

# On Our Terms

Demonstrating Impact in the Voluntary & Community Sector  
Insights Summary & Recommendations: June 2025



**Kensington  
& Chelsea  
Social Council**

Working to strengthen  
local voluntary and  
community organisations



## On Our Terms

### Demonstrating Impact in the Voluntary & Community Sector (VCS) Insights Summary & Recommendations

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If you would like to find out more about the insights and recommendations in this summary, please contact [liam@kcsc.org.uk](mailto:liam@kcsc.org.uk).

# Introduction

In 2023, a bi-borough strategy was developed called [Doing Things Differently](#). The strategy focuses on embedding voluntary and community action in the health and care system to address health inequalities in Kensington, Chelsea and Westminster (bi-borough) and has four goals.

The four strategies are:

1. Build strong relationships and shared culture
2. Enable a holistic approach with a focus on people, early intervention, and prevention
3. Maximise the use of Voluntary & Community Sector (VCS) assets, such as data, insight, and expertise
4. Develop capacity and infrastructure for partnership

This insights summary takes an in depth look at goal three and explores how the VCS processes and reports data and impact.

Through conversations with voluntary and community organisations across the bi-borough, it's felt a more consistent approach to data collection would help save time, promote cross-sector collaboration, demonstrate impact, and enable them to remain accountable to the communities and stakeholders they serve.

There is currently no system-wide approach to gathering data and intelligence that enables the VCS to demonstrate impact at scale, shape policy, or the design of services. This report aims to put forward a case for a new way of working, that enables us to demonstrate impact 'On Our Terms'.

## Approach

To better understand the challenges and opportunities we have in demonstrating impact, KCSC and One Westminster conducted semi-structured interviews with 29 people across 19 voluntary and community organisations. In each conversation, a set of open questions explored how each organisation captures, stores, and reports information to demonstrate impact.


The insights gained build on Envoy Partnership's NHS NWL Bi-Borough Partnership, Third Sector Evaluation Framework Interim Report (2024), which mapped common outcomes and data collection methods, as well as the challenges faced by the voluntary and community organisations in doing so.

## We'd like to thank all 19 organisations for their participation

Action Disability Kensington & Chelsea  
Age UK Kensington  
Association for Cultural Advancement through Visual Art  
Bay20 Community Centre  
BME Health Forum  
Community Massage London  
French African Welfare Association  
Family Friends  
Kensington & Chelsea Social Council  
Meanwhile Gardens

Mosaic Community Trust  
One Westminster  
Open Age  
Paddington Development Trust  
Pamodzi  
The ClementJames Centre  
The Dalgarno Trust  
Venture Centre  
Volunteer Centre Kensington & Chelsea

# Why does the VCS need to demonstrate impact?



To access funding, make decisions about services, and be accountable to the community there is a need for VCS organisations to demonstrate impact in some form. Demonstrating impact also helps to:

- Fulfill the organisation's mission & objectives
- Assure stakeholders
- Attract & sustain support
- Share knowledge & best practice
- Demonstrate credibility

Later in this report we summarise the key challenges to demonstrating impact faced by VCS organisations, however, the main challenges centred around the need to demonstrate impact to secure funding. They included:

- It's time-consuming
- More often than not it's part of a funding requirement, therefore, measures are dictated by funders
- VCS organisations prioritise qualitative feedback, whereas statutory funders prioritise quantitative feedback in the form of health outcomes
- The outcomes being asked don't always feel relevant to the organisation or the communities they work with
- VCS organisations are unsure what happens with the data once gathered & shared back to funders

