

SOCIAL IMPACT ASSESSMENT IN SOS CHILDREN'S VILLAGES: APPROACH AND METHODOLOGY



SOS CHILDREN'S
VILLAGES
INTERNATIONAL



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Imprint:

Authors: Rosalind Willi, Douglas Reed,
Germain Houedenou, The Boston Consulting Group;
Design: Johanna Romillo;
Coverphoto: Nina Ruud;
Publisher: SOS Children's Villages International,
Brigittenauer Lände 50, 1200, Vienna, Austria
www.sos-childrensvillages.org

For more information please contact:
pd-service@sos-kd.org

1. INTRODUCTION

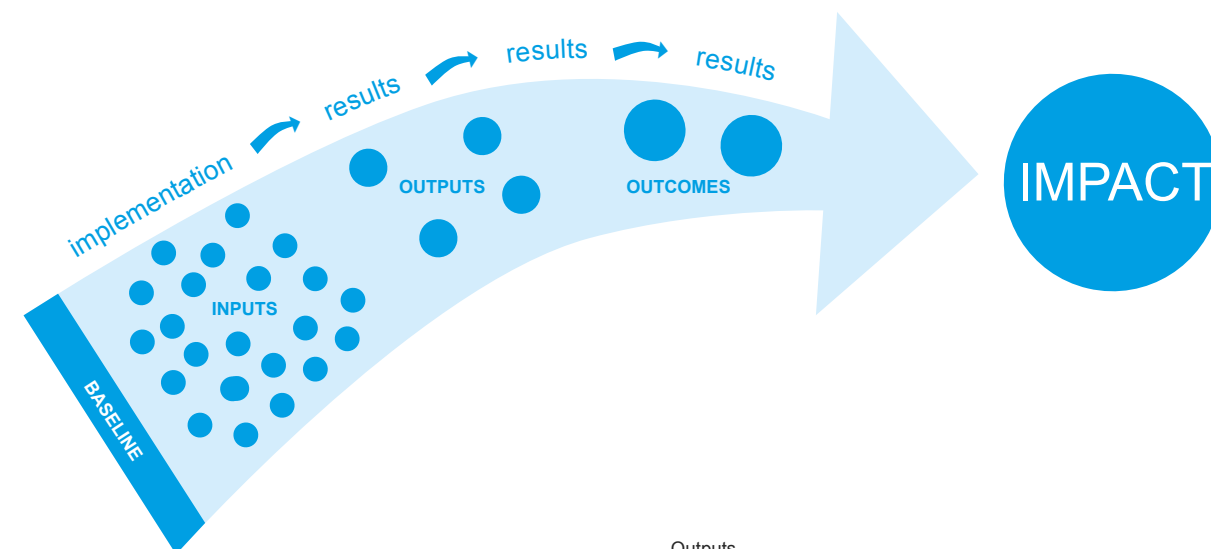
Tracking the performance and long-term effects of programmes is valuable to improve programme quality and transparency. With this in mind, in 2015 SOS Children's Villages developed a social impact assessment approach and methodology with the support of The Boston Consulting Group, in order to measure the long-term effects of its programmes on children, their families and communities. This enables the organisation to systematically derive learnings and good practices, reveal potential areas for further research and inform strategic decision-making. This takes place within the framework of a results-based management approach which ensures that we gather evidence about our effectiveness and use that to regularly improve our programmes.

The social impact assessments evaluate the two main areas of SOS Children's Villages' direct work with children who have lost or are at risk of losing parental care, *these being family strengthening and alternative care*.¹ The methodology was first piloted in Ethiopia and Swaziland. After some refinement, further assessments were carried out in five locations in Côte d'Ivoire, Senegal, Togo, Nepal and Tanzania in 2015 and one in Bolivia in 2016. At least four more are planned for 2017 in different parts of the world. However, it should be noted that impact assessments are not designed to be carried out in all programme locations world-wide, but rather in selected locations according to need and to provide a representative picture of results.

This report describes the approach to social impact assessment and outlines the methodology, including main assessment areas, sampling and limitations.

1. In prevention, or family strengthening, the primary concern is that children are enabled to grow-up in the care and protection of their parents or extended family. Accordingly, family strengthening responses are designed to prevent the separation of children from their family and to promote quality care within the family. Family-like alternative care was the main care form in the programmes that were assessed so far. Children are cared for in small groups by an adult care-giver (SOS parent or parents) who nurtures and supports their development.

