

Background document for the Invitation to Tender for Leeds Neighbourhood Network Schemes Evaluation

Section 1: Related research commissioned by Ageing Better

The evaluation itself will be informed by some ongoing, related research that we have commissioned.

Project A: Research into the policy context for and practice of community centred approaches and services

To ground the evaluation in the wider policy, practice and evidence on community centred approaches we have recently commissioned some research that covers a number of related topics as outlined below. The outputs from this work will provide crucial foundations for the evaluation, and will provide valuable information for individual NNs, other cities, commissioners and a wider policy and practice audience. Each workstream is outlined below:

1. **Policy analysis: Expert interviews and a review of policies**

This work will help us to understand opportunities and challenges relating to different national policies, initiatives and agendas that connect to or influence in some way the commissioning and / or practice of 'community centred approaches'. Connections with 'community centred approaches' are apparent in both communities and health and social care transformation policy, as well as devolution and policies or initiatives around commissioning and professionalisation of the voluntary sector may also be important part of understanding what factors are potentially shaping the development (or not) of these kinds of initiatives. There are also potentially tensions between policies which we should like to understand better for example policies linked to community development may be more likely to place greater value on the outcome of community ownership and solution of issues importance to those communities, whereas interests in community based approaches that are framed around commissioning the voluntary sector to deliver health outcomes for example may place greater value on efficiency of the achievement of health outcomes relative to community ownership. We have commissioned this work to ensure we have a good understanding of the wider policy environment more about these policies and how Neighbourhood Networks

2. **Reviewing existing practice: Small scale research and a review**

This work will undertake a review to explore and characterise the range of community-centred approaches including covering existing evidence on the development, underlying values and activities, commissioning and funding models, delivery and approaches, and any evidence of costs, outcomes and impacts. A 'call for practice' of some sort is also envisaged to identify sites where such models exist but where no evaluation has been undertaken. A small number of case studies and interviews are planned for areas where similar models and approaches have been developed as well as those where they haven't to understand what factors shape the emergence of these kinds of models, as well as (in the sites where they do exist) characterising them in the same way as for the review. Primary research is also planned exist in other cities and rural areas that resemble LNNS in terms of nature, breadth and scale of activity. We have commissioned this work to ensure that the

evaluation is situated in a broader practice context that provides perspective and opportunities for cross site and thematic comparisons.

3. **Reviewing individual services: review only.** As described below in section 5 below, the LNNs provide or refer to a range of services. The specific activities undertaken by individual LNNs and the ways these are delivered is diverse – overall LNNs provide access to over 20 different ‘services’ (for example befriending, end-of-life planning, nutrition advice, handyman). Using information we already have about the range of services, this review will map and synthesize the best available evidence on interventions. We are undertaking this work to try to help the evaluation. Assuming there is a reasonable literature, this evidence may be helpful as part of a broader theory-based approach to understanding the relationships between being a member of the Leeds neighbourhoods and various outcomes. This review will also be of value to the individual LNNs by providing them with useful information and evidence about outcomes and impacts of individual services.
4. **Summarise the key evaluation challenges experienced by those attempting evaluation of either approaches or specific services.** As the above reviews are being undertaken we will draw together the learning about evaluation challenges experienced in previous evaluations.

This work was commissioned in April 2019 and is expected to report interim findings in the summer and complete by the end of 2019.

We anticipate that this work will be of considerable value to the evaluation providing a clearer picture about foundational policy issues, concepts and helping to situate the Leeds approach alongside other community-centred approaches that exist in other places. The work will also be of use in this theory-based evaluation enabling evaluators to take account of and make use of existing findings for similar models and the specific services – thereby potentially allowing the evaluation to focus more on the issues and gaps in evidence rather than replicating previous studies. It may also identify cities or localities that could be used comparatively with Leeds.

