

WESTMINSTER BEFRIEND A FAMILY



Social impact evaluation report

August 2015

Registered Charity Number: 1082452

EXECUTIVE SUMMARY

Objectives

This social impact evaluation aims to assess the long-term impact of WBAF's existing programmes on its mission-driven outcomes and to build the charity's capacity to continually monitor and evaluate its programmes going forward. It is a response to the need of sectoral and organisational development, in particular, the rising demand for charitable organisations to evidence their social impact.

Evaluation design

The primary evaluation design is contribution analysis, where causality is inferred from a reasoned theory of change, well-implemented activities and occurrence of the expected result chain. A redefined theory of change was used, linking the charity's major activities with their expected outputs, outcomes and wider impacts. On this basis, two aspects of evidence were gathered and evaluated. The first was literature evidence that addresses underlying assumptions of the theory of change. The second was project evidence on the activities and results, whose data was sourced from service evaluation surveys.

Evaluation results

Relying on currently available project data, this evaluation concluded that WBAF's activities have had a significant impact on beneficiaries' physical, mental and social health. The impact on capability building remained inconclusive, mainly as a result of a data gap regarding key indicators. The potential impact on community cohesion was also revealed and strongly supported by relevant literature, although more vigorous support from project evidence is required before the level of impact can be confirmed.

It should be recognised that the overall project evidence was weak, compared with strong literature evidence. This points to the urgent need of a robust evaluation system, as opposed to

the ongoing ad hoc evaluations. Lying at the heart of this are - (a) systematic planning and implementation of data collection and management; and (b) consistent inputs of resources dedicated to evidence the charity's (social) impact.

Recommendations

Solid data collection and management constitute the fundament of successful M&E and therefore requires detailed planning. To achieve this, the following steps are recommended:

- After strategic re-evaluation, review and redefine a log frame that links organisational objectives (goals, outcomes, outputs, inputs) with respective indicators, means of verification and assumptions;
 - Finalise indicators on the basis of those presented in this report and take into consideration organisational capacity in measuring such indicators;
 - Develop a data collection plan specifying data collection methods, frequency and personnel responsible for each indicator;
 - Implement a data management system recording data for each indicator in each reporting period, for the purpose of capturing changes and long term appraisal.
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1. INTRODUCTION

1.1 About Westminster Befriend a Family

Westminster Befriend a Family is a charity working with vulnerable and disadvantaged families in Westminster to improve their lives as well as capacity to cope with life challenges. Focusing on addressing the consequences of poverty, WBAF recognises it is a complex issue which affects various aspects of people's lives. Therefore, WBAF provides multi-faceted services including a) weekly home visits by befriending volunteers, b) child development programmes like swimming and martial art lessons, c) support and counselling provided by social workers to help deal with life issues and d) social activities such as family outings or coffee morning sessions for parents.

Problem analysis

Westminster is a borough with striking inequality, in terms of income, life expectancy, standard of living and many other key indicators. While comprising the wealthiest ward in London, Westminster also has the most deprived ward in the city. Both the causes and consequences of poverty are diverse and they usually form a vicious cycle preventing families from getting out of their disadvantaged position. WBAF has identified five major aspects of poverty consequences: child development, education, employment, health and social isolation. In a broader community context, isolation of disadvantaged families constitutes an obvious and critical social problem, hampering community cohesion.

Mission statement

WBAF envisions Westminster to become a borough where all families lead fulfilling lives and are free from poverty. To realise this vision, the organisation strives to:

- Empower families to independently address both the economic and social challenges that they face;
 - Prevent families from reaching crisis, by offering support early;
 - And meet the inter-related needs of parents and their children by delivering a whole family approach.
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WBAF upholds a "do-with" rather than "do-for" approach, attaching great importance to building the capacity of families to deal with their own life challenges. Thereby, family support work is one of WBAF's core services, where support and advice is given on health, finance, employment and other life issues. Recognising the diversity and complexity of family needs, WBAF connects families and volunteers so that families receive consistent and tailored support, both emotional and practical. Emphasising the interrelation between the needs and influences of parents and children, WBAF seeks to engage both parties its services and activities, as well as to address problems related to this connection such as parenting skills and children-parent relationships.

1.2 Evaluation objectives

During its 26 year history, WBAF has been adapting its model and services to the local context and needs of the community. Meanwhile, it has also been adjusting its operation and management according to sectoral development and an ever-changing funding situation.

One recent critical development across the charitable sector has been an upsurge in demand for organisations to evidence their impact, in particular their social impact. This requirement derives from an increased recognition of social needs within society, funding constraints and a rising awareness regarding the importance of credible impact evaluation in informing intervention.

In response to the need of sectoral and organisational development, WBAF conducted its first social impact evaluation project. The purposes of the project are - (a) to assess the long-term impact of WBAF's existing programmes on its mission-driven outcomes; and (b) to build the charity's capacity to continually monitor and evaluate its programmes going forward.

1.3 Definition of social impact

In the established literature dealing with evaluation, the term "impact" often refers to "significant or lasting changes in people's lives, brought about by a given action or series of actions" (Roche 1999: 21). More recently, impact has also come to be associated with results that target the "root causes" of a social problem (Crutchfield and Grant 2008: 24). Many definitions of impact refer to a logic chain of results in which organisational inputs and activities lead to a series of outputs, outcomes, and ultimately to a set of societal impacts (Ebrahim and Rangan 2014).

