

Evidence journeys: Working towards culture change among planners, commissioners, and funders

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Summary

In this briefing, we set out how statutory organisations and funders can unravel their old ways of working with and thinking about evidence so that they can make better use of evidence from communities and third sector and community organisations.

We show how this can be done by:

- learning from the **trust** invested in the third sector and community organisations during the Covid-19 pandemic;
- using **theories of change** and other models that show how community and voluntary organisations contribute to tackling health inequalities and other high-level outcomes; and
- making use of **participative methods** which can ensure decisions and services are informed by the 'practical wisdom' of people in communities and those working with them.

Introduction

When it comes to evidencing the impact of community-led health, it sometimes feels like we're grappling with the same old questions...

How do we show the value of community-led health so that it gets properly invested in for the longer-term?

How do we 'scale-up' evidence from a wide range of community-led health organisations working with diverse communities?

Do decision-makers and funders even use our evidence, and if so for what? We know the enormous benefit community-led health has on those we work with, but how can we show we are reducing health inequalities?

Over the past couple of decades, CHEX has worked with our network and other partners to try and make headway with these issues. More often than not, our attention has been on what we in the community sector can do better.

For this current briefing, we want to shift the focus from community-led health organisations and approaches to the people we often aim our evidence at – the funders, commissioners and planners.

To help us, we organised an online discussion in February 2021 with eight people who we knew had experience and insights around evidence. These were:

- Stephanie-Anne Harris, Edinburgh Community Health Forum (ECHF)
- Katie Reid, ECHF
- Catriona Windle, Health All Round
- Ruth MacLennan, Care for Carers
- Maruska Greenwood, LGBT Health and Wellbeing
- Ailsa Cook, Matter of Focus
- Claire Bynner, University of Glasgow
- Jacqueline McDowall, Public Health Scotland (Community Food and Health Scotland)

The session was very helpful and reinforced, expanded on and clarified some of our messages for decision makers and funders regarding evidence. The briefing sets out the key points from the discussion. But in summary, they are:

- The community-led response to covid-19, and the rapid funding to support this, has shown the **value of resourcing community-led approaches based on trust**, and without expecting community organisations to ‘jump through hoops’ unnecessarily.
- Evidence from community-led health and, more generally, communities, including stories, case studies and anecdotal, needs to be **valued more by funders, commissioners and planners**.
- Many organisations need to **unravel their old ways of working with evidence** so they can benefit from doing things differently.

The briefing also presents a selection of ‘evidence journeys’ from some of those who took part in CHEX’s online discussion on evidencing impact. They range from the perspectives of those who work in community-led health to those who work with organisations to improve how they use evidence. The stories provide some first-hand insight on the issues, and hopefully bring the ideas in the briefing to life.

Lessons from the community-led response to Covid-19

In our [previous CHEX policy briefing](#) we highlighted the remarkable community response to the Covid-19 pandemic, describing how community organisations, including many in CHEX’s network, have played a critical role supporting people through the crisis. We also described how the rapid funding response from the Scottish Government and a range of trusts helped community organisations with immediate costs and to develop creative and locally appropriate support.

Many community organisations we have spoken to have identified this funding as key to being able to get provisions and other support to those who needed it. Even relatively small amounts of money were seen as valuable, enabling groups to get started on their emergency response while bringing in other more significant help and resources to scale up their effort as demand increased.

One of the most notable aspects of this approach to funding community organisations is the level of trust that funders have placed in local groups. In the early days of the pandemic, funding application processes were relatively light-touch, simple and quick. In some cases, intermediary third sector organisations, including CHEX, were asked to put forward groups within their networks who they knew were responding to the impact of Covid-19 on communities. There was a high degree of

trust in the third sector and community organisations to use the money in the way we knew best to work together and with communities to get the job done.

“Money was kind of thrown at us a bit. It was like: ‘oh yeah, you’re doing the stuff we’re interested in here take some money.’ That was really good obviously! But it was sensible as well, rather than all this micromanaging.”

