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PACT Witney Children's Centre

SROI Evaluation

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Opening Remarks

As it comes up to a hundred years of fantastic social work in Thames Valley PACT has so much to celebrate. Its history of great achievements is not just that: a history. It is a story that is continuing, growing, developing to meet the challenges of our modern society and its children.

Amongst the many facets of its work, three were selected for examination by Jim Clifford, Cass, and Baker Tilly, and by our own team, in this fascinating “Action Research” project. Our Alana House Women’s Community Project, and its outstanding work amongst women at risk of offending, and the impact of the training and support programmes for adopters and foster parents were two of these. The third is covered in this report: our work at the Witney Children’s Centres, and notably the work delivering the healthy eating programme that combats escalating obesity amongst our children.

We are all concerned about the reports of increasing obesity amongst the young. The threat of 60% of our children being obese by the time they are sixty years old is frightening.

It is one thing to acknowledge it as an issue, but another altogether to do something about it. With PACT’s unerring ability to get to the point and to get on with it, again they are doing just that.

This report shows the amazing value of what they are doing in this programme developed from medical research in the field. Over £5.8m of economic value is generated every year, and this form only one part of the wider work of the two Witney Children’s Centres that cost only £300,000 the pair to run.

This is real building for the future, and surely outstanding value for money. Keep it up, PACT.

Malcolm Fearn
Chair
Parents and Children Together

Foreword from the Chief Executive of Parents and Children Together

Children's Centres are about family and developing this as a foundation for children's development. We support, we train, we encourage and we listen to parents, adapting our approaches to make them more relevant and more effective.

When we were discussing with Baker Tilly and Cass which aspects of the Centres' work we would evaluate, we faced a challenge: how did we find aspects that we could tackle in a sensible timescale, and still have time to do them in enough depth to get to the heart of them? We were quickly drawn to the healthy eating programme, but accepted that, with our multi-impact delivery, encompassing not only healthy eating behaviours and knowledge, but also family relationships, bonding, and cohesion, we could not pick up all these and still present a clear, focussed study. We have therefore not picked up and evaluated the social and mental health benefits of that programme, leaving these to another day whilst we look at the healthy eating effects themselves.

The Foresight studies discussed later in this report paint a frightening picture of the future for our children. However they also show the way to address the problem, and that's where PACT comes in. Under the excellent leadership of Yolanda Hampshire a programme has been developed that blends whole-family, parent-only, and one-to-one support to help parents change their families' behaviour and to embrace healthy eating.

This study shows the enormous worth of that work. Having singled out just this one aspect of the wider work of the two Children's Centres in and around Witney to evaluate, we have seen economic values of over £5.8m a year.

We are grateful to Jim Clifford, of Baker Tilly and Cass Business School, for supporting us in this review, for challenging us and guiding the development of this report. I would add to this my personal thanks to those PACT staff and others who participated in the study.

We knew it was valuable work: we could see that in our day-to-day interactions with those who come to the Centre. It is, though, energizing to be faced with the very real extent of that impact. The PACT team are not complacent, accepting this as a satisfactory level to have reached. We look forward to further improving our delivery of services to the Witney area, and are already focussing on this.

Jan Fishwick
CEO
Parents and Children Together

Introductory Comments from Jim Clifford

This is a time when many cash-constrained Local Authorities are having to trim back services. With that backdrop, the effectiveness and extent of outcomes achieved from Local Authority commissioned and funded community services are rightly being questioned. Analyses such as that presented here can help inform that questioning, whilst also aiding service providers in refining those services the better to meet social needs.

PACT's team at the Witney Children's Centre have taken the challenges laid down in the Foresight study of Healthy eating and developed a programme that does not just teach or talk about what is needed. It addresses how life-long eating habits may be changed, and a generation turned around to a new way of eating and enjoying food.

The social and economic benefits are measured, conservatively, at £5.8m for the direct lifestyle and health improvements for parents and children in those families. It does not pick up the benefits in terms of social cohesion, mental health, and the beneficial effects in attachment and child development in which PACT is so experienced, and which is also built into aspects of the delivery of this programme, as with the rest of the work at the Centres. Aspects of the impact of that sort of work by PACT are covered in the parallel study of PACT's Domestic Adoption and Fostering services which was produced, with this, and the study on Alana House Women's Community Project, as part of a wider research project.

In presenting its findings, this study does not follow through to presenting the outputs as a ratio to inputs, as that would tend to draw a misleading comparison with other organisations, and draw attention away from the values being achieved in absolute terms.

Following the work by new economics foundation over the past decade, and latterly the Scottish Enterprise-sponsored work, the Social Return on Investment methodology has been published in a Cabinet Office paper. Leading commentators and researchers, including nef, New Philanthropy Capital, SROI Network, and ourselves and Cass Business School recognise that, although there are some wrinkles to be ironed out, this as a practical and workable solution to demonstrating social impact. With such a need to focus on this during times of cuts in public funding, and increased social pressures, this is needed now more than ever. It is rightly described by NPC in their recent position statement as "an incredibly useful tool."

The methodology used in this research project, and indeed the majority of similar projects we are undertaking, is Action Research, also known as Action Science. This allows the organisation to be supported by the researcher in learning about itself. In this context, it gathers quality information, from those that best understand it, building in relevant, validated third party data, and giving the organisation the knowledge to be able to embed it in its performance monitoring systems: all in one go. It works, and delivers results cost-effectively.

SROI can become a process-driven exercise in which the answer emerges as a function of the process. It can also suffer from the use of financial proxies that have a poor correlation with the outcomes they attempt to measure, or are based on over-enthusiastic assumptions, and a lack of robustness in linking outcomes to the activities in which they originate. This is not the case here. The evaluations have been developed with real thought, care and prudence, and are soundly based on validated underlying data, with conservative assumptions where such are necessary. It fairly represents the very valuable contribution of PACT to all involved in the adoption and fostering triangle, and to the wider UK economy in the fields evaluated.

This is a carefully-constructed, conservative, informed and exciting piece of work that adds to our understanding of social impact. I look forward to both informing the ongoing development of the SROI methodology, and becoming the foundation for more focussed development of PACT's valuable mission.

Jim Clifford

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Jim Clifford is Head of Charity and Education Advisory Services, and Chairs the Public Sector Group at Baker Tilly. He was the lead author of the social impact protocol for Sector Skills Councils, published earlier in 2010. He is undertaking research into evaluative protocols for transactional decision making (linking Social Impact with conventional valuation and brand valuation) with Professors Palmer and Bruce at Cass Business School's Centre for Charity Effectiveness. He has recently been appointed as a director of the Centre for Public Scrutiny.

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Definitions of Terms

The following definitions apply throughout this document, unless the context requires, otherwise:

Term	Definition
CRB	Criminal Records Bureau
GP	General Practitioner
GVA	Gross Value Added (a measure of economic productivity after deducting direct costs such as employment costs)
PACT	Parents and Children Together, the operating name and brand of the Oxford Diocesan Council for Social Work Incorporated, a registered charity number 285214
SROI	Social Return on Investment

1. Executive Summary and Key Findings

Background to this report

- 1.1 Parents and Children Together (“PACT”) was founded in 1911 as the Oxford Diocese’s Social Action arm. It exists to build and strengthen families and increase the life chances of children and young people especially those from more vulnerable backgrounds.
- 1.2 PACT’s values are key to what it is and what it does. It works to a values framework known as ISHAPE that defines who it is, and has been developed in conjunction with a wide cross section of its staff and managers to embody the values and ethos that makes them what they are. ISHAPE takes the five outcomes from “Every Child Matters – Outcomes for Children”, broadens them to fit PACT’s slightly greater remit, and adds **I**ndependence: a key element both in its thought and approach, and in its ability to get alongside parents and their children, without any ties to State or other bodies that would impede it doing what is right. The five ECM outcomes are:
- Be **S**afe
 - Be **H**ealthy
 - Enjoy and **A**chieve
 - Make a **P**ositive Contribution
 - Achieve **E**conomic Wellbeing
- 1.3 PACT brings the wide ranging skills and experience of its staff and managers together in a variety of projects, all focussed on the needs of children and young people at risk. This work ranges from domestic and International adoption, through long-term fostering, to Children’s and Family Centres, Before and After School Clubs, Community projects, work with the Travelling Community, and one-to-one and other forms of direct family support.
- 1.4 The two Witney Children’s Centres are operated by PACT under a contract with Oxfordshire County Council. They provide a range of services to families and their children under 5 either in group settings or 1-2-1 in the families’ homes offering more intensive support. Yolanda Hampshire, manager of the Centres describes the focus: “All our services are for all families who live in Witney and Ducklington. The outcome for the Children’s Centre is to improve the life chances of the children and to reduce childhood poverty.”
- 1.5 Witney Children’s Centre I (Witney Central, East, and South) is a phase 2 centre and was designated in June 2006 to March 2012, that is, its commission spans that period.



1.6 Witney Children's Centre II (North, West and Ducklington) is a phase 3 centre and was designated in October 2009 to March 2012.

1.7 Referrals come from Health Visitors, Social and Health Care, Schools, Pre Schools/ Nurseries, Connexions, Midwives, Housing Associations, Home School Link Workers, GP's CAMHS / PCAMHS, as well as a significant number of self-referrals or referrals from other service users.

1.8 A very wide range of activities is offered out of the two centres, spread even further by the use of the playbus that goes to housing estates in the area whose residents might otherwise have difficulty getting to one of the centres. Some are focussed on socialising and, of course, social development, and others are more purposeful in delivering specific benefits around child development, parental guidance or training. The programmes are delivered in a variety of ways appropriate to the audience and the objectives of the activities. These embrace whole family activities, group activities for parents, and one-to-one support and coaching.

1.9 This study has focussed on one particular aspect of PACT's work in Witney: the Healthy Eating programme, which benefits from all of these different ways of delivery. This is key in addressing the considerable concerns from Central Government, the medical profession, and from the wider populace around the growing trend to obesity amongst the young.

