



# A Review of Data Requirements for Nova New Opportunities

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A report for Nova New Opportunities

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## Executive Summary

Nova New Opportunities ("Nova") is a North Kensington-based charity that seeks to help marginalised and disadvantaged people to improve their confidence and learn new skills. It aims to help people to be happier and have more fulfilling and active lives.

This report is intended to support Nova's monitoring and evaluation strategy by developing a Theory of Change (ToC) for Nova that maps out the potential relationship between Nova's charitable activities and the short and long term impacts on beneficiaries.

Consideration in developing this ToC is given to Nova's services, the client referral process and user journey, as well as Nova's target populations. The author also provides useful background on how to develop a ToC.

Building on this, the report undertakes a systematic review of existing data and evidence collected by Nova, and offers advice on data collection moving forward, both in terms of approaches to measurement and relevant data that will enable Nova to more fully interpret the outcomes of its work. The report considers Nova's current administrative systems and how these can be harnessed and improved to facilitate good data management and enable Nova to answer key evaluation questions.

This report was authored by independent economic consultant Ann Waters, a volunteer of Pro Bono Economics.

## Section 1: Introduction

### Nova New Opportunities Objectives

Founded in 1983 Nova New Opportunities ("Nova") is a charity that seeks to help marginalised and disadvantaged people to improve their confidence and learn new skills and, as a result, support people to be happier and have more fulfilling and active lives.

Based in Kensington, London, Nova provides three interconnected information services: advice and guidance (IAG), adult community education classes and volunteering placements across four (interconnected) client groups:

- Those who have missed out on educational opportunities;
- Women returning to work;
- The long-term unemployed; and,
- Minority ethnic groups and migrant and refugee communities.

The number of people using Nova's services was 1,025 (over 1st April 2016 to 31st March 2017) a fourfold increase in the levels of nine years ago.

### Nova's funders

Nova is funded by grants. Total funding from Nova's primary funders was £253,535 over the period 1st April 2016 to 31st March 2017. The main sources of this funding are the Education and Skills Funding Agency (Adult Community Learning) and Campden charities. As illustrated, in Table One below, funder objectives include widening participation in their lifelong learning, promoting social inclusion, empowering learners to provide better support for their children's learning and improving well-being.

**Table One: Nova's funders**

Main funders	2016/17 Contribution	Time restriction	Main objectives
Adult and Community Learning	£155,000	None	<ul style="list-style-type: none"> <li>• Widen participation in lifelong learning</li> <li>• Promote social inclusion through working in partnership with learning providers and voluntary organisations</li> <li>• Give citizens the skills and confidence to progress to further learning and/or employment and to make progress in their lives</li> <li>• Empower learners to provide better support for their children's learning</li> <li>• Enable learners to access available services and opportunities and increase their participation in the community life</li> </ul>
Campden charities	£99,000	None	<ul style="list-style-type: none"> <li>• Help individuals and families to make a real difference to their lives.</li> <li>• Increase client well-being</li> <li>• Support clients finding education courses, work or better paid work</li> </ul>

## Assignment Objectives

Nova engaged Pro Bono Economics in 2017 to develop a Theory of Change (ToC) to map the main (potential) relationships between Nova's activities and the short and longer term impacts on their beneficiaries. Nova also requested, in order to test the ToC in the future, that current data collection activities be reviewed and recommendations be made about improvements to current protocols - and new approaches to collection - to support the future evaluation of impacts.

The objectives of our work were, therefore, to:

- Build a shared understanding across the Nova team of the assumed links between their activities and impacts and how best to measure these;
- Determine how best to communicate these impacts externally (to funders including trusts and corporates and other potential supporters); and,
- Set out the actions required to achieve both of the above.

## Structure of this report

The remainder of this report outlines:

- Section 2: Nova's activities.
- Section 3: Theory of Change.
- Section 4: Data Collection and Measurement.
- Appendix 1: Data Collection.

## Section 2: Nova's activities

### Introduction

Nova works with a range of disadvantaged clients including those who have missed out on educational opportunities, women returning to work, the long-term unemployed and minority ethnic groups and migrant and refugee communities. All are marginalised and disadvantaged in some way, suffer poor relative economic circumstances and low confidence as reflected by:

- Often unstable working conditions including part time and zero hours contracts;
- Unemployment, with some clients having been unemployed for three years or more;
- Limited English (migrants);
- Mental and physical health issues;
- Drug/alcohol addiction;
- Poor housing/homelessness; and,
- Reliance on government benefits,
- Low basic skills

Nova provides three main services to their clients:

- **Advice and Guidance** – involving the provision of one-to-one and/or group sessions to assist clients to address the barriers to them being able to lead happy and fulfilling lives. Such advice can either focus on:
  - **Job search activities** involving CV and interview preparation as well as job search advice and workshops; and, or
  - **One-to-one support** that aims to tackle difficulties with benefits (especially moving from health benefits to universal credit) mental health or relationship issues; or
  - **“Sign-Posting”** where, if they cannot provide specialist assistance, Nova advisors will refer clients to agencies that can assist them.
- **Education** - Nova provides classes in ICT, numeracy and literacy and english for speakers of other languages (ESOL). Teaching focuses on basic skills and clients have the opportunity to obtain qualifications. While not all classes lead to qualifications all educational activities aim

to raise confidence levels and provide opportunities for clients to make new connections and build friendships; and,

- **Volunteering** - Nova clients have the opportunity to volunteer in order to build their confidence and gain relevant work experience. A range of (in-house) volunteering opportunities are available including tutoring, work on reception and provision of advice.

Nova clients can take part in one or all three of these activities. Clients are also encouraged to take part in other extra-curricular activities and events and outings in order to assist them to make friends and feel more confident (Nova recognises that creating “a warm and nurturing environment” is particularly valuable for more marginalised and disadvantaged adults).

Similarly the emphasis on using volunteer staff not only provides existing clients with an opportunity to experience work but also a staff base of people who fully understand the needs of new clients. In addition, when clients start work as volunteers (or in employment in other organisations) Nova provides ongoing support to help these individuals in their new roles and address any issues as they arise.

As illustrated, in Table Two below, over 2016/17 Nova supported 1,025 clients of whom the largest proportion (just under half) undertook English language training, over a quarter took part in one-to-one information and guidance sessions and another quarter in basic skills classes.