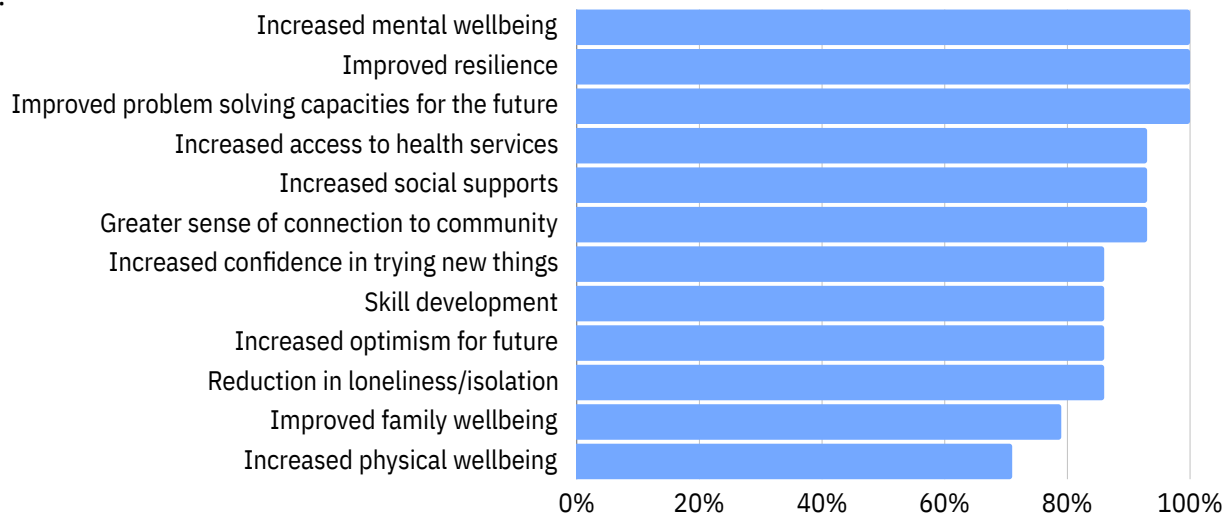
Many VCS organisations question the need to demonstrate impact to funders, as they regularly hear directly from their communities that support being provided is valued & needed. There is also a body of national and local evidence that can provide that demonstrate the effectiveness of their services. However, there is a common consensus that:

- There is likely always going to be a need to demonstrate impact in some way to secure funding
- There's no consistent way of demonstrating impact across the sector, which means evidencing impact at scale is a challenge

We therefore know there is an ongoing need to demonstrate impact, in particular to secure funding. However, it's clear there is an opportunity to develop ways and methods of doing so that better reflects what works in the VCS.

# What outcomes best demonstrate impact?

To better understand the impact VCS organisations currently report against, we took the 12 most common outcomes that were identified by Envoy Partnership's NHS NWL Bi-Borough Partnership, Third Sector Evaluation Framework Interim Report (2024). We asked each organisation how relevant each of these 12 outcomes felt to them.



We then asked if there are any other outcomes they feel are common across the sector, that are not included in the list above, which highlights a further seven common outcomes.

- Sense of belonging & safety
- Self-care & self-management
- Understanding of health issues
- Knowing your rights
- Attitude & behavioural change, in particular around 'healthy' lifestyles
- Autonomy/having choice
- Meaningful occupation - doing something that feels valuable

A clear distinction should be made between outcomes that are relevant to the organisation as a whole, as the table above shows, and outcomes that are applicable to each specific service they provide. There is no single outcome that is applicable across all services within each organisation we spoke to.

A large number of activity specific outcomes were also identified varying from employment skills to managing addiction. This demonstrates the broad range of services being provided across the VCS, but also presents a challenge of gathering data against all these outcomes consistently.

The conversations with the 19 VCS organisations highlighted how the same broad outcome is often worded differently; many commented 'yes, that is relevant, but we don't word it like that'. Therefore, it's clear there are no universally agreed definitions of outcomes across the sector, which prevents impact being presented consistently.

## Key Learning

- There is supporting evidence that the 12 most commonly used outcomes found by Envoy Partnership are applicable across a wide range of VCS organisations.
- Further exploration is needed to map and include other common outcomes across the sector.
- Further exploration of how to consistently gather activity-specific outcomes is needed.
- Outcome definitions are not universally agreed in the sector.

# What measures are used to demonstrate impact?

Our conversations highlighted there no single measure or tool that is applicable in every setting across the VCS. Support provided by VCS organisations varies greatly which is a real strength, and shows a need for a variety of measures and approaches to effectively evidence impact.

The tools that are currently being used are often based on funding requirements, however, most organisations have their own ways to gather feedback. As highlighted in the Envoy report, there is a tension between what is helpful for VCS organisations to collect, typically qualitative feedback, and what funders require to demonstrate impact, often quantitative or health outcomes data.

## Measures and tools used to collect outcome data; what works and what doesn't?

- **Qualitative** – VCS organisations place the greatest value in qualitative feedback including case studies and the unprompted insights gained through day to day conversations. This is the most natural way to gather feedback and avoids the support feeling transactional. Some charitable and local authority funders report using this in their reporting, but, there is frustration that health funders don't value qualitative data
- **Organisation-led outcome measures** – VCS organisations often design their own set of questions that feel relevant to them and their community. This is common in organisations that have been through a theory of change process or similar activity to identify outcomes aligned with their mission and values.