1.10 This report explains how one of the leading studies in the area, from Foresight, outlines not only the increase towards a projected 60% of our children being obese by the time they are sixty, but also how to change that trend at a detailed level with individual children and their families. It explains that some of the issue is around lack of knowledge: of what is healthy eating, what to cook and how. The second element is behavioural: habits formed as children, and reinforced by our social setting as adults; so called automatic and self-reported us, where we deceive ourselves we will change later or indeed can't; and the challenges of changing best intentions into action.



1.11 PACT's programme addresses these causes, understanding how they can be addressed, with the benefit of the insight from the Foresight review, and matching specific work to these points of greatest effectiveness. Indeed during the course of this review, with the benefit of re-visiting these focus points, PACT has decided slightly to rebalance the programme to place increased emphasis on the breastfeeding and weaning stages of development. It is clear from the Foresight study that these will be proportionately more effective than the pre-school interventions, although with the huge social benefits of the latter and the only slightly lesser benefits in terms of eating habits, the pre-school work should not be reduced.

1.12 The evaluation has been completed taken the 462 current annual attendees as the normal level for a year. With these numbers of parents attending came 493 children, counting just those under the age of five. This means that the present evaluation ignores the beneficial effects on older children within the family.

- 1.13 It is accepted that, however good the work at the Centres, there will be some that do not attend the courses in full, or do not engage with the subject fully. A further group will drift back to their old ways within a short period after the end of the course of visits to the Centres. Both of these aspects are estimated as 25% each, based on a study of similar behavioural development programmes by Cochrane. PACT management perceive that actual fall-off is less than this, but for the sake of prudence have accepted the estimate.
- 1.14 The broad effectiveness is estimated based on knowledge of, and feedback from, current attendees. This is then evaluated for four main effects:
- More effective and efficient working
 - Less sick leave
 - Lower burden on health services, based on lower obesity
 - Extended economically useful life in view of slower onset of health problems or a generally longer life
- 1.15 No evaluation has been made of three further areas of gain to the children in each family:
- Mental health and self-esteem gains, both from being fitter and healthier, but also having better engagement with parents and siblings
 - Educational performance: again there is evidence that healthier people learn more effectively
 - Improved social cohesion.
- 1.16 The overall result is a value of at least £5.8m from this one aspect of the Centres" work, which is broken down as follows:

Summary Table for PACT's Witney Childrens' Centres		NPV(£)
Adult effects		
Adults working more effectively and efficiently		1,816,995
Adults take less time off sick		1,158,664
Physical health from lower obesity - A: Adults present a reduced burden on health care services		64,554
Physical health from lower obesity - B: Adults present an extended economically productive life		772,746
Costs of additional pension		-1,148,975
Total evaluated		<u>2,663,983</u>
Children effects		
Mental Health and self-esteem		not evaluated
Educational performance		not evaluated
Children as Adults working more effectively and efficiently		2,474,184
Children as adults take less time off sick		1,051,827
Reduced likelihood of obesity-related health problems		119,026
Improved social relationships within the family		not evaluated
Costs of additional pension		-490,428
Total evaluated		<u>£3,154,608</u>
Overall evaluated effectiveness from these aspects of Witney Childrens' Centres		<u>£5,818,592</u>

2. Introduction

Understanding the Services

2.1 The two Witney Children's Centres are operated by PACT under a contract with Oxfordshire County Council. They provide a range of services to families and their children under 5 either in group settings or 1-2-1 in the families' homes offering more intensive support. Yolanda Hampshire, manager of the Centres describes the focus: "All our services are for all families who live in Witney and Ducklington. The outcome for the Children's Centre is to improve the life chances of the children and to reduce childhood poverty."



2.2 Witney Children's Centre I (Witney Central, East, and South) is a phase 2 centre and was designated in June 2006 to March 2012, that is, its commission spans that period.

2.3 Witney Children's Centre II (North, West and Ducklington) is a phase 3 centre and was designated in October 2009 to March 2012.

2.4 Referrals come from Health Visitors, Social and Health Care, Schools, Pre Schools/ Nurseries, Connexions, Midwives, Housing Associations, Home School Link Workers, GP's CAMHS / PCAMHS, as well as a significant number of self-referrals or referrals from other service users.

2.5 Witney I operates out of the Methodist Church building in Witney where the Centre has sole use of one room. This room has been developed with children and families in mind; it is a large open space that has a kitchenette and a carpeted area where there are sofas and a lino area for messy play. The centre also uses a number of community buildings and halls in the catchment area to run the service.



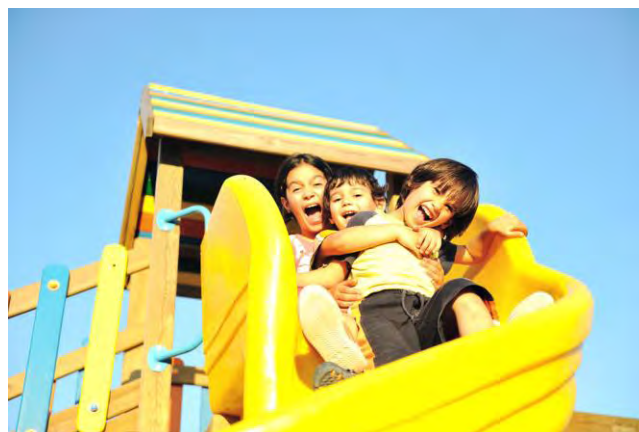
2.6 Witney II operates in a number of venues a Primary School and a Pre School and again uses a number of community building and halls in the catchment area. It also provides services in the summer in the Estates green spaces at the heart of the communities that we are trying to reach. It also operates a mobile playbus.

2.7 Current groups being run cover a range of activities and needs, including:

- ▶ Stay and play (Drop in Sessions);
- ▶ Rhythm and Rhyme (Music);
- ▶ Speech and Language Groups;
- ▶ Forest Schools (outdoor learning);
- ▶ Allotment Project;
- ▶ Grandparents Group;
- ▶ Parenting Programmes – (Family Links);
- ▶ The Freedom Programme (Domestic Abuse);
- ▶ Postnatal Support;
- ▶ Breast Feeding Support;
- ▶ New parents Group;
- ▶ Dads Group;
- ▶ Tea time Stay and Play;
- ▶ Childminders Group;
- ▶ Messy Play;
- ▶ Advice and information (Housing, Welfare, Childcare, Budgeting, local organisations etc);
- ▶ Signposting and onward referrals.

2.8 These are selected by the managers of the centres, taking into account needs within the area as indicated both by information from Oxfordshire C.C., and by user feedback.

2.9 Other programmes provided in partnership with, or interacting with, other agencies are many, with 1-2-1 Support referrals via Health as a major one. In this context support can include budgeting, furnishings, access to benefits, utility connection, access to health, education or community activities, neighbour relations, home safety as identified in the assessment process and agreed in the support plan.



2.10 Further partnership programmes and activities have included:

- ▶ Money Management in partnership with CAB
- ▶ Reading is fundamental – Partnership with Library
- ▶ Training for parents – First Aid in partnership with Red Cross
- ▶ Healthy Eating Group Adults in partnership with Health Visitors
- ▶ Weaning Group – in partnership with Health
- ▶ Trips to seaside, swimming, farm parks, soft play areas and local parks and farm museum, teddy bears picnic
- ▶ Cooking with Children
- ▶ Tatty Bumpkins (Yoga for children)
- ▶ Baby Massage
- ▶ African drumming workshop
- ▶ Visitors
- ▶ Arts and craft

2.11 The project area selected for evaluation is the Healthy Eating programme. This is focussed on reducing child obesity, and encouraging a healthy lifestyle in children by focussing not on the child in isolation, but on him or her in a family context.

2.12 The Children's Centre aims to increase access to health service by engaging with families who traditionally have been unwilling or unable to take up the service. In line with local need the Centre's management plans programmes and services "to promote good health and prevent ill health, and therefore intervening early is critical as patterns of behaviour are often set in childhood and continue to influence health through a lifetime therefore encouraging a child to eat the healthy option while young will help to avoid health problems, obesity or heart disease in later life." – *Sure Start Children's Centre practice guidance Nov 2005.*



2.13 The Centre's Aims are:

- ▶ to work and involve the whole family, where they shop, what they buy and how they cook;
- ▶ to educate parents/carers to help them understand the basic of family cooking and responsible nutrition;
- ▶ to encourage families to sit around a table;
- ▶ to strengthen the communities resilience to childhood obesity;
- ▶ increase physical activities.

There are a generation of parents/carers who have not been taught to cook and therefore losing skills that have been passed down.

In practical terms the Centre's programme delivers:

- ▶ group sessions cooking meals that are well balanced and on a budget;
- ▶ learning how to cook;
- ▶ eat well plate – portion size and a balanced diet;
- ▶ seasonal food;
- ▶ understand the 5 day;
- ▶ cheaper alternatives those are healthier i.e. homemade chicken nuggets;
- ▶ looking at labels so that it is easy to understand.

Yolanda Hampshire, the Centre's manager observed that "We deliver activities that encourages and understanding of the importance of diet and nutrition in improving children's health. We provide opportunities for parents and children to learn about healthy eating in a practical way.

- ▶ We provide opportunities to plan and prepare a well balanced meal and then enjoy the meal together which helps to increase social skills.
- ▶ Offering tips to parents on how to manage their children's fussy eating habits (1-2-1).
- ▶ Help parents and children to learn about where food comes from which encourages them to try different foods (allotment Project).
- ▶ Providing and providing physical activities such as Forest School, Buggy walks, music and movement, swimming etc.
- ▶ Encourage parents to lead by example – they demonstrate a healthy diet and are physically active.
- ▶ Encourage parents to ensure that their children eat regular, healthier meals and snacks".