**Table Two: Number of clients and activities undertaken (1st April 2016 to 31st March 2017)**

Type of activity	Number of participants	Percent
IAG 1-1	273	27
IAG Group sessions	174	17
IAG drop in	162	16
Volunteering	81	8
English Language	469	46
Other basic skills	276	27
<b>Total attendees</b>	1025	Note: clients may be undertaking more than one activity so this column does not add to 100%

Of these clients - as detailed in Table Three overleaf - just over half (52%) lived in Kensington and Chelsea. The remainder live in other locations including Westminster, Brent, Hammersmith and Fulham and Ealing.

**Table Three: Geography of clients (1st April 2016 to 31st March 2017)**

Type of activity	Number of participants	Percent
Kensington and Chelsea	534	52
Westminster	103	10
Brent	107	10
Hammersmith and Fulham	81	8
Ealing	45	4
Other ( including Wandsworth, Tower Hamlets or Haringey and Camden)	155	15
	1025	100*

\*Rounded figures

## Referral processes and the user journey

As illustrated, in Table Four below, from available registration information (of those clients who responded to the question of their source of referral) most clients hear about Nova through word of mouth. To a large extent, therefore, Nova has no background information about clients before they arrive.

**Table Four: How Clients heard about Nova (1st April 2016 - 31st March 2017)**

Client source	Number	Percent
Internet	58	14
Job Centre Plus	71	17
Poster of leaflet	10	2
Walked past	54	13
Word of mouth	182	45
Other	33	8
Total	408	100

Source: Nova monitoring data.

Consequently, as illustrated in Figure One overleaf, after completing a registration form clients are signposted to an information and guidance or an education assessment. They are then encouraged to join one of the advice and guidance options or register on a maths, English or ICT course. After taking part in these sessions many clients are then signposted to volunteering in order to increase their confidence.

## Recent Developments (June 14th 2017 onwards)

Grenfell Tower is a residential apartment block located approximately 1,400 m from the Nova head quarters. On June 14th 2017, a major fire at Grenfell Tower led to the loss of many lives, the displacement of whole families and significant trauma for those who were witnesses to the event. One immediate response from Nova was to contact all clients to establish how the organisation could assist in the aftermath of the fire. As a result of the feedback from 400+ questionnaire responses the Nova management team chose to remain open through the usual summer recess period and offer a



programme of workshops, classes, trips and events to adults and children to assist the community to come together and to begin to recover from the tragedy.

Over the summer period a wide range of activities were provided including bi-weekly day time and evening conversational English classes, weekly art therapy sessions and a range of other workshops, for example, creative writing, balloon twisters, origami and arts and crafts. Nova also ran bi-weekly visits with interactive workshops in partnership with, for example, the Victoria & Albert Museum, Kew Gardens and Westminster Abbey plus a day trip to Southend-On-Sea. Drop-in counselling services were also provided led by trained mental health staff from organisations such as Mind, Take Time to Talk (NHS) and an Advocacy Support drop-in service. In total, over this period Nova engaged with 94 people – 68 adults and 26 children under 16.

As a result of the positive feedback from the summer family programme and to meet continued demand, Nova extended the programme into the October half term. These activities have formed the basis of Nova's newly developed Wider Community Programme, which is effectively an extension of the work undertaken in summer 2017.

The Wider Community Programme has two strands-

- **Strand 1: Family Programme**

**Trips, visits, workshops, family support (from allocated member of staff)**

- **Strand 2: Adult Programme**

**Open Programme** - A series of public events including Human Library Project (events where a "book" i.e. a person is borrowed for the day who is from a stigmatised and isolated group. The premise is to challenge some of the prejudices that can arise through lack of normal, everyday social contact). The Open Programme also includes film screenings, debates, Life Swap Day.

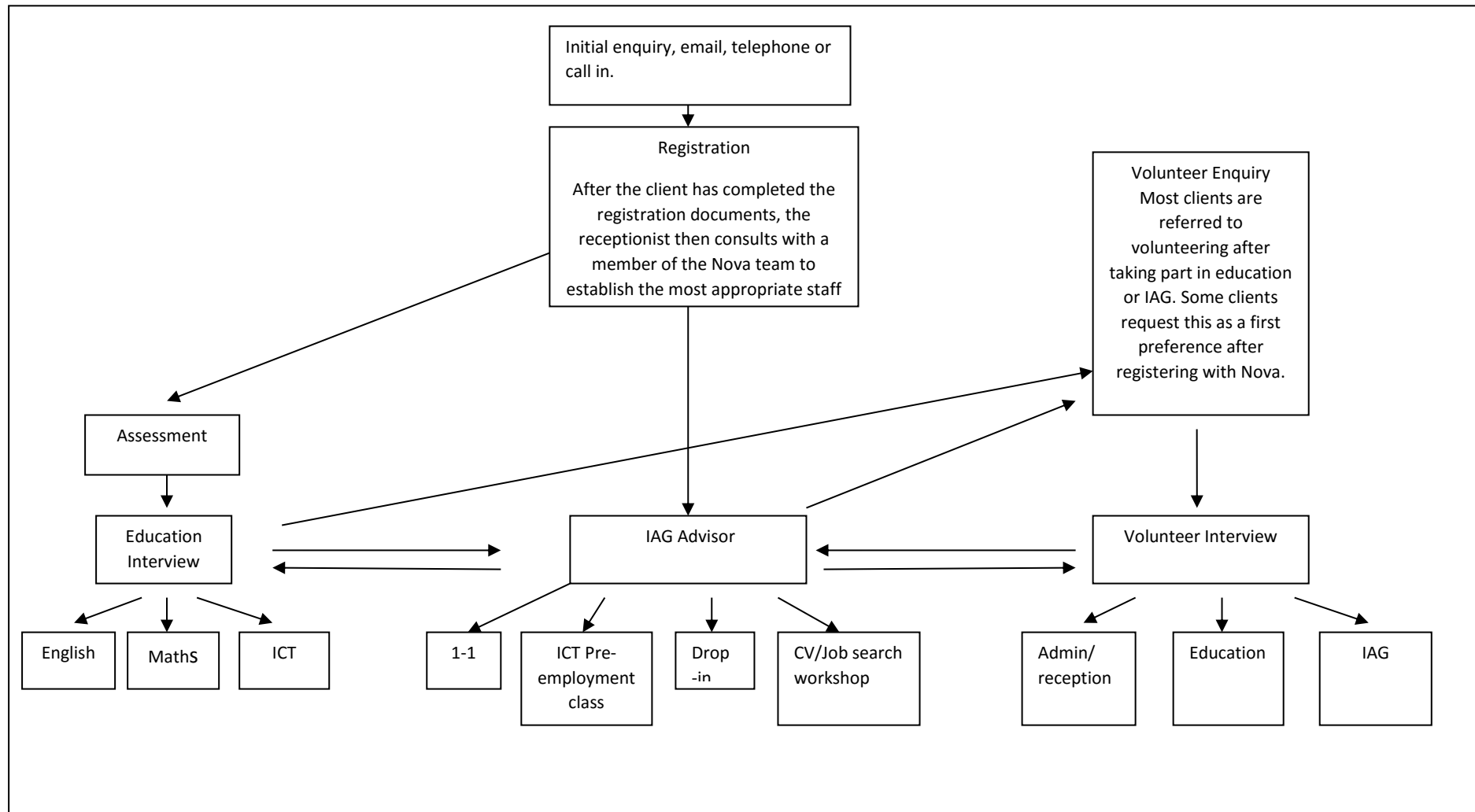
**Closed Programme** - This seeks to connect decision-makers and those in positions of power with local people from disadvantaged and marginalized backgrounds to challenge stereotypes and prejudices through dialogue. The project aims to enable people to feel 'heard' and to influence decisions that can adversely affect their lives - to humanize the decision-making process and lead to new approaches to the delivery of services and new opportunities for residents.

