UK Health Security Agency

Lancashire Self-Isolation Pilot evaluation report

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Executive summary

Background

The Lancashire Self-Isolation Pilot was one of numerous initiatives funded by the UK Health Security Agency (UKHSA) that aimed to trial responses to the spread of COVID-19 in areas with higher prevalence of infection and variants of concern. It provided funding for a range of innovative local programmes that would support adherence to self-isolation by those who contracted the virus and their contacts.

The original proposal for the pilot was submitted by Blackburn and Darwen Borough Council on behalf of Lancashire County Council, Blackpool and Blackburn as well as the 12 districts (pan-Lancashire) in February 2021. It involved a single programme delivered across a large area, supplementing and expanding activities that pan-Lancashire district councils had already implemented earlier in the COVID-19 pandemic. However, by the time funding was approved in May 2021, the public health and policy context regarding COVID-19 had changed with the introduction of vaccines and the progressive relaxation of lockdown and self-isolation requirements. In light of this altered landscape, the pilot team, supported by the Recover Co-ordination Group members, believed that the activities proposed in the original submission were no longer so relevant. The pilot was therefore shifted to an innovation model which sought to trial many different approaches to supporting self-isolation and addressing its effects.
The intention was to deliver the mini-pilots across 4 ‘sprint’ periods, each lasting a few months, so that activities could be staggered, adapted and expanded as necessary. The first sprint was launched in November 2021; those in the second sprint began in January 2022. By this point self-isolation requirements were changing rapidly, and were removed altogether from 24 February 2022, so the planned third and fourth sprints were cancelled. In total, therefore roughly half the mini-pilots originally proposed were implemented.

Objectives

In June 2022, the Behavioural Practice was asked to evaluate the extent to which each mini-pilot achieved the aims set out in its funding proposal and the processes by which they were delivered; and to draw lessons about which approaches within the Lancashire Self-Isolation Pilot appeared to be more and less effective, to inform future policy and public health planning.

Methodology

The local initiatives were, by design, numerous and diverse; and rapidly changing circumstances meant it was not possible to carry out the impact evaluations that were originally planned. As such, robust assessments of the impact of each mini-pilot’s activity on self-isolation have not been feasible. The approach taken to this evaluation was therefore primarily qualitative, focussing on providing insight into the implementation of initiatives and the

influences on their apparent effectiveness, in order to identify promising approaches and ways of improving these.

Following a scoping stage involving discussions with the pilot team and key contacts within each of the mini-pilots, a total of 48 semi-structured interviews were conducted with key figures involved in the delivery of 20 mini-pilots and within the main pilot team. The work conducted to assess each mini-pilot varied depending on availability and the people who might be relevant, but in general involved: interviews with the mini-pilot lead contacts; interviews with individuals in the mini-pilot's delivery partner organisations; and analysis or consideration of management information, evaluation responses or other data available to assess the initiative's reach and impact. In a few cases it was also possible to interview mini-pilot end users to understand their experience of the initiatives and the impact these had on them. However the absence of prior consent and the length of time elapsed between the service being delivered and the evaluation taking place precluded this in most instances.

Main findings and conclusions

This report provides a description of what was delivered by 20 separate initiatives between November 2021 and March 2022, the challenges faced and apparent impacts achieved; and it presents analysis and commentary on themes that cut across these initiatives to facilitate conclusions about what may be learned from the pilot as a whole when planning similar activities in the future. A short summary of the main themes and conclusions is provided below.

The types of support offered by the pilot initiatives broadly fell into 3 types. Practical support involved services or products that people staying at home would need and would otherwise feel obliged to leave their home to fulfil. Emotional support ranged from activities to alleviate boredom to access to bespoke professional services focussed on mental wellbeing and longer-term support. These initiatives either provided a pre-planned selection of products or services from which users could choose or offered to tailor solutions based on a closer understanding of individual needs. Both types often well received by users, who expressed satisfaction and/or indicated positive effects in the immediate term. There are implications for scalability, but those that took steps to ensure their support fitted the needs of service users – and that those needs were not already being fulfilled in other ways – tended to be more effective. Finally, a few initiatives provided information about COVID-19 and self-isolation, online or via social media.

The pilot initiatives were all delivered within a fast-moving context, with self-isolation requirements changing rapidly. The extent to which initiatives were able to adapt to these changes was key to their effectiveness. In turn, the quality of relationships and communication with partner organisations responsible for delivering elements of an initiative was critical to the ability to be flexible. Previous experience of working with delivery partners was advantageous in this sense. Another important aspect of effectiveness was the way in which users were introduced to an initiative: numerous approaches were used, but referral from an official source (for example, local contact tracers) seemed the most consistently successful.

However, as noted, few initiatives had robust evaluation plans in place, so while this report presents conclusions about the initiatives' apparent short-term effectiveness and the reasons for this, firm conclusions about the impact that they had cannot be drawn. An important learning is that evaluation plans need to be implemented if these longer-term lessons are to be learned.

Introduction

Context

In March 2020, the World Health Organisation declared the outbreak of SARS-CoV-2, the coronavirus that causes COVID-19, to be a global pandemic.[1] The UK's first lockdown followed on 23 March 2020, and restrictions on social gathering and requirements to self-isolate for those who contracted the virus and their contacts remained in place to varying degrees until early 2022.[2] Evidence on levels of compliance with requirements to self-isolate prior to March 2022 (when the requirement was removed altogether) has been mixed[3,4], but it was clear at the time that many of those who were asked to self-isolate faced many challenges in doing so.[5]
The Lancashire Self-Isolation Pilot was amongst a group of initiatives funded by the UKHSA, formerly NHS Test and Trace. This pilot's purpose was to fund a range of innovative local programmes within Lancashire that would support adherence to self-isolation, with the goal of reducing transmission and providing learning about what works to support self-isolation. These initiatives, referred to in this report as 'mini-pilots', were implemented between November 2021 and March 2022, at which point the overall pilot was brought to a close. Funding for the mini-Pilots ranged from £5,000 to £131,000 and, collectively, they represented a broad variety of approaches to supporting self-isolation and addressing the associated practical, social, emotional and financial challenges that this may entail. Further detail on the pilot itself can be found in Section 2.

In June 2022, Kantar Public was asked to evaluate the Lancashire Self-Isolation Pilot, and particularly to draw learnings from the mini-Pilots about which approaches appeared to be more and less effective, to inform future policy and public health planning. Given the scale, diversity and number of mini-Pilots, and challenges around delivery and measurement (see Section 3), robust assessments of impact on self-isolation were not feasible. Instead, this report describes the findings from an evaluation utilising qualitative methods and management information where available and provides insights into the implementation of initiatives and the influences on their effectiveness, in order to identify promising approaches and ways of improving these.

Aims

Following a scoping stage involving discussions with the pilot team and the main contacts within each of the mini-pilots to understand the diversity of approaches trialled and opportunities for evaluation, the aims of the evaluation were defined as assessing:

[1] World Health Organization (2022). Coronavirus disease (COVID-19) pandemic
[2] Prime Minister sets out plan for living with COVID (21 February 2022)
[3] Coronavirus and compliance with government guidance, UK (12 April 2021)
[4] Coronavirus and self-isolation after testing positive in England (26 January 2022) (accessed 3 October 2022)
[5] Wright L, Paul E, Steptoe A and others. 'Facilitators and barriers to compliance with COVID-19 guidelines: a structural topic modelling analysis of free-text data from 17,500 UK adults' BMC Public Health 2022: volume 22, issue 34

- the extent to which each mini-pilot delivered the aims set out in its funding proposal, and the reasons for this
- the processes by which each of the mini-pilots were delivered, the implications of this for effectiveness, and lessons learned for the future
- wider effects of the mini-pilot initiatives, beyond those specified for the Lancashire Self-Isolation Pilot
- the processes by which the overall pilot was managed and overseen, the implications of this for effectiveness, and lessons learned for the future

These mini-pilots were part of 2 separate sprints, the first one starting in November 2021 followed by the second one starting in January 2022.

Methodology

Mini-pilots

A total of 20 mini-pilot initiatives were included in the evaluation. These were:

8 initiatives from Sprint 1:

- 10 days your way (Blackburn)
- Self-Isolation Support Officer (Blackpool)
- Self-Isolation Counselling (Blackpool)
- Youth Campaign (Blackpool)
- Self-Isolation (Burnley)
- The Clean Box (Lancaster City)
- Self-Isolation Teen Support (Lancaster City)
- Self-Isolation Support Service (Pendle and Rossendale)

12 initiatives from Sprint 2:

- No FOMO (Blackburn)
- Let's talk about silence (Blackburn)
- Let's talk (Blackburn)
- Zone to home (Blackburn)
- Zone to home 2 (Blackburn)
- 10 days your way – family focus (Blackburn)
- Support and recognition (Burnley)
- Support and recognition (Blackpool)
- Gamification and adaptation (Hyndburn)
- Classroom to home (Lancashire County)
- Isolation station (Lancashire County)
- CFW self-isolation support (Lancashire County)

Three initiatives from these sprints were excluded on the basis that their aims were to provide information and learning that could inform future self-isolation support initiatives, rather than directly supporting self-isolation or preventing transmission in the immediate term.

One further initiative in Sprint 1 differed substantially in its remit from the others: mini-pilot funding was granted to cover an evaluation of the process and impact of the £500 self-isolation support payment in Blackburn. An assessment of the process of carrying out an evaluation was not relevant, but a description of how the support payment was processed in Blackburn and the challenges and facilitators involved in this may be of interest and is included in this report in Annexee 21.

Methodological approach

The approach taken was primarily qualitative, given the lack of impact data and the diversity of initiatives, but supported by management data and evaluation measures where these were available. Interviews were arranged with key figures within each mini-pilot, and within the main pilot team. The profile of interviews for each mini-pilot varied depending on availability and the people who might be relevant, but in general involved:

- qualitative interviews with the mini-pilot lead contacts, often within one of the pan-Lancashire district councils, focussed on clarifying the aims of the initiative and gaining a central perspective on its delivery and impact
- qualitative interviews with individuals in the mini-pilot's delivery partner organisations, focussed on the detail of every-day operations and challenges as well as ways of working with the district council leads
- analysis or consideration of management information, evaluation responses or other data available to assess the initiative's reach and impact

In a few cases it was also possible to interview mini-pilot end users to understand their experience of the initiatives and the impact these had on them. However the absence of prior consent and the length of time elapsed between the service being delivered and the evaluation taking place precluded this in most instances.

A total of 48 interviews were conducted (in addition to the scoping interviews mentioned above), with reference to a semi-structured topic guide. Each lasted between 45 and 60 minutes.

Thematic analysis of the findings from each interview was used to identify themes that cut across the mini-Pilots, as well as to understand the delivery and effects of each initiative. These are presented in Section 3. In addition, the interviews have informed the construction of a logic model for each mini-Pilot which is intended to summarise the goals that the initiative aimed to achieve, the proximate outcomes that would lead to this, and the assumptions that underpinned it. These logic models are presented in the mini-pilot reports in Section 4 both as a visual summary of what was intended, and as a basis for considering the extent to which this was achieved. It should be remembered, however, that these models have been constructed post-

hoc, on the basis of interviews conducted. They were not prepared by the mini-pilot teams or used to guide delivery or measurement.

Limitations of the study

The interviews for this evaluation took place in July and August 2022, sometime after the mini-Pilots had concluded, particularly those in Sprint 1. As a result, some key individuals had moved onto different roles and organisations, and some of those who were able to take part in this evaluation had trouble recalling details of how their mini-pilots and the effects they had. However, all mini-pilots were represented by at least one person with substantial knowledge of the process and outcomes, and many were covered from multiple perspectives. This should provide readers with confidence in what was reported about each mini-pilot, and the contribution that each of these reports were able to make to the overarching themes and lessons learned.

Likewise, end users of the mini-pilots would ideally have been included among the interviews, to provide a perspective complementary to the reports from individuals who had been responsible for delivery. However, privacy policies and consent to share personal information were not built into the delivery of the initiatives, so in practice it was possible only to gain access to a very small number of end users. Many of the mini-pilots had obtained feedback from users themselves, and where this was available it has been included in the mini-pilot reports. But it should be remembered that the user feedback did not directly inform this evaluation, and that the mini-pilot reports may therefore not be a full representation of how the initiatives were received.

Report structure

The following report is structured as follows:

Chapter 2 presents a description of the Lancashire Self-Isolation Pilot, and the context in which its constituent mini-pilots were delivered. Many of the contextual points described had a substantial influence of the ways in which initiatives were delivered and what they were able to achieve, so should be borne in mind throughout.

Chapter 3 presents 7 themes from across all 20 mini-pilots which appeared or might be expected to have an influence on initiatives' effectiveness, together with conclusions about what may be learned from the pilot as a whole when planning similar activities in the future.

Chapter 4 presents a short report on the intentions, delivery, challenges and apparent impacts of each of the 20 mini-pilots, together with a summary of key lessons to take away

Additionally, Annexe 21 provides a short report on the delivery of the £500 self-isolation support payment in Blackburn with Darwen, as noted above.

Lancashire Self-Isolation Pilot

The original proposal for the Lancashire Self-Isolation Pilot was submitted by Blackburn and Darwen Borough Council on behalf of Lancashire County Council, Blackpool and Blackburn as well as the 12 districts (pan-Lancashire) in February 2021. Other pilot programmes, designed to test approaches to supporting or motivating self-isolation among people who had contracted COVID-19, or who were contacts of people who had done so, were already in operation. Large-scale programmes had been implemented in Manchester, Cheshire and Merseyside, Yorkshire and Humber, Hackney, Newham and Bradford; smaller pilots had been launched in Sussex, Somerset, Peterborough, Barnsley and Calderdale. The approaches being tested varied, but all involved a single programme of activity delivered across a large area. The Lancashire Self-Isolation Pilot was originally intended to operate on a similar model, supplementing and expanding activities that pan-Lancashire district councils had already implemented earlier in the COVID-19 pandemic.

Following the submission of the original proposal, notification of the outcome was delayed. The pilot team was told that its bid had been successful in May 2021, and that funding would be available in around a week's time. By this point, the public health and policy context regarding COVID-19 was changing with the introduction of vaccines and the progressive relaxation of lockdown and self-isolation requirements. In light of this altered landscape, the pilot team believed that the activities proposed in the original submission were no longer as relevant, and that a different approach was likely to be more appropriate.

The pilot team needed to define its new approach quickly, being required to allocate funding swiftly and having little time to prepare. However, given the new and changing situation it was unclear what would be most effective. The pilot team therefore shifted from a single-approach design (as taken by the other pilot programmes) to an innovation model which sought to trial many different approaches to supporting self-isolation and addressing its effects, using the pilot as an opportunity to learn which activities appear more and less effective.

This new model allowed local teams within Lancashire to apply for portions of the pilot funding in order to run mini-pilots within their own communities. The aim was to solicit more than 40 ideas for activities that were creative but based in evidence and/or experience. While it was anticipated that some of these would demonstrate low effectiveness, the programme as a whole was expected to provide valuable lessons about what is the most beneficial to different types of residents as well as helping to prevent the spread of COVID-19. The evidence and insight gained could then inform policies and public health strategies.

The intention was to deliver the mini-pilots across 4 'sprint' periods, each lasting a few months, so that activities could be staggered, adapted and expanded as necessary. The pilot team set up a grant agreement process to ensure governance around the allocation of funding. Teams in district councils and other organisations within Lancashire submitted proposals for activities that they felt would be well suited to their local areas and populations, often based on their own prior

experience and/or a relationship with a delivery partner with related experience. These proposals were evaluated based on their potential to improve compliance with self-isolation requirements, prevent onward transmission, and/or support vulnerable people while self-isolating and more widely.

Most of these funding proposals were approved, albeit some required alteration or improvement before the funding was granted. A few were rejected, being deemed unlikely to deliver their objectives or considered an attempt to access funds for projects that should be financed in a different way. The pilot team purposefully reduced the level of evidence or planning required to back up these proposals in order to encourage innovation and variety from teams that had few resources to spare. They conceded that this created the potential for funding to be allocated on the basis of 'business cases' that were weaker than was ideal but argued that the purpose of the pilot made this risk acceptable.

The mini-pilot funding submissions also had to include proposals for evaluating the activities that were undertaken. Here too, requirements for the level of detail about what would be measured and how, and the methodological rigour of what was planned, were low. This was partly because it was accepted that the final outcomes that the mini-pilots were aiming to achieve were often difficult to measure, in terms of data collection, evaluation design, or both. As before, the pilot team wanted to encourage creativity and innovation, and was therefore open to lowering such 'barriers to entry'. However it was also because funding amounts for many mini-pilots were relatively low, resources were constrained, measurement expertise was low, and there was an assumption that local teams would know best what would work in their local areas. The mini-pilot teams were therefore granted a high degree of autonomy in how they delivered their activities and were permitted to focus their resources on delivery rather than assessment.

As a result, the evaluation plans included in most funding proposals involved measures of delivery (for example, the number of activity packs sent out, or the level of engagement with a social media campaign) and in some cases user feedback. One or 2 provided for measures of effectiveness in terms of the ultimate outcome where this was an improvement in mental wellbeing, using validated question banks in surveys. Very few included assessment of impact in terms of an increase in compliance with self-isolation requirements, which was by far the most common ultimate outcome. Moreover, in practice many of the mini-pilots did not deliver the measurement activity that had been outlined in their funding proposals.

The mini-pilots in the first sprint launched in November 2021; those in the second sprint began in January 2022. By this point self-isolation requirements were changing rapidly, reducing from 10 days to 7 (on production of 2 consequantive negative tests taken 2 days apart) from 31 December 2021,[6] and then to 5 days (again with 2 negative tests) from 17 January 2022,[7] before being removed altogether from 24 February 2022.[8] In response to this, the activities

[6] Self-isolation for COVID-19 cases reduced from 10 to 7 days following negative LFD tests (no date)
[7] Self-isolation for those with COVID-19 can end after 5 full days following 2 negative LFD tests (no date)
[8] Self-isolation removed for double-jabbed close contacts from 16 August. (no date)

planned for many of the mini-pilots had to be adapted and altered at short notice. In many cases this was felt to have reduced the effects that these activities could have, and a few mini-pilots substantially altered their designs but did not update their measurement plans.

Following the lifting of self-isolation requirements in February 2022, the pilot was no longer deemed necessary or appropriate, so the planned third and fourth sprints were cancelled. In total, roughly half the mini-pilots originally proposed were implemented. However, despite its short lifespan, the Lancashire Self-Isolation Pilot provided the opportunity rapidly to test many strategies with varied user groups and goals. Given shortcomings in measurement and evaluation it is not possible to provide evidence of effectiveness of the mini-pilots, but lessons can be learned from conclusions based on immediate-term indicators and analysis of themes that cut across them. This is the focus of the next chapter.

Cross-cutting themes

The 20 mini-pilots within the Lancashire Self-Isolation Pilot that were included in this evaluation were almost all intended to support people through their period of self-isolation. They did so by addressing a wide range of barriers to compliance with requirements or providing various forms of motivation to stay at home (and in some cases, both). The products and services that they offered to individuals to achieve this also varied widely, as did the processes and mechanisms for delivering these.

Such diversity is unsurprising: each mini-pilot was designed and delivered independently, in response to a need and opportunities identified locally, and maximising innovation was central to the overall pilot's purpose. In order to learn from these numerous mini-pilots about what appears to work, and why, it is therefore useful to draw out a number of over-arching features that might be expected to have an influence on their effectiveness. This chapter identifies 7 such themes, together with examples of mini-pilots which illustrate the points made and discusses why each is important and the lessons it suggests for planning similar activities in the future.

Theme 1. Type of support offered

Across the mini-pilots, the support offered to users fell into 3 main types, each aiming to address a different set of barriers to compliance with self-isolation. The first type was practical support: providing a service or product that people staying at home would need and would otherwise feel obliged to leave their home to fulfil. The most common of these were food parcels and prescription deliveries, but some mini-pilots offered more niche or bespoke forms of practical support including in one case, providing care for a horse (Blackpool Isolation Support Officer). These mini-pilots tended to be aimed more at adults than young people, although there were some exceptions (for example, Classroom to Home, which was designed to provide schoolwork to pupils who might otherwise miss out on their lessons).

Many of the mini-pilots appeared to have anticipated the need for the most common types of practical support from the outset, and to have made arrangements (often with partners) to offer and deliver a relatively narrow range of these to users. However, some took steps to understand the specific needs that their users had, and devised ways to meet these rather than relying on a pre-set selection of services. These mini-pilots (for example p10 Days Your Wayp) generally placed greater importance on individual contact with users at the beginning of the process (see Theme 5 for more information on this), both to understand them and to engage them with the mini-pilot and the need to self-isolate. Having identified specific needs, the mini-pilots then faced the challenge of procuring and delivering services to meet these – for which relationships with partner organisations was often vital. All these services were, by their nature, time limited and focussed on maintaining compliance by removing reasons for leaving the home during the self-isolation period.

The second type of support was emotional. As with practical support, the solutions provided by these mini-pilots ranged from pre-planned products and activities intended to alleviate boredom or even to bring families together while at home, to access to bespoke professional services focussed on mental wellbeing and longer-term support. The most common forms of pre-planned solution were activity packs (users could generally choose from a range of these) and online group sessions aimed at bringing people together, the content of which was pre-planned but could be led to some extent by the interests of participants. Referral to mental wellbeing services, or related services such as financial advice, required an initial assessment of each individual's needs and then access to suitable partners.

Pre-planned solution types of mini-pilot tended to be aimed more at young people, although several were targeted at adults as well (for example, 'Blackpool Self-Isolation Counselling'). There was a general view, born of experience and prior research, that isolation and disconnection was a key challenge among self-isolating young people in particular, and that this would be both a reason for breaking self-isolation and a cause of wider mental wellbeing difficulties. As with practical support, solutions at the 'activities' end of the spectrum were intended mainly to remove reasons that people might have to leave home during the self-isolation period (for example, needing a change of scene to alleviate boredom at home), but even here there was a recognition of the importance of addressing the risk of longer-term mental wellbeing difficulties arising from a period of isolation. Referral to bespoke mental wellbeing services (for example, 'Burnley Together') was generally reserved for those identified as having a pre-existing but unaddressed problem, with the broader goal of introducing them to services for the long-term – the objective therefore went beyond simply supporting self-isolation. A few mini-pilots offered a third type of support based on providing information about COVID-19, such as the importance of self-isolation, advice on how to stay busy and active, where to go for further detail, and so on. These might involve an online 'one-stop shop' for convenience of access to information (for example *Lancashire Isolation Station*), or social media and other campaigns aimed at educating users about why they needed to self-isolate (for example 'Blackpool Youth Campaign').

The evaluations of the mini-pilots almost all focussed on activities delivered and short-term outcomes (see Theme 6), so it is not possible to comment on any impacts the support they provided may have had on self-isolation behaviours. Those delivering practical and emotional support were both often well received by users, who expressed satisfaction and/or indicated positive effects in the immediate term. For example, a user survey conducted to evaluate 'Zone to Home 2', which provided emotional support via activity boxes, found that 90% of respondents felt the activity boxes had helped them comply with isolation. Similarly, 'Let's Talk' mapped their users' journey before and after receiving support, and the pilot team highlighted most users were better off at the end. However, it is not possible to suggest whether one type of support per se is more effective than the other. Informational mini-pilots generally had lower engagement and therefore seemed less effective in immediate terms, but overall, the way in which any support was delivered seemed to have more differential effects on how effective it may have been than the type of support offered, as discussed in the sections below.

