

End of Year Review - Report

April 2023



Research Evaluation Community Engagement Strategy Development

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Introduction, methodology and overview of progress





Introduction



Tribe's mission is to address national care inequality at a local level, improving lives by transforming local access to care through a combination of digital and social action.

Tribe uses local area data, machine learning and AI to increase support and care locally, helping local people support other local people. Tribe will increase the quantity and quality of social care at the local level by supporting volunteers, unpaid and paid carers and micro-enterprises, improving access to care through a digital platform, enabling local people to build their own care packages to meet their needs.

The aim is that this will help more people live independently, giving them greater choice, and preventing them falling into crisis, and therefore reducing the pressure on social care and health services and budgets. Following an initial stage of development, Tribe and its partners (Bronze Labs, Carers UK, TSA, Skills for Care, and Shared Lives Plus), received funding under UK Research and Innovation's (UKRI) Healthy Ageing Challenge, Trailblazer pathway in April 2021.

This funding of £4,350,000, representing approximately 70% of total costs, is for a three year period finishing at the end of March 2024. This funding aims to help Tribe develop, implement and scale, becoming fully established and sustainable at the end of three years, with evidence of economic and social impact.

Tribe is one of 5 innovative and scalable projects funded under the Trailblazer pathway to help deliver the Healthy Ageing Challenge's *'ambition to ensure that we all have the opportunity to live healthier, more connected and more productive lives as we age.'*

Methodology



Evaluation

Alongside robust project management processes, Tribe is required to conduct an independent social and economic learning and impact evaluation over the three years of funding to measure success and impact.

Public Perspectives, an independent research and evaluation organisation, specialising in the public and charitable sectors, has been commissioned to conduct this evaluation.

Framework

The evaluation has been embedded into the Tribe project from the outset, with evaluation activity and reporting at least annually across Tribe as a whole, alongside periodic local area deep dives.

This is through the development of a theory of change evaluation framework (known in this project as a Social Impact Project Evaluation Plan - SIPEP), which helps guide the focus and methods of the evaluation, including identifying success measures, outcomes and impacts.



Progress and learning

This end of year report is based on progress and activity during the second year of Tribe's Trailblazer funding.

Given the current life-stage of Tribe, the evaluation* and reporting focusses on presenting and reflecting on progress (whilst not duplicating the project management processes), identifying learning and drawing out key insights to help inform the continual development of Tribe over the forthcoming months and years. This is part of a supportive and collaborative approach to evaluation, whilst maintaining independence and objectivity, and presenting challenge where appropriate.



Qualitative methods

At this interim stage, the methods are primarily qualitative, including deep dives into each local area. This included, over March/April 2023, in-depth interviews with 56 stakeholders across all local areas, with Tribe consortium partners, local area representatives, local organisations, CMEs and other key stakeholders, using an interview guide to ensure comprehensive and consistent discussions across the different participants.

In addition, key documents have been reviewed and observation notes have been taken throughout the year from project meetings (at the time of writing, the review was also awaiting latest Tribe data and Google analytics).

*This end of year report is more of a review rather than evaluative in nature.

Development, implementation and progress: Overview

- Platform and content development: The Tribe platform has continued to develop over 2022-23, with improved design, functionality, user-friendliness and features, with enhanced user development and testing resources and a comprehensive user testing summary report provided. E-learning continues to grow with Carers UK and Shared Lives developing content, alongside Tribe embedding third party training provision via subscription as an interim measure pending further development of Tribe specific content. There has also been progress in establishing the e-wallet to better facilitate banking arrangements on Tribe.
- More mature processes and systems: During the course of the year Tribe's processes and systems have matured as seen by the successful TSA quality audit and development of safeguarding arrangements with SCIE. There has also been progress around developing a narrative, communications, marketing, branding and generally raising the profile of Tribe. On a practical level, Tribe has honed and developed a blue print for its local area implementation model as seen by a smooth roll-out in its most recent area East Sussex.
- **More resources:** Alongside increasing development and user-testing resources, there have been two key 'community' appointments, including a Director of Community role, which should increase Tribe's capacity and expertise in this area.
- Pilot progress and expansion: There has been varying levels of progress in each of the local areas (see next section for more details). In addition, implementation has started in two new areas South Warwickshire and East Sussex (see next section for more details).
- Strategic support amongst partners and increasing recognition amongst sector stakeholders: Local area partners remain supportive of Tribe and continue to see its benefits. In addition, anecdotally Tribe's profile has increased and potential recognised by stakeholders across the sector providing a platform for future growth assuming its concept is proved and potential demonstrated.