**'It's important that the questions are relevant to the people we support. If they are too generic and don't resonate with the person, it doesn't work and impacts the relationships'**
- **Validated wellbeing measures** – most VCS organisations have experience using tools such as the Warwick-Edinburgh mental wellbeing scale (WEMWBS), however, the feedback highlighted they do not work in most settings. Many also find the language and tone in validated tools feel formal and medical, which does not align with the mostly informal nature of VCS organisations. In some circumstances, these measures are viewed as useful, in particular around mental health specific services.
- **External evaluations** – Undertaking external evaluations are used to demonstrate impact across the sector and includes return on investment and social research studies. External evaluations require dedicated funding and are therefore limited. This does allow VCS organisations to focus on gathering the output and qualitative data.

Two key themes that emerged in conversation are the requirement to ask too many questions, which puts people off, and the use of pre-determined measures that mean questions feel irrelevant, making people uncomfortable and breaking down trust.

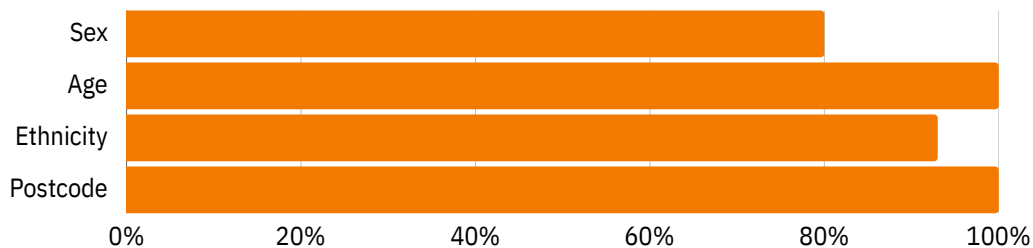
There is no magic number of questions that people are willing to answer, it varies from organisation to organisation. What is clear is that it should be the least amount of questions possible, with many preferring to ask 2-3 key questions that are most relevant to the support people are accessing

## Key Learning

- The use of accredited health metrics in the VCS are not deemed suitable the majority of the time.
- Using pre-determined question sets that are not adapted to the services doesn't work.
- Qualitative data is under-valued by funders, yet it is the most preferred in the VCS.
- Asking too many or irrelevant questions to people who access support creates a barrier to gathering feedback.
- External evaluations are a helpful way for the sector to demonstrate impact.

# What demographic data is collected?

Providing data about the people receiving support is often required as part of any reporting process. Therefore, we asked what demographic data is most likely to be collected by VCS organisations, based on the 4 most common demographic data points identified in the 2024 Envoy Partnership Report.



## What we heard

- VCS organisations fed back on the demographic data they collect with the main points being sex, age, ethnicity and postcode.
- The rationale behind 'why should we collect this' and 'what is it being used for' are regularly asked
- There is an acknowledgment that asking for demographic data helps to identify reach and any gaps.
- In almost all VCS organisations we spoke to demographic data is asked for by funders, however, few have seen evidence of information being meaningfully used for anything.
- Organisations find it difficult to justify why they are asking for personal information from those they support.
- Many fed back that collecting demographic data has more place in larger service providers, as smaller community-led and grassroots organisations are more likely to know who they are reaching without the need to collect data.
- Information that was found helpful to ask included access needs and someone's first language - these are captured with purpose and helped VCS organisations adapt the support they provided to best meet the person's needs.

Always the questions that is asked  
[regarding demographic data] is why  
are you asking me

People are quite happy just to tick  
age categories, but not give their  
date of birth

# What demographic data is collected cont...

Below we break down the 4 most common types of demographic data organisations collect, and the feedback around them:

**Postcode** - people are happy to provide their postcode, but less likely to provide their full address. This is due to a lack of understanding of why it is being asked for, a fear that it may be used negatively against them, or that it is being used by the state to track what they are doing in the community.

