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Outcome harvesting as a methodology for the retrospective evaluation of small-scale community development interventions

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ABSTRACT

Purpose: Undertaking evaluations of public health interventions can be problematic, particularly where there are multiple stakeholders and high degrees of complexity. This is especially true with regards to the evaluation of community interventions that can include multiple actors with differing priorities, budgets and resources. Using the example of a place-based community wellbeing project, this paper discusses the practical application of 'Outcome Harvesting' as a methodology for retrospective, responsive and collaborative evaluation in public health research.

Results: Our example shows that Outcome Harvesting can be effectively applied to the evaluation of community development initiatives and is likely to have potential in evaluating public health interventions more generally. Our case study also found it was well suited to retrospective evaluation, although the earlier the work can begin the more beneficial it is in understanding the project and in gathering sufficient data.

Conclusion: Outcome Harvesting shows promise for evaluating community development initiatives, allowing evaluators to work closely with key stakeholders to arrive at a mutually agreed and verifiable set of outcomes. However, challenges remain with regards to engaging a broad range of participants and with ensuring adequate time and resources are available to evaluate initiatives effectively.

1. Introduction

Outcome Harvesting (OH) is a relatively new evaluation methodology that has to date most commonly been used in the evaluation of development programmes concerned with public sector leadership, health care governance and capacity building in local government (The World Bank, 2014). However, as an evaluation technique it has the potential for a much broader application across a range of other disciplines, and its suitability for assessing complexity (Wilson-Grau & Britt, 2012) makes it appropriate for interventions where there are often multiple internal and external influences on outcomes. Therefore, in the absence of a theory of change model where there is a clear programme logic and where the necessary conditions for change have been fully theorised and understood (McLaughlin & Jordan, 2004), OH may offer an appealing alternative for public health evaluators.

OH sets out to identify the potential outcomes of a programme or intervention and assesses the extent to which a range of external and

internal factors have influenced those outcomes. This approach makes the methodology appealing to the field of public health and may be particularly appropriate for the evaluation of community development (CD) and empowerment initiatives. This is largely because such initiatives often consist of multiple stakeholders and social actors interacting within a specific context, often against a backdrop of politics and power (Shaw, 2008; Bradshaw, 2000), requiring evaluators to work closely with these agencies and individuals to fully understand the project and the various influences on its outcomes.

Once outcomes are identified in an OH, evaluators attempt to work backwards to demonstrate the extent to which key stakeholders have contributed to achieving those outcomes (Wilson-Grau, 2015). OH may therefore be a particularly useful tool for retrospective evaluations because it seeks to evidence changes that have occurred as the result of a specific intervention and the actions of a range of social actors. OH also offers a potential route for small-scale evaluations, where time and resources are highly restricted and many leading evaluation designs are

Abbreviations: WPW, Wellbeing Project Worker; CD, Community Development; ABCD, Assets Based Community Development; OH, Outcome Harvest; MCN, Multiple, Complex Needs; RE, Realist Evaluation; ASB, Anti-Social Behaviour.

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neither feasible or appropriate.

This paper presents a case study that piloted OH as a methodology for retrospectively evaluating a small-scale assets-based community development (ABCD) initiative directed towards meeting public health goals. We discuss the six iterative steps involved in conducting an OH and share our experiences of using the methodology for the first time to evaluate a public health intervention. The process of conducting a retrospective OH is explained, and we discuss how the methodology was adapted to suit the specific aims, resources, and time constraints of the evaluation. The successes, challenges and lessons learned from conducting the OH are also presented for consideration by those who may wish to consider using the methodology in similar contexts.

1.1. The outcome harvesting methodology

Inspired by outcome-focused and utilisation-focused evaluation methods OH is an evaluation approach developed by the late Ricardo Wilson-Grau (1942–2018) and colleagues. The framework for OH allows evaluators to 'identify, formulate, verify, and make sense of outcomes' regardless of whether these outcomes are 'positive or negative, intended or unintended' (Wilson-Grau & Britt, 2012 p.1). However, what really sets the approach apart from other methodologies is its focus on working backwards to establish the extent to which outcomes have been verifiably achieved rather than on measuring progress towards a pre-defined set of goals (Wilson-Grau & Britt, 2012).

