Evaluability Assessment of Thriving Places: a Report for Glasgow Community Planning Partnership

Richard Brunner, Peter Craig and Nick Watson
What Works Scotland (WWS) aims to improve the way local areas in Scotland use evidence to make decisions about public service development and reform.

We are working with Community Planning Partnerships involved in the design and delivery of public services (Aberdeenshire, Fife, Glasgow and West Dunbartonshire) to:

- learn what is and what isn’t working in their local area
- encourage collaborative learning with a range of local authority, business, public sector and community partners
- better understand what effective policy interventions and effective services look like
- promote the use of evidence in planning and service delivery
- help organisations get the skills and knowledge they need to use and interpret evidence
- create case studies for wider sharing and sustainability

A further nine areas are working with us to enhance learning, comparison and sharing. We will also link with international partners to effectively compare how public services are delivered here in Scotland and elsewhere. During the programme, we will scale up and share more widely with all local authority areas across Scotland.

WWS brings together the Universities of Glasgow and Edinburgh, other academics across Scotland, with partners from a range of local authorities and:

- Glasgow Centre for Population Health
- Improvement Service
- Inspiring Scotland
- IRISS (Institution for Research and Innovation in Social Services)
- NHS Education for Scotland
- NHS Health Scotland
- NHS Health Improvement for Scotland
- Scottish Community Development Centre
- SCVO (Scottish Council for Voluntary Organisations)

This is one of a series of papers published by What Works Scotland to share evidence, learning and ideas about public service reform.

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Acknowledgements

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Contents

Executive summary.................................................................1
1. Introduction – Thriving Places, an area-based initiative aimed at activating people and services..........................................................2
2. Evaluating Area-Based Initiatives .............................................3
3. Background: what is evaluability assessment? ..........................4
4. The Glasgow CPP Evaluability Assessment process ....................5
5. Mapping exemplar Thriving Places activities to understand the potential for evaluation 8
6. Evaluation options...................................................................16
7. The recommendation to take a structured case study approach........16
8. Developing evaluation options..................................................19
9. Conclusion ............................................................................22
References ..................................................................................23
Executive summary

In late-2015, Glasgow Community Planning Partnership (CPP) asked What Works Scotland to work with officers across public services involved with Glasgow’s ten-year area-based initiative, Thriving Places, to support them in the development of an evaluation framework for the Thriving Places programme. Evaluation of area-based initiatives has in the past proved very complex, and showing change has often been difficult to evidence. To develop and recommend options to evaluate Thriving Places, What Works Scotland facilitated an Evaluability Assessment process involving officers working in Thriving Places. In this report we describe the Thriving Places initiative, and describe the difficulties in evaluation of area-based initiatives, using New Deal for Communities as an example. We contextualise the evaluation process, explain how the Evaluability Assessment process was conducted, and present the options identified.

The report offers a fresh proposition for evaluation to Glasgow CPP, to which the ten-year Thriving Places programme lends itself: a formative evaluation approach using a series of case studies to gather evidence about how a purposive sample of Thriving Places activities are working to fulfil the aims of Thriving Places. The aim of this approach is to evidence the early changes Thriving Places has initiated, in particular to provide the CPP with concrete examples to demonstrate how, or if, officers and partners are operating differently in Thriving Places and to show if a cultural shift has taken place in the engagement of local people in the development and delivery of services. It will enable evaluation of whether Thriving Places has resulted in a more flexible, empowered workforce, and whether it has led to the development and delivery of services that make use of locally available resources and assets. This process should allow promising practice in one service, partnership or geographical area to be adapted by others. The aim is to open up understanding of whether and how real-world Thriving Places activities are contributing to the desired Thriving Places outcomes, and in the process seeks to support involved services to develop as learning organisations.
1. Introduction – Thriving Places, an area-based initiative aimed at activating people and services

Thriving Places is a ten-year programme aiming to improve outcomes across nine specified areas, each encompassing a community of approximately 10,000 people experiencing the highest levels of persistent multiple deprivation in Glasgow. Three of these areas embarked on their Thriving Places programme in 2014-15 (Gorbals, Parkhead & Dalmarnock, and Ruchill & Possilpark), with three further areas adopting the model in 2016.

