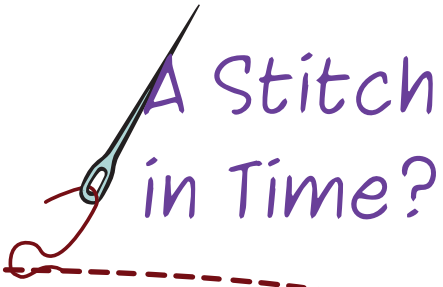


Learning from A Stitch in Time?

A commissioning guide

Evaluation Support Scotland

jit joint improvement team
creativity, collaboration and continuous improvement

The Scottish Government

Introduction

The move to integrated health and social care requires all partners to think and work together differently.

There is a statutory responsibility for Integration Authorities to actively involve the third sector in the planning and design of integrated health and social care services. In any case, it makes good sense to make use of the third sector's knowledge, expertise and information. It is only together that statutory, independent and third sectors can realise the nine Health and Wellbeing Outcomes[1].

In this document we take the learning from A Stitch in Time? for health and social care commissioning. Specifically we:

- Identify the key roles played by the third sector in ensuring health and wellbeing, with links to case studies and evidence reviews
- Share some learning about commissioning outcomes
- Discuss how to use evidence from third sector
- Share learning about how to support third sector self-evaluation.

Whilst A Stitch in Time? focussed on Reshaping Care for Older People, many of the lessons can be applied to other areas of health and social care. Government Guidance for the Integrated Care Fund[2] notes:

> The principles and learning from "A Stitch in Time" programme are equally applicable to working with adults with co-morbidity / multi-morbidity through the Integrated Care Fund.

1 http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Outcomes
2 http://www.gov.scot/Resource/0046/00460952.pdf

Background about A Stitch in Time?

The A Stitch in Time?[3] programme worked with the third sector to show the contribution of the third sector to Reshaping Care for Older People (RCOP).

Our overview model[4] identifies some of the key interventions and outcomes from third sector work with older people and carers.

We have also developed a series of case studies[5] that focus on particular interventions or outcomes.

We developed 6 documents[6] that focus on the contribution that the third sector makes to 6 main sets of outcomes:

- Making the physical and social environment more age friendly
- Enabling older people to keep or be more socially connected
- Allowing older people to stay positive and in control
- Enabling older people to keep or be more financially and materially secure
- Making the system work better for older people
- Ensuring healthy and active ageing

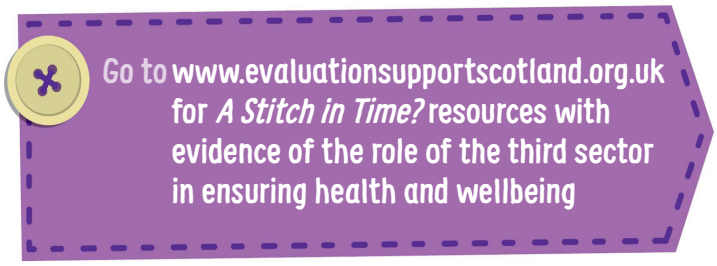
We identified or undertaken a number of evidence reviews[7].

Third sector's role in ensuring health and wellbeing

The A Stitch in Time? model identifies the range and type of interventions and outcomes that the third sector contributes to. Here we concentrate on the key roles played by the sector.

The third sector is diverse, ranging from very small community groups at a local level through to large national organisations with many staff. The sector works across a range of population groups, from older people who are fit and healthy, to older people receiving care or at risk, through to people living in residential care homes or in hospital. This is also true for other groups at risk.

The third sector works alongside the public, independent and housing sectors. Organisations play a range of different roles, sometimes overlapping with other sectors, sometimes very distinct (see pages 4 and 5). See Focus On and case study documents for examples.



