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Community Interventions Fund 2012-2013

Part of Fife's Community Capacity Building
Programme

Interim external evaluation report prepared for Fife Voluntary Action by Funding Ideas Ltd.

For the period ending 30th September 2013

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Disclaimer

This report is based on evidence available and reviewed at the time of the evaluation process and no assumptions can be made about evidence not made available at that time or about the subsequent effectiveness of the services provided.

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1.1 Executive Summary

Fife Voluntary Action's Community Capacity Building Programme is part of the delivery of a national programme called "**Reshaping Care for Older People Programme**" established by the Scottish Government. In response to this government initiative Fife's **Change Plan** was developed by the **Health and Social Care Partnership**. FVA brought together voluntary sector groups from across Fife in order to influence the contents and focus of Fife's Change Plan.

The overall aim of Fife Voluntary Action for their Community Capacity Building Programme was "**Community will actively support older people to participate (as providers and recipients) in volunteering, community enterprises and care cooperatives**" which was based on the Outcome 5 from Fife's Change Plan. Fife Voluntary Action then further subdivided this overall aim into the following 4 intermediate aims:

1. **Older people are less isolated, have better social networks and are more able to support one another**
2. **Older people, their families, and neighbours (communities) have a voice in relation to the design of services and activities that impact on them and take responsibility for working with each other and with professionals to find solutions**
3. **People aged 50+ plan for an active and healthy retirement**
4. **Older people have an improved ability to maintain independent living in their own homes through provision of practical support.**

The Community Interventions Fund is part of Fife Voluntary Action's Community Capacity Building Programme. This interim evaluation report covers the first 18 months of the Community Interventions Fund programme up to 30th September 2013.

Monitoring and Evaluation

Nine voluntary sector partners were funded via the Community Interventions Fund out of 29 applicants. Each project is unique and illustrates the wide range of services and interventions offered in Fife by the voluntary sector. An outcome focused approach was taken to the evaluation process at the programme and at the individual project level. Charities Evaluation Services (CES) Planning Triangles and associated monitoring frameworks were developed at the programme level for Fife Voluntary Action and at the project level for all 9 projects. Working with all 9 projects in a consistent way enabled needs to be identified early on the process and for information collection methods, forms, tools etc. to be shared between partners or introduced for the first time e.g. Edinburgh Warwick Scale. **Some organisations needed considerably more support in creating their realistic CES Planning Triangles**

and monitoring frameworks than others initially. We now have substantial evidence of the added value of this approach to evaluation by the quality of both quantitative and qualitative data all original 9 projects have been able to provide.

A recent report by Audit Scotland¹ has stated that there is limited evidence of the effectiveness of the Change Fund investment in Reshaping Care for Older People. Where we have been able to agree effective monitoring frameworks with delivery partners at the beginning of their "tests of change" projects we have been able to capture clear evidence for outputs and outcomes.

The same volume or quality of evidence is not available for the 2 projects: NHS SHINE (Personal Outcomes for Older People) and Fife Elderly Forum (Local Area Co-ordination (LAC) Project for Older People), which came in scope for evaluation much later in the process, for reasons detailed in the text of this report although there is some evidence and secondary sources which describe their achievements and progress.

A diverse range of stakeholders are within scope of the evaluation process through a number of means including Fife Voluntary Action itself, Voluntary Sector Organisations (VSOs) funded by the programme, elderly participants, carers, volunteers, staff as well as other types of stakeholders.

Programme management

Support activities have been planned and executed by Fife Voluntary Action. From the face to face interim workshop in November 2012 and from delivery partner interim reports it is clear that these meetings and networking events are highly valued. Many project staff have commented how important it is for them to realise that they are part of a larger programme rather than just one project working in isolation. Also, this programme approach has meant that delivery partner organisations have learnt about each other's services, referred participants to one another, hosted activities carried out by other delivery partners or in some cases, altered their own plans to avoid duplication of other services within the programme and hence maximise optimum use of resources. SHINE, BRAG and Fife Elderly Forum have also made efforts to work closely with each other to replicate these advantages and add value to their own work. **It is clear that FVA's support activities have been highly valued and very effective and that there is considerable added value to the projects being managed as one integrated programme.**

The design of information collection methods used for this evaluation period have been inspired and informed by the "Talking Points" approach, the Volunteer Development Scotland evaluation of volunteering and the group work carried out by delivery partners at the November 2012 workshop. **We believe that this approach helped the 9 original projects in scope of this evaluation gain ownership of the programme. Further we believe that this workshop enhanced their understanding of**

¹ <http://www.audit-scotland.gov.uk/media/article.php?id=254>

outcomes as well of their level of satisfaction in the outcomes that they were planning to deliver.

Many projects were initially delayed due to a range of factors including:

- Delay in receiving funding
- Difficulties in recruiting the right staff
- Difficulties in recruiting volunteers and ensuring the appropriate policies and procedures were in place to support them

The capacity building needs of participating organisations should be identified prior to the official start of future projects and time built into the pre-project plan to capacity build the organisation.

Fife Voluntary Action staff have worked closely with the 9 original projects to check on their information collection methods. **It is important to verify information collection methods, forms, templates and staff understanding of these methods as part of the pre-project preparation phase of future programmes. It has proved advantageous to use the same tools across similar projects (where appropriate), to share expertise between project teams and to cut down on capacity building and staff development time. This support for delivery partners has ensured that they have been able to clearly evidence outputs and outcomes.**

At the November 2012 workshop Fife Voluntary Action announced that projects would be extended through to March 2014 in order to achieve their overall aims. **However the change of financial management from FVA to the Council in 2013 caused considerable disruption to the programme as well as financial difficulties (due to delayed payments) for some delivery partners.**

Concern has also been expressed by senior managers at Fife Voluntary Action regarding the reduction to the planned level of funding for and late confirmation of the voluntary sector's Community Interventions fund for the year 2014-2015. This led to reduced budgets available to the original 9 delivery partners and that no new projects were able to be delivered.

Although we respect the focus and aims of the Change Fund providing short term investment to test innovative solutions, our experience in this evaluation demonstrates the importance of the continuity of funding which supports proof of concept (in the short term), adaptation of the initial approach following a PDSA ² approach (in the medium term) and development of a sustainability model and/or exit strategy (in the longer term).

Progress, Achievements, Outputs and Outcomes

2

http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/plan_do_study_act.html

All 11 projects have demonstrated progress in delivering **outputs** in line with planned activities. Most have exceeded their target outputs by a considerable margin.

There is clear evidence of positive **outcomes** achieved for older people in all of the original 9 projects (via reports, client surveys as well as project monitoring and evaluation information). There is also evidence of positive outcomes for carers, volunteers, staff, delivery partner organisations and other stakeholders amongst the 9 original projects.

We have primary evidence of positive outcomes for older people and for carers for Fife Elderly Forum via client and carer telephone interviews. There is primary evidence of positive outcomes for Micro providers engaged with BRAG. It was not possible to engage with older people or the majority of professionals who had undergone training under the SHINE project for this evaluation. Secondary evidence indicates progress, success and learning has been achieved in the Fife Elderly Forum and SHINE/BRAG projects. Both SHINE and Fife Elderly Forum have developed models of support and change management which have been effective and the learning from these projects should be mainstreamed. This will support the dissemination and implementation of a consistent approach (a personal outcomes focussed approach) for all service providers across sectors for the benefit of older people and their carers across Fife. This would be in line with the recommendations from JIT [Joint Improvement Team – a strategic improvement partnership between the Scottish Government, NHS Scotland, COSLA (Convention of Scottish Local Authorities) and the Third, Independent and Housing Sectors] regarding Intermediate Care options and implementing an outcomes focussed approach across services and interventions³.

Delivery partner reports, surveys and interviews have also described a range of outcomes and changes

- For their staff
- For their organisation
- For their partner organisations
- For being part of this programme

The most common things mentioned were:

- For their staff
 - Improved knowledge and understanding of experiences of older people
 - Enhanced knowledge and understanding of the needs of elderly people

³ Dr Anne Hendry, National Clinical Lead for Integrated Care, Intermediate Care Community of Practice 17th December 2013, Dunfermline

- Changes to the way that they worked in response to elderly people they worked with
- Improved skills available to support the organisation
- Improved delivery of services in the light of experiences and feedback
- Improved policies and procedures re. volunteers
- Enhanced level of resources available to support the organisation's work
- Enhanced profile for our organisation within the community
- Enhanced confidence regarding trying new approaches and implementing new services
- For their partner organisations they have
 - Improved knowledge and understanding of our services
 - Enhanced confidence in partnership working
 - Increased referrals into the service offered
 - Improved project management skills especially in relation to the management of change involved with implementing new services and accessing new markets
- As a result of being part of this programme they feel they have
 - Improved knowledge and understanding of other organisations
 - Better policies and procedures in place
 - Enhanced confidence in what we are delivering towards overall goals of the programme
 - Enhanced confidence in partnership working
 - Higher level of partnership working, referrals and networking
 - Enhanced peer support

There is clearly added value of running the projects as one integrated programme rather than as individual and isolated projects including:

- Enhanced motivation for project managers
- Improving the efficiency and volume of referrals between projects
- Avoiding duplication of services as a result of enhanced understanding of each providers' services
- Sharing expertise and information between deliver partners hence saving time and costs in capacity building.

Our recommendations are:

1. All staff involved in managing, delivering and reporting on projects should be **trained in an outcomes focussed approach** to monitoring and evaluation.
2. **Experienced external evaluators** should be appointed before projects start to support the introduction of appropriate data collection methods for outputs and outcomes.

3. The Programme Manager needs to ensure that **realistic monitoring and evaluation frameworks** including outputs, outcomes, output indicators and outcome indicators are always agreed as part of contracts with delivery partners before projects start. The Programme Manager should check that these data collection methods are in place and that they are being used correctly to capture data at an early stage in the projects and hence demonstrate the impact of the funding invested in the projects.
4. Projects should be run as **one programme** where possible in order to share knowledge and expertise and hence save costs. If proactively managed this would also speed up initial referrals. Such a programme would also benefit from a coherent marketing and communications strategy to help raise awareness and boost referrals.
5. **Learning** identified by delivery partners and FVA should be utilised to inform the design and delivery of future projects and programmes. (If these projects had been included as part of the original programme it is highly likely that their emerging experience and learning would already have been shared amongst the other programme delivery partners and vice versa.)

Particular attention should be given to how SHINE's approach to cultural transformational change, their implementation of a personal outcomes approach for older people and how the model of support developed by Fife Elderly Forum can all be **disseminated** and **mainstreamed** so that they can be implemented by other providers and in a consistent manner for the benefit of older people. If all providers are able to take a person centred and outcomes focussed approach AND they have information about other support services available older people would receive better and quicker access to services and support to achieve their personal outcomes in an economically more sustainable model.

6. In this final year project delivery partners, FVA and other Change Fund partners should work together to
 - Acknowledge and celebrate the contribution that these projects and other VSOs are making to the Change Fund Agenda.
 - Calculate and understand the full costs of delivering such projects and interventions by VSOs
 - Consider options for sustainable funding of successful projects in the future
 - Consider, together as equal partners, the options available for shifting the cost of care from the acute services to community based services and

- Consider how investments in VSO services should best be made to ensure that not only crisis interventions are supported but also the wider range of required services including anticipatory planning services, early intervention, prevention and indeed projects which support life-long living and a “mature person's” health and wellbeing.

2 Fife Voluntary Action's Community Capacity Building Programme

2.1 Background & policy perspective

Fife Voluntary Action's Community Capacity Building Programme is part of the delivery of a national programme called “**Reshaping Care for Older People Programme**” established by the Scottish Government. In response to this government initiative Fife's **Change Plan** was developed by the **Health and Social Care Partnership**. In addition the **Third Sector Strategy Group** in Fife helped to bring together voluntary sector groups from across Fife in order to influence the contents and focus of Fife's Change Plan.

Operational responsibility for the delivery of the plan has been delegated to the local **Partnership Management Group** comprising a wide range of partners including the NHS, Local Authority, Private Sector and FVA.

It has been recognised at a national level that the voluntary sector have the potential to make a significant contribution to many aspects of the national programme. At a local level one element of Fife's Change plan is the **Community Capacity Building Programme** run by Fife Voluntary Action – part of which is the **Community Interventions Fund**. For this report other elements of Fife's Community Capacity Building Programme have been brought within scope for this evaluation – namely SHINE (including Brag's support of microenterprise development) and Fife Elderly Forum's Local Coordinator support services.

On a national level the Long Term Conditions Alliance lead a partnership whose aim is to enhance the third sector's contribution to this agenda and across all aspects of the government's Reshaping Care for Older People Programme, rather than only focussing on the work being done within the Community Capacity Building Programme.

The overall aim of Fife Voluntary Action for their Community Capacity Building Programme was that the “**Community will actively support older people to participate (as providers and recipients) in volunteering, community enterprises and care cooperatives**” which was based on the **Outcome 5** from Fife's Change Plan. Fife Voluntary Action then further subdivided this overall aim into the following 4 intermediate aims:

1. **Older people are less isolated, have better social networks and are more able to support one another**
2. **Older people, their families, and neighbours (communities) have a voice in relation to the design of services and activities that impact on them and take responsibility for working with each other and with professionals to find solutions**
3. **People aged 50+ plan for an active and healthy retirement**

4. Older people have an improved ability to maintain independent living in their own homes through provision of practical support.

The Community Interventions Fund is part of the implementation of Fife Voluntary Action's Community Capacity Building Programme. This interim evaluation report covers the first **18 months** of the Community Interventions Fund programme up to 30th September 2013 and incorporates SHINE and the Fife Elderly Forum projects for this period as well.

A recent report by Audit Scotland⁴ has stated that there is limited evidence of the effectiveness of the Change Fund investment in Reshaping Care for Older People. Where we have been able to agree effective monitoring frameworks with delivery partners at the beginning of their "tests of change" projects we have been able to capture clear evidence for outputs and outcomes. We have not been able to gather such evidence to the same extent for SHINE (and Brag) or Fife Elderly Forum – the reasons for this will be explained in the text.

2.2 The Delivery Partners

Nine voluntary sector partners were funded via the Community Interventions Fund out of 29 applicants. Each project is unique and illustrates the wide range of services and interventions offered in Fife by the voluntary sector. This evaluation report also brings into scope two further projects: SHINE – Personal Outcomes for Older People in Fife (in association with BRAG's support for microenterprise development) and Fife Elderly Forum's Local Area Coordinators.

A brief description of the Delivery Partners and their projects is provided in Table 2.2 below.

Table 2.2: Delivery partners and their projects

Ref	Delivery Partner	Project Title	Description	Funding 2012-13	Funding 2013-13
1	Age Concern	New Horizons	Expansion of day service activities and delivery of outreach service through older volunteers	£16,055	£27,400
2	Alzheimer Scotland	Volunteers and Community Connections for People with Dementia and their Carers	Establish a group of volunteers to help deliver new activity sessions at the resource centre as well as outreach services to enhance service users and carers access to information and resources	£20,569	£23,000
3	Day Services Centre	Dementia Development	Expansion of day services to support people with dementia	£33,934	£33,934

⁴ <http://www.audit-scotland.gov.uk/media/article.php?id=254>

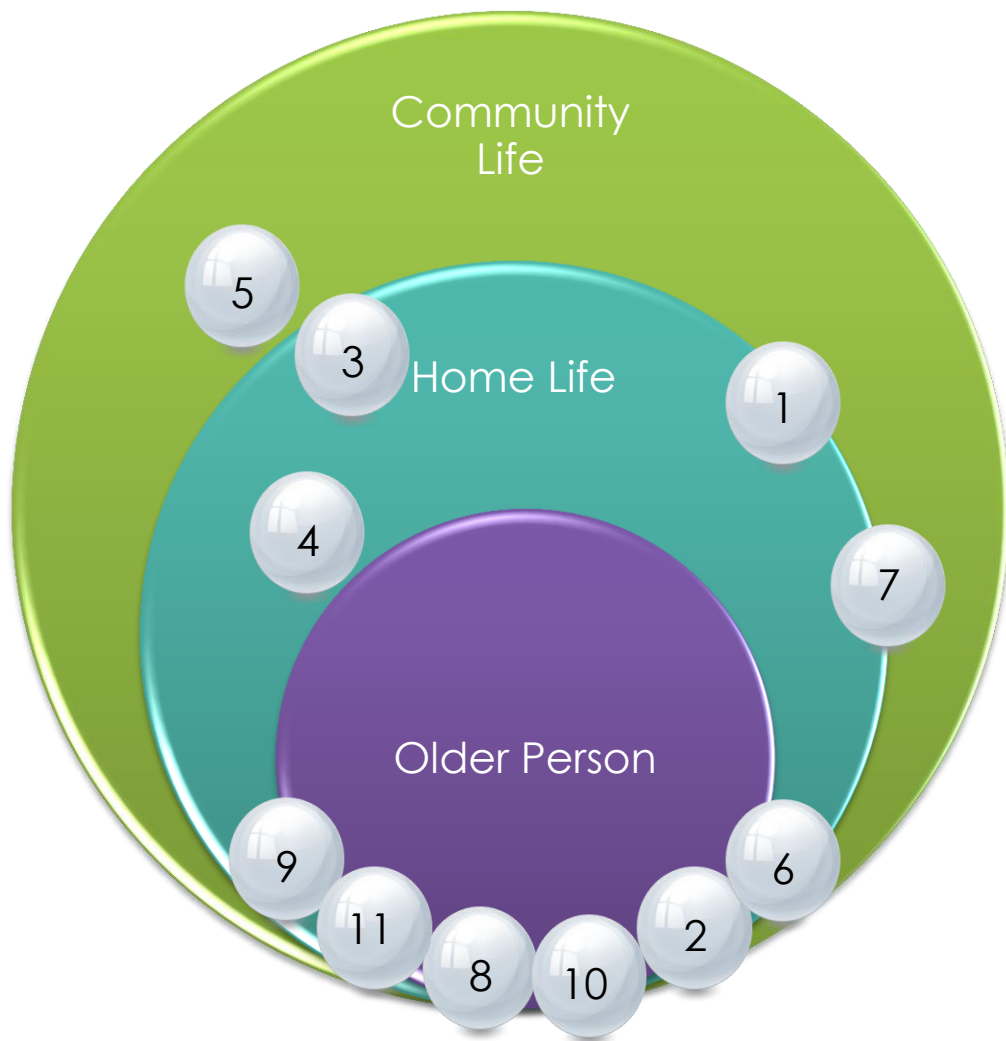
Ref	Delivery Partner	Project Title	Description	Funding 2012-13	Funding 2013-13
4	Disabled Persons Housing Service	(Older) Mentors Housing Solutions	Establish a group of older mentors to share their experiences re. Different housing solutions or challenges facing older people and enable older people to make appropriate choices about their housing options before reaching a crisis point.	£23,082	£38,841
5	The Ecology Centre	The Tool Shed	Older people establish and run tool repair and refurbishment activity to benefit local community and Africa	£22,654	£25,744
6	FEAT	Mind your mind	Delivery of Mindfulness courses to older people and their carers	£16,000	£20,000
7	Furniture Plus	F+ Maintenance Plus	Establish Handy Service to carry out DIY type jobs for older people	£31,529	£35,000
8	Link Living	Real Living	Establish a buddy support network for older people to stimulate engagement with community activities and to carry out practical tasks	£34,360	£36,354
9	ON at Fife	Still Points in a Turning World	Creative arts project engaging older & younger volunteers to inspire content for new play, create living theatre set and exhibition.	£22,945	N/A
10	NHS	SHINE (including BRAG's Microenterprise Support)	<i>Introduce personal outcomes focussed approach across a range of disciplines</i> <i>Stimulate and support a microenterprise sector to support outcomes identified above</i>	£32,000	£42,000

Ref	Delivery Partner	Project Title	Description	Funding 2012-13	Funding 2013-13
11	Fife Elderly Forum	Local Area Coordinators (LAC) FIFE	<p>Map service provision in Fife which would support outcomes for older people and act as an on line directory.</p> <p>Develop a framework to support older people and establish an open referral process.</p>	£147,000	£147,000

We have mapped the various projects in terms of their impact on an older person's life in the community – this mapping has been inspired by early work by Williams ⁵. The diagram overleaf illustrates the diversity of the projects involved in this programme. For many projects they have a wide ranging impact and hence straddle the person's home and community life as well as their personal health and wellbeing.

⁵ E. IDRIS WILLIAMS A model to describe social performance levels in elderly people Journal of the Royal College of General Practitioners, September 1986

Diagram 2.2: Project Mapping



2.3 The stakeholders

There are a wide range of people and organisations who either affect the programme or upon whom the programme's activities have an effect. We have identified the stakeholders whom are in scope for this evaluation in Table 2.3.1 below. We also describe within this table the particular focus of our evaluation work with each stakeholder as well as the evaluation methods to be used.

Please note that not all stakeholders have been monitored and not all methods have been implemented with all the projects now in scope of the evaluation.