In 2013-14 the CPP argued that for some neighbourhoods and communities, issues were often complex and multi-layered and that therefore solutions for these neighbourhoods needed to be more flexible and focussed, using ‘an approach that will make best use of the full range of resources and assets of the CPP to deliver better outcomes for these neighbourhoods’.¹ The Thriving Places approach was proposed to involve changing the way in which resources were allocated if required, a long-term focus on partnership working, joint working at a very local community level, community capacity building and working with community anchors, a focus on co-production between communities and organisations, and intensive activity to build social capital and empower communities, including making the most of the assets in terms of buildings, organisations or people. Ten-year outcomes were sought:

- the creation of more resilient, sustainable communities which are stable, thriving and growing, and people are proud to live in;

- communities have more aspiration and influence over the planning and commissioning of local services by CPP partners;

- communities across the city which would work in partnership with CPP bodies to develop services for local residents; and

- levels of demand for particular local services shift (both up and down) as both needs and awareness levels change.²

For 2015/16, each of the three Thriving Places areas was allocated £35,000 towards staff and development costs. These funds were awarded to the appointed anchor organisation in each area and contributed to the creation of community organiser posts. This is the only current and anticipated ring-fenced CPP funding for Thriving Places. However, public services and third sector organisations in each area have devised and implemented a wide array of local activities, seeking to work in new ways and with communities, reflecting the philosophical and practical change that Thriving Places expects. These vary to reflect local needs but include community consultation and involvement activities; new groups, schemes

¹Glasgow CPP: Glasgow’s Single Outcome Agreement 2013, p.29.
²Glasgow CPP: Glasgow’s Single Outcome Agreement 2013, p.32.
and services; asset-mapping; and realigning staff time towards and within each area. Each Thriving Place has also developed a forum to boost accountability, coordination and information exchange.

2. Evaluating Area-Based Initiatives

Area-based or neighbourhood urban regeneration initiatives have a long history in the UK where they have been seen by many as the way through which communities can be helped to work together to tackle poverty. Much of the drive for this comes from evidence pointing to the spatial concentration of poverty rather than for the effectiveness of locality based initiatives, the argument being that if poverty is spatially concentrated then so too should be our response (Fahmy et al, 2011). Broadly speaking there are two types of area-based approaches: people-based and place-based. The former refer to regeneration schemes, enterprise zones, large infrastructure developments and supply side development strategies whilst the latter are focused on capacity building, community development, workability programmes and other similar initiatives (Kintrea, 2007). Although Thriving Places is ostensibly a place-based intervention, the activities proposed are entirely people-based.

In this section we briefly examine some of the lessons learnt from evaluation of previous area-based initiatives, particularly the evaluation of the New Deal for Communities programme (NDC). This programme ran in England between 1999 and 2011 in 39 deprived areas and adopted a mixed approach using both place-based and people-based interventions. Over the course of the programme the 39 NDC partnerships spent a total of £1.71bn on some 6,900 projects or interventions. In addition to these centrally supplied funds, £730m was raised from other sources including the private and voluntary sector (Batty et al, 2010).

Evaluation of the impact of NDC was achieved through a very substantial, well-funded, evidence based evaluation programme which included five key components: household surveys, the generation of NDC-specific administrative data (including worklessness and benefit claimants, pupil-level educational attainment rates and house prices), levels of spend, operational data and evidence on prevailing socioeconomic context (Batty et al, 2010). These data were used to generate a robust evidence-base built around 36 core indicators, 18 people-based and 18 place-based, on which success could be judged. The evaluation cost £22m in total. Improvements in outcomes were found across 32 of the 36 core indicators, and when compared to non-NDC areas greater improvement was shown in 18. They also report differences in effect on locality of the place-based initiative within the region with areas located on the periphery of towns and cities less likely to see positive change than core inner city or town areas.

The evaluation concluded that respondents were more likely to report a benefit from NDC initiatives if they were directly affected by it, and that place-based initiatives rather than
people-based initiatives have much greater impact. This does not mean however that place-based initiatives were more effective, but because place-based interventions are seen by a much larger proportion of the population it is therefore easier for large scale surveys to pick up the positive effects. People-based initiatives on the other hand directly impact on a smaller number of people and their effects are harder to detect. For example, although there were improvements in mental health within localities these were most significant for those who had participated directly in a service. The same was also true of worklessness programmes, job training schemes and most other people-based initiatives.

