



# **The Care Forum Conference: Gathering Research and Information – how it can make your organisation more effective**

**19 July 2011**

## **Attended:**

Sam Anders, Brook Bristol; Nicholas Bahra, Nicholas Bahra and Associates; Wendy Barker, Dorothy House Hospicecare; Marion Baynes, Greenway Community Practice/Brushstrokes; Ash Bearman, Shirehampton Community Action Forum; April Begley, Senior Citizens; Bryony Campbell, British Red Cross; Piers Cardiff, Volunteering Bristol; Heather Child, Milestones Trust; Colleague of Kevin Chong, Bristol & Avon Chinese Women's Group; John Clifford, WRVS; Una Corbett, Battle Against Tranquillisers; Janet Elisabeth Cowland, ; Dale Cranshaw, The Carers' Support Centre; David Cross, Rightsteps; Laura Dumbelton, Richmond Fellowship; Nikki Edwards, National Autistic Society; David Evans, University of the West of England; Lesley Fleming, Second Step Housing Association; Steve Heigham, Help! Counselling; Joanna Holmes, Barton Hill Settlement; Louise Hudson, The Care Forum; Caroline Hukins, The Harbour; John Isserlis, Julian House; Jennifer Kerridge, The Care Forum; Alex Kittow, Southmead Development Trust; Rhian Loughlin, Wellspring Healthy Living Centre; Tara Melton, Royal National Institute For The Blind (RNIB); Barbara Middleton, ATWEST Accessible Transport West Somerset; Samantha Mitchell, Creativity Works; Benita Moore, ICAS; Dave Moore, Bridge Consulting Partners; Jeff Page, Action For Blind People/RNIB; Suzanne Pearson, Chair Of Bristol Mind And Freelance Trainer; Chris Phillips, North Somerset Local Involvement Network; Adam Pitt, Percy Community Centre; Leon Quinn, The Care Forum; Rupa Ray, Nilaari; Catrin Richards, University of the West of England; Lesley Roddick-Harris, Action For Blind People/RNIB; Lucy Rowe, The Care Forum; Ben Sansum, Advice Network; Gabriel Scally, GOSW; Aroona Smith, Silai for Skills; Nick Smith, Bristol City Council - Health & Social Care; Audrey Spearing, ; Pat Taylor, The Carer's Support Centre; Nicky Tew, Swallow; Jodie Thame, Supportive Parents; Gill Turner, The Care Forum; Jill Turner, Brigstowe Project; Lucy Tutton, British Red Cross; Jan Tyrrell, Bristol Area Stroke Foundation; Christiane Vinzenz, Second Step Housing Association; Bernard Wildsmith, Care Learning; Jackie Williams, Time 2 Share; Kerry Wray, Groundwork South West; Ronnie Wright, The Care Forum; Colin Young, Battle Against Tranquillisers

## **Apologies:**

Alison Ansell, Healthcare At Home Ltd; Paul Bagot, Rightsteps; Bette Baldwin, Living Community Interest Company; Marion Baynes, Greenway Community Practice/Brushstrokes; Lucy Beattie, Three Ways School; Margaret Blackmore, Crossroads - North Somerset; Margaret Bracey, BS17 Voluntary Link; Jim Brewster, Audiences South West; Edmund Brooks, ; Alison Bruce, Bath & North East Somerset Council - Youth & Community; Kevin Chong, Bristol & Avon Chinese Women's Group; Fynn Clark, Julian House; Ken Dolbear, Retired & Senior Volunteer Programme (Rsvp); Myra Dow, St John's Hospital & Bath Municipal Charities; Philippa Forsey, Creativity Works; Myles Furr, North Somerset Council; Sally Gapper, North Bristol Advice Centre; Meryl Gaskell, Living; Steven Hargreaves, WRVS; Matt Hill, University of Bristol; Dave Hobson, Barton Hill Settlement; Margot Hodgson, AWP; Gloria Ingham, Multicultural Friendship Association; Anne Marie Jovcic-Sas, Radstock Town Council; Jean Langmead, ; Ann-Marie Lewis, Full Circle Project; Karen Lloyd, Bristol City Council; Rhianan Lowes, Caring at Christmas; Alex Machin, Deaf Plus; Helen Mathias, The Carers' Support Centre; Caroline Matthews, Crossroads - North Somerset; Paula Meek, South Glos Council; Michaela Mulcahy, Bristol City Council; Heather Murray, ; Heather Murray, St Werburghs Community Centre; Mrs S

