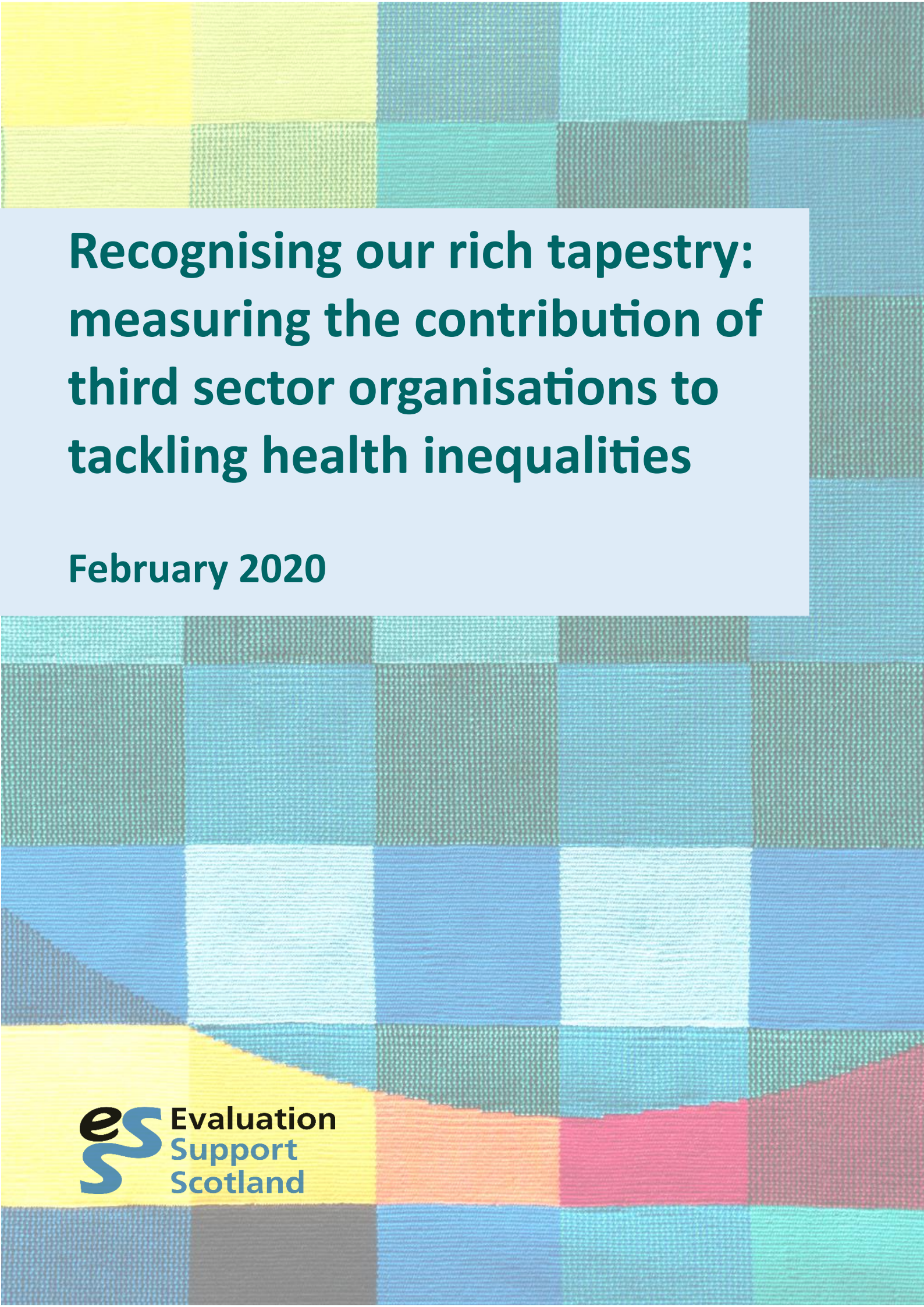
Recognising our rich tapestry: measuring the contribution of third sector organisations to tackling health inequalities

February 2020



Evaluation Support Scotland

Contents

Section one: Introduction

Why did we create this resource?

This resource is for **third sector organisations** and those who **fund** or **commission** third sector organisations seeking to understand how the sector contributes to tackling health inequalities.

Health inequalities are the unfair differences in people's health between population groups, which lead to differences in life expectancy between the most and least disadvantaged people in Scotland.[1]

The third sector in Scotland is broad and diverse, tackling a wide range of issues in different ways, from targeted interventions for people in crisis to community-led initiatives. Whilst not always readily recognised as addressing health issues, these interventions can have an impact on people's health in the long term. The challenge is understanding the "rich tapestry" of work that third sector organisations are delivering and how this contributes to tackling health inequalities.

What challenges do third sector organisations face?

I think we *must* be helping to address health inequalities, but I need help **explaining** this to others

I'm not clear about the types of things we should **measure** to show our contribution to addressing health inequalities

What kind of **evidence** should we collect to show our contribution to health inequalities?

What challenges do commissioners face?

We'd like to **understand** how local activities which our third sector partners run (such as volunteering) contribute towards tackling health inequalities

What kind of **evidence** should I ask commissioned partners for when reporting? What would be reasonable evidence?

One of our **strategic priorities** is to reduce health inequalities but how do I know what services I should commission from third sector partners?

[1] NHS Health Scotland briefing Health Inequalities: What are they? How do we reduce them? 2015

This resource captures, at a high level, the different types of roles third sector organisations play, the different groups of people they reach, activities they deliver and outcomes they achieve which contribute to tackling health inequalities.

This resource seeks to help third sector organisations and those who fund or commission third sector organisations to understand:

- What contribution do third sector organisations make to tackling health inequalities?
- What is the value of the third sector's interventions which aren't necessarily "health" focused but help to contribute to positive health for those experiencing inequality?

Why use this resource?

If you are a **third sector organisation** you can use this resource to:

- explain to funders or commissioners the value that your current work has in tackling health inequalities
- help you plan new work and inform discussions with funders, commissioners or partners about new areas of work
- decide what you will measure for the people you work with

> "This model will help us think more clearly about our contribution to health inequalities when planning new work (Circle)

If you are a **commissioner,** you can use this resource to:

- help you understand which initiatives are playing a role in tackling health inequalities
- help you plan new areas of work which you would like to commission to tackle health inequalities
- plan what kind of evidence you ask commissioned partners to give you

This resource is **not** a way to impose common reporting in the third sector. There are **no universal measures** that work for everyone in all circumstances that would show the contribution to tackling health inequalities. There are, however, **good practice steps** that third sector organisations can take to measure their impact (Section seven).