The terminology of an OH is important as it may differ from terms that some readers are more familiar with, such as 'stakeholders', 'evaluators' and 'beneficiaries'. Instead, the key players in an OH are referred to as 'change agents', 'social actors', 'harvesters' and 'harvest users', and as such an OH is primarily concerned with reviewing the contribution made and the changes experienced by a range of individuals and organisations. More detailed descriptions of these definitions can be seen in Table 1.

The OH process centres around six iterative steps (Table 2). These steps are intended to be employed and repeated and returned to where necessary to evaluate the potential impact of an intervention, and it is important to note therefore that they will not always be sequential and evaluators should adapt the process to suit the needs of the evaluation – in fact it is positively encouraged (Wilson-Grau, 2018).

During the process the harvester employs a range of data collection methods that include a combination of physical evidence and data gathering, qualitative discussions with stakeholders, and analysis and verification of the results of the harvest. In an OH the harvester is not viewed as an independent body looking in, but rather as a facilitator who is there to engage with the change agents and social actors at every step in the process (Wilson-Grau, 2018).

Potential outcomes are one of the first things to be identified in an OH, but it should be noted that the process of conducting the harvest

Table 1
Key terms and agents in the OH process (adapted from Wilson-Grau, 2018).

Outcome	In an Outcome Harvest, the stated outcomes tend to address the following questions: Who has the change agent influenced to change, and what have they changed? When and where has it changed? What change can be seen in the social actor(s)? What is being done differently that is significant?
Contribution	The contribution of the key players below are also considered by asking questions such as: How (if at all) did the change agent(s) contribute to this change? What did they do that influenced the change?
Change	An individual or organisation that influences the outcome (usually
Agents	the organisation running the project).
Social Actors	An individual, group, community, organisation or institution that
	changes because of the change agent's intervention.
Harvest Users	The stakeholder who needs the findings of an outcome harvest to
	make decisions or take action.
Harvester	The person or people responsible for managing the outcome harvest
	(traditionally known as the evaluator).

Table 2
The six iterative steps of an OH (adapted from Wilson-Grau, 2018).

1. Design the Outcome Harvest	During this stage the key questions that the OH is trying to answer are agreed. Agreement is also made on how evidence will be gathered and by whom in order to answer the key questions.
2. Review	Potential outcome statements or descriptors are identified
documentation	that include any changes observed in the social actors and how the intervention has influenced these changes.
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3. Engage with	The harvester engages in discussions with those best placed
informants	to pass on knowledge about how outcomes have been
	achieved and who contributed to them.
4. Substantiate	Claims are substantiated by talking to external sources to ensure accuracy.
5. Analyse and interpret	Outcome statements are organised and the evidence
	gathered used to try and answer the initial evaluation
	questions.
6. Support use of	Harvesters identify points for further discussion and ways
findings	in which the findings can be used in the future.

often uncovers additional outcomes which may not have been initially predicted or predetermined at the planning stage (hence they are initially potential outcomes until they can be corroborated and verified; Wilson-Grau, 2018).

Evidence as to whether and how outcomes have been achieved may be contained in various types of documentation, such as case files, reports, adverts, promotional materials or websites, but could also be relayed to the evaluators during an interview process with those in a position to comment on the success of the observed outcomes. Through engaging with informants, any claims made about how and whether outcomes have been achieved are substantiated and the harvester must iteratively navigate through the six steps until verifiable outcome statements are arrived upon. It is from here that those statements and the evidence gathered are analysed and interpreted to answer the initial research question, with a view to ultimately sharing those findings with the harvest user and the wider audience (Wilson-Grau, 2018).

