WHAT DOES IT TAKE TO GO BIG?

Insights on scaling social innovation from the Centre for Social Action Innovation Fund

Carrie Deacon
OCTOBER 2016
The Centre for Social Action Innovation Fund (CSAIF) was a partnership between Nesta and the Cabinet Office. From April 2013 to March 2016, it supported 52 organisations to grow the reach and impact of innovations which mobilised people’s time, energy and talents to help each other, working alongside public services.

Acknowledgements

This report was written by Nesta’s Carrie Deacon with Vicki Sellick. We would like to thank colleagues at Nesta for their additions and review: Mandeep Hothi, Chris Norris, Julie Tran Graham, Catherine Russell, Annette Holman, Lydia Ragoonanan, Annie Finnis, Katy Rutherford, Lynette Lucas and Madeleine Gabriel, as well as the insights of Rob Pomfrett, David Knott and Katy Owen at the Cabinet Office.

We are indebted to all of the Centre for Social Action Innovation Fund innovations. Their ambition to scale to create real social change, and the hard work and determination they have shown to make this happen has changed lives across England. It has also provided a rich tapestry of examples of scaling social innovations, the insights and best practice which are captured in this report and that we hope will be of use to many.

All errors and omissions remain our own.

About the Cabinet Office Centre for Social Action

Since 2013 the Cabinet Office has invested more than £36 million through the Centre for Social Action to identify and accelerate the development and spread of high impact social action initiatives that complement public services and improve social outcomes. By 2020 Cabinet Office will invest £15 million in a further phase of the Centre.

About Nesta

Nesta is an innovation charity with a mission to help people and organisations bring great ideas to life.

We are dedicated to supporting ideas that can help improve all our lives, with activities ranging from early-stage investment to in-depth research and practical programmes.

Nesta is a registered charity in England and Wales with company number 7706036 and charity number 1144091. Registered as a charity in Scotland number SCO42833. Registered office: 1 Plough Place, London, EC4A 1DE.
## Contents

**Executive summary**

1. **Introduction**
   1.1 The potential of scaling social innovation
   1.2 The Centre for Social Action Innovation Fund
   1.3 What is social action and what part does it have to play in reforming public services?
   1.4 Our Theory of Change
   1.5 Relevance of learning beyond social action

2. **Four key elements for scaling social innovation**
   2.1 What do we mean by scaling?
   2.2 How did we support organisations to scale?
   2.3 Four key elements for scaling to go BIG

3. **Element 1: Scaling what works**
   3.1 Establishing a clear model and keeping its fidelity
   3.2 Evidencing that what you do works
   3.3 Thinking big from the start

4. **Element 2: Addressing the need and creating demand**
   4.1 Have clear and ambitious goals to meet a specific need
   4.2 Understanding how to reach new users when scaling
   4.3 Creating demand from a buyer (and having a model to meet that demand)

5. **Element 3: Finding the right route and approach to scale**
   5.1 Organisational growth approaches
   5.2 Licensing and franchising approaches
   5.3 Partnership approaches
   5.4 Replication through delivery networks
   5.5 Scaling via multiple models or other routes

6. **Element 4: Building capacity and capability to scale**
   6.1 Quickly acquiring the skills and capabilities to scale
   6.2 Don’t forget to grow your leader
   6.3 Scaling culture and ethos
   6.4 Establish great systems and codified materials to scale smarter

7. **A note on iterative innovation**

8. **Conclusions**
   8.1 Conclusions for innovations
   8.2 Conclusions for public services
   8.3 Conclusions for funders and intermediaries

**Endnotes**
Executive summary

Over the last three years, Nesta and the Cabinet Office have been on a mission to find and grow the best social action innovations that augment public services. The results have been promising. Through financial support, alongside advice, connections and networks, all of the innovations have grown the number of volunteers they work with, geographies they operate in and crucially, the number of people the work is designed to improve outcomes for, be that children doing better at school, people returning to work or patients managing their long-term conditions more successfully.

The work allows us to point to promising examples now available across England, which we hope will allow social action to be viewed as something which can operate at scale and not just locally or on the fringes as a ‘nice to have’. For example, because they have scaled, any school can now request a Code Club, any local authority a Shared Lives Plus caring scheme, any Ambulance Trust a GoodSAM first responder scheme, any GP surgery a Breathe Easy group, any job centre a CIPD Steps Ahead mentor, any Prison Governor a User Voice Council and so on.

This paper complements our overview of the fund People Helping People: Lessons learned from three years supporting social action innovations to scale and specifically hones in on the lessons and insight about scaling. Scaling social innovation is a long-term interest for Nesta, having previously published In and Out of Sync and Making it Big: Strategies for Scaling Social Innovation on this topic, and our analysis builds on this research base. The innovations we worked with across the Centre For Social Action Innovation Fund (CSAIF), were of different sizes, working in different sectors with different public services. We hope therefore that the lessons will be relevant to all social innovations, not just those working in social action.

Our analysis of over 50 innovations trying to scale over three years, suggests four key areas every scaling innovation must get right to succeed:

1. **Scaling what works** - the best had a plan to ‘go big’ from the start, valued the feedback and intelligence that good evidence gave them about where to place emphasis in their innovation and quickly codified the core of the model, keeping its fidelity in scaling to ensure that impact on the ultimate beneficiary was not compromised.

2. **Addressing need and creating demand** - the best were relentless in their ambitions to improve lives for the beneficiaries, setting clear goals and creating multiple pathways to reach new users. They also had clear referral routes through public services, creating demand for their innovation and thus a clearer pathway to scale and sustainability.

3. **Finding the right routes to scale** - the best purposefully analysed which scaling route and approach was best for their innovation, be that a combination of:
   a. Organisational growth which might happen incrementally organically.
   b. Licensing and affiliation to bring new delivery vehicles for a codified model.
   c. Growth through partnerships such.
   d. Replication of the model through delivery networks.
4. **Building capacity and capability to scale** - by investing in new skills that growing innovations might need (like marketing and business development), continuing to engage leaders in learning and taking advice from new sources and by making the most of playbooks and digital technologies to make copying and operating in multiple locations easier and more effective.

Scaling social innovation is rarely a simple proposition. Although there is an increasing amount of theory around effective scaling of social innovations, there are too few accounts of the experimentation, hard work, systems, processes, business models, relationships, and continued changes that it takes to scale an innovation. This paper is intentionally littered with case studies, stories and real-world insights of the experiences of our over 50 innovations, which we hope is a rich resource.

We also hope that by sharing these learning insights from innovations who are taking on the challenge of making it big, other innovators and those who support innovations (commissioners, funders and policymakers) will be better able to develop strategies and create the conditions to enable more innovations to scale.
1. Introduction

1.1 The potential of scaling social innovation

“What nearly every problem has been solved by someone, somewhere. The challenge of the 21st century is to find out what works and scale it up.”

Bill Clinton

Too many great social innovations start small and remain small. Whilst many challenges call for very localised responses by local people - like keeping an eye out on isolated older neighbours - plenty more could be better tackled by spreading solutions that work to new areas and scaling them up. From apps to deploy first aiders, to tutoring models that get results for students taking exams, to top-notch peer support for those with lung conditions to manage their health and wellbeing, we have seen the potential of scaling great ideas. Yet too often in the sphere of social change there is a glaring gap between the size of the demand or need, and the solutions on offer. Examples of social innovations which have grown and scaled remain too thin on the ground - too difficult is the gap to bridge between operating in one or two geographies and many - and so social innovations remain marginal. Fascinating yes, inspiring yes, but not big enough to really be recognised as household names or change the way public services or private commerce are run.

This is particularly true of social action innovations - which mobilise people power to augment public service delivery, for example through social prescribing, community asset ownership, caring or mentoring. Although there is much talk about the disruptive power of innovation, the reality for many social innovations is that it can be impossible to become a viable alternative in the face of the dominance of mainstream public services delivered by the state. Often new models or approaches, especially those created from outside public services, are viewed as outliers or ‘nice to haves’ and simply remain on the periphery.

As we have argued in our previous publications on scaling, *Making it Big: Strategies for Scaling Social Innovation* and *In and Out of Sync,* we think that more support is needed to help social innovations bridge the gap from the periphery to the mainstream. There needs to be funding to develop the capacity and capabilities of innovations to get them ready for scale, better support for innovations to demonstrate evidence of impact, better ways to learn from successful ventures that have scaled, and increased awareness of alternative models to organic growth such as franchising and licensing for example. This report explores the experiences of over 50 innovations from the Centre for Social Action Innovation Fund (CSAIF) and ‘what they needed to get big’, in the hope that many more of the most promising social innovations can bridge the gap from the margins to the mainstream.
What does it take to go BIG?

1.2 The Centre for Social Action Innovation Fund

In 2013 Nesta launched the Centre for Social Action Innovation Fund (CSAIF), a partnership with the Cabinet Office to find and grow social action initiatives which mobilise people’s time, energy and talents to help each other, alongside public services.

But the work does not end there. Having built their evidence base, organisational infrastructure and capacity, partnerships and networks, many of the innovations are now on an accelerated path of scale, and the true extent of their growth is only likely to be realised in the next three to five years. We hope that at least some might go on to work across England, or even become household names, blazing a trail for other innovations which work alongside public services, to follow.

Steps towards making it Big

With the support of the Centre for Social Action Innovation Fund innovations have scaled from...

<table>
<thead>
<tr>
<th>Smart Works</th>
<th>Code Club</th>
<th>Good Gym</th>
<th>Body &amp; Soul</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>number of sites</strong></td>
<td><strong>number of young people coding</strong></td>
<td><strong>number of older people supported</strong></td>
<td><strong>number of young people living with HIV/AIDS supported with digital social action</strong></td>
</tr>
<tr>
<td>2014: 2</td>
<td>2014: 24,000</td>
<td>2014: 349</td>
<td>2014: N/A</td>
</tr>
<tr>
<td>2018 (on track for)</td>
<td>2018 (on track for)</td>
<td>2018 (on track for)</td>
<td>2018 (on track for)</td>
</tr>
</tbody>
</table>

- Together we invested more than £14.5 million supporting 52+organisations to grow the scale and impact of their work to improve outcomes for those with long-term health conditions, older people, job seekers, parents, young people, hospital patients and communities.

- Secured more than £18 million through further investment and commissioning directly in the lifetime of the Fund.

- Increased the quality of their evidence, helping them to understand if they create impact and how.

- Improved their organisational capacity and systems, laying the foundations for further scaling.

- Increased the quality of their evidence, helping them to understand if they create impact and how.

- Together we invested more than £14.5 million supporting 52+organisations to grow the scale and impact of their work to improve outcomes for those with long-term health conditions, older people, job seekers, parents, young people, hospital patients and communities.

- Secured more than £18 million through further investment and commissioning directly in the lifetime of the Fund.

- Increased the quality of their evidence, helping them to understand if they create impact and how.

- Improved their organisational capacity and systems, laying the foundations for further scaling.

- But the work does not end there. Having built their evidence base, organisational infrastructure and capacity, partnerships and networks, many of the innovations are now on an accelerated path of scale, and the true extent of their growth is only likely to be realised in the next three to five years. We hope that at least some might go on to work across England, or even become household names, blazing a trail for other innovations which work alongside public services, to follow.
1.3 What is social action and what part does it have to play in reforming public services?

Whether we call it formal or informal volunteering, giving, social action or simply ‘people helping people’, spending some time in the service of others is a deeply ingrained part of our culture. We believe that social action has a key role to play in augmenting and reforming public services, from community networks supporting older people to live well and peer networks for people living with long-term health conditions, to local people supporting young people in their communities to navigate job and training opportunities.

In *People helping People - the Future of Public Services*, we outlined the case for scaling social action alongside public services. Rising demand and resource constraints makes redesigning public services imperative. There is a long tradition of people helping people in the UK, but there is the potential for far more to be done. What is needed are more open public services that make the most of both the skills and time of high quality professionals and the skills and energy of local people to change lives.

We believe there are many compelling reasons for doing this: it would increase the resources available to achieve social goals; give public services access to new knowledge and expertise; reach people and places that public services cannot reach, leading to a fundamental change in the way we respond to social needs and challenges; and, create better services with reciprocal value for the people who give their time.