**Ethnicity** - some smaller community-led organisations see no reason to collect ethnicity data as they are led by/and for a specific community. Others shared that it's not understood why they're being asked about their ethnicity and fear it will negatively impact the support they receive. Long lists attempting to capture as many ethnicities as possible put people off, moreover, reducing the options meant people did not relate to any of the options. In both instances, people tended to select 'prefer not to say' or 'other'. There is a positive experience of allowing people to self-identify, although this creates challenges when collating the data.

**Sex** - sex & gender appear to be used interchangeably when collecting demographic data. Some organisations collect both, although sex is used more often. Feedback showed many communities don't understand the difference and are unsure how to answer the question. For others, the topic of gender is a taboo and people feared that by disclosing their gender it would negatively impact the support they receive.

**Age** - was captured by most organisations and seen as relatively easy to collect, often at the beginning of support. Feedback showed that people are more comfortable selecting from an age bracket, rather than their date of birth. Providing a date of birth felt more personal and people questioned why it was needed; as with other demographic data, they didn't always trust how it may be used.

**'On ethnicity, the list is either too long putting people off, or it's too short and isn't relevant to the person'**

## Key Learning

- There are 4 common demographic data points that are applicable across a wide range of VCS organisations.
- Age brackets may be preferred to providing date of birth.
- The option to self-identify when providing ethnicity responses should be considered moving forward.
- Demographic data should only be asked for if there is a clear purpose for doing so.
- Funders who ask for, and the VCS organisations that collect, demographic data need to communicate the rationale and what it will be used for.
- Wider demographic data is more difficult to capture and viewed by many as irrelevant and insensitive.



# When is information collected to demonstrate impact?

Information that may be used to demonstrate impact is collected at different stages depending on the type of support, the setting, and what information is required. It's rare for the same approach to be used by different VCS organisations albeit, there are similarities. What is common is using multiple approaches based on the collective view that one-size does not fit all.

**Below are some of the most common approaches that came out of our conversations:**

- **Pre & post** – VCS organisations have experience gathering outcomes data at the beginning and end of the support provided, however, asking questions before a relationship is formed doesn't feel right for many VCS organisations. It can lead to people feeling uncomfortable and like they are just 'scores on a form'. This method felt most relevant to structured, time-bound services which represent a small percentage of services in the VCS. These are often led by larger organisations that have existing relationships with statutory funders. In these settings, the barriers are less apparent but it is still rarely the preferred option.
- **Reflective** – VCS organisations prefer asking outcomes related questions once a relationship is formed; many feel strongly that building trust is the most important thing at the start of any support, and therefore asking questions related to outcomes retrospectively is preferred. Once a relationship is established, people feel more comfortable to answer questions and share feedback. Asking questions after some time also allows people to reflect on changes they have experienced as a result of support.
- **Fixed point** – asking for feedback at regular points is a common approach in the sector. This could include asking for feedback at the end of a month, at the end of a group session, on an annual basis or even on a 3-5 year cycle. This approach often focuses on service quality feedback asking what works, what doesn't and what changes people would like to see. In many instances this is also used to ask 1 or 2 wellbeing outcome questions.
- **Ad hoc** – feedback is often gained through natural and unprompted day-to-day interactions. This would rarely include specific outcomes or measures. These conversations focus on people sharing their experience of accessing support or providing views on what they would like to access in the future. VCS organisations, for whom this is their only means of feedback, highlighted a desire for a more structured way of doing this but were unsure how or lacked resource to do so.

**In any approach to measuring impact, having a conversation is consistently the preferred method of gathering information over handing out a form.** Almost all organisations fed back that staff and volunteers complete forms and questionnaires alongside the person accessing support. This approach helps overcome barriers to gathering information, especially when supporting people with limited literacy skills or for whom English is not their first language.

**"The only thing that is better than a case study is a person in front of you having conversation"**

## Key Learning

- None of the current approaches work for everyone all of the time.
- Most VCS organisations use multiple approaches to collect information.
- The most important aspect of gathering information is having a conversation.
- Questions asked retrospectively, at fixed points and adhoc are more effective in the VCS.
- Pre & post approaches are applicable in a very small percentage of services in the VCS.
- There is a desire among organisations that don't routinely collect data to do so, however, they often lack the knowledge and resource establish processes to do so.

# How is information stored?

How organisations store data is based on the amount of information needed (to run the service or for funding requirements), the expertise, culture, size of the organisation and what resources are available. Therefore, data storage ranges from entirely paper-based approaches to integrated digital systems.

