IMPACT INSIGHTS: RESULTS OF SOCIAL IMPACT ASSESSMENTS IN SEVEN PROGRAMME LOCATIONS

SOS CHILDREN'S VILLAGES INTERNATIONAL

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SOS Children's Villages recognises the value of tracking its performance to improve programme quality and transparency. The recently developed approach to social impact assessment was piloted in Hawassa (Ethiopia) and Mbabane (Swaziland). After refining the methodology, further assessments were carried out in Abobo-Gare (Côte d'Ivoire), Dakar (Senegal), Kara (Togo), Surkhet (Nepal), and Zanzibar (Tanzania). These assessments were conducted by external researchers, together with teams of local researchers.

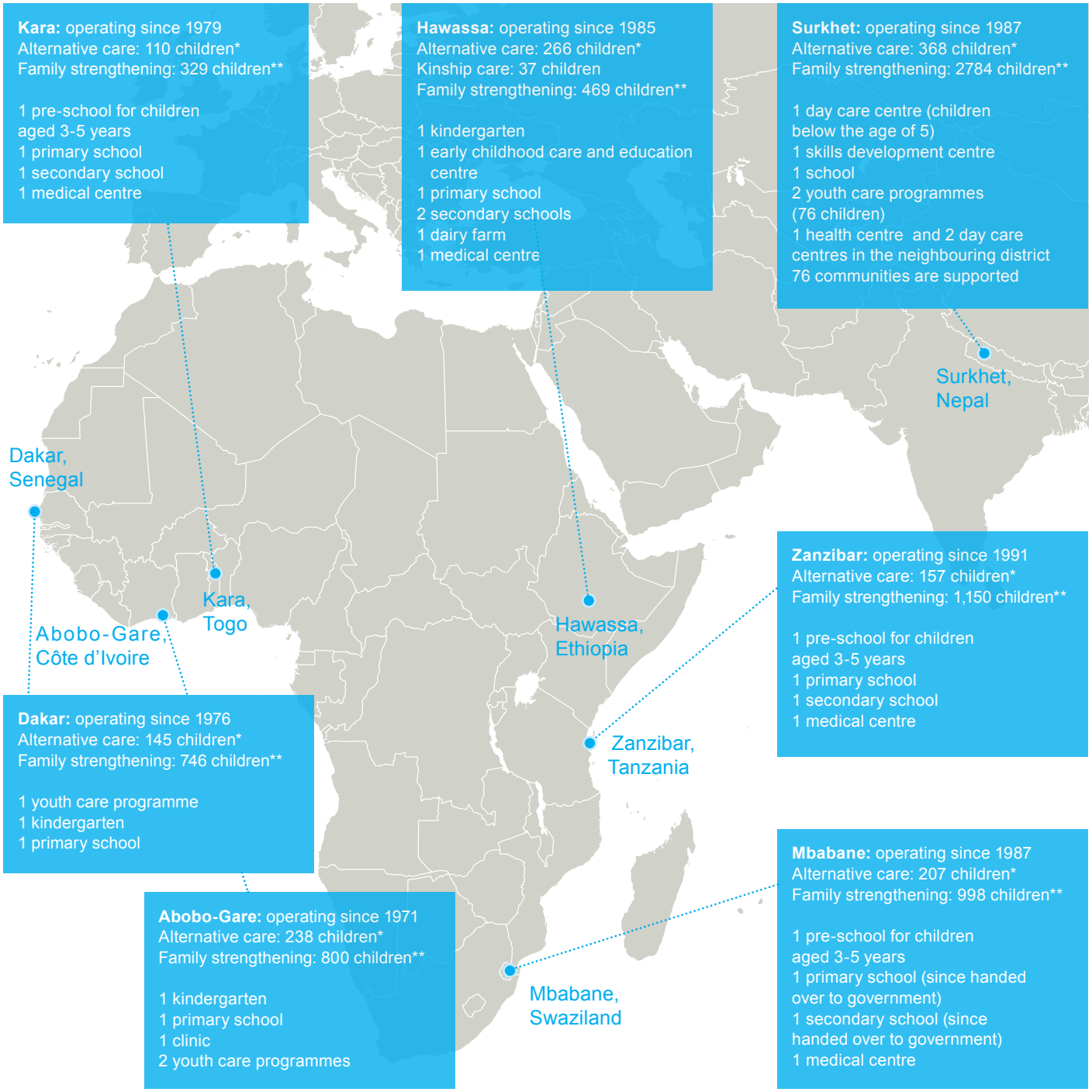
This paper provides a synthesis of findings across these first seven assessments, to provide evidence on the impact the organisation has made in the lives of children, families and communities in the respective programme locations. It includes a description of the programme locations themselves, as well as the sampling used, the results on individual and community levels, and the social return on investment (SROI). Implications for the future are also highlighted, based on recommendations put forward by external researchers.