If you are a **third sector interface** you can:

- share this resource with third sector organisations in your network to support them to explain and measure their contribution to tackling health inequalities
- share this resource with your local Health and Social Care Partnership to help them understand third sector organisations' contribution to tackling health inequalities

What this resource contains

- ✓ **Section two** – background information about health inequalities and links to further resources
- ✓ **Section three** – what barriers are third sector organisations typically addressing through their activities?
- ✓ **Section four** – a description of the overall model in words
- ✓ **Section five** – the overall model describing the different ways in which third sector organisations tackle health inequalities
- ✓ **Section six** – steps for third sector organisations to explain their contribution, including a blank template and tips on how to develop a simple version of the model to represent their project or organisation
- ✓ **Section seven** – steps for third sector organisations to measure their contribution. Third sector organisations will find it helpful to complete Section 6 first
- ✓ **Section eight** – an explanation of how third sector organisations achieve outcomes, and external factors that affect their ability to achieve outcomes
- ✓ **Section nine** – tips for commissioners on using the model
- ✓ **Section ten** – examples of organisations who have used the model and the type of evidence they collect and report on
- ✓ **Section eleven** – who was involved in developing the model?

How we did it

Throughout 2019 Evaluation Support Scotland (ESS) worked with both third sector organisations and those who commission third sector organisations to map out the contribution the sector makes to addressing health inequalities. ESS carried out this work on behalf of the Inequalities Learning Collaborative (which includes Voluntary Health Scotland, Community Health Exchange, Shelter Scotland and Inverclyde Community Development Trust), co-ordinated by NHS Health Scotland. This work was funded by NHS Health Scotland.

The full list of working group members is in Section eleven.

Section two: What are health inequalities?

NHS Health Scotland describes health inequalities as "the unfair and avoidable differences in people's health across social groups and between different population groups". Health inequalities lead to differences in life expectancy and years lived in good health. The causes of health inequalities can be **fundamental**, **environmental** and **individual**.

Unequal access or barriers to the **social determinants of health**[2], such as housing, childhood experiences, education and employment, contribute to health inequalities. In the long term, this leads to shorter life expectancy and fewer years lived in good health.

Many third sector organisations will recognise these as familiar areas of their work. By delivering activities that address the social determinants of health, third sector organisations are playing an important role in tackling health inequalities in Scotland.

Action is required to **undo** inequalities, **prevent** them from occurring and **mitigate** their effects.

Top tip: Read more about the **causes** and **effects** of health inequalities in **NHS Health Scotland briefings[3].**

Top tip: For more information about the role Scotland's health charities play in reducing the impact of poverty and poor health on individuals, families and communities, read **Living the in the Gap – a voluntary health sector perspective on health inequalities in Scotland[4].**

[2]source: Building our Future: Health Scotland's contribution to public health in Scotland 2019)
[3] http://www.healthscotland.scot/health-inequalities
[4] https://vhscotland.org.uk/living-in-the-gap/

Section three: What barriers are third sector organisations addressing?

We begin by setting out the barriers that third sector organisations are typically tackling through their work. These are some of the issues that people experience which contribute to health inequalities. Third sector organisations respond to many of these barriers in their day to day work.

We acknowledge that this list may not be exhaustive.

Barriers third sector organisations respond to:

- People don't have equal access to the social determinants of health
- People experience barriers in accessing the services they need
- People experience discrimination in accessing services
- People don't know where to go for support
- People don't have connections to others and are isolated
- People don't have access to immediate resources they need (food, fuel, benefits)
- People don't have access to opportunities to help them achieve their goals
- People don't have a voice or control over their life
- People experience poor mental health
- Frontline staff don't fully understand people's needs or refer them on to support

A third sector organisation might be working to tackle one or more of these barriers

The third sector works in a range of different ways to **mitigate** the effects of inequalities and **prevent** them from happening.

Third sector organisations often **mitigate** the effects of inequality, by delivering **targeted** activities to improve life for people who are disadvantaged and currently facing barriers.

Some third sector organisations are also **preventing** inequalities. They may do this by delivering earlier intervention activities, engaging with broader groups or communities or influencing policy to make changes.

Who is affected by health inequalities?

People who experience multiple **disadvantages,** or are living in or at risk of **poverty**, are affected by health inequalities. Five groups have been identified as particularly at risk, including people affected by: homelessness; substance dependence; offending; mental ill-health; and domestic violence[5]. However, this is not an exhaustive list.

People with a specific **identity** can experience health inequalities. For example, gypsy/travellers can face stigma and discrimination in accessing services which can mean they don't access the services they need to stay well.

Ill health or health conditions alone do not necessarily lead to health inequality. Other factors need to be present such as poverty, disadvantage or discrimination.

Some examples of health inequalities:

- In the most affluent areas of Scotland, men experience 23.8 more years of 'good health' than those in poorer areas (22.6 years for women)
- A child's early life circumstances and experiences shape their physical, social, mental, cognitive and emotional development, and negative experiences can have a lifelong impact on health, learning and behaviour.
- The life expectancy of people with learning disabilities is substantially shorter than the Scottish average

What does health inequality look like for an individual?

A homeless man repeatedly presents at Accident and Emergency in his local hospital. He also has mental health issues but doesn't know where or how to access support which would help him. He isn't registered with a GP - he isn't sure if this is possible, as he has no fixed address. He does not volunteer information about his situation because he is worried about being judged. Hospital staff are focused on addressing his immediate health needs and the process of A&E triage doesn't support a fuller assessment of need. As such, there isn't a procedural opportunity for the health staff to identify that housing may be an underlying issue and the opportunity to refer him on for housing advice, a homeless assessment or to more appropriate community-based healthcare support is missed. In turn, the man continues to experience poor health and use A&E services when he doesn't need to.