Project B: Research into the local strategic context for the LNNs

In late 2018 the Centre for Ageing Better commissioned an associate to undertake research to build a high-level understanding of the Birmingham Neighbourhood Network Schemes (BNNs). The report¹ - as yet unpublished - has provided a detailed snapshot of the development of the BNNs, as well as reflecting on next steps and expectations. A central feature of the work has been to locate the BNNs within a much wider (and more ambitious) strategic transformation agenda based around objectives of Prevention First. Within this model the BNNs are a crucial delivery cog, but the wider ambitions of policy and practice change will also be contingent on the delivery of a new model of community social work focused on the Three Conversations model, and the development of Local Area Coordination and Social Prescribing. The research involved around 20 interviews with leaders across the city

We recently commissioned the same associate to undertake a similar study in Leeds. The research will seek to understand perspectives from key actors in Leeds outside the network itself on:

- Similarities and differences in how the NNs are known and what they are known for.

¹ Melanie Henwood Associates (2019), *Navigating the Perfect Storm? Building Understanding of the Birmingham Neighbourhood Networks*. unpublished

- The current role and contribution of the network to the existing health and social care system for older people. What are the key features and relationships in this system and how do the NNs fit in?
- The future role of the networks and how they might contribute to wider policy agendas and aspirations.
- What challenges and opportunities there might be for the networks in the context of these strategic and system level changes.

The (currently) unpublished reports on Birmingham and Leeds will be shared with the successful contractor in July 2019

Understanding stakeholder perceptions of the wider systems in which schemes like LNNS and BNNS will or do exist and the roles they potentially play is helpful to the planning of the evaluation as it directs the evaluators to the likely 'system' roles and outcomes of NNS that we may wish to consider further in the evaluation, as well alerting us to the need to clarify boundary issues and related issues about the contribution or attribution of impact relative to other services operating within 'the system'.

These studies have also been helpful to us because we have been alerted to key issues and themes that are relevant to growing or nurturing community-centred approaches – such as for example challenges relating to procurement and commissioning, monitoring and evaluation, leadership / ownership, and wider implementation issues. We anticipate that the learning from this work will further inform the scoping of the evaluation during the inception phase of the evaluation.

Section 2: Learning and impact

We want to provide regular outputs from our evaluation of the Leeds Neighbourhood Network schemes and related research (outlined in Section 1) to audiences that are already interested in community centred approaches and to ensure our emerging evidence and understanding feeds into related policies, commissioning and practice.

We have undertaken some initial mapping of potential audiences and stakeholders and plan to consult them during June – August 2019 to understand their perspectives and interest in community centred approaches like the LNN.

The stakeholders we've identified to date include local and national stakeholders:

- **Local:** Leeds City Council, Leeds Older People's Forum and the NNS are all keenly also interested understanding the impacts and cost-benefits of the networks. They are interested in learning about variation in practice across the network, how to make efficiencies, how to cope with changes across the network arising from a changing client base, and changing relationships and expectations of other local agencies.
- **National:** Various national policy makers and commissioners, local commissioners (local authorities, CCGs), community funders and initiatives, and existing services and providers (Age UK, community centres, etc) all have different stakes in existing and future provision of community centred approaches.

We anticipate completing the consultation project by August / September 2019. Likely uses of the findings include: refine the focus of the evaluation and possible outputs; development of a learning and impact strategy linked to this work.

We will ensure there are opportunities to share interim findings with the evaluators.

Section 3: Data sources

Data sources

There is a range of existing data that bidders may wish to consider as part of a wider evaluative approach involving additional data collection:

Audit: During 2018 as part of negotiations of new contracts with the NNS LCC undertook an audit of the NNS generating a database on all NNS. The database includes data from a 90-page questionnaire completed by each NNS. It includes information on the following:

Organisational purpose	Size of management committee	Demographics of management committee	Skills of management committee	Key partner organisations
Date NNS started	Policies and procedures for each NNS	Non-financial risks	Whether they own or rent premises and what said premises are	Geographical boundaries of service
Access issues (including transport)	Opening hours	Community assets	Marketing materials and approach	Membership/volunteer scale and demographics
Services offered	Engagement with Adult Social Care team at LCC	Staffing structure		

Quarterly returns: NNS provide an aggregate quarterly return to LCC which asks for self-report numerical returns on membership, referrals from different sources, different types of service provision and take up, provision and take up of advice, provision of and use of services by people with dementia, safeguarding and complaints issues, staff and volunteers, finances and development. Data is also reported on 'outcomes' in these returns – these are subjective judgements by staff about perceived impacts of work. The NNS are also asked to return data to other funders (Adult Social Care and Health, The National Lottery Communities Fund, and JRF for example).

