A Stitch in Time: Final Report

Background

A Stitch in Time? is a partnership demonstration project facilitated by Evaluation Support Scotland (ESS) and supported by the Scottish Government Third Sector Unit and the Joint Improvement Team (JIT). The JIT is co-sponsored by the Scottish Government, COSLA and NHS Scotland.

The work took place between September 2012 and March 2015. We worked in one health Board area (Lothian) which incorporated 4 local authorities.¹

The need for this work was identified by Andrew Jackson. Seconded to the Joint Improvement Team from the third sector, Andrew identified that the role of the third sector in relation to the Reshaping Care for Older People (RCOP) agenda was not well understood by the statutory sector. In brief, there was a lack of understanding about the range of interventions, the outcomes that come from those interventions and how they linked to prevention and RCOP strategic outcomes. Evidence to support confident investment in third sector interventions was not always robust or accessible. As a result (and to differing degrees around the country) commissioners were not making full use of the third sector, with poorer outcomes for older people.

We used a range of evidence to compile this report. Please see Appendix three.

Aims of A Stitch in Time?

- To understand the contribution of the third sector to the Reshaping Care for Older People (RCOP) programme in a defined geographical area
- To understand other outcomes that come from third sector interventions (out with RCOP requirements)

Funding

Total funding for A Stitch in Time? was £313,000 broken down as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount for ESS</th>
<th>Flexible Fund²</th>
<th>VAT</th>
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<tbody>
<tr>
<td>2012/13</td>
<td>£45,833</td>
<td>£15,000</td>
<td>£12,167</td>
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<tr>
<td>2013/14</td>
<td>£80,000</td>
<td>£20,000</td>
<td>£20,000</td>
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<tr>
<td>2014/15</td>
<td>£80,000</td>
<td>£20,000</td>
<td>£20,000</td>
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Approach

¹ Edinburgh City Council, East Lothian Council, West Lothian Council and Midlothian Council
² Fund for other third sector partners for specific pieces of work
The programme aimed to work with third sector organisations to

- Explain: develop models of third sector interventions exploring the need they address, activities and outcomes and how they link to strategic outcomes.
- Measure: identify indicators and methods for measuring outcomes
- Prove: identify other evidence that might prove or challenge the outcomes that come from third sector interventions

We took an **action learning** approach, drawing from ‘on the ground’ practice and working with issues that practitioner and commissioners identified as being of importance in their local area.

<table>
<thead>
<tr>
<th><strong>Planned Outcomes</strong></th>
<th><strong>Key evidence</strong></th>
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<tbody>
<tr>
<td>At the beginning of the programme we set the following outcomes: grouped into 5 areas</td>
<td>(see appendix two for outcome maps)</td>
</tr>
<tr>
<td>1) Public and third sector partners, both in the project area and beyond it, have a better understanding of how third sector interventions contribute to older people’s health, wellbeing and care.</td>
<td>See outcome map one</td>
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<tr>
<td>2) Participating third sector organisations have increased skills to evidence the outcomes of their work with older people in respect of the same terms.</td>
<td>See outcome map two</td>
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<tr>
<td>3) <strong>Other third sector organisations have increased ability to measure and report on the outcomes of their work with older people.</strong></td>
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<tr>
<td>4) <strong>Third sector organisations use evidence to improve services for older people.</strong></td>
<td>See outcome map three</td>
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<tr>
<td>5) <strong>All partners have access to robust evidence upon which to base collective decisions of as to appropriate resource allocation in terms of shifting the balance of care.</strong></td>
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<tr>
<td>6) <strong>Policy makers and funders have increased confidence to engage with the third sector in relation to older people’s care.</strong></td>
<td>See outcome map four</td>
</tr>
<tr>
<td>7) <strong>Local and national policy makers and funders are better able to ensure that older people have the care and support they need when they need it.</strong></td>
<td>Longer term outcome</td>
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</tbody>
</table>
What did we do?

Getting started
- Engage partners
- Understand context, baseline of current provision and views of 3rd sector contribution

Phase 1 Build
- Work with learning sets of 3rd sector orgs to create evidence framework (logic model indicators methods)

Phase 2 Test (and rebuild)
- Share framework and add to it
- Use framework to gather evidence
- Improve framework

Phase 3 Share (and retest and rebuild)
- Workshops for 3rd sector – use it and prove it
- Work with commissioners, funders to use the emerging evidence in their plans
- Final learning about content and process

This was the plan. In reality it wasn’t as linear as this. The phases overlapped and some things happened sooner than we first envisaged. For example we began work with commissioners much earlier on in the programme as a way of trying and testing approaches. We shared progress and emerging publications throughout using the newsletter, our webpages, the reference and advisory groups our own events and presentations at others’ events.

