NHS Health Scotland

Exploring the use of economic evidence to support the health improvement contribution of the third sector

chex community health exchange

community food and health (scotland)

VOLUNTARY HEALTH SCOTLAND
THE VOICE OF THE VOLUNTARY HEALTH SECTOR

healthier scotland
SCOTTISH GOVERNMENT

We are happy to consider requests for other languages or formats. Please contact 0131 536 5500 or email nhs.healthscotland-alternativeformats@nhs.net

Acknowledgments

We gratefully acknowledge the support of Dr Liz Fenwick, a health economist at the University of Glasgow, Voluntary Health Scotland and Evaluation Support Scotland in the finalisation of this briefing. The input of case study organisations* and participants in our action research, and roundtable discussions on this topic since 2007, have also been invaluable. Thank you.

*NHS Health Scotland commissioned three economic evidence case studies with Lanarkshire Community Food and Health Partnership; Mearns and Coastal Healthy Living Network, Aberdeenshire; and Westquarter and Redding Community Health Project, Falkirk. Community Food and Health (Scotland) commissioned two case studies exploring economic evaluation with: Happy Jack, Edinburgh; and the Food Train, Dumfries and Galloway.

Published by NHS Health Scotland

Edinburgh Office
Woodburn House
Canaan Lane
Edinburgh EH10 4SG

Glasgow Office
Elphinstone House
65 West Regent Street
Glasgow G2 2AF

NHS Health Scotland is a WHO Collaborating Centre for Health Promotion and Public Health Development.

Contents

About this resource **2**

1 Introduction **3**

1.1 Background
1.2 More about the briefing
1.3 Anticipated outcomes of briefing
1.4 Terminology and definitions
1.5 How to use this briefing
1.6 Layout of briefing
Frequently asked questions

2 Economic evidence: what is it and why is it useful? **7**

2.1 What do we mean by economic evidence?
2.2 Why should we consider collecting and using economic evidence?

3 Different methods for compiling economic evidence **9**

3.1 Why should we compile economic evidence?
3.2 Selecting the most appropriate method

4 Some examples of practice: economic evidence in action **11**

About this resource

This resource has been produced for third sector[1] organisations with a health improvement role. It aims to:

- increase understanding of economic evidence
- explain why the collection of and use of economic evidence can be useful to demonstrate the impact of the contribution of third sector organisations to health improvement and tackling health inequalities
- highlight some of the limitations
- share the experiences, through case studies, of some organisations who have used economic evidence
- signpost organisations to a wide range of further sources of information.

It is intended to raise awareness about collecting economic evidence, rather than provide a training resource or a 'how to' guide. This resource will not be enough, on its own, to implement the approaches it describes and we strongly encourage readers to follow the signposts to recommended sources of further help and information.

Although this resource is targeted at third sector organisations, it may also be of interest to others who want to understand how economic evidence can help to plan and evaluate health improvement activities.

We hope you find it a useful starting point.

[1] Third sector is the Scottish Government's term to describe charities, community and voluntary organisations and social enterprises, and is used throughout this briefing to describe all organisations working within this sector. For some key facts about Scotland's third sector, visit **Box 1**.

1 Introduction

1.1 Background

The main audience for this briefing is Scotland's third sector health improvement organisations. The briefing builds on a programme of work that began in 2007 following the launch of the recommendations of the ministerial task group on community-led health.

The task group identified economic evidence as one specific dimension of evidence which, when used alongside other types of evidence, could provide useful information for demonstrating impact. An Economic Evidence Working Group[2] was established, coordinated by NHS Health Scotland, to lead the process of exploring the potential use and value of economic evidence for third sector health improvement organisations.

The work of the group has involved input from a wide range of national and local organisations. You can find out more about the work of the group and who has been involved in a background report at:

www.healthscotland.com/documents/4530.aspx

The work has evolved in response to demand from a number of third sector health improvement organisations across Scotland who wanted to explore and better understand the role of economic evidence as a means of assessing the economic impact of health improvement activities. The briefing should also be of more general interest, particularly to funders and commissioners of third sector health improvement activity wishing to find out more about the role and contribution of economic evidence.

1.2 More about the briefing

Through case studies, short answers to some frequently asked questions (**FAQs**) and links to further information, this briefing aims to raise awareness of the meaning and use of economic evidence in the context of third sector health improvement activity, particularly when used in conjunction with other types of evidence.

By bringing together a wide range of resources into one single briefing, the aim is to increase the understanding and accessibility of economic evidence and reduce the time that organisations might spend searching for information.

[2] At the time of this briefing's production and launch, the Economic Evidence Working Group included NHS Health Scotland, CHEX, VHS, Community Food and Health (Scotland) and the University of Glasgow.

The briefing presents a number of Scottish case studies and describes a range of different methodologies for compiling economic evidence.

This resource is not prescriptive about which economic approach or approaches to use. Instead, it aims to give organisations access to a range of information to help them make more informed choices about this topic.

1.3 Anticipated outcomes of briefing

This briefing should provide the reader with:

- a better understanding of what economic evidence means
- a better understanding of the challenges and benefits of collecting and using economic evidence
- improved knowledge of the range of methods for compiling economic evidence that exist and how these approaches differ in terms of their rigour and purpose
- signposting to resources that help with the collection and use of economic evidence.

1.4 Terminology and definitions

Throughout the briefing you will find definitions of many of the less familiar terms, either as footnotes or within the main body of the text. There are also a wide range of links to further sources of information, many of which explain terms and approaches in much more depth.

1.5 How to use this briefing

This briefing is an electronic resource to help the reader navigate between sections and to access web links or further information in the boxed sections. Simply double click on the bold links within the text. For example, **Box 1**.

1.6 Layout of briefing

The briefing is divided into four main sections:

- this introductory section (**Section 1**) explains its aims and purpose
- **Section 2** explains what economic evidence is and why it can be useful for third sector organisations
- **Section 3** introduces the different methods and approaches for collecting and compiling economic evidence and describes their strengths and limitations
- **Section 4** provides some examples highlighting the experiences of third sector organisations that have used economic evidence.

Frequently asked questions

1 Why should I use economic evidence? Isn't health so important that money shouldn't come into decisions about improving health?

With limited resources, we need to ensure the most effective and efficient use of available resources. Economic evidence helps us to understand, measure and compare the benefit we get from the allocation of resources to specific interventions and services.