W Padfield, League Of Friends Of Paulton Memorial Hospital; Gillian Seward, Bristol LINK; Oliver Shirley, UWE/North Bristol Advice Centre; Nancy Southcott, Avon & Wiltshire Mental Health Partnership (AWP); Shirley Stephen, ; Helen Storey, Crossroads Care Wessex; Pauline Swaby-Wallace, Bath Ethnic Minority & Senior Citizens Association; Carrie Tuohy, Childrens Scrapstore; Ruth Williams, Bristol City Council - Health & Social Care; Roanne Wootten, Julian House

## **Presentations**

**Gabriel Scally, Regional Director of Public Health for the South West**  
**Presentation unavailable**

**David Evans and Catrin Richards, UWE: People and Research Project**

<http://www.thecareforum.org/assets/files/Volunatry%20Sector/Presentations/Banes/Working%20collaboratively%20with%20the%20public%20v3.pdf>

**Tara Melton and Jeff Page, RNIB and Action for Blind People**

[http://careforum.pixillionserver.co.uk/assets/files/Volunatry%20Sector/Presentations/Banes/JSN\\_A\\_events\\_RNIB\\_July11.pdf](http://careforum.pixillionserver.co.uk/assets/files/Volunatry%20Sector/Presentations/Banes/JSN_A_events_RNIB_July11.pdf)

**Matthew Hill, University of Bristol/South West Forum**

<http://www.thecareforum.org/assets/files/Volunatry%20Sector/Presentations/Banes/Proving%20Our%20Value%20presentation.pdf>

## **Panel Questions**

Q: I am from a small organisation and am interested in public health. We provide low cost counselling for young people. Is there awareness of the extra pressure on small organisations to undertake research? We have no resources. How are small organisations supported to measure qualitative information?

A: David Evans: One aspect of good practice is to build costs into research plans and grant applications. We are like a dating agency bringing together the voluntary sector and researchers particularly for NHS funding you can then work in partnership and the cost to partners can be included from the beginning.

Leon Quinn: The higher education sector is becoming increasingly aware of this. There are online tools available. Proving your impact is not rocket science.

Ronnie Wright: I'd be very surprised if everyone is not doing something in terms of measuring. But we are not necessarily measuring what would be the most effective things to measure. We need a dialogue with funders about how to use what we are measuring.

Q: GP commissioners are the elephant in the room. We are trying to collect voluntary and community sector data but I am not aware that GPs will have to show what is already commissioned. What guidance is in place to guide GPs to help them determine which service to commission? We know they will have to look at Joint Strategic Needs Assessments but what criteria will they use?

A: Gabriel Scally: Nothing yet. We will have commissioning GPs and a National Commissioning Board but the Board is not yet established and therefore no framework agreed. In the South West, the commissioning groups and local authority are been co-terminus this is not necessarily the case elsewhere. Local authorities are responsible for Joint Strategic Needs Assessments (JSNA).

Q: GPs are lacking knowledge which the voluntary and community sector (VCS) can bring. We need a mechanism for GPs to connect with the VCS and get a forum for debate.

A: Gabriel Scally: Clinical commissioning groups will have to develop an interface with the voluntary and community sector but it will be difficult. Primary care trusts are here till 2013. It is unlikely to be dictated from the centre it will have to be built from the ground up.

Q: The public health observatory should be more aware of the requirements of the voluntary and community sector and should be more engaged with us.