3 http://www.jitscotland.org.uk/action-areas/co-production-community-capacity-building/stitch-time-model-explain-contribution-third-sector-reshaping-care-older-people/

4 http://www.evaluationsupportscotland.org.uk/media/uploads/resources/d346_ess_sit_model_-_third_sector_contribution_-_reviewed_final_180215.pdf

5, 6, 7 http://evaluationsupportscotland.org.uk/how-can-we-help/shared-learning-programmes/stitch-time/evidence-reviews/

Roles played by the third sector

Addressing inequalities

Some groups are more vulnerable than others. The third sector may play a role in giving people a voice, and influencing policy and practice to ensure systems work better for all people.

Keeping social connections

The third sector is particularly active in keeping people socially connected, building community connections and helping people to stay positive and in control.

Accessible support, help and information advice and information

The third sector plays a strong role in providing advice and information, sometimes informally, sometimes as a more formal advice and advocacy service. It connects people sometimes described as 'hard to reach' to mainstream services.

One community place: many supports

Taking a person-centred approach means that often community based services provide a range of assistance in an informal setting, for example a listening ear, access to advice and information, social activities, practical help. They can be a key point of contact when things go wrong or in periods of transition.

Small and informal

Small organisations/ community groups don't distinguish between able and less able members, but can play an important role supporting people as they get older or are affected by life changes. These groups help people to stay connected and have fun. This includes hobby and activity groups, community cafes, church groups,, etc.

Non health related practical support

It's that little bit of help that people find important, for example help with repairs, shopping, gardening, transport.

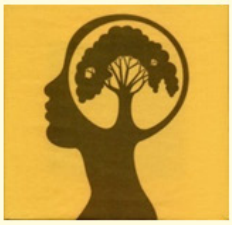
Carers need support

Carers organisations provide essential support to those caring for loved ones.

Roles played by the third sector

Ability to identify and respond

The third sector can often innovate and respond more flexibly than the public sector to emerging and changing needs. There is less red tape; they can be less risk averse, and they can apply for leverage funds from other sources. They can harness enthusiasm from older people, their families and their communities.



Specialist knowledge

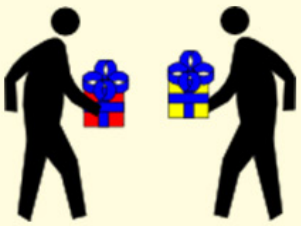
The third sector has specialist knowledge to share about the needs of particular groups. Many third sector organisations were developed because particular groups and communities are not able to access or make full use of services.

Organisations need support too

Local third sector interfaces and national bodies provide support to organisations within their fields of work. They help to build capacity, identify common problems for service users and use that evidence to influence policy and practice.

Work with volunteers

Working with volunteers the sector can also provide services that are more difficult for the public sector to provide e.g. shopping services or befriending. Volunteers help the older or other vulnerable person feel in more in control (equal relationship), trusting and valued. Volunteers themselves get outcomes from volunteering.

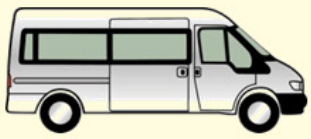


A chance to give back

Reciprocity is important; people want to give as well as to receive. People are and continue to be an asset to their families and communities. Third sector organisations find ways to help people to contribute through peer support, volunteering, or 'having their say' in service design and evaluation.

A similar role to others

In some cases the third sector takes a similar role to public and private sectors e.g. in provision of day care, care at home or care homes.



A tailored service

In some cases the third sector offers a more tailored service where people cannot make use of mainstream services, e.g. community transport.

Learning about commissioning outcomes

Commissioners can develop their own models

A number of the Change Fund commissioners we worked with had developed their own models. Logic models can be a useful planning tool. They can show how individual outcomes link to community and system outcomes. However Change Funds were not necessarily making full use of their models to develop a framework for measuring inputs, activities and outcomes.

You can work together to develop common outcome frameworks

Whilst it is not a good idea to impose outcomes, indicators and methods upon projects, A Stitch in Time? has helped Change Funds to develop common outcome frameworks together with funded organisations. We have found that it is possible to let older people (or groups at risk) and carers set their own outcomes, but link these up to themes or types of outcome. This allows funders to assess in a broad way the collective impact of their funding and to see any gaps. See "Commissioner case study: Working together in Midlothian"[8].