Table 2.3.1 Stakeholders in scope for the original 9 projects

Stakeholder	Focus of evaluation	Evaluation methods used with the original 9 projects
Fife Voluntary Action	Managing agent especially with regard to Project Management and benefits to the VSOs re. running the projects under one programme	<ul style="list-style-type: none"> • Self-reflection • Monitoring framework established for programme level analysis • Interviews with Project Leads
Funded Voluntary Sector Organisations	Delivery agents of specific projects Capacity building of VSOs Quality Improvements to VSOs Benefits of projects being run under one programme	<ul style="list-style-type: none"> • Self-reflection by Project Leads based on standard reports and evidence • Monitoring frameworks established for each project • Interviews with Project Leads • Monitoring Visits by Fife Voluntary Action staff
Project staff working for Funded Voluntary Sector Organisations	Capacity building of staff Quality Improvements to knowledge, skills and practice	<ul style="list-style-type: none"> • Self-reflection by Project Leads based on standard reports and evidence • Surveys for Project Staff
Elderly people	Primary beneficiaries of the planned activities and interventions	<ul style="list-style-type: none"> • Outputs, outcomes and information collection methods identified in individual project monitoring and evaluation frameworks • Surveys for older people
Carers	As above	<ul style="list-style-type: none"> • As per project monitoring framework • Surveys for Carers

Stakeholder	Focus of evaluation	Evaluation methods used with the original 9 projects
Volunteers	As above	<ul style="list-style-type: none"> • As per project monitoring framework • Surveys for Volunteers
Other participants e.g. young mums engaged in intergenerational projects	As above	<ul style="list-style-type: none"> • As per project monitoring framework

These evaluation methods were used consistently across all of the original 9 projects.

For SHINE and Fife Elderly Forum we had to negotiate retrospective methods and review of previous reports. The stakeholders in scope are summarised in Table 2.3.2 together with the planned evaluation methods.

Table 2.3.2 Stakeholders in scope for the original 9 projects

Stakeholder	Focus of evaluation	Evaluation methods used with the original 9 projects
Funded Organisations	Delivery agents of specific projects Capacity building of Delivery Partners Quality Improvements to Delivery Partners	<ul style="list-style-type: none"> • Surveys or interviews with Project Leads • Documentary analysis of previous reports
Project staff working for Funded Organisations	Capacity building of staff Quality Improvements to knowledge, skills and practice	<ul style="list-style-type: none"> • Surveys or interviews with Project Leads • Surveys or interviews with Project Staff
Elderly people	Primary beneficiaries of the planned activities and interventions	<ul style="list-style-type: none"> • Interviews for older people (Fife Elderly Forum only)
Carers	As above	<ul style="list-style-type: none"> • Interviews for carers (Fife Elderly Forum only)
Other participants	As above	<ul style="list-style-type: none"> • Micro providers for BRAG only

For SHINE we negotiated interviews with the Project Lead and a senior member of staff. The Project Lead stated that it was not appropriate to survey those professionals trained through this project *at this time* given their workload and the restructuring currently taking place. The older people supported by these trained professionals were not aware of the change to the service provided – the project team were just about to start an internal evaluation of this work and hence it was decided that we should not survey the older people involved with this part of the project.

For the other part of the SHINE project, BRAG support services to micro providers, we were able to negotiate an interview with the Project Lead, surveys for project staff and surveys with a sample of the micro-providers engaged in the project.

For Fife Elderly Forum we negotiated surveys with the Project Lead and all 4 Local Area Coordinators employed on the project. Further the team were able to work with us to identify a random sample of recently “closed” cases and to seek their permission to share their contact details. For those older people who gave their permission we conducted semi-structured telephone interviews.

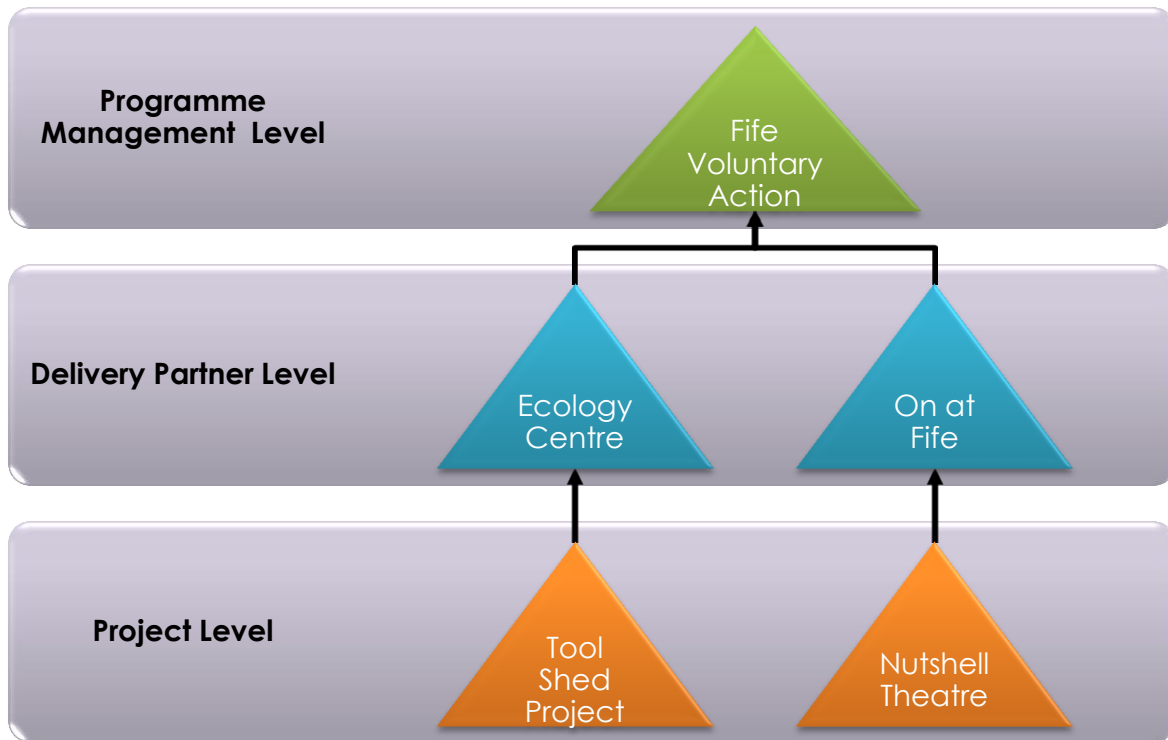
Rather than the primary data collected for the original 9 projects we have had to rely more heavily on secondary data and documentary analysis (reports etc.) for SHINE, BRAG and the Fife Elderly Forum (to varying degrees). By not having involvement with these other projects from the beginning our evaluation work has been very much restricted and hence may undervalue the work of the organisations involved.

3 The Evaluation Strategy

Fife Voluntary Action has an important opportunity to evidence and evaluate the significant contribution of the voluntary sector to the Reshaping Care for Older People Programme. We have implemented an **outcomes focussed approach** to the evaluation of this project which should enable Fife Voluntary Action and their stakeholders to map the local programme outcomes to the national level outcomes.

Diagram 3 below illustrates the 3 levels of evaluation developed for the original 9 projects.

Diagram 3: The 3 levels of monitoring and evaluation for the original 9 projects.



Sections 1 and 2 below describe our outcomes focussed approach at the project level and also at the programme level. Sections 3 and 4 describe other important influences on the final external evaluation strategy.

3.1 The Project Level

We initially worked with the 9 delivery partner organisations to agree a Charities Evaluation Services (CES) Planning Triangle and associated monitoring framework for their individual projects. Team members from Fife Voluntary Action had worked with each project lead to discuss their own individual CES Planning Triangle. This helped ensure that all project leads had some level of understanding about this approach.

Following an initial one hour telephone interview with each delivery partner we were able to agree the final monitoring and evaluation framework, including tools and measures to be used in each project.

The approach was standardised across all original 9 delivery partners to reflect their progress towards achieving Fife Voluntary Action's 4 intermediate outcomes as well as the 8 specific outcomes identified in the application and selection process. However this approach was also able to reflect the individual culture, approach and experience of each of the delivery partners involved. The outcomes, outputs, outcome indicators, output indicators agreed were the most appropriate for their project and for their organisation. Existing systems were selected or modified wherever possible. New methods were introduced or developed where project leads wanted to capture important changes for the older person themselves, their carer or for the volunteers engaged with the project.

Working with the original 9 projects in a consistent way enabled needs to be identified early on in the process and for information collection methods, forms, tools etc. to be shared between partners or introduced for the first time e.g. Edinburgh Warwick Scale. **Some organisations needed considerably more support in creating their realistic CES Planning Triangles and monitoring frameworks than others.**

A diverse range of stakeholders were within scope of the evaluation process including Fife Voluntary Action itself, Voluntary Sector Organisations (VSOs) funded by the programme, elderly participants, carers, staff, volunteers as well as other types of participants. For the original 9 projects we:

- undertook surveys with random samples of carers and older participants
- invited staff and volunteers involved in the delivery of the projects to complete a questionnaire and
- carried out telephone interviews with programme and project leads.

For SHINE/BRAG and Fife Elderly Forum we negotiated a tailored, retrospective approach to the evaluation of their projects which included surveys for staff, managers and microenterprise entrepreneurs (BRAG customers), telephone interviews for some project leads and a random sample of Fife Elderly Forum customers. We also reviewed secondary data (information that already existed in the form of internal evaluation reports and for SHINE, an external evaluation report by Health and Social Care Alliance Scotland).

The original 9 projects were trained and supported to accurately complete template reports covering outputs, outcomes, output indicators and outcome indicators as well as lessons learned, barriers and enablers. **We believe that the early involvement of the evaluation team greatly enhanced the quantity and quality of evidence and learning which can now be used to inform future work providing a holistic view of the projects' work from different stakeholder perspectives.**

The design of information collection methods used was inspired and informed by the "Talking Points" approach, the Volunteer Development Scotland evaluation of volunteering and the group work carried out by the original 9 delivery partners at a workshop in November 2012. **We believe that this approach helped the original 9 delivery partners to gain ownership of the programme. Further we believe that this workshop enhanced their understanding of outcomes as well of their level of satisfaction in the outcomes that they were planning to deliver.**

3.2 The Programme level

It was agreed to include an additional level of evaluation at Fife Voluntary Action's Programme level. Fife Voluntary Action had taken a conscious decision to run the Community Interventions Fund as a **programme** (comprising the 9 original projects) rather than simply manage a group of **distinct projects**.

A separate CES Planning Triangle and monitoring framework was developed to evaluate this approach.

3.3 Inspiration from Talking Points

“Talking Points: Personal Outcomes Approach”⁶ is an approach which focusses on assessing the outcomes important to the individual, planning how they will be achieved and reviewing the extent to which they have been attained. In a recent review of this approach some important conclusions have been reached.

Major strengths of the approach were identified including

- The focus on the individual and what is important to them
- Engaging the person in a conversation which helps them to articulate their hopes and preferences
- It is a strengths based approach where the older person is seen as a key player with their own skills, knowledge and experience to contribute to the process
- It is a powerful approach to help inform outcomes focussed commissioning although the recording and aggregation of outcomes emerged as a key challenge
- Individuals reflect on their own needs and participate more fully in the decision making

It was also stated that the “role of Talking Points in promoting co-production and preventing the need for services or formal support should be considered and developed.”

Following our very first meeting with Fife Voluntary Action about this external evaluation we were aware of the potential and benefits of using a Talking Points approach for the external evaluation of the programme.

Firstly we will address the 3 components of the Talking Points approach:

1. **Engaging** the person to identify what is important to them in life and what they need to change and planning how everyone is going to work together to achieve those outcomes.
2. **Recording** the outcomes in a support plan which is shared with everyone and later reviewed to assess progress towards the outcome
3. **Using the information** to ensure that what matters to people who use services is used to influence service planning, commissioning and improvements in Fife.

We also recognise the importance of reviews as a means of capturing important information about barriers and enabling factors which hinder or help the person progress towards achieving their outcomes

Secondly we want to address the research evidenced outcomes from the Talking Points approach that are important to older people themselves and their carers as shown in Tables 3.3.1 and 3.3.2 overleaf

⁶ <http://www.jiitscotland.org.uk/action-areas/talking-points-user-and-carer-involvement/>

Table 3.3.1 Outcomes important to people using services

Quality of Life	Process	Change
Feeling safe	Listened to	Improved confidence/morale
Having things to do	Having a say	Improved skills
Seeing people	Treated with respect	Improved mobility
Staying as well as you can	Responded to	Reduced symptoms
Living where you want/as you want	Reliability	
Dealing with stigma/discrimination		

Table 3.3.2 Outcomes important to unpaid carers

Quality of Life cared for person	Quality of life for carer	Managing the caring role	Process
Quality of life for the cared for person	Maintaining health and well-being	Choices in caring, including the limits of caring	Valued/respected and expertise recognised
	A life of their own	Feeling informed/skilled/equipped	Having a say in services
	Positive relationship with the person cared for	Satisfaction in caring	Flexible and responsive to changing needs
	Freedom from financial hardship	Partnership with services	Positive relationship with practitioners
			Accessible, available and free at the point of need.

Steps have been taken to ensure that the evaluation strategy for the programme will reflect the definition of outcomes in the Talking Points guidance.⁷

“To maximise the person-centred and enabling potential, personal outcomes should primarily be understood as what matters to the person.”

This is subtly different from outcomes being the result of delivering the services available.

⁷ Talking Points, Personal Outcomes Approach Practical Guide]. Alisa Cook and Emma Miller, Joint Improvement Team, Scottish Government 2012

3.4 Inspiration from Volunteer Development Scotland

Volunteer Development Scotland has been kind enough to share a previous research study on the evaluation of volunteering⁸. This study employed questionnaires which were originally designed as part of the Volunteer Impact Assessment Toolkit (VIAT) by Volunteer England.

We will be using the Toolkit as part of the external evaluation methodology. The toolkit measures the impact of volunteering under the following 5 capitals:

- **Physical Capital** – The tangible benefits accruing to volunteers (training courses attended, hours given to the community etc.)
- **Human Capital** – Personal Development – confidence, self-esteem, vocational skills and employability
- **Economic Capital** – Individual costs of volunteering (expenses, opportunity costs) and individual value
- **Social Capital** – Increased trust, higher rates of participation in public affairs
- **Cultural Capital** – Attachment to cultural identity and the appreciation and understanding of other cultures.

In particular we will take inspiration from the questionnaires for volunteers and staff working and supporting volunteers.

⁸ Assessing the Impact of Volunteering in Sussex Partnership Trust. Louise Gerry.

4 What activities were planned?

4.1 By the Delivery Partners

In addition to the intermediate aims described in Section 2.1 the original 9 Delivery Partners were asked to identify which specific aims they were planning to achieve through their projects. A summary of those specific aims addressed by the original 9 partners is presented in Table 4.1.1 below.

Table 4.1.1 Specific aims for the Community Interventions Fund

Ref	Specific aim	Age Concern	Alzheimer Scotland	Day Services	DPHS	Ecology Centre	FEAT	Furniture Plus	Link Living	On at Fife
1	Reduced isolation	✓	✓	✓	✓	✓	✓		✓	✓
2	Improved mental health and wellbeing	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Increased community capacity	✓	✓		✓	✓		✓	✓	
4	Increased social capital	✓				✓	✓		✓	✓
5	Increased personalised care and resilience	✓	✓	✓			✓	✓	✓	
6	Increased flexibility in support provision	✓	✓						✓	
7	Intergenerational work	✓				✓		✓		✓
8	Increased carer resilience		✓	✓	✓	✓	✓		✓	

All 12 delivery partners (across the 11 projects) planned to provide a wide range of services and interventions. Many were new services and some were an expansion of their current provision to enhance their current services and to meet the needs of the local community. Table 4.1.2 provides an overview of the planned activities.

Table 4.1.2 Overview of the planned activities by project

Ref	Partner & Project	Planned Activities
1	Age Concern Glenrothes New Horizons	New community outreach services including Buddy Service and Garden Makeovers Enhanced Services at existing day centre including Learn IT Skills, Interactive demonstrations, Fun on Nintendo Wii and Xbox Kinect, Seated exercises for older people and a New Horizons Choir
2	Alzheimer Scotland Volunteers & Community Connections for people with dementia and their carers	Create a network of volunteers to provide information, advice, support and signposting for people with dementia and their carers Establish 5 interest groups to enhance community based activities within Dementia Resource Centre: <ul style="list-style-type: none"> • Football Reminiscence • Fit as a Fiddle • Meeting and Eating • Relax and Refresh • Musical Memories
3	Day Services Dementia Development	Expansion of specialist services for people with dementia and their carers from 3 days to 5 days per week
4	DPHS Disabled Persons Housing Service (Fife) (Older) Mentors Housing Solution Project	Establish a network of older mentors to share their experiences with regard to different housing options based on personal experience. This will help support DPHS to encourage older people to research and plan for their future housing needs and hence avoid the need for crisis intervention.
5	Ecology Centre The Tool Shed	Establish purpose built work shop to support group of older volunteers to re-furbish tools (hand tools and sewing machines) Young people would be invited to work alongside and mentored by the older volunteers
6	FEAT Mind you mind	Delivery of 4 week blocks of Mindfulness sessions and short 1.5 hour taster/introductory sessions. Delivery of half day "Community mental Health and Wellbeing" workshops as an alternative.
7	Furniture Plus F+ Maintenance Plus	Provision of a community outreach DIY service to older community residents
8	Link Living Realliving Fife	Befriending service in West Fife villages of Valleyfield, Oakley, Blairhall, Rosyth and Inverkeithing.

Ref	Partner & Project	Planned Activities
9	On at Fife Still Points in A Turning World	Deliver the play "The Allotment" with a living theatre set created by younger and older volunteers Establish the "Sewing Box" – an intergenerational group working on craft based projects. The older participants will also contribute to the development of a new play which will also be performed.
10	SHINE Personal Outcomes for Older People	Introduce an outcomes focussed approach to a range of professional groups to stimulate and support transformational change Establish Clinical Champions to act as internal catalysts to support this work Train professionals in an outcomes focussed approach and support them to apply their learning in their roles e.g. via peer support groups etc. Where appropriate seek new ways to support the older person to achieve the outcomes which are important to them e.g. via linking with micro providers, LACS, and other support networks available in their community rather than just the traditional options.
	Brag Support for Micro providers	Adapt existing system to support micro provider development in Scotland Consult with older people to identify unmet needs and potential micro providers who could set up businesses to meet those needs Run a programme to train and support micro providers to ensure that they are legal and safe at work as a minimum
11	Fife Elderly Forum Local Area Co-ordination (LAC) Project for Older People	Develop referral process and associated paperwork to support work with clients to develop tailored pathway options. Establish links with formal service providers (voluntary and statutory) and community groups who might support and/or refer into the service Map service provision for older people throughout Fife and create an online database for people to access Establish an outcomes focussed service to support formal client referrals as well as provide information, advice and signposting when required. Raise awareness of the services in the local community.

4.2 By Fife Voluntary Action

In order to support the programme and to facilitate good partnership working amongst participants Fife Voluntary Action planned to carry out the activities as described in Table 4.2 below.

Table 4.2 Planned activities by Fife Voluntary Action

Planned Activities	Planned Date
Information Surgeries	30/31 January 2012
Networking launch	15 May 2012
Site visits	June – July 2012
Interim Workshop (including session facilitated by External Evaluator)	2 nd November 2012
Site visits	September – October 2012
Site visits	March – April 2013
Site visits	July – August 2013

4.2.1 Interim Workshop for the 9 original projects

Prior to the Interim Workshop the 9 original project leaders were provided with a standard **report template** for completion. This report included specific sections covering the purpose of their project, outputs planned and achieved as well as outcomes planned and achieved. For both outputs and outcomes Project Leaders were asked to describe their **evidence** for each. We encouraged the Project Leaders to reflect on their experiences and learning to date and to describe these.

Project Leaders were also asked to prepare a presentation based on this template to deliver at the Interim Workshop to the Fife Voluntary Action project team, External Evaluator and to the other partners.

The Interim Workshop (November 2nd 2012) provided the original 9 project leaders with an opportunity to present their Interim reports (10 minutes for each presentation). The presentations were followed by short question and answer sessions where any attendee was invited to ask questions as well as make comments and observations.

The workshop also included a session facilitated by Funding Ideas Ltd. which aimed to introduce themes inspired by the Talking Points methodology. We challenged participants to write down the changes (outcomes) that they expected their services would help bring about for:

- Carers
- Volunteers
- Older people
- Partner organisations

All participants had the opportunity to contribute to each of the list of outcomes for each stakeholder.

We included Partner Organisations to ensure that they considered the potential outcomes for their own organisation (capacity building etc.) and not just outcomes for their service users and associated stakeholders. We also wanted to foster a

feeling of ownership of the programme and made a commitment to include their suggested outcomes for partner organisations as part of our external evaluation methodology employed for this evaluation.

5 What was delivered? (Outputs)

5.1 What have the partners delivered?

In general all 11 projects have successful in delivering the targeted outputs. These are summarised in Table 5.1.1 below.