This is an ambitious agenda - so many public service reforms come and go, but just a few manage to create a new normal. Whilst there are now a good number of examples of social action creating impact, there are fewer examples at scale, embedded within or alongside public services.

In establishing the CSAIF we felt that a more concerted effort was needed to find the most promising social action innovations and to support them to become as much a part of life as school governors, the Territorial Army or Special Constables.

1.4 Our Theory of Change

The work of the CSAIF was predicated on four main assumptions:

- Firstly, that there were innovations already developed, which offered great potential to some of the biggest challenges facing public services, but that far too many of these innovations were not yet meeting their potential. This assumption was made based on our work over a number of years, including Creative Councils, People Powered Health and Innovation in Giving Fund, as well as research into the current social action market.

- Secondly, that there was emerging demand from public services for innovations that worked alongside them to embed people helping people solutions that sought to tackle some of our biggest challenges. There has been growing support among politicians and public servants for the idea that citizen participation should be central to public services. However, what was not yet present was a large-scale cultural shift and change in attitudes towards the role of public services and perceptions about how public services should act. With the growing recognition that demand for public services would outstrip supply, we believed there was an important opportunity to shift this culture.

- Thirdly, that there was a gap in the ecosystem of funders and investors in supporting organisations to scale their innovations. Whilst many backed early-stage ideas, others the continuation of local work, and others use loans and investment to scale enterprises with a potential return on investment, few were supporting social innovations to make their first steps in scaling, particularly to new geographies.
And finally, that innovations needed better support to measure and demonstrate their evidence of impact in order to know what works, as well as convince others to buy, commission or partner with the innovation going forward and thus scale to new areas.

1.5 Relevance of learning beyond social action

The CSAIF focused on supporting innovations to scale proven models of social action alongside public services. The innovations operated in a range of different fields from health to employment, justice to education. They were of different sizes and at different points in their development journeys. This offers a rich vein of examples and insights for other social action innovators and the public services wanting to integrate their work into their offer.

But its relevance doesn’t stop there. Whilst the organisations we focus on are not representative of all social innovations, there are lessons and insights which are of broader interest for all social innovations considering scaling.

It is worth noting that this report and the CSAIF focused on intentional scaling, via formal routes in a limited timeframe. In other contexts innovations can also scale through more informal approaches, letting word of mouth build demand and being opportunistic about where to go next. This is not covered here, but our previous publication, Making it Big, outlines good examples of a wide range of scaling routes.
2. Four key elements for scaling social innovation

2.1 What do we mean by scaling?

Our previous two publications *In and Out of Sync*\(^1\) and *Making it Big*\(^2\) examine in detail what scaling in the social innovation field looks like, as well as strategies and approaches to really make it happen. They also highlight that a wide variety of terms are used as a metaphor for growth. Other terms used for growth include diffusion (actively promoting an idea in the hope that others will take it up); replication (copying); and proliferation. There is debate as to whether ‘scaling’ really reflects the process of developing social innovations, especially as it is a term borrowed from manufacturing, which is seen to imply standardisation and achieving economies of scale.\(^3\) Scaling is the term used throughout this report, and most closely reflects the variety of approaches and experiences of the innovations from across the Fund.

As we outline in *Making it Big*, scaling social innovation primarily refers to increasing the number of people who can benefit from the innovation. It can also be used to describe how innovators build on and add to social innovations in order to have more impact on a target population or social issue. The CSAIF innovations scaled by increasing the quantity of people benefiting, and in some cases they also worked to increase the depth of the impact (that is increase the quality or level of benefit).

Nesta’s seven stages for innovation
We see scaling as a distinct phase in the development of social innovation. This is because the skills needed and activities involved are often different from those required at other stages in the life of an innovation. In practice, some social innovations start scaling early on. Social technology innovations for example often aim to increase their reach and scale rapidly, whilst still developing their products and business models. Other innovations grow their impact steadily over time, whilst others may stay at a small scale for years before actively embarking on a strategy to expand reach.

The CSAIF innovations included a range of organisations and partnerships of different sizes and maturities, from local authorities and large long-established charities, to startup social enterprises. But the majority of the innovations that were scaling (whether a new innovation, or an adaption of a previous form of the innovation) were less than six years old at the start of the Fund.

2.2 How did we support organisations to scale?

In order to scale promising social action innovations, alongside public services, two types of strategies were used by the Innovation Fund:

**Model 1: Supporting the scaling of the most promising innovations in priority areas**
What does it take to go BIG?

The CSAIF identified a number of key social challenges where there was a plausible account of how social action (for example tutoring, mentoring, coaching, caring, sharing etc.) can make a difference to core public service outcomes (like a child’s attainment at school or a patient’s health), and where it appeared that the solution was under-utilised by the existing approaches of public services.

Open calls for innovations sought out the best innovations in the market. In total, 39 individual innovations were supported to scale, each with their own bespoke scaling strategy and approach. Each innovation was provided with financial support to scale and evaluate their work in the form of a grant, and significant non-financial support including: mentoring from other ventures, connections and networks to buyers and commissioners, peer support from others in the cohort, specific training and expertise in certain skills, as well as advice from the Nesta team and our evidence partners TSIP.

For many of the innovations this was their first expansion to a new city or region. For example, North London Cares replicated for the first time, creating South London Cares. This involved new staff, structures, partnership and ways of working. For others this was about new partnerships and relationships to reach many more people. For example, British Lung Foundation, developed partnerships with a range of PCT and local healthcare providers, to integrate their new Breathe Easy Group Models, improve the quality of outcomes and reach many more people. What united the individual innovations was a drive to scale, and a plan that was intended to be a game-changing move for the growth of their impact and reach.

Model 2: Direct Replication

The CSAIF also established two direct replication Funds to directly influence the development of two forms of innovation - Helping in Hospitals and Cities of Service. These programmes were created to grow leading examples, where social action was already galvanising a public service, and were efforts to deliberately bridge the gap between a good idea, and the uptake of implementing the innovation. Both programmes aimed to incentivise public sector bodies to replicate a specific and well-evidenced model in their own context (where often there is little incentive to do so).

CITIES OF SERVICE
Cities of Service is a model developed in the US, which is successfully mobilising thousands of volunteers to improve their city one task at a time, with impressive and direct results. Today, the Cities of Service coalition includes more than 170 mayors, representing nearly 50 million Americans.

Nesta and the Cabinet Office wanted to replicate the Cities of Service Model in the UK, to test whether its core principles would be a powerful model for reforming UK public services to make the most of social action. Through a competitive application process, seven local authorities were selected and funded to adapt and implement the Cities of Service model in their own city or town, to mobilise local people to work with paid professionals to meet their city’s most pressing needs.

Our publication Cities of Service UK: Capturing the skills and energy of volunteers to address city challenges, describes the approaches, impact and key lessons for cities in the UK. The specific scaling insights from the replication have been included in the analysis within this report.

HELPING IN HOSPITALS

In 2010, King’s College Hospital (KCH) transformed the way it deploys volunteers. It asked staff what they would like to do for patients, but don’t have time to do. As a result the hospital started deploying volunteers in more frontline roles - welcoming patients, guiding them around the hospital, providing comfort, support and reassurance in wards, sitting with them and holding their hands during operations. Volunteers also help with open days and collect patient experience survey data. The model proved to be a great success. Staff saw how volunteers added value rather than replacing paid staff, volunteers enjoyed the work and patients felt comforted and connected. They found that patient satisfaction was 3.34 per cent higher amongst patients who had interacted with a volunteer than those who hadn’t.

Inspired by this work, we established Helping in Hospitals, inviting other hospitals to replicate the best of the King’s College hospital volunteering model, create new impact volunteering roles which made a direct difference for specific patient outcomes and robustly measure evidence of impact. We received 32 applications and selected six hospital trusts for the programme.

The approaches the hospitals took and their learning from implementation is outlined in Helping in Hospitals: A guide to high impact volunteering in hospitals.
2.3 Four key elements for scaling to go BIG

In *Making it Big* we highlighted the case for more active and deliberate scaling strategies, rather than simply hoping others will pick up on the innovation. All of the CSAIF innovations developed a specific scaling plan and were supported over 18-24 months to implement it. Reflecting on the journeys of each of the 50 plus innovations we supported, we found that if an innovation is to ‘go big’ and scale it needs to successfully manage four key elements:

- Scaling what works
- Finding the right route and approach to scale
- Addressing need and creating demand
- Building capacity and capability to scale

This report explores these four elements in more detail in the following chapters, drawing on the successes of the innovations we backed as well as the practical challenges and dilemmas they faced.

These four elements are by no means a conclusive blueprint for success, nor should they be. If anything these insights and lessons highlight the need for an experimental approach to scaling, as innovations assess their scaling options, navigate their context, and explore what it will take for them to scale. We hope the lessons outlined will provide insights and act as a challenge to innovations hoping to scale, as well as those who support, commission or fund innovation.
What does it take to go BIG?

3. Element 1: Scaling what works

‘You don’t scale an innovation - you scale what works’
Ivo Gormley, GoodGym

It may sound obvious, but the most successful innovations know their model inside out. They know which parts of their innovation make the greatest difference to users or beneficiaries, and which don’t. They know which elements are reliant on a certain context or staff member and which can be replicated anywhere, and they’ve got a realistic proposition to make all elements of the model work in the future. The best can then scale what works.

Although innovations may not have all of this information on day one, we found an important determinant in successful scaling was quickly establishing through deliberate experimentation:

- A clear model, and keeping its fidelity.
- Evidence that what you do works.
- The plan to go big from the start.

3.1 Establishing a clear model and keeping its fidelity

All innovations need a founder, an inventor, a first team. As they move to scale, new personnel may be brought in to lead the work in new locations or contexts. At this point it is critical to establish a clear model of delivery and to scale this model with fidelity.

This is easier said than done. New contexts bring new challenges, new personalities, new funding opportunities, new pressures and perhaps even new types of users. It can be easy to let a thousand flowers bloom and for models to grow in content and complexity in a desire to make the most of opportunities and reach many more people, but which can ultimately get in the way of impact and cost-effective scaling.

We found that the most successful innovations were able to segment their scaling into two distinct phases:

- A time to quickly test, learn and adapt the innovation, and be open to feedback and evidence. This can be an uncomfortable or challenging process of testing assumptions, understanding the influence of the individuals who had shaped and delivered the work to date, examining the culture of the organisation, and being open to new ways of doing things.
- A time to then ‘lock down’ core elements of the model which have impact and can be replicated (in new contexts or with new users), and focus on scaling it.

This does not mean the model cannot be further iterated or improved in time. We found however, that the most successful innovations honed their model through evidencing what worked, and removing unnecessary complexity, so that they were then able to scale the core model with confidence, before opening out again to new suggestions and iterations.
**CASE STUDY**

**Action Tutoring - anchoring the fidelity of the model in a curriculum**

Action Tutoring tackles educational disadvantage by offering tuition for pupils who need extra help with GCSE English or maths, working with high quality volunteer tutors. The service is completely free for pupils and schools pay a contribution towards it with the remainder of costs met through fundraising.

When Action Tutoring first started growing, it supported volunteer tutors to select a variety of materials, which suited them to support pupils to improve academically. This worked well for a time, but as the charity began to grow it quickly realised that to make the biggest impact on attainment and to ensure the model was easy for new volunteers to adopt, it needed to develop a much more structured tutoring curriculum.

Working with English and maths specialists, it developed a curriculum for tutoring sessions tailored at borderline pupils. Uptake from schools for this structured resource was high and feedback from volunteers was also very positive, as it minimises the amount of preparation they need to do and gives them added confidence that they are working on the right areas. Following a consistent curriculum in every school also means Action Tutoring can track progress of individual students much more readily, taking a baseline and termly assessments of their progress and aggregating the results to demonstrate evidence of impact.

**CASE STUDY**

**Vi-Ability - taking the personal out of the model**

Vi-Ability is a social enterprise that works to help young people to develop their skills and find work, whilst supporting community sports clubs to become financially sustainable. Their eight-week training and volunteering programme introduces young people to commercial management of sports clubs, whilst supporting them to make a positive difference to their local community through social action.

