

Recognising our Rich Tapestry

Workshops for the third sector on demonstrating impact on tackling health inequalities

March 2022

Background

This report sets out the work Evaluation Support Scotland (ESS) has undertaken in 2021/2022 to deliver on the plans agreed by the Learning Collaborative for Inequalities. See **Appendix 1** for membership of the Collaborative.

This work builds on previous years of delivering on the Collaborative's plans. In previous years ESS has:

1. Undertaken a scoping study to understand better the challenges for the third sector in demonstrating impact on inequalities. From the scoping study ESS developed "Five Steps to Evaluate Health Inequalities" (2018/2018).
2. Partnered with CHEX to deliver a training programme for practitioners to evaluate (2018/2019).
3. Partnered with CHEX and facilitated a learning set of practitioners to develop theory of change (TOC) that sets out the different ways the third sector contributes to addressing (and mitigating) inequalities and how to evaluate that work (2019/2020). The resulting resource "[*Recognising our rich tapestry: measuring the contribution of third sector organisations to tackling health inequalities*](#)" was launched at the Gathering in February 2020 at a session organised by VHS, delivered by ESS and CHEX, and supported by Public Health Scotland. The resource helps:
 - third sector organisations explain to funders and partners how their work contributes to impacting on inequalities
 - funders and commissioners better understand better the third sector's contribution
4. Created four in-depth case studies to show how organisations can use the resource to prove their contribution to tackling health inequalities (2020/2021).

In 2021, ESS was asked to develop this work further and deliver two cycles of training for third sector organisations to help them demonstrate their impact on tackling health inequalities. This report sets out the impact of the workshops which ESS delivered. This work was agreed by the Learning Collaborative for Inequalities, funded by Public Health Scotland and delivered by ESS.

The planned outcome for this phase of work is as follows:

- Workshop participants have increased confidence to evidence their contribution to tackling health inequalities

What we did

ESS delivered ***Demonstrating impact on health inequalities*** as a two-day online training course twice (December and February) to help support third sector organisations to better demonstrate their impact on tackling health inequalities.

December training workshops

- The first cycle of the training was delivered on 7/8 December 2021
- Places were offered to 16 people from the third sector (one place per organisation).
- 13 delegates attended. There were 3 “no-shows” on the day (which we later found were due to sickness)

February training workshops

- The second cycle of training was delivered on 8/9 February 2022
- 28 people registered, though some were declined because they were not from the third sector or were intermediaries. Places were offered to 16 people
- 12 delegates attended. There were 4 “no-shows” due to illness and staffing issues

Follow up session

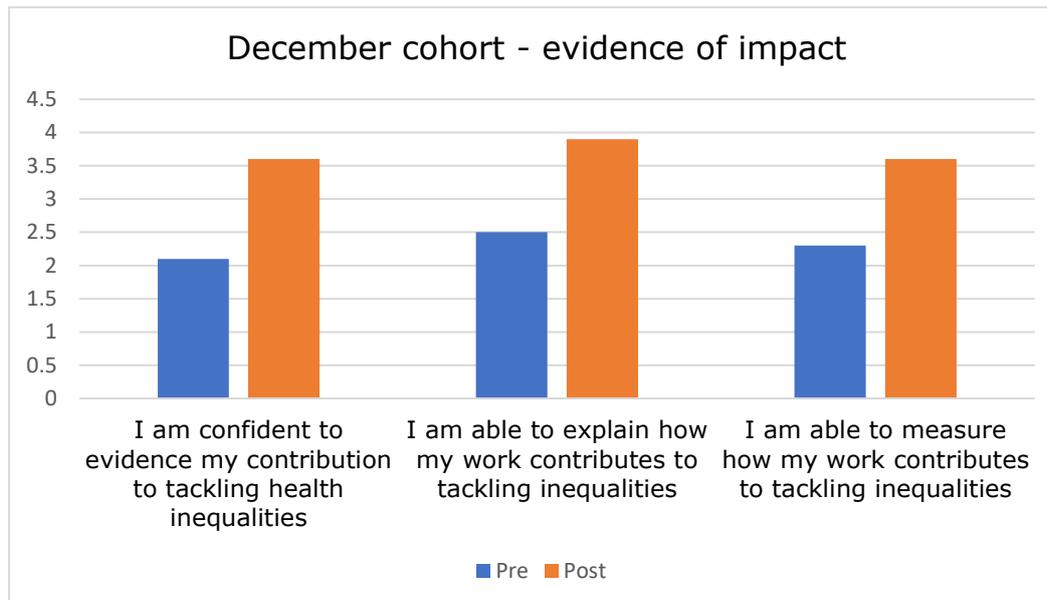
We gave organisations the opportunity to attend a follow up peer learning session to share challenges around embedding the learning into their work. This session was less popular with the participants. Four organisations signed up and two turned up on the day. Both were in the process of developing a logic model for their work and told us they found the training incredibly helpful. We helped them to refine their logic models, as well as discussing potential indicators and methods.