The quarterly returns are being reviewed and changes to monitoring requirements are being consulted on - it is envisaged that new arrangements will be agreed and launched in October 2019.

Monitoring clients: The NNS collect data using their own systems and processes – we have not audited different practices across NNS. Over the last 8 years the 'outcomes star' has been used in all NNS with a proportion of clients (1 in 10) but although useful for therapeutic and practice purposes is not proving useful for monitoring change / outcomes. Leeds City Council and the NNS are currently reviewing how they track and monitor client experiences and outcomes are tracked and monitored. There is an intention to agree a revised and to begin new arrangements in the Autumn 2019.

There is likely to be an opportunity to engage with the review of monitoring data – quarterly and ongoing and there may be opportunities to agree changes to support the evaluation. Of course it will be vitally important to take a proportionate approach and to collect only data which is needed either for specific NNS, Leeds City Council or wider evaluation purposes. There is a strong steer from the NNS not to seek to introduce onerous data collection – and any new data collection will need to be negotiated via the Steering Group and with individual NNS. Quite apart from burden on staff, the schemes are concerned not to disturb the informal and friendly nature of member’s participation in the NNS.

Leeds Data Model: The Leeds Data Model is a rare example of a linked data set providing client level, pseudonymised data set with 3-5 years of rolling data from a range of health and care sectors including primary care, community and secondary care in the health sector and, packages of care funded by adult social care. It the population registered with a Leeds CCG GP and includes data on inpatient, outpatient, A&E; calls to 101, walk in centres, GP data, disease incidence, patient demographics, LSOA identifiers, use of community care services. Access to this data set is subject to the completion of necessary information governance agreements.

With the collection of NNS members or volunteer NHS numbers it would be feasible to link any data collected through the evaluation to the Data Model but this would be subject (of course) to member / volunteer informed consent. We understand at least one NNS is now collecting NHS numbers. There may be a willingness to begin routinely or retrospectively identify NHS numbers but this would need to be explored with individual NNS.

It should be noted that the pseudonymisation process is one way, once a record has been pseudonymised it cannot be re-identified and re-connected with identifiable data.

Evaluation support service: There is a new CCG-led evaluation support service in Leeds that provides advice and supports local health and care evaluations. This is likely to be a very useful port of call for the evaluators in becoming familiar with local data environment and approaches used.

Section 4: Learning from Supplier Consultation

We consulted on the evaluation approach in March 2019 with an open invitation to potential bidders to attend and learn about our plans. This consultation and subsequent bilateral discussions enabled us to obtain feedback from suppliers on our evaluation approach so that we could be more confident about the commissioning process. The event also provided an opportunity for those interested in the work to identify possible collaborators on what is likely to be a complex evaluation requiring teams to have a wide range of skills and expertise.

The key learning for Ageing Better was:

- **Costs of an iterative and co-produced approach:** Suppliers are interested in working in a different more iterative and co-productive way and they understand the rationale for this approach, but they alerted us that this way of working is costlier than simply responding to specific research questions with an approach and methods that are agreed a priori
- **The need for prioritisation:** Suppliers agreed with us that given the complexity of the evaluand and the range of issues, purposes and stakeholders that could be addressed we would need to prioritise what is undertaken in each phase of the evaluation.

The answers to questions that were asked of us during the consultation have been incorporated into the body of this specification to ensure that no suppliers have had privileged access to information.

Section 5: What do we know about the Leeds Neighbourhood Network Schemes?

Below we outline some of what is known about the NNS and outline why generating evidence on these themes should be a key part of this evaluation.

