Impact Assessment in a Complex World

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These are notes prepared for Social Action for Health (www.safh.org.uk) to consider how field workers can implement simple assessment processes that allow the identification of emerging impacts.

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Introduction

Being able to demonstrate the *impact* of community development programmes is very important for many reasons:

- It is motivating for programme workers, who get a sense of how their work is making a difference
- It contributes to learning and points to ways to improve current and future approaches
- It provides evidence to show funders and commissioners and indeed beneficiaries what has been achieved
- It helps to shape the thinking of funders and commissioners, and provides ideas and evidence that may influence policy thinking, the design of future programmes and the way evidence is collected.

The effect of programmes of work is often thought about in three stages. First there are *outputs*. These are things like number of participants signed on to a programme, the number who saw through all the stages of a programme, the percentage of new participants who had not been involved on previous courses.

Outputs are usually easily and unambiguously measurable.

Then there are *outcomes*. For example, if someone has attended a programme to help them gain work, did they gain work?

Thirdly there is *impact*. So, to continue the example, if people found work, did this impact their health and well-being, and, more broadly, did it contribute to increased economic wealth for their community?

Why is impact hard to define and measure?

In the example above, it is inferred that impact smoothly follows and is a consequence of outcomes - but in practice things are not so simple.

In practice:

- It is hard to get at the causes of change, as such causes tend to be systemic (interconnected) – that is there is more than one cause and causes interact and affect each other. The difficulty of assigning cause to effect is the problem of *attribution*.

For example, if someone is happier, to what can this be attributed? Is this because they now have a job or is it more likely to be due to a number of factors – maybe they also just got married, maybe a long-term health issue has improved, maybe their sister has just come to live with them? The person is part of a system, affected by many things and these things can also work together (synergistically) or work against each other (antagonistically).

- Change is often cumulative. So perhaps someone got a job because they had previously been a sessional worker *before* they attended a course aimed to help them get a job. Their confidence gradually grew and the course was part of the process, but was particularly effective because it built on previous experiences.
- Change may take some time after something has happened. For example, people attending a course may, even a few years later, have the confidence to look for volunteering opportunities. Change may not be in evidence straightaway.
- Some of the intended outcomes may not be achieved but there may be other positive outcomes that were not expected or intended. So, someone may have attended a course in order to gain full-time employment straight afterwards. The programme may not have achieved this goal, but may have achieved other useful outcomes – e.g. people have gained confidence, have felt able to volunteer or have found sessional work, or they may have had the confidence to establish local support groups or start to look for work more assiduously.
- Some of the intended outcomes may not happen for reasons not addressed by the programme – e.g. (to continue the example) there may not be any jobs available that suit the participants.

For all these reasons, it can be really important to pay attention to what *is* achieved, what impact *does* result. For example, continuing with this example of courses to help people gain employment, maybe what is required is a policy change so that the local authorities encourage local businesses to offer more part-time and sessional work opportunities. Or maybe the thinking about the outcomes of the programme help when further work is commissioned – help to guide commissioners to be more realistic about the outcomes that can be achieved, to see such a programme as longer-term, to budget for follow-up and further support, to ensure they build on what has already been put in place and resist the temptation to start from scratch.

What sorts of impact are there?

We can think of impact at five levels.

- What has been the impact of the programme on the **individual**? Do they report increased confidence? Has this been taken into new activities – e.g. starting to take more exercise, applying for work, dealing better with officialdom?
- What impact has the individual had on their families and **community**? Have they shared information (e.g. on breast examination) with relatives and friends? Have they discussed how to approach a GP appointment with others? Have they signed up

friends and family for future courses? Have they taken the initiative in setting up local support groups or exercise groups?

- What impact has there been on **organisations.** Has the GP surgery agreed to use translators? Have they agreed to open up records to advisers?
- What impact has there been on approaches to **programme design and evaluation**? For example (building on one example I was given), have we been able to show commissioners that, for example, it is not most effective to aim at the over-fifties when helping people to navigate health services, but better to aim at a broader age range because ideas can be shared within the community? That is to say, can we use evidence of impact to change the scope of the programme at its design stage? Or can we show that there may be better measures of success than those the commissioners suggest?
- What impact has there been on the development of **policy** ideas? Have we been able to advise and provide evidence to back up the need for new policy ideas (such as encouraging local employers to offer more part-time work)?

Gaining evidence of impact and of achievement of wider outcomes

There are a number of sorts of evidence we can use to show impact – or indeed lack of impact.

1. **Working with narrative fragments**
   a. Feedback forms of sessional workers

A key source of evidence in community development work when done professionally is the information from the grass roots – the feedback reports of the sessional workers. The sessional workers are in a very favourable position to capture the stories and anecdotes of the participants. This is a rich and reliable source of qualitative data. It differs from approaches that measuring impact in the community in that it is indirect (i.e. we rely on what people say they are doing or feeling) but it *is* more directly attributable in that people will say if the programme is what has caused them to change attitudes and behaviour.