A: Gabriel Scally: The public health observatory will be incorporated into Public Health England and will have a new mandate – that is the point at which you should be included. You should contact them and ask for information. The more demands you make the more they will be aware of you. Not a lot of attention is being given to local needs at the moment. This should change in 2013.

Q: Data doesn't always help that much. We need a lot more from JSNAs than just clinical data sets. All JSNAs are different and it is really time consuming if you have to contribute to several. There is a lack of standardisation.

A: Get in early with JSNAs. It is really helpful if there is a template. It would be good if it was promulgated around the region as much as possible. Local authorities don't have big teams and will be grateful. Trying to work on a regional basis to coordinate a collective approach but I don't think there will be central guidance on this. There isn't that much variation in the big issues such as alcohol.

Q: It would be good to have email alerts on public health and all this information passed onto small groups. How can we better disseminate what we know works?

A: David Evans: There has been a technological explosion but information is only useful when you have a purpose. How do you turn information into knowledge that is useful so that people can take action? It would be overwhelming to distribute vast quantities of information.

A: Leon Quinn: We need to develop a partnership between the voluntary and community sector/NHS and academic institutions. The obvious broker is voluntary and community sector organisations who work on the ground.

A: Gabriel Scally: We have moved to a shared power world which makes dissemination of information quite complex. The very title primary care trust (PCT) was a stupid idea because it does not tell you what they do. We need to use local councils to get them and cabinet members to understand the world of health and health care. The department of public health and councils need to cherish each other. We can't have well humans on a sick planet.

## **Workshop: Involving the public in health and social care research David Evans and Catrin Richards - University of the West of England**

What does involvement in research mean?

What enables people to become involved in research?

What gives a real voice?

- We did some research at Southmead Development Trust which is a deprived area in Bristol. Bristol University and Heart Foundation approached us. Had Fit and Fab sessions with breakfast. It was a huge success – research published this September. Leafleted, banners, got mums to approach other mums. What made it work was that the researcher was interested in our area – she had a stake in it. We have an idea for a new piece of research but how do we match with a researcher.

David/Catrin (D/C) – We want to set up a system like dating advice. Putting researchers and potential organisations together. We want input into setting up systems. We – could let people advertise on the website or networks such as this could offer a slot for research dating. Researchers have been positive

- We often don't know where to go eg with funding applications for research – it takes hours and each one is different. Why isn't there one funding application which can be matched to funders?

D/C. We are interested in people like you setting research questions, shaping research. Eg diabetes- you may have issues affecting quality of life that researchers haven't thought of. How do you influence researchers to define research? Did your project help shape research?

- She worked with local people. We don't have the experience to carry out research. We want your dating agency or website to find us a researcher preferably with some money.

D/C – Researchers have ideas about what they want to do. Researcher could put down the bones of what they are interested in – your input might make research more relevant. Did your researcher have a reference group – it is obvious that there should be local advisory group. We are trying to have a member of the public to be a member of the project team. VCS can be a co-applicant whose time is costed in as part of an application but this only works if you have got a relationship.

- You want to involve service users, in the VCS we want to do research – both are feeling our way. I need tools to demonstrate my organisation's effectiveness. I need tools so I can do little bits of research. A student could maybe pick it up.

D/C- There are three partners at the table: VCS; academics; funders – so need a project that meets all three needs. We are in a tight financial situation – currently more researchers searching for funding than is available. We usually expect one in four/five applications to be successful but now it is one in eight/ten. A research project application requires two/three weeks work.

- We are always told that research must be evidence based but is clinical evidence not the evidence from the communities who use services or have needs. The health researchers who provide clinical evidence would not want that to change. How do you change it and say evidence must come from the people who have the issues?
- Funding bids – most of what I do is as a volunteer. I am interested in linking up with MSc students – how do I do this. I need to be linked up with someone with enough research skills to work with us and follow it through in systematic way which would be good enough for our purposes – meaningful research for vcs. This is very different from going for a big funding bid. It would be good to have this level on the website.

D/C- That could be a very useful part of our website.

