Can you put a number on a feeling?
Measuring charities impact on children’s well-being

Camilla Nevill

Campbell Collaboration Colloquium
Oslo, May 2009

New Philanthropy Capital: a unique mix

part research house
- Creating a body of research which is public and distributed for free on our website

part think tank
- Challenging opinions on charity effectiveness
- Informing public policy
- Identifying best practice in funding

part consultancy
- Advising donors on effective charities to support
- Advising charities on impact measurement and effectiveness
- Creating strategies for donors to give effectively

part innovator
- Developing and trialling tools to measure charity effectiveness
- Piloting initiatives such as the Results Library to challenge existing practice
The policy context: U.S. income and well-being

The study of subjective well-being

“The study of what makes experiences and life pleasant or unpleasant. It is concerned with feelings of pleasure and pain, of interest or boredom, of joy or sorrow, and of satisfaction or dissatisfaction”

- Professor Daniel Kahneman
**Existing research**

Global measures of life satisfaction:
- World Value Survey
- Cantril’s ladder (1965)

Scales used by psychologists and social scientists to measure aspects of subjective well-being:
- Marsh’s self-description questionnaire (1988)
- Wagnild and Young’s resilience scale (1993)
- Huebner’s student life satisfaction scale (1991)

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**But none of these meet all the needs of charities**

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**What is the well-being questionnaire?**

- Paper questionnaire (eventually online)
- Answered by the child
- Designed for 11 to 16 year olds

**The seven domains of well-being**

<table>
<thead>
<tr>
<th>SELF:</th>
<th>RELATIONSHIPS:</th>
<th>ENVIRONMENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Self-esteem Q.6</td>
<td>4) Friends Q.9</td>
<td>6) Home community Q11</td>
</tr>
<tr>
<td>2) Resilience Q.7</td>
<td>5) Family Q.10</td>
<td>7) School Q.12</td>
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<tr>
<td>3) Emotional</td>
<td></td>
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<tr>
<td>well-being Q.8</td>
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- Subjective outcomes relevant to children and charities
How will charities use well-being questionnaire?

- Evaluation not diagnosis
- Baseline and follow-up
- Anonymous and confidential

Baseline measure → Intervention → Follow-up measure

- Compare results to the national baseline
- Currently being piloted with five charities
  - Robust and valid
  - Sensitive to change
  - Practical for charities to use

Before and after an Outward Bound course

- Paired samples t-test is used
- Differences between baseline and follow-up scores for school (N=108)

<table>
<thead>
<tr>
<th>Domain of well-being</th>
<th>Difference</th>
<th>P</th>
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<tbody>
<tr>
<td>Self-esteem</td>
<td>0.8</td>
<td>0.021</td>
</tr>
<tr>
<td>Resilience</td>
<td>0.6</td>
<td>0.006</td>
</tr>
<tr>
<td>Emotional well-being</td>
<td>1.0</td>
<td>0.000</td>
</tr>
<tr>
<td>Peer relationships</td>
<td>-0.2</td>
<td>0.214</td>
</tr>
<tr>
<td>Family relationships</td>
<td>0.1</td>
<td>0.608</td>
</tr>
<tr>
<td>School environment</td>
<td>0.4</td>
<td>0.120</td>
</tr>
<tr>
<td>Home environment</td>
<td>0.2</td>
<td>0.511</td>
</tr>
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## What questions can charities answer?

<table>
<thead>
<tr>
<th>Internal use (service delivery)</th>
<th>External use (marketing)</th>
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</thead>
<tbody>
<tr>
<td>• Are we working better with some groups than others?</td>
<td>• Are we working with disadvantaged groups with low levels of well-being?</td>
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<tr>
<td>• Are elements of our service delivery linked to particular outcomes?</td>
<td>• Do we improve the well-being of the children we work with?</td>
</tr>
<tr>
<td>• How can we predict who will find our services more useful and use this to adapt our services?</td>
<td>• Do children we work with show long-term improvement?</td>
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## Strengths and weaknesses of the well-being tool

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<tbody>
<tr>
<td>• General tool enabling charities to prove success at a range of subjective outcomes</td>
<td>• The attribution problem</td>
</tr>
<tr>
<td>• Academically robust and valid</td>
<td>• Should be used alongside other methods to get the full picture</td>
</tr>
<tr>
<td>• Practical for charities to use</td>
<td>• Not appropriate for work with some children (e.g. victims of abuse)</td>
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<tr>
<td>• Freely available</td>
<td></td>
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<tr>
<td>• National baseline</td>
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The future of the well-being questionnaire

- Online and freely available for charities to use.
- Charities can share their results
- Well-being questionnaires for other groups:
  - The elderly (60+)
  - Young adults (17 to 25)
- Well-being questionnaires for other countries?