Nova are now working to add this additional service as a permanent part of their offer to local people with the aim that it should provide a programme of activities that supports the organisation's core purpose of building skills and confidence. It will also serve to break down barriers and build relationships through creative, learning and pastoral activities that support the community to heal, rebuild and have a voice.

Since the tragedy at Grenfell, a significant amount of funding and interest from businesses to support the community has emerged. There are now new opportunities to achieve Nova's aims that were previously beyond their resources. This has allowed the management team to think more creatively about bringing about fundamental and systemic change. An example is a group of businesses that have come together with The Kensington and Chelsea Foundation to provide training and support to assist local people to find work in the technology industry.

Nova would also like to seek other partnership opportunities with ethical employers to help their 'just managing' group into quality job opportunities. Nova seeks to offer reliable adult learning, particularly lifelong learning opportunities in a notoriously unstable funding environment.

**Figure One: Nova client user journey**



## Client breakdowns

In establishing - with the Nova management team - whether clients could be treated as broadly homogenous or not it was apparent that, while clients had many common issues, they did not all have similar motivations for engaging with Nova nor did they access or use Nova services in the same way.

In broad terms two groups – as illustrated in Figure Two below - were identified: "Just Managing" and "Struggling". The principal differences between these (generic) client types are that the "Just Managing" are able to maintain independent lives with or without benefits but have little resilience to shocks. "Struggling" generally require more bespoke support and have highly complex problems which prevent many of them finding solutions to their difficulties and leading an independent life to any level of satisfaction.

**Figure Two: Characteristics of Nova client groups**

<b>"Just Managing"</b>	<b>"Struggling"</b>
<ul style="list-style-type: none"> <li>▪ Likely to be in work or between jobs. Salary is likely to be low.</li> <li>▪ If unemployed, low employment aspirations.</li> <li>▪ Low confidence but able to seek work and hold employment.</li> <li>▪ Have received an education but may have few or no qualifications.</li> <li>▪ Personal circumstances are commonly unstable but allow the client to function (i.e. likely to have a home, may have a family, usually: <i>"just about able"</i> to pay bills but little spare cash to absorb shocks and may have poor English but willing to study).</li> <li>▪ Higher levels of deadweight more likely (i.e. in the absence of Nova might access other providers of support).</li> <li>▪ Likely to take part in a range of activities (education, job search, volunteering).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Not seeking work due to factors such as: ill health, caring responsibilities, homelessness.</li> <li>▪ No employment aspirations or employment often not considered a likely outcome even if desired.</li> <li>▪ Chronic poor confidence. Lack sufficient confidence to seek work.</li> <li>▪ Some have qualifications but many have had little or no formal education (especially migrants).</li> <li>▪ Have complex issues and needs (i.e. may be homeless, mentally ill, depressed, seriously limited in the employment market by cultural expectations, unable or struggling to lead any sort of independent life. May have little or no English).</li> <li>▪ Low levels of deadweight (i.e. few if no alternative support agencies available).</li> <li>▪ Likely to use long term one-to-one guidance particularly drop in services but less likely to take part in job search, education and volunteering.</li> </ul>

For the period 1st April 2016 - 31st March 2017 staff analysed Nova's client base to informally group clients under these two definitions. Approximately 49% of Nova's clients could be considered to be "Just Managing" and 43% were "Struggling". Around 8% did not easily fit into either of these two categories.

As illustrated, in Table Five below, there are differences in the types of support accessed by these two groups. Just managing are most likely to engage with Nova for job search or skills related reasons. They may also want to improve their friendship and support networks, gain work experience through volunteering, or require information from Nova advice and guidance networks. The struggling are more likely to require and be directed to long term intensive support.

Consequently – as also reflected by Table Five - struggling clients were far more likely to access information and Guidance "drop-in" sessions. In contrast just managing were more likely to access information and guidance group sessions, take part in volunteering sessions and, nearly twice as likely, to be taking English language classes.

**Table Five: Types of service accessed by "Struggling" and "Just Managing" groups (1st April 2016 - 31st March 2017)**

Service type	Total service users	Just Managing %	Just Managing Number	Struggling %	Struggling Number	No problems %	No problems Number
IAG intensive 1 - 1	273	50	137	40	109	10	27
IAG Group sessions	174	50	87	30	52	20	35
IAG Drop in	162	15	24	80	130	5	8
Volunteering	81	50	41	30	24	20	16
English Language	469	60	281	35	164	5	23
Other basic skills	276	50	138	50	138	0	0
Total attendees	1025	49	502	43	441	8	82

Source: Nova monitoring data

## Section 3: The Development of a Theory of Change

### What is a Theory of Change?

A Theory of Change endeavours to illustrate the assumed relationships between an organisations inputs, activities, outputs and outcomes and consequently provides a basis from which to test and evaluate whether these relationships hold in practice. In short it should provide the template against which to measure progress towards the achievement of longer-term goals.