- A GP surgery in Bristol put up a list of areas it would like fourth year students to research and it included tranquilisers so they contacted us- a really good way of doing it. It came from the GPs, areas of work that they wanted more information about. Maybe we could work with GPs.
- Should explore using dissertation students – a good avenue because it doesn't involve the need for research funding
- Must consult with communities – if the research is a big funded project it can be too academic and the output isn't what communities and the voluntary sector want. Can still do something robust and scientific but on a much smaller scale

- I am involved with Knowledge Transfer Partnerships – (Groundworks) – we are developing a health monitoring tool

D/C- Knowledge Transfer Partnership initiative – the money for this is drying up. There may be money for partnership between universities and business – which can be VCS. It has been very successful. The business puts in half the money and has got to use a recent graduate. The idea is you take knowledge from the university to the community

There are lots of funding sources – specialist charities, eg Diabetes UK.

We could for instance run training packages on sources of funding

We could develop a tool that more than one organisation can use

- Masters students is the level at which many of us would be interested

D/C- I am programme lead for students doing masters in public health but people often come in with a clear idea of what they want to do. There needs to be a match. A website where people can see what people want researched.

How do you create a system that enables people to make connections without leading to frustration?

- Need a comprehensive fair system that doesn't disadvantage people

D/C – it is currently an ad hoc system which we are looking to improve

People seem to welcome the idea of a local website around involvement and research.

What other action?

Connections – showing where local research has happened and giving people access to it.

Can look beyond local sources eg European funds.

Would like to stay informed of what happens with your plans

## **JSNA Workshop: Nick Smith – JSNA Officer Bristol City Council**

### **A) Setting the scene**

The 2011 guidance "Joint Strategic Needs Assessment: A springboard for action" states:

"A single, agreed picture of true needs is essential for strategic planning"

*and*

"Information from the voluntary sector, qualitative sources, service providers, the private sector ... will be crucial to the ability of a JSNA to provide an objective assessment of needs and priorities."

### **B) Role of JSNA**

- JSNA process and role of JSNA
- Health and Wellbeing Strategy
- Potential impact and benefit for VCS

### **C) Discussion questions**

1/ If asked, could you provide evidence to demonstrate that there is a need for the service you provide? Could you show if the need is increasing, reducing or remaining constant?

2/ Does your service fit within the local demographic, deprivation or epidemiological breakdown relevant to your service or geographic area?

3/ Do you know what your funding authority thinks is the level of needs in the area your service provides? Do you agree? Could you contribute more to build a wider "picture of need" via the JSNA?

4/ Research - how could you turn an "on the ground" understanding of local needs into evidence to support the overall "picture of need" in your service area?

5/ What examples do you have to influence the emerging 2011 JSNA?

## Contact

Nick Smith (Bristol JSNA Project Manager)

(0117) 90-37304 / [nick.smith@bristol.gov.uk](mailto:nick.smith@bristol.gov.uk)

Nick: It would be useful to say what everyone knows.

Colin Young, Battle Against Tranquillisers, don't know much about JSNA. We work in other areas (not Bristol). Struggle to work with GPs.

Janet Cowland. Subscribes to The Care Forum as an individual member. Involvement with voluntary activities. Having to provide accountability.

Lesley Roddick Harris, Action for Blind People. Living and breathing JSNA. Difficult to take data and interpret. Looking at ways of reducing prescriptions in Torbay that have been there for years and never reviewed.

Aroona Smith. Works for voluntary organisation that provides training for Asian women in Easton. How we can use information, what information can we collect to influence funding.

Nicky Chew, SWALLOW. Supporting people with learning difficulties.

Rhian Loughlin. Head of Services Wellspring Healthy Living Centre in Barton Hill. Easton and Lawrence Hill Award. Won a bid with UWE. Proving our Value - to work with UWE to provide evidence for the value of a social prescribing project. How do you manage data around difficult to reach, such as Roma communities? Do you use soft data?

David Ward: independent consultant. Have analysed and evaluated various Bristol projects.