2 Should I gather and use economic evidence?

Like any form of evaluation, gathering economic evidence can take a lot of time to do well. You need to consider the benefits relative to the costs (of time and money) of carrying it out. You need to consider what evidence is already available and you need to think about what you would use the results for (see Section 2.2). Resources to help you think through these issues are listed in **Box 5**. In the first instance, you should consider what evidence you need, what evidence is already available and where you can go for further information and advice.

3 How should I compile and analyse economic evidence?

There are various ways to compile economic evidence that compare the costs of a programme to its benefits. Benefits are sometimes referred to as 'programme impacts'. Each way differs in terms of the range of benefits measured and the techniques used to measure them. Which type to use depends on the questions that you are trying to answer. **Box 3** describes the main ways of using economic evidence and the different circumstances in which each should be used.

4 Is Social Return on Investment (SROI) the best type of economic analysis to use for third sector organisations?

Not necessarily. SROI is a form of cost-benefit analysis. Its strengths are that it measures a range of benefits of a programme and expresses them in monetary terms so that they can be added together and compared directly to the costs of the programme. However, it is not always necessary to do this – sometimes alternative forms of analysis can answer the questions of interest. If you do not have the skills or resources to do it well, the results of SROI might be misleading. For a fuller discussion of SROI, see **Box 6**.

5 Which is better, impact analysis or economic analysis?

The answer is not either/or. Economic analysis needs to be based on a robust assessment of impact. Information on cost alone is useful for understanding the resources required to run a programme but it is rarely useful for decisions about the best way to use resources. Likewise, impact evaluation provides useful information on whether a programme is effective or not, but without any information on costs it gives a partial picture of whether a programme is good value for money.

More information about the range of approaches to measure impact more generally, which are complementary to economic evidence collection, is contained in **Box 12**.

2 Economic evidence: what is it and why is it useful?

2.1 What do we mean by economic evidence?

Economic evidence refers to information about the **resource use**[3], **costs**[4] **and outcomes**[5] associated with a programme or policy.

The information gathered when collecting economic evidence will vary according to a number of factors, including the nature and circumstances of the programmes being evaluated and the particular technique(s) used to collate the evidence. However, it will usually include information about:

- the **resources** directly involved in its provision and the costs incurred (e.g. any human and material resources including time, equipment, venue hire, heating, lighting, staff, transport etc.)
- any resulting **changes** in healthcare uptake (e.g. increase or decrease in medical/dental consultations, inpatient/outpatient appointments, or increase/decrease prescriptions)
- any known health improvement and social **outcomes** produced (e.g. change in physical and/or mental health; change in income, education or employment status).

Further information about methods for collating economic evidence can be found in **Section 3**.

[3] Resource refers to anything (tangible or intangible) used, which contributes to the production of an output.
[4] Cost refers to the value, expressed in monetary terms, of the resources used to provide a service or carry out a health improvement programme.
[5] Outcomes are the changes created by an intervention.

2.2 Why should we consider collecting and using economic evidence?

Resource constraints mean that to make the best use of the available resources we need to be investing them in services that generate as much benefit as possible, relative to the resources required. Economic evidence helps us to understand how much benefit we get compared to the value of the resources needed to provide a service. Economic evidence has a role to play alongside other forms of evidence in ensuring the most effective and efficient[6] use of resources across and between sectors. Collecting economic evidence is therefore not about working out how to save money or cut costs. It is a way of identifying value for money and helping improve health as much as possible with the finite resources available[7].

All sectors were reminded in the Scottish Government's Equally Well review that they needed to ensure the most effective use of available resource, particularly in the current economic downturn. This will be necessary to maximise progress in tackling Scotland's social, health and economic inequalities. Economic evidence can be used to:

- identify areas for change/development within a project
- review how resources are used
- support funding applications
- increase learning about what works and what doesn't
- identify areas of competitive advantage[8] for an organisation
- increase our knowledge and the evidence base.

More information about how economic evidence can be used within funding applications can be found in **Box 2**.

[6] Economic efficiency refers to maximising the benefit of any resource expenditure, or minimising the cost of any achieved benefit.

[7] A useful paper titled *Lifestyle intervention: from cost savings to value for money* explores this in more depth; Rappange D et al. Journal of Public Health. 2009;32(3): 440–447.

[8] Competitive advantage refers to an organisation's ability to perform or deliver a service or range of activities that is better than others in the same field. Economic evidence can help gain competitive advantage by demonstrating that an organisation offers better value for money than its competitors. Competitive advantage might come from credibility with funders and partners, a good track record on delivery and quality, a trusted reputation and/or strong community links that enhance the value of the service from the perspective of the funder or partner.

3 Different methods for compiling economic evidence

3.1 Why should we compile economic evidence?

The aim of compiling economic evidence is to inform decisions about resource allocation to try to ensure the maximum impact, or benefit, is gained from the resources invested. There are several different ways to use economic evidence, for example:

- in an economic evaluation
- to inform an estimate of social return on investment
- within a social audit or social accounting framework.

The term economic evaluation itself covers a family of different approaches which differ principally in methods used to measure and value the outcomes.

3.2 Selecting the most appropriate method

Each method for compiling economic evidence is suited to different situations. As with other types of evaluation, it is important to understand the differences between the methods to ensure the most appropriate method is selected. When considering which method is appropriate it is important to consider what you are trying to show, what would be most beneficial for your organisation considering the time, skills and resources available and if/how you will sustain data gathering/ compilation.

The different methods for compiling economic evidence include:

- cost-effectiveness analysis
- cost-utility analysis
- cost-benefit analysis
- cost-consequence analysis
- cost-minimisation analysis
- Social Return on Investment (SROI)
- social accounting and audit

Box 3 provides more details about each of these methods. Each method also presents a number of challenges which are discussed in **Box 4**.

It is outside the scope of this brief to explain how to decide whether it is appropriate for an organisation to gather and compile economic evidence, or, if it is, which method to use. However, **Box 5** provides a range of sources of information, some of which will assist with these decisions.

The list of methods described in **Box 3** includes traditional economic evaluation methods as well as two other approaches for compiling economic evidence: SROI and social accounting and audit. These other approaches are based on traditional methods; however, they also include adaptations to provide a focus on measuring social outcomes. These approaches have had increased exposure over the last few years but they face some of the same challenges and limitations as detailed within **Box 4**. **Box 6** contains some more information about SROI and **Box 7** contains some more information about social accounting and audit.

4 Some examples of practice: economic evidence in action

Case studies are a valuable way of sharing learning from the experiences of other organisations that have pioneered different approaches. We have included illuminating case studies within this resource to share learning, insights and experiences from people within the third sector who have used economic evidence.