1. BACKGROUND: PROGRAMME DESCRIPTIONS

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.

In the locations assessed, family-like alternative care was the main form of care, in which children are cared for in small groups by an adult care-giver (SOS parent or parents) who nurtures and supports their development. In the SOS family, children are able to stay together with siblings, as well as to build lasting reliable relationships with their SOS parent(s) and the other children within their SOS family. Young people are supported beyond the age of 18 when this is required to assure a smooth transition to independent living.

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. In doing so, a direct family empowerment approach is taken, by working directly with the family itself, or a community empowerment approach is taken, working together with others in the community so that they are effectively able to support and empower families. Services are provided together with partners and can include coaching in parenting and household management skills, family counselling, ensuring access to health care services and education, child rights trainings, and community empowerment activities among others.



* *Participants in family-like alternative care (start of operation to May 2016)*
** *Participants in family strengthening (start of operation to May 2016)*

2.SAMPLING

In order to assess family strengthening and family-like alternative care, there are certain sampling criteria that are required, including years since exiting the programme, minimum duration in the programme, type of exits, family type, gender and age.[1]

Table 1: Sampled population in the seven social impact assessments

Respondents	**Mbabane** (Swaziland)	**Hawassa** (Ethiopia)	**Abobo-Gare** (Côte d'Ivoire)	**Dakar** (Senegal)	**Kara** (Togo)	**Surkhet** (Nepal)	**Zanzibar** (Tanzania)
Former child participants of family strengthening	20	20	30 (Total # exiting that meet the criteria: 150)	39 (Total # exiting that meet the criteria: 255)	30 (Total # exiting that meet the criteria: 393)	24 (Total # exiting that meet the criteria: 31)	40 (Total # exiting that meet the criteria: 184)
Former child participants of family-based care	20	20	30 (Total # exiting that meet the criteria: 68)	30 (Total # exiting that meet the criteria: 74)	30 (Total # exiting that meet the criteria: 61)	40 (Total # exiting that meet the criteria: 51)	37 (Total # exiting that meet the criteria: 51)
SOS programme staff	8	6	5	14	18	14	8
External stakeholders	4	4	5	9	23	3	8

It should be noted that sample sizes were smaller in the pilot assessments of Mbabane (Swaziland) and Hawassa (Ethiopia). Based on the piloting experience, the minimum sample sizes were increased in the assessments that followed, in order to make the sample size more representative of the whole population of former participants. Nevertheless, the results from the pilot assessments have been included in this report, because of the correlation with the results of subsequent assessments.

One of the main limitations in the assessments was that full coverage of former participants of family-like alternative care was not possible due to missing contact details or inability to reach those who now live in other parts of the country or abroad. In addition, differences were found in the situation of former programme participants who exited recently, and are therefore still in the process of securing jobs and adapting to independence, and those who exited a longer time ago and are more settled.

In family strengthening, the number of former programme participants that met the sampling criteria was very large in some locations, making it difficult to reconcile available resources with reaching a fully representative sample and high confidence level of the overall population pool. Prior to each evaluation, an evaluability assessment is carried out in order to assess the possibility of creating a representative sample with the given resources. Even so, in some cases the sample size has still been relatively limited.

The external researchers determine the number of interviews and focus group discussions with the various stakeholders, according to the number of partners and the size of the programme.