Theme 2. Initial set-up and engagement with users

The mini-pilots varied substantially in the extent to which they considered the specific needs of their potential users, the range of services that were already available, and more generally the theory of change and 'business case' underpinning their proposed offering. Some mini-pilots, as noted above, were designed from the outset to offer tailored services to users based on initial engagement with them to understand their needs in detail. These mini-pilots tended to focus on a particular type of support (practical or emotional), on the premise that this is broadly what users would need; and they had either a range of delivery partners in place to provide the breadth of services that might be needed or a relationship with a single partner who could facilitate this. Feedback on these services was generally positive, albeit often from small numbers of users.

Other mini-pilots had originally intended to offer a more standard set of solutions (albeit often with choice for the user) and developed delivery models with this in mind. Most of these mini-Pilots believed that the products and services they offered were what their users needed, and that these needs were not being fulfilled elsewhere. There was little evidence to say that this was not the case, and feedback from users generally suggested that the solutions were appreciated and helpful. Some maintained their original plans throughout the delivery period (for example 'Clean Box'), but others realised that their users' needs were broader and/or more specific than anticipated and decided to increase the range of solutions they offered during the delivery period (for example the fitness app within the 'Gamification and Adaption Pilot'). The teams delivering these mini-pilots often had to adjust quickly and create new partner relationships in order to offer these additional services.

User feedback on the services provided by both types of mini-pilot was, as noted, generally positive. However, the extent to which these solutions addressed the main reasons why users might leave home, and therefore meant that they did not need to do so – the key goal – was not covered in evaluations and is therefore unknown.

A third approach to deciding which solutions to offer was to conduct user research at the beginning of the Pilot period to understand what would be useful and how to deliver it, and to follow through with solutions designed to meet those needs (for example, 'Let's Talk About Silence'). This approach did seem effective in terms of its immediate objectives, in that feedback suggested that the content and solutions offered did indeed reflect users' interests. However, these mini-pilots tended to encounter other challenges around engagement and reach, such as low attendance of online sessions attributed to 'digital fatigue' (see Theme 7), so their impact on longer-term outcomes is less clear.

A small number of mini-pilots adopted none of these approaches. Instead, they made assumptions about the need for more specialised or targeted solutions (without researching the user need for these) or attempted to offer a range of services without having tight arrangements in place with partners who would deliver these services. These mini-pilots were clearly less

effective than others, delivering solutions that were not appealing, were already available through other channels, or which could not be delivered because the means of communicating or fulfilling them were not in place.

Theme 3. Adaptability and the flexibility to change in the face of change

Changing context, and the need to adapt to this change, was one of the main challenges faced by the great majority of mini-pilots. As described in Section 2, notification of funding was often provided at the last minute and after some delay, which meant that mini-pilots had to react quickly to launch their planned activities. Moreover, the timing of launch meant that many, particularly those in Sprint 2 (which ran from January 2022), were live when self-isolation requirements were either reduced or removed altogether; and these changes often came into effect early in the delivery period. This meant that planned solutions no longer fitted the new timeframe or became less relevant in the new context; and solutions had to be delivered more quickly following a user's initial engagement with the mini-pilot if they were to be effective within a shorter period of self-isolation.

Most of the mini-pilots reacted to these changes and adapted their plans and solutions accordingly. In general these pilots were more effective than those which did not – although many of them felt that their services would have been more effective if the context had not changed and they had been able to deliver as originally planned. Several factors facilitated their ability to adapt, but primary among these were the proactivity of the pilot team, the strength of relationships that they had with any delivery partners, and the knowledge, experience and mindset of those delivery partners. The quality of relationships and communication with delivery partners was itself a factor in effectiveness (see Theme 4), but where rapid change was needed it was often the partners who made this possible.

This was the case for 'Blackpool Isolation Support Officer', where existing partners expanded their offer (for example, food banks started to offer particularly vulnerable groups the ability to order specific foods in advance, and the local support and advice service for older people started to deliver prescriptions alongside their usual services) and additional partners were brought on to help deliver against new and more complex requests. Again, this was facilitated by effective coordination and communication between partners to ensure there was no duplication and that all individuals' needs were catered for.

The need to adapt was also driven by a changing realisation of what users needed, or a greater than expected volume of users. For example, in 'Blackburn with Darwen Self-Isolation Support Payment' additional staff were brought in to help with the lengthy process of checking claims, after a higher than anticipated number of these were submitted.

The minority of mini-pilots that did not react to a need to change were among the least effective. In some cases, they continued to offer solutions which were not needed or wanted, or to use

channels that were not attracting or reaching potential users, despite realising that their services were not working as planned. There seemed to be 2 main reasons for this. In some cases, partners were said to lack experience of working on similar projects, and to be unable to react and adapt to the changing needs to the Pilot. Others cited a lack of feedback from the user audience on what was wrong with the approach they had taken (for example, 'Pendle and Rossendale Self-Isolation Support Service' saw low engagement but did not make any attempts to ask for feedback on low engagement from the target user).

A few, however, were in the opposite situation: they recognised the need to adapt, and did so radically, but did not appear to pay as much attention to user needs and outcomes, and to making evaluation plans as other mini-pilots who had adapted, or indeed as they had done originally. For example, the 'Blackpool Support and Recognition' team substantially changed the delivery plan in response to alterations in self-isolation requirements: the purpose of the mini-pilot changed from encouraging and supporting school pupils to self-isolate to ameliorating the possible long-term negative side effects of isolation. As a result, the original evaluation plan became obsolete, but few plans to evaluate the new activities were developed or carried out; the evidence collected was mostly anecdotal and cannot be used to draw conclusions about success.

Theme 4. Communication and relationships with delivery partners

The majority of mini-pilots involved collaboration with one or more delivery partners – local organisations or networks with experience in the solutions offered or the user groups involved. In many of these cases, relationships with the chosen delivery partners were already in place: the mini-pilot team and partner (or at least individuals within the partner organisation) had worked together before, often to deliver similar services to those planned for the mini-pilot; mechanisms for communication were well established; and there was a sense of trust in the partner's knowledge, experience and abilities, and in their commitment to delivering a quality service.

The more effective mini-pilots tended to have adopted this approach. An established partnership enabled a mini-pilot to deliver a specialised and/or scalable service that met a user need (provided this had been identified effectively). More critically, given the importance of flexibility in a fast-changing context, the combination of communication, commitment and capabilities allowed these mini-pilots to adapt more quickly and effectively than others. In some cases, this involved drawing on the partner's broader capabilities or networks to expand the range and type of support solutions offered, if a wider set of needs was identified early in the delivery period (for example, '10 Days Your Way Family Focus').

In others, partnership allowed mini-pilots to increase the volume of users they serviced quickly, again when it emerged that demand for these services would exceed expectations. For example, 'Burnley Support and Recognition' saw very high initial demand for support due to

higher than anticipated referrals from schools. In response the team worked to optimise delivery routes to distribute the activity packs more efficiently. By contrast, mini-pilots which attempted to deliver services from within their own teams often faced significant challenges when needing to scale up to meet an unexpectedly high level of demand (for example, '10 Days Your Way', where the pilot team managed many aspects of delivery themselves as well as working with partners).

Effective communication was often said to stem from having known and reliable contacts in partner organisations, and established communication channels. Trusting relationships were also important to facilitate communication (for example, 'Burnley Together Self-Isolation Pilot'). Practically, regular sessions which brought together all partners either in person or virtually helped to ensure projects ran smoothly (for example, 'Let's Talk').

A second type of partnership proved effective in a few cases. Here the mini-pilot team procured services from specialist organisations with which they had not worked in the past, but which offered expertise and capabilities that were required to deliver the mini-Pilot's planned solutions. In these cases, the mini-Pilot team tended to hand most of the responsibility for developing and delivering the solutions to the partner organisation, and to trust in the partner's expertise and experience; and they were open about the limitations in what they could contribute themselves. For example, the 'Gamification and Adaptation' team employed a local PR agency to conduct focus groups in schools to understand young people's social media use, to inform the design of a social media campaign.

In general, however, the mini-pilots which engaged partners with which they did not already have a relationship, and/or which had not delivered similar services in the past, were less effective. This was particularly in the context of needing to adapt to change, as they were less able to be flexible in what they did. For example, a lack of uptake of services offered by 'Lancashire CFW Self-Isolation Support' was attributed to the absence of existing direct relationships between lead professionals (external specialists who assessed people's needs and were required to submit applications to the mini-pilot for support) and the mini-pilot team. In this case, the lead professionals were thought to have gone elsewhere to obtain the support offered.

Finally, it is notable that none of the mini-pilots that engaged with delivery partners reported challenges in finding suitable organisations; and negative comments about their delivery of services were extremely rare. This suggests that working in partnership with local organisations with previous experience in delivering the planned solutions is viable and appears the most effective approach.

Theme 5. Engagement of users

The number of people using a mini-pilot service clearly depended on the effectiveness of the route into that service, as well as the utility and appeal of the solutions offered. Many of the

mini-pilots relied on referrals from the Test and Trace service, or from local contact tracers, who were able to speak to individuals before they self-isolated and gathered some pertinent information (for example, whether or not they believed they faced any specific barriers to maintaining self-isolation, or whether they had any needs that might make this more difficult). Contact tracers could then explain the mini-pilot service to relevant individuals and pass their details on to the mini-pilot team if the individual consented (for example, 'Self-Isolation Teen Support').

This approach presented many benefits. First, it utilised an existing engagement channel (contact tracing calls were being made anyway) and the referral mechanism made the route into the service extremely easy for users. Second, it was believed to confer a sense of trust in the services, since the referral was coming from an 'official' channel, making users more willing to share personal information and pass on contact details. Third, it meant that individuals who were referred to a mini-pilot team had already been assessed and information about them was available, making the process of initiating the services (even if this involved a further discussion about their needs) more efficient. On the other hand, the approach clearly placed an additional requirement and burden on contact tracers, even if they were already asking about welfare and support needs in some way – to the extent that 'Blackpool Self-Isolation Support' specifically funded an additional role within the local contact tracing team to provide this deeper level of assessment and referral.

A few mini-pilots relied on referrals from other local organisations, who in various ways knew of people who were self-isolating. In some cases, this conferred similar benefits to the contact tracing approach, or even more so if the delivery partner in question specialised in engaging with the user group (for example, 'Zone to Home 1'). However, in others it was less effective, with lower volumes and later referrals, which only came some days into a self-isolation period. This was primarily because the organisations did not prioritise referrals to the service, and/or because they did not fully understand what services were being offered, or how these added value to services already being delivered elsewhere. For example, schools did not engage highly with 'Classroom to Home' due to their already high workload and being recipients of different communications from too many sources too often relating to COVID-19 that they had an 'information overload'. Similarly, as already noted, 'Lancashire CFW Self-Isolation Support' also saw low engagement, in part due to lead professionals already having access to similar funds which had a clearer and more well-defined purpose.

Finally, a few mini-pilots attempted to attract users through self-referral, by advertising online and on social media. These services achieved small user volumes, partly attributed to the information clutter that people were already experiencing and difficulties in cutting through, and partly to 'COVID fatigue' which at that late point in the pandemic in the UK meant that people were less likely to respond to information or make an effort to engage in activities (for example, 'Let's Talk About Silence').

The one example of self-referral that did seem effective from a user volumes perspective was the 'Blackpool Self-Isolation Support Payment'. Individuals were able to contact the council

themselves to make a claim for the £500 support payment, as well as being referred by the Test and Trace service; and they did so in large numbers. While not a mini-pilot in the same sense as the others in this evaluation (see Annexe 21), this casts a useful light on some of the points made above. First, self-referral resulted in high numbers of inappropriate applications, which in turn put a high burden on the processing team (one of the benefits of referred users being the fact that applicants were pre-assessed and the burden on the team was minimised). And second, the incentive for applying (a £500 payment) was very attractive, whereas the value of services offered by other mini-pilots was less clear.

Theme 6. Measurement and evaluation

All mini-pilots were asked to provide evaluation plans for their activities as part of their funding submissions. The measures proposed varied from data on reach and engagement with social media, to questions about satisfaction and value in user surveys, to assessments of mental wellbeing and other attributes using validated question banks (for example, 'Blackpool Self-Isolation Counselling'). Very few of the mini-pilots proposed to measure impacts against the ultimate objective of their activities, which in most cases was to increase the incidence of self-isolation, either in terms of data collected or an experimental or quasi-experimental trial design.

Some mini-pilots did follow through with the data collection and reporting that they had proposed; however, many did not and focused instead on general feedback and/or anecdotal reports on how users had experienced and valued the solutions they received.

An evaluation partner was appointed to work with the central pilot team and the mini-pilots, and initial plans for evaluating the whole programme were made. However, the rapidly changing circumstances meant that it was not possible to implement these plans. UKHSA's evaluation team were not involved in the early stages, so were not able to advise or support mini-pilot teams on producing evaluation frameworks and allocating funding to evaluation, nor to monitor the implementation of these frameworks. As a result there seemed to be little enforcement of the need to evaluate – indeed, as noted in Section 2, a decision was taken to lower barriers to entry and minimise burden in order to encourage innovation in funding submissions – and it seemed clear that few of the mini-pilots were resourced or skilled to conduct an evaluation that went beyond measurement of immediate outcomes.

All this means it is impossible to draw conclusions about the impacts that the mini-Pilots had, beyond measures of reach and short-term effects on users involved, which has implications for what can be said about 'what works'. It indicates that delivery teams were strongly (and rightly) focussed on providing services, but that ensuring it is possible to know how effective those services are, and therefore to learn for the future, was a lesser priority.

Theme 7. Scalable impacts and investment

As outlined in the sections above, the types of support offered, methods of delivery and involvement of partner organisations varied greatly across the mini-pilots, and each factor exerted its own influence on the impacts that the mini-pilots may have had. These factors also contribute to a further consideration about the potential effectiveness of the services that were delivered – their scalability.

Some mini-pilots offered support that was tailored to each user's needs, following assessment. This type of support appeared to achieve positive short-term outcomes (for example, finding the support useful or improving mental wellbeing) among those who received it but it was, by its nature, intensive and only available to relatively small numbers of people. Others provided more standardised support solutions which could be produced in larger volumes, but the need to deliver these to users in-person also placed restrictions on what could be achieved (for example, 'Zone to Home 2' allowed young people to choose from a standard set of activity packs, but these packs had to be delivered across a large geographic area and their arrival was often delayed by one to 2 days). Again, these solutions appeared to achieve positive short-term outcomes among those who used them. Third, as noted above, reliance on the mini-pilot team to deliver services, rather than working with partners, placed a ceiling on the volume of activity that could be undertaken, unless it was possible to increase the size of the team.

Conversely, other mini-pilots had the potential to reach larger numbers of people, delivering solutions online or via social media. Some of these involved targeted activities (for example, 'Zone to Home 1' provided online activities for invited young people), whereas others were more focussed on information and advice (for example, 'Isolation Station' and 'No FOMO'). However, while social media metrics indicated that some campaign content had reached audiences of the sizes that had been expected, uptake of mini-pilots involving online activities or information was much lower than anticipated, even among young people who were expected to appreciate this mode of delivery. This was attributed, as above, to 'digital fatigue' (resulting from being online a lot of the time during COVID-19) but also simple forgetfulness and lack of commitment, since there was nothing physical to prompt involvement. Moreover, short-term outcomes appeared less positive than those for solutions delivered in-person.

The most effective support solutions will deliver positive impacts to large numbers of people. There is inevitably a trade-off between impact on an individual level and scale: more intensive in-person interventions may be more effective for those who received them, but service providers are restricted in the number that they can deliver; and these interventions are relatively expensive per unit delivered. At the other end of the spectrum, pre-prepared digital solutions are almost infinitely scalable and therefore potentially much less expensive per unit delivered; but, as outlined above, these mini-pilots faced challenges in securing uptake and engagement, and short-term outcomes were less clearly beneficial in terms of supporting self-isolation.

Conclusions

It is difficult to draw conclusions about longer-term outcomes from the mini-pilots, since as noted above, almost all evaluation plans measured immediate impacts only. However, it is possible to draw together the themes discussed above and to suggest some overarching lessons that can be learned.

First, the importance of working with a trusted delivery partner, who has the experience, resources and commitment to adapt to changing contexts (in terms of the scope and/or scale of services offered), seems clear. This approach provides expertise in the user groups and/or services in question, leading to higher quality engagement and delivery, as well as flexibility in the face of almost inevitable last-minute changes. Alternatively, where no pre-existing relationship is established, a procurement process that gives confidence in an organisation's professionalism and local experience as well as willingness to hand over responsibility can have similar effects.

Second, fitting support to the needs of service users, and ensuring these needs are not already being fulfilled in other ways, is undoubtedly vital given that uptake relies on voluntary engagement. The 2 most effective ways of achieving this among the mini-pilots were to conduct initial consultation with user groups and tailoring a solution to what was discovered, and to offer a range of solutions from which users could choose. Both approaches were further improved by facilitating continued feedback from users and clear communications with delivery partners. Allied to this, referral from an existing engagement channel is preferrable to attempting to motivate self-referrals from among potential user groups.

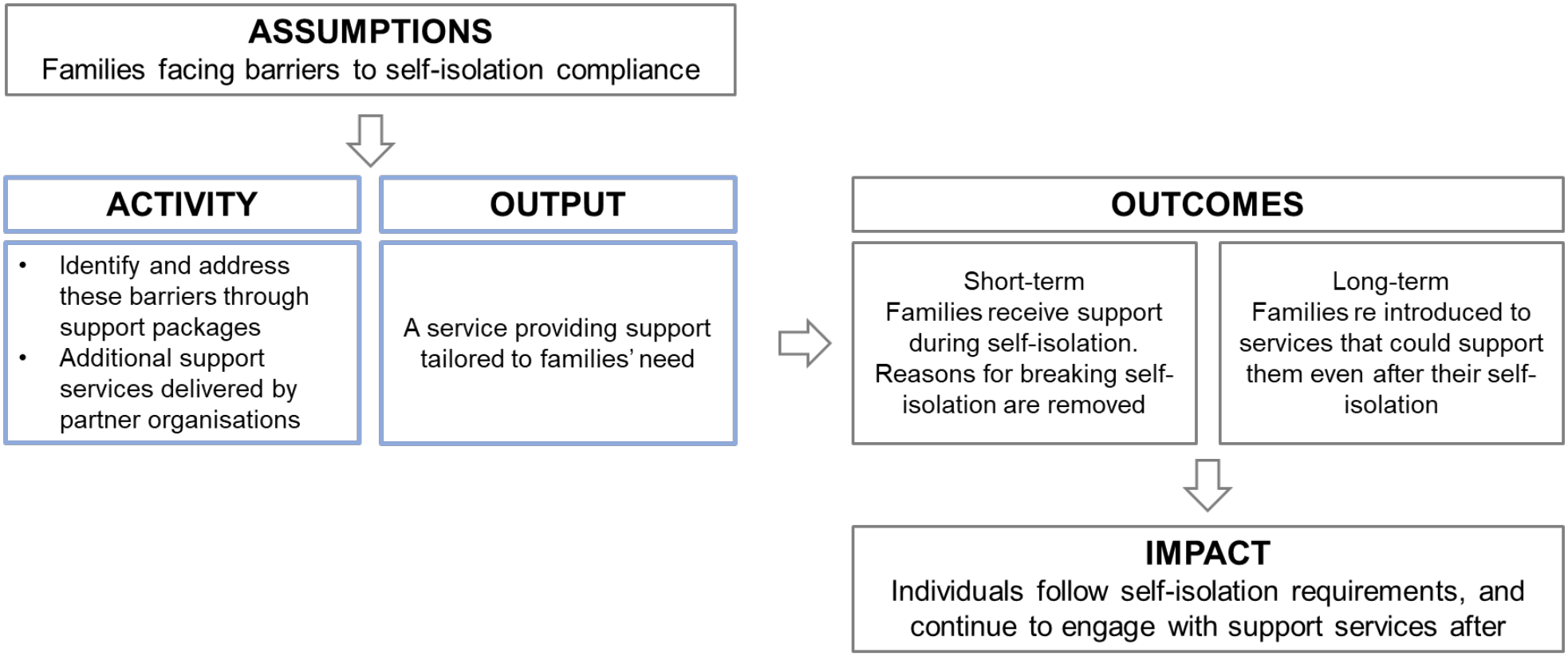
Third, the impression obtained by this evaluation is that the most efficient balance between individual impact, scale and cost may be standardised solutions (either practical or emotional) delivered in-person by partner organisations. As noted above, mini-pilots that adopted this configuration were able to increase volumes by drawing in more resources and/or to adapt to changing contexts if necessary, enabling them to be effective even if their original plans became less relevant.

Finally, the activities carried out by the mini-pilots to evaluate and provide evidence of their effectiveness do place limitations on what can be concluded about their impact. Decisions need to be taken about what is proportionate and valuable, but if lessons are to be learned about 'what works' in terms of behavioural outcomes, the importance of specifying what measurement is required at the outset, of providing guidance (and even resource) to support this, and of enforcing the delivery of evaluations as proposed, is clear.

Report on mini-pilots

Annexe 1. 10 Days Your Way (Blackburn) mini-pilot report

Logic model and process map



Overview and objectives

The ‘10 Days Your Way’ initiative was designed to provide tailored packages of support to people who had been instructed to self-isolate, based on an understanding of the specific barriers to compliance with self-isolation that they might face. The intention was that these personalised packages and support services would address the factors that might lead people to break their self-isolation, and therefore increase levels of compliance and prevent onwards transmission. Support from services was also expected to continue after self-isolation had ended, delivering lasting benefits to the individuals concerned.

Planned delivery

Contact tracers asked individuals whom they contacted if anything would prevent them from self-isolating, to identify those with particular support needs. Those who expressed barriers were told about the pilot and asked if they wanted to be referred. Contacts for those who agreed were passed to the pilot team, who then made contact by telephone to assess needs and create a plan for each individual. Once a plan had been developed, the team liaised with partners and suppliers as necessary to compile support packages.

Delivery in practice

Initially the focus for support packages was expected to be on food parcels; however, on speaking to individuals the diversity of support needs became apparent and the range of services and items offered expanded rapidly. The Pilot team were taken aback by the number of families that required significant support both during and after self-isolation but were committed to helping or signposting help to as many as possible.

Support packages included materials to help control infection (such as anti-bacterial wipes and hand sanitiser), education and engagement activities (such as colouring books and Sudokus) and more specific items such as hot meals or pet food, or even more costly items like laptops. These physical items were provided by the central Pilot team and delivery partners. Practical support such as driving children to school was also offered. Individuals with particular needs were signposted to external partners who could provide personal support in terms of financial planning, mental health, access to services and other means of helping individuals during their self-isolation period, including referrals to Macmillan Cancer Support for cancer patients.

Delivery challenges

The rapid expansion of support offerings created challenges for both the central pilot team and delivery partners. The pilot team was small and overstretched throughout the delivery period, as there was limited scope for bringing in more people. Though the project lead had had experience in work of this kind before, the 3 project assistants had to be trained up very quickly

in community support work of this nature. Team members also had to feedback process-based problems they encountered, despite being newly trained themselves, so that the team could learn from their own cases over the course of the pilot.

The partner network and referral process also had to be set up very quickly, and partners had to adjust to the increased demand from more users, through both working beyond standard capacity and more carefully allocating resources as needed. The pilot team was able to offer financial support to some partners to help with this expansion in activity if they were particularly in need of it.

Identifying abuses of the offer was a further challenge, particularly given the volumes of applications for support initially. However, as the pilot team built stronger relationships with partner organisations they received feedback on examples of abuse, such as families who already had a laptop and still applied for and receiving one through the scheme. And it was the communication between partners that helped avoiding further abuse of the service, by putting together a more accurate picture of a family's needs and their required support.

Delivery facilitators

Many of the relationships between the pilot team and delivery partners had existed before the Pilot began, at least on a personal level between individuals in each organisation. This provided a good foundation on which to build throughout the project and was cited as a strong reason for the pilot's ability to expand what was offered so quickly. Communication between the whole partner network was also a priority, with weekly calls between the pilot team and all the partners involved to discuss delivery, troubleshoot problems and ensure a coordinated effort throughout.