Box 8 contains a case study from the Food Train who carried out a cost consequence analysis of their work. Within Box 8, **Box 8b** provides more information.

Box 9 contains a case study from the Happy Jack project, which gathered economic evidence about the work carried out in the project.

Box 10 contains a case study from the Inverclyde Association for Mental Health who estimated the SROI from their work.

Box 11 contains a case study from the Mearns and Coastal Healthy Living Network who carried out social audits of their work.

Box 12 contains some additional information on tools and resources for measuring and reporting on your organisation's impact.

Box 1: Scotland's third sector – key facts

The 'third sector' is the Scottish Government term used to describe charities, and community and voluntary organisations, as well as social enterprises. This is a heterogeneous sector with organisations ranging in size from small community-led groups, to large national charities. It is often better known as the community and voluntary sector but, for consistency, third sector will be used throughout this briefing.

Scotland's third sector employs around 45,000 organisations, about half of which are registered charities. The sector employs around 137,000 paid staff and involves roughly 1.3 million volunteers. Together, these organisations manage an income of £4.4 billion a year – that is the equivalent to the turnover of the Scottish tourism industry. 42% of the sector's income comes from government grants or contracts (statistics supplied by the Scottish Council for Voluntary Organisations, www.scvo.org.uk, 2010).

Scotland's third sector is a major provider of public services, particularly to local government and the health service, but also for Scottish and UK government departments. These services are wide ranging and include very substantial provision of social care, health improvement, rehabilitation services for drug and alcohol users and employment initiatives.

This briefing paper focuses on a small section of Scotland's third sector, which has a very specific focus on improving health. You can find out more about this specific part of Scotland's third sector via:

The Community Health Exchange: www.chex.org.uk/

Community Food and Health (Scotland): www.communityfoodandhealth.org.uk/

Voluntary Health Scotland: www.vhscotland.org.uk/

For an economic analysis in relation to the third sector (UK) by Andrea Westall of the Third Sector Research Centre (2009) go to: www.tsrc.ac.uk/LinkClick.aspx?fileticket=8msSdWXzgTM%3D&tabid=500

For a review of publications in relation to Scotland's third sector and the economic downturn (SCVO 2010) go to: www.scvo.org.uk/policy/recession/the-financial-crisis-the-economic-downturn-index-page-2008-09/

For a review of the evidence base for third sector policy in Scotland (Scottish Government 2009) go to: www.scotland.gov.uk/Publications/2009/10/16155044/3

Box 2: Using economic evidence within funding applications

Economic evidence can be used to support applications for future funding. Funding applications could include evidence demonstrating that an initiative for which funding is being sought is cost-effective. Alternatively, a funding application might include a proposal to carry out an economic evaluation to assess the impact an initiative has in relation to the cost of the resources required. Economic evidence can be used alongside other sources of information about the impact of a programme to put together a strong case for funding. More information about the range of approaches to measure impact more generally, which are complementary to economic evidence collection, is contained in **Section 3**.

Example: An application for funds to support a volunteer-led community transport initiative, might include information comparing the 'value' in financial terms of the time that volunteers would need to commit towards the initiative. This would then need to be compared to the benefits of volunteering to the service users and to the volunteers themselves. This information might be gathered by questionnaire, interviews, focus groups or another appropriate method, and presented alongside the economic evidence findings.

Do funders already use economic evidence?

In March 2008, NHS Health Scotland and CHEX jointly commissioned some small scale action research to explore the current experience of funders and commissioners[1] collecting and using economic evidence with community led health initiatives. A sample of 17 commissioners and funders were included in this research from across Scotland.

What the research found

The research found that, at the time of interview, the knowledge and practice of the sample in relation to economic evidence was minimal. The research also found that economic evidence was most likely to be used as a 'way of analysing whether the initiative seems thought through from a cost perspective' as opposed to forming a key part of the decision making process.

The sample of funders and commissioners did express an interest in this type of evidence however, and recognised how it could become more central to future funding decision making processes, especially if it helped organisations make their case for funding.

[1] Full report: www.healthscotland.com/documents/3180.aspx

Box 2 (continued)

The term 'commissioner' in this context refers to any agency, local or national, which has provided financial resource to a third Sector organisation to deliver health improvement activity. Community Health Partnerships, local authorities and health boards were interviewed as part of this action research in addition to funding bodies, such as the Big Lottery.

These findings were reflected in discussions at the NHS Health Scotland 'Healthier Lives, Wealthier Communities' conference in September 2010: www.healthscotland.com/topics/settings/community-voluntary/economic-evidence.aspx

Participants recognised that third sector organisations and funders would first need a common understanding of the role and value of economic evidence via training if this was to become a central feature of evidence provision to funders in the future.

Is this situation already changing?

The Scotland Funders Forum is a group of funders, coordinated by the Big Lottery Fund in Scotland. It has been exploring how best to measure impact with funded organisations and is considering the strengths and weaknesses of different types of evidence, including the collection of economic evidence to measure impact. While this work is still in its infancy, the Forum has suggested that economic evidence could become something that some funders request in the future. While there is no certainty that this will happen, it seems sensible for third sector organisations to become more aware of the meaning and value of economic evidence now in order to weigh up whether it is something they wish to explore further.

Box 3: An introduction to the range of methods for compiling economic evidence

Economic evaluation methods

Cost-minimisation analysis measures the costs associated with the programmes being evaluated on the assumption that the outcomes associated with the programmes are the same. Where this is the case, it is sufficient to compare the costs of the two to identify the least costly way of achieving the same outcome. Ideally, the assumption about the equivalence of outcomes should be based on evidence. In practice, this is not always the case and cost-minimisation analysis is often used inappropriately.

Example: if two smoking cessation programmes were known to be equally effective in terms of the number of smokers who quit, then a cost-minimisation analysis would simply measure the costs of the two programmes and the lower cost option preferred.

Cost-effectiveness analysis compares the cost of the programmes being evaluated with their outcomes measured in 'natural units'. Examples of natural units include life years gained, number of people who quit smoking, number of jobs created etc. The results are presented in terms of a cost-effectiveness ratio, for example, the additional cost per life year gained. The main limitation of cost-effectiveness analysis is that it can only be used to compare programmes that generate the same outcomes. For example, it would not be possible to compare the cost-effectiveness of a breast screening programme for which the measure was cases detected, with a healthy eating programme for which the outcome measure was improved diet, unless a longer term outcome common to both programmes, such as life years gained, were also measured.

Example: a cost-effectiveness analysis of two smoking cessation programmes might compare the additional costs (over and above the cost of any services people would receive anyway) to the outcomes measured in terms of the additional number of people on each programme who give up smoking.