3. Concepts and methodologies used

Social Return on Investment (“SROI”)

- 3.1 The SROI methodology has been developed in order to help organisations to “[measure and quantify] the benefits they are generating” (per Lawlor, Neizert & Nicholls writing in the SROI guide, 2008^A). This approach was piloted in the UK through the Measuring What Matters programme during 2002 and has evolved since then as further work has been done to develop the framework around it.
- 3.2 It is increasingly being seen as an “incredibly useful tool”^B by a number of organisations and key commentators within the Third and Public sectors in the push to measure and evaluate social impact.
- 3.3 There are three „bottom line” aspects of social return:
- ▶ *Economic*: the financial and other effects on the economy, either macro or micro;
 - ▶ *Social*: the effects in individuals” or communities” lives that affect their relationships with each other; and
 - ▶ *Environmental*: the effects on the physical environment, both short and long term.
- 3.4 Our primary focus has been on economic and social benefits, rather than environmental benefits, as any environmental benefits generated would appear, for PACT, to be too far removed from the intended purpose of the original services provided and appear to be too difficult to measure reliably. Where environmental benefits arise from the work of PACT, we have noted the nature of the benefit as an unmeasured additional benefit.
- 3.5 The benefits of using SROI include:
- ▶ *Accountability*: organisations are able to give both the numbers and the story that supports them;
 - ▶ *Planning*: SROI provides a change management tool to assist in the direction of resources towards the most effective services and to assess the viability of potential additional services;
 - ▶ *Cost and time effectiveness*: the measures produce an analysis of the most cost and time effective activities; and
 - ▶ *Simplicity*: impacts can be reduced to a simple comparison of the cost of funding to the benefits that flow from its core activities to facilitate analysis and give a clear indicator of types and ranges of success.
- 3.6 SROI takes total measurable outcomes, discounted to present value where the benefits occur in the future or are recurring over a period of time, and deducts:
- ▶ *Deadweight*: Outcomes that would have occurred regardless of the intervention;
 - ▶ *Alternative attribution*: Outcomes that arise as a result of intervention by others; and
 - ▶ *Displacement*: Outcomes that are negated or compromised by disadvantages arising elsewhere either in terms of social, economic or environmental damage.

^A Lawlor, E., Neizert, E. and Nicholls, J.. (2008). *Measuring Value: a guide to social return on investment*. London. New economics foundation.

^B Copps, J. and Heady, L. 2010. *Social Return on Investment: Position Paper, April 2010*. London. NPC. From www.philanthropycapital.org

- 3.7 A review of academic work and practical examples of SROI in use by the Third Sector suggests that the measures fall into three patterns, which we have used in this work:
- a. *Economic benefit created*: where there is an impact on earning capacity or productivity;
 - b. *Costs saved or not wasted*: where the intervention results in a saving, either in the cost of another intervention or in a consequential cost (e.g. introducing prevention to save on the cost of a cure). This may be seen in either removing the need for or increasing the effectiveness of an alternative intervention; and
 - c. *Alternative or cheaper sourcing*: where one intervention directly replaces another more expensive one.
- 3.8 In identifying these benefits, a key underlying requirement is to consider not only the positive contribution that PACT makes, but also the economic damage that is avoided by having it in place. Much of our report involves the quantification of the damage to stakeholders that would result based on these implications. By avoiding this damage, PACT contributes to the economy just as meaningfully as where the effect is an incremental benefit.

Addressing issues concerning the use of SROI

- 3.9 Overall, we feel that SROI is a vital tool to provide the Third Sector with a means to evaluate its wider contribution to Society. However, there are several issues to consider when applying this, that are worthy of mention:
- a. SROI, as it is typically presented, tends to ignore the risks associated with the benefits generated. In the course of our work with PACT, we have encouraged the project representatives to consider the achievable benefit created, and to build in reductions to assumptions to account for risks, where necessary;
 - b. A robust SROI analysis must consider the proximity of the benefit created to the actions of the organisation that is seeking to claim ownership of that benefit. We have encouraged the project representatives to focus only on outcomes that are directly attributable to their activities and, where necessary, obtained evidence of the link between the outcome and PACT's activities;
 - c. SROI is typically presented as a ratio of the value of the benefits achieved per pound spent to achieve those benefits. This may be useful internally to each organisation as a measure of performance relative to prior periods. However, the use of this ratio to compare organisations is inherently flawed due to sector and organisation-specific factors that reduce the level of comparability between organisations. Hence, we do not present the results of this report in the form of a ratio;
 - d. There is a danger that organisations seeking to evaluate their impact using SROI may create calculations that are extremely granular to the extent that they become open to accusations of „spurious accuracy“. In this exercise, we have identified a smaller number of key assumptions and worked with the project representatives to develop a prudent result at a high level. We believe that it is important to present a more defensible, prudent analysis than one which is overly complicated and risks overstatement; and

- e. SROI does not take account of the interrelationship of Social Impact and brand value. By creating greater Social Impact, the recognition and perceived quality of an organisation's brand is likely to improve, thus increasing the value of that brand. In turn an entity with a stronger brand may use that to enhance the social impact of its project work. We have noted that PACT believes that it has a strong, well-recognised brand in the area it serves, which augments its ability to deliver positive outcomes, either through the positioning element with service-users, or through its reputation with funders and delivery partners.

Research methodologies

- 3.10 We have worked with an SROI Project team from PACT to carry out an Action Research process (see Appendix B). In this we commenced by holding a meeting with the SROI Project team to determine the key services that the relevant PACT projects and centres provide, the outcomes of these services and the beneficiaries. Three further meetings were held, interspersed with the SROI Project team testing out the conclusions from each interview by practical application in their work, then reporting the results back to the next meeting.
- 3.11 Based on this research, we have discussed with the SROI Project team potential means of evaluating the impact of these services by substituting financial measures (proxies) for the outcomes described. We have relied on the data and assumptions provided by staff at PACT in our analysis; the Baker Tilly researcher has acted to facilitate PACT's understanding of the methodologies we are using to evaluate the impact but are not responsible for the assumptions used in the evaluations shown in this report.



4. Overview of evaluated activities

Overview of evaluation services

- 4.1 For the purposes of this report, we have not set out to evaluate the impact of all services provided by PACT, or indeed all services provided by it through the Witney Children's Centres. Rather, we have focussed on the key projects and outcomes that PACT believes to be representative of the majority of its work in the Centres.
- 4.2 As part of this study we have evaluated the healthy eating suite of support programmes offered through the two Witney Children's Centres.
- 4.3 The targeted advantages for the child of reducing obesity and generally improving diet may be broken down for the children in the families as follows:

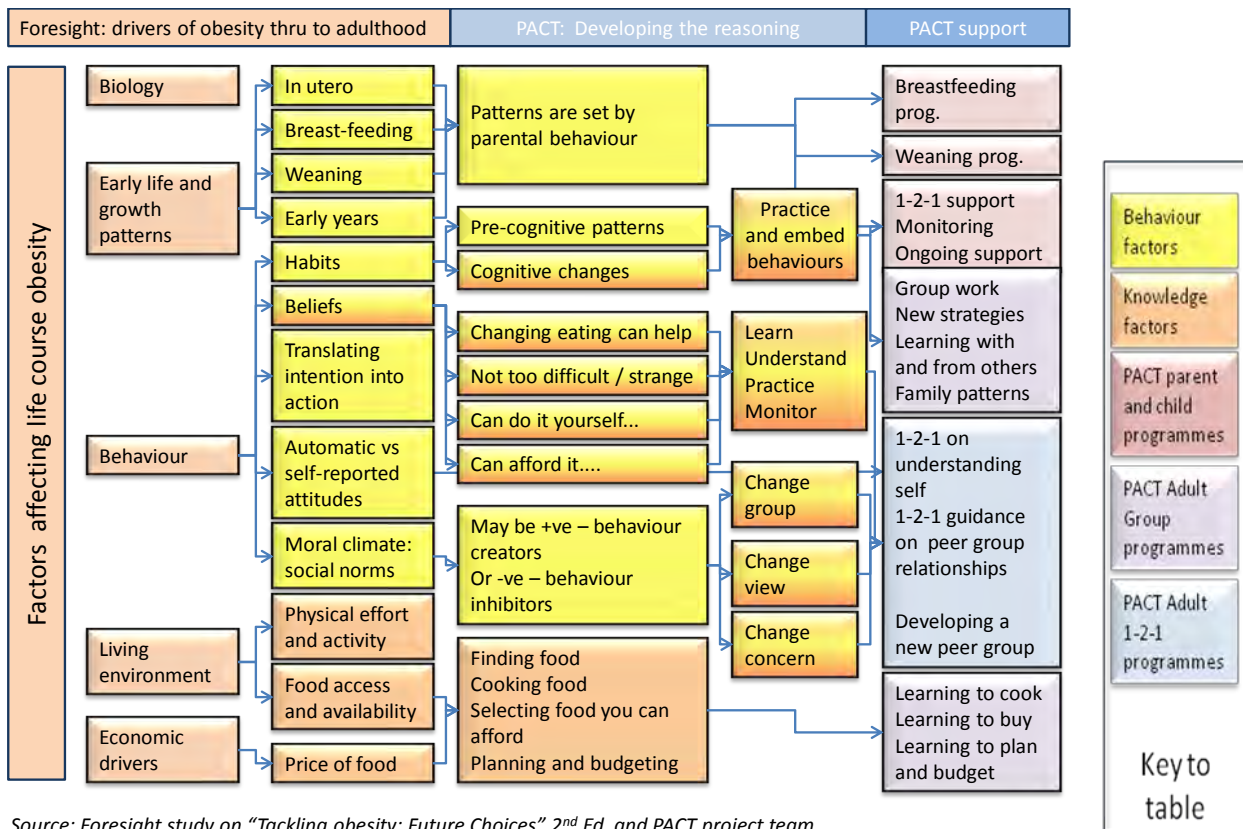
Effects on the child's health and well-being Primary outcome	Secondary and long-term outcomes	Beneficiary of the change
Parents provide healthy food profile through extended and more consistent breastfeeding	The propensity for obesity is reduced, and general health is increased	Advantages are collective, in that it is the combination of all of these areas of work that achieve different elements of reinforcement of the change. Hence the beneficiaries and the benefit highlighted should not be seen as mapping directly and solely onto one element of the healthy eating programme outlined.
Parents provide healthy food profile through eating patterns in weaning and initial solids	Positive early eating habits are developed, at the pre-cognitive and early cognitive stages. Taste is attuned to healthier patterns.	Child - adult prospects for health Child - adult prospects for avoiding ill-health
Parents provide healthy food profile through eating patterns in toddler and early school years	Socialisation is developed, and positive relationship development is associated with healthy eating	Child - developing positive body image and self-confidence
Parents support healthy eating patterns with positive reinforcement, including developing social time for family	Negative reinforcement, and the pavlovian association of unhealthy eating with positive social interaction is removed	Child - adult prospects of avoiding sickness Child - ability to make good choices about healthy eating and sustain them
Parents remove "junk food as reward" and other negative reinforcements	The difficulties of healthy eating are removed, and the preparation of food becomes fun, and a socially positive time	Family - the experience of a healthier, and higher achieving child Child - childhood prospects of avoiding sickness
Parents involve children in food preparation and educate them about how to eat	The child identifies the sensation of feeling good, and associates that with healthy eating, with the result that healthy eating becomes sought after	Economy - gain in productive capacity from increased adult work rate,
Parents "give the narrative" about feeling good from healthy eating	Contradictory forces are reduced, and the child develop self-belief, and a belief in the virtue of this life course	Economy - gain in productive capacity from reduced adult sickness rate at work,
Parents remove or counter negative peer pressure	Additional benefits are seen in the promotion of a positive, self-valuing approach by the individual. This has a knock-on into resisting any propensity towards destructive behaviours such as criminality.	Economy - reduced burden on adult health services Economy - reduced burden on other social and support services