Figure 1: Results chain



Baseline

- Baseline = situation before programme interventions
e.g. poor quality of child-parent relationships in 150 families

Inputs / Activities

- Inputs = human, material & financial resources for activities
- Activities = programme interventions = what we actually do
e.g. held workshops on parenting skills for care-givers

Outputs

- Outputs = immediate results of completed activities
e.g. 120 care-givers attended parenting skills workshops

Outcomes

- Outcomes = short-medium term effects of outputs
e.g. improved childcare practices in 80 families
improved child-parent relationships in 65 families

Impact

- Impact = long-term effects of programme on children & community
e.g. former participants who now have children are fulfilling all parental obligations

2. APPROACH

While external programme evaluations are regularly carried out of programmes that are running, a consistent methodology to assess long-term effects of programmes reached through a chain of results after the end of the services was missing in the organisation. The social impact assessment approach therefore aims to fill that gap, focussing on the final stage of results, being the impact that our programmes have in support of children and families.

Impact assessment brings the long-term effects of the programme into focus by measuring the resulting changes in the situation of former programme participants, their families and communities. In addition, it provides

a cost-benefit analysis, to gauge the financial value created by the changes.

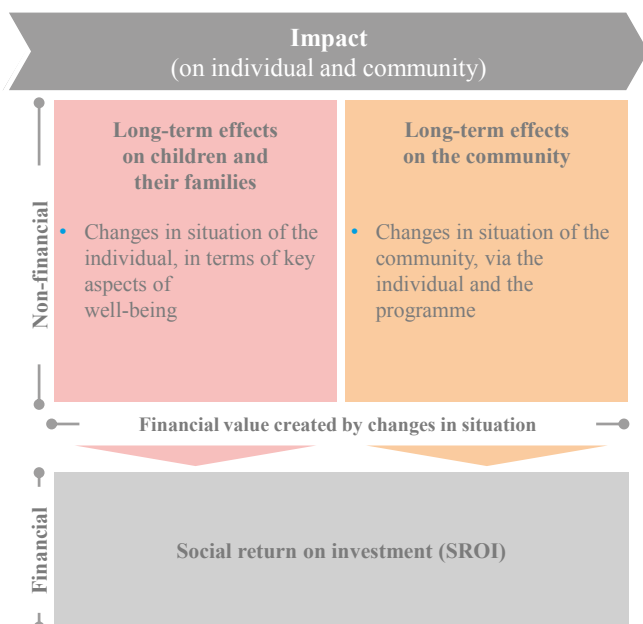
A certain degree of uncertainty will always remain about how much these changes have been affected (in positive or negative ways) by external factors, making social impact assessments the most challenging part of programme evaluation. Nevertheless, the theory of change is the ‘red thread’ running through how SOS Children’s Villages sees inputs leading to particular outputs, outcomes and ultimately impact. Carrying out a social impact assessment essentially tests the validity of this ‘red thread’, and helps put the organisation’s results and those of partners into perspective.

3. METHODOLOGY

The social impact assessment methodology builds on existing monitoring and evaluation (M&E) systems and standards in SOS Children’s Villages and was developed considering internal and external good practices². Social impact includes:

- **Impact on the individual (non-financial):** The actual long-term effects of the programme on former programme participants, whether these individuals are still dependent children³ or already independent adults⁴
- **Impact on the community (non-financial):** The actual long-term effects of the programme on the communities with which the programme has been working
- **Social return on investment (financial):** A forecast of the social return that can be expected, measured in monetary terms, for every euro spent in the programme.

Figure 2: Social impact assessment modules



The social impact assessment methodology is designed to be modular and flexible. Individual modules can be conducted separately or in combination. The modules cover impact at the individual level and impact at the community level, for both family strengthening and alternative care, as well as social return on investment (SROI). The SROI module should not be performed as a standalone element, but should always be part of a broader impact assessment to include non-financial elements.

Locations for impact assessments are selected following an evaluability assessment. The assessments are always conducted by external consultants (i.e. not SOS Children’s Villages employees) with a team of local researchers.