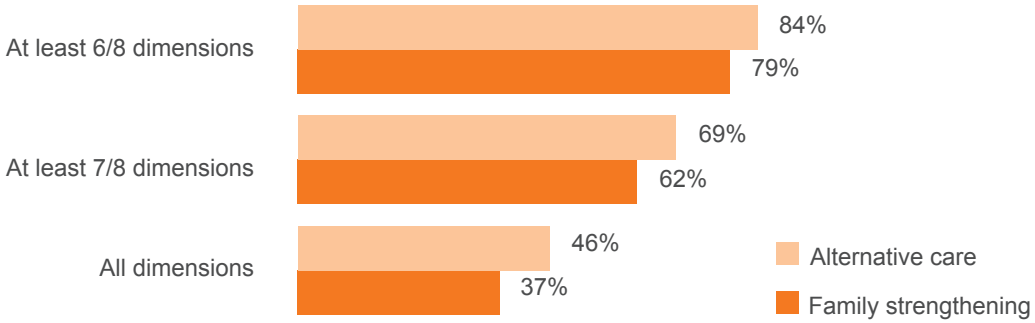
3. IMPACT ON THE INDIVIDUAL

The assessment of long-term impact on individual participants is based on interviews and focus group discussions with former programme participants, as well as with their caregivers if they are still dependent children. Any contact to children during the research must adhere to the SOS Children's Villages International Child Protection Policy and Code of Conduct, including measures to secure safety, confidentiality and data protection.

1. *For more details please refer to: SOS Children's Villages International (2017): Social Impact Assessment in SOS Children's Villages: Approach and Methodology http://www.sos-childrensvillages.org/who-we-are/about-sos/impact*

The results were assessed along eight key dimensions of well-being including care, livelihood, food security, accommodation, education and skills, protection, physical health, and social and emotional well-being.[2] The results across all seven locations indicate that 79% of former programme participants from family strengthening and 84% from family-like alternative care are "doing well"[3] in at least six of the eight key dimensions. In family strengthening, 37% are "doing well" across all dimensions, and in family-like alternative care 46% are "doing well" across all dimensions.

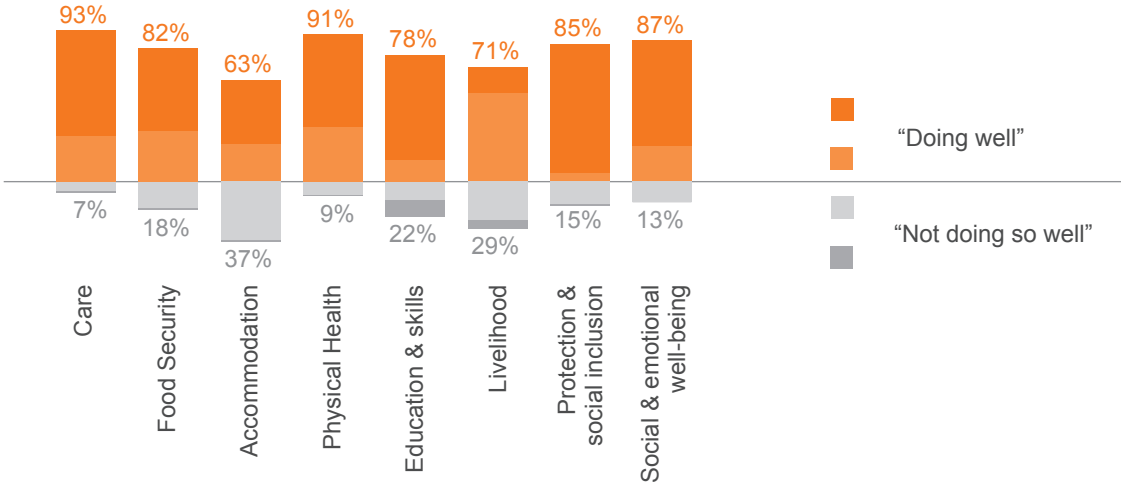
Figure 1: Family strengthening and family-like alternative care results "doing well" across dimensions



3.1 RESULTS FOR FAMILY STRENGTHENING

The majority of former programme participants who took part in the assessments are dependent children, still in the parental care of their families, apart from a relatively small number who are already independent adults. All children in the sample have remained in their families indicating that the primary programme goal of strengthening the family and thus preventing family separation has been achieved. In addition, results indicate that caregivers are providing adequate care and ensuring the physical health of their children, as indicated in figure 5.