The sheer size and scale of both NDC and the evaluation programme meant that ensuring a sample included direct beneficiaries, whilst difficult, was easier than will be the case in Thriving Places. For this reason we argue that any evaluation of outcomes must be targeted directly at those who have had direct involvement with the service either as an officer involved in their design and delivery or as a participant.

The next sections describe Evaluability Assessment (EA) and how the EA process was facilitated for Thriving Places.

3. Background: what is evaluability assessment?

Evaluability assessment (EA) is a systematic approach to planning evaluation projects. It involves structured engagement by researchers with stakeholders to clarify intervention goals and how they are expected to be achieved, the development and evaluation of a logic model or theory of change underpinning the intervention, and provision of advice on whether or not an evaluation can be carried out at reasonable cost and what methods should be used. EA is a way of balancing the growing demand for evaluation with the limited resource available. As well as providing a sound basis for making decisions about whether and how to evaluate before resources are committed, EA can improve the translation of research into practice by ensuring that policy-makers and practitioners are involved from the beginning in developing and appraising evaluation options.

EA was first developed in the United States, but is now being used in the UK, initially in relation to development projects, and more recently in relation to public health policies and interventions. In Scotland, a number of EAs have been conducted on behalf of the Scottish Government, covering a diverse range of initiatives including free school meals for all children in the first three years of primary school, the Family Nurse Partnership, the Pregnancy, Young People and Parenting Strategy, and the Enhanced Health Visiting Programme. EA is particularly useful when the intervention or its underpinning theory of change are not clearly specified at the outset, and when there are resources available for evaluation, but difficult choices about how to apportion them efficiently.

EA is a flexible approach that can be adapted to a wide array of types of intervention, but should typically involve the following core elements:
The amount of time and effort that needs to be devoted to each stage will vary from case to case, but EA is essentially a decision-making tool, so it is important to provide a clear set of recommendations, based on the goals of the intervention identified through the theory of change work, the questions that stakeholders want to answer, what is already known about effectiveness of related interventions from previous research, and what data sources are available for future evaluation.

4. The Glasgow CPP Evaluability Assessment process

The first element of the EA process was a clarification of the principles and ten-year outcomes on which Thriving Places is based. This was achieved through workshops to which staff and elected members with responsibility for leading on Thriving Places locally, and staff and elected members with Glasgow-wide responsibilities for Thriving Places, were invited. The purpose of these workshops was to collectively model what Thriving Places is for and what it is expected to achieve. This process of developing a ‘Theory of Change’ sought to support these key leaders, one year into the ten years of Thriving Places, to reinforce their clarity of understanding of the principles; short-term and long-term activities; and outcomes expected from Thriving Places, and so gain clarity on how success for Thriving Places should be measured. Four workshops were facilitated by What Works Scotland, convened by one of the CPP partners:

- 10 December 2015: central leaders (sixteen invitees; approximately seven attendees)
- 11 December 2015: local leaders (twenty-four invited; approximately thirteen attendees)
- 29 January 2016: central and local leaders (approximately twenty attendees)
- 22 June 2016: central and local leaders (approximately eleven attendees)

At the first two parallel workshops participants were presented with the intended principles and outcomes of Thriving Places. These, as described in Section 1 above, were drawn from a range of publications including Glasgow CPP’s Single Outcome Agreement (SOA) (2013). Attendees were asked to reflect on the intended principles and outcomes and whether this was what was actually being done in Thriving Places. The discussion was used to produce an amended list and this was again used to facilitate discussion at a further workshop held on
29 January 2016. This workshop brought both groups together to further discuss, amend and clarify the principles and outcomes.

Following the 29 January workshop, the What Works Scotland team finalised draft Principles and Ten-year Outcomes of Thriving Places, based on those discussions. As seen in Diagram 1 below, these fell into three clusters of Principles (services and communities working in partnership; mobilising communities, assets and resources; and monitoring outcomes and sharing the learning) and four clusters of Ten-year Outcomes (community changes; community mobilisation and public services change; learning from the Thriving Places programme; and measurable outcomes within Thriving Places). These reflected any differences between the theory of how Thriving Places would work, as expressed in the 2013 SOA (see Section 1 above), and the actual practice of Thriving Places, as expressed by those leading the Thriving Places approach and participating in the EA process. This final draft of the Principles and Ten-year Outcomes of Thriving Places was circulated to all participants for comment prior to the final EA workshop on 22 June 2016 and then presented at the final workshop at which it was discussed and agreed through a facilitated process without further amendment.
Diagram 1: Final Thriving Places Principles and Outcomes
5. Mapping exemplar Thriving Places activities to understand the potential for evaluation