Box 3 (continued)

Cost-utility analysis compares the costs of programmes to their outcomes in terms of both changes in life expectancy and improvements in quality of life or reduced disability. These outcomes are expressed as a composite measure that can be used to compare programmes in different areas with different outcomes. The most commonly used measure is the quality adjusted life-year (QALY) which measures changes in both length and quality of life. The additional costs associated with the programme (compared to the service that would have been offered anyway) are compared to the additional QALYs to give a cost-utility ratio, the additional (or incremental) cost per QALY.

Example: smoking cessation programmes have the potential to increase both length and quality of life by reducing smoking related diseases. Likewise, alcohol brief interventions have the potential to increase both length and quality of life by reducing alcohol related diseases. By comparing costs per QALY of the two programmes, the programme with the lowest cost per QALY can be identified. This programme would generate more QALYs with the resources available.

Cost-benefit analysis involves valuing the outcomes associated with the programme in monetary units. The monetary value of the outcomes is then simply compared to the costs. Any programme where the benefits outweigh the costs is worthwhile. The most worthwhile programme depends on the ratio of benefit to costs. Cost-benefit analysis is widely used in transport and environmental economics; however it has not been widely adopted for evaluating healthcare due to the difficulties in accurately and comprehensively valuing health and wider social benefits in monetary terms. The term ‘cost-benefit analysis’ is frequently misused to represent economic evaluation in general or cost-minimisation or cost-effectiveness analysis.

Box 3 (continued)

Cost-consequence analysis compares the costs of the programme being evaluated with a range of programme outcomes. However, rather than trying to generate a single composite measure of these outcomes, using either QALYs or monetary values, cost-consequence analysis simply presents an array of outcomes measured in different units relevant to each outcome. Which programme represents the best use of resources from an economic point of view is uncertain, unless all of the outcomes are better in one programme than another *and* that programme is less costly. If this is not the case, the decision maker will need to decide the relative importance of different outcomes and whether the better outcomes in the more costly option justify the additional cost.

Example: in comparing a community-led initiative to promote healthy eating with a primary care-based healthy eating initiative, a cost-consequence analysis might measure the number of participants, the number of people reporting that they were better informed about healthy eating, service user satisfaction and a measure of general health or wellbeing. The results on each outcome would not be combined in a single aggregate measure, they would simply be presented as a range of results measured in different units and compared to the cost of each programme. Decision-makers would have to judge which service had the best combination of costs and outcomes.

Box 3 (continued)

Other approaches supported by Scottish Government and third sector networks

Social Return on Investment (SROI) is a method for measuring and communicating a broad concept of value, which incorporates social, environmental and economic impacts. An SROI analysis can serve many purposes and can help with a range of activities: strategic planning, raising the organisation's profile or making a stronger case for funding.

It can provide useful information to third sector organisations, to funders and policy makers. The ratio generated by SROI represents the social value created for each £1 invested. Integral to SROI is listening to stakeholders to understand the outcomes they consider to be important and as part of the process of measuring and valuing these outcomes. SROI is based on some of the principles of the traditional economic evaluation method of cost-benefit analysis. More detailed information about SROI is given in **Box 9**. A case study of its application is contained in **Box 10**.

Social accounting and audit are processes that lead to producing an annual social account of the organisations activities alongside the financial accounts. This is known as accounting for the 'triple bottom line' of the organisation. It involves studying the organisation's performance against a broad mixture of indicators each year and then a multi-stakeholder auditing panel assessing the evidence of performance and producing a set of social accounts. Organisations can account fully for their social, environmental and economic impacts, report on their performance and draw up an action plan for improvement. Social auditing has been taken up by organisations since the early 1990s – particular examples such as Traidcraft have led the way. Further information about social audit can be found in **Box 11**. There are also some examples of social audits in the third sector health improvement field, including the Mearns and Coastal Healthy Living Centre **Box 12**.

Box 4: The challenges of compiling economic evidence

While economic evidence can be very useful, its limitations need to be fully understood by third sector organisations and their funders.

Much is known about the economic value of discrete aspects of health improvement policy and practice, such as individual clinical or behavioural interventions (Drummond et al, 2007). However, there is still much more to learn about the economic value of a wider range of approaches to health improvement, including complex population level and community led approaches, which are often the focus of third sector activity. This is still an emerging and developing field within economic evaluation.

Gathering economic evidence can lead to an extensive time commitment from staff, volunteers and other stakeholders. Like any evaluation technique, the likely value of the information needs to be considered in relation to what it is to be used for and the cost of getting it. Some of the specific challenges and limitations of economic evidence are described below.

Measuring multiple and cross cutting outcomes

Economic evaluations of health improvement interventions tend to dwell on the potential of traditional activities to reduce future health care costs through single outcomes, such as the avoidance of specific diseases (Hale, 2000). This, however, can be unhelpful for many third sector interventions, which aim to improve multiple and cross-cutting outcomes. For example, McDaid and colleagues argue that, in the case of community-led mental health improvement, focusing on a single outcome, such as the rate of suicide or the number of life years saved, may be too limited by failing to capture complex synergistic outcomes of this approach, such as improved community wellbeing (McDaid et al, 2007, quoted in Mackenzie et al, 2007).

Measuring the narrow benefits can therefore miss the ‘added value’ or wider social and health outcomes associated with the work of many third sector organisations.

Box 4 (continued)

Measuring the contribution of outcomes 'along the way'

As a growing body of evidence highlights, community-led health initiatives and other third sector organisations often deliver crucial 'outcomes along the way' to health improvement, such as increased empowerment, social networks or awareness. The individualist basis of economics may therefore be 'out of step' with community development approaches to health improvement, which have the community, not the individual, as the focus (Shiell and Hawe, 1996). Shiell with colleagues in Australia has undertaken extensive work in the emerging field of economic evaluation and community development (Rush et al, 2004; Shiell and Hawe, 1996; Shiell and McIntosh; Shiell, 2007). Some of the challenges and limitations of using economic evidence are captured in this example of the Walking School Bus.

The Walking School Bus, adapted from Shiell, In search of social value, International Journal of Public Health. 2007;52:1–2

What was the project?

The Walking School Bus (WSB) involves a group of eight children walking to school with two adult supervisors.

What were the alleged benefits?

The alleged benefits potentially included a range of outcomes including less traffic congestion and air pollution; more opportunities to meet friends and neighbours, and to make new friends; increased sense of community and self confidence; reduced travel and time costs for parents who are not 'driving' the bus. Potential health benefits were listed as fewer road accidents and increased physical activity leading perhaps to improved cardiovascular fitness, reduced risks of osteoporosis, depression and diabetes, and possibly even obesity.