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Evidence based policy and practice: NGOs and The UK third sector

Ann Buchanan
University of Oxford

What is the third sector?

The third sector in the UK, like NGOs the world over, is a diverse, active and passionate sector:

- non-governmental: value-driven
- principally reinvest any financial surpluses to further social, environmental or cultural objectives.
- The term encompasses voluntary and community organisations, charities, social enterprises, cooperatives and mutuals both large and small.
Who are they?

- In England and Wales at the end of 2006 there were 168,600 registered charities. Long history.
- They range from: household names such as Barnardo’s (one of the 630 registered charities with annual income over £10 million) to the small trusts founded to relieve hardship in a specific field.
- Social enterprises – in 2005 there were over 55,000 social enterprises. The annual turnover of social enterprises is around £27 billion and they contribute about £8.4 billion to GDP.

What the UK third sector does.....

- Key activities: Campaigning, strengthening communities; supporting services, social enterprise.
- The number of people volunteering formally or informally at least once a month rose from 18.4 million in 2001 to 20.4 million in 2005.
- Charitable giving has kept up with the growth in GDP in recent years, at around £9 billion in 2005-06. 10 billion in 2005.
- But in addition Government contracting 3rd Sector large sums of money to run services.
The dilemma. Does it make a difference?

- A lot of money. A lot of volunteer effort. But does it makes a difference?
- Three options: make things better; make no difference; make things work
- Considerable reluctance from third sector to get involved in evaluation
- Where government funding charities for services, they now asking for more evidence that they are best value.
- Private sector complaining that the Government is creating an unfair market.

Why is more evidence necessary in the third sector?

- Ethical responsibility to ensure ‘do no harm’. Often working with vulnerable people. Human Rights issue
- Some of Third Sector has Government money and is accountability to public purse
- Cannot assume that third sector that it is necessarily better.
- Private organisations are now challenging the protected status of third sector.
What is evidence based?

- ‘Is the integration of best research evidence with clinical expertise and values’ (Sackett, Straus, Richardson, Rosenberg & Haynes, 2000 p1)
- ‘It is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual clients’ (Sackett et al, 1997, p2)
- ‘Evidence-based health care refers to ‘use of best current knowledge in decision making about groups and populations’ (Gray 2001)

Experience at Oxford

- Ian Chalmers and the Cochrane Collaboration
- The Campbell Collaboration
- First MSc in Evidence based Social Work – now in 5th year
- Doctoral students
So what have we learnt?

- Students from all over the world: Chile, Argentina, USA, Canada, Europe, Post soviet countries, Russia, India, China and Australasia. Many involved NGOs in their countries.

- They make use of the ‘hierarchy’ of evidence. If there is no evidence you need to find what evidence there is. The extent of the problem, the risk and protective factors, associated, the possible interventions, setting up small trials, going public.

- We have had to help students make sense of what is know and what may not yet be known – becoming critical.

- But continuing the search for evidence despite the problems.

- Above all we have learnt that those who intervene in the lives of others both for economic and humanitarian reasons have know what there is to know.

Evidence based Policy

- But research in NGOs and UK third sector is still at embryonic stage.

- Work at New Philanthropy capital important

- Place2Be research important.
So the journey to EB Work on NGOs and the third sector has just begun....

- There will be many disputes and arguments ahead.
- But national and international organisations are asking for more evidence.
- We cannot assume that just because an organisation is not for profit that it is necessarily better than one run for profit.
- We have humanitarian and economic responsibility that what is done – at least does no harm.
Enabling emotional and therapeutic support to children in schools

The Place2Be

Advantages and challenges of evidence-based practice

Benita Refson OBE, Chief Executive

The Place2Be: Our Vision and Mission

Our Vision is a world where all children have the chance to grow up with prospects rather than problems.