What difference we made

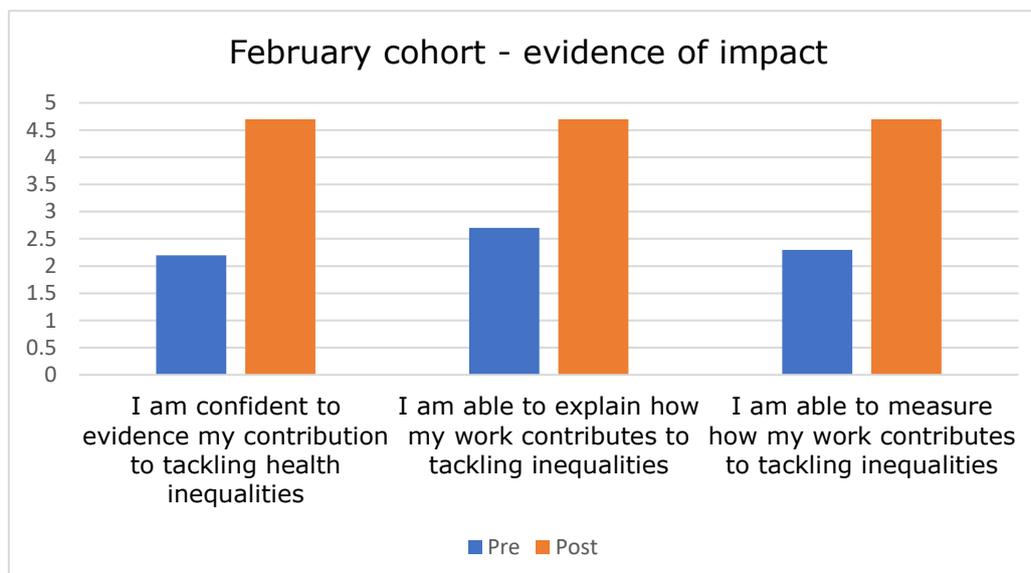
All participants from both cohorts noted a significant increase in the following learning outcomes:

- **Confidence** to evaluate their impact on tackling health inequalities
- **Ability to explain** how their work contributes to tackling health inequalities
- Ability to **measure** how their work contributes to tackling health inequalities

This increase was slightly higher among those who attended the training in February. This could be attributed to the fact that the February participants had a higher level of prior general evaluation knowledge.



(based on feedback from 10 participants)



(based on feedback from all 12 participants)

We asked participants how they planned to use the learning from the training. The most frequently cited "next steps" were to:

1. Take the learning back and **share with staff teams** and board
2. Develop a **logic model/theory of change** to show impact on tackling health inequalities
3. Review **sources of evidence** and evidence collection **methods** in light of this

These in-depth quotes provided in the feedback form show the range of ways in which organisations have benefited from the training:

"Learning from today has enabled me to do the first draft of ToC (theory of change) to present to other members of staff for their input and communicate how it fits in with demonstrating the impact of the wellbeing

services. I envision it will help bring teams together to improve methods of collecting evaluation data. And the workshops have come at a perfect time and helped clarify a few missing details from my journey of fully understanding ToC so I can help my organisation and people with epilepsy to flourish" (Health organisation)

*"We are currently in the process of updating our three-year strategic plan and impact framework. The **logic model will be instrumental** in this as we are funded by the health inequalities arm of the Scottish Government and need to map our work against the Public Health Priorities"* (Youthwork organisation)

*"Fantastic **re-assurance to that you can use evidence from varied methods**, not always requiring validated tools and methods for both quantitative and qualitative client feedback regarding outcomes. [**Gave me**] **Confidence to use research from other external sources** is also ok to use especially evidencing longer term or strategic outcomes"* (Community organisation)

*"Review our existing logic models and evaluation plans and consider them again in the wider context with specific consideration of demonstrating **how we contribute to outcomes related to health inequalities**. I will share with colleagues too."* (Gardening project)

*"I will be using this within the management team to do a fresh **logic model with health in equalities** as our primary focus"* (Women's organisation)

Some organisations shared their feedback with us in a follow up email several months after the training:

*"The impact of your training has been positive and **helped us recognise and acknowledge how our work with children and families contributes to health** and the importance of measuring / reporting this to funders and for ourselves. Realising that some of elements of our work has a direct impact on health inequalities has made us think about how we should embed capturing and measuring impact in this area going forward"* (Family support organisation)

*"The publication and template helped me champion how useful and practical it would be for everyone. I worked on a 1st draft, presented it to management and **they could see immediately how it would be beneficial to the organisation** and we will be working with teams across the organisation on creating a ToC for all our services"* (Health organisation)

The survey feedback and subsequent comments showed we clearly achieved our planned outcome:

- Workshop participants have increased confidence to evidence their contribution to tackling health inequalities

We have also helped participants to develop **skills** and **knowledge** to demonstrate their impact on tackling health inequalities, particularly for those who already had a solid grounding in evaluation.

Feedback on how we delivered the sessions was also extremely positive:

“Enjoyed meeting other people and the size of the overall group was good - felt everyone was able to participate and contribute - which doesn’t always happen when large zoom groups”

“The workshop was very well presented, clear and informative. The breakout rooms were very beneficial too. Thank you”

What we learnt:

- There is a substantial **demand** for specific learning in the third sector about demonstrating impact on health inequalities (the training was fully booked only days after advertising it). This driver comes from an aim to show impact on tackling health inequalities to **new and existing funders**. For example,
“We have previously focused on demonstrating how our work impacts on isolation and loneliness, so this is completely new territory for us which we want to be able to effectively report on” (Alcohol support organisation)
- This is an **“advanced” topic** and training course. Feedback shows the training is more effective when participants have a sound evaluation knowledge/experience already. Others should attend our introductory training or complete the new online module first
- There was a lot of interest in the training from **intermediaries** such as Third Sector Interfaces (TSIs). We chose to offer places to organisations working directly with people. Future work in this area could be targeted at TSIs in their role of supporting **capacity building in the third sector**.
- We also gained learning about **when to run a follow up session** to check on challenges. Some participants from the February cohort stated that the session was too soon for them, and they wanted more opportunity to use their learning before coming together with others again.

Appendix 1

Members of the Learning Collaborative for Inequalities

Shelter Scotland
Inverclyde Community Development Trust
Voluntary Health Scotland (VHS)
Community Health Exchange (CHEX)
Evaluation Support Scotland (ESS)
Public Health Scotland

Evaluation Support Scotland details:

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