Following a few years of successfully running their programme in a number of areas of Wales, the CSAIF supported Vi-Ability to replicate their work in London. But they quickly encountered some problems.

Vi-Ability’s programme was delivered by a small team in Wales. A new team was recruited to implement the programme in London, who were trained and given the delivery materials. However, it quickly became clear in delivery that the transformative experience that they wanted to deliver, was not simple to replicate. The inspirational elements that were core to the model, were not things that could be written and performed but relied on personal characteristics of the team, and were drawn from practical experiences. Much of the model also drew upon the many personal relationships that had been established in Wales, which would need to be created over time in the new context.

Vi-Ability undertook an internal review of their model and determined the key ingredients which they felt should be delivered in any context to make a transformative impact on young people’s job prospects, such as building strong lasting relationships with employers, and ensuring that trainers developed strong, empathetic relationship with young people. This refinement has helped make it clearer to know what needs to be in place for scaling to new locations outside of London and Wales.
3.2 Evidencing that what you do works

“Evaluation has become central to our operations, particularly proving our impact. We are committed to embedding this mentality in everything we do, to inform the decisions we make, and how we expect our licensees to work”

Kate Stephens, Smart Works

We found that the most successful innovations made evidence a core part of a scaling approach. They used evidence to make better decisions about where to focus limited resources, to convince others to become volunteers, users or buyers, and to make decisions about how to scale and with whom.

We worked with all of the CSAIF innovations to develop their evidence of impact, and therefore to progress on the Nesta Standards of Evidence.24 Our approach to evidence was founded on the belief that as innovations scale, they need to have increased confidence that the work is having a positive effect, and that good evidence would also enable greater scale through increased confidence and demand for the innovation from users and buyers. A more detailed analysis of the approach we took to improving evidence can be found on our online social action evidence base,25 alongside the Final Evaluation of the Helping in Hospitals programme.26

CASE STUDY

British Lung Foundation - using evidence to win new partners and scale

CSAIF supported the British Lung Foundation (BLF) to transform its peer support network of Breathe Easy Groups, integrating these groups into local health services to support people to self-manage their care.

In 2011 BLF piloted a new approach to support people through its Breathe Easy Groups, working in Stoke-on-Trent. The early-stage evidence showed positive impact on people affected by lung conditions. And as it was scaled into new localities in partnership with CCGs, hospitals and other local healthcare providers, British Lung Foundation collected evidence of:

• How public services received the model - they reported that they found it relatively simple to adopt in new areas, because the model clearly considered their work and needs.
• Impact on outcomes - which showed that:
  • People living with a lung condition who attended a Breathe Easy Group had significantly greater quality of life at six months compared to people who did not attend a peer support group.
  • People attending Breathe Easy Groups had significantly greater levels of self-efficacy (CSES), which was maintained throughout the study, than people who did not attend a peer support group.
  • It was more common for people who were members of a Breathe Easy Group to remember their medication when travelling and take their medication regularly, even their symptoms feel under control, compared to people who did not attend a peer support group.
  • People attending Breathe Easy Groups maintained well-being throughout the study whereas there was a decrease of 12 per cent for those who did not attend a peer support group.

BLF found this evidence smoothed the way for rapid scaling in other areas. For example a Community Services Commissioning Manager in East Lancs CCG said “We have valued using methods that have been tried and tested and can show impact so that it doesn’t waste time and resources”.

[Image]
What does it take to go BIG?

CASE STUDY

Access Project - using evidence to improve the model and its impact

Access Project tackles educational disadvantage by offering free tuition for students who need extra help with GCSE English or maths, working with volunteers.

Access Project already gathered a range of evidence themselves, but wanted to better understand the impact of their tuition on students’ progress in each of their schools. With support from CSAIF they commissioned NIESR to evaluate impact via comparison groups.

They learned that whilst they are making a significant impact in most schools, there were a few where impact was less strong. They used the evidence to understand where they were having less impact and why. For example, they had less impact in schools that they have been working with for less than two years.

As a result, they went back to the drawing board and started thinking about what these findings meant for the programme design, in terms of how they could improve the school on-boarding process to ensure they launch the programme more effectively and reach better outcomes in the first year. This involved:

- Developing a better process to advertise the programme to school staff and students before they enter school.
- More clarity around the student enrolment and recruitment calendar for frontline staff.
- Better management of school expectations with regards to first year impact.
- Ensuring they are working with the right students in the right schools.
- Developing processes to decide, with the school, the group of students it should be focusing on in terms of both need and potential impact.

3.3 Thinking big from the start

Too few innovations think big enough. The CSAIF received over 1,400 expressions of interest from organisations looking to scale their innovation. Many had been developed without sufficient consideration of scale, and designed in ways that removed the possibility of being able to scale beyond their current operation without starting from scratch. Too many innovations are developed to be too context specific, too complex or sophisticated, or too costly to scale.

We found that the most successful innovations had considered how they could scale leanly and with fidelity from the start. Continually adding to the model or approach is an easy habit to fall into as we build and scale innovations. But introducing complexity or new features that may or may not add value, can pose a real challenge to its replicability and scalability.
What does it take to go BIG?

Not all innovations can be enabled by a digital platform, but those that can make good use of apps, websites, virtual training or meetings and more are at a natural advantage in being able to scale quickly and cheaply, for example by quickly on boarding new volunteers or beneficiaries. Thinking digital by default or even augmenting face-to-face interventions with digital elements when developing a model can make scaling much more feasible.

CASE STUDY

GoodGym - lean experimentation to hone in on a model that can scale easily

GoodGym encourages volunteering by channelling the energy that people spend on exercising and turning it into positive social action.

Between their launch in 2009 and being awarded a CSAIF grant to scale in 2014, GoodGym experimented with many different models of delivery. They used lean experimentation to test approaches quickly and cheaply, responding to emerging needs.

For example, runs were initially going to focus on pairing older people (the coach) and runners. However, due to the delay in completing DBS checks, they began ‘group runs’ to capture people’s commitment and do good in the community, before they could be paired. These group runs proved more popular than the pairing, and so they made it the core of their model with runners running to a local charity or park to volunteer shifting soil, cleaning or painting, then running home. This model of group runs was also easier to administer and had lower set-up costs, making the model easier to scale. The most committed volunteers are also paired with an isolated older person (referred to as their coach).

GoodGym’s lean experimentation means they have been able to scale rapidly with the support of CSAIF, doubling in size year-on-year and involving over 3,000 runners in volunteering.

CASE STUDY

UMotif’s 100 for Parkinsons - using an app to get thousands of volunteers to give their data

uMotif is a company which builds software platforms that puts people at the heart of their own management of long-term health conditions. As part of the CSAIF, uMotif developed the ethics-approved study 100 For Parkinson’s to pioneer a new form of social action – the collection and donation of data by patients and the public, to improve the understanding, treatment and self-care of Parkinson’s Disease.

Data has the potential to enable better self-care and clinical treatment for people with long-term conditions, especially when it’s collected in big volumes. However, reaching large numbers of people through traditional clinical research routes is expensive and time consuming. uMotif’s platform allows data to be collected at a scale that was previously unprecedented, using something that people already have in their hands every day, their own smartphone. It gives people who want to contribute, the ability to participate no matter where they are in the country. The project also wanted to transform the one-way information flow of traditional research, by sharing data back with participants as the study progressed and engaging them in the discussion about what was important for them to learn for themselves and for the people with Parkinson’s.

By using digital to scale, uMotif has already mobilised 4,005 people to track their health for 100 days, and share their data. But the project won’t stop there. The plan is to host the final data set on the Synapse platform so that scientists can continue to access the data to power their own research.
CASE STUDY

Get Connected - using digital to deploy volunteers remotely

Get Connected (now part of The Mix) is the UK’s helpline for under-25s who need help but don’t know where to turn.

Through the CSAIF they created a digital platform for volunteers to give their time when and where they choose - answering calls from young people and 'live chat' on the website from their own home, or office. Previously

Innovations created outside of ‘the system’ (in our case public services) can struggle to move from the periphery to informing and shaping mainstream delivery. Whilst in some cases it is critical to challenge the status quo from the outside, many of the CSAIF innovations wanted to influence, change, work with or piggyback on public services such as local authorities, prison services, schools or local healthcare providers. Designing in a clear relationship with, or alongside the mainstream can be critical to designing in scale early. For example CIPD Steps Ahead took referrals of unemployed young people from Jobcentre Plus and British Lung Foundation designed peer support groups for people with lung conditions that would form part of a hospital discharge package. And whilst GoodSAM, an app to alert first aiders to cardiac events, already existed it knew it could only effectively scale if it was part of a 999 response working alongside skilled professionals.

CASE STUDY

GoodSAM integrating with London Ambulance Service call handling centres

GoodSAM, is a mobile app that alerts trained responders (e.g. off duty doctors, nurses and paramedics) to nearby life-threatening emergencies. Though thousands of Londoners are trained in first aid, most first aiders can only help in a crisis if they happen upon an incident.

London Ambulance Service recognised that if more first aiders knew there was an incident happening nearby, they might be willing to find a defibrillator and give CPR, whilst an ambulance was on its way.

They partnered with GoodSAM to integrate their technology into their call handling centre. Now when a 999 call is received in London, if it is a cardiac event, London Ambulance Service immediately deploys BOTH an Ambulance with trained professionals and an alert to all first aiders in the vicinity asking if they can help. First aiders are alerted via their smartphone which shows them the location of the incident and the nearest defibrillator.

By working together they have integrated the technology directly into a public service, rather than GoodSAM operating only as a ‘nice to have’ for a passer-by in the know who might think to ring 999 and ask for a first aider on an app.

Following a successful partnership with London Ambulance Service, GoodSAM is now working with East Midlands Ambulance Service and the North West Ambulance Service to integrate the technology in their call handling centres.
What does it take to go BIG?

Before you scale

<table>
<thead>
<tr>
<th>What are you going to scale?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ What evidence do you have that it works?</td>
</tr>
<tr>
<td>☐ What is fundamental to making it work?</td>
</tr>
<tr>
<td>☐ Who will pay for it?</td>
</tr>
<tr>
<td>☐ Who will benefit from it?</td>
</tr>
<tr>
<td>☐ How does it fit with what is already available?</td>
</tr>
</tbody>
</table>

As you scale

<table>
<thead>
<tr>
<th>Does the innovation still work?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Are you making an impact?</td>
</tr>
<tr>
<td>☐ How confident are you in your evidence?</td>
</tr>
<tr>
<td>☐ What elements are working and what could be improved?</td>
</tr>
<tr>
<td>☐ What do users/partners/customers think?</td>
</tr>
<tr>
<td>☐ How might the innovation need to adapt?</td>
</tr>
</tbody>
</table>

Questions to ask: Scaling what works

(Images: GoodGym, UMotif, Get Connected)
4. **Element 2: Addressing the need and creating demand**

We found that the organisations that were most successful in scaling had a crystal clear view of the difference in the world they want to make for people. They also recognised that a grand vision was only one small part of the puzzle, that needed to be partnered with a detailed understanding of the problem they were seeking to address or opportunity they are seeking to exploit and who, specifically, will benefit from their work.

For some a model of scale emerged easily - find more users (beneficiaries and/or volunteers) or sponsors willing to pay for the service, but for most innovations to scale they needed to convey their understanding of the demand from people to a public service partner who would commission the service because of the impact it would have on a public service outcome in their field (for example a reduction in loneliness and isolation amongst older people, or an increase in the number of people far from the labour market going on to find work). Scaling through either route requires demand from a ‘buyer’ and a model to meet this demand.

In our experience of working with the 50 plus projects, we found the best innovations scaled because they had:

- Clear and ambitious goals to meet a specific need.
- Knew how to reach new users/beneficiaries.
- Created demand from a buyer (and had a model to meet that demand).

### 4.1 Have clear and ambitious goals to meet a specific need

“There have been times when things have been more challenging, and it would have been easy to go off track, but focusing on our goals, where we were trying to get to, and what we had to hold strong about and why, made a world of difference”

VIY

Innovations which were deliberate in their ambition were the most successful in scaling. A clear plan can act as a signal to staff, volunteers, partners (and others) of the intentions, and drive everyone forward with purpose.