In order to judge the range of Thriving Places that may be suitable for evaluation, all forty leaders invited to be involved in the EA process were asked to provide to What Works Scotland, either by email or at the 29 January 2016 workshop, a short description of two or three activities that were happening or planned in relation to Thriving Places. They were asked to select activities that best exemplified the principles of the way in which they were approaching their Thriving Places work. These could be short-term (up to 3 years) or long-term (up to 10 years). At the 29 January 2016 workshop, participants linked their proposed activities to one or more of the draft Thriving Places principles and outcomes.

The activities are organised below into whether they are Glasgow-wide (macro); North East, North West or South sector of Glasgow (meso); or only within one Thriving Places (TP) area (micro).

They list:

- lead organisation/s;
- area covered (Parkhead and Dalmarnock Thriving Place (P&D); Ruchill and Possilpark Thriving Place (R&P); Springboig and Barlanark Thriving Place (S&B);
- name of activity; and
- short- or long-term.

In total, participants provided What Works Scotland with two macro-level; four meso-level and ten micro-level Thriving Places activities, ranging across a wide range of CPP partners:

1. **Macro**
   a. CPP/all TP areas: **Tracking impact and outcomes in the Thriving Places** (short-med term; capturing evidence long-term).
   b. Health improvement/three sectors: **Realigning staff time to support Thriving Places**. (Short-term and long-term).

2. **Meso**
   b. Health/R&P: **Aligning Commissioned Services to Thriving Places areas** (Short-term and long-term).
c. Kelvin College/P&D/Easterhouse/S&B: **Glasgow Kelvin College Community Achievement Awards** (long-term).

d. Kelvin College/P&D/Easterhouse/S&B: **Wider Access and Youth Access programmes** (long-term).

3. **Micro**

a. Health/R&P: **Early OT support to the employability pathway** (Short-term and long-term).

b. Health/R&P: **Smoke free Services in Possilpark** (Short-term and long-term).

c. Health/R&P: **Singing in Ruchill** (Short-term and long-term).

d. Health/R&P: **Developing Thriving Places response to what local people have said** (Short-term and long-term).

e. Glasgow Life/Gorbals: **Talking Garden – St Francis Centre** (Short-term seeking longer-term sustainability).

f. Glasgow Life and Health/Gorbals: **Improving partnership links and joining service provision** (Short-term 1 year).

g. Anchor organisation/Gorbals: **Community Conversations** (Short-term but ongoing).

h. Anchor organisation and voluntary organisation/Gorbals: **Spirit of the Gorbals** (Short-term seeking longer-term impact).

i. Anchor organisation, GoWell, Glasgow Centre for Population Health/Gorbals: **Gorbals Thriving Places Research Specialist** (Short-term information seeking data to be used over long-term).

j. Health, Community Planning, Glasgow Homeless Network, Sanctuary Housing commissioned Wave Particle Art Organisation and Ink Architects/Priesthill & Househillwood: **Charrette** (Short-term seeking a longer-term impact).

