

People and Work Unit

Welsh Assembly Government

**Evaluation of the Health Challenge Wales Health
Promotion Voluntary Sector Grants Scheme**

Final Report

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Uned Pobl a Gwaith

Evaluation of the Health Challenge Wales / Health Promotion Voluntary Sector Grants Scheme

Summary

The Health Improvement Division of the Welsh Assembly Government commissioned this evaluation of its Health Challenge Wales / Health Promotion Voluntary Sector Grant Scheme (HPVSGS) in 2004. The work also provided on-going evaluation support for the individual projects funded through the 2004-07 and 2005-07 funding rounds. The stated purpose of the evaluation was to inform a future funding strategy for the voluntary sector working in health and social care across Wales.

The HPVSGS funded 21 organisations between 2004-2007 or 2005-2007. All funded organisations identified that the grant had had an impact on their work and, for a third of these it has stimulated a significant development in their focus. The scheme illustrated how short-term funded project work can be effective in developing an organisation's agenda, developing new evidenced based learning and creating new partnerships. Most organisations identified that the project work had added a health and/or well being 'layer' to their work.

The grant scheme aims to develop the capacity of the voluntary sector to work with the Welsh Assembly Government in implementing its health promotion policy. All funded projects had the potential to contribute to the Health Challenge Wales agenda through its key themes although some had more specific links with these than others. As identified above, all the organisations stated that the project work had had an impact on their organisations and there was evidence of a broader impact on one area of the voluntary sector. However, the extent to which the projects have made a

sustainable contribution to health promotion work in Wales is limited by the spheres of influence that were accessible to them and the time available to invest in partnership and dissemination work. Some have developed a valued and effective role within health promotion working with key public sector agencies, whilst others may have done useful work with individuals and communities but not had the scope to share this.

The grant scheme continues to be seen by national voluntary organisations as the only source of development funding for work on health and well being. This has some implications for the sustainability of work that is providing a service to individuals or the community and illustrated a need to ensure better sharing of learning between the public and voluntary sector, to embed work in mainstream services, and to encourage funding bodies to invest in the voluntary sector.

There is a logic for the grant scheme to continue to focus on the Health Challenge Wales themes whilst they represent Welsh Assembly Government policy priorities. Such a focus provides a useful framework for shaping work and for reporting on impacts. It also provides the opportunity to develop a ‘body’ of work sufficient to really impact. Time limited project funding is most effective when it is focused on developing, piloting, learning and/or fixing a theme -

- Changing an activity or process - developing
- testing out an idea with the intention, if it is successful, of mainstreaming it - piloting
- researching/ developing new knowledge - learning
- tackling a short-term problem – fixing

There is value in developing a ‘body of work’ that is able to make a significant impact over the period of funding and, to assist with this, the Welsh Assembly Government could take a more interactive partnership role in developing proposals following a filtering first round in the application process. This might involve linking groups, as happened to a limited extent in the 2004-2007 funding rounds; helping to shape the work to provide more useful data; agreeing on target communities or groups or setting

up joint advisory groups to help inform the project work and provide dissemination routes.

The flexibility of the HPVSGS, and the support of the Welsh Assembly Government staff involved in administering it, is greatly appreciated by funded organisations. It is important to preserve this flexibility, including allowing for variations in the length of funding periods, negotiated changes in project structures and experimentation in project design.

There is a value in promoting a collective body of experience across funded groups as a way of enhancing and disseminating individual learning. All groups valued the opportunity to meet at the seminars run by the Welsh Assembly Government and there is potential in encouraging a greater sharing of findings as a way of developing the role of the sector in health and well being promotion.

Evaluation of the Health Challenge Wales Health Promotion Voluntary Sector Grants Scheme

Introduction

In the Autumn of 2004 the Health Improvement Division of the Welsh Assembly Government commissioned an evaluation of its Health Challenge Wales Health Promotion Voluntary Sector Grant Scheme (HPVSGS) that would also provide evaluation support for the individual projects funded through the 2004-07 and 2005-07 funding rounds. The stated purpose of the evaluation was to inform a future funding strategy for the voluntary sector working in health and social care across Wales. The aims of the evaluation were to:

- examine the Scheme's continued relevance, achievement of aims, effectiveness, impact and sustainability; and
- contribute lessons to future policy development and funding strategy to support voluntary sector working in health and social care in Wales.

Methodology

The methodology was based on visits to all funded projects. During over 120 visits the evaluators played the role of 'critical friend', assisting grant holders to review their work and identify its impact. Sessions were structured as opportunities to stand back from the work and reflect on what could be learned. The majority of visits consisted of one-to-one discussions with the project worker although sometimes managers would also be present. With two projects one of the evaluation team joined steering group meetings and with six groups the evaluators facilitated organisational review meetings, involving all relevant staff in reflecting on the work.

The evaluators also attended the grant-holder meetings arranged by Welsh Assembly Government and presented findings at two of these meetings.

Whilst the visits and facilitated sessions were analytical, their informing and support roles were emphasised and projects reassured that individual impacts would not be identified in the final report. This report does not, then, attempt to provide an evaluation of individual projects, but of the funding programme as a whole.

The evaluators are grateful to grant holders for the open and collaborative way in which they approached this work. Most organisations have said that they found the process useful and that it assisted their learning and management of the work. Some organisations made more use of the opportunity to involve the evaluators than others and contact varied from monthly sessions to an annual meeting but all contact was productive.

There were some striking examples of useful practice and understanding developed through the project work. This report does not refer to them in keeping with our commitment not to report on individual projects but staff involved in monitoring and managing this grant scheme in the Welsh Assembly Government will be aware of this work and this report urges clear processes for ensuring that it is built on through future development of the grant scheme ensuring lessons have been learned.