This plan was deliberately undetailed. Taking an action research approach we wanted to respond to the issues raised by Change Fund partners.

Overall we spent more time on:
- working with smaller groups to explain measure and prove particular interventions (in response to local need and interest)
- supporting commissioners early on (and we could have done more)
- writing, commissioning work and revising publications (ours and others)
- responding to enquiries and requests to talk about the project (restricted)
- feeding into RCOP strategic framework and developing joint JIT webpages

We spent less time on
- running workshops for commissioners and third sector organisations after our materials had been developed
- checking emerging learning with academics
We would have liked to spend more time on running workshops, but ran out of time. Commissioners were not expressing concerns about the need for academic backing for evidence, so checking emerging learning with academics seemed less essential.

**Our activities: Headlines (see appendix one for more detail)**

Spent 3 months scoping the issue we were trying to address
26 interviews: consultative launch event: local reference group, 3 mapping exercises by Third Sector Interfaces (TSIs):

Worked intensively with a working group of 14 practitioners. This involved 13 working group meetings and tailored support to individual organisations

Ran 10 workshops for 106 places on outcomes, methods and reporting.

Gave some support to Change Fund commissioners in 3 areas

Gave support to, day care centres (West Lothian), Transport operators, Community Connecting projects, Carers support projects

Liaised with JIT and Health Scotland around links between Stitch in Time? and strategic RCOP models

Undertook or commissioned original research and or evidence reviews on 11 subjects (specific interventions or outcome areas)

Developed a range of publications including an overall model of the third sector’s contribution, indicator bank, 6 Focus on publications (one for each main outcome domain from the model), 11 evidence reports/reviews and 9 in depth case studies

Disseminated findings through, 6 newsletters (245 people), ESS and JIT web pages, mid-term, funder and final events, attending other people’s meetings/conferences and policy discussions with officials developing commissioning guidance, transport policy. We fed into a Scottish Parliament Equal Opportunities Committee call for evidence on age and social isolation and put the Committee in touch with front-line organisations.

Reported quarterly and took guidance from a local reference group and a national steering group.
What difference did we make?

In appendix two there are outcome maps for 4 main outcomes of the *A Stitch in Time?* programme. In those maps we identify a broad baseline, showcase a range of evidence, identify particular challenges and set out what participants at the final event told us we have not managed to achieve (stitches dropped or left unsewn).

<table>
<thead>
<tr>
<th>Highlights of the difference we made</th>
<th>See below for more detail</th>
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<tbody>
<tr>
<td><strong>Public and third sector partners have a better understanding of how third sector contributions contribute to older people’s health, wellbeing</strong></td>
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<tr>
<td>We explained the contribution to RCOP well. Our models were well received.</td>
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<tr>
<td>The landscape has changed and we need to pick out the relevance of our materials for the new health and social care partnerships.</td>
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<tr>
<td>We have drawn out key messages about the third sector, its role, values and principles underlying the approach.</td>
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<tr>
<td><strong>Third Sector organisations have increased third sector skills and capacity to evidence their work</strong></td>
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<tr>
<td>We increased the skills of those who took part.</td>
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<tr>
<td>We provided tools and materials for others to use.</td>
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<tr>
<td>We need to disseminate the materials more.</td>
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<tr>
<td>We have identified key messages around evaluation.</td>
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<tr>
<td><strong>Third sector partners have and use evidence to improve services for older people</strong></td>
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<tr>
<td>We have substantially built the evidence base around the value of third sector interventions in health and social care (though not for every third sector type of intervention).</td>
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<tr>
<td>We have examples of people using our materials to influence policy.</td>
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<tr>
<td>We have examples of people using evaluation to improve services.</td>
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<tr>
<td>We have learnt a lot about how commissioners use evidence in decision-making, but we have more to learn.</td>
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<tr>
<td><strong>Policy makers and funders have increased confidence to engage with the third sector in relation to older people’s care.</strong></td>
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<tr>
<td>Our initial scoping suggested that confidence in the third sector was not the issue, rather it was evidence to support their decisions to fund Third sector organisations.</td>
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<tr>
<td>We have however built collaboration between the third and statutory sectors and between third sector organisations.</td>
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</tbody>
</table>
Public and third sector partners have a better understanding of how third sector contributions contribute to older people’s health, wellbeing

In the scoping phase we identified that in three of the four local authority areas, relationships were felt to be strong between partners. People felt they understood the role of the third sector, but that its impact needed to be better evidenced. This would enable them to explain and back the case for preventive spend will be useful.

Our overall model has been welcomed as a useful tool to explain third sector contribution. People liked the simplicity and the branding.

*Situation Tree & Logic model: easy way to get message across to those who are new to issue, or who don’t have time for in-depth briefing.*”

*Anonymous survey response*

More detailed models focus in on particular types of third sector intervention. This has helped third sector organisations to showcase their work.