Table 5.1.1 Overview of the project outputs by project

Ref	Partner & Project	Project Outputs
1	Age Concern Glenrothes New Horizons	<ul style="list-style-type: none"> • Buddy Project - 6 active Buddy sessions running • Originally 4 places per week – now aiming for max. 10 places per week • 6 buddy volunteers inducted (5 over 55 years of age) • Enhanced activities delivered at 5 sessions per week (not just 4 as planned) • Enhanced activities supported by volunteers (most over 60 years of age themselves) • New Horizons choir successfully completed April 2013 • 2 raised beds completed before partner funding ran out.
2	Alzheimer Scotland Volunteers & Community Connections for people with dementia and their carers	<ul style="list-style-type: none"> • 5 new support groups for people with dementia and their carers established as planned • Average of 12 people with dementia attend each of the community groups per session • Average of 8 carers now attend each of the community groups per session • Volunteer coordinator and activities coordinator recruited • 25 volunteers recruited
3	Day Services Dementia Development	<ul style="list-style-type: none"> • 2 additional staff in place as planned • 20 extra places created • 8 people transferred from Active ageing group • 22 people given a second day (5 planned) • Current waiting list is 21 • A total of 42 people have used the service over the 2 additional days and a total of 105 people have used the service over the 5 days <p>There have been 95 referrals over 18months and 74 successfully placed. Breakdown of referrals:</p> <ul style="list-style-type: none"> • NHS Fife – 45 • Social Work – 37 • Self-Referrals - 13

Ref	Partner & Project	Project Outputs
4	DPHS Disabled Persons Housing Service (Fife) (Older) Mentors Housing Solution Project	<ul style="list-style-type: none"> • Casework/Housing Advice Cases with full Housing Options for 55+ new cases = 59 (Target was 50) • Housing solutions Found = 25 cases • Solution Types = 5 <ol style="list-style-type: none"> 1. Fife Council sheltered 2. Housing Association sheltered 3. Bought appropriate (e.g. downsized) 4. Private Let 5. Rented out home to pay for sheltered • Mentors recruited = 13 (Target 2) • Personal stories told = 9, with 3 on line at www.housingmentors.org.uk
5	Ecology Centre The Tool Shed	<ul style="list-style-type: none"> • Tool Shed Officer recruited • Systems for collecting/ storing/ sorting donated tools established • 29 older volunteers (Shedders) recruited • 15 younger volunteers recruited • Tools have been donated to 14 community and education groups. • 12 presentations have been made to various community groups. (Target 10) • Two 3 day trips to Tools for Self-Reliance's (TFSR) headquarters (Year1 & Year 2) - Two trips have now been completed resulting in 12 volunteers acquiring specific tool refurbishment skills which they have passed on to others. • Mentoring training delivered to older volunteers in partnership with Project Scotland. • 122 Shed sessions have now involved younger and older people working together. • Hosted TFSR Scotland networking day for 5 groups (Year 1) • Group visit to Garvald TFSR group in Edinburgh. • Plans for the new Shed building have been drawn up by architect and planning permission is being applied for. Shedders have been consulted and involved at all stages.
6	FEAT Mind your mind	<ul style="list-style-type: none"> • 10 x 4-week courses and 3 x 6-week courses • 8 tasters completed • 10 presentations to a variety of groups/audiences to generate referrals and raise awareness of mindfulness • 3 x 3-hour Positive Mental Health & Wellbeing courses delivered • 3 out of 5 volunteer mentors supported to date • 6 follow-up sessions completed and 2 practice classes completed

Ref	Partner & Project	Project Outputs
7	Furniture Plus F+ Maintenance Plus	<ul style="list-style-type: none"> • 1 Supervisor employed at end of June 2012 who had previously been a volunteer at FP. He is still employed with us. • 1 P/T Assistant employed at end of June 2012 (previous work placement) however this did not work out. The post was re-advertised twice before another part-time (30 hours) staff member was employed (October 2013) • 6 Volunteers involved to date. • Maintenance Plus was launched at the beginning of July and by the end of September 2013 had carried out 304 jobs
8	Link Living RealLiving Fife	<ul style="list-style-type: none"> • 63 Older people have received support 1:1 support from 19 Older Volunteers and/or taking part in many different social activities like playing golf, pool, going to the library in Dunfermline, going to garden centres, gardening or attending the RealLiving social cafe. • Attendees at Real Living café has increased from 3 or 5 to 25 Older People regularly attend the social cafe now established in High Valleyfield • There have been 242 attendances since the cafe started in February 13. • Number of members on a waiting list reduced to 23,
9	On at Fife Still Points in A Turning World	<p>Worked with 3 groups of Older People and 3 groups involving young families as planned</p> <ul style="list-style-type: none"> • Ran a series of intergenerational craft based workshops that had a direct input to the re-mounting of a show called the Allotment that would be performed to the participants in their community and on tour • Also gathered materials and memories that would inform the creation of a new piece of theatre that was relevant to the communities called the Thread • An average of 35 older participants were engaged in the Allotment and Thread • An average of 10 mothers with toddlers engaged in the Allotment. An average of 6 youth (including young mothers) engaged with Thread • Lochgelly – delivered 9 weeks of Allotment workshops with an average of 12 participants. Reminiscence session and play held at care home (Moss View) with approximately 15 participants • Glenrothes – 2 Allotment workshops delivered with 12 participants. Reminiscence session and play took place over a couple of hours (12 participants) • Dunfermline – 1 Allotment workshop with 10 participants. Reminiscence session and play took place over 2 hours (10 participants)

Ref	Partner & Project	Project Outputs
10	SHINE Personal Outcomes for Older People	<p><i>Initially progress was quite slow, the team seemed “ahead of the game” and was very much striving to bring about cultural change (and in considerable isolation). Today the team’s work around personal outcomes approach, Talking Points etc. are all gaining support, attitudes have changed and progress on this project is now gaining pace</i></p> <ul style="list-style-type: none"> • Training course to Introduce an outcomes focussed approach to a range of professional groups developed and implemented. • Different versions of the training were implemented for health care support workers and qualified staff. Training courses emphasize the importance of valuing the experiences, knowledge and skills (both past and present) of the older person. Focus is on drawing out with older person what they want for the rest of their lives and how we can work with them to achieve the things that they want – not about professionals always finding solutions “for them” but rather supporting them to identify how they can achieve their goals. • New Clinical Champions recruited to act as internal catalysts and support transformational change • Additional support for professionals trained in new approach through one to one support and via peer support groups • Referral protocols to support outcomes identified including need for new services via potential micro providers established (See BRAG below) • Wider Stakeholder Group established involving social services, SDS, LACs, Fife Voluntary Action, Health Improvement Team etc. • New generic paperwork has been designed to support different types of conversation with older people. • New approach to monitoring and evaluating training using Clinical Champions as independent evaluators under development. • Also new ways of evaluating the resulting impact on the older person under development and will be implemented shortly.
	BRAG Micro-provider support	<ul style="list-style-type: none"> • Adapted existing quality standard to support micro provider development in Scotland • Ran consultation events with older people to identify unmet needs and with potential micro providers who might be interested in setting up businesses to meet those needs • Ran a programme to train and support 18 micro providers to ensure that they are legal and safe at work as a minimum

Ref	Partner & Project	Project Outputs																				
11	Fife Elderly Forum Local Area Co-ordination (LAC) Project for Older People⁹	<ul style="list-style-type: none"> Developed "Referral and Assessment Pack" and referral process launched in Feb 2012) Links established and awareness raised with formal service providers (voluntary and statutory) and community groups Online database launched Establish an outcomes focussed service to support formal client referrals as well as provide information, advice and signposting when required. <p>Year 1</p> <ul style="list-style-type: none"> 141 referrals received, with 73 still active or monitored, 68 concluded (Target = 100) 284 one off enquiries supported Response target times exceeded: West Area = 8.64 days, East Area = 11.19 days (Target = 35 days to report outcome of assessment to client) <table border="1"> <thead> <tr> <th>Referrals made Year 1</th> <th>Successful referrals</th> <th>Individuals who chose not to pursue pathway</th> <th>Individuals who were denied access by the service provider</th> <th>On waiting list or awaiting assessment</th> </tr> </thead> <tbody> <tr> <td>168</td> <td>91</td> <td>25</td> <td>5</td> <td>46</td> </tr> </tbody> </table> <p>Year 2</p> <ul style="list-style-type: none"> 313 successful referrals received (Target = 300) East LAC support hours = 619.25 hrs. (Average 1 hr. 55 mins) West LAC support hours = 726 hrs. (Average = 1 hr. 19 mins) 176 one off enquiries supported Response target times exceeded 11.29 days (Target = 35 days to report outcome of assessment to client) <table border="1"> <thead> <tr> <th>Referrals made Year 2</th> <th>Successful referrals</th> <th>Individuals who chose not to pursue pathway</th> <th>Individuals who were denied access by the service provider</th> <th>On waiting list or awaiting assessment</th> </tr> </thead> <tbody> <tr> <td>510</td> <td>313</td> <td>97</td> <td>19</td> <td>81</td> </tr> </tbody> </table>	Referrals made Year 1	Successful referrals	Individuals who chose not to pursue pathway	Individuals who were denied access by the service provider	On waiting list or awaiting assessment	168	91	25	5	46	Referrals made Year 2	Successful referrals	Individuals who chose not to pursue pathway	Individuals who were denied access by the service provider	On waiting list or awaiting assessment	510	313	97	19	81
		Referrals made Year 1	Successful referrals	Individuals who chose not to pursue pathway	Individuals who were denied access by the service provider	On waiting list or awaiting assessment																
		168	91	25	5	46																
		Referrals made Year 2	Successful referrals	Individuals who chose not to pursue pathway	Individuals who were denied access by the service provider	On waiting list or awaiting assessment																
510	313	97	19	81																		

A number of challenges have been described by Project Leaders in their reports and in their interviews. As the projects got underway initial issues that were mentioned included

- Lack of referrals from other agencies
- High levels of non-attendance for "free" services

⁹ Source – Fife Elderly Forum Project Annual Reports

- Slow recruitment of staff and volunteers as well as finding the “right” member of the team to fit the role and the organisation
- Partner organisations being unsuccessful at securing funding and therefore unable to participate
- Delays in recruiting staff, ordering equipment – due, in part, to the delay in releasing project funding to Delivery Partners)
- Slow or poor service user recruitment for new services

As projects got underway leaders described other issues and learning that emerged including:

- The need to adapt planned services in response to client feedback to enhance engagement, attendance and motivation/ownership of the services by older people themselves.
- The amount of administration and marketing support required to run and promote the projects was sometimes underestimated.
- Underestimating the requirements (policies, procedures and insurance etc.) re. managing volunteers
- Managing risks associated with the projects
- Assessing the real needs of older people
- Staff sickness
- Amount of resources required to proactively form networks and make contacts with other organisations
- Lack of knowledge about the geographical area and other services

5.2 What has Fife Voluntary Action delivered?

Despite a period of significant re-structuring during this period it is testimony to all the project staff from Fife Voluntary Action involved in this programme (past and present) that the projects have continued to receive support and have been kept informed on developments throughout. This was particularly appreciated by project leads.

Table 5.2.1 below provides a list of activities delivered by Fife Voluntary Action's team.

Table 5.2.1 Activities delivered by Fife Voluntary Action's team.

Planned Activities	Date planned	Date delivered	Progress & Comments
Information Surgeries	30/31 January 2012	30/31 January 2012	This was an opportunity to give the sector a full overview of the fund, its aims and objectives, the application process. Over 35 organisations attended across the two sessions.

Planned Activities	Date planned	Date delivered	Progress & Comments
Networking launch	15 May 2012	15 May 2012	A programme approach has been adopted with regard to the nine initiatives, with an initial event having been held in May to bring them all together, giving an opportunity to hear about the services and activities being developed and allowing for networking and exchange of contacts. The Local Area Co-ordinators and the SHINE project were also involved in this event. In addition, the Joint Improvement Team participated and held discussions regarding possible case study activity.
Site visits	June – July 2012	June – July 2012	Commissioning meetings were held with all nine initiatives during April/May in order to develop Outcome Agreements and discuss information gathering and indicators. The Community Co-ordinator assisted the initiatives to develop Action Plans to support the Outcome Agreement.
Site visits	September – October 2012	September – October 2012	An opportunity to receive progress verbally ahead of the monitoring reports.
Interim Workshop (including session facilitated by External Evaluator)	2 nd November 2012	2 nd November 2012	This session had more of a focus on evaluation but continued to develop the links and encourage initiatives to consider themselves as being part of the wider context around Reshaping Care for Older People.
Site visits	March – April 2013	March – April 2013	On going

6 What happened as a result? (Outcomes)

6.1.1 Evidenced outcomes for older people

6.1.1.1 From Delivery Partners

All of the original 9 projects were able to demonstrate outcomes for both participants and stakeholders backed up by evidence from their data collection methods and summarised in their (template) monitoring reports.

The original 9 projects were able to provide evidence from a variety of sources of the following types of outcomes for older people. These outcomes reflect the diversity of the projects and their range of activities from life-long living, early intervention through to more intense support services required to support them and their carers in the community. Some examples from all of these 9 projects are provided in Table 6.1.1.1 below.

Table 6.1.1.1: Examples of outcomes for Older People

Type of Outcomes evidence	Outcomes evidenced
Health & Wellbeing Outcomes	<ul style="list-style-type: none"> • Improved physical health • Improved mental health • Improved self-esteem • Improved pain management • Reduced negativity, aggression • Improved relaxation, reduced anxiety • Improved hand eye coordination • Improved flexibility e.g. arthritic limbs • Improved strength and balance • Improved sleep patterns
Social outcomes	<ul style="list-style-type: none"> • Enhanced physical posture and eye contact • Enhanced self confidence • Improved resilience • Enhanced motivation to engage in conversation, to try new things • More things to talk about with family and friends • Learning new and refreshing "lost" skills
Enabling outcomes	<ul style="list-style-type: none"> • Getting out of the house more • Enhanced structure in their lives • People feel more valued • People are engaged in planning services • People feel safe, especially when dealing with trusted services • Enhanced use of IT

Table 6.1.1.2 provides more specific detail of the types of outcomes for older people evidenced by individual project data.

Table 6.1.1.2: Outcomes for Older People by project

Ref	Partner & Project	Project Outcomes for older people
1	Age Concern Glenrothes New Horizons	<p>For older people outcomes reported included</p> <ul style="list-style-type: none"> • Introduction of IT training as enhanced activity has had knock on effects in older people using technology more in their everyday lives. • New activities and projects such as the Buddy service can enhance the skills and professionalism of volunteers. • Buddy Services have helped fill social and emotional gaps were not being met by existing statutory health and social service provision
2	Alzheimer Scotland Volunteers & Community Connections for people with dementia and their carers	<p>For older people outcomes reported included</p> <ul style="list-style-type: none"> • Enhanced opportunities for people with dementia and their carers • Improved sense of ownership in the programme e.g. making suggestions about the service • Improved mental health and wellbeing resulting from attendance at relax and refresh sessions for people with dementia • Improved mental health and wellbeing resulting from attending group session where they can ask questions about their condition and express their concerns • Taking part in activities has helped to reduce the stigma associated with dementia as well as boosting wellbeing and physical health of the individuals • Improved self-confidence e.g. using public transport again • Regained new skills previously lost such as baking
3	Day Services Dementia Development	<p>For older people outcomes reported included</p> <ul style="list-style-type: none"> • Enhanced self confidence • Improved self-esteem • Enhanced structure to lives • Improved quality of life • Higher levels of motivation and well-being
4	DPHS Disabled Persons Housing Service (Fife) (Older) Mentors Housing Solution Project	<p>For older people outcomes reported included</p> <ul style="list-style-type: none"> • Improvement in wellbeing • Reduced isolation • Increased personalised care and resilience • Greater involvement in identifying solution through co-production approach • Feel more valued • More opportunities for volunteering
5	Ecology Centre The Tool Shed	<p>For older people outcomes reported included</p> <ul style="list-style-type: none"> • People have improved mental and physical health • People are getting out of the house more • People feel valued • Enhanced feeling of wellbeing

Ref	Partner & Project	Project Outcomes for older people
6	FEAT Mind you mind	<p>For older people outcomes reported included</p> <ul style="list-style-type: none"> • Increased wellbeing • Reduced negativity • Reduced anxiety • Reduced stress • Improved concentration • Reduced depression • Improved sleep patterns • Improved pain management • Improved physical health • Reduced anger
7	Furniture Plus F+ Maintenance Plus	<p>For older people outcomes reported included</p> <ul style="list-style-type: none"> • Increased wellbeing • Improved feeling of self-worth • Reduced feeling of isolation • Increased confidence in letting strangers into their home
8	Link Living Realliving Fife	<p>For older people outcomes reported included</p> <ul style="list-style-type: none"> • Reduced social isolation
9	On at Fife Still Points in A Turning World	<p>For older people outcomes reported included</p> <ul style="list-style-type: none"> • Improved confidence of older participants • Felt less isolated • Improved levels of motivation to engage and re-engage with craft skills • Improved mood and general well-being • Enhanced satisfaction re. skill sharing • Improved confidence re. relationship building • Enhanced physical posture and eye contact • Enhanced motivation to engage in conversation re. reminiscence sessions • Enhanced and new relationships
10	SHINE Personal Outcomes for Older People	<p>For older people outcomes reported included</p> <p><i>We were not able to collect feedback from older people who had received the improved service – a new evaluation was about to take place and hence it was inappropriate at this time.</i></p> <p><i>However secondary data and reports including case studies indicate the value of a personal outcomes approach for older people. Older people value the time spent helping them to identify their outcomes and the potential ways in which these can be achieved.</i></p> <p><i>This approach is now gaining widespread acceptance. Since SHINE has been underway for a number of years their learning and experience in this area is valuable. It is therefore vital to gather evidence to support this approach.</i></p>

Ref	Partner & Project	Project Outcomes for older people
	Brag Support for Micro Providers	For older people outcomes reported included <i>No data has been gathered to support the impact of Micro provider services on their customers, older people (See above)</i>
11	Fife Elderly Forum Local Area Co-ordination (LAC) Project for Older People	For older people outcomes reported included <ul style="list-style-type: none"> • Better informed about the range of services and support available to them • Quicker access to services than would otherwise occur • More able to make informed choice about options available <p><i>The outcomes listed above have been verified through our telephone interviews with clients.</i></p> <p><i>Further for the sample of clients interviewed, who were able to recall the service provided, the older person was very much relieved that something was being done to help them. The majority confirmed that the service they now received helps to meet their needs.</i></p>

The work done at SHINE is clearly transformational and therefore it is absolutely vital that robust and reliable evaluation methods are applied to the next stage. We would recommend that it is important to share the results of the planned evaluation of the new approach using a personal outcomes approach. To identify any improvement to the service provided this must be compared to either previous evaluations of service (baselines) or a control group – i.e. compared to support which is NOT outcomes focussed (and offered by professionals not yet trained in the personal outcomes approach). This should be accompanied by an independent evaluation by the Clinical Champions of the services and outcomes achieved for both groups of older people. It was unfortunate that the evaluators were not able to work in partnership with the project team at this time to evidence the impact of their work on older people more clearly for this report.

The service developed at Fife Elderly Forum is innovative and provides an essential link between services. However it is vital to be able to follow up on the outcomes of successful referrals (see outputs section) to see if the successful referrals made helped the older person achieve their personal goals. This has not been reported on and we do not have access to client records to evaluate this. Further anonymised details about the outcomes identified together with **if** and **how** these outcomes were actually met should be reported. Making a referral, in itself, is not an outcome – the resulting **change** for the person (as a result of the referral *and* receiving new services/support is the outcome) and this is not currently being reported on. Reports focus on activities undertaken and outputs, which are all well described. What is less clear is the actual improvements to people's lives which result from the Fife Elderly Forum service activity. From our interviews with clients this potentially undervalues the true benefit of this service.