1. The context - health inequalities, well being and the wider determinants of health

1.1 The HPVSGS operates within a policy context where the evident health inequalities across Wales have placed a particular focus on well being and the wider determinants of health. The evidence that good health is not purely a matter of individual good fortune can be found in the 2001 Census, the Welsh Health Survey 2003/4 and the Welsh Index of Multiple Deprivation (WIMD) 2005. What all these show is, crudely, that the more affluent you are, the healthier you are. Obviously anyone born with, or inheriting, a disability or illness, is significantly disadvantaged wherever they live or whatever their income but even for these people the prognosis and management of their condition can be materially affected by wider determinants. For example:

- the 2001 Census showed 10% of people in Monmouthshire saying their health was not good compared to 18% in Merthyr Tydfil
- the Chief Medical Officer's report 'Health Status in Wales 2004-05' shows that in 2000-02 mortality rates were significantly worse in Merthyr than Ceredigion and that there are often substantial differences between areas as well as within them
- 13 of the 21 areas with poorest health scores in the WIMD also rank in the highest 10% on overall deprivation scores

1.2 In 1998 'Better Health – Better Wales' set out the approach of the Welsh Assembly Government in improving health. The document recognised that improving health across Wales and amongst all communities would involve a wider understanding of public health than a purely medical one. It identified that

'sustainable health is achieved when people and communities can take control of their lives and are able to live their lives to the full' (Better Health – Better Wales. 1998).

- 1.3 It also recognised the stark health inequalities in Wales and committed the Welsh Assembly Government to addressing these. In 2002 the Chief Medical Officer's Report 'Health in Wales' focused on health inequalities and their links to indices of deprivation. In this report the Chief Medical Officer (CMO) concluded that health inequalities required a coherent policy approach:
- 'It is increasingly recognised that a broad approach to improving the health of the people of Wales is required, involving commitment from a variety of policy areas, such as economic development, education, environment and transport, and a variety of organisations, such as the NHS, local government, the voluntary sector and commerce and industry.'* ('Health in Wales 2001-2002' NAW. P.14)
- 1.4 The Welsh Assembly Government has continued to embed health improvement into a broad range of policies whilst the NHS has focused on addressing the effects of inequalities. The Wanless report (2003) identified the need to encourage people to take responsibility for their own health and, following this, the Welsh strategy for health and social care 'Designed for Life' (2005) identified the importance of reducing, or where possible eliminating, health inequalities by supporting citizens in promoting their health, collectively and individually whilst also developing the role of communities in creating and sustaining health. The CMO's 2005 report 'Health Status Wales 2004-05' continued to set inequalities targets alongside health improvement targets, although with less focus on how these inequalities occur or would be tackled.
- 1.5 Health Challenge Wales was launched as an overarching strategy to tackle some of the key areas of health inequalities by focusing health promotion work and supporting people to develop more effective self management of health.

- 1.6 Other Welsh Assembly Government policy documents focused on tackling health inequalities through an understanding of well being that includes, but goes beyond, the role of the individual and the community.

Well Being

- 1.7 In trying to understand health inequalities there is increasing interest in well being as a factor in both shaping and managing health. Welsh policy increasingly refers to health and well being as interrelated aspects of people's lives. In 2002 'Well Being in Wales' (Welsh Assembly Government) sought to address health inequalities by placing well being at the centre of Welsh Assembly Government policy development and establishing its links to poverty, ill health, social exclusion, equal opportunities and sustainable development. The report identified that people's health is affected, directly or indirectly, by interrelated personal, social, economic, environmental and contextual factors including:

- The overall impact of the economy, culture and the environment
- Income and whether or not they have a job
- The conditions in which they live and support available from family and friends
- The services available to them, such as health, care, public transport and education
- Personal skills, knowledge and lifestyles
- Age, sex and the genes they inherit from their parents

(Well Being in Wales. Welsh Assembly Government. 2002. p.8)

- 1.8 The commitment to developing coherent policy that is capable of addressing the core factors involved in promoting well being is evidenced in The People, Places, Futures - The Wales Spatial Plan (2004) which identifies the role of the natural and built environment in contributing to well being. 'Wales: a Better Country' (NAW 2003) places health and poverty together as twin targets for social justice and the Communities First programme focuses on issues identified as fundamental to the long-term well-being of communities:

- Building the confidence and self-esteem of those living in these communities and developing a 'can do' culture
- Encouraging education and skills training for work
- Creating job opportunities and increasing the income of local people
- Improving housing and surrounding environment
- Improving health and well-being through an active and healthy lifestyle and by addressing a range of issues that affect people's health
- Making communities safe and secure places in which to live, work and play
- Driving forward changes to the way in which public services are delivered'

Communities First Guidance 2004

1.9 In 2006 the Welsh Local Government Association (WLGA) produced 'The Route to Health' as a tool to support local authorities to develop their role in health improvement. The approach is based on authorities building a high level of health consciousness across all their services underpinned by placing health improvement at the centre of the Community Plan.

Voluntary sector

1.10 The UK has a long history of voluntary organisations active in health services and health promotion and many voluntary organisations have been established with the express purpose of improving health and well being. In 2001 the Wales Council for Voluntary Action identified 4,000 voluntary organisations in Wales as health and social care related¹, 17% of the whole sector in Wales and 28% of Wales-wide organisations. In addition, there are many voluntary organisations that work locally or nationally for whom health is an element of their work. For example, most organisations working with homeless people, young people or the elderly will include aspects of health promotion in their work.

¹ Lindley C (2001). The voluntary sector and public health in Wales. WCVA Briefing Paper. Public Health Task and Finish Group Paper 18. Unpublished.