3.1 Impact on the individual

The methodology measures social impact in terms of eight key dimensions of well-being that apply to both dependent children and independent adults:

- **Care.**
 - Parental care (of dependent children): Does the former programme participant have an adult caregiver who is actively involved in his/her life, and who protects and nurtures him/her, fulfilling all parental obligations?
 - Family relationships and support networks (of independent adults): Does the former programme participant have strong positive relationships with family members, friends or neighbours, who are a reliable source of support for one another?
 - Parental obligations (of independent adults with own children): Is the former programme participant actively involved in the life of his/her children, and protects and nurtures them, fulfilling all parental obligations?
- **Physical health.**
 - Is the former programme participant in good health for his/her age?

2. This included a scan of key reference documents by Child Fund, World Vision, CARE, Save the Children, Every Child, Plan International, Action Aid, Feed the Children, and Pritchard, David; Eibhlin Ni, Ogain; Lumley, Tris (2012): Making an Impact, New Philanthropy Capital, NPC.

3. Those former programme participants who are still in the parental care of their family, with the family having primary responsibility for guiding and supporting their development.

4. Those former programme participants who now live independently, being responsible for taking care of their own development needs

Figure 3: Ratings in key dimensions of well-being

| Dimensions | Score | | | |
|--------------------------------|-------|---|---|---|
| | 1 | 2 | 3 | 4 |
| Care | | ✓ | | |
| Physical health | ✓ | | | |
| Food security | ✓ | | | |
| Accommodation | | | ✓ | |
| Education and skills | ✓ | | | |
| Livelihood (economic security) | | | ✓ | |
| Protection | | ✓ | | |
| Social & emotional well-being | ✓ | | | |

- **Food security.**

- Does the former programme participant have sufficient nutrition?

- **Accommodation.**

- Stability: Does the former programme participant live in a stable situation, with no risk of loss of residence?
- Living conditions: Does the former programme participant live in conditions that are adequate, according to local standards?

- **Education and skills.**

- Attendance (of dependent children): Is the former programme participant enrolled in and regularly attending school (or non-formal education)? Are infants or pre-schoolers stimulated to play, either with their caregiver or other children in the community?
- Performance (of dependent children): Is the former programme participant learning well and progressing to the next grade as expected?

- Attainment (of independent adult): Has the former programme participant completed secondary education or vocational training?

- Employability (of independent adult): Is the former programme participant well-prepared for future employment?

- **Livelihood.**

- Family resources (of dependent children): Does the care-giver/family have sufficient funds to cover children's survival and development needs?

- Household income (of independent adults): Is the individual/family income sufficient to cover survival and development needs?

- Employment status (of independent adults): Is the former programme participant or his/her spouse employed?

- **Protection and social inclusion.**

- Abuse and exploitation (of dependent children): Is the former programme participant safe from abuse and exploitation?

- Discrimination (both): Is the former programme participant safe from discrimination?

- Legal identity (of dependent children): Does the family have all relevant vital registration documents relating to the child, e.g. birth certificate and ID card?

- **Social and emotional well-being.**

- Happiness (both): Is the former programme participant happy, and does he or she have a positive outlook on life?

- Social behaviour (of dependent children): Does the former programme participant like to play with peers and participates in group or family activities?

- Self-esteem (of independent adults): Does the former programme participant have a positive attitude towards him/herself, and feel worthy, capable and competent?