Figure 2: Overall family strengthening results across the eight dimensions



2. *For more information please refer to "SOS Children's Villages International (2017): Social Impact Assessment in SOS Children's Villages: Approach and Methodology http://www.sos-childrensvillages.org/who-we-are/about-sos/impact*
3. *During the interviews with former programme participants, information is collected on each indicator, based on which the interviewer rates the status of the participants on a scale of 1-4. Ratings of 1-2 are considered to be "doing well", while those of 3-4 are "not doing so well". Rating scales are based on sets of indicators in each dimension. For more information, please refer to SOS Children's Villages International (2017): Social Impact Assessment in SOS Children's Villages: Approach and Methodology, and SOS Children's Villages International (2015): Assessing Social Impact in the SOS Children's Village Programme – 'How to' Research Guide - available upon request.*

"We have regained our dignity. During the holidays, nobody dared to come to our house, since poverty had excluded us from the community. Today neighbours visit us and we manage to share something with others."
Caregiver of former child participant

"(…) The children are still in school, but there is never enough money. I think SOS should at least keep helping the children as long as they are in school. But I would also like to congratulate SOS for the work they do."
Caregiver of former child participant

In six programme locations, school attendance of children was consistent. In three locations, the income of caregivers in the survey sample was reported to be significantly higher than their income prior to entering the programme and they are no longer in the 20% of the population with the lowest income.

However, some challenges and areas for development were also highlighted. About 30-40% of caregivers across all locations reported that they struggle to generate sufficient income to support their families and improve their living conditions, and they do not consider themselves self-reliant. In three locations, families experienced setbacks with regard to income-generating activities. Community-based activities to further provide financial support, such as Savings and Loans Associations (SLAs), were successful in some locations and could therefore be explored in others to improve this situation.[4]

Former programme participants in three locations reported that they are not satisfied with their exit from the programme and hope for longer or renewed support from the organisation. In one programme location, there was a contradiction between the overtly positive results across all dimensions vis-à-vis the limited scope of services across a few dimensions. The impact on the programme participants could therefore only be accounted for in those dimensions in which services were provided. The positive result across all dimensions, however, raises questions on whether the former participants represented the most vulnerable in the target group in the first place.

3.2 RESULTS FOR FAMILY-LIKE ALTERNATIVE CARE

All former programme participants who took part in the assessments are now living as independent adults.[5] Positive results were attained in food security, physical health, and protection and social inclusion, with between 93% and 95% of former participants across all locations "doing well" in these areas. In addition, 91% of the former programme participants who have children reported that they are fulfilling their parental obligations.

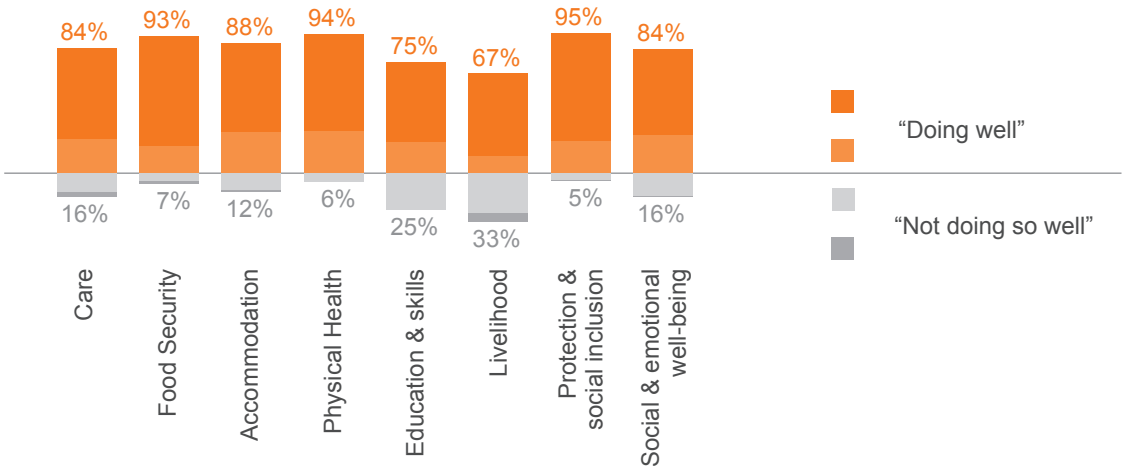
In five locations, former programme participants completed secondary education or vocational training and gave positive feedback on the educational opportunities offered in the programme. In two locations, the results also showed that a number of former participants with a university degree had higher salaries and more stable employment than the average according to national external data.

