

# Addressing the challenges for evaluation and learning in community-led health

## PRACTICAL BRIEFING PAPER

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[www.healthscotland.com/settings/community-voluntary-publications.aspx](http://www.healthscotland.com/settings/community-voluntary-publications.aspx)

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HEALTHY COMMUNITIES  
MEETING THE SHARED CHALLENGE

# Introduction

## Who should read this paper?

This paper is for people with a role in commissioning, funding or evaluating community-led health projects and programmes, in particular those involved in Community Health Partnerships, Community Planning Partnerships, local authorities or Scottish Government programmes.

## The purpose of the paper

This paper provides a starting point and is not an evaluation manual or toolkit. It should help if you want to find out if the work you are funding or commissioning is having a positive impact. In the first part of the paper we talk about some key evaluation challenges:

- Understanding outcomes of community-led health.
- Funding and evaluation.
- Building evaluation capability.
- Reflecting and learning from evaluation.

We also provide some general advice, which should help you address these challenges. At the end of the paper we outline practical notes and sources of further support.

## Where this paper comes from

The report of the Healthy Communities Task Group, *Healthy Communities: A Shared Challenge* set out 12 recommendations to maximise the impact of community-led health improvement across Scotland. The Scottish Government commissioned work to take forward the recommendations. This included action to develop robust evidence that shows the outcomes that can be achieved from community-led health, what actions should be taken and its contribution to health improvement priorities in Scotland.

Additionally, the new outcome-focused approach in national and local public services and in particular the move to [Single Outcome Agreements](#) (SOAs) brings a strong shift from monitoring for accountability to outcome funding, evidence-informed decision making and evaluation for strategic learning. The introduction of the SOAs for local government and, from 2009–10, for Community Planning Partnerships, is intended to lead to an improved strategic planning process with a greater focus on shared, longer-term outcomes requiring a number of agencies to deliver services collaboratively. Local authorities and other public bodies will be expected to develop outcome-focused strategies and there will be few ring-fenced funds with detailed monitoring by Government. There are opportunities created by this change in climate to champion a greater focus on outcomes and evaluation throughout health improvement strategy and delivery.

This paper is broadly part of that work. It draws on the work of the Task Group and other initiatives and research about the challenges of evaluation in community settings.

This paper also comes from a belief that evaluation is about working out what we are doing, what difference we are making, what we can learn as a result and how best to apply the learning. It involves asking questions, gathering evidence, analysing it and acting on the results. Evaluation should be a practical process to help us plan, reflect, learn and improve.

Evaluation does not always require gold standard research methods. If we are to improve our understanding of what works for whom in what circumstances, we need an approach to evaluation that produces robust findings but is practical and doable. Practitioners and commissioners need jointly to get involved in addressing the barriers to best practice and learning. Only then can we build a culture of evaluation, and focus resources on making a positive difference to the health of the people of Scotland.



## Challenge 1: Understanding outcomes

### Understanding a community-led approach to health improvement

The term 'community-led health' was first used in *Improving Scotland's Health: The Challenge* but has informed work undertaken by community health initiatives for a long time. Community-led health is based on a holistic social model of health that says a person's health is the result not simply of medical factors, but also socio-economic and psychological factors. The [Scottish Community Development Centre](#) (SCDC) provides a helpful definition:

'A community-led approach to health improvement is concerned with supporting communities experiencing disadvantage and poor health outcomes to identify and define what is important to them about their health and wellbeing; the factors that impact on their wellbeing and take the lead in identifying and implementing solutions.'

Yet traditional evaluations of 'community health' have focused on mainly quantitative outcomes such as death rates, lifestyle risk factors and physiological risks. Focusing on these narrow outcomes only misses many changes important to a community-led approach and a more holistic understanding of health.

### Understanding the outcomes

See the [SCDC Discussion Paper](#) for a full discussion of a community-led approach to health improvement.

This paper shows that community-led action can impact on factors that influence health and wellbeing in a number of different ways. The ultimate aim of a community-led approach to health improvement is to 'achieve positive change in the social conditions that affect wellbeing and exposure to risk factors' (e.g. enhanced social conditions, physical environment and material circumstances, service provision, health behaviour changes).

