Glossary of evaluation terms
and the draft Bromley by Bow logic model

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About this document

1. This document provides a **Glossary of evaluation terms** and whole Bromley by Bow Centre and Health Partnership (BbB) **Logic Model** which is illustrates the theory of change BbB aims to effect as a result of the hard work carried out and resources used.

2. The 'change' BbB has committed to effecting, both with and for the local community, was first set out in **Unleashing Healthy Communities** which asked local residents and staff what are the ingredients of a good life. This two-year study revealed that the 'ingredients' can be grouped into **six broad (stretch) outcomes** and these are presented in the Logic Model below.

3. Capturing data to find out the changes/outcomes that occur, from the point of view of clients and patients, is crucial feedback to make sure projects are responsive to what the community needs. Outcome measurement capture already takes place at Bromley by Bow, at a project level.

4. For the first time, through stage two of Unleashing Health Communities known as **Evidence Into Practice (EIP)**, BbB is developing a common approach across all delivery. EIP aims to capture all of the work that we do across the Centre and Health Partnership in a balanced way, and aims to help us understand the impact of this combined work. We will be starting small, including a few projects to be included in the evaluation with the hope that this will be able to be used more widely following testing.

5. **For more information** please go to Evidence Into Practice on the Intranet where you will find a more detailed 'What Why When How' document, External Advisory Group papers and Quarterly progress updates (or if you are not based in the Bromley by Bow Centre please contact: Catherine.godward@bbbc.org.uk).

Glossary of evaluation terms

*See **Figure 1** on the next page for an illustration of these terms in practice for Bromley by Bow. The shading colour in the glossary links to the shading colour in the illustration.*

Logic model: The programme logic model is defined as a picture of how your organisation does its work – the theory and assumptions underlying the programme. It links outcomes (both short- and long-term) with programme activities/processes and the theoretical assumptions/principles of the programme. It can be used to both set programme goals and measure the extent to which they have been achieved.

Demand for services

Local need: evidence of need for Bromley by Bow's services from the local community (Source: Seizing the future 2014-19).

Local context: relevant evidence of funding/policy/changes to demand that effects demand for Bromley by Bow's services and the context within which we need to work.

Premise: The 2010 Marmot review found that social determinants make up 80% of health outcomes, providing the case for social interventions delivered by the Bromley by Bow Centre and Health Partnership (Source: Marmot, 2010).

Planned work

YOUR PLANNED WORK describes what resources you think you need to implement your programme and what you intend to do.

1. **Inputs** include the human, financial, organisational, and community resources a programme has available to direct toward doing the work.

2. Programme **Activities** are what the programme does with the resources. Activities are the processes, tools, events, technology, and actions that are an intentional part of the programme implementation. These interventions are used to bring about the intended programme changes or results.

Intended results

YOUR INTENDED RESULTS include all of the programme's desired results (outputs, outcomes, and impact).

3. **Outputs** are the direct products of programme activities and may include types, levels and targets of services to be delivered by the programme.

4. **Outcomes** are the specific changes in programme participants' behaviour, knowledge, skills, status and level of functioning.

5. **Impact** is the fundamental intended or unintended change occurring in organisations, communities or systems as a result of programme activities within 7 to 10 years.

NB. Impact often takes many years to manifest, is often shared i.e. factors outside of your organisation's activities have influenced the result, and attribution can be difficult to measure without significant resource.

Source: Adapted from W.K.Kellogg Foundation https://www.wkkf.org/.

Figure 1 The draft Bromley by Bow logic model – a visual summary

Demand for services

LOCAL NEED and CONTEXT

Local need
• Growing rates of long-term conditions and particularly co-morbidities e.g. third highest rate of type 2 diabetes in London.
• 4th highest incidence of serious mental illness in London.
• Rising childhood obesity (9th highest in UK).
(Source: Tower Hamlets 2019).
• Deprivation high and increase forecast.
• Overcrowding.
• Green space low.
• 23% have no formal qualifications
• High mental health admission rate.
• High suicide rate.
• High unemployment of employable people.
• Need of financial advice
• 90+ languages spoken.
• High opiate/crack cocaine use.
• Low household income.
(Source: Bromley by Bow Seizing the Future 2014-19)

Local context
• Public spending cuts.
• Demand is increasing.
• Increasing housing costs.

PREMISE upon which BBB works

Premise
MARMOT review found that social determinants make up 80% of health outcomes i.e.:
A - early development,
B - skills/qualifications
C - employment
D - income - achieve healthy standard of living
E - climate change/community capital and reduce social isolation
F - ill health prevention
(Source: Marmot, M. Fair society, healthy lives : the Marmot Review : strategic review of health inequalities in England post-2010. (2010)

Planned work

If the following CONDITIONS AND ASSUMPTIONS exist...

Input
-Internal:
Time/Money/Staff/Volunteers/ Skills/ Experience/Equipment/Safe & supportive environment
-External:
*Human=F*ormal partnerships/In kind time/Relationships
Physical= Community venues/Equipment
Office space
Etc.

And if the following ACTIVITIES are implemented...

Activities
Cycle of meetings
Evidence of need
Meetings with stakeholders
Service design
Etc.

Intended results

Then this IMPACT may be achieved in the longer-term as a result of the intervention.

Impact
Healthy connected community
Vibrant local community

Then these OUTCOMES FOR LOCAL PEOPLE may be achieved as a result of the intervention.

Six stretch outcomes for local people
* Basic needs met (from crisis to stability)
* Connected to others (individuals) (NHSE: is more connected to others and less isolated or lonely)
* Strengthened personal resources (NHSE: feels more in control and able to manage own health and wellbeing)
* Built knowledge, skills and opportunity (NHSE: is better able to manage practical issues, such as debt, housing and mobility)
* Connected to place and community
* Taken action

Then these OUTCOMES FOR GATEKEEPERS may be achieved as a result of the intervention.

Outcomes for gatekeepers
- For gatekeepers to local people e.g. link worker trainees or other organisations within the sector:
   * Connected to others (individuals)
   * Strengthened personal resources
   * Built knowledge, skills and opportunity
   * Taken action

- For gatekeepers to residents outside of Bromley by Bow e.g. organisations within the sector emulate BBB:
   * Built knowledge, skills and opportunity
   * Taken action

These PRODUCTS, SERVICES OR FACILITIES will result...

Outputs
-Interventions
1:1s/appointments
Activity groups
Casework
Community outreach
Events
In person and remote contact
Group sessions
Partnerships
Social prescribing
Volunteering/placements
Workshops
-Local people take up / satisfied with interventions
-Effective internal systems