- **Paper-based** – some VCS organisations rely solely on paper-based approaches. In these approaches activity, feedback, and personal data are stored using secure paper case-load files. Many of those who rely on paper-based systems would like an opportunity to develop digital systems but lack the expertise and resources to do so.
- **Excel spreadsheets** – are the most common way to record data, particularly for small and medium-sized organisations. This ranges from a simple Excel document set-up by a family member, to an assortment of complex spreadsheets. While some VCS organisations do have dedicated software, many still use Excel in some way as part of the process to gather information or report to funders.
- **Customer Relation Management (CRM)** – CRM systems are in use across the VCS, with the most common being Charity Log, Plinth, Civi-CRM, Salesforce, and Upshot. There is overlap in the overall function of the different systems, but it's clear that there is no consistent approach that would be applicable across the VCS. Many of those who don't have access to a CRM would like to have a system in place, however, feedback highlighted that a lack of resource, ways to sustain systems or low digital literacy skills present barriers they are unable to overcome.
- **Integrated systems** – a small number of organisations, mostly those directly funded by the NHS use integrated CRM systems, including Joy or WISH. Views on their use are mostly positive, particularly where adaptations can be made to suit the needs of the organisations that input service data. These allow for information and data to be collated in a single place and provides access to multiple stakeholders.

'I personally find excel sheet good but it can be very confusing. However, It's time consuming, not really paid for, takes away from time with members'

'we're open to the idea of CRM, but where do we have the funding or the systems'

## Key Learning

- There is a vast amount of data being collected and stored across the VCS.
- The use of Excel is the most common way the VCS collects and stores data.
- The use of CRMs are widely used across the sector, but they are not accessible to all.
- VCS organisations need funding, training, and expert support to develop digital systems.
- Integrated systems work well especially when they can be adapted to the organisation using them.

# How does the VCS report impact?

Reporting impact varies across the sector and is predominately led by funding requirements. VCS organisations often have multiple funding sources, which means multiple reporting methods.

## What we heard about the reporting methods and feedback on their use:

- **Dashboards** – VCS organisations are often asked to input data into a shared dashboard or Excel sheet. These systems can be difficult to understand and navigate, resulting in organisations being unable to provide the necessary information. Moreover, every organisation has its own method of collating data therefore, manually completing a dashboard feels like a duplication of work.
- **Written reports** - this is commonly used to demonstrate impact and tends to be either quarterly or at the end of each funding period. The contents include reach/engagement data, service outputs, and qualitative feedback. Some include quantitative data drawn from validated questionnaires (such as ONS4), although this data is least valued by the sector.
- **Integrated systems** – some VCS organisations use an integrated system with the NHS or local authority (such as JOY or WISH). Reporting data is automatically captured based on the day-to-day input. This reduces much of the additional burden and duplication, however, the challenge around these systems being applied to individual services means some organisations have to navigate multiple systems.
- **Exporting data** – the most positive examples involve organisations exporting the data they collect, sharing it in its original format and then providing additional anecdotal evidence such as quotes or case studies. Simply exporting and sharing the data that has already been captured is one of, if not the most, preferred option. There is an acknowledgment this requires a centralised admin function to collate the information and is most effective when the data provided is consistent with other stakeholders.

Putting info onto a dashboard is a duplication of work - good idea just to export and share with someone to collate

It would be a preference to be able to export the data onto excel or something, and then share it, rather than input it again on a separate dashboard

## Key Learning

- Impact reporting places an administrative burden on the sector and time to do so is rarely fully funded.
- The use of integrated systems often works well but is used by a small number of organisations.
- Dashboards place a significant time-burden on VCS organisations and often leads to duplication of work.
- Exporting data, when not part of an integrated system, is the preferred way to report impact.

# Key Challenges

There are a number of challenges that make it difficult for VCS organisations to effectively demonstrate impact. Based on our conversations and learning from The Envoy Partnership interim report (2024), we have highlighted the key barriers below.