Jan Tyrell: Manager of Bristol Area Stroke Association. Know little about theory and would like to know more and get involved.

Dale Cranshaw: Would like to know more. Knows CEO and manager involved.

Bernard Wildsmith: Care Learning supporting 600 adult employers. Managers still confused about JSNA. Would like a better grasp of JSNA so can plan for business and workforce for the future.

## A) Setting Scene

More recent quote from NHS conference. In future, "JSNA will be an essential part of commissioning cycle" In future, will underpin strategic planning and will underpin the work of the Health and Wellbeing Board. The Health and Wellbeing Board will have councillors, directors of adult social services, public health, clinical commissioning group and HealthWatch and whoever local board will decide to appoint. If the Health and Wellbeing Board think clinical group discussion and strategy for commissioning does not meet needs can refer to a higher authority, it will strengthen public accountability. JSNA has been a very good idea, but before didn't have teeth. But Health and Wellbeing Board strategy will have to give due regard to JSNA. A shadow version of Health and Wellbeing Board will meet in October. Will then begin considering the strategy. Nick is keen to build a basic baseline and in parallel with Health and Wellbeing Board engage with VSC and doing it in a structured way to get meaningful data and build up evidence in parallel with Health and Wellbeing Board strategy.

- Chances are that there will be a mismatch between the need and funding. Will JSNA outline need?

Nick: It will highlight the need and is not a set strategy. The Health and Wellbeing Board strategy will set strategy and influence re-commissioning and look at priority outcomes. In Bristol historically had continued to re-commission without looking at outcomes.

- There are millions of illicit prescriptions of benzodiazepines but evidence falls away. Some recommendations are made and another report written. Can you monitor what is happening?

Nick: Local data that backs that up and provides stats will go through strategy and go through as a priority area. JSNA is there to inform other strategies, for example, Safer Bristol Drugs Strategy and inform their work.

- Is it a snapshot or trends? .

Nick: It is both. Useful to compare different approaches and provide a framework. You can look at any area to build up a wider picture over time.

- How do you know what to prioritise?

Nick: JSNA has a dual role to respond to pressures and influence commissioning.

C: Discussion questions

- Does data have to be numerical?

Nick: No, not always.

- Sometimes it's obvious. When does it need to be backed up with research? In my line of work, recent abuse work in Bristol was down to lack of training, so why is the training budget diminished? Training is at the heart of some of these issues and needs to be supported and engaged. There's an obvious bit, but it needs to be backed up with evidence.

Nick: Could take that example and do cost-benefit analysis and demonstrate the cost of providing the service.

- GPs are scientists and want you to give scientific evidence. If you have a graph and data. If you can give them something. GPs hold budget they will be customers. We need to provide them with what they need.
- We mustn't lose the social aspect.

Nick: If we only have analytical evidence in the JSNA it won't provide a true picture, we also need a local voice and added value may come in a different format.

- What evidence do we put for the JSNA? There needs to be guidance.

Nick: There is some national development around that. Have worked with VODG (voluntary organisation of disability groups). Go to their website.

- In Devon, they came up with a risk pyramid. Real academic stuff. Small organisations are going to struggle to provide evidence of need. I want a template. It is really difficult to prove an intervention because we have been there and given support. It is difficult to prove what would have happened if we had not been there. It is measuring the journey and then placing value on it.

Nick: it shows the value of both approaches. Small organisations need to work together or with academics. But need to work with JSNA to bring in soft data. What does that mean for local people?

- Massive funding for drug and alcohol. Millions of prescriptions already showing the problem of how you influence that sort of change. No funding for people in our situation. People left for years and years on prescriptions.

Nick: It does highlight the need to have collaboration with the medical profession.

- Tara highlighted it about where you get this information from. Plymouth have funded a 3<sup>rd</sup> sector group. Drug and alcohol will dominate and other voices can get left out. Not getting all the information from different groups. Harder to reach groups and how you influence to get their needs recognised as difficult. Along the line, they go are often the populations who end up going into secondary care.
- Looking at how we can incorporate data from secondary care. NHS Bristol is commissioning health research from the autumn on hard-to-reach, traveller and new migrant communities.
- Do you work with the police, for example, to find out about issues linking crime and mental health?