Catriona Windle, Health All Round

The urgent nature of the emergency was clearly a factor behind this approach to funding. Nevertheless, it seems unlikely that funding would have been distributed so rapidly and widely to the third sector and community organisations without a great deal of trust in the ability of these sectors to rise to the challenge. The faith shown in voluntary and community organisations has paid off and the resulting community-led effort has surely only served to increase the trust and value placed in them by government, funders and, more widely, the people of Scotland.

This enabling and trusting funding environment during the pandemic is documented in a [recent report from Nesta, Healthcare Improvement Scotland’s ihub and Outside the Box](#). The report explores the role of community organisations in supporting people’s health and wellbeing during the Covid-19 pandemic and calls for greater collaboration with communities and sharing of resources in the longer-term.

Community organisations we have spoken to echo this call, while recognising that some form of checks and monitoring needs to be put in place when investing public money. One idea suggested in the CHEX online evidence discussion was for ‘intelligent relationships’ to be developed which are grounded in good evidence of impact, but where a community organisation is trusted to know how to best use sustainable levels of funding to support their community (see box 1). In addition, funders and commissioners need to work with one another, as well as with third sector and community organisations, to ensure reporting requirements are aligned and useful for the organisations being funded.

Box 1: LGBT Health and Wellbeing’s evidence journey

CHEX network member LGBT Health and Wellbeing (LGBT Healthy Living Centre) was set up in 2003 to promote the health, wellbeing and equality of lesbian, gay, bisexual and transgender (LGBT) people in Scotland. It provides support, services and information to improve health and wellbeing, reduce social isolation and stimulate community development and volunteering.

As a member of Edinburgh Community Health Forum, the organisation has used, and helped to develop, the Standard Impact Assessment Questions – see box 2.

They feel that individuals completing SIAQs can often give the answers they think the provider wants to hear. In that sense, they may not be so robust. However, LGBT Health and Wellbeing state that their own monitoring and evaluation is robust and tailored to their interventions.

The Covid-19 pandemic threw “a spanner in the works” as although they can gather quantitative data, it has become a lot harder to ask people to provide the level of richer detailed information needed to understand impact., including around mental health. They knew that mental health was a growing issue for the LGBT community during the pandemic, but were not able to measure or quantify this in the same way. Fortunately, LGBT Health and Wellbeing found funders to be “really accommodating and flexible”, which helps. On this note, Maruska has some interesting observations on trust and funding.

“I think I’ve been struck by that kind of trust that has been put in organisations to deliver and I think that’s really good. For me there’s an intelligent relationship that develops with the funders where, yes, you need the evidence to show that you can deliver the work, but that relationship develops. What they look for in terms of evidence evolves and, as that relationship and trust evolves, it becomes much more about “how are you using that evidence to improve.”

Maruska Greenwood, LGBT Health and Wellbeing

[For more on LGBT Health and Wellbeing, visit their website.](#)

Recognising the value of community-led evidence

CHEX’s view is that commissioners, planners and policy makers should make use of the evidence from third sector and community organisations and community development approaches to inform their decisions. They should of course use this evidence alongside other forms of evidence and recognise that each form of evidence has its strengths and weaknesses.

The best decisions about where to invest money or how to improve services will be made by combining different forms of evidence together. Importantly, the voices of those who experience the impact of decisions need to be heard so that services and decisions are relevant and appropriate. Community-led approaches to evidence are the best way of ensuring this voice is heard.

The Oxford English Dictionary definition of evidence is ‘the available body of facts or information indicating whether a belief or proposition is valid or true.’ This includes information and facts from a range of sources, including surveys, interviews, what people say and write, photos, videos, sound recordings, reports... the list goes on. But, importantly, the words ‘available body’ imply that we should be careful to consider information from as many sources as possible to ensure our ‘evidence’ is complete.

Any of the above evidence can be gathered, analysed and used by third sector and community organisations, although certain types tend to be more practical and can also be more appropriate. For instance, creative, engaging methods of gathering evidence such as video diaries and storytelling may suit vulnerable groups better than a list of survey questions. In addition to increasing the likelihood that people will be willing to provide us with the information we are looking for, creative methods can also unearth rich detail that more quantitative methods will miss.