Any explanation of what shapes design, delivery, performance or outcomes of the NNS will need to build on this over time, taking account of how variability on these dimensions interact with outcomes and impacts.

Only very high level, largely qualitative commentary is outlined below, but more information on the NNS can be identified by reviewing the slide pack that was used in a consultation event in March 2019 which is attached with the ITT.

The successful bidder will also be provided with the database that provides a wide range of data on all NNS collected during 2018 as part of a contractual audit. The database includes data from a 90-page questionnaire completed by each NNS.

What do we know about funding and commissioning?

The NNS have been supported by Leeds City Council contracts or funding since the 80s. Arrangements have varied over time. There is variety across the NNS in terms of how each NNS attracts additional funding. We have not analysed funding or commissioning data but there is much more available. We have not explored how funding and commissioning arrangements influence the direction or content of individual NNS schemes but we know this is likely to be important in explaining outcomes and any differences between schemes. We are aware that over the past 30 years funding has grown and the network has not been required to ‘demonstrate impact’ – the challenge of doing so robustly for most community interventions is considerable and we are interested to understand local perceptions of how this relationship of trust and partnership has developed and been enabled and what consequences it has for delivery and responsiveness.

What do we know about key features of the wider context?

We know that Leeds has a long history of joint working between health and local authority including joint commissioning. A high level of trust and history of collaboration between agencies may well have been beneficial to the emergence and sustained funding of the NNS – but we have not explored this in anything other than superficial way. We are interested in for example understanding whether / how the history of the development of the NNS is important in shaping how the schemes are designed, implemented and outcomes are shaped? Understanding this will be key to understanding how funding, implementation and delivery might be replicated in other settings.

What we know about relationships with other services?

The NNS do a lot of things and serve a lot of different purposes – we do not yet understand the boundaries between and relationships with other services and how these differ across the NNS. We do not yet understand possible relationships with the wider system of health, social care, and community development and the potential contribution the NNS play alongside other factors. We understand there is interest in understanding the ways in which the networks can and do influence the health and wellbeing of individuals – and in particular where this prevents or delays more acute needs and requirements. We have recently commissioned some primary research looking at senior stakeholders’ perceptions of the role of the LNN and the contribution it makes to the health and social care system (this is described in Section 1, **project B**).

What do we know about leadership, decision making, and strategy?

We have not explored the nature of leadership or strategy yet across the NNS. However some organisations are completely independent organisations in which systems and processes have been built up within these organisations, whilst others are schemes delivered by national organisations i.e. the MHA and the Royal Voluntary Service. Likewise there are different models of power sharing / leadership provided by management bodies with different levels of involvement and membership on such bodies of older people. Different 'leadership' approaches and governance arrangements are likely to influence strategy, service models, values and practice which ultimately shape costs, experiences and outcomes.

What do we know about resources?

There is considerable variation across the NNS in terms of staffing, staffing ratios, numbers of volunteers and that NNS can draw on. Funding levels and sources vary greatly between individual NNS. We also know that physical assets that NNS can draw on vary - some have stable community venues / hubs to operate out of whilst others rely more on outreach and use of multiple venues for specific activities. Some have relatively well-resourced offices, IT systems and business support, and others are less established / resourced. Transport assets are differentially available across the LNNS. We do not know how these different resources influence what is offered or to whom or what influence they might have on costs or outcomes but are likely to be critically important part of this evaluation.

What do we know about the main services offered / referred to, how they differ and what the take up by members is?

LNNS provide or refer to a wide range of services including those focused on social isolation and loneliness, anxiety and depression, low level memory and dementia support, long term conditions, strength and balance, nutrition and hydration, end of life, bereavement support, financial and seasonal wellbeing, digital skills, housing support, carer support, advocacy, repairs and adaptations. Beneath these headings we do not know how much or in what ways services vary and / or whether, how responsive they are to local needs or individuals or how this influences outcomes. We have commissioned a review (as part of the broader research noted earlier and outlined in Section 1, **project A**) which will contribute some information and evidence on these services from the wider literature. Clearly these are some of the main drivers of any outcomes and understanding patterns and the nature of the offer, differences and similarities across the NNS will be a key starting point to the development of theories of potential outcomes and 'mechanisms' of change.