1.2. The evaluation setting

Our evaluation's focus was a suburban Assets Based Community Development (ABCD) initiative situated on the outskirts of medium-sized UK city. According to the national Index of Multiple Deprivation (IMD) measure -a social deprivation indicator operating at a local level incorporating approximately 5000 residents (Niggebrugge et al., 2005) - the area sits within the top 10% of the most deprived localities in England. Despite the obvious challenges locally (including low incomes, high levels of unemployment, lone parent families and high levels of benefit claimants) several local clubs, activities and services were already well established in the area at the start of the project, although many of these were initiated by resident volunteers or local charities rather than by statutory bodies. This reliance on local people to provide for their community had come to be expected over time:

"Community cohesion is a very strong and a positive factor in the lives of [local people]...when you realise no one else is coming to help you, you'd better help yourself", Local Councillor

Yet despite its seemingly strong community cohesion, pockets of tension had started to arise in the area between certain groups which was causing some anxiety amongst local people. These tensions were focused primarily on incidences of antisocial behaviour (ASB) within an area of shared space between a community centre, GP surgery and a housing facility designed for people with multiple, complex needs (MCN). Staff and patients had reported feeling anxious about using or working at the surgery, whilst those living in the MCN housing facility felt they were being unfairly blamed for the ASB. The funder therefore sought a solution from within the community that could address these issues, ultimately deciding to fund a CD worker with the aim of engaging local people and building social connections between these individuals

and organisations.

Given that an ABCD project already existed within the somewhat neglected community centre adjacent to the surgery and MCN housing facility, the agreed course of action was to fund the existing Wellbeing Project Worker (WPW) therein to focus his efforts around the area in question. Initially the WPW's role was funded as a means of engaging the local community to reenergise the area, but this new focus saw their undertaking widen to incorporate some additional objectives. These included:

- Improving relations between those living in a MCN housing vicinity and staff and patients using the doctor's surgery
- Developing initiatives to address the health and wellbeing needs of the wider local population
- Bringing a neglected asset back into community use (namely the community centre in which the WPW was based) (Fig. 1)

Once the project had been running for six months, the evaluation team was approached by the funder to assess the outcomes of the WPW's role. The budget for the evaluation was minimal and resource within the research team was somewhat restricted as a result. The scant resources available further necessitated the need for a mode of evaluation that could take a targeted and methodical approach to evaluating the outcomes of the programme. Therefore, the first challenge faced by the evaluation team was to identify an appropriate methodology that would fairly and retrospectively capture the views of stakeholders and provide good evidence for project outcomes within a relatively short space of time. Given the team's existing knowledge of and interest in OH, it was decided that the approach would be piloted for the purposes of this evaluation.

1.3. The research team

The research team consisted of the Principal Investigator (PI), a Research Associate (RA) and a PhD candidate who was also a member of university staff. The PI and RA were experienced in conducting evaluations of larger scale CD projects and interviews and focus groups were conducted by the RA and the PhD candidate. 10.5 days were allocated to complete the project in the initial evaluation project plan, although in reality this increased to around 14 days in total as the project progressed. The evaluation was conducted over a period of three months.

1.4. The challenge of evaluating CD initiatives

CD initiatives can pose challenges for evaluation for several reasons. Firstly, traditional models of evaluation are often not appropriate for assessing key elements such as participation and empowerment, as they can fail to fully consider the contextual and external factors within which an initiative is operating (Craig, 2002). This can include the local political environment and its impact on the evaluation. Multiple stakeholders, for example, may have diverse views about the goals of the initiative, whilst the community itself may change significantly over the period of time it is being evaluated (Jolley, 2014).

Secondly, CD can be difficult to conduct within an allotted time frame, rather it benefits from an ongoing process that seldom has a distinct beginning, middle or end. Consequently, it can be time consuming and complex (Abboud and Classen, 2016), with workers investing much energy – particularly at the start of projects – in walking the area, meeting local people, making connections and building trust (Beardmore et al., 2021).

A third consideration is that CD can be patchy and progress unclear; desired outcomes are often not laid out from the start and the processes by which change will be achieved are often vague (Maloney et al., 2019). For example, progress may be quicker in some areas than others, or some of the activities developed may have more obvious returns and improved outcomes. Likewise, some initiatives will have a substantial impact on a small number of individuals, whilst others may benefit whole communities.