It feels like there's been a lot of progress from a year ago. There's greater clarity about Tribe's purpose and approach, the platform itself has developed a lot, Tribe as an entity is bigger and better, with greater capacity and more mature, established, and growing.

The first year was about co-design and development, this second about starting implementation and beginning to scale-up, and this third is about building on that and starting to deliver and make a difference.

We like the solution and can see its potential to help improve health and social care outcomes in what is a broken system. We want to be an early adopter of innovation and we know that can come with ups and downs, but we can see that we're going in the right direction with Tribe.

Tribe is being talked about a lot amongst quite influential and senior sector stakeholders and it's clear that it has some good local area partners and supporters. The platform is there, the goodwill is there, and Tribe is now in a position to start delivering on its potential.



Local areas – progress and insights

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Essex

There are now over 50 CMEs on-boarded to Tribe and a further c100 in the pipeline. Whilst Essex Council staff are currently responsible for identifying and supporting CMEs and provide manual support to help CMEs on-board to Tribe, the processes and systems of on-boarding are now established and increasingly streamlined.

CMEs engaged in this review are positive about Tribe and enthusiastic to receive referrals and clients through Tribe, although currently there have not been any.

There is a substantial marketing campaign planned, aimed at generating demand amongst those seeking care support. This is considered essential and will determine future investment in Tribe. Following its development, Tribe is now considered to be primed and on the cusp to generate demand and meet local care needs, achieving positive social care and health outcomes.

We've spent two years planning and developing. We now need to start delivering. This means generating demand. Our expectation is that the majority of people that use Tribe and CMEs will be selfpayers rather than people referred through our social workers and direct payers. It's really important that we start to see these numbers come through and show that Tribe is making a difference, so that we can make the case for future funding. Positively, Tribe is in a good position, the platform looks good, there's a large investment in marketing planned and we're hopeful this will generate lots of demand and achieve positive outcomes for our residents and the social care and health system locally.



Over the past year the number of CMEs on Tribe has grown from about 20 to over 60, with more lined up. We've become much better at on-boarding CMEs to Tribe and worked well in partnership with Tribe to establish the process and make it as smooth and efficient as possible, although we still have to help CMEs. We're hoping to increase the number of CMEs and it's important to make sure this is as automated as possible.

I want new clients and I can see that Tribe can be a way for me to do this, to advertise my services and link up directly with clients. I'm keen and ready to receive new clients. I've only been on it a couple of months, but I haven't had any new clients through it yet, although I have had one or two enquiries.

It was always a bit chicken and egg, but the supply in the form of the CMEs is now there and so we now need the demand. It is really interesting and important to see how effective the planned marketing is in generating demand.

North Yorkshire

The Community Resilience pilot is live in partnership with Karantis360, involving two participants. This has helped establish processes and test the system, with data being received and systems between partners integrated. The next stage is to expand the pilot and develop mechanisms to respond to any alerts.

The CME element has not progressed over the past two years due to competing priorities meaning that the Council has not been able to support or resource this aspect of the pilot. Nonetheless, the Council remains committed to developing the CME part of Tribe and is actively exploring options to progress in this forthcoming year, as part of extending the current contract for a further year (2+1 year contract).

We haven't made as much use of Tribe as we should have over the past two years, but that's an issue with us, not Tribe. We know its potential and we want to implement it here. We're now looking at how we can resource and implement Tribe over the course of this year so that we can develop the CME side of Tribe. \bigcirc

We've eventually managed to go-live, with sensors installed and data coming through. We know that the system is working and we can see how it can make a difference.

The penny dropped the other day when I realised how something like this could help save lives. We now need to look at how we can expand the pilot to more people and homes. The challenge is about managing the alerts and what happens when there's an issue. This is where Tribe can help play an important part and add further value.