If scale is really going to happen, innovations need to relentlessly pursue these goals, and not get caught in the blowing of the wind. Many of the innovations we backed reported that as reputations grew and success began, new opportunities came forward thick and fast. There can be diversions to new fields, new users, and areas where there may be money but were perhaps not aligned with their core purpose or where their model had evidence of impact. This can be exciting, and for innovators and teams more attracted to the generative side of innovation, very difficult to resist. But it can be all too easy to lose track of the needs you were trying to address - that is, what you are trying to scale and why.
“When good things are happening, it is easy to have your head turned by opportunities that arise. But these opportunities may not help you drive forward and create the impact that you are working for. If it doesn’t help us grow what we are doing directly, we can’t afford to lose our focus. If it was meant to be, we can come back to this new opportunity, once we have time. Otherwise we can’t spend our time trying to be everything to everyone, and not actually achieving anything”

Code Club

CASE STUDY

The Cares Family - being confident about what you do, even when that may mean turning away from funding to focus on the primary goals

North London Cares and South London Cares are sister community networks of young professionals and older neighbours, hanging out and helping one another in a rapidly changing city. Through social clubs, one-to-one friendships and a pro-active outreach programme, the Cares Family’s work seeks to reduce isolation and loneliness amongst older people and young professionals alike; to improve confidence, skills, resilience and connection so that all participants can better navigate the modern world; and to bring people together to reduce the gaps across social, generational, digital, cultural and attitudinal divides.

Although the Cares Family’s work shows positive benefits to people’s health, the charities do not see themselves as a formal part of the healthcare or social services systems. Young professionals do not make life liveable for older neighbours by washing, feeding or clothing people; rather, they make life worth living by connecting them to new relationships, experiences and the dynamism of their changing city. Their focus is squarely on social interactions, rather than social care.

The Cares Family have made a deliberate decision to not pursue primary healthcare funding opportunities, as they felt they are often linked to immediate health needs or short-term health outcomes. Instead they seek to challenge mainstream healthcare systems to consider the role of prevention and early intervention.

Concentrating on the needs of their communities and who the Cares Family is for, has enabled them to be clear about what they will and won’t do. North London Cares and South London Cares have now built a community of 5,000 older and younger neighbours, raising money collectively through a pro-active, people-driven approach and building over 125,000 interactions across social and generational lines to date.
To help each innovation focus on a single or small number of needs, we supported each to develop (or refine their existing) Theory of Change. A Theory of Change identifies the ultimate goal or difference you want to make in the world to a specific outcome. It then visually plots how each of the activities in any project will work to create change towards this outcome and any assumptions made. This tool can help test the logic of a service or approach, and see if any elements of the work are not contributing to the ultimate goal. These types of approaches can help innovations abandon or de-prioritise activities or elements of their work that are not directly supporting the specific outcomes or goals.

**CASE STUDY**

**Smart Works - using a Theory of Change to de-prioritise the ‘nice to have’ and go back to the core**

Smart Works is a UK charity that helps unemployed women back into the workplace by providing high quality interview clothes, styling advice and interview training. Smart Works aims to give women the confidence and the tools they require to succeed at interview and achieve their employment goals.

Over a number of years alongside their core model, and in an attempt to help people who were not immediately successful in their interviews, Smart Works had set up a range of workshops and ad hoc events to also support women back into the workplace. A number of their corporate partners had offered to provide opportunities to run sessions that drew on the expertise of their staff. After examining the Theory of Change, the CEO decided to strip back these additional services to prioritise what they knew they delivered effectively and made an impact to the employment outcomes. Whilst providing additional routes to support women back into work, it was not a consistent methodology, and for a small team was absorbing time without showing clear impact. Instead, Smart Works concentrated their time on scaling their core model, and established referral partners who can give more appropriate support for the circumstances of the individual client.

4.2 Understanding how to reach new users when scaling

It is often easy to reach the first set of users - grow something in one location you know well, work with one or two pioneering partners in schools or GP surgeries for example. In the early days of an innovation’s journey to grow, word of mouth can be enough.

But serious scale requires much more effective ways to reach many more people. It is easy to assume that if the innovation is great, then people will come and find it. And for a fortunate few this will be true and they can spread rapidly and organically. We found that for many of the social action innovations we backed to scale it was far harder, whether it be making the leap from 100 to 1,000 users or from 1,000 to 100,000.
It can take time to establish a reputation and earn people’s trust, or find partners to help you reach their audience. This was especially true for the innovations we backed helping people return to work, for example, where they needed to build a relationship with each job centre to be referred clients for volunteers to support. It was also true for health and ageing innovations. The most successful developed partnerships with GPs and hospital wards to gain direct referrals on discharge, or as part of a social prescribing model to manage long-term conditions.

**CASE STUDY**

Age UK’s Personalised Integrated Care Programme: Identifying and agreeing the right cohort who they will work with in partnership

Age UK’s Personalised Integrated Care Programme works to transform services and outcomes for older people living with long-term conditions in local areas. It works to shift towards preventative care that holistically meet the needs of older people, to enable them to regain and sustain their independence and improve their quality of life.

Through the experiences of scaling the model from Cornwall to other parts of the UK, the national Age UK team identified the need to tailor and adapt the model to ensure both strategic fit and local ownership. In order to achieve this, Age UK works in close partnership with leaders and practitioners from the NHS, social care and voluntary sector to co-design the model locally.

One of the key features of this co-design process is agreeing an approach to both identify and engage a target cohort of older people with long-term conditions, at risk of avoidable hospital admissions through predictive risk stratification. Once identified, GPs typically play a key role in engaging and referring older people to the local Age UK team. In identifying the cohort, the national team has encouraged a focus on a specific set of co-morbidities such as asthma, diabetes, stroke, dementia and heart disease based on a data analysis of the local health conditions driving hospital admissions. Local practitioners, particularly GPs (given their universal role), have been keen to extend the programme to others who could benefit locally, based on their direct experience.

A close partnership between the national and local partnerships has been essential to ensure shared understanding and commitment to those who the work can help, and ensure where there is variation, the focus on preventing unplanned hospital admissions amongst vulnerable older people remains central.

Some innovations needed to reach users directly. For some, the role local and national media played to create widespread awareness and connect with as many people as possible, was pivotal. GoodGym partnered with New Balance to run a series of prime-time TV adverts about ‘using running for good’ which sent thousands of potential users to their website. uMotif’s 100 for Parkinson’s app (which collects daily data from those living with Parkinson’s and a ‘healthy’ control group, using this donated data to improve treatment and self-care for Parkinson’s Disease) worked with a range of partners like Cure Parkinson’s Trust and Parkinson’s UK to reach thousands of people living with the condition and their carers, which complemented their recruitment strategy of reaching the general public through coverage from *BBC Breakfast* and *The Sunday Telegraph*. 
What does it take to go BIG?

4.3 Creating demand from a buyer (and having a model to meet that demand)

Scalable innovations need to provide value for money in relation to existing solutions and a viable approach that will sustain them. Many social innovations have inspiring visions for change, and are working towards laudable causes. But too few spend sufficient time and attention really understanding their market, business model and buyer.

Too many social innovations talk about scaling with an assumption that someone will be subsiding the costs. That is often true and necessary for the early stages of development, but at some point most innovations will need to get an identified buyer to pay the full value, or develop a demonstrably sustainable mixed model of funding streams.

This challenge is well understood in the field of social innovation. The most successful CSAIF innovations used their financial and non-financial support to deliberately find new buyers and sometimes to create incentives to draw buyers into an ongoing purchasing relationship for example through subsidising purchase rates in the first year. Diabetes UK for example worked with six CCGs through subsidised rates. Whilst Parents 1st and User Voice, had match funding provisions to subsidise and incentivise public service commissions, with the aim of getting repeat business at full cost once they had demonstrated their value.

We were also deliberate in the design of the fund to promote the role of buyers. All innovations were subject to significant due diligence to demonstrate demand from buyers and we often required match funding (from co-investors or buyers) and/or requirements for formal partnerships with other organisations.

In a few cases the innovations were able to scale because they experimented with new buyers - for example GoodGym realised it could diversify its income streams by taking commissions from local public sector buyers and asking volunteers to pay a small monthly subscription (see below for more detail).

CASE STUDY

GoodGym - experimenting to find the right mix of buyers and supporters

GoodGym encourages volunteering by channelling the energy that people spend on exercising into positive social action.

After spending time to find the most effective cost model, GoodGym experimented with who would be the buyer. They recognised that the outcomes they achieved would be significant for a range of departments within the local authority and CCG. However, expecting ongoing funding from these organisation would create risks and impediments to sustainably scale.

The team had been against considering charging runners, even on an opt in basis, but a number of their active runners suggested this approach. Over a period of months, they tested out what level of donation was good for the runners, but could also allow each local GoodGym to be sustainable after an initial investment.

Through a combination of corporate partnership income, grants, commissions and subscription fees from runners, GoodGym now have a business model which allow them to take payment from a number of different buyers (all of whom they have demand from), which has accelerated their trajectory of scale and enhanced the sustainability of each new GoodGym site.
CASE STUDY

Green Gyms by TCV - a new business model to reach new buyers

Green Gym combines keeping fit with improving the environment, transforming volunteers’ health and wellbeing through weekly participation in outdoor activities, for example conservation, park management or food growing.

For a number of years Green Gyms had grown organically and in an opportunistic way. Through the CSAIF TCV was given funding to undertake a process evaluation to provide an in-depth analysis (including costings) of the model, as well as a strategic review to explore the feasibility of a variety of business models and growth plans. Over the course of the strategic review, a proposal was developed to:

• Achieve scale through a dedicated structure where a critical mass of Green Gyms, participants and funders are clustered around Green Gym hubs.

• Charge less for individual Green Gyms by basing growth around regional ongoing support to local groups (thus increasing chances of success) and provide a small retainer to Green Gym via the original funder.

• Create sustainability through a licenced support package, to increase levels of local engagement

• Create a national Green Gym ‘movement’ and brand that participants, leaders and funders want to be a part of.

To implement this, TCV established a new business unit to support Green Gym to grow on a much more strategic basis. This scaling is based around a sequenced regional expansion in which the team seeks to build a level of ‘density’ of Green Gyms in areas before moving on to new areas. This approach could be funded by a combination of local authority and health funding in each area to seed the establishment of the Green Gyms, before they become more self-sustaining.

This new business model has enabled Green Gym to scale from 110 sites to 144, with a much clearer trajectory for future growth.

Questions to ask: **Addressing need and creating demand**

**Before you scale**

- What are your goals for scaling?
  - What impact are you trying to achieve?
  - What is the size of the opportunity and need?
  - What would scale look like?
  - What are the organisational values?
  - What are the financial requirements?

**As you scale**

- Are the scaling goals being achieved?
  - Is it reaching many more people or achieving greater impact?
  - How many more people could benefit from it and how will you reach them?
  - Is there demand for it?
  - Is it financially viable?
Much has been published already about the possible common routes (or models) that social innovations take to scaling. The CSAIF innovations were focused on more formal, structured routes to scaling, in keeping with our deliberate strategy to create high impact social action models operating across England within three years. These are however, not the only routes to scale, but were assessed by the innovations as the most appropriate to their scaling strategies.

Organisational growth was by far the most dominant route to scale amongst the 50 plus CSAIF innovations, but this was often combined with other approaches. Overall the approaches selected fell predominantly into four routes to scale (although boundaries blur between them):
5.1 Organisational growth approaches

‘We chose an organisational growth approach as we felt we needed to know much more about what worked, why it worked and how to deliver the most impact through our own experience before we could assess different models for scaling in the longer term’

Access Project

Organisational growth was the most popular route to scale for the CSAIF portfolio of innovations. But the growth came in a wide variety of forms - for example growing central teams; growing central and regional teams; or growing the team a little and using technology or systems and processes to scale leanly.

Many of the innovations selected this scaling approach as they felt it would minimise their risks. They could keep control at the centre, and have direct influence over what, how and where everything was being done, whilst retaining responsibility for the consequences of growth (be that more staff, finances, supply meeting demand etc.). This form of scaling can be a very visible and very exciting form of growth - more people, new offices as you outgrow your space, and often more responsibilities for the original innovators.