What did the economic evidence say?

An economic evaluation estimated a cost per disability-adjusted life-year gained of nearly $1 million Australian and concluded that, the WSB was very poor value for money and not cost-effective. Yet in the calculations of cost-effectiveness, the only potential health benefit to be included was reduced risk of obesity.

Box 5: How to find out more about economic evidence and how to use it

Health economics involves applying the principles and techniques of economics to the topic of health. An understanding of health economics is useful to appreciate the principles of economic evaluation for health improvement. There are many introductory texts explaining the scope of health economics, including Health economics: an introduction for health professionals, Philips CJ, 2005, Blackwell publishing Ltd.

Within the discipline of health economics, economic evaluation is a major area, and there are many texts, resources, databases and papers available. The following is a small selection. Web links are provided where available. The NHS Health Scotland e-library service can also assist with accessing papers: www.knowledge.scot.nhs.uk/home.aspx

Handbooks

Hale J, Cohen D, Ludbrook A, Phillips C, Duffy M, Parry-Langdon M. Moving from evaluation into economic evaluation: a health economics manual for programmes to improve health and well-being**.** On behalf of the UK Health Promotion and Health Economics Forum, revised 2007. This is a good introduction to economic evaluation for health improvement organisations, and though not exclusively written for a third sector audience, it uses flow diagrams to help explain the process of selecting the most appropriate economic evaluation method according to an organisation's needs and circumstances.

Making the most of it: Economic evaluation in the social welfare field. Sefton T, Byford S, McDaid D, Hills J, Knapp M. Joseph Rowntree Foundation, 2002. A guide to the use of economic evaluation in social welfare, involving the systematic assessment of costs and outcomes. *Making the most of it* is the culmination of a two-year project to promote better understanding and use of economic evaluation in the social welfare field. The first part of the report examines the current state of economic evaluation, discusses why its application in the social welfare field can be so challenging, and looks at the different approaches taken by economists and other evaluators. The second part of the report provides general guidance on the different stages involved in economic evaluation in the social welfare field, with examples from published studies and from four case-study evaluations in community development, homelessness prevention, foster care, and fuel poverty. It is not prescriptive about the methods to use, but highlights some of the key issues and how these might be addressed in practice, based on a flexible and eclectic approach to economic evaluation. www.jrf.org.uk/sites/files/jrf/1842631322.pdf

Box 5 (continued)

Byford S, McDaid D, Sefton T. Because it's worth it: A practical guide to conducting economic evaluations in the social welfare field. Institute of Psychiatry/Joseph Rowntree Foundation, 2003. This step-by-step guide to the practical application of economic techniques, with specific reference to the social welfare field, describes the 'ingredients' of a successful economic evaluation and identifies the methods available. Aimed primarily at non-economists evaluating social welfare interventions, it will also be of interest to economists unfamiliar with the social welfare field and to others working in the area. The authors outline the methods for identifying, measuring and valuing costs and outcomes. The report includes examples of economic evaluation in practice, which illustrate the process and highlight potential obstacles:
www.jrf.org.uk/sites/files/jrf/1859351123.pdf

Cochrane Handbook for Systematic Reviews of Interventions. Editors: Higgins JPT, Green S. Part 3, In Incorporating Economic Evidence. Updated February 2008:Version 5.0.0;Chapter 15:
www.mrc-bsu.cam.ac.uk/cochrane/handbook500/

Books

Fox Rushby J, Cairns J. Economic Evaluation. Open University Press, 2005.

Drummond ME, Sculpher MJ, Torrance GW, O'Brien B, Stoddart GL. Methods for the economic evaluation of health care programmes. Oxford University Press, 2005, 3rd ed. This is a detailed text most relevant for those designing or interpreting an economic evaluation in detail. It also has a useful framework for carrying out critical appraisals of economic evaluations.

Economic Appraisal (evaluation) information

NHS Health Development Agency. Economic Appraisal of Public health interventions. 2005. Contains a good list of references for further reading:
www.gserve.nice.org.uk/nicemedia/documents/Economic_appraisal_of_public_health_interventions.pdf

Department of International Development has produced an 'how to' note on economic appraisal:
www.epsds.org/Uploads/Documents/Economic_Appraisal_HTN_20090914020647.pdf

Box 5 (continued)

An example of an economic appraisal is described in the following paper: Economics of a reduction in smoking: case study from Heartbeat Wales: Journal of Epidemiology and Community Health. 1993;47:215–223: www.ncbi.nlm.nih.gov/pmc/articles/PMC1059770/pdf/jepicomh00204-0057.pdf

Wider applications of economic evaluation

Promoting mental health and preventing mental illness: the economic case for investment in Wales. Friedli L, Parsonage M. All Wales Mental Health Promotion Network, Cardiff, 2009. www.publicmentalhealth.org/Documents/749/Promoting%20Mental%20Health%20Report%20%28English%29.pdf

Complex interventions or complex systems? Implications for health economic evaluation. Shiell A, Hawe P, Gold L. British Medical Journal, 2008:336;1281–3.

Economic evaluation in the social welfare field: making ends meet. Sefton T. Evaluation, 2003:9(1);73–91.

The use of economic evaluations in NHS decision-making: a review and empirical investigation. Williams I, McIver S, Moore D, Bryan S. Health Technology Assessment, 2008:12(7). www.hta.nhs.uk/fullmono/mon1207.pdf

Further useful literature

Friedli L, Parsonage M. Mental health promotion: Building an economic case. Northern Ireland Association for Mental Health, 2007.

Hale J. What contribution can health economics make to health promotion? Health Promotion International, 2000:15(4);341–348.

Hills D, Elliott E, Kowarzik U et al. The Evaluation of the Big Lottery Fund Healthy Living Centres Programme: Final Report. 2007.

Hills D, McDaid D, Russell S, Stern E, Nemec K, King S, Hardardottir S. Big Lottery Fund Healthy Living Centre Programme: Final Report. LSE Health & Social Care, Tavistock Institute.

Box 5 (continued)

McDaid D, Needle J. The Use of Economic Evaluation for Public Health Interventions, Desert or Oasis? A Systematic Review of the Literature. 2007. http://papers.ssrn.com/sol3/papers.cfm?abstract_id=994702

McDaid D, Halliday E, Mackenzie M, MacLean J, Maxwell M, McCollum A, Platt S, Woodhouse A. Issues in the economic evaluation of suicide prevention strategies: practical and methodological challenges (Discussion Paper 2407). London: Personal Social Services Research Unit, London School of Economics and Political Science; 2007.