You can work with funded projects to develop a reporting template

You and the projects you fund have overlapping, but different needs. You may both want to ensure value for money, that the right people are being reached and that a difference is being made. But third sector organisations may have to report to multiple funders with different reporting requirements. They will also want to evaluate to identify improvements they can make in their service.

We have found that it helps projects if they can keep the format simple. An increasing number of funders are using 'Harmonising Reporting principles'[9] to report back on:

- What they did and who with
- What difference they made
- And what they learnt

ESS has produced a template for reporting that has been adapted by a number of funders[10].

8 http://www.evaluationsupportscotland.org.uk/media/uploads/resources/midlothian_council_case_study_-_final.pdf

9 http://www.evaluationsupportscotland.org.uk/resources/292/

10 http://www.evaluationsupportscotland.org.uk/how-can-we-help/harmonising-reporting/

Learning about commissioning outcomes (cont.)

It helps if there is a level playing field

It helps if all the projects you fund have to report and use the same format and are held to account if they do not. This means it is more possible to compare reach, value for money and outcomes.

Evidence reviews support busy commissioners

Often commissioners can be convinced that a project is worth funding, but want to be assured that their decisions would be supported by others, including audit officers. Commissioners are not academics or evidence experts and don't have access to the vast range of formal evidence that may be available.

In other cases, commissioners may want stronger evidence of either need or potential impact before they commit themselves.

Evidence reviews produced by ESS, IRISS[11] and others[12] were well received. We still need to do more work to establish what format supports commissioners best. There may be no one best format.

Commissioners can benefit from support too

There is useful support for commissioners on the funders pages of the ESS website[13] around principles of good evaluation, reporting and supporting funded projects.

Below we outline some learning from A Stitch in Time? about how to support third sector organisations.

In the *Threading the Needle* programme[14], Evaluation Support Scotland will support health and social care commissioners in four health and social care partnership areas to **use third sector evidence to commission outcomes for health and social care**. The programme is funded by the Scottish Government. ESS web pages will be updated as learning emerges.

Go to **www.evaluationsupportscotland.org.uk** for more information about *Threading the Needle*

Go to **www.evaluationsupportscotland.org.uk** for *A Stitch in Time?* evidence about commissioning outcomes

11 http://www.iriss.org.uk/resources/preventing-loneliness-and-social-isolation-older-people
12 http://evaluationsupportscotland.org.uk/media/uploads/resources/health_impacts_of_volunteering_for_older_people_rapid_review_d-archibald.pdf
13 http://www.evaluationsupportscotland.org.uk/how-can-we-help/tailored-support-funders/
14 http://www.evaluationsupportscotland.org.uk/how-can-we-help/shared-learning-programmes/threading-needle/

Using evidence from third sector organisations

Evidence can take a variety of forms:

- Practice based evidence: everyday experience of service providers and service users
- Evidence from self-evaluation (either from third sector organisations or your own measures)
- Evidence from more formal pieces of research / evaluation

We worked and consulted with a number of RCOP Change Fund Commissioners who told us that they used evidence to:

- Decide whether to start funding a project (needs based and formal evidence, previous or similar programmes)
- Decide whether to continue funding a project (compare against targets/ value for money, feedback from service users)
- Decide whether to roll out a pilot programme or particular types of intervention
- Aggregate the impact of a pot of funding such as the Change Fund (identifying numbers and groups reached / aggregating outcomes)
- Compare interventions (compare costs / groups and areas reached / outcomes)
- Identify gaps in service (service user feedback and needs assessment)
- Ensure those most at risk were reached (client profiling, HEAT measures)
- Tracking the use of services by groups (taking a sample of service users)

More work will be done through the Threading the Needle programme[15] to explore how evidence can be best used for different types of decision-making. But we are clear:

- There is no such things as 'perfect evidence'
- Evidence typically comes from a variety of sources and is more like a mosaic than a fully painted picture
- Ideally evidence is a mix of quantitative and qualitative (numbers and case studies)
- Gathering evidence of an individual project's impact is easier than evaluating collective impact and system gaps.