Van Schooten et al. (2003) outlined the confusion in the literature concerning the difference between social change *process* and social *impact*. They emphasised that social impact should refer to "impacts actually *experienced* by humans (at individual and higher aggregation levels) in either

a corporeal (physical) or cognitive (perceptual) sense” (Van Schooten et al. 2003: 77). Social change processes¹ may or may not lead to social impacts, depending on the local context.

Social impact assessment is widely described as “the processes of analysing, monitoring and managing the intended and unintended social consequences, both positive and negative, of planned interventions and any social change processes invoked by those interventions” (Vanclay 2003: 6).

The differentiation between social impact and social change process determines that any credible social impact evaluation will need to (a) closely engage beneficiaries to capture the experienced change; and (b) take a close look at the local context to understand how these changes arise.

¹ Social change processes take place as a result of policies or project interventions “regardless of the social context of society” , which are not “experienced or felt” (Van Schooten et al. 2003: 67).

For more in-depth discussions on the distinction between social change process and social impact, refer to *Conceptualising social change processes and social impacts* (Van Schooten et al. 2003).

2. EVALUATION DESIGN

2.1 Methodology and limitation

The primary purpose of any impact evaluation is to investigate whether or not a programme has made a difference, whether or not it has added value. In many cases, including this project, experimental or quasi-experimental designs that might answer these questions are not feasible or not practical². Therefore, contribution analysis – a method frequently adopted by various actors such as United Nations Development Program to help come to “reasonably robust conclusions about the contribution being made by programmes to observed results” (Mayne 2008: 1) - was chosen for this project instead. Kotvojs (2006: 1) described using contribution analysis as “a means to consider progress towards outputs and immediate and end outcomes”.

With this approach, causality is inferred from a reasoned theory of change, well implemented activities, occurrence of the expected result chain and recognition and fair assessment of other influencing factors (Mayne 2008). Based on this logic, a key component of contribution analysis is gathering and assessing evidence from 3 main areas:

- a. Evidence on assumptions: synthesise evidence on the assumptions underlying the theory of change to confirm how programme actions contribute to the expected results;
- b. Evidence on activities and results: the occurrence or not of key results including outputs, immediate-intermediate-final outcomes/impacts;
- c. Evidence on other influencing factors.

On top of this, one primary evidence-gathering method used by this evaluation is synthesising extant research and evaluation findings, in order to address the assumptions of theory of change. Mayne and Rist (2006) have discussed the growing importance of synthesising existing information

²Some reasons relevant to this project include: experimental design is not feasible as programmes already started thereby randomisation impossible; quasi-experimental design requires significant amount of data to measure all observable differences at baseline thereby hardly feasible for this project; both require a lot of time and resources and are not practical in cases with limited organisational capacity.

from evaluations and research. On the other hand, evidence on activities was mainly drawn from internal records; evidence on results was collected through a survey conducted among service users, covering the four major activities. In addition, results from separate evaluations on swimming and martial art lessons are also utilised as supplementary evidence. Methodology applied in these evaluations can be found in their respective reports.

Our impact assessment is primarily limited in two ways: the nature/limitation of the primary methodology and the availability and the quality of data available for the assessment. While recognising that these limitations have their root in financial and personnel constraints beyond control, this assessment renders it important to discuss such limitations, for the sake of organisational learning and future practice.

First and foremost, contribution analysis, even though built upon a robust web of theory-based and empirical evidence, has the weakness of lacking counterfactual comparison and effective isolation of causal factors. Considering that practical constraints on research design are very unlikely to change in the near future, particular attention should be given to developing project evidence that closely addresses the causal chain, such as in-depth (comparative) case studies³.