- 1.11 The voluntary sector is increasingly viewed as a partner in the delivery of services. The Building Strong Bridges report (2002) identified that the five Health Authorities in Wales spent nearly £9m in 2001-2002 buying in services from the voluntary sector. The report made a series of recommendations to strengthen the role of the voluntary sector as a core partner in health and well-being focusing particularly on developing its participation in strategic planning processes.
- 1.12 The Welsh Assembly Government's Voluntary Sector Scheme sets out the structure for the Welsh Assembly Government to work with the sector and in 2007 the Welsh Assembly Government launched a strategic action plan for the Voluntary Sector Scheme 'Empowering active citizens to contribute to Wales'. This document identifies the Welsh Assembly Government's three core spheres of interest in the third sector (a term used to cover voluntary organisations, community groups, volunteers, self-help groups, community cooperatives and enterprises, religious organisations and other not-for-profit organisations of benefit to communities and people in Wales). The spheres focus on the sector's direct role in supporting self-help and community action, its contribution to improving policies and practices and in helping to implement Welsh Assembly Government policy.

2. The 2004-2007 HPVSGS

2. The Health Promotion Voluntary Sector Grant Scheme

- 2.1 The HPVSGS programme exists to strengthen national health promotion work in Wales and specifically to develop the capacity and capability of national voluntary organisations in Wales to work with the Welsh Assembly Government to promote health and well being. The HPVSGS programme aims to 'support national voluntary organisations in sustainable approaches and initiatives which help to reduce health inequalities and improve health and well-being in the community'. The programme has funded four cohorts of projects. The first funding round was from 1999 to 2002 and involved eleven projects. The second funding round is from 2002 – 2004 and involved

nine projects with a tenth receiving funding for the first year only. The third round was from 2004-2007 with an additional cohort of projects supported from 2005-2007.

- 2.2 The grant scheme is targeted at organisations that can 'contribute to policy priorities, actions plans and programmes for promoting health' (see letter inviting applications) and, specifically, add to understanding of and processes that address, health inequalities.

Funded Groups

- 2.3 The HPVSGS has funded a total of thirty-two voluntary organisations since its inception (Table 1). The project has funded health and well being related projects run by organisations with a range of functions. Only half of these funded organisations have had a specific health related remit:

- 15 funded organisations have a health related function (i.e. set up to provide support for people with specific conditions or illnesses and/or prevention of these conditions or illnesses)
- 10 are specifically concerned with providing generic and broad ranging support to a sub-section or group of society such as people with learning difficulties, the elderly or children
- 6 are primarily concerned with environmental issues and people's participation in improving/using the local environment
- 1 is a faith based organisation.

- 2.4 The scheme is structured to provide short-term project funding that would enable an organisation to explore a new health promotion area, expand or develop an existing one or introduce a health and well being aspect to their work. National voluntary organisations were invited to submit proposals in a competitive funding round which were then assessed and selected for funding by an advisory group. Most organisations only receive one grant through the programme. However, as table 1 shows:

- 2 organisations have received funding though the grant scheme continuously since 1999.
- 2 organisations have received funding from 2002 – 2007;

- 4 organisations received a first health promotion grant from the Welsh Assembly Government in 2004;
- 9 organisations received a first health promotion grant in 2005.

Table 1: Organisations in receipt of HPVSGs by funding round

1999-2002	2002-2004	2004-2007	2005-2007
Age Concern	BTCV Cymru	BTCV Cymru	Groundwork Wales
ASH in Wales	ASH in Wales	ASH in Wales	Asbestos Awareness Wales
British Fluoridation Society	CRUSE Bereavement Care Cymru	RoSPA	Depression Alliance Cymru
Mencap	British Red Cross	Innovate Trust	Hafal
CAPIC (Collaboration for Accident Prevention and Control)	CAPIC	Child Safe Wales	Public Health Association (PHA) Cymru
Church Army	Church Army	Sustrans Cymru Active Travel	Sustrans Cymru Rhymney Valley
Diabetes UK	Children in Wales	MEWN Cymru	Living Streets
Family Planning Association (FPA)	The Terence Higgins Trust	The Terence Higgins Trust	FPA Cymru
The Order of St. John	The Order of St. John*	Breast Cancer Care Cymru	SCOVO - Learning Disability Wales
Rainbow Centre, Penley	Voices from Care		National Federation of Women's Institutes
YMCA	Care and Repair Cymru		Wales Environment Link

* 1 year only.

2.5 This evaluation has focused on the last two funding rounds with a total of twenty-one projects. The scheme has distributed around £450,000 a year during this period. Projects were funded either for three or two years and then offered a one year extension taking the funding period through to March 2008. Table 2 provides a brief outline of funded projects between 2004-2007.

Table 2: HPVSGS Projects 2004-2008

Organisation	Funded Project work
BTCV Cymru	Development of the Green Gym concept – a community based environmental improvement programme that promotes physical activity and social interaction
ASH in Wales	On-going smoking cessation support and network coordination
RoSPA	Distribution of materials on home safety; support for an All-Wales home safety network; involvement in home safety campaigns and promotional work
Innovate Trust	Research into, and promotion of, physical activity opportunities for people with learning difficulties
Child Safe Wales	Development of a child injury prevention network across local authorities; provision of information to practitioners, children and adults; development of specific campaign/research work such as on pedestrian accident prevention and burns and scald injuries
Sustrans Cymru Active Travel	Development of physical activity opportunities through walking/cycling to work; voluntary/statutory partnership development
MEWN Cymru	Identification and provision of health information needs for ethnic minority groups; awareness raising amongst health professionals on how to address the needs of minority ethnic groups
The Terence Higgins Trust	Convening and facilitating an All-Wales multi-disciplinary network on HIV; contribute learning on HIV to other relevant networks; promote effective self-management of HIV; contribute to policy development