[5] Lankelly Chase Hard Edges Report Scotland 2019 lankellychase.org.uk/resources/publications/hard-edges-scotland/

Section four: A description of the model

The overall model in Section 5 reflects the rich tapestry of the work that the third sector takes forward. It should be viewed as a menu which organisations can select from.

It sets out the:

- **Groups of people** who are affected by health inequalities. People most at risk tend to be those experiencing multiple social and economic disadvantage and/or stigma and discrimination. Setting out **who** organisations are reaching through their work is a vital step towards demonstrating impact on health inequalities

- Range of **roles** third sector organisations play in supporting people

- **Activities** that third sector organisations typically deliver with people which make a difference

- **Short-term outcomes** i.e. the differences that third sector organisations achieve as a result of their activities, and which are reasonable to evaluate

- Links to **medium-term outcomes**, which organisations may collect evidence of

- Links to **strategic outcomes**, such as the Public Health Priorities, the National Performance Framework or strategic local outcomes (such as Health and Social Care Partnership priorities)

Section five: Overall model showing third sector contribution

Groups of people the third sector reaches...	Third sector roles are to...	Third sector organisations deliver these activities...
People experiencing poverty	Support people in crisis	• Immediate material provision • Listening • Advice or referral to other services • Outreach work to reach those at risk • Workshops and courses • One to one support sessions • Drop-in sessions • Information on websites/leaflets • Peer support • Volunteering and training volunteers • Social activities (community events, etc) • Engaging communities on health issues • Supporting people to participate and connect (community cafes, etc) • Community buildings, green space, play parks • Skills sharing opportunities (learning programmes, sewing, etc) • Levering in income and resources for individuals and communities (community asset transfer, etc) • Physical activity groups • Collective action, campaigning
People experiencing multiple disadvantage such as those referenced in Hard Edges Scotland [5] (this list is not exhaustive): • Homelessness • Substance dependence • Offending • Mental ill-health • Domestic violence/abuse	Equip people with ability to respond to life challenges Help people access the services and support they need and navigate systems Support people to build up protective factors Help people develop the skills to keep themselves and others well Provide opportunities and information for healthy living Bring people together Create good quality spaces where people can thrive Empower people to speak for themselves Enable people to address social determinants of health	
People with a particular identity, such as individuals who are: • Disabled • Lesbian, gay, bisexual, transgender • Minority ethnic • Gypsy/travellers • Older people • Children and young people • Parents/carers		
People in geographical areas or communities		
Whole population(s)		
Staff who deliver frontline services in the statutory sector and third sector	Share people's experiences Help people understand link between poverty and health disadvantage Provide opportunities to address poverty/inequality Build ability of agencies to meet people's needs	• Raising awareness about specific issues that affect health • Sharing evidence about what people need, gaps in provision, impact of poverty • Training staff in third/statutory sectors • Making connections between people and agencies
Decision makers (such as policymakers at local or national level)	Advocate for role and voice of communities in local service development Support people to participate in/influence wider decision-making about processes that affect health	• Promoting third sector voice in strategic planning • Promoting the voice of those with lived experience • Partnering in multi-agency projects/health and social care • Gathering/sharing evidence • Collective action/campaigning • Responding to consultations

Which achieve these short-term outcomes...

About people's personal knowledge or competence
- More confident
- Increased self-esteem
- More aware of their rights
- Better able to undertake day to day tasks
- Better awareness of steps they can take to stay healthy

About people's relationships
- Feel more listened to, valued, or cared for
- More able to manage or sustain personal relationships
- Have more opportunities to connect with others
- Better understand how to participate in the community and take a lead

About people's access to health or community services
- More likely to attend health appointments
- More likely to adhere to medication or treatment
- Better access to relevant information
- More aware of services or facilities
- Better understanding of how to access services or facilities

About people's access to other resources which address the social determinants of health
- More aware of support or services or facilities (employment, education, benefits, housing)
- Feel more able to address health and issues which affect health

People who deliver services:
- Better access to training/information on issues which affect people's health
- Better understand the barriers people can face in accessing services or facilities
- Better understand their role in referring people
- Are better able to assess need/refer individuals

Decision-makers:
- Better able to hear lived experience
- Have a stronger evidence base to make decisions
- More likely to use third sector evidence
- More sharing of knowledge between orgs and across sectors to enable better ways of working

Which contributes to medium-term outcomes...

About people's personal knowledge/competence
- Better able to exercise their rights
- Better able to articulate their needs
- Supported to identify their own issues and solutions

About people's relationships/community connections
- Stronger relationships with others
- Less socially isolated
- Feel more nurtured
- Improved parenting capacity
- Develop the skills, resources and confidence to achieve their goals
- Feel more connected to their community (of interest or place)
- Have good quality local spaces to meet, work, play
- More people volunteer in local programmes
- Communities are better able to identify their own priorities (health, wellbeing, place)
- Communities are better able to work with all other stakeholders

About people's health
- Better able to access support, services and facilities that help them to stay healthy
- Have more choice and influence
- Use services more appropriately
- More likely to take part in health improving activities
- People are safer
- Mental, physical, sexual health improved or sustained

People who deliver services:
- Better able to work with communities to understand their priorities when planning services
- Provide better services/services that better meet people's needs
- Better connected with each other across sectors

Decision-makers:
- Make better policy decisions
- Allocate resources more effectively

Which contributes to

Public Health Priorities:

A Scotland where we live in vibrant, healthy and safe places and communities

A Scotland where we flourish in our early years

A Scotland where we have good mental wellbeing

A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs

A Scotland where we have sustainable, inclusive economy with equality of outcomes for all

A Scotland where we eat well, have a healthy weight and are physically active

OR

Map to your local outcomes (Local Outcome Improvement Plan)

OR

Map to your Health and Social Care Priorities

OR

Map to the National Performance Framework outcomes

Section six: Steps for third sector organisations to explain their contribution

This section sets out steps that **third sector organisations** can take to **explain** how their work contributes to tackling health inequalities.

Section seven sets out steps that third sector organisations can take to **measure** their contribution.

We suggest that third sector organisations **develop their own simple version of the model** for their project, service or organisation and use this to show others how they contribute to strategic outcomes (such as the public health priorities).