Pilot outcomes

The original evaluation plan proposed to assess impact on compliance at Day 5 and Day 10 of the self-isolation period, and the longer-term effects after one month, accompanied by feedback from users. However, the evaluation in practice focussed more on user feedback, identifying what worked well, and what could have been done better.

The pilot team contacted 323 residents who had been told to self-isolate, of whom 114 had received a support package. A quarter of those contacted completed an evaluation questionnaire (81 in total): of these, 67 (83%) said the support they received was helpful; 28 (35%) said they would not have or were not likely to have completed their self-isolation if they had not received the support; and among those who received a support package (52), the average rating was 4.88 out of 5.

The qualitative feedback indicated positive experiences of support, and beneficial effects in terms of addressing specific barriers such as mental health and financial strain. Longer-term

impacts were also reported, such as families becoming aware of support services and continuing to access these after their self-isolation period had ended.

The fact that the scale of activity was greater than initially expected suggests that the pilot did address a need. The positive feedback and the self-reports from participants, that it improved compliance, indicate that the causal assumptions of our logic model may be correct and that the Pilot may have achieved its objectives. However, without behavioural measures of compliance on day 5 and day 10 of self-isolation, this is difficult to say with certainty.

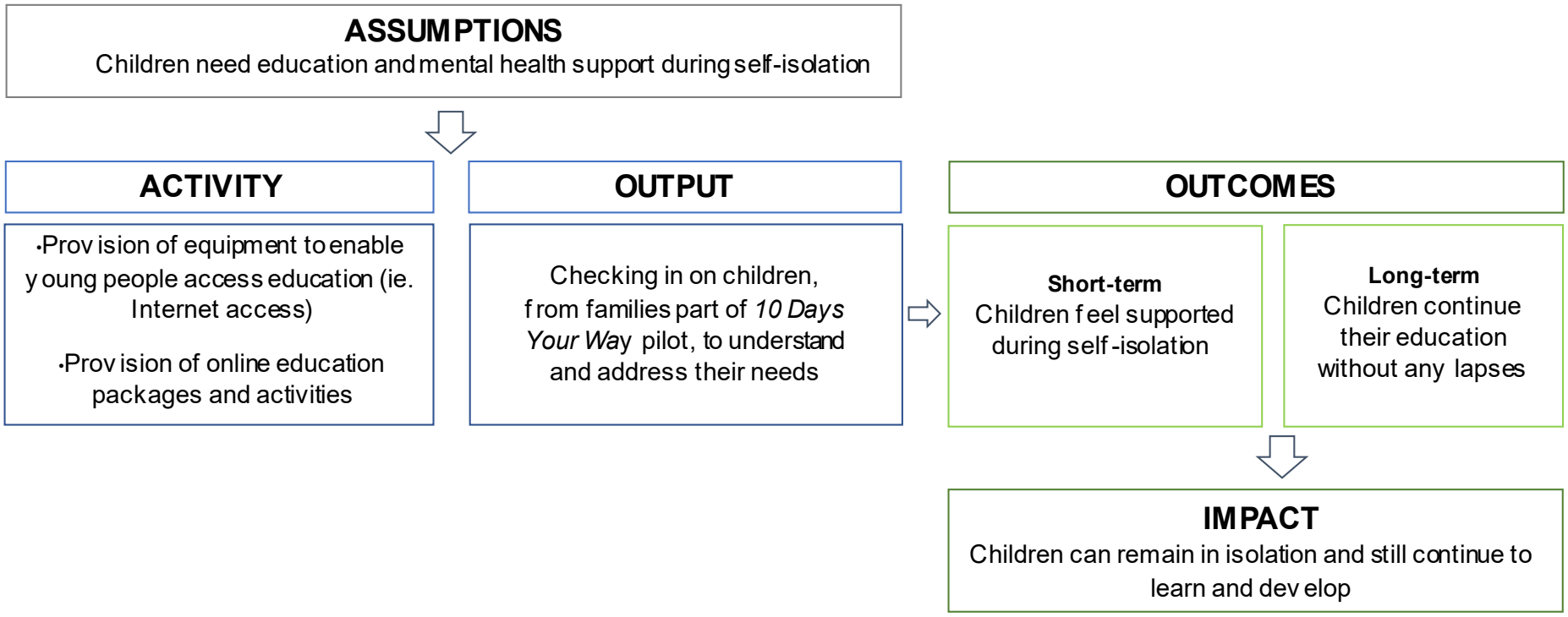
Main learnings

The enthusiasm of staff in the pilot team and partner organisations, the strength of relationships between individuals within the council team and delivery organisations, and leadership which promoted and facilitate cooperation and learning between teams, were cited as reasons for effectiveness. Steps to address the challenges outlined above were also mentioned as opportunities to improve delivery should similar activities be required again in the future. In particular: more time for training, to support team members in their new roles; and a more realistic initial view of what would be required, to support planning.

However, the principle of engaging with residents to understand their individual support needs, then addressing these with bespoke support packages delivered through partners with whom strong relationships and communication already exist, was felt successful.

Annexe 2. 10 Days Your Way: Children and Family Focus (Blackburn) mini-pilot report

Logic model and process map



Overview and objectives

The ‘10 Days Your Way: Children and Family Focus’ pilot was an extension of the original ‘10 Days Your Way’ initiative, which aimed to provide tailored packages of support to people who had been instructed to self-isolate. It involved the same delivery team as the original pilot initiative. As with the original, the aim was to understand the needs of those who had been told to self-isolate, identify barriers to compliance and provide ongoing contact and bespoke packages tailored to those needs and barriers, in order to increase levels of compliance and prevent onwards transmission. In this case, however, there was a specific focus on supporting children’s needs, including education and mental health.

Planned delivery

As an extension of the original ’10 Days Your Way’ initiative, this pilot continued working with families who were already part of the initiative, in addition to new families with support needs, who were identified and referred by contact tracers following the pilot’s launch. As with the original initiative, the pilot team made contact to identify potential barriers to self-isolation, along with additional factors that might put strain on children’s academic, social or emotional wellbeing. Recognising that schools had not necessarily realised that children at home may be struggling, the pilot team worked with schools and delivery partners to develop a plan to provide resources and support to help children during their self-isolation period.

Delivery in practice

The initial expectation was that support would involve items such as literature and education packs and contact with youth groups and mental health services. However, as with the original initiative, the support offered expanded over the course of the pilot to include a much wider range of activities, such as dancing, fitness, cooking, audio visual clubs, and board game clubs.

Delivery challenges

The challenges faced in delivering this pilot were similar to those of the original initiative. The delivery team was the same, and as then it quickly became overstretched as the range of support offered expanded. The team also had to be trained rapidly (on top of the original training they had received) in order to work effectively with young people. Finally, the delivery period for the pilot was short, as this extension was set up relatively late in the run of the original pilot, which limited the impact that it could have.

Delivery facilitators

As with the original pilot, many of the relationships with delivery partners had existed beforehand, providing a good foundation on which to build throughout the project. Moreover,

this being an extension of the original pilot, there was also a recent history of working with many of the delivery partners, with relationships already being strengthening and regular communication systems already in place. This created a significant amount of trust and productive conversation between the central team and delivery partners, which was noted as an important part of the pilot's ability to cater to individual needs.

Pilot outcomes

The original evaluation plan for the '10 Days Your Way' Pilot proposed to assess impact at day 5 and day 10 of the self-isolation period, and the longer-term effects after one month, accompanied by feedback from users. The evaluation for this 'Children and Families' extension fell within that larger '10 Days Your Way' pilot evaluation, with nothing specifically assessed to determine the success of this initiative. 323 residents were contacted, a quarter of whom completed a questionnaire (81 in total) and, of these, 67 (83%) said the support they received was helpful. We do not know how many of those were a part of this extension.

The qualitative data resulting from the overall pilot evaluation included some questions that related to activities that were specifically a part of this pilot. There were positive responses about the support that families received. A number of parents reported that their children, who had not had access to arts and crafts or other such resources before, had responded well; and many reported that they were spending more time with their children during self-isolation, as the resources gave them something to do together. Feedback from children was also positive; and parents shared that they had realised the extent and importance of their children's mental health needs through engaging with the pilot.

These positive responses from families following their engagement with the pilot indicates that the intervention was acceptable and suggests that it met a need. However, there were no measures of compliance with self-isolation by the children. Nor did the evaluation measure any of the short or long term outcomes that we thought would be a part of the causal pathway that would lead to improvements in self-isolation in our logic model: there is no measure of whether children felt supported or continued their education without interruption. Therefore, we cannot say whether it was effective or assess our suggested causal pathway.

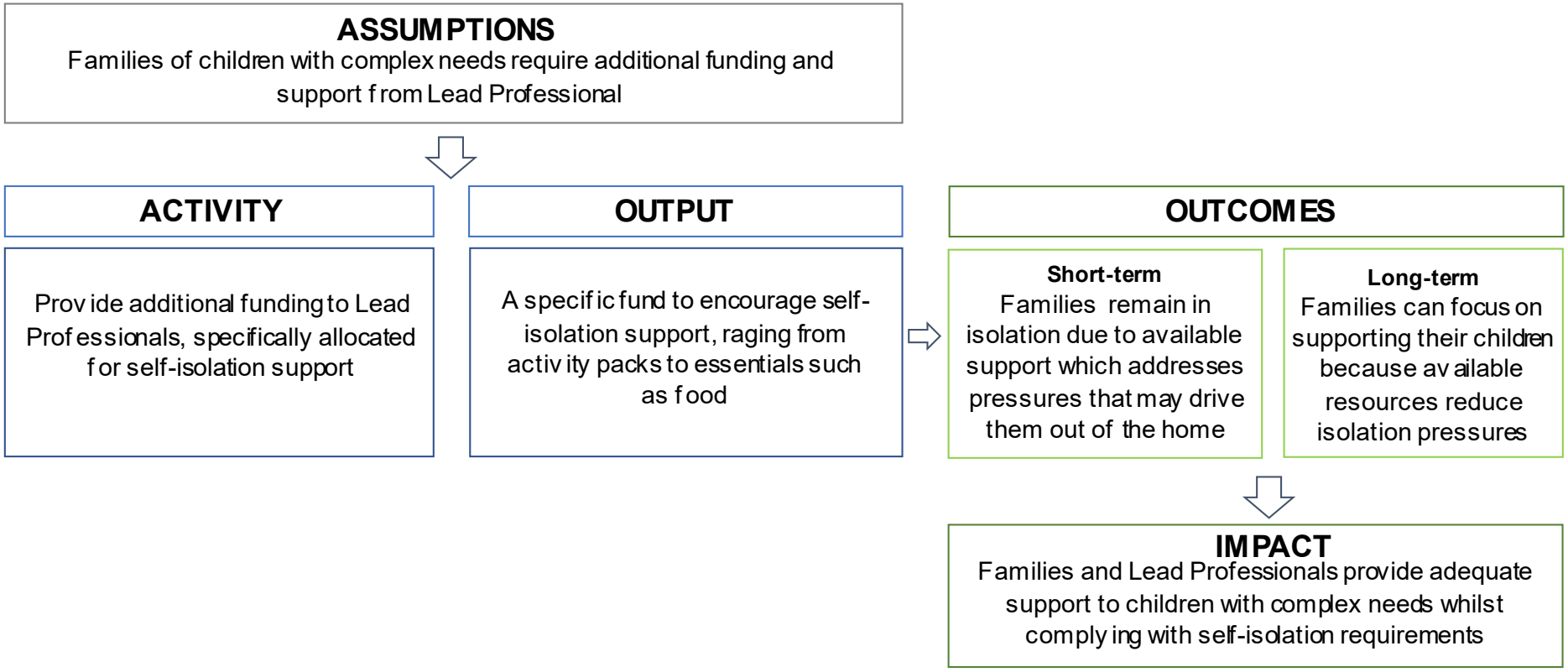
Main learnings

The enthusiasm of staff in the pilot team and partner organisations, and the strength of relationships between the team and partners (especially since they had already been collaborating on the original pilot), were consistently cited as reasons for effectiveness. Working in collaboration with the families themselves was also regarded as key, as well as having a system in place for consistent and productive feedback from end users to inform improvements to the pilot during its run.

While there were limitations that reduced the potential impact of this pilot, such as a lack of time for training and too short a run time for the pilot itself, the approach of understanding and providing bespoke support to children in order to support their mental health and their academic and social development was felt to have been successful.

Annexe 3. CFW Self-isolation Support (Lancashire County) mini-pilot report

Logic model and process map



Overview and objectives

The ‘Lancashire CFW self-isolation support’ pilot was intended to provide additional funding for families with young people aged 0 to 19 years with complex or intensive needs, to support them through self-isolation. A total of £10,000 was added to the budget of the Children and Family Wellbeing Service (CFW), with instructions that a maximum of £100 a week could be allocated to services, for families in need. The intention was that personalised support services address the factors that might lead people to break their self-isolation, and therefore increase levels of compliance and prevent onwards transmission.

Planned delivery

The CFW manages an existing budget, which is allocated by lead professionals to families at risk in Lancashire as financial support for emergency purchases (such as beds and cookers) and services. The pilot added the £10,000 funding to the overall CFW budget, and the CFW advertised to lead professionals who were supporting families that they could also allocate up to £100 a week per family from this additional budget to purchase support for families that were self-isolating. This could include resources ranging from activity packs to essentials such as heating and food – the ways in which lead professionals could use the money were loosely defined, so that they could cater specifically to families’ needs.

Delivery in practice

Over the course of the pilot, which ran from January 2022 to March 2022, the CFW contacted thousands of lead professionals through bulletins, news and other established channels. These messages advertised the existence of the self-isolation support funding and how to access it (including application forms). The system put in place would have been able to turn around applications within a 24-hour period.

There was, however, no uptake for the duration of the pilot. No applications were made for funding specifically to support self-isolation, from either the pilot fund or the main CFW budget.

Delivery challenges

Numerous reasons for this lack of uptake were suggested. First, there were no established direct relationships between the lead professionals and the CFW: the existing system was very impersonal, with lead professionals working with families in the area and sending an application for funding to the CFW specifying the amount and the reason for the request. The pilot team therefore relied on indirect communication to raise salience.

Second, lead professionals had access to other funds such as the Household Support Fund, which offered significantly more money and more specific details on what that funding was for. It

was suggested that the broad scope for the pilot funding made it hard for lead professionals to know exactly what needs they should draw upon this budget to cover.

Third, self-isolation rules changed during the pilot so that there was no longer a requirement to self-isolate following a positive COVID-19 test, reducing or removing this additional pressure from families with vulnerable children.

Fourth, the pilot was thought to be hindered by its short duration, as it was proposed, launched and closed within a span of 3 months.

Pilot outcomes

The initial ambition for the pilot was to distribute of all the allocated funding. The evaluation plan involved recording the number of applications, applicants' age groups, and the type and value of support requested. A post-pilot survey of families who received support was also planned. However, due to the lack of response, no evaluation was conducted; and due to the remote nature of relationships with lead professionals it was not possible to learn from them directly about why there was no uptake. The CFW fund itself was active during the pilot period – lead professionals applied for financial support for families' emergency needs in general, such as heating and food. But as noted there appeared to be no need for funding specifically for self-isolation support, or at least no awareness that this was available, so none of the £10,000 budget was drawn upon.

Main learnings

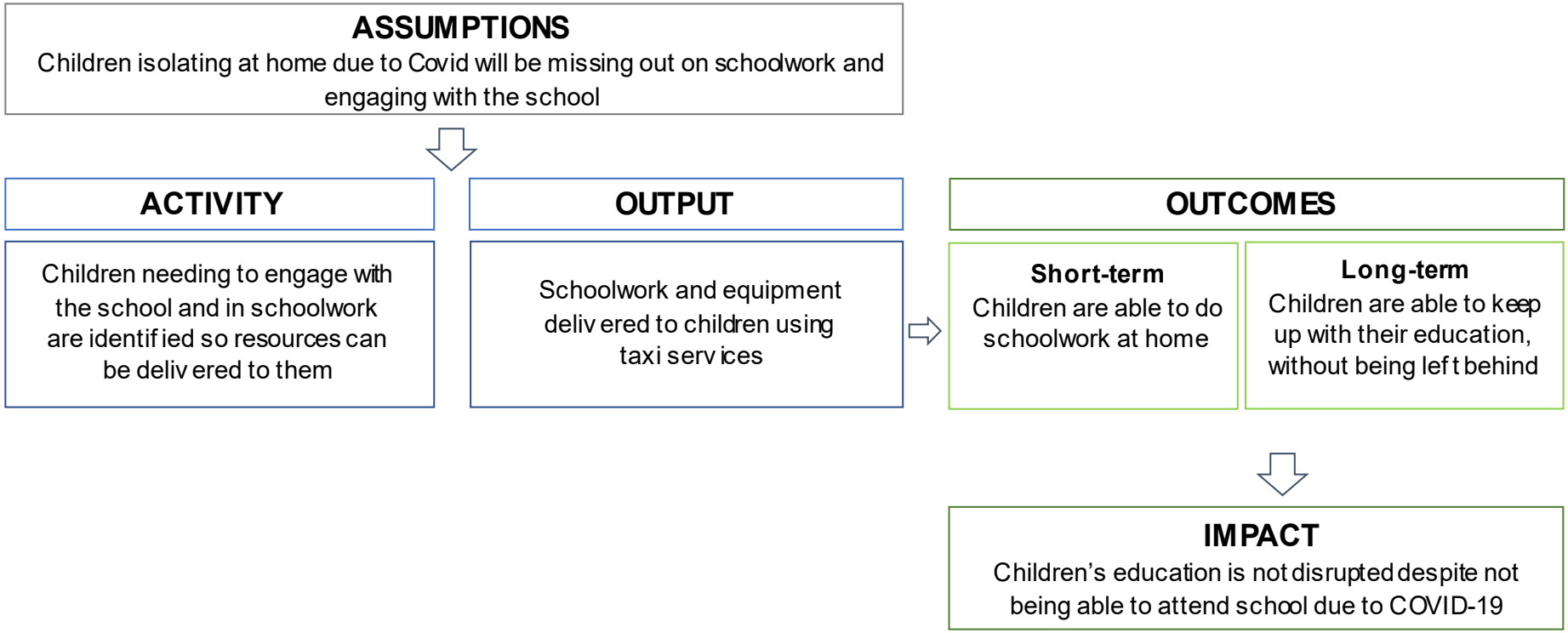
It was not, as noted, possible to obtain direct feedback from lead professionals about what might have made the pilot more effective. However, the points made by the pilot team, and experience from other pilots, suggest some lessons.

First, established relationships between pilot coordinators or funders and partners who would provide support or spend money are key if a new service is to be set up and delivered quickly in a fast-changing environment. Other pilots were able to mobilise all elements of their 'systems' quickly and effectively because relationships and direct communication were already in place. This was not the case with this pilot.

Second, it is important to ensure that the support offered by the pilot is clearly defined and differentiated from other means of support that are already available and familiar, and that the pilot is effectively advertised and communicated. Third, as with other pilots, timing is key and a new service may be more effective if offered at the beginning of a situation, rather than late on when responses to it have already become established.

Annexe 4. Classroom to Home (Lancashire County) mini-pilot report

Logic model and process map



Overview and objectives

The ‘Classroom to Home’ pilot was designed to support children and young people’s remote learning during self-isolation by allowing schools to send resources, equipment or materials that children may need via local taxi services. It aimed to enable pupils and students to be more in touch with their lessons and promote better engagement with learning during the self-isolation period. Schools were able to decide what resources to send, from schoolbooks or work packs to IT equipment. This was expected to minimise negative impacts of self-isolation and support children and young people to comply with requirements, preventing onwards transmission through the delivery of a personalised and exceptional service.

Delivery in practice

The pilot was led by a team in Lancashire County Council (LCC), and promoted to schools via the LCC Education Bulletin, the schools’ online portal, and across school improvement services. Schools which contacted the general LCC COVID-19 helpline were also reminded of support available through this pilot.

The support offered was primarily reimbursement of a taxi fare, which the school would incur by sending out any resources. Taxi companies were approved by the council team and briefed on the pilot. The team developed an electronic form which allowed schools to report which resources had been sent, which taxi service had been used, and the value of the fare, so that they could apply for reimbursement. A helpline was also provided to schools, so they also had the option to request funding via a telephone call.

Delivery challenges

In practice, engaging schools with the pilot proved a significant challenge. Schools were already receiving a substantial amount of messaging and communication around COVID-19, in terms of both instructions and support services; in this context the pilot struggled to achieve salience.

Moreover, at the time, schools were already working extremely hard to manage outbreaks of COVID-19 and engaging with further tasks was not a priority. On the ‘demand’ side, families had grown used to their children learning from home, and often had the space and equipment for this set up already, which reduced the need for additional resources. The need was reduced further by the decrease in the number of self-isolation days required in early 2022.

However, the process in place also created challenges. Schools reported little ongoing communication from the pilot team, remained unsure how to use it and felt a lack of reassurance that they would actually be reimbursed for the taxi fares. They also felt that there was limited guidance on which taxi services could be booked, and that they were not kept up to date on the status of their application for reimbursement. They suggested that an alternative

approach more focused on the logistics, with a dedicated portal and a log of taxi bookings, applications and reimbursements would have been useful.

Pilot outcomes

The pilot team expected a considerable level of engagement with the pilot, as there were around 650 schools with pupils self-isolating in light of rising COVID-19 rates at the time of this project's launch. An evaluation was proposed via questionnaires with parents and children, and possibly through conversations with the taxi firms as well, although these were not carried out. In practice, the pilot received 4 claims, across 3 schools. Two schools requested funding for damaged laptops, one of which was rejected because the damage had occurred before the pilot period. The third school placed 2 claims for taxis, through which technology and paper packs were sent to 2 children who lived around 50 minutes' drive from school. The school's forms were eventually processed, although a delay in the funding received by the pilot team resulted in a wait of several weeks for reimbursement.

A school that used the service did report appreciating it, suggesting it helped with reaching children who lived further away. However, the low level of participation in the pilot meant that the delivery team did not regard the overall initiative as effective.

Main learnings

The context surrounding the delivery of this pilot created a number of challenges, and the team believed that uptake would have been higher if it had run earlier in the pandemic. However, the process issues noted offer learnings for the future.