The What Works Scotland team mapped these exemplar activities onto the Thriving Places Principles and Outcomes described in **Diagram 1** above. The outcome of this (**Table 1**, below) shows that, based on the short descriptions What Works Scotland received from Thriving Places leaders, there are exemplar activities for every Thriving Places Principle, except **Supporting and sustaining the development of third sector and community-led organisations to act as community anchor organisations**. In terms of Ten-Year Outcomes, in clusters one and two there are a range of examples, except for **Service provision is more strongly based on early intervention and prevention; and Supportive communities**. Outcome
clusters three and four, focused on learning and measurable outcomes are understandably more sparse at this early stage.
<table>
<thead>
<tr>
<th>Principles</th>
<th>Activities</th>
<th>Outcomes</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cluster 1: services and communities working in partnership</strong></td>
<td>Local and city-wide organisations and partnerships, local people and communities work together to <strong>jointly define their local priorities</strong>, approaches and outcomes sought</td>
<td>Places where more people are proud to live</td>
<td><strong>Cluster 1: community changes</strong></td>
</tr>
<tr>
<td></td>
<td>2d – college</td>
<td>3e – Glasgow Life</td>
<td></td>
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<tr>
<td></td>
<td>3c - health</td>
<td></td>
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<td></td>
<td>3d - health</td>
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<tr>
<td></td>
<td>3i - Anchor.org/GoWell/GCPH/Gorbals</td>
<td></td>
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<td></td>
<td>3j - Priesthill/Househillwood: Charrette</td>
<td></td>
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</tr>
<tr>
<td><strong>Joint working at a very local community level</strong></td>
<td>2a - college</td>
<td>Resilient people and communities</td>
<td>2a – college</td>
</tr>
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<td></td>
<td>2c – college</td>
<td></td>
<td>2c – college</td>
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<td></td>
<td>2d - college</td>
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<td>2d – college</td>
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<td></td>
<td>3e – Glasgow Life</td>
<td></td>
<td>3a - health</td>
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<tr>
<td></td>
<td>3f – Glasgow Life and health</td>
<td></td>
<td></td>
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<tr>
<td><strong>Long-term focus on partnership working</strong></td>
<td>2a- college</td>
<td><strong>Connected communities</strong></td>
<td>2a – college</td>
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<td></td>
<td>2c – college</td>
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<td>3a – health</td>
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<td>3d - health</td>
<td></td>
<td>3e – Glasgow Life</td>
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<td></td>
<td>3e – Glasgow Life and health</td>
<td></td>
<td>3g – anchor organisation</td>
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<td>3j - Priesthill/Househillwood: Charrette</td>
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<td>3j - Priesthill/Househillwood: Charrette</td>
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<tr>
<td><strong>Communities and organisations working together to design, develop and deliver local services based on locally defined need</strong></td>
<td><strong>Supportive communities</strong></td>
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</tr>
</tbody>
</table>
| 2d – college  
3b - health  
3c – health  
3d - health  
3e – Glasgow Life  
3j - Priesthill/Househillwood: Charrette |  |

**Cluster 2: mobilising communities, assets and resources**

**Inclusive communities**

| Increasing and embedding activities to facilitate community participation and widen social networks | 2c – college  
2d – college  
3c - health  
3e – Glasgow Life  
3g – anchor organisation  
3h – anchor org and vol sector  
3j - Priesthill/Househillwood: Charrette |
|---|---|

**Active and powerful communities**

| 2a – college  
2c – college  
2d – college  
3e – Glasgow Life  
3h – anchor org and vol sector  
3j - Priesthill/Househillwood: Charrette |  |

**Facilitating the development of people, communities, buildings and land in order to realise their potential**

| 2a – college  
2c – college  
2d – college  
3a – health  
3c – health  
3e – Glasgow Life  
3g – anchor organisation  
3j - Priesthill/Househillwood: Charrette |  |

**Cluster 2: community mobilisation and public services change**
<table>
<thead>
<tr>
<th>Supporting and sustaining the development of third sector and community-led organisations <strong>to act as community anchor organisations</strong></th>
<th>Services and activities are defined, developed and delivered by communities, agencies, services and the third sector together, and are led by communities where demanded</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Changing the way in which local and city-wide resources (people, time and funding) are allocated and utilised</strong>, in response to community-defined needs and priorities</td>
<td>Communities are confident that services will respond to community-defined needs and priorities</td>
</tr>
<tr>
<td><strong>Services and activities</strong></td>
<td><strong>Communities are confident that services will respond to community-defined needs and priorities</strong></td>
</tr>
<tr>
<td>1b - health</td>
<td>2d – college</td>
</tr>
<tr>
<td>2a - college</td>
<td>3d - health</td>
</tr>
<tr>
<td>2b – health</td>
<td>3e – Glasgow Life</td>
</tr>
<tr>
<td>2c – college</td>
<td>3h – anchor organisation and voluntary sector</td>
</tr>
<tr>
<td>2d – college</td>
<td>3j - Priesthill/Househillwood: Charrette</td>
</tr>
<tr>
<td>3g – anchor organisation</td>
<td>2c – college</td>
</tr>
<tr>
<td>3h – anchor organisation and voluntary sector</td>
<td>2d – college</td>
</tr>
<tr>
<td>3j - Priesthill/Househillwood: Charrette</td>
<td>3d - health</td>
</tr>
<tr>
<td>3e – Glasgow Life</td>
<td>3j - Priesthill/Househillwood: Charrette</td>
</tr>
</tbody>
</table>
### Cluster 3: monitoring outcomes and sharing the learning