Organisational growth did not always require growing large teams of staff though. The best organisations thought creatively and smartly about the ways to grow leanly, creating capacity through digital approaches, or sharing responsibility with other teams in the organisation. For example, as we have already highlighted, Get Connected created ways to enable people to volunteer any place, any time using digital technology to enhance their capacity. Larger charities such as RNIB and Stroke Association looked at ways to harness the capacity and skills in other teams broadly in the organisation, to enable the growth of the innovation.

Although it can appear to many innovators as the simplest way to scale an innovation, it is not without its challenges. How do you build capacity to deliver before demand, but keep overheads manageable? How do you go to new places, and ensure you keep the quality of your innovation as you grow? How do you transfer culture and ethos to new places where staff and volunteers may not meet regularly? How do you bring in staff with new skills for the stage of growth? This can be an uncomfortable and challenging process, full of change. The most successful innovations planned for and managed the risks and change well.
What does it take to go BIG?

Key stats

**Scaling model:** Organisational growth

Code Club is a network of free, volunteer-led, after-school coding clubs for children aged nine to 11. Code Club volunteers go to their local primary school and spend an hour every week teaching children to code through games and project-based learning. Code Club’s ethos is about having fun, being creative and learning by doing.

**What did they do?**

Code Club set up its first pilot in April 2012, working with around 20 clubs to test out their materials and teaching approach. Since this initial success it has taken an organisational growth approach, expanding rapidly.

Demand for coding skills has grown phenomenally in the last five years with schools, parents, corporate partners and children all wanting to ensure children are equipped with coding skills for the future. The rapid take-up is partly down to timing - coding has been added to the curriculum and the BBC has run a high-profile campaign to get more young people coding. But Code Club’s strong brand, and creative approach undoubtedly supported their growth.

With the support of the CSAIF, Code Club accelerated their scaling trajectory. To fuel their ambitions, Code Club needed to expand their staff team and decided to recruit regional staff to recruit volunteers, and set up clubs, as well as increase central organisational capacity for training, product development, communications and fundraising. In total their staff team increased from eight to thirty.

Within two years they opened more than 3,000 volunteer-led Clubs and reached an extra 100,000 young people.

Rapid growth has not always been simple. Keeping track of volunteers and which Clubs are active at any time was an essential first task. Demand is exceedingly high, so determining what to do first has been challenging. And they now need more volunteers than there are skilled coders, so they have had to find new ways to train non-coder volunteers (discussed on page 43) and work with corporate volunteers so as not to stifle growth.

**What next for Code Club scaling plan?**

Code Club aim to continue its rapid growth in the coming years. By the end of 2018, they aim to have more than 7,000 active clubs reaching 155,000 beneficiaries per year. They have recently partnered with the Raspberry Pi Foundation, connecting them to a product which is at the heart of hobby coding.

<table>
<thead>
<tr>
<th>Grown from</th>
<th>to</th>
<th>Grown from supporting</th>
<th>to support</th>
<th>On track to support over</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,108 clubs in 2014</td>
<td>5,000 clubs in June 2016</td>
<td>64% of young people attending the clubs had no coding experience before</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24,000 young people to code in 2014</td>
<td>127,000 young people to code in 2016</td>
<td>155,000+ by 2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The most successful innovations in our portfolio that scaled through organisational growth:

• **Made plans for managing change** knowing that growing pains are inevitable. This did not always make change easy, but planning for the consequences of growth and what this meant for staff, culture, and systems helped organisations become more proactive. SPICE appointed new board members to keep accountability tight as they grew; User Voice developed new training for all staff alongside a ‘portal’ for delivery resources; most of the organisations including City Year and Action Tutoring created new management structures to ensure regional teams could be supported effectively; Vi-Ability’s CEO got support from a mentor to help her consider the changes in leadership required as they grew.

• **Identified a gap in marketing and business development skills quickly.** Few innovations had founding team members with specialist marketing skills to recruit more volunteers from the general public, reach many more beneficiaries, or sell to cold leads. Organisations such as SPICE, that made central appointments to bring these skills in quickly, or larger charities like RNIB or Stroke Association that drew on these skills from the wider organisation, were able to focus on establishing new business leads and reaching out to many more people.

• **Stimulated appetite and demand for their work,** to enable them to match their organisational growth to a pattern of supply and demand. GoodGym for example, enables people to register their demand for a GoodGym in new areas on their website. This creates a network of people to help establish a GoodGym in new locations, and also demonstrates the appetite to local partners and commissioners.

• **Knew that organisational growth doesn’t have to be exponential,** and were smart in where they spent their money. Code Club, GoodGym, and Get Connected for example kept a reign on overhead costs by thinking creatively about their resources, increasing efficiency, and using digital tools wherever possible. Larger established charities such as Diabetes UK and RNIB, looked at ways to harness the skills and experience of wider departments, and embed key elements of the innovation into ‘business as usual’ processes. The best innovations also put in place plans and developed business models to continue any new posts beyond the lifetime of the CSAIF funding to ensure the growth was not unsustainable.

5.2 Licensing and franchising approaches

Licensing and franchising approaches remain relatively rare in the UK social innovation field. Only two of the innovations from the CSAIF used these approaches - Smart Works and Parents 1st. Both selected this approach to ensure they could keep control over the fidelity of their model and protect their intellectual property and brand, but at the same time allow them to stay small at the centre, harnessing local resources and expertise to scale.
What does it take to go BIG?

SPOTLIGHT ON

Smart Works

Scaling model: Licensing affiliates

Smart Works is a UK charity that helps unemployed women back into the workplace by providing high quality interview clothes, styling advice and interview training. Smart Works aims to give women the confidence and the tools they require to succeed at interview and achieve their employment goals. Each woman is given a complete outfit of clothes and accessories and one-to-one interview training. If they get the job, clients are offered a second dressing for more clothing.

This deceptively simple model, and what underpins it enables Smart Works to support 46 per cent of all the women it sees back into work within a month of their appointment. For over 14 years Smart Works operated from London, before setting out to scale with the support of CSAIF.

What did they do?

Smart Works established a demand driven model of licensing, requiring interested parties to formally apply. They wanted to find the right licensees capable of making the model work, so created a rigorous approach requiring all potential affiliates to demonstrate their commitment, have a team with the right mix of skills and experience (not necessarily a constituted or formal group), have a persuasive case of why Smart Works met a need in their area, and a clear business plan to demonstrate how they would set it up and make it viable.

Following agreement from the Smart Works board, licensees were supported to set up a new legal entity and had to sign a licensing agreement outlining what was required (which protected Smart Works’ brand and reputation) and what they would be given. Through the support of the CSAIF, they provided seed funding for local licenses to recruit a staff member and find premises. Funding was linked to performance in reaching key targets to help create momentum in establishing the centres. Licensees were supported by a UK Licensing Manager from HQ, alongside connecting them to the network of licensees to share support advice and experience.

Smart Works has scaled from two sites in London to six sites around the UK (only three of the sites - Birmingham, Greater Manchester, and Reading - were funded directly by the CSAIF).

What next for the Smart Works scaling plan?

In the coming years Smart Works aim to scale the services deeper in licensee areas, to help more people. By the end of the 2018-2019 financial year, Smart Works aim to have a total of ten Smart Works centres in the major urban areas across the UK and reach at least 5,000 women a year.

Key stats

- Grown from 2 to 6 sites in two years
- 46% of Smart Works clients secured a job within a month of receiving the service
- Supported 1,350 → 2,000 → 2,500 women in 2013, 2015-2016 and 2016-2017
The experience of Smart Works and Parents 1st suggests that four things are critical to successfully scaling through a licensing or franchising approach:

- **A strong brand and reputation** - To appeal to affiliates or licensees, organisations needed a recognisable brand proposition and to be able to clearly demonstrate the value they bring to the affiliate/licensee. Licensing, franchising and affiliate approaches are much more demand-driven models, relying on others to pull, rather than simply being able to push it out into the world. The brand and reputation of an innovation or its leaders are often the best business development tool. Critically, they had to have credibility or a reputation in their field to be trusted as the model or approach to go with. Parents 1st for example, not only have years of experience of delivering their model in Essex, but the founder is also recognised as a leading expert through her outstanding experience, networks, research and knowledge of the field. Smart Works reputation drew from over 15 years of delivering the model in North London, and their work with leading fashion and make-up brands, as well as national media partners, reinforced the brand value and credibility in their field.

- **A clear offer to incentivise demand** - Interested licensees and affiliates need clarity about what they will get if they are a licensee and what they will be expected to do themselves. Parents 1st for example provided all delivery models and material on an online sharing platform, access to accredited training for volunteers, evaluation models and database, a brand, support with recruitment of local staff, advice and support to set up and deliver, and quality assurance of the new delivery. Smart Works attempted different approaches to what they would offer licensees, as they wanted to allow potential/new licensees to own and drive forward the innovation. But through experience they have learned, that providing some things centrally ensures quality, economies of scale, and enables the local licensee to concentrate on delivery.

- **Being selective about which licensee or affiliates to accept** - Both Smart Works and Parents 1st developed criteria of what they required from a licensee or affiliate including:
  - Clear understanding of local need, and a commitment to run the model to support a minimum number of people, ensuring the time and energy invested to set up an affiliate/licensee would deliver sufficient impact.
  - Financial resources or a commitment to fundraising to make the model viable in the short term, and sustainable in the medium term.
  - Specific skills, experience and commitment from the team who will be responsible for the work and driving the model forward.
  - Appropriate networks and relationships to ensure the model would be successful and embedded locally.
  - Commitment to a shared vision and ethos. Often how the work is delivered is critical and the belief system that underpins the model must be translated to the affiliate/licensee.

  “Sometimes this may mean saying no to people interested. This is the single most important decision the Board makes”

  Kate Stephens, Smart Works

- **Balancing control and local ownership** - Licensing, affiliate and franchise models are by the very nature a control mechanism. They allow the organisation to specify what must be done in an agreement, to protect the efficacy of the model, and the reputation of the central organisation and other affiliates/licensees. However, striking the right balance between control, and flexibility is critical. This is usually a high commitment model, where affiliates and licensees are required to do a lot of the work. Where there is no flexibility or the innovation is too tightly defined, there is a risk that the innovation will become ineffective in a local context, or the approach may stifle the drive and commitment of an affiliate/licensee.
The local context is critical when implementing a new Community Parent Programme. Some components of our Programme are fixed but others need to be flexed to suit each specific local community context

Celia Suppiah, Parents 1

Knowing when to get involved and when to step back is a tricky balance. As we have opened in multiple locations, we’ve learnt we need clearer and firmer guidelines on what licensees must do, what is simply advice, and what they are free to do in their own way

Kate Stephens, Smart Works

5.3 Partnership approaches

Knowing how to create value for the beneficiary as a whole, rather than thinking of your role and what you can provide exclusively is key

British Lung Foundation

For many of the innovations, partnership approaches provided an ideal way to access skills, competencies, resources, and reach users, volunteers or markets that would not otherwise be possible. Partnerships ranged in formality and depth, but many acted as a real catalyst for growth. However, partnerships are not always straightforward and establishing trust and a clear purpose for collaboration was critical.

Partnering with the public sector was an explicit goal for many of the innovations, and a key priority for the CSAIF as we sought to embed people power alongside public services. Innovations like British Lung Foundation Integrated Breathe Easy and Age UK Personalised Integrated Pathways had great success tying their referral route into healthcare providers’ day-to-day work.

Other partnerships came from more unusual sources, but nonetheless had a huge impact. VIY for example established a partnership with DIY retailer Wickes, who not only provide free materials, tools, and reach to local tradespeople, but have also accelerated their scaling trajectory through a national partnership supporting their work financially in partnerships with local stores.
What does it take to go BIG?

SPOTLIGHT ON

GoodSAM and the London Ambulance Service

Scaling model: Partnership

GoodSAM is a mobile app and web platform that alerts trained responders including certified first aiders and off-duty doctors, nurses and paramedics to nearby life threatening emergencies. Originally designed as a person-to-person alerting system, GoodSAM is now integrated into the London Ambulance Service’s response to 999 calls about cardiac events.

What did they do?