As the paper goes on to describe, while community-led action makes an essential contribution to these outcomes, it is only one among many contributors. It is therefore important to understand the outcomes that community-led approaches can 'directly' influence. The outcomes that can be seen as directly attributable to community-led health relate to changes in understanding, knowledge and competence of communities and agencies, for example:

- i. Community awareness raising.
- ii. Community capacity building and engagement.
- iii. Agency awareness raising, capacity building and engagement.

### Measuring the hard to measure

More generally, health improvement outcomes can take time and are the result of a combination of activities. It can be difficult to attribute outcomes to particular initiatives and to separate out what actually caused these changes to occur.

<sup>1</sup> [http://www.chex.org.uk/Meet-Shared/?sess\\_scdc=f9152cc1f2db20290f1ead7dfc559c3](http://www.chex.org.uk/Meet-Shared/?sess_scdc=f9152cc1f2db20290f1ead7dfc559c3) (accessed December 2008)

## What can help?

### Agree the logic of your programme

- Commissioners and funders should develop logical outcome-focused plans that set out the activities that projects and programmes will provide. It should make reasonable assumptions about the planned short-, medium- and longer-term outcomes that will happen as a result and the links between them. One tool (among many) is logic modelling, which is a visual picture of what we expect should happen.

*Good practice note 1 has more on logic models.*

- Having such a theory helps funding and commissioning decisions to be outcome focused. It also helps with evaluation, because we understand in advance what processes and outcomes we are looking for and when.
- Communities and all relevant stakeholders should be involved in developing the logic so that their perspective informs or lead decision making about changes that need to happen in their community to achieve real and lasting health improvement. For example, findings from the [GoWell programme](#) highlight a need to work with communities to develop a shared understanding of health priorities, before implementing more direct health improvement strategies. Another tool is the [LEAP framework](#), which encourages people to ask critical questions about their work and to ensure that all those involved are working to the same agenda.

### Use appropriate and good enough evaluations

- In order to get strong and meaningful data about what is really happening in community health and what difference is being made, evaluation has to **happen regularly** and be built into day-to-day practice.
- Evaluations should be focused on **learning and improvement**. They should look at what is not working and why. They should check whether the original logic that activity X will lead to outcome Y was accurate. They should critically appraise whether short-term outcomes are likely to be sustained.
- Focus on identifying the **contribution** that initiatives make, setting out plans and assumptions at the start. That way you can judge the contribution of activities to outcomes.
- Use **qualitative methods** to complement statistical information. It is more powerful to paint a picture using a range of types of data. If you only measure the things you can count, you will miss the crucial processes and changes that lead to long-term positive change. Encourage projects to measure and report on qualitative outcomes, e.g. increased skills and abilities; community becomes more self determining; community self-esteem increases; social economy is developed, and do so at a strategic level. Break down outcomes into proxy indicators. For example, what does community empowerment look like, sound like, feel like. How do you know it when you see it?



- Case studies and ‘stories’ can help stakeholders make sense of complex information. Insightful quotes from participants help demonstrate the difference that the project made to them.

*Good practice note 2 has more on evaluation methods.*

### Draw on evidence from elsewhere

- Make use of past evaluations of projects or programmes to make decisions on what to fund or commission in the future. Look for examples of existing successful community health projects rather than always funding new things. Less time and fewer resources will be wasted on set-up if you fund something that’s already underway. For examples of research in community-led health, visit the Community-led Task Group’s material, e.g. [Changing Lives](#) and the [Scottish Community Research Action Fund](#). See NHS Health Scotland’s [evaluation database](#) for examples of evaluations conducted across health improvement in Scotland.
- Use research evidence from elsewhere to compare with your own evaluations or those of local projects. If your evaluation has produced similar findings to research, this might give weight to your argument. If not, there may be good reasons to explore and learn lessons for the future. See NHS Health Scotland’s [evidence pages](#) for Scottish Commentaries on the National Institute for Health and Clinical Excellence (NICE) guidelines or links to other published evidence sources.