Areas for improvement also came through in the assessments. The qualitative findings showed that programme participants were often sheltered from the harsher realities of life, making it harder for them to transition to independence. Children should be supported to build more social networks in the community to improve their social inclusion and make the leaving care process easier, according to former participants in all assessments. In addition, results have shown that three programmes need to strengthen the relationship of children in alternative care with their family of origin.

Another area for improvement is employability. The qualitative data highlighted that former programme participants found it hard to secure a job suited to their education and training in all locations, and approximately 30% of former participants across all locations were unemployed at the time of the assessment. In two locations,

4. *In fact, the success of SLAs reflects external research findings on savings groups. SLAs are widespread and implemented by other major development organisations. They have shown to be an effective, sustainable and low-cost economic strengthening service and have a positive impact on the correlation between household wealth and child well-being, and increasing women's income and investments in child well-being, see: USAID/fih360 (2015): Savings Groups and their Role in Child Wellbeing: Primer for Donors, USAID, http://www.seepnetwork.org/filebin/pdf/resources/cyes/STRIVE_Savings_Groups_and_their_Role_in_Child_Wellbeing_A_Primer_for_Donors.pdf*
5. *Independent adults are not necessarily self-sufficient, but are now responsible for meeting their own development needs without support from SOS Children's Villages.*

Figure 3: Overall family-like alternative care results across the eight dimensions



the common practice of securing jobs through personal contacts, and sometimes even bribery, made it harder for young people to find employment. In other cases, the participants' skills and education did not always match the demands of the labour market. When comparing these results to national benchmarks in the assessments, youth unemployment was seen to be a large problem facing many young people. This also reflects global employment trends. According to the global employment survey for youth conducted by the International Labour Organisation, young people face challenges in finding work, in particular full-time work, and lack of work experience further prevents young people from securing their first job. The school-to-work transition is difficult on a global scale and on average it can take 19 months to find stable employment.[6] This situation especially affects young people leaving care. Therefore, the programme locations should provide more targeted educational and employment support services, as well as advocacy activities to address these difficulties.

"The opportunity to get an education at secondary and college level was the most significant benefit from the programme but noted there is a need for ongoing educational support to the level where we can stand on our own… in my case… to the level of completion of my diploma."
Former child participant

"If we have become what we are today, it is thanks to the care of the SOS Children's Village, which enables us to learn a profession or undertake higher education and get work. If we have trouble getting by, it is often because we did not manage to integrate well into society or into the job market when we left the SOS system"
Former child participant

3.3 GENDER PERSPECTIVE ON FINDINGS

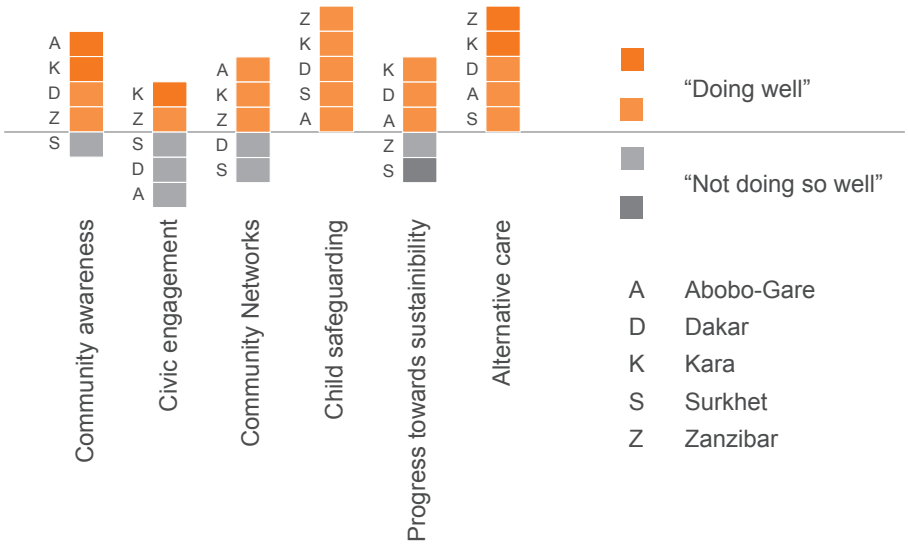
In family strengthening there are only minor differences in the results according to gender; 80% of male former participants and 78% of female former participants are "doing well" in at least six of the eight dimensions. However, there were more pronounced gender differences in family-like alternative care, where 87% of male participants and 80% of female participants are "doing well" in at least six of the eight dimensions. In particular, women had less satisfactory results in terms of employment status, household income and employability. In the majority of countries there were also slightly lower scores in educational attainment for women, which indicates the need for more targeted educational measures for girls and women in these programmes. In addition, alternative care services should promote gender-sensitivity and more gender balance in its staff.