What do we know about actual costs of delivery / unit costs?

We have not begun to explore the costs or financial information on the NNS. Costing of various aspects of the running and delivery of NNS will be essential part of any cost-benefit and cost-effectiveness analysis.

What do we know about membership?

There is substantial variation between NNS in terms of membership rates as a proportion of over 60s populations. We know there is some monitoring of membership such as whether people are experiencing memory loss or dementia and other long terms condition. We have not analysed variations in the nature or populations served or variations in take up. Nor have we analysed or explored how different sections of communities or individual needs are served by the NNS. There is keen interest in understanding current provision and gaps in it and an analysis of take up and patterns of participation across different community groups will be key to understanding community / neighbourhood level outcomes and contribute to a broad understanding of the reach and community impact of the NNS

What do we know about patterns of engagement, service use, frequency and duration:

We have not seen or analysed any data on the specific service use of different members or understood how many different services or forms of engagement different members or volunteers take up, the frequency of such engagement or the duration. Understanding these key dimensions of membership will be key to building a 'generative' analysis of the ways in which the NNS contribute to different experiences and outcomes for different types of members.

What do we know about differences across geographies?

We are aware that there are considerable differences in the socio-economic, area characteristics, deprivation levels across the areas, population characteristics, transport and accessibility and housing and neighbourhood profiles. We have not analysed these nor explored how they might influence the service offer, membership, take up of NNS services or outcomes. However these are likely to be important in any meaningful evaluation that looks to understand impacts on individuals, communities or the health and social care system.

What do we know about the principles underpinning delivery?

We understand that all NNS are united in aspiring to abide by a range of principles which are outlined below. We have not explored the relative importance of them, whether there are others, or how they are brought to life in individual organisations. We don't know how important they are as 'mechanisms' or essential ingredients in achieving the outcomes that NNS and members aspire to but we understand they are likely to be important in guiding practice and shaping interactions between staff and individuals, and shaping organisational processes. We would therefore like to establish a clearer understanding of the following principles:

- Being inclusive of people from different backgrounds and 'reaching out' to new members
- Providing a range of activities and opportunities that are responsive to local neighbourhoods (cultures, requirements and interests) supported for example by ensuring management committees include older people from the communities served.
- Providing services that are responsive to individuals changing needs over time
- Establishing high quality relationships between NNS and members
- Valuing reciprocity as a feature of membership, and volunteering
- Making a wide range of services and supports available either directly or through referrals
- Making use of local assets

What do we know about strategic challenges faced by NNS?

We have identified a range of challenges faced by the NNS. These include: changes in the wider funding environment; changes in the volume, nature and circumstances of clients presenting and requesting support; changes in the assets available to the network (e.g. volunteers, community venues, transport, care services etc) affecting what they are able to offer; changes in the wider system provision (for example changes to how health (and social care) operate and as a result changing expectations and relationships with these agencies; changes to related initiatives such as the National Lottery Community Funds' 'Time to Shine' initiative. We do not as yet understand how these challenges are developing or how they are influencing individual NNS nor do we understand how the LNNS do or will respond to these in future and how these challenges influence outcomes. These are critical to both formative and summative evaluation purposes as well as transferability of evidence and learning to other settings.

What do we know about how NNS have / are approaching learning and improvement?

We have not explored at all how NNS approach learning and improvement. We are aware there has been limited planned activity affording NNS to learn from each other over the decades but there is considerable interest, appetite and opportunity for this going forward. We are interested in how opportunities to learn evolve and what kinds of evidence and learning NNS want as well as how any opportunities are used to overcome the above challenges. It will be interesting to understand impact this independence has had on delivery and outcomes, and to begin to anticipate what influence it might have on future delivery and outcomes. We do not know what role differences in strategies for learning and improvement have played in generating improved service or outcomes but this is likely to be a key factor in explaining differences.

