions was not anticipated, as some Champions were expected to be a discrete group with their own set of aims and objectives and methods to meet needs.

There were misunderstandings about data protection and data sharing, and the separate servicing of each forum by Hackney Giving and VCH may have delayed an appreciation of the overlap. However, it became apparent in early summer 2021 that the Champions regularly in touch with the programme and partners were mostly linked to grant-funded organisations. Nonetheless, both fora continued in parallel, along with some overlaps in data collection across reports, emails and meetings. The emerging picture is of two parallel operations, which possibly impacted most on Public Health, the grant-funded VCS and the active Champions. It is possible that a review of the data protection rules being applied and consents in place might have simplified some operations and for example enabled more Champions to be contacted and supported by telephone.

- **The partnership and co-design model**

The grant-funded VCS said that they really appreciated and enjoyed working with Public Health; the role given them to help their communities using their experience and insights and the free rein allowed them to design their projects in ways they knew would suit their service users.

At the same time, they sometimes questioned the 'partnership' model in play, as it was clear that the programme was primarily funded and governed by Public Health. In each fortnightly forum, much of the time was needed by Public Health to present the latest guidance and information, especially in the early days of the pandemic when the situation was developing quickly and everyone needed the most up to date information. As they went on, the Champions and VCS were invited to suggest agenda topics and contribute more. Sometimes VCS organisations said they felt less like partners when they were not kept in the planning

and information loop, for example, being told at the last minute about a new pop-up clinic for their community. Often this was difficult to avoid due to the rapidly changing context within which the programme was delivered and also some initiatives were not led by Public Health.

The granularity of the quantitative data expected in grant reports may have been helpful for Public Health, but there is no evidence of this. VCS organisations argued that the expectations lacked proportionality in relation to the size of the organisations or the grants awarded and expectations were subsequently modified in subsequent grant rounds in response to this feedback. Possibly, the focus on outputs may inadvertently have diverted organisations away from collecting data around outcomes and impact.

Some of the later 'co-design' sessions were said to be useful to Public Health. Champions and organisations enjoyed being offered a role and the opportunity to input. At the same time, they experienced some sessions more as consultations, as they started from a previously determined agenda, which they could comment on, but not co-design from scratch. At the same time this was reported to be sometimes unavoidable as the funding stream or another external party set the agenda, for example to improve vaccine uptake. Context, needs, scope and developing a common language are all critical in 'co-design' and 'co-production', as the terms can mean all things to all people. Moreover, it is not always possible or appropriate to take this sort of approach. But it is important that everyone understands the scope of co-production feasible in each project and how much of the decision-making can be shared when the terms 'co-design' or 'co-production' are used[26].

[26] https://www.involve.org.uk/resources/methods/co-production

Conclusion and emerging recommendations

In this conclusion we revisit both the evaluation and programme aims.

What difference, if any, did the programme make to the Community Champions, grant-funded organisations and the people they support around COVID-19?

Although it is not possible to gather reliable outcome data for the communities and groups served, Champions and grant-funded VCS organisations strongly believed that the programme had made a substantial difference to their communities, groups and service users. Moreover, having this more coherent framework to respond to COVID-19, as well as the necessary funding, information and other practical support, enabled them to help their diverse communities and groups. The partnership was effective in that Public Health shared the latest information and responded to emerging concerns, while the Champions and VCS organisations made information, guidance and services accessible for different sub-groups and individuals. Many people were supported to follow the guidance and access COVID-19 services, including vaccines, as well as benefiting from social, emotional, mental health and practical support. Through the programme, many underserved and otherwise marginalised groups in City and Hackney received up-to-date information, tailored to their particular needs and circumstances. Grant-funded organisations and Champions enjoyed being given a public health role and the programme highlighted their potential to pursue more work around other health needs. They also benefited from Public Health observing the roles they played in their communities, as evidenced by ongoing consultations, partnerships and further grants. For their part, Public Health achieved a reach into lots more communities and areas than would have been possible without this programme.

The effectiveness of the partnership with the Public Health team was reflected in the responsiveness of the grant-funded organisations and Champions and the use of insights gained to fine-tune the local response. This enabled them to more confidently answer people's questions and concerns in acceptable and accessible ways. Although no causal relationships have been, or can be, proven, evaluation participants had no doubt of the positive impact the programme had had on people's lives and the importance of the assistance channelled to often excluded groups. VCS organisations felt they contributed to getting many more people vaccinated, than would have happened otherwise, but the potential contributing factors are too complicated to disentangle here.

What were the key processes, enablers, challenges and contextual factors of different aspects of the programme? What approaches and methods used by Community Champions and VCS organisations worked best and why across diverse communities?

As anticipated in the programme's conception and design, access proved a major barrier to Public Health COVID-19 messaging. Poverty, language, poor digital access, alienation, the

complexity of some of the issues and the rate of change of, and apparently conflicting and confusing, COVID-19 information and rules, were the main access barriers identified. All were magnified for anyone with a learning disability or other cognitive or access difficulties. The evaluation found that making the vast amount of fast-changing complex information accessible required carefully considered and often attention to detail and needs at a group, sub-group and individual level.