Our Mission is to enable therapeutic and emotional support to be provided to children in schools based on a practical model backed up by research.
About Us

- Founded in 1994
- 14 years experience delivering school-based counselling services
- Multi-award winning charity supporting 47,000 children
- In 2009 we will be working in 146 schools across 16 hubs (clusters) in the UK

History of Research and Evaluation

- 1995 Royal Free Hospital research
  - The Place2Be model founded
- 2004 The King’s Fund
  - Funded and supported the development of a three-year Research and Evaluation Strategy and work plan
  - Funded consultancy from two senior academics at the Institute of Psychiatry, King’s College
- 2008 Research Advisory Group
  - To advise and support the Research and Evaluation team in areas such as pursuing new areas of research, ethics, statistical analysis and disseminating The Place2Be’s research and evaluation findings to a wider audience
- 2008 Business Impact Analysis
  - Calculating the unit cost and conducting a cost benefit analysis of The Place2Be’s services
Advantages of The Place2Be's evidence-based practice

Demonstrates the value of The Place2Be's work
• Through providing solid evidence of the effectiveness and value of our interventions

Demonstrates positive outcomes for funders / commissioners

Quality assurance
• Internal discussion and team feedback of outcome measurement findings (SDQ, CORE-OM)
• Internal quality assurance (Quality Committee, Research Advisory Group)

Improve service delivery
• Quantitative/Qualitative study to identify the pattern of effectiveness (what works for whom)
• Comparison with similar services (e.g. NPC results library & well-being project)

Advantages of Business Impact Analysis

• Measure a wider impact on children, families, schools and the society
  Research projects evaluating impact on whole school and community

• Demonstrate Value for Money
  Cost-benefit analysis to estimate savings for society by early mental health interventions

• Benchmark service & performance
  Benchmark with similar statutory and voluntary services on service delivery, efficiency and effectiveness
Challenges associated with evidence-based practice

Size of evaluation task
- Data processing. In 2007/08:
  - almost 2,000 children accessed individual or group interventions
  - 5,000 children accessed The Place2Talk
  - 240 parents received support from A Place for Parents

Evidence largely based on internal research and evaluation
- May be viewed externally as biased; being addressed through:
  - establishing the Research Advisory Group
  - increasing links with academia to outsource research
  - Publishing evaluation findings

Cultural issues
- Working with BME and ‘hard to reach’ families
- Aligning the clinical work and expertise of the Counsellors with the skills necessary to administer and manage robust evaluation methods

The Place2Be: Key findings

Individual and group interventions
In 2007/08
- 60% of children had lower teacher-rated Total Difficulties scores, as measured by the SDQ, following The Place2Be intervention
- 71% of children had lower parent-rated Total Difficulties scores, as measured by the SDQ, following The Place2Be intervention

A Place for Parents
In 2007/08
- 92% of parents had lower Total Global Distress scores, as measured by the CORE-OM, following intervention

The Place2Talk
Surveys conducted between March 2006 and July 2008
- 90% of children found the service to be either ‘very helpful’ or ‘a bit helpful’
- 68% of school staff were aware of noticeable benefits to the whole school as a result of The Place2Talk
What the Donors say about us

“Whilst I understood that measuring outcomes is not easy and that financial discipline is very tough when funding is precarious, I have to admit to being frequently disappointed about what I found. One could list so many shortcomings, but what has struck me most is the absence of a culture of accountability (to funders, employees) the lack of interest in demonstrating efficacy, non-existent grasp of costs, weak governance structures, absence of strategic planning and wasteful fundraising ratios. So you will understand how enormously welcome it was today to meet you and to understand about the way that you run The Place2Be. The professionalism of your team would put many businesses to shame.”
(Head of UK and European Equities)

“The Place2Be has one of the most sophisticated outcomes measurement systems NPC has seen.”
(New Philanthropy Capital – Formal Charity Recommendation)

The feedback

“It helped my daughter 100% in Year 3. I hope it has a place in our school for the future years.” Parent of child receiving The Place2Be support

“It there wasn’t any P2B here, I’d do it myself but it would be very hard.” Child accessing The Place2Be

“The Place2Be has touched the lives of the whole school community in a positive way over the past year.” Head teacher

“Pupils are provided with good pastoral support and care, including initiatives such as ‘The Place2Be’ where those who find it difficult to settle or behave well can improve their social and emotional development.” Ofsted, 2008, (Chalkhill Primary, Brent)