### Developing a Theory of Change

In April 2017, the Pro Bono Economics volunteer facilitated a workshop with the Nova management team to prepare a first version of the ToC through:

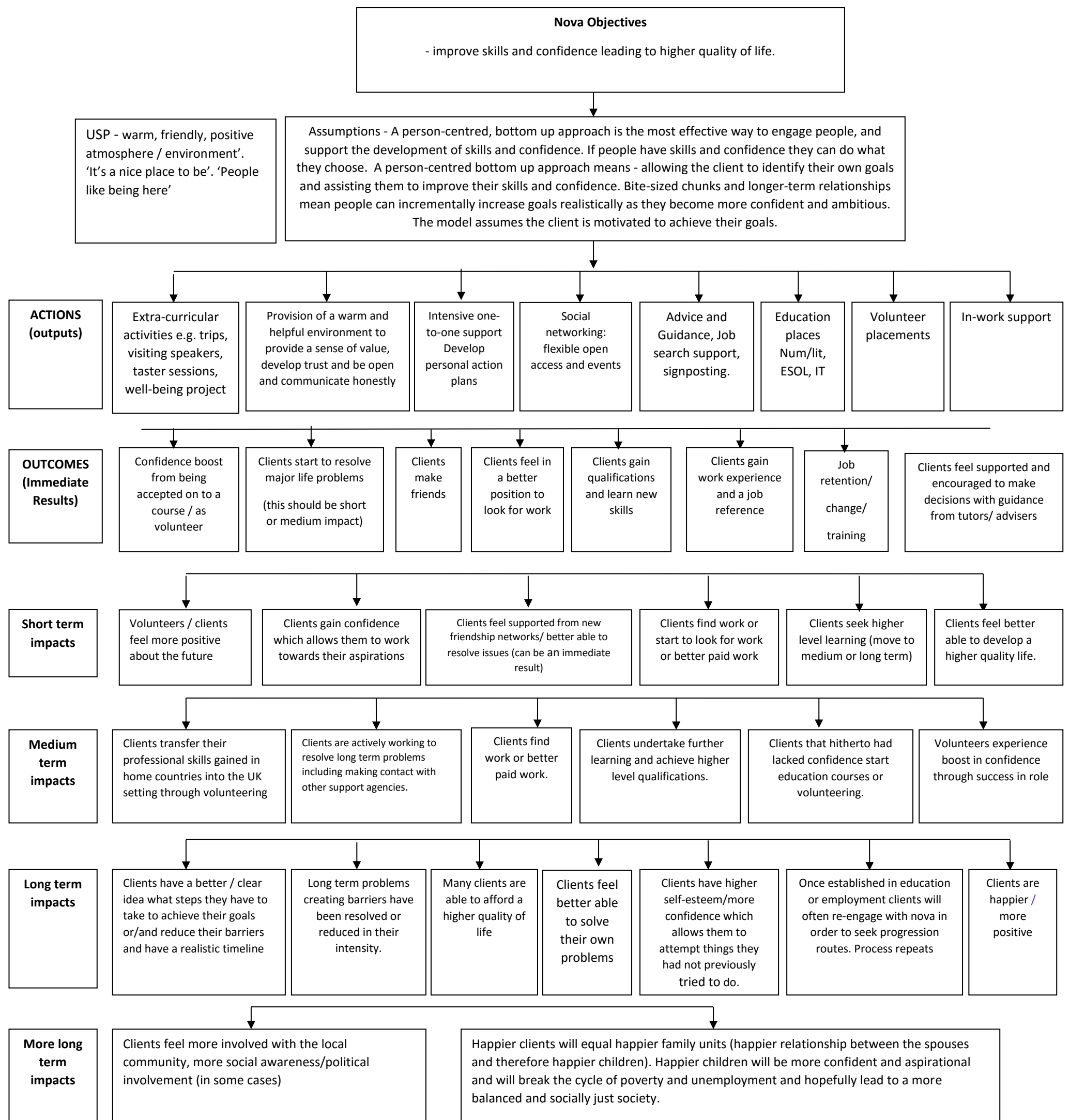
- Understanding Nova's objectives;
- Recording the activities that take place;
- Establishing the outcomes of each activity; and,
- Assessing the short, medium and long term impacts that might result from these activities.

After an initial draft was produced Nova's management team consulted with a wide range of clients to request their feedback. After a range of discussions with clients there were some changes to the model but these were relatively small. Representatives from both just managing and struggling groups identified with the changes expressed in the ToC.

The final and agreed ToC is presented at Figure Three overleaf. In summary it details:

- A statement of Nova's objectives and assumptions regarding the key "triggers" that should bring about change;
- The key outputs delivered including main service areas and informal outputs such as creating an environment that will encourage clients to attend the centre; and,
- Assumed short, medium and long term outcomes.

Figure Three: Nova's Theory of Change



## Section 4: Data collection

### Introduction

Monitoring and evaluation aims to determine whether, and in what ways, actual outcomes reflect those forecast in the ToC and whether the assumptions underlying the Theory appear valid in relation to “causality” (i.e. can it be demonstrated that “but for” Nova’s activities none or few of the outcomes recorded would have occurred).

In the Nova context, the management team would like to substantiate their belief or hypothesis that: “a person-centred, bottom up approach is the most effective way to engage people, and support the development of skills and confidence by allowing a person to progress in the ways that they were seeking to - which would result in a rippling positive impact, for the individual, their families and the wider community”.

This section, therefore, considers how Nova can test this hypothesis using the ToC by examining key evaluation issues and how these may be addressed in relation to future data collection.