Organisation	Funded Project work
Breast Cancer Care Cymru	Address inequalities in accessing information and support on breast health and awareness by running workshops and seminars across Wales targeting specific groups
Groundwork Wales	To research and develop Groundwork in Wales' role in promoting health and well being with the public and within statutory and voluntary networks
Asbestos Awareness Wales	To provide a helpline and information to raise awareness of asbestos and its health impact and to support people and their carers suffering from its effects
Depression Alliance Cymru	To work with members to produce a self-management resource on living with depression and promoting good mental health
Hafal	To develop a web-based mental health promotion resource with information and advice on self-management for patients, carers, families
Public Health Association (PHA) Cymru	To develop and facilitate a health and well being network for Welsh NGOs
Sustrans Cymru Rhymney	To develop cycling and walking activities for residents of an area where health inequalities are strongly evident, targeting at risk groups that take little or no physical exercise
Living Streets	To work with a major employer to promote to staff the benefits of walking and set-up an exemplar project
FPA Cymru	To extend capacity to deliver sexual health education to specific high risk target groups and provide accredited training for professionals working with such groups to build their capacity to support sexual health
SCOVO – Learning Disability Wales	Research into, and development of, materials aimed at improving access to, and use of, health services by people with a learning disability.

Organisation	Funded Project work
National Federation of Women's Institutes	To deliver practical courses in food preparation and cooking in seven Welsh counties targeting young adults. Specific target groups include young mothers, care leavers and other vulnerable young people.
Wales Environment Link	Production of a good practice guide
The Prince's Trust	Development and piloting of materials and an approach to health promotion/awareness work with young people supported by Trust programmes.

3. Findings from the Projects

3.1 As already identified the programme aims are to:

- strengthen national health promotion work in Wales and
- develop the capacity and capability of national voluntary organisations in Wales to work with the Welsh Assembly Government to promote health and well-being.

This section of the report looks at the ways in which the projects could be said to have met these aims. Projects have contributed to health promotion work both by working directly with the public and by developing understanding of the needs of specific groups through networks and partnerships.

Strengthening health promotion work – working in the community

3.2 The current HPVSGS projects are illustrating approaches to:

Providing knowledge about health and wellbeing to the public in different ways - such as experiential learning - 'learning by doing'; creating opportunities for 'trailing' new experiences safely;

Exploring ways to tackle health inequalities - developing processes for working with people who are excluded from, or inaccessible to, conventional health promotion work;

Working to inform and integrate healthcare services - using the experiences of people with health problems to inform health and social care services on how to make provision fit for purpose;

Developing protective habits: supporting people to change by adopting new activities, attitudes or behaviour that have been shown to protect health and wellbeing.

- 3.3 The projects have illustrated that the credibility of the message (and messenger) is vital in order to support health improvement with ‘hard to reach’ groups. Establishing that credibility involves spending time listening to and understanding the target group and then using this knowledge to shape the services provided. This could be done through a participatory research approach, through a community development approach or through taking a collaborative approach that involves participants or users in all stages of the work.
- 3.4 Developing services that involve peer education and volunteer delivery can be valuable in establishing credibility, but it is resource intensive. Volunteers need support and services need to be managed and monitored. It can be very difficult for a volunteer to take on the sometimes challenging role of working with the most vulnerable groups. It is also not safe to assume that volunteers will be willing to take responsibility no matter how much they are committed to an activity. Sustainability plans that rely on volunteers assuming control of an activity need critical assessment and a realistic awareness of support requirements.
- 3.5 Projects have illustrated how people become more effective at managing and improving their health and well being if they are supported. This was particularly clearly illustrated in projects where participants were involved in

developing and delivering the work. In some cases the most striking impact was on those participants who grew in confidence and, in some cases, progressed economically and socially. These examples illustrate how individuals can inform services and also how they can make more effective use of those services. They also illustrate why the provision of information is not always enough, no matter how well presented it is.

- 3.6 Many of the projects illustrated the effectiveness of working in partnership with local groups when providing a new service. The time involved in building contacts and establishing credibility within a community can severely limit the impact of a short-term funded project, whereas an intermediary group may be able to start working immediately. However, it is important to critically assess how far that group has penetrated into the community and provide some targeted auxiliary work to reach specific groups who are not being reached.
- 3.7 Networking and influence are linked and are worth investing time in. Organisations can underestimate the importance of forming influential relationships in community work. Once established these networks can be capitalised on but need ongoing nurturing.
- 3.8 The projects demonstrate how effective practical ‘hands on’ delivery of messages can be. Project work that gives people the chance to learn by doing, whether it be cycling, cooking or a real care baby programme, are popular and have a greater chance of impacting on awareness with some groups and individuals than received messages from talks, publications or films. In some programmes the approach is important, making sure sessions are fun; provide enough challenge to stimulate but not frighten people away; are consistent and reliable (avoiding cancelled sessions, changes in personnel or programme breaks); focus on skills as much as information and are responsive to the group.

3.9 Working directly with individuals and communities has enabled projects to identify how inconsistencies in information provided by statutory agencies can leave significant gaps in people's health knowledge. By working with people and identifying these gaps, the projects can help illustrate the importance of consistency and ensuring the universal services do not miss particular target groups such as young people in care. However, without the capacity and influence to work with other organisations and agencies these messages can get lost and the opportunity to improve national health promotion is compromised.

Improving public services

3.10 Not all funded groups worked directly with the public. Three organisations worked primarily with intermediary or delivery services, providing information and support aimed at improving their capacity to promote health and well being. Most other organisations were involved in networks or partnerships which provided at least some scope to disseminate their findings. However, to do this they need to have the confidence and time to structure these findings in such a way as to make them accessible and credible to others.

3.11 Partnership work did not always emerge as an efficient use of time, in the short term at least. Investing time in developing partnerships can draw down long-term dividends but it needs constant critical appraisal to ensure that the investment is going to be worthwhile. A number of projects found that it was better to withdraw from an unproductive partnership than continue to commit time for no perceived reward.

3.12 Identifying individuals who are interested and sympathetic to the work was identified as the most effective way of starting the process of influencing organisations or networks.