6.1.1.2 From older people's surveys and telephone interviews

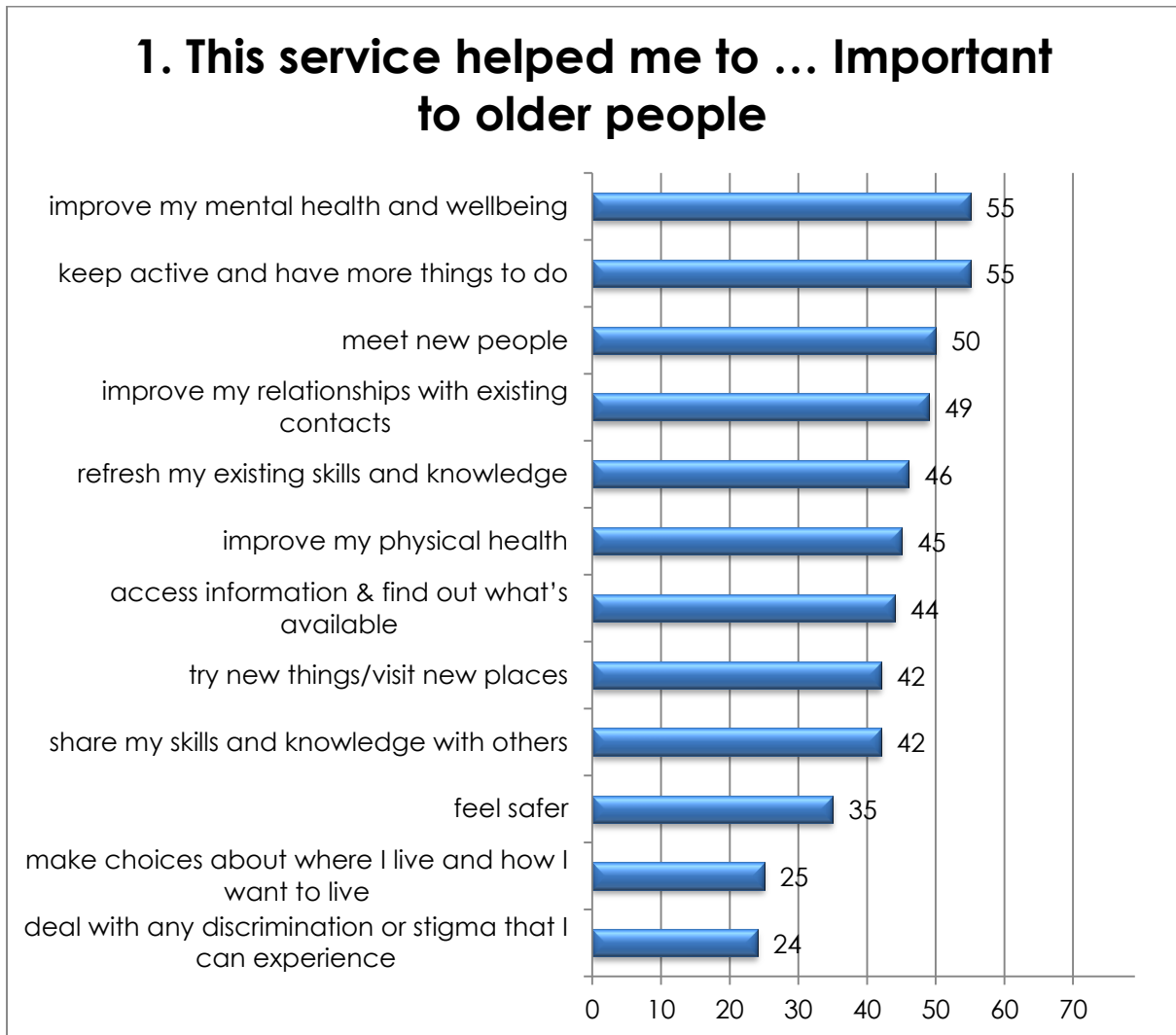
Of the 79 surveys sent out here is the information on gender and age for those respondents who chose to share this information.

	Male	Female
Number of responses	30	47
Average Age	72 years (min =50, max =84)	74 years (min 55 =, max =91)

Within these surveys we not only asked older people how well their service performed but also what issues were important to them. They were asked to score each statement out of 10. For example we asked if they felt they were "listened to" – we also wanted to know how important being "listened to" was to them personally.

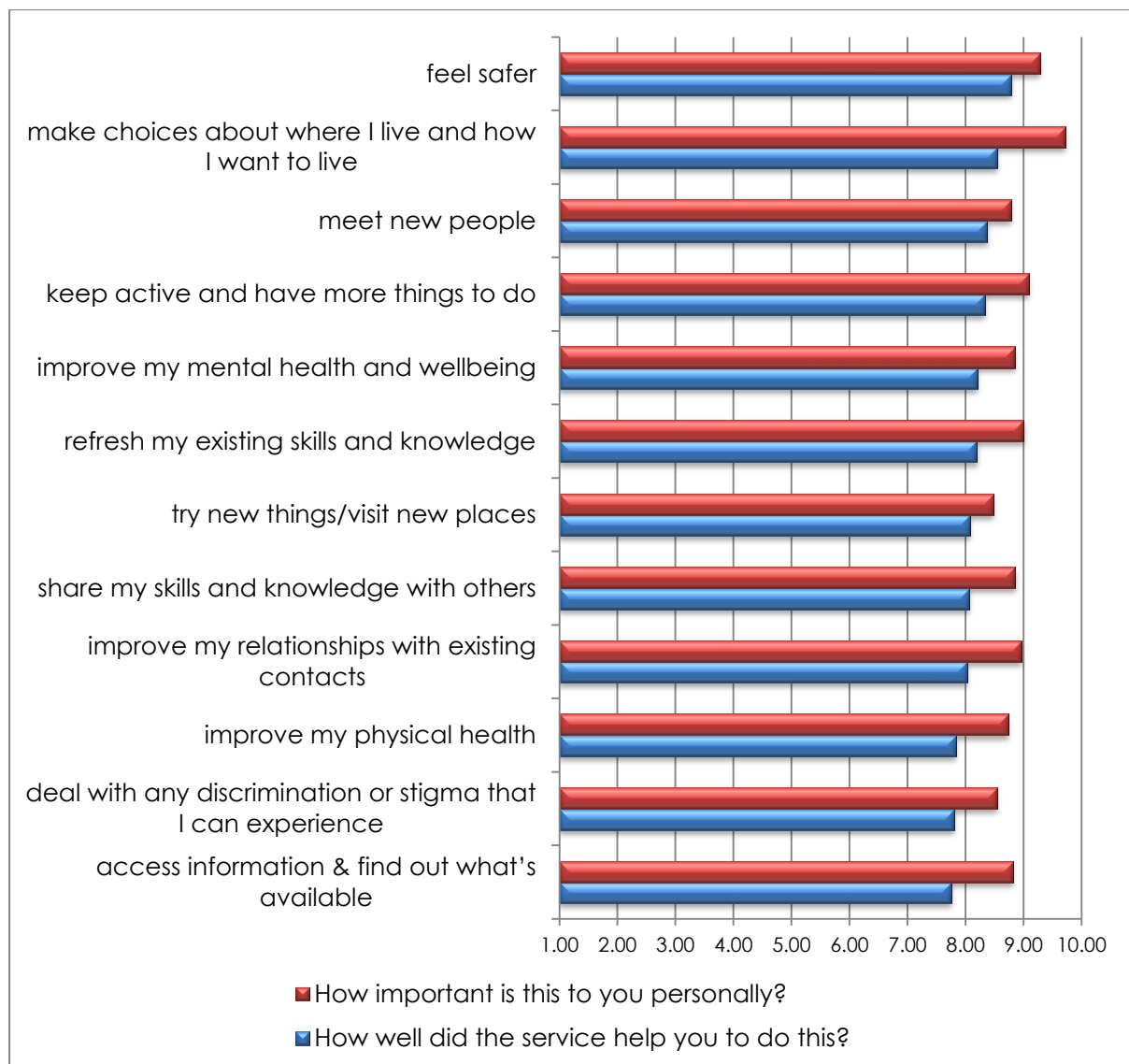
Graph 6.1.1.2a shows what the older people surveyed thought was important to them in terms of what the project's services had helped them to achieve. This is an interesting graph and when planning services service providers should be more mindful of what is important to older people.

Graph 6.1.1.2a: What was important for older people re. what the service helped them to achieve



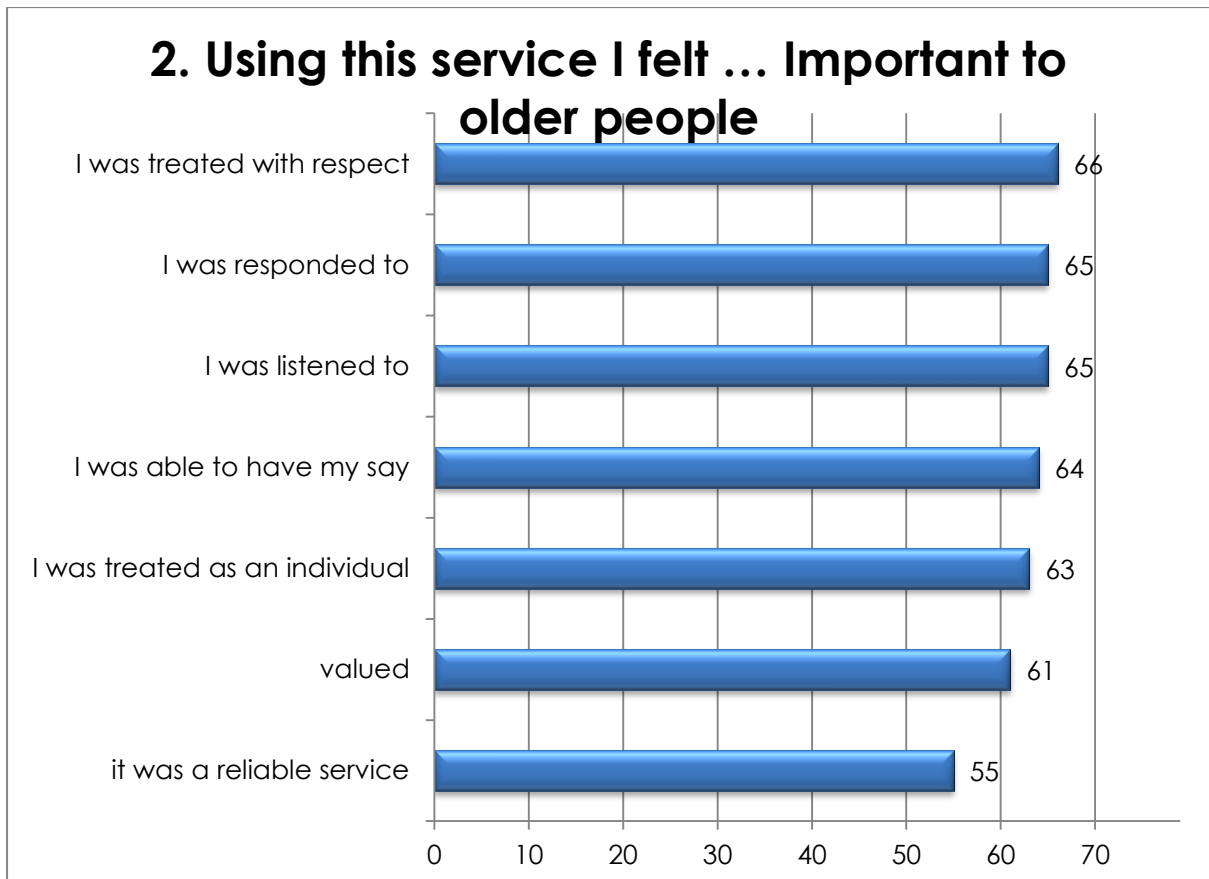
Graph 6.1.1.2b below shows the results of how well the projects performed for these statements. Projects performed well. There are also high correlations between what older people felt was important to them and how well the projects delivered on those issues.

Graph 6.1.1.2b: Older people said how well that “This service helped them to ...”



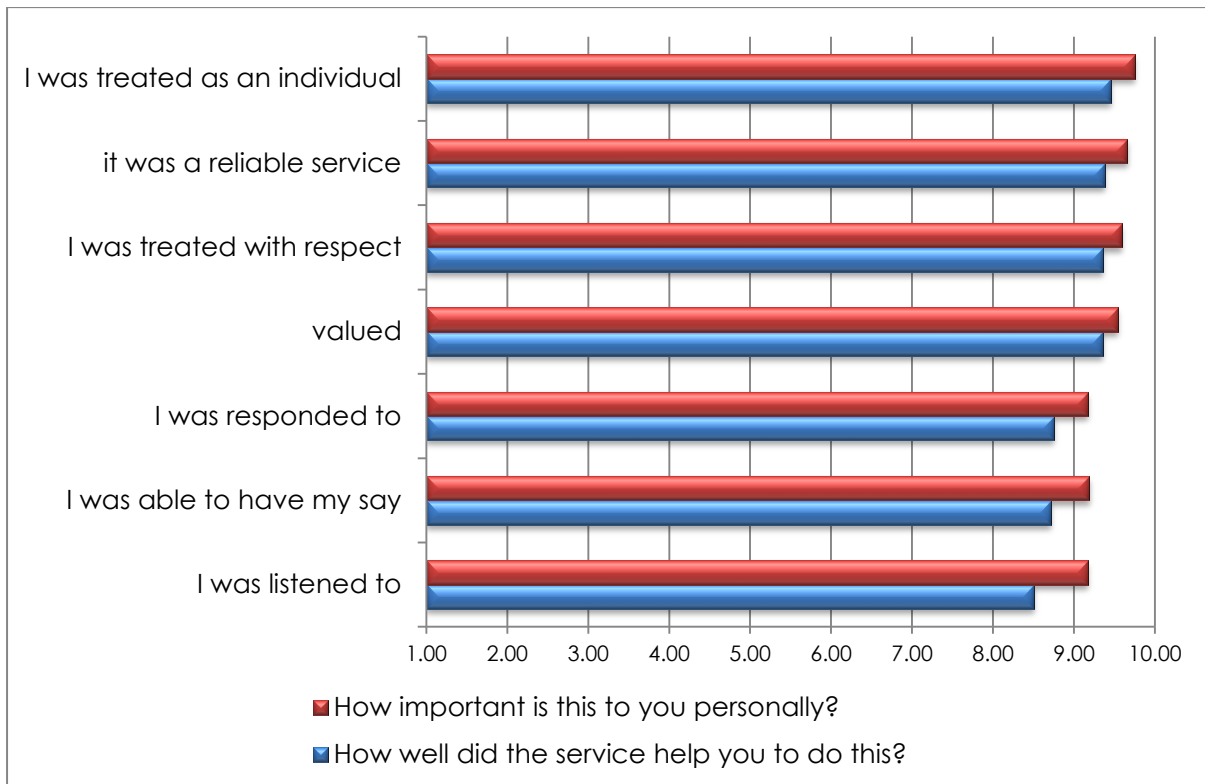
Graph 6.1.1.2c is more about how the person was treated whilst using the service. Again older people were asked what was important to them.

Graph 6.1.1.2c: What was important for older people re. how they were treated



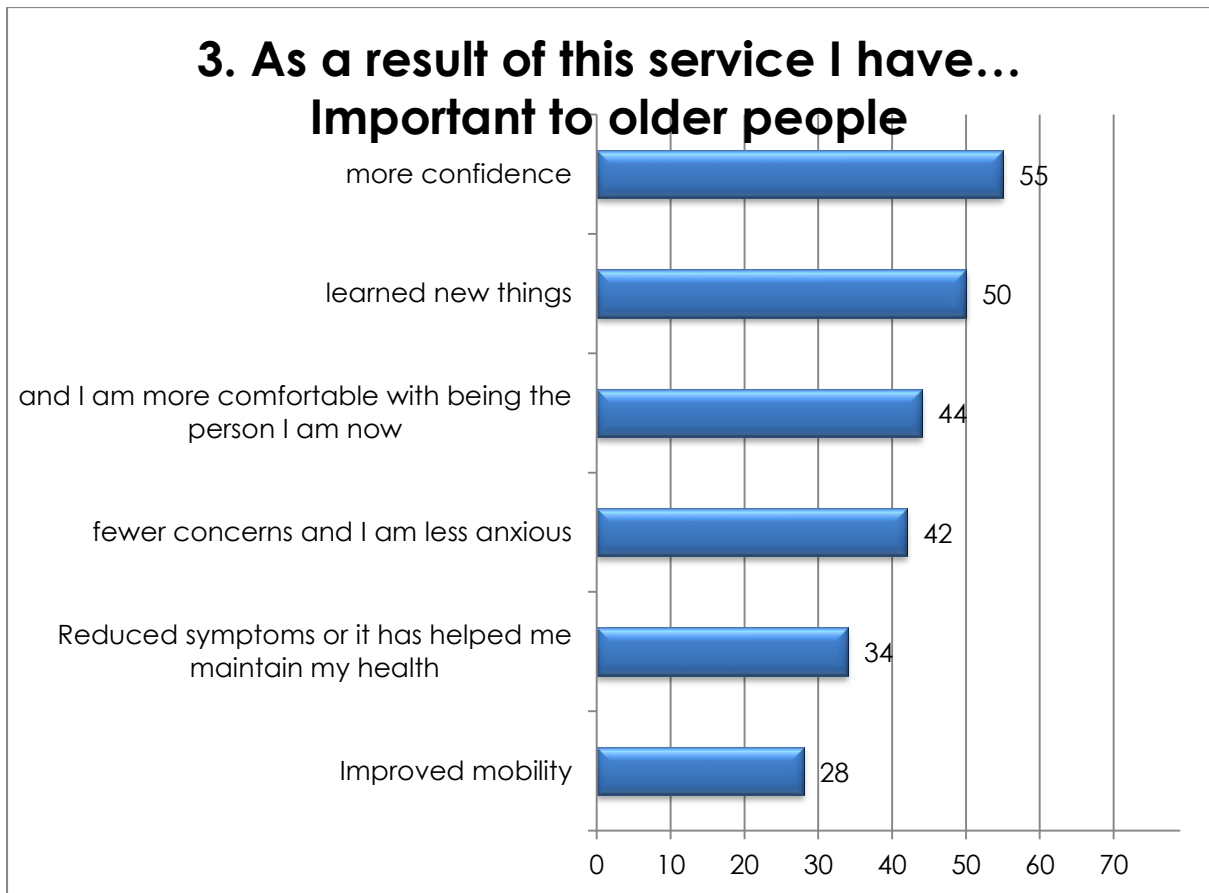
Graph 6.1.1.2d illustrates how well the projects performed against these issues.

Graph 6.1.1.2d: Older people said "Using this service they felt ..."



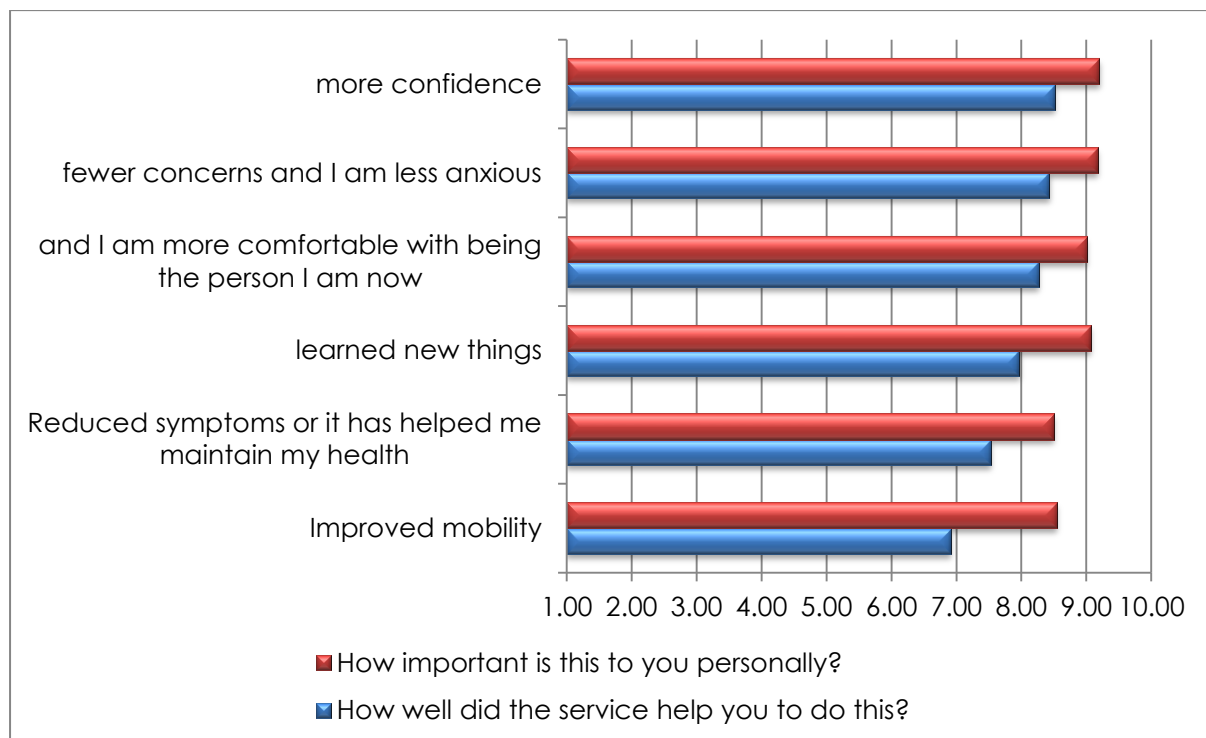
We were also keen to learn about the impact and any lasting effect of using the service. Graph 6.1.1.2e shows what older people said was important to them when they looked back at the service and considered what were the benefits or outcomes for themselves.

Graph 6.1.1.2e: What older people said was important re. the benefits of the service.



Graph 6.1.1.2f shows how older people rated the benefits of using the service

Graph 6.1.1.2f: Older people said that “As a result of this service they had ...“



For those clients who could clearly recall the service, telephone interviews with Fife Elderly Forum clients confirmed a high level of satisfaction with the service. In particular the following issues were particularly valued:

- Speed of response e.g. 2 days after diagnosis of dementia
- They felt better knowing what the options were and that there were services available that could help them
- They were clear about why they had not been able to access a service straight away e.g. waiting list

Some clients (and carers) were unsure whether they were still on “the books” for Fife Elderly Forum. One client said how much they enjoyed attending the service, another said that they had given up after a few weeks because they had found it boring.

