Social Impact Assessment on Healthy School Programme

EXECUTIVE SUMMARY

Introduction

1. The HKU team ('the team') obtained funding from the Beat Drugs Fund (BDF) Association to conduct a study on the social impact assessment for the Healthy School Programme with a Drug Testing Component (HSP(DT)) on reducing drug abuse behaviours among the youth in Hong Kong.

2. This study aims to outline the design of different projects within the programme, the decision underlying the programme design based on the institutional and contextual factors underpinning the decision, to unearth these factors which may have affected the implementation of the programme and finally, to develop recommendations for its future development. It comprises 6 parts – 1) introduce the background and objectives of the report; 2) discuss the context and design of the HSP(DT) and further explain the evaluation approach used in this study; 3) findings from the social impact assessment using a retrospective quasi-experimental design are presented; 4) cost-benefit analysis using a Social Return on Investment (SROI) framework; 5) results of a qualitative process evaluation are presented to illustrate how the contextual aspects and intervention mechanisms of the HSP(DT) affect the programme outcomes; and 6) recommendations for the future development of the HSP(DT).

Context of the evaluation study and the evaluation approach

3. As HSP(DT) took place in complex settings (i.e. school settings), it would be impractical to adopt an experimental approach to evaluate its social impact because the complexity of social and environmental causation would not be taken into account. Thus, the team decided to apply innovative methods to analyse the programme. The first part of the study was quantitative driven and a retrospective time trend with the use of decomposition technique formed analytical tool was used to investigate the impact of HSP(DT) in drug prevention amongst youth at the population level. After quantifying the social impact, the SROI framework was applied to monetize the economic value of the social impact of HSP(DT). Building upon the quantitative findings, the team applied the realist evaluation approach to examine HSP(DT) in which the context-mechanisms-outcome configuration was used as our framework for qualitative results.

Estimating the Impacts of HSP(DT): a decomposition analysis

4. A retrospective time-trend analysis with the use of decomposition technique formed analytical tool is used to examine the impacts of HSP(DT). The team assumed there are two major factors, the population effect (N'effect) and intervention effect (i'effect), that will lead to the reduction of drug abuse episode. Based on the agency classification, the team further segregate the i'effect into community-based intervention (i_c) including HSP and other intervention (i_o). By eliminating N'effect and i_o, the impact of i_c can then be estimated.

5. The effectiveness of HSP was estimated. During the first assessment period, for group Youth Outreaching Social Work Team/Integrated Children and Youth Services Centre (YOT/IT), the reduction per unit for HSP(DT) was 7.7 whereas it is only 5.8 for non-HSP(DT). On the other hand, for group Counselling Centre for Psychotropic Substance Abusers (CCPSA), HSP(DT) reduced drug abuse episodes by 10.8 per unit whereas non-HSP(DT) increased 0.8 episodes of drug abuse per unit. This results suggested that HSP(DT) participating agencies during the first assessment period has additional impact contributed towards the drug abuse reduction comparing with non-HSP(DT) participating agencies. For HSP(DT) comparing with non-HSP(DT) during the second assessment period, it has no additional impact on reducing drug abuse episodes on top of other community-based work.

6. To quantify the effectiveness of HSP(DT), the estimated total reduction of drug abuse episode during the first assessment period attributable to HSP(DT) participating agencies was calculated. HSP(DT) contributes approximately 143 reduction of episode throughout three years of the first assessment period from 2011 to 2014. On average, the impact of HSP(DT) contributes nearly 47.7 reduction of episode per year.

Social return on investment of the HSP(DT)

7. After quantifying the impact, the team applied the SROI framework to monetize the social impact of the HSP(DT) and expressed in a cost-to-benefit ratio. The socioeconomic cost of drug abuse is a combination of different costs associated to drug using behaviours. They are social tangible cost, private tangible cost and private intangible cost.

8. Social tangible costs were estimated through a series of sub-estimates, which were classified into five major categories – loss of productivity, crime and law enforcements, healthcare, welfare and others. Intangible costs usually refer to pain, suffering and loss of life to drug users themselves (private costs) and to their dependents or crime victims (social costs).

9. Summing up the monetized social return generated from the HSP(DT) (i.e. the sum of social tangible costs, private tangible costs and private intangible costs), drug abuse total average cost reduction per year attributable to HSP(DT) was estimated at HK$18,187,400.