As part of her work at What Works Scotland, University of Glasgow researcher Claire Bynner has argued that evidence from communities and practitioners working with communities needs to be given more value alongside other forms of evidence. Taking her cue from Aristotle, she calls this type of evidence ‘practical wisdom’ and it includes knowledge and judgements based on lived experience and from working with communities. See box 2 for more detail on this.

Box 2: A researcher’s evidence journey

Claire Bynner works as a researcher at the University of Glasgow and has previously worked in both the public and third sectors. She was part of the What Works Scotland initiative, which worked from 2014 to 2020 to improve the way local areas in Scotland use evidence to make decisions about public service development and reform.

As part of What Works Scotland, Claire helped conduct collaborative action research in a Scottish local authority which was setting up a new policy around neighbourhood/place-based approaches to reducing poverty. The team explored a range of types of evidence, as well as what kinds of support could help the local authority and other partners in their work. However, the local authority was most interested in neighbourhood statistical profiles, which were then commissioned. When the results were presented, officers found that people with strong community attachment and identity reacted badly to the publication of negative evidence on their local neighbourhood and being placed in a ‘league table of deprivation’.

What Works Scotland interviewed front-line workers about their experiences of working in some of the most deprived neighbourhoods, asking them what types of knowledge and evidence they needed to do their jobs better. What Claire and her team learned was that the kinds of knowledge practitioners needed was similar in many regards to Aristotle's notion of 'practical wisdom', one of three types of wisdom alongside empirical knowledge (such as scientific data) and technical knowledge (synonymous with the idea of a 'craft'). Practical wisdom or knowledge is the wisdom that people gain through making judgements about difficult and complex situations. It is based both on experience and judgement.

"There are hierarchies of evidence very clearly within policy and academia where scientific evidence comes at the top and practical wisdom comes at the bottom. And I think we all know that. It's generally accepted. But I think what we don't really know is how we can have meaningful conversations that inform policy. And I think there's something about the way evidence is talked about, presented, and the way in which we bring people together. So we've been looking at citizens juries and deliberative methods and other methods of decision making that allow us to integrate practical wisdom with other types of evidence to influence decision making."

Claire Bynner, University of Glasgow

[For more on Claire's work in this area, read this blog she co-authored in January 2021](#)

Community-led health organisations clearly have, and make use, of 'practical wisdom'. They are well-versed in gathering stories and other feedback from community members based on lived experience. Staff and volunteers within these organisations have amassed huge amounts of their own experience of what works when it comes to tackling health issues in communities.

Third sector and community organisations have also used participative forms of research, such as community-led action research, to explore issues and to come up with new solutions. A good example is [Central and West Integration Network's Food Security research](#), which explored issues around food security among Black and Ethnic Minority (BME) people in Glasgow. In addition, CHEX's parent body, SCDC and the Poverty Alliance are currently being funded by the Scottish Government and the National Lottery Community Fund to deliver a programme called [Knowledge is Power](#), supporting third sector and community organisations to carry out community-led action research with their communities.

Using evidence from communities

Community-led evidence is out there, but are policy-makers, funders and commissioners using it? The right language is certainly being spoken, with policy and legislation as well as funders actively encouraging third sector and community organisations to engage with evidence. In 2019, CHEX led on developing a resource called [Engaging with Evidence](#) which summarises the policy landscape around communities and evidence, and gives practical examples from third sector and community organisations.

However, we are also aware that many community-led health organisations in our network struggle to get statutory agencies and funders to listen to and act on their evidence. In box 3, Ruth from Care for Carers explains that many statutory funders are not interested in stories, case studies and other evidence from communities.

Box 3: Care for Carers' evidence journey

Care for Carers supports carers in Edinburgh by providing a range of services, including group meetings, learning opportunities and stress management. The organisation specialises in short breaks for carers. Like other Edinburgh Community Health Forum (ECHF) members, the Care for Carers uses the Standard Impact Assessment Questionnaire (SIAQ) which the Forum previously agreed with Edinburgh City Council. Ruth MacLennan, the manager of Care for Carers acknowledges the SIAQ offers a simple framework and is intended to enable organisations to select from evaluation questions which suit their work and the people they work with. However, in practice, Care for Carers is only able to use a small number of the pre-set questions since their service doesn't fit with many of the themes covered by the SIAQ. Ruth also finds that although the SIAQ can give an indication as to whether or not, for instance, social isolation is being reduced, it doesn't get beneath the surface of this.