3.13 Many of the funded organisations were involved in, or led, Wales or region wide subject specific networks with the grant frequently enabling them to invest in developing this role. These networks allow for the dissemination of

the work but could also provide a structure through which people's voices could be fed into professional services by providing a platform for advocacy work or the direct involvement of the public. Involvement in the networks raises the profile of the organisations and, for some, holding a HPVSGS grant contributed to their credibility with network members and, consequently, their capacity to be influential. However, the point was made that as a result of the networks practitioners may be better informed but this doesn't guarantee the service is any better.

3.14 Many national voluntary organisations operate through intra- and well as inter-organisational networks. They may have membership groups across Wales, giving them a key role in developing capacity and informing the delivery of service. However, the nature and functioning of the relationship between the 'parent-body' and its constituent members is crucial if lessons learned through project work are to make a sustainable impact on the organisation.

3.15 Where organisations have been successful in developing an effective role within networks it is important that this work becomes embedded and that a funding source is identified that moves the work out of short term project funding. Most networks have a specific life-span but this may be significantly longer than project funding allows for.

Expanding the capacity of the voluntary sector

3.16 All the grant funded organisations identified that the HPVSGS grant had had a significant impact on their work. For many organisations the HPVSGS has provided development time and an opportunity to test out new approaches and identify their appropriateness. Most have limited scope to develop a strategic role without dedicated funding. All find it easier to find funding for the delivery of the services they are known for than for the development and dissemination of new work.

3.17 For some, this increased capacity has allowed them to work to influence their sector into looking at health promotion work. In some cases cluster groups have come together to explore how their role could be expanded.

'it has created time for us to argue within our sector about the need to look broader'

3.18 For these organisations with little or no previous history of health related work the grant has helped to build capacity around a new focus for their activities.

'The grant was a major assistance in taking us from a conservation organisation to developing people and groups linking health, the environment and wider community issues.'

3.19 Most of the funded organisations identified how the projects added a well being, and also in some cases a health, 'layer' to their work. Those that have a primary focus on health described how the project has enabled them to broaden their support of participants. So, for example, those working with people with mental health problems could address the fact that they are also likely to have physical health issues, like smoking; economic and social disadvantages and multiple support needs. Organisations that did not have a health related remit have been enabled to look at the role their work can play in promoting well being.

3.20 Where organisations had a pre-existing health related role they have tended to use the grant to expand or develop their work based on their knowledge of needs. Some have found that their status as a voluntary organisation has allowed them to be catalytic in bringing together agencies and services that would not otherwise meet. They are viewed as independent holders of knowledge and experience not accessible to most public sector bodies.

'Our real impact has been in acting as a facilitator between people who don't talk to each other'

3.21 Internally these health related organisations have used the grant to explore broader issues that impact on their client group.

Expansion

3.22 Four organisations have said that as a result of work done through the grant they have secured new types of funding that have enable them to create new, health promotion related posts.

3.23 Three projects have had a direct impact on the policy and practice of the organisation's partner or parent body in England. This has led to new health promotion focused work being developed on a UK or England and Wales basis.

3.24 Fourteen projects have involved the organisations working with new partners. This has led, in some cases, to the project's organisation developing a new role or providing new services in collaboration with public sector partners.

3.25 Five projects have taken an active role in developing a major new funding programme and, specifically, influencing its approach to health promotion work.

3.26 Nine organisations have used the leverage provided by the grant to apply for other funding.

Conclusion

3.27 Overall, there is evidence that the grant funded projects have contributed to national health promotion work, although their capacity to make a sustainable impact on it is limited by the spheres of influence they have and the perceived role of the voluntary sector (further discussed in the next section).

3.28 All organisations said that the funding had impacted on their capacity to work with the Welsh Assembly Government and/or work on health and well being. For a minority the grant had been catalytic in helping to develop a whole new

area of work. There was also some evidence that groups were using project findings to influence others within their peer group of voluntary sector organisations.

4. The sector and its role

4.1 Grant holders were asked what they saw as the role of the voluntary sector in health and well being. Two types of role were described – one is where the voluntary organisation operates as a public sector contractor, providing services and, sometimes, innovation where public services do not. The other is community based and additional to public services.

4.2 There was a strong view that the voluntary sector needed to be regarded critically. The quality of an organisation's work, its track record, the extent to which it is answerable to its target group, its willingness to be innovative and take risks all need to be considered.

4.3 Relations between the sectors were described as poor with a concern that the voluntary sector is seen as undemocratic and amateur by some public sector bodies. It is important that the sector recognises and addresses these concerns and it was clear from the grant scheme funded organisations that those that employed staff with a background in the public sector had an advantage in developing effective working relationships.

4.4 There was also a concern that the statutory sector's understanding of the costs of working with the voluntary sector was unrealistic. The sector does not have the economies of scale of most public services and may frequently have a more resource intensive methodology, based on working with people and developing skills rather than delivering a service or providing information. As noted above, even when work is being done by volunteers, it is important to recognise the costs of providing support and developing quality.

4.5 In general, projects were more likely to make links with health or local authorities than with other voluntary organisations or health promotion

workers within the NPHS. This makes sense in that they had most to offer these agencies, in terms of information, access to the public and provision of services. However, it points to the difficulties that can exist in organisations with similar roles and functions trying to work together. They can be in competition for funds or disagree about methods and priorities making it hard to work together. The HPVSGS funded organisations that have an interest or remit in environmental work were the most successful in building links.