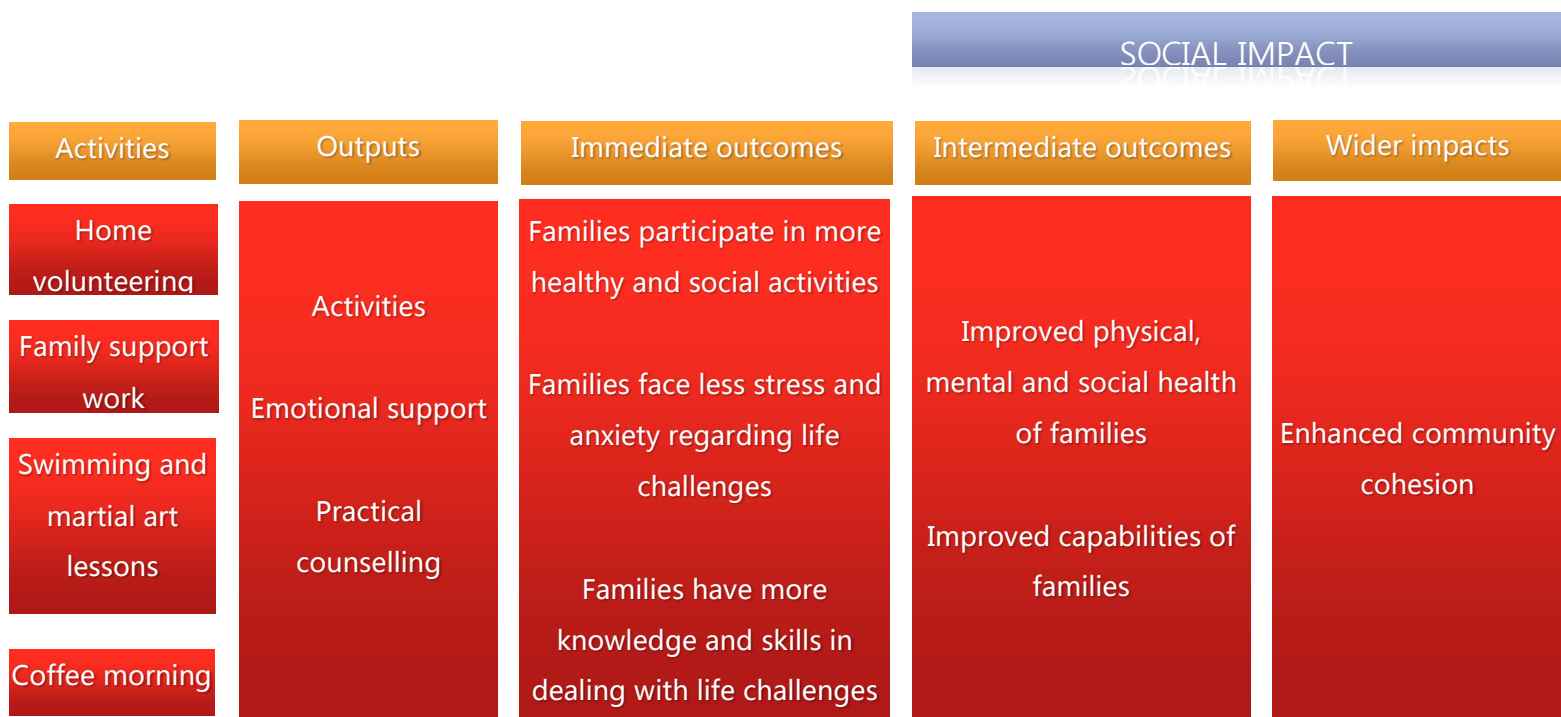
In terms of data, due to the absence of a comprehensive baseline dataset and consistent process tracking, most available data fails to capture changes. Changes were mainly documented through perceptual data, which on the one hand has the advantage of beneficiary engagement, but on the other, lacks accuracy and objectivity. In addition, there is no data available regarding a few key indicators, particularly those at impact-level, as the purpose of the conducted survey was service evaluation. This highlights the importance of impact assessment planning, which will be discussed in more details in the recommendation section.

³ A detailed discussion on case-based approaches can be found in *Broadening the Range of Designs and Methods for Impact Evaluation* (Stern et al. 2012: 25).

2.2 Theory of change

WBAF's core activities subject to this assessment are listed in Figure.1 below along with their expected outputs and outcomes, forming an impact chain of the organisation's intervention. Linking the activities to outputs, outcomes and impact, the impact chain illustrates the organisation's theory of change⁴.

To further narrate the theory of change, providing regular support through home visits and counselling leads to an increasing ability to both avert and deal with crisis. Holding sport and social activities improves children and parents' physical and mental health; it also creates valuable opportunities for positive social interaction, an important aspect of social well-being. Long-term impacts of improved health and capability, supported by expanded social network, are expected to more broadly enhance community cohesion.



(Figure.1 WBAF activities and impact chain)

⁴ An introduction to concepts and utilisation of impact chain and theory of change can be found in *Guidelines for How to Measure and Report Social Impact* (Investing for Good 2012).

A strong theory of change not only illustrates/reveals the logic model but also takes into consideration the “assumptions that are made about the conditions under which the programme success is assumed” (Stern et al. 2012: 25). In this project, the key assumptions subject to investigation are:

a. From outputs to immediate outcomes:

- Target families receive the outputs
- There is sufficient participation and engagement
- Recreation and support help to reduce mental burden
- Families acquire necessary information and skills in the process of receiving assistance

b. From immediate outcomes to intermediate outcomes

- Healthy activities help to strengthen physical and mental health
- Activities create opportunity and improve the ability to socialise/social skills
- equipped with useful information and skills, families are better able to deal with life challenges

c. from intermediate outcomes to wider impacts

- With improved health and capability to tackle problems, families enjoy better socio-economic well-being
- With deprived groups’ improved socio-economic wellbeing and increased positive social interaction, community enjoys better cohesion

Further discussion and assessment of these assumptions are presented in the evaluation results section.

2.3 Indicators

To investigate the occurrence of observed results, a set of indicators were developed by a goal-oriented approach, with the established result chain and theory of change used as the basis, and insights from previous evaluation serving as a supplement. Efforts have been made to integrate

industrial-recognised indicators⁵, while organisational capability in collecting data and availability of secondary data has also been taken into account. Table.1 below shows a list of identified indicators. Within the current impact evaluation, these indicators guide the organisation and application of available project data. Throughout future evaluation projects however, an updated set of indicators should guide the planning and practice of data collection.