South Warwickshire – Progress and issues for consideration

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- Governance and project management arrangements have been established, including specific pilot workstreams under a strategic working group, involving mix of NHS, Council and VCSE organisations.
- There's strategic support across the area and positive buy-in from different partners including the community and voluntary sector.
- Two specific pilot areas and cohorts identified Queensway Extra Living Care homes and Shipston young families, focussing mainly on the community and voluntary aspects of Tribe.
- c185 organisations/services listed on Tribe.
- There are efforts to recruit established hospital volunteers to test and use Tribe.
- Currently recruiting for project manager post, which will work under the auspices of Warwickshire Community and Voluntary Action (CAVA), to help progress the pilots.
- There are some concerns around safeguarding, especially the 'informal' volunteering.
- There may be opportunities to widen the pilot outside of the two specific areas and cohorts, to increase the potential for engagement with Tribe.

The pilots are very specific, in specific areas and cohorts. While I can see the benefits of a narrow approach at the outset, and these pilots have been chosen for a reason because they represent important use cases, I am also concerned that it could be restrictive. An alternative could be to work more broadly, either geographically and/or by cohort. There's always a risk of over-engineering these things. Really what we want at the start is to develop, implement and establish Tribe in more general terms, before targeting specific groups or areas. Food for thought.

We are always looking to adopt innovative solutions to the challenges we're facing. We made good initial headway, setting up the governance and project management arrangements and bringing partners on board. There's positive involvement and support from across the statutory and community sectors. We also worked well together to identify the pilot areas and cohorts. Things have slowed a little since, due mainly to a lack of day-to-day resource. This isn't something you can do from the side of your desk. The new project manager post should push things forward.

My concern is around safeguarding. The formal volunteering side of it is fine, but it's that informal volunteering, like someone taking out your bins. The level of contact may be quite small, informal and irregular, but there's still the potential for vulnerable people to be taken advantage of. We may not need a lot, but there should be some vetting, checking and support in place for this. I've raised it and colleagues do take it seriously. I just think it is something we need to work through.

South Warwickshire was subject to a deeper dive review as part of the end of year review process to capture sentiment and inform evaluation at the early stages of the pilot.

South Warwickshire – Evaluating progress and impact

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- There is commitment to evaluate progress and measure impact.
- That said, in the first instance (essentially this forthcoming year), the aims are relatively moderate – to establish processes and systems, implement and start delivering.
- In the longer-term, the hoped for impacts include:
 - Reducing hospital admissions and pressure on other clinical settings, including length of stay in hospital, through community and voluntary support promoting prevention and early intervention.
 - Relatedly, strengthening community and social bonds and increasing access to services and support.
 - Strengthening social care provision through the identification, development and support of CMEs on Tribe.
 - The above can impact on physical and mental wellbeing outcomes, as well as isolation and loneliness, and increased independence.
 - Similarly, improve successful hospital discharge as a result of all of the above.
- The above are aligned with the existing Tribe evaluation framework and local evaluation framework developed by local partners.
- The evaluators recommend that systems are put in place by Tribe/local partners to capture basic output information in addition to that which can be captured through the Tribe system itself.
- In addition, Public Perspectives will conduct a future deep dive in 3 to 6 months, once matters progress further. This will be predominantly qualitative in nature given the likely scale of delivery and will seek to capture progress, insights, and emerging outcomes and impacts.

In the long run we definitely want to see some notable change and positive impacts, but that's not for the immediate future. Initially, it is about moderate and practical outcomes, such as having the systems and processes in place, identifying and ironing out any teething issues and challenges. Once we've got the basics right we can roll it out, scale it up and that's when we want to see some positive social, health and clinical outcomes.

The hospitals and clinical settings are overloaded and Tribe looks like a good solution to help reduce hospital admissions and improve hospital discharge by strengthening the community and voluntary response. It's all part of a preventative, early intervention approach aimed at improving health and wellbeing in the community.