### Key Evaluation Issues

In order to test the ToC clients will need to be asked about their personal journey from when they arrived at Nova (baseline) and how subsequently Nova’s activities may have brought about changes in their lives (outcomes). Relevant areas that will need to be addressed include:

- Reason for coming to Nova/key objectives?
- What activities did clients take part in?
- What was the impact of these activities in the short, medium and longer term?
- How did Nova activities help them to achieve these outcomes (exploring cause and effect)?
- Would these changes have happened anyway?
- Have they received support from anywhere else?
- What are the strengths and weaknesses of the approach taken by Nova?
- How can services be improved?



A key component of any future evaluation will be to assess how any changes – as reflected by the above – are to be measured. This will require Nova to define their goals in SMART terms (Specific, Measurable, Achievable, Realistic and Time bound)<sup>1</sup> and for each of the outcomes, in the ToC, having some form of measure or indicator.

At present Nova's objective (contained in the ToC) is that the organisation supports clients to: *“improve skills and confidence leading to a higher quality of life”*. Nova may like to consider how this broad statement may be developed so that the organisation can articulate how and in what ways this objective might be met. This will require the identification of measures and indicators that are related to Nova activities, where:

- **Measures** relate to quantifiable outputs e.g. the number of qualifications obtained or the number of people finding work; and,
- **Indicators** are typically qualitative e.g. Nova might ask clients what different levels of confidence would mean to them (Level 1 might mean no change; Level 2 might mean confidence to start a new training course; Level 3 might mean confidence to join a new club and meet strangers). Progression in confidence levels could also be linked to activities<sup>2</sup>.

Once such measures and indicators have been identified for outcomes (across the ToC) it will be appropriate to test and confirm these with clients (and other key stakeholders such as funders) to assess whether they adequately reflect and describe the relationships between Nova activities and impacts.

Adopting this process will allow Nova to set SMART objectives for the organisation as a whole with, for example, the wider vision of Nova supporting: *“clients to improve skills and confidence leading to a higher quality of life”* being augmented by an objective such as: *“By 2018, Nova will have assisted 1000 clients by providing a minimum of 10 hours of support. As a result of this support 85% of our clients will have improved their skills, confidence or quality of life evidenced by achieving at least one of Nova's key outcome measures (listed)”*.

As Nova interact with a range of stakeholders and each will have their own particular interest in the activities of the organisation. Meeting these needs will influence the scope of any future evaluation exercise with key issues to consider being:

- *Which aspects of Nova's activities do stakeholders want to know about?* Many funders will have particular measures of change that they require monitoring or, alternatively, they will be interested in only certain groups (i.e. Nova may need to provide evaluation reports for specific clients and specific activities);

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<sup>1</sup> So, for example, a SMART objective could be: *“by December 2018, organisation X aims to assist 50 individuals unemployed for six months or more to find employment for 30+ hours per week which is paid at or above the living wage”*.

<sup>2</sup> More detailed information on how to develop measures and indicators may be found at:

<http://proveandimprove.org/meaim/developgoodindicators.php>

<http://www.scdc.org.uk/media/resources/what-we-do/leap/Developing%20indicators.pdf>

<https://www.ssc.govt.nz/sites/all/files/performance-measurement-module-5.pdf>

- *What level of monitoring and evaluation is required?* Do stakeholders, especially funders, need to know about all beneficiaries or will evaluation results from a sample be sufficient?;
- *What level of detail will the audience require?* (Do they need a one page summary or a detailed report?);
- *Will the results be used to influence policy makers?* What message is Nova hoping to articulate through its evaluation activities?
- *What timescale needs to be considered in relation to the inputs or activities?* This may need to align with the needs of funders and particular activities that have received funding? and,
- *How long impacts should be measured for?* Given that a number of the Nova outcomes are assumed to be longer term it may be necessary to undertake some form of longitudinal analysis. In contrast some funders may only be interested in “intermediate” outcomes that can be achieved within designated periods of time.

## How can Nova's data collection systems be used to validate the Theory of Change?

Nova already collects a range of activity data including:

- A registration form to establish the activities that would best suit the new client and an induction form (which covers health and safety) with the registration form being updated termly for learners to ensure that beneficiary details remain current;
- Assessment forms for basic skills in ICT and English along with a Diagnostic Plan and Learning Plan for those taking part in education activities;
- Progression forms for volunteering, learners and advice and guidance; and,
- Attendance record completed every time a client attends a session at Nova. Attendance information is monitored and available on a quarterly basis.

In relation to using the above to populate the ToC as a basis to undertake any form of evaluation it is apparent, as summarised in Table Six below and detailed at Table Seven at the end of this section, that:

- There is limited information available about client's objectives (in engaging with Nova and what they personally hope to achieve and change);
- Pre coded progression information only partially aligns with the ToC short, medium and long term outcomes. Also there is a separate coding system for recording progression outcomes for the clients of different services;

- There is no information available about cause and effect mechanisms, no information about whether clients received support from anywhere else, the strengths and weaknesses of the Nova approach or how the service could be improved; and,
- Also, in discussion with Nova, there is no account management system that ensures that all clients are asked for progression information on a regular basis.

**Table Six: The extent to which Nova's data currently answers key evaluation questions**

Evaluation questions	Whether the answers to these questions are currently available in Nova's data
<b>Client objectives</b>	Partial information was provided by the Triage questionnaire but this is no longer used. Volunteers and education clients are interviewed when they first arrive at Nova to discuss their objectives. This is not the case for advice and guidance clients (who discuss their objectives as part of the advice and guidance sessions).
<b>Progression relating to the initial objectives and associated outcomes and impacts in the short, medium and longer term?</b>	Progression questions only partially align with the ToC outcomes. The ACL End of course student achievement form provides information on whether a qualification was achieved and whether the client felt they had more confidence; the Tutor Register contains progression information relating to some of the outcomes of the ToC e.g. more confidence, better relations with family, happier, whether the client has gained new skills. Progression codes for volunteering focus on employment (whether the client has moved into external volunteering, study/training) and health issues (whether the client has moved or has other caring responsibilities). Overall progression codes are different for different types of service.
<b>How did Nova help clients? (Establishing cause and effect)</b>	Not covered
<b>Would this have happened anyway?</b>	Not covered
<b>Have clients received any support from anywhere else?</b>	Not covered
<b>What are the strengths and weaknesses of the approach taken by Nova?</b>	Not covered
<b>How can services be improved?</b>	Not covered

In considering, therefore, how Nova's current data systems might be augmented or changed to collect data that can be used to validate the ToC three options might be considered (as detailed below) namely: enhancing the existing system; developing new collection protocols and sampling (with the relevance and adoption of any of these approaches being informed by the outcome of discussions

internally and with stakeholders in relation to the evaluation needs and SMART objectives outlined at the beginning of this section).