You will be able to use this to:

- Explain your contribution to tackling health inequalities to funders, commissioners and other stakeholders
- Develop an evaluation plan and decide what you will evaluate to show your contribution. To see some examples of how other organisations have used this model go to Section ten.

Step 1: Identify the barriers or "need" you are addressing. Use **Section three** for ideas. Understanding the barriers will inform who your interventions should be targeted towards. There may be more than one.

Step 2: Look at the overall model in **Section five** and choose the groups of people, roles, activities and outcomes relevant to your work. It is important to be clear about who your target group is. Who is at risk of experiencing these issues and who can benefit from your activities?

Step 3: Use the **blank template** on **page 13** to create your own model for your project or organisation. If you get stuck, look at the examples in **Section ten**.

Step 4: Check that there is a logical link between your activities and your short-term and medium-term outcomes. If you deliver these activities will it lead to those changes?

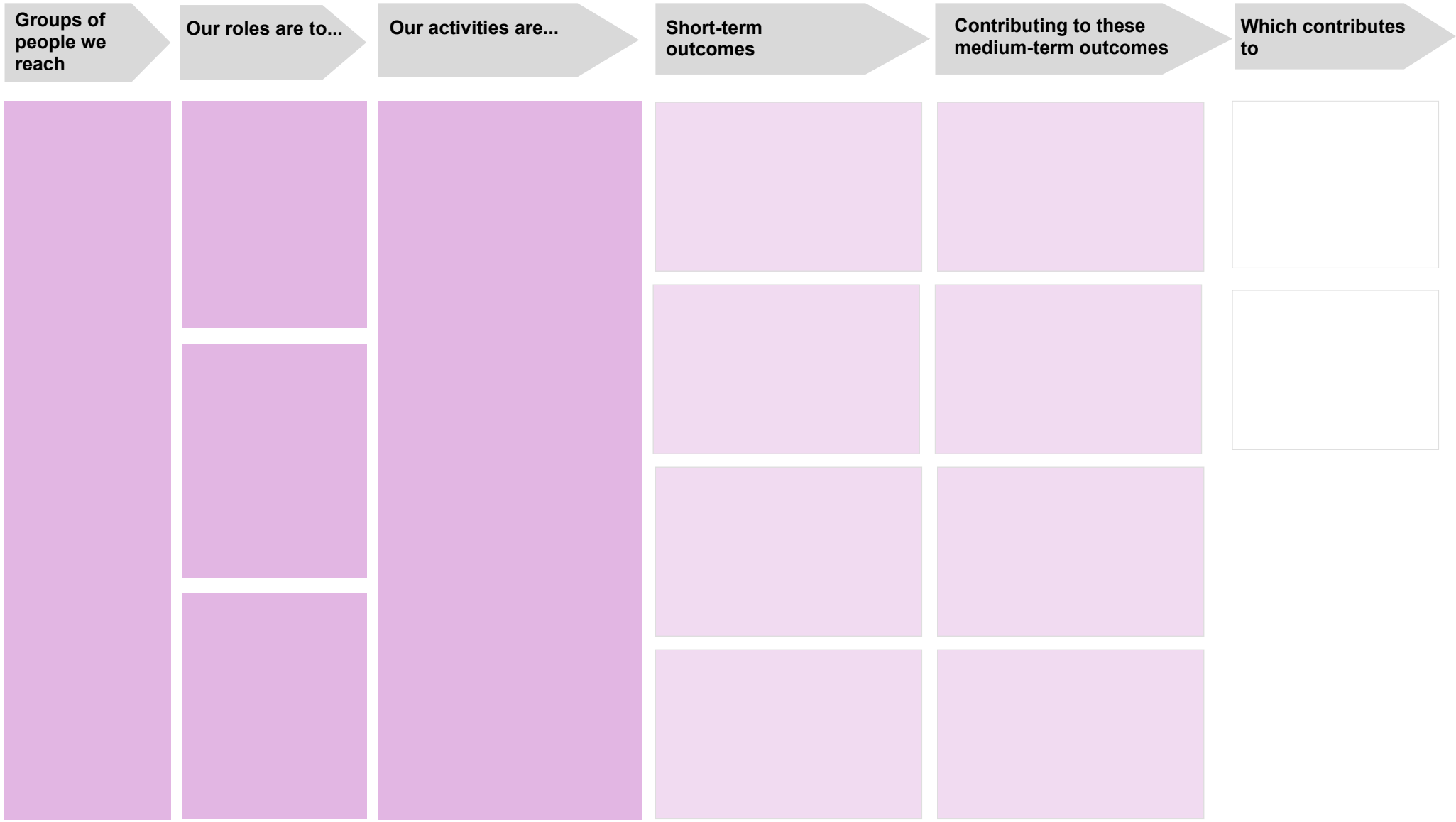
Step 4: Think carefully about which strategic priority your work contributes to. It's helpful to choose just one or two. Who do you want to "tell your story" to?

Top tips:

- Take a look at the examples from other organisations in Section twelve. This might help you get started
- Don't choose too many outcomes. We suggest 3-5 short term outcomes for any project or organisation
- You do not need to copy the statements such as roles, activities or outcomes word for word. These are designed to be used for inspiration or as prompts. You might want to use different language. For example, you might want to make "people" more specific to reflect the people you work with, such as "young people leaving care in Falkirk"
- We don't expect third sector organisations to be delivering **all** these activities or achieving **all** these outcomes. Please pick out the ones that reflect your work.

> This model can help us justify to funders why we focus on the individual's wider wellbeing, rather than only medical outcomes (Waverley Care)

Blank template to create your model



Section seven: Steps for third sector organisations to measure their contribution

This section sets out steps that **third sector organisations** can take to **measure** how their work contributes to tackling health inequalities.

We suggest that third sector organisations complete Section six first and **develop their own simple version of the model** for their project, service or organisation.

The model will help you plan what to evaluate and when, and it should include:

- **Who** you are trying to reach
- What **role(s)** you are playing
- **Activities** you are delivering
- **Short-term outcomes**
- **Medium-term outcomes**
- How this links to **long term or strategic outcomes**

NHS Health Scotland currently measures health inequalities by comparing life expectancy, healthy life expectancy and rate of disease between different population groups, such as socio-economic groups[6].