*“It has been very useful in articulating the role which transport plays in giving older people mobility and access to services.”*

John MacDonald Community Transport Association

The policy landscape has changed since the programme began. RCOP is still relevant until 2021. However there has been a move to integration of health and social care services with a focus on all age groups. We linked our model to National Health and Wellbeing Outcomes. This demonstrates that our materials are relevant.

We have been unable within the time to look at every type of intervention and not all equality groups are covered. We have done more than we expected on showcasing particular interventions.

We have found it difficult to identify the overall impact the third sector has on savings for the statutory sector. It takes time to establish economic models, before applying costings. Particularly for earlier interventions, it is difficult to attribute outcomes to one organisation. More work could be done to identify in what set of circumstances services working together achieve the best outcomes for particular groups of people or services.

Our working group told us that the impact has been greater in Midlothian and Edinburgh, where there was more involvement by both third sector organisations and statutory staff in the programme. Partly it depends on people, capacity and interest. For example in West Lothian the main interests was in day care. That dedicated piece of work has had a large impact in that one area, even if other work has not been taken on board.
Optima’s logic model for day care services is now an integral part of a new draft Service Specification for Older People’s Day Support Services in West Lothian

David Murray, Optima

We need to disseminate the work further, particularly to commissioners. We also need to draw out the learning for the new integrated health and social partnerships, which have a broader remit than services for older people.

Third Sector organisations have increased third sector skills and capacity to evidence their work

At our launch event, 70% of third sector organisations felt they had appropriate tools most or all of the time and 63% felt they got older people’s feedback on whether services met their needs. People were able to tell us about a wide range of tools they were using. However issues arose around funders having unrealistic expectations about the data that could be collected and the tools that should be used. There was a real concern about evidencing longer term outcomes, which were often out with their control.

We know that we increased the skills of third sector organisations that took part in the programme. People tell us that they have increased skills and we have examples of methods that they have developed and evidence they have collected (See evidence in published case studies). We have put particular
emphasis on mixing self-evaluation and formal evidence, particularly for longer term outcomes.

The indicator bank has been very widely welcomed as a useful tool by both commissioners and third sector organisations.

‘indicators are a valuable tool/ prompt to aid staff open discussions with older people’ Feedback through All Sewn Up?

We have also produced case studies for other third sector organisations. These show case methods and approaches to evaluation, including using formal evidence to substantiate claims that long term outcomes will be met.

We could do more to disseminate these materials to third sector organisations who were not originally involved.

Our working group notes that we have not been able to fully sort issues around project capacity (such as costing in time for evaluation) and different funders making different demands on organisations. These are ongoing issues.

Third sector partners have and use evidence to improve services for older people

There are a number of issues here:

- Building the evidence base in general
- Using evidence to influence policy and practice
- Commissioners having appropriate evidence to make decisions about what to fund

 Whilst we have not been able to cover every area equally, we have substantially built the evidence base about the need for and impact of third sector interventions. We produced a number of evidence reviews, commissioned some original research and through self-evaluation helped projects to collect their own evidence.

We were particularly successful in helping a number of intermediary organisations to build their own evidence base. For example the Neurological Alliance, Community Transport Association and Coalition of Carers all feed back
that they welcomed the opportunity to address and make a start on this issue. They are in a better position than us to take this forward with their members.

Earlier pieces of work around transport seemed to have been most used in policy discussions.

"The evidence in Stitch in Time is strong as it comes from the users themselves. I have spread the project through the community transport network so that operators have good evidence which backs their case when they are deliberating for support from funders or dealing with service commissioners."

John MacDonald Community Transport Association

Others were completed later and have not had the same opportunity to be used. Nevertheless we know that

- Day care: model adopted by commissioners in West Lothian
- Carers evidence review used by civil servants in drafting new legislation
- Fed into Scottish Parliament Equal Opportunities Committee review on age and social isolation

There is some evidence that projects have changed their practice on the basis of evaluation evidence. For example

_Pilmeny Development Project_
Consultation/evaluation with older people has led us to develop more inclusive criteria for Community Connecting service users

_Community Connecting_ identified and addressed common problems with getting the right referrals

_Steady Steps_, Edinburgh
Leisure identified reduced social isolation as a key outcome for individuals attending classes. They now promote the service by saying it’s a good way to meet people in the same boat.

It is less clear whether we have improved commissioners’ use of evidence to make decisions.

In terms of timing we found our evidence reviews didn’t come early enough for some Change Funds. For example in East Lothian expenditure was shifted away from projects supporting early intervention, in favour of projects that more directly addressed HEAT targets around hospital admissions and discharges. At
that point we were not ready with the model or evidence that might have supported retaining expenditure.