Now that ECHF is working with Matter of Focus, Care for Carers has been supported to use the OutNav software. Ruth has found that OutNav enables her to better capture unexpected outcomes and people's learning journeys through case studies and stories. She welcomes the fact that some funders are now responding to this type of evidence:

"In terms of the grant, we use standard impact assessment questions, but this doesn't get beneath what makes the response. That thing about capturing the unexpected outcomes, and the learning changes that you're seeing, and the case studies and the stories and the journeys - that's beneath all those circles. And I find it really odd that statutory funders don't really ask for that. We've got a lot of funders who do – that's what they want. They don't care about targets so much. They want to

know about the difference made and the impact they're funding has made. So there's something about intervention/prevention/impact. And that's why I like OutNav, because I think it gives us the opportunity to put things in one place."

Ruth MacLennan, Care for Carers

[Visit Care for Carers' website for more on their work](#)

Using theories of change to improve how we use evidence

One of the reasons for the difficulty some funders have in making use of evidence from communities is that there is an expectation that evidence of impact shows how an intervention is contributing to high-level outcomes such as reducing health inequalities. In our own work, as well as in our work with various partners, we have increasingly been exploring how 'intermediate' outcomes captured by third sector and community organisations can be 'modelled' using existing knowledge of how change happens to show the contribution of community-led approaches to higher-level, longer-term outcomes.

In 2019 CHEX contributed to the development of [Recognising our rich tapestry: measuring the contribution of third sector organisations to tackling health inequalities](#). The resource started from the position that third sector organisations often find it difficult to explain how they help to address health inequalities. Crucially, the resource aimed to support *commissioners*, *funders* and *planners* to better understand the third sector's contribution to tackling these inequalities.

Nesta's [Standards of Evidence framework \(2012\)](#) states that "[t]he level of evidence you require should be appropriate for where you are in developing a policy or intervention." Similarly, the *Recognising our rich tapestry* guide provides tools to help third sector organisations to collect evidence to show their impact at the level they work at, and then to link these to medium-term outcomes which can then be related to strategic outcomes.

Furthermore, the '*rich tapestry*' resource provides a 'theory of change' illustrating the links between inputs and outputs at different levels. The guide encourages commissioners to use it to help understand how the third sector organisations they commission contribute to tackling health inequalities, and to use it as a guide to the kind of evidence they ask from the third sector.

We strongly encourage commissioners, funders and planners to make use of the models presented in *Recognising our rich tapestry* when partnering with, providing

funding to or commissioning services from the third sector and community organisations. Similar models which may be of use are Scottish Community Development Centre's [Community-led Health Logic Model](#) and the theories of change set out in [The Contribution of Edinburgh Community Health Forum Member Organisations to the Covid-19 Response](#), published by Matter of Focus and Edinburgh Community Health Forum in October 2020 (see more on these organisations in boxes 4 and 5).

Many public bodies and other large organisations have established ways of doing things, including how they think about and use evidence. In box 4, the Director of Matter of Focus, Ailsa Cook describes how a 'path dependency' can emerge within organisations when it comes to evidence, with too strong a focus on statistics and performance frameworks. She argues that this needs to be unravelled so that organisations can use different types of evidence better in order to show how they contribute to improving outcomes.

Box 4: The evaluation consultant's evidence journey

Matter of Focus was set up as an independent company in 2017 with a focus on data, evidence and outcomes for organisations working towards social change. The co-directors, Ailsa and Sarah, saw the need for a logical, user-friendly software that could guide people through a robust and meaningful outcome evaluation process. As Ailsa put it:

"It's about how organisations can work better with their data in order to tell a story about how they contribute to outcomes in a way in which supports their work and quality improvement without getting caught up in a tangle of targets and indicators"

In recent years, Matter of Focus has been working with Edinburgh Community Health Forum, supporting organisations within the Forum to use the OutNav software to learn and improve as well as demonstrate success to others.