### Build participatory and community engagement into evaluation

- Some evaluation challenges can be overcome by involving communities from the start in agreeing the outcomes of an initiative and using imaginative ways to capture changes in the lives of vulnerable people. Community engagement and consultation methods and the National Standards for Community Engagement are helpful, not just in consultation but for evaluation and feedback.
- Please click on the following link or go to the **sources of support** section for more information about the [National Standards](#) and Visioning Outcomes in Community Engagement tool.

## Challenge 2: Funding and evaluation

'A common example of a lack of realism in community-level health evaluation is the expectation that a relatively small-scale intervention will have a measurable impact on morbidity or mortality from conditions that take many years to develop, and have many different causes. Unrealistic expectations also arise where evaluations are expected to produce results that would be possible only with a much greater investment of money and expertise'.<sup>2</sup>

### Short-term funding but long-term outcomes

Positive change takes time. Yet funding for community-led approaches tend to be short term, piecemeal and rarely open-ended. This can lead to a number of problems:

- Projects don't last long enough to make a meaningful difference.
- Evaluation is often linked to short-term funding cycles, which means it focuses on the short-term funded initiative rather than the longer-term difference made over time by community-led organisations.
- New services need time for planning to establish relationships with stakeholders and recruit and build trust with clients. It is important to have a realistic plan for how activities will achieve the intended outcomes within the timescale of the funding.
- Community-led health organisations sometimes have to compete for the same pots of funding. Organisations might overestimate what can be achieved with the funding and timescales available. It can reduce partnership working with other organisations who might compete with them for funding.
- Organisations sometimes 'follow the funding' rather than focussing on developing existing expertise.

### Multiple funders with different requirements

- Few organisations rely on one source of funding. Many have four or more funders with different monitoring and evaluation requirements, which can sometimes lead to disproportionate burdens on community-led organisations in terms of administration and evaluation. Some may just want output data, others want complex outcome reporting. Multiple funders and multiple monitoring processes can lead to administration and reporting burdens that get in the way of delivering the service.
- It also means that individual streams of work in an organisation may be evaluated but the total package of community-led health activities is not. Different streams of work are monitored and evaluated in different ways, making it difficult to aggregate the learning and build the evidence base.

<sup>2</sup> University of Glasgow (2006) *Communities and Health Improvement: A review of evidence and approaches*.  
[www.healthscotland.com/documents/1404.aspx](http://www.healthscotland.com/documents/1404.aspx)



## What can help?

### Make your funding realistic and outcomes focused

- Build an outcome focus to planning. Use a logic model to help you think through the processes and outcomes that need to take place in your community before you decide what and who to fund. Involve the community and other stakeholders in that process. Health improvement outcomes should be developed and understood in such a way that community-led health initiatives can show clearly how their activity contributes to these priorities.
- When you fund a new project, set realistic expectations about the reach and results that are achievable in the first year of implementation.
- Build an outcome focus into your funding and commissioning. The projects you fund should set outcomes from the start of their award, so both parties are clear what difference the work will make. That includes projects you are running internally. These outcomes should relate to the outcomes in your overall plan. Involve funded projects in developing Service Level Agreements in a partnership way, so there is a shared vision of activities and outcomes and how they fit into your overall strategy.

*Good practice note 1 has more on logic models.*

### Follow good practice in funding

- Follow the principles of the [Voluntary Sector Compact](#). Fund the full costs of delivering a project including the costs of collecting information for evaluation even if that means funding or commissioning fewer projects overall. Provide support and guidance to community-led health projects on how to properly cost their projects.
- Follow the principles of the Scotland Funders' Forum [Evaluation Declaration](#) and ensure evaluation processes are valuable, relevant and proportionate.
- Be aware of the requirements placed on the organisations you fund by other funders. Try to ensure consistency of reporting requirements and share learning.
- Consider joint evaluations and share learning from evaluations with other funders.