Mackenzie M, Blamey A, Halliday E, Maxwell M, McCollum A, McDaid D, MacLean J, Woodhouse A, Platt, S. Measuring the tail of the dog that doesn't bark in the night: the case of the national evaluation of Choose Life (the national strategy and action plan to prevent suicide in Scotland), BMC Public Health, 2007:7;146.

Mason A, Carr Hill R, Myers L. Rapid review of the economic evidence for community engagement and community development approaches in interventions or initiatives seeking to address wider determinants of health. 2007: www.nice.org.uk/nicemedia/pdf/RapidReviewCostEffectivnessSocialDeterminants.pdf

Platt S, McLean J, McCollum A, Blamey A, Mackenzie M, McDaid D, Maxwell M, Halliday E, Woodhouse A. Evaluation of the first phase of Choose Life: the national strategy and action plan to prevent suicide in Scotland. Edinburgh, Scottish Executive Social Research, 2006: www.scotland.gov.uk/Publications/2006/09/06094756/0

Rush B, Shiell A, Hawe P. A census of economic evaluations in health promotion. Health Education Research, 2004:19(6):707–719.

Shiell A. In search of social value. Int J Public Health, 2007:52:1–2.

Shiell A, Hawe P. Health Promotion Community Development and the Tyranny of Individualism. Health Economics, 1996:5;141–147.

Shiell A, McIntosh K. Some Economics of Health Promotion: What We Know, Don't Know and Need to Know Before Spending to Promote Public Health. Harvard Health Policy Review, 2006:7(2);21–31.

Zechmeister I, Kilian R, McDaid D, MHEEN group. Is it worth investing in mental health promotion and prevention of mental illness? A systematic review of the evidence from economic evaluations, BMC Public Health, 2008:8(20);1–11.

Box 5 (continued)

Databases

The use of economic evidence and economic evaluations are well established internationally and within the UK in the fields of health care service provision and development of health technologies. Some work has been undertaken in relation to health improvement and public health interventions, and there is growing interest in this. However, this area is still underdeveloped. While the following databases will possibly not contain many, if any, examples from the third sector, they will provide you with ongoing examples of economics research findings in the public health field:

The Public Health Interventions Cost Effectiveness Database (PHICED) is a database of bibliographic records comprising: National Institute for Health and Clinical Excellence (NICE) guidance and costing templates; cost-effectiveness studies; and decision tools in alcohol, obesity, physical activity and tobacco. The development of this tool was funded by Health England and forms part of the National Library for Public Health: www.yhpho.org.uk/nphl/nphlresults.asp

NHS Economic Evaluation Database:
www.crd.york.ac.uk/crdweb/Home.aspx?DB=NHS%20EED

Box 6: The SROI project in Scotland

Forth Sector Development (www.forthsector.org.uk/) and SROI UK (www.sroi-uk.org/) lead a consortium to implement the SROI Project in Scotland to establish a common standard for measuring and reporting on the social added value generated by Scottish third sector organisations. A network of SROI-accredited practitioners from Scotland, England and Ireland has also been established to audit SROI reports and approve accredited practitioners.

Full details of the network services and membership benefits can be found at www.thesroinetwork.org/

The objectives of the SROI Project in Scotland are to:

- develop third sector organisations' understanding of SROI as a means of communicating impact
- encourage uptake of SROI with key target groups
- improve awareness, understanding and appreciation of SROI by public and private sector commissioners of third sector organisations' services and goods
- develop two-way communication with key stakeholder groups to help develop training and support tools
- encourage third sector infrastructure organisations to build their capacity to support third sector organisations.

Types of SROI

There are two main types of SROI:

- **evaluative**, which is conducted retrospectively and based on actual outcomes that have already taken place
- **forecast**, which predicts how much social value will be created if the activities meet their intended outcomes.

The type selected should reflect the purpose of the SROI, the level of stakeholder involvement, existing frameworks for evaluating outcomes, and how SROI is integrated or complements these. In addition, the capacity and resources to initiate/maintain SROI systems, the collection of data and the intended use of the evidence from SROI outcomes will all influence the type of SROI selected.

Box 6 (continued)

Exploring the limitations of SROI

> 'People are attracted to the sexy number at the end: £2.50 of value created for every £1 put in. But they often don't realise how big an undertaking an SROI is. For SROI to work the whole organisation needs to be bought into the process and be prepared to set up robust measurement systems.'
>
> (New Philanthropy Capital: www.philanthropycapital.org/)

Due to the lack of economic rigour of the methods sometimes used to value outcomes, the process of undertaking an SROI has been described as being more beneficial than the end result.

In evidence to the Finance Committee Inquiry into preventative spending the Scottish Council for Voluntary Organisations said:

> 'The SROI model is useful at formalising some estimation of the savings made or possible and is a useful learning tool but is not always accurate if used purely for the ratios'.
>
> (www.scvo.org.uk/policy/funding-policy-sustanability-consultation/finance-committee-inquiry-into-preventative-spend-scvo-response/)

The Stanford Social Innovation Review states that:

> '…many social value metrics are inherently unreliable. Measurements of social return on investment (SROI), for example, often quite arbitrarily estimate costs and paybacks, which dramatically affects the final calculated value. SROI calculations can help in broad-stroke predictions, but they can't help with finer-grained decisions.'
>
> (www.ssireview.org/articles/category/social_return_on_investment/)

Also, a report by Social Enterprise Associates on measuring social return in the microfinance industry states that:

> 'SROI is young and evolving. Some even critique [advocates of SROI] for making social measures look like financial ones. Also, monetizing social impacts and determining causality are difficult tasks, open to interpretation.'
>
> (www.socialenterprise.net/pdfs/microfinance_education.pdf)

Box 6 (continued)

Will SROI meet the expectations of funders?

In assessing the potential use of an SROI and presenting findings to funders, it is important to remember that not all outcomes can be presented in financial terms. The choice of inappropriate or inaccurate indicators when using SROI will result in the SROI calculations being of limited use.

To enable users to critically assess the results of an SROI, the recent good practice guide from the Scotland Funders' Forum (2010) sets out guidelines for reporting to funders using both quantitative and qualitative evidence. SROI can be part of this as long as the evidence is presented clearly and comprehensively to enable readers to understand where the SROI ratio has come from and where uncertainties remain. More information in *What makes a good report? Top tips for funded organisations* and *Report of the Harmonising Reporting Working Group*, both of which can be found on the ESS website: www.evaluationsupportscotland.org.uk

Box 7: Social accounting and audit

What do these methods involve?