We worked with commissioners on reporting in 3 of the 4 areas, addressing their own specific issues. (See grid at the end of the main part of this report). We identified some learning, but we still have more to learn about how best to share the evidence we have collated. We still don’t sufficiently understand the what evidence commissioners need, how this might meet procurement processes and what counts as good enough evidence.

**Policy makers and funders have increased confidence to engage with the third sector in relation to older people’s care.**

Our baseline interviews suggested that local authorities were not expressing a lack of confidence in the third sector. Instead they were concerned that third sector organisations needed to evidence the good work they do so that at the end of the Change Fund, they would continue to be supported.

Across the 4 local authorities it is clear that there were very different levels of funding for third sector organisations, through the Change Fund. How far confidence has played a role in this is difficult to unpick. However collaboration between partners seems to be a key factor.

One unexpected outcome of *A Stitch in Time?* was increased collaboration between third sector organisations and between public sector organisations and the third sector. For example, the published case study from Midlothian Council shows that improved understanding and collaboration was a key outcome

"you can’t meet older people’s needs by working in a silo”. There has to be mutual referrals and better understanding of each other’s contribution. Bringing all services together (statutory and third sector) around reporting has helped build better understanding and smoother referrals between services. Extract from the case study

Bringing people together to work and share, leads to greater understanding and greater collaboration.

*What’s been sewn up?* Being involved in the working groups was really beneficial, working with others in the third sector, sharing ideas.

*Challenges and developing realistic techniques*

*Modelling a good collaborative approach to third sector working together*

Feedback from All Sewn Up? event
What did we learn?

Action learning works, but it’s difficult to plan and easy to overcommit

When we work on issues that matter to people locally, they are more likely to commit themselves to the work. The timing is more likely to be right and there will be opportunities to put learning into practice.

However by responding to local needs, we left ourselves short of time for sharing and disseminating the work and running workshops. In order to share, we also committed ourselves to a heavy programme of writing case studies and other materials. This was stressful for the team.

Learning for ESS itself is that it would be useful to apply blocks of time to each area of work and count down as the time is used up. Partners would help us to decide how best to use that time.

Bringing people together is important

We identified an important outcome around increased understanding and collaboration. ESS helped this to happen by

- Getting people in the same room, sharing contacts, promoting peer support
- Giving a space for people to present their own work, rather than presenting ESS as the expert.
- Being an equally friendly partner to all relevant partners (commissioners and third sector) and highlighting difficulties for each.
- Making positive statements such as ‘we know no sector can deliver these outcomes alone. It’s only together we make a difference for people.’
- Using the Flexible Fund to engage with partners by commissioning work.
We could have combined the Advisory Group and the local Reference Group

Both the national advisory group and local reference group played a useful role in giving feedback on our materials and linking us into other initiatives. However after a couple of meetings the reference group faded away. It would have been better to have one group. The opportunity for local commissioners, practitioners and government staff to meet each other might have been a stronger incentive to come. This would also save time and would create an environment where people can learn from each other (instead of us acting as an intermediary).

The Flexible Fund was both a blessing and a burden

It was great to have money to commission work, but it took time to set up and sometimes we spent time trying and failing to commission work. Having money ring fenced for a given period of time put pressure on us to agree contracts. But there was some work and some collaborations we could not have done otherwise e.g. with “tertiary prevention” organisations. We didn’t have the time to lead this work ourselves and that work was beneficial for organisations involved.

We absorbed vat on grants paid through the flexible fund. Next time we would identify ways to avoid incurring that charge. We would also ensure that the key contact does not change midway through the contract.

Brand and approach in publications was good

Overall people liked the brand and the simplicity. People liked the use of headings, summaries, photos and images, and the way we focussed in on a few key pieces of evidence. Each publication was related to the rest but was ‘individually wrapped’

However working to a set template and a booklet document gave us extra work, because sometimes things didn’t quite fit.
Too many publications or just better navigation?

Learning from previous ESS programmes, we didn’t want to produce a single pack. We wanted different material for different audiences. We planned to put materials onto an interactive JIT webpage. Our plans were foiled. Linking documents to the overall model on the current webpage, will help people to navigate around the materials. Until that happened, it was easy for people to feel overwhelmed by the range of materials.

We could have done more to ensure materials are linked to relevant intermediary body websites. Also we could present a ‘older person’ journey’ diagram and link materials to that.

We’re learning about how best to present evidence reviews: we’re not there yet

We produced evidence reviews in a range of different ways. Some with grids of evidence some, without. We’re not clear what works best and if there is a ‘best way’ given different people will want different things.

In commissioning them, we could have been clearer about what we wanted and how they would be used.

We need to do further work to disseminate our materials

We did a lot, but still people feel that we need to do more to reach both third sector organisations and commissioners.

We need to do more to understand how evidence is used by commissioners.