(Table 1. Indicators)

Objectives	Indicators
Goal A Improved health of family	A1 self-assessment of health status
Outcome 1 Improved health of children	1a # of families with children in ill health
Outputs 1.1 Increased participation in healthy activities	1.1a person-time participating in sport lessons
1.2 Improved mental health	1.2a children's feeling of happiness 1.2b children's confidence and self-esteem 1.2c children's emotion management 1.2d relation with parents
1.3 Improved social health	1.3a children's socialisation ability 1.3b children's communication skills 1.3c children's positive interaction with others 1.3d # of children making new friends through WBAF's networks
Outcome 2 Improved health of parents	2a # of families with parents in ill health
Outputs 2.1 Improved emotional health	2.1a parents' feeling of stress 2.1b parents' feeling of happiness 2.1c satisfaction of family relation

⁵ A useful guide that has been drawn on and is recommended for future review and finalisation of indicators — *Dictionary of indicators* (Investing for Good).

2.2 Improved social health	2.2a communication skills 2.2b satisfaction of relationship with people outside the household 2.2c # of parents making new friends through WBAF' s networks
Goal B Improved family capability and resilience	B1 satisfaction of life B2 # of people feeling they are in control of life B3 # of people feeling optimistic about future
Outcome 1 Improved family capability and resilience	1a # of people feeling able to access services or helps they need 1b # of people feeling able to deal with life challenges independently 1c children' s educational performance
1.1 Increased access to necessary services	1.1a # of people being referred to other services and organisations
1.2 Provision of advice or support on practical or emotional issues	1.2a # of people who report to have gained practical advice or support (from volunteers, social workers or people they encountered through WBAF's networks) 1.2b # of people who report to have gained emotional advice or support (from volunteers, social workers or people they encountered through WBAF' s networks)
1.3 Provision of support to children' s development	1.3a # of children receiving support from volunteers 1.3b # of children taking part in sports lessons
Goal C Enhanced community cohesion	C1 sense of belonging to the community C2 feeling of social isolation
Outcome 1 Expanded social networks	1a # of people having strong social network with family, friends and neighbours
Output 1.1 Increased engagement in social events	1.1a # of people involved in WBAF's social activities 1.1b # of people making new friends through WBAF' s networks
Outcome 2 Improved capability of community engagement	2a # of people feeling able to engage in community affairs/activities
Output 2.1 Improved socio-economic wellbeing	2.1a satisfaction of living condition

3. EVALUATION RESULTS

To present evaluation results, this section is organised according to the 3 social impact aspects outlined in the theory of change — **health impact**, **capability impact** and the wider impact on **community cohesion**. Under each sub-section, consolidated data (where available) is presented to evidence implemented activities and recorded results. In the meantime, research and policy evidence is drawn on to address the links between programme actions and intended impacts.

3.1 Health impact

The assessment adopts the definition of health from a social perspective, in cognisance of the constitution of the WHO, which defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO 1989: 1).

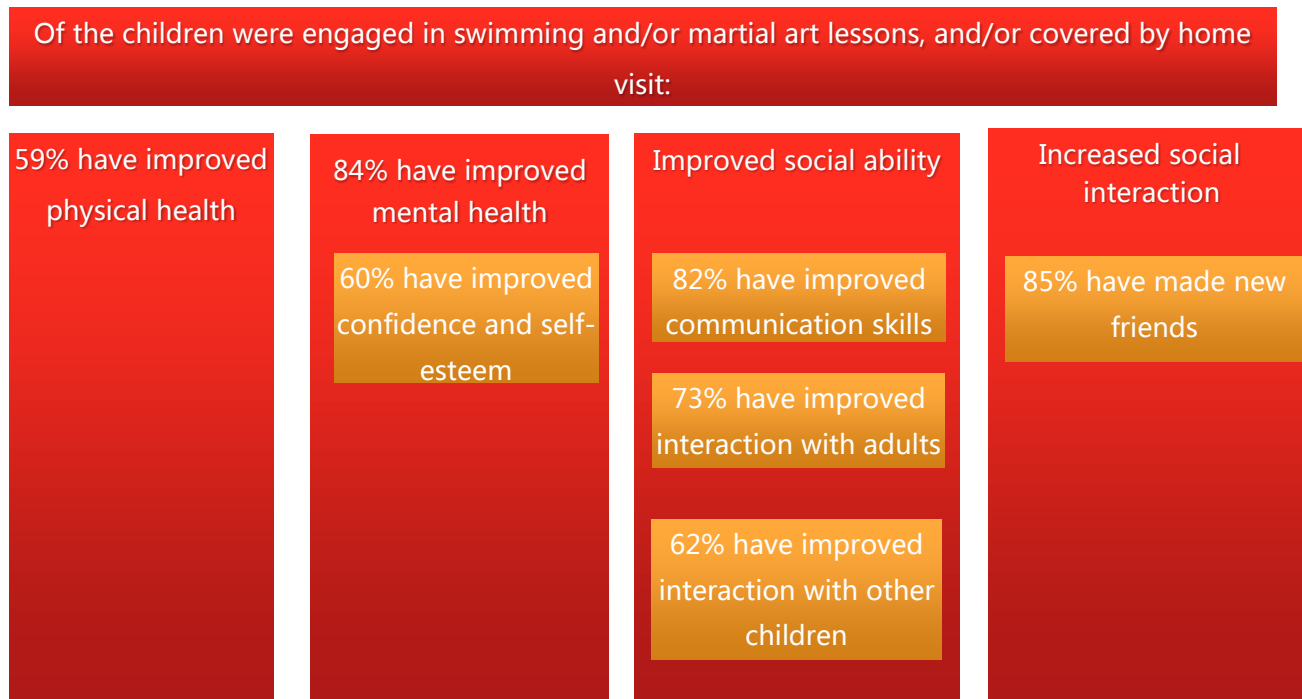
More specifically, the WHO (2001: 1) defines mental health as a state where the “individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”. Individual mental health is achieved through the development of the skills and attributes of psychological wellbeing (self-confidence, agency, autonomy, positive focus and optimism); emotional intelligence (relationships skills); and the capacity to experience happiness and contentment (sometimes called life satisfaction). While physical and mental health are inextricably linked, as many of the mental skills and attributes cannot be developed without sound physical fitness, social and mental well-being are also closely interrelated, though remaining as distinct concepts (UK’s Faculty of Public Health 2015). Social-wellbeing concerns the relations with other people and involvement in the community, as opposed to the more personal and individual focus of mental health. It is developed through positive communication, interaction and socialisation with others. The three aspects of health are mutually supplementary, meaning that impact on any part of it has potential effects on the others.