- 4.6 As noted above, the voluntary sector was seen as being well placed to take on a strategic influencing role because it was seen as independent of budget, regulatory or status restrictions that can inhibit multi-agency work.
- 4.7 The voluntary sector can often help public services gain direct access to individuals and communities but also, as importantly, it can provide an analysis of needs that ensures that the unconfident and inarticulate have their views heard as well. However, this does not always happen and there can be an inequality in the credibility given to voices by the public and voluntary sector where individuals with strongly held beliefs can be allowed to dominate. When a voluntary organisation works with a particular group full-time and comes to understand its needs it can have a valuable role in providing balance and an overview but the HPVSGS illustrated that organisations do not always have to confidence to perform this role. The sector can help public agencies in understanding how to talk and listen to people from particular groups in society when organisations have the confidence and skills to contribute effectively.
- 4.8 The voluntary sector, grant holders identified, can promote change whilst public services tend to be more reactive. Without statutory duties and the requirement to provide generic services, the voluntary sector is free to test out new approaches and focus on developing people's capacity to make effective use of services. This role, however, needs to be protected when the voluntary sector takes a role in delivering core services.

4.9 Overall grant holders described the voluntary sector as having a role as an intermediary between the state and disadvantaged people.

5. Grant holders views on the grant scheme

5.1 The evaluators discussed with grant holders how they felt the HPVSGS should develop. The aim was to gather the perspective of a good range of national voluntary organisations with an evident interest in health promotion work on how the role of the scheme could be enhanced.

5.2 Grant holders nearly all agreed that the role of the grant scheme should be to help implement Welsh Assembly Government policy and that there should be a focus on what the Welsh Assembly Government wanted from the programme. This, it was felt, would help organisations to target their work and to identify the kind of evaluative data they should be collecting and disseminating. Organisations were interested in knowing what the Welsh Assembly Government would identify as a good return on its investment.

5.3 Organisations felt that the Welsh Assembly Government should focus bids on recognised needs and invite suggestions on how to tackle these. However, it was also recognised that in any developmental work there may be unexpected findings and the scheme, it was felt, should allow for argued extras.

5.4 There was a lot of support for seeing the funding process as a partnership with the Welsh Assembly Government. In order to enhance this, it was suggested that organisations be given access to an adviser who could guide those that have got through the first round in an application process to develop their ideas in such a way as to make most effective use of the resource and provide the best chance of having an impact.

5.5 There was strong support for the grant-holder meetings that have been held, both as an opportunity to network with other organisations that people would never normally be in contact with and as a way of enhancing links with the Welsh Assembly Government.

- 5.6 Some of the grant holders were keen that any future programme ensured that there was some real work in the community happening and did not just fund strategic or over-arching work. These tended to value the role of local organisations working in collaboration with national bodies where the local group can pitch an innovative idea to the national body, which has the strategic dissemination role. This view was rooted in a belief that national bodies should always be able to show what they are doing with knowledge and information gained from project work.
- 5.7 There was a view that the grant scheme should invest where there is evidence of achievement. The Welsh Assembly Government, it was said, should look at an organisation's track record and identify the organisations it has faith in whilst also leaving some scope for encouraging improvement and capacity building.
- 5.8 Organisations welcome the idea of funding for 5 years because this provides development time, the opportunity to hone processes and to execute exit strategies. It was felt that longer, larger grants would allow for more capacity building. However, there was a view that the scheme should allow for a variable funding length depending on work to be done on the basis that not all actions would need five years. A piece of research to explore a need, for example, may only require a year and the funding programme could allow for a new bid, based on the research findings, to be made at the end of the year.
- 5.9 All organisations agreed that they needed to know funding decisions at least three months in advance in order to recruit or retain to keep staff and to maintain consistency in community work.
- 5.10 Funded groups were keen to see support for collaborative work, especially across sectors and disciplines. They also identified a need to promote a collaborative approach within the Welsh Assembly Government, for example looking at the scope to coordinate funding with other departments such as DELLS so that the scope to inform different areas of policy is enhanced.

- 5.11 Given the role of the grant scheme in creating change, encouraging new approaches and building capacity there as seen to be a need for intelligent monitoring that allows for risk, experiment and change. Grant holders were very positive about their interaction with the Welsh Assembly Government and felt the staff they were in contact with were interested, supportive and encouraging. Building on this approach to encourage more interaction and improved reporting processes was welcomed.
- 5.12 Sustainability of the work was seriously hampered by a perceived lack of available funding for health promotion and well being work available to the voluntary sector, especially to those organisations that do not have a specific health related remit. Organisations identified a need for help in looking for funding and in influencing other agencies to embed the work into the public sector.

6. Structuring a grant scheme

6.1 The Health Challenge Wales Voluntary Sector Health Promotion Grant Scheme has limited funds and is, frequently, the only funding available to voluntary organisations to promote health promotion. The issues arising from current funded work suggest a need, therefore, to prioritise projects that offer the greatest potential to have a sustainable impact on:

- Policy implementation – building the infrastructure and knowledge that can tackle health inequalities and promote wellbeing, embedding health promotion messages in a new and effective way and/or
- Sectoral development – building the capacity of the voluntary sector to make a difference to wellbeing and tackle health inequalities

The scheme provides project funding and, in our view, the role of short-term funding is to –

- Change an activity or process - developing
- test out an idea with the intention, if it is successful, of mainstreaming it - piloting
- research/ develop new knowledge - learning
- tackle a short-term problem – fixing

The role of the HPVSGS in the health and wellbeing agenda

6.2 As identified above short term project based funding provides the opportunity to pilot new services, develop new areas of knowledge and illustrate effective practice that can break down health inequalities.

6.3 Given the above point the most effective role of projects such as those funded through HPVSGS should be to explore, illustrate and disseminate what works in promoting health messages and providing health promoting opportunities to particular target groups. These, in turn, may respond to policy developments outlined in strategies like 'Designed for Life' (2005).