We have identified some learning in the grid below, but more could be done to understand what evidence is required for different purposes by commissioners.
<table>
<thead>
<tr>
<th>Issues raised in scoping interviews</th>
<th>Our learning</th>
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</thead>
<tbody>
<tr>
<td>Aggregating impact across the change fund</td>
<td>There is a tension between what is useful to collect for projects (to prove impact and improve their service) and what commissioners need to aggregate impact. It is possible to aggregate impact across a diverse range of organisations by adopting a common outcome framework, but it is time consuming. It is worth asking the questions does the result merit the effort.</td>
</tr>
<tr>
<td>Getting consistency of reporting</td>
<td>It is possible to get consistency of reporting, if you involve people in the process. It takes time and you don’t get it right first time around. You also have to take projects with you so there is a change management process.</td>
</tr>
<tr>
<td>Making the links between different types of outcome, personal, community and system</td>
<td>Logic models help to make the links between different types of outcome. But authorities were not necessarily making best use of their models to measure impact. They were used to explain, rather than measure.</td>
</tr>
<tr>
<td>How to make use of lived experience/ qualitative information</td>
<td>Reports are stronger for everyone if there is a mix of qualitative and quantitative information. Case studies bring reports to life. However, often everyday experiences of older people are not routinely captured, analysed and used to improve services or for reports. We have more work to do in this area.</td>
</tr>
<tr>
<td>Having a level playing field between all sectors in proving their impact</td>
<td>Third sector organisations are often better at reporting than statutory organisations, yet their funding is more often in question. It helps if all projects have to report and use the same format (level playing field) and are held to account if they do not.</td>
</tr>
<tr>
<td>Ways to assess and compare different types of intervention For example comparing befriending versus day centres, versus transport.</td>
<td>It helps to have an understanding of outcomes and who the service is trying to reach.. However, we need to explore this more.</td>
</tr>
<tr>
<td>Tracking individual use of services – especially where there are so many different methods being used</td>
<td>It is possible to gather information about reach by profiling clients, by evaluating referrals etc., but again this can be time consuming. This should be kept simple. More work could be done to explore methods in this area</td>
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Appendix one: Activities in more detail

Getting started

In the first stage of the project we

- Interviewed 26 key stakeholders (including staff from the health board, the 4 local authorities, third sector interfaces, independent sector and academics) and attended TSI forums
- Held a launch with 46 people largely from third sector organisations
- Established and held a local reference group and a national steering group
- Used the Flexible Fund to commission mapping exercises from 3 TSI’s in Edinburgh, Midlothian and East Lothian (EVOC, MVA, VDEL)

Build

- We ran 10 workshops with 106 places being taken
  - Collecting information: 3 workshops, 34 places
  - Putting your plan into practice 1 workshop, 6 places
  - Making the most of lived experience: 3 workshops 30 places
  - Logic modelling 1 workshop 10 places
  - Telling my story: 2 workshops , 2 workshops, 26 places
- We openly recruited 14 practitioners. They formed 2 working groups that looked at primary and secondary prevention (they met twice as a full group and in between split into 2 working groups that met 4 times each). This work involved, group work, homework and one to one support. We developed models for primary and secondary prevention, an overall model, intervention specific models, evidence patchworks
- We worked with smaller more informal groups around:
  - Day care providers in West Lothian
  - Transport operators in Edinburgh
  - Evaluation and reporting across 4 community connecting projects in Edinburgh
- Support to Change Fund commissioners
  - Support to Edinburgh change and innovation funds (attend meetings, helped develop logic model, input to reporting for innovation fund)
  - Gave support to Midlothian (worked with orgs funded to reach those at risk of social isolation – support with development of new reporting format, analysis of date and review of process)
  - Gave support to east Lothian – minimal support around reporting and aggregating evidence
- Work with NHS Health Scotland to align our model with the strategic RCOP model

Test and rebuild

- Mid programme event: November 2013 to share work and get feedback (68 attended)
- Commissioned evidence and original research on:
  - Community Transport (‘It’s good to go places’ and ‘Getting there’
  - Evidence about health and wellbeing (used but not published)
  - Carers evidence review produced by ESS (used but not published)
  - Further work commissioned on the role of carers support groups
“Older people eat well”
- Benefits of volunteering (“Better than pills”)
- Informal community action: groups for older people
- Needs of lesbian, gay, bisexual and transgender’ (Same yet different’)
  - WEMWBs and befriending (still to complete)