East Sussex – Progress and issues for consideration

- Governance and project management arrangements have been established, involving mix of statutory and Voluntary Involving Organisations.
- There are good levels of project management resource embedded to help drive forward Tribe in East Sussex.
- There's strategic support across the area and positive buy-in from different partners including the community and voluntary sector.
- The initial pilot in Hastings has been rolled-out and activity is starting in subsequent areas.
- c30 organisations/services listed on Tribe.
- Local Voluntary Involving Organisations have expressed interest to use Tribe to support their activities and are currently undergoing on-boarding.
- Some organisations raised concerns about safeguarding around volunteering activity, especially informal volunteering.
- There are some concerns about creating an alternative listing of community organisations, services and activities as there are already several well established directories in the area (the evaluation notes that Tribe is not a 'Directory', but several local stakeholders felt that Tribe was operating in similar ground through its community listings).

I welcome the opportunity to provide feedback. My main concern is that Tribe duplicates the three directories that are already in existence in East Sussex. These directories are well established and have lots of traffic, they're well used. Something like Tribe will either duplicate these and/or take away the traffic from them. I'm told that it will complement these Directories and add extra value, but I don't see it at the moment. \bigcirc

We've made good progress over the past few months. All the basic governance and project management aspects are there and we've held events with local VIOs. There's interest amongst these organisations to work with Tribe, which is positive. We're now starting to roll-out to other areas and plans are in place for further expansion, including the CME elements of Tribe.

- We learnt a lot about implementation in other areas that we were able to bring to East Sussex. In a way we've now got a bit of a blue print, which includes lots of planning at the outset so that when you do get started things progress quicker and smoother.
- We can see the value in something like Tribe. Voluntary organisations and volunteers play an important role in helping local people stay healthy and well, and therefore out of hospital. Currently, there isn't a single area or organisation wide system that promotes volunteering opportunities. So I'm excited to see how Tribe progresses and we're supportive of it as a voluntary organisation.

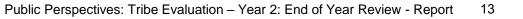
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Success in the immediate future is more about practically progressing the project and rolling it out across East Sussex. In a year or two we would want to see this having a positive impact on social care, health and clinical outcomes, as well as helping strengthen community bonds and supporting Voluntary Involving Organisations, and addressing challenges in social care.

We can see the potential with Tribe – it's a good concept and platform. It's important that we harness communities, volunteers and the VCSE sector, and grow the domiciliary sector. We need to take pressure off the health system and unblock social care. This is about prevention, early intervention, choice, control, reducing hospital admissions and improving hospital discharge.





Surrey

There has been a notable increase in the number of organisations, services and activities listed with over 600 community listings and increased traffic, with rollout in multiple areas across Surrey. Much of this growth in listings is organic (i.e. not requiring Tribe to manually upload organisations), which suggests that there is increased awareness and resonance, as well as improved and seamless onboarding systems in place.

This said, despite this review engaging directly with key local professionals and organisations, there is not any evidence of notable traction in the form of increased footfall, access or use of services and support through presence on Tribe. There are plans for further marketing and promotion in 2023-24 to help raise the profile of Tribe locally.

Progress is being made in implementing and rolling-out the voluntary and CME elements of Tribe, which are the priorities for this forthcoming year. These are considered by local stakeholders to have the potential for greatest impact. Proving the concept of Tribe and evidencing its emerging impact is seen as necessary by local stakeholders to secure further investment beyond this year.

There's been a lot of progress over the last year, which is good. Things are in a much better place. We now need to see the voluntary and CME aspects progressing and having an impact. Those are the ones that will make a difference and justify the continued investment.



The number of organisations and activities listed on Tribe continues to grow, as does the volume of visitors. We'd like to think this is starting to have an impact. It just seems to grow organically now, without organisations needing help to upload their details to Tribe. This suggests that more and more organisations are aware of Tribe and hopefully see its value.

We've been on Tribe for several months now and I honestly couldn't tell you if it's made a difference. We're not seeing a major change in interest in our services or people saying they heard about us through Tribe. To be honest, it all feels a little bit quiet and I wasn't sure how active Tribe is at the moment.

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Key challenges and opportunities - Overview



development





Safeguarding



Directory and duplication

Community development, engagement, local area working and supporting CMEs



Narrative, branding communications



Marketing and demand generation



Workforce development and culture change



Delivery



Scaling-up, growth and sustainability



Community of practice?