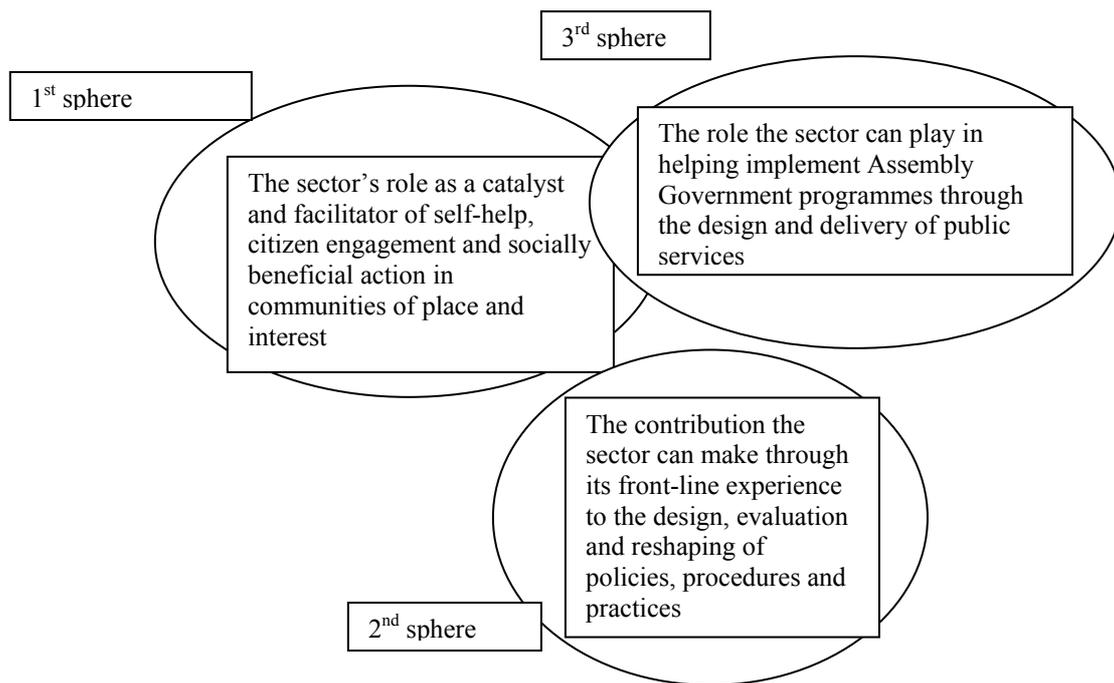
6.4 The grant scheme offers an opportunity to promote an effective and interactive relationship between the Welsh Assembly Government and the voluntary sector. This could include setting jointly agreed priorities for grant-funded work on well being and health inequalities based on the Welsh Assembly Government priorities and potential voluntary sector contributions. This would enable the development of a much clearer common understanding of the role of the grant scheme and how its impact could be being measured. However, for the impact to be effective it is important that:

- both funder and funded are clear on joint objectives and how these will be explored and reported
- the Welsh Assembly Government has effective procedures for receiving and using learning generated by the project work acting, as appropriate, as a channel through which the work can feed into policy development and as a broker between funded organisations and public services
- There is an open, constructive and professional relationship between the Welsh Assembly Government and the funded organisation that facilitates honest discussion and sharing of findings.

The funding focus

6.5 The challenge of the health and well being agenda is that it is so broad that almost any work of benefit to individuals or communities could be argued to have a positive impact on it. It is important to focus around current policy priorities as a way of building a body of work that can start to make an impact. In the current context the Health Challenge Wales (HCW) priorities provide a valid framework within which to develop the role of the voluntary sector in promoting health and well being. The approach might be to invite national voluntary agencies to propose innovative or developmental approaches to explore aspects of the key HCW themes. These may look at providing new understanding about the underlying factors behind health inequalities relating to these themes; practical approaches to addressing them with target communities; or deepening understanding about how health promotion work related to the themes can impact.

- 6.6 In addition, criteria for project proposals may include the Welsh Assembly Government's interest in promoting services designed and delivered with the active participation of citizens and communities and the targeting of resources at where need is greatest (Making the Connections. Welsh Assembly Government 2004). The Beecham review of local service delivery in Wales (2006) identified the importance of investing in the third sector to enable it to provide a voice for citizens and act as a source of innovation. The review also advocated a strengthening of the sector to provide a more mixed economy of provision allowing for choice and personalisation. This, it identified, would require funding mechanisms that enhance capability and encourage collaboration rather than competition.
- 6.7 Project criteria should reflect the Welsh Assembly Government's draft strategic plan for the Voluntary Sector Scheme 'Empowering active citizens to contribute to Wales' (2007). The identified roles for the third sector in this plan can be adapted as follows when related to project funded work:
- Encouraging healthy lifestyle discussions and transferring health advice
 - Exploring new approaches to reaching and engaging people not easily accessible to public bodies or services
 - Illustrating how to provide services in an holistic way that crosses organisational boundaries
 - Attracting additional resources outside the 'system' to enhance investment and provide for experimental additional provision
 - Illustrating processes for involving communities and users in service design and management and using the findings to inform public services
- 6.8 The Action Plan provides a useful structure for assessing proposals through its identification of three overlapping spheres of interest that the Welsh Assembly Government has in the voluntary sector.



Source: *Empowering active citizens to contribute to Wales*. Welsh Assembly Government. January 2007 p.2

6.9 The Action Plan identifies the Welsh Assembly Government's interest in what can be learned from the 3rd sector's frontline experiences in terms of:

- Personal and human insights into the impacts of public sector programmes or gaps in provision
- Providing a channel through which the voices and experiences of 'ordinary' people can be heard
- Offering evidence of alternative approaches that could be developed and mainstreamed.

By structuring such a framework for the analysis of information developed by projects that are addressing the key HCW themes, the Welsh Assembly Government could provide an effective dissemination process alongside the HPVSGS that could feed directly into health promotion work across Wales and so enhance the impact of the work.

6.10 Using the above spheres of interest, Table 3 below provides an outline assessment framework for identifying how a project might feed into the three spheres.