She sees the challenges that community-led health organisations face in terms of evaluation as reflecting the wider need to unravel old ways of doing things. Practitioners and those working in communities need to unravel their old data as well as create new data. In addition, the expectations of funders, commissioners and planners needs to be unravelled and reworked.

"My reflection is that it's not specific to the challenge of evidencing community health. It's actually about the challenge of evidencing prevention and early intervention, and the challenges that government, health, local authorities have in seeing things that aren't numbers. In complex systems thinking there is a term 'path

dependency' which describes that how things are now is a product of what's happened before, and I think that nowhere do we see this more than around data and evidence. A lot of what we do with organisations is to unravel this history of why organisations have the data and information that they do. Often organisations still report on data they were asked about 7 or 8 years ago, even though it is no longer needed. Getting to the bottom of this is key to building the right evidence gathering infrastructure for now."

Ailsa Cook, Matter of Focus

[Find out more about Matter of Focus and their OutNav tool on their website](#)

Using participative methods to improve policy

The concept of 'practical wisdom' was introduced in box 2. Third sector and community organisations can be seen as valuable repositories of this type of knowledge. Being embedded in marginalised and disadvantaged communities, they have staff and volunteers with direct experience working with communities and understanding people's priorities and challenges. Third sector and community organisations also build local people's capacity to contribute their own insights based on their lived experience into policy.

And when people are confident enough to contribute their experiences, there are a range of deliberative approaches to democracy that can be used to bring people's knowledge and experience into decision making. As highlighted in box 2, these include citizens assemblies, citizens assemblies and mini-publics. They can be used at a national level such as the recent [Citizens Assembly of Scotland](#). They can also be used locally, such as the citizens panel used by Midlothian Community Planning Partnership, which is a case study in the [Engaging with Evidence](#) report mentioned below.

Other developments in participation include [participation requests](#), which enable community groups to initiate dialogue with public bodies about how to improve public services, and [participatory budgeting \(PB\)](#), in which people in communities vote directly on how to spend public money. Both of these can be carefully designed, or implemented, to ensure disadvantaged and marginalised communities have a voice in decision-making. For instance, [Leith Chooses](#) and [Glasgow Disability Alliance](#) both illustrate how PB can be proactively designed to promote equality.

Citizen, or service user, participation has the twin-benefits of creating more effective and appropriate public services while generating spin-off benefits for those who participate, including improved health and wellbeing. Interestingly, and as highlighted in this [IRISS Insight](#), most of the evidence showing the positive impact of

participation is qualitative, with little in the way of longitudinal studies of how participation impacts on either services or those who participate. We would, of course, debate how much of a problem this is. Instead of creating a hierarchy of evidence, the question should be more about how to integrate qualitative evidence and small-scale measuring of impact with understanding longer-term change at a societal level.

Conclusion – our own evidence journey!

In a sense, this briefing has come full-circle, starting and finishing with the need to value qualitative evidence and measure short-medium term impact that contributes to longer term strategic objectives.

On the way, we've highlighted the trust placed in community and voluntary organisations during the Covid-19 pandemic. This trust has clearly been grounded in a recognition of the ability of the third sector and community organisations to effectively respond to emerging local need. The rapid funding response has paid off, and the community-led emergency response has saved lives and mitigated the impact of the crisis in communities. A model should be explored and developed in which trusting relationships are built between funders and on-the-ground organisations with appropriate and relevant evidence from communities and local third sector and community organisations is a key ingredient.

We've looked at different types of evidence from communities and borrowed the concept of 'practical wisdom' to show how practitioners and communities have their own expertise grounded in lived experience that needs to be incorporated into evidence-informed decision making. Finally, we've introduced some approaches to using evidence from communities and recommended that many policy makers, commissioners and funders fundamentally rethink what they expect from community and voluntary organisations in terms of evidence of impact.

CHEX will be continuing to explore issues around how the impact of community-led health is captured and modelled, as well as making the case at a policy level for greater recognition of, and investment in, community-led health. To discuss any of this, including the themes in this briefing, [please get in touch](#).