- We tried but failed to commission work two national organisations (Although we have commissioned work on dementia friendly communities in Edinburgh – still to complete)
- Set up a smaller working group (mostly from the previous working group) to help us think about the publications and dissemination
- Commissioned work on:
  - End of life care (‘No place for fatalism’)
  - Neurological conditions (model and evidence review)
- Developed publications
  - Overall model
  - Indicator bank
  - 6 “focus on” publications – on the main third sector outcome domains
  - Case studies
    - Community Transport
    - Pilton Equalities Project
    - Midlothian Third Sector Interface
    - Changeworks (energy advice)
    - Edinburgh Leisure (physical exercise)
    - LGBT Age (Lesbian, Gay, Bisexual and Transgender services)
    - Optima (day care)
    - Community Connecting (helping older people to make connections in their community)
    - Carers support

**Phase three: share**
- Worked with JIT and Health Scotland on webpages for *A Stitch in Time?* on JIT website
- Developed our own webpages
- Sent out regular newsletters (6 newsletters over the programme to up to 245 people)
- Held event for funders (16 attended)
- Attended others’ events or meetings see box below
- Responded to enquiries
  - PBA and Wellside research: commissioned to undertake a review of the economic, social and health benefits of community transport.
  - Jo Cowan, Age Scotland: how might apply learning in the Highlands
  - SCVO healthy communities Pathfinder project (East Dunbartonshire)
  - Materials sent to SG Building Safer Communities – Phase 2, Reducing Unintentional Injury
  - Shared larger unpublished carers review with government staff developing the carers bill (they used it)
- Final event (71 booked, 53 attended)
- Parliamentary Reception (64 booked and 49 attended)
- Policy work
- Meetings with Government staff writing guidance for integrated health and social care
- Meetings with Scottish Government on community transport
- Fed into Scottish Parliament Equal Opportunities Committee review on age and social isolation
<table>
<thead>
<tr>
<th>Event or meeting</th>
<th>Date</th>
<th>Nos</th>
<th>Spoken to</th>
<th>Roles of people receiving information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social services expo</td>
<td>18 Mar</td>
<td>3000</td>
<td>100</td>
<td>Social work staff, 3rd sector.</td>
</tr>
<tr>
<td>Third Sector Health and Social Care Programme Advisory Group meeting</td>
<td>15 May</td>
<td>30</td>
<td>20</td>
<td>Advisory role for the Enhancing the Role of the Third Sector Programme, led by The ALLIANCE, and the Pathfinder project, led by SCVO. Mix of civil servants and third sector organisations.</td>
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<tr>
<td>Health Scotland RCOP Outcomes framework meeting</td>
<td>16 May</td>
<td>10</td>
<td>10</td>
<td>People involved in shaping RCOP and nested models around end of life care, community food and falls, Govt staff in RCOP, analytical services, Edinburgh change Fund, Alliance</td>
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<tr>
<td>Community Planning Conference: Workshop (with the Alliance)</td>
<td>5 June</td>
<td>18</td>
<td>18</td>
<td>TSIs and community planning leads and some SG officials. They were positive about the model and fed in learning about the challenges of convincing GPs to refer (and the benefits of local co-ordinators).</td>
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<tr>
<td>Sustainability and Spread Third Sector Practices group</td>
<td>10 June &amp; 8 Jul</td>
<td>10</td>
<td>10</td>
<td>People from Quality &amp; Efficiency Support Team (QuEST) and The ALLIANCE who lead on this joint project, which aims to answer: Also attending were SG officials, including Alison Taylor, Head of Integration Unit, and Jess McPherson, who heads the Primary Care Performance Unit.</td>
</tr>
<tr>
<td>JIT leads meeting</td>
<td>June 14</td>
<td>11</td>
<td></td>
<td>JIT staff supporting local Change Fund partnerships</td>
</tr>
<tr>
<td>Final meeting on outcomes for Integrated H&amp;SC</td>
<td>28 Aug 2014</td>
<td></td>
<td></td>
<td>The final meeting of the Development for Outcomes for Integrated Health &amp; Social Care will be held on Thursday 28 August 2014 from</td>
</tr>
<tr>
<td>TSI leads on health and social care</td>
<td>Sept 2015</td>
<td>12</td>
<td></td>
<td>Leads in local TSIs connected through the Alliance Project</td>
</tr>
<tr>
<td>European research project</td>
<td>Oct-2014</td>
<td>15</td>
<td></td>
<td>Projects partners visiting from Italy, England, France and Scotland</td>
</tr>
<tr>
<td>JIT commissioning event</td>
<td>8th Oct 2014</td>
<td>135</td>
<td>25</td>
<td>Talked to full event and workshop, mix of national third sector, statutory orgs and 'evidence/evaluation orgs. Also discussion over kcn/coffee etc.</td>
</tr>
<tr>
<td>Scottish Collaboration for Public Health Research &amp; Policy (SCPHRP),</td>
<td>Oct 2014</td>
<td>14</td>
<td></td>
<td>Joint with Scottish govt and Health scotland, presentation to help Later Life Working group determine future areas for research – ongoing discussions</td>
</tr>
</tbody>
</table>
Appendix two outcome maps

Baseline: from scoping, initial launch and reference group
Local authorities are not expressing a lack of confidence in the third sector, rather a concern that the sector needs to evidence the way they do so that at the end of the change fund, it can continue to be supported.