- 4.4 There are also advantages for the parents personally, which are shown in the following breakdown of primary and secondary outcomes, and the benefits to specific beneficiary groups.

Effect on the parent's health and well-being Primary outcome	Secondary and long-term outcomes	Beneficiary of the change
Parents develop healthy eating habits themselves	Parents feel healthier and can promote that with a sustainable programme of healthy eating	Advantages are collective, in that it is the combination of all of these areas of work that achieve different elements of reinforcement of the change. Hence the beneficiaries and the benefit highlighted should not be seen as mapping directly and solely onto one element of the healthy eating programme outlined.
Parents improve their socialisation with each other and the children	Attachments develop effectively and relationships are positively maintained and developed within the family.	
Parents have an additional opportunity to develop boundary setting with their children in a positive and nurturing context	Discipline is supported within the family and areas of potential conflict can be reduced for the benefit of all. This supports positive development for children, and relationships and general welfare (stress levels) for parents.	Parents - increased productivity at work because they arrive feeling better and with more energy
Parents develop the opportunity to balance eating habits and other commitments	Parents will be able to attain and sustain healthy eating through life changes, or against outside contrary pressures.	Parents - less time off sick
Parents develop the ability to select appropriate foods and prepare them appropriately	Practical, but deep, difficulties of lack of knowledge cease to be a block to any change proposed. A very practical understanding is developed of what to do and with what	Parents - improved familial relationships
Parents develop the ability to budget and afford appropriate foods	This can then develop into an understanding of how to cook healthy, palatable food on a budget. Jamie Oliver and others have put this idea forward. If this can be consolidated with actual knowledge as to how to do it.	Economy - lower burden on health services for increasing health support for obesity related problems
Parents develop a new peer group to support them in the associated lifestyle changes, or learn to deal with negative reinforcement from existing social circle.	Negative peer pressure is replaced with positive support. Various other behaviour change challenges (e.g. Diet clubs) report the benefits of peer support in this.	Parents/economy - increased economically productive life through living and working longer
Parents develop the ability to identify that they feel better when eating healthily and learn how to use this knowledge to reinforce the new eating patterns and stick to them	Individuals and couples reinforce their own behaviours by actively acknowledging and discussing how they feel.	

4.5 The Witney Children's Centres have developed and deliver a range of services that focus on supporting families in addressing the drivers of obesity in their children. This is achieved partly through getting parents to change their own eating and social patterns, and partly through getting them to encourage their children to do so: from birth, and through later changes in lifestyle. The drivers of obesity, as highlighted in the Foresight report^C, the behavioural or knowledge factors that underline those, and which need to be changed to change eating habits, and PACT's response to those are shown in the diagram on the next page. This shows how the various responses from the PACT team are matched to the content and mode of delivery required by the families in order the best to help them to change their habits and behaviours. That need for change is in turn based upon an understanding of how much is knowledge and how much is habit-breaking and habit-forming, which requires a different approach. Indeed this goes right to the heart of effectiveness of the work: simply giving knowledge, however well presented, will not change the habits of a lifetime. The parents and the children need to practice, and use the support of peers and mentors to make that change effective.

^C Butland, B., Jebb, S., Kopelman, P., McPherson, K., Thomas, S., Mardell, J., and Parry, V.. (2002). *Tackling obesities: future choices – Project Report*. 2nd Ed. London. Foresight.



4.6 The positive impacts, or outcomes, sought by PACT for its attendees also include the following:

- ▶ reduction of respiratory disorders;
- ▶ lessening the risk of developing type 2 diabetes;
- ▶ reduction in risk factors for cardiovascular disease such as raised blood pressure and raised blood cholesterol;
- ▶ reducing childhood obesity will prevent obese adults and the long term health effects that come with that;
- ▶ improving outcomes of other medical treatment – surgery;
- ▶ achieving better health, which can improve a child’s ability to achieve, enjoy and learning;
- ▶ raising levels of education achievement and able to achieve their full potential;
- ▶ meaning that parents less likely to be absent from work;
- ▶ reduction in psychological problems such as depression, eating disorders and low self esteem, social stigma; reduce social mobility and a poorer quality of life;
- ▶ achieving better emotional health and well being of children and their parents;
- ▶ improving parent/child relationships which can, in turn, reduce the risk of children adopting unhealthy lifestyles;
- ▶ generally improving life expectancy.

5 Summary of evaluation approaches

- 5.1 Section two outlines the services being evaluated from within the Witney Childrens" Centres, and explains that this evaluation focuses on the delivery of the objective around childhood obesity. The programmes undertaken map onto the intended outcomes as indicated in the map at 4.5 above.
- 5.2 They may be split between effects on the parents, and effects on the children, and the gains couched in terms of the individual or the wider economy as appropriate. Those gains are indicated in the tables at 4.3 and 4.4 above.
- 5.3 Certain areas of undoubted gain have not been evaluated because of the lack of acceptable financial proxies being found for these areas. These include the important areas of social integration and cohesion, effect in improved attachment. Sleep patterns and growth, and mental health.
- 5.4 In essence we have focussed on:
- ▶ the ability to work more effectively when feeling good because you are eating well – you then add more productivity to the economy;
 - ▶ taking less time off sick when eating well – and hence losing less otherwise productive time for the wider economy;
 - ▶ reducing the burden on the health services for obesity-related illness;
 - ▶ living longer as an economically productive person; that is not retiring early through ill health or death related to obesity.

A deduction has been made for the longer period over which the individuals claim State pension, as they live longer

- 5.5 These approaches have been applied to the 462 adults seen in the last year, taking this as an indication of annual capacity.
- ▶ Work effectiveness is assumed to increase for one working adult in each household of two by 15%, but assuming that the Gross Value Added for the demographic groups attending the centre is 25% lower than the regional average. The benefit is conservatively assumed to last for ten years, with a 25% fall-out after the first three years on top of a 25% fall-out initially. This is in line with Oude Luttikhuis & Ors (2009D) p.33 and others.
 - ▶ Sick leave is assumed to reduce from fourteen days a year to a more normal three. Fall-out over time is similar to the working effectiveness calculation.
 - ▶ Health care costs per person are based on the incremental costs as a result of obesity as evaluated in Foresight (2002). The proportions of the population that are obese, and the 1% per annum growth in that come from Foresight again.
 - ▶ Life expectancy is shortened by between eight and eleven years, and working life is shortened by three years by reason of obesity, again per Foresight.
 - ▶ Alternative attribution relates to the wide variety of other factors that contribute to the effectiveness of the healthy eating programme. These include Government information, the health service itself, peer group support, and other public information and encouragement. Alternative attribution has been set judgmentally at 50%.
 - ▶ The displacement due to additional pension claims is based on a pension of £7,000 a year.

^D Oude Luttikhuis, H., Baur, L., Jansen, H., Shrewsbury, V., O'Malley, C., Stolk, R., and Summerbelt, C. (2009). *Interventions for treating obesity in children*. Cochrane Review 2009 (1). London. John Wiley & Sons Ltd

5.6 The same approach has been applied to the outcome for the child, although the workplace- related flows of course start later, given the child needs around fifteen years before it reaches its majority. In the last year 493 children were seen with their parents, and whilst in a number of cases those parents had older children who are also likely to benefit, these have not been quantified, and so are excluded from the analysis.

Additional areas of gain that have not been evaluated, in the interests of conservatism in the total evaluation, include:

- ▶ improved learning for the children because they think better and are more energetic in class; indeed arguably the child's parents will tend to be less chaotic at home, and so more able to meet the commitment of getting the children to school, and getting homework done;
- ▶ reduced mental health and social problems as a result of being slimmer, fitter, and more socially engaged with their peer group;
- ▶ improved social relationships within the family, leading to greater cohesion, lower risk of marital or other relationship breakdowns, and more effective mutual support;
- ▶ the tendency for children brought up in this way to pass those lessons on to their own children and beyond.

5.7 Because the project is a current one, and our evaluation is of work currently being done, the outcome for specific attendees is not known. However that is always the case with relatively new projects with long-term expected impacts. It is therefore both necessary and inevitable that the financial proxies and the plotting of expected outcomes is developed partly from information within the project being evaluated, and partly from other sources.