Based on the literature evidence, survey results reveal a significant impact on service users' health, in physical, mental as well as social terms. The graphs below show specific data to key indicators⁶. Due to the nature of the services provided, the results in this part are presented and discussed in 2 separate categories - impact on children and impact on parents.

Children's health was mainly found to be impacted by swimming and martial art lessons as well as volunteer home visit service. Therefore the data summarised in this part (shown in Figure. 2 below) was selected from the evaluations of these 3 services. Firstly, among survey participants, 59% recognised that children's physical health improved, mainly due to their participation in swimming and/or martial art lessons. Secondly, as many as 84% of surveyed parents noticed an overall improvement of their children's mental well-being. In particular, a significant change was recorded for children's confidence and self-esteem (60%), a critical aspect of mental health highlighted by the WHO. As for social wellbeing, evidence was found in terms of improved social ability and increased frequency of positive social interaction. 82% of children receiving different services from WBAF have improved their communications skills. Parents also reported that 73% of their children have improved their interaction with adults, and 62% with other children. Last but not least, 85% of the children have made new friends during sports lessons, activities or with home visit volunteers. services from WBAF have improved their communications skills. Parents also reported that 73% of their children have improved their interaction with adults, and 62% with other children. Last but not least, 85% of the children have made new friends during sports lessons, activities or with home visit volunteers.

⁶ For indicators whose data come from multiple activities, aggregation is made using the following formula:

indicator = $(a\% * a\# + b\% * b\#) / (a\# + b\#)$.

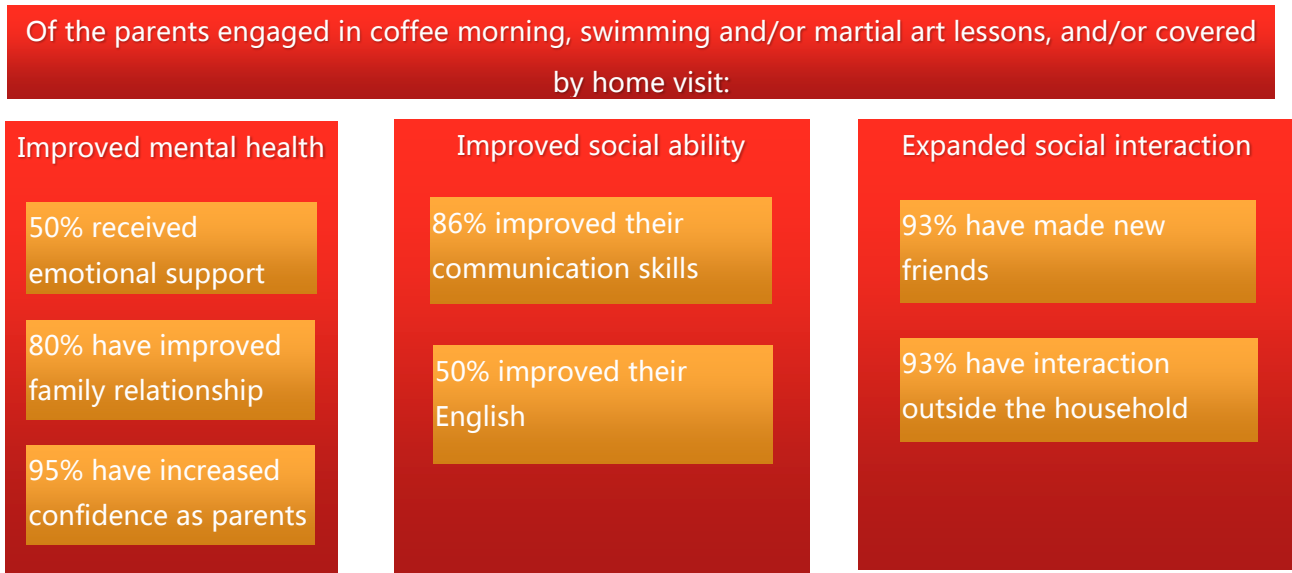


(Figure.2 Consolidated data on children's health impact)