*Good practice note 3 has more on the Evaluation Declaration.*

## Challenge 3: Building evaluation capability

### Evaluation capability gaps in community-led health initiatives

- The *evidence review* for the Healthy Communities Task Group found a lack of expertise and knowledge of evaluation amongst community-led initiatives. Many local practitioners lack the skills and resources to evaluate local practice and are too busy ‘getting things done’ to reflect and learn. Research by [Evaluation Support Scotland](#) confirms this skills gap and also that the demands of monitoring, with an emphasis on accountability and process, can lead to tensions between information gathered for accountability purposes and building the knowledge and the evidence base. Some organisations also see monitoring and evaluation as bureaucratic and time consuming especially if they do not get feedback from funders.

### Evaluation capability gaps in funders

- Commissioners and funders may also lack the skills, confidence or time for evaluation and can benefit from training, support and capacity building. But leadership issues are also important. The Task Group highlighted that the culture of evaluation differs across different statutory and community sectors. A fear of audit can result in an overemphasis on using evaluation to account for resources spent rather than learning. In a culture of learning, a failure is not a waste of money if it stops us making the same mistake again or helps with the ‘what works’ agenda.
- Funders may see evaluation as the responsibility of dedicated internal or external evaluators. They bring skills and knowledge that project staff or commissioners may not have, and can focus on evaluation without taking time away from practice. However, evaluators may not have the understanding of all the complex interactions and dynamics of community activities. Practitioners and community members can mistrust an evaluation and see it as an audit. An overemphasis on external evaluation can mean that opportunities to gather data while activities are underway, or to witness outcomes happening, are lost.

### Language

- ‘We may use the same vocabulary but we are all using a different dictionary’<sup>3</sup>. Different funders and commissioners use different words to mean the same thing. Even the word ‘outcome’ is not universally understood. If we are bewildered by evaluation language we are less likely to do evaluation effectively.

<sup>3</sup> Evaluation Support Scotland (2007) *Supporting funded projects to record and report on outcomes*.  
[www.voluntaryactionfund.org.uk/assets/Investing\\_in\\_Outcomes.pdf](http://www.voluntaryactionfund.org.uk/assets/Investing_in_Outcomes.pdf)



## What can help?

### Take steps to build an outcome culture locally

- Support and encourage community-led health initiatives to articulate the logic underpinning their work and how their activities should deliver their outcomes. See support currently available via the [Meeting the Shared Challenge National Programme](#).
- Provide guidance on monitoring and evaluation to the projects you fund, and your internal projects so they know what to collect and how to report.
- Provide feedback to funded organisations on their reports and specifically say what you'd like to see more of in relation to outcomes. Explain how you use funded organisations' reports – for your own evaluation or for policy work. This might help those you fund to provide more appropriate information which is more directly related to your agency's needs. Showcase examples of good reports. If a funded organisation has produced a good outcome report, put extracts on your website or circulate extracts to other organisations.
- Review how much jargon you use in your material (words like objectives, indicators, milestones). Reflect on whether these words help you and funded organisations to get to the heart of what difference the funding is making or are getting in the way of shared understanding.

*Good practice note 3 has more on this subject.*

### Build the capability of your own staff

- Make sure that as many people as possible in your organisation or strategic structure, e.g. CPP or CHP understands the kind of outcomes you want to fund and provide training if necessary.
- Write a statement of your organisation's monitoring and evaluation practice, so that all staff and partners understand your approach and requirements.
- Make sure that you, your colleagues, your staff and partners get access to training in monitoring and evaluation.
- Run a meeting for colleagues to reflect on the learning from monitoring and evaluation.
  - What was your most successful project last year?
  - What was your most surprising?
  - What would you not fund again and why? What are the lessons for you or other funders?
- Set up a database to allow you to code the projects you are delivering or funding against your outcomes, so that you can at least say how many projects you have funded that intend to deliver your own aims and outcomes.
- Talk to other funders and local authorities about how they monitor and evaluate themselves and share ideas.

## Follow best practice in commissioning external evaluations

- Tender for external evaluations.
- Develop a clear brief or specification based on your logic model and planned outcomes.
- Involve the community and practitioners in developing the evaluation brief.
- Make sure that evaluation methods are appropriate for service users and observe issues of confidentiality and data protection. As far as possible, try to engage service users in the evaluation itself and explain why evaluation is happening, and give them feedback on the results.
- The UK Evaluation Society has [evaluation guidelines](#).
- Evaluation Support Scotland includes on its website a free guide to commissioning external evaluations. While this is mainly aimed at the voluntary sector, it contains some advice relevant for any commissioners. There will also be an online training course.