The range of methods used to share COVID-19 messaging was nearly as diverse as the communities and groups served, and showed innovation and sensitivity to needs. The findings show that print, social media, texts and video were useful, exploited to the full and enabled a relatively cheap way to reach many people quickly. But people who could not access digital media and those least able or likely to engage with, and more doubtful of, the mainstream messaging needed a more nuanced and individualised approach. Respecting and addressing people's personal concerns in ways they could relate to helped them decide for themselves. Most notably, the evidence indicates that no single, uniform, information drive would have achieved the same engagement and that an agile responsiveness to individual and group needs was key. Addressing access issues to help people get tested or vaccinated, also necessitated identifying the specific needs of sub-groups and individuals. Over time, the need to provide more emotional and psychological support emerged too.

The two-way information flow between Public Health and the Champions and VCS organisations was another successful facet of this programme design. This gave Public Health relatively quick insight into how information was being variously received on the ground and the emerging challenges. The collaborative response from Public Health, the grant-funded organisations and Champions solved problems for many vulnerable groups, not least to enhance access to vaccines and primary health care for large numbers of people previously unaware of their eligibility.

The partners successfully set up and delivered this new programme at speed. At the time of launch the Public Health Team and partners were also focussed on emergency projects, setting up crisis helplines and practical support (e.g. to ensure people could access food and prescriptions) and were taking on responsibility for borough-wide testing, local outbreak control management, support and advice. The COVID-19 context meant that partners and others had to continuously make critical decisions and address innumerable hurdles while working remotely, not least dealing with a constantly changing emergency and getting to know each other and each other's systems. Not surprisingly therefore, the evaluation found that some of the programme's processes might have benefited from a review after about six months, not least the number of meetings and monitoring requirements for the Round 1 and Round 2 grant-funded organisations, the number of active Champions and their role, activity and delivery.

The message and methods are only one part of the story. The evidence from this programme shows that trust was essential, that such trust takes considerable time and evidence to be earned. This programme found that people, especially those in the more underserved groups, who are perhaps accustomed to being marginalised, had to trust the messenger, as much as the message. On top of many communities' existing distrust of the 'state' and statutory bodies, trust was further tested by emerging issues and headlines around the pandemic. These Champions and VCS organisations were already embedded in their communities and had previously established trust. In turn, this trust was founded on demonstrating a keen awareness of service users' and communities' needs as well as reliability, responsiveness and effectiveness over years. All these factors were felt to have contributed to the effectiveness of their COVID-19 messaging, together with the sensitive and respectful way they approached this work. That said, many felt they had to be quite tentative about the vaccine programme, as it became a contentious issue.

What are the priority learning points to help plan future collaborative public health initiatives between the City and Hackney Public Health Team and the VCS?

The findings endorse the main concept underpinning the programme: that partnering with and working through the VCS and local people was pivotal in enabling Public Health greater reach than otherwise feasible, and engagement with disadvantaged and marginalised communities in City and Hackney. All parties got to know more about City and Hackney populations, and their diverse needs and considerations. Nonetheless, questions remain about potential groups in need who were not reached, especially those which do not have a VCS organisation supporting or advocating for them.

The success of the programme also lay in all parties' motivation and hard work to make it work, in very testing circumstances. The programme demonstrated the benefits of Public Health partnerships with both strategic umbrella VCS organisations, such as VCH and Hackney Giving, as well as with more community-based VCS. This enabled Public Health to make best use of and build on their respective strengths and connectedness. It shone a light on the immense range, circumstances, skills and expertise of the VCS. Public Health's funding of, and the free rein given to, VCS organisations to define their delivery methods was praised in itself and proved critical. As well as bringing their skills, experience and understanding of their communities, the VCS demonstrated their ability to achieve a lot on relatively small amounts of money, often creatively. At the same time, the long-term funding challenges they face affected their scope to plan strategically, not least around long-term needs and health matters. They feared that their financial precariousness risked already disadvantaged communities losing essential trusted services.

The findings reflect the need to balance proportionality in reporting requirements, meetings and monitoring, with the need to collate reliable data. The monitoring and data requirements placed on grant-funded organisations may have partly reflected some lack of appreciation of the (small) scale of some VCS infrastructure, the emergency context, speed

of set-up and lack of scope to meet in person. Unfortunately, despite lots of data collection, there remained important gaps.

Most of the available data around Champions' work relates to Champions active over late 2021 and early 2022. As well as accessing the increasing support and training provided by VCH, this group was mostly based in established organisations. Even if not originally anticipated in the programme design, this provided an already defined group to work with, as well as day-to-day direction, management and supervision. As many of the grant-funded organisations were required to appoint a Champion, they had more scope to apply and test the Champion model, in turn providing more data about this way of deploying the Champion model. Unfortunately, limited data was available on the 'unattached' champions or how they used the information provided. Evaluation participants' analogy of the Champion role to a Safeguarding Lead offers a useful construct for Champions based in organisations: an internal expert with lead responsibility for ensuring information and policies are up to date and a conduit for the two-way flow of health information and communications with Public Health.

Although networks and fora already existed, the programme boosted networking among the VCS. They clearly enjoyed the opportunity to meet others and identify common ground, regardless of differences in the topics or groups they focussed on (often the basis of their usual networks).