The CSAIF provided grant funding to the London Ambulance Service to integrate and trial the app as part of the response to 999 calls. Technical teams from both partners worked together from the start to integrate the app and its functionality into the work of the call handling centre for the London Ambulance Service so that first aiders nearby can be alerted at the same time as an ambulance is deployed to a cardiac event.

After a period of development and testing the system went live in October 2015. This means that if a 999 call is made in London for a cardiac arrest, any GoodSAM responders within a 250m radius will be alerted and asked if they can respond. The use of GoodSAM has quickly become ‘business as usual’ within the London Ambulance Service.

Giving ambulance services a significant level of control over how the system was deployed was very important, as it can be difficult to change the status quo in frontline public services. It is important, for example, that the ambulance service can dictate who is alerted, who is registered as an affiliate to them, the radius people are alerted to and the type of incident they are alerted to.

What next for its scaling plan

The London Ambulance Service is continuing to recruit more responders, to enable more possible responses from qualified first aiders within the required radius. GoodSAM will build partnerships with other organisations, such as national health charities and corporations, in order to build the responder network.

The success in London stimulated interest in two new areas, East Midlands Ambulance Service and North West Ambulance Service, and seed funding from the CSAIF has supported the integration with their dispatch systems too. Although the technology will remain the same, there will be a need to respond to the local requirements of the Ambulance service differently. The radius by which people are alerted will likely need to different in different geographies. Building in these flexibilities to tailor the innovation is crucial.

The scaling work means that there are now over 10,000 registered responders across UK.

Key stats

Between September 2015 and June 2016

103 first aiders responded to alerts

1 confirmed life saved

2 unconfirmed additional reports of saved lives to date

Number of people registered in London: from

33 registered responders in July 2015 to 3,992 in June 2016

Three new Ambulance Services integrating GoodSAM, with aim of reaching all 13 UK Ambulance services by the end of 2019
The most successful innovations in our portfolio that scaled through partnership approaches:

- **Were systematic and strategic in their choice of partners**, recognising that good partnerships are purposeful and must clearly add value. The best innovations had clear criteria (whether explicit or implicit) for what they needed from their partnerships to meet their scaling goals. For example Vi-Ability use a diagnostic process with potential partner clubs, to understand if Vi-Ability can add value, and whether the partner will be a suitable host for their employment programme. GoodSam, British Lung Foundation, and Age UK for example, targeted partnerships with public services to deeply embed their innovation into mainstream pathways in public services to enable them to reach many more people.

“*The key to the success has been the selection of delivery partners....[Their] enthusiasm has become infectious and we now have more partners who promote the programme as a result...*”

Darin Halifax, Chief Service Officer, Plymouth City Council.

- **Shared a uniting vision of success**, recognising that partners may have different motivations, different objectives, and different capacities and capabilities. Stockport MBC undertook a radical transformation to create whole-system change in the way that preventative services were commissioned and provided. They aimed to scale people-powered commissioning and asset-based approaches throughout their work. This required a complete shift in its relationships with a range of partners including the not-for-profit sector, voluntary and community organisations and NHS providers. One of the ways that Stockport MBC made this shift was by working with its partners to develop a single, evidence-based, integrated prevention strategy for people who are vulnerable or at risk.

“*Without relationships building, trust and an alignment around a common vision, change doesn’t happen. Strategic relationship building, flexibility and finding new ways of working are vital.*”

Nick Dixon, Stockport MBC

- **Were clear about roles and responsibilities**, and dedicated time and energy to make the partnership work. The best innovations knew that not everyone needs to do everything and each partner will be well placed to lead on certain tasks. Age UK’s Personalised Integrated Care Programme uses a co-design process with partners to tailor the components of the innovation, and identify in each local context who is best placed to do what, and how they work together to holistically meet the needs of older people. To ensure efficiency and to streamline on-the-ground delivery, VIY work with local and regional sports and youth organisations, partner with major DIY retailer Wickes to supply materials and mentors for the projects, and partner with City & Guilds and a specialist training provider to train and accredit young people participating in the programme.
“At VIY we recognise that the partnerships we have with different organisations (businesses, charities, community groups) work together to achieve something significant that none of the partners could achieve alone”

VIY

• Identified what needed to be controlled tightly and by whom, to ensure efficacy of the innovation, and where there was room for fresh input and adaptation by partners. Knowing that power in partnerships can change the dynamics, the best innovations built trust with partners, and valued their input. They recognised that too much control can stifle people’s incentives to be involved, but too little control can compromise the quality and impact of the innovation. For example, CIPD Steps Ahead Mentoring worked with the JCP National Partnership team and local JCPs to specify what must be communicated and completed, to make a referral, but left the assessment of each person’s suitability for mentoring to the JCP.

5.4 Replication through delivery networks

We specifically backed 13 innovations to replicate a known model. Six NHS hospital trusts copied the King’s College Hospital Volunteers programme, adapting it for their own needs, which was proven to improve patient satisfaction through volunteers in impactful volunteering roles on wards (rather than in back offices) by 3.34 per cent. We also worked with seven UK cities and towns to replicate the proven US model Cities of Service - where places create a local brand for volunteering and recruit local people to give their time to specific initiatives (like tree planting and reading to children in schools) to improve a city wide outcome rapidly, alongside the efforts of local public services.

But beyond this, a number of innovations found success in scaling though replication in delivery networks. For example, national Age UK developed an impactful local initiative and then worked with local Age UKs and their local partners to copy and localise the work, and British Lung Foundation built their evidence base of what an excellent peer support group looked like and then worked with as many local groups (some established, some new), and integrated within the healthcare system.
What does it take to go BIG?

SPOTLIGHT ON

British Lung Foundation

Scaling model: Replication through delivery networks

One of the ways the British Lung Foundation supports people living with lung conditions is through a network of Breathe Easy groups. These local groups of ten to 60 people provide peer support, accessible information and self-care to improve the quality of life for people affected by lung conditions.

In 2011 the British Lung Foundation piloted a new approach. The new Integrated Breathe Easy groups became part of healthcare pathways (for GP patients and hospital discharges). Delivered by dedicated, enthusiastic and passionate volunteers, but supported by healthcare professionals who attend groups to provide advice, the groups empower patients to better manage their condition with greater knowledge and confidence both now and in the future. The new groups proved a success - improving patient outcomes, and praised by healthcare professionals as they were integrated into their ways of working.

What did they do?

To scale up this new way of working, we backed British Lung Foundation to partner with local healthcare providers such as hospitals and CCGs to quickly expand the adoption of the new integrated Breathe Easy groups by transforming existing groups and setting new ones up.

British Lung Foundation established local steering groups including to target healthcare providers, volunteers and other stakeholders, in order to identify and agree target communities, group locations and types of innovative engagement activities. This approach aims to ensure the project remains responsive to local needs.

British Lung Foundation successfully scaled the approach from one pilot to 19 new groups, 24 re-modelled groups and established strong relationships with 27 CCGs (some supporting several groups).

What next for scaling plan?

Following their control group evaluation, and understanding the impact that Integrated Breathe Easy Groups have on beneficiaries, British Lung Foundation is now planning a further stage of growth. Over the next five years, with the support of Big Lottery and Nesta’s Accelerated Ideas Fund, they will triple the number of groups to reach approximately 10,000 beneficiaries. This will include creating 60 new groups, and partnering with a further 40 NHS partners across the country.

Key stats

For each pound invested in the integrated groups there is a return of a minimum £3.43 and a maximum of £9.36 i.e. £2.43 in net gain through better health outcomes of participants

Now reach 3,010 unique beneficiaries, with plan to support 10,000 by end of 2020

There was a 42% reduction in unplanned GP visits and a 57% reduction in unplanned hospital admissions in the integrated groups compared to the standard groups

People living with a lung condition in integrated groups felt more confident managing their lung condition and felt more in control of their lung condition compared to standard groups
The most successful organisations scaling through replication:

- **Knew from the start that replication is not simple.** Replication is often discussed as a quick-win tactic to grow great ideas. But in reality only the simplest of innovations can be picked up and reproduced. Much of the advice given to innovations that are scaling focuses on consistency and fidelity: on keeping the innovation exactly the same to ensure quality. Yet, scaling social innovations is rarely an exercise in mass production. Even in the cases of our direct replication approaches - Cities of Service and Helping in Hospitals - context was king, and adaptation to local needs, specific context and partnerships was significant.

> “There are challenges around translating an American model into a British democratic system especially in terms of the understanding of a relationship between officers and councillors compared to the American mayoral system”

Chris Penberthy, Plymouth City Council

- **Created blueprints, manuals and other system shortcuts** wherever possible to keep the fidelity of the model, pass on learning and expertise reducing wasted time reinventing the wheel. For example, Cities of Service has a strong culture of each city creating a ‘playbook’ (or blueprint) for any other city to copy once they have established an intervention that works. So if you know how to run a mass clean-up day, or a volunteer-led mentoring programme of care leavers in such a way to get the best results (what we call impact volunteering) you write it up in a ‘playbook’ for others to copy. These approaches were also used to improve quality, when delivery was implemented by others. Stroke Association Changing Lives, for example embedded a quality framework to help groups and volunteers develop and provide consistent and high quality peer support.

- **Were clear on what was essential to maintain fidelity of the model**, but recognising that control was not possible so adaptability was key. We found that the innovations using this approach, were looser in what must be part of the innovation, and spread principles, used training and codified models, to translate what was critical for success. For example, North London Cares replicated South London Cares with the support for CSAIF. For the Care’s Family replication has not been a cookie-cutter approach, but has instead sought to replicate a culture, and philosophy, rather than specifying how individual activities should be done. For example, the social clubs content varies enormously, as it is believed that these need to authentically respond to people’s shared interests and experience, and local context. Rather than attempt to replicate a set programme, social clubs have a small set of quality principles that staff look to ensure. For example clubs should aim to offer an anchor of new experiences - something to look forward to, and must bring older and younger neighbours together to share time, laughter and new experiences.

> “In a dispersed model, where people are asked to take a leadership role, you are going to get variable implementation. How do you balance what can be controlled and what can’t?”

British Lung Foundation
• **Established effective ways to learn and share across the delivery network**, recognising that the variation in context and practice created dispersed expertise that should be harnessed. Age UK Personalised Integrated Pathways, set up an Integrated Care Learning Forum, to regularly bring together practitioners to share approaches and great practice. The Cities of Service councils have benefited from being part of a wider cohort, and an international movement. Councils reported that being part of a cohort, where Chief Service Officers and City Leads could share their insights with peers navigating a similar course at a similar time, was crucial. These kinds of network learning approaches often inspired further innovation, with iteration of the product or service, as well as ways to improve how things would be developed and delivered.

### 5.5 Scaling via multiple models or routes

Though the majority of our 50 plus innovations scaled by focusing on a particular model that suited their growth and assets, most used a mix of approaches and routes, making the most of circumstances and opportunities as they arose. They found the right scaling model and route through a process of experimentation.

For example, Code Club originally published its training materials as a blueprint for others to take forward the idea and allowing them to achieve impact through being part of a wide network of people doing similar things, without needing to vastly expand their own organisation. However, they found it was hard to know who was using the materials and to ensure the quality of the delivery, so decided instead to introduce membership and registration. This effectively focused their model for scaling from influencing and advising to growing their own organisational capacity to deliver.

Shared Lives Plus is a membership network which aims to provide resources, training, insurance and one-to-one support to enable a high quality growth of Shared Lives schemes across the country. They also act as a network to influence national and local decision-makers and the development of a more personalised social care system. To do this they work to raise awareness of the value of members’ work, and to evidence the difference this makes to the lives of those involved. Together these tactics combine to help create a movement of influence and change to challenge the status quo, but based on the practical experience of a network of actors. This effectively puts their route to scale in all four categories.

It is worth noting that the CSAIF focused on intentional scaling, via formal routes in a limited timeframe. In other contexts innovations can also scale through more informal approaches, letting word of mouth build demand and being opportunistic about where to go next. In many cases, experimenting with the route and approach to scale, and continually questioning whether this is the most appropriate means to reach an innovations goal was critical to success. We anticipate that the innovations will continue to learn and adapt their scaling routes and approaches on their journey to making it big.
What does it take to go BIG?