5.8 The evaluated effects of the programmes in the healthy eating group, to the extent they have been evaluated in this project, are summarised as follows:

Summary Table for PACT's Witney Childrens' Centres	NPV(£)
Adult effects	
Adults working more effectively and efficiently	1,816,995
Adults take less time off sick	1,158,664
Physical health from lower obesity - A: Adults present a reduced burden on health care services	64,554
Physical health from lower obesity - B: Adults present an extended economically productive life	772,746
Costs of additional pension	<u>-1,148,975</u>
Total evaluated	<u><u>2,663,983</u></u>
Children effects	
Mental Health and self-esteem	not evaluated
Educational performance	not evaluated
Children as Adults working more effectively and efficiently	2,474,184
Children as adults take less time off sick	1,051,827
Reduced likelihood of obesity-related health problems	119,026
Improved social relationships within the family	not evaluated
Costs of additional pension	<u>-490,428</u>
Total evaluated	<u><u>£3,154,608</u></u>
Overall evaluated effectiveness from these aspects of Witney Childrens' Centres	<u><u>£5,818,592</u></u>

6 Conclusion

Results of this evaluation

- 6.1 Healthy eating and its involvement in preventing the frightening escalation of obesity amongst the young are key concerns to our Health Service, Government and our Nation.
- 6.2 It is widely recognised that the propensity to obesity, forecast to rise to 60% of the population by 2050, is not just a matter of exercise, or about knowledge, but is a function of a complex web of factors. These include early years experiences, dating back into breastfeeding and weaning, social influences, and habits and beliefs about eating, as well as physical activity, and food availability and perceived and actual cost.
- 6.3 PACT, through its work at the Witney Children's Centres, is addressing this issue by tackling it at all levels. It has developed a multi-faceted programme, built around addressing the causes of obesity, and enabling families to establish and maintain habits that tackle those effectively. These are delivered through a mixture of group work, parent and child work, and one-to-one support, and are tailored to the needs of the audience.
- 6.4 These are by no means the only programmes that PACT delivers in these Children's Centres. Either as standalone programmes, or in partnership with others, they have speech and language support, parenting workshops, Dads' Groups, toddler groups, referrals advice and signposting, first aid courses, and so much more.
- 6.5 In its healthy eating programme, this study shows that the Children's Centres in Witney are delivering over £5.8m of value a year from the 462 adults and 493 children seen. The effects of their programme, of which only some have been evaluated, can be expected to show through in effectiveness in the workplace, in sickness absence, and in need for additional health support from obesity-related illness. Wider psychological effects, self-esteem, educational attainment, and improving relationships within the family have not been evaluated, but are noted benefits from this work.
- 6.6 In value for money terms, this compares very favourably with the total costs of the whole operation of the two Centres, of just over £300k a year. This, of course, generates not just the Healthy Eating benefits of over £5.8m a year, but the benefits from all of the other programmes run there.
- 6.7 The secret of the PACT Centres' success is evident in stakeholder feedback, which describes them as "friendly...welcoming...flexible....reducing inequality....improving quality of life.....improving outcomes." Parents attending the Centres are also very positive about them, particularly citing the individual outreach, and the quality and supportiveness of staff.



Appendices

A. Supporting Detailed Notes on Evaluated Activities

The service has been in the town for the past 10 years as Witney Children's Centre and prior to this Witney Families Together and has played a vital role in providing services for families.

Witney Children's Centre is a concept rather than actual premises since we do not have our own building or sole use of premises. The Centre utilises rooms belonging to Witney Methodist Church which is situated in the heart of the town centre. We have sole use of a main upstairs room with built-in kitchenette. We utilise other rooms / venues for one-to-one/small meetings or for larger events, by utilising other community based premises we are able to reach out to families locally providing a variety of services and responding to what they tell us.

Currently we are running or have run:

- ▶ open drop-ins for local families supporting general well-being and providing activities such as songs and rhyme, story-times, messy activities, cooking, basic computer skills, outdoor play;
- ▶ sessions for male carers/dads on Saturdays;
- ▶ drop-in clinics, advice and support on breast-feeding, smoking cessation, child development and health and safety issues provided by Health professionals, i.e. Midwives, Health Visitors and Community Nursery Nurse;
- ▶ speech Therapist support sessions;
- ▶ liaison with Social and Health Care, provision of individual support from PACT for families experiencing difficulties;
- ▶ provision of life-skills courses and groups for teenage parents;
- ▶ joint work with Home-School Links Workers within school settings and provision of parenting courses;
- ▶ provision of Basic Adult Education courses and Family Learning courses;
- ▶ parenting and life skills courses addressing issues such as sexual health, budgeting, drugs and alcohol awareness;
- ▶ practical healthy eating course run by PACT staff and supported by Health service, planning, cooking and sharing healthy family foods;
- ▶ social and funding raising events supported by parents;
- ▶ advice and sign-posting on a range of subjects including employment and training, childcare and benefits;
- ▶ support for childminders and carers. Provision of information for local toddler groups and pre-schools.
- ▶ one-to-one Family Support Work in families' own homes providing practical help and advice, working with client to find solutions to address housing, debt, money management, domestic violence, managing children's behaviour and parenting;
- ▶ messy play session;
- ▶ trips and holiday activities;
- ▶ one-off events e.g. provision of activities at local carnival and other events;
- ▶ the Freedom Programme – for Women suffering Domestic Abuse;
- ▶ Family Links Parenting Programme;
- ▶ Forest School;
- ▶ baby massage;
- ▶ grandparents group.



With our partners we offer the following:

- ▶ support group at local primary school;
- ▶ breast-feeding support;
- ▶ post natal support;
- ▶ baby clinic;
- ▶ support for childcarers;
- ▶ benefits and return to work advice;
- ▶ speech and language groups.

The Centre also provides one-to-one family support work which is targeted at the most disadvantaged families and usually carried out in their own homes. Clear referral systems is in place and families are referred by health professionals, housing agencies, etc. as well as self-referral. Issues addressed include support with housing difficulties, debt and money management, domestic violence, parenting and encouraging families to attend other services either at the Children's Centre or locally in their own communities.

A major part of the work is ensuring families have information about services they may need is an important part of the work of Children's Centre. The staff are well trained, friendly who will interact in group settings offering advice, guidance and sign-posting to other services where appropriate. They are able to recognise and pick-up on issues that may make children and families vulnerable such as:

- ▶ special educational needs;
- ▶ speech and language delays;
- ▶ language and EAL;
- ▶ basic skills development;
- ▶ obesity and health issues;
- ▶ domestic violence;
- ▶ teenage conception;
- ▶ relationship difficulties;
- ▶ difficulties maintaining a tenancy;
- ▶ debt and bailiff problems;
- ▶ unemployment, illness and benefit claims.

We work closely with a range of agencies and organisations to ensure our service delivery and development meets local needs and makes best use of all available resources and recognises the importance and value of joint working. A stakeholders group supports the Witney Children's Centres and has been instrumental in helping us to establish and drive forward service development, to assess and review progress on a regular basis. The following organisations and individuals are currently invited to participate:

- ▶ Parents and carers;
- ▶ Health – Midwives, Health Visitors, Speech & Language Therapists;
- ▶ Education – Home-School Links, Headteachers, EYSENIT, Educational Social Worker, Adult Education Service, Extended Schools Co-ordinator, Nurseries and Pre-schools;
- ▶ Trio Childminders;
- ▶ Oxfordshire Family Information Service;
- ▶ OCC;
- ▶ Job Centre Plus;
- ▶ CAB;
- ▶ Housing;
- ▶ West Oxon District Council ;
- ▶ Social & Health Care – Social Workers, Family Support Workers, Locality Team Co-ordinator;
- ▶ Local Councillors.

Quotes from parents:

"I had a couple of issues with breast feeding but by coming here and talking to the experts has really helped and supported me to continue".

"The Children's Centre hosted my post natal group, which was extremely valuable. The lunch-stop club has been very useful, and allowing me to use the facilities when I had no electricity in my house was invaluable and very much appreciated. The way email is used to keep parents updated on events and timetables is always timely and easy to access; it is great to know what is going on even if I don't always attend events. It's great just knowing there are people there, and where I can go if I ever need help".

"I can't remember the last time I laughed so much!"
Healthy Eating Programme

"I have loved coming here on a Friday to spend some me time".
Scrapbooking course

"It does not matter if it does not turn out well. The children have enjoyed themselves, that's all that matters".
Healthy Eating Programme

"I have found this useful and was able to continue to use the techniques to calm my baby and has helped me to bond with my little girl".
Baby Massage

"Very enjoyable trip, very good outdoor activities".

"As a single parent I would have felt apprehensive about going alone as I do not drive either, plus funding aspect, so a very special treat."

The trip to the pool with the Children's Centre prompted me to find out more about swimming for my daughter. This is important to me as I never learnt to swim".
Trip to the local swimming pool

"I completely appreciate the opportunity to go places with my child, as I don't drive and have just my benefits to live on. We can't afford fancy holidays and these trips are important to us so we can have fun and meet other people."

"The sessions have gone really well with lots of support from yourselves and the families"

"I thought I knew quite a bit, from my dealings with the CAB throughout the years, but there were a few handy hints and changes that I will be sure to apply to my financial affairs. Thanks for giving me this opportunity".

"Outdoor play – especially messy, exploratory play – is so essential for children. My two love forest school: digging for worms, forging moats, learning about the wildlife and generally getting dirty!".

"The centre has helped me to find a childcare course for me to do at college – which helped to boost my self esteem and confidence"

"I went on the freedom programme and I thought it was very valuable to me and the others on it. It was the highlight of my week and my 2 year old son's to go there. I learnt a lot from the leaders and from the other women; some of us are still in touch and speak every few days. The programme gave me the knowledge I needed to be clear about my partner and made me realise I had been mentally abused in more ways than I realised, it has helped me give myself permission to finish the relationship which I am about to do. I dread to think of how long things would have dragged on for had I not been, and we also got contact numbers which I have used. The leaders themselves were individually supportive too. I highly recommend this programme to anyone in my situation, I can't rate it highly enough."