Public Health witnessed first-hand VCS organisations' and Champions' connectedness with, and reach into, marginalised communities, as well as their agility and innovation in making health topics and services acceptable and accessible. The programme demonstrated how the VCS and Champions can be key to health messaging, because they, the messengers, were already trusted. The grants showcased the effective work that can be done to promote physical and mental wellbeing on relatively small sums of money, but at the same time that no single template suits all groups or needs. Looking to the future, the programme has highlighted the interest and potential across the sector to pursue health promotion initiatives within local communities and the benefits of partnerships between the VCS and the Public Health Team. Discussions over early 2022 confirmed the VCS interest in having a role in broader health topics, but that the co-design model may need to be co-produced too.

Overall, the findings indicate that this innovative and timely programme may have made a substantial difference to the lives of many diverse and otherwise underserved communities and groups in City and Hackney and provided a useful model of collaboration to build on.

Key recommendations derived from the findings

The programme demonstrated the considerable interest, scope and potential for future collaboration between Public Health and the VCS to support the health of local communities and especially underserved groups in City and Hackney.

It is important to be clear about language when talking about 'co-design' and 'co-production', to ensure that the meanings, expectations and boundaries are understood by all and also that expected contributions from the VCS are feasible and funded.

It pays to allow VCS organisations to devise the methods that will best meet their respective community's and group's needs, based on evidence and previous experience. They can build on knowledge, established relationships and trust. However, as was done here, backing this up with specialist and accurate health information and resources is essential.

Smaller VCS may need more capacity-building support, as well as funding, and both types of support need to be provided in tandem.

The extent of reach, and the communities who are not being reached, needs to be continuously monitored and analysed, and also is likely to change over time. This will inform any need to find alternative ways to engage more marginalised groups and those most severely affected. In turn, this requires data collection to reflect the details and diverse considerations of groups, especially those often subsumed under broader ethnicity headings such as 'black African', 'South American', white European', etc.

When providing grants, monitoring and data collection is necessary, but needs to be proportionate, timely, relevant, useful and used. Methods and tools need to be piloted first and then reviewed periodically. As well as making use of the insights gathered, it is good practice to feed back to contributors how their input led to any changes or improvements. The potential to collect relevant outcome data needs exploration, as well as testing.

Incorporate an interim review of programme models and systems, especially when setting up a programme at speed, as was the case here. In this programme, the duplication of meetings, monitoring and other data collection and some of the divisions and duplication in the programme were identified by summer 2021.

Revisit the Champion model to develop it further. In particular, it would be worthwhile to explore: the relative benefits, expectations, coordination and support needs of Champions based in organisations versus those working alone; what data is feasible and necessary to understand Champions' work on the ground and any relative impact; the effectiveness of different delivery models; and the main factors which contribute to volunteer retention or attrition. Investigating other long-standing Champion programmes, including those referenced in the PHE review and those working with families, may well provide useful guidance.

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Appendices

Appendix A: The Evaluation

A process and formative evaluation examined both strands of the programme: the VCS grant funding and the Community Champion work. The evaluation ran from October 2021 to April 2022 and is based on data available up to the end of March 2022.

The evaluation aimed to:

- Explore what difference if any this programme made to the grant-funded organisations, Community Champions and the people they work with in Hackney and the City, around COVID-19 and related wellbeing and other issues;
- Examine the key processes, enablers, challenges and contextual factors of different aspects of the programme;
- Help understand what types of approaches, communication methods, information and support used by Community Champions and VCS organisations worked best and why across diverse communities and any gaps;
- Identify priority learning points to help plan future collaborative public health initiatives between City and Hackney Public Health Team (and wider partners) and the VCS.

Evaluation scope

This evaluation was commissioned in October 2021 to examine three sets of grants: the Round 1 and Round 2 Information grants; and the 'Small' Information grants (see Section 2 for a full explanation of these).

The findings were based on all the primary data collected (focus groups, qualitative interviews and two surveys) and on monitoring and other secondary data available in Spring 2022.

The report's findings about grants are limited to the three information grants, as much as possible. However, at times evaluation participants made reference to other grants, for example the Equitable Vaccine Uptake Grants and many of the VCS organisations who took part in this evaluation got other grants to support their work on COVID-19. For example, grants were provided by the North East London (NEL) City and Hackney Clinical Commissioning Group (CCG) and Hackney Giving, and the CCG awarded 'Equitable Vaccine Uptake Grants' which were jointly funded by the CCG and City and Hackney Public Health. While the evaluator often repeated that this evaluation was focussed on the three information grants, sometimes evaluation participants explicitly referred to other grants as well. In addition, it is possible that some views and opinions encompassed other grants, but were not explicit.

It was difficult to disaggregate the occasional mentions of other grants. In practice the main grey area was around the information and services to improve access to the vaccine. When the first grants were launched in late 2020 the vaccine was not available. However, by early 2021 a major vaccination programme had been launched and most of these VCS organisations worked in some way on the vaccine programme, even if not directly funded to do so. Later some also got separate funding for vaccine work. Providing information about the vaccines was incorporated into the VCS and Champions' information work and their related communications with Public Health. The vaccination programme was routinely in the fora and other meetings. Overall, any straying into other grants is unlikely to detract from the main findings, as the purpose of all the grants was to support work on COVID-19. Moreover, the VCS organisations were largely allowed to define their work priorities and activities to suit their communities, they did not distinguish the grants on this aspect and the findings indicate that the funding helped them to meet their communities' needs.