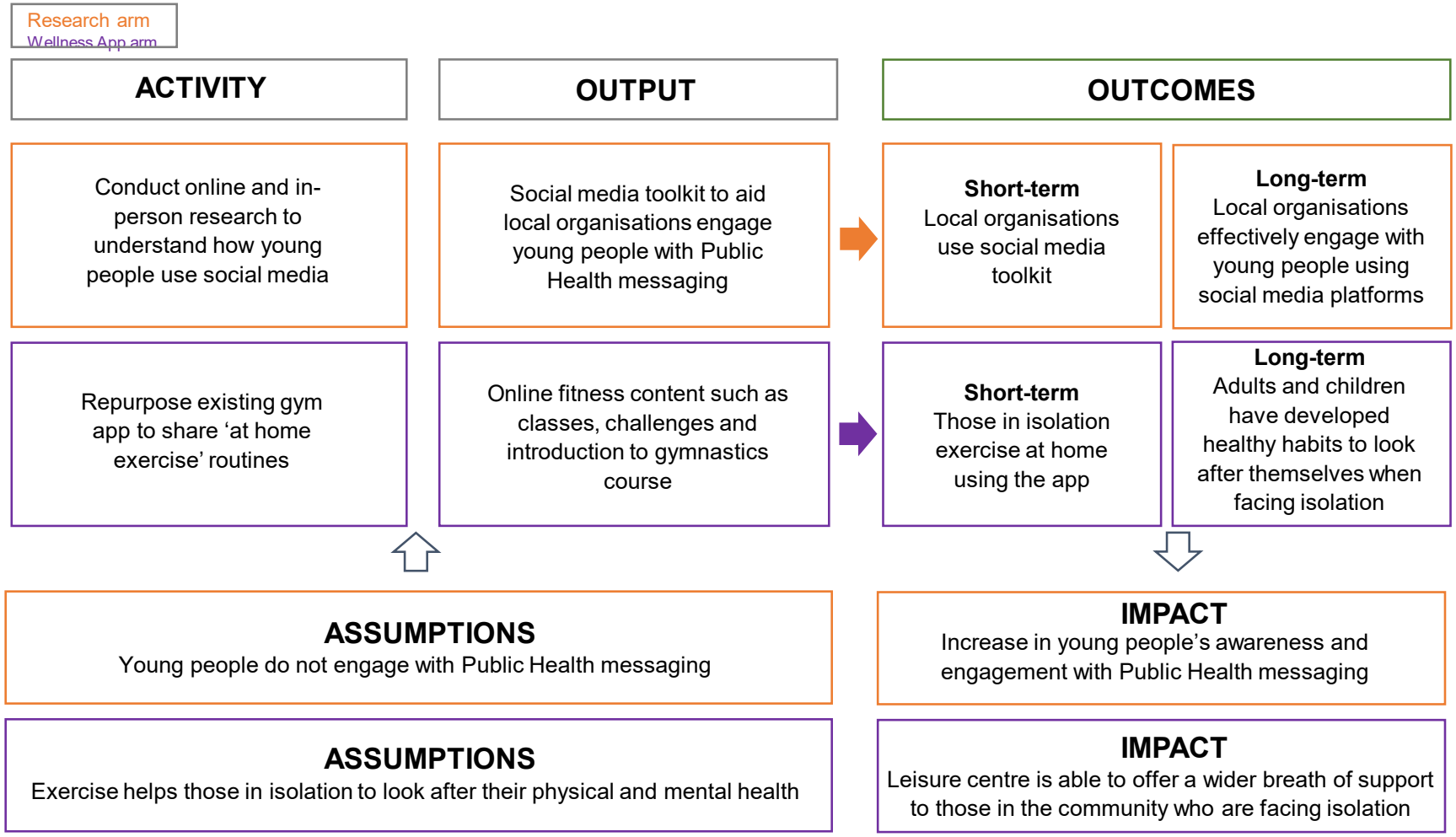
First, maximising awareness and engagement with a service is key, particularly if other services and requirements are competing for attention – marketing plans need to take this into consideration.

Second, when offering an unusual service, involving financial commitments from the user, it is important to put in place systems and communications which simplify and clarify the process, and reassure users about what will happen and when.

Third, services need to be designed in light of a full understanding of the user need – in this case, it seems that the need felt by families was not strong enough.

Annexe 5. Gamification and Adaptation (Hyndburn) mini-pilot report

Logic model and process map



Overview and objectives

The ‘Gamification and Adaptation’ pilot involved 2 separate strands.

The first was research to develop a toolkit to support community groups in creating social media content that would engage young people with public health messaging; this was intended to increase motivation to comply with self-isolation requirements.

The second was an adaptation of an existing fitness and wellness app to support physical and mental health among adults and children during self-isolation; this was intended to minimise negative impacts of self-isolation and support people to comply with requirements, preventing onwards transmission.

The pilot also involved a grants scheme initiative, but no one involved in this strand was able to take part on this evaluation, so it is not covered here.

Planned delivery

The toolkit strand was prompted by Hyndburn Council’s assumption that young people (those aged under 24 years) had low levels of engagement with public health messaging and were therefore less likely than others to self-isolate. The pilot team initially consulted with community groups and organisations to understand what type of support they needed in order to engage with young people effectively. This highlighted the value of a toolkit providing guidance on how to communicate to young people and deliver public health messaging. The team then commissioned a local PR agency to conduct focus groups in local schools to understand how young people use social media. These focus groups helped inform an online questionnaire, which was promoted in the local area, to gather further information on young people’s use of social media.

Insights from the focus groups and questionnaire suggested that gamification elements increase young people’s engagement with social media content. On this basis, gamification was incorporated into a social media campaign using the Hyndburn Council’s digital platforms. Evaluation of this campaign informed the ultimate output from this strand of the pilot: a toolkit providing guidance to local organisations on how best to engage young people through social media.

For the wellness app strand, the pilot team at Hyndburn Leisure Centre worked to repurpose its existing gym facilities app by adding new content to help people exercise at home. The app’s new content consisted of exercise challenges, online (live and pre-recorded) fitness classes and a beginners’ gymnastics program. Leisure Centre staff helped to create the online content and refer people onto the app.

Delivery in practice

The main challenges both initiatives faced were the short timeframes in which the pilot had to be delivered, and changes in self-isolation guidelines.

For the research arm of this pilot, their original plans were to understand why young people failed to self-isolate. Once self-isolation was no longer a requirement, the council team resubmitted their proposal to focus their research on young people's engagement with public health messaging instead. Working under time pressures also meant that only a few focus groups were run, and the online questionnaire had to be developed in parallel with the focus groups, rather than afterwards as originally planned.

The wellness app likewise had to shift from providing exercise assets that would cover a 10-day period to assets that could support people who needed to self-isolate in a variety of circumstances (for example those living in rural areas or with conditions that do not allow them to leave their homes) rather than solely in the context of COVID-19. Time pressures meant that a well-defined user onboarding journey could not be developed, so the team had to offer direct support for new users and create extra onboarding content such as videos on how to use the app.

Pilot outcomes

The preliminary social media campaign was evaluated to inform the toolkit for community groups. Data on the way people engaged with the original campaign was gathered, and assessed using metrics such as screentime in hours, likelihood of young people responding to posts, response to ads and quizzes, use of hashtags and types of captions young people found useful. This campaign found that usual evaluation measures of social media campaigns such as engagement (likes, reposts or comments) are not a good reflection of the real success of a campaign since young people reported that, with regards to content like this, they do not publicly engage on social media. However, they did report that they do see posts like this, and may even share them privately, which is not reflected by looking at public engagement metrics alone.

Data on community groups' engagement with young people as a result of using the toolkit had not been collected at the time of this report, but the council had seen an increase of engagement on their official TikTok account.

The revised wellness app did not have a specific evaluation plan in place; instead, the focus was on learning new processes and ways of working. At the end of the pilot, the 'lessons learnt' around ease of access to the service, effectiveness of the support offered and how engaging the activities were shared with the council by the delivery team. These lessons were not made available to this evaluation exercise, so comment cannot be made, but overall engagement with and use of the app was low.

Overall, we cannot judge the programme against the outcomes or causal pathway in our logic model because of a lack of evidence.

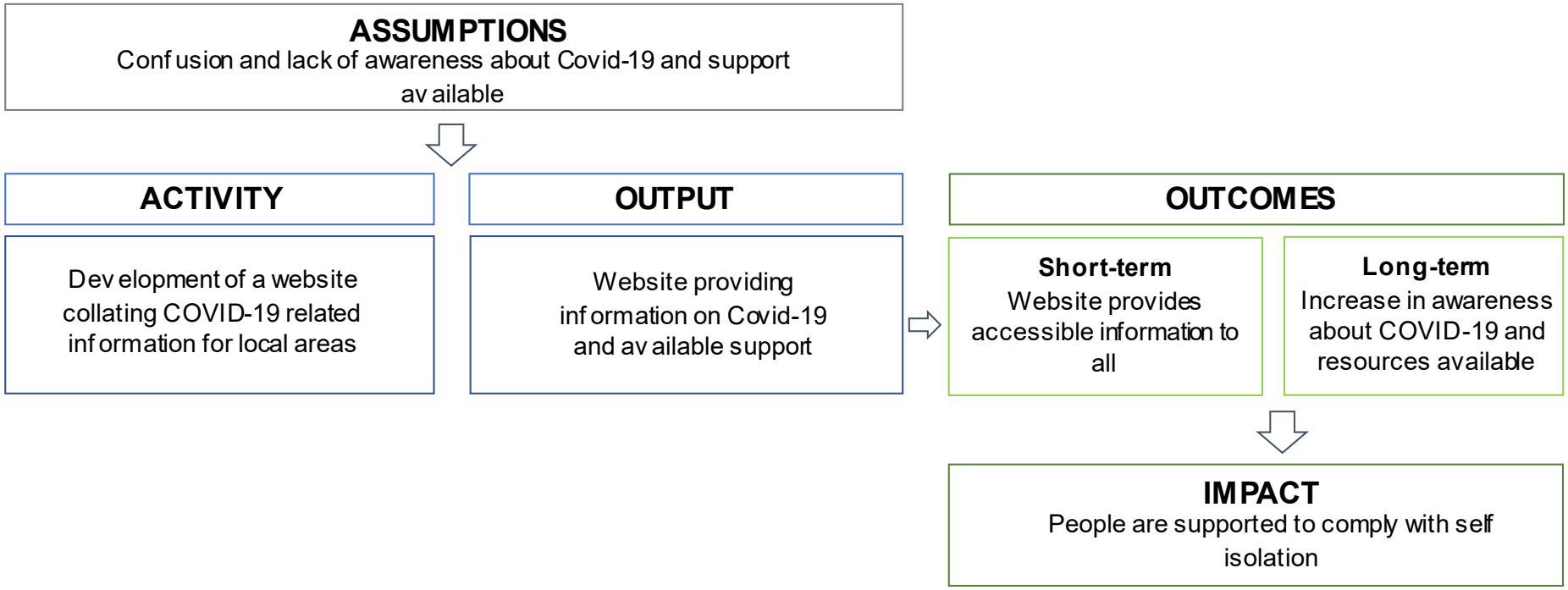
Main Learnings

The combination of initial consultation with community groups, and then mixed qualitative and quantitative research to inform a toolkit, was seen as effective – a process of exploring what is needed, then tailoring research to understanding how to deliver this. More time might have permitted a larger amount of fieldwork, and/or the opportunity to test the contents of the toolkit with young people and community groups before finalisation, but the toolkit and the process of developing it have since informed other work within the council.

It is difficult to draw lessons from the wellness app strand given the enforced changes in focus and the lack of information about usage and effectiveness. The pilot team felt that new processes and ways of working were developed that will benefit future projects, but the scarcity of evidence highlights the importance of planning to capture and share metrics and learnings if wider lessons are to be learned.

Annexe 6. Isolation Station (Lancashire County) mini-pilot report

Logic model and process map



Overview and objectives

The ‘Isolation Station’ initiative was intended to provide a ‘one-stop shop’ bringing together resources that would help overcome the barriers to compliance with self-isolation and ensuring that information was comprehensible and accessible to all. The expectation was that providing easy access to a range of resources would increase awareness of available support and access to relevant activities, thereby reducing reasons for non-compliance and decreasing the likelihood of onward transmission.

Planned delivery

The main delivery partner, SHARES Lancashire, alongside the council team worked together to source content and develop the website, ensuring it was Government Digital Service compliant and available in multiple languages. The website was divided into 3 sections. ‘Help in your area’ provided links to resources such as food banks, local services, and mental health support, as well as testing and vaccination information. ‘Things to do’ provided information on topics such as physical fitness, healthy eating, mental health and wellbeing. This section also contained videos created by the delivery partners. ‘COVID-19 and self-isolation’ provided information about COVID-19, self-isolation and testing, including when and how long to self-isolate, legal requirements and the benefits of self-isolation.

The website also offered a ’10-day challenge’, in which individuals could sign up to receive a video every day for 10 days. The videos set challenges that were centred on healthy eating and physical wellbeing, and individuals were given the chance to win a prize (a new television) if they completed these challenges.

The community and wellbeing manager at the council worked in an advisory role on the design of the website and activities. Once the website had been developed, it was marketed through sharing across networks and social media.

Delivery in practice

The initial funding bid proposed setting up the website for West Lancashire only. However, when funding was allocated, it was under the condition that the service would be rolled out across the whole of Lancashire. This led to a significant increase in workload. The change in scope, within an already tight turnaround (around 3 weeks), required additional effort to gather the information, develop the videos and set up the website. The developers also found it challenging to get the balance right between presenting information in a way that was accessible to all, whilst ensuring accuracy.

Delivery facilitators

Both partners had worked together previously to develop a website, and their shared experience and expertise allowed them to deliver the pilot despite the time pressures and challenges resulting from the change in scope. A strong sense of partnership and effective communication, combined with the council representative's knowledge of how to shape and promote the website, meant it could be set up and delivered effectively.

Pilot outcomes

The '10-day challenge' was in part created as a way to collect contact details so that an evaluation form could be shared. People who signed up to this challenge were emailed an invitation to an online survey. The main outcomes included engagement with the website and engagement with the 10-day challenge. The evaluation survey also asked questions around self-isolation period, the utility of the website and its content, and how it could be improved.

Sign-up to the 10-day challenge was a lot lower than desired, with only 34 out of 818 website users signing up. From those 34, only 5 filled out evaluation forms. The team hypothesised that engagement may have been low because the requirement to self-isolate was removed only 2 weeks after the website went live, and because of a general feeling of 'COVID-19 fatigue' amongst the population by that point.

Feedback received from other sources, such as schools, was said to be mainly positive, with users commenting on the website's usefulness but, as above, there were also comments that the website would have been much more useful earlier in the pandemic.

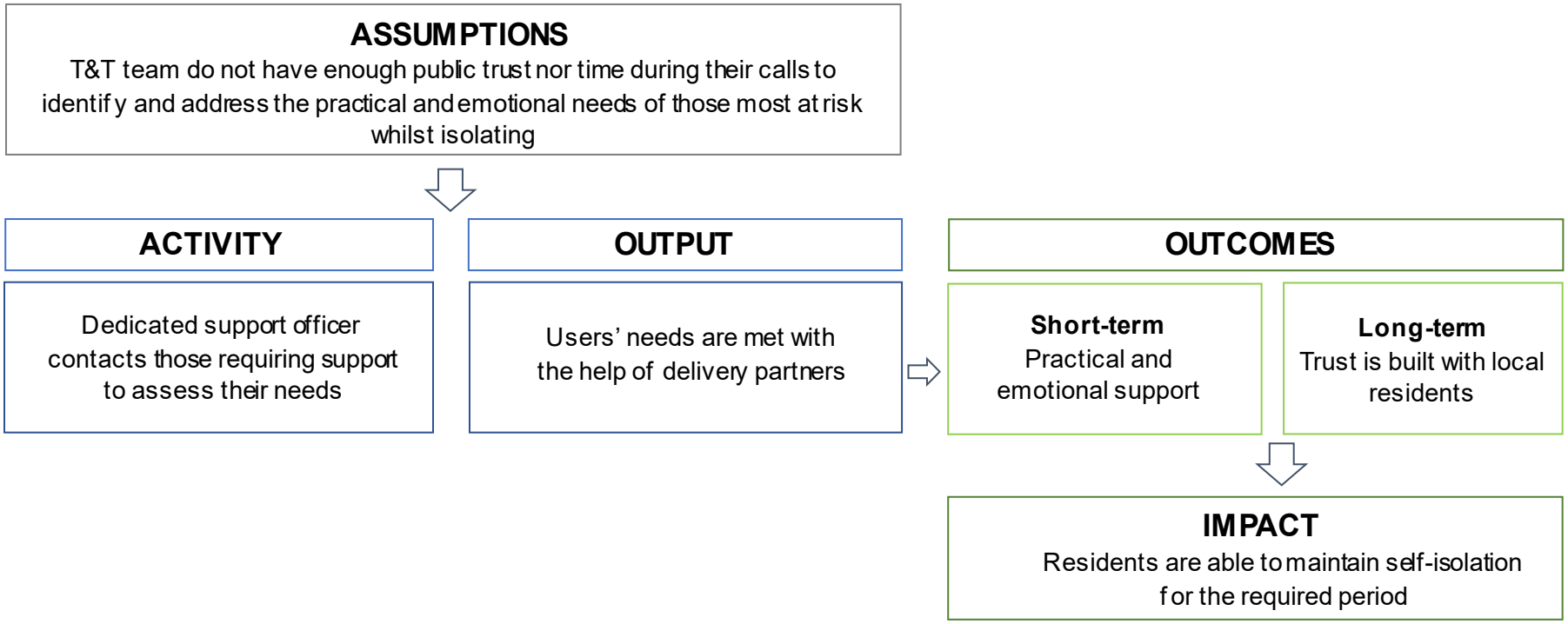
The lack of feedback means it is not possible to conclude anything about the impact of this pilot on self-isolation behaviours, wellbeing or other measures (or anything about the hypothesized causal pathway in our logic model). However, the limited findings do seem to indicate that a central point of information and resources around COVID-19 was useful to the public.

Main learnings

The unanticipated expansion of the website's scope, and the short period available for development, were significant challenges for the pilot. The partners were able to work together to deliver a product, but it is very likely that it would have been more valuable had there been longer to create it, and had it been launched earlier. This highlights the importance of timing the launch of a new service to meet the height of a need, and of providing clarity over the scope of that service from the outset so that detailed plans can be made.

Annexe 7. Isolation Support Officer (Blackpool) mini-pilot report

Logic model or process map



Overview and objectives

The ‘Blackpool Isolation Support Officer’ pilot aimed to identify specific, practical needs of people at risk whilst self-isolating, and to facilitate support directed at meeting those needs, thereby removing barriers to compliance with self-isolation and reducing the risk of transmission. It was aimed particularly at those living alone or without support systems, such as the elderly.

Planned delivery

The local contact tracing team were already asking about welfare and support needs, but this was not their primary focus and they were under time pressure due to the spike in COVID-19 cases. The pilot enabled the appointment of a dedicated role – the Isolation Support Officer – fulfilled each day by a member of the contact tracing team. The officer made ‘isolation support’ calls to people with particular needs who were referred to the service, to build trust, improve their awareness of available support, and signpost to specific services where appropriate.

Delivery in practice

Individuals were referred to the isolation support officer by contact tracers, who asked whether they had any specific needs that could be addressed; some also referred themselves to the service, via a ‘request help’ tick box presented on contact tracing forms. The officer attempted to contact each individual up to 3 times, by telephone, text and/or email. For those who needed practical or emotional support that the officer could not provide at the immediate point of contact, a range of delivery partners were available to provide help: for example, a food bank delivered food parcels, pharmacies delivered prescriptions, and access was provided to telephone befriending and advice services. Some individuals were linked to self-isolation counselling from the local agency engaged in the ‘Blackpool self-isolation counselling’ pilot.

During the 3 months in which the pilot operated, further delivery partners were engaged to meet more varied and complex requests. Additions to the original proposed offer ranged from dog-walking services to support for residents applying for winter resilience grants. Existing delivery partners also expanded their services over the course of the pilot – for example, the food bank providing free food parcels started to offer ‘shopping list services’ on request, where food could be specifically requested, especially for the elderly and those with food intolerances; the local elderly support and advice service started delivering prescriptions alongside pharmacies; and council staff members helped out in a number of ways, such as delivering LFT tests on their way home from work.

Delivery challenges

Some challenges around efficiency emerged: establishing contact with residents could be difficult (prompting the need for 3 attempts over a week) and in some cases where contact was made, it emerged that there was in fact no need for support or this had already been covered by other services. However, the control and adaptability enabled by the direct contact approach was also seen as a key aspect of the Pilot's effectiveness, since it allowed the team both to cater to individual needs and to identify and move quickly past erroneous referrals.

Delivery facilitators

The great majority of the delivery partners already had established relationships with the council, so accessing them was relatively straightforward.

Pilot outcomes

The original evaluation plan included measurement of the number of support requests and referrals, the number of calls made to residents, the types of support requested, and qualitative feedback on users' experience and perceptions of value. The emphasis was on the extent to which support that would otherwise have been missing was provided, and on how far trust had developed between the team and the residents engaged.

Ultimately, a total of 853 support requests were received by the pilot team; of these 499 contacts were successfully achieved, and 184 residents received some form of support. The most common types of support were food and prescription delivery, dog walking, mental health support and financial advice; but some niche needs were also serviced – one resident needed help caring for a horse.

These figures were a little lower than the team had initially hoped for, due to delayed decisions on funding, a late start to the pilot, and the reduction in the time required for self-isolation in January. However, they were pleased to have been able to offer support to around 20% of those referred to them, drawing on existing networks of service partners to do so. The final report also features qualitative feedback in the form of quotes from the Head of Adult Social Services on one particular case, and an isolation support officer, which both indicated that users were "very responsive to [the] Isolation Support calls" they received and subsequently the pilot had "removed any reason for the household to break their isolation".

Wider benefits were also identified. The pilot was seen as an opportunity to establish new delivery partnerships, in addition to those already in place, which could be called upon again. The staff involved gained experience which again could be carried forward. Finally, the team felt that the offer of support had helped to develop trust between the community and the council,

and even with the contact tracing team, which could be beneficial in delivering a wider range of services in the future.

The pilot seems to have met a need, but we cannot say if it had an impact on outcomes or whether the causal pathway we suggested for it in the logic model was correct, since data on outcomes was never a part of the planned evaluation.

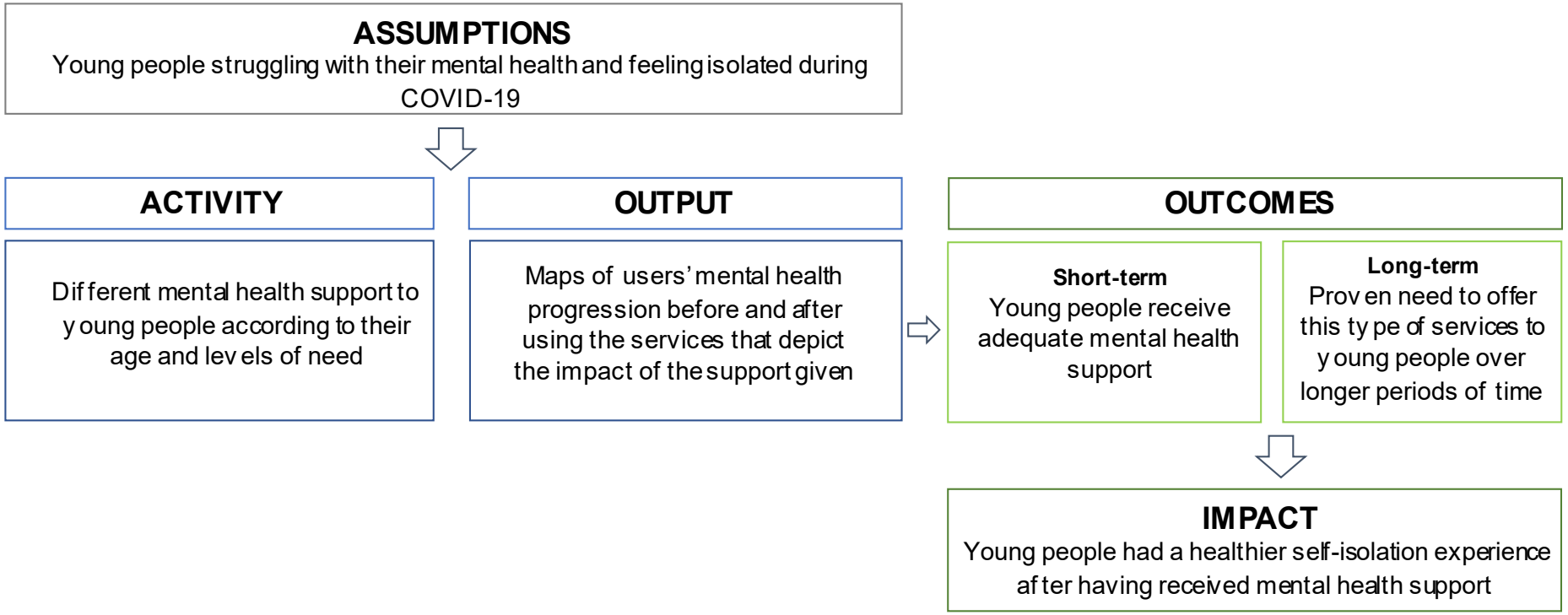
Main learnings

The pilot team was given autonomy from the outset to plan, set up and deliver the pilot and the support services it offered. This flexibility was important in allowing them to reach people in the first instance, to understand their needs, and to provide access to a service which met those needs directly. It also allowed the team to evolve the offer over the course of the pilot, as people's needs became clearer. Indeed, further improvements were suggested but not enacted, such as adding a door-knocking service to ensure more people requesting support were contacted.