Nick: Mainly through Safer Bristol.

- It is true of the ambulance service. It is often picking up different groups.
- 80% of the NHS budget is held by GP, PHQ9 and GAD7. GPs use around anxiety and depression. General anxiety disorder. Also use the recovery star. It is useful to work along with something GPs know. Can download from the web and produce a graph. Can put a qualitative descriptor on people's state.
- What is the point at which you engage?

Nick: If you have information to bring forward, you can contact Nick via email.

- it would be useful to have different contacts for the region.

Nick: The Director of public health is responsible for the JSNA in most areas. There is a Director of public health in each area. Bristol has myself as JSNA Project Manager. Every area will have a lead person.

- One of our target groups for services is Somali men. It's where they access services.

Nick: Even anecdotal facts can be put into a qualitative framework.

- Would you tie that data together?

Nick: Yes, if we grasp something is a key area.

- I didn't think the JSNA process opened a dialogue.

Nick: JSNA is looking at statistical need and can bring in more specific data. Working on baseline for September this year and to take that forward and embed parallel to the Health and Wellbeing Board emerging.

## **Tara Melton and Jeff Page - RNIB and Action for Blind People**

Talk about JSNA/pooling resources so we can work together more effectively.

Sam Anders – Brook

Laura Dumbelton – Richmond Fellowship

Ash Bearman – Shirehampton Action Forum

Sam – Creativity Works (Radstock)

John Clifford – WRVS

Paul Simpson – Barton Hill Settlement

Wendy Barker – Dorothy House Hospice

Tara and Jeff work with a list of local authorities to influence JSNAs. JSNAs have been around for a few years and a lot has been developed without much user engagement. It is different now. The JSNA is here to stay and the government puts more emphasis on the JSNA. The idea is that the JSNA provides an overview of health and wellbeing. The voluntary and community sector needs to get in. Show how your group represents your area. It will be difficult to defend why you need to provide your service if not in JSNA. We need to really emphasise the client groups and what their needs are. We need to identify some of the barriers.

Questions to identify needs of client groups and barriers and what we need to do. Depends who holds JSNA to what research will fit best with them. Need to think about who it is you are talking to.

The value of working in consortia to work together to present your sector/speciality. We are finding increasingly that real life case studies are more powerful. The guidance is that they want a more narrative picture of a local area. Now is the time to get in with information for JSNAs. Need to think about identifying needs of client groups.

Brook identified a group of young men over 25 who they wanted to engage with more. The problem of working as a consortia is how far you go to engage in that process. Trust is the key. You have to have the appetite to explore it. Value for money is what commissioners are looking

for (but this often means cheapest). We need to think about how best to convince commissioners that the local approach is best.

It is fundamental to go to the JSNA as a united front.

Tara: I would use the JSNA for discussions around commissioning. Identify needs in JSNA. Think also about using councillors and MPs. They focus minds of local authorities very quickly.

Jeff: Does anyone know a similar organisation they could go to a JSNA meeting with? I think a cross sector/GP approach might be successful. Commissioners won't be impressed by seeing charities argue. It doesn't have to be a consortium, it could just be a working group. Think of an organisation which does a similar job to you, who you could phone up and get together with. There is often a natural cross section between different organisations.

Write to the Director of Public Health. So much information and reports are available. Ask about what information is available. Use Health and Wellbeing Boards. Put in JSNA for local area.

## **Workshop B – 'Proving our Value Project'**

### **Leon Quinn, The Care Forum**

The workshop posed 3 questions for participants:

1. Which economic indicators might be good for social purpose organisations, how can they demonstrate their impact and what are the merits of economic versus social impact indicators?
2. In terms of capacity how much research can the sector be engaged in and what does the sector measure already?
3. Where can social purpose organisations go to get help from academic organisations?