I have a 2 year old son and he has greatly enjoyed the Forest Schools and Drop in Stay and Play sessions. Our son has been brought along to sessions by his father, mother and grandma, we have all enjoyed the activities and find the staff to be friendly and fun".

B. Notes on Action Research

Action Research, or Action Science as some, including Gummerson^E prefer to call it, is a recognised and respected research approach originating in the social sciences arena, which involves the researcher and the researched jointly learning in and investigating the research area. Whilst primarily a qualitative methodology, it can be constructed in such a way as to gather and test data with levels of validity that would constitute scientific research (as opposed to casual enquiry) whilst retaining the proximity to that data that best comes from working with those who are involved with it.

The researcher works with the researched jointly to investigate an issue of common interest. Together they gather data, test and validate it, and draw interpretations and conclusions from it.

Action research is hence an iterative research methodology that is intended to bridge the gap between theoretical research and the practical realities of the real world. As Gustavsen puts it:

“The point is to understand the world as it is by confronting it directly; by trying to grasp the phenomena as they really are.”^F

Reason and Bradbury (2001) define Action Research as *“a participatory, democratic process concerned with developing practical knowing in the pursuit of worthwhile human purposes, grounded in a participatory worldview... It seeks to bring together action and reflection, theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and their communities.”* (2001, p.1).

In simplistic terms, Action Research is collectively learning from experience by sharing that experience with others and taking action to bring about change by building on that experience.

In our work with PACT, it has been vital that we gained an understanding, not just of how its activities could *theoretically* be benefiting the local area, but of how it creates benefit in practice. Theoretical research on SROI methodologies gives us a view on where the benefits may lie, but only through an iterative process of discussing, developing and refining our understanding can we get a true picture of where the benefits of PACT’s activities actually lie.

The process of conducting Action Research may be summarised using the diagram shown below:

^E Gummerson, E. 2000, *Qualitative Methods in Management Research*. 2nd Ed. Thousand Oaks, Ca. Sage Publications

^F ‘New Forms of Knowledge Production and the Role of Action Research’, Bjorn Gustavsen, *Action Research* 2003; volume 1 at p.153



The diagram shows an iterative five stage approach to Action Research. We describe below how our approach fits with this model:

1. **Observation:** from our initial discussions with PACT, it is clear that a lack of understanding of its Social Impact may weaken their position when negotiating with funders, thus damaging their ability to continue their work. However, it is also clear that by improving awareness of the extent of their impact on the local area, PACT can further improve its brand recognition, and therefore, potentially, its user base;
2. **Reflection:** by using Social Impact measurement tools such as SROI, we believe it is possible to begin to increase understanding of the benefits PACT generates;
3. **Data gathering:** we have discussed the services that PACT provides with a team of project representatives, and the outcomes these services produce and identified the key beneficiaries. We have discussed a range of possible methods of evaluating these services using the three models discussed at §3.7 of this report to cover the concept of value from the perspective of all key stakeholders;
4. **Test claims and conclude:** many of the assumptions used in the evaluation models (Appendix C) are based on data gathered by PACT's management information systems. We have obtained copies of the supporting records for such data. Where, an assumption was required, we have encouraged PACT to be prudent in order to avoid overstating benefits. In some cases, assumptions have been informed by data from external sources combined with the use of judgement. We have obtained copies or records of any research;
5. **Monitor improvements:** it is hoped that this work will result in improved awareness of PACT's activities among stakeholders (including funders), and therefore address the risks identified at stage 1 of the process.

Having reached a stage where an improvement is expected, the iterative nature of Action Research allows for further studies to be carried out in future to build on the work presented in this report, including ongoing measurement of benefits and the use of similar methodologies to assess proposed future projects.

Clearly, wherever data already exist to quantify a benefit, they are to be used. However, the absence of observed data, Action Research allows us to gain an accurate perspective on the real benefits that are

generated. In some cases it will be impossible to observe the impact, as to do so would require a comparison between a world in which PACT's work in Witney exists and one in which it does not, all other factors being equal. Clearly such comparison will never be possible, and so we must rely on the common-sense and judgment of PACT's management, based on their real-world experience.

Where data may be, but is not currently, observed, our work allows us to refine the list of useful data that may be gathered in future as a basis for refining the measurement of the economic benefit that is generated. This project may therefore act as a platform for identifying further Action Research projects that will develop detailed measurement tools.

Any outline of a research methodology would be incomplete without looking at broader criticisms of it in management science circles. Criticisms of action research are several, but most emanate from proponents of statistical sampling and questionnaire-based research methodologies. In brief, these tend to surround the following areas, each of which is shown with a brief response related both to theory and to this research in particular.

How can you assert validity when all the data is of internal origin?

Bypassing the theoretical debates about the validity of different data sources and the extent to which all are, to some degree, partly objective and partly partisan, the key point here is that the data is not all of internal origin.

Many of the measurement criteria within the financial proxies are:

- ▶ from publically available data sources, often validated Government data;
- ▶ from appropriately structured pilot studies;
- ▶ from research appropriately undertaken by the subjects' own research team; or
- ▶ separately sense-checked or reviewed by the research team.

It is not true research because the researcher influences, and is involved in the outcome.

It is true that the researcher is involved in the sense that "the action researcher... may help clients make more sense of their practical knowledge and experience..."^G.

This is consistent with the second of the seven principles of SROI: Measurement with people.

If the researcher facilitates the better collection and interpretation of data from the researched and leaves them with an understanding and knowledge to enable them to embed that in future action, then this active involvement must be seen as a virtue and not a weakness. It improves the understanding of data gathered and at the same time, seeks to embed the results in the organisations (the final stage of the SROI process).

Berg^H summarises the strengths of action research in these fields as follows:

- ▶ "a highly rigorous, yet reflective or interpretative, approach to empirical research;
- ▶ the active engagement of individuals...in the research enterprise;
- ▶ the integration of some practical outcomes related to the actual lives of participants in this research project;
- ▶ a spiralling of steps..."

^G Gill, J. And Johnson, P. 2002. Research Methods for Managers. 3rd Ed. London, Sage. p.92.

^H Berg, B. 2009. Qualitative Research Methods for the Social Sciences. 7th Ed. Upper Saddle River, NJ. Pearson. .248.

We have found, in this study and other similar ones, that Action Research provides an ideal foundation approach for developing a Social Impact Evaluation and embedding it in the organisation.

C. Detailed notes on evaluated activities

- 1.1 The evaluations have been split between effects on the parents and effects on the children.
- 1.2 The effects on the parents, inasmuch as these have been evaluated, are as follows:
- ▶ increased work effectiveness;
 - ▶ reduced sick leave;
 - ▶ reduced burden on health services;
 - ▶ increased length of working life;
 - ▶ deduction for increased pensionable life.
- 2.14 The detailed calculations, highlighting sources of information, and key assumptions are as follows:
- ▶ the first area is that of more effective working due to feeling better and working harder. A 15% enhancement in productivity is assumed;
 - ▶ GVA comes from ONS 2009 statistics, and is the figure for Berks, Bucks, and Oxon, reduced by 25% judgmentally to allow for the attendees being generally from a lower qualified, lower waged group than the average;
 - ▶ the calculation applies to the 462 per annum best recent estimate of attendees, but assumes that half of these are not working. This is a conservative assumption given in some cases parents with young children both work;
 - ▶ erosion is assumed at 25% at the end of the course with PACT, and 25% after three years. This aligns broadly with the drop-out rates experienced in a range of other similar studies reported in Oude Luttikhuis & Ors (2002);
 - ▶ the gain is assumed to have faded out over ten years for no better reason than a degree of conservatism in assumptions;
 - ▶ alternative attribution relates to the wide variety of other factors that contribute to the effectiveness of the healthy eating programme. These include Government information, the health service itself, peer group support, and other public information and encouragement. Alternative attribution has been set judgmentally at 50%;
 - ▶ the discount rate is a risk-free 3.50%.

Work rate	Adults working more effectively and efficiently			£
GVA measure for value gained per head	26,874	Less: erosion for lower productivity roles	25%	20,156
Number of adults seen	p.a.			462
Less deduction assuming only	1 working adult per household of		2	<u>-231</u>
				<u>231</u>
Assumed gain in output across the year				15%
Less: erosion in the course			25%	
Annual gain initially				<u>523,791</u>
Less: erosion at year	3 equating to		25%	<u>392,843</u>
Term of years - initial	3 years			1,467,472
Term of years - deferred	7 years			2,166,518
Discount rate	3.50%	Alternative attribution	50%	-1,816,995
Total value gained from one year of operations				<u><u>£1,816,995</u></u>

- ▶ the reduction in sick time is based on the same assumptions as the working effectiveness model, but also assumes that fourteen days annual sick leave for an obese person can be cut to three;

Sickness and absence		Adults take less time off sick		£
GVA measure for value gained per head	26,874	Less: erosion for lower productivity roles	25%	20,156
Number of adults seen	p.a.			462
No deduction for working adults assuming one will take time off to cover for another.				
Assumed sick leave days per annum	14	pre-intervention of a total working days of	230	
Assumed sick leave days per annum	3	post-intervention, giving an improvement of		5%
Less: erosion in the course			25%	
Annual gain initially				<u>334,012</u>
Less: erosion at year	3	equating to	25%	<u>250,509</u>
Term of years - initial	3	years		935,779
Term of years - deferred	7	years		1,381,548
Discount rate	3.50%	Alternative attribution	50%	-1,158,664
Total value gained from one year of operations				<u><u>£1,158,664</u></u>

- ▶ for the reduced burden on health services, the annual health cost relating to obesity or being overweight for an individual is around £100. This is derived from Foresight's total of £4.2bn across a 70% of a 63m population, that is the proportion who are obese or overweight;
- ▶ obesity levels for the current population profile of twenty-eight year olds are around 28% per Foresight (2002) p.41. It is assumed that the PACT healthy eating programmes could lower that by a half;
- ▶ the discount rate of 2.67% has been adjusted from the 3.5% risk-free rate to include the 1% per annum growth in obesity anticipated in the Foresight report;
- ▶ the date of death comes from Foresight (2002) and ONS (2009) statistics;