To elaborate on the underlying causal-effect chain, abundant research has found that leisure and social activities as well as hobbies are of great importance to children's early development (Bradshaw and Main 2014). However, children from deprived families usually lack access to such activities and therefore are more likely to experience poor health, communication and social difficulties, as well as low self-esteem and social isolation (Barnes and Silverstein 2013). WBAF provides healthy activities where children participate in sports, take up new hobbies, interact with their peers and adults. Sports activities' link to physical fitness is direct and obvious, while their positive impact on mental health has also been proven (UK Department of Health, 2011), as happiness and confidence are reinforced during sports games. Playing sports together with other children offers the opportunity to make new friends and reduce isolation, as evidenced by the comments made during the semi-structure interviews, one parent explaining that "She is happy with the lessons ... it is an occasion for her to meet new people." Apart from sport lessons, the volunteer home visit service also positively affects children's health. Volunteers act as children's friends and support their academic and emotional development. Since children from deprived families are found to suffer from educational disadvantage and impediments to personal

development (Barnes and Silverstein, 2013), stable and tailored support provided by home visit volunteers helps children to attain better results and thereby helps to build confidence as well. It should be pointed out that parents and family relationship also have a significant impact on children's health and development, which will be discussed in the following paragraphs.

Parents' health is mainly impacted by the coffee morning sessions, volunteer home visits and their engagement with their children's sport lessons. Data (shown in Figure.3 below) from evaluations shows that 50% of parents received emotional support, either from volunteers or other parents. Over 80% have experienced improved family relationship and 95% have increased their confidence as parents. These contributed to their improved mental health. Moreover, through activities provided by WBAF, 50% of parents have brushed up on their English and 86% improved their overall communication skills. Considering that language is one of the major barriers hindering isolated families from integrating into the community, English language improvement has a significant impact on their social well-being. They also greatly benefited from the wealth of opportunities for social interaction. 93% said that they have made new friends, and 93% now interact more with people outside their household than before.



(Figure.3 Consolidated data on parents' health impact)

Stress, one of the most common barriers to mental and even physical health in modern societies, is experienced by most parents in deprived families. Leisure time and activities, receiving advice, engaging in interpersonal communication and interaction all contribute to stress relief. For example, some coffee morning participants pointed out that talking with other parents and taking part in activities like jewelry making, gave them a chance to “have time for their own (as opposed to for their children)”, “have a break”, “not think about the problems”, and to know that they are not alone as many parents face similar problems and can share experience and advice. Moreover, as most parents’ major concern is related to their children, WBAF’s support to children also gives parents emotional relief. For example, parents are happy to see their children improving academically as well as behaviourally. Parents also value the fact that their children are making new friends, feeling happy and more confident. More importantly, by regularly exchanging advice and experience with other parents, parenting skills and confidence are improved, enhancing family relationships and creating a more beneficial environment for children’s health and development. Last but not least, increasing social interaction opportunities for parents are particularly important for their mental and social well-being, considering that most of the time they are too busy working and taking care of their children and have relatively little time for their own social life.

In conclusion, the evaluation data has offered sound evidence for the effectiveness of WBAF’s activities while the abundant literature helps to confirm the impact chain. Although more data will be of help to establish direct causal links and reduce reliance on literature, the existing evidence is to some extent sufficient for drawing the conclusion that WBAF’s activities have a significant impact on beneficiaries’ physical, mental and social health. Taking into account the interrelated nature of parents’ and children’s well-being and the core role health plays in a person’s well-being and their development in various areas, the impact should go far beyond what could be recorded by quantitative data.

3.2 Capability impact

Surveys show that the second major type of support that beneficiaries receive, apart from the chance to participate in activities and socialise, is counselling and advice on life issues, which can be practical and/or emotional. This type of support is important in terms of strengthening families' resilience to weather crises and their capability to deal with problems.

Many of WBAF's families have limited information regarding services or benefits that can be of help and more importantly, ability to access such assistance. Family support workers play an important role in facilitating access to services and benefits. For example, multiple survey responses noted that they received help with filling out forms, writing letters, contacting relevant official bodies, or other procedures regarding housing benefits, employment assistance, health and disability issues, financial concerns and so on. In some cases, direct help was provided for a variety of daily tasks or life problems, such as raising funds for domestic items, dealing with school issues such as transfer and university applications, mediating with employer about excessively long working hours, legal support over court issues, managing utility bills and taxes.

Apart from linking clients with professional services and organisations, WBAF also attaches great importance to facilitating non-professional relationships, through befriending and enabling peer support. This model, together with a focus on child development, has strengthened WBAF's potential in generating capability impact.

Befriending is one of the many preventative community services widely adopted across the UK. A key aim of any early intervention is building the capacity of individuals, families and communities to secure the best outcomes for themselves (NKBL 2015). It is about moving from intervening when a crisis happens towards prevention, building resilience and providing the right level of support before problems materialise (NKBL 2015). The normalised and regular relationships created by the befriending model, are highly valued and distinctive from those formed with professionals (Andrews et al. 2003). *Befriending works: building resilience in local communities*, a report published by Mentoring and Befriending Foundation, confirmed the effectiveness of befriending in building resilience and therefore reducing future dependence on health and social

care services (Bradley et al 2010). The report provided evidence through case studies of individuals who experienced social isolation, fear of others or an inability to access community resources for various reasons. These individuals, as pointed out by the report, experienced multiple forms of disadvantage such as poverty, breakdown of family structures and lack of work and/or access to training opportunities. As a consequence, their quality of life and future life chances were significantly jeopardised. This is largely similar to the situation of WBAF's beneficiaries, as shown by the findings of service evaluation.