Here are some of the comments made by older people across all the projects

- ***A valued and worthwhile service to numerous types of individuals who work together. It is a joy attending.***
- ***Really enjoy being part of the group and like coming***
- ***I was treated with courtesy and respect at all times – the service was faultless***
- ***The response and courtesy shown from the team towards myself was and still is, highly commendable, very professional and well explained from start to finish.***
- ***Pure dead brilliant!***
- ***Made all the difference!***
- ***The service has changed my life. They have made me feel worthwhile***

- *Yes – it has helped me greatly and gives me something to look forward to*
- *Better than I thought it would be, I look forward to a Tuesday – best day of the week.*
- *Renewed my confidence*
- *I learned to laugh again*
- *The service was brilliant, everything was done in record time*
- *It is good to know that there is such a service to help older people to enjoy life more and to be cared about as important members of their community*

Key learning points extracted from the evaluation work with older people are shown below.

Lessons Learned from Older People

- Older people often have their own solutions and ideas – we should listen and learn from their experience!
- Harness their talents to run/plan their own activities – this improves ownership and attendance
- Focus on Personal Outcomes and everyone working towards achieving person's goals
- Ensuring everyone knows what's available and can hook into what's available efficiently
- We need to proactively improve the management of services to boost referrals between organisations
- If it doesn't exist invest in someone that will invent it e.g. BRAG microenterprise solutions
- Better advertising, and promotion are required to ensure that older people get to know about what's available.
- We need to harness specialist Voluntary Sector Organisations to deliver/invent the diverse range of services (from volunteering opportunities to day services etc.) which contribute to older people's health and wellbeing
- We need to work together to develop accurate costings for these services, a monitoring framework which is fit for purpose and look at how scarce resources could be allocated in the future across the range of services, from prevention and early intervention to crisis support.

6.1.2 Evidenced outcomes for carers

6.1.2.1 From Delivery Partners

Positive results were also evidenced for Carers involved in the various projects.

Table 6.1.2.1: Outcomes for Carers

Type of Outcomes evidence	Outcomes evidenced
Health & Wellbeing Outcomes	<ul style="list-style-type: none"> • Improved health and wellbeing • Enhanced access to information, advice and guidance • Lower levels of anxiety • Feeling less isolated • Better coping mechanisms and improved

	patience providing care to loved ones
Practical outcomes	<ul style="list-style-type: none"> • Enhances respite opportunities • Enhanced level of confidence in accessing services • Improved access to information, advice and guidance
Social outcomes	<ul style="list-style-type: none"> • Improved social contact and opportunities • Enhanced peer support from other carers • Feeling less isolated • Improved relationships with family and friends

Table 6.1.2.2 below provides more details about the outcomes evidence for carers organised by individual project.

Table 6.1.2.2: Outcomes for Carers by project

Ref	Partner & Project	Project Outcomes for carers
1	Age Concern Glenrothes For carers outcomes reported included New Horizons	For carers outcomes reported included <ul style="list-style-type: none"> • Enhanced activities have created respite opportunities for unpaid carers
2	Alzheimer Scotland Volunteers & Community Connections for people with dementia and their carers	For carers outcomes reported included <ul style="list-style-type: none"> • Improved social contact and opportunities • Enhanced peer support from other carers • Improved health and wellbeing via short respite breaks and opportunity to unwind • Enhanced feeling on self-worth and being respected by others • Opportunities to discuss concerns or ask questions with staff and volunteers • Improved sense of ownership of the activities and groups by being consulted and engaged in planning process
3	Day Services Dementia Development	For carers outcomes reported included <ul style="list-style-type: none"> • Lower levels of anxiety • Improved levels of support from both staff and other carers • Enhanced access to information, advice and guidance
4	DPHS Disabled Persons Housing Service (Fife) (Older) Mentors Housing Solution Project	For carers outcomes reported included <ul style="list-style-type: none"> • Improved improvement in wellbeing • Reduced isolation; increased resilience • Solution found so lowered levels of stress and improve resilience to continue caring role. • Averting crisis of family/ relations improved
5	Ecology Centre The Tool Shed	For carers outcomes reported included <ul style="list-style-type: none"> • More and better quality "me time"

Ref	Partner & Project	Project Outcomes for carers
6	FEAT Mind you mind	For carers <ul style="list-style-type: none"> Improved level of patience to support their loved one Same outcomes as for older people
7	Furniture Plus F+ Maintenance Plus	For carers outcomes reported included <ul style="list-style-type: none"> Enhanced level of confidence in accessing services
8	Link Living RealLiving Fife	For carers outcomes reported included <ul style="list-style-type: none"> More time for themselves Improved support from Befriender Feeling less isolated
9	On at Fife Still Points in A Turning World	Not reported
10	SHINE	Not reported
	Brag	Not reported
11	Fife Elderly Forum	For carers outcomes reported included <ul style="list-style-type: none"> Lower levels of anxiety knowing something was going to be done Enhanced resilience and ability to continue in caring role Improved knowledge and understanding of services and options available

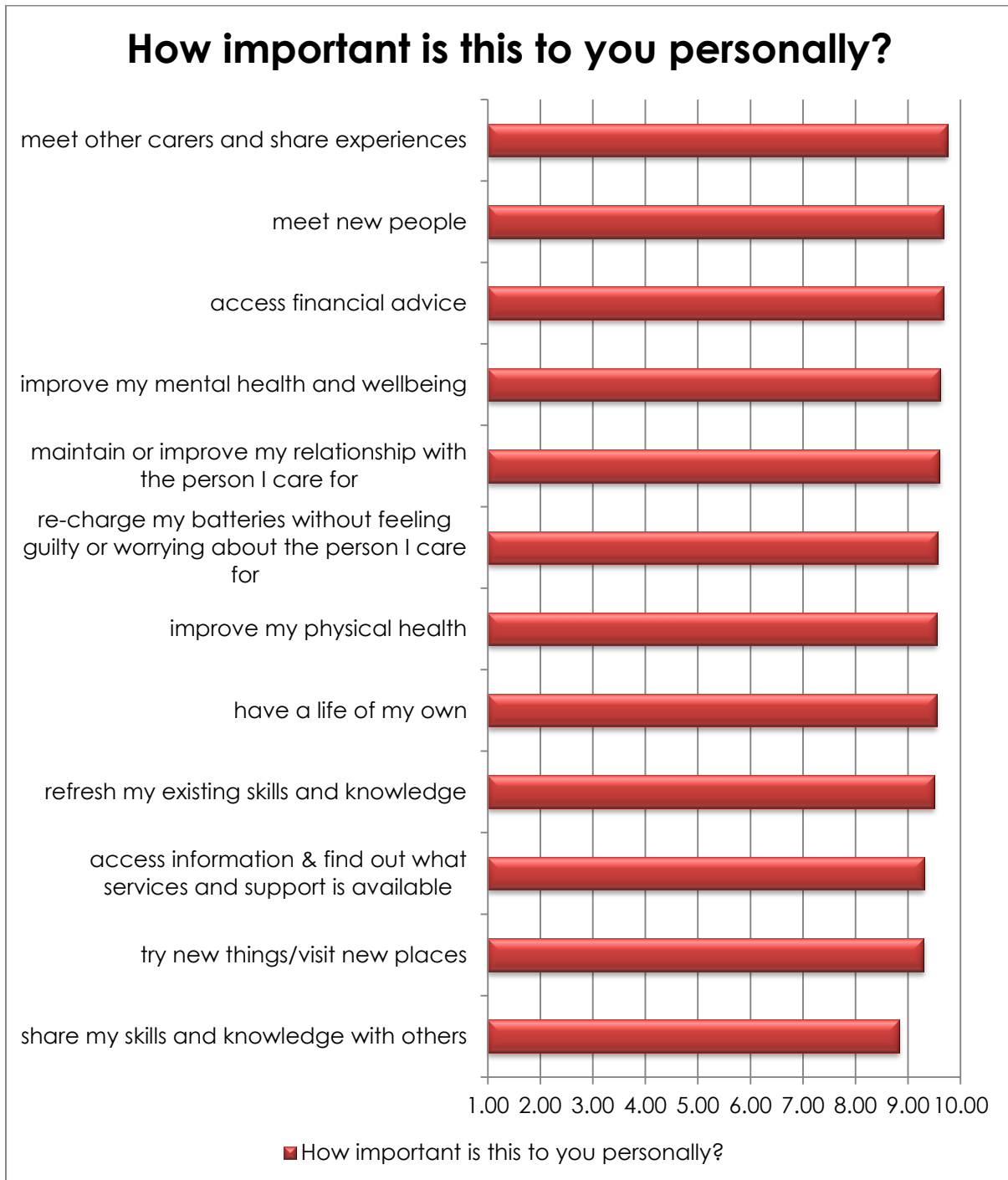
6.1.2.2 From carer surveys

Of the 20 surveys sent out to the original 9 projects here is in the information on gender and age for those respondents who chose to share this information.

	Male	Female
Number of responses	5	12
Average Age	76 years (min =61, max =89)	61 years (min 32 =, max =92)

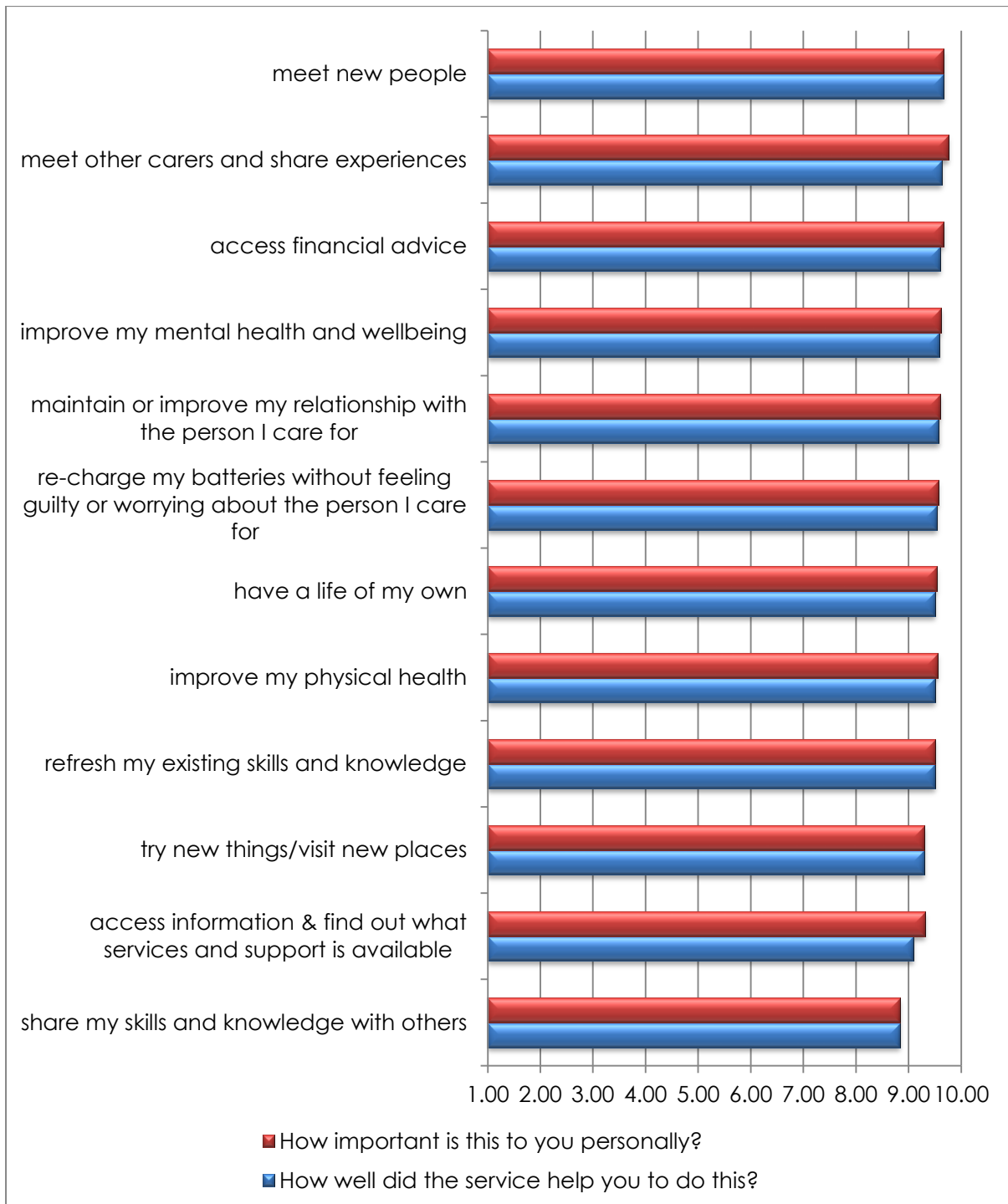
Graph 6.1.2.2a shows the average scores of how important the carers said were the various ways in which the projects had helped them. The scale used was from 1 to 10, where 1 was the lowest score and 10 was the highest.

Graph 6.1.2.2a What was important for carers re. what the service helped them to achieve



Graph 6.1.2.2b shows the average scores out of 10 of how well projects enabled carers to achieve the various outcomes such as “meet new people”.

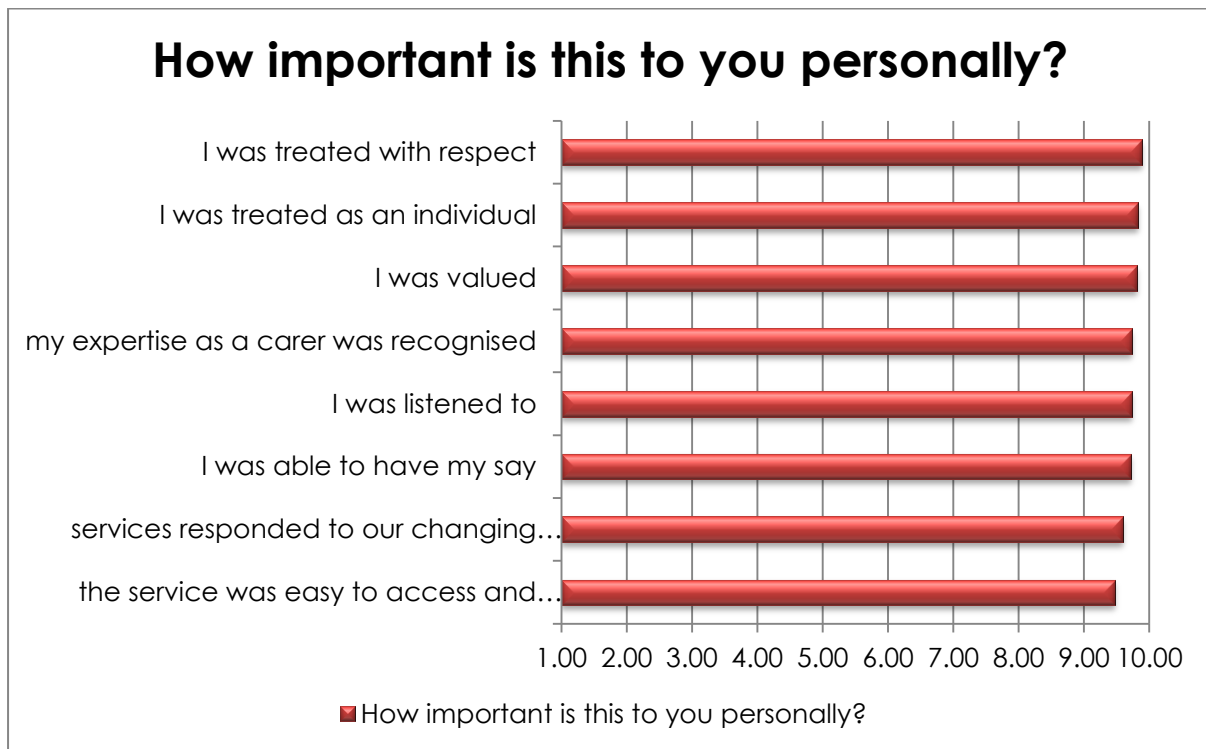
Graph 6.1.2.2b: Carers scored how “This service helped me to...”



The data indicates that the original 9 projects performed well against most criteria.

Graph 6.1.2.2c gives the average scores for carers re. how important are the various aspects of how they are treated whilst receiving a service.

Graphs 6.1.2.2c What was important for carers re. how they are treated when receiving a service



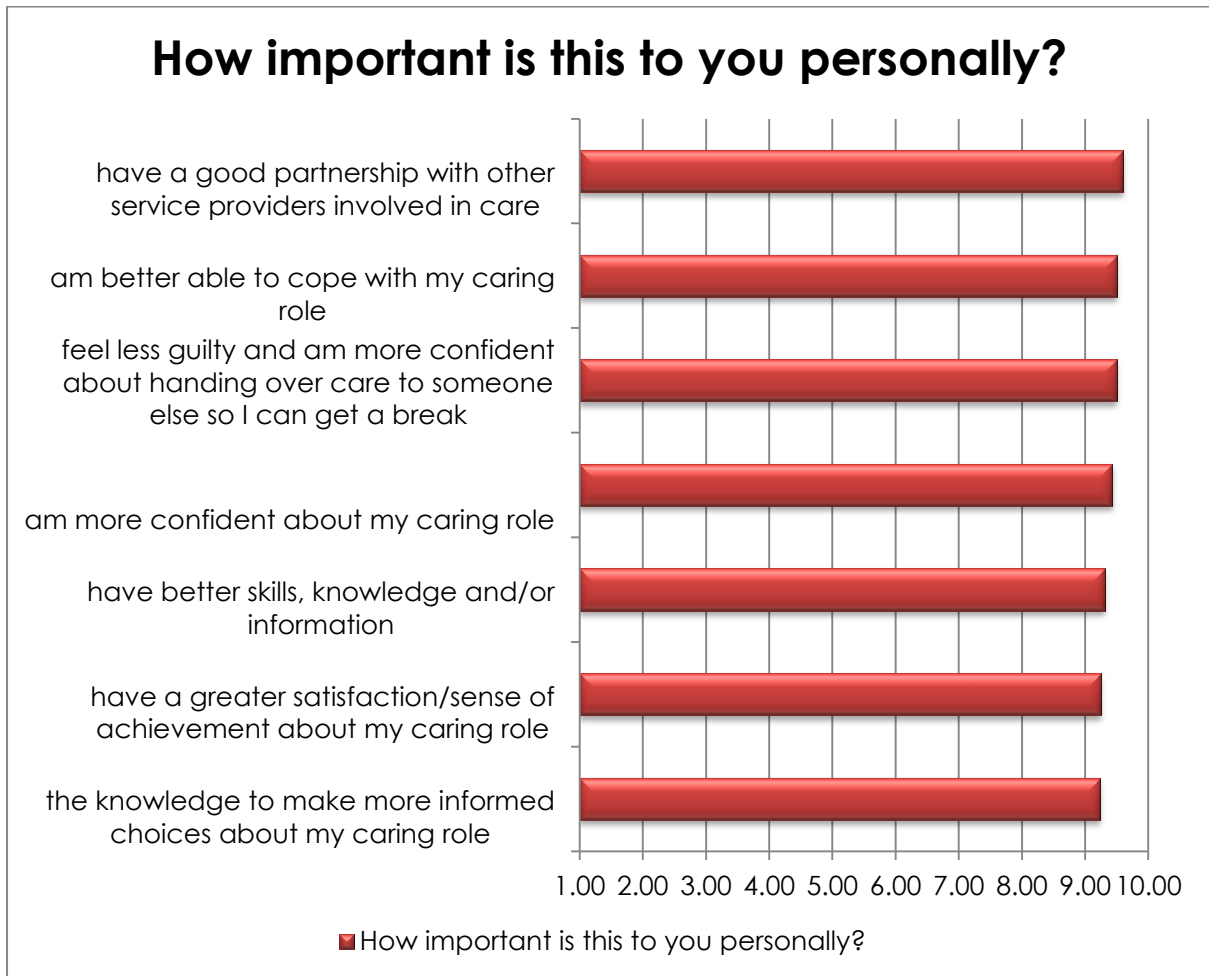
Graph 6.1.2.2d shows the average scores for carers re. how well the original 9 projects performed against these issues.

Graph 6.1.2.2d : Carers said “Using this service I felt...”