Using delivery partners with which established relationships were already in place allowed the team to make greater use of services that were already available, but the freedom to be creative in providing solutions where such services were unable to deliver was regarded as vital.

Annexe 8. Let's Talk (Blackburn) mini-pilot report

Logic model and process map



Overview and objectives

The ‘Let’s Talk’ initiative was developed to create a safe space for local young people, between the age of 8 to 16, where they could receive mental health support during self-isolation. The pilot offered 3 mental health support programmes to young people based on their age and levels of need. These programmes were intended to reduce the negative effects of self-isolation on young people, help raise awareness of the importance of self-isolation, and help young people feel safe and more able to remain in self-isolation.

Planned delivery

Two main types of support were available to young people aged 11 to 16. These were either one-to-one support sessions over the course of 10 weeks or 6 counselling sessions delivered by internal qualified British Association for Counselling and Psychotherapy (BCAP) counsellors. The programme also delivered support through ‘Mind Moose’, an online tool used to help young people, mostly 8 to 11 years old, understand their feelings through an interactive video game.

These activities had been developed and run before, so a system of referral and support was already in place and remained the same throughout the pilot. Once a young person in the area of Blackburn and Darwen was required to self-isolate, their guardian could refer them to the local Help Hub. This service would assess the young person’s needs and make a referral to a local organisation that could offer the right level of support. Those identified as with low to medium levels of need were referred to Blackburn Youth Zone, which delivered the Mind Moose service. And those with higher levels of need were referred to IMO Charity, which delivered the one-to-one support sessions as well as counselling, handling these from start to finish including promotion, recruitment, delivery and reporting. Each organisation also referred users to the other if they thought the other would be able to provide more appropriate support.

Delivery in practice

The 2 delivery partners, IMO Charity and Blackburn Youth Zone, worked independently to deliver their services, mostly only communicating through referrals. They found this to be sufficient, aided by a strong pre-existing relationship between them born of working together to deliver this service 3 times in the past. Regular update sessions throughout the delivery process were also helpful.

Self-isolation requirements were reduced from 10 to 5 days during the pilot’s delivery period, which necessitated moving users from referral to enrolment in one of the support activities more quickly and adjusting the enrolment period. The Mind Moose tool required 6 completed sessions to see results, so users were encouraged to complete it even after self-isolation ended.

Counselling was also planned to be delivered over 6 sessions, but many participants decided to switch to the support group programmes after the third session, as they saw better fit, and continued to engage even after the mandatory self-isolation period had come to an end.

Pilot outcomes

This pilot had no evaluation plan in place beyond general measures of how many people were supported and their demographics. This was partly because there was uncertainty at the outset about how much uptake there would be, but also because a more thorough evaluation was not required for funding.

Overall, this pilot engaged with 26 young people, 16 girls and 10 boys, who received one to one support. The counselling sessions involved 31 young people, 19 girls and 12 boys, although many opted out halfway through the proposed 6 sessions. Finally, 25 young people engaged with Mind Moose tool but only 17, 7 girls and 10 boys, completed all sessions. These numbers were relatively low compared to their initial targets, as their original plans aimed to enrol 50 in the one-to-one sessions, as well as 100 people to engage with the digital service Mind Moose.

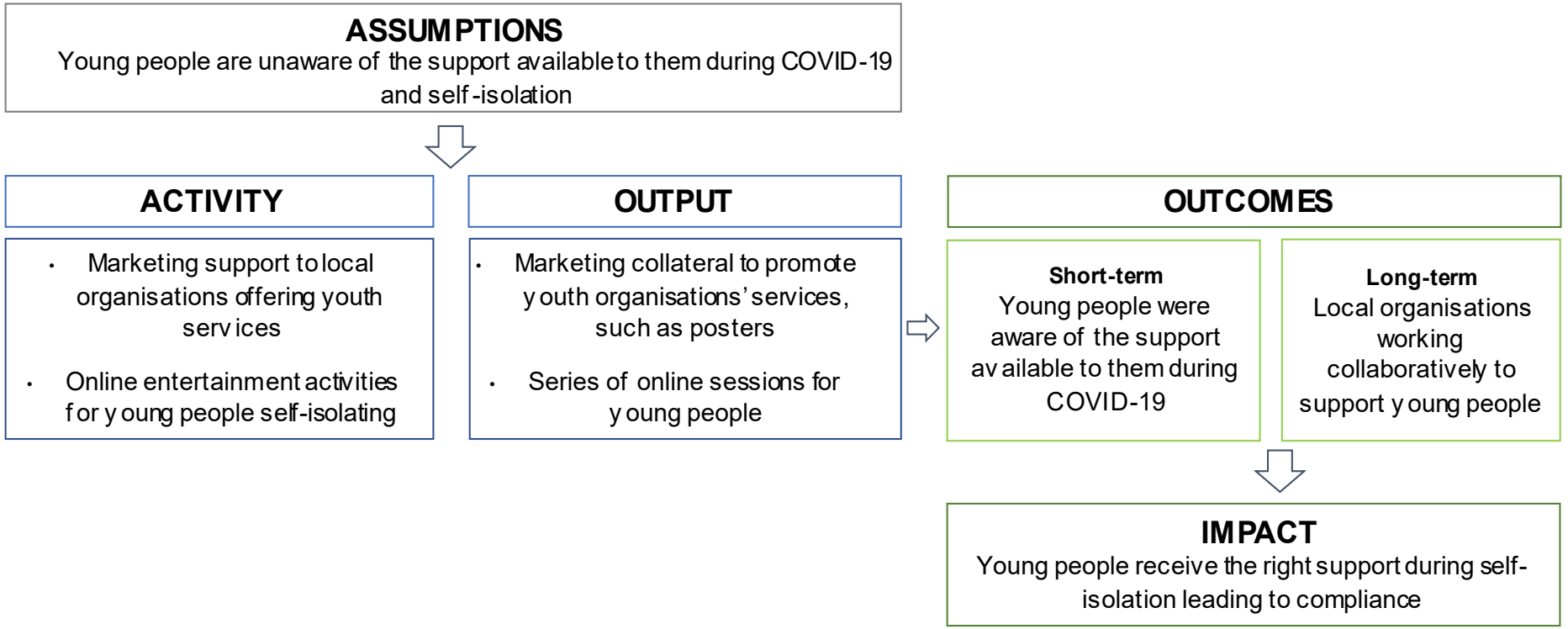
IMO Charity said that their initial expectations of supporting young people who were struggling with their mental health during COVID-19 were met, even if no targets were set. They reported having mapped the user journey of all young people using their services and that analysis of these user journey maps, which involved comparing users' mental health before and after having used the services, suggested that the support given to participants did have a positive impact in their lives. However, these results and data were not made available to this evaluation, so it is difficult to conclude anything about this Pilot's impact on the mental health of young people or their compliance with self-isolation measures, or the causal pathway in our logic model.

Main learnings

The pilot was regarded as successful by the delivery partners, in terms of demand, the numbers of young people who participated, and the quality of delivery. Their past experience of working together to deliver similar services was seen as key both to their ability to deliver and to judge performance. However, in the absence of any targets, baselines or outcome measures, it is impossible to gauge how successful the pilot was in reaching those in need, or in meeting its aims of reducing the negative effects of self-isolation on young people, raising the awareness of its importance, and helping them feel safe and more able to continue to self-isolate.

Annexe 9. Let's Talk about Silence (Blackburn) mini-pilot report

Logic model and process map



Overview and objectives

The ‘Let’s Talk About Silence’ pilot was developed to help local organisations to advertise their COVID-19 support services for young people more effectively, with the aim of raising awareness of the support available in the area. The intention was to develop a brand and marketing initiative, which could be used across organisations, to improve the effectiveness of communications. The ultimate objective was to help communicate the importance of self-isolation and signpost users to the practical support available, in order to promote young people’s compliance with self-isolation measures, thereby reducing rates of transmission.

Planned delivery

The pilot involved creating a new brand, messages and content, and a social media toolkit. One Voice Blackburn, a local youth organisation, led in designing the ‘Lets Talk About Silence’ brand, and created key messages around self-isolation and video messages from young people. They also developed a social media tool kit to share with partners from the Strategic Youth Alliance (SYA), a group of local organisations that provide targeted support to those aged 8 to 19 years, to assist their communication with young people. One Voice Blackburn also offered support in the form of press releases for local media.

Delivery in practice

The delivery of the marketing activities closely followed the original proposal for this project, with many local organisations from the Strategic Youth Alliance receiving promotional support. In addition to the brand development, One Voice Blackburn also conducted a consultation with young people to understand what type of support they wanted to receive at the time. As a result, they used part of the available budget to deliver an additional service: weekly sessions over Zoom, and on occasion by telephone, to provide entertainment to young people such as quizzes.

Delivery challenges

Delays in confirmation of funding meant that the time available for planning activities was curtailed – the campaign had to be developed within 2 weeks. Self-isolation requirements also changed part way through the pilot period, so that the delivery time for activities was shorter than initially intended. Finally, engagement with the additional weekly Zoom or telephone sessions was lower than expected, a result attributed to ‘digital fatigue’ among young people which had not been identified as a risk during the initial consultation. Developing and delivering these sessions alongside the planned marketing activities was also challenging.

Delivery facilitators

The pilot team had pre-existing relationships with the partner organisations, which meant that direct channels of communication were already established. All partners also attended regular meetings in which updates on progress and delivery were shared. This clarity and frequency of communication was a key reason for the partners' ability to move quickly and develop the campaign within the short timeframe available; the partner organisations also felt that effective communication meant the final marketing outputs supported their initiatives well.

Pilot outcomes

The original funding submission proposed regular measurement of social media engagement and reach' but did not offer a clear method of evaluating impact beyond this. In the event, data on these campaign performance metrics were not available. Marketing support was offered to the partner organisations on an ad-hoc basis; and targets were not set for the number of people the online entertainment sessions initiative should reach, since there were no figures available on how many people were self-isolating at that specific time. Data on attendance was not available.

One Voice Blackburn conducted 6 one-to-one interviews with end-users and their parents to understand how effective they felt the online entertainment initiative had been. Users' feedback was apparently positive: they were said to have enjoyed the online sessions. These interviews also suggested that the pilot might have achieved wider effects than it originally intended, by supporting young people to develop 'leadership skills'. However, these numbers are small and due to the lack of an evaluation plan and data, it is not possible to draw conclusions about the activities' effectiveness in promoting the importance of self-isolation and awareness of support services, or its effect on compliance with self-isolation. All the parts of our logic model remain untested.

Main learnings

The last-minute addition of the weekly sessions to activities and solutions that were originally planned increased the pressure on the delivery teams, particularly in the context of a curtailed period available for planning and development, and these sessions encountered unforeseen challenges around engagement and uptake. Although anecdotally successful for those who took part, there were some post-delivery suggestions that the reach of these sessions could have been improved, which indicates the importance of sufficient planning to ensure activities are appropriately designed and resourced.

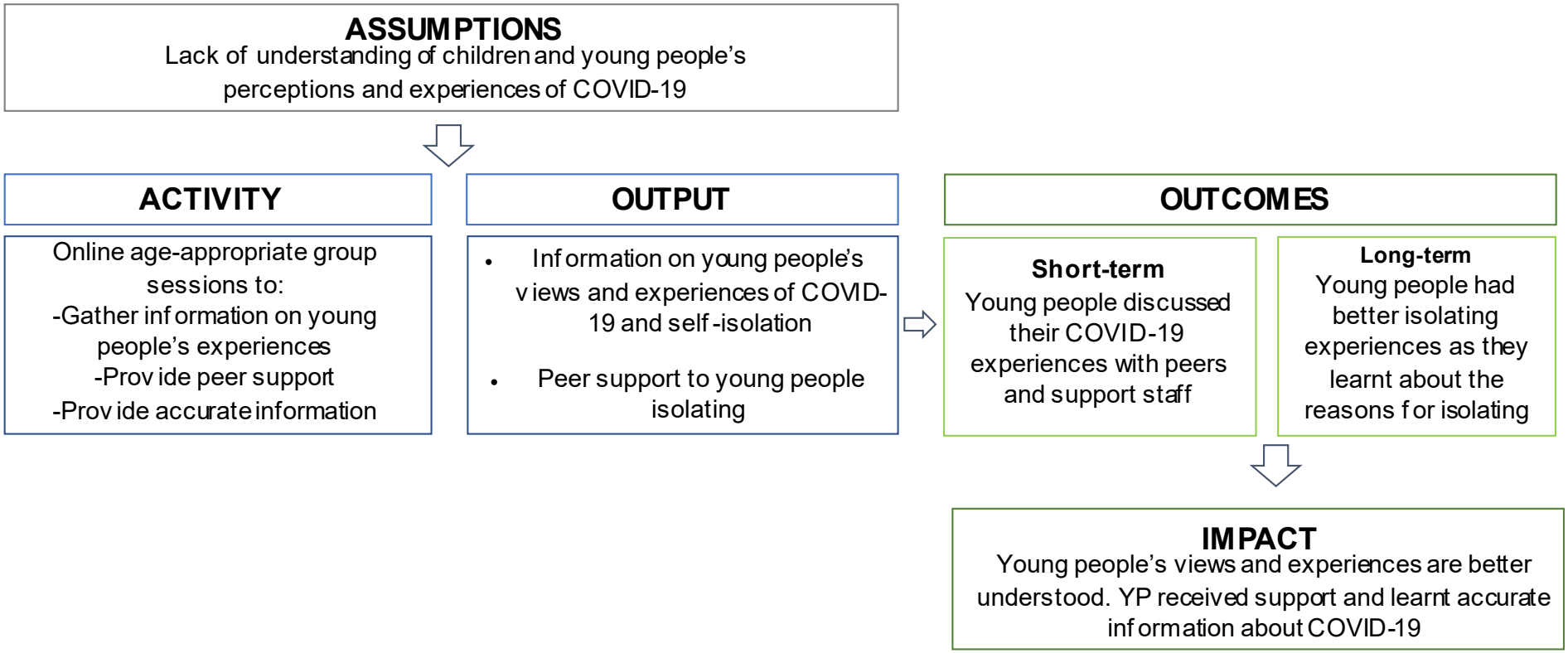
Strong existing relationships between partners eased the process of developing the marketing interventions, but it was felt that additional time would have improved the success and reach of

the pilot. The same conclusion could be reached regarding the decision to include a wholly new strand of activity alongside what was originally planned.

Finally, the lack of an evaluation plan and data makes it impossible to determine the impact of the pilot's activities either on immediate-term engagement or on compliance with self-isolation requirements. This highlights the importance of proposing and delivering an evaluation plan if lessons are to be learned about what works.

Annexe 10. No FOMO (Blackburn) mini-pilot report

Logic model and process map



Pilot objectives and activities

The ‘No FOMO’ initiative was designed to explore why young people may not want to self-isolate, including whether they understood the importance of self-isolating and the ramifications of breaking self-isolation on family, friends and community, and to provide an online support service through which young people could meet and discuss any issues around COVID-19. The objective was to help young people widen their social network and support them emotionally during their self-isolation period, with the intention of motivating them to not break self-isolation, thereby reducing the transmission of COVID-19.

Planned delivery

The original plan was to create online sessions covering a 10-day self-isolation period, aimed at a whole class (since rules at the time stipulated that a whole class needed to self-isolate if an individual within it tested positive for COVID-19). However, by the time funding was made available the requirements had changed to 5 days of self-isolation, and the whole-class rule had been dropped. Therefore, the content of the 10 planned sessions had to be modified to fit into 5 sessions, and the focus shifted to engaging groups of individuals rather than entire classes. Vaccination was also a key topic at the time, so content was extended to cover this topic as well.

Delivery in practice

The pilot was run primarily from within the council, with no delivery partners. Participants were referred by schools, colleges and youth groups, although there were also many self-referrals from parents who learned of the pilot through word of mouth within the community. Once a young person was referred into the pilot, they were split into one of 3 age groups (13 to 14, 14 to 16 and 16 to 18), reflecting the team’s previous experience around what works well for a project of this kind. Each age group logged on at a different time of day, every day, during their 5 days of self-isolation, for a session run by experienced youth workers. If anyone expressed interest in joining but lacked digital resources, they were offered a tablet.

The sessions involved a set of questions to discuss any issues young people had, although these discussions were kept fluid. Some were led by what participants stated they wanted to talk about, and youth workers shared information about national and local guidance around COVID-19. Staff were able to refer participants to services and online resources if anyone needed additional support. The content was delivered through activities to keep things fun and were flexible in length with up to 90 minutes depending how engaged participants were; participants were free to log off at any point. A fitness instructor was also brought in to one of the sessions to offer the option of physical activity.

Finally, participants were offered a self-isolation goody bag at the end of the final sessions, containing things like a hoodie, vouchers, chocolate and a few other small items, to help incentivise them to stay involved with the sessions until the end.

Delivery challenges

One of the most significant challenges the pilot faced was the changing rules around self-isolation, as the original proposal was built around a 10-day period, whereas the guidelines were only 5 days by the time the pilot was launched. The initial plans were also built around rules where a whole class was required to self-isolate, but the guidelines by launch time were that only individuals had to go into self-isolation. The council felt young people would find it much harder to learn online alone, as opposed to with their whole class.

Pilot outcomes

The original evaluation plan involved gathering case studies and quotes from the sessions and asking young people how they felt at the start and end of the sessions, to assess whether the pilot had made a difference. The proposal mentioned a Salesforce-based evaluation tool, an examination of 10% of individuals for a case study and an evaluation of reach and referrals, but these aspects were not reflected in the report.

In total, 58 young people were successfully referred to the project. Qualitative feedback from the sessions indicated that young people found these very useful and enjoyed both the content and the space to discuss personal issues around COVID-19. A participant interviewed for this evaluation recalled the sessions as general conversations about COVID-19, as well as discussions on social life and new routines in a post-COVID-19 world.

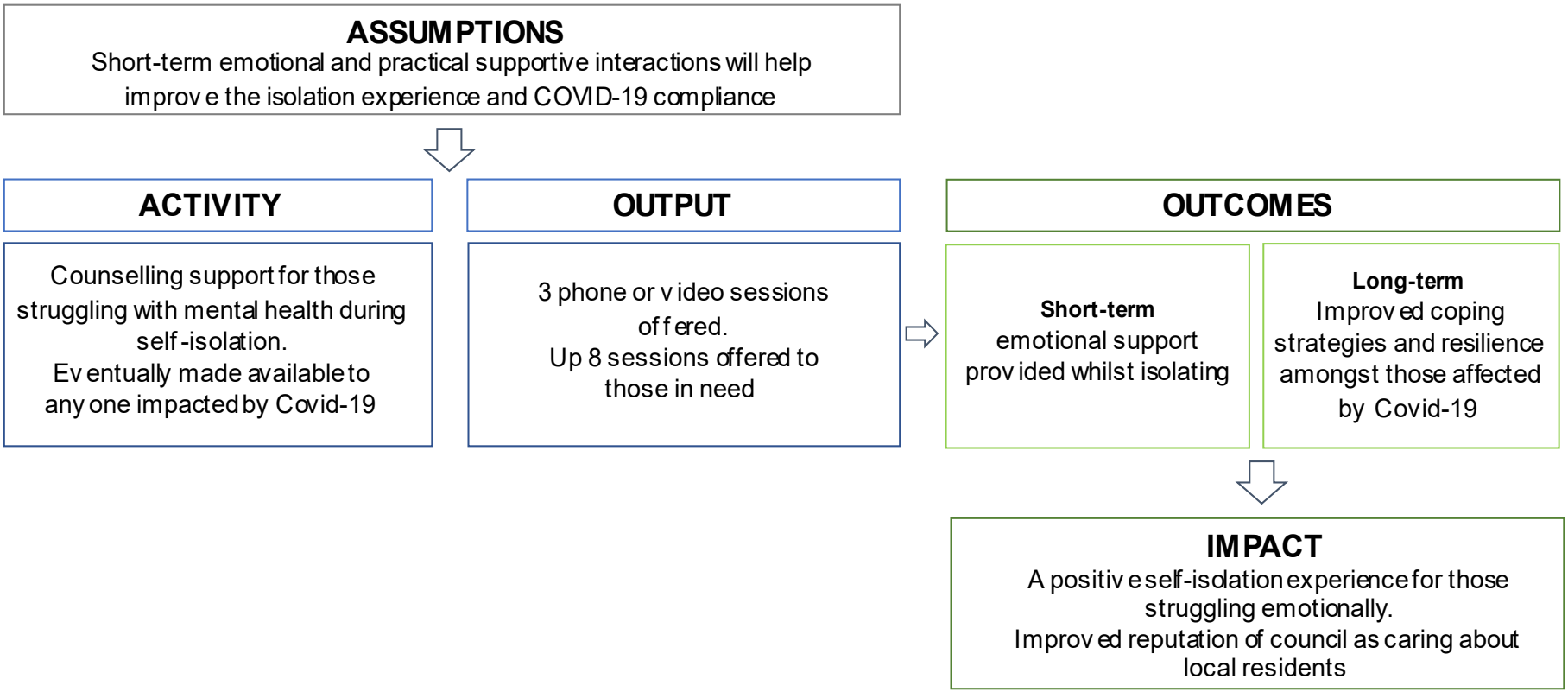
Young people were finding it harder to cope with self-isolation when they were alone in doing it than when everyone was affected during lock-down periods. The participant involved in this evaluation had found that the sessions helped highlight that most young people were going through similar experiences at the time; they were just not discussing it as much as before, so it was reassuring to hear similar experiences on the calls arranged by the pilot.

Main learnings

It is difficult to determine the scale of impact of the pilot from the qualitative feedback alone, without the complementary evaluation planned in the proposal. However, the comments from participants suggest that providing an environment to talk openly about shared experiences of COVID-19 and self-isolation could help them to cope with those experiences. This approach may help people feel less alone and motivated to break self-isolation, thereby reducing the risk of transmission.

Annexe 11. Self-isolation Counselling (Blackpool) mini-pilot report

Logic model and process map



Overview and objectives

The ‘Blackpool Self-Isolation Counselling’ initiative aimed to support individuals who were facing mental health challenges while self-isolating. The intention was to provide a free, COVID-19 secure and independent counselling service for Blackpool residents over the age of 18 who were not already under the care of other mental health services; and to extend the reach of the service by offering video and telephone contact as well as face-to-face. These services were expected to support resilience during the self-isolation period, reducing the need to break with requirements, and therefore reducing levels of transmission.

Planned delivery

Individuals who took up the offer of support were referred to a counselling service, who called to assess their needs. This initial call focused on improving coping skills to mitigate negative impacts of self-isolation, providing practical support and advice, building resilience, and helping self-management in future. It was followed up with a check-in call and then a final call, in which feedback on the service was gathered and individuals were signposted to other services as relevant, such as counselling in the community.

Delivery in practice

Individuals were identified by contact tracers, who asked about mental health support needs as well as offering practical support to those self-isolating. Those who expressed an interest were referred to the pilot team. However, the process for delivering support, and the types of support delivered, evolved quickly during the pilot period. The original proposal was for 3 check-in’s, but it emerged during initial assessments that some participants wanted more sessions than this. Activities were therefore extended to an offer more closely resembling ‘standard’ counselling, with 8 sessions lasting an hour each.

