



Voluntary Health Scotland AGM

Insight to Impact: Third Sector Data as a Catalyst for Change

27 November 2025, 10.00-12noon

Introduction - Tejesh Mistry

- Tejesh introduced the event and panel discussion, emphasising that data collection can be challenging for our sector.
- Data is powerful; the evidence and stories we tell and how we tell them are incredibly important to our work and to enable us to change lives.
- How we communicate these stories to our wider stakeholders is crucial -the importance of effectively using available data to drive policy and interventions.
- Evidencing impact and strengthening the voices of people and communities is a key part of VHS's [Strategic Plan 2025-30](#) and [Manifesto for Health Creation](#).
- Public money can be used to fund interventions but there is also lots of fundraising involved too.
- [Scotland's Population Health Framework](#) is looking at an analysis framework which explores the tension between performance and impact data. How do we know we are making progress versus we know knowing we are changing lives for the better?
- Professor Sir Michael Marmot, UCL's Institute of Health Equity recently commented that he thinks there is enough data out there already to enable us to move forwards
- At the recent [VHS Annual Conference](#), Professor Devi Shridar commented on how data is often being used to not make decisions or at least to delay them.

Amplifying member data to drive change - Sarah Latto

- Sarah Latto, the Policy and Public Affairs Lead at Voluntary Health Scotland discussed how VHS amplifies evidence and data from its members to influence change.
- She highlighted challenges with health data accessibility; the sector doesn't always have access to full datasets which are often published too late to be useful.

- Many can be quite difficult to use especially in relation to certain demographic groups. The Census data is a good example of this.
- Sample sizes don't allow analysis of intersectional data and third sector data is often underutilised.
- We need to ensure that our data is presented to the right people; often it is going to those who fund our work rather than to the people who are making the decisions.
- VHS's strategic plan and manifesto emphasise the importance of member voices and evidence in shaping health policies. One of the Manifesto's asks specifically addresses data.
- She shared some examples of reports in her presentation from member organisations including [Feniks](#), [Amma Birth Companions](#), [LGBT Health](#) and [Carers Scotland](#).
- Sarah finished by outlining various VHS initiatives, including events, newsletters, and social media efforts and research reports to disseminate third sector data.
- Upcoming projects include a [Social Research Project on Gender and Health](#), anti-racism workshops with CEMVO, working with the Scottish Government's National Review into Community Link Workers (CLWs) and community visits to enhance decision-makers' understanding of health inequalities.

Panel: How Data is Used to Evidence Impact about Change

Panellists:

1. Hayley Durward, CEO, Citymoves Dance Agency
2. Gemma Pritchard-Woollett, Lead CLW, Clackmannanshire
3. Bethany Sikes, Research and Policy Manager, Volunteer Scotland
4. Sarah Latto, Policy and Public Affairs Lead, Voluntary Health Scotland

Each panellist did a short introduction to their work and how they use data to evidence their impact.

Hayley Durward - Citymoves Dance Agency

- Hayley introduced Citymoves Dance Agency which is based in Aberdeen. Dance for Health is one of the founding pillars of the organisation.
- She highlighted their work with dementia and Parkinson's patients, as well as their support for individuals with additional support needs.
- Hayley discussed their latest project at HMP Grampian, which will focus on working with women prisoners and their children.
- She also shared data from their [2024-25 Impact Report](#), which was compiled with the help of a University of Aberdeen intern.
- Hayley emphasised the importance of measuring both individual and community benefits of their work and encouraged others to think about how they can clearly inform and amplify these changes.

Gemma Pritchard-Woollett - Clackmannanshire TSI

- Gemma is the Lead CLW for Clackmannanshire. Their team of 5 covers 10 GP surgeries.
- She explained that CLWs are social prescribers who support people with non-medical issues like mild and moderate mental health, social isolation and loneliness, housing, finance and employment.
- They are based in GP practices and referrals to them come from primary care. They connect people primarily to third sector services as well as to some statutory ones.
- When they started their service, they were required to report to HSCP and Practice Managers. It was all about proving their worth. Reports are needed to secure funding and it was imperative to them that they looked at how best to evaluate their work.
- The team use a system called Milo to track referrals, appointment durations, and onward referrals, which helps them to identify gaps in services and support funding applications.
- They wanted to demonstrate that the CLW service represents good value for money. They used the National Academy of Social Prescribing's information including [The Impact of Social Prescribing on Health Service Use and Costs](#) to measure reductions in visits to GPs. They included a control group in evaluation to demonstrate that the reduction was because of CLWs and they used data from the GP contract to find indicative cost savings.
- They have added ONS4, a wellbeing evaluation into the Milo system.