| Services alter in response to changing needs and awareness levels, and services are more accessible and inclusive | 1b - health  
2a – college  
2b – health  
2c – college  
2d – college  
3a – health  
3b - health  
3d - health  
3e – Glasgow Life  
3f – Glasgow Life and health  
3g – anchor organisation  
3j - Priesthill/Househillwood: Charrette |
| --- | --- |
| Central role for CPP sector partnerships, local people and communities in capturing, describing and monitoring Thriving Places processes and outcomes locally | 1a – CPP  
3i - anchor organisation/GoWell/GCPH/Gorbals  
Service provision is more strongly based on early intervention and prevention |
| CPP sector partnerships, local people and communities work together to jointly share their learning within, across and beyond their Thriving Place | 1a - CPP  
3i - anchor organisation/GoWell/GCPH/Gorbals  
Cluster 3: learning from the Thriving Places programme |
<table>
<thead>
<tr>
<th>Identify and disseminate what has and has not worked in Thriving Places in relation to: developing place-based approaches; promoting community participation; realising potential; and working together to design, develop and deliver local services; measurable change in the way organisations work within Thriving Places</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cluster 4: measurable outcomes within Thriving Places</td>
</tr>
<tr>
<td>A relative and absolute improvement in multiple measures of deprivation (including but not exclusively tracked through Scottish Index of Multiple Deprivation), with the rate of improvement greater than comparator areas</td>
</tr>
<tr>
<td>Progress across measures of pride, inclusion, supportiveness, resilience, community connection, activity and power</td>
</tr>
</tbody>
</table>

Table 1: Thriving Places Principles and Outcomes
6. Evaluation options

Thriving Places already has an established performance monitoring framework, which draws on a wide range of indicators from the Greater Glasgow and Clyde Health and Wellbeing Survey, the Scottish Census and other sources. While these indicators provide useful information about the context within which Thriving Places is operating, What Works Scotland is concerned whether they would be able to evidence the type of change Thriving Places is designed to deliver. There were particular concerns about the ‘power’ of the surveys – the likelihood that they would be able to detect an effect of the size that we might expect from Thriving Places. Sample sizes are normally chosen so that there is an 80-90% chance of detecting such an effect. With the current (2014) boosted sample sizes, the Health and Wellbeing Survey would have 50-70% power to detect changes of six percentage points in outcomes such as positive perception of quality of life or belief that local people can influence neighbourhood decisions. If the sample sizes were increased to 1000 in future waves, power to detect a six percentage point change would increase to 60-80%. These are large changes, equivalent in many cases to bringing the Thriving Places areas up to the Glasgow City average, and larger than the changes for similar indicators seen in the much more substantially resourced New Deal for Communities. Given the reach of the Thriving Places activities (the proportion of the population in the localities that is directly involved in those activities) it appears unlikely that we would see changes of this size in the survey samples. Extra investment in quantitative data collection therefore appears to be of questionable value at this stage.

What Works Scotland recommends instead that, given the volume and reach of current Thriving Places activities, additional evaluation effort should be invested in qualitative work to identify successful models of Thriving Place activity rather than in additional quantitative monitoring. There was much to be learnt in a formative way from the existing Thriving Places activities that could be used to inform the further development and extension of the initiative to other areas. What Works Scotland recommended therefore that a structured series of case studies be undertaken with a purposive sample of activities, selected to encompass (1) the three Thriving Places areas, (2) a range of levels of intervention (micro-, meso- and macro) and (3) a range of outcome clusters.

7. The recommendation to take a structured case study approach

The examples of Thriving Place activities provided by participants in the EA process were sought by the What Works Scotland team in order to understand how Thriving Places work was actually being approached, from the perspective of those actually doing it. A purposive sample of these activities has the potential to act as strong candidates for formative evaluation of Thriving Places, in the form of a range of case studies.
Core elements of case studies can be seen in this definition:

A case study is an in-depth exploration from multiple perspectives of the complexity and uniqueness of a particular project, policy, institution, program or system in a ‘real life’ context. It is research-based, inclusive of different methods and is evidence-led. The primary purpose is to generate in-depth understanding of a specific topic, programme, policy, institution or system to generate knowledge and/or inform policy development, professional practice and civil or community action (Simons, 2009, p.21).