Physical health from lower obesity - A: Adults present a reduced burden on health care services				£
Cost per head of health care services	100	p.a. for enhanced care for obese adults over	28	
Number of adults seen	p.a.			462
Proportion that would otherwise be obese	28%	by age	28	12,936
Proportion that will now be obese	14%	by age	28	-6,468
Average age of participants	28	giving a term to commencement of the gain of	0	
		deduction for amortisation of effectiveness	25%	-1,617
		as for assumed rate of increase in obesity for		
Discount rate	2.67%	population under work effectiveness calculation		
Discount factor before flow commences	1	applies to both intervention population and general population		<u>4,851</u>
Present value of future flows		Age at death (assumed)	75	129,107
		Alternative attribution	50%	-64,554
Total value gained from one year of operations				<u><u>£64,554</u></u>

- ▶ the second element of outcome from the improvement in physical health relates to an extension to working life. This relies on statistics from the Foresight study again;
- ▶ it probably understates the benefit as it does not allow for further worsening in the percentage of the population with a reduced working life by reason of obesity as obesity worsens. The 28% base assumption arguably may inflate at 1% a year. The difference, however, is probably not material, at around £200k of net gain after attribution;



Physical health from lower obesity - B: Adults present an extended economically productive life				£
GVA measure for value gained per head	26,874	Less: erosion for lower productivity roles	25%	20,156
Number of adults seen	462	p.a.		<u>462</u>
Assumed level of obesity in population	28%			129
Assumed reduced level of obesity	14%	post intervention in this population	230	<u>-65</u>
Extra years of working life	3	commencing in the future at year	25	<u>65</u>
Discount rate	3.50%	Present value at commencement of incremental flow		<u>3,652,376</u>
Discount factor	0.4103768	Discounted to present value		<u>1,545,492</u>
				<u>1,545,492</u>
Discount rate	3.50%	Alternative attribution	50%	<u>-772,746</u>
Total value gained from one year of operations				<u><u>£772,746</u></u>

- ▶ the final element of the adult evaluation relates to the displacement arising from the additional pension claimed by the longer-living individual;
- ▶ it assumes that only 50% of those who attend the PACT project keep the benefit through to retirement, a consistent assumption with the other areas of the evaluation;
- ▶ retirement age is assumed at 70, which is the direction that Government policy seems to be heading at present. Life expectancy shortfalls are as per Foresight p.31;
- ▶ the individual is assumed to be 28 at the date they attend the PACT project.

DISPLACEMENT				
Costs of additional pension	Adults living longer			£
Annual pension cost	7,000			7,000
Number of adults seen	462	p.a.		462
Less deduction assuming only	50%	of the interventions long-term ineffective		<u>-231</u>
				<u>231</u>
Giving increased cost per annum				1,617,000
Starting age	28 years	Discounted flow at commencement of		
Retirement age	70 years	pension		<u>15,241,540</u>
Normal life shortfall	11 years	Factor to disc. total to present value	15.08%	<u>2,297,950</u>
Discount rate	3.50%			
Discount rate (net of increasing obesity)	2.67%	Alternative attribution	50%	<u>-1,148,975</u>
Total value gained from one year of operations				<u><u>£1,148,975</u></u>

2.15 The effects on the children, again, in as much as they have been evaluated, are as follows:

- ▶ they are based on the same assumptions as outlined above for adult evaluations;
- ▶ 493 children attended with their parents in the sample period;
- ▶ 1.5 of every 2 children are assumed to become part of the working population;
- ▶ conservatively, no GVA growth is assumed: that is it maintains its current real value;
- ▶ the rate of obesity and growth in it is as for the adult population, based on the Foresight report;
- ▶ alternative attribution is up to 80%, since the child will have a wide variety of additional inputs across the course of his or her working life.

Work rate	Children as Adults working more effectively and efficiently			£
GVA measure for value gained per head	26,874	Less: erosion for lower productivity roles	25%	20,156
Number of children seen with their parents	493 p.a.			493
Less deduction assuming only	1.5 of every 2 children become part of the working population		2	-123.25
				<u>369.75</u>
Assumed gain in output across the year				15%
Less: erosion in the course			25%	
Annual gain initially				<u>838,406</u>
Less: erosion at year	3 equating to giving an equivalent base GVA for the population of children attending		25%	<u>628,804</u>
Assumed obesity gradient from	10% at starting point of age		5	
to	60% at age 65, that is broadly (p.a.)		0.83%	
Working life starts at	18 and ends at		70	
Giving a population base profile of				
Based on a discount rate of	3.50% compounded down for the growth in obesity to		2.67%	
For a working life of	52 years, the total incremental GVA is			<u>17,579,285</u>
Discounted back to time 0 at a rate of	2.67% that is a factor of		70.37%	<u>12,370,919</u>
Discount rate	3.50%	Alternative attribution	80%	<u>-9,896,736</u>
Total value gained from one year of operations				<u><u>£2,474,184</u></u>

- ▶ The sick leave assumptions and evidence are on a similar basis.

Sickness and absence	Children as adults take less time off sick			£
GVA measure for value gained per head	26,874	Less: erosion for lower productivity roles	25%	20,156
Number of children seen with their parents	493 p.a.			493
No deduction for working adults assuming one will take time off to cover for another.				
Assumed sick leave days per annum	14 pre-intervention of a total working days of		230	
Assumed sick leave days per annum	3 post-intervention, giving an improvement of			5%
Less: erosion in the course			25%	
Annual gain initially				<u>356,424</u>
Less: erosion at year	3 equating to		25%	<u>267,318</u>
Assumed obesity gradient from	10% at starting point of age		5	
to	60% at age 65, that is broadly (p.a.)		0.83%	
Working life starts at	18 and ends at		70	
Giving a population base profile of				
Based on a discount rate of	3.50% compounded down for the growth in obesity to		2.67%	
For a working life of	52 years, the total incremental GVA is			<u>7,473,319</u>
Discounted back to time 0 at a rate of	2.67% that is a factor of		70.37%	<u>5,259,135</u>
Discount rate	3.50%	Alternative attribution	80%	<u>-4,207,308</u>
Total value gained from one year of operations				<u><u>£1,051,827</u></u>

- ▶ The health aspects again work on the same basis and similar assumptions to the adult population, with the modifications listed at the beginning of this section.
- ▶ The 50% alternative attribution has been reverted-to as it is perceived that fewer interventions will be available to support this outcome than in the case of the working life and sick leave outcomes.

- ▶ The displacement works to a similar pattern as the adult model.

DISPLACEMENT			
Costs of additional pension	Adults living longer		£
Annual pension cost	7,000		7,000
Number of children seen	493 p.a.		493
Less deduction assuming only	50% of the interventions long-term ineffective		-246.5
			<u>246.5</u>
Giving increased cost per annum			1,725,500
Starting age	5 years	Discounted flow to commencement of pension	
Retirement age	70 years		<u>16,264,240</u>
Normal life shortfall	11 years	Factor to disc. total to present value	15.08% 2,452,142
Discount rate	3.50%		
Discount rate (net of increasing obesity)	2.67%	Alternative attribution	80% -1,961,713
Total value gained from one year of operations			<u><u>£490,428</u></u>

D. Summary of stakeholder feedback from focussed interviews

- 1.1 In conjunction with the work to develop this SROI analysis, the researcher undertook a series of focus interviews with stakeholders in order the better to understand:
- ▶ How brand (positioning) assists social impact by enhancing service user engagement
 - ▶ How that brand (positioning) is perceived by the relevant stakeholder
- 1.2 The work in this part of the study was done in conjunction with stakeholder feedback for two other PACT project areas: PACT’s Ministry of Justice-funded Women’s Community Project at Alana House, and the Local Authority-funded Witney Children’s Centre.
- 1.3 The interviews were undertaken on the basis that the results would be published, but that any comments would not be attributable. The eight stakeholder representatives concerned were agencies working in parallel with, or supervising the work of the project, or service users (Adoption and Fostering only), . Those commenting on Adoption and Fostering were recent past PACT adopters, one of which is also a PACT occasional trainer.
- 1.4 The results of these interviews were interpreted under the headings applicable to demand driver analysis within the Brand Knowledge approach to brand valuation. These are as follows:

BK evaluation element	Comments
Economic profit	Conventionally this covers just the financial economic profits: that is those arising in the conventional valuation field, generating positive cash flows. However a charity generates additional impact and gain by use of brand, so this should probably extend to SI “profit”.
Brand premium profits	These are the element of the economic profits (and hence for a charity the Social Impact) that is attributable to the use of brand. It revolves around the demand drivers, that in this context extend across the cash flow profit and the social impact.
Category and Brand strength analysis:	This looks at the expected life of the Brand, which is a function of two elements: the expected life of the category in which it is developed and used, and the positioning of the brand in relation to the whole category.
A. Category useful life	
▶ Longevity	i.e. category maturity
▶ Leadership	Market share stability of volatility
▶ Barriers and churn	Competitive activity in terms of how many competitors are entering and leaving the market, and how easily this happens
▶ Vulnerability	What is the vulnerability of the whole category to factors such as changes in Government policy, changes in social need, norms and mores, etc ?
B. Brand Knowledge Structure	This brings the positioning of the brand relative to its category down to a single percentage based upon two factors: awareness and association.
▶ Awareness	The profile of the brand and the awareness of it amongst customers (service users and referrers
▶ Associations	The positioning (in Bruce’s terms) of that brand: for what does it stand in the eyes of the service user or referrer ?