In early 2022, the evaluation was expanded to evaluate the Community Champion programme. Initially this evaluation was undertaken by Public Health. It made more sense for one evaluation to cover both strands, as in practice both parts of the programme overlapped and intersected a great deal. However, each had discrete aims and organisational structures and separate strands of data collection. As a result, although some of the data overlap, some had to be analysed and presented quite separately.

Evaluation methods

This was primarily a process and formative evaluation, to help inform the future of this programme and other similar programmes. It examined the main processes used and the related challenges, enablers, and learning points emerging for the programme as a whole and for the lead partners: Public Health, VCH , Hackney CVS and Hackney Giving. Findings around reported outcomes are included. But as explained in that section, the assessment of outcomes or impact was limited by the context and the type of evidence this would require and which was available.

A professional researcher was employed and hosted by HCVS to design and manage the evaluation and undertake most of the evaluation activities. She was helped by staff from the City and Hackney Public Health Team. Monitoring, programme reports and other data around the grants and Community Champions were supplied by Hackney Giving and VCH.

This evaluation used a mixed methods approach, combining quantitative and qualitative data from primary and secondary sources.

Primary data collection included:

- An online survey of all 60 VCS organisations which received at least one of the 3 grants. This attracted 26 responses
- An online survey sent to 210 individual Community Champions. 33 responded
- Online qualitative interviews with the programme partners (*n = 7*)
- Online qualitative focus groups with lead staff, volunteers and Community Champions from the grant-funded organisations (*n = 29*)
- Online qualitative focus group with a range of Community Champions (*n=5*)
- Online and telephone qualitative one-to-one interviews with grant-funded organisation leads, who were unable to attend focus groups (*n=3*)
- Written feedback from organisations who could not make the focus groups (*n=3*)
-

Secondary data collection included analysis of :

- Grant applications;
- Grant-funded organisations' quarterly and other monitoring and other reports and written feedback;
- Minutes of the grant-funded organisations' monthly meetings and of the Community Champions' monthly meetings (fora);
- Community Champion profile sign-up survey (n=184);
- Community Champion monitoring data, training feedback and exit interviews conducted by VCH (n=38);
- VCH one-to- one interviews conducted with Community Champions (*n= 12*);
- notes from meetings and discussions held with organisations and Community Champions by Public Health and VCH over autumn 2021 (*n= 17 organisations and 20 participants*), and other feedback and data collected by Public Health and VCH.

Data analysis

Quantitative data in surveys were analysed using Survey Monkey and Excel. All focus groups and interviews were digitally recorded and transcribed by AI, and then checked and corrected by the researcher. All qualitative data from focus groups, interviews, surveys and other sources were entered into and analysed using a Framework approach. This provides a rigorous and systematic way to organise, condense and summarise a range of data. It is highly adaptable, and facilitates analysis by theme and sub-theme, and comparison across different sources and participants. Themes were developed from the main evaluation aims, alongside an inductive analysis of issues identified by participants. (Braun and Clarke, 2013; Ritchie et al. 2014[27]).

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Appendix B – Grants and VCS grant recipients

B1. Funding distributed by Hackney Giving April 2020 to March 2022

This illustrates the range and number of grants and helps explain why VCS organisations and other evaluation participants might at times discuss grants in general and not just the three information grants. The three information grants are highlighted in bold text.

Grant Round name	Date	Total distributed	Number of grants
Coronavirus Response Fund - Round 1	April 2020	£14,900.00	5
Coronavirus Response Fund - Round 2	July 2020	£59,670.00	21
CCG Crisis and Recovery Grants - Round 1	August 2020	£232,815.00	13
COVID-19 Information Grants- Round 1	**October 2020**	**£385,923.12**	**27**
CCG Crisis and Recovery Grants – targeted at Turkish & Kurdish Communities	November 2020	£23,185.00	1
COVID-19 Information Grants - Round 2	**March 2021**	**£184,553.51**	**17**
Community Support Small Grants	May 2021	£27,000.00	10
Community led outreach grants, vaccination inequality- Round 1	April 2021	£66,068.00	13
COVID-19 Information Small Grants	**July 2021**	**£115,534.24**	**24**
Community led outreach grants, vaccination inequality* Round 2	Sept 2021	£100,000.00	8
Total		**£1,209,648.87**	**139**

(*some of this funding derived from earlier 'underspends')

B2: The three information and support grants evaluated in this report

'Contact Point' information grants: Round 1 grants October 2020; Round 2 grants March 2021.
The maximum 'Messenger' grant was £10,000. The maximum 'Contact Point' Grant was £20,000.
A total of 44 VCS organisations received one of these grants.
Some also got funded in 3rd round – see below.