Case studies seek depth rather than breadth; focus on relationships and processes; take a holistic view rather than isolate factors; apply to natural settings rather than artificial situations; and use multiple sources rather than one research method (Denscombe, 2003). Case studies can identify promising ways of working by exploring the actuality of real-life activities. This perspective lends itself strongly to Thriving Places.

A case study approach can be used to assess whether activities are aligned with principles, over time. They can examine the causal links between a programme and its observed effects: is it actually doing what it intends to do? Which elements are achieving this? Which are not? What confounding features are involved? What unexpected outcomes arise? How does a project actually work? They can provide concrete examples which can be adapted by other areas, services and contexts. An effective case study would ensure that the ‘case’ is limited to the Thriving Places-specific activity, rather than evaluating interventions that would have happened anyway, whilst reflecting the complexity of this distinction.

What Works Scotland recently conducted a case study of the Operation Modulus youth crime partnership intervention in Gorbals. This demonstrates how a single case study can provide generalisable findings – in this case of the role of leadership, partnership, co-production and a focus on outcomes – applicable to a wide range of service areas, partnerships and interventions.

In the case of Thriving Places, each case study would use a different, applied mix of research methods to evaluate the contribution of an activity to Thriving Places outcomes. Methods used to generate evidence may include: action research and other participatory methods involving officers, service users and Thriving Places residents; systematic approaches to monitoring; interviews and focus groups; surveys; diary keeping; observations; and documentary research.

If systematically monitored through a case study approach using a range of research methods, a purposive sample of the exemplar activities provided through the EA process would provide short to medium-term indications of the types of intervention that successfully fulfil the principles and outcomes of Thriving Places, and also examples of those which are less successful. This would provide formative evaluation data on a range of exemplary Thriving Places work within a short to medium-term period which would inform
longer-term micro, meso and macro-level choices over what, how, who, where and when activities are done in Thriving Places. Importantly, finding out what does and doesn’t work would also fulfil Thriving Places as a learning project.

Conducting and coordinating a series of case studies is a skilled job requiring high-level research and facilitation skills, and including a value-base that would work with the ethos of Thriving Places. It would involve collaboration with staff, service users and citizens of Thriving Places in developing, conducting and evaluating each case study. The Operation Modulus case study took one researcher approximately 250 hours spread over ten months. Whilst the time involved in conducting and coordinating each case study in Thriving Places, as described in the next section, would necessarily vary, What Works Scotland estimates that the resource needed to conduct and facilitate this type of research would be a University Scale 7 researcher (salary approximately £37-£40,000 p.a full-time) employed 50% FTE over two years. This would give sufficient time for the Thriving Places activities being studied to have an impact. Learning from the experience of the What Works Scotland Collaborative Action Research programme, which currently operates with four CPPs including Glasgow, this process would also upskill involved Thriving Places workers, service users and residents, developing their research skills and awareness, their sensitivity to and ability to work with evidence, and their expertise in working together across professional jurisdictions.
8. Developing evaluation options

From the information provided, What Works Scotland recommends that the following five activities be developed into case studies to formatively evaluate the work of Thriving Places:

<table>
<thead>
<tr>
<th>Macro and meso level</th>
<th>1b. Health improvement/three sectors: <strong>Realigning staff time to support Thriving Places.</strong></th>
<th><strong>Principle (Cluster 2):</strong> Changing the way in which local and city-wide resources (people, time and funding) are allocated and utilised, in response to community-defined needs and priorities</th>
<th><strong>Outcome (Cluster 2):</strong> Services alter in response to changing needs and awareness levels, and services are more accessible and inclusive.</th>
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<tbody>
<tr>
<td>Macro and meso level</td>
<td>2b. Health/R&amp;P: <strong>Aligning Commissioned Services to Thriving Places areas</strong> (Short-term and long-term).</td>
<td><strong>Principle (Cluster 2):</strong> Changing the way in which local and city-wide resources (people, time and funding) are allocated and utilised, in response to community-defined needs and priorities.</td>
<td><strong>Outcome (Cluster 2):</strong> Services alter in response to changing needs and awareness levels, and services are more accessible and inclusive.</td>
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<td>Meso level</td>
<td>2d. Kelvin College/P&amp;D/Easterhouse/S&amp;B: <strong>Wider Access and Youth Access programmes</strong> (long-term).</td>
<td><strong>Seeks to hit almost all Cluster 1 and Cluster 2 Principles</strong></td>
<td><strong>Seeks to hit almost all Cluster 1 and Cluster 2 Outcomes</strong></td>
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<td>Micro level</td>
<td>3e. Glasgow Life/Gorbals: <strong>Talking Garden – St Francis Centre</strong> (Short-term seeking longer-term sustainability).</td>
<td><strong>Seeks to hit almost all Cluster 1 and Cluster 2 Principles</strong></td>
<td><strong>Seeks to hit almost all Cluster 1 and Cluster 2 Outcomes</strong></td>
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| **Principles (both Cluster 2):** | Increasing and embedding activities to facilitate community participation and widen social networks.  
Changing the way in which local and city-wide resources (people, time and funding) are allocated and utilised, in response to community-defined needs and priorities. |
| **Outcomes:** | Active and powerful communities (**Cluster 1**). Services and activities are defined, developed and delivered by communities, agencies, services and the third sector together, and are led by communities where demanded (**Cluster 2**). |
This mix of activities achieves the following:

- They capture three levels of Thriving Places intervention: local, regional and Glasgow-wide;
- They span the three area partnerships within Glasgow;
- They include both the third sector and strategic organisations such as health and education;
- They include an anchor organisation; and
- Together they incorporate a very wide range of the principles and ten-year outcomes sought by Thriving Places (Diagram 1), within Principles Cluster 1 (services and communities working in partnership) and Cluster 2 (mobilising communities, assets and resources); and within Ten-year outcomes Cluster 1 (community changes); and Cluster 2 (community mobilisation and public services change).

The case studies would be expected to answer questions of pivotal importance to Thriving Places, such as:

**Cases 1b and 2b**: Has Thriving Places led to a realignment of city-wide and local resources (people, time and funding) in health? What is the linkage of this to community-defined needs and priorities? How have health services altered in response to changing needs and awareness levels? Are health services more accessible and inclusive? What can other city-wide services learn from this in terms of how they realign resources to Thriving Places areas?

**Case 2d**: As this seeks to hit almost all Cluster 1 and Cluster 2 principles and outcomes, a purposive selection of focus for evaluation would be made.

**Case 3e**: As this seeks to achieve almost all Cluster 1 and Cluster 2 principles and outcomes, a purposive selection of focus for evaluation would be made.

**Case 3h**: In what ways can a locally-based Thriving Places project increase and embed activities to facilitate community participation and widen social networks? In what ways can it change the way in which local resources (people, time and funding) are allocated and utilised? What is the relationship of this to community-defined needs and priorities? To what extent can activities seeking to enable services and activities to be defined, developed and delivered by communities, agencies, services and the third sector together, achieve this? To what extent can activities seeking to enable services and activities to be led by communities where demanded achieve this?

The above activities only represent a small sample of the very wide range of Thriving Places activities. If they decide to follow this recommendation and pursue a structured case study
evaluation approach, one of the decisions of the forty CPP leaders involved with the EA process will be to judge whether there are activities which are more central to Thriving Places principles and outcomes on a macro, meso or micro level, which may form alternative case studies.

9. Conclusion

Thriving Places has an existing performance management framework and has Health & Wellbeing Survey boosters which provide useful data about the context in which Thriving Places is operating. There is an established difficulty in evaluating area-based initiatives, even with substantial evaluation budgets. Following the EA process, What Works Scotland recommends that the CPP develop an understanding of the types of processes that lead to successful outcomes in Thriving Places through a purposive sample of case studies at macro, meso and micro levels. As Thriving Places is a ten-year programme, this formative evaluation process will inform both the CPP as a whole and practitioners working in Thriving Places areas about promising practice in this early phase of Thriving Places. Learning from the case studies can be adapted by services and partnerships across the Thriving Places areas, leading to the intervention being strongly evidence-informed as it seeks to improve social outcomes over the ten-year span.
References