15 *Threading the Needle* is a follow up programme to *A stitch in Time?*, we will work in 4 local authority areas and support health and social care commissioners to make use of and generate evidence to support decision-making about the services they fund.

Tips to support projects with self-evaluation

Ask projects to identify their own outcomes

We would always advise projects to build their own model of the need they address, their activities and outcomes because each project and location is different. See Evaluation Support Guide 1.2 Logic modelling[16].

Ask projects to evaluate outcomes in their control

In general we advise people to evaluate the outcomes that are within their control (usually short term outcomes), but show logical links to long term, strategic or system outcomes. Formal evidence[17] can also be used to test or substantiate these links.

For example, there is clear evidence that living in cold damp housing is a health risk and can lead to poor health outcomes. Changeworks[18] can concentrate on measuring the difference they make to someone's ability to manage heating systems, reduce heating bills and pay bills. See Changeworks case study.

Ask projects to develop a simple evaluation plan

This might include a few key outcomes, indicators and methods. See ESS Evaluation Support Guide 2.1 Developing and using indicators[19].

We have produced a bank of indicators[20] for the outcomes in the main model. We hope this provides some inspiration of the types of things projects can measure. But be clear they should only choose a few. If projects have better indicators for their setting, they should be encouraged to use those.

Advise projects to keep it simple

Evaluation doesn't have to be difficult or onerous. Projects can chose a few key outcomes and indicators. They can have a fairly simple process for collecting everyday information and just occasionally go deeper. Projects might want to run a one off data collection exercise (survey, focus group or interview) to look at a particular issue or question.

For example, the Edinburgh Leisure, Steady Steps programme[21] used focus groups and other methods to build their 'story of change diagram'. This shows the typical changes that someone can experience when they join the programme. But for most participants they only use a questionnaire and a balance test. See ESS Support Guide 2.2: Using interviews and questionnaires to evaluate your project[22]. See Edinburgh Leisure Steady Steps Case Study[23].

16 http://www.evaluationsupportscotland.org.uk/resources/127/
17 http://evaluationsupportscotland.org.uk/how-can-we-help/shared-learning-programmes/stitch-time/evidence-reviews/
18 Changeworks run a project offering advice to older people around energy use and fuel bills. http://evaluationsupportscotland.org.uk/resources/287/
19 http://www.evaluationsupportscotland.org.uk/resources/128
20 http://www.evaluationsupportscotland.org.uk/resources/262/
21 http://www.edinburghleisure.co.uk/activities/older-adult-activities/older-adult-sportexercise-activities/steady-steps
22 http://www.evaluationsupportscotland.org.uk/resources/129/
23 http://evaluationsupportscotland.org.uk/resources/288/

More tips to support projects with self-evaluation

Support projects to decide the best method

Good evaluation adds value to a project's work, is shared and acted upon and is proportionate for the intervention and the size of funding. Project workers (with support) are in the best position to judge what will work best. A validated tool may sound more 'objective' but it is only validated for a particular setting and that might be very different to the work of the project in question.

For example Pilmeny Development Project[24] tailored their questionnaire for Timebank members drawing on Talking Points, Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) as well as their own project specific indicators.

Advise projects to think about the data they are already collecting

A good method fits into your work. Projects can use information that has already been collected for another purpose. They can tweak rather than invent methods. They can use unsolicited feedback, and every day conversations.

For example Optima[25] day care centres use assessment forms and day care plans to ensure their service meets the needs of individual members. It didn't take much to tweak those forms to add in some outcome information, including a simple evaluation wheel. See the Optima case study[26].

Projects don't always have to use questionnaires

Projects can find different ways of asking the same question. Evaluation can be fun and engaging, like Christmas baubles for evaluating a Christmas event; photos, and videos. For example, the Carers Trust[27] adapted the Scottish Health Council's Head, Heart, Carrier Bag and Dustbin tool to get feedback from carers on proposed Self-directed Support training activities.