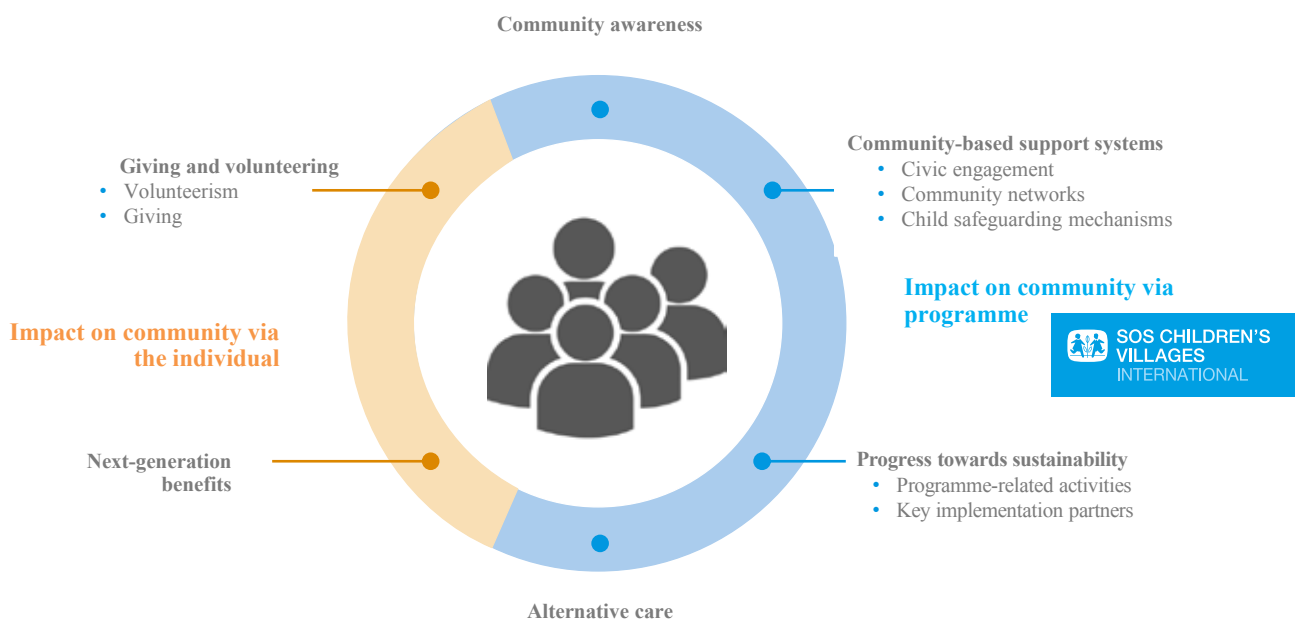
Research has shown that the development status of children without parental care or those at risk of losing it often falls behind that of their peers.⁵ Therefore, an underlying assumption is that former programme participants will do well across these dimensions if they receive the right kind of support. As such, when a former programme participant attains and sustains a positive change in these areas of development, this is viewed as a positive result. It is this reality and measure of success which underpins how the organisation assesses social impact.

In semi-structured interviews with former programme participants and their caregivers (in the case of former programme participants who are still dependent children), researchers assess the status in each dimension using a rating scale of 1 to 4 based on pre-defined indicators for each dimension. Former programme participants

with ratings of 1 or 2 are considered to be “doing well,” while former programme participants with ratings of 3 or 4 are seen as “not doing well” (please refer to figure 3). This rating system is adapted from the US Agency for International Development’s (USAID) Child Status Index, as well as indicators used in existing programme monitoring and evaluation systems of SOS Children’s Villages. These indicators are further adapted to the local context, during a workshop with local staff and the research team.

In addition to semi-structured interviews, data is gathered through focus group discussions with former programme participants and their care-givers for verification and in-depth qualitative information. The data is also compared with relevant secondary data at local and/or national levels, such as on income and employment.