Organisation	Main target communities supported	Date	Amount granted
African Arts and Advice Centre	Congolese people & African French speaking communities	Mar-21	7,490.00
African Community School	People from black and Asian ethnic groups	Oct-20	10,000.00
Age UK East London	Older people	Oct-20	20,000.00
Agroforep	Ethiopian, Somali, Eritrean and Sudanese communities	Mar-21	7,498.00
Akwaaba	Migrant communities	Mar-21	14,975.00
Bikur Cholim Ltd	The Charedi community	Mar-21	15,000.00
Chats Palace	People in the Homerton area	Oct-20	19,983.00
City and Hackney Carers' Centre	Carers in City & Hackney	Mar-21	14,960.13
Coffee Afrik	The Somali community	Oct-20	20,000.00
Community Centre for Refugees from Vietnam, Laos, Cambodia	Communities from Vietnam, Laos and Cambodia	Oct-20	9,790.00
Connecting All Communities	East African and other communities	Mar-21	15,000.00
Day-Mer, Turkish and Kurdish Community Centre	Turkish and Kurdish communities	Oct-20	19,775.72
East London Advanced Technology Training (ELATT)	People with learning difficulties and SEND, workless households and migrants	Mar-21	15,000.00
Hackney Chinese Community Services Association Ltd	Chinese, Japanese and Vietnamese communities	Oct-20	20,000.00
Hackney Cypriot Association	Greek and Turkish Cypriot communities	26-Oct-20	19,550.00
Hackney Play Association	Children and young people and their families	Oct-20	9,996.00
Hatzola Trust Ltd	The Charedi community	Oct-20	20,000.00
Hawa Trust	West African communities with a focus on women	Oct-20	9,952.56
Healthwatch City of London	Communities living in the City of London	Oct-20	19,861.02
Hoxton Health	People aged 60+ with long term health conditions	Mar-21	7,486.00

Huddleston Centre	People with learning disabilities and autisms	Oct-20	9,879.00
Irish Elderly Advice Network	Irish communities	Oct-20	20,000.00
Kanlungan Filipino Consortium	Filipino communities	Oct-20	19,989.14
Kol Bonaich	Charedi community who are disabled or have long- term health conditions	Mar-21	15,000.00
Listening Place at the Stoke Newington Methodist Church	People with mental health needs	Mar-21	12,145.00
Made in Hackney	People vulnerable to ill health & food poverty, e.g. people with learning needs, in recovery, homeless, newly arrived migrants, people with a long term health issues, on low income or in care	Oct-20	9,980.00
Minik Kardes	Turkish and Kurdish people	Oct-20	18,390.00
MRS Independent Living	Older people	Oct-20	9,903.00
National Autistic Society	People on the autistic spectrum	Mar-21	7,500.00
Positively UK	People living with HIV	Mar-21	7,500.00
Rise Community Action	Communities from Congo, Ghana, Nigeria, Uganda, Rwanda, Kenya, Tanzania and Zimbabwe	Oct-20	10,000.00
Round Chapel Old School Rooms	People who are homeless or vulnerably housed	Oct-20	19,608.00
Shomrim	The Charedi community	Oct-20	10,000.00
Shoreditch Trust	Communities in Shoreditch	Oct-20	20,000.00
SkyWay Charity	People and communities located in Hackney	Mar-21	7,500.00
SocialEyes 4Life	Visually impaired people	Mar-21	7,500.00
St Mary's Secret Garden	Older people and disabled people and/or those with long term health conditions	Oct 20	10,000.00
The Crib	Young people and families	Mar-21	15,000.00
The Vietnamese Mental Health Services	Vietnamese and Chinese communities	Oct-20	9,406.00
The Wickers Charity	Young people and families	Mar-21	14,999.38
Turkish Cypriot Community Association	The Turkish Cypriot community	Oct-20	19,002.00
Turkish Cypriot Cultural Association	The Turkish Cypriot community	Oct-20	10,000.00
Woodberry Aid	People and communities in the Woodberry Down area	Mar-21	7,500.00

Xenia	Women with low levels of literacy, in English and in their own languages	Oct-20	9,997.68
Total			**£570,476.63**

Information Small Grants (MHCLG). Max £5,000 for VCS with turnover under £300,000 pa 24 grants awarded. Some of these organisations also got a Messenger or Contact Point grant		
Organisation	**Purpose of grant and communities supported**	**Amount granted**
Ability North London	Weekly drama therapy sessions and a Caring Cafe for adolescents with mental health issues	£4,994
Afridac	Translating public health information into Yoruba and Portuguese for African communities	£5,000
Agroforep	Providing targeted information and advice to people from Horn of Africa black and refugee groups	£4,990
Agudas Israel Community Services	Helpline to offer support and information on COVID-19 for the Charedi community	£5,000
Children with Voices	Healthy cookery sessions for children	£4,970
City & Hackney Carers	Exercise sessions for carers	£5,000
Coffee Afrik	Welfare benefits and debt advice sessions for Somali women, domestic violence survivors and elders	£5,000
Day-Mer	Workshops on physical and mental health, including COVID-19 issues for Turkish and Kurdish communities	£4,989
Fame Star Youth	Information and support on the COVID-19 vaccinations as well as responding to valid concerns	£5,000
Hackney People First	Weekly Zoom meetings to improve people with learning disabilities' access to mental health support	£4,981
The Happy and Healthy Trust	Cycling proficiency lessons alongside targeted public health messaging for young people from diverse backgrounds	£3,560
Hawa Trust	Accessible COVID-19 information in English, Patois and Krio using African themes for African communities	£4,958
Hackney Chinese Community Service	Employ a health worker & run events to promote awareness of health issues	£5,000
Hackney Young Person University	Teach young people how to prepare healthy meals on a low budget and manage their mental health	£4,996
Koach Parenting	Support parents and children through one-to-one sessions and sharing public health information	£5,000