1.5 In the interviews the following comments emerged:

BK evaluation element	Interview responses	Interview comment
Economic profit	<p>The economic profit arises from winning and sustaining a funded contract from the Local Authority (Oxfordshire C.C.). This results from perceived ability to deliver best value from the fulfilment of a perceived (by OCC) local area need or needs.</p> <p>The social impact is far larger and wider and arises from:</p> <ul style="list-style-type: none">▶ The areas of work chosen to be delivered through the children’s centre▶ How effective that delivery is, and▶ How sustained are the effects of those interventions <p>These are a response to actual and perceived needs, but using the supplier’s own knowledge of the market and the delivery of and effectiveness of services to:</p> <ul style="list-style-type: none">▶ Select the appropriate ones, and the best use of its resources▶ Influence OCC during any re-letting of the contract to see the opportunity and the need differently. <p>OCC staff advise that these developments of the role are expected of operators.</p>	<p>The OCC relationship relies on both the Economic and Social Impact, and indeed drives both.</p> <p>The Cash flow impact is around £27k p.a. net of costs for the whole project.</p> <p>The Social Impact, based on the healthy eating and obesity programmes alone, is some £5.8m,</p>

BK evaluation element

Brand premium profits

Interview responses

The expected beneficiary groups are:

- ▶ Families
- ▶ Children under five years old
- ▶ Older children
- ▶ Wider communities in which those families live and work

The brand premium revolves around the additional volume or impact that is achieved by the positioning (in the sense of the 8Ps of Bruce), vision, and image of the provider. This will be through:

- ▶ Increased numbers of families who attend and engage with programmes
- ▶ The life-changing or otherwise behaviour changing effect of the programmes themselves, through both the original programme and the support network and mechanisms put into place thereafter.

Interview comment

The positioning is key to the effectiveness of the service delivery since, if the service user does not believe in the usefulness of the services, and buy into them against a significant buy-in cost (admitting that help and support might be useful, and that some of your preconceptions), no one will attend and take notice.

The inter-personal aspect is key to this.

Category and Brand strength analysis:

A. Category useful life

▶ Longevity

Consistent response that these types of interventions will always be needed. This arises because it is perceived that there will always be those who:

- ▶ Require local social support in a family-friendly setting
- ▶ Who do not have, or have lost, their wider social support network.

Take this as a need lasting indefinitely: say fifty years or more.

▶ Leadership

The Childrens' Centre model is now in its second funding cycle and has considerable credibility within Local Authority circles. The centres are fast becoming recognised amongst local areas, and potential service users in particular, as independent, easy to work with, and within, and effective.

The point about tailoring to local need is important here. This entails relating it to the demographic information coming from the Local Authority, but also requires that the provider adapts to its perception of need.

The model is expected to be tailored to its local need and the expectations of its service users current and potential. This tailoring covers:

- ▶ The range of programmes delivered
- ▶ How they are delivered
- ▶ Where they are delivered
...cont'd....

BK evaluation element

Interview responses

- ▶ How the centres are governed, at least in as much as how they collect and react to service user views

This gives each a flexibility to enable it to attain and sustain market share as markets and needs change, whilst still retaining its funding. Arguably its funding is most at risk if it does not adapt and change.

A successful scheme delivers:

- ▶ Relevant services
- ▶ Flexible modes of delivery, in terms both of location, and of facilitating access to user groups that would otherwise have difficulty with this
- ▶ Staff which are welcoming, non-judgmental, knowledgeable, and who put service users at their ease
- ▶ A clear focus of positive change for beneficiaries (of which group service users are part)
- ▶ A focus on early years foundation

There are certain pre-requisites within the range of services. For example they must:

- ▶ Embrace diversity and avoid discrimination
- ▶ Offer variety
- ▶ Focus, at least in part, on certain National concerns, of which childhood obesity and general healthy eating are two related areas.

Interview comment

In addition the profile with service users is important. This needs to be such that the independently run children's centre is sought out over other provisions. The question is as to what is the category distraction or alternative. It cannot be an alternatively run local children's centre as there are none within the catchment area: that is how they are set up. Alternatively it could be alternative support services: local churches; other toddler groups; local authority children's services: none quite cover the full areas required from a children's centre.

The final alternative is to avoid this form of support altogether. This is probably the greatest challenge to the leadership debate. The answer is in how the service is presented to the service users in a way that engages them and keeps them engaged.

BK evaluation element

- ▶ Barriers and churn

Interview responses

Operators of Children's Centres are:

- ▶ Independent agencies, of which there are four, with two (PACT and Spurgeons) the largest in Oxfordshire
- ▶ Schools, which have the advantage of ready links to educational support facilities and suitable premises
- ▶ Local Authorities, which tend to be the earlier (and larger) Phase 1 and 2 programmes.

Competition arises at the stage of bidding for issue, or renewal of the contracts on a four year cycle. Key factors in winning the bid for one of these contracts are:

- ▶ Successful history of running similar schemes (but problems are building with measurement of success given the long-term intended outcomes being worked towards)
- ▶ Positive user feedback
- ▶ Credibility and resources of the (lead) provider

Interview comment

Entry to the market is only through achieving a Local Authority-funded contract. It is probably hard to dislodge a sound provider expect on cost grounds, and even then that could probably be overcome by a strongly effective provision.

Competition could come into the market by way of an independently funded alternative, but this is unlikely to be an issue since:

- ▶ It would not have the State funding
- ▶ There is so much need compared to a general lack of capacity in the market that newcomers could almost certainly be accommodated
- ▶ The defensive reaction would be to partner with the newcomer.

- ▶ Vulnerability

There is a vulnerability to this category in the current straightened times. With Government and Local Government funding cuts, whilst this is an important, and high impact, range of services, with a very effective mode of delivery, it is vulnerable to cut-backs.

In the SI evaluation the assumptions as to continuation beyond the renewal date also include the possibility that funding may be cut from these projects.

There is a recognisable risk that funding ceases.

B. Brand Knowledge Structure

- ▶ Awareness

The Children's Centre and PACT have two key markets for awareness:

1. PACT's profile with the Local Authority, which is important for renewal of the funding contract:
 - ▶ Relevant provision: as below
 - ▶ Partnering effectively with youth and housing
 - ▶ Staff approach
 - ▶ Positive user feedback

Key here is the engagement of the service users with the services available. These come from:

- ▶ The attitude, knowledge and engagement of individual staff members
- ▶ The variety and accessibility of the services
- ▶ The location not presenting a barrier to service users getting there
...cont'd.....

BK evaluation element

Interview responses

2. The Centre and PACT's combined profile with service users. Relevant factors are:
 - ▶ Relevance of provision – different ways to get involved; tailored approaches to individual service users
 - ▶ Accessibility – right location; right times; individual contact and outreach
 - ▶ In the community, and with access to the community
 - ▶ Staff approach – non-judgmental; knowledgeable; responsive; reactive; understanding clients; putting service users at their ease
 - ▶ Mutual support network from like-minded people, facilitated by PACT
 - ▶ Ethos – no discrimination: taking each service user as you find them

Three phase for effective use:

- ▶ Initially : non-pressured, but with persistent encouragement; friendship and trust
- ▶ Engaging: meet and greet; adapt service to user; listening
- ▶ Continuing engagement: fun; learning; not judged; encouraged to try other things

▶ Associations

- ▶ Pro-family
- ▶ Listening
- ▶ Flexible to the needs of service users
- ▶ Coming to the service user rather than sitting back and expecting the user to come to them

....but is this around PACT or around the Children's Centres ?

"Three words" from each interviewee to describe came up with the following:

- ▶ Friendly, welcoming
- ▶ Flexible
- ▶ Accessible, community-located
- ▶ Professional
- ▶ Reducing inequality
- ▶ Improving quality of life
- ▶ Improving outcomes

Interview comment

- ▶ The facilitated mutual support of other service users

The key challenge appears to be getting people in the door in the first place.

Getting this across to potential service users is the key challenge.

By contrast the image appears to be strong with those (service user and referring and commissioning agencies) who already know the service.

1.6 In addition parental views canvassed and reported by interviewees highlighted the following key factors:

- ▶ Ownership
 - Outreach at the time of their choosing: convenience is key for some
 - But involvement in governance (“it’s ours”) is key to others
- ▶ Accessible – right location.....including coming to where they are
- ▶ Finding out from multiple sources
- ▶ Individual contact and outreach – tailored, personal, locationally convenient
- ▶ Quality of service
- ▶ Right images
- ▶ Quality of staff
- ▶ Provision is relevant to service user group: Dad’s want activities, not coffee; Mum’s want “how to” and companionship.....

Further parental feedback from work outside this research study is summarised in Appendix A.

1.7 The overall conclusion from the feedback is that Witney Children’s Centre is highly effective, and exemplifies the best standards in the delivery of a range of Children’s Centre services appropriate to the needs of the Witney area. The One-Stop-Shop support envisaged in Corston. The key elements within this that stand out are:

- ▶ the engagement, capabilities and other qualities of the staff
- ▶ the balancing of the service delivery through group, family, and on-to-one support to suit the demands of the project and the needs of service users
- ▶ the multi-faceted aspects of the service delivery that mean that any contact over healthy eating expands to embrace other forms of engagement
- ▶ the constant review, and change and development of the model to suit new information and the changing needs of the service users.

1.8 The totality of the focus interviews covered all three PACT projects, but the similarity in feedback across these was striking. The following appeared in the summary report of that broader research¹:

Cultural and presentational service delivery points transcending the project boundaries:

- ▶ Understanding, empathic, non-judgmental
- ▶ Informed, knowledgeable, professional
- ▶ Caring for you, the individual, and reaching out to you
- ▶ Located conveniently – coming to the need, not waiting for it to come to PACT
- ▶ Creating a self-supporting community of peer support and strongly facilitating that
- ▶ Effective – getting the job done with a strong bias towards the long-term and sustainable

Key quotes about PACT and its services, selecting those which mirrored themes from several interviewees across the service lines:

- ▶ “...stunning in what they do.....”
- ▶ “...helps you hang on in there when things are really, really tough.....”
- ▶ “...amazing.....”
- ▶ “...do it well – they deliver.....”
- ▶ “...total commitment.....”
- ▶ “...life-changing.....”

¹ Clifford J, (2010). *The Evaluative Triangle: Foundation Model for an Evaluative Protocol for Transactional Decisions in the Third Sector*. Unpub. Available from the author at jim.clifford@bakertilly.co.uk

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