The task is to work with this data in a rigorous way and to use it to form hypotheses which can be further tested.

The first step is to ensure the questions asked of the sessional workers in the feedback reports include questions on impact. Such questions may include:

In what ways do you think the sessions are changing things for participants? Give examples. Do participants report doing new things or feeling differently?

In what ways do you think the sessions are helping participants to influence others in their communities and families? Give examples.

Are there any examples of where you feel expected outcomes have not occurred and do you have any evidence as to why?

b. Thematic analysis

These feedback reports can then be analysed together to piece together the key impact themes that emerge. Some groups are already doing this. Ideally, in order to undertake this thematic analysis in a rigorous way which can be used to support statements about impact, it is important to use the idea of *critical subjectivity*. That is to say, there needs to be some debate and agreement about the themes. This could take place, for example, if a project coordinator has put together a draft report by reviewing this report with a number of sessional workers to see if they agree or have other views as to important themes.

It is important to look at what did *not* happen as well as what *did*. So, for example, if participants did not go on to get jobs, can you give evidence as to why?
An ideal way to undertake thematic analysis would be to add this to the agenda of the practice development meetings that already are occurring. In that way you can work together to debate and agree the key themes. It is also ideal if you can give some weightings to the relative importance of these themes. For example, it would be ideal to conclude things such as…

The majority of participants reported an increase in confidence. Three quarters reported looking for work. Over half went on to find volunteer or sessional work and ten per cent did find full employment with three months.

Although these are broad-brush statements of quantity, this however gives a sense of what was achieved and the relative importance of differing factors.

c. Checking out hypotheses

What may also surface in these debates about impact at practice development sessions are hypotheses about what happened and why. The good thing about rich data is that you can return to it to check out questions and ideas. So you may wonder if there is a cultural difference in who takes on ideas of body wisdom and starts to lose weight, for example. Or a difference depending on previous exposure on earlier courses to some of the ideas. It is thus important for sessional workers, if they give examples, to note ethnicity, age, and so on so such more detailed explorations can be made if required.

2. Case studies

It is still worthwhile to collect positive stories of the things people achieve as this is very inspirational for both staff and commissioners. They illustrate best practice and what can be achieved. But it is important for understanding impact, also to work with narratives in a more rigorous way as discussed in the previous section.

3. Time lines for a few cases

One suggestion for courses that continue over a period of time is to pick at random three or four people and record their progress over the course of the sessions and afterwards. This is a small sample but is objective in that people are not hand chosen – so it will include people

who drop out or seem to gain very little. It is important to follow such cases over a longer period of time, phoning them up 6 and 12 months later so the possibility that impact comes later will be captured. It is important to recognise that this method is not totally objective in that these participants may do well just because they are given special attention.

4. Keeping a journal

I was very impressed when Khaleda told me that she keeps a journal. This is such a good process. Just note down anything that strikes you as interesting or important regarding the programme. Rather like the feedback reports, it is a source of information which may prove useful in the future when you want to check something that happened or some important turning point in the programme or unexpected success. It can be ad hoc, in note form, spasmodic, but it can prove very important retrospectively as a source of information.

5. Quantitative data

Of course, not all data need be qualitative. There are quantitative data that is collected too. You are already, in the feedback forms (coming out of Rupesh's work), asking people to state on a 1 to 6 scale, how they are feeling as a result of the courses. This will give a quantitative feel over time of the impact of the sessions on individuals.

This and other quantitative data can be used to support the development of impact themes at practice development sessions and be used to test hypotheses. For example, you may have a hypothesis (building on conversation with Tina) that advisers in surgeries that have access to patient records are more successful than ones in surgeries that do not. This can be checked out through the data.

Conclusions and suggested next steps

The very positive thing that shone out of the conversations held with SAfH staff on this issue of impact was how aware everyone was of the importance of assessing impact and how much was already happening that was leading in this direction. There was no need to push this door open and to go into explanations.

In addition the quality of the feedback reports from sessional workers means that the data collection part of the process is of quality and well-embedded.

The increased focus on learning and practice development also means that the processes are already in place which can be modified to focus more explicitly on impact.

Briefly, the suggestions are:

- Add impact questions more explicitly into sessional workers feedback forms
- Keep an ad-hoc journal
- Use practice development sessions to address impact as part of the agenda and in particular to work thematically to surface and agree important impact themes

- Think of impact at the different levels (individual, community, organisation, programme development and policy ideas)
- Use both qualitative and quantitative data to develop hypotheses as to what impact has been made or as to why expected impact has not been made and use the rich data to check these out.
- Emphasise with commissioners the importance of follow up at later stages (as seems increasingly to be happening) and of building on earlier initiatives. Apart from the fact this is supportive on people it also helps to surface impacts that came later.
- Use impact information to influence the commissioning process, develop policy ideas, increase influence and be even more successful!