Before you scale

- What route to scale are you going to take?
  - What routes does it lend itself to?
  - What are the risks and benefits of different routes?
  - How much control do you want or feel you need over implementation?
  - What type of scaling activities suits the organisational capabilities and capacity?

As you scale

- Is your route to scale effective?
  - Is the route enabling you to scale to sufficient people, with sufficient quality, at sufficient pace?
  - Is there too little/too much control?
  - Is this route and model of scaling appealing to buyers, and users?
  - Does the route enable a viable business model?

Questions to ask: **Route to scale**
6. **Element 4: Building capacity and capability to scale**

Much of the focus of scaling is on the product and service that is being scaled, but we found that for many of our 50-plus innovations, establishing the right capacity and capabilities to scale was often underestimated. The ‘people’ side of scaling innovation is often overlooked, and can involve uncomfortable or tough decisions - often involving issues around leadership, management, governance, partnerships, staffing, resources and culture.

In our experiences of working with over 50 projects, innovations were successful in scaling because they:

- Quickly acquired the skills and capabilities they needed.
- Didn’t forget to ‘grow’ their leader too.
- Established ways to scale culture and values.
- Created great systems and codified materials to scale smarter.

6.1 Quickly acquiring the skills and capabilities to scale

“We learned very quickly that we needed a more ‘on the ground’ management structure... We needed to invest time and energy in improving our management systems, and ensuring that we had the right team and organisational structure in place to take us forward”

**Team up**

The most successful innovations in scaling quickly recognised that they needed to acquire additional skills (such as finance, business development or marketing) and capacity in their wider teams to create capability for growth. The best made investments in their team ahead of time. For many this was made possible by the one-off financial support of the CSAIF. Others adapted their model to increase direct charges to buyers, but returning a better quality product. For example, GoodSAM has introduced a small annual subscription fee to each Ambulance Trust to pay for a central staff, rather than relying on the founder volunteering time. This has enabled them to expand the work quickly.
“We had a strong organisational culture and stable team but we needed to gain more business ‘know how’ ready for expansion. We now have an Operations Director, a Health Director, an Evaluation Officer, have built our board capacity; and have access to more marketing, financial, legal and commissioning expertise. This was exactly what we needed, and it has enabled some members of the original team to be freed to concentrate on things that are core to the development”

Parents 1st

Some of the innovations recognised that they didn’t have to go it alone and drew on a network of advisors, partners, and collaborators to enhance their capacity as they scaled. For others spending time really assessing who could and should perform a task or role, led them to redefine elements of their model, that would otherwise be a barrier to scale. This enabled them to create capacity and capabilities, without substantially increasing overheads.

**CASE STUDY**

**Code Club - rethinking resources to enable significant growth**

Code Club is a network of volunteer-led after school coding clubs, teaching young people, aged nine to 11, how to code and build digital products like websites, animations and computer games.

Code Club initially ran the after school clubs through a volunteer base of mostly skilled coders and people with digital skills. As Code Club grew it became clear that relying on coding experts only, would restrict the ability to scale. So Code Club created a training platform to skill-up new adult coders and thus broaden the pool of people they can work with to parents, teachers, and community members.

The training platform features seven modules, which are presented to new volunteers based on a self-assessment of their skills in teaching and computer science. The modules include subjects such as how to Run a Code Club, Coding and Programming Explained, Scratch and Keeping Children Safe. Each module includes a video created especially for the platform and a quiz at the end to test comprehension.

Code Club has found that with this training many adult volunteers can quickly learn the skills to run a Club. And with a clear curriculum for Clubs and the support of regional co-ordinators many are succeeding. This approach has enabled Code Club to continue a growth trajectory that may otherwise have stalled, now reaching almost 5,000 active clubs.

Rightly, many wanted to keep their overheads modest whilst growing. But for some innovations which had tried to boot strap, or scale as efficiently as possible, they realised that sometimes having sufficient capacity to deliver quality, was more important than cutting costs. Some organisations found they were scaling too leanly, with a small central team and needed to ensure quality wasn’t being compromised. As a consequence they slowed down their rate of scale and put more paid resources on the ground to train and support volunteers and build the fidelity of the model.
Finally, some found the skills they needed to scale in their wider organisations. Around a third of our 50-plus innovations were embedded in an existing large charity or public sector body. Innovations like CIPD Steps Ahead Mentoring and RNIB, were able to draw in others from the corporate centre to support the founding team as innovations were scaled and mainstreamed in their organisation.

**CASE STUDY**

**CIPD Steps Ahead Mentoring—spreading responsibility and drawing on the talents of the wider organisation**

CIPD is the professional body for HR and people development. Over the last few years it has developed the Steps Ahead Mentoring Programme, harnessing the power of their membership, by matching HR professionals to act as mentors to unemployed young people, enabling them to be in a better position to find work.

Having grown the innovation from an idea to reality using a small project team, CIPD understood that in order to be able to scale their innovation, they needed to embed it as normal across the organisation.

After securing strategic level buy-in from the CEO and Directors to the vision, the leadership team brought together each department to understand how they could embed specific Steps Ahead processes into business as usual. As a result the customer services team now deal with enquiries about the programme from mentors and mentees, the learning and development team provide and deliver comprehensive training for the mentors, and the communications team provide input and support with the marketing.

This enabled the small core Steps Ahead Mentoring team to focus on what they were uniquely placed to do in the organisation, such as refining the mentor support, improving relationships and processes with referral partners, and recruiting mentors. This has enabled national rollout of the programme to 570 job centres and new referral partnerships. This capacity has also allowed them to begin extending the support to new groups including parents and carers returning to employment and 50-plus jobseekers.

**6.2 Don’t forget to grow your leader**

It is commonly said that the skills and capabilities needed in the early stages of an innovation are quite different from those that are needed to scale-up. Founding skills are different from scaling skills, which in turn requires different skills from managing and sustaining established innovations. In the corporate world, new hires often take on the leadership of organisations in different phases of growth and we saw this too in some of the innovations as they scaled.

It was not universal however. Many organisations chose instead to invest in their founder or existing leader to build the skills and competencies required to execute a scaling strategy - strong operational management, change management, delegation, communication and influencing etc. Leaders of the most successful innovations also actively sought out new forms of challenge and support, finding mentors, advisors or coaches as they scaled. Establishing ways to reflect on the leadership competencies and recognise their own strengths and weaknesses were important practices for some of the best performing innovations.
Knowing the challenges that innovators face, Nesta connected the projects with each other, through regular events, establishing a network of people walking the scaling journey. Whilst this was sometimes more useful on a practical level for sharing operational tips and advice, it also meant that leaders could openly share their challenges and experiences with others who could empathise.

**CASE STUDY**

**Cities of Service - getting a mentor who has been there before**

Cities of Service started in New York in 2009. Today, the Cities of Service coalition includes more than 170 mayors, representing nearly 50 million Americans. It has successfully mobilised thousands of volunteers to improve their city, often coordinated by a Chief Service Officer and always with a focus on measuring the impact they are having.

Seven UK cities have replicated the approach with the backing of Nesta and the Cabinet Office. Each of the Chief Service Officers appointed to spearhead the work in a UK city was paired with an experienced mentor in the same role in a US city. Through site visits, regular calls and emails, they exchanged not only top tips and encouragement, but also something of the culture and ethos of how to make the programme work.

This was critically important in a role which was new to UK local government and so had no precedent. Chief Service Officers often reported directly to the CEO or elected Mayor and needed to carefully navigate existing internal hierarchies to mobilise the full resources of the council, to engage many more volunteers in meeting their city’s needs. With no direct reports, they were isolated jobs and having an experienced mentor to guide their work helped them to maximise their unique position of influence. Many of the councils reported a step change in how they viewed the council’s relationships with its citizens and the voluntary sector, following Cities of Service.31

### 6.3 Scaling culture and ethos

The most successful innovations knew that it was important to not just give staff, volunteers, partners, or licensees and affiliates handbooks and materials, but also pass on the culture and ethos of their innovation. Culture and ethos can be invisible in the early stages of developing an innovation, but can greatly affect how it should be delivered to achieve impact. For example organisations such as Parent’s 1st and The Cares Family have asset-based models, which are reflected in the language they use and how they approach all interactions. Creating ways to explicitly articulate culture, and then embed this in the language, materials, systems, processes and behaviours across the organisation and its partners, created ways for the culture to be established outside of the founding team. This is especially important in non-organisational growth approaches to scaling, where the ability to influence culture, method and approach can be far less.
What does it take to go BIG?

CASE STUDY
StreetDoctors - growing a social movement and culture of empathy

StreetDoctors helps young offenders turn their lives around by using volunteer medical students to teach them emergency life-saving skills.

Volunteers are active at every level within StreetDoctors, and a great deal of responsibility is devolved to local teams. Early on a StreetDoctors volunteer described the organisation as having a ‘culture of empathy’ which makes it feel more like a social movement than a traditional organisation.

As they scaled, safeguarding this culture and sense of a social movement has been a key priority. To do this they embedded a number of things into their ways of working including:

• Increasing internal communications with volunteers, including running regular leadership training events.
• Ensuring the tone of HQ communications is affirming, and inspires volunteers by reminding them of the impact of the work.
• An annual national conference to bring as many of the volunteers together as possible, to help create a feeling of a movement, shared vision, and culture of support.

CASE STUDY
City Year - signalling a way of working from the very beginning

City Year UK’s mission is to end educational inequality. City Year UK recruits and trains full-time young adult volunteers to support schools facing an ‘implementation gap’—when school staff members’ time and resources are not sufficient to meet the intensity of pupil need—where that gap in turn contributes to the achievement gap between disadvantaged pupils and others. As mentors, tutors and role models the volunteers support pupils to enjoy and succeed at school.

City Year UK believes that young people can change the world, and places the values of empowerment and practical idealism at the heart of everything it does. City Year UK consciously and deliberately promotes these values through a powerful culture of rituals, signals and behaviours, from striking uniforms for the volunteers, public ceremonies of matriculation and graduation, shared stories and aphorisms, intense introductory and weekly training and reflection, an intensive management and support structure, and an emphasis on the development of good character—civic, moral and performative—for both volunteers and the pupils they support.
6.4 Establish great systems and codified materials to scale smarter

“What creating systems that support our work, from our website, to a new database, to our training manuals has helped us to be much more efficient, and allow us to concentrate resources where we need them. This has been game changing for us, and really shouldn’t be underestimated”

Access Project

In the early stages of innovation, there may be only a few people involved, and the model can remain in people’s heads without any consequences. But the best innovations develop standardised models, policies and procedures as soon as they start to scale. For example, StreetDoctors - who connect volunteer medical students with young people at risk of gang violence to train them in first aid skills - created a playbook with all sessions planned out for medical students to pick up and replicate anywhere in the country. This has helped recruit more volunteers, give them confidence, and keep the fidelity of the model to ensure impact.

Investing the time and money to establish systems and processes may seem like a luxury, but for the CSAIF innovations it proved to be enormously good value for money for what it enabled.

“We quickly realised that we needed to get things out of people’s heads and onto paper or embedded in policies and processes... There was a risk that we were becoming too reliant on our experienced staff”

Daniel Hutt, User Voice
CASE STUDY

User Voice - standardising processes and training

User Voice is a charity run by ex-offenders, which aims to reform criminal justice and reduce re-offending by giving marginalised people within the prison and probation systems a voice.

User Voice grew quickly in the space of a few short years to running 15 User Councils around the country. This required regional offices and regionally-based staff. As the team expanded they had concerns that it would be challenging to ensure consistency and quality of delivery, and provide the teams with the confidence and support they needed. Although they had developed core programme materials, many staff members had tailored, changed or created new things to meet their local requirements, forgetting to seek out centralised information. Much of the information about the core of delivery, and how it should be done, was held by a few of the very experienced team members.

User Voice recognised that it was unsustainable so we supported them with non-financial support to work with UsCreates, a service design consultancy, to blueprint their core service and created a simple pack that signposted to all materials for each stage of the programme. The team then used these blueprints to develop standardised training for all staff needs. Staff across the country welcomed the new approach, and reported it has helped them concentrate their sessions on the things that matter most.