### **Option 1: Using the existing systems**

To record clients' initial objectives Nova could consider an augmented coding system for the registration questionnaire which asks clients their main objectives in coming to Nova. For ease of completion clients could be provided with a pre-coded system with a choice of options. The coding system could be developed after consultation with a representative sample of clients.

Monitoring change would need to be undertaken at regular intervals. Nova already uses some "progression" and "personal growth" pre coded monitoring options (e.g. see the "Tutor Register", "Individual Learning Plan", "ACL End of Course Student Achievement Form"). Different services have separate mechanisms for tracking change. Learning activities have an extensive system of coded options to reflect progression and improved well-being. Information and Guidance and Volunteering have a different system for tracking progression.

Nova could consider therefore:

- Revising all forms that record information relevant to "progression" and "improved well-being" so that there is one monitoring form covering all service areas that continues to include mandatory data requirements but additionally includes outcome and impact data requirements relevant to the ToC;
- Keep existing forms for mandatory data collection but include an additional form for quarterly monitoring of outcomes and impacts relevant to the ToC; and,
- Linking the above to activity cost data to identify the relationships between costs and outcomes.

Additional questions would also need to be asked about progression that explore how Nova assisted with this progression, whether or not progression was a direct result of Nova activities or complimentary to other interventions. Questions in this context could also cover the strengths and weaknesses of Nova's approach.

Nova could also consider undertaking a set of qualitative interviews with a sample of clients to ensure that the pre coding reflected likely responses. Nova could also pilot test different coded approaches and/or draw on previous analogous work elsewhere. Pre coding could also include "other" responses but if the system has a well-researched set of pre coded responses the "other" category may largely redundant.

## **Option 2: Developing an additional data collection system**

Nova could maintain a form template which has the purpose of establishing a baseline for all clients to ask them why they approached Nova for support and what their objectives were for their interaction with the agency. Subsequently, at certain time intervals - say at three, six and twelve months - they could be asked the extent to which they had achieved their objectives and how this has impacted on their lives.

Progression forms could also be personalised so that individuals initial objectives and expectations of Nova are included as both a prompt to their starting point and potentially a means to assess progress or otherwise from this position.

Whilst the frequency and intensity of monitoring will depend on resources available Nova could continue ongoing monitoring for those who are closely engaged with the organisation. Post engagement (and to assess longer term impacts) Nova may like to consider some form of sample follow up.

In implementing the above Nova will need to conduct statistical tests of progression and impact against objectives in order to monitor change. Consideration in this regard could be given to using the same progression and impact codes across all service areas (even if all codes are not relevant to all service areas) as well as relating these to activity costs.

Prior to implementation it is recommended – as in Option One – that qualitative interviews are undertaken with a sample of clients to ensure that data pre coding systems are robust and are capable of capturing the majority of likely responses.

## **Option 3: Sample based methodologies**

Finally, as an additional option, consideration could also be given to sample based approaches to testing “cause and effect” relationships. A sample based system implies an intense period of data collection after which Nova could revert to using existing data systems. An evaluation of this nature would, however, provide Nova with additional data to illustrate how Nova interacts with clients by considering a broader range of questions including, for example, developing more detailed case studies explaining how Nova activities bring about impact.

This will require utilising topic guides and questionnaires rather than ongoing data collection systems.

Qualitative interviews could be undertaken with a selected group of clients over various time intervals. This could provide detailed case histories and feedback (and Nova may need to consider how to incentivise continued interest from clients if they leave Nova during the period of the research).

Qualitative responses could be written up as detailed case histories. All quantitative responses could be input and analysed using a statistics analytical package such as EXCEL or SPSS. In compiling the quantitative sample, Nova would need to consider the sub-group analyses required, for example, by service, by "struggling"/ "just managing" groups or by social characteristics (male/female). The sub-group samples could then be weighted to reflect the whole Nova client group.



**Table Seven: Existing Nova Data**

Question	Mandatory	Detail	Collection method
Details of clients at registration	Yes	Name, mobile, residency, ethnic origin, disability status, emergency contact, education level, household situation	Nova Registration Form
Update of registration details	Yes	Name, mobile, residency, ethnic origin, disability status, emergency contact, education level, household situation	Adult and Family Learning Enrolment Form completed termly in case client details have changed
What does a client want to do at Nova?	Yes	Currently seeking a job? What sort of job? When last employed?; attending job centre? Benefits position? Has a current CV? Used universal job match? Able to apply for jobs by self? Interested in training or volunteering?	Triage Questionnaire
Does the client know about health and safety procedures for Nova?	Yes	Health and safety, fire escapes etc.	Induction form
Initial assessment	Yes	English Initial Assessment; ICT Initial Assessment	Assessment Forms
Which skills require further work?	Yes	A list of skills needing further work	Diagnostic Grid
Individual Learning Plan	Yes	Target for the course, how and when I'll work on the target, how I'm getting on, target achieved	Individual Learning Plan
Have students achieved their learning goals? (includes volunteers)	Yes	Outcomes include qualifications and increased confidence for volunteers	ACL End of Course Student Achievement Form
What is client attendance like?	Yes	Attendance, attendee comparisons, unemployment length, how people heard about Nova. A range of employment outcomes. (See codes below)	Quarterly monitoring statistics
What do the tutors feel about the delivery of their courses?	Yes	No. of learners at the beginning and end, number who achieved learning outcomes, total number attending, progression, strengths of the course, areas for improvement, training undertaken by the tutor, how could Nova provide further support to the tutor?	Tutor end of course review form
Has a qualification been achieved and how has the client progressed as a result of this?	Yes	Qualification achieved, progression (includes to further learning or employment), personal growth (includes health, relationships, happier, learnt new skills etc.)	Tutor register (see codes below)