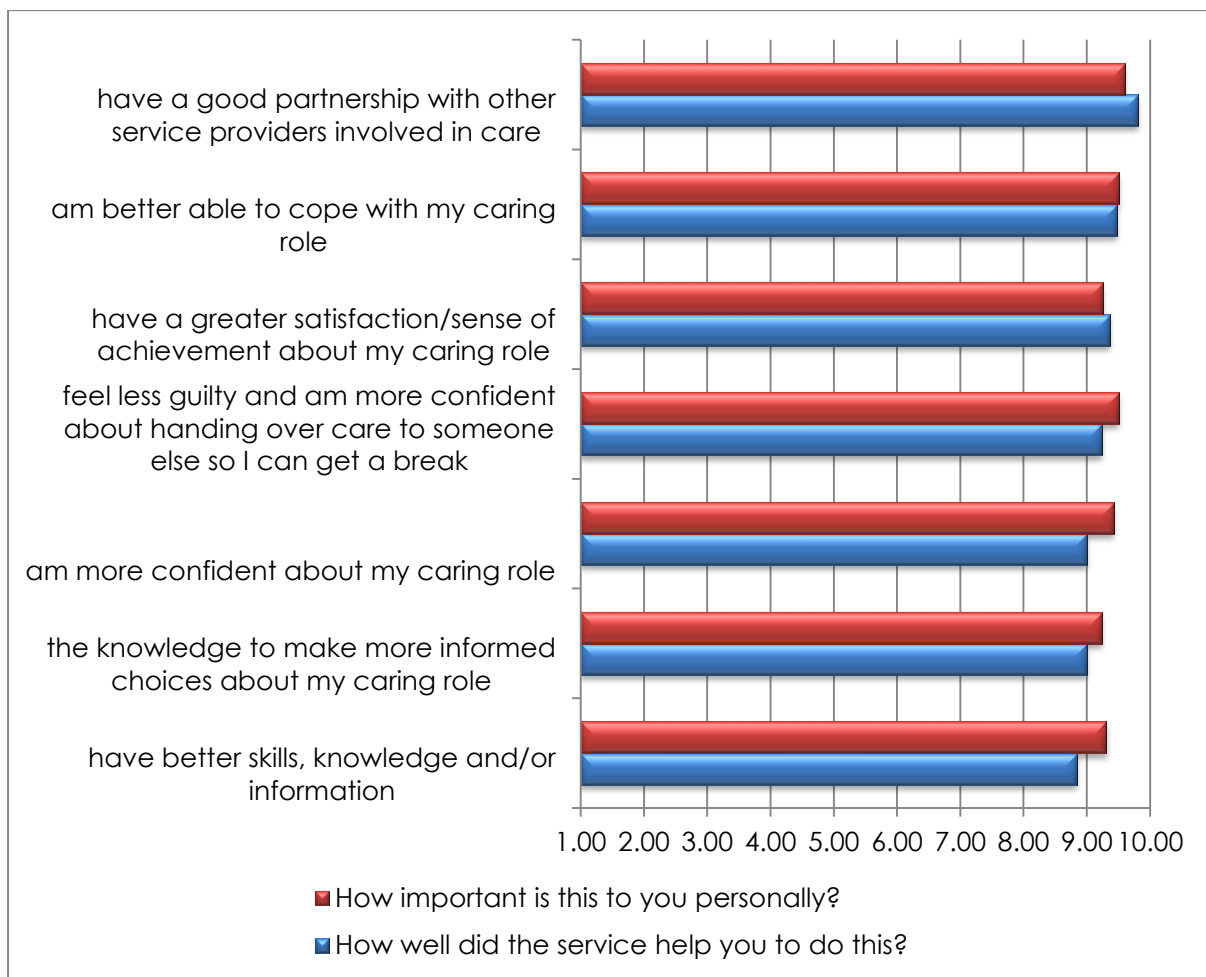
Graph 6.1.2.2d provides the carers' average scores re. how important the outcomes or benefits of receiving the services.

Graphs 6.1.2.2d What was important for carers re. the benefits they receive from projects



Graph 6.1.2.2e shows the average scores (out of 10) for outcomes carers said had been achieved as a result of participating in the project. (NB All questions could be eliminated by the respondents by marking them as not applicable)

Graph 6.1.2.2e: Carers said “As a result of this service I...”



Here are some of the comments made by carers.

- ***This service allows my husband to have additional relationships. He is always treated with respect.***
- ***I have absolutely no concerns and feel completely confident leaving Mum in the care of this service. She always looks forward to going to her “wee club” and is always in good spirits when she returns home. A well-managed and much appreciated and needed service. Thank you.***
- ***As a carer it’s good to be included in planning services.***

Key learning points extracted from the evaluation work with carers are shown in below.

Lessons Learned from Carers

- We should continue to identify, respect and acknowledge their role as partners in the planning, design, delivery and evaluation of care – this is highly valued and very important to carers
- We need to invest in providing **opportunities** of support – sometimes it is not necessary for carers to **access** that support all the time, it's often enough to just know help is available should they need it.
- We need to Invest in **peer support**, especially via themed groups – many carers stated that they value specialist groups e.g. with other carers of loved ones who have dementia
- Again we need to develop **better advertising**, promotion and **efficient links** to enable carers to know and to link into what's available

6.1.3 Evidenced outcomes for Volunteers

6.1.3.1 From Delivery Partners

Positive results were also evidenced for Carers involved in the various projects. Table 6.1.3.1 provides an overview of the sorts of outcomes evidenced for volunteers in the programme.

Table 6.1.3.1: Outcomes for Volunteers

Type of Outcomes evidence	Outcomes evidenced
Health & Wellbeing Outcomes	<ul style="list-style-type: none"> • Improved health and wellbeing • Enhanced access to information, advice and guidance • Lower levels of anxiety • Feeling less isolated • Better coping mechanisms and improved patience providing care to loved ones
Practical outcomes	<ul style="list-style-type: none"> • Enhances respite opportunities • Enhanced level of confidence in accessing services • Improved access to information, advice and guidance
Social outcomes	<ul style="list-style-type: none"> • Improved social contact and opportunities • Enhanced peer support from other carers • Feeling less isolated • Improved relationships with family and friends

Many of the projects had not worked with volunteers before and of the original 9 projects some experienced delays in recruiting the right volunteer coordinators,

ensuring that appropriate policies and procedures were in place to support the volunteers. Results for the period ending September 2013 demonstrate considerable progress has been made in this area. Evidence from volunteers demonstrates that they are well supported, are clear about their role and responsibilities. Further they enjoy their work role and benefit from their volunteering experience on the projects.

Table 6.1.3.2 provides more detail of the outcomes for volunteer organised by individual project.

Table 6.1.3.2: Outcomes for Volunteers by project

Ref	Partner & Project	Project Outcomes for volunteers
1	Age Concern Glenrothes New Horizons	For volunteers outcomes reported included <ul style="list-style-type: none"> The Introduction of new staff/volunteers and services has enabled access to many new skills being introduced into the staff group and the sharing of knowledge increased
2	Alzheimer Scotland Volunteers & Community Connections for people with dementia and their carers	For volunteers outcomes reported included <ul style="list-style-type: none"> Enhanced opportunities for volunteering Improved induction, training and support available for volunteers Improved knowledge about dementia in particular leading to additional support groups being set up for carers and service users in other areas.
3	Day Services Dementia Development	For volunteers outcomes reported included <ul style="list-style-type: none"> Improved knowledge and skills Enhanced employability skills and experience Higher levels of confidence
4	DPHS Disabled Persons Housing Service (Fife) (Older) Mentors Housing Solution Project	For volunteers outcomes reported included <ul style="list-style-type: none"> improved in wellbeing Reduced isolation increased resilience
5	Ecology Centre The Tool Shed	For young volunteers outcomes reported included <ul style="list-style-type: none"> Improved self-confidence Enhanced knowledge and skills
6	FEAT Mind you mind	For volunteers outcomes reported included <ul style="list-style-type: none"> Improved self-confidence Enhanced knowledge and skills Enhanced employability
7	Furniture Plus F+ Maintenance Plus	For volunteers outcomes reported included <ul style="list-style-type: none"> Enhanced knowledge and skills

Ref	Partner & Project	Project Outcomes for volunteers
8	Link Living Realliving Fife	For volunteers outcomes reported included <ul style="list-style-type: none"> • More meaningful activity • Improved knowledge and skills • Enhanced social contacts • Enhanced opportunities for volunteers from Polish community
9	On at Fife Still Points in A Turning World	For volunteers outcomes reported included <ul style="list-style-type: none"> • Enhanced sense of purpose • Improved sense of achievement • Improved motivation for getting involved in community projects • Enhanced initiative and drive
10	SHINE	N/A
	Brag	N/A
11	Fife Elderly Forum	N/A

6.1.3.2 From volunteer surveys

Of the 44 surveys sent out here is in the information on gender and age for those respondents who chose to share this information.

	Male	Female
Number of responses	9	21
Average Age	53 years (min =20, max =89)	53 years (min 21 =, max =69)

Graph 6.1.3.2a shows the volunteers' average scores (out of 10) for what was important to them about acting as a volunteer.

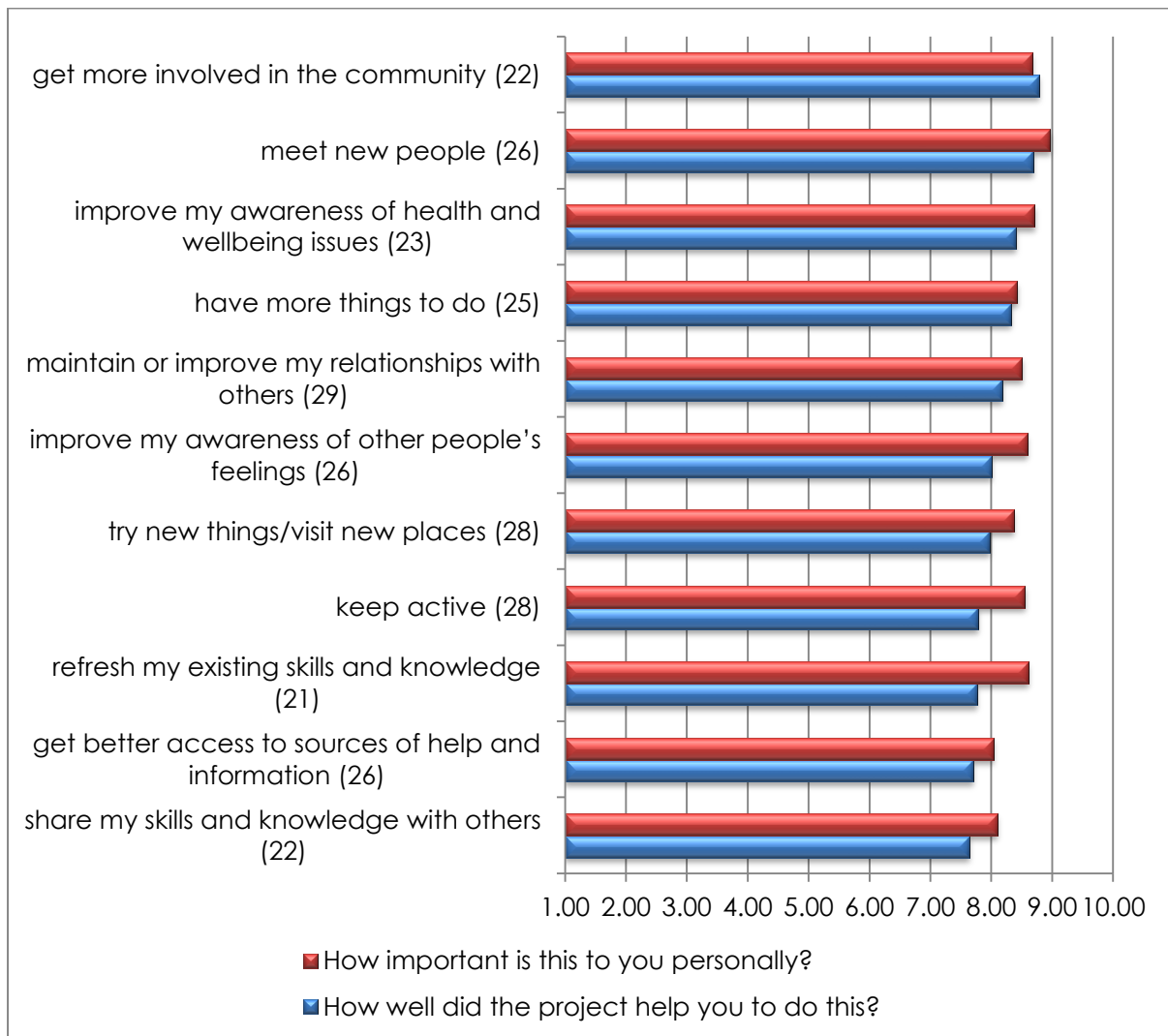
Graph 6.1.3.2a What volunteers think is important about volunteering for them.



Graph 6.1.3.2b shows the volunteers' average scores (out of 10) for how the projects performed against these outcomes.

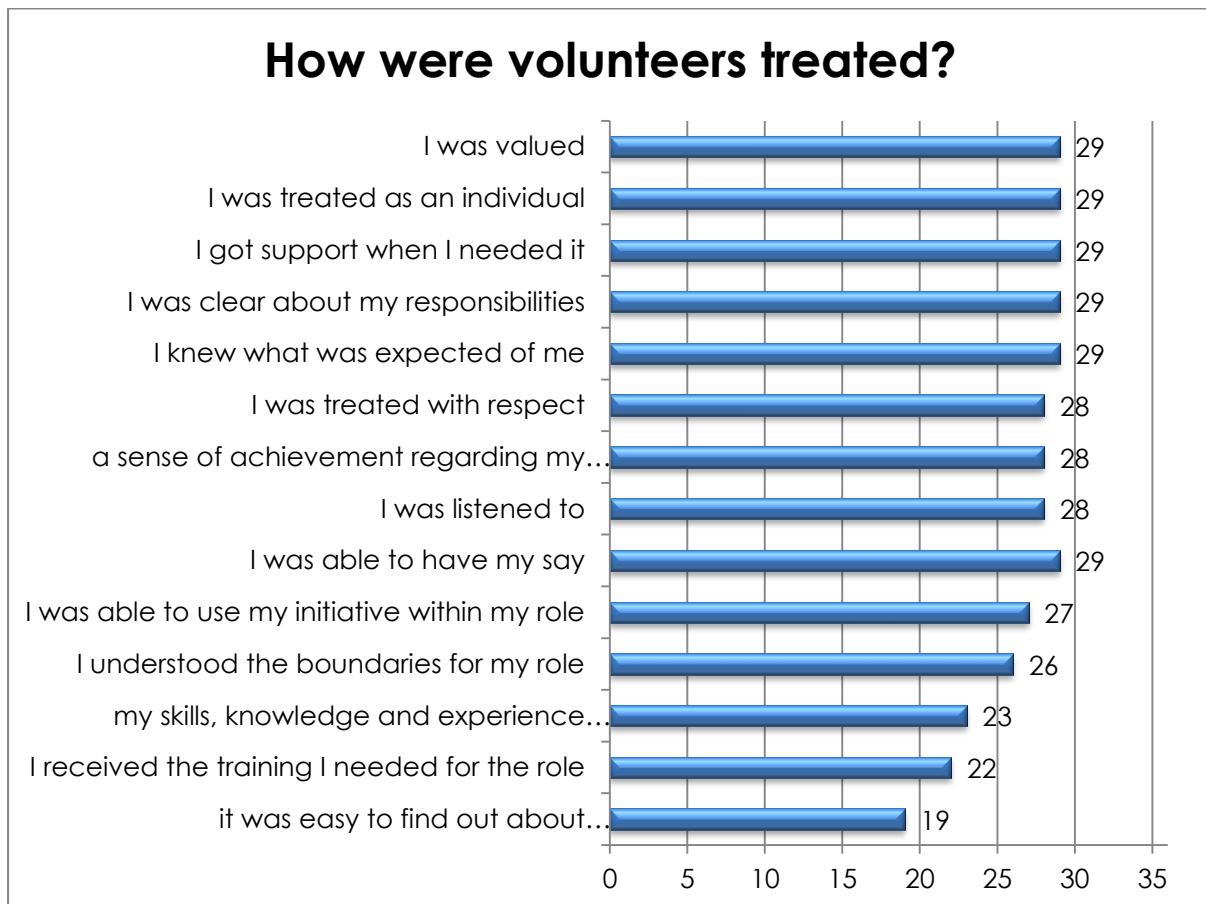
Graph 6.1.3.2b How volunteers rated the performance of volunteering opportunities

1. Acting as a volunteer on this project helped me to ...



Graph 6.1.3.2c shows the volunteers' average scores (out of 10) for what was important to them re. how they were treated as volunteers.

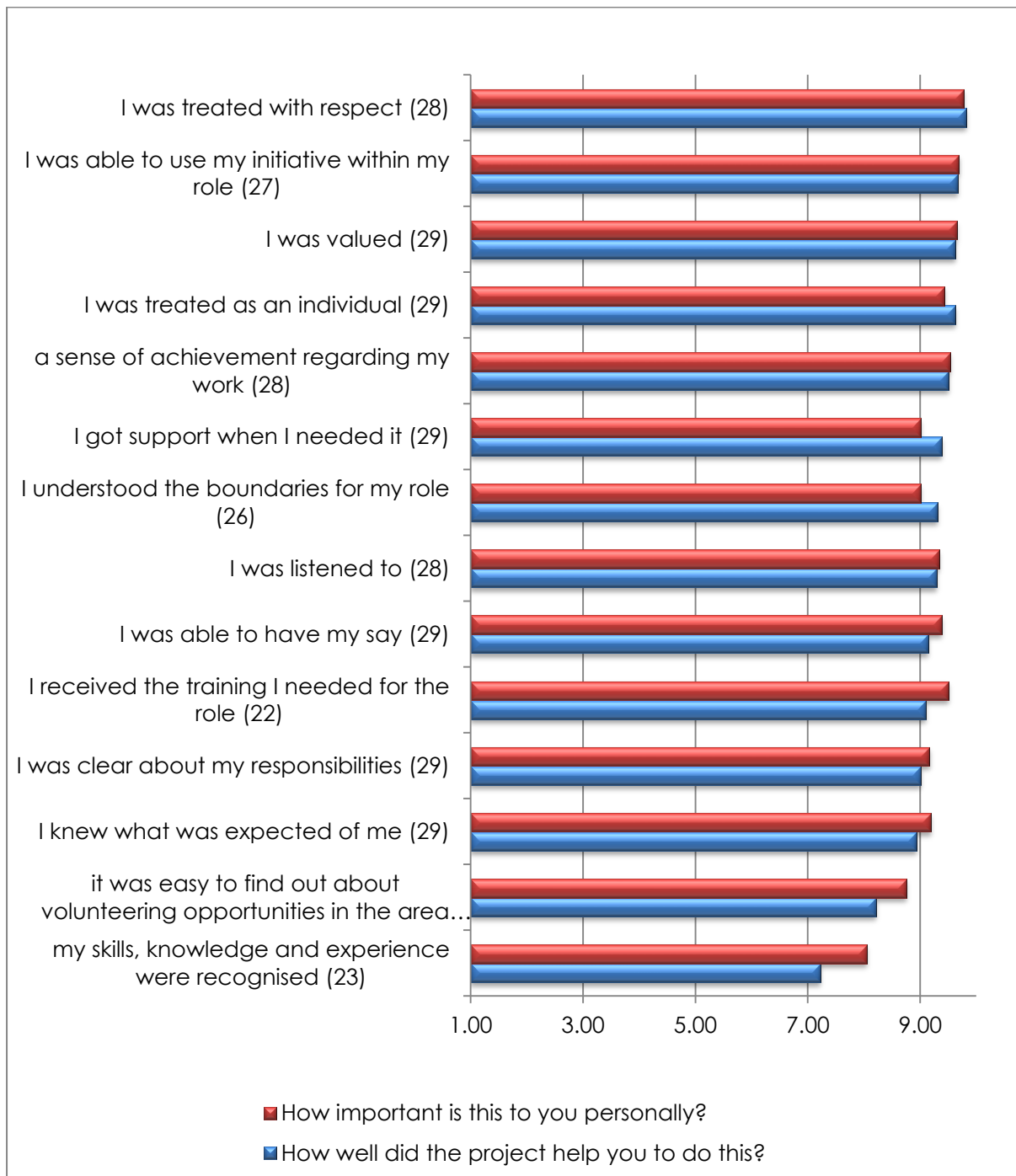
Graph 6.1.3.2c What's important to volunteers in terms of how they are treated by service providers.



Graph 6.1.3.2d shows the volunteers' average scores (out of 10) for how well projects performed against these important criteria.