Additionally, while the pilot was running, the self-isolation rules changed from 5 to 10 days which allowed the team to broaden the scope of the project to include anyone ‘impacted by COVID-19’, such as bereavement, job loss, family breakdown, and so on. Finally, the routes into the service were broadened to widen access, with people able to self-refer; and the pilot was more widely promoted, online and via posters.

Delivery facilitators

These expansions of the pilot’s services were made possible by close communication between the pilot team and contact tracers who were local and had been operating for over a year already and could therefore understand local needs and offer a more personal approach in referring people to the pilot scheme. The pilot team were also in contact with a local support lead, a staff member who could identify potential users who had not come through contact

tracers and could help find solutions to practical needs that came up in sessions, such as deliveries of food and medication.

Pilot outcomes

The original evaluation plan proposed to assess individuals' mental wellbeing at the start and end of the support they received, using the Warwick-Edinburgh Mental Wellbeing scale (WEMWBS). Individuals also completed a satisfaction survey. Proposed outcomes included the number of service users, positive self-isolation experiences, reduction in loneliness, increase in resilience and ability to self-manage, and useful referrals to additional support.

The pilot received 57 referrals to its services, with each individual receiving initial contact within a week before being allocated to a relevant counsellor. As noted, sessions could extend to 8 one-hour appointments if requested: 24 clients exceeded the original 3 sessions, although 4 left before the completion of all 8.

Analysis of the WEMWBS results suggested that these sessions had a positive impact across all measures. Two participants did not attend (DNA) their first and second sessions, so were removed from analysis: the average DNA rate for similar projects was stated as 15% to 25% so attrition from this pilot was seen as low.

Case studies and general feedback received in the final sessions also indicated that these sessions had made a difference in the lives of people struggling with mental health needs during self-isolation.

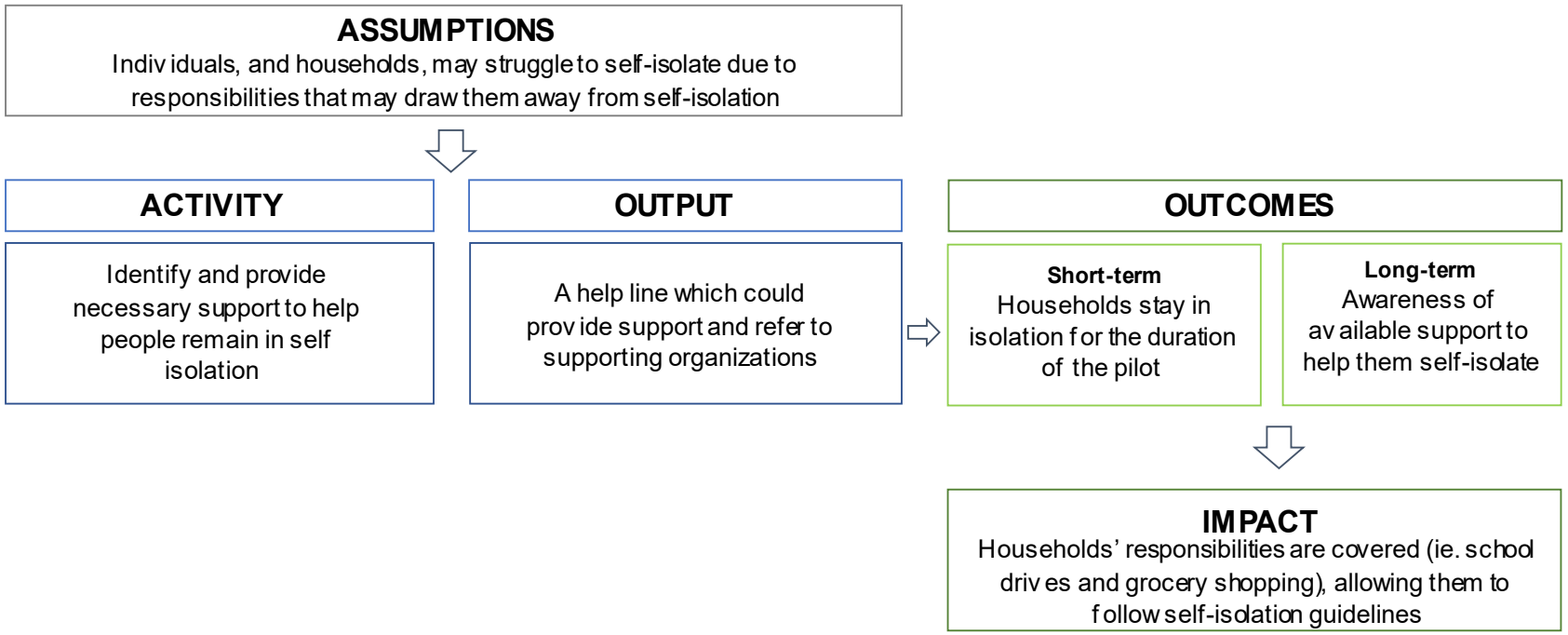
This pilot seems to have achieved its aims of supporting individuals with mental health issues during lockdown and there is some support for the causal pathway in our logic model. There are no measures of whether it decreased transmission; however, this was not one of its stated aims (even if it was the aim of the pilot programme as a whole).

Main learnings

The original plan centred around self-isolation and mental health alone, but some of these goals had to change over the course of the pilot as the services were late to start and self-isolation rules changed. The pilot team felt that ideally, funding and set up would have happened earlier so that the pilot coincided with longer self-isolation requirements. However, changing the scope of the pilot to supporting mental health in relation to COVID-19 more broadly, rather than just self-isolation, meant that the activities remained relevant to users' needs and were still able to deliver value. This rapid shift of focus was made possible partly because the local team of contact tracers was well established and were able easily to add on the task of identifying and referring individuals to the pilot team. It was also due to the willingness of the pilot team to be flexible in what was offered, and close collaboration with effective and experienced partners to deliver this.

Annexe 12. Self-Isolation Support Service (Pendle and Rossendale) mini-pilot report

Logic model and process map



Overview and objectives

The ‘Pendle and Rossendale Self-Isolation Support Service’ pilot was intended to provide a telephone service for people who were struggling to self-isolate, offering someone to talk to for those who were feeling lonely, support with access to practical necessities like food and medicine, and referral to other services where wider support was required. The main goals were to ascertain the level of demand for such a service, to understand what forms of support may help people to self-isolate and build their capacity to self-isolate in the future.

Planned delivery

The pilot was managed and delivered by Burnley, Pendle and Rossendale Council for Voluntary Service (BPR CVS). The telephone service was advertised through web pages and social media, encouraging people to self-refer and call the helpline number. Pendle and Rossendale Borough Councils advertised the service to people contacted through the COVID-19 Test and Trace scheme and BPR CVS promoted it through their social prescriber services and other teams. Flyers were also circulated to numerous organisations supporting people in both areas to encourage them to refer people they knew were self-isolating to the scheme. A spreadsheet was set up at the start of the pilot to record weekly usage of the service, and the types of support offered.

Delivery in practice

The council and BPR CVS teams had a long history of working together and shared a sense of trust that would have supported delivery of the pilot. However, despite a varied approach to promoting the scheme, during the 10 weeks that the pilot was in place there were no calls to the service. A number of meetings were held between all partners to discuss the reasons for this lack of engagement (see ‘Pilot outcomes’ below), but no changes were made to the way the pilot was delivered. The general conclusion was that any alterations to the way the scheme was delivered needed to be based on the experiences of people who had accessed the service. In the absence of any engagement (positive or negative) or feedback that could provide information on people’s needs or inform its development and improvement, the delivery structure remained unchanged.

Pilot outcomes

The evaluation plan involved monitoring the numbers of calls to the service, the issues presented and the extent to which these issues were addressed by the team and developing the offer on the basis of this information. There was an acknowledgement that it would be beneficial to show impacts on compliance with self-isolation requirements, and on wider issues stemming from self-isolation such as mental health, but no specific plans were proposed for achieving this.

The pilot team were surprised to receive no calls at all: they had expected at least 100 people to make contact. Considering this afterwards, they suggested some potential reasons for the lack of engagement. First, the service was launched a year and a half into the COVID-19 pandemic: many people had already had experience self-isolating and may already had coping mechanisms in place so did not need additional support. Second, anecdotal feedback at the time suggested that financial considerations were what truly drove interest, and there were other schemes at the time more centred on financial support. Third, some COVID-19 messaging fatigue may have emerged by the time the pilot ran, resulting in the scheme being ignored. Finally, support was available from other sources, such as NHS websites, which may have made the service less necessary.

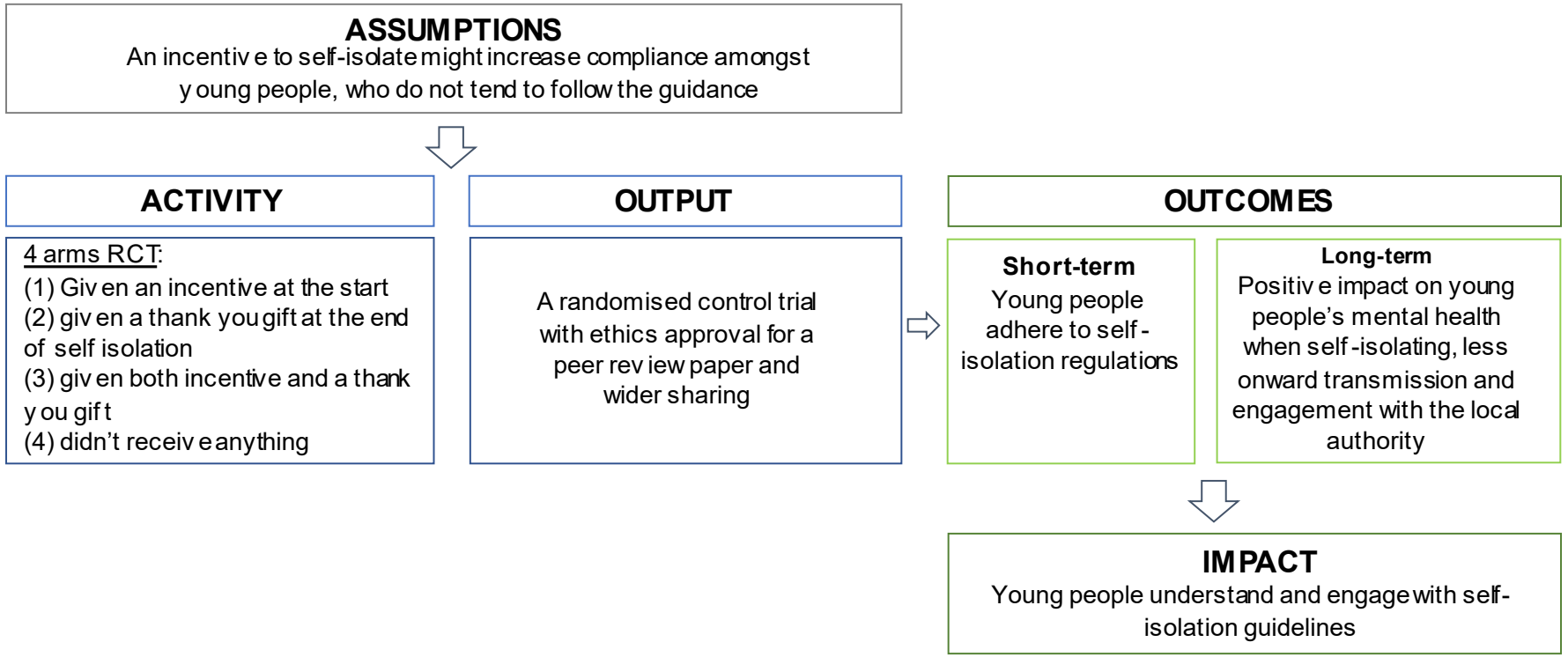
Main learnings

Given the lack of feedback and opportunity to develop the delivery approach it is difficult to draw firm implementation lessons from this pilot. Messaging fatigue, existing coping mechanisms, the availability of support from other sources and a lack of financial support as an option may all have contributed to the lack of engagement, but this is an impressionistic conclusion rather than on based in evidence. Likewise a lack of information about the reach of publicity achieved through social media and partners also means that conclusions about the effectiveness of advertising cannot be reached.

On reflection, perhaps the main lessons to be learned are the importance of research to understand what potential users of a service want from it, and how they could access it, before launching; and of changing delivery arrangements if the original plans do not seem to be working, both to try something different and to provide an opportunity to learn from that difference.

Annexe 13. Self-isolation Teen Support (Lancaster City) mini-pilot report

Logic model and process map



Overview and objectives

The ‘Self-isolation Teen Support’ pilot was intended to discover which of several methods of encouraging young people to stay at home during their self-isolation period was most effective. It was designed as a randomised controlled trial (RCT) of 3 different conditions: receiving a gift at the start of the period; receiving a voucher as a ‘thank you’ at the end of the period; and receiving both the gift and the voucher. A fourth group was included: they received no incentive at all and acted as the control group. The outcome measure was self-reported adherence to self-isolation requirements, and the impact of self-isolation on mental health, measured with a survey. At the time (June 2021), there were systems in place to support adults to self-isolate, but little specifically for young people. This pilot aimed to inform decisions about the form that such support could take, thus reducing levels of transmission.

Planned delivery

The pilot began with a series of online focus groups with young people to identify barriers to self-isolation, in order to understand what types of incentives that would be attractive. These groups suggested that incentives could be offered at the start of self-isolation, and/or rewards offered at the end. The initial incentive, or ‘gift’, that was offered was one of a range of activity packs – an art pack, a gardening kit, fitness equipment and others – intended to help alleviate boredom during self-isolation. The reward was a voucher for one of several outdoor activities, including cinema passes, swimming lessons and zoo tickets. Participants for the RCT were to be recruited via Test and Trace, and randomly allocated using postcodes to one of the 4 experiment groups.

At the end of their self-isolation period, each participant was sent a link to an online survey which assessed self-reported adherence to self-isolation, impact on mental health and wellbeing and demographics. Finally, some of the RCT’s participants were convened in 6 focus groups to discuss motivators and barriers to self-isolation, and the effect that the incentives had had.

Delivery in practice

The pilot made contact with 450 young people: 44% of these agreed to take part. The control group (with no intervention) and the group with the reward voucher only achieved a 33% response; the group with the activity pack incentive only achieved 42% response; and the group receiving both the incentive and the reward achieved 61% uptake.

Delivery challenges and facilitators

While the pilot was live, self-isolation requirements changed from 7 days to 5, which meant that the team had to react more quickly to recruit participants before they finished their self-isolation. At the same time, COVID-19 rates were increasing, which put additional pressure on the team.

Finally, contact tracing arrangements also changed, being taken on by Lancashire County Council, so the pilot team had to switch to reaching out to young people through local contact tracers.

The pilot team were able to secure additional resources internally to help it meet these additional challenges, so that activities were maintained as planned.

Pilot outcomes

The evaluation plan comprised analysis of the results from the RCT (the outcome measure being self-reported adherence to self-isolation) and accompanying data, all gathered through the survey. The proportion of participants say that they had left their home during self-isolation was highest amongst the control group (no intervention), at 17%. The group receiving a gift at the start and the group receiving a voucher at the end reported 8% and 7% respectively. Finally, in the group receiving both the gift and the voucher, 3% reported leaving home. These results appear to indicate an effect, particularly for the combined intervention, although without access to any significance tests or further information about the RCT itself, it is hard to draw firm conclusions.

The remaining survey questions also broadly seemed to indicate that receiving a gift and/or voucher had a positive impact on young people's health and wellbeing: in all groups, between 78% and 88% said that they had found the incentives that they received helpful in this sense.

Indeed, the focus groups which followed the RCT did suggest that there were mental health risks to address: while participants in these groups appreciated missing school, relaxing, using technology and spending time with family, they identified not seeing friends, missing going out, and feeling trapped or sad indoors as the worst aspects.

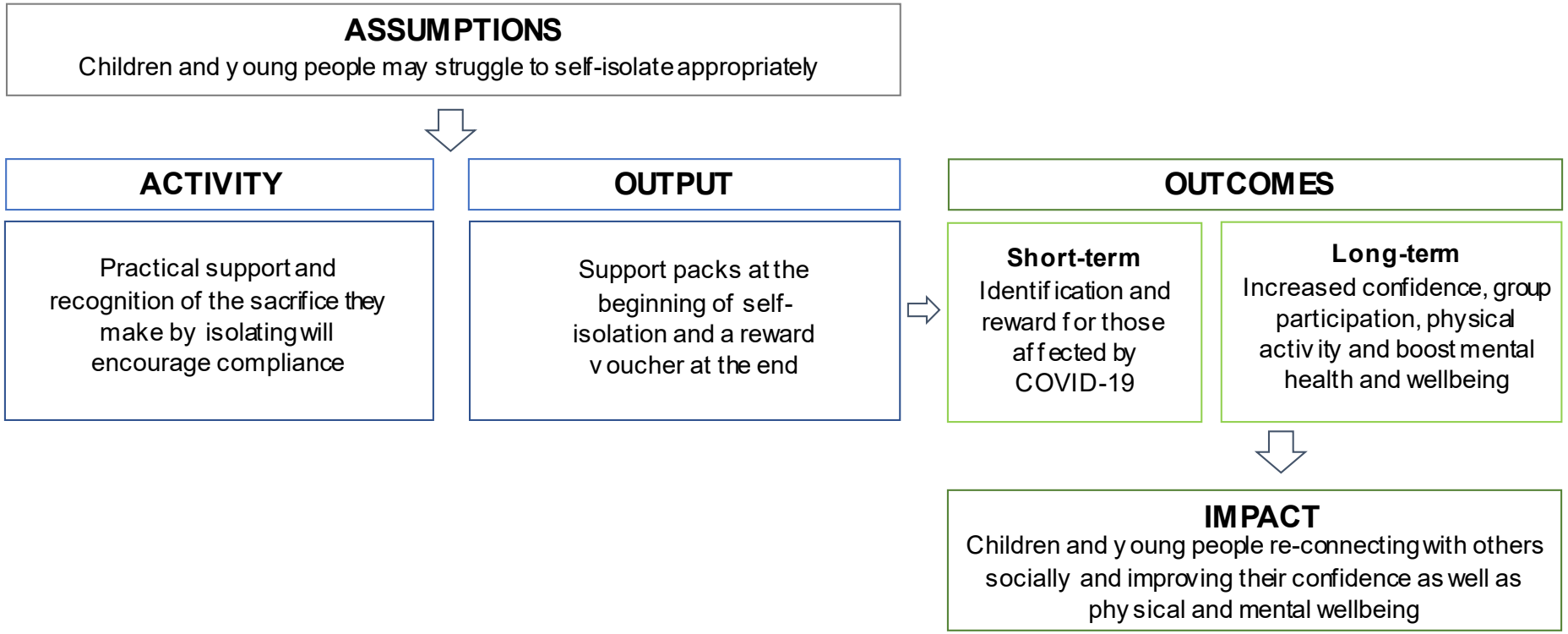
Main learnings

The pilot has produced specific learnings about what might be effective in motivating and supporting young people to self-isolate, and the barriers that they might face in doing so. Without access to details about the analysis it is not possible to draw firm conclusions but addressing barriers such as boredom and fear of missing out through incentives that offer immediate or future entertainment may be effective and could be examined further.

Finally, this pilot also shows the importance of being flexible during a fast-changing situation, in order to maintain activities that offer opportunities for support and measurement.

Annexe 14. Support and Recognition (Blackpool) mini-pilot report

Logic model and process map



Overview and objectives

The ‘Blackpool Support and Recognition’ pilot was originally intended to provide support packs to children and young people that would minimise the impact of self-isolation on education, as well as on physical and mental health; and packs with reward vouchers when they went back to school in recognition of their completion of self-isolation. The expectation was that the packs would reduce the temptation to break self-isolation, and rewards would increase motivation to comply with requirements, consequently reducing transmission.

Delivery in practice

By the time funding was received, guidance around self-isolation had changed, with the period reduced from 5 to 10 days. The team decided that the support planned for the self-isolation period would no longer be so valuable, so the design of the pilot was altered rapidly. Instead of support packs and recognition vouchers, funding was provided to hold, during the Easter school holidays, activities for children who had been affected by COVID-19. In this way the revised plans aligned to the ‘recognition’ element of the original proposal, looking to ameliorate the possible negative effects of self-isolation, such as social isolation, loneliness and lack of physical exercise, while adapting to changed circumstances.

Local schools identified children who had needed to self-isolate during the previous months and they were invited to an activity day. Activities included Easter Scavenger hunts, afternoon tea, a bonnet parade, Recycled Art events, and science or sports events. A healthy balanced lunch, and a gift to take home such as an Easter Egg, a science pack or a craft set were also provided. Not everyone who was invited took up the offer, but everyone who expressed interest was able to join an activity day, either by themselves or with a carer.

Delivery facilitators

A significant amount of planning and coordination was required to set up large-scale activity days in a short period of time, ensuring the budget for the original proposal was still applicable to the new modified approach. The team also knew that understanding the users was vital to providing something that they would appreciate. Local schools were the contact point for children, but the pilot team engaged with other delivery partners such as youth groups in the area to support the delivery of the event days. The council and delivery partners already had experience working together in similar projects such as holiday clubs, so they were both able to understand what children would want, and to set it up with minimal operational challenges.

Pilot outcomes

The original evaluation plan proposed to measure time taken for key actions in the delivery of the intended services, such as receiving notifications of children self-isolating from schools and

the process of delivering support packs. It also would have noted school referral rates, the number of support and recognition packs provided, feedback from schools and delivery partners, and feedback from children on whether the packs made them feel supported during self-isolation and rewarded for complying with self-isolation measures.

However, the last minute changes to the pilot's design meant that the evaluation plan also had to be modified. Measures were simple: the number of children who took part in the activities; and the proportion of the budget that was spent. In total 3,297 children took part, and the budget was fully spent. It was presumed that every child received a gift to take home, but this was not recorded. General feedback was also requested from the children who took part, and this appeared to have been anecdotally positive; however, no qualitative data was available. The number of children who took part therefore seems substantial, but it is difficult to assess the benefits with regards to their wellbeing and/or the extent to which any negative effects of self-isolation were addressed.

We cannot assess the pilot against its intended outcomes because there was no evaluation of the impact; and we cannot assess it against our logic model because it was not delivered as intended.