Figure 4: Assessment dimensions in community-level impact



5. Please refer to Francesca Lionetti, et al. (2015): 'Attachment in institutionalised children: A review and meta-analysis', *Child Abuse & Neglect*, vol.42, April, pp.135-145.; Hyunah Kang, et al. (2014): 'The outcomes of foster care in South Korea ten years after its foundation: A comparison with institutional care', *Children & Youth Services Review*, vol.39, April, pp.135-143.; D Skinner, et al. (2013): 'A study of descriptive data for orphans & non-orphans on key economic vulnerability in two municipalities in South Africa', *Curationis*, vol.36, no.1, pp.1-8.; UNICEF (2013): *Towards an AIDS-Free Generation: Children & AIDS, Sixth Stocktaking report* (UNICEF: New York), pp.78-81; George Bicego, et al. (2003): 'Dimensions of the merging orphan crisis in sub-Saharan Africa', *Social Science & Medicine*, vol.56, issue 6, pp.1235-1247; Rachel Whetton, et al. (2011): 'Child work and labour among orphaned and abandoned children in five low and middle income countries', *BMC International Health & Human Rights*, vol.11, issue 1; International Bureau for Children's Rights (2007): *Making Children's Rights Work in North Africa: Country Profiles on Algeria, Egypt, Libya, Morocco and Tunisia* (Montréal: IBCR); Lucie D Cluver (2008): 'Effects of Stigma on the Mental Health of Adolescents Orphaned by AIDS', *Journal of Adolescent Health*, vol.42, issue 4, pp.410-417; Qiang Li, et al. (2015): 'The health of left-behind children in rural china', *China Economic Review* (in press); H Watts, et al. (2007): 'Poorer health and nutrition outcomes in OVC not explained by greater exposure to extreme poverty in Zimbabwe', *Tropical Medicine & International Health*, vol.12, pp.584-593; Benjamin Atwine, et al. (2005): 'Psychological distress among AIDS orphans in rural Uganda', *Social Science & Medicine*, vol.61, issue 3, pp.555-564; Charles H Zeanah et al. (2009): 'Institutional rearing and psychiatric disorders in Romanian pre-school children', *The American journal of psychiatry*, vol.166, issue 7, pp.777-785; Charles H Zeanah et al. (2009): 'Institutional rearing and psychiatric disorders in Romanian pre-school children', *The American journal of psychiatry*, vol.166, issue 7, pp.777-785; Jans, Valerie (2016): 'The child at risk: Who they are and why they are at risk', SOS Children's Villages International; please also refer to SOS Children's Villages International (2015): *Our Approach to Impact Assessment*, available upon request.

3.2 Impact on the community

Community-level impact measures changes in the situation of the community, by taking into account:

- 1) effects made on the community by individual children and their families who have participated in the programme, and
- 2) effects made directly by the programme itself.

The community-level impact is evaluated at the same time as individual impact and according to key dimensions of community development, using specific indicators. Each indicator is rated on a scale of 1 to 4. Again, ratings of 1-2 are satisfactory, and 3-4 are unsatisfactory. The key dimensions of impact on the community via the programme cover the following areas:

- **Community awareness.**
 - Are local stakeholders aware that certain children are at risk, and do stakeholders have a clear understanding of how to improve the situation of these children?
- **Community-based support systems.**
 - Civic engagement. Is there individual and collective action of community members to address the situation of disadvantaged children and their families, and how visible is this in the community?
 - Community networks. Are stakeholders working together to take coordinated action to address the situation of disadvantaged children and their families?
 - Child safeguarding mechanisms. Are mechanisms in place within the community to identify and respond to child rights violations, are they working well, and are they well-known throughout the community?
- **Progress towards sustainability.**
 - Programme-related activities (in communities where already phased out of direct day-to-day involvement). Have activities for the support of vulnerable children and their families, in which a programme was involved, continued after SOS CV withdrew from the community?
 - Programme-related activities (in communities where still have direct day-to-day involvement). Would activities related to the programmes continue if SOS Children's Villages withdrew from day-to-day involvement in the community?

- Key implementation partner(s). Is a key implementation partner(s) in place and is taking action to address the situation of vulnerable children and their families, and has sufficient resources to do so?
- **Alternative care.**
 - To what extent are fewer children being placed in alternative care than before SOS Children's Villages became involved in that community?

The key dimensions of community impact via the individual, which are also part of the SROI calculation highlighted below, are expressed in the following dimensions:

- **Next generation benefits.**
 - Are the children of former programme participants growing in a caring family?
- **Giving and volunteering.**
 - Are former programme participants giving back to their community through donations or voluntary work?

Data is collected through individual interviews and focus group discussions⁶ with relevant stakeholders in the community, including local authorities and community leadership, partner organisations, and SOS Children's Village programme staff. This information is supplemented by available internal and external secondary data, related to the baseline and current situation in the community. Based on this data, researchers compare the status quo against the initial situation when the programme first became involved in the community.

3.3 Social Return on Investment

The programme's long-term financial impact on society is gauged by its social return on investment, which compares the programme's total costs and benefits to society, and links inputs to impact along the results chain.

The SROI only includes quantifiable elements of social return. Therefore, the SROI is only used in combination with the other modules described above in order to get a full picture of social impact. The expected benefits to individuals and the community are highlighted in figure 5.