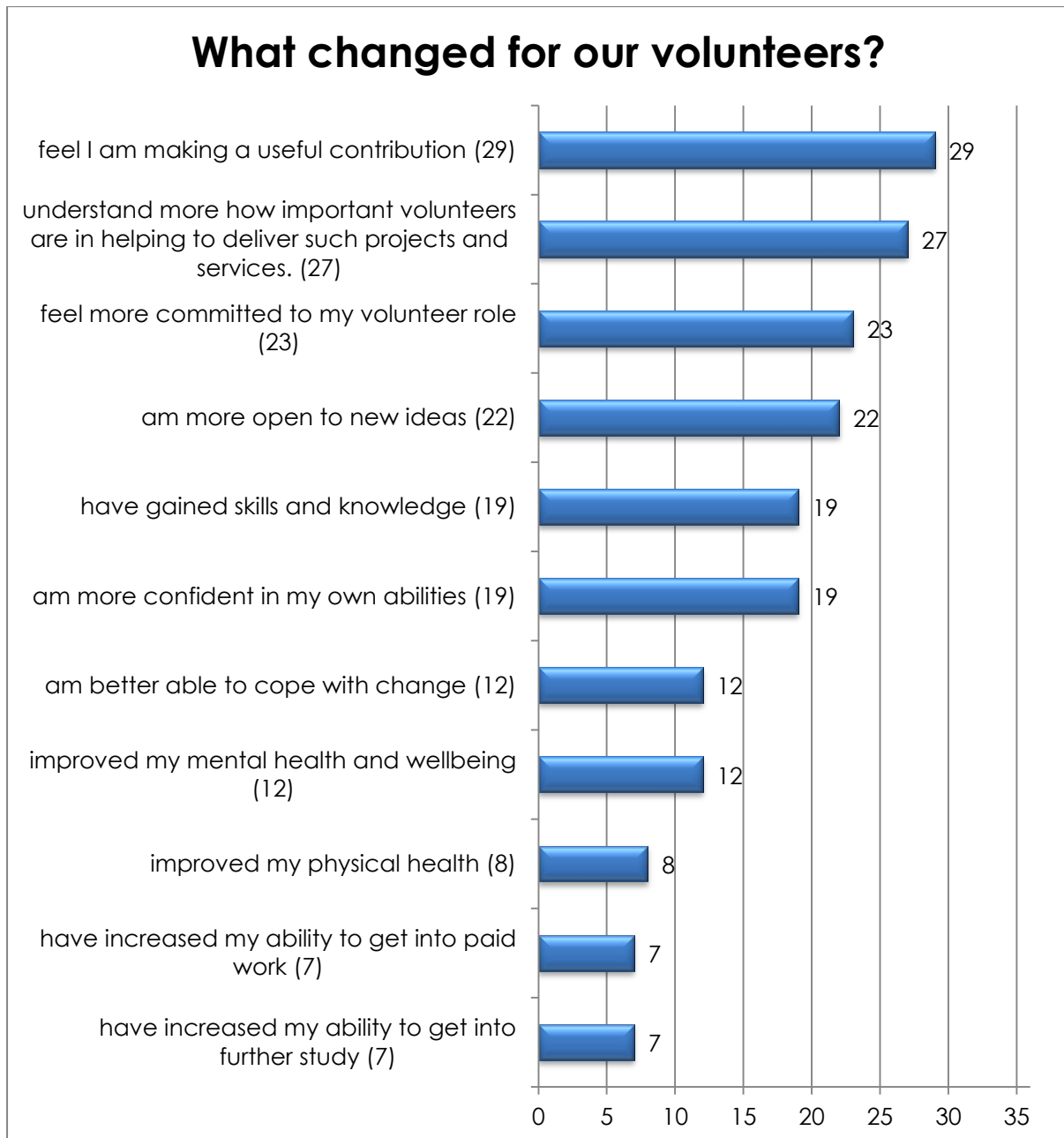
Graph 6.1.3.2d: Average scores for how volunteers felt they were treated.

2. Acting as a volunteer I felt ...



Volunteers also scored what was important for them to achieve as a result of volunteering. Graph 6.1.3.2e shows the average scores for what our range of volunteers considered important for them to achieve through volunteering.

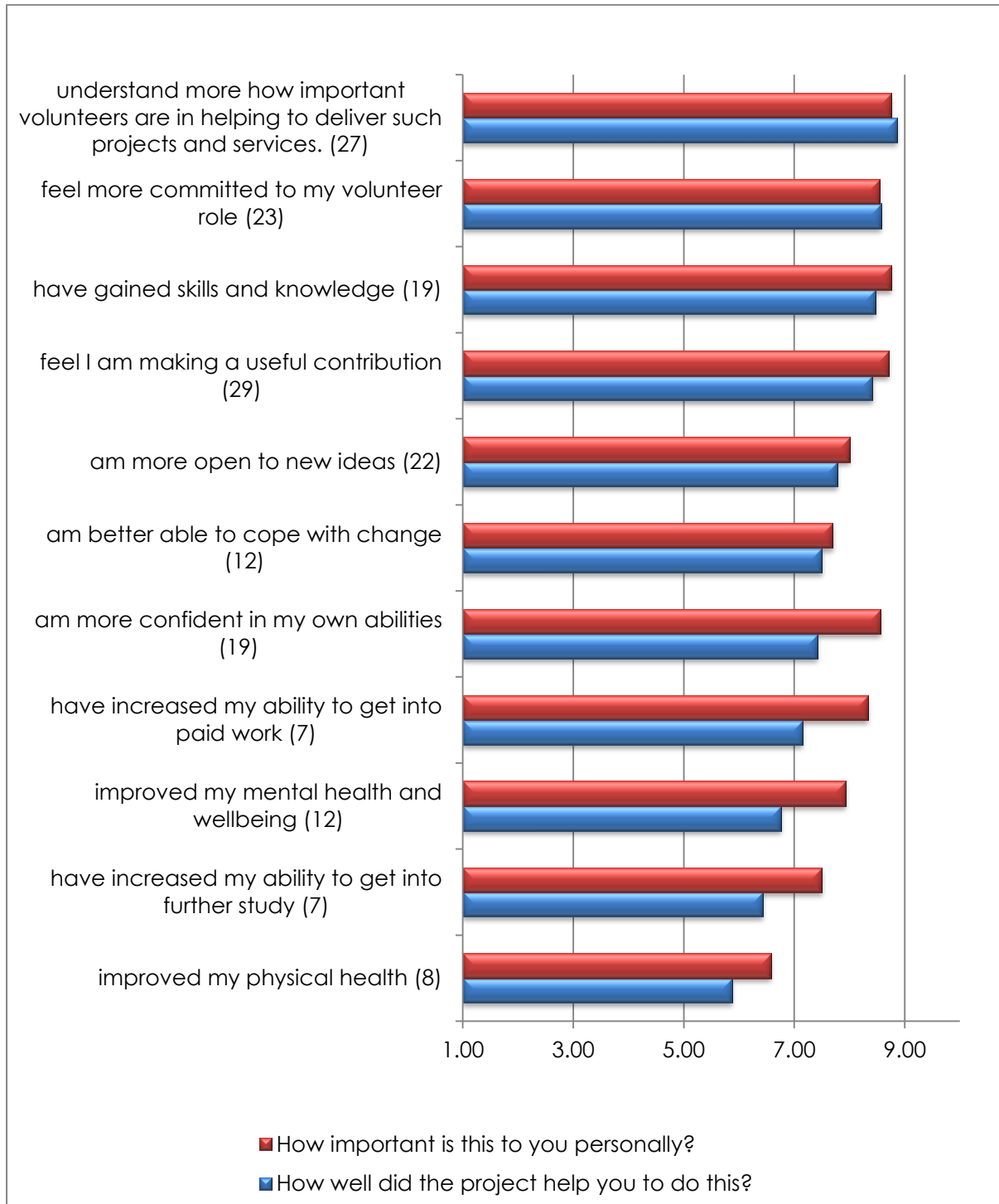
Graph 6.1.3.2e: What volunteers considered important for them to achieve.



Graph 6.1.3.2f shows the average scores of how well volunteers said the projects actually helped them achieve various outcomes.

Graph 6.2.3.2f: Volunteers average scores of how well projects helped them achieve their outcomes.

3. As a result of acting as a volunteer on this project I ...



Volunteers were asked about how they have benefitted from becoming a volunteer for their project. In particular we wanted to understand

- what they “**know**” that they didn’t know before
- if they “**think**” differently, or have changed their attitudes as a result of their role
- if they are able to “do” anything new

The results described by volunteers are provided in the table below.

Table 6.1.3.2: Outcomes for volunteers

Volunteer outcomes	
Know	<ul style="list-style-type: none"> • Enhanced social contacts • Improved knowledge about what's available in their local community • Improved knowledge and skills • More qualifications • Improved knowledge about health issues to support their own health and wellbeing
Think	<ul style="list-style-type: none"> • More fun • Improved self-confidence • Enhanced sense of purpose • Enhanced sense of community spirit • Improved motivation for getting involved in community projects • Feel more valued, improved self-esteem
Do	<ul style="list-style-type: none"> • Able to do new things • Refreshed previous skills • Better access to local resources, information, advice etc. • Enhanced employability • Enhanced structure to their weekly routine

Here are some of the comments made by volunteers.

- ***This has been a great asset to me and my life***
- ***I have enjoyed every day I have been here***
- ***Feel valued as a member of a very kind and giving team of lovely people***
- ***I have volunteered for numerous organisations and I must say that this is one of the best.***

Key learning points extracted from the evaluation work with volunteers are shown in the table below.

Lessons Learned from Volunteers
<ul style="list-style-type: none"> • Invest resources to recruit the right coordinators • Invest resources to develop the correct procedures for your organisation • Invest resources to recruit the right volunteers • Invest in training for your volunteers

6.2 Evidenced outcomes for Delivery Partner Organisations

6.2.1 From Delivery Partners

We asked the original 9 delivery partners to report on the changes that they had experienced:

- For their staff
- For their organisation
- For their partner organisations
- For being part of this programme

We asked participants to group outcomes for stakeholders into 3 groups:

1. Changes about **what people know**
2. Changes about **what people think and feel**
3. Changes about **what people do**

The collated responses from their Interim reports are shown in Table 6.2.1 below and organised into these 3 groups.

Table 6.2.1 Changes experienced by delivery partners to 30th September 2012

Changes mentioned	
For their staff	
KNOW	<ul style="list-style-type: none"> • Improved knowledge and understanding of experiences of older people • Enhanced knowledge and understanding of the needs of elderly people including specialist subjects such as dementia • Increased development opportunities for existing staff • New staff and/or volunteers enable new skills be to be learned and shared.

Changes mentioned	
THINK	<ul style="list-style-type: none"> • Increased confidence and skills • Improved attitudes towards volunteers. • Reduced pressure on other managers • Improved job satisfaction • Reduced stress and uncertainty about getting the project underway • Increased confidence about getting involved in innovative projects • Improved relationships with older people and enabling them to help plan services.
DO	<ul style="list-style-type: none"> • Changes to the way that they worked in response to elderly people they worked with • Increased levels of discussion about new services available • Improved equipment available to support members of the team • Being able to assist more people • Better links with other contacts and organisations • New ways of working with and valuing volunteers • Better level of involvement of older people in designing services and finding ways of achieving their personal outcomes
For their organisation	
KNOW	<ul style="list-style-type: none"> • Improved project management & awareness of the needs of project planning
THINK	<ul style="list-style-type: none"> • Enhanced motivation of board members to support service & its sustainability
DO	<ul style="list-style-type: none"> • Improved skills available to support the organisation • Improved planned re. logistics relating to the needs of elderly people • Improved delivery of services in the light of experiences and feedback • Improved policies and procedures re. volunteers • Enhanced level of resources available to support the organisation's work • More volunteers opportunities for older people • More volunteers opportunities for older men • Enhanced profile for our organisation within the community leading to higher demands for services and partnership working • Diversification of services and new markets identified • Better engagement with stakeholders re. design of services etc.
For their partner organisations	
KNOW	<ul style="list-style-type: none"> • Improved knowledge and understanding of our services
THINK	<ul style="list-style-type: none"> • Enhanced confidence in partnership working
DO	<ul style="list-style-type: none"> • Increased referrals into the service offered • Increased referrals to other service providers • Enhanced level of resources available to support their work

Changes mentioned	
For being part of this programme	
KNOW	<ul style="list-style-type: none"> Improved knowledge and understanding of other organisations
	<ul style="list-style-type: none"> Better policies and procedures in place
THINK	<ul style="list-style-type: none"> Enhanced confidence in what we are delivering towards overall goals of the programme Enhanced confidence in partnership working Improved confidence in how to describe the outcomes and impact of our activities to other stakeholders Enhanced evidence for the need for our services
DO	<ul style="list-style-type: none"> Higher level of partnership working, referrals and networking Improved monitoring and evaluation skills Alter planned services in light of other projects hence avoiding duplication Enhanced access to resources Enhanced peer support Enhanced sharing of learning, practice and experience

The outcomes presented in this table have been supported by staff surveys, interviews with project leaders and interviews with programme staff.

SHINE team members have identified several outcomes for staff

- Enhanced understanding of older people in relation to their personal outcomes and what things are important to them
- Importance of capturing what's important to the older person rather than "what's your problem?" and then how we can work with older person to achieve their personal outcome

SHINE team members have also identified several outcomes for their organisation

- Enhanced responsiveness and higher levels of engagement by having a Clinical Champion (fellow clinician) in place who can talk the same language as trainees.
- Improved knowledge and understanding of the importance of internal catalysts and support mechanisms and the need for this to be accompanied by external support mechanisms and external catalysts. Staff describe how without both internal and external catalysts/support in place cultural change can be very difficult and therefore very slow to achieve.

Fife Elderly Forum's reports describe learning around the refining of recording data so that it becomes more consistent across the programme. It is also clear from their reports that reflecting on the monitoring data has enabled them to start to see potential trends in referral patterns, gaps in services as well as unmet needs.

6.2.2 From staff surveys

We felt it was vital to include both volunteers and staff in the external evaluation. If these tests of change are to be implemented effectively it is the team members themselves, who deliver the services, who make them a success.

Of the 17 surveys sent out to staff working on the original 9 projects here is the information on gender and age for those respondents who chose to share this information.

	Male	Female
Number of responses	3	12
Average Age	48 years (min =35, max =60)	44 years (min 19 =, max =67)

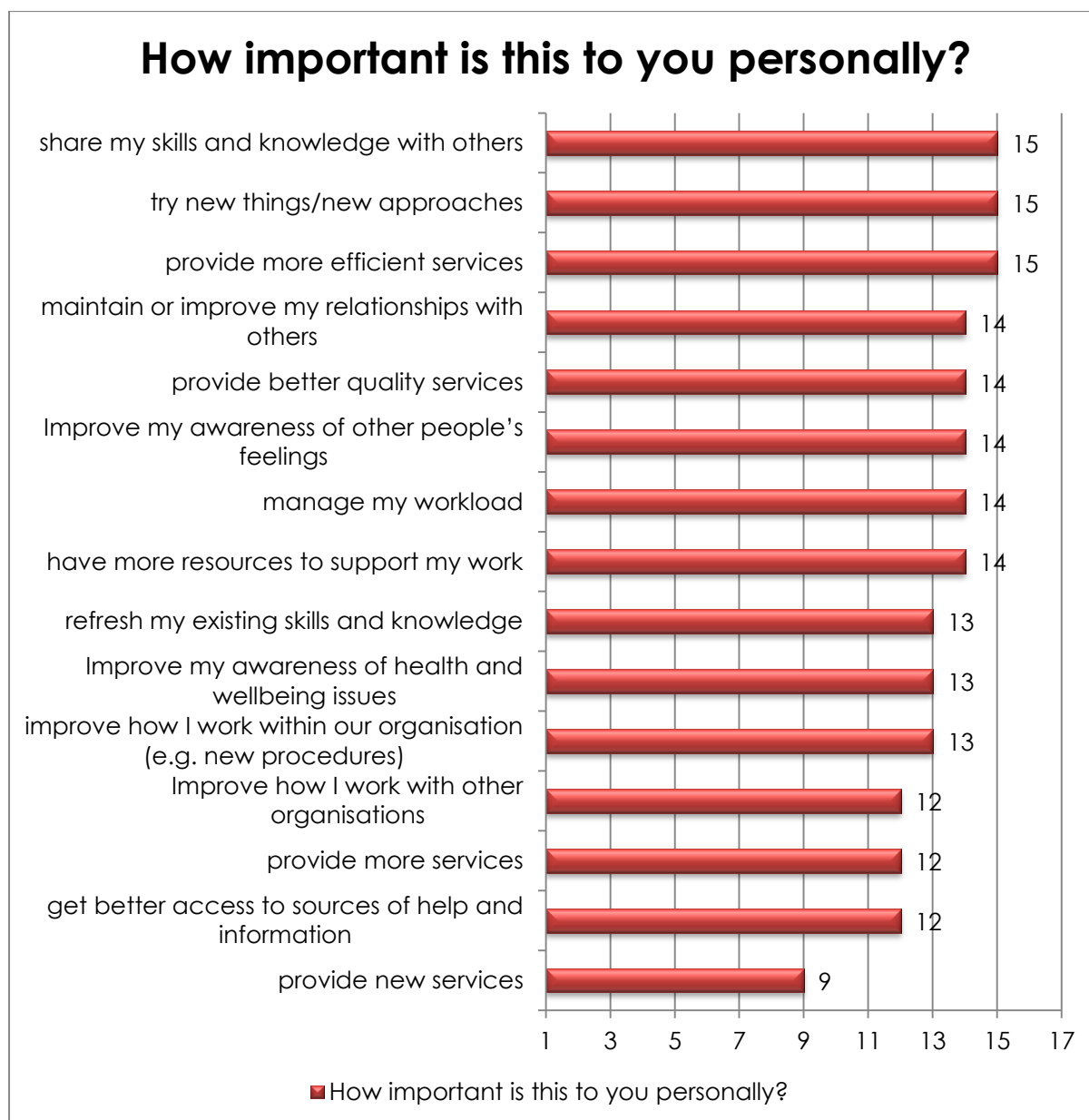
Staff were asked to score each question in their survey in two ways:

- What was **important** to them and
- **How well** the project performed on each item

For any question the member of staff had the option to mark the question as not applicable for them.

Graph 6.2.2a shows the average scores of what staff said was important to them.

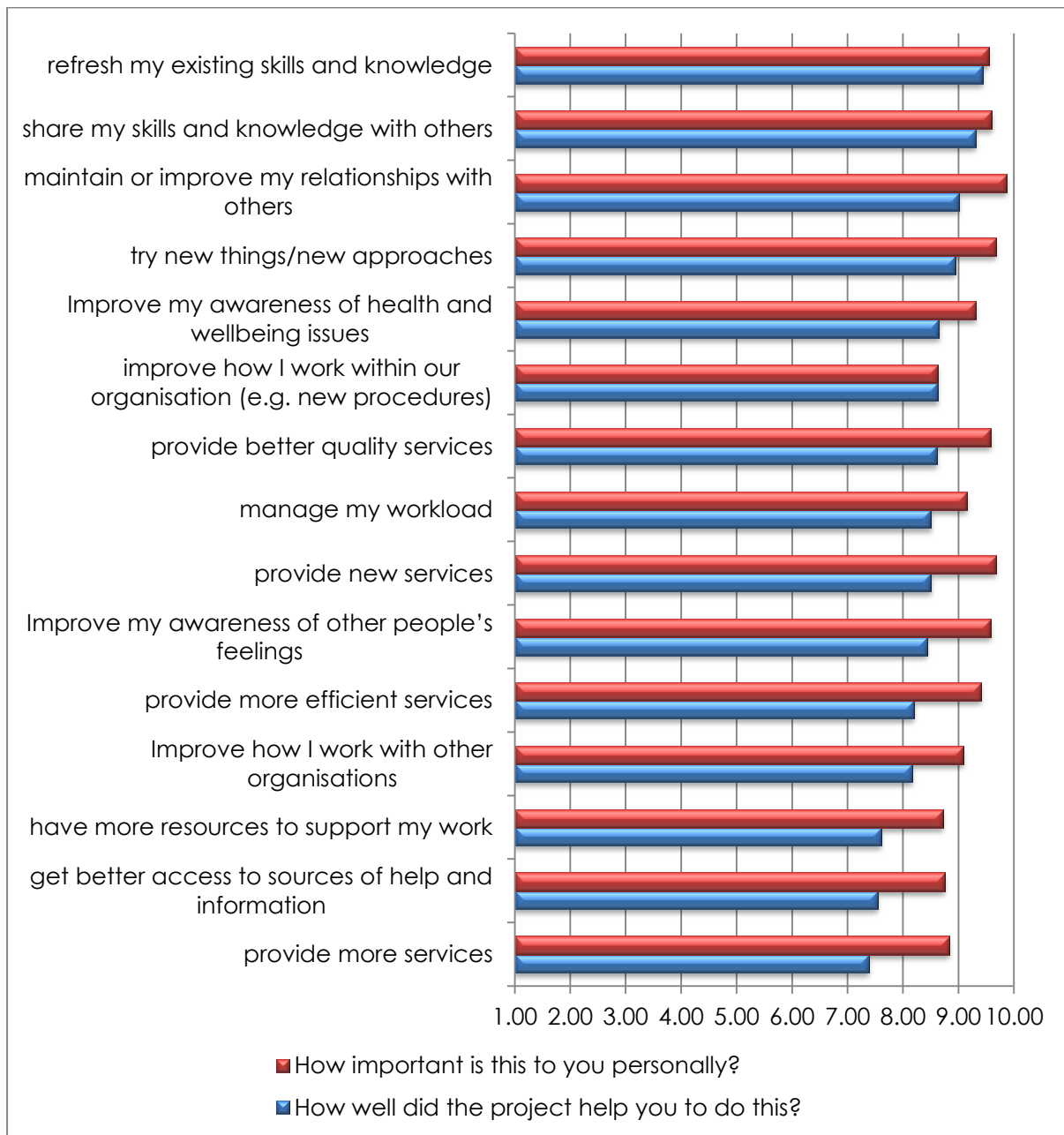
Graph 6.2.2.a What was important to project staff?



Graph 6.2.2b shows the average scores of how well the project work performed against these issues. Although there are high scores for most items there is a higher degree of difference in these scores (between what staff thought was important and how the organisation's performed when delivering the project work) than we have seen in previous sections of this report. Therefore there may be some of these issues which provider organisations wish to consider as part of their "Away Days" etc. with staff.