> 'Social accounting and audit allows a third sector organisation to build on its existing monitoring, documentation and reporting systems to develop a process whereby it can account fully for its social, environmental and economic impacts, report on its performance and draw up an action plan to improve on that performance. Through the social accounting and audit process it can understand its impact on the surrounding community and on its beneficiaries and build accountability by engaging with its key stakeholders… Social accounting and audit provides the process for social enterprises and other third sector organisations to measure how well they are achieving their overall objectives and living up to their values. It accurately describes what a social enterprise is achieving and allows it to demonstrate to others what it is and what it does. It assesses social or community enterprises in a holistic way.'
>
> (Social Audit Network)

There are five underpinning principles:

1 Social accounting should engage with and reflect the opinions of a wide variety of people (key stakeholders) affected by (and able to affect) the organisation **(multi-perspective)**
2 Social accounting should cover all the activities of the social enterprise or organisation **(comprehensive)**
3 The organisation should be able to compare its performance over time and also against similar organisations **(comparative)**
4 It should be undertaken regularly rather than be a one-off exercise, becoming embedded in the running of the social enterprise or organisation **(regular)**
5 The social accounts should be checked (audited) by an independent social audit panel, chaired by an approved social auditor **(verified)**

To find out more about social audit and accounting for the third sector:

www.proveandimprove.org/new/tools/socialaccounting.php
www.cbs-network.org.uk

The Social Audit Network is a key source of information about this method, as well as providing further sources of training, networking and case studies for the third sector:

www.socialauditnetwork.org.uk

Box 8: Food Train – an example of using a cost consequence approach

The Food Train is a volunteer led grocery shopping, befriending and household support service for older people in Dumfries and Galloway and West Lothian. The vision of the Food Train's founders was to enable older people to remain living independently at home by ensuring they got weekly supplies of fresh groceries whilst bringing welcome social contact and friendship. From its early days of a few deliveries every week to a handful of customers, Food Train is now a thriving multi-award winning charity with seven local bases providing support services to older people promoting independent living. Food Train is now expanding across Scotland.

In addition to supporting independence, the Food Train offers a wide range of preventative services to help reduce the risks associated with failing health in old age e.g. growing isolation and malnourishment, and reducing risk of falls since customers do not need to carry heavy shopping.

Through the Food Train's EXTRA service, customers can also get support for small jobs, such as changing light bulbs or defrosting freezers. The Food Train also aims to provide a wide range of supported volunteering opportunities for people of all ages and abilities.

The Food Train was submitted as a case study example to the Scottish Parliament's Finance Committee on Preventative Spending in 2010: www.scottish.parliament.uk/s3/committees/finance/inquiries/preventative.htm

Also, in partnership with Community Food and Health (Scotland), the Food Train commissioned research in 2009 to explore the economic value of their work**.** Using a 'cost-consequence' economic evaluation approach, the research involved an analysis of monitoring and financial data; a postal questionnaire to customers; 1:1 interviews with customers, volunteers, local voluntary organisations, local retailers and experts in health economics and causes of malnutrition in older people.

Box 8 (continued)

The research sought to identify the cost savings through the reduction in need for social care services; savings for customers themselves and the added value of a volunteer-led service. It concluded that:

- the costs of the Food Train were less than a third of those provided by public services.
- customers benefited financially through not having to take a taxi to the shops or use more expensive grocery delivery services.
- commercial partners in the retail sector benefited financially as the Food Train generated income.

To find out more about the economic value of the Food Train and how this information was collected, see the expanded case study (**Box 8b**).

For more information about the Food Train: www.thefoodtrain.co.uk

Box 8b: Expanded case study – evaluation of Food Train in terms of its economic value

Identifying costs

Costs for the Food Train were identified as the running costs for the organisation (e.g. management and administration); service delivery costs (e.g. petrol and volunteer expenses); and, the costs of assets (e.g. vehicles). In addition, costs included the financial value of time which is invested by volunteers, which was estimated to be in the region of £277,000 per year. The shops who work with the Food Train also contribute staff time to making up orders, free of charge. In addition to this the garage involved in servicing the vans has demonstrated his commitment to supporting the Food Train by not charging for labour costs, or the costs of sourcing and adapting new vehicles. (NB If an evaluation were undertaken from a societal perspective, the cost of these 'free' resources should also be included because they have an opportunity cost – the benefits that would have been derived had they been used in another way.)

Challenges

One of the key challenges associated with this research was in identifying comparable costs for grocery delivery services by public services. The cost of grocery delivery services by the Food Train was estimated to be approximately £5.77, per fortnight. However, it was not possible to identify the costs for providing similar services by the public sector in Scotland, due to data being inaccessible or in some cases it did not exist at all. Therefore, data from England and Wales were used to provide an indication of potential cost savings.

Cost savings

Using these figures, it was found that the costs of the Food Train were less than a third of those provided by public services. Customers themselves also benefited financially from not having to take a taxi to shops or paying for higher costs of other grocery delivery services which are means tested.

Box 8b (continued)

Income generated

The Food Train also generates income for partners in the retail sector. For the year 2008/9 it was estimated that the average customer spend on groceries was £730. As a result there was consensus among retail partners that it made commercial sense to work with the Food Train.

Other outcomes

The Food Train also results in a number of additional outcomes for customers, as a result of the service being volunteer led. The perceived benefits of the shopping service were: promoting independence, health, reducing isolation, promoting wellbeing and promoting safety.

Conclusions

The evaluation concluded that the Food Train provides a well targeted, effective and flexible service that is highly acceptable to customers, with low cost inputs primarily as a result of its volunteer workforce. It generates high value outcomes for customers and fulfils a critical role in supporting them in their desire to retain their independence and to remain in the comfort of their own homes and within their own communities. Its economic value in delaying the onset of higher-cost packages of care is highly significant, and is in line with current UK and Scottish government policies on meeting the challenge of an ageing population.

Based on an evaluation of the Food Train in terms of its economic value, commissioned by Community Food and Health (Scotland) from Rock Solid Social Research. Full report: www.communityfoodandhealth.org.uk/plugins/publications/showfile.php?publicationsid=352

Box 9: Happy Jack – gathering economic evidence

Happy Jack was a healthy eating project, delivered by Edinburgh Community Food, which aimed to overcome the barriers to healthy eating experienced by families supported by 12 children and family centres (CFC) across the city.