Fourthly, an important feature of many successful CD initiatives is a 'test and learn' approach. Test and learn places as much value on the activities and initiatives that do not work due to the opportunities therein to learn from any mistakes (often through consultation and coproduction with local people), rectify them and try again (Beardmore et al., 2021). This approach does not necessarily fit neatly within some of the more popular evaluation frameworks that follow a programme logic model, thus making evaluation challenging. Whilst it can certainly be argued that the ability to adapt in response to the needs of the community in this way is a strength of CD initiatives, it is also acknowledged that this level of complexity can cause difficulties in knowing what exactly to evaluate (Baum, 2001).

The complexity of some CD interventions has therefore made evaluating them a particular challenge, something which has in turn led to gaps in the evidence base (Ohmer & DeMasi, 2009). It is also an area

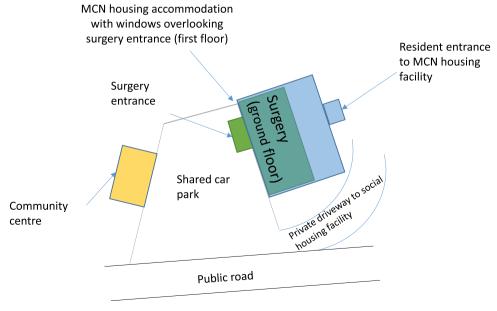


Fig. 1. Map of area.

which struggles with the measurement of impact and to date there are no standard agreed tools with which to do so (Ardle & Murray, 2021). Whilst alternative approaches to evaluation such as developmental (Patton, 2011); participatory (Braithwaite et al., 2013) and empowerment (Fetterman, 1994) methods have proved somewhat successful in addressing these issues, there is still room for improvement. Likewise, others have advocated for the importance of implementing programme logic and theory of change models (Judge & Bauld, 2001), and whilst these may work well in the evaluation of large-scale projects, they are less appropriate in assessing the outcomes of smaller interventions. It is therefore beneficial to explore alternative approaches that might make this process more straightforward, and OH may be one such option.

2. Methods

2.1. Applying the methodology to evaluate an ABCD project

This section takes the reader through the application of our outcome harvest, as it was conducted within the context of the evaluation of the community development initiative described above. The OH approach was adapted to suit the needs of this particular project, and due to factors such as time constraints and limited access to some informants, the methodology was adjusted to fit the needs of the evaluation. The iterative nature of the OH is important to bear in mind here as the steps are repeated or returned to, for reasons that are made clear below.

2.1.1. Steps one and two – design the harvest and review initial documentation

Early discussions and email exchanges with the funder allowed the evaluation team to put together a loose plan based around the six steps of an OH, and this was submitted to and agreed with the funder as part of the overall project plan.

At this stage the funder submitted a limited amount of background documentation that included the project mandate and the original bid submission from the project's parent organisation. After reviewing these documents, the evaluation team were able to create a broad set of questions that needed to be understood in order to evaluate the project effectively, and these became the basis for the evidence gathering that followed.

Given that at this stage of the harvest there was very limited information available, some of the questions were formulated to establish background information and context and to enable the evaluation team to fully understand the mechanisms and processes involved in any change. These questions included:

Background/context

- 1. Who lives in the area and what are their demographics?
- 2. What is the location and surrounding area like?
- 3. What are the local community assets?
- 4. What was the issue?
- 5. How did it come to light?

Planning/implementation

- 6. How was the intervention agreed?
- 7. Why was this the chosen solution?
- 8. What were the aims of the intervention?
- 9. What has the WPW done to implement change?
- 10. What other agencies have influenced outcomes?

Outcomes

- 11. What are the tangible, identifiable outcomes?
- 12. What evidence is there for change?
- 13. What role did the change agents play in achieving the outcomes?
- 14. What changes have been observed in the social actors?

Given that the OH was retrospective, these questions aimed to establish potential outcomes as they were understood at this very early stage. Once these potential outcomes were drafted, the team sought to find supporting evidence and to understand the processes involved and the extent to which they had been achieved (or not).