Several people talked about this time as a ‘window of opportunity’ to highlight both preventive work and the role of the third sector. They see Stitch in Time as useful for that reason. In future when there is no ring fenced fund and budgets are cut, being able to explain and back the case for preventive spend will be useful.

The main areas where strategic partners would like further clarification of the contribution of the third sector are:
- The role in relation to early prevention of health issues for older people
- The role the third sector plays in helping people to stay out of hospital/ care homes and/or return to a community setting after being in hospital

What we did
Develop an overall model, nested models and case studies

Events
Overall logic model well received at events
People like the simplicity and the branding

Models/ case studies
for broad range of groups and interventions

At final event
Of 43 responses to what extent has Sit explained the 3rd sector contribution
21 – quite a bit
17 in a big way
1 a little
4 don’t know
In comments on what has been sewn up 8 people specifically mentioned models
Easy to follow and use logic model
Fully explained the 3rd sector contribution

Feedback to steering group
Derek Young said previous versions of the logic models had already been useful and complemented and informed Age Scotland’s new strategic plan.
Jaqui Reid had evidence of TSIs making use of the logic models locally in discussions with commissioners.

Public and third sector partners, have a better understanding of how third sector interventions contribute to older people’s health, wellbeing and care.

Optima’s logic model for day care services is now an integral part of a new draft Service Specification for Older People’s Day Support Services in West Lothian

On line Survey
Of 7 responses to the Survey Monkey survey, 5 say they have used the materials and report that we have explained the contribution to older people’s wellbeing either a fair bit or in a big way.
“It has been very useful in articulating the role which transport plays in giving older people mobility and access to services.” John MacDonald Community Transport Association
“Useful - the concentrated approach to contributinal analysis in a complex landscape” Katie MacWilliam
“Situation Tree & Logic model: easy way to get message across to those who are new to issue, or who don’t have time for in-depth briefing.” Anon

Unsolicited feedback
“We fed learning from A Stitch in Time into research by New Economics Foundation for the People’s Health Trust about how to improve evaluation and evidence in their funded programmes.” 3rd sector org in Renfrewshire

Feedback from Funders’ event
“Logic model offered a clear framework - will help as we develop our own framework”
“I will have a re-think/review of monitoring/evaluate requirements - less is more”

Challenges
Given the range of interventions and groups we were never going to be able to cover everything or give equal weight to all pieces of work.
We decided to follow the interests and experiences of working groups and stakeholders.

Final event: What’s left unsewn
We haven’t covered every aspect of third sector work to the same depth
Other equalities groups not covered
Light on dementia issues (although work coming soon)
More work on volunteers (although identified evidence review produced by others) role of grandparents
Need to disseminate learning more, particularly to commissioners
Unable to tackle in large way the impact the third sector has on savings for the statutory sector
Baseline: from launch
At the launch TS orgs told us they were using a range of methods. 70% felt they had appropriate tools most or all of the time and 63% felt they got older people’s feedback on whether services met their needs. Issues raised were Capacity/ time for evaluation is always tight. Different funders requiring different evidence doesn’t help. Sometimes methods were being imposed on projects.

Evidencing long term outcomes is a real challenge, especially when you are showing that something hasn’t happened. This isn’t helped by, the short time scales of projects, multiple services contributing to those outcomes, problems around sharing information between services

There are good examples of getting feedback from older people particularly around service satisfaction. There are also real challenges around getting feedback from people with dementia.

**What we did**
- Run workshops, ran a learning set, one to one support with organisations, indicator bank, case studies showcasing methods, support to change reporting formats

**Commissioners report**
- They are getting better evidence through new report formats
  - Eg Midlothian Change Fund
  - Edinburgh Change Fund re Community Connecting

**Feedback from Making the most of lived experience of lived experience**
- What went well:
  - Light bulb moments about how to get feedback
  - Different approaches and ideas
  - Validation that it’s important to track the complexity of older people’s lives

**Feedback from 12 learning set participants**
- Key themes were around increased confidence/reassurance around how to express and measure their outcomes, feeling they could talk more knowledgeably with funders and commissioners about their work, its impact and how to measure that.
  - Supported by formal evaluation forms

**At mid term and final event**
- Our partners felt confidence to explain and show how they measure their outcomes
  - Example: Changeworks uses a wider range of methods. This allows us to more accurately spot where improvements can be made

**Third Sectors orgs have increased skills and capacity to evidence their outcomes**

**Feedback from our analysis and reporting workshops**
- (26 people) was positive, with people moving an average of just over 2 points on a 5 point scale (from 1.9 to 4.)