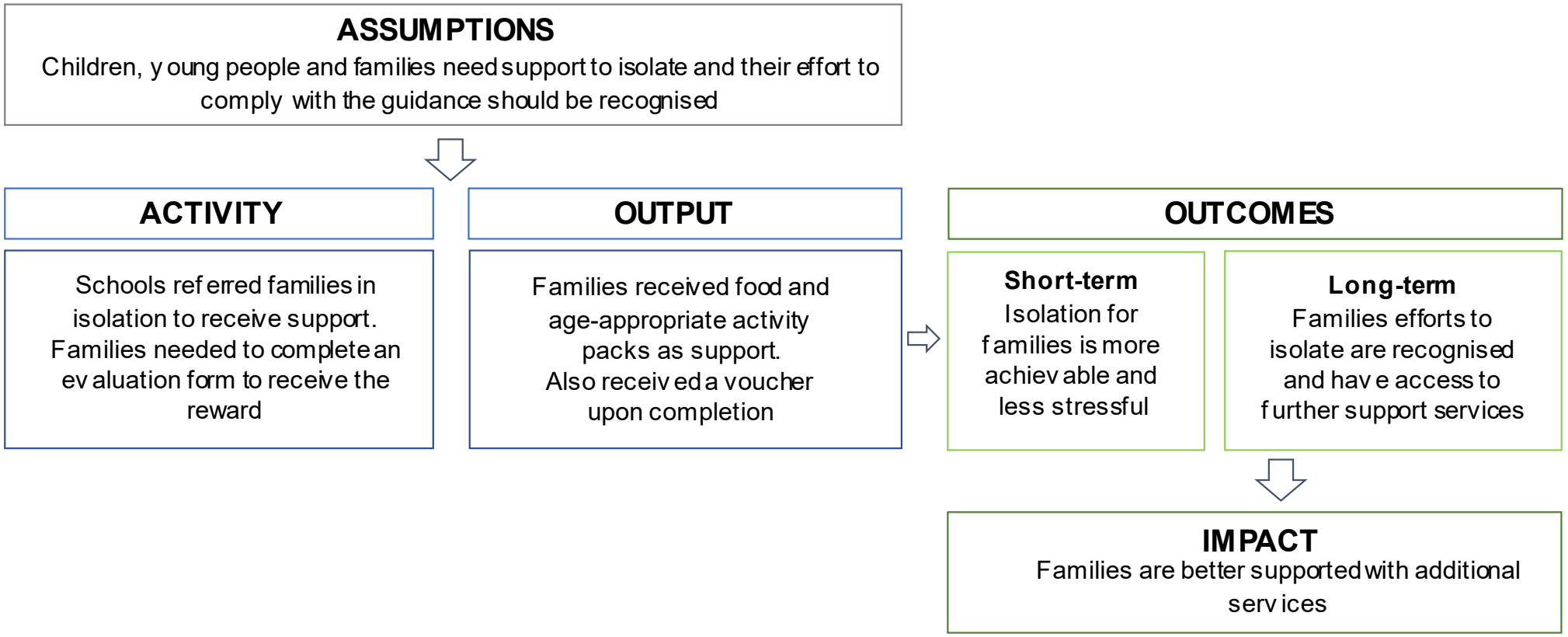
Main learnings

The key challenge in delivering this pilot was to pivot quickly and plan and deliver events with capacity for large numbers of people at short notice. The pilot team was able to access experience of doing this from within the council, and had positive relationships with relevant delivery partners, which made it possible.

However, the lack of evaluation of the events, and the consequent inability to comment on their impact beyond attendance levels, also highlights the importance of formulating new evaluation plans alongside changes to the delivery plans (for example, ensuring that delivery partners are aware of the need for evaluation, and are prepared to contribute to this even at short notice), to provide evidence of effectiveness.

Annexe 15. Support and Recognition (Burnley) mini-pilot report

Logic model and process map



Overview and objectives

The ‘Support and Recognition (Burnley)’ pilot was designed to support and encourage self-isolating children and families, by rewarding and recognising commitment to self-isolation rather than dictating a need to comply with measures. Those who participated were provided with food and activity packs during their self-isolation period, and a recognition pack with vouchers to reward their completion of self-isolation. The aim was to support compliance with self-isolation, thus reducing rates of transmission, as well as supporting young people’s physical and mental health during the period of self-isolation.

Planned delivery

The main target group for this pilot was school children and their families, so schools were used as the main referral channel. The pilot team sent referral forms to all the schools involved, to be filled out and returned once students tested positive. Each self-isolating child, and their family, got a package delivered to their door at the beginning of their self-isolation period, with materials to cover either 10 or 5 days (the self-isolation period was reduced during the pilot’s delivery). The delivery included items such as school supplies, details of mental health support available through an online mental wellbeing community, and activities determined to be age-appropriate such as beauty packs for older girls or art materials for younger children.

In addition, some of the children’s families also received ready meals and quick-to-prepare dishes as part of their package. These meals were considered especially useful for teens who were self-isolating alone while their parents were working. Finally, after the self-isolation period, children and their parents were asked to complete a simple online evaluation; those who did were sent a recognition pack comprising a voucher they had selected from a range of options, such as cinemas, local cafes and family swimming, as a thank you for self-isolating and providing feedback.

The pilot team developed the idea and the programme, ordered the activity pack contents and vouchers, and helped to put the activity packs together once the materials had arrived. Local delivery partners provided the food, and too responsibility for delivering the food and packs.

Delivery in practice

The initial plan was for activity packs to be prepared and made ready for next-day delivery if a referral was received by noon. On reflection, the pilot team felt that the amount of work and time needed to put packs together to this schedule was initially underestimated and the timing was tight, although as the team became more familiar with process, they were able to put these together quicker. During the pilot period, self-isolation requirements were reduced to 5 days and the team felt it was vital to provide support as soon as possible, so they then aimed to make same-day deliveries. This required significant planning, discussion and coordination between the pilot team and delivery partners, to make sure everything ran smoothly.

Referrals from schools with outbreaks of COVID-19 were also much higher than initially anticipated, which again prompted the pilot team to optimise delivery routes to ensure efficiency and save time. As schools could not prioritise this project's work over their own responsibilities, their involvement was kept to a minimum beyond initial referral.

Straightforward communication and good working relationships were key to meeting these challenges. The pilot team and delivery partner had previously worked together on a similar holiday activity and food programme and trusted each other to deliver and communicate; this was considered essential to the pilot running effectively, given the additional pressures that were encountered.

Pilot outcomes

The proposed evaluation plan for the pilot involved collection of data on process and user experience (the latter gathered through the follow-up survey which triggered the recognition pack). A total of 388 children and young people were referred into the scheme, all receiving food parcels and support packs. Of these referrals, 357 were received before 24 February when the legal obligation to self-isolate was removed; a further 31 referrals were received after this date, once an email was sent out to schools advising them that the scheme was still open to support families. In addition, 320 adult guardians of children were sent food parcels.

Of those who participated, 98 completed the evaluation form and consequently received a recognition pack. Feedback indicated that children aged 4 to 7 years were the most common group to engage with the pilot. The majority of people (over 90%) appreciated the meals provided and 86% claimed that these meals had helped them a lot over self-isolation. Likewise, 90% indicated that they had appreciated the support packs a lot. Finally, a cinema voucher was the most popular reward across all age groups, although there was no indication of whether or not children felt rewarded for their efforts to self-isolate, as originally proposed.

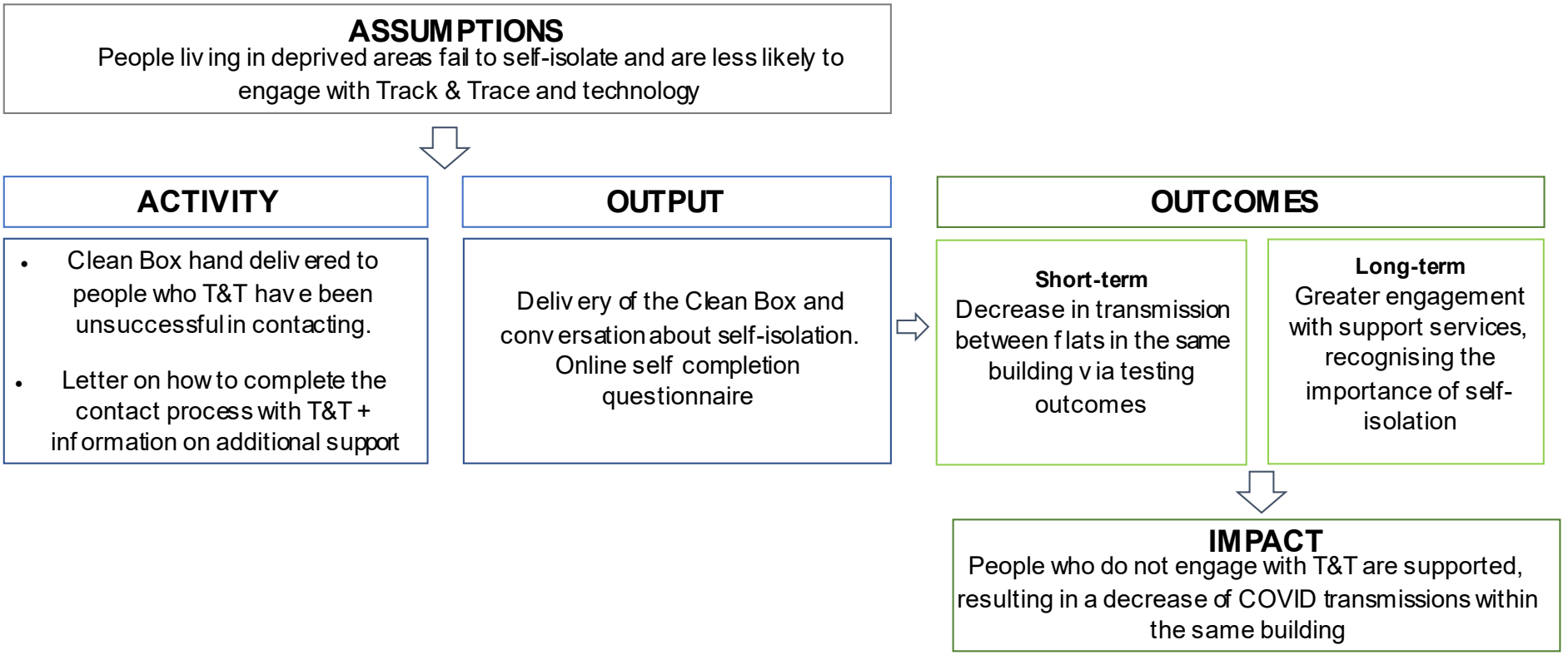
Main learnings

The high rate of positive engagement with the support provided and the higher than anticipated uptake indicate that there was a need for the support packs and food parcels, and the survey feedback shows that these were valued. Likewise, the self-report measures suggest that this type of support can promote adherence to self-isolation guidelines, reducing the rate of transmission of COVID-19 (although this cannot be confirmed without measures of behaviour).

However, conclusions about the recognition aspect of the pilot and its effect as an inducement to maintain self-isolation are harder to draw. The pilot's overall successes, in the face of significant pressures and the need to adapt to changing context, were attributed largely to the relationship between the pilot team and delivery partners, which made for effective communication and swift delivery of support to those in need.

Annexe 16. The Clean Box (Lancaster City) mini-pilot report

Logic model and process map



Overview and objectives

The ‘Clean Box’ pilot was targeted at people who had been asked to self-isolate following a positive COVID-19 test, or contact with someone who had tested positive, but who had not responded to telephone contact from the contact tracing team. Such households received a home visit to deliver a ‘Clean Box’ – a package containing cleaning materials and information and instructions about the importance of using these and of self-isolation. The aim was to encourage compliance with self-isolation requirements among those who had not otherwise engaged, and to prevent onwards transmission both within and without the home.

Delivery in practice

Management of positive COVID-19 cases required a home visit to verify that residents were self-isolating, in cases where telephone contact had not been made. The pilot involved offering residents the Clean Box during that home visit. The Clean Box package included wipes, sanitiser surface spray, cloths, hand wash, masks, gloves and leaflets with information on where and what to buy in the future, as well as what to do when self-isolating. The kits also included 7 lateral flow tests, and encouragement to carry out regular testing.

The expectation was that people who had not engaged with Test and Trace were likely to be less aware of the risks of onward transmission, and less likely to follow good practice to prevent it. Therefore, the kits were provided along with a letter advising how to complete the contact process with Test and Trace, and information on the Council Hub which offered a gateway to additional support if required. The visits were also seen as a welfare check, and the team would try to talk to members of the household if possible.

Delivery challenges

Delivery of the pilot presented few challenges since the process of identifying appropriate residents and visiting their homes was simple. It was not possible to leave a Clean Box package at all properties, particularly houses of multiple occupancy; in these cases the letter was left or posted instead.

The largest challenge was to measure engagement with use of and the impact of the Clean Boxes once they had been delivered. Residents were sent a link to an online survey 4 weeks later, asking for feedback on how effective the kits where, how helpful the information provided was, whether it helped with controlling infection within the household, how many others in the household became infected, and what the general experience of self-isolation had been like. To help boost responses, residents were entered into a draw for a £20 high street voucher. However, GPDR constraints meant that it was not possible to recontact recipients to remind them to complete the survey.

Pilot outcomes

The initial expectation was that 400 households would participate in the pilot. The proposed evaluation plan focused on feedback about their experiences and impressions of the Clean Box, and the extent to which infection was controlled within the household, as reported in the user survey.

In practice, 230 households were identified, of which 200 received Clean Boxes; 30 households did not receive packs as noted above, but where possible a letter was posted. All residents were invited to participate in the survey: the response was 3%, with 6 responses in total. Several reasons were put forward for the low response rate, including low levels of previous interaction with Test and Trace (these residents were targeted because they had not responded to telephone contact), participants not being used to feeding back on services more generally, and the inability to recontact in order to remind and boost responses.

The few responses received suggested that the sanitising items in the packs were welcomed and used, and the leaflets were helpful; the provision of LFTs was appreciated; and a home visit which included a support pack was more effective in building trust and engagement with the Test and Trace service than a phone call alone. The participants who responded also felt the pack had given them a better understanding of infection control.

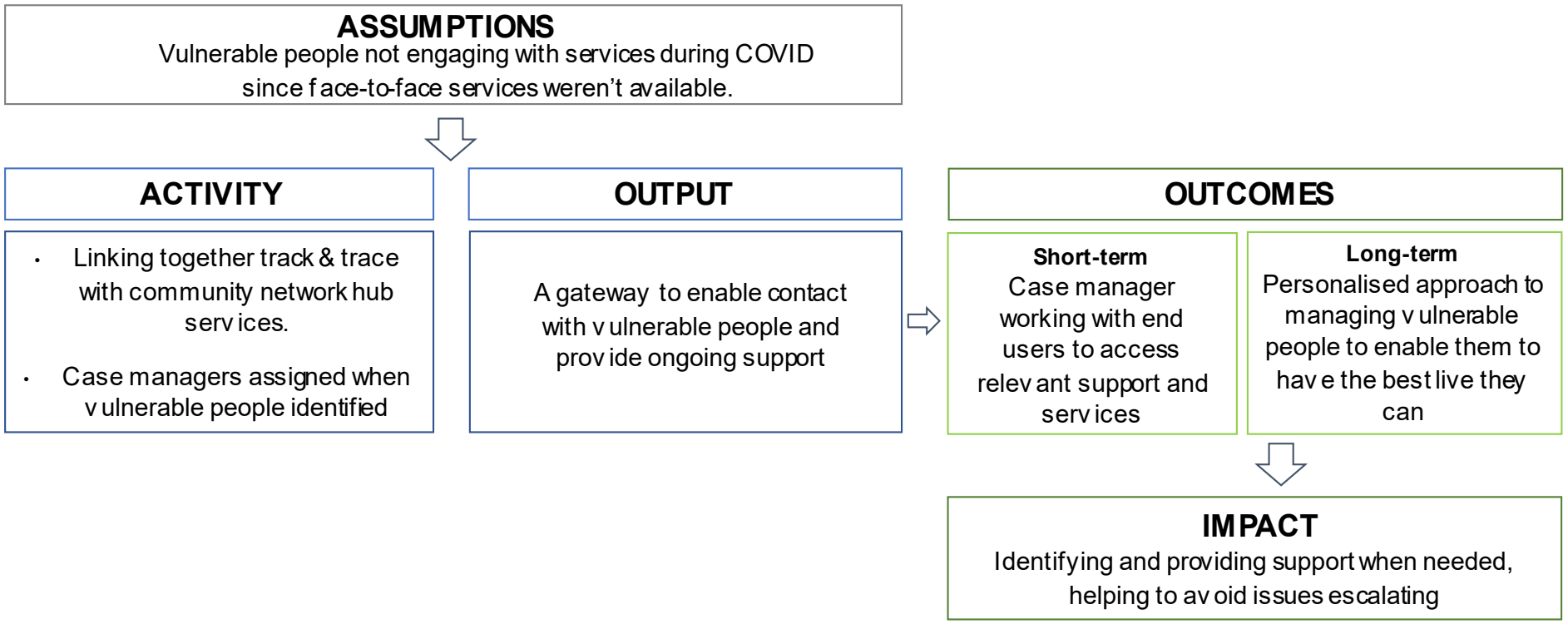
These reactions are encouraging but the very low number of responses means that conclusions about the wider impact and effectiveness of the pilot cannot be reached.

Main learnings

As noted, the small number of responses suggests that face-to-face engagement may have been more effective than attempted telephone contact among those who had not responded to the telephone. However, the main learnings relate to plans for data collection and outcome measurement, which should be in place before a project is launched. It was conceded that, in hindsight, an online invitation survey was unlikely to be effective as these residents had not engaged in this way before, and recontact reminders were not possible. Had this been anticipated in advance, alternative options for evaluation and learning such as invitations to feedback via text message, follow-up home visits, or qualitative methods could have been considered and implemented.

Annexe 17. Together Self-Isolation Pilot (Burnley) mini-pilot report

Logic model and process map



Overview and objectives

The ‘Burnley Together’ Pilot had 2 main objectives. The first was to understand whether support from a community hub could increase the likelihood of vulnerable people self-isolating, and therefore reduce transmission. The second was to use self-isolation as a means of establishing longer-term supportive relationships, especially with households which may not otherwise have reached out for support and delivering a personalised and exceptional case-management service that would improve outcomes across a range of areas.

Planned delivery

The intention was to identify vulnerable people at high risk of social isolation, who did not already have support services in place. The pilot team used Test and Trace data to contact individuals who were self-isolating, to ask if they needed any practical support such as shopping or collecting prescriptions, and to ask questions to identify those whose mental health may be at risk. Once identified, participants in the scheme were offered a case managed service to help meet their specific needs over an extended 3-month period.

Delivery in practice

The Pilot was delivered by the Burnley Together Community Hub, a partnership between several services in the Burnley area, including Lancashire Police, Burnley Leisure and the Calico Group (a social enterprise and the main delivery partner for this pilot). The pilot team contacted people over the phone at the beginning of their self-isolation period. Individuals who could benefit from the service were given the option to be passed on to a case manager, who was a single point of contact for support, regardless of the nature of their need (for example, to request food, the to report an issue to the police, to seek healthcare assistance and so on). The case manager then referred them to appropriate organisations such as food banks and mental health groups as necessary.

Through ongoing communication, including home visits (once the self-isolation period was over), the care manager and the individual co-produced a plan of long-term personalised support lasting around 3 months (that is stretching beyond the initial self-isolation period). Case managers also held weekly face-to-face meetings together, supplemented by regular calls and emails, to identify the range of support required and to coordinate services.

Delivery challenges

The team encountered several challenges that needed to be addressed. In practical terms, some individuals were initially uncomfortable receiving a home visit from people they did not know well, so alternative arrangements had to be made such as speaking through windows or holding socially distanced meetups outside wearing PPE. There was also pressure on services

at the time, either due to over-subscription or lack of resource. In instances where the ideal service was not available, alternative temporary arrangements had to be made (example using voluntary befriending services in place of mental health services). Finally, the length of time for which support could be provided – 3 months – was often felt to be too short to create a notable turnaround in someone's life.

Delivery facilitators

Despite these challenges, the fact that the key lead and partner, Calico, was well established locally and had many relevant contacts meant that appropriate services (often in combination) could be found and coordinated to meet the needs of the vulnerable individuals involved in the pilot.

Pilot outcomes

The original evaluation plan proposed to measure a range of wellbeing indicators, including various forms of harm reduction (drugs, debt, mental health, and so on), and specific indicators such as volumes of hospital appointments. The expectation was also that individuals would be asked for general feedback on their views and experiences of the services. However, as noted, the pilot period of 3 months was not thought sufficient to permit the desired (or measurable) levels of change to individuals' lives. Instead evaluation focused on metrics relating to service delivery and checking at the start, middle and end of each case to make sure individuals felt they had been listened to and helped in a meaningful way.

Overall, 31 individuals were referred into the service, presenting a variety of needs also requiring a wide breath of self-isolation support: 20 individuals had mental health needs; 19 for housing; 14 for self-isolation; 9 for finances; 6 for physical health; and some other challenges such as disability, drug dependencies, homelessness and learning difficulties. In terms of services delivered, 14 individuals were provided with food parcels, 10 were referred to mental health services, 12 were referred to housing support and 10 were offered financial support. Other services provided included community activities, drug services, bereavement services and medical services

It is not possible to say from the evaluation whether outcomes were improved as a result, or whether positive impacts were achieved. However, the pilot was able to offer a mix of services to vulnerable individuals with complex needs, over a period of time. So, while we cannot assess it against the outcomes or causal pathway in our logic model, it did meet a need.

Main learnings

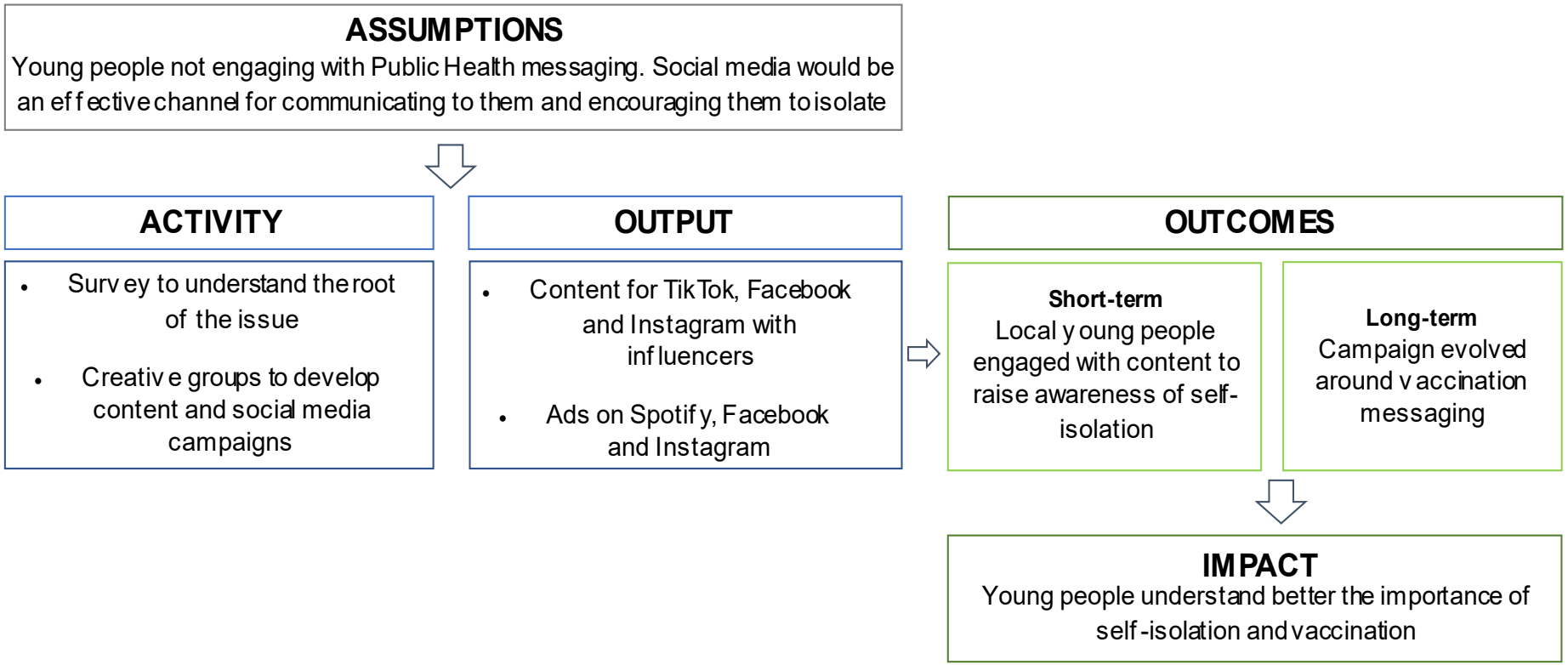
The pilot indicates that an event such as the requirement to self-isolate can provide an opportunity to identify people with complex needs who are not already known to service

providers, and that the personalised case management approach is an effective way to engage them in support over a sustained period of time.