Functionality and content development

The development of Tribe and user testing has been a focus over the past 2 years. As with all good digital products and services, development is on-going. Similarly, there are some priority areas for development such as ensuring the App works as effectively as the website and on all platforms, continuing to develop the e-training offer, as well as new developments such as DBS functionality. This said, Tribe is beyond MVP stage and it is important that it is road tested in a real world environment and supports delivery of Tribe's mission.



The work with SCIE over the past year has helped develop a considered and mature response to safeguarding challenges. Nonetheless safeguarding is a complex and sensitive issue and different areas have different approaches. There are particular challenges around informal volunteering and safeguarding, as mentioned earlier in the report. This requires a flexible and bespoke approach for each circumstance, albeit one based on the good practice principles established.

Safeguarding



Directory and duplication

Whilst Tribe is not a directory, some of the local area stakeholders perceive it as having similar functions with regards to the listings of community organisations, services and activities. In most areas there is concern that this aspect of Tribe duplicates with existing well-established directories. This is an issue for Tribe to manage, while also needing to ensure its community listings are comprehensive, kept up-to-date and well used so as to be effective and impactful, adding value locally. Something for Tribe to consider is whether what may be seen as a quick win – drawing together community listings – is problematic as it can cause some negativity amongst local stakeholders, while its direct impact may take a while to gestate. I feel like we've been at the development stage for 2 years. Tribe is ready to be tested and used. We've developed the MVP and then some. There's still plenty of development to do and it's always on-going. And I'm sure when we test it in a real-world scenario we'll also find issues. But we can't sit on Tribe any longer, we need to push it out there to test, use it and start delivering.

It's difficult to create a one size fits all approach to safeguarding, given the specific circumstances for any given situation, group or area. I have seen Tribe's policies and approach they developed with SCIE, which is reassuring. I think its about applying these principles flexibly. Some of the challenges will have to be worked through as we go, such as around informal volunteering.

Some colleagues are concerned about Tribe taking away the focus from them. We know Tribe isn't just a directory, but some see it as having similar functions in its first round of implementation. This has caused us a few issues and been a bit of a distraction for the longer term aims.



Community development, engagement, local area working and supporting CMEs Tribe is more than digital, blending community intervention alongside. Tribe has increased its resources and focus over the past year around its community activity, with support from Community Catalysts and two key appointments including recently a Director of Community. This said, Tribe is still reliant on local areas to do much of the community development work and CME support.

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Over the last year there has been work to clarify Tribe's internal narrative and develop consistent external messaging, which feeds into branding and communications (and also marketing). This work remains on-going and important to continue presenting Tribe effectively to strategic sector stakeholders and potential clients.

Narrative, branding communications

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Marketing and demand generation

Local area led marketing activity to promote Tribe has had limited success and often not been wholly on message. Alongside providing marketing support, guidance and collateral to local areas, Tribe is soon to undertake digital marketing in Essex to generate demand for CME care provision. The success of this will be essential in helping to increase traffic to Tribe, develop case studies and prove Tribe's concept, as well as start impacting on individuals and local areas. I still feel like the community side of Tribe is not developed or clear. How are we working with local areas on the ground? How are we supporting CMEs before they are on-boarded to Tribe? Activity in this space over the past year has got better, but there's more we can do. The resources and expertise are now in place to build on this over the forthcoming year.

We've progressed our narrative, but it's important to continue working on it so as to get the focus right and use consistent language when engaging with the sector and potential clients. It's more than just language, it links with everything from branding, communications and marketing to positioning.

Tribe needs to be able to deliver in areas irrespective of whether they are working with a committed and strong local partner or not. The marketing campaign is part of Tribe taking some of that control and will be a key part of its success over this year. Hopefully it will lead to lots of interest in Tribe and generate business for CMEs, while having a positive impact on people receiving care and help.



Workforce development and culture change Alongside marketing to self-payers, one other way to generate demand is via social workers so that they refer social care users and Direct payers to Tribe and/or organise care provision for their clients via Tribe. This may require workforce development and culture change work to make social workers aware of Tribe and encourage them to consider it as a viable solution to meet care needs. I do expect that most users of Tribe will be selfpayers, but social workers and direct payers should be a significant additional source. And Tribe could be a really useful resource for social workers. But they will need help and encouragement to do things differently.