We know that third sector organisations cannot use life expectancy and rate of disease to measure impact. This is because:

- It is not realistic or proportionate for the third sector to have an impact on longer life expectancy
- Third sector organisations often don't have access to evidence of health outcomes for individuals or at the population level
- The work organisations do often *contributes* to health outcomes in the medium to long term but they would measure the impact of their interventions by using shorter term outcomes and indicators
- The third sector is broad and diverse and what organisations measure depends on who they work with and what type of interventions they are delivering

Given the "rich tapestry" of work third sector organisations are delivering, there are **no universal measures** that they can use to evaluate their impact on tackling health inequalities. There is, however, a **good practice process** to help organisations demonstrate their impact. We have set out **five steps** below which organisations can take to evaluate their impact on health inequalities more effectively.

[6] healthscotland.scot/health-inequalities/measuring-health-inequalities

Step 1: evaluate your reach

- Describe who you set out to reach with your activities
- What factors put them at risk? These are usually factors which you cannot change, such as where people live

  For example, older people more at risk of social isolation can:
  - have children that live far away or no children
  - live alone
  - be carers
  - have a physical or mental impairment
  - live in a rural area
  - have a low income

- Collect data about who you have reached, to show you have targeted those who you intended to reach
- If you didn't reach those who you intended to, why not? Did you understand the barriers or need correctly?

  You can use an approach like this:

Who is your target audience? (Risk factors)

Are you reaching your target group?

Who might you *not* be reaching?

Top tip: Over time you may learn about new issues or barriers for groups of people, so your target audience may change.

✔Step 2: create a plan to measure your short-term outcomes

In the model you created in Section six, you should have chosen 3-5 clear and concise **short-term outcomes** that you can achieve as a result of your activities.

Outcomes should:

- Be succinct
- Be directly related to the barriers or issues you are addressing
- Not happen without your intervention
- Be realistic
- Be within your power to achieve

Third sector organisations should collect evidence for short-term outcomes first. This change might be immediate for people (for example, carers can feel more able to cope after one call to a helpline) or it may take several inventions over time to achieve the change.

For more guidance on setting outcomes you can refer to **ESS Resource: 1a Setting outcomes.**

Then you are ready to set clear **indicators** that help show when outcomes have happened. Indicators are the things you measure to find out whether you have achieved your outcomes. You need to look at all of your outcomes and come up with indicators for each. They will give you clues about how you should collect evidence.

For more guidance on setting indicators read **ESS Resource: 1b Working out what to measure.**

You may find using an evaluation plan like this helpful:

Outcome (change or difference you will make)	Indicators (how you will know this outcome is happening)	How to collect information (method)	Who will do this?	When and where information will be collected

Step 3: collect evidence to show impact

Use your indicators to collect outcome evidence. Often the best evidence of change comes up in conversations with people. Make sure you are able to capture what people say to you.

- Organisations find the most effective methods are those they have designed with service users in mind
- You should always try to capture a baseline (if possible)
- Capture numbers **and** stories to tell the journey of change

For more guidance on designing methods to collect outcomes evidence refer to

ESS Resource: 2a Design evidence collection methods.

Third sector evidence of impact

Evidence is the qualitative or quantitative information that organisations collect. This comes from a range of sources and varies from person to person and organisation to organisation.

Third sector organisations set out to gather evidence from a wide range of sources to show impact. The types of **evidence** organisations typically collect and use includes:

- Interactions you've observed, such as change in behaviour or practice
- Verbal feedback from people or communities
- Things that third parties tell you, such as referral agencies or partners
- Internal records such as attendance lists, care plans or assessments
- Local or national statistics
- Awards and standards

✔✔ Step 4: relate to medium-term outcomes

Medium-term outcomes can be a helpful link between your short-term outcomes and the strategic outcomes.

Try to carry out follow up to show lasting impact if you can. Some organisations sample a small number of people they are working with. You may also be able to show evidence by drawing on research or other people's evaluation to prove the medium-term outcomes are happening.

✔✔✔ Step 5: relate to strategic outcomes

It is helpful for third sector organisations to describe the contribution they make to higher level outcomes, whether these are national, such as the Public Health Priorities or the National Performance Framework, or local, such as the Health and Social Care Partnership outcomes, or Local Improvement Plan outcomes.

We recommend you choose the ones most relevant to you. What ones are relevant depends on what you are trying to explain and to whom.

 **Top tip**: try linking to one or two strategic outcomes, not all of them

To find out more about evaluating prevention refer to **ESS resource: Evaluating prevention.**

Section eight: How third sector organisations achieve outcomes

Third sector practitioners often say that ***how*** they work is just as important as ***what*** they do. These are some of the values underpinning many third sector organisations and are central to making a difference to people. Some of these may apply to other sectors.

Third sector organisations:

- Recognise and value people's knowledge, skills and experience. Individuals are experts in their own health and wellbeing
- Strive to see the whole person not their condition
- Believe that individuals, families and communities have a right to health
- Aim to be flexible and responsive, working with people where they are and at their own pace
- Value evidence from lots of different sources, including lived experiences and not just academic or medical information
- Understand that sometimes the best way to reach people who need support is by delivering non-targeted interventions initially

External factors that can prevent outcomes being achieved

- Third sector organisations are often required to balance time-limited funding with showing impact on longer term outcomes
- Lots of things are unpredictable – third sector organisations often depend on getting the right referrals from other practitioners, for example
- Organisations are working in the context of austerity. A freeze on benefits and introduction of universal credit means more people are living in poverty or at risk of poverty, so the scale of disadvantage is increasing. Sometimes organisations can only prevent people's current situation from getting worse, rather than improve it.

The resources organisations use to deliver activities:

Skilled staff	Experienced/trained volunteers	Physical resources such as buildings/equipment
Funding leveraged in from elsewhere	Connections/relationships	

Section nine: Tips for commissioners on using the model

There may be several different ways in which you could use this model. You may want to consider the following purposes:

- To understand how third sector organisations you commission are contributing to tackling health inequalities in your area
- To share this with third sector partners to help them describe and explain their contribution to tackling health inequalities
- To guide what kind of evidence you ask for from third sector organisations you commission (for example, in year-end reports)
- To help you plan work in your area. You may find that this highlights gaps in services and enables you to target funding towards areas of need
- To guide discussions about funding agreements
- To help guide you in developing service specifications

Section ten: Examples from other organisations

The examples on the following pages have been developed by other third sector organisations, some of which were involved in the working group producing the model.