These questions not only guided the gathering, organisation and analysis of written and hard copy data but also served to inform the topic guides for the interview stage of the OH. These topic guides were adapted for each informant in order to gather the richest information to inform the harvest.

2.1.2. Step three - engage with informants

Given that so little was documented about the project at the start of the evaluation, the next task was to engage with a key informant – in this case the WPW. As the WPW was key to understanding the project and who the change agents and social actors were, a member of the research team interviewed him shortly after the initial early document analysis.

The evaluation team built a strong rapport with the WPW and were in frequent contact. This strong working relationship with the WPW was beneficial in identifying sources of evidence and appropriate contacts from whom the evaluation team would be able to gather information.

2.1.3. Step two (repeated) - review additional documentation

During the interview with the WPW, the researcher was given a folder of additional project documentation, and from here the team were able to solidify some of the key potential outcome statements through desk-based analysis. The documents provided by the WPW included:

- 6 week report to funder
- 3 month report to funder
- 6 month report to funder
- Evaluation information from the funder
- Weekly activity schedule
- Stakeholder meeting log
- Promotional materials and marketing
- · Activity attendee log
- Written case studies

Using this information and working closely with the WPW, the evaluation team were able to confirm and agree on the outcome descriptions drafted in the earlier steps of the evaluation.

2.1.4. Step four - substantiate

In addition to the written documentation and in an attempt to substantiate the validity of the agreed outcome descriptions, qualitative interviews and a focus group were conducted with a number of social actors, and evidence for each outcome was triangulated from the various audio recordings and transcripts gathered throughout the OH. Thirteen social actors were spoken to in total, either through one-to-one interviews or as part of a focus group (Table 3).

Interviews were conducted by two members of the research team, and lasted between 20 and 80 min, with a mean interview time of 41 min. The focus group was 49 min in length and both researchers were

Table 3 Interview and focus group participants.

Interviews	Wellbeing Project Worker (1) MCN housing employee (1) GP Practice representative (1)
	Ex- resident of the MCN housing facility (1)
	Local Councillor (1)
	Funder (1)
	Local community workers/leaders/volunteers (4)
Focus Group	MCN housing facility Residents (2) MCN housing facility worker (1)
Total number of participants	13

present. The data gathered from these interviews was transcribed and subsequently thematically analysed and coded using NVivo 11 software.

Despite the team's best efforts, some social actors declined to be interviewed for the evaluation and the GP surgery was particularly underrepresented in our sample. However, we were able to speak to a wide range of people from a selection of local organisations or who had had direct contact with the WPW and the ABCD project. These interviews gave substantial support to the outcome descriptions, as well as identifying the key social actors who had been involved in bringing about change, as demonstrated in the samples below:

"One of the key facts about the WPW is that he has brought people together...[...]...Bringing people together to do things I think is one of the really positive aspects." Local Councillor

"[The community centre] was just going by the wayside. But now – because of [the WPW] – it's getting used pretty much every day...So all of these bits are going on and they all link in, and they all link to [the WPW]. If it wasn't for him, [the community centre] wouldn't be as used as it is." Local Community Worker

2.1.5. Step five - analyse and interpret

At this stage the evaluation team took the initial harvest questions, the documentary evidence, notes from the interview audio data and the outcome descriptors and began analysing and interpreting the data. Through this process the team were able to assess the extent to which the outcome descriptions could be verified using the available evidence. It became apparent that although all outcomes could be evidenced to some degree, the supporting evidence for each outcome description was varied. Here the evaluation team made the decision to code the outcome descriptions using a traffic light system to indicate the extent to which the outcomes had been achieved at the time of the harvest.

2.1.6. Step four - substantiate (repeated)

On completion, the first draft of the outcome harvesting report was circulated to a selection of key social actors and change agents who had either taken part in the outcome harvest or whose organisations might be impacted by the results. These individuals and organisations were then asked to read the report and complete a specially devised feedback form so that the evaluation team could further substantiate the outcome descriptions. Feedback was received from four individuals and changes were made to some of the detail in the outcome descriptions as a result. The feedback also resulted in an amendment to one of the outcome descriptions (Table 4)

2.1.7. Step six - support use of findings

Following this process amendments were made to the final report and the outcome descriptions were finalised. The final OH report was then released to the funder and published.