6. *This information was taken from the International Labour Organisation's Global Employment Trends for Youth, 2015*

4. IMPACT ON THE COMMUNITY

Community-level impact was assessed through stakeholder interviews and focus group discussions. Stakeholders included community-based organisations (CBOs), local government authorities, partners and local programme staff. The results were assessed along key dimensions: community awareness, community-based support systems (civic engagement, community networks, child safeguarding)[7], progress towards sustainability, and family-like alternative care. These dimensions cover the effects of the programme on the community.

Figure 4: Overall community-level results across indicators[8]



Community-level impact also measures the impact of the individual on the community through giving and volunteering and next generation benefits. These dimensions are factored in the SROI calculation (described below). SOS Children's Villages received positive feedback from all local stakeholders in the programme locations in question. This positions the organisation strongly to appeal to partners, in order to provide holistic services for family preservation and community empowerment. Four programmes successfully raised awareness about the situation of vulnerable children and families in the community, and children's rights. Child safeguarding mechanisms in the community were mainly in place, but need to be further strengthened, and in this sense, the organisation could do more to advocate for changes in the locations in question. While some locations have taken successful steps to strengthen civic engagement, community-based organisations and relevant partners, there is a general need to further strengthen these, in order to proactively respond to the needs of disadvantaged children and families. Building sustainable responses at the community level across all locations should be in the focus, so that when SOS Children's Villages withdraws from the community, activities and support mechanisms continue. In the locations in question, placements of children in alternative care stabilised since the start of the programme.

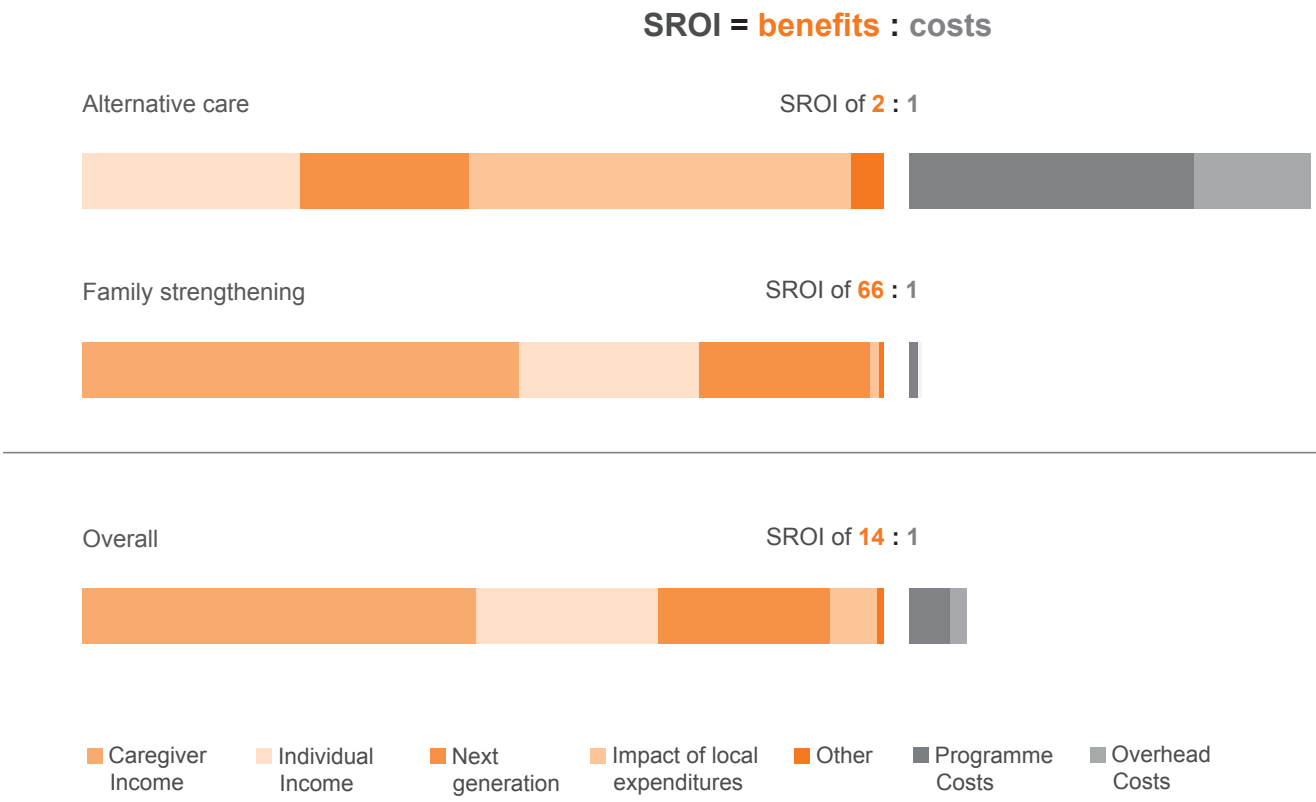
5. SOCIAL RETURN ON INVESTMENT (SROI)