What do we know about how approaches to monitoring and evaluation are supporting NNS to secure additional funding and / or to learn and improve?

Arrangements for M& E are outlined in the section on data sources (page 19). But we are also interested in understanding approaches and resources for M&E as a theme of the evaluation. We think there would be considerable value in exploring and understanding what data could be usefully collected and used to support local efforts to a) model the impact of services and b) improve, learn and adapt. There are significant challenges faced by NNS in developing a proportionate approach to M&E, given the complexity of what they do – and the number of funders that they need to provide reports to. A substantive theme in this evaluation is to explore what is possible, appropriate and meaningful for organisations like NNS to do in the way of M&E for these purposes and views and consideration of what the balance between these different purposes ought to be. Not only is this part of the story of organisational effort and delivery but will contribute to wider debates about what standards of evidence should / could such services like these realistically aspire to and how best to support organisations to demonstrate that they are learning and improving.

What do we know about how the LNNS compare with other community centred approaches and provision across other large spatial scales?

We have commissioned research and reviews to help us map and understand how similar / different the LNNS is from other approaches offered in other cities (Section 1, Project A). Being able to draw these comparisons may play a part in any impact evaluation or cost-effectiveness evaluation.

What do we know about costs, cost- benefits and cost-effectiveness of the NNS?

We have not begun to explore costs or cost-benefits. Estimates and models of cost-benefits will need to be developed building on consideration of the above dimensions in later stages of the evaluation. We know there is interest in both system-wide estimates but this should be informed by a more granular level analysis across NNS. The research outlined in Section 1, Project A should help us to identify appropriate units of analysis as well as providing information about where we might be able to go to generate data on costs, benefits and possible comparator sites for any cost-effectiveness analysis. This may or may not be feasible!

Annex 6: Impact evaluation – some considerations and reflections

The evaluand and its context are complex and create a range of challenges for understanding issues of causality – which are central in impact evaluation.

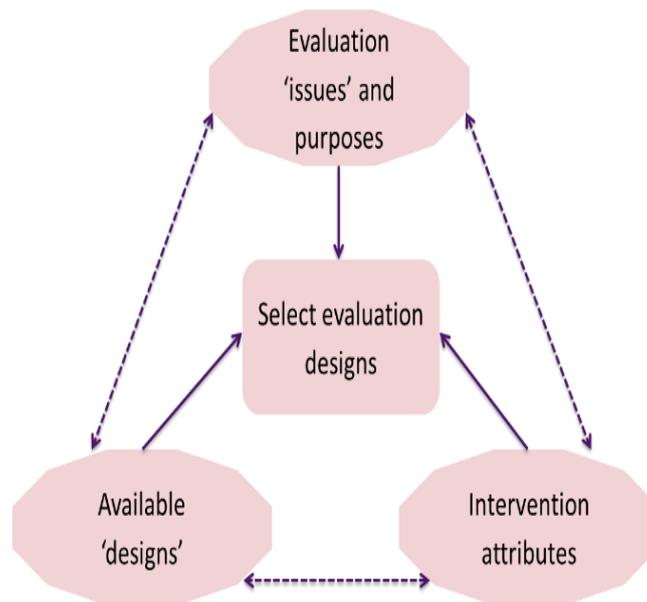
Key features of the NNS that make them complex include:

- The NNS are not ‘centrally planned, they are not delivered against protocols. They aim to be responsive to local needs and with power shared with members of local communities via management groups.
- The NNS are multifaceted providing a range of activities services and other opportunities to a diverse population of members and volunteers as outlined above. They contribute to a wide range of outcomes experienced in different ways for each member which we have outlined above. Outcomes may be played out over differential timelines with some taking place in the short term whilst others being experienced over longer time horizons. Identifying a logic for when to measure change will be important part of the planning of the evaluation – whilst recognising that data availability may ultimately limit what is actually collected and over which timeframes.
- There is considerable variation across the network in terms of a) what a NNS is – whether that is what is delivered, how and to whom, resources available (venues, transport) and vast differences in the size of membership, staffing, volunteer pool, and in b) the contexts in which organisations operate - the social, cultural and economic contexts and c) who engages, how and in what, dynamics in engagement (people access multiple services and switch between volunteering and beneficiary roles)
- The networks are also potentially responsive to a changing environment – the impact of austerity and resourcing cuts, changes to the service landscape, to strategic initiatives that are transforming health and social care, and resulting in changes in expectations of what part they will play in the health and social care system. There is collective interest in collaboration, learning, adaptation and improvement and so the NNS are dynamic rather than static, and operating in an open rather than closed system.

This complexity has implications for impact evaluation – if we are looking for reliable and robust understanding of what impact ‘the’ intervention has on ‘key outcomes’. Some of the techniques and methods we think might be possible include selected realist (context - mechanism – outcome) theory building and testing, qualitative comparative analysis, process tracing, contribution analysis, statistical analysis and modelling, comparative analysis at different levels (individuals, NNS, city), cohort tracking, case studies. We think there is limited potential or relevance for undertaking experimental or quasi-experimental approaches. For example identifying meaningful control or comparison groups for such a complex intervention, with heterogeneous populations and where individual participation is ‘self-selecting’ is likely to be prove challenging and knowing what ‘comparison group’ actually means in this situation is equally challenging. However we remain open to any feasible and justifiable approaches. We largely consider that what will be needed is triangulation of methods and approaches and a recognition that findings from one wave / and one set of activities will raise

Two publications (DFID 2012; BOND 2016) on ‘broadening the range of approaches to impact evaluation’ are likely to be useful to successful bidder in considering possible approaches to impact

evaluation design triangle should be particularly helpful here. The below 'design triangle' illustrates how decisions about methods for specific impact evaluation questions might be best made:



A further challenge for evaluators worth drawing attention to is sampling. Given the huge variety across schemes and likely differences in populations, engagement, activities and outcomes the evaluators will need to consider sampling issues carefully. Possibilities for schemes include for example random sampling, purposive sampling (in which different constituent groups are deliberately represented – e.g. to fill quotas linked to categories such as urban / suburban / rural; those serving more or less affluent communities; those working with more diverse or specific ethnic groups versus those that are more generic), and theoretical sampling (in which different NNS or 'types' of NNS are selected based on their specific characteristics as they pertain to an a priori theoretical framework or typology) or alternatively do we identify NNS based on their performance – selecting those that are 'exemplary'? There may also be grounds for question specific sampling – in which different NNS / types of NNS are selected in different ways for different questions. Likewise sampling of clients, members or volunteers could be random, purposive, or theoretical.

Annex 7: Taking a theory-based approach

Reflecting the range of questions outlined in the ITT, we expect the evaluation to broadly progress through the following phases:

- Definitional and descriptive
- Theory building
- Theory testing and evidence synthesis