3. Lessons learned

CD is known to be an area that challenges many formative and summative approaches to evaluation, most of which are not appropriate in assessing the impact of this type of work (Craig, 2002; Maloney et al., 2019). Evaluating the project therefore presented the evaluation team with several issues to contend with, perhaps the most notable of which was the fact that it had already been running for a period of six months when the evaluation commenced, rendering the use of many traditional methodologies extremely difficult. Furthermore, little was known about the initiative at the start of the evaluation and there was no clear programme logic or theory of change. This resulted in little documentary evidence being available to the evaluation team beyond the paperwork that had been accumulated by the WPW and the funder. Funding for the evaluation and resources within the team were also very limited.

Considering these challenges, OH became an appealing option for

Table 4 Final outcome descriptions.

- Members of the local community – including residents of the MCN housing facility - are increasingly engaged with activities at the community centre.
- 2. Relations between the surgery, residents of the MCN housing facility and the wider community are improved and there are fewer instances of ASB
- Good evidence from project records, substantiated by key stakeholders including residents and community members. Substantiated and agreed.

Some evidence, but mixed and inconsistent due to the fact that we were unable to interview some relevant social actors and change agents.

Following further substantiation resulting from the completion of the above feedback form (Table 5), it was agreed that this outcome would be split and redefined as follows:

(a) Relations between the Good anecdotal surgery, residents of the evidence

MCN housing facility and the vidence appropriate age.

MCN housing facility and the wider community are improved

(b) There are fewer instances of ASB

Some evidence, but more time needed.

Good evidence directly from residents and substantiated by other stakeholders but starting from a good track record. *Substantiated and agreed*.

in the community Good evidence from project records, and a range of partner stakeholders, but not wholly consistent. Substantiated and agreed.

Some evidence. Good qualitative evidence for individuals closely involved with the project. However, no quantifiable evidence. *Substantiated* and aereed.

Good evidence from interviewees, corroborated with project records and grant funding. Substantiated and agreed.

3. The MCN housing residents feel part of the local community and, more widely in the community, barriers between different groups are being broken down.

- Stakeholders in the community and beyond have improved partnership working and are working together to achieve common goals.
- The MCN housing residents and the wider community are supported to have better health and wellbeing outcomes.
- A community asset (the community centre) has been reinvigorated so that it is now of benefit to the whole community.

the evaluation team to pursue, although there was some trepidation associated with how effectively it could be employed within this context given that only one published paper indicated it had been attempted before (Abboud & Claussen, 2016). In practice the methodology was easily applied, thanks in large part to the clear and logical steps described in great detail by Wilson-Grau and colleagues. However, lessons were inevitably learned, and we share these below for the benefit of future evaluators.

3.1. The challenges and benefits of engaging key informants, change agents and social actors

The first challenge encountered was convincing stakeholders of the importance of participating, something which is a perennial problem across evaluation methodologies. Although the WPW was fully engaged from the outset, persuading others to participate occasionally proved difficult, and indeed the evaluation team were ultimately unsuccessful in engaging some key informants. It is well known that workers can often be reluctant to participate if they feel that they are being asked to do so to please an often-faceless external funder (Kenny, 2002), however gaining the trust of the WPW was key to formulating the initial harvest questions and ultimately in agreeing outcome descriptions.

Engaging a broad range of participants beyond the immediately obvious social actors was also significant in gaining insight into the wider impact of the intervention. For example, speaking to local councillors or those running groups and activities elsewhere in the community enabled the evaluation team to assess the influence of the project beyond the immediate vicinity.

3.2. Retrospective evaluation allows for effective facilitation, collaboration and corroboration

The retrospective nature of OH allowed the evaluation team to concentrate on verifiable outcomes that key stakeholders were able to corroborate, amend or dismiss, as appropriate. Whilst this inevitably placed an emphasis on the recall and subjective experiences of key informants, the triangulation of the evidence based on interviews and written documentation from multiple sources allowed the team to be clear about what had and hadn't been achieved as a result of the intervention.