They aim to show:

- the different aspects of how the third sector tackles health inequality in reality
- how the model can be used for explaining the third sector's contribution
- how the model can be used for measuring – and what reasonable evaluation and reporting looks like

Example: Haven Project, Circle

Groups of people we reach	Our roles are to...	Our activities are...	Short-term outcomes	Contributing to these medium-term outcomes	Which contributes to
Parents/carers who are experiencing multiple disadvantage in North Edinburgh	Equip people with ability to respond to life challenges	Advice or referral to other services	Parents feel more confident	Parents have stronger relationships with others	**Public Health Priority:** A Scotland where we flourish in our early years
	Help people access the services and support they need and navigate systems	Outreach work to reach those at risk	Parents feel more listened to	Parents have improved parenting capacity	**AND**
	Help people develop the skills to keep themselves and others well	Supporting people to participate and connect (such as community cafes, learning programmes)	Parents feel more valued	Parents are less socially isolated	Edinburgh Children's Plan 'Providing children with a good start in life is one of the most effective ways of addressing social and health inequalities.'
			Parents feel more cared for		
			Parents are more socially connected		

About us:

Haven project at Circle delivers a range of support to families in North Edinburgh who experience poverty, high levels of domestic abuse and poor parental mental health. These factors can lead to poor attachment between babies and parents and an environment which lacks stimulation and learning (which in turn contribute to poorer health outcomes for babies). Our service helps people connect with other parents in their area (through activities like baby massage), helps improve parents' confidence in their parenting ability, which in turn means the parent/baby relationship is strengthened, there is better attachment between parent and baby and the parents are less socially isolated.

How we measure our contribution to health inequalities

We measure and report on our **short-term outcomes** by:

- Gathering comments from parents about how confident they feel in caring for their baby
- Observing how parents interact with their baby
- Counting the number of parents who attend and complete the baby massage groups

We have some evidence of our contribution towards **medium-term outcomes**:

- We know that parents have improved parenting capacity because we see parent/baby attachment improve. We see parents become more comfortable at addressing their baby's physical needs
- We know that our work also helps parents feel less isolated because they tell us in conversation

We help contribute to the public health priority "A Scotland where we flourish in our early years"

Example: Street Support Team, Waverley Care

Groups of people we reach	Our roles are to...	Our activities are...	Short-term outcomes	Contributing to these medium-term outcomes	Which contributes to
People experiencing homelessness and substance dependence in Glasgow city centre	Support people in crisis	Listening	People feel more listened to	People are better able to articulate their needs	**Public Health Priority**: A Scotland where we reduce the use of harm from alcohol, tobacco and other drugs
	Help people access the services and support they need and navigate systems	Advice or referral to other services	People have more opportunities to connect with others	People are less socially isolated	
	Empower people to speak for themselves	Outreach work to reach those at risk	People are more likely to attend appointments	People are better able to access support, services and facilities that help them to stay healthy	
		Information on websites/leaflets	People are more likely to adhere to medication or treatment		
		Peer support	People have better access to relevant information		

About us:

The Street Support Team at **Waverley Care** aims to tackle the ongoing HIV outbreak in Glasgow. We aim to reach people who experience multiple disadvantage, particularly those who are homeless and use drugs as they are at greater risk of HIV. We undertake outreach work, provide mobile testing, support people to engage with other services and, importantly, provide information, advice, emotional and practical support.

How we measure our contribution to health inequalities

We measure and report on our **short-term outcomes** by:

- We know people feel listened to, valued and cared for through observations and comments made during street work conversations. Providing a listening ear and emotional support helps us to build trust with individuals and help achieve other outcomes around accessing health services
- We use statistical evidence which we record on our databases. This shows the number of people testing and retesting, the number of people using the needle exchange. This tells us that people are attending health sessions
- We carry out a needs assessment which helps us know whether people are accessing support they need or taking medication
- We also gather comments from blood borne virus nurses and their databases about attendance at appointments

We have some evidence of our contribution towards **medium-term outcomes**:

- Through interviews people tell us about how their access to health and other services has changed over time and how they feel less isolated. During interviews we also ask people about their knowledge of risks, enabling us to contribute to at least one of the public health priorities

Example: Fife Intervention Service, Shelter Scotland

Groups of people we reach	Our roles are to...	Our activities are...	Short-term outcomes	Contributing to these medium-term outcomes	Which contributes to
People experiencing multiple disadvantage such those at risk of homelessness or experiencing homelessness in Fife	Support people in crisis	Immediate material provision	People are more aware of their rights	People are better able to exercise their rights	**Fife Health & Social Care Partnership Priority 1:** Working with local people and communities to address health inequalities and improve health and wellbeing outcomes across Fife
	Equip people with ability to respond to life challenges	Advice or referral to other services	People are more likely to attend health appointments	People are better able to articulate their needs	
	Help people access the services and support they need and navigate systems	121 support sessions	People have better access to relevant information	People use services more appropriately	
		Outreach work to reach those at risk	People are more aware of support or services (housing)	People's mental, physical, sexual health improved or sustained	
			People have a better understanding of how to access services		
Staff who deliver frontline services in the statutory sector and 3rd sector	Build ability of agencies to meet people's needs	Raising awareness about specific issues that affect health	People delivering services better understand the barriers people can face in accessing services or facilities	People who deliver services are better connected with each other across sectors	

Shelter Scotland runs the Fife Intervention service at Victoria Hospital in partnership with the NHS and Fife Council. The service provides advice on housing, welfare rights, money and debt to those experiencing homelessness (or at risk of homelessness) and presenting to A&E. We also refer and signpost people onto other services. This then aims to reduce repeat presentations at A&E, reduce repeat homelessness and ultimately reduce the housing issue.