<b>Who are the volunteers and how have they progressed?</b>	No	Name, start date, line manager, unit, what are they doing now? Progression code, mobile, Home no. email, date Nova DBS issued etc.	2015/2016 list of volunteers (see progression codes)
<b>How has the volunteer progressed?</b>	No	What has the volunteer done well? What requires improvement? What additional training needs does the volunteer have?	Volunteer Review Form
<b>Progression for IAG</b>	No	Date of sessions, advisor at sessions, aim of session, type of session, job interview this week?, prepared to move on? Increased confidence or not? Gained more skills?	IAG Questionnaire monthly spreadsheet

### Codes for the Tutor Register

#### Codes for progression information

1- Progression to a course of the same subject at a higher level at Nova; 2- Progression to a course of the same subject at a higher level provided by other ACL providers [ Other ACL providers are ADKC , Dalgarno, History Talk, Open Age, Regeneration Trust, SMART, St Clement and St James, Video College, Virtual Engine, Westway, Kensington & Chelsea College]; 3- Take up of other courses at Nova; 4- Take up of other courses provided by other ACL providers; 5- Progression to employment/a job (provide date and enter onto Upshot as an outcome); 6- Undertake part of an accredited qualification (level 1 or 2); 7- Take up of other non-ACL learning opportunities (for example provided by Further Education like A/AS Levels, Work bases learning like a Vocational Qualification or ESF providers); 8- Referral to External IAG services; 9- Volunteering (provide date and enter onto Upshot as an outcome; G- Other progression (please specify)

#### Personal Growth Categories

1- Improved physical well-being (more energy, healthier diet); 2- Improved sense of well-being (greater confidence, more positive, happier); 3- Improved relationship with family, friends or the community; 4- A better you (more patient with others, listens more, arrives on time) (please specify); 5- Learnt new skills (please specify); 6- Improved existing skills (please specify)

### 2015/2016 List of Volunteers Progression codes

0 - Unknown, 1 - FT Employment, 2 - PT Employment, 3 - External Volunteering, 4 - Study/training, 5 - Health issues, 6 - moves, 7 - Caring/family issues

### Quarterly monitoring statistics codes

Clients entering self-employment, client found work from unemployment, client found work, second jobber, client started volunteering at Nova, client started volunteering outside Nova, client started course outside Nova, client started an apprenticeship, client started work experience placement.



## APPENDIX 1: Data Collection Methodology for Research

### Data Collection Methodology for Research

This section provides some additional summary advice relating to data capture methods. Ideally it should be considered alongside Section Four. Three areas are considered:

- Quantitative research methods;
- Qualitative research methods; and,
- Establishing the counterfactual.

### Quantitative methods

Quantitative methods are usually based on the collection of data using some form of survey (although samples of data may also be captured through Nova's own administration systems). In order to conduct a survey some type of sample is required.

There are many different types of sampling and a wide range of social science research texts that can provide detailed explanations and advice<sup>3</sup>. Some common sampling techniques are reviewed in Table A1 below<sup>4</sup>.

**Table A1: Summary of common sampling approaches**

<b>Sampling Methodology</b>	<b>Explanation</b>
Simple Random Sample	In a simple random sample (SRS) of a given size all members of a population are given an equal probability of being chosen. For Nova every client could be given a number then numbers could be selected by chance for inclusion in the sample.
Systematic	Systematic sampling (also known as interval sampling) relies on arranging the study population according to some ordering scheme and then selecting elements at regular intervals through that ordered list e.g. for Nova this could mean sampling every 5th person who completes a registration form. Note that the first person to sample should be chosen at random.
Stratified	When different clients share particular characteristics (e.g. "Just managing", "Struggling Not working"). Random sampling techniques can then be used on different groups in order that the potential impacts on different groups can be tested. Each strata can be treated as an independent group for analytical purposes.

<sup>3</sup> For example, see Sampling Techniques by William G Cochran (2007); Sampling Techniques by Yeuda Ben-Atar (2017); Introduction to Survey Sampling - Quantitative Applications in Social Sciences (1983).

<sup>4</sup> A more detailed overview is available at [https://en.wikipedia.org/wiki/Sampling\\_%28statistics%29](https://en.wikipedia.org/wiki/Sampling_%28statistics%29).

Cluster sampling	Sometimes it is more cost-effective to select respondents in groups ('clusters'). Sampling is often clustered by geography or by time periods.
Quota sampling	In quota sampling, the population is divided into sub-groups, as in stratified sampling. Then subjects or units from each segment are selected based on a specified proportion. For example, an interviewer may be told to sample 200 females and 300 males between the age of 45 and 60. This second step makes the technique one of nonprobability sampling. Many market research companies use quota techniques to select sample groups because it is a convenient mechanism to generate samples. Nova may like to consider this although the confidence limits that can be attached to the data are not as high as for chance based techniques.

Crucial to the success of any sample based research is obtaining the correct sample size which, as illustrated in Figure A1, is a function of such factors as population size, the margin of error and the confidence level<sup>5</sup>.

**Figure A1: Some Basic Concepts in Sampling**

- 1. Population Size** — how many people fit your demographic? For instance, if you want to know about your unemployed clients then, your population size would be the total number of unemployed clients. If you are unsure about the population size then you can use an approximate figure. It is common for the population to be unknown or approximated.
- 2. Margin of Error (also called the confidence interval)** — No sample will be perfect, so you need to decide how much error to allow. The margin of error determines how much higher or lower than the result for the actual population that your sample can indicate. e.g. 68% of sample respondents said "yes" to a question, with a margin of error of +/- 5%. This means that the actual proportion mean who answer yes is somewhere between 63% and 73%. This is particularly important if you want to compare different groups with each other. If the results from two different groups are 3% apart then this difference may not be statistically significant if the margin of error is 5%.
- 3. Confidence Level** — How confident do you want to be that the actual mean falls within your margin of error? The most common confidence intervals are 90% confident, 95% confident, and 99% confident. So - you can be 95% confident that 68% of respondents said "yes" to a question with +/- 5% error. Most researchers try to work to 95% confidence levels.