However, it also highlights that a service-delivery period longer than 3 months would be required to achieve positive impacts in the longer term; and that the approach is necessarily intensive, so providing such a service at a larger scale would require sufficient numbers of case managers and other resources.

Annexe 18. Youth Campaign (Blackpool) mini-pilot report

Logic model and process map



Overview and objectives

The ‘Blackpool Youth Campaign’ pilot involved creating social media content and campaigns aimed at making young people aware of the importance of self-isolating and signposting them to support resources on Blackpool Council’s website. The initiative also sought to understand people’s experiences in self-isolation, to identify facilitators and barriers to inform this and future outreach campaigns. The expectation was that greater awareness of the need to self-isolate, and of resources to support this, would encourage greater compliance with requirements and reduce transmission.

Planned delivery

The initiative had 3 distinct strands. In the first, User Generated Content (UGC), the aim was to work with 8 local young people aged between 18 and 30 to create content highlighting the importance of self-isolation. The plan was for participants to attend a workshop, where resources and guidelines were shared so that they could address this social media challenge. The second strand involved working with 3 social media influences, to co-create self-isolation content that they could share with the target audience. Finally, the third strand involved asking 50 local young people 6 questions to identify the motivators and barriers for adhering to self-isolation rules, to inform themes and messaging in the campaign material from the other 2 strands.

The main delivery partner on this project was Beatfreeks, an insight and engagement agency specialising in young audiences. Beatfreeks were responsible for most of the project’s processes and activities, including recruitment since the pilot team did not have the required experience in social media work.

Delivery in practice

In the first strand, only 4 of the young people recruited took part in the workshop, as the other 4 were not considered a good fit for the council. They produced 4 pieces of UGC to post on TikTok; 2 of these were also promoted on Facebook and Instagram. The other 2 strands ran as planned: 3 local influencers who were established in the area posted social media content; and a survey covering preferences around public communication, knowledge of the importance of self-isolation, awareness of support, and other points was conducted with 50 participants aged 18 to 30.

Delivery challenges

Challenges around recruitment and engagement of young people were anticipated, and as the council team had expected 2 of the 4 young people involved in the UGC strand missed a co-design session and had to be re-recruited. Some of the young people were also not well-prepared for the workshop, but thanks to the engagement of the others, the team felt the group

produced what was necessary content for the campaign. Changes to self-isolation guidance also prompted a decision to expand the scope of the UGC to include mentions of vaccinations, and this required some additional filming to produce the relevant content.

Delivery facilitators

The relationship between the pilot team and the delivery partner, which was a local agency and a specialist in its field, was key to overcoming these challenges and to the pilot running as smoothly as possible. The pilot team trusted their partner to deliver, to flag any problems promptly, and to support the participants involved in the project. The decision to progress with fewer candidates than planned to design the UGC was taken jointly, with reassurances from the partner that this would not affect the quality of outputs.

Pilot outcomes

The evaluation plan involved measuring the impact of the campaigns through social media metrics, video views and website hits. The 4 UGC TikTok videos, shared through the Blackpool Council's own channels, achieved 11,129 views and 1,211 likes. The 2 posts promoted on Facebook and Instagram had 11,242 views. The campaign involving the 3 local influencers reached 46,389 people in total, secured 22,650 engagements with the content and had 4,252 likes. Finally, the survey indicated that the most effective way to communicate with young people in relation to COVID-19 was via text or television. Sixty percent of participants reported that they did not understand the importance of self-isolation; 48% expressed the need for more mental health support; and 30% said they wanted more financial support. The results were also said to compare well to other digital COVID-19 campaigns, in terms of cost per click and reach in relation to budget.

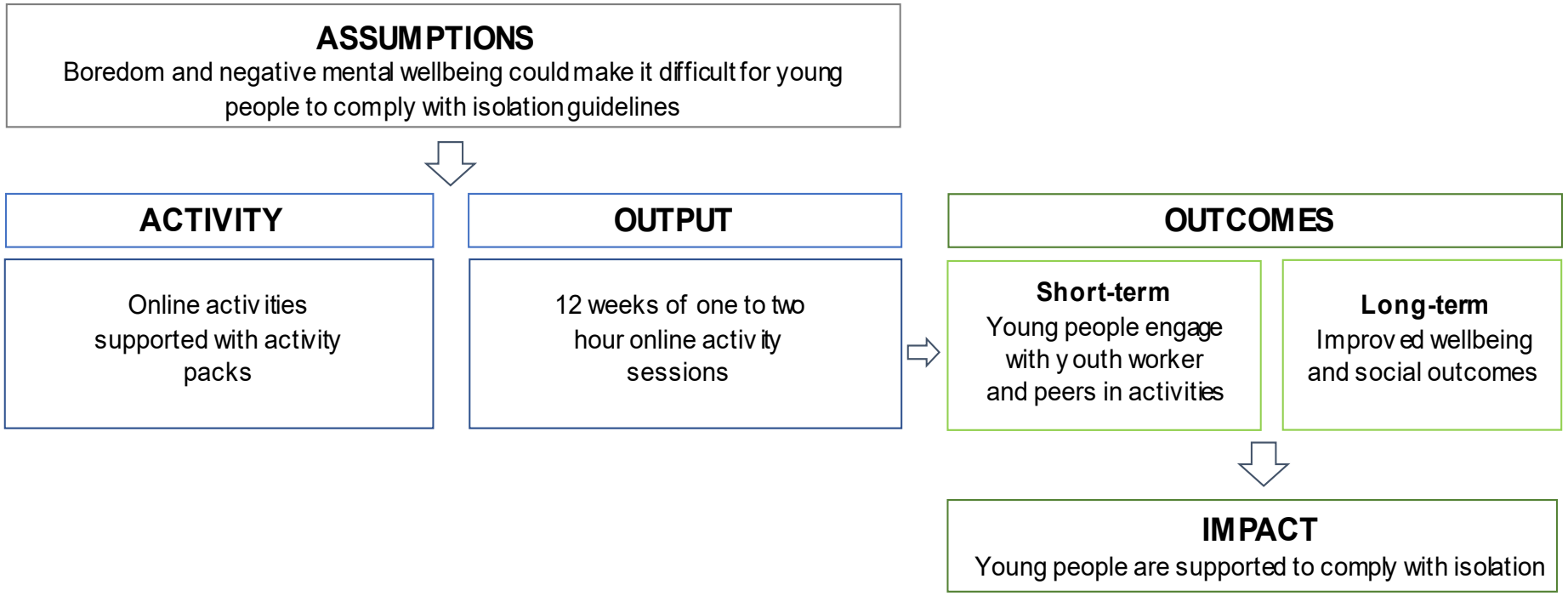
The high proportion of survey participants who claimed not to understand the importance of self-isolation suggests that this was a valid objective for the campaigns to target. However, it is not possible to comment on neither the campaigns' effectiveness in improving this understanding, nor in motivating greater adherence to self-isolation requirements.

Main learnings

Engaging a local delivery partner with expertise in the field and experience working with young people was key to the ability to adapt both to participation levels that were lower than expected, and to the need to expand the scope of the content at short notice. However, while the delivery partner was instrumental in developing and delivering the campaigns, it appears they were less involved in plans for measuring impact, and as a result it was not thought appropriate to put them forward to contribute to this evaluation exercise. This lack of engagement restricts the ability to comment on the pilot's impact and effectiveness (beyond social media metrics), highlighting the importance of ensuring partners are aware of the need to contribute to evaluation even after activities have been delivered.

Annexe 19. Zone to Home 1 (Blackburn) mini-pilot report

Logic model and process map



Overview and objectives

The ‘Blackburn Zone to Home 1’ pilot was intended to offer a safe online space for young people who were self-isolating to access a youth worker and socialise with peers. The intention was that the activities delivered through this service would support young people’s emotional wellbeing, help them develop new skills, promote pro-social outcomes, and generally ease the self-isolation period. In these ways they were expected to decrease motivation to break self-isolation, and to reduce the likelihood of onward transmission.

Planned delivery

The pilot delivered daily online activities, provided by a range of partners including Blackburn Youth Zone, Youth Action, Making Rooms and Chorley Inspire Youth Zone, for a period of 12 weeks starting in January. Partners were able to design the activities based on their experiences with young people, and reflecting the usual activities run in-person at the local youth centre. The online sessions were run by youth workers, who were able to provide support and monitor wellbeing alongside running the activities. Activity packs at a value of £2 to £2.50 per person, such as baking ingredients or craft supplies, were provided to support the activities and were delivered to homes by the partner organisations.

Delivery in practice

At the outset, the partners held a group exploration session, led by Blackburn Youth Zone, to determine how the pilot should operate. Each partner was allocated one day per week for which they needed to organise sessions, and each then created a delivery plan for the 12 weeks. The sessions lasted for 1 to 2 hours and had a planned agenda, but the content was largely led by the participants’ interests and what young people wanted to discuss. Users could also access support through an online ‘isolation buddy’, who acted as a trusted adult.

Delivery challenges

Engaging young people and encouraging them to join the programme and attend the online sessions was one of the most challenging aspects of the pilot. Initially, the pilot relied on referrals from the Self-isolation Hub – customer service staff identified young people self-isolating and asked if they wanted to be referred to the program. This yielded low response rates, prompting the team to open up the programme to self-referrals. However, most individuals involved in the pilot were not referred early enough in their 10-day isolation period. Some partners also found it challenging to plan engaging activities within the funding constraints. For example, one partner organisation wanted to develop digital activities such as coding, as they felt this would be more attractive to young people, but this specialist support did not fit within the budget.

Delivery facilitators

The partners had collaborated on various projects in the past, knew one another well and wanted to work together. All partners were involved in regular sessions throughout delivery to discuss progress, allocate tasks and identify challenges and solutions. This helped them to address these challenges as best they were able, and to deliver activities within the budgets available. However, as discussed below, this did not address low levels of engagement and attendance among young people, for which more contextual barriers are likely to be responsible.

Pilot outcomes

The proposed evaluation plan was based on intervention reach (measured as attendance at live sessions), together with a framework designed with King's College London which collected outcome measures on aspects such as confidence, social life and physical and mental wellbeing.

Attendance at online sessions was lower than expected: only a small proportion of young people who registered and requested activity packs came online to join the groups. The reason behind this was not assessed, but the team suggested potential reasons such as screen fatigue, lack of access to internet, lack of encouragement in the household to join the sessions, and individuals forgetting to attend. Referral part-way through the self-isolation period, rather than at the beginning, is also likely to have depressed engagement.

To try to address issues of internet access, one partner organisation sent out laptops or data sim cards; another attempted to address forgetfulness by sending out reminder texts and emails to those who had signed up and offering competitions and prizes for engagement. However, it did not seem that these actions had a substantial effect on engagement.

Further evaluation was conducted online and via email surveys and phone calls. However, though feedback received seemed to suggest satisfaction, the evaluation had a very low return (surveys were also sent by post to try to boost response rates) so it is not possible to comment on this.

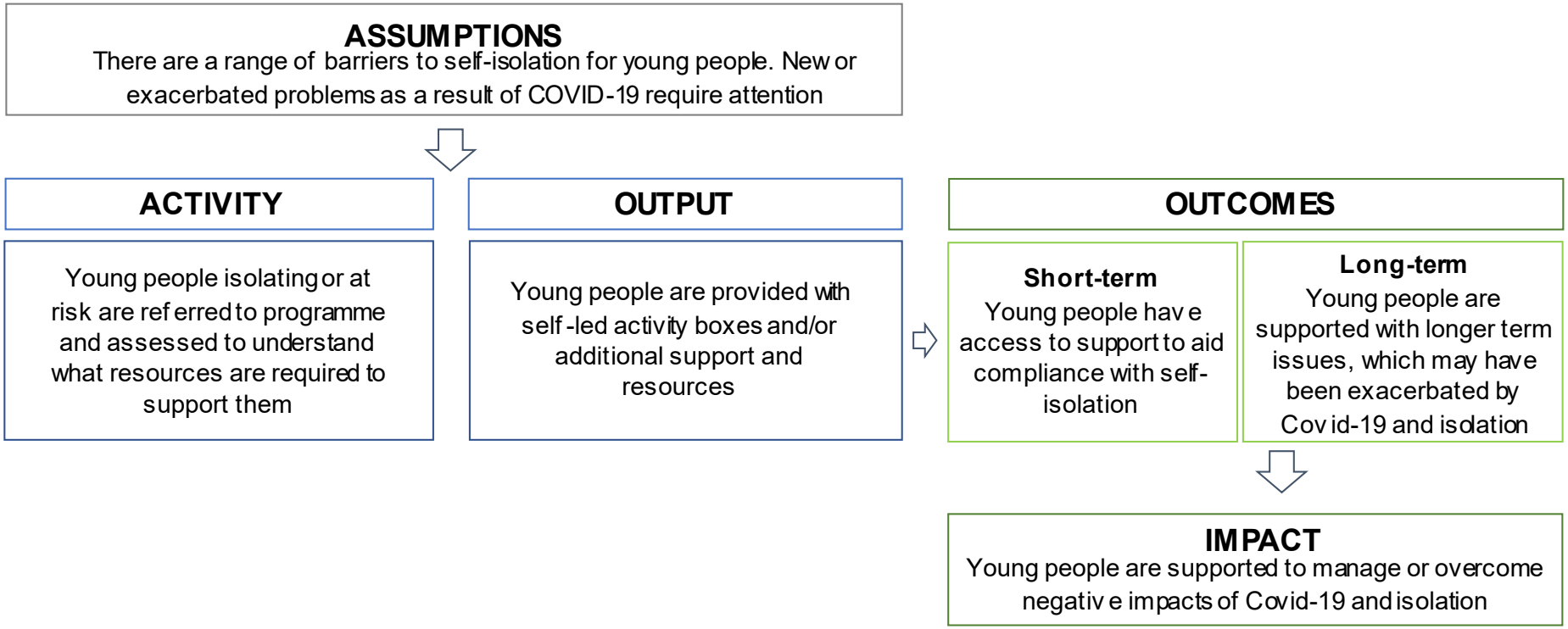
Therefore, despite reports of positive feedback, it is difficult to evaluate the extent of the impact this pilot had on young people's views on and experiences of self-isolation and their wellbeing during that period, and their adherence to self-isolation requirements. We cannot tease out whether the low usage was because of the practicalities of delivery (not reaching people early enough in the self-isolation period) or because our logic model is incorrect and it did not meet a need or else the activities were not of the right type to address any need.

Main learnings

Through working in partnership, the delivery organisations were able to provide sessions each day of the week, working to one another's strengths and creating a well-rounded selection of activities. Prior collaboration, and their combined knowledge and experience with the audience, was vital to this. However, the challenges of engaging young people and encouraging them to use an online platform while at home, in competition with other distractions, were considerable; and the slow referral process meant that opportunities to engage early in individuals' self-isolation periods were missed.

Annexe 20. Zone to Home 2 (Blackburn) mini-pilot report

Logic model and process map



Overview and objectives

The ‘Zone to Home 2’ initiative was intended to deliver a range of self-led activity packs which would provide productive ways for young people to pass the time during self-isolation. Several aspects of the pilot built on learnings acquired in relation to the previous ‘Zone to Home 1’ programme. The aim of these activities was to support young people’s wellbeing, and make the time spent in self-isolation easier, thereby motivating them to continue adhering to requirements and reducing the likelihood of onward transmission.

Planned delivery

Packs were delivered to the homes of young people and families while they were self-isolating. These boxes had a value of up to £18 and were themed around various activities such as sewing, salon, sensory, painting craft, baking, digital making rooms, health and wellbeing, gaming, gardening, and sports. Family boxes (mixed boxes for a whole family) and a youth hub box (made for those looking for work/gaining skills) were also provided.

Delivery in practice

In order to address one of the key challenges encountered in the original ‘Zone to Home’ scheme, this pilot involved a full-time staff member to work with the local self-isolation hub to streamline the process of referrals coming in, and a range of partners including Face, IMO, Lancashire mind, Blackburn Youth Hub, community centres, schools and colleges to identify other young people who might benefit from participation.

These individuals were then contacted to assess which services they would benefit from the most. The standard offering was one of the packs described above, which provided meaningful activities focused on supporting resilience, and an opportunity to learn new skills. However, young people with more in-depth needs were also able to access a range of services and resources, including a young person advisor, debt and benefits advisor, food vouchers, school transport, digital wellbeing support and counselling services. Activity boxes were delivered to homes by members of Blackburn Youth Zone, and after contact, customer service workers reached out to the young people to gather evaluation outcomes.

Delivery challenges

One of the main challenges faced was the logistics of delivering boxes across a large geographical area. This was anticipated during the planning stage, and a process for mapping out postcodes to streamline delivery was created. However, in practice this was still challenging: it took 72 hours on average to deliver a box following referral, significantly higher than the goal of 24 hours.

The preparation of boxes was also time consuming, requiring the use of volunteers from across the Youth Zone's network to build up the requisite workforce, which took some time.

Pilot outcomes

The evaluation plan proposed to measure the initiative's reach, and to gather feedback on users' experience and views via a postal survey which asked about aspects that young people enjoyed and did not enjoy, whether parents had noticed positive signs in their children, how much time the young person had spent on the activities, whether the activities had improved the self-isolation experience and other measures. Customer service staff also contacted households to fill out the surveys with end users over the telephone.

The aim was to reach 3,500 young people: by the end of the pilot, 3,101 had engaged with the service. Data for 635 individuals was collected: 88% agreed they would recommend the service; 90% agreed the service supported their self-isolation; 94.6% agreed they enjoyed it; 87.7% agreed they learnt a new skill; 78.2% agreed it helped solve problems; 82% agreed it allowed them to express themselves; and 94.2% agreed that the Pilot helped them understand more about themselves. Qualitative feedback from parents also suggested that the packs and activities were appreciated, and helped children and families remain in self-isolation by giving them something to do at home.

Feedback from the evaluation was therefore very positive, and the pilot's reach, while lower than the initial aim, was nonetheless substantial. The lack of a direct measure of compliance with self-isolation among those who took part means it is not possible to comment with confidence on the effects that the pilot had on self-isolation, but the evaluation does suggest a number of positive outcomes in terms of supporting young people's wellbeing that may have had the desired impact on behaviours and some support for the causal assumptions of our logic model.

Main learnings

The differences in levels of engagement and feedback between this pilot and the first 'Zone to Home 1' initiative are striking. While in both pilots the content that was provided to young people was tailored to their needs, the evaluation results suggest that as a result of Zone to Home 2, direct engagement with young people, and supplying them with larger physical activity packs, can be much more effective than attempting to encourage them to attend a series of online sessions. The logistics involved in creating and delivering individual activity packs, as opposed to creating online content that can be consumed by all, are also an important consideration.

Using partners and communication channels, as well as having a positive reputation due to long standing work in the local area, was considered to be important for reaching families and engaging them with the service. The service itself was also found to be quite effective, with

many young people sharing positive feedback about the effect of the activity packs on their self-isolation.

It is important to consider the resource requirements for all stages of a project, including the referral process, and ensure this is incorporated into the delivery plan. In this case, learnings were taken from the previous Zone to Home project where referral was less successful, and additional targeted resource was allocated to the referral process.

Annexe 21. Self-Isolation Support Payment (Blackburn with Darwen) report

Introduction

The 'Self-isolation Support Payment' mini-pilot was different in nature from the others described in this evaluation report. Since October 2020, Blackburn with Darwen, together with local authorities across England, had been providing payments of £500 to people who were required to self-isolate and who met certain financial and other criteria, to support them through a period when they were unable to work and earn. The council had made its own arrangements for processing applications for these payments, but there were no plans in place to evaluate the implementation or impact of these arrangements and payments. In light of this, the council applied for funding through the Pilot to conduct an evaluation of the support payment within Blackburn with Darwen, in order to draw lessons that could be applied more widely.

The activities funded as a mini-pilot therefore comprised an evaluation of the support payment, carried out by TruemanChange. Key results from this evaluation are reported below, but the interviews with figures in the council who processed the payments for 18 months provide an opportunity to understand how this was done, the challenges they faced, and the ways in which these challenges were addressed.

This final annexe report therefore focusses on the delivery of the support payment, not the evaluation of that process, even though it was the evaluation that was funded by the pilot.

Delivery of the self-isolation support payment

From 28 September 2020, people on low incomes who were required to self-isolate and who lost income as a result were offered £500 in financial support. These payments were processed and made by local authorities from mid-October 2020, and council teams had to make arrangements to do so extremely quickly. Blackburn with Darwen Borough Council had previously participated in a pilot programme to award £187 to people who were self-isolating: this pilot had informed the decision to increase the sum offered. The council team therefore had some preparation for the full roll-out of the scheme, but nevertheless had to scale up their operations considerably and at very short notice.

Applications for the support payment were made through a form on the council website, accessible from many different pages. It was also possible to apply by telephone (see below). People who tested positive for COVID-19 were given a reference number by NHS Test and Trace; the application criteria included this reference number alongside details of employment, income, council tax, mortgage liability, pre-existing welfare benefits and others. All applications made through the form were transferred to a spreadsheet, and assessors would manually check the details of each application and email applicants to check erroneous and missing entries;

automatic checks were not possible. Applications which were incomplete, ineligible or which contained unverifiable claims were rejected, but assessors made great efforts to contact individuals and avoid this. Applications made over the telephone were manually entered into the same form, via the website, by a council employee. At the end of each day, all the accounts to be paid were extracted from the spreadsheet, and details were emailed to the council's financial department for processing and payment.

The scheme involved 2 separate funds from which support payments could be made: the standard fund for which only those in receipt of benefits were eligible; and a discretionary fund which was open to those not in receipt of benefits, and over which the council team could exercise judgement. The same arrangement was in place in many local authorities but given their knowledge of the local area and its needs, the Blackburn with Darwen team were committed to maximising use of the discretionary fund, to a greater extent (they believed) than in other locations.

Delivery challenges

The main challenge in delivering the support payment was the manual nature of the process, combined with the volume of applications. The initial pilot (with a payment of £187) had elicited relatively low take-up; applications for the full £500 were considerably more numerous (see below). Checking, following up and passing on each application by hand had been anticipated to take around 2 days; in practice, it took 3 days or more to process many cases. As a result the team was stretched and under-resourced throughout the scheme, despite calling in staff from other parts of the council with relevant skills and experience (for example, processing Housing Benefit claims – which still needed to be done alongside this).

Stretched resources meant that in many cases it was not possible to carry out all the checks needed to ascertain an application, and assessors had to exercise judgement over whether or not to grant approval. Assessors suspected that large numbers of illegitimate applications were being made, and/or that people had applied spuriously as 'contacts' on numerous occasions during the life of the scheme; but they were not in a position to identify all of these and in any case were most interested in ensuring that those who were eligible received the payment quickly. They acknowledged that this is likely to have meant that many erroneous payments were made but accepted this as unavoidable.

Scheme outcomes (impact)

The pilot funding was used to procure TruemanChange to review the data set of applications received from October 2020 to September 2021, to collect customer feedback on the experience of applying, the speed of support and the impact on them and their families. This analysis found that Blackburn with Darwen received more applications and paid more applicants than any other Lancashire Borough: 2,925 people received a payment; 64% of applications were processed within 3 days; and 41.1% of applications were approved overall. Over three-

quarters (78%) of respondents to the customer survey reported that £500 was sufficient to compensate for lost earnings; 32% reported that they would have been unable to isolate without this financial support.

A substantial number of people were therefore granted a support payment, and even accepting the likelihood of some erroneous approvals the council team were satisfied that they had been able to support large numbers of people who would otherwise have struggled financially while not working. They believed, and the survey results suggest, that £500 was sufficient to remove the need for people to break self-isolation in order to earn money, and that the payments were delivered quickly enough for this to work in practice. However, there was no way to identify whether or not those receiving the payments had left their homes for reasons other than to earn money, so it is not possible to draw conclusions about the extent of the impact this scheme had on self-isolation overall.

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