Points made in response by individual workshop participants were as follows:

- The simple answer to the first question is that social value can always be monetarised so regardless of the indicator it ends up being financial value that is measured. Groups cannot afford to deliver services as VCOs (voluntary and community sector organisations) without demonstrating value for money.
- A lot of the monetarisation is in relation to the social side of one's work – it is not completely arbitrary. In reality it is best to reflect on economic indicators as a numerical measure with a pound sign in front! Money saved, however, is a slippery slope. Services should not just be seen as delivering savings, so this must be linked to impact.
- It is obvious that some commissioners are needing to diversify their practice and this is driving changes (rather than impact).
- It is frustrating that the added value of continuity of service is not considered.
- It is ludicrous the social impact of a service is not taken into consideration in relation to Payment by Results.
- There is a concern that linking results to payment could lead to services only delivering to clients that are most likely to achieve the best outcomes, with services refused to more complex cases. The indicator used in relation to outcomes is therefore very significant. Breaking progress into stages for clients is one possibility to address this. An assessment of the complexity of the case should be part of what is measured.
- Indicators need to reflect something in relation to reaching excluded groups, the work required to reach those groups and the benefits as a result of reaching them. VCOs create the trust and relationships other organisations find it harder to achieve.

- There is a place for capturing both elements of these indicators – social and economic – and these aspects of a groups work may be funded from different sources. Charitable trusts are more driven by funding for social indicators for example. Only using economic indicators would mean not all elements of a service are taken into consideration. The sector is expanding and changing. To talk of VCOs actually reflects a broad spectrum of services, but what all have in common is the attempt to add social as well as economic value.
- There is an underlying issue of the willingness of groups to share and collaborate, and this is tricky. Increased competition works against collaboration.
- VCOs have always been in competition. Partnering up and openness to that approach is essential. Groups need to consider how much they are prepared to compromise.
- One productive approach is collaboration across different areas of work, such as drugs and families. Groups maintain their specialisms but also contribute to improving services overall. Participants identified other examples of collaboration and other opportunities.
- There is a big bridge to cross in terms of developing joint work but a starting point would be having a joint group to share information. Demystifying the process of how to measure ones impact is very important. However, even if groups do know how to do impact assessments there is still the issue of having the capacity to do this. In terms of The Care Forum developing this area of expertise, the link with the PhD student arose through The Care Forum networking. There is a role for The Care Forum in advertising and facilitating these kinds of links and opportunities.
  - Good information can also help in extending opportunities.
  - VCOs collect a fantastic amount of data. We need a system of doing this more straightforwardly.
  - Data mapping software and the possibility of a standardised set of indicators is crucial. A certain amount of research is always required and assessing multiple indicators is beyond the capacity of many groups (ie assessing and recording accurately the multiplied impacts of work such as a disabled minority ethnic person from an isolated community). Access for groups to a system that allows you to do that is crucial.
  - We have used a social impact tracker, though we had to adapt it ourselves to meet our needs.
  - Collecting information is one thing, how to present it is also critical, for example, the aerial photo presented by Gabriel Scally which represented travel to school routes, demonstrating the barriers to walking to school. GIS (Geographic Information System) mapping is very expensive and has to be produced by someone who knows how to use it, but perhaps there is a potential to collaborate on using such facilities? Academia does not have access to the day-to-day information that VCOs do.
  - It is a disadvantage for organisations that are in business for profit that they have to take out extra costs to form that profit from somewhere, which partly offsets economy-of-scale and other size advantages that private providers may have.
  - There is a concern that VCOs are expected to continue to provide quality services at continually reducing cost. There is a risk of services being provided that are merely 'good enough' rather than 'excellent'. Research on social impact does help to reinforce service quality.
  - There is perhaps also an opportunity in the development of a more philanthropical agenda with potential support for organisations coming from rich individuals.