## Challenge 4: Reflecting and learning from evaluation

### Generating accessible information

- In order to learn from each other, we need to have access to evaluation information in accessible and easy-to-understand formats. However, some evaluation information is published in ways that practitioners find hard to access, for example in academic journals, lengthy reports and complex words.
- Conversely information and experience within the voluntary and community sector is either unpublished, or not easily accessible because it has been produced for the purpose of reporting to funders or for internal use. Ideally evaluation findings should be disseminated in a variety of ways so that information is readily accessible and readable. Projects and funders also need to know how to use and translate evaluative evidence for their own projects and local context.

### Communicating outcomes

- The report of a project by the [Voluntary Action Fund](#) to build the capacity of local projects to measure and report on outcomes, flags up that such projects need support to communicate their outcomes in writing and tell their story in a plausible fashion.

## What can help?

### Develop a strategy for communicating evaluation findings

Plan how you will use evaluation findings from the start. Evaluation reports and findings should be able to be used for at least one of the following:

- To get even better at what we do, improve our service, motivate staff.
- To involve and engage service users.
- To get more funding.
- To lobby for change.
- To improve our understanding of what works and why.

Think also about the different ways you can communicate evaluation findings (for example through meetings, events, videos as well as reports and briefings). Identify the stakeholders who might be interested in the evaluation findings and think about which findings they might be interested in. Plan how you can involve communities themselves in sharing and learning from evaluation findings.

You should also think about how you will handle bad news. Difficult findings should not be buried but addressed as an opportunity for learning.

### Evaluate your evaluation!

Evaluation reports can tell us four sets of things:

- Positive things we already knew.
- Challenging things we already knew.
- Things we did not know but are positive.
- Things we did not know and are negative.

If your evaluation report largely tells you what you already knew then it may not have been a good use of money. And if everything in the report is positive, is it believable? A good evaluation should have a little of all four types of learning.

### Types of data

Evaluation reports and findings can be useful when they includes a mix of different types of data:

- Activity information – to help us understand the numbers and types of activities, details about participants and so on.
- Quantitative data – e.g. numbers of people who have increased their levels of physical activity.
- Qualitative data – e.g. improved mental health and well being or increased empowerment.
- Case studies – examples to illustrate and bring alive complex or statistical data.



## Conclusion

Building knowledge about community-led health is important so that the evidence base for this approach is nurtured and developed. This paper raises many issues that are the responsibility of people across sectors – evaluators, funders and projects.

Community-led health is recognised as making a distinct contribution to the high-level goal of improving health and reducing health inequalities alongside its public and voluntary sector partners. And within the current climate of outcomes, this will mean that increasingly community-led health initiatives should be realistically and appropriately funded to deliver health improvement outcomes, with monitoring, evaluation and reporting geared to assess and demonstrate this contribution. This paper is intended to provide a starting point for addressing this.

Since briefing papers alone don't change practice, this paper forms only one part of a range of initiatives to implement the recommendations of the Healthy Communities Task Force. More practical support and capacity building for community-led health is currently being provided through the 'Meeting the Challenge Support Programme'.

*Further information and help is provided in the following notes and section on sources of support.*

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## Good practice note 1: Logic models

### What are logic models?

Logic models:

- provide a graphic description of a programme or project
- show the relationship of programme inputs and outputs to expected outcomes
- make explicit the underlying theory of a programme
- are made up of six components: situation, inputs, outputs, outcomes, assumptions, external factors
- are useful for developing understanding, improving programming, clarifying outcomes, focusing evaluation, and communicating to stakeholders. For example, illustrating how a package of small-scale interventions may have a bigger collective impact.

Logic models are planning tools, but they can help improve programme design so that evaluation is more useful and effective. There are various approaches to logic models and they come in many different forms and levels of complexity. They can help determine if a programme is ready to be evaluated, what data will be useful and when data collection is most timely. And in order to organise an evaluation to reasonably test the programme theory, you need a clear depiction of the theoretical base. A logic model provides that description.