6. The researchers are also free to use additional research methodologies as per their need.

The underlying assumption is that the benefits to society only materialise and are sustained by those former participants who are doing well in the dimensions of livelihood and education, as these dimensions are a predictor of the expected economic success of individuals. Thus, only the results of those former programme participants who scored 1 or 2 in the education and livelihood dimensions are included in the calculation of benefits, whereas the inputs for all former programme participants are in-

cluded in the costs. Relevant local income and education levels and other comparable external data are used as a benchmark.

The calculation is carried out using three scenarios⁷ to ensure that the picture that emerges is more realistic. It should be noted that SROI figures take into account only quantifiable financial elements of impact that can be directly attributed to SOS Children's Villages; indirect or

Figure 5: Illustration of SROI calculation

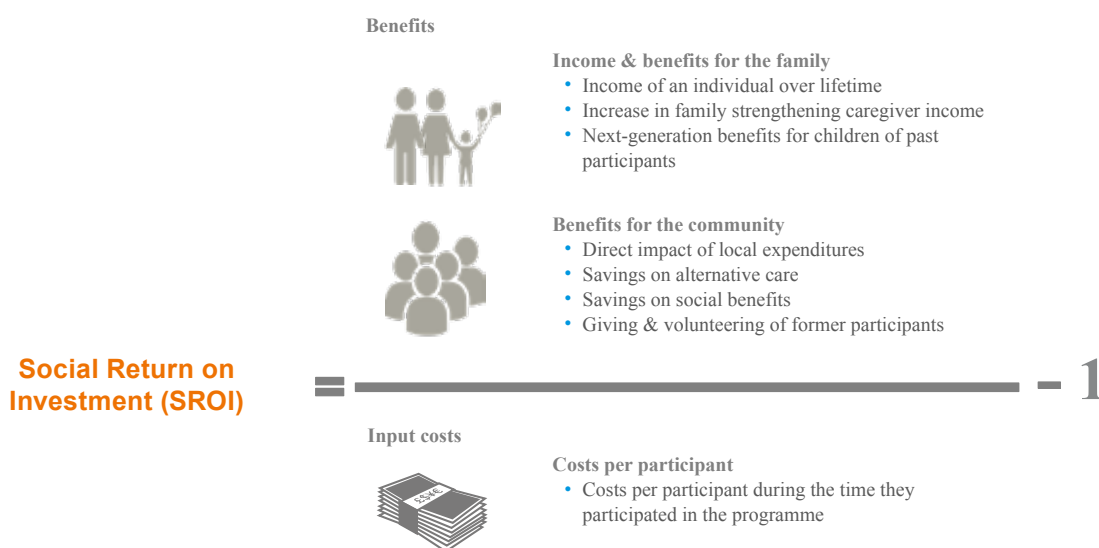
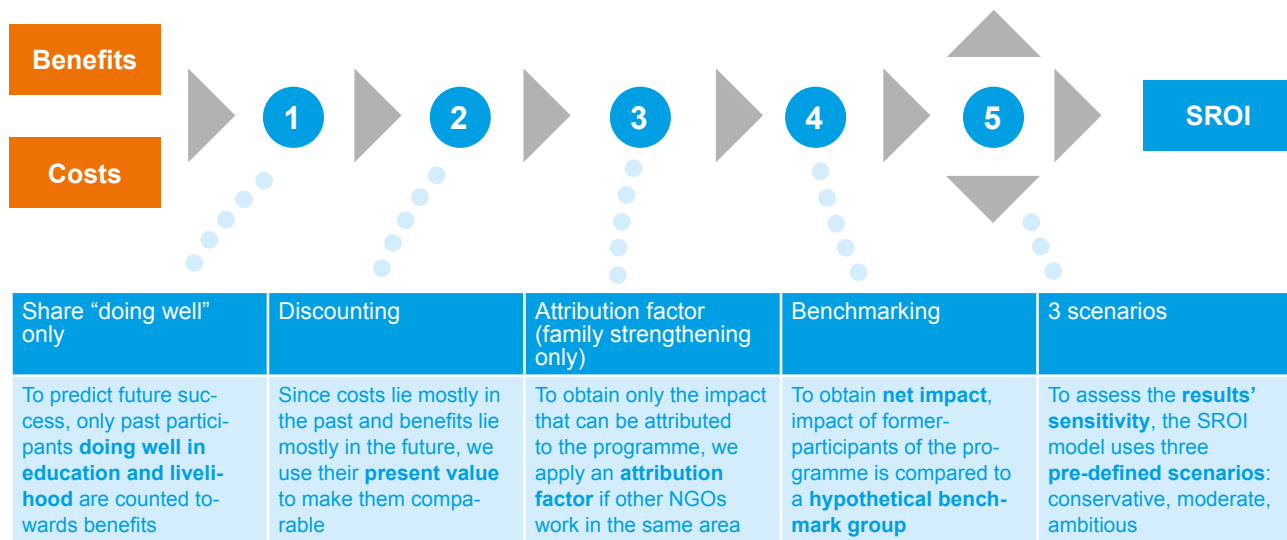