Table 3: an assessment framework for project work

Project type	Sphere 1	Sphere 2	Sphere 3
Piloting a service	Is the service concerned with promoting self-help and citizen engagement?	Do the providers have the time and expertise to collect and analyse learning from the service and use this to contribute to developing other's work?	Does the service relate to policy priorities?
Providing a service to intermediary agencies	Is it socially beneficial?	Is there an evaluation and review strategy?	Is there the time and expertise to collect and analyse learning from the service and to identify its relevance to public services?
Providing a service to the public	Will the work make a difference?	Is there the scope to take an active role in policy/practice development?	
Convening, facilitating or contributing to thematic networks	How can the network impact on work in communities? Will individuals/communities be involved in the network?	Does the organisation have relevant and evaluated front-line experience to contribute to the network? Will the work make a difference?	How influential will the organisation be? How influential will the network be? What structures are in place/ needed to ensure experience can be effectively shared?

Project type	Sphere 1	Sphere 2	Sphere 3
Production of a resource	<p>Who will use the resource?</p> <p>How will they access it?</p> <p>Will they need support to use the resource and, if so, how will that be provided?</p> <p>How will this benefit individuals and communities?</p>	<p>What can be learned from the resource and how it was produced?</p> <p>How will this information be disseminated and to whom?</p> <p>Will the work make a difference?</p>	<p>How can the resource be used to inform public services?</p> <p>Can the resource be used by public services?</p>
Campaign/ advocacy	<p>Will the work improve self-help or citizen engagement?</p> <p>Is it socially beneficial?</p> <p>Are individuals and communities involved?</p>	<p>Has the organisation got evaluated frontline experience of the issue/ issues involved?</p> <p>Is there evidence of access to appropriate spheres of influence?</p> <p>Will the work make a difference?</p>	<p>How do the issues relate to policy priorities and to public services?</p>
Research/ action research	<p>Does the methodology involve community participation?</p> <p>Will the findings contribute to participation and/or co-responsibility?</p>	<p>Will the work add to existing knowledge?</p> <p>How will the work contribute to improving/ developing policies, procedures and practices?</p> <p>How will the findings be used?</p>	<p>Does the work relate to policy priorities?</p> <p>How will the findings be fed back into public service provision?</p>

Time scales

6.11 Different approaches and types of project need a different timescale. There are projects that benefit from a tight timescale, particularly those involving researching a need, whilst others involving a community development

methodology for example, need a much more significant period of time. There may be value in developing a process that fits the timescale to the work being planned, rather than offering all pieces of work the same funded period. This would encourage organisations to think clearly about how long they need for the work. It would also create an opportunity for a second stage application that would enable organisations to build an implementation strategy around the information they had collected, so, for example to (a) fund research, and then (b) move to longer term funding of a service informed by that research if proved valuable.

- 6.12 Findings from the evaluation suggest the importance of projects being planned to make best use of the time-frame provided by the grant scheme. This would involve identifying what will be achieved in the time available and, working back from this, the stages of achievement. Such timetabling of project work needs to be realistic and reflect the methodology.
- 6.13 Following on from the previous point, many of the projects involve time consuming methodologies that can be highly effective but mean that ‘outcomes’ are not experienced in the lifetime of the project. Projects that operate through a community development approach, that build partnership working or that develop new networks can find a large part of the project period is spent in nurturing new relationships, building trust and credibility and fitting into other people’s timetables. The really productive period comes after these new relationships are established but that may be too late to meet project targets.
- 6.14 Projects that focus on developing partnership work, especially new partnerships with other sectors, should be structured to make best use of the funded time available. This may involve a ‘task and finish’ approach where specific objectives are set or may involve developing the capacity of the organisation as a whole (not just specific project staff) to work strategically through partnership approaches.

6.15 The project development process needs to ensure that projects identify qualitative outcomes as well as action points. Qualitative outcomes are harder to evidence but projects should be encouraged to provide examples of criteria that they would use to judge impact, for example:-

Outcome	Evidenced by
To establish positive and effective relationships with XX target groups	People from the target group involved in activities repeatedly Being invited to go back to group Similar groups inviting contact Open sharing of problems

6.16 The Welsh Assembly Government has an agenda when providing this funding and criteria for evaluating the impact of that funding. The Welsh Assembly Government's criteria for the scheme, as described in accompanying documents, are not really about quantifiable outcomes but rather about cultural and qualitative changes to people's lives, as described in the key policy documents cited earlier. This requires a more interactive relationship between funder and funded than may arise with more disinterested funders.

6.17 There is value in developing a 'body of work' that is able to make a significant impact over the period of funding and, to assist with this, the Welsh Assembly Government could take a more interactive partnership role in developing proposals following a filtering first round in the application process. This might involve linking groups, as happened to a limited extent in the 2004-2007 funding rounds; helping to shape the work to provide more useful data; agreeing on target communities or groups or setting up joint advisory groups to help inform the project work.

Factoring in flexibility

6.18 There is an argument for saying that there is something wrong with a project that proceeds exactly to plan. Any attempt to explore, understand or develop a

response to a need or issue should, it could be argued, have the scope to respond to findings as it progresses. There may also be a need to re-focus work as a result of an external influence such as staff changes. The way that a project is managed within an organisation, and the status of the project worker, can impact on the responsiveness of the work as much as externally agreed targets.

Sustainability

6.19 Most of the funded organisations described a real difficulty in securing funding for health and well being work from sources other than the Welsh Assembly Government. Few had been successful in accessing other public funding and the more traditional funding areas for the sector (such as the Lottery and charitable trusts) tended to be very restrictive about funding health related work, especially where organisations do not have a specific health focused remit. The role of the PHA Cymru Well Being network is potentially very important in raising the profile of the voluntary sector's work with potential funding bodies and encouraging a greater understanding of its impact. The Welsh Assembly Government could also assist in facilitating links with the public sector and providing practical incentives for partnership and joint working.