Middle Eastern Women and Society Organisation	Face-to-face social groups, WhatsApp group and a befriending service for migrant women aged 50+.	£4,925
MRS Independent Living	Side by Side service, targeting older people in Dalston	£4,996
National Food Service London	Expansion of the Hotline Support Service, supporting people in need of food support.	£5,000
Outdoor People	Drop-in events for families to discuss health topics, signpost to support, train volunteers, run family 'wild walks', promote healthy living and discuss COVID-19	£3974
Shepherdfold Ministry	Train & support volunteers to outreach, run in-person and online meetings on COVID-19 & other health issues. Support disadvantaged black & Asian people & refugee communities on Kingsmead Estate	£5,000
Sonshine Club	Football and yoga sessions for disabled children and their mothers	£4.995
Street Storage	An outreach worker to connect with homeless people	£5,000
Turkish Cypriot Cultural Association	Sharing Covid-19 and general health messages with over-50s from the Turkish Cypriot community	£5,000
Tohum Cultural Centre	Translate public health messaging for the Turkish and Kurdish community across a range of platforms	£5,000
Total		**£150,000**

B3: All COVID-19 grants awarded by Hackney Giving and Public Health from April 2020 to April 2022, to show the range of VCS organisations which got grants and which got more than one grant and the types of agencies and communities supported overall.

Organisation	Coronavirus Response Fund	Coronavirus Response Fund	CCG Crisis and Recovery Grants, Round 1	COVID-19 Information Grants, Round 1	CCG Crisis and Recovery Grants, Round 2	COVID-19 Information Grants, Round 2	Community Led Outreach Equitable Vaccine Uptake Grant Round 1	Community Support Small Grants	COVID-19 Information Small Grants	Community Led Outreach Grants, Equitable Vaccine Uptake Grant Round 2	Total grants
Ability North London		✔							✔		2
Acheinu Cancer Support		✔									1
Activiteens		✔									1
African Arts and Advice Centre						✔					1
African Community School	✔	✔		✔							3
African Development and Advocacy Centre							✔		✔		2
African Health Policy Network			✔								1

Organisation	Coronavirus Response Fund	Coronavirus Response Fund	CCG Crisis and Recovery Grants, Round 1	COVID-19 Information Grants, Round 1	CCG Crisis and Recovery Grants, Round 2	COVID-19 Information Grants, Round 2	Community Led Outreach Equitable Vaccine Uptake Grant Round 1	Community Support Small Grants	COVID-19 Information Small Grants	Community Led Outreach Grants, Equitable Vaccine Uptake Grant Round 2	Total grants
Age UK East London				✔							1
Agroforest						✔			✔		2
Agudas Israel Community Services									✔		1
Akwaaba						✔					1
Bangla Housing Association							✔			✔	2
Bikur Cholim Ltd						✔					1
Bridge the Gap - Families in Need		✔									1
Cambridge Heath Salvation Army	✔										1

Organisation	Coronavirus Response Fund	Coronavirus Response Fund	CCG Crisis and Recovery Grants, Round 1	COVID-19 Information Grants, Round 1	CCG Crisis and Recovery Grants, Round 2	COVID-19 Information Grants, Round 2	Community Led Outreach Equitable Vaccine Uptake Grant Round 1	Community Support Small Grants	COVID-19 Information Small Grants	Community Led Outreach Grants, Equitable Vaccine Uptake Grant Round 2	Total grants
Carib Eats		✔									1
Chats Palace				✔							1
Chesed Hospital Transport		✔									1
Children with Voices									✔		1
Choice in Hackney			✔								1
City and Hackney Carers' Centre			✔			✔			✔		3
Coffee Afrik CIC		✔	✔	✔			✔		✔		5
Community African Network	✔						✔			✔	3

Organisation	Coronavirus Response Fund	Coronavirus Response Fund	CCG Crisis and Recovery Grants, Round 1	COVID-19 Information Grants, Round 1	CCG Crisis and Recovery Grants, Round 2	COVID-19 Information Grants, Round 2	Community Led Outreach Equitable Vaccine Uptake Grant Round 1	Community Support Small Grants	COVID-19 Information Small Grants	Community Led Outreach Grants, Equitable Vaccine Uptake Grant Round 2	Total grants
Community Centre for Refugees from Vietnam, Laos, Cambodia				✔							1
Connecting All Communities						✔					1
Day-Mer, Turkish and Kurdish Community Centre	✔			✔	✔				✔		4
E5 Baby and Children Bank								✔			1
East London Cares								✔			1
ELATT						✔					1
Ezras Hakohol		✔									1
Fame Star Youth		✔							✔		2

Organisation	Coronavirus Response Fund	Coronavirus Response Fund	CCG Crisis and Recovery Grants, Round 1	COVID-19 Information Grants, Round 1	CCG Crisis and Recovery Grants, Round 2	COVID-19 Information Grants, Round 2	Community Led Outreach Equitable Vaccine Uptake Grant Round 1	Community Support Small Grants	COVID-19 Information Small Grants	Community Led Outreach Grants, Equitable Vaccine Uptake Grant Round 2	Total grants
Feel Good Community								✔			1
Friends of Woodberry down		✔									1
Future Challenges UK										✔	1
Gahu Dramatic Arts		✔									1
Hackney Chinese Community Services Association Ltd		✔		✔			✔	✔	✔		5
Hackney City Farm			✔								1
Hackney Cypriot Association				✔							1
Hackney People First		✔							✔		2