Figure 6: SROI key factors



7. Three scenarios are calculated to estimate the income participants would have had without the support of the programme. In the first scenario their income is 0; in the second it is equivalent to the average income of the poorest 20% of society; and in the third it is equal to the income of the second poorest quintile (the lowest 20-40%) of society.

non-quantifiable elements of impact (such as an income multiplier effect) are not included. In addition, an attribution factor is applied if other NGOs work in the same area and a discount factor ensures that the value of costs in the past and benefits in the future are comparable (see figure 6). The results can be expressed as a cost-benefit ratio or an SROI percentage. The benefit-cost ratio calculates the ratio between social, environmental and economic benefits and costs that result from an intervention. The SROI expresses the benefit-cost ratio as a percentage return on investment. Thus, the benefits are divided by the costs minus 1, as shown in figure 5.

3.4 Evaluation of programme relevance, effectiveness, efficiency and sustainability

This is complementary to results of 3.1-3.3 and includes the evaluation of programme reality against the theory of change (reflected in the programme plan and/or log frame). The methodology of assessment is open for development by the external researcher.

In addition, any unexpected impact, whether positive or negative, must be included. Special topics according to organisational and donor requirements can also be addressed and tailored to the needs of the respective programme.

3.5 Sampling criteria

For measuring impact on the individual, there are certain key criteria that the external researchers need to fulfil when sampling, as indicated in Table 1 below. The process of selecting the sample is conducted by the external researcher upon receiving a full list of former programme participants of family strengthening and alternative care that meet the respective criteria. The key sampling criteria also ensure comparability of the results when aggregating them on a national and international level.

| | Alternative care = mainly independent adults | Family strengthening = mainly dependent children (together with their care-giver) |
|--|--|--|
| Description of sample | <ul style="list-style-type: none"> Former programme participants of family-like alternative care, who are usually already adults and living independently | <ul style="list-style-type: none"> Former programme participants of family strengthening who tend to still be dependent children living with their families |
| Years since exiting programme | <ul style="list-style-type: none"> 2-6 years | <ul style="list-style-type: none"> 1-5 years |
| Minimum participation in programme | <ul style="list-style-type: none"> 2 years | <ul style="list-style-type: none"> 2 years |
| Sample size | <ul style="list-style-type: none"> Full coverage (100%) of exits within the period of time indicated above; minimum 30 independent adults | <ul style="list-style-type: none"> Samples should be representative of the overall population. One data set consists of one child and one caregiver per family. Minimum sample size of 30-40 families, according to manageability of the assessment |
| Circumstances of exits from programme | <ul style="list-style-type: none"> Representative balance of positive and negative reasons for exit | <ul style="list-style-type: none"> Representative balance of positive and negative reasons for exit |
| Further requirements | <ul style="list-style-type: none"> All participants who exited according to the above time frame who are contactable | <ul style="list-style-type: none"> The sample is to be representative, based on variables such as gender, age and type of family when in the programme |

4. LIMITATIONS AND CRITICAL SUCCESS FACTORS

Certain limitations and critical success factors were identified during the development and implementation of the methodology:

| Limitations | Critical success factors |
|--|---|
| Individual level | |
| <ul style="list-style-type: none"> Initially the methodology proposed the use of a “pure” control group. When assessing family-like alternative care during the pilot assessments it was not possible to find a sufficient number of people who had not received any alternative care services, but who shared the same characteristics as those in the target group and sample. Other alternative care organisations were asked to provide contact details of their former participants, but it proved challenging to get representative numbers with similar characteristics and to get a sample that was not biased (i.e. not representing the most “positive” former participant examples). The methodology was thus adjusted to use external data as a “virtual control group” to determine the causal chain of inputs to impact in both alternative care and family strengthening. This approach assumes impact is occurring rather than attempting to prove or quantify that impact through the use of control groups, which cannot be reliably or easily found. However, this results in a trade-off, which necessarily limits the scientific rigour of the social impact methodology. Nevertheless, through this approach it is possible for assessments to be conducted on a more regular basis, so that findings can be compared longitudinally between and within groups | <ul style="list-style-type: none"> Comparable and comprehensive datasets, especially at local level, but also regional and national level are critical for success. This can be challenging at times, if there is a lack of available data. The comparisons to the virtual control group require a pragmatic interpretation based upon the challenges related to comparing two different groups |
| <ul style="list-style-type: none"> A number of former participants have moved away from the community in which SOS Children’s Villages was providing services to bigger cities or abroad, and are difficult to track and locate in some cases | <ul style="list-style-type: none"> Interviews with former programme participants, who no longer live in the same location, should be carried out as far as possible, e.g. through digital means or phone, if they are representative of the overall sample population |
| <ul style="list-style-type: none"> In many programme locations there is a lack of baseline data. Internal databases and the results-based management approach are still relatively new to the organisation and not implemented in all locations | <ul style="list-style-type: none"> The internal database should be maintained and updated regularly with sufficient information regarding current, former and prospective programme participants. This will allow for a suitable baseline data pool for ongoing monitoring and evaluation. Rating scales, backed up by existing research, are used by the external researchers. It is important that the research team has a sound mechanism of quality control to ensure the comparability of the ratings. In addition, researchers may reconstruct baseline data, for example by referring to case files containing core assessment information of children upon entering the programme |
| <ul style="list-style-type: none"> Assessments have shown that there is a difference in results among former programme participants who left the programme a long time ago and those who exited more recently. This may influence the results in terms of different life situations depending on age and time since leaving the programme, as well as connecting the current situation of former programme participants with the services provided by the organisation. | <ul style="list-style-type: none"> The sampling has to remain strict in all assessments. The minimum duration of stay in the programme must always be at least two years. In addition, all exits between 1-5 years for family strengthening and 2-6 years for alternative care are considered, so that the relevance of results and the influence of external factors are reduced to a minimum. Researchers are encouraged to differentiate results according to time since exiting the programme. |

| Limitations | Critical success factors |
|---|---|
| <ul style="list-style-type: none"> In general, the number of former participants that meet the criteria is large, especially in family strengthening, and at times there are resource constraints in making the sample size representative of the overall population pool. | <ul style="list-style-type: none"> The possibility of creating a representative sample size with given resources should be determined during the evaluability assessment and when selecting the programme location. In alternative care, the aim is to reach all former programme participants that meet the sampling criteria. In family strengthening, this is more difficult due to the large number of former programme participants vis-à-vis available resources. It is recognised that a higher confidence level should be reached in order to minimise research uncertainties. |
| Community level | |
| <ul style="list-style-type: none"> It is a challenge to assess community-level impact since SOS Children's Villages is still operating in most communities that were assessed. | <ul style="list-style-type: none"> Researchers are asked to carry out a comparative analysis during the social impact assessments of the initial and current situation using a methodology of their choice. |
| SROI | |
| <ul style="list-style-type: none"> The availability of data is a pre-requisite for a successful and sound SROI calculation and is difficult to secure in some locations. | <ul style="list-style-type: none"> Data should be aggregated as far as possible. If limited data is available in national or local data systems, researchers are encouraged to back up the data by interviewing local or national experts in order to get a more realistic and correct picture of the data. |

To enhance learning and development, the external researchers provide suggestions for improvement of the methodology at the end of each social impact assessment.

5. THE WAY FORWARD

The findings from social impact assessments help to improve programme quality and transparency. Results will be regularly consolidated and measured against the theory of change, as a benchmark to see if there is improvement over time and across programmes, and also to enable good practice sharing across countries. In addition, the results will stimulate further discussions on the quality and reach of SOS Children's Village programmes worldwide, and enable the organisation to systematically derive learnings and good practices, reveal potential areas for further research and improvement and inform strategic decision-making on various management levels.

SOS Children's Villages is open to sharing the methodology and tools with other organisations, as requested.

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