**Feedback re Logic model and collecting information on outcomes**
- Training for 11 carers groups showed increase in understanding about sequencing outcomes, setting indicators and selecting tools.

**CoCis report the workshops generated real enthusiasm for the approach, although some were overwhelmed by other pressures and found it more challenging to put it into practice.**

**Unsolicited feedback**
- The Health Inequalities Standing Group recently decided not to renew the social capital toolkit, as many of our users reported that they had moved on to using tools which were more specific to their work, including those developed by Evaluation Support Scotland! So, it seems you have done yourselves out of a job a wee bit, but clearly your other resources are doing the trick for people. A Stitch in Time was particularly highlighted by respondents.

**Challenges**
- Getting people to attend workshop: for example not many people in East Lothian attended. This may be one reason why Change Fund staff in East Lothian note evidence in reports had not improved
  - Where there are other pressures, it can be difficult to put learning into practice.
  - We need to get funders and TS orgs on the same page with reporting outcomes

**Final event:** stitches dropped/ left unsewn
- One comment: Still confusing about different outcome approaches
- A number said we need to publicise the materials more ‘for those not originally involved’
We still need to better understand what is good enough evidence for commissioners for making decisions. The sense that its not 'proving' that the problem 'we could already prove it'. The need to share our work more broadly 'Understanding prevention evidence has to be different'.

More evidence from micros grants for informal groups

More evidence of preventive spend

One group identified the need to follow up organisations to gather emerging evidence

Final Event: stitch dropped, left unsown

One group identified the need to follow up organisations to gather emerging evidence.

More evidence of preventive spend: we spend money now we save later.

More evidence from micros grants for informal groups – the no. of handwritten applications shows digital approaches may not work

The need to share our work more broadly 'Understanding prevention evidence has to be different’

The sense that its not 'proving' that the problem 'we could already prove it’ – the main thing is ensuring that longer term we are listened to’

We still need to better understand what is good enough evidence for commissioners for making decisions.
Baseline: from scoping, initial launch and reference group

Local authorities are **not** expressing a lack of confidence in the third sector, rather a concern that the sector needs to evidence the good work they do so that at the end of the change fund, it can continue to be supported.

Relationships across Midlothian, Edinburgh and East Lothian Change Funds were described as strong.

**What we did**
- Brought people together at events, meetings and event.
- Facilitated discussion. Created a safe place for sharing.

**Collaboration between third sector orgs**
- Community Connecting case study: developed a common report and methods so better able to aggregate impact and acknowledge different approaches
- Pilmeny Development Project
  - We have undertaken joint training with PDP, Leith timebank, Leith anti Sectarian Project & NE Community
  - Connecting Project around Storytelling techniques and have incorporated into our evaluation and reporting mechanisms.
- Places for People example
  - offered to look over Optima’s assessment forms and suggest ways they could be shortened

**Feedback from working group**
- Being involved in the working groups was really beneficial, working with others in the third sector, sharing ideas, challenges and developing realistic evaluation techniques

**case study of Midlothian council**
- projects across different sectors agreed a common outcome framework together. This highlighted third sector more skilled at reporting that stat sector

**Policy makers and funders have increased confidence to engage with the third sector in relation to older people’s care**

**All sewn up event**
- Networking and collaboration came out as a strong theme around what we did well
- Bringing different sectors together
- Great relationships
- Modelling a good collaborative approach to third sector working together to articulate its contribution
- Started the dialogue with statutory funders
- Sound approach, well-constructed good engagement at all levels and evaluation = professional thirds sector
- The event itself, great for networking (encouraging working together and communicating)
- It’s unusual to see both sides working together

**Midlothian Change Fund has drawn on expertise from outside Midlothian.**
- For example the Community Transport Association has contributed to a local transport working group.
- She has drawn on experience from Optima, the third sector day care umbrella in West Lothian to understand what is happening in other areas and to see if elements could be used to support day service provision in Midlothian

**Challenges**
- Confidence is a difficult concept to measure and grow

**Left unsewn**
- Getting commissioners on board
- Need to explain and involve statutory sectors more to understand the model
- Explaining evidence for prevention necessarily as to be different and getting the statutory sector to accept this
Appendix three: Sources of evidence

We have drawn on a range of evidence including

- Initial scoping interviews
- Questionnaires evaluating events and workshops
- Discussions at mid-term, funder and final event
- Feedback from meetings where we presented our materials
- Working group feedback
- Advisory and Reference group feedback
- Survey Monkey
- Unsolicited feedback through emails and discussions
- Our own records of attendance at events and distribution of materials
- Web hits and downloads
- Case studies
- Staff observations of materials prepared by people we have supported (e.g. methods, plans etc.)