Bethany Sikes - Volunteer Scotland

- Volunteer Scotland is the national centre for volunteering.
- The most important dataset for them is the Scottish Household Survey - which is longitudinal and helps them to see trends in volunteering participation (which has been in decline since 2010, with a record low of 18% in 2023). [There are some signs of recovery in volunteering numbers in Scotland](#).
- Inclusion gaps are increasing, particularly among those with disabilities and from the most deprived communities.
- What the data doesn't tell them is about the volunteering experience or the difference it is making.
- They did a [recent study](#) with State of Life that quantified the wellbeing benefits of volunteering. Volunteering is worth £1,000 per person per year in wellbeing benefits, equivalent to £530 million Scotland-wide.
- NHS GGC conduct a [health and wellbeing survey](#) every 3 years - looking at volunteer data. It is a helpful source as it asks the same question as Scottish Household Survey and allows them to make comparisons. They can delve into demographic trends and share thematic and summary reports. They published a [blog](#) on how they have used this.

- It is hard to drill down to LA area within the SHS survey, whereas the GGC survey enables them to look at each of the local authority areas and volunteer participation in ‘thriving places.’
- Questions that are not in Scottish Household Survey include ‘have you taken any social action in the last year’ and ‘how does this correlate with volunteer participation?’
- They are launching ‘No volunteers, no community’ campaign to make the case for investing in volunteers to elected representatives.

Questions and Discussion

Tejesh Mistry highlighted the importance of using national datasets to understand population-level impacts, drawing parallels to Sports Scotland's work on physical activity levels. We are all collecting lots of different types of data. What is the reception to that amongst stakeholders? What is influential?

Hayley Durward said that the trend from funders is often around wanting to see national data, which can be difficult as many organisations only work in one local area, so the balance can be tricky.

Sarah Latto highlighted the importance of having both robust qualitative and quantitative data to share with wider stakeholders.

Gemma Pritchard-Woollett agreed that a mix of data is important - case studies and individuals’ stories are as important as the numbers. For them, it isn’t just about funders but also supporting CLWs in their roles and getting that acceptance and recognition from the people they work with.

Billy McClean, Renfrewshire HSCP spoke about the importance of demonstrating value of the third sector and measuring the impact of prevention and early intervention services. He highlighted how third sector activities reduce costly crisis management. These might only impact on one person’s life but could save on so much further down the line- use of acute services, hospital beds, the justice system.

Tejesh Mistry asked the group what is proportionate for us to measure, since most of us don’t have big evaluation budgets?

Hayley Durward shared her experience of working with young offenders, emphasising the importance of proving the value of dance programmes beyond physical activity.

Maree Aldam, Amma Birth Companions asked a question about policy influencing strategies for smaller organisations. Sarah Latto advised linking with VHS, attending VHS’s [Health Policy Officers Network](#) meetings, and focusing on personal stories to influence decision-makers, particularly local MSPs.

Bethany Sikes emphasised the importance of collaboration with researchers and using both data and stories to influence decision-makers. It is important to understand what is happening to drive trends as surveys can't tell us everything.

Roisin Hurst, Scottish CLW Network shared an example of how presenting cost-benefit analysis and case studies at a recent event with Scottish Government could positively impact the long-term sustainability of the Community Link Worker Programme.

Nicola Welsh, Held in our Hearts spoke about data from their new project which focused on hospital to home. They looked at capturing quantitative data and introduced evaluations from the first and last visit. They have been invited to more discussions because they have more quantitative data, which is great but also slightly galling when they have always had great qualitative evidence.

Gemma Pritchard-Woollett highlighted the importance of choosing appropriate evaluation methods that protect participants while still gathering valuable data.

Closing Comments - Christine Carlin, Chair, VHS

- Christine spoke about how VHS relies on its members to amplify voices.
- Data is a powerful tool and today we have heard excellent examples of how it is used.
- She thanked everyone who applied to become a VHS Board Member. There will be future opportunities to work with the VHS Team. She also thanked her fellow trustees for their support as well as the VHS team who are driving change more widely across the sector.
- She finished by saying that health inequalities need to end and our sector is integral to delivering this. We just need the right action by the right people at the right time to ensure health creation for all.
- Tejesh closed the meeting saying that VHS is ambitious to grow and diversify its membership, so please share with colleagues and other organisations. We will also be at the Gathering in February, please join us.

Additional Comments from the Zoom Chat

Sarah VanPutten - Lifecare Edinburgh: In Edinburgh we are being pushed to demonstrate wider savings as part of our data/impact, is this being requested across the country? Will keep VHS updated re Edinburgh as part of their expectation on us, we are requesting data from them about costs of the more formal interventions so that we can work out savings.

Billy McClean: It's very difficult to demonstrate prevention. Even evidencing the avoidance of an admission to hospital is challenging to demonstrate (despite that being immediate impact). For those longer-term benefits it's even more challenging and very complex. Regarding demand for health and care services, we are working with a rising tide so limiting the rise in demand (not reducing demand) might be all we can achieve.

Sheena Fletcher Scottish Community Development Centre: shared their recent [joint statement on prevention](#) which might provide more detail on the context.

Gail Kilbane: The pressure in some LA areas around potential budget cuts for the voluntary sector to protect their own is so short sighted. We all need to be so much more collaborative in supporting each other in demonstrating impact.

There was a link shared in the chat to [IVAR](#) which is an organisation that works with charities, foundations and public agencies to strengthen communities across the UK through action research.