- **Trust** – asking outcome related questions can damage relationships, especially if they’re asked before trust is established.
- **Transactional approach** – asking outcome related questions feels transactional and comes across as insensitive, making people feel uncomfortable.
- **Lack of digital systems & expertise to use them** – many VCS organisations need training and financial resources to develop a digital system to help collect data and report impact.
- **Irregularity of access** – people often engage with support infrequently and over long periods, or sometimes as a one-off, which makes it difficult to know when best to gather outcomes data.
- **Subjective responses** – asking someone to quantify how they feel, even when asked to reflect on the past 2 weeks, is seen as subjective and can be easily skewed by recent events, presenting mood, or level of self-awareness. People will also “say what they think you want to hear”.
- **Time** - it takes time to gather, store, and report data which can include a lot of repetition. Many organisations don’t feel they have capacity or their time is fully funded.
- **Irrelevant questions** – asking pre-determined questions that have not been adapted to the support being provided doesn’t work in most services. The outcome related questions can be irrelevant and make people feel uncomfortable, causing confusion and damaging relationships.
- **Attribution** – pre-determined questions are not always relevant to the service they’re being applied in, this encounters challenges when attributing the impact to the service provider.
- **Willingness** – people who access services in the VCS are not always willing to provide feedback or share their data, and don’t like being asked.

## What are the needs of the VCS moving forward?

The conversations that generated these insights included the questions “what would work best for you in future” building on “what are you expected to do now?”. Below we have summarised they most important traits any future impact model must have

- **Flexibility** – above all, any future model must give VCS organisations the ability to pick what works best.
- **Relevant** – a future model must apply to all sizes and types of VCS organisations, not just large VCS providers with established funder relationships.
- **Informed by residents** – there should be opportunity for people accessing support to shape what outcomes are being used to demonstrate impact.
- **Consistency** – a more consistent definition of common outcomes is much needed and would enable the VCS to demonstrate impact at scale.
- **Support** – a new approach requires support and buy-in from funders, especially statutory funders in this context.
- **Ways of working** - funders need to understand & adapt their approach to better meet the needs of the VCS.
- **System fit** – the need to align with local health strategy, policy, and initiatives.
- **Reduce administration** – lessen the burden on VCS organisations when reporting impact.

# Future Approach

**There is clear evidence to demonstrate the need to do things differently.** Many VCS organisations can demonstrate impact, but current approaches make it harder than it needs to be. So, what are the options? Through conversation with 19 VCS organisations, we've explored three potential solutions.

## 1 - Core & flex model

A core set of 5 outcomes with the option to include additional relevant outcomes – Many acknowledge how a core and flex model could be applied in some instances, especially in structured and time-bound services that are directly funded by statutory funders. There is value in collecting a consistent set of outcomes while still being able to add more support-specific outcomes. However, no organisation felt that a common set of 5 core questions could be widely applied across the sector or even across all services within their organisation. This approach still raises challenges over the relevancy of questions, the number of questions being asked (especially if adding flex questions), and the ability to fully adapt the outcomes to the service, funders, or local systems. There is also concern this will contribute to a perceived funding gap between larger VCS organisations more aligned with the NHS who may be more able to apply this model, and smaller VCS and grassroots organisations.

'some of the core questions  
will still be irrelevant'

'adding more flex questions  
makes the form longer'

## 2- Adaptive model

An adaptive approach with the option to select the relevant outcomes (that are defined consistently across the sector) emerged in all conversations. Essentially, an approach that doesn't pre-determine the outcomes every VCS organisations must report against, but does bring about a greater level of consistency. From that, a 'menu style' model became unanimously supported. This would involve the sector collectively designing a set of outcomes, definitions and related outcomes questions alongside 3-4 structured methods to collect data bringing about a greater level of consistency. This model enables each organisation to adapt their approach, through the option to only select relevant outcomes and a suitable data collection method. Although well supported, there is also acknowledgment of the challenges around comparability of outcomes being collected in different ways, the time/expertise it may take to put something in place for each service, and getting statutory funders to change historical ways of working.

A draft 'menu style' adaptive framework has been created based on the insights gained through these conversations, see Appendix 1.

'the menu options feels like a good compromise between  
needing to capture outcome data and not being  
transactional with the people we support'

## 3 - External evaluations

There remains an appetite to utilise external sources to demonstrate impact. That could happen in a variety of ways, from demonstrating system impact through use of WSIC data, utilising previous research and evaluations, conducting longitude studies or social return on investment evaluations.

# Conclusion & Recommendations

**The need to demonstrate impact in the VCS is clear; to help secure funding, remain accountable, and to know we meet our organisational goals. However, although current approaches work for some, they are not effective across the whole VCS. There is a need to do things differently.**

There is a need for an adaptive model that works for the VCS. Consistency can be achieved by collectively defining a set of outcomes, measures, and methods to gather data that enables each organisation to create their own bespoke approach.