Our final 'evidence journey' in box 5 is from Edinburgh Community Health Forum, which the already-featured community-led organisations such as Health All Round, Care for Carers and LGBT Health and Wellbeing are network members of. It shows how the forum has supported its members to use both quantitative and qualitative

evidence to measure and show their impact, with a more recent shift towards using data to tell stories with the support of Matter of Focus. It's the kind of shift in thinking that is required from every organisation concerned with improving outcomes of services and for communities.

Box 5: Edinburgh Community Health Forum's evidence journey

Edinburgh Community Health Forum is a membership organisation acting as a voice and network for organisations who work to reduce health inequalities and improve long-term health outcomes in Edinburgh.

Previously, the forum worked with Edinburgh City Council on an agreed approach to evaluating grant money – the Standard Impact Assessment Questions (SIAQ). This is essentially a menu of indicators which member organisations can use to evaluate their impact. The menu is aligned with the council's priority outcomes and sought to provide a way to collectively show the impact of diverse organisations. It has been relatively well-used, although there has been a feeling among forum members that it hasn't quite been enough and wasn't able to show how organisations were collectively addressing inequalities.

More recently, the forum has been working with Matter of Focus, an independent organisation working in the field of evaluation. Matter of Focus has supported the forum and its members to use a framework called OutNav to use their data in order to tell a story about how they collectively contribute to strategic outcomes, such as reducing health inequality.

“We've been working in partnership with Matter of Focus for a couple of years now, and that has taken some of our evidence to a different level in terms of some of the individual organisations as well as us as an organisation demonstrating on their behalf the collective benefit we all have. The bit we're still struggling with is getting our funders to accept the storytelling bit and the outcomes and the impact more, and value it as much as they do the traditional quantitative stuff. So, I think there's still that winning hearts and minds with some of the funders.”

Stephanie-Anne Harris (ECHF)

[For more on Edinburgh Community Health Forum visit their website](#)

Further information

- [Knowledge Translation Network \(KTN\)](#)

A key source of information for this briefing has been CHEX's ongoing work in the Knowledge Translation Network (KTN). The KTN is a small group of people working mainly for third sector organisations and funding bodies, which aims to simplify complex ideas and language around the collection and use of evidence to enable third sector practitioners to share their own evidence and use others' evidence to improve their work. Facilitated by Evaluation Support Scotland and funded by the Scottish Government, the KTN engages regularly with different stakeholders around evidence, including public sector organisations and funders, and has been an invaluable resource for CHEX in shaping our knowledge around evidence.

- [Community Health and Wellbeing: Sustaining and strengthening the role of community organisations beyond the initial Covid-19 response](#)

This research report from Nesta, Healthcare Improvement Scotland's ihub and Outside the Box has explored the role of community organisations in supporting people's health and wellbeing during the Covid-19 pandemic. It also asks what insights and learning can help understand how to sustain, strengthen and grow community organisations' role in supporting people's health and wellbeing in the longer term.

- [Rapid Evaluation of the Response, Recovery and Resilience Fund](#)

Similar themes to the above research, including concerns about ongoing sustainability of already hard-pressed community organisations, are covered in SCDC's evaluation of Foundation Scotland's Response, Resilience and Recovery fund which can be downloaded from Foundations Scotland's website.

- [The right foundations: Building a just and sustainable country after coronavirus](#)

CHEX's briefing from July 2020, The Right Foundations, which argues that by building on the fantastic community-led response to Covid-19 and by making use of great ways for everyone to take part (e.g. citizens assemblies) we can build a more just and sustainable country which really begins to tackle long-term health inequalities.

- **Community Power: The Evidence**

This report from New Local puts a strong focus on the need to overhaul how we measure success. It argues that, to move beyond the current 'evidence paradox', we have to move away from quantitative measurement and targets and adopt a 'place-based' approach to funding public services, with a greater value placed on small-scale, local and community-led approaches.

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

Funded by NHS Health Scotland, this resource was created via a year-long learning set facilitated by Evaluation Support Scotland and comprising a range of organisations and commissioners. The resource aims to provide third sector organisations with templates and approaches to explain how they help to address health inequalities. In addition, it aims to support *commissioners*, *funders* and *planners* to better understand the third sector's contribution to tackling these inequalities.