Delivery

The general view of most stakeholders engaged in this review is that Tribe is now primed for delivery. Similarly, there is a general consensus that this should be the priority of Tribe over this year to start meeting care needs through CMEs, as well as delivering the volunteering elements of Tribe. This will build on the progress with on-boarding community organisations, services and activities, and the development of e-learning. Delivery is essential to ensure that case studies can be gathered, Tribe's concept proven and emerging social care and health impacts achieved.

Year 1 was about co-design, Year 2 about implementation, Year 3 is about delivery. Tribe is definitely in a good position to deliver – the platform is there, the local area partnerships are there, so it's now about generating interest and use in Tribe. This is key to Tribe realising its potential and making a difference.



Scaling-up, growth and sustainability

Whilst delivering within existing areas of activity is arguably the priority, Tribe is ambitious to scale-up its activities within these areas and grow in other areas both within the UK and abroad. In the UK, there are opportunities, amongst other things, to support local areas, especially Integrated Care Systems and developments such as virtual wards and the increased focus on successful hospital discharges. This said, arguably early adopters of innovation have already signed-up to Tribe and new local areas and partners will require a track record of delivery, evidence of proof of concept and understanding of impact before investing in Tribe. Consequently, Tribe's priority is arguably to deliver in its current areas of operations. Relatedly, as Tribe's Healthy Ageing Challenge Funding is coming to an end in April 2024 and Essex, Surrey and North Yorkshire are into the final years of their contracts (albeit with scope to re-new), part of delivery, scaling-up and growth is keeping a firm eye on sustainability and future funding.

There are lots of exciting opportunities out there for Tribe, where it can make a difference and have an impact. We're looking at lots of different areas and issues, including in different countries. There may be opportunities for grants, but I think our focus should be more on building our client base, especially amongst Integrated Care Systems. Having a strong evidence base, where we can demonstrate delivery and impact will be important to help us grow beyond the life of the UKRI and current funding.



Community of practice?

Some local area stakeholders suggested creating a type of informal community of practice amongst current and interested customers and stakeholders. The aim of this would be to share practice and learning, both about implementing Tribe as well as understanding and influencing the sector in general. In reality, some local partners are already speaking with each other. Similarly, if anything is created it would be relatively informal and ad hoc, and not overly engineered.

I've raised this before, but I'd quite like to hear from other areas to find out how they're doing and share our experiences, approaches and learning. As this is an innovation and we're early adopters I think it's important to have that sharing so we can learn from one another.

Next steps

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Next 12 months

The main theme within this end of year review is the importance of focussing on delivery and getting numbers through Tribe (without compromising on quality or the spirit of Tribe). This will allow the evaluation to generate case studies demonstrating proof of concept of Tribe and emerging outcomes and impacts, across the user journey and the different features of Tribe. Ultimately, this will help justify further investment in Tribe amongst current partners and support scaling-up and growth.

Alongside this, the evaluation will continue to conduct local area deep dives as required and when sufficient progress is made to warrant further evaluative activity in these local areas. The evaluation is also in the process of developing a 'predictive' model of the likely impact of Tribe based on its assumptions. Over time this model will become evaluative in nature as the assumptions are proven and evidence of impact generated. This model will help support Tribe's growth and will be a legacy of the evaluation. A prototype model is currently in development, albeit it has been on the back-burner while the end of year review and local area deep dives have taken place. It will now be prioritised.

There's a risk money will run out before we've made sufficient progress to justify further investment, such is the pressure on budgets currently. We're fine for the next year or two, but after that there will be issues, so we need to prove in the next year that Tribe works and is making a difference, even if this is at a small scale.



This year has got to be about delivery. We've done lots of planning, development and strategizing and this has to continue, but we need to start getting people through Tribe, testing those user journeys and use cases, and generating case studies of impact.

We're not too fixated on major changes and impacts at the start. It's more about practicalities and technicalities, about getting the systems and processes in place, dealing with any challenges and issues, and ironing out the kinks. But as part of that we need to show proof of concept, even if it's just a few case studies.

I feel like Tribe is primed to grow now, but we need to demonstrate impact in order to grow, and we need to deliver in order to demonstrate impact. So the sooner we can do this, the better it will help us scale-up.