For examples of logic modelling approaches, go to [www.uwex.edu/ces/pdande](http://www.uwex.edu/ces/pdande)

Logic models are one of many tools that can be useful in the development of monitoring and evaluation plans as they help to identify short-, medium- and long-term outcomes that are linked to the key activities of a programme or strategy. See [NHS Health Scotland's evaluation pages](#) for some examples of logic models in health improvement.

### Logic models in community-led health

The Scottish Community Development Centre's paper [Understanding a Community-Led Approach to Health Improvement](#) includes a community-led logic model that illustrates the community-led approach. Implementing the approach involves action at policy, programme, and project level and requires the contribution of organisations that focus on community development and community organisations that provide services and support to communities.

This model should support organisations and funders to plan and evaluate more appropriately.

Please refer to this report to learn more about the model and to understand outcomes that are sought from a community-led approach and the inputs (resources), processes (methods) and outputs (activities) that contribute to their potential achievement.



## Good practice note 2: Evaluation methods

- Ideally, evaluation should involve bringing qualitative and quantitative evidence together in an integrated fashion.
- Many health improvement national evaluations routinely use qualitative approaches as part of their evaluation design such as the evaluation of the [Healthy Living Centres Programme](#).
- Most qualitative research aims to capture the experiences and perceptions of ordinary people in their everyday lives. Funders need to be clear about the benefits and limits of qualitative feedback in telling the story of community-led health.
- A criticism often levied at qualitative information is that it is not 'robust or objective enough' to convince. However, qualitative data can be used in a variety of ways, for example:
  - more appropriate methods to report on certain types of intended outcomes
  - to explain the 'how' (in terms of how outcomes or targets were achieved or not)
  - to learn about how a project was implemented
  - to help improve a project or programme
  - to 'bring life to' numerical data or complex information.

Another piece of work, commissioned to implement the Healthy Communities recommendations, involved looking at ways to measure and report on the impact on people's lives of community-led health work using qualitative information. In summary, a number of approaches for creating qualitative evidence include:

- Comparing our qualitative information with existing research.
- Using 'before' and 'after' surveys to find out clients' expectations and the knowledge and behaviour changes that happen as a result of an intervention.
- Pulling testimony together from different clients to build an overall picture of how, when and why people access services and the drivers that lead to change.
- Using participative evaluation methods such as body mapping to get a fuller picture of the different things that are important to clients and what changes happen over time.
- Using creative arts methodologies, e.g. photographs, videos, poetry.

## Good practice note 3: Evaluation Declaration

In December 2006 the Scotland Funders' Forum published the *Evaluation Declaration* which sets out five statements that describe why evaluation, monitoring and reporting are important and what they should achieve. The Declaration says that at its best evaluation should be valuable, relevant, proportionate, supported and should involve self-evaluation and external evaluation.

There is an associated self-assessment tool to enable funders to review their own systems against the Evaluation Declaration to help them think about making sure that evaluation systems and methods are fit for purpose. A number of independent and statutory funders have already used this tool and found it useful.

The good practice highlighted by Evaluation Declaration includes the following:

1. Write a statement of your organisation's monitoring and evaluation practice, so that all staff and partners understand your approach and requirements. The [Big Lottery Fund](#) has a good example of a monitoring and evaluation strategy.
2. Set aside a budget for training for community organisations and other health improvement staff on aspects of monitoring and evaluation, or encourage them to build into their funding applications a budget line to pay for support to improve their systems.
3. Provide simple and clear guidance on outcomes for everyone involved in health improvement.
4. Publicise sources of support to colleagues and community projects including Evaluation Support Scotland, the Scottish Community Development Centre and Community Health Exchange (CHEX), the local council for voluntary service, enterprise companies, internal own development staff or local consultants.
5. Provide systematic feedback to funded organisations. Funders should commit to giving some form of feedback as a matter of course on whether the report met their requirements and on what they will do with the information. That is our top recommendation.
6. Consult funded organisations on how useful your monitoring and evaluation processes are for them.
7. The funders who meet funded organisations generally seem to get better information from them and there is earlier reporting of problems. It seems to be difficult to do effective monitoring, evaluation and learning at a distance. Find ways of keeping in touch with the organisations you fund.
8. Develop systems to aggregate outcomes from funded organisations to assist your own evaluation.