Evaluations sometimes require an element of diplomacy in their reporting, particularly when presenting funders with results that might not sit well with their perceptions of an initiative's success or when it is the funder who has commissioned the evaluation. Funders sometimes look for proof that objectives have been achieved and that their investment is therefore justified (Ardle and Murray, 2021), especially where the initiative's funding has come from public money. However, these potential issues were successfully navigated in our evaluation due to the significant steps taken to substantiate the outcome descriptions.

Given the small scale of the case study evaluated and the physical proximity of the key social actors, we were able to formulate some quite specific outcome statements associated with the project. Whilst all agreed with the descriptions, perhaps the most challenging element of the harvest was balancing the available evidence with perceived outcomes. In common with Abboud and Claussen (2016), we too found that although there was often a range of documentary evidence available, the availability of the 'right' kind of documentation was what improved the quality of the outcome statements. However, the final stage of feedback gathering proved to be a critical final check in corroborating our findings and we recommend this approach to evaluators.

Lastly, in an OH evaluators are encouraged to become facilitators who must immerse themselves in the project, thus enabling them to form strong relationships and rapport with key stakeholders. As with any qualitative research, the ability to build rapport with participants is the key to establishing trust, which will in turn elicit honest and frank answers (Guillemin & Heggen, 2009). This approach therefore allowed for quality relationships to be established between evaluators and participants throughout the OH. Like Abboud and Claussen (2016), we also found that forming these relationships and establishing trust was paramount when negotiating outcomes, something which can only be achieved through effective collaboration and communication. As they rightly point out, this approach is also underpinned by the constructivist approach to evaluation developed by Egon Guba, the purpose of which is to explore the subjective experiences of participants, placing value on the opinions and experiences of all stakeholders, regardless of their status (Stufflebeam, 2008).

3.3. The implications of short-term funding and scant resources on an OH evaluation

When the evaluation began, the project was coming to the end of a period of short-term funding, something which, it is argued, can increase the risk of failure in community development projects (Community Development Foundation, 2010). Short funding periods can also make it difficult for an evaluation team to assess any long-term impact and as a result our evaluation represents a snapshot in time rather than a study of the long-term efficacy of the intervention.

The evaluation was conducted over a period of three months and on very limited resources. This meant that the resulting OH was hyperlocalised in its scope and does not – as Ardle and Murray (2020) recommend – maximise any potential for a broader focus that could feed into any kind of wider, transformative agenda. However, the adaptable and flexible nature of an OH proved to be a hugely beneficial tool within the context of our limited time and resources and allowed us to feed back the success of the initiative quickly for maximum impact.

In summary, whilst there were several challenges involved in evaluating a project using the OH methodology, many of these are common across all types of evaluation and not unique to OH. More importantly, the OH did not uncover any challenges associated specifically with evaluating a CD project, and the methodology was appropriately and successfully applied within the context of our case study.

4. Conclusions

This study sought to demonstrate that OH is a promising approach for the evaluation of small-scale community programmes, in circumstances where the evaluation needs to be undertaken retrospectively, within a short time scale, and with small financial resources. OH methods can reveal and substantiate outcomes that may not be readily surfaced through alternative evaluation approaches. Key features of the OH methodology correspond to established evaluation procedures and are therefore recognised by key stakeholders.

Evaluators need to pay attention to some critical stages in the OH process. These include the initial contracting and scoping stage which needs to ensure that primary intended users are appraised of the benefits and limitations of OH and can therefore assess the appropriateness of the method for their needs. It is also important to be aware that stakeholder engagement in the evaluation process can be difficult to implement unless there is clear agreement to participate from the outset.

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CRediT authorship contribution statement

Amy Beardmore: Project administration, Conceptualization, Methodology, Investigation, Formal analysis, Writing – original draft. Mat Jones: Project administration, Conceptualization, Supervision, Writing – review & editing. Joanne Seal: Investigation, Writing – review & editing.

Declaration of Competing Interest

The authors declared no potential conflicts of interest with respect to the research, authorship, or publication of this article.

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