How we measure our contribution to health inequalities

We measure and report on our **short-term outcomes** by:

- Listening to individuals tells us that they have a better understanding of how to access health services and whether their awareness of their rights has improved
- We see change in NHS staff knowledge and awareness by measuring the number of people they refer on to the services they need
- Practitioners sometimes also tell us about individuals accessing services where they previously didn't

We have some evidence of our contribution towards **medium-term outcomes**:

- Anonymous hospital statistics tell us about the decline in the number of presentations/repeat presentations at A&E (people are using services more appropriately)
- Improvements in health outcomes are longer term and we often don't measure this outcome ourselves, but would draw on evidence that suitable housing is a crucial determinant of health

Example: Health Issues in the Community, Community Health Exchange

Groups of people we reach	Our roles are to...	Our activities are...	Short-term outcomes	Contributing to these medium-term outcomes	Which contributes to
People in a particular geographical area or communities	Bring people together	Supporting people to participate and connect	People feel more confident/assertive	People are more supported to identify their own issues and solutions	**Public Health Priority:** A Scotland where we live in vibrant, healthy and safe places and communities
	Create good quality spaces where people can thrive	Learning, sharing skills/experience	People have increased self-esteem	People feel more connected to their community (of interest or place)	
	Empower people to speak for themselves	Collective action, campaigning	Better understand how to participate in the community and take a lead	Communities are better able to identify their own health priorities	
		Raising awareness about specific issues that affect health	People feel more able to address health and issues which affect health	Communities have more choice and influence	

About us:

Health Issues in the Community is a training course delivered by the **Community Health Exchange**. It helps people understand the links between poverty and health and supports them to take action on the health issues affecting them. It is delivered to local communities and helps equip people for the real challenges they face in developing community responses to health issues. We know it also helps to strengthen links in communities. We also promote the course to agencies that have a remit for tackling health inequalities, promoting community development approaches to health and developing community participation around health.

How we measure our contribution to health inequalities

We measure and report on our **short-term outcomes** by:

- Gathering verbal and written feedback from people who take part in the course. We gather qualitative evidence from feedback forms. Typically, this evidence tells us that people feel more confident, motivated and equipped to take action in their communities
- We also have evidence from learning logs and essays that the course helps people feel better connected in their communities and feel able to take action to address health issue in their communities

We have some evidence of our contribution towards **medium-term outcomes**:

- We get in touch with participants after the course to follow up with them and develop case studies. For example, recently a group of participants turned their lived experience into action by developing a play based on how their families had experienced and dealt with issues around mental-ill health, self-harm and addiction. The play helps 'shine a light' on their experience of mental health services and has been delivered numerous times, including to the former Health Minister Shona Robison and at a meeting of the Mental Health Strategic Planning Group. The women themselves have since been engaged in processes to improve delivery of mental health services, volunteer and offer mentoring to people who are going through mental trauma as well as forming a self-reliant craft group to generate some income and help their own mental wellbeing

Example: Healthy n Happy Community Development Trust

Groups of people we reach	Our roles are to...	Our activities are...	Short-term outcomes	Contributing to these medium-term outcomes	Which contributes to
People experiencing poverty or multiple disadvantage and the local population in Cambuslang and Rutherglen	Bring people together	Volunteering	People feel more confident	More people volunteer in local programmes	**Public Health Priority:** A Scotland where we live in vibrant, healthy and safe places and communities
	Empower people and communities to speak for themselves	Social activities	People feel more valued	Communities are better able to identify their own priorities	
	Create good quality local spaces where people can thrive	Supporting people to participate and connect	People have more opportunities and places to connect with others	People develop the skills, resources & confidence to achieve their goals	**AND**
		Skills sharing opportunities	People better understand how to participate in the community	People have good quality local spaces to meet, work, play	**SLC H&SC Priorities:** Reducing isolation & targeting/ reducing health inequalities, through early intervention and prevention
		Collective action, campaigning, mobilizing people to affect positive changes	People better understand how to lead on local priorities	Communities are better able to work with all other stakeholders	
Staff who deliver frontline services in the statutory and 3rd sector	Provide opportunities that work to address poverty and inequality	Make connections between people and agencies	People delivering services better understand barriers people can face	Better able to work with communities to understand their priorities	

About us:

Healthy n Happy is community based, owned and led, working to empower local people to be active in local decision making. We are inspired every day by the positive changes people make in their lives and in their community, from building confidence and self-esteem, to boosting skills and relationships, to getting more involved in their local neighbourhood to make it better for all. This directly addresses health inequalities, as the more people who are involved and collectively mobilised to take action in their area, the greater the level of change - particularly for individuals and neighbourhoods experiencing significant levels of poverty, inequality, unemployment and crime, among many other challenges.

How we measure our contribution to health inequalities: Our short-term outcomes are measured through volunteer surveys, staff observations and tracking case studies about people's stories about their journey. This tells us whether people have improved their confidence, whether they feel part of a team, are they doing more than they thought they would, are more connected, learnt new skills/built on existing skills, become more involved in their community and/or more employable.

We measure medium-term outcomes through regular local consultations, surveys and feedback. Community data is gathered through face to face engagement, local community events, action/working group meetings and local community activities. This tells us how many people are involved in their community/know how to get involved, the levels of influence people have on decisions that affect them, whether facilities/services reflect their priorities and people say their community is becoming a better place to live.

Example: Intergenerational activities, Raploch Community Partnership

Groups of people we reach	Our roles are to...	Our activities are...	Short-term outcomes	Contributing to these medium-term outcomes	Which contributes to
People experiencing multiple disadvantage in Raploch and wider Stirling area	Help people develop skills to keep well	Peer support	People feel more confident	People develop the skills, resources and confidence to achieve their goals	**Public Health Priorities:** A Scotland where we live in vibrant, healthy and safe places and communities
	Bring people together with common interests	Volunteering	People have increased self-esteem	Feel more connected to their community (of interest or place)	**AND** A Scotland where we have good mental wellbeing
	Create good quality spaces where people can thrive	Social activities (community events, outings)	People feel more listened to	More people volunteer in local programmes	
	Empower people to speak for themselves	Supporting people to participate and connect (such as learning programmes)	People have more opportunities and places to connect with others	Communities are better able to identify their own priorities (around health, wellbeing, place)	
		Skills sharing opportunities (such as gardening)	People better understand how to lead on local priorities		

About us:

Raploch Community Partnership are a community led organisation focusing on the economic and social regeneration of Raploch and the wider Stirling area. Within our Connect project we deliver and host a range of community led intergenerational activities which promote skills development, volunteering, inclusion, participation and which tackle social isolation and loneliness. Some of our activities include intergenerational singing, gardening, cook and coach, happy hearts and craft groups.