A key consideration for Nova will be defining the populations to sample. Nova is keen to emphasise that clients define their own objectives when they start to interact with the organisation. People do not have to meet particular criteria or be from particular groups in order to work with Nova. If, however, comparisons of outcomes for different generic groups of Nova clients are required to be assessed (e.g. for a given funder or for internal management purposes) it will be necessary to define and select representative samples from each group. Nova could, therefore, define population sizes for samples in a number of ways, For example:

<sup>5</sup> Once these factors have been defined sample size can be calculated using an online sample size calculator such as <https://surveysystem.com/sscalc.htm> or <http://fluidsurveys.com/university/survey-sample-size-calculator/>. Alternatively a step by step explanation of how to calculate sample sizes can be found at <http://www.wikihow.com/Calculate-Sample-Size>.

- A sample of all clients at Nova (with no sub-groups);
- By service delivery areas;
- By socio economic characteristic (male, female, age group, ethnicity etc.);
- By objective (e.g. whether or not they want to get a job, meet friends, improve their maths etc.); and,
- By the nature of the barriers they face (e.g. can they self-define as "just managing", "struggling" etc.).

Nova will need to calculate sample sizes relevant to the populations that are being studied. The sample size of the sub-groups must all have a sufficient number of cases if they are to be compared against each other or against other data sets. When combined the results for sub-groups can then be weighted to reflect results for all of Nova's clients<sup>6</sup>.

## Qualitative techniques

Qualitative techniques involve detailed one-to-one or group discussions usually involving some form of topic guide to structure discussions. The advantage of this technique is that it is possible to explore in more detail the relationships between activities and impacts. The disadvantage is that samples may not be statistically significant.

## Establishing the counterfactual

Just because something has changed and improved for an individual after becoming a Nova client does not of itself prove causality. Various factors need to be considered:

- Would these changes have happened anyway? (deadweight);
- Did this happen because of Nova's intervention or was this result largely due to some other intervention or life event? (attribution); and,
- Have Nova's actions displaced other providers' activities and outcomes? (displacement).

As illustrated, at Table A2 overleaf, NESTA have developed "standards for evidence collection" in relation to these and other issues<sup>7</sup>. Gathering data through surveys or via Nova's administration

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<sup>6</sup> See: <http://www.applied-survey-methods.com/weight.html>.

<sup>7</sup> Standards of Evidence: An approach that balances the need for evidence with innovation. Ruth Puttick and Joe Ludlow (October 2013).

processes will only yield data classed as “Level 1 or 2”. To achieve Level 3 survey evidence needs to be compared against control groups. This will provide a counterfactual.

**Table A2: Nesta Standards for Evidence**

Level	Expectation	How the data can be generated
Level 1	You can give an account of impact. This means providing a logical reason, or set of reasons, for why your intervention could have an impact and why that would be an improvement on the current situation.	You should be able to do this yourself, and draw upon existing data and research from other sources.
Level 2	You are gathering data that shows some change amongst those receiving or using your intervention. At this stage, data can begin to show effect but it will not evidence direct causality.	You could consider such methods as: pre and post-survey evaluation; cohort/ panel study, regular interval surveying.
Level 3	You can demonstrate that your intervention is causing the impact, by showing less impact amongst those who don't receive the product/service.	You can consider robust methods using control groups (or another well justified method) that begins to isolate the impact of the products/service. Random selection of participants strengthens your evidence at this Level, you need to have sufficiently large sample at hand (scale is important in this case).
Level 4	You are able to explain why and how your intervention is having the impact you have observed and evidenced so far. An independent evaluation validates the impact. In addition, the intervention can deliver impact at a reasonable cost, suggesting that it could be replicated and purchased in multiple locations	At this stage, you should be looking for a robust independent evaluation that investigates and validates the nature of the impact. This might include endorsement via commercial standards, industry kitemarks etc. You will need documented standardisation of delivery and processes. You will need data on cost of production and acceptable price points for your (potential) customers.
Level 5	You can show that your intervention could be operated up by someone else, somewhere else and scaled up, whilst continuing to have positive and direct impact on the outcome, and whilst remaining a financially viable proposition.	You expect to see use of methods like multiple replication evaluations; future scenario analysis; fidelity evaluation.

Control groups are groups that have similar issues and goals to the study or client group but, **in contrast**, they have not received the same types of or levels of support. If the study group demonstrates significantly different outcomes to the control group then everything else being equal there is a fair chance that the intervention caused this.

A common type of control group associated with the evaluation of community/regeneration programmes is the Randomised Controlled Trial (RCT). RCTs select participants randomly to take part

in an intervention. They select a group to participate and a comparison group who do not take part. The two groups are selected from similar populations<sup>8</sup>.

There are two major challenges that Nova has in using control groups to prove impact. Firstly, the ethos of the organisation is that individuals should seek to define their own goals and objectives. This makes control groups more problematic than in instances where all clients have the same goals and reasons to engage with particular interventions. Secondly Nova management staff have little enough time for internal data collection activity let alone setting up and monitoring other (non client) groups.

In relation to the first challenge it may be possible to use generic characteristics. For example, in the "Just Managing" group, a large number of clients would like to get a job or a better job. In principle it would be possible to set up control groups where clients share the same objectives.

The second challenge is the shortage of resource to set up control groups and collect data for evaluation work. Nova currently have limited time for existing data collection work. Setting up and monitoring control groups would be difficult unless funding could be obtained to assist with this.

The alternative to setting up control groups is to consider alternative methods for establishing the counterfactual. One of the most popular of these is to use national/regional averages from standard data sets and/or comparing the performance of Nova to the performance of other similar organisations. For example it might be possible to compare Nova's record of success in assisting long term unemployed people back into work against the typical successes achieved by Job Centres with the same client group.

Comparing success rates against averages from other programmes or standard national data sets has less credibility than using properly constructed control groups because the "average" population in the dataset is not necessarily representative of the population that is the focus of the evaluation. If there are significant differences in outcomes, however, then the inference might be drawn that Novas interventions are generating a net benefit.

In conclusion where Nova can identify a counterfactual (by comparing the journeys of groups of clients with similar goals) then it will be possible to provide a higher level of evidence than where a counterfactual cannot be identified. Where there is no counterfactual then Nova will need to rely on data that provides evidence of causation at NESTA Level 2 only (no counterfactual and relying on personal accounts).

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<sup>8</sup> For further information see NESTA's *Running randomized controlled trials in innovation, entrepreneurship and growth* (2016) by Triin Edovald and Teo Firpo and the Treasury's *Magenta Book* which considers a range of approaches to setting up control groups (in Section 3).