See ESS Support Guide 2.3: Visual Approaches[28] and ESS Support Guide 2.4: Using Technology to Evaluate your Work[29].

Advise them that sustaining health is an outcome

If people are maintaining health and wellbeing despite negative life events, this is an important outcome. It's helpful, not just to keep a baseline, but also to identify other factors that might be expected to affect health and wellbeing. For example Changes[30] identified that people in their groups maintained levels of mental wellbeing, despite life events such as bereavement, family moving away, being diagnosed with a new condition, etc.

Be realistic about sources of evidence

If projects can collect feedback from more than one source then their evidence will be more credible. But often evidence from service users is 'good enough'. For example, Community Connecting[31] collects information from service users, volunteers and other agencies. By comparison, Pilton Equalities Project[32] obtains most feedback from service users. The aim is to understand the impact of multiple activities on multiple outcomes around quality of life. Service users are in the best place to provide this information.

24 http://www.pilmenydevelopmentproject.co.uk/
25 http://www.optima-scotland.co.uk/
26 http://www.evaluationsupportscotland.org.uk/resources/290/
27 https://www.carers.org/
28 http://www.evaluationsupportscotland.org.uk/resources/130/
29 http://www.evaluationsupportscotland.org.uk/resources/131/
30 http://www.changeschp.org.uk/
31 http://www.evaluationsupportscotland.org.uk/resources/291/
32 http://evaluationsupportscotland.org.uk/resources/277/

Summary

The new Integration Authorities provide an opportunity to work together more effectively across the sectors. We hope this document will be useful in helping you to meet the challenges of using evidence from third sector organisations in planning and evaluating services.

We have identified that the third sector can play a **range of roles** that contribute to the health and wellbeing of those who need health and social care. The third sector **complements** the work of the statutory and independent sectors. The third sector

- identifies and responds flexibly to gaps in service
- brings important knowledge and evidence about the needs of particular communities, groups and conditions
- enables people and communities to identify and deliver their own opportunities and supports
- helps to connect people to the services and supports they need

We have shared some **learning from A Stitch in Time about commissioning outcomes**, highlighting that it can be useful to bring together third sector organisations alongside other providers to plan, agree common outcomes and reporting templates. We have highlighted evidence from the A Stitch in Time? that commissioners might find useful.

We have shared our experience of **using evidence in decision-making**, noting that evidence can come in a variety of formats and be used for a range of different types of decisions. But we recognise that evidence is never perfect and decision-making is more of an art than a science.

We have shared learning about **how to support third sector self-evaluation**, with links to further guidance that might be helpful for you and the organisations you fund.

The **key message** is to support third sector organisations to develop their own evaluation plans, outcomes and methods.

Contact Diane Kennedy for more information about *A Stitch in Time?* or *Threading the Needle at diane@evaluation-supportscotland.org.uk*

A Stitch in Time?

A Stitch in Time? is a partnership project to support the third sector to collect and present evidence about its contribution to Reshaping Care for Older People (RCOP). The programme runs from April 2013 to March 2015 and focuses on third sector organisations working with older people and carers in Lothian.

A Stitch in Time? publications

A model to explain the third sector contribution to Reshaping Care for Older People

Indicator Bank for third sector outcomes for older people

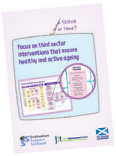
Focus on third sector interventions that make the physical and social environment more age friendly

Focus on third sector interventions to enable older people to keep or be more socially connected

Focus on third sector interventions that allow older people to stay positive and in control

Focus on third sector interventions to enable older people to keep or be more financially and materially secure

Focus on third sector interventions that make the system work better for older people



Focus on third sector interventions that ensure healthy and active ageing

To accompany this series there are **evaluation case studies** and a number of **evidence reviews**.
To see all publications associated with A Stitch in Time please see Evaluation Support Scotland website.

Evaluation Support Scotland (ESS) works with third sector organisations and funders so that they can measure and report on their impact.

Evaluation Support Scotland

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