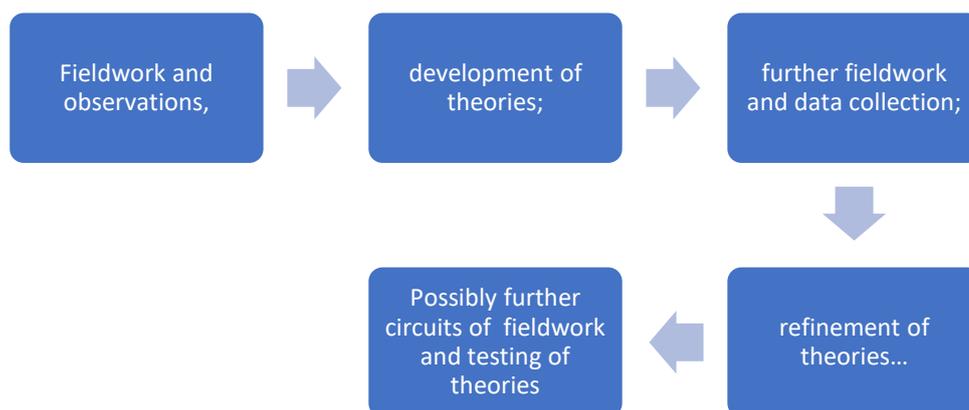


Figure 2: The stages of development, testing and refinement of theory³

The diagram above illustrates the stages in a cycle of development, testing and refinement of theories. Whilst many standard evaluations these days generate a ‘logic model’ or in some cases a ‘theory of change’ as a starting framework for an evaluation, *theory-based evaluations* (TBE) on the other hand make use of a variety of theoretical frameworks and types of theory (for example using ‘formal’, ‘grounded’, ‘practitioner’ and ‘programme theory’) to underpin evaluative enquiries and analysis. During the latter two phases of the evaluation, theories could be generated and tested / refined across a range of evaluative issues.

We aspire to the use of theory across the evaluation and its questions as our interests are in learning, and understanding rather than ‘proving’ or ‘demonstrating’. We are interested in understanding and explaining so that others can benefit and adopt and use what we come to know through the evaluation. This is the basis of our desire to utilise theory in each of the main areas of this evaluation. As Stern and colleagues note “*explanation depends on the use of theory alongside appropriate methods, because without theory there is no basis for interpretation*”².

During the definitional and descriptive phase we would anticipate that evaluators build on initial work we’ve undertaken over the past year to define important issues of interest (see Section 5),

² DFID 2012: Working paper 38, *Broadening the range of designs and methods for impact evaluations*, Elliot Stern, Nicoletta Stame, John Mayne, Kim Forss, Rick Davies, Barbara Befani

undertake fieldwork to generate an understanding of these categories and how they are manifest within and across NNS.

During the theory-building phase, evidence and learning from ***across multiple categories*** may be linked to move towards generating tentative explanations for the kinds of relationships between key characteristics of the NNS and aspects of performance (e.g. reach, outcomes or in relation to costs or quality criteria).

During theory testing/refinement phase selected theories from earlier stages are tested and refined providing the basis for evidence-based conclusions which directly relate to the key evaluation questions.

Some examples of the types of theories that might be useful:

- ***Theories of change and impact pathways*** which involve mapping causal pathways across diverse populations and understanding the role of interventions relative to outcomes- when done properly this should go beyond planning intentions and implementation logics including both a time dimension (possibly in the form of 'impact trajectories) and an identification of preconditions and risks
- ***Realist (context – mechanisms - outcomes) matrices or related 'configurational' approaches*** which can be used to plan and underpin an investigation into how different outcomes are generated for different types of people and communities in different circumstances We are interested in building and possibly testing hypotheses that relate specific populations, specific patterns and forms of NNS engagement, via an underlying 'mechanism' of change, to a range of possible intended outcomes, and which reflect the likely influence of contextual differences experienced by different populations. We anticipate that this kind of theorising will help us to understand better the *contribution* of NNS activities *alongside* other services and circumstances.
- ***Systems theory and systems' mapping*** is often used to identify other activities and actors operating in the same or overlapping systems that may interact with the object of evaluation; to help clarify the boundaries - scope and limits - of the evaluand; and provide in-depth analysis of senior stakeholders' understanding of the role of the NNS which might be used to underpin theory development.
- ***Service or programme typologies*** are often used in social science to aid understanding of key differences between phenomena of interest. In the context of evaluations typologies are used in attempts to explain how different types of schemes are associated with different outcomes. We think an 'emergent' multi-dimensional theory-based typology might be something to explore in this evaluation, and tested in later phases using techniques such as 'Qualitative Comparative Analysis'.
- ***Construct or domain specific frameworks*** such as the 'community centred approaches' family (shown on page 7 of the ITT) can be helpful to provide a conceptual anchor. The evaluation might begin from this approach but also provide a contribution to its further development based on emerging evidence and learning across the evaluation. There may also be other bodies of established theory in the health, welfare, community and social policy spheres that could inform this evaluation.