Innovations also used digital technology to enhance their capacity and efficiency, from databases, to sharing platforms, to systems that enabled remote working these changes often led to a step change in the innovations ability to operate cost-effectively at scale.

CASE STUDY

Task Squad - transformative efficiency through databases and systems

Task Squad is a youth recruitment agency and social enterprise created specifically to enable young people, who have demonstrated their can-do attitude and strong work ethic through volunteering, to enter the workplace.

At the start of the Task Squad journey they managed both young people and client data on a series of Excel spreadsheets. Whilst that worked for the numbers of young people and employers they were working with at the time it was an ineffective method and would prove challenging at scale.

With the help of non-financial support from the CSAIF they prioritised moving to a better data system - an all-in-one recruitment and CRM database.

For Task Squad, this has been one of the most important developments in their journey and has allowed them to develop a much more sophisticated and useful service. They now have a full and accurate picture of all interactions with candidates and employers. This means they can allocate work across the team on a daily/weekly basis and be far more agile in their delivery as everyone on the team has access to the same data. This can also more accurately measure their impact.
What does it take to go BIG?

Before you scale

How will you gear up to scale?
- What skills and knowledge do you need to scale?
- Where new capabilities are needed should these come internally or through linking with others?
- What accountability and governance do you need as you scale?
- How will you scale purpose, culture, and values?

As you scale

Do you have the right resources and capabilities?
- Do you have the right skills and capabilities? Could others externally help?
- Can you match supply and demand?
- Are your processes efficient and effective?
- Is the business model appropriate and viable?
- Are you scaling the right culture and values?

Questions to ask: **Capacity and capability**
It would be easy to assume the journey to scale is linear and that the four elements we have outlined in this paper can be followed as a roadmap to go big. Reality of course is not so simple. Scaling all but the simplest of innovations, is no easy feat.

Whilst the CSAIF innovations all made progress in their scaling ambitions, none stuck exactly to a plan they created at the beginning of the scaling journey, and none had exactly the same product or service as at the beginning of their scaling journey. Scaling is a highly iterative process. All the innovations experienced challenges and obstacles, or needed to respond to new evidence or insights, user needs, new contexts and partnerships in innovative ways. This required innovations to not only redesign elements of their product or service and how it was delivered, but also adapt their strategies and plans for how to scale.

Below is an outline of the key questions that we have found significant for innovations to deliberately consider. The early stages of scaling must be used as a process of discovery and experimentation, and adaptation. Innovations must ask a variety of questions to develop their scaling strategies, but also continuously ask themselves a variety of questions as they endeavour to scale. We hope to develop and refine this thinking further as we work with more innovations to scale.

### Key questions to consider

#### Before you scale

- **What are you going to scale?**
  - What evidence do you have that it works?
  - What is fundamental to making it work?
  - Who will pay for it?
  - Who will benefit from it?
  - How does it fit with what is already available?

- **What are your goals for scaling?**
  - What impact are you trying to achieve?
  - What is the size of the opportunity and need?
  - What would scale look like?
  - What are the organisational values?
  - What are the financial requirements?

- **What route to scale are you going to take?**
  - What routes does it lend itself to?
  - What are the risks and benefits of different routes?
  - How much control do you want or feel you need over implementation?
  - What type of scaling activities suit the organisational capabilities and capacity?

- **How will you gear up to scale?**
  - What skills and knowledge do you need to scale?
  - Where new capabilities are needed should these come internally or through linking with others?
  - What accountability and governance do you need as you scale?
  - How will you scale purpose, culture, and values?

#### As you scale

- **Does the innovation still work?**
  - Are you making an impact?
  - How confident are you in your evidence?
  - What elements are working and what could be improved?
  - What do users/partners/customers think?
  - How might the innovation need to adapt?

- **Are the scaling goals being achieved?**
  - Is it reaching many more people or achieving greater impact?
  - How many more people could benefit from it and how will you reach them?
  - Is there demand for it?
  - Is it financially viable?

- **Is your route to scale effective?**
  - Is the route enabling you to scale to sufficient people, with sufficient quality, at sufficient pace?
  - Is there too little/too much control?
  - Is this route and model of scaling appealing to buyers, and users?
  - Does the route enable a viable business model?

- **Do you have the right resources and capabilities?**
  - Do you have the right skills and capabilities?
  - Could others externally help?
  - Can you match supply and demand?
  - Are your processes efficient and effective?
  - Is the business model appropriate and viable?
  - Are you scaling the right culture and values?
8. Conclusions

Over the past three years we have worked with more than 50 innovations alongside or within public services, to mobilise the time and talents of volunteers to address key societal challenges. We wanted to devote significant resources (in particular staff time and non-financial support) to a modest number of innovations to help them ‘go big’, and create a series of impactful exemplars of social action that have scaled.

The lessons learnt from the Fund though go far beyond social action, many are relevant for social innovators in any sector looking for models, best practice and examples that have gone before them as they look to scale. Below we summarise a few of the key messages of the report for innovations looking to grow.

There are also lessons for those of us acting in support of this growth - be it public sector commissioners trying to draw social action from the margins into the design and delivery of their work, alongside skilled professionals. And for the ecosystem of funders trying to support organisations to go big.

8.1 Conclusions for innovations

Scaling innovation is rarely a simple and easy process. We have certainly not found a clear blueprint or a secret recipe for scaling success. As we have outlined, the synthesis of the experiences of over 50 innovations suggests four key elements every scaling organisation must get right to succeed:

1. Scaling what works - the best innovations had a plan to ‘go big’ from the start, valued the feedback and insight that good evidence gave them on what and how the innovation worked, and quickly codified the core of the model, keeping its fidelity in scaling to ensure that impact on the ultimate beneficiary could scale too.

2. Addressing need and creating demand - the best innovations were relentless in their ambitions to improve lives for the beneficiaries, identifying who they were going to work with and how they would reach them, and a sustainable pathway to scale underpinned by a clear business model.

3. Finding the right routes to scale - the best innovations assessed a broad spectrum of possible approaches and routes to scale, and adopted multiple tactics and routes suitable for the specific innovation - whether franchising, partnerships or replicating through networks for example - rather than just assuming that growing an organisation and a central staff was the only way to scale.

4. Building capacity and capability to scale - the best innovations assessed and acquired the skills and capabilities they needed to scale, supported the leaders to learn, reflect and grow, considered how to scale culture and ethos, and looked at ways to scale smartly through great digital systems and by codifying practices in materials and manuals, to enable efficient and effective scaling.
The 50-plus innovations from the CSAIF were a diverse bunch - spanning different sectors, geographies, beneficiaries, sizes and organisational types. Some were firmly outside of public services, some within public service institutions and some on the fringes. But what they all had in common was a deliberate strategy for scaling their innovation, and an experimental and iterative approach to learn how to scale, to address a key societal challenge. Four key habits and behaviours in the most successful innovations struck us as important:

- **Innovations were bold in their ambition** - with a clear account of how their work changed lives and why it should be adopted at scale to reach many more people.

- **Innovations were open** - to different scaling routes, new ideas, new partnerships, new opportunities, and new insights and evidence - rather than expecting scaling to be linear and as laid out in their scaling strategy.

- **Innovations were comfortable with tight and loose scaling moments** - they knew when to hone in and tighten the grip on their model, and which moment to look outwards, to iterate and adapt.

- **Innovations valued simplicity and avoided complexity** - they used evidence and insights to strip away anything unnecessary, and recognised that sometimes simplifying the model to reach many more people was better than high fidelity, high specification approaches.

### 8.2 Conclusions for public services

We remain convinced that the public services we inherited from our grandparents, in which people are passive consumers of public services, are unsuitable and unsustainable in the context of the challenges ahead. We believe that the best public services of the future will be people powered - bringing together skilled professionals and the time and talents of local people and service users, to tackle local issues.

But to make this shift we need to support many more of the best social innovations to scale. Social action is just one field where public services have a pivotal role in supporting effective scaling of social innovation. As such we think it is imperative that public service commissioners consider how to make their school, hospital, job centre, GP surgery etc., more open to ideas from outside - be they alternative delivery models or radically different approaches. If public services are going to harness the potential of great social innovations created both inside and outside public services, we suggest that they could better support the best social innovations to scale by:

- **Understanding what works** and spreading, copying, replicating and commissioning the best innovations quickly. If a model is already established, with evidence of success, there may be opportunities to avoid reinventing the wheel, enabling resources to be concentrated on ‘localising’ these models.
• **Creating spaces where new ideas and services can be ‘pitched’ to a single audience.** For example, the fragmented market in education, requires innovations like the Access Project or City Year to build relationships with individual schools as buyers. This slows the progress of scaling well evidenced initiatives, and makes it very costly for projects to scale.

• **Commissioning innovation and experimentation with thought of scale from the start.** Although innovative approaches and experimentation requires risk taking and possible failure, considering what scale would look like in an area, or with a user group early, and how this might be achieved, can affect how outcomes and approaches are commissioned. It is imperative to avoid short-term or unsustainable approaches.

• **Developing tenders or contracts that don’t drown out earlier stage or local solutions.** These are more likely to be smaller in nature, whereas big corporate delivery agencies sweep up ‘block contracts’ at a size that scaling social innovations could never compete.

• **Creating partnerships with fledgling social innovations.** All of the best social action innovations we supported to scale needed a partnership/buyer who was an early adopter. Taking a risk to try something new can be difficult unless local public services create a culture where inquisitiveness and experimentation in the pursuit of better impact is rewarded.

The work to create demand and awareness amongst public service commissioners, for brilliant and well-evidenced social action models that operate at a significant scale, will continue. But as we have highlighted, there is also scope to nurture, develop and scale in-house innovations. Stockport M.B.C. has taken a radical approach to embed people-powered asset-based approaches across its mental health services, and are looking to scale this across other service areas, as well as support other Boroughs in Greater Manchester to adapt their approach. Seven UK councils have adopted the Cities of Service model and made it their own, and are already joined by Team London and Monmouthshire Council.

8.3 Conclusion for other funders and intermediaries

Funders and intermediaries also have an important role to play in scaling innovations, if they are to bridge the gap between great early-stage ideas, and the size of the challenge or need. Our experience as a scaling funder suggests:

• **Scaling is a distinct process and innovations need distinct support.** Whilst funding undoubtedly opened new doors and possibilities, the non-financial support from the programme was well received, such as matching founders with mentors five or ten years ahead of them in the scaling journey; running events to bring innovations together and create peer support networks; offering good amounts of non-financial technical support for key areas such as legal costs to set up affiliate agreements, or specialist consultancy to build new databases.
What does it take to go **BIG**?

- **Multi-year funding, and funding in advance of need or demand is required.** All funders want to fund impact on the ground. But scaling takes years not months, and investing in central capacity and capabilities to scale usually precedes growth. Multi-year grant agreements, full cost recovery and an acknowledgment that not all funding will lead to immediate impact on the ground are essential to truly support scaling.

- **Special attention should be given to the business models and potential markets of innovations.** We found that without a clear business model even the best innovations will find it very difficult to scale. Funders need to provide support and source expertise for organisations to experiment with their business model, testing markets and creating ways to incentivise new buyers. For example we provided match funding and ways of subsidising early adopters to help establish new markets and test business models to support scale.

- **Funders can set demand for evidence and impact.** All the CSAIF innovations had to have a quality Theory of Change, some evidence of impact and be committed to improving both. We know that good evidence helps innovation know what works and how, but also can help persuade others of the value of the innovation, which are essential for an innovation to scale.

- **Creating an ecosystem to support scaling.** A number of innovations benefited from accessing different amounts of funding and types of support from other funders before (to prototype and pilot) and after (for example to go national or to take equity investment) the grant period. If we really want to support the best ideas to scale, creating an ecosystem of funding that great innovations can navigate would be a game changer, to secure the right amount of time and capacity to enable innovations to iterate and experiment in the early stages of scaling.

---

City Year

North London/South London Cares
What does it take to go BIG?

Endnotes

11. http://www.nesta.org.uk/project/people-powered-health
17. Find out more at https://northlondoncares.org.uk/
18. Find out more at https://southlondoncares.org.uk/
22. https://www.kch.nhs.uk/about/get-involved/volunteering
27. You can see some of the preliminary findings on the study blog at www.100forparkinsons.com/blog.