How we measure our contribution to health inequalities

We measure and report on our **short-term outcomes** by:

- Monitoring and reporting on attendance on all participation and delivery elements
- Baseline assessments completed with our volunteers and continued with 1:1 discussions and opportunities to share and feedback
- We use evaluation forms and feedback to gather experiences about whether people feel less lonely and isolated and more able to contribute to their community
- Reflective discussions encourage positive interactions and a sense of being valued are captured through group interaction and participation observation

We have some evidence of our contribution towards **medium-term outcomes**:

- Case studies provide evidence that we help people feel less isolated and more connected to and within their community, and informs much of how our community led activities are shaped
- We also find that our courses and programmes help people to take steps in a new direction or work towards new personal goals. Many of our activities are volunteer led and journeys of growth, connection and increased confidence are documented, shared and celebrated. This in turn contributes to two of the public health priorities

Example: Edinburgh and Lothians Greenspace Trust

Groups of people we reach	Our roles are to...	Our activities are...	Short-term outcomes	Contributing to these medium-term outcomes	Which contributes to
People experiencing multiple disadvantage in South Edinburgh	Provide opportunities and information for healthy living	Outreach work to reach those at risk	People have increased self-esteem	People are less socially isolated	**Public Health Priorities:** A Scotland where we live in vibrant, healthy and safe places and communities
	Support people to build up protective factors	Supporting people to participate and connect	People have better awareness of the steps they can take to stay healthy	People have good quality local spaces to meet, work, play	**AND**
	Enable people to address the social determinants of health	Physical activity groups	People feel more valued	People have better access to support, services and facilities that help them to stay healthy	A Scotland where we eat well, have a healthy weight and are physically active
			Have more opportunities and places to connect with others	More people take part in health improving activities	
			Better understand how to participate in the community	People's mental and physical health is improved or sustained	

About us:

The **Edinburgh and Lothians Greenspace Trust** provides a programme of outdoor activities that promote physical activity and healthy eating for those who face health inequalities. Our preventative activities are aimed towards reaching those who are at risk of developing conditions, such as obesity and diabetes. The project operates in specific areas of south Edinburgh, as these areas have been identified as most in need and is co-produced with the community. We aim to encourage people to lead healthier lives, helping people feel that their opinion matters therefore enabling them to feel more in control.

How we measure our contribution to health inequalities

We measure and report on our **short-term outcomes** by:

- Gathering feedback from participants about their feelings, behaviour and knowledge, using a range of tools such as feedback through social media and Standard Impact Assessment questionnaires after a set of activities
- People tend to tell us informally about how connected/disconnected they feel to local greenspaces
- Carrying out a survey of people in the local area about their knowledge and use of local community spaces and health and wellbeing

We have some evidence of our contribution towards **medium-term outcomes**:

- Increased attendance at physical activity classes and feedback on use of greenspace tells us people are accessing facilities which help them stay healthy
- We can draw on other evidence, such as observations, to show that more people are using greenspaces in the local area
- It can be harder to see health improvements for individuals who participate in our activities. However, if they feel more connected to their local area and are doing more health improving activities then we can assume their health has improved or sustained

Example: Midlothian Third Sector Interface

Groups of people we reach	Our roles are to...	Our activities are...	Short-term outcomes	Contributing to these medium-term outcomes	Which contributes to
Volunteer breastfeeding peer supporters	Bring people together	Supporting people to connect	People feel more listened to	More people volunteer in local programmes	A Scotland where we eat well, have a healthy weight and are physically active
	Empower people to speak for themselves	Levering in income and resources for communities	Better understand how to participate in the community	Communities are better able to identify their own priorities	**AND**
Local decision makers (including frontline staff with a strategic remit)	Advocate for the role and voice of communities in local service development	Gathering and sharing evidence about gaps in provision and what people need	Better understand how to take the lead on local priorities	Communities are better able to work with all other stakeholders	Midlothian Children's Services Plan 2017-2020: 'Children in their early years and their families are being supported to be healthy, to learn and to be resilient'
	Support people to participate in wider decision making about processes that affect health	Working with frontline staff and decision makers to develop their understanding of community leadership and co-production	Local decision makers are better able to hear lived experience	Local decision makers are better able to work with communities to understand their priorities when planning services	
			Local decision makers are more likely to use third sector evidence		

About us:

Midlothian TSI exists to support, develop and represent third sector organisations in Midlothian. In 2018 we began working with four local groups who wanted to do more around breastfeeding peer support. We initially encouraged them to form an alliance and helped them to better understand the strategic context of breastfeeding, including why a lack of support is linked to health inequalities. We then assisted them to build new partnerships with other third sector organisations and work towards the acquisition of grant funding. This example demonstrates the role of the TSI in developing community led activity, whilst working alongside colleagues with a strategic remit to help them understand why this activity is important and how best to integrate it into more traditional models of service provision.

How we measure our contribution to health inequalities

We measured and reported on our **short-term outcomes** by:

- Observing increased communication between the groups and with local decision makers around the formation and promotion of a new community alliance
- Discussing with colleagues from different organisations, gauging changes in their understanding of the project and their willingness to take it seriously

We have some evidence of our contribution towards **medium-term outcomes**:

- The number of trained peer supporters tripled, and groups doubled. Detailed meetings were held with decision makers about information sharing and working together. New employment opportunities were created, and NHS funding was allocated for a post to be hosted by the Breastfeeding Network UK to continue developing this activity in Midlothian.

Section eleven: Who was involved in developing the model?

This has been created by a diverse range of representatives from across the third sector as well as commissioners and has been widely consulted on across the sector. Organisations involved in the working group include:

Other organisations we consulted with in developing the model include:

Voluntary Health Scotland
Youth Scotland
Local authority youth clubs (LAYC)
Development Trust Association Scotland (DTAS)
Corra Foundation
Positive Help
Vaslan
Edinburgh Health and Social Care Partnership
Stirlingshire Voluntary Enterprise
HIV Scotland
ASH Scotland
Senscot
YouthLink Scotland
NHS Lothian
Alliance for Health and Social Care
The Robertson Trust
Stepping Stones North Edinburgh

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