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Community Interventions Fund 2012-2013 Executive Summary

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.

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).

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

Progress, Achievements, Outputs and Outcomes

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

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

- Enhanced knowledge and understanding of the needs of elderly people
- 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.