Based on the insights in this summary, we have set forward the following recommendations.

## Recommendations for the Voluntary and Community Sector (VCS)

- Develop an outcomes model that works for the VCS - work with statutory funders and evaluation experts to design an adaptive 'menu style' VCS outcomes framework.
- Build capacity in the VCS - Deliver training and provide resources to build digital infrastructure across the VCS, focusing on smaller, community-based organisations.
- Maximise the use of wider system data - Work with statutory partners to provide access to wider system data (such as WSIC & Local Authority Data) as well as existing evaluations and research, to demonstrate impact in the VCS.
- Work across the sector on large-scale evaluation - Explore opportunities to commission sector-wide social return on investment, longitudinal studies, and social research to demonstrate VCS impact at scale.

## Recommendations for Statutory Funders

- Support new ways of working - Work with the VCS to develop a 'menu style' outcomes framework and adopt the approach across health commissioning into the VCS.
- Implement alternate reporting arrangements – Develop reporting processes that allow VCS providers to export data in the format it's collected and provide qualitative feedback (such as quotes and case studies), instead of reporting via dashboards.
- Commit to full cost recovery funding – Ensure funding cover all related and unrelated costs of providing support including data capture, administration of data, management of information systems, and reporting.
- Invest in VCS transformation - Ringfence funding for digital infrastructure in the VCS.

# Appendix 1: An Adaptive ‘Menu Style’ Model

Type	Dataset	Method
Demographic Data -	<p>Primary Demo Data -</p> <ul style="list-style-type: none"> <li>Age (age brackets),</li> <li>Postcode</li> <li>Ethnicity (self identify)</li> <li>Sex</li> </ul> <p>Secondary Demo data - (added as per organisations need)</p> <ul style="list-style-type: none"> <li>Gender, Religion, Sexual Orientation, Disability, Employment, preferred language, access requirements</li> </ul>	<p>Through referral; by adding dataset to existing referral forms</p> <p>At first contact; by asking during first conversation or via initial sign up form</p> <p>Post activity/event; by sharing a feedback form at the end or follow an the activity</p>
Outputs How will you collect	<p>Delivery Types</p> <p>1to1 (sub-categories used if required)</p> <ul style="list-style-type: none"> <li>In person</li> <li>virtually</li> <li>By phone</li> </ul> <p>Group (sub-categories used if required)</p> <ul style="list-style-type: none"> <li>Small 0-6 (in person or virtual)</li> <li>Medium 7-14 (in person or virtual)</li> <li>Large 15+ (in person or virtual)</li> </ul> <p>Access types</p> <ul style="list-style-type: none"> <li>Number of referrals received</li> <li>Number of unique first contacts</li> </ul> <p>Ongoing access</p> <ul style="list-style-type: none"> <li>Total number of attendees (per delivery type)</li> </ul>	<p>Day to day capture - inputted into existing data management system using consistent metric</p> <p>Post event/activity - inputted into existing data management system using consistent metric</p>
Outcomes How will you collect	<p>Common outcomes</p> <ul style="list-style-type: none"> <li>Adult</li> <li>Children</li> </ul> <p>1-2 community selected ‘i statement’ metrics per outcome using Likert Scale.</p> <p>Activity specific outcomes</p> <ul style="list-style-type: none"> <li>Adult</li> <li>Children</li> </ul>	<p>Pre &amp; Post</p> <ul style="list-style-type: none"> <li>First &amp; last contact</li> <li>First contact and 6 contact points after</li> </ul> <p>Reflective</p> <ul style="list-style-type: none"> <li>Last contact</li> <li>Post event/activity</li> <li>Quarterly</li> </ul> <p>Structured case study / story board</p> <ul style="list-style-type: none"> <li>Prompt questions for self completion</li> <li>Semi-structure interview format</li> </ul>
<b>Reporting data</b> <ul style="list-style-type: none"> <li>Dataset templates to embed consistent measures into existing data collection process</li> <li>Guidance on data export and format</li> </ul>		
<b>Wider system data</b> <ul style="list-style-type: none"> <li>Data request template and batch matching guidance to track people withing health system data sources (i.e. WSIC, Optica, Public Health, Local Authority)</li> <li>National guidelines (such a NICE) and other research that demonstrates impact of a project/service.</li> </ul>		

