

A framework to evaluate the impacts of NIHR ARC NWC research on policy and practice

A Template for Taking Notes

CORE EVALUATION QUESTIONS for Connected Communities

Lay summary

Purpose

Connected Communities is a person-centred, community-based support service, and we have used mixed-methods to study the setup and sustainability, specifically how these services collaborate with adult social care and the impact of the pandemic on their effectiveness.

The project is funded by the National Prioritisation Programme for Adult Social Work and Social Care, and we are currently in the second phase. In this phase, we're taking the findings from our first case studies in the Northwest Coast—Sefton CVS, and Mersey Care—and examining whether these insights hold true for more diverse populations.

We're especially focusing on how the services apply to different age groups, particularly younger people, various ethnic backgrounds, and rural areas. So far, most of the services we've studied are based in urban settings, and we're interested in understanding how they translate to other contexts.

Aims:

1. The project aims to explore how Connected Communities services are set up, maintained, and adapted, particularly in the context of adult social care and post-pandemic challenges.
2. The project examines whether Connected Communities services that were initially studied in urban areas (Sefton CVS, Mersey Care) can be applied to diverse populations, including younger individuals, various ethnic groups, and rural communities.
3. The goal is to create an online toolkit, grounded in evidence from case studies and interviews, to guide future service provision and help avoid common pitfalls in service implementation.
4. By analysing both the documents provided by services and interviews (with service providers, linked providers and service users), the project aims to identify key factors that help or hinder the long-term sustainability of these services.
5. Public involvement is a core objective, ensuring that the outputs (toolkit, pen portraits) are user-friendly and reflect the real-world needs and experiences of those receiving and providing community-based support.
6. Another key objective is to disseminate the findings and tools developed by the project to other regions and services, allowing them to adapt these community-based models for their own needs.

Online toolkit:

- A toolkit is being developed to provide evidence-based guidance on setting up and sustaining person-centred, community-based support services. The toolkit will include practical recommendations for service providers and policymakers to improve service sustainability and collaboration with adult social care.
- The project has developed detailed case studies from services such as Sefton CVS and Mersey Care. These case studies cover varying levels of service intensity (low, medium, and high) and provide insights into how services are tailored to different population needs.
- Visual representations (graphic pen portraits) are being created for each case study. These pen portraits will be shared with the services involved, offering a clear summary of key evidence and the journey from service initiation to implementation.
- Presentations, reports, and summaries are being produced to communicate findings to stakeholders, including public advisers, service providers, and policymakers. These materials help ensure the insights from the project are accessible and actionable.
- Public advisers played a key role in shaping the outputs, ensuring they are user-friendly and reflect the needs of service users. This process of co-production was integral to refining the outputs and ensuring their relevance.
- The project will offer a framework that can be used by other services or regions to implement similar community-based support services. This framework will provide guidance on avoiding barriers and leveraging facilitators identified in the study.

The purpose of this framework is to sketch out how we will show or evidence:

A. Impacts: Who or what changed, in what ways, and how do we know?

B. Causes of impact: Why/how did changes occur? Which factors or processes caused impact?

C. Lessons and actions: What lessons can be learned? Which actions should follow to generate impact?

A. IMPACTS

What we intend to change? What has changed? (Progress towards goals)	
1) Instrumental: changes to plans, decisions, behaviours, practices, actions, policies	<p><i>Intended change:</i> Understanding how person-centered, community-based support services can work sustainably, particularly in adult social care and post-pandemic scenarios.</p> <p><i>Observed change:</i> Initial findings from three case studies (Sefton CVS, Mersey Care) will be being tested with more diverse populations, including younger people, different ethnic groups, and rural areas.</p>
2) Conceptual: changes to knowledge, awareness, attitudes, emotions	<p><i>Intended change:</i> Increase knowledge on the collaboration between community services and adult social care, and how they were affected by the pandemic.</p> <p><i>Observed change:</i> Increased understanding of how services need to adapt to different population groups (e.g., urban vs. rural) and different intensities of need (low, medium, and high-intensity services).</p>
3) Capacity-building: changes to skills and expertise	<p><i>Intended change:</i> Develop a toolkit for future service implementation.</p> <p><i>Observed change:</i> Progress toward the creation of a toolkit based on evidence from interviews and documents across 47 constructs from an implementation framework, covering different service intensities.</p>
4) Enduring connectivity: changes to the number and quality of relationships and trust	<p><i>Intended change:</i> Strengthen relationships between service providers, adult social care, and community services.</p> <p><i>Observed change:</i> Engagement with diverse stakeholders, including public advisers and leadership across services.</p>
5) Culture/attitudes towards knowledge exchange, and research impact itself	<p>Culture/attitudes towards knowledge exchange and research impact itself:</p> <p><i>Intended change:</i> Shape future service models using evidence from the project.</p> <p><i>Observed change:</i> Discussions will lead to refinements in and shaping future phases of the project.</p>