Survey respondents have outlined various benefits of befriending volunteers' home visits, of which a few aspects are directly or indirectly linked to skills enhancement. Children, the focus of WBAF's befriending service, received help with homework (88%) and have made noticeable progress in school (72%) and improved their behavioural (68%) performance. Childhood education, both academic and behavioural, has proven to have a direct impact on children's capability building and a long term impact on the capability of the family as a whole. Moreover, 25% of the users noted that home visit volunteers also assisted them with identifying and accessing other organisations and services. 50% received general support and advice, typically on family and domestic issues. For example, many respondents claimed that they now have more confidence as parents. Similar outcomes were also found to be gained by the peer support facilitated by WBAF's activities. For example, parents attending coffee mornings highlighted their improved parenting skills, increased willingness to seek help when in need, and their increased ability deal with day-to-day tasks.

In summary, academic evidence supports WBAF's "do-with" approach built upon non-professional relationships. However, availability of necessary project data is very low and the quality of available data inadequate as well. Most of the evidence gathered through this project only captured "what was received" instead of "what has changed". Therefore, the results remain inconclusive and fail to render a comprehensive assessment of the exact extent to which capability has been impacted.

3.3 Wider impact - community cohesion

The third aspect of social impact relates to community cohesion, which is the combined outcome of positive social interaction facilitated by WBAF's activities and the improved health and capabilities of families. Community cohesion emphasises the sense of belonging within a community, where people with different backgrounds enjoy similar opportunities of life and community engagement, and build strong and positive relationships (Local Government Association 2002).

Research organisations like the Institute of Community Cohesion (2008: 17) have found evidence that health is an important contributor to community cohesion. People's state of mental and physical health affects their ability and motivation to engage in community activity. When people are fit and well they play a more active part in their community than when they are ill or depressed. Physical ill health can restrict movement or sensory participation in the social and economic life of a community. Mental ill health, including common mental disorders such as anxiety and depression, often cause people to withdraw or be fearful of social contact, particularly with the unfamiliar.

The Department for Communities and Local Government (2007) has pointed out that socio-economic well-being is regarded as a pre-requisite for cohesion and thus as the most important part of cohesion policy in some areas. Social inclusion and empowerment are seen as key to ensuring that individuals have the resources to contribute meaningfully in communities and feel like they have a stake. They are also important in order to avoid antisocial behaviour and tensions relating to concerns over inequitable resource distribution.

Furthermore, the DCLG acknowledged the consensus that cohesion depends on encouraging positive relationships between different groups. Projects that facilitate meaningful interaction between people are found to be effective in promoting trust, awareness of commonality and positive relationships among participants. To some extent, this has a positive effect on the wider community, although the impact beyond individual participants is not always significant.

Moreover, developing English is central to facilitating the social inclusion of non-English speakers and developing positive relationships between them and other groups.

While the impact on health was discussed in detail in the previous section, the effect on capability can in turn be expected to have long term consequences for socio-economic well-being as capability building is central to families' resilience to crises, varying from financial and health to residential problems etc. Deprived families are particularly vulnerable to crises such as unexpected illness, subsequent unemployment and financial burden. Apart from this, child development is crucial to a family's future socio-economic well-being. Children that enjoy a sound early development are more likely to break through social capital constraints and improve the family's living condition later on.

The effects of facilitating social relationship were mentioned in the health impact section but with a different focus. When asked to identify the major type of support received from WBAF, 60% of respondents highlighted meeting new people, and 32.5% mentioned language and communication skills. Leisure activities, which were emphasised by the highest percentage (80%) of users, also include social interaction as WBAF's activities bring together children and parents from different families. It has been mentioned previously that a significant number of children and parents have made new friends through WBAF's activities. Some respondents directly pointed to reduced isolation. For example, some stated that, with volunteers visiting, they no longer "feel alone" and "have someone to talk to" while "the community isolated ... [them]"; some even said that they "didn't have friends before starting with WBAF". The survey data shows that 68% respondents are highly satisfied with their neighbourhood relationships while only 9% are feeling dissatisfaction. Almost all respondents attending coffee mornings stated that this activity increased their interaction with people outside their household. About 78.4% of respondents now meet with people outside the household face-to-face at least a few days each week.

To sum up, sufficient research evidence has been developed underlying the role of deprived groups' health and socio-economic wellbeing as well as positive relationship in promoting community cohesion. While academic evidence is robust, the limitation of project data reduces the

strength of project evidence. A critical gap exists in the data for direct indicators of community cohesion, of which an example is the sense of belonging to the community. Therefore, community cohesion is an impact dimension with great potential for further appraisal and evidence, which requires more attention at the stages of M&E planning and data collection.

4. CONCLUSION

This impact evaluation report adopted a theory-based contribution analysis approach. Due to the characteristics of projects as well as constraints on resources and organisational capacity, the evaluation did not include scientific isolation of causal factors. Therefore the causality issue remains a key challenge. As was noted by Ebrahim and Rangan (2014), impacts are likely to be affected by multiple factors and actors, and that attribution may be possible in some cases while less likely in more complex or indirect intervention. To tackle this challenge, the evaluation sought to build up a strong theory of change with a clearly defined logic model and assumptions. It aimed to assess the occurrence of result chain through identified indicators and address assumptions based on robust literature review.