10. Findings revealed that HSP(DT) contributes nearly 143 reduction of episode throughout the first assessment period from 2011 to 2014. On average, approximately 47.67 reduction of episode per year are attributed to the impact of HSP(DT).

11. Within the assessment period, the HSP(DT) invested HK$49,526,700 of funding in total. The average investment per year was HK$16,508,900.

12. The cost-benefit analysis illustrated that the estimated SROI yielded from the HSP(DT) within the assessment period is 1.10. A SROI greater than 1 suggests a positive return (i.e. the HSP(DT) with ROI of 1.10 indicates that for every $1 invested by the BDF, it is able to generate a total social return of $1.10).

Contextual factors and intervention mechanisms affecting the impact of HSP(DT): A qualitative process evaluation

13. 6 categories are derived through categorising the attributes from each of the activities under HSP(DT). A cluster analysis was performed to identify groups of schools, which has a similar programme design. The participating schools were grouped into 4 clusters. Overall, the majority of schools adopted activities with attributes based on mental strength, generic education and knowledge attainment, whereas healthy alternatives, parental support and social skills training are less chosen

14. The team conducted a qualitative study with stakeholders of the HSP(DT) to explore the impact of the study. In particular, the team adopted the realist evaluation approach to explore the social impact of the HSP(DT), in total, 33 focus group interviews from 19 organizations were conducted.

15. The study identified some intervention mechanisms that seem to deliver the impact (on drug use reduction), and also the team detected several contextual factors that influence the impact delivery. Overall, the team argued that there are many micro-processes in the HSP(DT) delivery and implementation (at the project level) accounting for the variability of the impact.

16. Teacher, student and social worker informants from 11 schools and 8 NGOs reported diversified opinions on their perceived impact of HSP(DT) due to its high flexibility element. Interviews revealed that many activities were successful at reducing the risk factors that contribute to drug-taking behaviours and improving students' lifestyles, whereas others were not as effective.

17. It was reported that the policy objectives were achieved through a number of intervention mechanisms, including enhancing students' knowledge and skills in resisting temptations, cultivating healthy lifestyles, improving resilience towards life stressors, strengthening perceived social support and belongingness, and enhancing the determination of non-drug users to stay away from drugs through drug testing and a range of anti-drug education activities.

18. Apart from intervention mechanisms, interviews also revealed a few contextual factors that contribute to the outcome of HSP(DT), including the level of perceived needs of HSP(DT) for students, the co-involvement between schools and service providers in the phase of programme design and delivery, and the perceived impact of HSP(DT) on drug prevention and early drug-use detection.

19. From the interviews, the team distinguished some of the characteristics related to relatively high impact settings, these include a stronger level of perceived needs towards HSP(DT), a greater level of co-involvement between school and NGO and a more cohesive and pluralistic design of activities. Characteristics related to lower impact settings include a weaker level of perceived needs for the programme, a lower level of co-creation during the programme design process and a fragmented and monotonic design of activities.

20. Through our qualitative enquiry of the impact of HSP(DT) at the project level, findings illustrated the heterogeneity across the programme. While some informants such as students and teachers on one hand explicated the great benefits they received from the HSP(DT), others suggested the impact of HSP(DT) was not explicit.

Summary and Recommendations

21. In sum, evidence showing HSP(DT) has its additional impact contributed to drug abuse reduction in youth on top of other community-based work in the period from 2011 to 2014 was identified in the report. The cost-benefit analysis illustrated that the social return of HSP(DT) was larger than the total investment made towards funding and the HSP(DT) projects (SROI: 1.10), demonstrating its economic value of the positive impact. From qualitative results,

student and teacher informants also reported great benefits they received from HSP(DT). Others, however, suggested the impact of HSP(DT) was not explicit, illustrating the heterogeneity across the programme.

22. The research team has identified four good practices that may be useful for ensuring the optimal performance of the HSP(DT) projects. Applicants should first assess and demonstrate the perceived needs of their schools. Second, make good use of various monitoring tools and mechanisms for evaluation and assessing the impact and effectiveness of the programmes. Third, perform post-activity reviews and co-design programmes with the involvement of key stakeholders. Fourth, make good use of and actively participate in the platforms for inter-project and inter-organisational learning.