Organisation	Coronavirus Response Fund	Coronavirus Response Fund	CCG Crisis and Recovery Grants, Round 1	COVID-19 Information Grants, Round 1	CCG Crisis and Recovery Grants, Round 2	COVID-19 Information Grants, Round 2	Community Led Outreach Equitable Vaccine Uptake Grant Round 1	Community Support Small Grants	COVID-19 Information Small Grants	Community Led Outreach Grants, Equitable Vaccine Uptake Grant Round 2	Total grants
Hackney Play Association				✔							1
Hackney Playbus			✔								1
Hackney Young People's University									✔		1
Halkevi – The Kurdish and Turkish Community Centre							✔			✔	2
Hatzola Trust Ltd			✔	✔							2
HAWA Trust			✔	✔			✔		✔	✔	5
Healthwatch City of London				✔							1
Hoxton Health						✔		✔			2

Organisation	Coronavirus Response Fund	Coronavirus Response Fund	CCG Crisis and Recovery Grants, Round 1	COVID-19 Information Grants, Round 1	CCG Crisis and Recovery Grants, Round 2	COVID-19 Information Grants, Round 2	Community Led Outreach Equitable Vaccine Uptake Grant Round 1	Community Support Small Grants	COVID-19 Information Small Grants	Community Led Outreach Grants, Equitable Vaccine Uptake Grant Round 2	Total grants
Huddleston Centre				✔							1
Irish Elderly Advice Network				✔			✔				2
Kanlungan Filipino Consortium		✔		✔			✔			✔	4
Koach Parenting			✔						✔		2
Kol Bonaich						✔					1
Lev Echod Cancer Care								✔			1
Listening Place at the Stoke Newington Methodist Church						✔					1
London Saz School		✔									1

Organisation	Coronavirus Response Fund	Coronavirus Response Fund	CCG Crisis and Recovery Grants, Round 1	COVID-19 Information Grants, Round 1	CCG Crisis and Recovery Grants, Round 2	COVID-19 Information Grants, Round 2	Community Led Outreach Equitable Vaccine Uptake Grant Round 1	Community Support Small Grants	COVID-19 Information Small Grants	Community Led Outreach Grants, Equitable Vaccine Uptake Grant Round 2	Total grants
Made in Hackney				✔							1
Middle Eastern Women and Society Organisation									✔		1
Mimbre								✔			1
Minik Kardes				✔							1
Misgav			✔								1
MRS Independent Living				✔					✔		2
National Autistic Society						✔					1
National Food Service London CIC									✔		1

Organisation	Coronavirus Response Fund	Coronavirus Response Fund	CCG Crisis and Recovery Grants, Round 1	COVID-19 Information Grants, Round 1	CCG Crisis and Recovery Grants, Round 2	COVID-19 Information Grants, Round 2	Community Led Outreach Equitable Vaccine Uptake Grant Round 1	Community Support Small Grants	COVID-19 Information Small Grants	Community Led Outreach Grants, Equitable Vaccine Uptake Grant Round 2	Total grants
Outdoor People Ltd.		✔							✔		2
Positively UK						✔					1
Read Easy Hackney		✔									1
Rise Community Action				✔							1
Round Chapel Old School Rooms				✔			✔				2
Salaam Peace								✔			1
Schonfeld Square Foundation	✔										1
Shepherdfold Ministry									✔		1

Organisation	Coronavirus Response Fund	Coronavirus Response Fund	CCG Crisis and Recovery Grants, Round 1	COVID-19 Information Grants, Round 1	CCG Crisis and Recovery Grants, Round 2	COVID-19 Information Grants, Round 2	Community Led Outreach Equitable Vaccine Uptake Grant Round 1	Community Support Small Grants	COVID-19 Information Small Grants	Community Led Outreach Grants, Equitable Vaccine Uptake Grant Round 2	Total grants
Shomrim				✔			✔			✔	3
Shoreditch Trust				✔							1
Skillspool Training CIC		✔									1
Skyway Charity			✔			✔				✔	3
SocialEyes 4Life						✔					1
Sonshine Club									✔		1
St Mary's Secret Garden				✔							1
Street Storage									✔		1

Organisation	Coronavirus Response Fund	Coronavirus Response Fund	CCG Crisis and Recovery Grants, Round 1	COVID-19 Information Grants, Round 1	CCG Crisis and Recovery Grants, Round 2	COVID-19 Information Grants, Round 2	Community Led Outreach Equitable Vaccine Uptake Grant Round 1	Community Support Small Grants	COVID-19 Information Small Grants	Community Led Outreach Grants, Equitable Vaccine Uptake Grant Round 2	Total grants
Teen Action		✔									1
The Crib						✔					1
The Sharp End			✔								1
The Happy And Healthy Trust									✔		1
The Vietnamese Mental Health Services				✔							1
The Wickers Charity						✔					1
Tohum Cultural Centre									✔		1
Trowbridge Senior Citizens Club			✔								1