The research

In 2009, an economic evaluation of Happy Jack was undertaken by Blake Stevenson consultants, commissioned and funded by Community Food and Health (Scotland). Full report: www.communityfoodandhealth.org.uk/plugins/publications/showfile.php?publicationsid=353

The economic evaluation involved desk based data reviews; interviews with Happy Jack staff; a focus group with stakeholders; visits to CFCs, including interviews with their managers; and a survey of involved parents/carers and children.

The findings

The economic evaluation found Happy Jack was having a positive impact on:

- CFCs' ability to address healthy eating issues with parents and children
- children's attitudes and their consumption of fruit
- parent's skills and confidence to eat healthily, as well as the eating habits of families who attend the CFC.

The challenges

Challenges were encountered in accurately assessing the economic impact of the project. Using the limited data available, the average cost per child was calculated, which included the cost of fruit provision (three pieces a week plus five pieces to take home once a week); staff costs for delivering Happy Jack and the cost of the time committed by CFC staff.

These data are useful and could be used in future to provide a comparison between different health improvement projects, for example, using cost effectiveness analysis with another approach to addressing barriers to healthy eating for families supported by CFC. However, the economic findings were limited because plans to gather information to carry out economic analysis were not built into the programme from the start. The following learning points were drawn out of the study.

Box 9 (continued)

Lessons for other organisations considering an economic evaluation

- Structured, robust and standardised monitoring and evaluation processes are needed to enable thorough economic evaluations.
- Where data are needed from projects undertaken by people with little experience of gathering economic evidence, support and guidance may be required.
- It is beneficial for the aims of an economic evaluation to be considered at the outset of the project so that monitoring, evaluation and accountancy systems can be planned accordingly.

Box 10: SROI in action

The manager of the Inverclyde Association for Mental Health relates her experience of the SROI process:

A third sector organisation, the Inverclyde Association for Mental Health**,** delivers services through a range of activities in Inverclyde. It has three main core services: residential, housing support and employment training.

In 2008, it decided to examine its 'added value' in relation to its employment training service – In-work horticulture and landscaping services. As all social enterprises find themselves in an increasingly competitive market, the organisation needed to develop a reporting mechanism that truly reflected the range of outcomes of its services in terms of assisting individuals move into training and employment and the wider impact on local communities and national agendas. The analysis also wanted to asses the difference the service made to users' quality of life and the financial impacts.

The organisation selected SROI as the most appropriate method for doing this.

The Inverclyde Association for Mental Health found the SROI experience very worthwhile. Its manager gave the following advice:

> 'We feel it was very important that it was carried out by an accredited SROI practitioner, who gave the process the credibility we wanted with stakeholders. I would suggest that, for any organisation considering SROI, they should be prepared that key staff – especially managerial and finance – will have to dedicate time to prepare the information required. I would also highlight that organisations must be aware that there is the possibility that the analysis may result in a negative return (ours was a positive return in that, for every pound invested, it is projected that over the next five years returns £5.88). Finally, although our stakeholders have been very impressed by the return, while we remain in a funding culture of short-term investment to resolve long-term social problems, my concern is that the potential long-term gain to the public purse will be ignored.'

(Adapted from the Chex-Point Newsletter, Issue 37, 2010: www.chex.org.uk/uploads/issue_37_summer_2010.pdf?sess_scdc=69d6d2c8f2ea24e48e19471d0e44ce4b)

Box 11: Social audit in action – the Mearns and Coastal Healthy Living Network

The Mearns area, which is the rural southern part of Aberdeenshire, does not figure as a disadvantaged area in the Scottish Index of Multiple Deprivation. Yet, Mearns South ranks as one of the most deprived zones in Scotland in terms of the geographic access indicator. The whole area has a sizeable elderly population, living in dispersed communities or remote farmhouses.

In 2002, after a long process of community consultation, the Mearns Area Partnership, a registered rural partnership, established the Mearns Healthy Living Network with Big Lottery funding support to provide services to local elderly people. In 2008 the network expanded its remit to take in the coastal communities south of Stonehaven, adding 50% to the population it serves. It became the Mearns and Coastal Healthy Living Network (MCHLN), a charitable company with a board of directors made up of ten local older people.

MCHLN aims to improve the health of older people by providing services that they say are important to them from assistance with shopping, transport and handyperson services to offering social groups and opportunities to volunteer. A fuller account of MCHLN's work is given in CHEX (2009): www.chex.org.uk/uploads/breaking_through.pdf

A key part of this organisation's history and success is the effort it has devoted to documenting its story of impact. It carried out social audits in 2003 and 2005. More recently an SROI study drew on much of the information collected from the previous social audit processes.

Full details of the case study findings: www.healthscotland.com/documents/3698.aspx

Related papers: the national evaluation of the Healthy Living Centre programme undertook analysis of the costs of a small number of case studies, and modelled the potential impact of their activities. www.biglotteryfund.org.uk/er_eval_hlc_final_eval_summ.pdf

Box 12: Additional resources for measuring your organisation's impact

The work of the New Economics Foundation

The New Economics Foundation (NEF) has produced a publication called 'Tools for You', which includes SROI and social audit approaches: www.neweconomics.org/sites/neweconomics.org/files/Tools_for_You_1.pdf

This resource has an accompanying tool selector chart to assist third sector organisations select the best tool suited to their needs and requirements for measuring impact: www.proveandimprove.org/new/tools/documents/Tool_decider_chart.pdf

In the *Measuring what matters* programme, NEF offers a set of guiding principles, distilled from the programme's research, about what to measure when collecting evidence of impact: www.neweconomics.org/publications/seven-principles-measuring-what-matters

See also: *Measuring what matters: Conference report* on the Community Development Alliance Scotland conference, in conjunction with the International Association for Community Development and the Scottish Community Development Centre, Dundee City Council and Carnegie UK: www.communitydevelopmentalliancescotland.org/documents/seminars/MWM%20Conference%20Final%20Report.pdf

A glass half-full aims to show how an asset approach can improve community health and wellbeing. It was commissioned by the Improvement and Development Agency's Healthy Communities Programme in England, which aims to help local government improve the health of local communities. Assets-based approaches are useful complimentary approaches to measuring impact: www.idea.gov.uk/idk/aio/18410498

Useful organisations

The Scottish Community Development Centre and LEAP (Learning, Evaluation and Planning): www.scdc.org.uk

NHS Health Scotland and its work on outcome focused evaluation approaches: www.healthscotland.com/scotlands-health/evaluation/planning/index.aspx

Evaluation Support Scotland: www.evaluationsupportscotland.org.uk

www.healthscotland.com

4008 3/2011