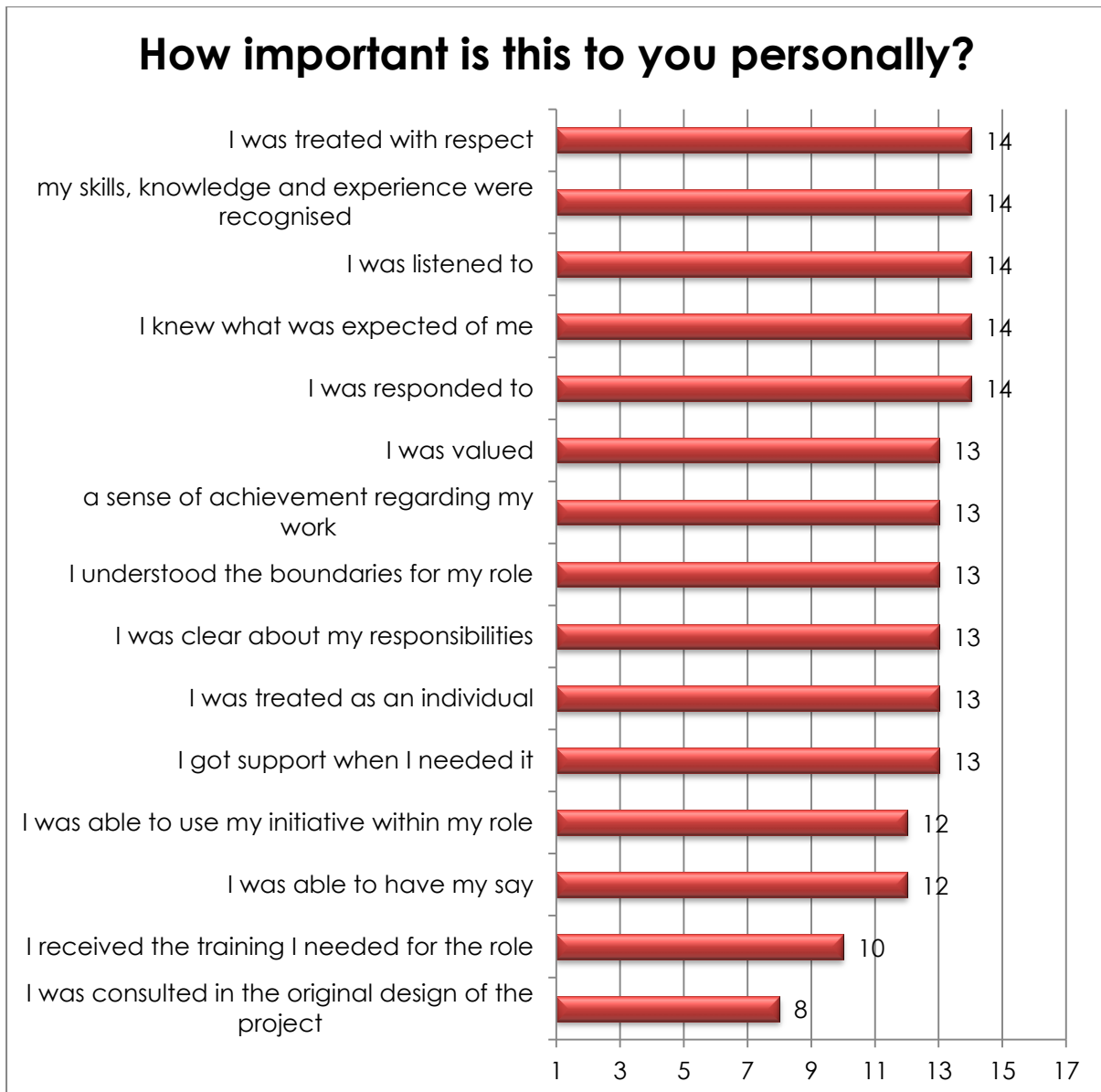
Graph 6.2.2b How well staff have rated the project work.

1. This project helped me to ...



In Graph 6.2.2c the average scores for staff relating to how important they feel various aspects of how they are treated are shown.

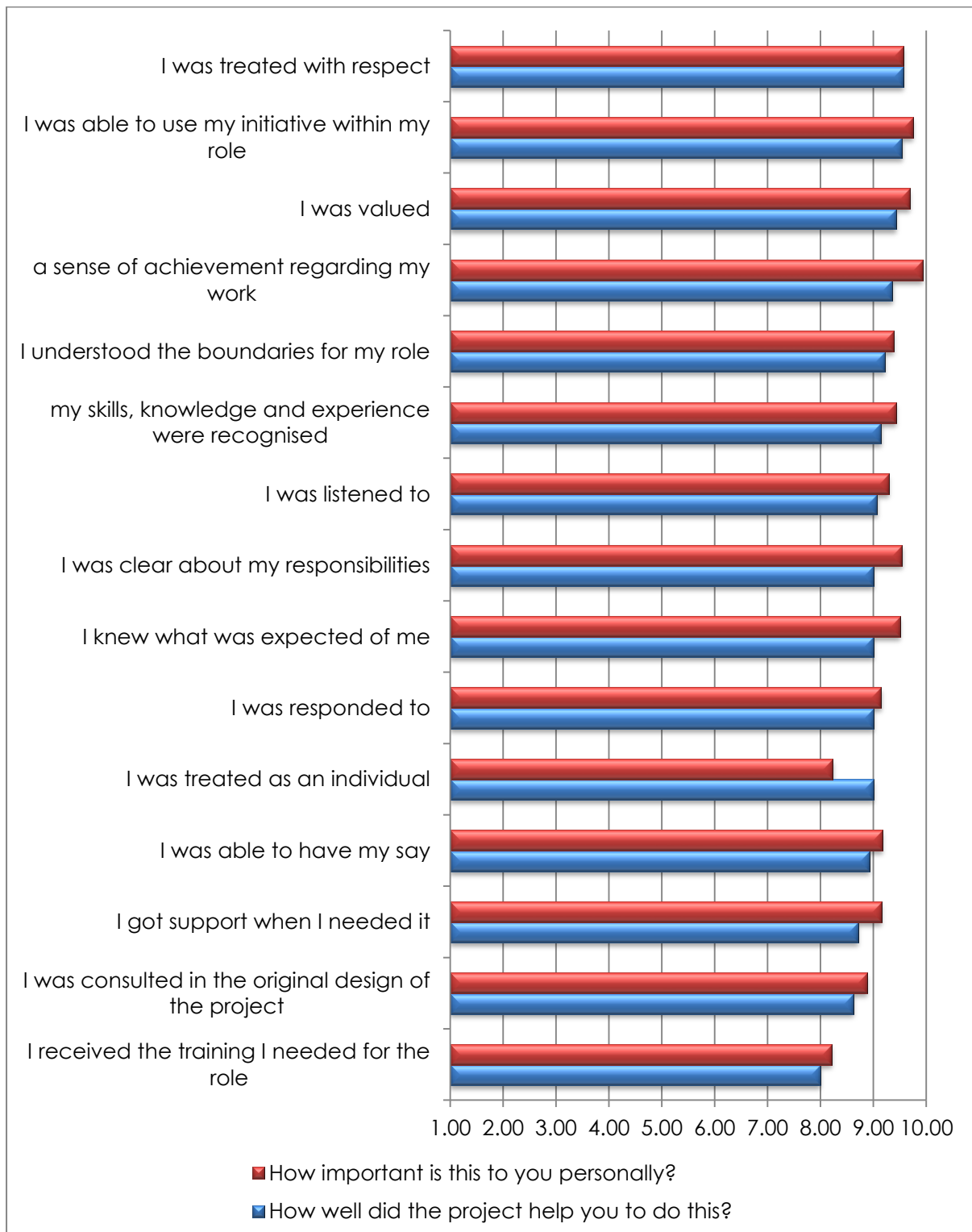
Graphs 6.2.2c: What staff say is important in how they are treated.



Graphs 6.2.2d shows the average scores from staff on how projects and organisations performed against these issues.

Graph 6.2.2.d. Staff average scores on how projects performed.

2. Working to support this project I felt ...

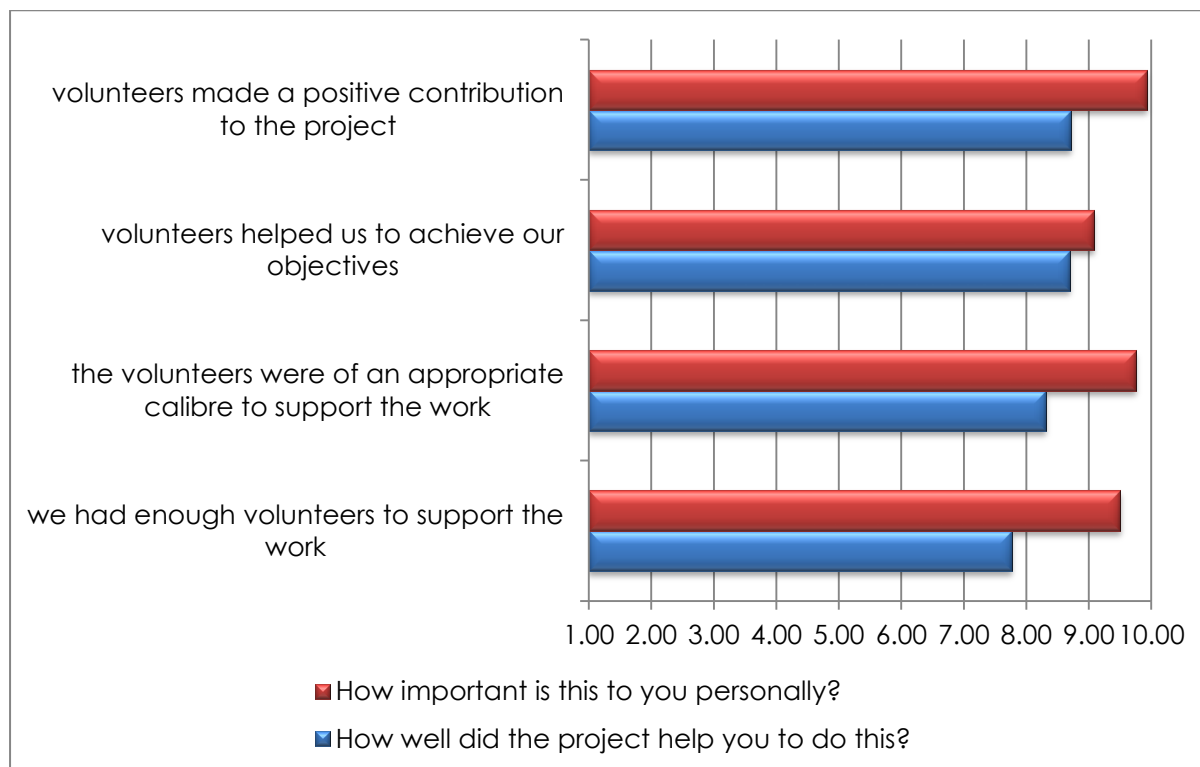


In Graph 6.2.2.e the average scores for staff regarding volunteering are shown. We wanted to ask specific questions about how staff felt about volunteers since, for

many of the original 9 delivery partners, volunteering and the management of volunteers was new.

Graph 6.2.2.e Average scores about how staff felt about volunteers and their contribution to the project.

2. Working to support this project I felt ...



As with Volunteers we wanted to understand any changes to what Staff “**know**”, “**think**” or “**do**” as a result of their experience on the project.

Table 6.2.2.1: Outcomes for staff

Staff outcomes	
Know	<ul style="list-style-type: none"> Improved knowledge and understanding of experiences of older people Enhanced knowledge and understanding of the needs of elderly people Better knowledge about other contacts and partner organisations
Think	<ul style="list-style-type: none"> Increased confidence Improved attitudes towards volunteers - more valued Improved job satisfaction More positive attitudes towards partner organisations More open to new ideas Greater respect for older people, their experiences and potential to contribute

Staff outcomes	
Do	<ul style="list-style-type: none"> • Enhanced health and safety procedures • Enhanced procedures re. support of volunteers • Improved partnership working • Enhanced engagement with older people and carers in order to plan services

It is clear from staff evidence that new processes, projects and the introduction of volunteers have all had a positive impact on their job role. They have learned new knowledge and skills but further there is evidence that they have increased confidence to tackle and implement innovative solutions. This is very important in capacity building such organisations which will have to continue to work smarter and not harder as the needs of older people become more complex in the future.

Key learning points extracted from the evaluation work with staff are shown in table below.

Lessons Learned from Staff
<ul style="list-style-type: none"> • Involve staff in developing new ideas • Encourage innovation and continuous improvement • Communicate with them about plans • Make sure they understand and have ownership of proper monitoring and evaluation for their organisation – that demonstrates what's important to “their” organisation

6.2.3 From Project Leader interviews

A number of important outcomes were identified by interviewing project leaders and via their reports and surveys (where appropriate). As with older people and carers these outcomes are arranged in 3 sections in the table overleaf. It is important to note that these outcomes have been **evidenced** with specific examples, which have been verified by documentary evidence or through close monitoring by the Fife Voluntary Action Project Management team members

Table 6.2.3.1: Outcomes for organisations

Section	Outcomes for organisations
This programme helped us to ...	<ul style="list-style-type: none"> • Enhance resources, including staff, volunteers and equipment • Provide more services • Develop new services, try new ways of working • Enhance our policies and procedures • Enhance our knowledge and understanding of other services • Improve the quality of our services • Improve our monitoring and evaluation • Improve how we respond to feedback from service users • Improve how we engage our staff and volunteers
Being part of this programme we felt ...	<ul style="list-style-type: none"> • We were able to have our say and contribute to discussions • We were listened to • Our specialist expertise and knowledge were recognised • We established an effective partnership with the other organisations involved in the programme • The support we received was reliable and of good quality • The programme was well managed by FVA • Our contribution was valued
As a result of this programme we ...	<ul style="list-style-type: none"> • Have better knowledge and understanding about our service users' needs • Are better able to design and plan services • Have improved our profile • Have more confidence about this area of our work • Are more open to change and innovation • Have clearer ideas about how to sustain our services in the future

Key learning points extracted from the evaluation work with Project Leaders are shown in table overleaf. Nearly all of these lessons learned have been identified by the project leaders themselves. They have been discussed as part of the transparent partnership working that has been established between FVA, the evaluation team and the project leaders - especially those 9 organisations with whom we have worked throughout the programme.

Lessons Learned from Project Leaders

For some

- More detailed/robust market research and consultation was required as part of the development of the original bid
- Full cost recovery and more accurate costings are required
- Realistic project plans with more time allocated for recruitment, induction, etc.
- More robust monitoring & evaluation processes
- More proactive networking is required to develop better referrals from other organisations
- Procedures (e.g. volunteer support) need to be in place first
- Better advertising and communications strategy should ensure that services available are widely promoted AND as part of a suite of services/interventions available to support health and wellbeing for older people in the area
- Ensure internal and external supports in place especially if working new area, on a cultural and indeed transformational change

6.3 Evidenced outcomes for Fife Voluntary Action

The Community Capacity Building programme for Reshaping Care is now well-underway and good connections have been made between the organisations and key individuals with responsibility for delivery.

Evaluation has been built in from the outset. It is important to get the correct balance with regard to this work, in terms of what it is reasonable to expect individual initiatives to demonstrate in the context of the amount of funding they receive, and where the wider Health & Social Care Partnership infrastructure has responsibility for making the links between higher level quantitative Change Plan outcomes and the short-term and intermediate outcomes which make a contribution.

Partners have acknowledged from the outset of the Change Fund process that community capacity work by its nature is longer-term, and initiatives funded under this stream should be treated differently with regard to any return on investment criteria. This has been helpful in allowing the Community Capacity Building Steering group and Fife Voluntary Action to focus on impact and the difference the initiatives make to the lives of older people, their families and the communities they live in.

Roles and responsibilities with regard to the programme, particularly in relation to funding management, have taken longer to work through than initially anticipated. There have been some learning points in this for the Third Sector as a partner which will be reflected upon by Fife Voluntary Action in its role as Third Sector Interface for Fife.

Feedback on the Interim Workshop (November 2nd 2012) demonstrates that participants valued the opportunity to share their progress and to learn from each other. In particular several participants mentioned

- Learning about the other projects and their progress
- Getting to know the other project and their staff better and helping them to achieve their goals
- How to connect with and refer to other projects within the programme
- How to measure the impact of their work especially the softer outcomes e.g. Edinburgh Warwick tool
- Importance of sharing experiences of running projects including the frustrations
- Work required to recruit and embed new volunteers into their organisations
- The important link between monitoring information for this project and the wide policy context
- Networking and feeling more confident about their projects and their learning points

There have been some useful outcomes for lessons learned for Fife Voluntary Action in running and managing this programme. The positive comments and outcomes for delivery partners are testimony to the professional and dedicated approach of FVA staff – the organisation went through a period of extensive re-structuring during the period of this programme. Project Leaders have recognised the efforts of previous and current project staff at FVA to attempt to ensure continuity of support in challenging circumstances.

When interviewed one project officer stated that *“The programme allowed us to showcase and evidence the contribution of the Third Sector. It has allowed us to test things, given us permission to experiment which has been hugely valuable.”*

The outcomes for FVA as discussed with the project officers are described in the table overleaf.

Table 6.3.: Outcomes for Fife Voluntary Action

Outcomes for FVA
<ul style="list-style-type: none"> • New staff have improved their knowledge and understanding of the sector • Staff have enhanced project management skills including the importance of monitoring and evaluation • We have improved our links with public sector partners • We believe that we have now enhanced our reputation to deliver and manage such programmes • We have improved our detailed knowledge and understanding of VSOs • There have been enhanced opportunities to cross-fertilise ideas, procedures and expertise as well as stimulate referrals between partners. • The programme has enabled us to capacity build organisations in relation to reporting skills and Monitoring and Evaluation

From evidence gathered from project leaders and from programme leaders a number of lessons learned have been identified at the Programme level which can be harnessed to inform future improvements.

Lessons Learned from Programme Leaders
<ul style="list-style-type: none"> • Importance of running individual projects as a coherent programme with a common reporting approach but which celebrates and captures the diversity of the delivery partner organisations, their specialist areas of interests and cultures • The importance of focussing on recruiting the right person with the right skills to fit the organisation • The importance of volunteer coordinator role • There is a need to improve and facilitate two-way communication with VSOs

Lessons Learned from Programme Leaders

- A more proactive approach to managing and facilitating referrals between groups needs to be developed, building on the experience of the LACs at Fife Elderly Forum
- A coordinated marketing and communications campaign to support the programme, to raise awareness of what services and support are available and to communicate key messages to stakeholders would be useful to support delivery partners, older people and their carers as well as other service providers.
- It is highly disruptive and potentially financially damaging to change the management and funding arrangements mid-stream
- There needs to be new checks introduced at the application shortlisting stage covering costings, policies and procedures and ensuring that project timetables are realistic
- Monitoring & Evaluation frameworks must be agreed as part of contract and potentially linked to interim payments.
- FVA should consider introducing a recruitment/setting up period for future projects
- Application forms should include an exit strategy and/or sustainability planning section to reduce grant dependency and encourage funding diversification amongst VSOs.

7 Conclusions and Recommendations

All 11 projects have made a significant contribution to the re-shaping care of older people agenda. There is significant and consistent evidence to demonstrate that the projects have achieved outcomes for older people, carers, volunteers, staff and project delivery partners themselves.

Important lessons have been learned which can be used to inform the design, delivery, monitoring and evaluation of future projects and programmes.

Our recommendations are:

1. All staff involved in managing, delivering and reporting on projects should be trained in an outcomes focussed approach to monitoring and evaluation.
2. Experienced external evaluators should continue to be appointed for all projects in scope and before projects start to support the introduction of appropriate data collection methods for outputs and outcomes.
3. The Programme Manager needs to ensure that realistic monitoring and evaluation frameworks including outputs, outcomes, output indicator and outcome indicators are always agreed as part of contracts with delivery partners before projects start. The Programme Manager should check that these data collection methods are in place and that they are being used correctly to capture data at an early stage in the projects and hence demonstrate the impact of the funding invested in the projects.
4. Projects should be run as one programme where possible in order to share knowledge and expertise and hence save costs. If proactively managed this would also speed up initial referrals. Such a programme would also benefit from a coherent marketing and communications strategy to help raise awareness and boost referrals.
5. Learning identified by delivery partners and FVA should be utilised to inform the design and delivery of future projects and programmes. (If these projects had been included as part of the original programme it is highly likely that their emerging experience and learning would already have been shared amongst the other programme delivery partners and vice versa.)
Particular attention should be given to how SHINE's approach to cultural transformational change, their implementation of a personal outcomes approach for older people and how the model of support developed by Fife Elderly Forum can all be disseminated and mainstreamed so that they can be implemented by other providers and in a consistent manner for the benefit of older people. If all providers are able to take a person centred and outcomes focussed approach AND they have information about other support services available older people would receive better and quicker access to services and support to achieve their personal outcomes in an economically more sustainable model.
6. In this final year project delivery partners, FVA and other Change Fund partners should work together to

- Acknowledge and celebrate the contribution that these projects and other VSOs are making to the Change Fund Agenda.
- Calculate and understand the full costs of delivering such projects and interventions by VSOs
- Consider options for sustainable funding of successful projects in the future
- Consider, together as equal partners, the options available for shifting the cost of care from the acute services to community based services and
- Consider how investments in VSO services should best be made to ensure that not only crisis interventions are supported but also the wider range of required services including anticipatory planning services, early intervention, prevention and indeed projects which support life-long living and a “mature person's” health and wellbeing.