Based on the survey results, certain aspects of impact were quantified in financial terms.[9] Overall, based on a moderate set of assumptions and a discount factor of 4%, the results from the SROI calculation indicate that, on average, every €1 invested returned €14 in benefits to society (see figure 8). The overall average is based on the benefits and costs in family strengthening and

7. *The detailed indicators in this dimension have been highlighted in the graph below to especially underline key differences in results in the indicators.*
8. *The specific community-level impact dimensions were not assessed in the pilot locations in Ethiopia and Swaziland and are therefore not included in the analysis.*
9. *For more information on the methodology, please refer to SOS Children's Villages International (2017): Social Impact Assessment in SOS Children's Villages: Approach and Methodology http://www.sos-childrensvillages.org/who-we-are/about-sos/impact*

family-like alternative care, respectively. For family strengthening, the SROI reveals that for every €1 invested in these seven family strengthening programmes, €66 is returned in benefits. The main driver in family strengthening was an improvement in caregiver income, which was particularly significant in one programme location. The SROI in family-like alternative care reveals that for every €1 invested, €2 is returned through family-like alternative care. The main driver for SROI in family-like alternative care is local expenditure (the money spent locally on the programmes) and improvement of individual income.[10]

Figure 5: Benefits and costs across all locations[11]



It should be noted that a meaningful comparison cannot be made between the SROI figures for family strengthening and family-like alternative care. This is due to the fact that the participants in each group have different starting points in terms of vulnerability, and therefore require a different intensity and duration of support. In family-like alternative care, the programme takes care of the most disadvantaged children from the target group – i.e. those who have already lost parental care – and invests a greater amount of resources over more than a decade in every aspect of their development. The average duration of stay across the seven programme locations was 17 years. Without the right kind of support and resources, there would have been a net cost to society, negatively impacting on the next generation of children and society as a whole.

In family strengthening, children at risk of losing parental care and their families are supported to build their capacities so that children are well cared for, and family breakdown can be avoided. The support is specifically targeted to the needs of each community and family, and the duration and intensity of support are less intense.

10. *It is worth pointing out that the SROI calculation took a relatively conservative approach overall. Only impact levers which could be directly linked to SOS and were readily quantifiable were selected; for example, multiplier effects of increased past participant income on the larger society were not included. Moreover, conservative assumptions (for example, for discount rate and income growth factor) were used in the calculation, and there is significant potential for additional upside if slightly more ambitious parameters are taken.*
11. *The net present values (NPVs) of costs are cumulated throughout the entire programme duration. NPVs of expected benefits are cumulated over the lifetime of former programme participants.*

The average duration of stay of a family across the seven programme locations was 5 years. Therefore, input costs in family strengthening are considerably lower, resulting in a higher SROI. Nevertheless, family-like alternative care is invaluable because SOS Children's Villages is often the only organisation serving this group of children. In a broader sense, the results should primarily be used to compare similar programmes across countries or to compare different forms of family strengthening or alternative care within a country, to understand the key drivers for success, and enable ongoing programme improvement.

Of course, there are additional layers of impact to SOS Children's Villages' work: non-financial benefits which cannot be quantified, but remain important. In this sense, SROI calculations are never carried out on their own – they are always part of a broader impact assessment of individual and community level impact.