## Sources of support

### **CHEX**

CHEX is an agency in Scotland's health sector that provides a resource in supporting community development approaches to health improvement and challenging health inequalities. It also facilitates a network of community health initiatives and works to support them in developing good practice and influencing health and social policies.

<http://www.chex.org.uk/>

### **'Meeting the Shared Challenge' National Programme**

This is a capacity building programme designed and delivered by Scottish Community Development Centre with NHS Health Scotland and the Scottish Government. The aim is to help CHPs and other bodies to develop effective partnerships with communities and to support community-led health initiatives.

<http://www.scdc.org.uk/>

### **Evaluation Support Scotland**

ESS works with voluntary organisations and funders so that they can measure their impact, report on the difference they make and improve their services. It runs workshops and tailored support so that organisations build evaluation into their day-to-day practice. It helps funders improve their systems so that they can more easily gather evidence about the difference their funds are making.

[www.evaluationsupportscotland.org.uk](http://www.evaluationsupportscotland.org.uk)

### **Health Improvement Performance Management Review**

NHS Health Scotland is working with the Scottish Government to develop an outcome-focused performance framework for health improvement and reducing health inequalities. The aim of the work this year is to develop a performance framework for health improvement that is outcome focused, usable by community planning partners and helpful in aligning their performance management systems and consistent with the national performance framework including SOA and HEAT.

<http://www.healthscotland.com/scotlands-health/evaluation/hi-performancemanagement-nhs.aspx>

### **NHS Health Scotland**

NHS Health Scotland is Scotland's health improvement agency. Its website provides information and resources to support health improvement practitioners and organisations working to improve Scotland's health and reduce inequalities.

<http://www.healthscotland.com>

### **Learning Evaluation and Planning (LEAP)**

The LEAP framework was developed by SCDC. It is a useful tool in all aspects of project, programme and policy development, planning and management. It can be used in different contexts and by people working in different sectors. It encourages us to ask critical questions about our work and to ensure that all those involved are working to the same agenda. The LEAP framework emphasises self-evaluation, encouraging shared responsibility for planning and evaluation throughout a project or programme.

[www.scdc.org.uk/leapinfo/](http://www.scdc.org.uk/leapinfo/)

### **National Standards for Community Engagement**

The National Standards for Community Engagement are a practical tool to help improve the experience of all participants involved in community engagement to achieve the highest quality of process and results. The standards are measurable performance statements which can be used by everyone involved in community engagement to improve the quality and process of the engagement. They set out key principles, behaviours and practical measures that underpin effective engagement. Also see VOICE (Visioning Outcomes in Community Engagement) a recently developed tool to enable everyone involved in the Standards to analyse, plan, action and review practice in community engagement.

<http://www.scdc.org.uk/national-standards-community-engagement/>

### **Scottish Evaluation Network**

The purpose of SEN is to facilitate local debate and learning around topics that the members request. Communication is mainly via email, although they run three to four workshops/seminars each year. There is a core organising group that responds to members' requests and maintains the momentum of SEN.

Go to <http://www.jiscmail.ac.uk/lists/Scot-Eval-Net.html> to join the network.

### **SOA guidance**

Guidance has been prepared jointly by COSLA, Scottish Government, SOLACE, Audit Scotland and the Improvement Service. This guidance also provides a link to further support on health improvement.

<http://www.improvementservice.org.uk/core-programmes/single-outcome-agreements-/>

### **Voluntary Action Fund – Investing in Outcomes**

The Voluntary Action Fund undertook a programme of action research with the Race Equality Integration and Community Support Fund projects which looked at the skills and capacity of project staff in recording and reporting outcomes and the barriers to recording and reporting on outcomes. It also looked at how funders can support the development of an outcome-focused approach.

[http://www.voluntaryactionfund.org.uk/assets/Investing\\_in\\_Outcomes.pdf](http://www.voluntaryactionfund.org.uk/assets/Investing_in_Outcomes.pdf)