Organisation	Coronavirus Response Fund	Coronavirus Response Fund	CCG Crisis and Recovery Grants, Round 1	COVID-19 Information Grants, Round 1	CCG Crisis and Recovery Grants, Round 2	COVID-19 Information Grants, Round 2	Community Led Outreach Equitable Vaccine Uptake Grant Round 1	Community Support Small Grants	COVID-19 Information Small Grants	Community Led Outreach Grants, Equitable Vaccine Uptake Grant Round 2	Total grants
Turkish Cypriot Community Association				✔			✔				2
Turkish Cypriot Cultural Association				✔					✔		2
Turning Corners								✔			1
Up 'N Away		✔									1
Uprising Community Club							✔				1
Woodberry Aid						✔		✔			2
Xenia				✔							1
Total	**5**	**21**	**13**	**27**	**1**	**17**	**13**	**10**	**24**	**8**	**139**

Appendix C: Community Champion publicity and further details

C1. Poster and leaflet used in recruitment drive

C2: Criteria used by Public Health and VCH to identify the most active champions out of the 248 who signed up

In March 2022 Public Health and VCH tried to ascertain how many of the 248 Champions recruited were active at any time over the course of the programme; and the number currently active. This was difficult for a number of reasons and the data available limited an accurate analysis:

1. **Training data** – Training data was complete but was inadequate alone to define engagement
2. **Champion Forum attendance data** was incomplete. Names were not recorded before September 2021. Prior to that they went by organisation or 'unattached' Champion. Grant-funded VCS forum attendance was similarly incomplete as it was not always possible to identify attendants if they did not give their name or organisation.
3. **Newsletter data and WhatsApp sign-up** – Mailchimp analytics provide some data on whether newsletters were opened, but not all Champions signed up to the Mailchimp newsletter. Mailchimp does not allow analysis per recipient, e.g. of the number of newsletters each person accessed. Furthermore, even if we know how many times a

newsletter is opened, this does not provide any insights into how much it was read, understood or if any of the information and advice provided was subsequently applied.

4. **Emails to Test and trace with questions/feedback** – This data was not recorded consistently and doesn't include all emails which were sent directly to Public Health or Volunteer Centre Hackney. As time went on, people increasingly emailed directly.

Threshold applied

1. Counting was then based on an individual attending a minimum of two sessions (a session could include MECC training, a peer support session, a Champions forum meeting).
2. Or in certain cases, where this criterion was not met, the individual was still classified as 'engaged at some point' if the programme management team had additional knowledge/information which assured them that the individual had been engaged in the programme. This could include regular correspondence with VCH or Public Health via email or telephone; knowledge that the individual had attended grant forums or knowledge that the individual was a Champion in an organisation with multiple Champions where one person was cascading information to others.

Out of the 248 Champions recruited, approximately 125 were identified as 'active at some point'. However, figures may be inaccurate for the following reasons:

- In general there was limited and variable data, for example on attendance at the Champions' forum or other meetings or engagement with the Community Champions programme team, (especially early in the programme).
- The current Public Health lead and VCH Programme Manager started in February and April 2021 respectively, so had less knowledge of previous participant engagement.
- The figure of 125 Champions who were 'active at some point' may be an overestimate, as some might not have engaged for long/done much more.
- Champions in organisations with multiple Champions sometimes took turns to attend meetings. Where this was known it was taken into account, but it's not always known.
- It is unknown what activities were pursued by the 122 Champions identified as inactive, for example if they shared information which they received in the newsletter or via WhatsApp.

Approximately 61 Champions were identified as 'recently 'active'.

Again, this was difficult to define and was estimated from the data on training and meeting attendance and other factors from August 2021 to February 2022. This group includes Champions who have been most actively involved in and were still in contact with the programme in spring 2022. It also was held to approximately reflect the number of Champions who can continue to be relied upon to share COVID-19 information and who are expected to continue to participate in the programme in some capacity. This may be an over-estimate, as now that grants have come to an end, there may be a decline in engagement. Indeed, fewer Champions attended the February and March 2022 forums. Grants had ceased by then.

C4 : Additional data from the sign-up survey completed by 184 Community Champions

Community Champions self-reported disability (n=184)

	Number	Percentage
Yes	32	17%
No	146	79%
Unsure	2	1%
No answer given	4	2%
Total	184	100%

The question asked was: "*Do you consider yourself disabled? Under the Equality Act you are 'disabled' if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities*"

Religion reported by Community Champions (n=184)

	Number	Percentage **
Atheist/no religion	61	36%
Christian	59	35%
Muslim	29	17%
Jewish or Charedi	8	5%
Spiritualist*	*	
Secular beliefs*	*	
Buddhist*	*	
Agnostic*	*	
Sikh*	*	
No answer given	15	9%

**Figures under 8 have been inputted as '*' in keeping with Data Protection rules*

*** Respondents could select more than one option, so the total exceeds 100%*

C5: Examples of communication material created by the Community Champions and grant-funded organisations

Roadmap in Chinese: https://drive.google.com/file/d/1gD9R15kcVw-NdfCn6fz5JZPjiWl04f_1/view

Video in Turkish about how the vaccine does not affect fertility:
https://drive.google.com/file/d/15z5qHxhVK7_CkjplesjUKn8P-XLCF94L/view

Tables and figures and used

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Fig 2. Illustration of the main socio demographic characteristics of City residents
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