6. IMPLICATIONS AND RECOMMENDATIONS

In each social impact assessment, external researchers were asked to provide recommendations for the programmes in question, to heighten learning and improvement following the assessments.

- In **family strengthening, SOS Children's Village programmes should:**
  - Regularly assess if they are working with the most disadvantaged children at risk of losing parental care and ensure that **targeted support** is provided **towards family preservation and quality care**
  - **Set clearer expectations** at the beginning of any support given to families, along with a likely estimate of duration of support
  - Strengthen support towards improving **the living conditions and livelihood of families**, together with relevant partners
  - Ensure that a **strong follow-up support system** through partners, including community-based organisations, is in place, to support families when they experience setbacks after they have left the programme, or to prevent those setbacks from happening

- In **family-like alternative care, SOS Children's Villages should:**
  - Improve **social inclusion of SOS families into communities**, to ensure young people can transition more smoothly to independence when they leave care
  - Strengthen support for young people to **enter the job market**, to enable them to better succeed in life and boost their employability skills
  - More strongly promote gender-sensitive programme practices, staff and role models in care, and ensure targeted educational support for women and girls

- At a **community level**, SOS Children's Villages should work at further **strengthening the community-based approach and empower local organisations** to enhance sustainability.

- As a whole, there is a need to further **strengthen and enhance partnerships** in order to increase effectiveness and sustainability. These may include partnerships for essential supporting services, such as with providers of educational, health and economic empowerment-related services, as well as corporate partnerships to boost employability.

In addition, two reports touched upon the need to consider a range of alternative care options tailored to the individual needs and best interests of young people, as well as heightening the participation of children and young people in decisions affecting their lives. A further topic arising in all reports is the need to strengthen results-based management in the organisation, which would boost baseline data of SOS Children's Village programmes. Finally, there is a need to create more resource synergies between family strengthening and family-like alternative care services, to offer a broader portfolio of responses to the situation of the child that builds on existing capacities and initiatives within the community.

7. THE WAY FORWARD

SOS Children's Villages intends to conduct 5-10 assessments per year in the coming years, across all regions in which it operates. The findings will improve quality in each programme location and will be aggregated to inform strategic decision-making and the global research agenda in the organisation. For example, results from social impact assessments will be used to compare the results derived from different alternative care services, ranging from foster care to residential care settings. The results will serve as a benchmark to see if there is improvement over time and across programmes, to increase transparency and accountability. The identified areas for improvement will be used for organisational learning and development. Finally, good practices will be shared and discussed through communities of practice and networks within SOS Children's Villages and beyond.

8. BIBLIOGRAPHY

Birkbaek Olesen, Bodil (2016): Social Impact Assessment of Family Based Care and Family Strengthening Progammes of SOS Children's Village Abobo-Gare, Côte d'Ivoire, Nordic Consulting Group.

Diagne, Ndeye Marie (2016): Social Impact Assessment of Family Based Care and Family Strengthening Progammes of SOS Children's Village Dakar, Senegal, Nordic Consulting Group.

Gosling, Matilda (2016): Social Impact Assessment of family based care and family strengthening in SOS Children's Village Programme Zanzibar, The Research Base.

Kaboré, Christine (2016): Social Impact Assessment of family based care and family strengthening in SOS Children's Village Programme Kara, Togo, Nordic Consulting Group.

Khatiwada, Chandrika (2016): Social Impact Assessment of family based care and family strengthening in SOS Children's Village Programme Surkhet, Nepal, Institute for Legal Research and Consultancy

Reed, Douglas; Fechner, Peter; Baic, Alexander; Houedenou, Germain; Strack, Rainer; von Funck, Karin; Wilms, Stewart; Ziegler, Bernd (2016): Gauging Long-Term Impact in the Social Sector, A Cutting-Edge Approach, BCG perspectives by The Boston Consulting Group.

The Research Base (2015): Pilot results, Social Impact Assessment, the case of Mbabane, Swaziland, for SOS Children's Villages International.

The Research Base (2015): Pilot results, Social Impact Assessment, the case of Hawassa, Ethiopia, for SOS Children's Villages International.

The Research Base (2015): Social Impact Assessment Pilot, Summary Report for SOS Children's Villages International.

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