Relying on currently available project data, this evaluation concluded that WBAF's activities have had a significant impact on beneficiaries' health - physical, mental and social; the impact on capability building remained inconclusive, mainly as a result of a data gap regarding key indicators; the potential impact on community cohesion was also revealed and strongly supported by relevant literature, although more vigorous support from project evidence is required before the level of impact can be confirmed. Table 2 below summaries our evaluation results and conclusions.

	Literature evidence	Project evidence	Conclusion
Health impact	Strong	Strong	Significant
Capability impact	Strong	Weak	Inconclusive
Community cohesion	Strong	Medium	Potential

(Table 2. Summary of social impact evaluation results and conclusions)

It should be highlighted that is the evaluation is obstructed by the lack of indicators and available data discussed in the research design section. Ebrahim and Rangan (2014) noted that the analytical problem of causality requires the establishment of measurable causal relationships between a project's objectives, outputs, and outcomes, and identifying appropriate indicators. This illustrates

the importance of bridging the gap between indicator identification and data collection. As another objective of this evaluation was creating organisational guidelines for future impact evaluation, we conclude that two major aspects the charity will have to work on are (a) conducting evaluation planning to identify data needs and collection methods before implementing evaluation; (b) setting up a system for robust data management for the sake of consistent appraisal in the long run. Recommendations on these are presented in the next section.

5. RECOMMENDATION

M&E plans are becoming standard practice (IFRC 2011: 33). Solid data collection and management constitute the fundament of successful M&E, and hence, requires detailed planning. Proper planning makes data collection and reporting more efficient and reliable. Also it helped to transfer critical knowledge to new staff and senior management (IFRC 2011: 33). Overall, it can be much more timely and costly to address poor-quality data than to plan for its reliable collection and use.

At the heart of data collection planning is to determine what data needs to be collected. The selection of indicators should combine quantitative and/or qualitative criteria and provide a simple and reliable means to measure achievement or reflect changes. A set of indicators were developed and presented in evaluation design section, however, that was not a static blueprint but has to dynamically respond to changing circumstances and adjustment of organisation strategy. Therefore, strategic adjustment should shed light on the establishment of a log frame, where the objectives and indicators reflect strategic changes and are linked with means of verification and assumptions⁷.

A well-developed log frame serves to guide data collection planning. A widely adopted instrument for data collection planning is data collection plan table, which builds on the log frame to detail key M&E requirements for each indicator and assumption. The table should include indicator definition, data collection methods and sources, data collection frequency and personnel responsible for each activity. Ultimately, the data collection plan should be carried out along with effective compliance in the data collection process. An example is provided below using a few selected indicators.

⁷ "Log frame is a summary of the project/programme' s operational design... It summarises the logical sequence of objectives to achieve the project/programme' s intended results (activities, outputs, outcomes and goal), the indicators, means of verification to measure these objectives, and any key assumptions." (IFRC 2011: 27)

A log frame template and examples are available at: <<https://www.ifrc.org/Global/Publications/monitoring/IFRC-Logframe-template-definitions-examples-3-2011.doc>>

Indicator	Definition	Data collection methods/sources	Frequency	Person responsible
Goal B: # of people feeling they are in control of life	/	Survey	every 6 months	M&E officer
Outcome 1a: # of people feeling able to access services or helps they need	/	Survey	every 6 months	M&E officer
Output 1: # of people being referred to other services and organisations	/	Social service record / Volunteer log sheet	<ul style="list-style-type: none"> • data collected every time service is given • data consolidated once every 6 months 	<ul style="list-style-type: none"> • social workers/ volunteers • M&E officer

(Table 3. Sample data collection plan table)

While specific data collection methods and tools should be determined through concrete consideration on the log frame and outlined indicators, this report recommends that more attention be given to case study, considering difficulties in counterfactual comparison and causal factors isolation. Case studies could be detailed descriptions of individuals, communities or a story over a period of time with program implementation. Case studies are “particularly useful in evaluating complex situations and exploring qualitative impact” (IFRC 2011: 101). It has the advantage of capturing changes and narrating the mechanism through which changes were achieved.

Although it is recognised that monitoring focuses on lower level objectives like inputs activities and short-term outcomes, and evaluation focuses on outcomes and overall goals, it should be kept in mind that they are integrally linked. Monitoring can provide crucial data and information for evaluation. Considering that possible and feasible social impact evaluation methods for WBAF will be largely theory-based, highly relying on evaluating the causal chain, monitoring data is of

significant importance and therefore systematic data management is necessary. A typical data management tool is indicator tracking table, which records ongoing measurement of indicators and enable systematic reviews and comparison. A simplified table is demonstrated below (indicators were randomly selected and numbers randomly assigned), adapted from a more comprehensive version provide by IFRC⁸.

Indicators	Project target	1st reporting period	2nd reporting period	3rd reporting period
Output 1: % of parents feeling stressed	80	30	40	...
Output 2: % of parents satisfied with family relation	20	70	60	...
Output 3: % of parents satisfied with relation with people outside their household	80	40	50	...

(Table 3. Sample indicator tracking table)

In brief, the above recommendations were based on the insights gathered from this social impact evaluation project and built upon best practices of leading organisations. They seek to lay down solid foundation for future credible evaluations. However, the development of organisational capacity in evidencing (social) impact is a long-term process that requires constant self-evaluation, learning and adjustment.

⁸ For a more comprehensive indicator tracking table, refer to: <https://www.ifrc.org/Global/Publications/monitoring/ITT-with-examples%2031%20October%202014.xlsx>

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