Who are the influencers and who do we hope to influence? Who changed? Stakeholder groups might typically include:	
1) Policy-makers: including NIHR, regulatory bodies; local, national and international	We hope to make relevant barriers (arbitrary/partial funding allocation to specific postcodes in a community; staff retention impacts of funding timeframes) to PCCBSS sustainability clearer to policy-makers that they might avoid such issues affecting services in the future.
2) Practitioners: local authorities, NHS, third sector	We hope practitioners will use our findings to avoid implementation barriers and leverage identified facilitators in maintaining, and establishing new, PCCBSS in communities.
3) Communities: of place or interest	We hope the toolkit assists future services in other communities to take advantage of identified facilitators and avoid indicated implementation barriers to support establishing services where they are needed.
4) Researchers: within and beyond the project and institution	We hope the frameworked evidence (to Consolidated Framework for Implementation Research/Normalisation Process Theory) aids researchers in appropriately placing our collated evidence in the wider evidence-base.
5) The public: users of services, their carers	We hope to encourage service users to engage in further development of person-centred community-based support services (both already in existence, and those potentially being established) through the use of accessible illustrated summary reports.

How do we know? (Evidence and feedback)

Which indicators and methods should be used, and questions asked, to demonstrate impacts, and progress towards generation of impacts?

SAMPLE

B CAUSES OF IMPACT

Why or how did changes occur?	
1) Problem-framing: Level of importance; active negotiation of research questions; appropriateness of research design.	The project integrates existing data and new interview-based evidence, focusing on the challenges of setting up and sustaining community-based support services, particularly in the wake of the pandemic. The project is grounded in addressing gaps in how services adapt to diverse populations and intensities of care.
2) Research management: research culture; integration between disciplines and teams; planning; strategy.	The research approach uses a two-part structure (documents and interviews), enabling a broader evidence base. The iterative process involves feedback loops, particularly from public advisers and other stakeholders, which ensure continuous refinement of the frameworked evidence.
3) Inputs: Funding; staff capacity and turnover; legacy of previous work; access to equipment and resources.	Funding from the National Prioritisation Programme for Adult Social Work and Social Care. Public advisers, leadership from services, and service users contributed to shaping the research. Builds on work undertaken in CLAHRC Partners Priority programme
4) Outputs: Quality and usefulness of content; appropriate format.	<ul style="list-style-type: none"> • An online toolkit is being developed, which presents evidence from the three case studies. The toolkit will contain practical guidance for setting up and sustaining person-centered, community-based services, with recommendations for addressing common barriers and enhancing service sustainability. • Case studies have been created from Sefton CVS and Mersey Care’s services, providing real-world examples of how services can function at low, medium, and high intensity. • Graphic pen portraits are being produced for each service, capturing key evidence and milestones from initiation to implementation. These will be shared with service providers for their own use. • Dissemination materials, such as presentations and feedback documents, are shared with stakeholders to inform the development and scaling of community-based services.

Why or how did changes occur?	
5) Dissemination: Targeted and efficient delivery of outputs to users and other audiences.	The toolkit and graphic pen portraits will be shared with the services for their use. Public advisers and stakeholders have played a crucial role in ensuring the materials are accessible and relevant to diverse populations. The project's findings will be presented at local and regional forums to help other services apply the lessons learned.
6) Engagement: Level and quality of interaction with users and other stakeholders; co-production of knowledge; collaboration during design, dissemination and uptake of outputs.	High levels of engagement with public advisers and service users, who were involved in feedback and the co-creation of outputs (e.g., toolkit and pen portraits).
7) Users: Influence of knowledge intermediaries, e.g. 'champions' and user groups; incentives and reinforcement to encourage uptake.	The main users include service providers, adult social care teams, local authorities, and health care practitioners.
8) Context: Societal, political, economic and geographical factors.	The pandemic significantly influenced how services had to adapt, particularly in terms of collaboration with adult social care and managing resources. The project also looks at the shift from urban to rural service provision and understanding the needs of younger and ethnically diverse populations.

C LESSONS AND ACTIONS

What lessons can we learn for impact identification and generation?	
1) What worked? What could (or should) have been done differently?	The mixed-methods approach allowed for the identification of gaps in both service provision and existing evidence. The involvement of public advisers added valuable perspectives that refined the project's focus.
2) What could (or should) be done in the future?	Expand the focus to include more rural settings and continue testing whether the current findings hold across diverse population groups. The toolkit should also be adjusted to ensure accessibility for various stakeholder groups, with continuous updates based on feedback.

D RESOURCES

<https://doi.org/10.1016/j.forpol.2019.101975>: A forestry pilot study, by David M. Edwards and Laura R. Meagher

[A framework to evaluate the impacts of research on policy and practice – Integration and Implementation Insights \(i2insights.org\)](#)

[How to tell an impact story? The building blocks you need | Impact of Social Sciences \(lse.ac.uk\).](#)

Adapted from Edwards and Meagher, 2020; <https://doi.org/10.1016/j.forpol.2019.101975>