- There is a role for The Care Forum in disseminating information, for example, the names of individuals/key contacts within academic institutions and their specialism.
- The Joint Strategic Needs Assessment is a vehicle that still needs to come into its own but there are still resource and capacity issues about shaping that.
- There is a lot of information that needs to be drawn together. Can The Care Forum help with that? JSNAs need to be much longer than they generally are. VCOs are not researchers, so there needs to be some kind of intermediary between VCOs and the JSNA.
- The South West Public Health Observatory could perhaps have a role in this?
- From the point of view of a very small organisation what would help is information on where and how to access generic information/research, for example, work on social isolation and what has worked in addressing that. Evaluating preventative work is also very difficult. Training around this would be valuable.
- Academic literature reviews could be helpful in providing this kind of information, as could the Office for National Statistics, Joseph Rowntree Foundation, INVOLVE. Organisations do have knowledge they could be sharing and The Care Forum could look into ways in which sharing experiences could be made easier.
- Definitely need to demystify the jargon!
- One organisation presented their difficulty in starting this process of proving the impact of their work having not done it before. There were a number of suggestions including the usefulness of surveys and case studies. If resources to do this quantitatively were lacking then qualitative information is very valuable.
- If a new project was being established how quickly could a university respond as a partner? Universities may be able to respond quickly but this would depend on the time of the year. In The Care Forum's case we are working with the University of Bristol through a collaborative project. There is a case for being proactive about this. Universities are open to approaches.
- Groups should not expect instant feedback. It can depend on the time. Building good links with Universities is crucial – perhaps inviting someone from the University onto your trustee board?
- Public Health is developing work around the impact of preventative measures.

## **Evaluation**

### **What was the most significant outcome of the event for you?**

- Networking
- Networking
- Networking and clarity on information needs
- To gain information about relevant websites that support research work
- Finding out about JSNA and Gabriel's interesting talk and panel
- Learning of JSNA (definition etc) and approaches to measure well being in community (eg SR01)
- Learning about the support you can gain from universities and looking at JSNA potential for collaborative working
- A greater understanding of the importance of the JSNA
- Learning about the 'people and research south west' project
- Increased focus on need to have sound evidence base
- Tools for research; ideas about higher education links
- A better idea of where to go when starting out on research projects
- The need to continue towards sharing information/research/evidence

- The sheer pleasure of being with an open involved, focused congregation of people involved in human wellbeing in their big agenda
- More about how to engage with the JSNA

**Has this meeting highlighted anything you would like to hear more about?**

- Yes, setting good outcomes
- Outcome measurement. Small scale research skills in practice
- How to effectively access existing research/reports relevant to our project outcomes
- Impact assessment measures
- JSNA
- Case studies (how to put them together). JSNA (how to find, does it cover my client group?)
- How to get involved more with local JSNAs across the south west and other charities that would be willing to collaborate in the south west.
- The JSNAs - understanding how/where/who we need to speak to/impact
- I would like to know more about Care Forum events
- Creating charity annual reviews more as impact reports
- Yes. Practical details of how to find researchers who might want to conduct research in our organisation to measure effectiveness

**Are there any other comments you would like to make?**

- Good conference in getting me thinking, would have like more to link more practically to voluntary sector service provider - think this is for another time
- Can I have some local information on JSNA? Contacts etc
- Would The Care Forum be prepared to facilitate further sessions/networks to provide information on the practicalities of JSNAs - maybe match us with the appropriate people
- Very informative group 1. A lot of food for thought
- Gabriel was an excellent speaker - really supported overview and loved the quotes!
- I found the workshop very useful and effective
- Very useful meeting. Would appreciate it as an annual event
- Thank you. Not much representation from minority ethnic groups
- Useful event

Content	Average mark (out of 5)
Understanding of subject at start	2.2
Understanding of subject at end	3.5
<b>Sessions</b>	
Speakers	3.9
Workshop	3.9
<b>Organisation</b>	
Pre-event information	3.8
Facilitation	4.2
Organisation on day	4.3
<b>Venue</b>	
Access	4.1
Refreshments	4.0
Standard of room	4.3